



The Inter-Agency Council on Child Abuse and Neglect is comprised of Los Angeles County City, State and Federal Agencies, as well as community organizations, and individuals from the private sector. ICAN was established in 1977 by the Los Angeles County Board of Supervisors as the official county agent to coordinate the development of services for the prevention, identification and treatment of child abuse and neglect.

ICAN's work is conducted through the ICAN Policy and Operations Committees. The policy committee includes heads of agencies and board appointees. The operations committee is comprised of designated child abuse specialists from each member agency. ICAN has numerous standing and ad hoc committees comprised of both public and private sector professionals with expertise in child abuse. These committees address a host of critical issues such as: review of child fatalities, including child and adolescent suicides; children and families exposed to family violence; development of systems designed to promote better communication and collaboration among agencies; prenatally substance affected infants; pregnant and parenting adolescents; abducted children; sexually exploited children; and grief and loss issues for children in foster care and siblings of children who are victims of fatal child abuse.

The ICAN Data Sharing Committee is comprised of representatives from ICAN agencies focused on the prevention, identification and treatment of child abuse and neglect. This inter-agency/multi-disciplinary community network, serving the needs of abused and at-risk children, provides valuable information and data to ICAN regarding many child abuse related issues. The committee meets and produces an annual report on the State of Child Abuse in Los Angeles County, reporting each agency's data, and giving visibility to information about child abuse and neglect in Los Angeles County.



THE STATE OF CHILD ABUSE in Los Angeles County
Compiled from 2021 Data

ICAN 2022

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Compiled from 2021 Data



ICAN 2022

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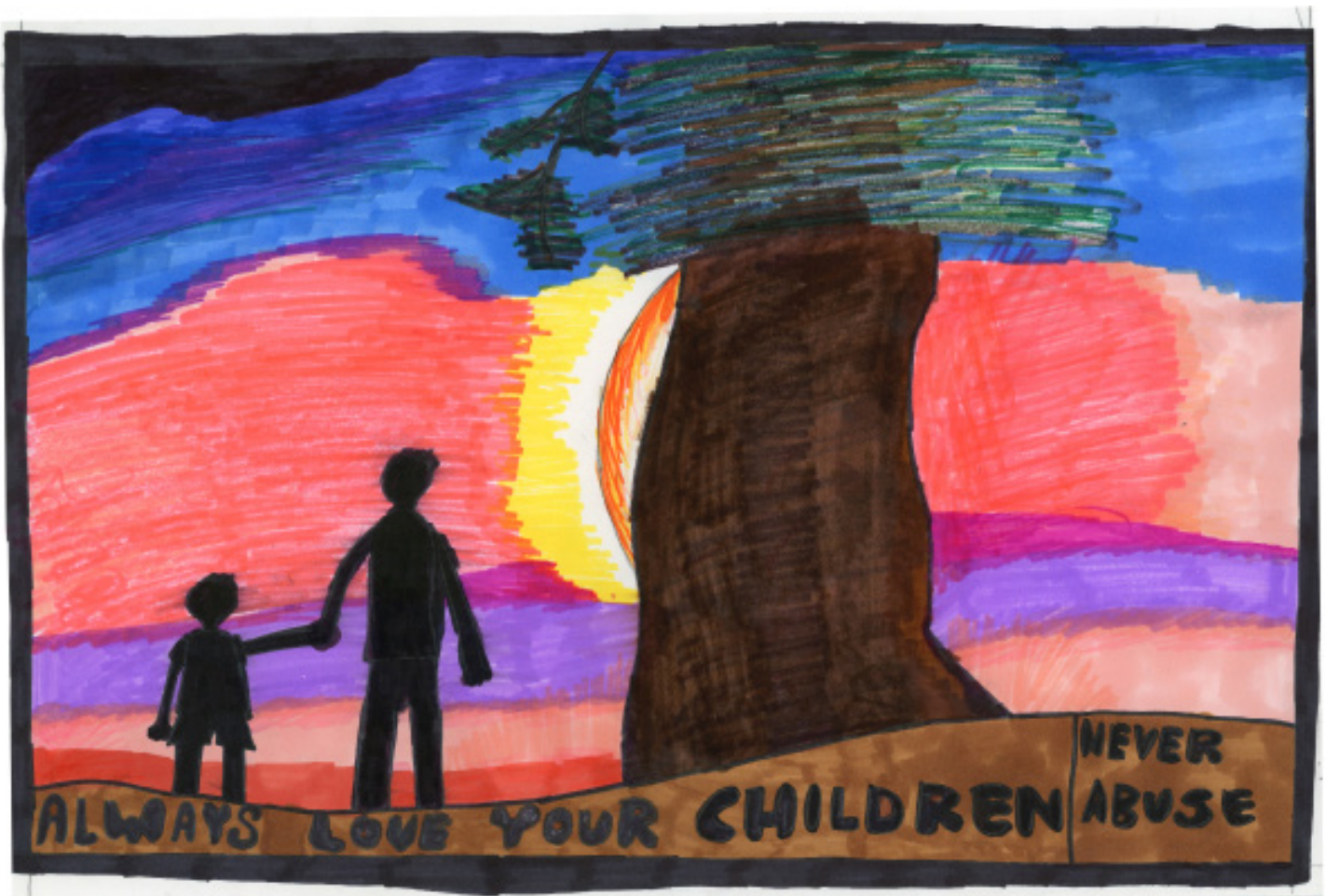
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REPORT COMPILED FROM 2021 DATA

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY

Cover art was selected from the ICAN Associate's annual Student Poster Art Contest winners and finalists.

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

Current Page Cover art by Alex Sumbatyan, ICAN Student Poster Art Contest
Front Page Cover art by Aimee Kim, Grand Prize Winner, ICAN Student Poster Art Contest
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Policy Committee Members.....	iv
ICAN Operations Committee Members.....	v
Data/Information Sharing Committee Members.....	vi
Section I: Inter-Agency Overview	
Introduction.....	3
Executive Summary / Selected Findings.....	4
Inter-Agency Data Collection.....	10
Demographics.....	21
Section II: Special Report	
ICAN Hospital Network.....	25
ICAN Child Abduction Task Force.....	35
Section III: ICAN Agency Reports	
California Department Of Justice.....	44
Los Angeles Police Department.....	49
County of Los Angeles	
Los Angeles Fire Department.....	55
Office of the Alternate Public Defender.....	61
Office of County Counsel.....	63
Department of Children and Family Services.....	85
Department of Medical Examiner-Coroner.....	119
Sheriff's Department.....	129
District Attorney's Office.....	143
Public Defender's Office.....	195
Probation Department.....	217
Department Of Mental Health.....	240
Department of Public Social Services.....	252
Department of Public Health.....	273
Child Abuse Councils.....	301
Section IV: ICAN ORGANIZATIONAL SUMMARY	
ICAN Organizational Summary.....	308
Committees.....	310
ICAN Associates.....	313
Los Angeles County Child Abuse Coordination Project Members.....	315
Section V: Appendix	
Categories of Abuse.....	318



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STOP
ABUSE

DON'T

HUMILIATE -

SHOUT ♥

SHOW -
VIOLENCE ♥

JUDGE -
OTHERS ♥

INSTEAD

LISTEN

BELIEVE



SECTION I : INTER-AGENCY OVERVIEW

This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN), with the work of the ICAN Data/Information Sharing Committee, features data from ICAN member agencies about activities primarily for Calendar Year (CY) 2021 and Fiscal Year (FY) 2021-2022, although some agency data may vary from this. The report includes some information about programs, but is intended primarily to provide visibility to data about child abuse and neglect in Los Angeles County and information drawn from that data. Much of the report assumes the reader has a basic knowledge of the functions and organization of ICAN and its member agencies. For those unfamiliar with ICAN and its member agencies, please refer to Section IV of this report.

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

Section I of the report highlights the inter-agency nature of ICAN by providing an executive summary of the reports, and recommendations that cross over agency boundaries. Significant findings from participating agencies are included here, along with a discussion and analysis of identified trends. This annual inter-agency analysis of data collection continues to evolve, and we look for new opportunities to view, from varying perspectives, the inter-agency linkages in our child welfare system.

(Section II includes a Special Report from the ICAN Child Abduction Task Force).

Section III includes the detailed reports that are submitted by ICAN member agencies for analysis and publication. In response to the goals set by the Data/Information Sharing Committee, departmental reports continue to evolve. Many departmental reports now include data on age, gender, ethnicity, and local geographic areas of the county, allowing for more meaningful analysis and comparisons. Their reports reflect the increasing sophistication of our systems and the commitment of the Data Committee to meet the challenges of measuring and giving definition to the nature and extent of child abuse and neglect in Los Angeles County.

Section IV provides an historical and organizational summary of ICAN. Included here are the community

partners affiliated with ICAN, ICAN Associates, and the Los Angeles Child Abuse Prevention Council Coordination Project members.

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

The Data/Information Committee is grateful to ICAN Associates staff John Solano for his technical direction and expertise in the production of this publication.

This is the 36th annual State of Child Abuse in Los Angeles County Annual Report. This publication provides visibility to data about child abuse and neglect in our County, and the agencies that serve the children and families within the child protection system.

The following is a brief summary of Selected Findings and agency report data. The full agency reports provide a more detailed analysis of programs as they relate to child abuse and neglect; included are year to year comparisons.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Unlike the previous two CY's when the number of referred children to DCFS decreased, there was a 5% slight increase in children referred during CY 2021, 124,105 compared to 117,888 in the pandemic year of 2020. Since CY 2017, the Department was consistently seeing a 5% average downward trend of children referred to DCFS. However, between the CY's of 2019 and 2020, the decrease was 24%. This significant decrease in children referred to DCFS may have been attributed to the restrictions of the pandemic that caused children to be more isolated in their homes.

There was an average of 10,342 children who were referred to DCFS per month in CY 2021. Of these, a monthly average of 7,239 children (71%) required an in-person investigation.

Infants and toddlers are particularly vulnerable to maltreatment. Children ages 0–2 accounted for just under 17% of all referred children. This age category also represented 19% of the total In-Home and Out-of-Home services caseload, which is much greater than the group's overall percentage of the LA County child population, 12.0%. The number of children ages birth – 2 years old with open DCFS decreased 18.6% from 7,318 in 2020 to 5,956 in 2021.

In 2021 there were 9,044 general neglect and emotional abuse referrals that had an identified concern of domestic violence. More than half of the domestic violence related referrals (56.3%) were for General Neglect (71.9%), followed by Emotional Abuse (28.1%).

Nearly half (47.1%) of children involved in domestic violence related referrals were 0-5 years of age.

General Neglect continues to be the leading reported

allegation among the Emergency Response referrals received (38.2%); down slightly from 39% in 2020. At risk due to sibling abuse represented 18.2% of the children referred in CY 2021, the second largest referral category. This remained the same from CY 2020.

Hispanic children continue to be the largest of all ethnic groups represented among DCFS children with open cases and account for 59% (18,833) of DCFS cases of all types (In Home or Foster Care). This was a 16.1% decrease from 2020. Hispanic children make up 58% of the child population in LA County. African American children with open DCFS cases continue to be at 24% while representing just 7.5% of the total child population.

31,927 children were receiving services in existing DCFS caseloads in 2021; a 17% decrease from 2020. The breakdown of caseload by program type is as follows: 27.9% Family Maintenance; 26.2% Family Reunification; 33.6% Permanent Placement; 2.5% Emergency Response; and, 9.9% Supportive Transition (the designated extended foster care services provided to Assembly Bill 12 (AB12) non-minor dependents).

Transition aged youth is defined as youth ages 16-21. Many in this age group, especially transition aged youth with mental health challenges or disabilities, require special attention because they are not ready for self-sufficiency upon exiting the child welfare system. Research shows this demographic faces serious life challenges and difficult life outcomes. This is why the Department invests in programs such as the Independent Living Program (ILP).

In 2021, 557 transition-aged youth exited the child welfare system. 29.6% of these youth were 21 years old while 40% were 18 years of age. 27.6% of the youth that exited lived in Supervised Independent Living, 15.3% lived in a Resource Family Home, 19% lived in a Guardian home and 12% in a Short Term Residential Therapeutic Home. Reaching the age of majority accounted for 52.1% of the youth that left the child welfare system.

Up from prior years, Supervised Independent Living Placement children account for 8.5% of the total children in out-of-home placement. This placement category is designed for youth who are in foster care beyond 18 and up to 21 years of age via the Extended Foster Care program, provided to Non Minor Dependents by Assembly Bill 12 (Enacted January 1, 2012). The number of youth in this

placement category reflects a slight decrease from 1,557 at calendar year end in 2020, to 1,527 in 2021.

CALIFORNIA DEPARTMENT OF JUSTICE

Despite legislative efforts (AB 1544 Lackey, 2023) to permit law enforcement to forward a report to the Department of Justice upon their completion of a child abuse investigation, current law prohibits this process. Thus, the following data does not reflect a full statewide accounting of 2022 child abuse investigations and child death reports in Los Angeles County.

The Central Index recorded 627 child abuse reports from Los Angeles County in CY 2022. This represents approximately 15% of the state's total reports. This is a marked decrease from 2019 when 1444 cases, comprising 20% of the State's total came from Los Angeles County and 2020 when 1090 cases were reported.

The abuse determinations were as follows:

- a) 247 (20%) physical abuse
- b) 120 (17%) mental abuse
- c) 61 (5%) severe neglect
- d) 179 (17%) sexual abuse
- e) 20 (24%) willful harming and/or corporal punishment

Statewide, authorized agencies submitted 4,223 reports to the DOJ for entry into the CACI in 2022, a decrease from the 6,115 submitted in 2020.

CACI data reflects 19 child death reports statewide in 2022, significantly up from the 2 reported in 2020 and 4 reported in 2019. Los Angeles County submitted 4 of the death reports.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

During FY 2020/21, the Coordinated Services Action Team (CSAT) coordinated screening and mental health assessments in over 95.47% of children who were eligible (newly detained DCFS children, newly opened and non-detained, and existing DCFS cases). Approximately 97% of children screened (15,010) met criteria for mental health services, and 97% of those were referred to mental health services. 92.5% of those received the prescribed mental health service activities within the required

timelines.

MAT (Multi-disciplinary Assessment Team) is a collaborative assessment process offered through DCFS and Department of Mental Health. Newly detained children and youth in the child welfare system with full scope Medi-Cal and in/out of home placement qualify for a MAT Assessment; each is eligible to receive an age appropriate assessment of their medical, dental, educational, caregiver and mental health needs within 45 days of referral.

In FY 2021-22, 3,004 children and youth had a MAT assessment completed. Of this sample, 1,690 (56%) were between the ages of 0 – 5 at the time of their initial detention.

Intensive Services Foster Care (ISFC) is an intensive mental health treatment program that seeks to reduce placement instability and provides an alternative to congregate care settings, characterized by many residents and professional staff. In FY 2021-22 there were 97 ISFC placements; 46% male, 53% female; 0% between ages 0-5, 48% between ages 6-12, 47% between ages 13-17, and just 4% ages 18-20.

Across the Probation camp programs, there is a Multi-Disciplinary Team (MDT) process wherein children and youth participate in MDTs which include Department of Mental Health, Probation, LACOE, parents, outside school districts, and other key players. These MDTs occur within 10 days of admission to a camp (initial MDT); as needed during their incarceration to address a range of issues (as needed MDT); and 30-45 days prior to release from camp (Transitional MDT). This process has greatly enhanced the coordinated case planning for each youth during their camp stay and upon release to their communities and families.

During FY 2021-22 based upon the average daily population of the camps, Department of Mental Health clinical staff treated close to 100% of the total population.

DISTRICT ATTORNEY'S OFFICE

In 2021, the total number of child abuse and neglect cases submitted for filing consideration against an adult was 4,566 and this represented the first increase in 3 years at 5.25%. Of these, charges were filed in 43% (1,962) of the cases reviewed. Felony charges were filed in 53% (1,039) of these matters. Misdemeanor charges were filed in 47% (923) of these matters. Of those cases declined for filing (a

total of 2,604 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 27% of the declinations (697). In 76% of the adult cases filed involving child abuse, the gender of the defendant was male. Convictions were achieved in 85% of the case dispositions in 2021, involving adult offenders. Defendants received grants of probation in 70% (652) of these cases. State prison sentences were ordered in 27% (249) of the cases; with under 1% (2) of the defendants receiving a life sentence in state prison.

The District Attorney's Abolish Chronic Truancy Program (ACT) personally contacted the parents of 725 students to intervene in the cycle of truancy in 2021. In 2021, ACT personnel attended 125 School Attendance Review Board meetings to address truancy among students.

In 2018, the District Attorney's Office proposed legislation (AB 1948) to add fentanyl to the list of controlled substances for which a wiretap can be obtained. This DA sponsored legislation went into effect on January 1, 2019. As of May 2021, there were 567 deaths in Los Angeles County related to fentanyl, an increase of 57 percent from the first five months of 2020.

DEPENDENCY COURT

In 2021, 14,057 children were brought into the juvenile court system under new WIC §300 petitions; this is a slight decrease of 610 from the 14,667 children that entered in 2020.

For the ninth consecutive year the number of new WIC §602 (delinquency) petitions decreased, and significantly so. In 2021, 1,701 WIC §602 petitions were filed compared to 3,061 in 2020. The continuing drop in 602 filings is broadly attributed to continuing efforts to divert low-risk offenders from the juvenile justice system.

For the 5th time in the past 6 years, in 2021, the number of children exiting the dependency system was, although by a smaller margin than previous years, less than the number of children entering. In 2021, 14,057 children entered the Dependency system, and 13,915 children exited the system.

More children adopted out of the system in 2021; 1,543 compared to 669 in 2020, this increase of over eight hundred adoptions may be attributed to the transitioning away from the COVID pandemic.

LAW ENFORCEMENT

In 2021, the number of child abuse investigations conducted by LAPD slightly decreased by 1.2% and LASD's was slightly up by 2.8%. In 2021, sexual abuse was the type of abuse investigated most frequently by both agencies. The most frequently investigated type of child abuse by independent law enforcement agencies is unknown.

LAPD

The Abused Child Section, Juvenile Division, was created to provide a high level of expertise to the investigation of child abuse cases. Juvenile Division has city-wide responsibility for follow-up investigations of all complaints involving physically and/or sexually abused children who meet particular criteria, including: homicide by family member of a child under 11; undetermined deaths under 11; deaths under 11 wherein neglect or endangerment by parents placed the child at risk; cases of hospitalizations for unexplained critical injury; hospitalizations for failure to thrive/sever neglect; and, all other child abuse/physical aggravated assault involving a suspect 18 years of age and older.

LAPD investigated a total of 2,451 child abuse cases (down only 1.2% from 2020) in 2021 compared to 2,481 in 2020. 2020 and 2021 were a significant decrease from 2018 when 3,019 cases were investigated (2019 data not available). 1,832 (74.7%) of those investigations involved sexual abuse.

LASD

The Sheriff's Special Victims Bureau (SVB) is one of seven highly specialized bureaus in LASD's Detective Division. SVB investigates all allegations of physical abuse and sexual abuse of children, under the age of 18, which occur within the LASD jurisdiction. SVB detectives and sergeants also provide guidance to all LASD station personnel 24 hours a day regarding child abuse matters and adult felony sexual assaults.

LASD conducted 3,701 child abuse investigations in 2021 a slight 2.8% increase from the 3,597 child abuse investigations in 2020. 2021 is also an 11.9% increase compared to the 3,258 cases that were investigated in 2019. There is an upward trend in number of child abuse cases for LASD in the last 3 years. Of the 3,701 cases 928 (25%) were for physical abuse, while 2,773 (74.9%) were for sexual abuse.

Independent Police Agencies

In 2021, the top five independent police agencies accounted for over 40% (4,802) of investigations of all Suspected Child Abuse Reports (SCARS). These agencies included Long Beach (2,244), Pomona (1,061), El Monte (507), Hawthorne (496), and Downey (494). Long Beach PD, with the greatest number accounted for 18.8% of all the Independent Police Agency SCARS. The top 3 agencies have remained consistent in recent years with the 4th and 5th spots alternating between Hawthorne, Whittier, Downey, Pasadena, and others.

In contrast to the previous three years when the number of SCARS decreased, the overall number of SCARS increased (6.6%) in 2021 compared to 2020. Despite this increase, this figure remains significantly lower from the 15,246 generated back in 2017.

PROBATION

Overall, the number of adult referrals decreased significantly from 2020 to 2021 (20.8%), from 399 to 316. The number of adult referrals had been dropping steadily since 2009, with the one exception being 2019, which reported an increase of 7% from the 381 in 2018.

Generally, the number of juvenile referrals for child abuse offenses is decreasing, (12%) from 202 in 2016 to 177 in 2020, however, this category did show a slight increase from 177 in 2020 to 183 in 2021.

Consistent with prior years, sexual abuse again constituted the clear majority of child abuse referrals for both adults (85.4%) and juveniles (75%). In 2021, 341 of adult referrals and 133 juvenile referrals were for sex related offenses. Adult referrals in this category remained the same from 2020, and juvenile sexual abuse referrals increased significantly by 67.6% from 2020.

Juvenile physical abuse referrals (generally for murder/attempted murder of a child; and gang related) remained the same in 2021 from 2020 and this category 25 (14%) of abuse referrals was for juveniles. This category was on an upward trend in prior years.

LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE

During FY 2021-22, the Public Defender represented

clients in 9,706 delinquency hearings. The Office developed a once novel, holistic approach that has come to serve as a model for public defender offices nationwide. For over 20 years, this holistic practice has been anchored by the Client Assessment Recommendation and Evaluation (CARE) Project, through which clients are matched with in-house social workers and resource attorneys who specialize in mental health and educational advocacy. A tailored strategy is developed for each youth based upon a variety of personal factors.

Among incarcerated youth, 50 – 75% have a diagnosable mental health disorder, and nearly half struggle with substance abuse (source: as reported by the Physicians for Human Rights, "Mental Health in the Juvenile System). Additionally, per the Juvenile Court Judges of California, 50% of all youth in the juvenile delinquency system have undetected learning disabilities.

LOS ANGELES COUNTY OFFICE OF THE ALTERNATE PUBLIC DEFENDER

The APD represents indigent clients charged in misdemeanor, felony, and mental health court cases. The APD also handles pre-judgment writs and appeals and limited post-conviction matters.

In November 2016, the Los Angeles County Board of Supervisors ordered the APD to begin representing children in all Los Angeles County Delinquency Courts. The APD staffs all delinquency courts in pre and post dispositional matters including WIC 601,602, WIC 777-779, AB 12/212 matters, transfer cases, educational law matters, school disciplinary hearings, individual educational plans (IEPs), competency proceedings, and Regional Center Referrals.

Additionally, APD staffs and participates in all delinquency court specialty programs including: 241.1 Pilot Project, Juvenile Mental Health Court, Department of Juvenile Justice Court (DJJ), Juvenile Drug Courts, and Succeeding Through Achievement and Resilience Court (STAR).

DEPARTMENT OF PUBLIC SOCIAL SERVICES

In total, there was a 6.55% decrease (245,604) in the number of individuals receiving assistance for all programs combined, from December 2020 (3,747,145) to December 2021. This decrease is primarily due to the steady decrease of individuals receiving Calworks since the height of the pandemic

in July 2020. In December 2021 Calworks recipients decreased by 580 participants. Another area where participants decreased in 2021 was in the Cal Learn Program. The Cal Learn Program decreased from 547 monthly participants in 2020 down to 396 2021 monthly participants. This represented a significant 37% decrease for the program and it was the fifth consecutive year this program decreased.

In 2021, DPSS made more (27%) suspected child abuse referrals to DCFS when compared to 2020; (44 and 32 respectively). The numbers over the previous 5-year period were steadily decreasing from 232 in 2016 to 152 in 2017 and 74 in 2018. 2021 represents the first increase in suspected child abuse referrals since 2016.

COUNTY OF LOS ANGELES FIRE DEPARTMENT, EMS

In 2022 the department provided 328,265 patients with emergency medical care (down 10.4% from 2021); 7% (23,198) were pediatric patients 17 years of age and younger, an increase of approximately 18.3% from the 18,964 in 2021. Pediatric patients receiving emergency medical care have increased in the last two years.

In 2022 there were a total of 1076 cases of adolescent intoxication or poisoning, a 28% increase when compared to the previous year (2021) and an increase consistent with the 702 noted in 2019. This figure has been on an incline since 2019.

Of these cases 17% (186) involved alcohol intoxication; 83% (890) involved use of recreational drugs, prescription drugs, and/or other household chemicals or poisons. The following is a breakdown of reasons for drug/poison use:

- Recreational Use (66%)
- Suicide Attempt (21%)
- Accidental or Unknown (13%)

In 2022, cannabis and alcohol were the most common of the recreational drugs reported, accounting for 39% and 19% respectively. Over the counter medications were 9% and Benzodiazepines/ Opiates and Psych meds were a combined 6% of the top five substances documented as being used by adolescents. Cannabis (16%) accounted for the highest increase in use for 2022. ****Note:** This data precedes the 2022 fentanyl crisis when CDC declared fentanyl was the most common drug

involved in fatal overdoses across age groups, race and ethnicity groups and genders.

In 2022, there were 82 incidents of patients between 12-17 in which naloxone (narcan) was used or made available. 6 of the 82 incidents were coded as cardiac arrest.

There were 185 incidents of adolescent suicide attempts by overdose and poisoning, a decrease of 17% when compared to 2021. 2022 accounts for the first decrease in suicide attempts by overdosing and poisoning compared to the previous two years.

In 2022, Los Angeles County Fire Department paramedics identified and treated 158 victims of suspected abuse or neglect, up by only one from 2021 but this increased significantly from 90 identified in 2020 and 70 in 2019. 98 were victims of suspected physical abuse, 39 were victims of suspected neglect, and 17 were victims of sexual abuse. LA County Fire Department responded to 0 pediatric homicides (compared to 9 in 2021) and 0 abandoned newborns (compared to 1 in 2021).

Physical assaults were the most common type of abuse reported in school age children and adolescents, while neglect was most common in infants, toddlers, and young children. Neglect and physical abuse were reported in equal amounts for young children.

LOS ANGELES COUNTY COMMUNITY CHILD ABUSE COUNCILS

The Los Angeles County Child Abuse Prevention Councils (LAC-CAPCs) consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect and educate the public about child abuse and family violence issues. The membership of the Councils consists of child abuse prevention advocates, professionals working in the fields of child welfare, education, law enforcement, health and mental health, as well as parents and anyone concerned about the issues surrounding child abuse and family violence.

Geographically Based Councils

- ACTION for KIDS AV (Formerly AFFIRM AV - Antelope Valley Child Abuse Prevention Council)
- Eastside Child Abuse Prevention Council (El Monte)

- End Abuse Long Beach
- Foothill Child Abuse and Domestic Violence Prevention Council
- Council for Child Abuse Prevention – Serving the San Fernando and Santa Clarita Valleys (SPA 2)
- San Gabriel Valley Child Abuse Prevention Council
- Service Planning Area 7 Child Abuse Council
- Westside Anti-Violence Authority (WAVA)

Population Specific/Countywide Councils

- Advocacy Council for Abused Deaf Children
- Asian and Pacific Islander Children, Youth and Family Council
- LGBT Child Abuse Prevention Council
- Los Angeles County - Family, Children, Community Advisory Council (African-American Council)

It is estimated that in FY 2021-22, 10,525 adults and children (2,475 families) were involved with or impacted by the various projects and activities of the councils. In FY 2021-22, 10 of the 12 Councils provided at least one no cost/low cost training on a wide range of topics, to a total of 637 community members, parents, home visitors, students, mental health clinicians, social workers, caregivers, resource parents, early childhood educators, and various professionals working within the child welfare system in Los Angeles County.

MEDICAL EXAMINER-CORONER

In calendar year 2021, 244 child death cases, based on the ICAN Child Death Review Team criteria, were referred to the team for tracking and follow-up; an increase of 13 cases from 2020. This number has increased in the last two reporting periods.

The total number of child homicides in 2021 was 39, up 3 from 2020. This figure includes child homicides by both primary caretakers (13) and third parties (26). The 8 deaths from homicide by caretaker reported in 2017 equaled the lowest number of these deaths recorded in the previous 26 years.

32 (82%) of the child homicide victims were male.

In 2021, African American children represented 31% of child homicides by a primary caretaker or a third party. Hispanic children represented 67% of these child homicides.

For more detailed program specific information please refer to the agency reports.

Analysis/Commentary

The 2022 Annual State of Child Abuse Report in Los Angeles County is a compilation of 2021 and selected 2022 data that reflects a time in the nation's history when there was a transition away from Covid-19 restrictions in 2020 to an easing of regulations away from proof of vaccination and masking as the pandemic entered a new phase in 2021. There are themes in the data that highlight increases in volume and frequency of various agencies that may be correlated to this easing of pandemic restrictions. There are also overall decreases in volume for some agencies. Finally, there are notable themes in the areas of the County's mortality rate among children, the 0-5 age group, youth, disparity and disproportionality, and issues that remain salient in child welfare (Domestic Violence, Substance Abuse, and Mental Health) as in previous years. What follows is a highlighting of these notable themes through the 2021 Calendar Year (CY) and 2020-2021 Fiscal Year (FY) data of the agencies that contributed to this report.

Increases and Decreases in Volume and Frequency Post Covid-19 Restrictions

As 2020 data reflected a significant decrease in volume and frequency for some agencies consistent with the restrictions brought on by the pandemic, 2021 reflected significant increases and this may be evidence of a return back to normalcy and an easing off from masking and vaccinations. DCFS was on a downward trend for children referred to the agency prior to the pandemic year. It reported a further and dramatic 24% decrease in the pandemic year of 2020. In 2021, children referred to DCFS increased by 5%. The same theme of a downward trend in the previous years leading up to the pandemic year of 2020 and a subsequent increase in volume in 2021 was true for other agencies. Independent law enforcement agencies in Los Angeles County reported a 6.6% increase in responding to Suspected Child Abuse Reports (SCARs), the Los Angeles County Fire Department reported significant increases in 2021 and 2022 of child victims of suspected abuse or neglect (157, and 158, respectively) from the 90 reported in 2020. In 2021, DPSS reported a 27% increase of suspected child abuse reported after a down year in 2020. Finalized adoptions for the Superior Court were up at 1,543 in 2021 as compared to only 669 in 2020. Probation reported a jump from 177 in 2020 to 183 juveniles with open cases after having a downward trend in years prior

to the pandemic. One other agency that reported overall increases in 2021 was LASD in number of child abuse and neglect cases investigated (2.8%).

Despite these increases, some agencies reported a continued decrease in volume and frequency. DOJ reported an overall decrease from 6,115 in 2020 to 4,223 in 2022 (2021 data is unavailable) in the number of statewide child abuse reports submitted. LAPD's number of child abuse and neglect cases continued to decrease slightly from 2,481 in 2020 to 2,451 in 2021. The Superior Court reported a decrease in dependency and delinquency court petitions (14,057 and 1,701, respectively).

Interagency Findings

Law Enforcement. In 2021, the number of child abuse investigations conducted by LAPD slightly decreased by 1.2% and LASD's was slightly up by 2.8%. In 2021, sexual abuse was the type of abuse investigated most frequently by both agencies. The most frequently investigated type of child abuse by independent law enforcement agencies is unknown. Among independent law enforcement agencies, the overall number of SCARS increased (6.6%) in 2021 compared to 2020. Despite this increase, this figure remains significantly lower from the 15,246 generated back in 2017.

The Department of Public Health reported that in 2021, there were 3.9 deaths per 1000 births. This has been on a downward trend in the last decade and the county is exceeding the national target of 6.0 or less deaths per 1000 births. Despite these favorable outcomes in the last decade, 2021 data suggests areas of further consideration for Los Angeles County and for the State. In Los Angeles County, African Americans represented the highest mortality rate at two times more than Asians and Caucasians. Additionally, the Antelope Valley in Los Angeles County reported the highest child mortality rate overall.

According to the Federal U.S. Department of Health & Human Services Child Maltreatment Report Calendar Year 2021, the youngest children were the most vulnerable to maltreatment and more than one-quarter (27.8%) of victims were in the age range of birth through 2 years old.

Los Angeles County DCFS reported that in CY 2021, victims reported for maltreatment among the birth to 2 years old accounted for 15.5% of all children referred. LA County DCFS reported that

age disproportionality was detected as the 0-2 aged children represented only 12% of the total child population in 2021. Children aged 3-15 accounted for 72.9% of all referred children while they represent 61.3% of the population.

According to the Centers for Disease Control and Prevention (CDC), more than 15.5 million children are exposed to domestic violence nationally every year. This is very harmful to a child's present and future health and considered one of the Adverse Childhood Experiences (ACE) linked to long-term health outcomes in children and adults.

In Los Angeles County, DCFS reported that nearly half (47%) of the department's 9,044 investigations involving domestic violence in 2021 included children, 0-5.

In 2021, DCFS reported that 557 Transition Aged Youth (TAY) age 18-21 exited the child welfare system. The majority of these youth who exited care was 18 years of age (40%) and in a Supervised Independent Living Plan (SILP) (27.6%)

The LA County Public Defender's Office reported that among incarcerated youth, 50% – 75% have a diagnosable mental health disorder, and nearly half struggle with substance abuse (source: as reported by the Physicians for Human Rights, "Mental Health in the Juvenile System). Additionally, per the Juvenile Court Judges of California, 50% of all youth in the juvenile delinquency system have undetected learning disabilities.

The LA County Probation Department reported that while there has been a significant decrease in the population within the juvenile halls, the number of youth requiring mental health treatment substantially increased in FY 2021-2022. The Probation Department reported that 241 newly incarcerated youth housed in juvenile halls had open mental health cases and 47% of these newly incarcerated youth were on psychotropic medication.

County of Los Angeles Fire Department reported that in Los Angeles County in 2022, cannabis (39%) and alcohol (19%) were the most common of the recreational drugs used by adolescents. Cannabis accounted for the highest increase (16%) in use compared to the previous year.

In 2022, there were a total of 1076 cases of adolescent intoxication or poisoning, a 28% increase when compared to the previous year (2021) and an

increase from the 702 noted in 2019. This figure has been on an incline since 2019.

The Department of Public Health reports that Methamphetamine and fentanyl were the most common drug type for all ages listed as a cause of death in accidental drug overdose deaths in Los Angeles County accounting for 56% of these deaths in 2021. However, overdose deaths among youth, age 12-17, 92% tested positive for fentanyl.

Department of Mental Health reported that 97% of the 15,010 new child welfare detentions were assessed and referred to mental health services. Department of Mental Health also reported that in Los Angeles County, 25%-33% of youth in grades 7,9, and 11, and special education programs reported being bullied or harassed at school in the previous year, reported feeling so sad or hopeless almost every day for two weeks or more that they stopped usual activities in, and 14%-20% of these youths reported that they seriously considered attempting suicide in the previous year.

County of Los Angeles Fire Department reported there were 185 incidents of adolescent suicide attempts by overdose and poisoning since 2020.

The Department of the Medical Examiner Coroner data revealed that in 2021, almost an equal number of males and females died by suicide compared to other years. Hanging was still the method of suicide most commonly used. The youngest child who died by suicide was 12 years old, the common age for youth suicide is 14 to 17 years old. Of the 23 suicides in 2021, 6 had prior suicide attempts, 6 had mental health issues or diagnoses, only 1 had drug use history, and only 3 left a suicide note.

In Los Angeles County, disparity is evident in age among child welfare involved children. Children aged 0-2 accounted for 15.5% of all DCFS referred children while they represent 12.0% of the child population. Children aged 3-15 accounted for 72.9% of all referred children while they represent 61.3% of the population.

In Los Angeles County, African American children accounted for 17.2% of all referred children to DCFS while they represent only 7.5% of the child population (aged 0-20) in the county in 2020. Hispanic/Latino children accounted for the largest proportion of all referred children at 52.3% and represent the majority of the child population at 58.0%. Caucasian and Asian/Pacific Islander children were under-

represented. Caucasian children accounted for 12.9% of all referred children and represent 20.1% of the child population. Asian/Pacific Islander children accounted for 3.0% of all referred children and represent 10.9% of the child population.

According to the Department of Public Health, African Americans continue to experience a disproportionately higher rate of infant mortality compared to other racial/ethnic groups. Although the causes for this consistent and alarming disparity may be multifactorial, the role of historic and persistent systemic racism and the resulting social, economic, environmental, and health inequities produced must be considered as significant causal factor.

The Office of the County Counsel Los Angeles Appeals Division reported in fiscal year 2021, the filing of more than 700 appellate briefs and other pleadings, an increase of about 200 briefs from the previous year. The increase is likely explained by the resumption of full-time court operations after the COVID-19 pandemic. About 44 percent of briefs filed involved the Indian Child Welfare Act, an increase from 14 percent the prior year.

The National Human Trafficking Hotline reported that in 2021, 10,360 cases (16,710 adult and child victims) involving human trafficking were identified nationally. 72 % of these cases were identified as sexual trafficking. California was the state with the highest percentage of these cases identified at 1,334 (12.88%). The state with the second highest number of CSEC cases identified was Texas at 917 (8.85%). Of all these cases identified nationally, 2,365 minors were identified to have been involved.

The Los Angeles County Superior Court, in 2016, initiated the Dedication to Restoration through Empowerment, Advocacy, and Mentoring (DREAM) Court for children impacted by commercial sexual exploitation. The average caseload for DREAM Court since its inception is 150 children.

For the ninth consecutive year the number of new WIC §602 (delinquency) petitions decreased, and significantly so. In 2021, 1,701 WIC §602 petitions were filed compared to 3,061 in 2020. The continuing drop in 602 filings is broadly attributed to continuing efforts to divert low-risk offenders from the juvenile justice system.

This report exemplifies ICAN's unique level of multi-agency coordination in Los Angeles County, home to the largest child protection system in the nation.

By sharing data and information, we learn about our collective work experience, and the responsibility we all have to the children and families we serve, within the context of our mutual purpose on their behalf. Through this 2022 report, we are able to see salient themes impacting the children and youth of Los Angeles County, including but not limited to domestic violence exposure among the 0-5, substance use among the youth and adolescents and the emerging fentanyl crisis, mental health and developmental concerns among Probation involved youth and adolescents in the general population, and disparity and disproportionality among the 0-2 children (age) and African American children and youth (ethnicity). The objective collection and synthesizing of this data from multiple sources opens possibilities for goal setting, strategic planning, and key decision-making among those invested in the safety, well-being, and permanency of all children and youth impacted by abuse and neglect in Los Angeles County.

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 2021 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 interagency section of the report attempts to show the data connections which exist between agencies and information areas which could be expanded. ICAN agencies support the Data/Information Sharing Committee efforts to establish guidelines for common denominators for intake, investigations, and dispositional data collection.

I. FLOW CHARTS

Flow Charts were developed to:

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

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

II. LIST OF CHILD ABUSE AND NEGLECT SECTIONS

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

Figure 2 list criminal offense code sections, identifying relevant child abuse offenses which allow ICAN agencies to verify and consistently report the offenses which should be included as child abuse offenses. The breakdown of these sections into six child abuse and neglect categories permits consistency in the quantification of child abuse activity compiled by the agencies, particularly the law enforcement agencies that use these criminal offense code sections. Use of this list may reveal offenses not counted in the past and therefore maximize the number

Figure 1

Law Enforcement Agencies on ESCARS (Indy Only) 2021 Summary Report (%)

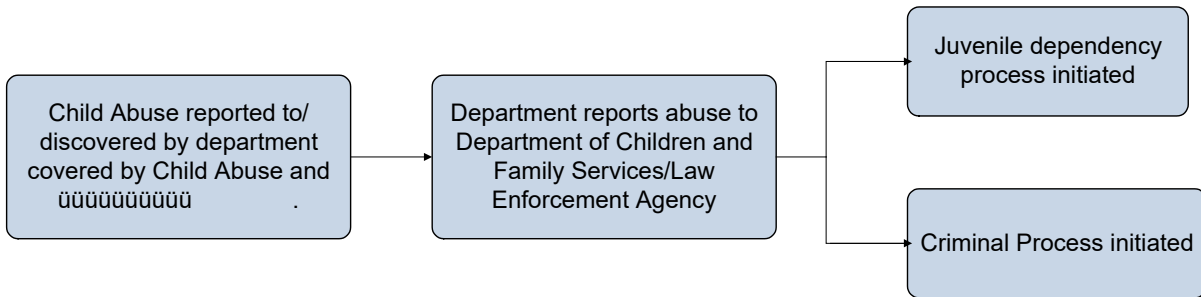
#	LEA	DCFS Generated	LEA Generated	Total SCARS	% Unopened	% Pending	% LEA Generated	% No Investigation	% Crime Suspected
1	Long Beach	1497	747	2244	0%	0%	0%	10%	33%
2	Pomona	812	249	1061	0%	0%	0%	25%	29%
3	El Monte	352	195	507	0%	0%	0%	1%	52%
4	Hawthorne	352	167	496	0%	0%	5%	13%	28%
5	Downey	329	142	494	2%	2%	0%	3%	21%
6	South Gate*	323	148	471	0%	0%	0%	3%	28%
7	Inglewood	312	109	461	0%	0%	0%	16%	21%
8	Pasadena	312	120	432	0%	0%	0%	3%	37%
9	Torrance	309	96	405	0%	1%	0%	14%	15%
10	Whittier	300	105	401	0%	0%	1%	4%	14%
11	West Covina	296	76	376	0%	0%	0%	6%	26%
12	Baldwin Park	273	95	368	0%	4%	0%	6%	29%
13	Glendale*	242	144	360	0%	2%	0%	1%	18%
14	Huntington Park	216	71	313	0%	0%	0%	7%	23%
15	Gardena	197	73	270	0%	5%	2%	3%	19%
16	Montebello	183	73	256	0%	0%	0%	17%	28%
17	Burbank	172	83	255	0%	0%	0%	1%	13%
18	Covina	166	75	235	0%	0%	0%	13%	20%
19	Alhambra*	160	66	232	0%	1%	0%	8%	14%
20	Santa Monica	151	40	191	0%	1%	0%	12%	17%
21	Bell Gardens	128	59	187	1%	3%	0%	2%	22%
22	Redondo Beach	126	51	177	0%	1%	0%	6%	19%
23	Bell	102	58	154	0%	3%	0%	12%	27%
24	Glendora	99	47	139	0%	2%	1%	1%	28%
25	San Fernando	96	34	136	0%	1%	0%	3%	37%
26	Monterey Park	92	51	132	0%	0%	1%	3%	24%
27	Monrovia	89	36	125	0%	2%	2%	5%	24%
28	La Verne	85	23	122	0%	0%	0%	1%	43%
29	Arcadia	82	32	110	0%	7%	0%	14%	8%
30	Azusa*	82	25	110	0%	0%	0%	6%	28%
31	Culver City	81	28	110	0%	0%	0%	4%	30%
32	San Gabriel	78	22	104	0%	0%	0%	4%	27%
33	Claremont*	66	11	77	0%	0%	0%	0%	18%
34	El Segundo	56	29	70	1%	0%	0%	11%	23%
35	Beverly Hills	51	13	64	0%	0%	0%	11%	14%
36	South Pasadena	45	8	64	0%	0%	0%	9%	13%
37	Manhattan Beach	41	17	62	0%	0%	0%	3%	32%
38	Signal Hill	34	15	49	0%	0%	2%	6%	12%
39	Hermosa Beach	22	3	25	0%	4%	0%	0%	4%
40	Sierra Madre	22	3	25	0%	0%	8%	12%	4%
41	San Marino	14	2	16	0%	18%	0%	38%	0%
42	Palos Verdes Estates	11	3	14	0%	0%	0%	7%	0%
43	Irwindale	9	1	10	0%	0%	0%	20%	50%
44	Vernon	0	0	0	0%	0%	0%	0%	0%
	44 LEA TOTAL*	8465	3445	11910	0%	1%	0%	8%	27%

Figure 1 (cont)
Law Enforcement Agencies on ESCARS (Indy Only) 2021 Summary Report (%)

#	LEA	% Crime Suspected Not Child Abuse	% No Crime Suspected
1	Long Beach	27%	30%
2	Pomona	9%	37%
3	El Monte	18%	29%
4	Hawthorne	20%	34%
5	Downey	23%	49%
6	South Gate*	20%	49%
7	Inglewood	20%	43%
8	Pasadena	23%	37%
9	Torrance	18%	52%
10	Whittier	14%	67%
11	West Covina	14%	54%
12	Baldwin Park	13%	48%
13	Glendale*	27%	52%
14	Huntington Park	19%	51%
15	Gardena	16%	55%
16	Montebello	18%	37%
17	Burbank	23%	63%
18	Covina	27%	40%
19	Alhambra*	23%	54%
20	Santa Monica	21%	49%
21	Bell Gardens	26%	46%
22	Redondo Beach	22%	52%
23	Bell	26%	32%
24	Glendora	20%	48%
25	San Fernando	6%	53%
26	Monterey Park	27%	45%
27	Monrovia	19%	48%
28	La Verne	11%	45%
29	Arcadia	23%	48%
30	Azusa*	7%	59%
31	Culver City	18%	48%
32	San Gabriel	12%	57%
33	Claremont*	5%	77%
34	El Segundo	22%	43%
35	Beverly Hills	9%	66%
36	South Pasadena	5%	73%
37	Manhattan Beach	7%	58%
38	Signal Hill	29%	51%
39	Hermosa Beach	20%	72%
40	Sierra Madre	4%	72%
41	San Marino	6%	38%
42	Palos Verdes Estates	36%	57%
43	Irwindale	0%	30%
44	Vernon	0%	0%
	44 LEA TOTAL*	20%	44%

Flow Chart I

REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2020

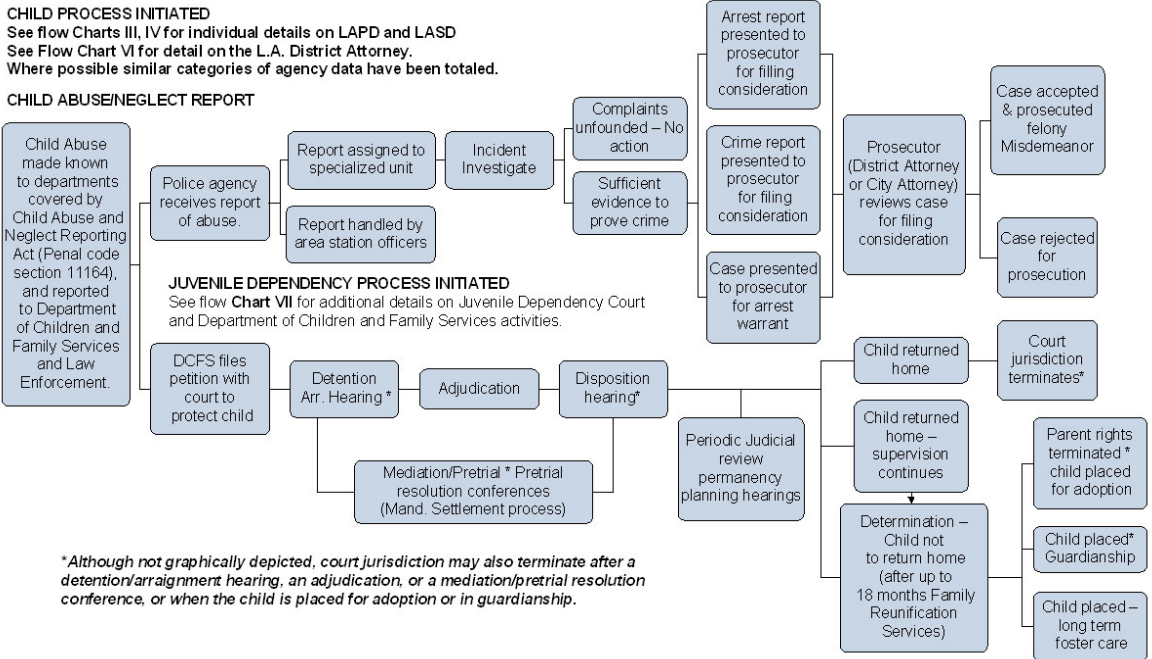


REPORTING DEPARTMENTS WORKLOAD

CHIEF MEDICAL EXAMINER CORONER (Reportable ICAN Child Deaths)	244
L. A. COUNTY PROBATION DEPARTMENT (Adult Referrals for Child Abuse Offenses)	399
DEPT. OF PUBLIC SOCIAL SERVICES (Referrals Made to DCFS)	44
LOS ANGELES POLICE DEPARTMENT	2,451
L.A. COUNTY SHERIFF'S DEPT. SVB (Number of Child Abuse Investigations)	3,701
DEPT. OF CHILDREN & FAMILY SERVICES (Number of Children Referred for Suspected Abuse)	124,105

Flow Chart II

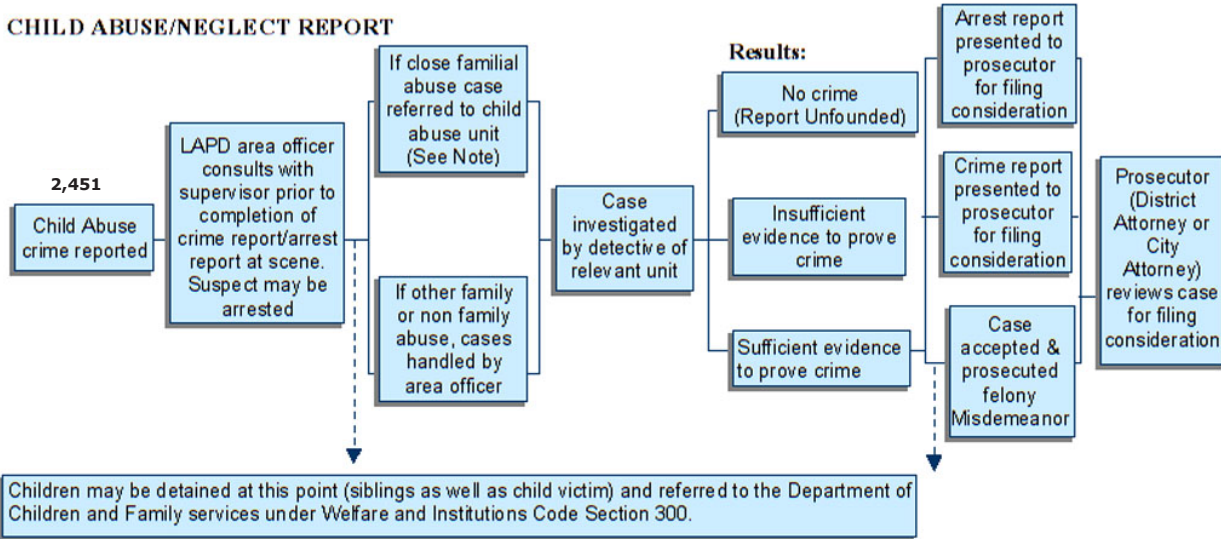
ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES



Flow Chart III

LOS ANGELES POLICE DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES

CHILD ABUSE/NEGLECT REPORT



NOTE:

Case Count Definition

- Endangering cases:
- Multiple victims in same family = 1 report (case)
- All other cases:
- Each victim = 1 report (case)

Abused Child Unit Responsibilities

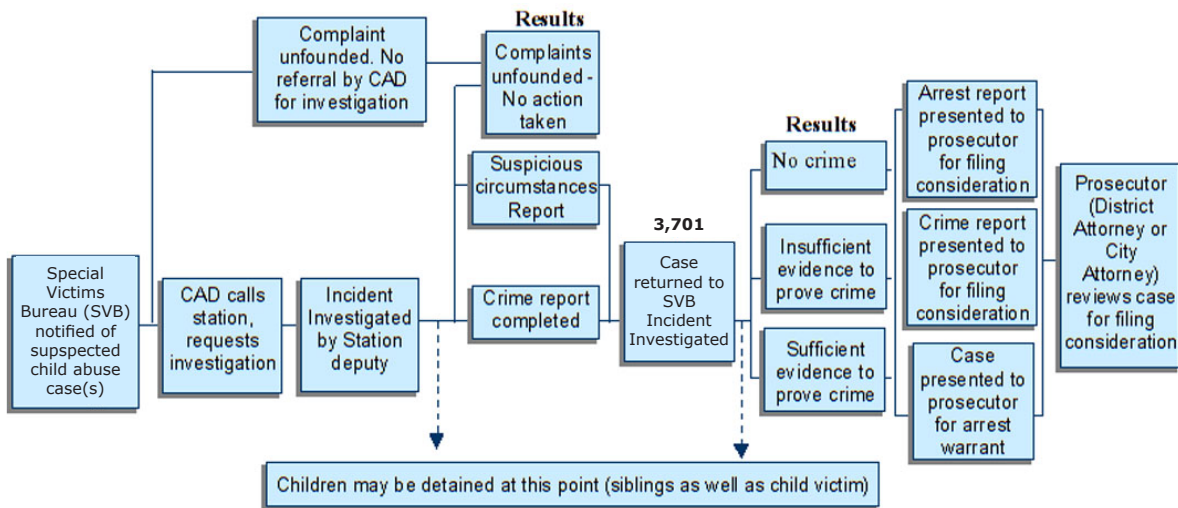
Abused Child Unit handles abuse involving parents, step parent, legal guardian, common law spouse.

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

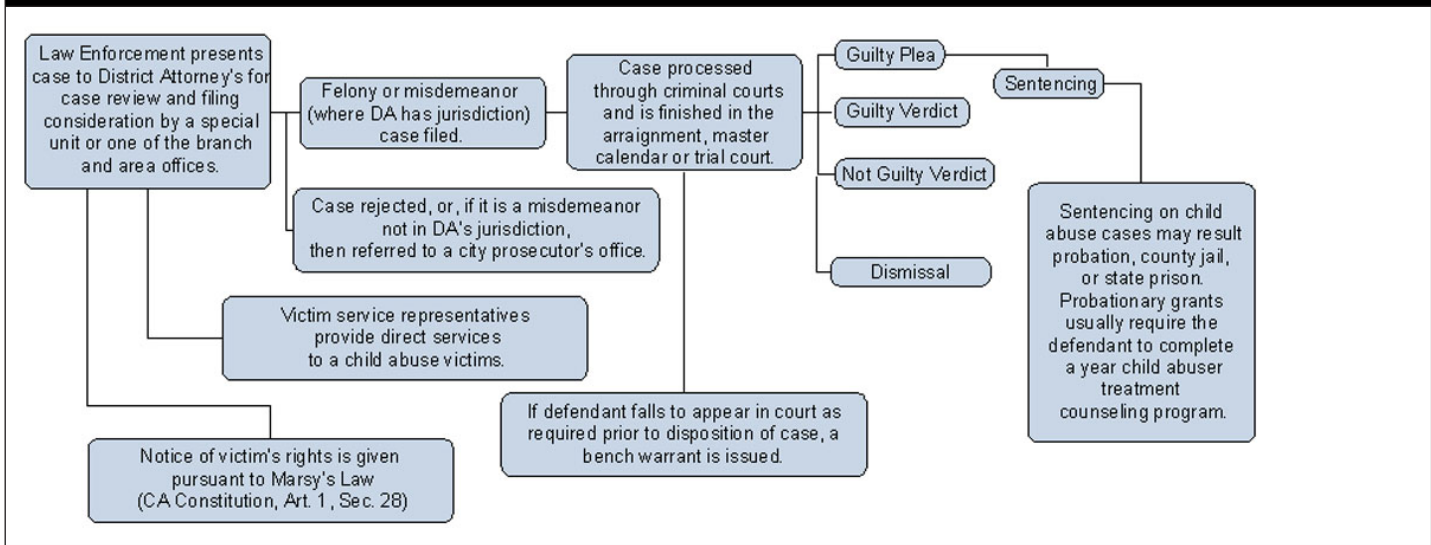


Note: Case Count Definition

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

Flow Chart V

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



Flow Chart VI

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

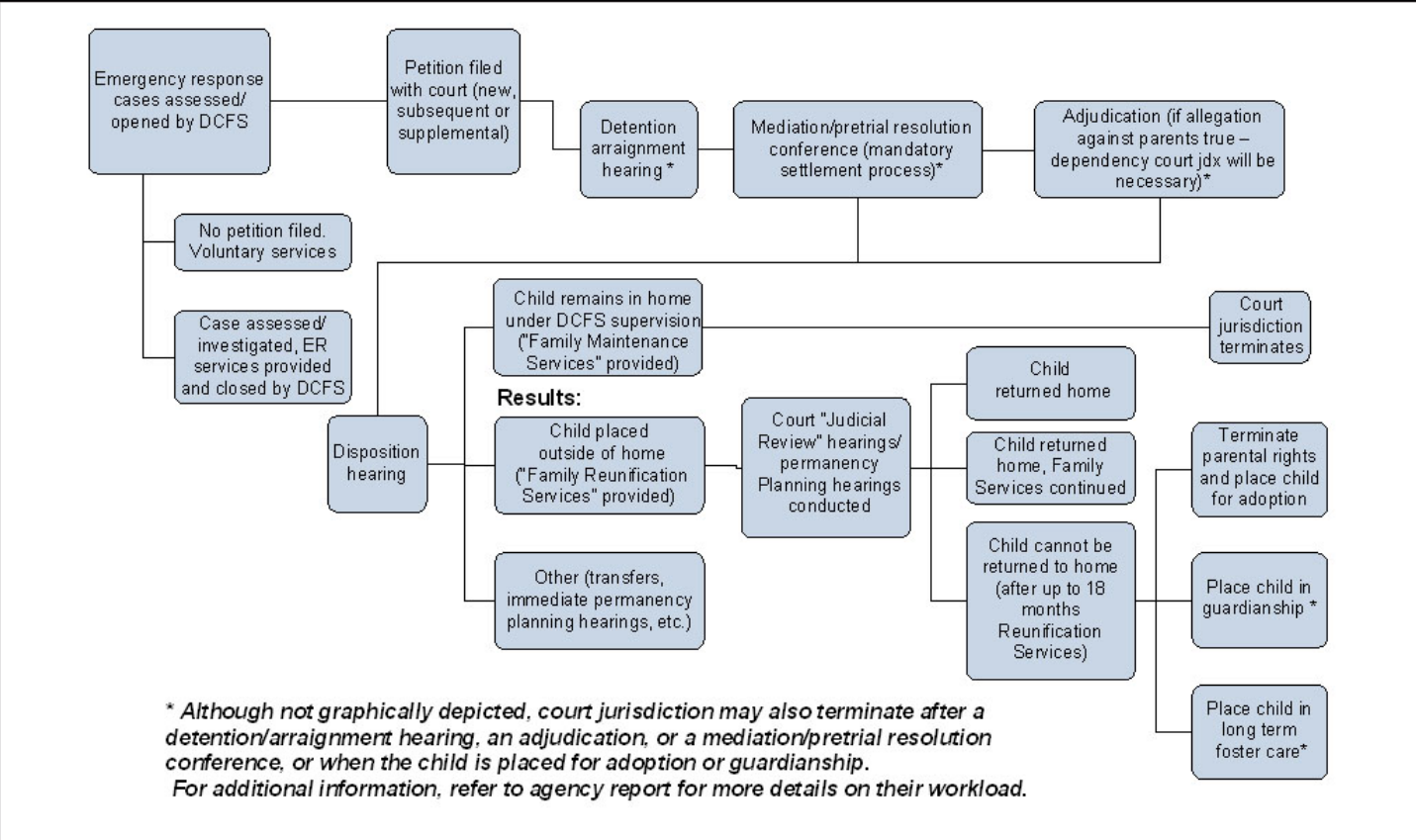


Figure 2

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

Child Abuse/ Neglect Category	Offense Code	FELONY/MISD	DESCRIPTION
Physical Abuse	187 (a)	F	Murder
	207 (a)	F	Kidnapping
	207 (b)	F	Attempt Kidnap Child Under 14
	273ab	F	Assault Resulting in Death of Child Under 8 (willfully place or permit a child to suffer)
	273d(a)	F	Corporal Punishment or Injury to Child (cruel or inhumane physical punishment)
	664/187	F	Attempted Murder
Sexual Abuse	236.1	F	Human Trafficking
	261.5(a)	F	Unlawful Sexual Intercourse w/Minor under 18
	261.5(b)	M	Unlawful Sexual Intercourse w/Minor who isn't +3 or -3 years younger than the perpetrator
	264.1	F	Rape or Penetration in Concert w/Another w/Force, Fear or Violence
	269	F	Aggravated Sexual Assault of Child Under 14 & at least 7 yr. age difference
	269 (a)1	F	Rape of Person Under 14 w/Force or Threat w/7 yr Diff.
	269(a)2	F	Rape or Penetration w/ Foreign Object
	269(a)3	F	Sodomy with Person Under 18
	269(a)4	F	Oral Copulation Person Under 18
	269(a)5	F	Sexual Penetration w/Foreign Object w/Force, Fear or Violence
	286(b)(1)	F/M	Sodomy w/Person Under 18
	286(b)(2)	F	Sodomy w/Person Under 16
	286 c	F	Sodomy w/Person Under 14 & more than 10 years younger
	286(d)	F	Sodomy with Minor in Concert w/Another w/Force, Fear or Violence
	288(a)	F	Lewd Acts w/Child Under 14
	288(b)1	F	Lewd Acts w/Child Under 14 w/ Force, Fear or Violence
	288(c)1	F/M	Lewd Acts w/Child under 15 w/10 Year Age Difference
	288.4	F/M	Arrangement of Meeting Minor for Lewd Behavior
	288.5	F	Continuous Sexual Abuse of a Child under 14
	288a(b)(1)	M	Oral Copulation w/ Person Under 18
	288a(b)(2)	F	Oral Copulation w/ Person Under 16
	288a(c)	F	Oral Copulation of Minor Under 14 w/Force, Fear or Violence w/10 year Age Diff.
	288a(d)	F	Oral Copulation of Minor w/Disability in Concert w/Force, Fear, or Violence
	288.2	F/M	Sending Harmful Matter to a Minor w/ intent to seduce Minor
	289(a)(1)	F	Forcible Sexual Penetration of Minor
	289(h)	F/M	Sexual Penetration Person Under 18
	289(i)	F	Sexual Penetration Person Under 16 by someone over age of 21
	289(j)	F	Sexual Penetration Under 14 w/10 Year Age Difference
	647.6(c)(2)	F	Annoy or Molest Child After Prior Conviction of Certified Sex Offenses
	647.6(a)(1)	M	Annoy or Molest Child Under 18

Figure 2 (continued)

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

Child Abuse/ Neglect Category	Offense Code	FELONY/ MISD	DESCRIPTION
Exploitation	266	F	Seduce Minor Female under 18 for Prostitution
	266h(b)	F	Pimping a Minor
	266i(b)	F	Pandering a Minor
	266j	F	Procure Child Under 16 for Lewd Acts
	267	F	Abduction of Minor under 18 for Prostitution
	273(c)(1)	M	Financial Gain Place for Adoption and Not Completed
	273(c)(2)	M	Financial Gain Place for Adoption and Not Consented
	273e	M	Sending Minor Messenger to Immoral Place
	273g	M	Immoral Practices or Habitual Drunkenness in the presence of child
	311.1(a)	F/M	Obscene Matter Depicting Child Under 18
	311.1	F	Advertise/Distribute Obscene Matter Depicting a Minor
	311.11(a)	F/M	Poss./Control Child Pornography to be sold or distributed
	311.11(b)	F	Obscene Matter Depict Minor w/Prior Conviction
	311.2(a)	M	Production, Distributing or Exhibiting Obscene Matter & being your first offense
	311.2(b)	F	Obscene Matter Depict One Under 18
	311.2(c)	F	Production, Distrib. or Exhibiting Obscene Matter with person over 18
	311.2(d)	F	Obscene Matter Depicting Child Under 18
	311.3	F	Depict Sex Conduct w/Child Under 18
	311.4(a)	M	Use Minor for Obscene Matter
	311.4(b)	F	Use Minor Under 18 for Obscene Matter
311.4(c)	F	Use Minor Under 18 for Obscene (not necessary to prove "commercial purpose")	
313.1	F/M	Distribution or Exhibition of Harmful Matter to Minor under 18	
Severe Neglect	273a(a)	F	Willful Cruelty/ChildEndangerment
	273a(b)	M	Willful Cruelty/ChildEndangerment
	278	F	Child Concealment/Non-custodial Person
	278.5	F/M	Child Abduction through Deprivation of Custody ("Wobbler")
	25100(a)	F	Storage of Firearms Accessible to Children (1st Degree)
	25100(b)	F	Storage of Firearms Accessible to Children (2nd Degree)
	25200	M	Firearms Accessed by Child Carried Off and Concealed
General Neglect	273g	M	Immoral Acts Before Child
	273i	M	Publish Info of Child w/ Intent to Harm Under 14
	270	M	Failure to Provide for Child
	272	M	Contributing to Delinquency of a Minor
Caretaker Absence	270.5	M	Refusal to Accept Child Into Home
	271	M	Willful Desertion of Child under 14
	271a	F/M	Abandonment/ Nonsupport etc Child Under 14

care of
your children

Don't
abuse

Lift their
Spirits

Safe

at school
with
friends

No
Medical
Attention

abused
by
Others

abused
Parents

Ignored
by
Parents

Lonely
without
friends
at home

Love
your
children

Support
all children

Don't hurt

their spirits



SECTION II: SPECIAL REPORT



ICAN HOSPITAL NETWORK

The Hospital Network (HN) believes that hospitals need better connections to DCFS and the Los Angeles County child protection system. The HN has a particular focus on the reporting of suspected child abuse, specifically those under the age of four years, and increasing referrals to prevention services. We believe the reports that focus on young children provide a unique opportunity for prevention; and it is a goal of the HN to assist hospitals with increasing their overall reporting of suspected child abuse. Hospitals vary in their response to child maltreatment, and provide different levels of competence, and interest, in reporting child abuse. There exists little measure or quality assessment of their work, however its clear from the ICAN Child Death Review process that homicide by caretaker increases with younger age.

The HN project began with a statewide ICAN grant to write guidelines for investigation of fatal and severe child abuse. During the period of the initial grant, the Network worked with more than 100 hospitals statewide, in both urban and rural communities. More recently, the focus has shifted to primarily Los Angeles County, with a population just under 10 million, as a more manageable dataset. We still have the statewide goal of connecting hospitals with themselves, in terms of what their reporting looks like and how reports are managed, and with each other, for common data, sharable resources, and increased peer-to-peer interaction. The HNP is continuously challenged to balance the concerns of confidential records with the need to share information for the protection of children.

Select principles in HN are also focusing on resurrecting a statewide Child Death Review Team. In October 2023, ICAN initiated a restart, with 19 representatives across 12 counties, attending the first, quarterly, virtual meeting. Among the topics discussed was the history of Child Death Review Team meetings, with an emphasis on information sharing.

Sample Program Highlights

- 63 hospitals accounting for 91% of all births in LA County; also includes 91% of all injured children under the age of 3 seen in Emergency Departments and 99% of those seen as in-patients;
- The Network addresses the very young and response variation. A countywide network was created in 1981 with 6 hospital SCAN Teams. Reports increased significantly in two years. Today Los Angeles County has approximately 29 SCAN Teams. The HNP has provided assistance assisting in connecting DCFS to each of these;
- Connect birth hospitals to the ICAN Child Death Review process;
- Provide information and training on ways to identify newborns and help for parents who may be at risk of abuse and/or neglect;
- Advocate for the inclusion of fentanyl testing in routine drug screens in both public and private hospitals and the Department of Medical Examiner/Coroner;
- Expand Home Visitation and the Well Baby program to include identified “high risk” not currently served. 30-year anecdotal child death data for Los Angeles County indicates only 2 cases out of 1,000 had a home visitation program.

The ICAN Hospital Network is the place where hospitals and the child protection system in Los Angeles County intersect. The following graphs represent various neonate (0-4 days) reporting data for years 2010-2022: aggregate numbers by year; gender and ethnicity breakdown; allegation type and finally disposition and reporter type.

(The significant number of suspected abuse reports, made by hospitals, and subsequently evaluated out by DCFS, is generally attributed to positive toxicology screens for marijuana. These cases are routinely referred to Community Program Linkages (CPL) for services. Injuries occurring outside of the family home are also typically evaluated out by DCFS).

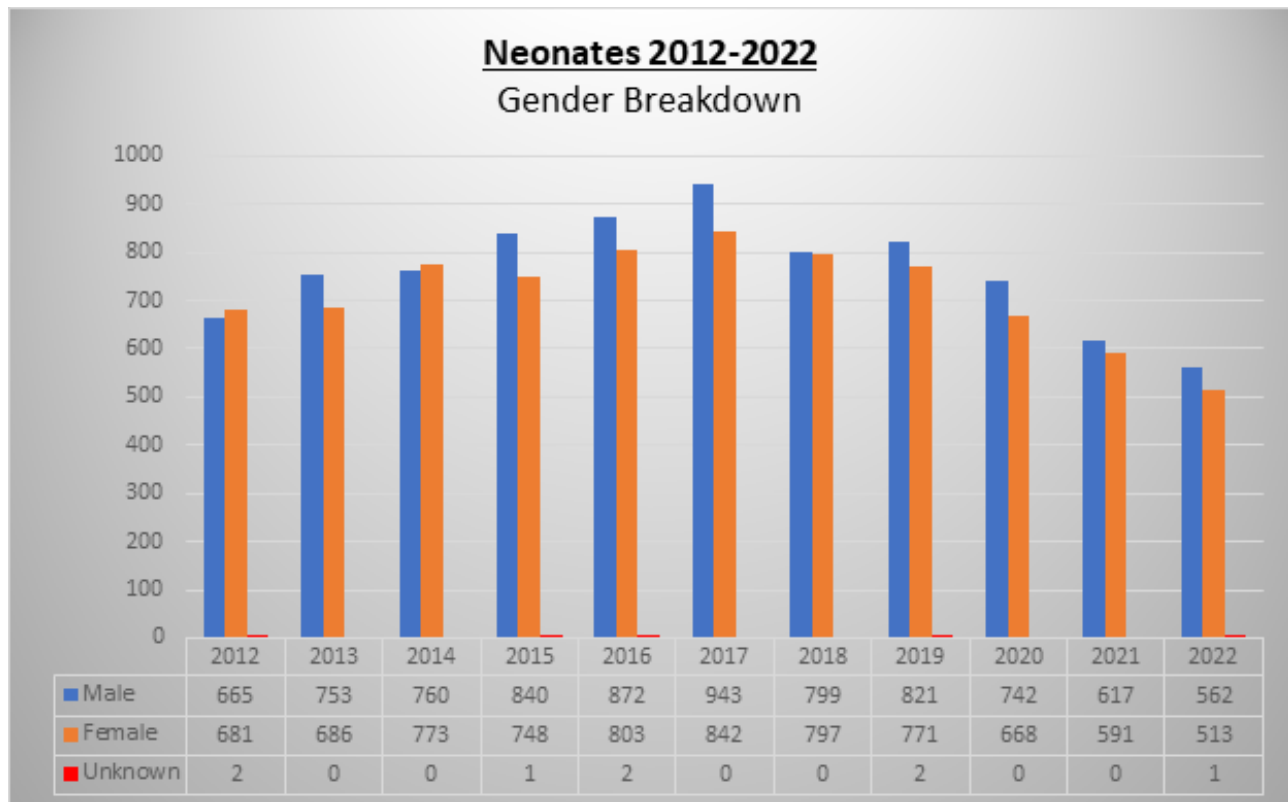
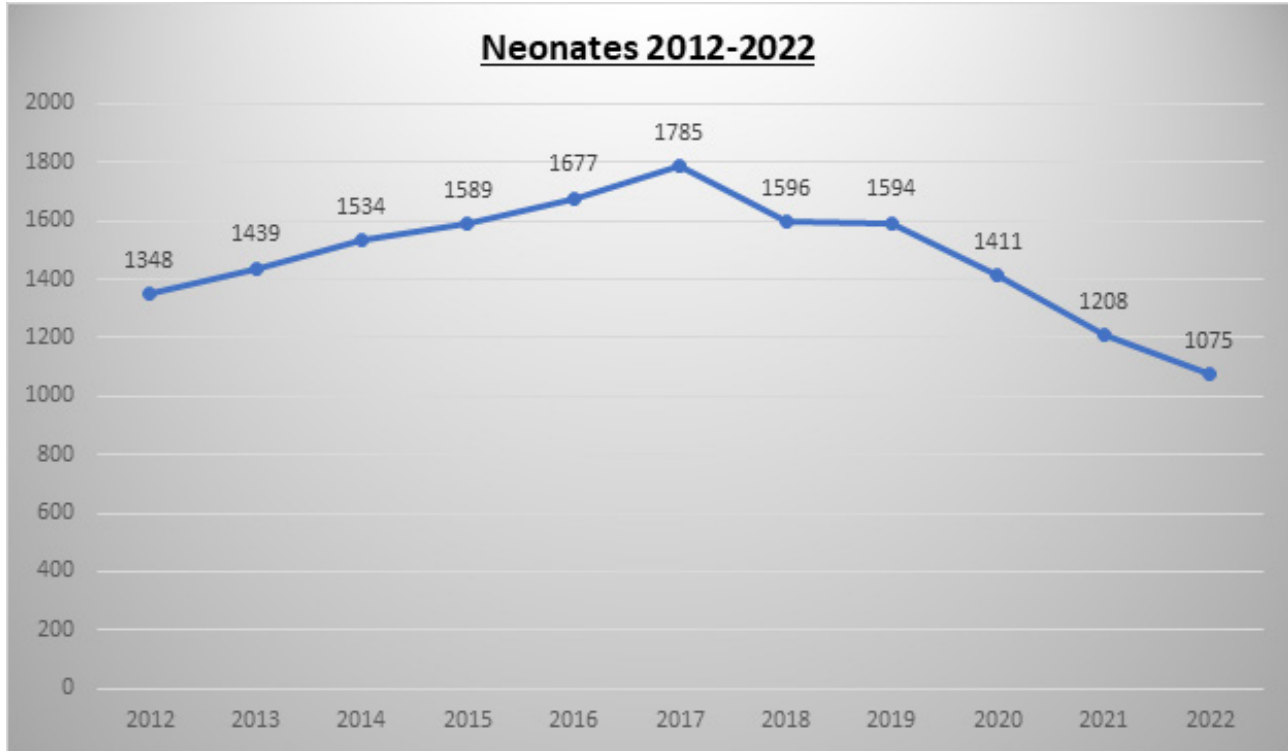
IDENTIFIED WELL BABY HOSPITALS

Table 1

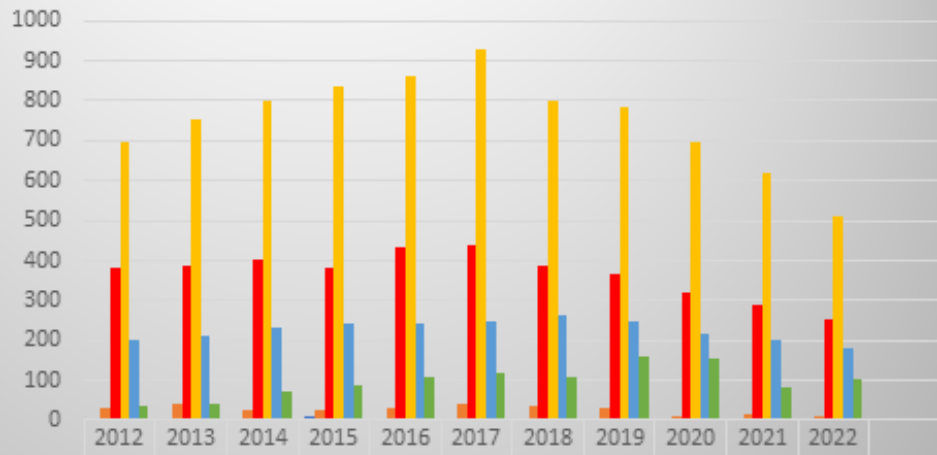
SCAN, PICU, AND NICU HOSPITALS

Hospital/Medical Center	SCAN Team	PICU	NICU
Antelope Valley Health Partners	No	Yes	No
Miller Children’s Women’s Hospital Long Beach	Yes	Yes	No
Los Angeles General Medical Center	Yes	Yes	Yes
St. Francis Medical Center	No	Yes	No
Queen of the Valley	-	-	-
California Hospital Medical Center	-	Yes	No
Centinela Hospital Medical Center	No	Yes	Yes
Providence Holy Cross Medical Center	-	Yes	No
Valley Presbyterian Hospital	Yes	Yes	Yes
LAC Harbor- UCLA Medical Center	Yes	Yes	Yes
White Memorial Hospital	No	No	No
St. Mary Medical Center	No	-	-
LAC Olive View-UCLA Medical Center	Yes	Yes	Yes
Hollywood Presbyterian	No	Yes	Yes
Martin Luther King Jr. Community Hospital	No	-	-
Pomona Valley Hospital Medical Center	Yes	Yes	Yes
East Los Angeles Doctor Hospital	No	Yes	No
Northridge Hospital Medical Center	-	-	-
PIH Health Whittier Hospital	Yes	Yes	Yes
Garfield Medical Center	Yes	Yes	Yes
Good Samaritan Hospital	No	Yes	No
Providence St. Joseph Medical Center	-	-	-
Glendale Memorial Hospital	-	-	-
Beverly Hospital	No	No	No
Huntington Hospital	No	Yes	No
Torrance Memorial Hospital	Yes	Yes	Yes
Providence Little Company of Mary	No	No	No
Cedar Sinai Medical Center	Yes	Yes	Yes
Henry Mayo Hospital	Yes	Yes	No

Note: Welcome Baby Hospital Hospitals are highlighted in green. County hospitals are highlighted in yellow and unknown is represented by a dash (-). Retrieved from: Interagency Council on Child Abuse and Neglect (2018) Hospital Data. Number of identified Scan Teams may vary.

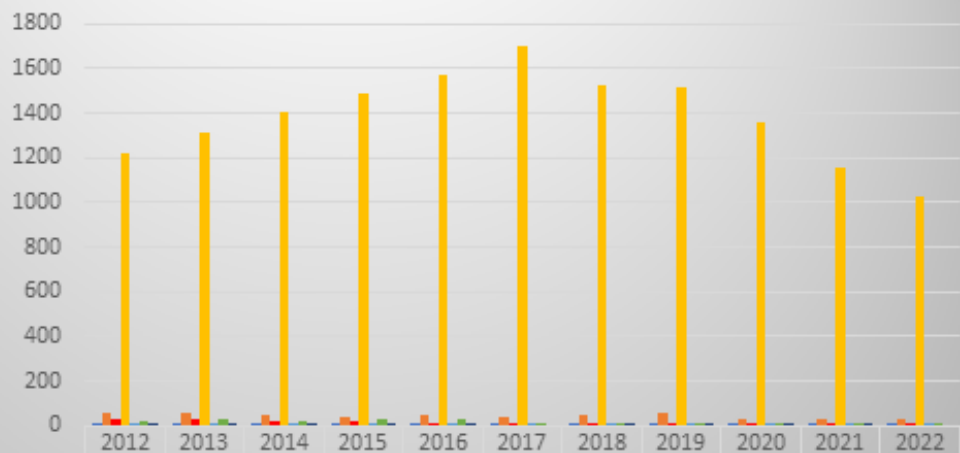


Neonate 2012-2022 Ethnicity Breakdown

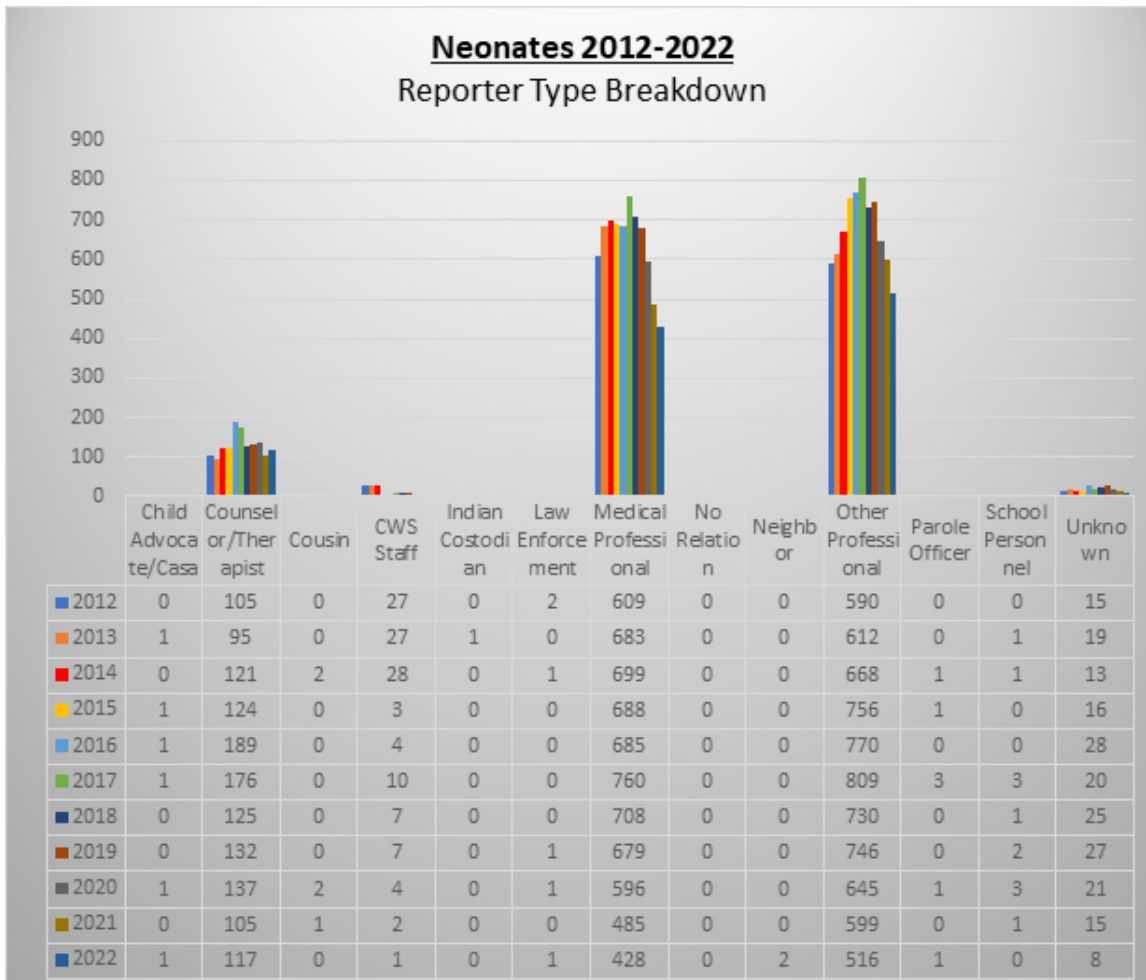
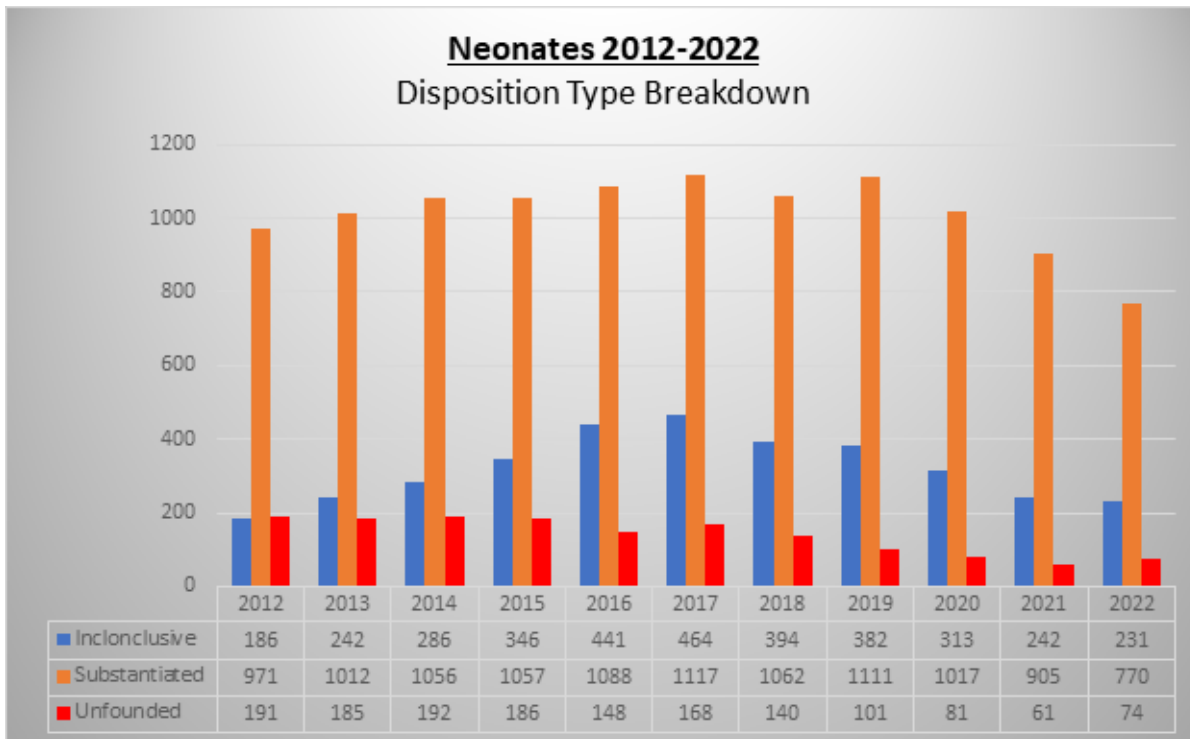


	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
American Indian/Alaskan Native	3	4	2	9	3	3	5	4	3	1	1
Asian/Pacific Islander	32	40	27	27	31	43	36	32	11	18	10
Black	383	386	403	382	432	440	385	367	321	289	252
Hispanic	695	756	799	838	862	931	799	783	698	617	510
White	199	212	232	243	242	250	265	249	215	199	183
Other	36	41	71	90	107	118	106	159	154	84	105

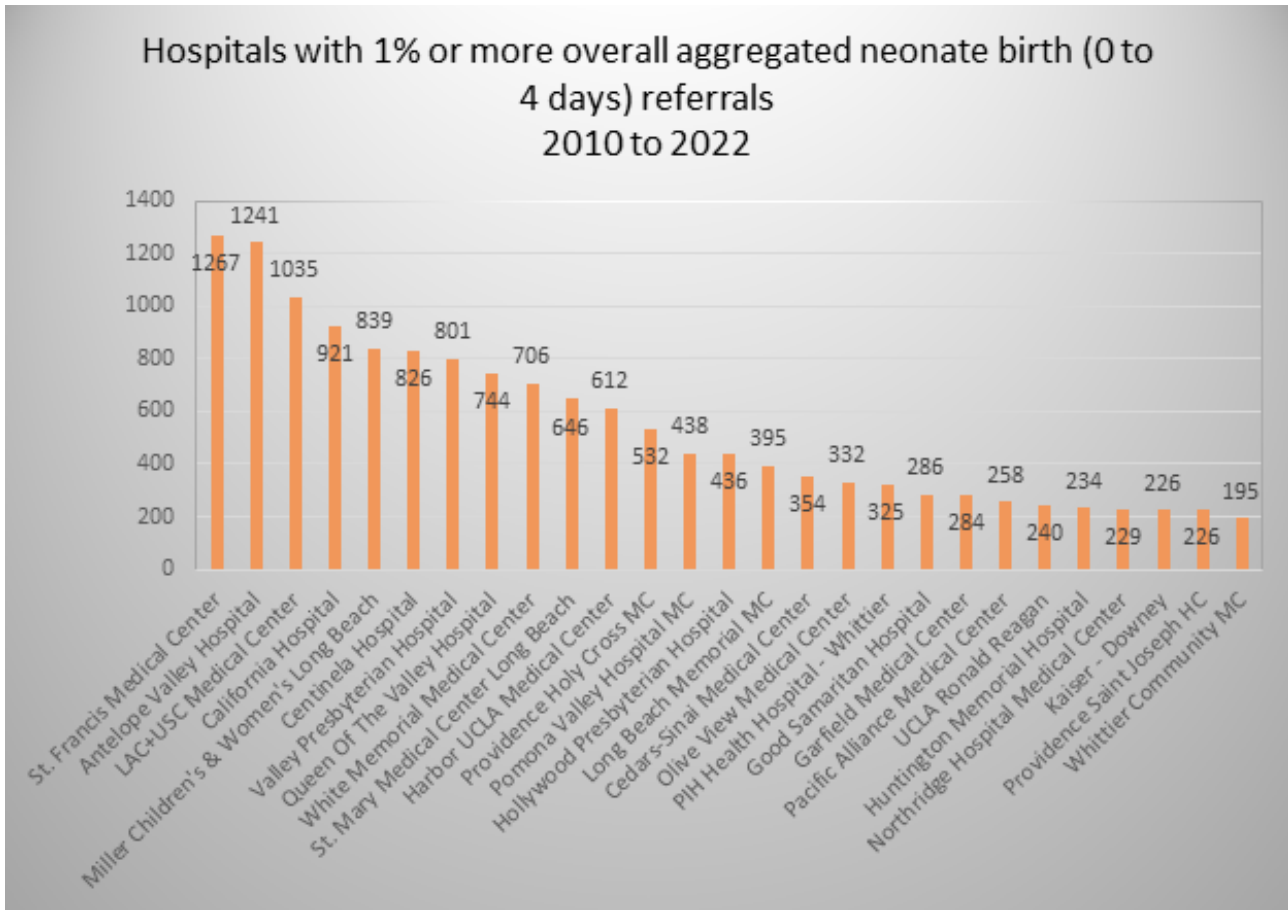
Neonate 2012-2022 Allegation Type Breakdown



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
At Risk, sibling abuse	14	9	14	9	14	13	3	4	5	3	3
Caretaker Absence/Incapacity	58	58	52	40	47	42	44	55	25	34	31
Emotional Abuse	30	33	24	20	14	12	10	8	10	7	6
General Neglect	1218	1311	1403	1486	1570	1702	1525	1516	1363	1160	1029
Physical Abuse	3	3	7	4	4	4	3	3	1	2	1
Severe Neglect	24	28	24	29	25	9	10	7	6	1	5
Sexual Abuse	1	3	6	1	3	0	1	1	1	1	0



The number of neonate risk reports, by hospital, provides the HNP with a focus on areas of greatest need and where best to engage our healthcare system.



However, the numbers themselves paint an incomplete picture. The context needed here is the aggregate number of births by hospital, and is included in our workplan below for moving forward.

HN Workplan Moving Forward

CONNECT HEALTH CARE TO THE CHILD PROTECTION SYSTEM

1) ADD ADDITIONAL HEALTH CARE SYSTEMS TO THE NETWORK

- URGENT CARE
- PSYCH HOSPITALS (INCLUDING STATE HOSPITALS) FOR BIRTHS
- CRIMINAL JUSTICE JAILS, PRISONS, PROBATION
- ADD SCHOOL NURSES AND ASSOCIATIONS
- REGIONAL CENTERS; and
- AMBULANCE EMT
- CONTACTS WITH STATE AND LOCAL HEALTH (DHS AND PUBLIC HEALTH)

2) RESPOND TO NEW AND EMERGING PROBLEMS

- FENTANEYL AND EXPOSURE TO YOUNG CHILDREN
- PREGNANCY IN PSYCHIATRIC HOSPITALS

- PREGNANCY IN ELEMENTARY SCHOOLS AND REGIONAL CENTERS; and
 - PREGNANCY IN JAILS, PRISONS, PROBATION CAMPS
- 3) CONNECT HOSPITALS TO AND CHILD PROTECTION**
- CPS WORKER VISIT SCAN TEAMS
 - PROVIDE HOSPITALS [THEIR] REPORT DATA AND DATA SUMMARIES FOR ALL REPORTS
 - HOSPITALS ATTEND AND PRESENT AT ICAN DEATH REVIEW (CDRT)
 - REPRESENTATIVES TO ICAN HOSPITALS FROM COUNTY DHS AND PH AND PHN
 - SURVEY OF SCAN TEAMS FOR LEVEL OF ACTIVITY (ALL)
- 4) SPECIAL STUDIES AND TRAININGS**
- BURN AND PICU REPORTS
 - PICU
 - “EVALUATED OUT” BY PROGRAM/POSITION OF REPORTER, INCLUDING HOME VISITATION
- 5) ICAN HOSPITAL PERINATAL PROGRAM**
- DEVELOP CONTACTS IN LOCAL AND STATE MCH PROGRAMS; TARGETED TRAINING(S)
 - PROVIDE HENRY KEMPE VIDEO TO BIRTH HOSPITALS
 - HOSPITAL (ROUNDTABLE) WHEN BIRTH BECOMES A HOMICIDE
 - INFANT RISK REPORTING
 - IF AVAILABLE OBTAIN BIRTH HOSPITAL DATA FROM CORONER
 - PROVIDE FOLLOW-UP WITH CORONER FOR BIRTH HOSPITALS WITH INFANT HOMICIDE 0-3
- 6) OUTREACH; SHARE PROGRAM WITH OTHER JURISDICTIONS AND COUNTY, STATE AND NATIONAL COUNTERPARTS**
- CONNECT WITH MCH PROGRAMS IN OTHER COUNTIES AND STATES TO SHARE FINDINGS
 - REGIONALIZE CALIFORNIA CONTACTS
 - DPH INJURY PREVENTION
- 7) BUILD AND MANAGE DATA STORAGE SYSTEM AND MAKE DATA AVAILABLE TO HOSPITALS**
- ANNUAL REPORT ON REFFERALS BY HOSPITALS
 - IMPROVE DIRECTORY TO INCLUDE SCAN TEAM HOSPITALS, NICU'S, PICU'S, BURN UNITS
 - CREATE MASTER STORAGE AND MAINTAIN INVENTORY OF ALL DATA SETS
 - BIRTH DATA BY HOSPITAL AND INCLUDE AGE OF MOTHER IF POSSIBLE

8) CREATE AN ADVISORY TEAM FROM HOSPITAL REPRESENTATIVES, HOSPITAL COUNCILS, ETC., TO MEET INFORMALLY, OR REGULARLY, AND PROVIDE COMMENT ON HOW WE ARE DOING

1. Informal - Generally meet and review cases and with others as needed
2. Basic Multidiscipline - as needed for case review
3. Formal Multidiscipline - meet regularly, review cases and identify problems

9) SPECIAL STUDIES FOR PRESENTATION OR PUBLISHING

- INFANTS BORN AT RISK
- CPS VISITING SCAN TEAMS, HOSPITALS, AND DEATH REVIEW
- HOSPITAL NETWORK PROGRAM(S)
- ICAN 30 YEAR REPORT
- BURNS, BIRTHS AND PICU'S
- HOME VISITATION
- ICAN WEB PAGE CONTENT
- PERINATAL PROJECT
- DATA AND PROGRAM INFO FOR [ANNUAL] REPORT ON RISK REPORTING OF NEWBORNS
- REVIEW OF RISK PROTOCOLS
- TRAINING ON RISK REPORTS OF NEWBORNS
- LOCATING AND ANALYZING PROTOCOLS FOR MANAGEMENT OF THESE CASES
- CONSIDERATION OF "BEST PRACTICES" STANDARDS FOR RISK REPORTS
- NETWORKING WITH PERINATAL PROGRAMS
- HOME VISITATION PROGRAMS - WHAT HAPPENS TO CASES AFTER REPORTED
- WHAT SERVICES ARE AVAILABLE IN JAILS, PROBATION CAMPS AND LINKS TO TEEN PREGNANCE AND DOMESTIC VIOLENCE

FUTURE EXPANSION/MISCELLANEOUS GOALS

- SYSTEM TO PROVIDE HOSPITAL FOLLOW UP ON DCFS REPORTING OF CHILD FATALITIES
- PARTNERSHIP WITH HOME VISITATION PROGRAMS
- ACTIVE ROLE FOR STATE AND COUNTY HEALTH AND PUBLIC HEALTH
- DEFINED STAFF LIAISON FROM DHS AND PH
- CONNECT HOSPITAL NETWORK TO DEATH REVIEW
- REGULAR NEWSLETTER FROM HOSPITAL NETWORK TO HOSPITALS



ICAN CHILD ABDUCTION TASK FORCE

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

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

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

The expanded Project is currently referred to as the ICAN Child Abduction Task Force/Reunification of Missing Children Program, and participants include: Find the Children, Didi Hirsch Community Mental Health (CMH), For The Child, Los Angeles Child Guidance Center, Foothill Family Services, HELP Group, the Children's Center of Antelope Valley, the Child and Family Guidance Center in Van Nuys, St. Frances Children's Counseling Center, Children's Bureau, Interface Mental Health Services, Los Angeles County Department of Children and Family Services, Los Angeles County Office of County Counsel (Child Abduction Unit), Los Angeles District Attorney Child Abduction Unit, Los Angeles Sheriff's Department, Los Angeles Police Department (LAPD), and the Federal Bureau of Investigation (FBI).

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



The Task Force is alternately coordinated by Find the Children and the Child Abduction Unit within the Los Angeles County Office of County Counsel. Find the Children places a strong emphasis on preventative education through community outreach programs such as their School Safety Programs for preschool, elementary and middle school-aged children. 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. The Child Abduction Unit within the Office of the County Counsel emphasizes more of a recovery approach in their management of the Task Force. Both approaches, working in concert with one another, make for a balanced program.

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

Figure 1 shows that in 2021, the Program served 9 (13) children in 5 (10) cases¹ as compared to the 13 children in 10 cases served in 2019. This is a 50% decrease in caseload and a 31% decrease in the number of children served from the prior year recorded (2019), and builds on similar decreases going back to 2017. Both figures again reflect a significant decrease from prior years. The number of families served in 2021 is also significantly lower than the five-year average of 31 cases. As well, the number of children served is lower than the five-year average of 43 children. There has been a steady decrease noted in both of these categories since the peak year of 2014 when 97 children in 69 cases were served. Training and educational interventions in the schools and elsewhere in the community, targeting child safety and stranger awareness, can in part attribute to the steady decreases. 2014 was also a peak year in terms of the number of referrals received by DCFS.

Figure 2 shows the ethnic breakdown for the 10 children served in calendar year 2021: 44% were Hispanic, 44% were African-American, 12% were Caucasian. There were no other ethnic identities identified. Figure 3 shows the age range of the children served in calendar year 2021: 48% percent of the children served were age 5 or younger, 56% were age 6 to 10 and no children age 11 or older

were recorded in 2021.

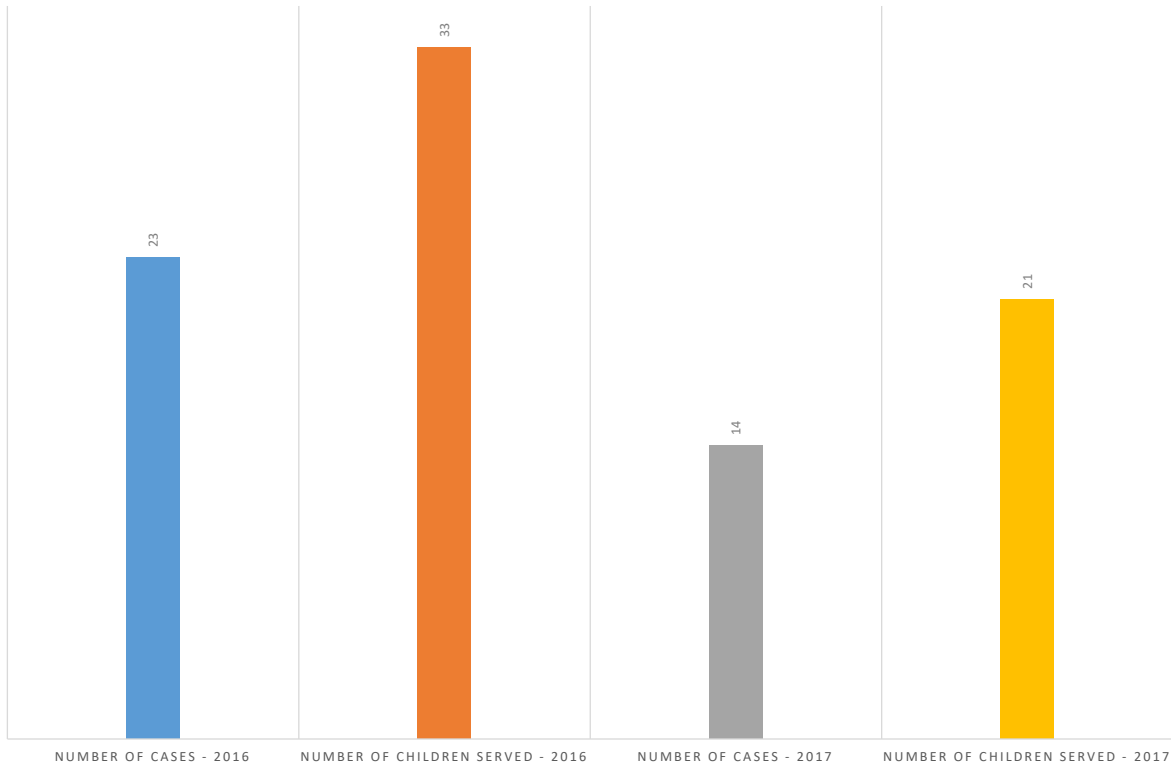
Figure 4 shows that of the children served, all were under the jurisdiction of the Department of Children and Family Services. No cases were referred by the Los Angeles District Attorney's office or through other sources such as Find the Children.

Figure 5 reflects trend data on the number of cases and children served by the Reunification Program for calendar year 2014 through 2021 (excluding data for years 2018 and 2020). Over the past 5-year period, the number of cases has averaged 31 per year, while the number of children served has averaged 43 per year. The number of cases and children served has fluctuated from year to year with 2014 still experiencing the greatest number of both cases (n=69) and children served (n=97). The significant spike in cases seen in 2014 cannot be explained by any one factor. This also holds true when trying to explain the reason for the notable decrease in referrals from 2013 to 2021.¹

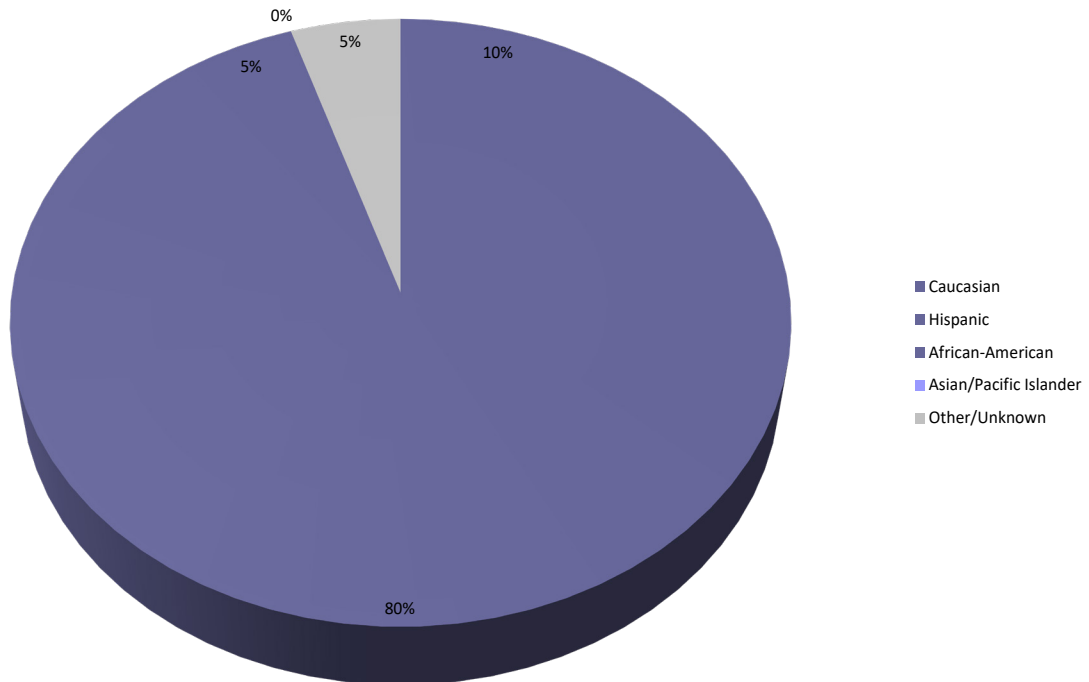
1. A case represents a family and was referred to as such in earlier reports.



NUMBER OF CASES/CHILDREN SERVED BY REUNIFICATION PROGRAM 2019 VS. 2021

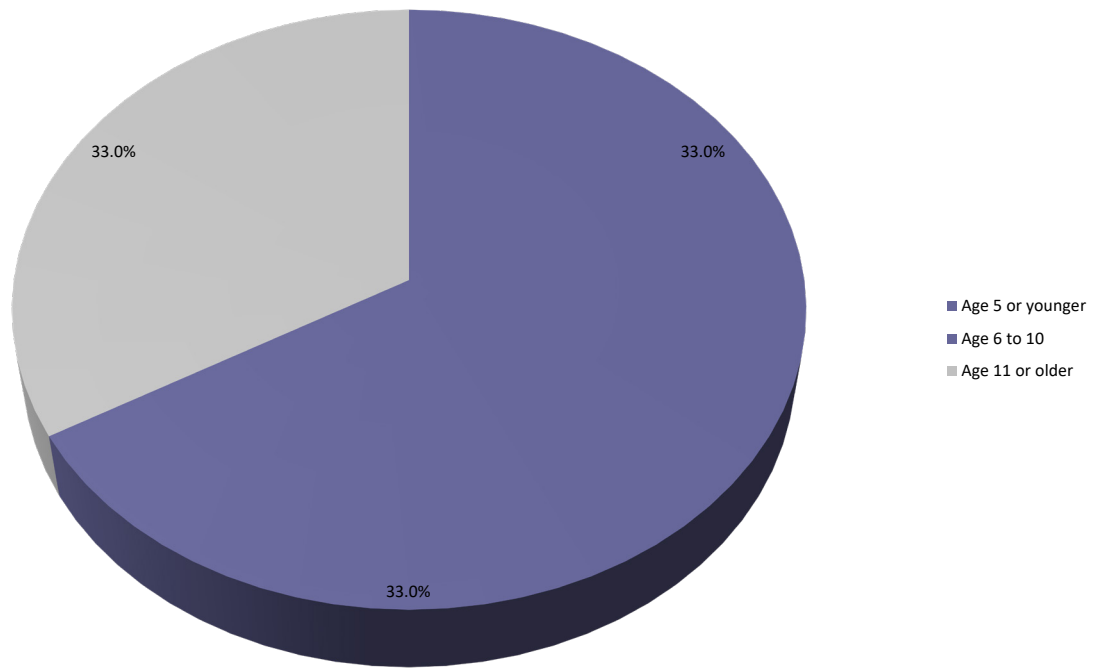


Ethnic Breakdown of Children Served - 2017 (N=21)

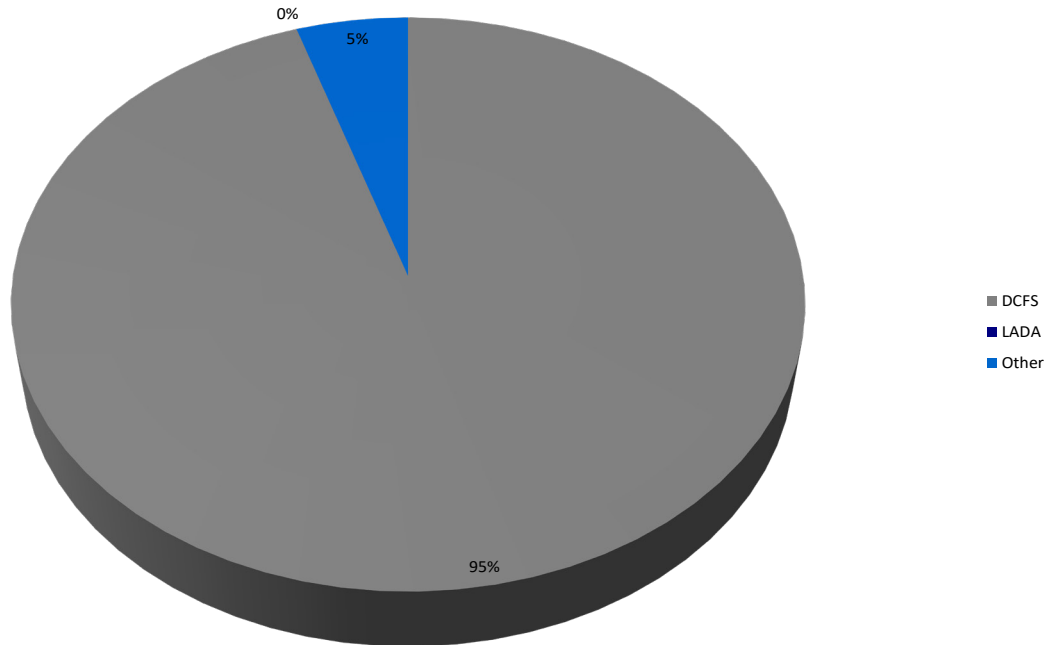




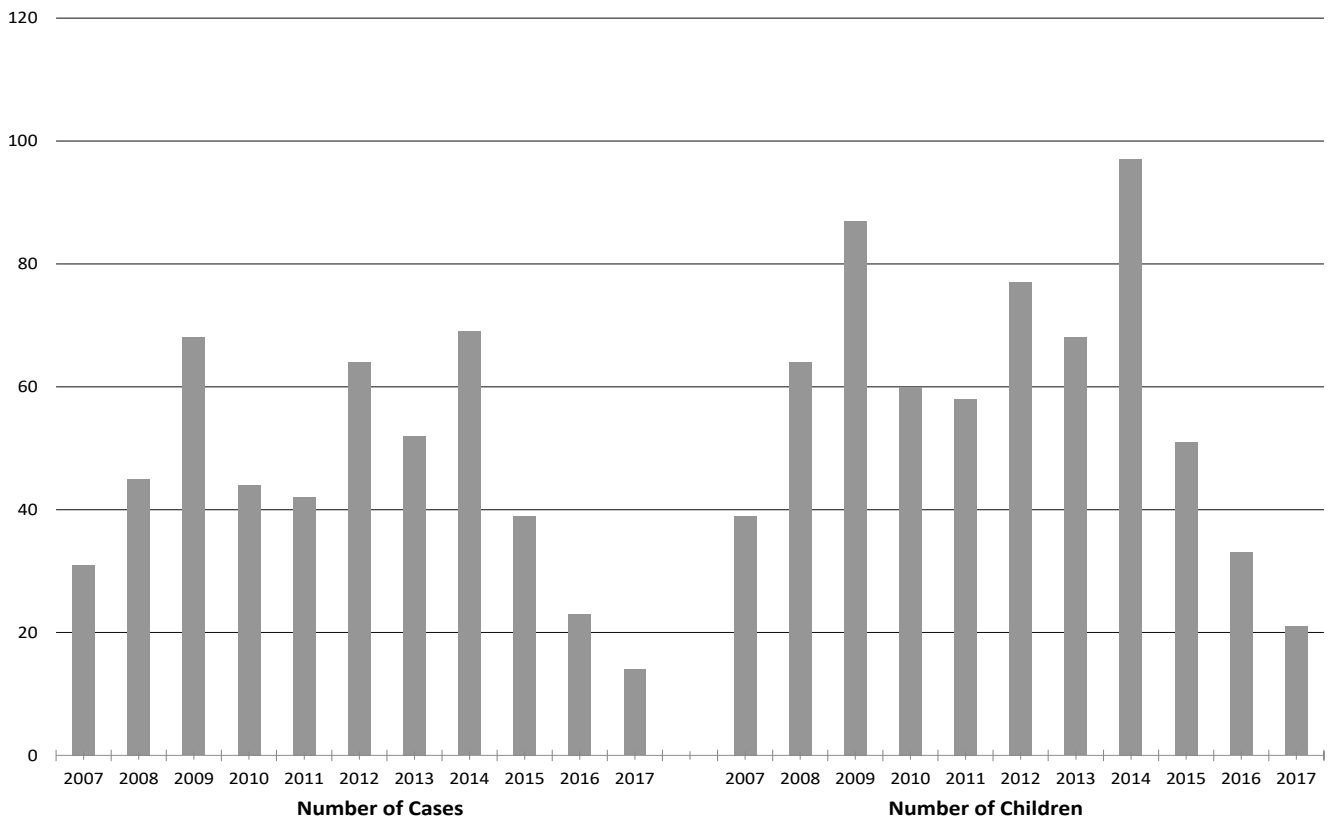
Age Range of Children Served - 2017
(N=21)



Percentage of Children Served Under DCFS Supervision - 2017
(N=21)



Cases/Children Served by Reunification Program 2007 through 2017



BULLYING



STOPS HERE



SECTION III: ICAN AGENCY REPORTS



CALIFORNIA DEPARTMENT OF JUSTICE

The following information is for the 2021 ICAN Report. The statistics used for this report are from the calendar year 2022.

CHILD ABUSE CENTRAL INDEX FACT SHEET

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

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

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

Functioning as a pointer system, the CACI receives and stores reports of suspected child abuse, pointing citizens, and agencies to the original investigative files that are maintained by the submitting agency. It is the obligation of the requestor to obtain a copy of the original investigative report from the submitting agency and for drawing independent conclusions regarding the quality of the evidence disclosed and its relevance for making decisions regarding employment, licensing, or placement of a child. The CACI contains 658,202 incident records of child abuse and 614,725 individual suspect names.

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

STATUTORILY MANDATED CACI FUNCTIONS

INVESTIGATORY

The CACI serves as an investigatory tool for child protection and law enforcement agencies investigating child abuse and severe neglect allegations, by providing information regarding child abuse reports previously submitted to the CACI involving the same suspect(s).

All incoming child abuse reports are entered and searched against the CACI entries to identify any prior reports of child abuse that involve the identified suspect(s). Additionally, the DOJ provides information on an expedited basis to child protection agencies for emergency child placement and to law enforcement as a child abuse investigative tool. During calendar year 2022, the DOJ conducted 20,226 expedited search requests for investigatory purposes.



REGULATORY

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

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

During calendar year 2022, the DOJ responded to 6,863 Adam Walsh Act out-of-state foster care and adoption requests, and 2,920 citizen inquiry requests. 190,084 CACI searches were performed as a result of an applicant background check request.

DATA FACTS

- Authorized agencies submitted 4,223 reports to the DOJ for entry into the CACI (See Figure 1).
- Physical abuse is the most prevalent type of abuse. 1,238 reports were submitted representing 29% of the total reports entered into the CACI. The other types of abuse reported are as follows: mental abuse 703 (17%), sexual abuse 1,080 (26%), severe neglect 1,125 (27%) and willful harming and/or corporal punishment 84 (2%).
- Of the 4,223 child abuse reports submitted, there were 19 reported deaths of a child. Los Angeles County submitted four (4) of the child death reports.
- During 2022, Los Angeles County submitted 627 (15%) of 4,223 statewide total. The abuse determinations are as follows:
 - a) 247 (20%) physical abuse
 - b) 120 (17%) mental abuse
 - c) 61 (5%) severe neglect
 - d) 179 (17%) sexual abuse
 - e) 20 (24%) willful harming and/or corporal punishment. (See Figure 2)

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

Email: CACI-inquiry@doj.ca.gov



Figure 1

**2022 CHILD ABUSE SUMMARY REPORTS ENTERED IN THE
CHILD ABUSE CENTRAL INDEX (CACI)
FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2022**

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Alameda	74	30	15	12	17	0	0
Alpine	0	0	0	0	0	0	0
Amador	6	2	0	3	1	0	0
Butte	12	2	4	3	1	2	0
Calaveras	22	4	12	2	4	0	0
Colusa	4	2	0	2	0	0	0
Contra Costa	51	23	1	22	5	0	0
Del Norte	4	3	0	1	0	0	0
El Dorado	45	13	8	15	9	0	0
Fresno	202	69	17	36	79	1	0
Glenn	7	2	1	4	0	0	0
Humboldt	33	5	10	11	7	0	0
Imperial	19	7	4	2	6	0	0
Inyo	1	0	1	0	0	0	0
Kern	86	27	11	38	7	3	1
Kings	22	9	0	7	6	0	0
Lake	1	0	0	1	0	0	1
Lassen	12	3	9	4	3	0	0
Los Angeles	627	247	120	61	179	20	4
Madera	6	1	2	2	1	0	0
Marin	5	0	1	3	1	0	0
Mariposa	1	1	0	0	0	0	0
Mendocino	35	9	8	13	1	4	0
Merced	89	24	17	14	29	5	0
Modoc	5	2	3	0	0	0	0
Mono	4	1	2	1	0	0	0
Monterey	12	3	0	2	7	0	0
Napa	28	8	3	11	6	0	0
Nevada	4	0	3	1	0	0	0
Orange	666	131	40	304	191	0	2
Placer	22	7	7	7	1	0	0
Plumas	0	0	0	0	0	0	0
Riverside	153	52	7	20	52	22	4

Figure 1 (continued)

**2022 CHILD ABUSE SUMMARY REPORTS ENTERED IN THE
CHILD ABUSE CENTRAL INDEX (CACI)
FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2022**

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Sacramento	135	58	15	25	20	17	0
San Benito	5	1	0	2	2	0	0
San Bernardino	513	190	115	87	121	0	1
San Diego	264	75	32	83	71	3	0
San Francisco	51	18	15	6	10	2	0
San Joaquin	175	39	15	40	81	0	0
San Luis Obispo	17	8	1	4	4	0	0
San Mateo	31	12	6	9	4	0	0
Santa Barbara	18	5	3	8	2	0	0
Santa Clara	48	20	5	12	11	0	0
Santa Cruz	14	0	3	10	1	0	0
Shasta	284	30	137	86	31	0	0
Sierra	0	0	0	0	0	0	0
Siskiyou	15	1	3	7	4	0	0
Solano	36	16	2	6	10	2	1
Sonoma	77	8	11	38	20	0	2
Stanislaus	105	18	9	42	36	0	0
Sutter	11	4	1	1	5	0	0
Tehama	25	7	6	6	5	1	0
Trinity	9	1	4	3	1	0	0
Tulare	32	15	1	9	7	0	0
Tuolumne	16	4	0	10	2	0	0
Ventura	44	13	2	17	11	1	1
Yolo	28	6	8	9	4	1	0
Yuba	12	2	3	3	4	0	2
TOTALS	4,223	1,238	703	1,125	1,080	84	19
PERCENTAGE	100%	29%	17%	27%	26%	29%	0.45%

* DENOTES THE NUMBER OF REPORTED CHILD DEATHS. THE TOTAL PERCENTAGE OF ABUSE DETERMINATIONS DOES NOT INCLUDE THE CHILD DEATH DATA.



Figure 2

**NUMBER OF CACI REPORTS SUBMITTED BY LOS ANGELES COUNTY
JANUARY 1 - DECEMBER 31, 2022**

County	Number	%	Physical Abuse	%	Mental Abuse	%
Los Angeles	627	15%	247	20%	120	17%
STATEWIDE TOTAL	4,223		1,238		703	
County	Severe Neglect	%	Sexual Abuse	%	Harming/ Corporal	%
LOS ANGELES	61	5%	179	17%	20	24%
STATEWIDE TOTAL	1,125		1,080		84	

Glossary of Terms

CACI: Child Abuse Central Index.

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

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

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



LOS ANGELES POLICE DEPARTMENT

ABUSED CHILD SECTION

- The Abused Child Section, Juvenile Division, was created to provide a high level of expertise to the investigation of child abuse cases. Juvenile Division has Citywide responsibility for follow-up investigations of all complaints involving physical and/or sexually abused children that meet the following criteria:
- Homicide of a child under 11 years of age where it appears the parent, stepparent, legal guardian, live-in boyfriend/girlfriend of the parent or guardian, or other person acting in the capacity of parent or legal guardian (parents(s)/guardian(s)) is responsible;
- Undetermined deaths of children under 11 years of age;
- Deaths of children under 11 years of age wherein neglect or action by the parent(s)/guardian(s) placed the child in an endangered situation that resulted in death;
- Cases of hospitalization as a result of possible child abuse (critical injury) and the parent cannot provide a reasonable explanation for the injury;
- Cases when medical personnel (physicians, nurses and other medical professional) have deemed the mechanism that caused a critical injury as non-accidental. For these types of cases, a geographic Area supervisor shall seek advice and approval from Juvenile Division prior to transferring investigative responsibility from their respective divisions
- Hospitalization for failure to thrive, severe neglect, or failure to seek medical treatment;
- All other child abuse; physical aggravated assault wherein the suspect is known to be 18 years of age and over; and

All Sexual Abuse Cases that meet one or more of the below criteria:

- Unlawful Sexual Intercourse that involves an adult suspect over 21 years of age and a victim under 16 years of age which are prosecutable under Penal Code Section 261.5(d);
- Sexual Battery/Lewd Acts Upon a Child that involves an adult suspect, 18 years of age or older, and a victim who is under 14 years of age. Additionally, cases wherein the victim is 14 or 15 years of age and the suspect is more than 10 years older than the victim which are prosecutable as a felony under Penal Code Section 288; and,
- Child Molesting/Annoying when the suspect has a prior conviction for the following: Penal Code Sections: 647.6, 261, 264.1, 269, 285, 286, 288a, 288.5 or 289; any of which involved a minor under 16



years of age. The Child Molesting/Annoying would be felonious conduct due to the prior conviction.

- All Rape I & II crimes if the victim was under 18 years of age and the suspect was 18 years of age and over at the time the crime occurred;

The Abused Child Section is also responsible for the following:

- Tracking Suspected Child Abuse Reports (SCARs);
- Assisting LAPD personnel and outside organizations by providing information, training, and evaluation of child abuse policies and procedures;
- Implementing modifications of child abuse policies and procedures as needed;
- Reviewing selected child abuse cases to ensure that LAPD policies are being followed; and
- Acting as the LAPD’s representative to, and maintaining liaison with, various public and private organizations concerned with the prevention, investigation, and treatment of child abuse.

INTERNET CRIMES AGAINST CHILDREN UNIT

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

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

The ICAC Unit is also responsible for:

- The investigation of child pornography websites, email spam, and Cyber Tips received from the National Center for Missing and Exploited Children (NCMEC);
- Managing the Los Angeles Regional Internet Crimes Against Children (LAICAC) Task Force;
- Conducting Internet safety presentations for children, parents, schools, and community

groups; and

- Providing Internet-related child exploitation advice and expertise to the LAPD, including training for LAPD schools.

GEOGRAPHIC AREAS

The LAPD maintains 21 community police stations known as Geographic Areas. Each Area is responsible for the following juvenile investigations relating to child abuse and endangerment cases:

- Unfit homes, endangering, and dependent child cases;
- Child abuse (Physical) Simple Assault;
- Any physical or sexual abuse wherein the suspect is known to be under 18 years of age;
- Child on Child sexual incidents;
- Child Molesting/Annoying when the suspect is unknown, and/or the suspect has no prior conviction for Penal Code Sections: 647.6, 261, 264.1, 269, 285, 286, 288a, 288.5, or 289;
- Cases in which the child receives an injury, but is not the primary object of the attack;
- Child abduction cases; and
- Any other physical or sexual abuse of a child that does not meet the criteria for Abused Child Section, Juvenile Division
- Geographic Areas are referenced on the following pages in Figures 2, 5, and 7.



Figure 1

LOS ANGELES POLICE DEPARTMENT 2021 CRIMES INVESTIGATED BY JUVENILE DIVISION		
TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes Simple and Aggravated Assault)	75	5.6%
Sexual Abuse	1095	82.64%
Endangering	15	1.3%
Homicide	4	0.3%
Others	136	10.25%
TOTALS	1,325	100%

Figure 1: Indicates the number of crimes investigated by Juvenile Division in 2021.

Figure 2

LOS ANGELES POLICE DEPARTMENT 2021 CRIMES INVESTIGATED BY GEOGRAPHIC AREAS		
TYPE	NUMBER	% of TOTAL
Physical Abuse	140	12.43%
Sexual Abuse (Includes Child Annoying)	737	65.43%
Endangering (Includes Child Abandonment)	249	22.11%
Homicide	0	0%
TOTALS	1,126	100%

Figure 2: Indicates the number of crimes investigated by Geographic Areas in 2021.

Figure 3

LOS ANGELES POLICE DEPARTMENT 2021 OTHER REPORTS INVESTIGATED BY JUVENILE DIVISION		
TYPE	NUMBER	% of TOTAL
Injury	35	0.19%
Death	58	0.32%
Exploitation	6	0.03%
Internet Crime	1028	5.60%
SCAR Reports	17244	93.84%
TOTALS	18,371	100%

Figure 3: Indicates the number of other investigations, of a child abuse nature, conducted by Juvenile Division in 2021.

Figure 4

LOS ANGELES POLICE DEPARTMENT ARRESTS CONDUCTED BY JUVENILE DIVISION IN 2021		
TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	2	2.25%
Child Molest (288 PC)	50	56.18%
Child Endangering (273a PC)	3	3.37%
Child Abuse (273d PC)	27	30.33%
Others	7	7.87%
TOTALS	89	100%

Figure 4: Indicates the number of arrests conducted by Juvenile Division in 2021.



Figure 5

**LOS ANGELES POLICE DEPARTMENT
ARRESTS CONDUCTED BY GEOGRAPHIC AREAS IN 2021**

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0%
Child Molest (288 PC)	97	35.02%
Child Endangering (273a PC)	110	39.71%
Child Abuse (273d PC)	38	13.72%
Others	277	100%
TOTALS	286	100%

Figure 5: Indicates the number of arrests conducted by Geographic Areas in 2021.

Figure 6

**LOS ANGELES POLICE DEPARTMENT
DEPENDENT CHILDREN TAKEN INTO PROTECTIVE CUSTODY BY JUVENILE DIVISION
IN 2021**

TYPE	NUMBER	% of TOTAL
300 WIC (Welfare Institution Code)	112	100%
TOTALS	112	100%

Figure 6: Indicates number of dependent children taken into protective custody by Juvenile Division in 2021. NOTE: Juvenile Division no longer separates 300 WIC by category.

Figure 7

**LOS ANGELES POLICE DEPARTMENT
DEPENDENT CHILDREN TAKEN INTO PROTECTIVE CUSTODY GEOGRAPHIC AREA IN
2021**

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	134	44.47%
300 WIC (Sexual Abuse)	97	17.05%
300 WIC (Endangered/Neglect)	65	38.48%
TOTALS	296	100%

Figure 7: Indicates the number of dependent children taken into protective custody by Geographic Areas in 2021.

Figure 8

**LOS ANGELES POLICE DEPARTMENT - THE AGE CATEGORIES OF CHILDREN WHO
WERE VICTIMS OF CHILD ABUSE IN 2021**

TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	TOTAL
Physical Abuse	32	25	43	34	134
Sexual Abuse	56	125	260	87	528
Endangering	113	65	51	19	248
TOTALS	201	215	354	140	910

Figure 8: Indicates the age categories of children who were victims of child abuse in 2021.



LOS ANGELES POLICE DEPARTMENT – 2020 CHILD ABUSE FINDINGS

Juvenile Division

- The total investigations (crime and non-crime) conducted by the unit in 2021 (19,696) showed an increase of (0.92 percent) from the number of investigations conducted in 2020 (19,878).
- Adult arrests by the unit in 2021 (89) showed an increase of (12.66 percent) from the number of arrests made in 2020 (79).
- The number of dependent children cases investigated by the unit in 2021 (112) showed an increase of (2.75 percent) from the number investigated in 2020 (109).

GEOGRAPHIC AREAS

- The total investigations conducted by the Areas in 2021 (1,126) showed a decrease of (0.57 percent) from 2018 (1,297).
- Adult arrests made by the Areas in 2021 (277) showed a decrease of (3.15 percent) from 2020 (286).
- The number of dependent children handled by the Areas in 2021 (296) showed an increase of (5.71 percent) from the number handled in 2020 (280).

Figure 9

**LOS ANGELES POLICE DEPARTMENT
COMPARISON OF 2020 AND 2021**

TYPE	2020	2021	% of CHANGE
Total Investigations	20,397	20,822	+2.08%
Total Adult Arrests	327	366	+11.93%
Dependent Children	543	408	-24.86%

Figure 9: Indicates a comparison of 2020 and 2021 totals from Juvenile Division and Geographic Areas, and the percentage of change between the two years.

ABUSED CHILD UNIT FIVE-YEAR TRENDS

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

Figure 10: Crimes Investigated

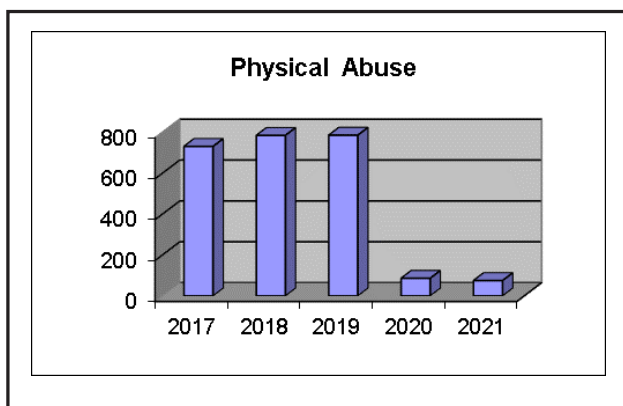


Figure 11: Crimes Investigated

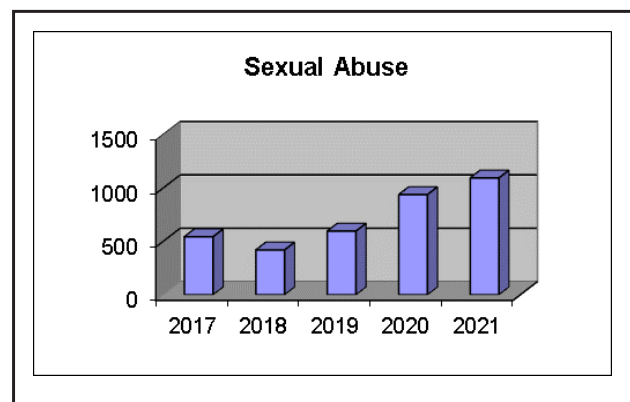




Figure 12: Crimes Investigated

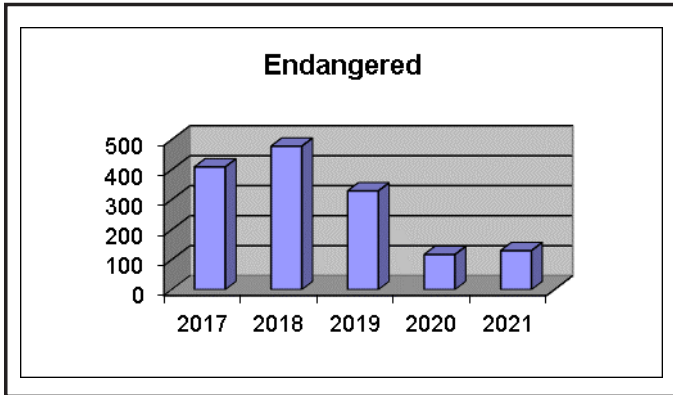


Figure 13: Crimes Investigated

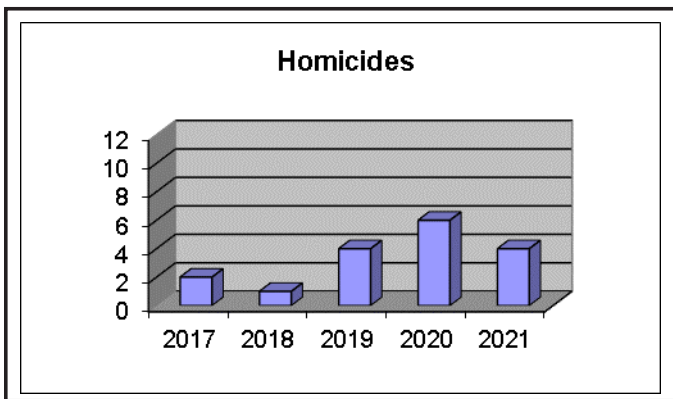


Figure 14: Other Investigations

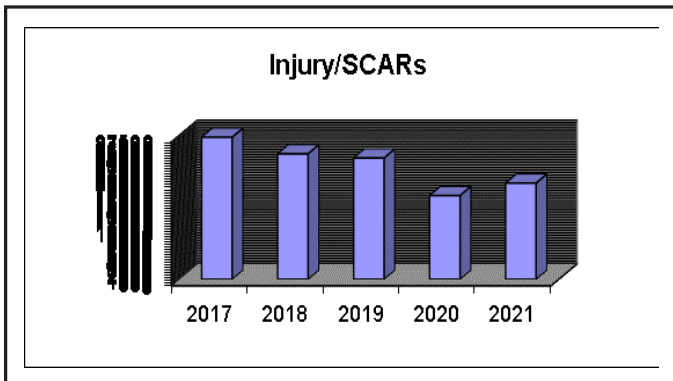


Figure 15: Other Investigations

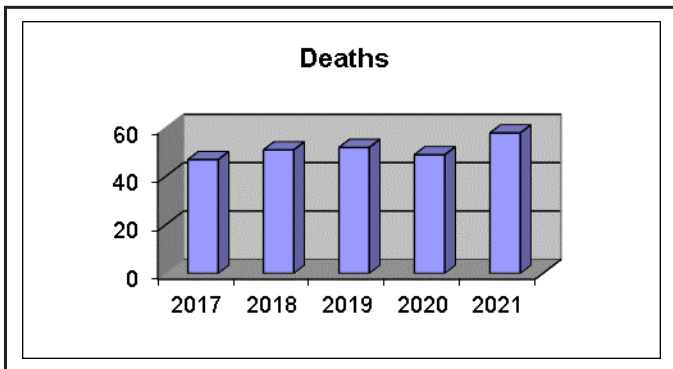
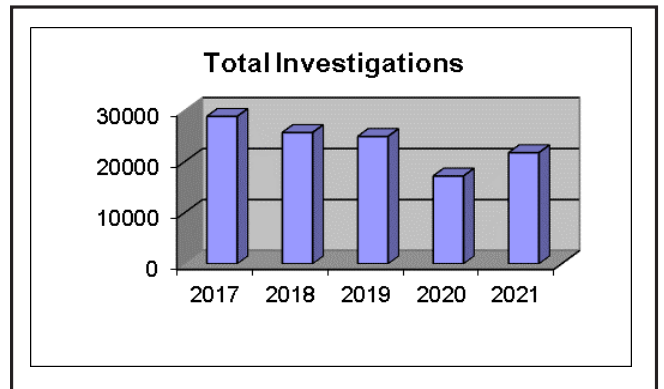


Figure 16: Total Investigations



GLOSSARY

ADW – Assault With a Deadly Weapon.

Child – A person under the age of 18 years.

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

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

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

Sexual Abuse – Any touching with a sexual context.

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



COUNTY OF LOS ANGELES FIRE DEPARTMENT 2022 PEDIATRIC STATISTICS

INTRODUCTION

The County of Los Angeles Fire Department serves 60 District Cities and all unincorporated areas of Los Angeles County, spanning over 2,300 square miles, and protecting more than four million residents. The Department responds to over 400,000 requests for service annually. These responses include fires, natural disasters, emergency medical services (EMS), mutual aid, and more. EMS incidents account for approximately 80 percent of the Department's total responses.

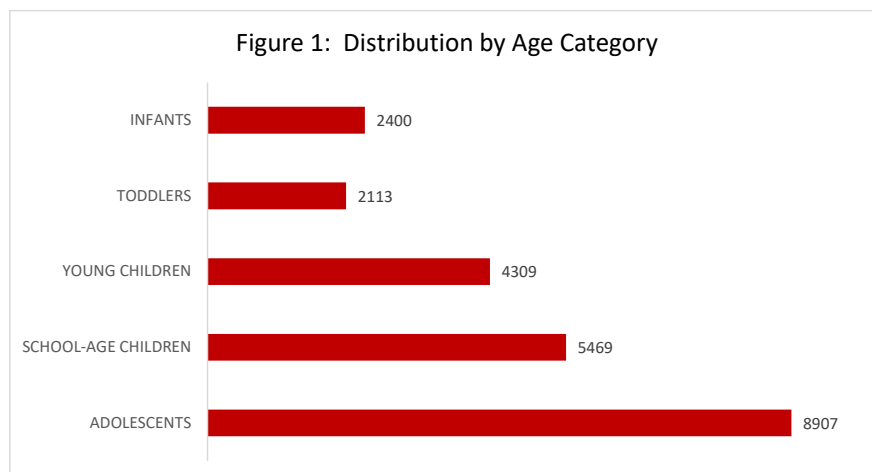
A majority of the care provided by emergency personnel occurs within the same environment where the illness or injury occurred. This presents a unique insight into the nature of the patient's condition, including possible cases of child maltreatment that may not be apparent to other providers in the continuum of care. Given the potential nature of these contacts, all emergency responders are mandated reporters and have been trained to identify and report suspected child abuse and neglect.

In accordance with federal, state, and local regulations and policies, the County of Los Angeles Fire Department utilizes an Electronic Patient Care Record (ePCR) system for all patient care documentation. All data utilized for this report was extracted from the ePCR system and further analyzed.

The County of Los Angeles Fire Department is proud to partner with the Inter-Agency Council on Child Abuse and Neglect (ICAN) to improve collaboration between agencies for the safety and well-being of children throughout the county.

PEDIATRIC PATIENT POPULATION

In 2022, the Department responded to 389,515 EMS calls and provided emergency medical care to 328,265 patients; 23,198 (7%) of these were pediatric patients 17 years of age and younger. Infants (0-11 months), toddlers (12-23 months), and young children (2-5 years) combined, account for 38% of all pediatric patients. School-age children (6-12 years) and adolescents (13-17) account for 24% and 38% respectively (see Figure 1).





Approximately 62% of all pediatric patient contacts receive transport to a 9-1-1 receiving center:

- 7,778 (54%) were transported with advanced life support (ALS) care.
- 6,428 (44%) were transported with basic life support (BLS) care.
- 225 (2%) were transported by helicopter with ALS care.

Service Planning Areas (SPA)

The Department provides services across all Los Angeles County SPAs and within the city of La Habra (Orange County). East County (SPA 7) and adjacent San Gabriel Valley (SPA3) continue to have the highest volumes of pediatric patient contacts. See Figure 2 for a breakdown of the pediatric patient volume by SPA and see Figure 7 for the corresponding map of the Los Angeles County SPAs.

Figure 2
PEDIATRIC PATIENT INCIDENTS BY SPA

SPA	CITY/COMMUNITY	COUNT
SPA 1	Antelope Valley	3,736
SPA 2	San Fernando	1,980
SPA 3	San Gabriel	5,203
SPA 4	Metro	70
SPA 5	West	472
SPA 6	South	1,904
SPA 7	East	6,180
SPA 8	South Bay	3,581

HEALTH & SAFETY

Infants, Toddlers, & Young Children

Children five and under typically have different presenting conditions than school-age children and adolescents. The most common conditions for these age groups in 2022 were:

- Traumatic / Injury (22%)
- Seizure (15%)
- Respiratory Distress (8%)
- Cold / Flu (7%)
- Gastrointestinal Issues (7%)

School-Age Children

With school-age children trauma / injury, seizure, and behavioral disorder remain the top three reasons for 9-1-1 utilization. The top five conditions among this age group in 2022 were:

- Trauma / Injury (35%)
- Seizure (10%)
- Behavioral Disorder (8%)
- Syncope / Dizzy / Weak (5%)
- Cold/Flu Symptoms (5%)

Adolescents

Within the adolescent patient population, the most common conditions and complaints are:

- Trauma / Injury (34%)
- Behavioral Disorder (17%)
- Syncope / Dizzy / Weak (10%)
- Overdose / Poisoning / Ingestion (8%)
- Seizure (7%)

In 2022, there was a total of 1076 cases of adolescent intoxication and/or poisoning, a 28% increase when compared to the previous year. Of these cases, 17% (186) involved alcohol intoxication alone, while 83% (890) involved the use of recreational drugs, prescription drugs, and/or other household chemicals or poisons. The following is a breakdown of reasons for drug/poison use:

- Recreational Use (66%)
- Suicide Attempt (21%)
- Accidental or Unknown (13%)

The top five substances documented as being used by adolescents in 2022 are listed below within their classifications:

- Cannabis (39%)
- Alcohol (19%)
- Benzodiazepines & Opiates (11%)
- Over-the-Counter Medications (9%)
- Psychiatric Medications (6%)

Documented cannabis use increased 16% from the previous year. Of the total 115 adolescent cases that involved the use of benzodiazepines and opiates, 40% involved Percocet and 25% involved Xanax.

There are a total of 320 documented incidents of adolescent suicide attempts in 2022: 185 by overdose or poisoning and 135 by trauma. Here is a breakdown of adolescent suicide attempts by gender and method (overdose/poison vs trauma):



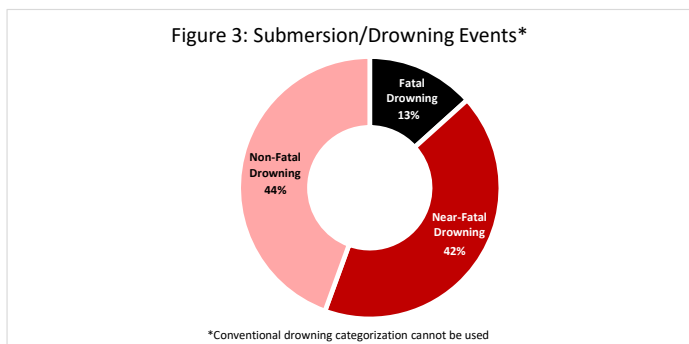
- Females make up 69% (220) of attempts with the primary method of attempt being overdose/poison (67%).
- Males make up 31% (98) of attempts with the primary method of attempt being trauma (64%).
- Nonbinary individuals make up 1% (2) of attempts with the primary method of attempt being overdose/poison (100%).

Vehicle and Traffic Safety

Traffic collisions were responsible for 2,532 pediatric patient contacts last year; 2,029 (80%) of these children had a reported injury. Three hundred thirty-seven (17%) had a significant injury and required ALS transport to a pediatric trauma center.

Water Safety

In 2022, there were 45 incidents of submersion or drowning; 24 (53%) occurred in residential pools or jacuzzies.

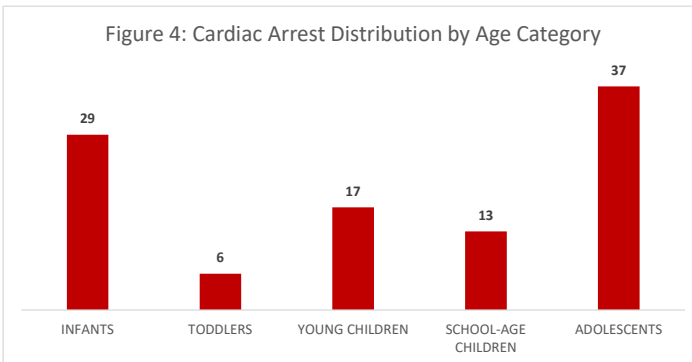


Twenty (44%) of these incidents were non-fatal, 19 (42%) were near-fatal, and 6 (13%) were fatal events. (See figure 3). The 25 cases that fell into the near-fatal and fatal categories, experienced severe respiratory compromise and/or cardiac arrest. Sixteen out of these 25 cases received bystander intervention in the form of rescue breaths or cardiopulmonary resuscitation (CPR). Of the 16 cases that received bystander intervention, 13 (81%) experienced an improvement in breathing, circulation, and mental status by the time of EMS arrival. Early intervention and CPR continues to be the most important key in surviving cardiac arrest.

Pediatric Cardiac Arrests

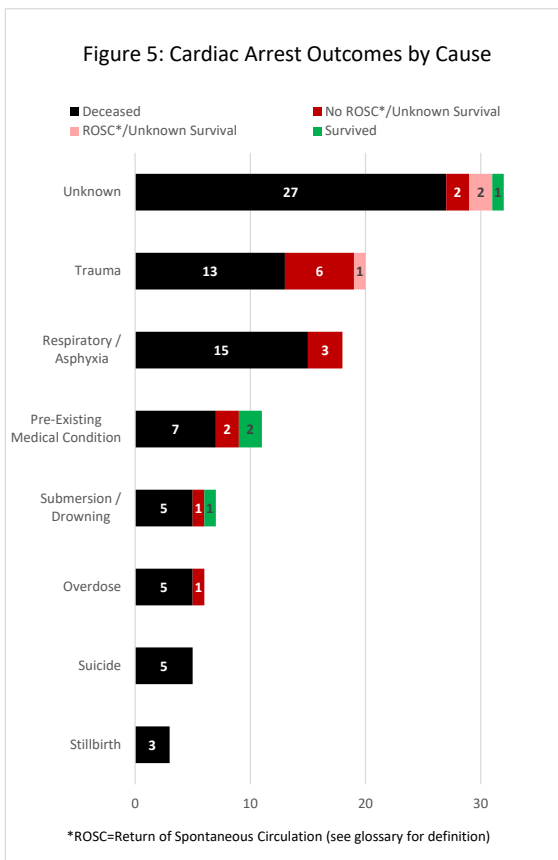
Pediatric cardiac arrests (PCA) continue to be the most difficult cases for medical professionals across the spectrum of care. EMS personnel are tasked with comforting distraught family members while simultaneously providing high quality care. Evidence

shows that caring for non-traumatic cardiac arrests on scene, improves a patient’s chances for a positive outcome. Delaying transport until a child regains pulses creates another layer of complexity as parents wonder why their child is not being taken to a hospital.



In 2021, the Department joined the national Cardiac Arrest Registry to Enhance Survival (CARES). Participation in CARES allows the Department to acquire outcome information for all medical cardiac arrests and compare its data against national benchmarks, as well as other participating departments across the nation. Figure 5 includes 2022 information on causes and survivals of pediatric cardiac arrest.

In 2022 the department provided care for 102 children who were victims of cardiac arrest. Adolescents made up 36% of all PCAs and Infants accounted for 28%. The etiology of most of these cardiac arrests is unknown. Of known PCA causes, Trauma accounted for 20 (20%) and Respiratory Asphyxiation accounted for 18 (18%.) (See figure 5)



GLOSSARY

Advanced Life Support (ALS): Invasive life-saving procedures that expand upon basic life support to include advanced airway management, intravenous infusions of medications, cardiac monitoring and defibrillation, electrocardiogram interpretation and other procedures conventionally used at the hospital level. ALS is provided by physicians, paramedics or by other specially trained professionals.

Basic Life Support (BLS): Non-invasive life-saving procedures including cardiopulmonary resuscitation (CPR), use of an automated external defibrillator, bleeding control, splinting broken bones, artificial ventilation, basic airway management and administration of oral medications. BLS is usually provided by emergency medical technicians (EMS) or other similarly trained professionals.

Cardiac Arrest: A sudden, sometimes temporary, cessation of function of the heart.

Emergency Medical Services (EMS): The delivery of out-of-hospital emergency medical care and/or transport to definitive care for sick and injured patients.

Emergency Medical Services (EMS): The delivery of out-of-hospital emergency medical care and/or transport to definitive care for sick and injured patients.

Etiology: The cause or reason of a disease or condition.

Mutual Aid: A contractual agreement to enter into another agency’s jurisdiction and provide aid when that agency’s capacity to provide those services is surpassed.

Pediatric Patient: For Los Angeles County EMS providers, this is defined as patients who are 14 years of age and younger.

Pediatric Patient: For Los Angeles County EMS providers, this is defined as patients who are 14 years of age and younger.

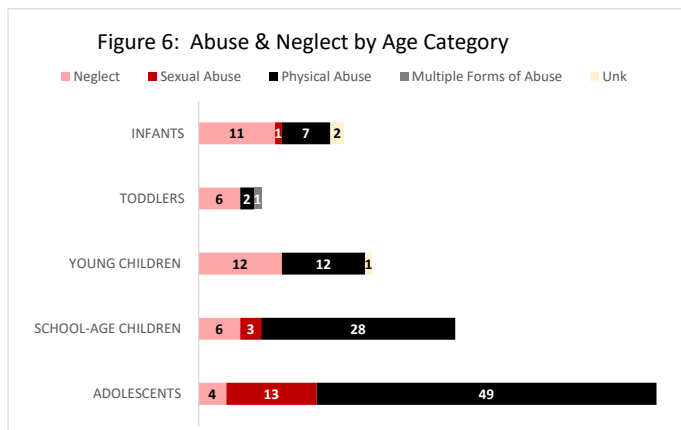
Pediatric Trauma Center: A hospital specially equipped and staffed to provide care to critically injured pediatric patients.

Provider Impression: The provider’s explanation

ABUSE & NEGLECT

Last year, Department paramedics treated 157 victims of suspected abuse or neglect. Of these patients, 89 were victims of suspected physical abuse, 44 were victims of suspected neglect, and 15 were victims of suspected sexual abuse. There were nine pediatric homicides and one abandoned newborn.

Physical assault was the most common type of abuse reported in school-age children and adolescents, while reports of neglect were more common in infants, toddlers, and young children. The nine pediatric homicides are classified under physical abuse (See Figure 7).



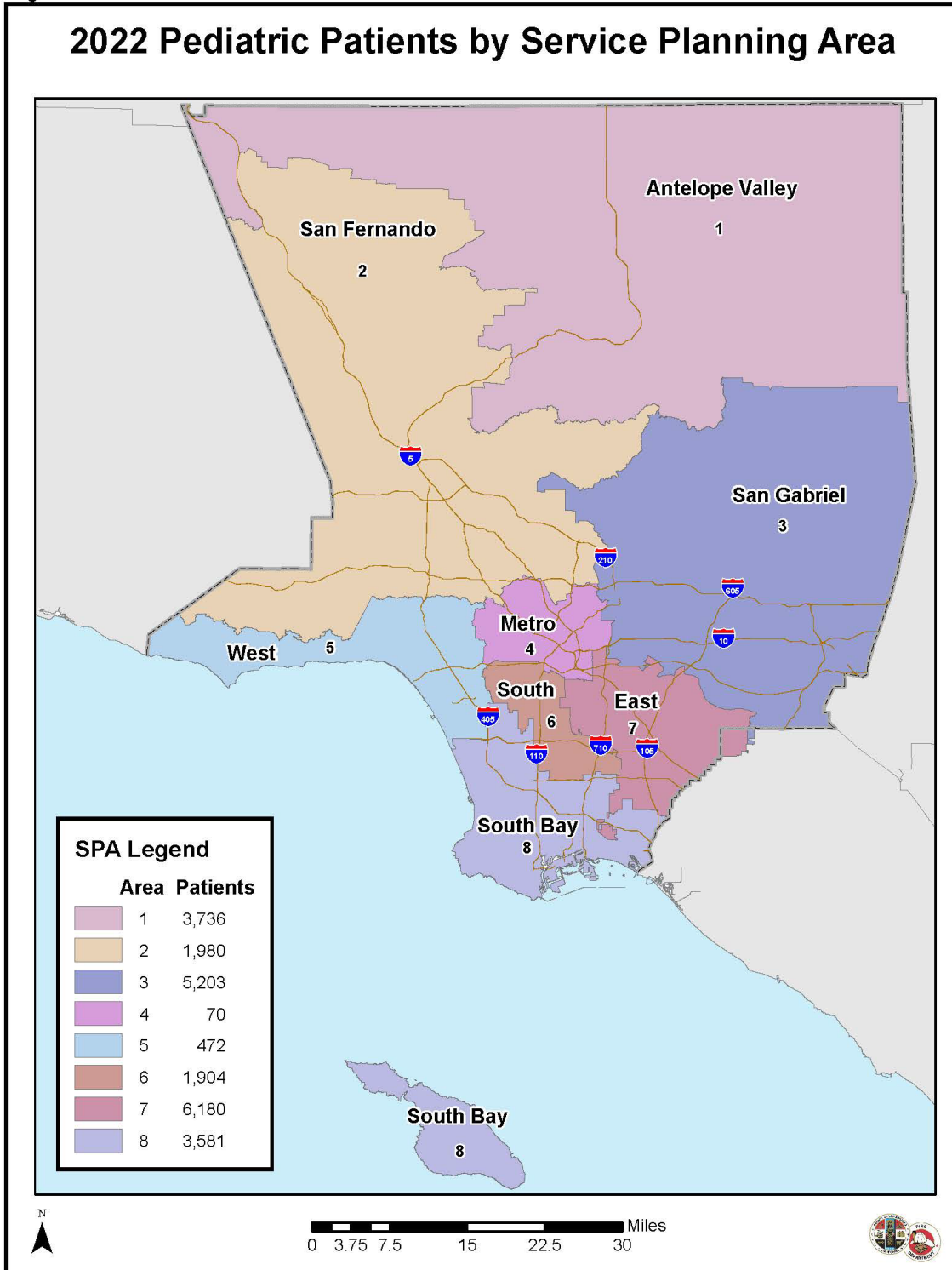


of the nature of a patient’s condition; what the provider believes is wrong with the patient.

Respiratory Arrest: The cessation of breathing due to failure of the lungs to function effectively.

Return of Spontaneous Circulation (ROSC): The reappearance of effective cardiac activity after a period of cardiac arrest.

Figure 7





OFFICE OF THE ALTERNATE PUBLIC DEFENDER

The Office of the Alternate Public Defender (APD) was created by the Los Angeles County Board of Supervisors (BOS) in 1993 to provide high quality and caring legal representation to indigent persons charged with crimes in Los Angeles County criminal courts where the Public Defender declared a conflict of interest.

REPRESENTATION OF INDIGENT ADULTS

The APD provides high level and cost-effective representation in all Los Angeles County criminal courts.

The APD represents indigent clients charged with misdemeanor, felony, and mental health court cases. The APD also handles pre-judgment writs and appeals and limited post-conviction matters.

The APD currently employs 301 full time employees including attorneys, paralegals, investigators, psychiatric social workers, IT workers and secretarial staff.

Adult Specialty Courts

The APD participates in a wide variety of specialty courts including: The Community Collaborative Courts, Woman's Re-Entry Court, Veterans Court, Co-Occurring Disorders Court, Sentenced Offender Drug Court (SODC), Mental Health Court, Department of Health Services (DHS) and Office of Diversion and Re-entry (ODR) Pre- Plea Mental Health Diversion Court, ODR Post-Plea Diversion Courts, ODR Maternal Diversion Court, LGBTQ-Plus Court, MacArthur Grant, JCOD Rapid Diversion Program, , LA Superior Court PREP Pilot Project, Homeless Courts, and Transitional Aged Youth Diversion Court.

Justice Partner Collaborations

The APD also participates in a variety of inter-agency collaborations and BOS sponsored committees including: Bail Reform, ODR Steering Committee, Department 95 Stakeholder Meetings, Diversion Outreach and Opportunities for Recovery (LA DOOR), Felony Incompetent to Stand Trial Program (FIST), Misdemeanor Incompetent to Stand Trial Program (MIST), Mental Health Advisory Meeting, Mental Health Court Think Tank, Homeless Initiative, Immigration Deferred Action Task Force, Immigration Protection and Advancement Taskforce (IPAA), County Counsel Immigration Task, Force, Office of Immigrant Affairs Committee, and Law Enforcement Assisted Diversion (LEAD), Medication for Addiction Treatment Work Group (MAT), Public Safety Realignment Team (PSRT), Jail Closure Implementation Team (JCIT), 1170(d) Resentencing Committee, SB823 Human Trafficking Workgroup, Rapid Diversion Program, Youth Justice Commission, Anti-Racism, Diversity, and Inclusion Initiative, Guiding Re-Entry of Women (GROW) and consults with the CEO's Legislative Affairs and Intergovernmental Relations Office on key legislation affecting the criminal

justice system.

REPRESENTATION OF CHILDREN IN THE JUVENILE JUSTICE SYSTEM

The Los Angeles County Board of Supervisors (BOS) ordered that the APD begin representing children in all Los Angeles Delinquency Courts by November 1, 2016.

The APD currently staffs every delinquency court in Los Angeles County and represents children in pre- and post-dispositional matters including WIC 601, 602 and WIC 777-779 petitions, AB 12/212 matters, transfer cases, educational law matters, school disciplinary hearings, individualized education plans (IEPS), competency proceedings and Regional Center referrals.

Juvenile Specialty Courts

The APD staffs and participates in all delinquency court specialty programs including: 241.1 pilot project, Juvenile Mental Health Court, Department of Juvenile Justice Return Court/SYTF (DJJ), Juvenile Drug Courts, and Succeeding Through Achievement and Resilience Court (STAR).

Juvenile Justice Partner Collaborations

In addition, the APD participates in a variety of juvenile justice related committees and BOS directed collaborations including: 241.1 Subcommittee, Commercial Sexual Exploitation of Children Steering Committee (CSEC), Delinquency Prevention Subcommittee, Juvenile Competency Protocol Committee, ODR Juvenile Subcommittee, Probation Commission Meetings, Probation Governance Study Committee, Probation Workgroup Committee, Juvenile Roundtable Meeting, Psychotropic Medication Workgroup, Victim Witness Testimony Protocol Committee (VWT), VWT Immunity Agreement Subcommittee, Youth Diversion and Development Subcommittee, Youth Diversion and Development Provider Training, Youth Justice Work Group (YJWG), DJJ Transition Team, Dual-Status Multi-Disciplinary Team, and Maintaining the Decreased Population of Incarcerated Youth Work Group, Court Appointed Special Advocates training, Secure County Facilities and Reentry workgroups, California Alliance Youth & Community Justice Data group, Juvenile Arrest Diversion, Decarceration of Girls and Young Women workgroup and the Juvenile Justice Coordinating Council (JJCC). The APD also provides input to state, county, advocacy group and community based partners on pending juvenile legislation.

Best Practices

APD adheres to the Holistic Representation model as the guiding principle of its delinquency operation. The Holistic Representation model focuses not just on the child's legal case, but on the "root" causes of the child's legal predicament. The Holistic Representation model emphasizes that until "root" causes are identified; the child's long-term well-being cannot be addressed.

Interdisciplinary Team Approach

APD's Juvenile Division utilizes psychiatric social workers, educational rights attorneys, immigration attorneys, and paralegals who, along with our trial attorneys, and appellate department, make up the core of our holistic interdisciplinary team. This team works alongside parents, experts, community members, probation, and others, to uncover psychological, social, biological or other factors impacting the child, and allows us to provide independent treatment options and dispositional alternatives to the court. The interdisciplinary team approach reduces incarceration and helps develop long term solutions for our vulnerable client base.



OFFICE OF COUNTY COUNSEL

VISION

TO BE DEDICATED ADVOCATES AND TRUSTED ADVISORS TO THE BOARD OF SUPERVISORS, COUNTY DEPARTMENTS, AND OUR OTHER GOVERNMENTAL CLIENTS, ADVANCING THEIR GOALS THROUGH RESPONSIVE SERVICE WHILE MAINTAINING THE HIGHEST STANDARDS OF ETHICS AND PROFESSIONALISM.

The primary mission of the Dependency Division is the litigation of dependency cases involving allegations of child abuse and neglect. The Office of the County Counsel, through this division, represents the Department of Children and Family Services (DCFS). DCFS is the agency charged with initiating petitions under Welfare and Institutions Code section 300 requesting the juvenile court to intervene in the lives of children who are alleged to be victims of child abuse. On average, DCFS files 60 new petitions each day between Edmund D. Edelman Children's Court in Monterey Park, the Pomona Courthouse South, and the Alfred J. McCourtney Juvenile Justice Center in Lancaster. The Dependency Division also supports DCFS in a range of programs and initiatives targeted to improve the dependency system.

The Dependency Division Court Sections staff the dependency trial courts and Intake Detention Control (IDC), which is responsible for preparing and filing dependency petitions. The dependency trial courts will typically handle over 50 scheduled hearings each day, as well as new filings. The trial courts now include specialized courts:

The "18 and Up" court handles cases for foster youth age 18-21 transitioning from the foster care system to adulthood.

The Dedication to Restoration through Empowerment, Advocacy, and Mentoring court (DREAM court), which opened in February 2016, hears most of the cases for children who are commercially sexually exploited in Los Angeles County. The average caseload in DREAM court is about 150 children.

The Indian Child Welfare Act court hears most of the dependency cases involving American Indian children in the county, which is home to the largest urban Native population in the country and includes representatives from most of the federally recognized Indian tribes as well as many Native California tribes who are in the process of becoming federally recognized.

The American Sign Language (ASL) Court works to ensure that deaf parties have meaningful access to the hearings with the help of the interpreters (there are two ASL interpreters, and one Certified Deaf Interpreter in Los Angeles County), special video technology in the courtroom, and any other accommodations that assist the parties (e.g., the use of clear masks for lip readers). Additionally, DCFS has a Deaf/Hard of Hearing Deaf Services Unit that provides a full range of services anytime there is an abuse or neglect case involving either a deaf child or parent. DCFS's Deaf Unit is staffed with representatives from the deaf, partially hearing, and hearing communities.

Los Angeles family drug court is a specialty court created in 2006, which helps parents with substance use disorders reunify with their children. The families in the FDC agree to follow specific protocols, such as attending court hearings twice a month with social workers, attorneys, drug program facilitators, and



other parties, in an effort to address the problem of substance abuse. A specialized social worker prepares a joint report with the treatment provider in advance of the hearing and the parents discuss their progress in recovery.

The Court Sections also handle legislation, confidentiality, and child fatality reviews. On average over 1,000 cases are heard in the trial courts a day with about 60 new cases filed a day.

The Outstation Section staffs 19 DCFS regional offices. Attorneys assigned to this section provide a wide range of advice related to existing and emergent dependency cases and investigations. This section develops and delivers extensive social worker training programs in dependency law and related issues. There are two Section Heads who supervise 19 attorneys, and help coordinate the training activities of the four attorneys who have assignments in the regional offices located in the North County.

The Warrant Desk handles issues relating to emergency response investigations. They review new petitions and assist on removal orders, interview orders, and investigative search warrants each month. The Warrant Desk is primarily staffed by a Section Head and nine lawyers. The Warrant Desk operates twenty-four hours a day, 365 days a year. It is part of the Social Services Division of County Counsel.

The North County Section services three dependency trial courts, and the DCFS regional offices in the San Fernando Valley, Santa Clarita, Palmdale, and Lancaster. The trial courts located in Lancaster are the busiest dependency trial courts both by numbers of hearings and dependent children. There is a Section Head and 12 attorneys assigned to the North County Section.

The Appeals Division handles juvenile dependency appellate matters on behalf of DCFS. This division files responsive briefs and answers to writs filed by parents and children. The Appeals Division also reviews cases for possible appellate action and will file an affirmative writ in circumstances where DCFS believes the court's order may place a child at risk or where an appeal would not be feasible due to time considerations. The Appeals Division seeks publication of appellate opinions and works with other counties to seek de-publication of unfavorable published opinions. There is a Division Chief and 17 attorneys assigned to this section.

In fiscal year 2021, the Appeals Division filed more than 700 appellate briefs and other pleadings, an increase of about 200 briefs from the previous year. The increase is likely explained by the resumption of full-time court operations after the COVID-19 pandemic. About 44 percent of briefs filed involved the Indian Child Welfare Act, an increase from 14 percent the prior year.

Among the published decisions from the Los Angeles County Juvenile Court issued by the Court of Appeal in 2021 were:

In re A.C. 65 Cal.App.5th 1060

During the underlying dependency proceedings, the juvenile court failed to inquire with the subject child's father as to whether he had any Indian ancestry. This failure appeared to be based on the fact that the child's mother was a member of a tribe; however, the relevant tribe "surprised" everyone when reporting that the child was not a member of the tribe and was not eligible for membership. The juvenile court ultimately terminated parental rights after finding the Indian Child Welfare Act (ICWA) did not apply, and the father appealed on ICWA inquiry grounds. The Court of Appeal affirmed. Although the social services agency failed to inquire if the father had any Indian ancestry, this error was not prejudicial. The juvenile court erred by failing to ask the father at any time whether he had any Indian ancestry. The agency also erred by failing to ask the father's extended family members whether the father had any Indian ancestry. However the father never claimed – in the juvenile court, in his appellate briefs, or at oral argument – that he had any Indian ancestry. Accordingly, the father failed to show a reasonable probability that he would have enjoyed a more favorable result in the absence of the error. A parent asserting failure to inquire must show — at a minimum — that, if asked, he or she would in good faith have claimed some kind of Indian ancestry. It would be wasteful and a mere delaying tactic to require the juvenile court and the agency to go through the full inquiry process. In the absence of such a representation, the matter amounts to nothing more than trifling with the courts.

In a dissenting opinion, Justice Menetrez stated the termination of parental rights order should have been conditionally reversed and the case remanded for ICWA inquiry. According to Justice Menetrez, any ICWA inquiry errors should be considered "presumptively prejudicial," placing the burden on



the juvenile court and the agency “to compile a record showing that their errors were harmless,” as opposed to requiring the parent to demonstrate on appeal that the error was prejudicial.

In re A.R. 11 Cal.5th 234 (Supreme Court of California)

After a juvenile court terminated a mother’s parental rights, the mother promptly directed her court-appointed attorney to appeal. However, her attorney mistakenly filed the notice of appeal four days late. The Court of Appeal dismissed the mother’s appeal for lack of jurisdiction. The mother then filed a writ of habeas corpus petition in the Court of Appeal, alleging the untimeliness of her notice of appeal was due to the incompetent representation. The Court of Appeal denied the petition without prejudice to refile it in the trial court. The Supreme Court granted review.

The Court reversed and remanded for further proceedings. When a parent’s court-appointed attorney has failed to timely file a notice of appeal of an order terminating parental rights, the parent whose rights were terminated may seek relief based on the denial of the statutory right to the assistance of competent counsel. To succeed in such a claim, the parent must show that she would have filed a timely appeal absent attorney error and that she diligently sought relief from default within a reasonable time frame, considering the subject child’s strong interest in finality. Whether the parent has made the required showing is a matter for the Court of Appeal to determine in the first instance.

To guard against the risk that parental rights will be terminated in error, the Legislature has enacted several significant procedural protections for parents, including the right to competent counsel and the right to appeal. Depending on the circumstances of the case, constitutional due process sometimes demands the appointment of counsel for a parent facing the termination of parental rights. But even when court-appointed counsel may not be constitutionally required, California statutory law has long required the appointment of counsel in connection with parental rights termination proceedings. Parents whose parental rights have been terminated are entitled to appeal the order, and no post-termination petition for adoption may be granted before the appellate rights of the natural parents have been exhausted. After the parent’s appellate rights have been exhausted, however, the juvenile court’s termination order becomes conclusive and binding, and may not be set aside, changed, or

modified.

As a general rule, a parent who has not received competent representation in dependency proceedings is entitled to seek relief based on denial of that statutory right. Dependent children have a critical interest in avoiding unnecessary delays to their long-term placement. But it does not follow that parents must automatically lose the ability to seek redress for incompetent representation as soon as the time for filing the notice of appeal has passed. While finality is a critically important interest in termination proceedings, it is not the only interest at stake. Children and parents alike also have an interest in ensuring that the parent-child relationship is not erroneously abridged. The Legislature sought to protect this interest by affording parents a right to competent counsel, as well as a right of appellate review. When parents raise a timely claim that the deprivation of the first right has worked to undermine the other, the logical remedy is to afford them the appeal to which they are statutorily entitled, and thus to ensure the decision to terminate parental rights has been made accurately before it is made final.

A parent claiming error based on incompetent representation must establish three elements. First, the parent must show her attorney failed to act in a manner to be expected of reasonably competent attorneys practicing in the field of dependency law. A parent generally will satisfy this requirement by showing her attorney was directed to file an appeal on behalf of the parent but failed to do so in a timely manner. Second, the parent must show her attorney’s unprofessional performance was prejudicial. To ascertain prejudice, the focus must be on whether the parent would have taken a timely appeal, without requiring the parent to shoulder the further burden of demonstrating the appeal was likely to be successful. Third, the parent must have acted promptly and diligently in pursuing an appeal.

Incompetent representation claims in dependency cases generally have been raised by means of a petition for habeas corpus. Habeas allows for consideration of matters outside the appellate record, including evaluation of counsel’s decisions and tactics, which is a necessary focus of many incompetent representation claims. Habeas also carries with it broad authority to fashion appropriate relief for the claimed violation, including the power to conduct such additional proceedings as may be appropriate to remedy the statutory or constitutional deprivations alleged, even where those proceedings



would normally be barred by jurisdictional filing deadlines. Where the deprivation in question stems from a defaulted appeal, habeas offers an avenue for relief from default. Such a petition should be filed in the Court of Appeal, as opposed to the superior court, as that is the court where the appeal is pending.

Courts can and should handle claims seeking to revive appeals from the termination of parental rights in a manner that is sensitive to both the importance of speed and finality in this context and the precise nature of the claim at hand. Courts have an obligation to ensure the matter is resolved as expediently as possible, to avoid delays that may destabilize a child's long-term placement. Courts should also recognize that this type of claim is in many ways unique, even among incompetent representation claims raised in dependency proceedings. Evaluation of such claims does not demand any significant evidentiary inquiry into counsel's strategic judgment or litigation tactics; it instead requires a more straightforward inquiry into the nature of the parent's instructions to her attorney and her promptness and diligence in pursuing her appellate rights. In determining appropriate procedures, courts must give all parties notice and an opportunity to be heard, ensuring adequate exploration of the issues relevant to the granting of relief. Finally, in the absence of contrary directives, courts have substantial discretion to determine the specific procedures to be employed in handling applications for relief from default based on an attorney's late filing.

In re Ari S. 69 Cal.App.5th 1125

A mother challenged the juvenile court's exercise of jurisdiction under the Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA). She conceded the child had no home state but asserted Montana, not California, had jurisdiction.

The Court of Appeal affirmed. California had significant connections to confer jurisdiction under Family Code section 3412, subdivision (a)(2). Though the case raised an issue of forfeiture, the reviewing court declined to reach this issue, as it found California had jurisdiction under the UCCJEA. The family had significant connections to California as the family had lived in various parts of the state, several referrals about the family made in the state provided evidence of the child's care and protection, the child's adoptive sister lived in the state, and the mother owned land and participated in litigation in the state.

In re A.V. 73 Cal.App.5th 949

The agency filed a petition pleading A.V. was described by WIC section 300, subdivisions (b) and (c). The mother failed to appear at the jurisdiction hearing, but she had notified both the social worker and her attorney that A.V.'s sibling was sick with a fever, and she was seeking medical care for the child. The mother's attorney did not listen to the message until after the hearing, and the social worker did not inform the court that the mother was not present for the hearing because she was seeking medical care for a sick child. The court proceeded in the mother's absence. The mother then filed a motion to set aside the jurisdictional findings entered in her absence. The court denied the motion, stating that if the mother's child was that ill, the mother should have taken him to the emergency room the night before. The court proceeded to disposition, where it removed A.V. from the mother's home. The mother appealed, contending that the court denied her due process by conducting the jurisdiction hearing in her absence.

The Court of Appeal reversed. An unjustified failure to appear at a duly noticed hearing reflects a parent's choice not to attend, and the juvenile court may properly treat this choice as a waiver of the right to be present at that hearing and of the benefits of being present. The juvenile court erred in denying mother's motion to set aside the jurisdictional findings once the mother provided sufficient evidence of a valid medical excuse for her nonappearance. Against the backdrop of the new COVID-19 pandemic and the guidance to stay home when sick or caring for someone who is sick or may be sick with COVID-19, the mother had established sufficient good cause for her absence from the jurisdictional hearing.

In re Benjamin M. 70 Cal.App.5th 735

A mother appealed from the termination of parental rights based solely on the lack of ICWA inquiry regarding the father's possible Indian heritage over the youngest child. The juvenile court found at the jurisdiction/disposition hearing the ICWA did not apply. The mother had denied having any known Indian ancestry. On appeal from the termination of parental rights, the mother argued that the lack of ICWA inquiry of the father, who had never made an appearance in the dependency proceedings and remained whereabouts unknown, was error requiring reversal. The Court of Appeal agreed. The Court looked to W&IC section 224.2 regarding a duty to inquire and noted the duty to inquire is borne by the



agency and the juvenile court, not the parent. The record on appeal included the Child Protective Agency speaking with the father's sister-in-law, brother, and "collaterals," but the record was silent as to any inquiry about the father's possible Indian heritage. Thus, the Court of Appeal concluded the error was not harmless, rejecting *In re A.C.*'s analysis of harmless error that "a parent asserting failure to inquire must show—at a minimum—that, if asked, he or she would, in good faith, have claimed some kind of Indian ancestry." (*A.C.*) Because it was not the mother claiming there was no inquiry made of her when she had denied Indian ancestry, but rather her claim was about the father's possible Indian heritage, *A.C.* would require the mother to have knowledge of what the father might say. The Court rejected this. The Court found that the mother here did not have to make the *A.C.* showing and that the failure to inquire of the paternal relatives was not harmless.

Lastly, the Court noted that the agency referred to contacting "collaterals" without further explanation of their identities. The Court discouraged such broad terminology and stated that had there been more specificity, the Court could then determine whether the identified persons could have had relevant information to the inquiry.

In re B.D. 66 Cal.App.5th 1218

Mother and Father appealed from the juvenile court's orders terminating parental rights of their two children based on the beneficial parental relationship exception to adoption. The reviewing court affirmed the orders. Mother filed a petition for rehearing based on *In re Caden C.* (2021) 11 Cal.5th 614. The reviewing court reversed the order terminating parental rights and remanded the matter for a new Welfare and Institutions Code (WIC) section 366.26 hearing.

In order to meet the WIC section 366.26 (c)(1)(B)(i) beneficial parental relationship exception, a parent must show by a preponderance of evidence: (1) regular visitation and contact; (2) the child has substantial, positive, emotional attachment to the parent; and (3) terminating that attachment would be detrimental to the child even when balanced against the benefit of the new, adoptive home. In determining whether the parents met their burden of proof of the second element, the juvenile court did not have the benefit of the guidance provided in *Caden C.* and erred in several respects. The juvenile court did not examine how the parents' continued substance abuse impacted the parent-child relationship, nor did it examine the

nature of the relationship both before and during the dependency proceeding.

The juvenile court considered improper factors, such as the parents' ability to parent "on a fulltime basis" and their ability to maintain sobriety. But, a positive parent-child attachment is one that is nurturing and provides a sense of security and stability, where the child views the parents as more than friends or playmates and whose interactions with them are not ambivalent, detached or indifferent. Relying on *Caden C.*, the reviewing court said the child's age, the portion of the child's life spent in parental custody, the positive or negative impact of the interaction, and the child's particular needs should all be considered.

In re Brianna S. 60 Cal.App.5th 303

A juvenile court erred by proceeding under W&IC § 385 ("Any order made by the court in the case of any person subject to its jurisdiction may at any time be changed, modified, or set aside ... ") instead of § 387 ("An order changing or modifying a previous order by removing a child from the physical custody of a parent, guardian, relative, or friend and directing placement in a foster home, or commitment to a private or county institution, shall be made only after noticed hearing upon a supplemental petition ... ") when it removed a dependent child from the custody of a relative who had also been granted "de facto" parent status. The Court of Appeal affirmed the removal order, finding the error was not prejudicial because (1) the relative had been accorded all the process due under § 387 and (2) the order was supported by substantial evidence showing the relative was "no longer able to provide the child a secure and stable environment."

In re B.S. 65 Cal.App.5th 888

The Sacramento County Department of Child, Family, and Adult Services ("Department") filed a Welf. & Inst. Code § 300 on behalf of the child, who was abandoned at birth by her mother. The juvenile court assumed jurisdiction, declared the child a dependent, and bypassed reunification services for the missing mother. The court ordered an assessment of maternal relatives for placement. The Department found an impediment to placement in the home of the relatives and recommended against it. The Department instead placed the child in the home of appellant and his spouse, who were foster parents and expressed interest in adoption. Appellant and his spouse requested the juvenile court declare them the child's de facto parents, which the court granted.



Later, appellant filed a request to be designated the child's prospective adoptive parent, and the juvenile court set the request hearing to coincide with the upcoming Welf. & Inst. Code § 366.26 hearing. By then, the Department had approved the maternal relatives' home, but recommended the child remain placed with appellant. At the combined Welf. & Inst. Code § 366.26 and relative placement hearing, the juvenile court placed the child with the maternal relatives. The court terminated parental rights and denied appellant's request for prospective adoptive parent status. Appellant appealed.

The Court of Appeal held appellant's status as a de facto parent did not give him a right to custody or continued placement and therefore he lacked standing to appeal. The Court disagreed with appellant's contention that his legal rights were injuriously affected.

Only an aggrieved party has standing to appeal. The injury must be immediate and substantial. As defined by the California Rules of the Court, a "de facto parent" is "a person who has been found ... to have assumed, on a day-to-day basis, the role of parent, fulfilling both the child's physical and psychological needs for care and affection, and who has assumed that role for a substantial period." (Rule 5.502(10).)

The de facto parent's standing to participate in the proceedings is limited to the right to attend the hearings, be represented by retained or appointed counsel, and present evidence. The standing accorded de facto parents has no basis independent of providing the court with information, perspective, and a custodial alternative. (Citing Cal. Rules of Court, rule 5.534(a), *In re B.G.*, *In re Kieshia E.*, & *In re P.L.*; disagreeing with *In re Vincent M.*)

Appellant contended that his and his spouse's legal rights were affected because the order changing the child's placement affected their request to be designated the prospective adoptive parents. But, the Court reasoned, this was not the injury at issue. This was an appeal from a placement order. As de facto parenthood did not grant appellant custodial rights, he had no standing to challenge the placement decision on appeal.

Guardianship of S.H.R. 68 Cal.App.5th 563

S.H.R. filed petitions for the appointment of a guardian and for special immigrant juvenile (SIJ) findings under Code of Civil Procedure section 155 to enable him to petition the United States Citizenship and Immigration

Services to classify him as a SIJ under federal immigration law. The superior court denied the SIJ petition, finding S.H.R. failed to produce substantial evidence of abandonment, neglect, or that reunification with one or both parents was not viable by reason of abandonment or neglect. The superior court also found the petition for the appointment of a guardian was moot because the SIJ petition was denied. S.H.R. appealed. The Court of Appeal affirmed. S.H.R. failed to meet his burden to prove the existence of the specified facts by a preponderance of evidence. When the party having the burden of proof in the trial court challenges the court's findings against him, the question for the reviewing court becomes whether the evidence compels a finding in favor of the appellant as a matter of law. The reviewing court held evidence of child labor, removal from school, and parental unemployment did not establish abandonment or neglect, and he did not show reunification with one or both parents was not viable by reason of abandonment or neglect. The guardianship request was properly denied as moot after the SIJ petition was denied.

In re Caden C. 11 Cal.5th 614 (Supreme Court of California)

A child welfare agency challenged a juvenile court's orders, at a Welfare and Institutions Code section 366.26 hearing, applying the parent-child relationship exception and allowing the child to remain in foster care. The Court of Appeal reversed, holding that because the mother continued to struggle with substance abuse and mental health issues and because of the risks of foster care and benefits of the potential adoptive home, no reasonable court could find the child's relationship with the mother outweighed the benefits of adoption. The Supreme Court granted review to address three issues: (1) Whether a parent's continued struggle with the issues that resulted in dependency alone precludes application of the parent-child relationship exception. (2) Whether the 1998 amendment to Welfare and Institutions Code section 366.26 to conform with the Adoption and Safe Families Act (ASFA) required parents to prove some heightened level of harm or an additional "compelling" reason. (3) The appropriate standard of review.

The Supreme Court found that the Court of Appeal's holding that no reasonable court could apply the parental-child benefit exception given the mother's substance abuse and mental health issues was error. The Supreme Court explained that to prove the parental benefit exception, a parent must show, by a preponderance of the evidence: (1) regular visitation



and contact with the child, taking into account the extent of visitation permitted; (2) the child has a substantial, positive, emotional attachment to the parent—the kind of attachment implying that the child would benefit from continuing the relationship; and (3) terminating that attachment would be detrimental to the child when balanced against the countervailing benefit of a new, adoptive home.

The Supreme Court held that a parent's continued struggles with the issues leading to dependency cannot be used as a categorical bar to applying the exception. Because return to parental custody is not an issue at the Welfare and Institutions Code section 366.26 hearing, the Court rejected the proposition that the exception can only apply when the parent is actively involved in maintaining sobriety or complying substantially with the case plan. However, the Court further held that a parent's struggles with issues such as those that led to dependency are relevant to the extent they help the juvenile court determine the ultimate question, i.e., would the child benefit from continuing the relationship and be harmed, on balance, by losing it?

The Supreme Court disapproved cases that have held the 1998 amendment to Welfare and Institutions Code section 366.26 requiring parents to show a "compelling" reason to avoid termination of parental rights necessitated proof of a heightened level of harm or an additional "compelling" reason other than the existing statutory exceptions. The Court found the existing statutory exceptions in Welfare and Institutions Code section 366.26 constitute a "compelling" reason not to terminate parental rights.

The Court approved the hybrid standard of review where the first two elements, consistent visitation and contact and whether continued contact would benefit the child are reviewed for substantial evidence, and the third element, whether termination of the relationship would be detrimental as compared to the benefits from adoption is reviewed for abuse of discretion.

In re Charles W., Jr. 66 Cal.App.5th 483

A father appealed from jurisdiction/disposition asserting the juvenile court erred in finding the Indian Child Welfare Act (ICWA) did not apply, based on insufficient inquiry into the mother's Indian ancestry.

In a prior dependency case, the juvenile court found ICWA did not apply to the two older children. A third child in the present case was a full sibling of the older two. At the outset of the current matter, the mother said

she had Yaqui and Aztec heritage but she "already went through the Court process" and the juvenile court found ICWA did not apply. A field worksheet completed by the child welfare agency denoted a tribal affiliation of "Sioux." The juvenile court noted there was no federally-recognized Aztec tribe, but there was a federally-recognized Yaqui tribe. At a hearing with mother present, mother's counsel stated counsel had spoken with mother and mother had no Native American ancestry, only ancestry through central Mexico. Counsel stated there were no changes to mother's ICWA form from the previous case. The juvenile court found ICWA did not apply.

The Court of Appeal affirmed. There was no reason to believe the children were Indian children to whom the ICWA applied where the juvenile court reasonably relied on the prior ICWA finding, and mother's counsel represented mother had no Native American ancestry. The unexplained "Sioux" reference on a field worksheet, which pre-dated the hearing at which mother denied Native American ancestry, was too "vague, attenuated and speculative" to give reason to believe the children were Indian children. The juvenile court was not obligated to directly interview mother; it was reasonable under the circumstances to accept mother's counsel's representations made in mother's presence.

In re Cole L. 70 Cal.App.5th 591

A mother appealed the juvenile court's January 2021 jurisdictional findings and dispositional orders stemming from an incident of domestic violence that occurred in March 2020. The juvenile court sustained allegations of a physical altercation between the parents while the children were in the home under WIC section 300 subdivisions (a) and (b).

The Court of Appeal reversed. Substantial evidence did not support the assumption of jurisdiction under WIC section 300, subdivision (b), because the juvenile court erroneously believed there had been a long history of physical altercations between the parents and the record contained no evidence that the children were at risk of harm in January 2021 – nine months after the domestic violence incident.

Regarding jurisdiction under WIC section 300, subdivision (a), Division Seven acknowledged that domestic violence itself is intentional. The Court also noted, "Under certain circumstances incidents of domestic violence between a child's parents, if they occur in the child's immediate presence, may support



a jurisdiction finding under section 300, subdivision (a). For example, if a father strikes an infant's mother while she is holding the child or an older child intervenes during a fight to protect her mother from her father's abuse, the risk of harm to the child may be properly viewed as nonaccidental." Division Seven, however, went on to further say that "the somewhat more common potential for accidental injury during parents' physically violent fights in the presence of bystander children, however, constitutes a failure or inability to protect the child, creating the potential for dependency jurisdiction under section 300, subdivision (b)(1) (and possibly section 300, subdivision (c)), but not subdivision (a)." "A finding under section 300, subdivision (a), requires evidence of a risk of physical injury 'inflicted nonaccidentally upon the child.' An unintended injury to a bystander child that results from an intentional act directed at another—for example, due to an object thrown by one parent at another during an argument—does not satisfy that statutory requirement."

In re Daniel F. 64 Cal.App.5th 701

In January 2019, the Alameda County Social Services Agency (Agency) filed a section 300 petition on behalf of Daniel F. The petition alleged Daniel's mother had a history of substance abuse that made her incapable of caring for Daniel. The child's alleged father's (Father's) whereabouts and ability to help were unknown. The Agency recommended that the juvenile court declare Daniel a dependent. The Agency filed an absent parent search request for Father in February 2019. The Agency then conducted a follow-up seven months later, only to learn that the original request "wasn't received or processed." The Agency resubmitted the search. The Agency also spoke with the paternal aunt regarding placement, but the record does not demonstrate it asked the paternal aunt about Father's contact information until September 2019.

In the meantime, the juvenile court conducted its combined jurisdictional and dispositional hearing, sustained the petition, declared Daniel a dependent, removed him from the mother's custody, and ordered family reunification services for her. Father did not receive notice of the hearing, was not present, and was not represented by counsel. By October 2019, Father's whereabouts remained unknown, and mother had made no substantial progress, so the court terminated reunification services. Prior to the permanency planning hearing in May 2020, the Agency made telephone contact with Father who lived in Mexico; Father stated he was "opposed to adoption" and wanted his own counsel. Father filed a Welfare and Institutions Code

(WIC) section 388 petition, requesting reversal of the dispositional order and alleging a lack of proper notice. The juvenile court summarily denied the petition and terminated parental rights. Father appealed.

In Reversing, the Court of Appeal found that the juvenile court erred in summarily denying Father's WIC section 388 petition through which he raised a due process argument. The Court rejected the Agency's argument that Father forfeited the issue by not raising it at the first two hearings where he was represented by counsel. Father "clearly raised his claim of notice error in his WIC section 388 petition with the juvenile court and therefore preserved it for appeal."

There is no due process violation where an agency exercises reasonable diligence to provide notice to a parent who has not been located. Such "reasonable diligence" is evidenced by a thorough investigation conducted in good faith, not only down "standard avenues," but also those specific avenues uncovered during the preliminary stages of the case, such as provided addresses, relatives, or other connections to the missing parent. Here, the court found the Agency's efforts insufficient.

The Agency had information on Father's sister, Ana N., and only asked her about Father after mother's reunification services had been terminated. When Ana N. provided a phone number for Father, the Agency left him two messages and never followed up.

For unknown reasons, the required entity did not process or receive the absent parent search request, and the Agency did not follow up for six months. Moreover, the Agency only searched in California State and Alameda County databases, despite a clear lead that Father was somewhere in Mexico. No efforts were made to contact Mexican authorities, the consulate, or social services.

The court found Father's Mexican residence insufficient evidence to conclude Father and Daniel did not have a relationship. The court further noted the mother did not provide Father with any information about Daniel's whereabouts.

Pursuant to *Ansley v. Superior Court*, when a WIC section 388 petition is based on lack of notice, as is the case here, there need not be a separate showing of "the child's best interest", because the lack of due process is a "fatal jurisdictional defect" that overpowers the necessity of showing whether the WIC section 388 petition is, in fact, in the minor's best interest. In



In re Justice P., the reviewing court held that where reasonable efforts have been made, and a missing parent later surfaces, it does not automatically follow that the best interests of the child will be promoted by going back to square one and re-litigating the case. Here, the Court found the case was more akin to Ansley because, at least on the face of the petition and the current record, Father made a prima facie showing that the Agency made little to no effort to give him notice until it was poised to terminate parental rights.

In re E.L. 73 Cal.App.5th 1

The juvenile court sustained allegations pled under WIC section 300, subdivision (b)(1). The sustained allegations alleged the mother got into a physical altercation with the daughter, during which the daughter punched the mother and the mother choked the daughter, and both sustained physical injuries. The juvenile court ordered services and informal supervision pursuant to section 360, subdivision (b). The mother appealed, challenging the sufficiency of the evidence to support the juvenile court's jurisdictional findings. While the appeal was pending, no further action was taken in the juvenile court, and the child turned 18.

The Court of Appeal reversed. The appellate court noted the Penal Code provisions relating to findings of general neglect, physical abuse and neglect, and severe neglect, for purposes of inclusion in the Child Abuse Central Index (CACI) and found the conduct alleged reasonably fell within the definition of child abuse. Because the mother was at risk of inclusion in the CACI, she demonstrated prejudice sufficient to warrant the appellate court's discretionary review of the findings.

By the time of the jurisdictional hearing, the daughter had turned her life around. She was attending school, respecting house rules, and not fighting verbally or physically with her family members, including the mother. Because there was no substantial evidence of any risk of future harm to the daughter at the time of the jurisdictional hearing, it was error for the juvenile court to sustain findings as a means to get services to the mother and daughter during the last four months of the daughter's minority.

In re F.P. 61 Cal.App.5th 966

A mother argued insufficient evidence supported the juvenile court's order denying her visitation with her son and that the juvenile court improperly delegated its judicial authority in ordering conjoint counseling at

the recommendation of the child's therapist. The Court of Appeal affirmed. The mother's physical abuse of the child and the child's nightmares and self-harming behaviors after he was detained supported the order denying visitation and showed the juvenile court had not relied only on the child's refusal to visit to deny visitation.

Unlike visitation, there is no statutory right to counseling. Counseling is merely a service the juvenile court may order if the court thinks it would benefit the parent and the child. A court may properly decline to order conjoint counseling if the child's therapist believes the child is not ready for it. The juvenile court's decision to order conjoint counseling when deemed appropriate by the child's therapist was not an improper delegation of judicial authority.

In re I.R. 61 Cal.App.5th 510

Father and child I.R. appealed the juvenile court's dispositional order removing I.R. from father's custody based on domestic violence between father and mother. I.R. also challenged the juvenile court's dispositional order that mother only submit to drug testing upon reasonable suspicion of drug use. The Court of Appeal reversed as to the removal order from father, but affirmed as to the drug testing order for mother. The sole source of potential danger to I.R. while in father's care derived from father's history of domestic violence with mother, which occurred once in the child's presence. Father had no history with the Department of Children and Family Services, no prior child abuse or neglect referrals, and no criminal history. There was no evidence that suggested father was violent, aggressive or abusive outside the context of his relationship with mother. Substantial evidence did not support the juvenile court's removal order because father no longer lived in the family home, and he no longer had contacts with mother, including during his visits with I.R. Father also did not want to reconcile with mother and mother had not demonstrated an unwillingness to keep her distance from father. Lastly, both parents lived with relatives who could assist with child hand-offs without involving the parents. As such, there was no basis for the domestic violence to continue between the parents.

Mother's lengthy drug abuse and lack of participation in drug treatment programs could potentially have justified an order requiring more extensive drug testing for mother, but they did not establish that the juvenile court's refusal to issue such an order was arbitrary or capricious. There was no evidence supporting linkage



between any current drug use by mother and the incidents of domestic violence with father, nor did the evidence indicate that mother's drug use ever placed her children at risk of harm.

In re I.S. 67 Cal.App.5th 918

A mother argued the juvenile court erred and deprived her of due process by amending the W&IC § 300 petition to conform to proof. The Court of Appeal reversed and remanded for a new petition if appropriate. The amendments to conform to proof deprived the mother of due process because they materially varied from the original petition to the mother's detriment. The amendments established jurisdiction under a different legal theory than was initially pled (emotional abuse vs. sexual abuse), and stated the mother failed to investigate circumstances that might have led to the discovery of sexual abuse, when the original petition alleged she had actual knowledge of the sexual abuse. The amendments resulted in the mother being denied sufficient notice of the allegations against her and a reasonable opportunity to prepare for the hearing.

In re Josiah T. 71 Cal.App.5th 388

A mother appealed from a juvenile court's order terminating parental rights, arguing that the juvenile court and child protective agency failed to comply with the Indian Child Welfare Act (ICWA).

The Court of Appeal conditionally reversed and remanded with directions. A child protective agency's inability to locate a child's father for the first 18 months of the case did not excuse it from the responsibility of ascertaining whether there was reason to believe the child was an Indian child. The agency neglected to interview the four available paternal relatives in any reasonable timeframe to inquire whether the child had Indian ancestry. The agency did not make its initial inquiry under the ICWA until after the jurisdictional and dispositional hearings, the six-month review hearing, and the 12-month review hearing. This belated initial inquiry was inadequate. A paternal grandmother's statement that she had Cherokee ancestry through her grandmother required the child protective agency to engage in further inquiry. That the paternal grandmother declined to provide information about her grandmother, denied having further information regarding Indian heritage, and subsequently stated she did not have Indian ancestry did not relieve the agency of its duty of further inquiry. "A mere change

in reporting, without more, is not an automatic ICWA free pass; when there is a conflict in the evidence and no supporting information, the agency may not rely on the denial alone without making some effort to clarify the relative's claim." (In re Gabriel G. (2012) 206 Cal.App.4th 1160.)

These inquiry and reporting deficiencies deprived the juvenile court of the information it needed to make proper ICWA determinations, "and even worse, the court would have had to engage in detective work to uncover the fact that it did not have the information necessary to make an informed ruling."

In re K.B. 59 Cal.App.5th 593

Mother and father challenged the juvenile court's assumption of jurisdiction over their children and removal from their physical custody based on substance abuse. Mother tested positive for methamphetamine and marijuana, and eight days later, father tested positive for amphetamine and methamphetamine. Mother and father resided with their seven-year-old son, mother's two older children, ages 14 and 10, and the maternal grandfather.

In affirming, the Court of Appeal rejected the notion that a current substance abuser is only someone who has a clinical diagnosis or meets the clinical definition of a substance abuser. There was ample evidence that mother and father were substance abusers, and the parents' failure to supervise the children placed them at serious risk.

The Court diverged from the approach in In re Drake M. (2012) 211 Cal.App.4th 754, which used clinical definitions of substance abuse. Rather, the Court found ample evidence showing mother currently abused drugs. Mother initially denied all drug use, did not admit to marijuana use until pressed, changed her story about the last time she used methamphetamine, claimed not to know the name of the friend who supplied her the drugs, and denied previous drug use even though she was arrested in 2012 for possession of a controlled substance. The Court said it was reasonable for the juvenile court to infer the mother's drug use had something to do with routinely disappearing from her children's lives at about 5:00 p.m. until the children woke her the next morning for school. Mother created a serious risk of physical harm to her children by leaving them unsupervised most of the time they were home, while father was similarly asleep or in his room, and the maternal grandfather did not return from work



until nighttime.

As with mother, sufficient evidence showed father was a substance abuser, and there was enough evidence to permit the juvenile court to infer the risk of physical harm from father's failure to supervise the children. Although father eventually confessed to a substantial history with methamphetamine, cocaine, and marijuana, he continued to deny using methamphetamine before his positive test, claiming he was set up, and he refused to provide details about current abuse. Father's criminal history substantiated substance abuse, and the family's pastor corroborated father's drug and alcohol problems about five years prior. Father and mother denied father drank in the house, but the children said otherwise, and father spent much of his time in his room according to the children.

In re L.A.-O 73 Cal.App.5th 197

A mother and father appealed from an order terminating parental rights, contending the juvenile court erred by finding that the parental-benefit exception did not apply.

The Court of Appeal reversed. It was unclear whether the court's ruling conformed to *In re Caden C.* because it used the terminology "parental role" in analyzing the parental-benefit exception instead of focusing on whether there was a substantial, positive emotional attachment between the parent and the child. Thus, remand was necessary for reconsideration of the exception to the termination of parental rights.

The juvenile court did not err when it declined to consider evidence pertaining to the parental-benefit exception that was contained in social study reports filed in connection with earlier hearings but not introduced into evidence at the Welf. & Inst. Code § 366.26 hearing. However, the parents were free to introduce those reports on remand.

In re L.O. 67 Cal.App.5th 227

A father appealed from a juvenile court's jurisdictional and dispositional findings and orders adjudicating his six-year-old son a dependent of the court. The father argued there was insufficient evidence to support the juvenile court's findings sustaining counts in the petition against him pursuant to W&IC § 300, subds. (b)(1) and (d) and removing the child from his custody. The father did not challenge the

counts the court sustained in the section 300 petition concerning mother.

The Court of Appeal exercised its discretion and reviewed the jurisdictional findings against the father because the findings were pernicious and could potentially impact the current or future dependency proceedings. The reviewing court affirmed the juvenile court's finding that the child was described by W&IC § 300, subd. (b)(1) due to the parents' history of engaging in domestic violence. However the reviewing court reversed the juvenile court's finding that the child was described by W&IC § 300, subd. (d) due to the father exposing the child to inappropriate sexual behavior and the child acting out in a sexualized manner because the only possible enumerated offense which could qualify as "sexual assault or sexual exploitation" under Penal Code section 11165.1 was child molestation as set forth in Penal Code section 647.6, subdivision (a), and there was no evidence in the record to support a finding "that such an error or lapse was sexually motivated by [the father], rather than an accident." The reviewing court believed jurisdiction under the facts of that case could have been established under W&IC § 300, subd. (b)(1). However, the placing agency only alleged jurisdiction under W&IC § 300, subd. (d).

M.M. v. D.V. 66 Cal.App.5th 733

A biological father filed a petition with a trial court requesting recognition as a third parent pursuant to Family Code section 7612, subdivision (c) after learning he was the child's biological father when the child was two years old. The trial court denied the petition. The biological father appealed.

The Court of Appeal affirmed, concluding that it would not be appropriate to recognize three parents in this case because it was undisputed that the mother's husband was legally recognized as the child's father and substantial evidence supported a finding that, as a result of the biological father's lack of a relationship with the child (it was undisputed the biological father and the child had no relationship), it would not be detrimental for the child to have only two parents.

In re N.A. 64 Cal.App.5th 494

A nonminor former dependent (NFD) became a dependent when she was 11 and began living in the home of her legal guardian when she was 15. Her guardian received Aid to Families with Dependent



Children-Foster Care (AFDC-FC payments) on the NFD's behalf based on this living arrangement. When the NFD was 17, she moved out of her guardian's home and lived with a family friend, a boyfriend, and then the boyfriend's family. Neither the NFD nor her guardian contacted the social services agency to notify it that the NFD had moved out of her guardian's home, and AFDC-FC payments to the guardian continued past the NFD's 18th birthday.

In May 2020, the NFD petitioned to return to juvenile court jurisdiction and foster care pursuant to Welfare and Institution Code section 388.1, which would provide her with certain services and financial aid. The NFD indicated in her petition that she planned to attend college, her guardian had received AFDC-FC payments on her behalf through her 18th birthday, and her guardian was no longer supporting her. The agency recommended that the court deny the petition after learning that the NFD had moved out of her guardian's home before turning 18, which meant that she and her guardian became ineligible for AFDC-FC funding at that time.

The juvenile court denied the NFD's petition for reentry into the dependency system. The juvenile court also ordered the agency to notify the NFD of the agency's decision to terminate AFDC-FC funding so the NFD could pursue administrative remedies, which the court did not believe would be futile. The NFD challenged both orders on appeal.

The Court of Appeal affirmed. The juvenile court did not err when denying NFD's petition for reentry because the NFD's guardian was not eligible, or legally entitled, to receive AFDC-FC payments after the NFD moved out of her home before turning 18, despite the fact that the guardian had continued to receive such payments on the NFD's behalf. The NFD therefore did not qualify for reentry under section 388.1. The juvenile court also did not err in declining to determine the NFD's eligibility for AFDC-FC funding because the NFD could pursue administrative remedies and the NFD had not shown that process would be an exercise in futility.

Pursuant to section 388.1, only certain nonminor former dependents can reenter the dependency system, including those who continued to receive a form of financial aid after turning 18 years old but for some reason, such as the death of a guardian or adoptive parent, stopped receiving aid prior to turning 21 years old. The Court of Appeal held that the financial aid received by a nonminor former

dependent after turning 18 must have been aid to which that dependent was eligible or legally entitled to receive. The Court of Appeal reasoned the legislature did not intend to include situations where financial aid was mistakenly paid or unlawfully received, and the AFDC-FC benefits statute, Welfare and Institutions Code section 11405(e), likewise requires that the nonminor "remain eligible" for benefits. Therefore, the NFD did not meet the requirements for reentering the dependency system under section 388.1 because she was not validly receiving financial aid based on her moving out her guardian's home before she turned 18.

Determining eligibility for AFDC-FC funding is a function that rests with the social services agency as part of the executive branch of government. The courts do not have the authority to order an agency to make AFDC-FC payments without an administrative determination of eligibility for those payments, and judicial review of eligibility determinations is ordinarily limited to the consideration of a writ petition of the eligibility decision. Exceptions to the rule requiring exhaustion of administrative remedies may lie when the agency is incapable of granting an adequate remedy or when resorting to the administrative process would be futile because it is clear what the agency's decision would be. The Court of Appeal held that the NFD failed to show exhausting the administrative process would be an exercise in futility. The case involved an unusual set of factual circumstances, and it was possible the process might cause the agency to review its regulations and determination of the NFD's lack of eligibility for AFDC-FC payments. The NFD had also not made an adequate showing of irreparable injury, as she had not shown the agency was foreclosed from making corrective payments to her. Finally, the juvenile court had respected the separation of powers doctrine in declining to make its own determination of as to whether the NFD was eligible for AFDC-FC funding.

In re Nathan E. 61 Cal.App.5th 114

A mother of three young children contended her history of domestic violence with the father did not support jurisdiction under W&IC § 300, subds. (a) or (b), or removal. The Court of Appeal (1) rejected the mother's contention that domestic violence can never support jurisdiction under W&IC § 300, subd. (a); (2) found the parents' history of domestic violence supported jurisdiction under both subds. (a) and (b); and (3) found there were no reasonable alternatives to removal where the parents had a five-year history



of domestic violence, several incidents had occurred in the presence of the children, the mother had previously completed a domestic violence program, and the mother was not cooperative during the child welfare agency's investigation.

In re N.B. 67 Cal.App.5th 1139

Appellant-grandmother appealed the juvenile court's termination of her legal guardianship arguing that the juvenile court should have proceeded under Welfare and Institutions Code section 387 instead of section 388.

The Court of Appeal affirmed. Where a guardian is appointed in dependency proceedings at a section 366.26 selection and implementation hearing, section 366.3, subdivision (b)(2) and California Rules of Court, rule 5.740(d) set forth the procedure to terminate such a guardianship. Specifically, rule 5.740(d)(4) states that a section 388 petition must be filed in the juvenile court to terminate a guardianship.

Section 387 provides the general procedure for removing a child from a current caregiver and placing the child in a more restrictive placement. In that regard, section 387 provides another procedure to remove a child from a guardian's care without necessarily terminating the guardianship.

In re N.F. 68 Cal.App.5th 112

A mother and a father challenged dependency orders involving their four-year-old daughter. First, the mother appealed the juvenile court's order denying her Welfare and Institutions Code (WIC) section 388 petition, in which she requested that her reunification services be reinstated. Second, the mother and the father appealed the juvenile court's order terminating their parental rights, arguing the parental bond exception applied.

In the published portion of the Opinion, the Court of Appeal held the juvenile court did not abuse its discretion in denying the mother's WIC section 388 petition. The mother failed to establish changed circumstances as her completion of an additional drug treatment program was not a material change. The mother had a long history of completing programs and relapsing, and her claim of sobriety was undermined by a recent arrest for possession of a controlled substance. The mother also failed to show that granting an additional period of reunification would promote the child's best

interests. The child was thriving in her placement and her caregivers were committed to adopting her. The mother failed to establish that the child's best interests in permanency and stability would be furthered by derailing the child's adoption because the mother's circumstances were unstable and it was unclear whether her latest efforts at sobriety would last.

In the unpublished portion of the Opinion, the Court of Appeal held the juvenile court did not err when finding the parental bond exception to termination of parental rights was not applicable to either the mother or the father.

In re R.A. 61 Cal.App.5th 826

A father appealed from the juvenile court's order summarily denying his Welf. & Inst. Code § 388 petition and sought extraordinary relief from the court's order setting a hearing under Welf. & Inst. Code § 366.26. Father's Welf. & Inst. Code § 388 petition sought to set aside all prior findings and orders due to the child welfare agency's failure to provide him with notice of the proceedings. The child welfare agency's reports merely stated that the social worker had submitted a search for father. Father's location was first reported in the report for the six-month review hearing (13 months after the family initially came to the attention of the juvenile court). Father was located at Solano Prison. Father attempted to show that he had been incarcerated in California for the entirety of the dependency proceedings. The juvenile court summarily denied father's Welf. & Inst. Code § 388 petition, finding that father failed to show that setting aside all prior findings and orders would be in the best interests of the child. The petition was granted and the matter was remanded for the juvenile court to conduct an evidentiary hearing on father's Welf. & Inst. Code § 388 petition to determine whether the child welfare agency exercised due diligence to locate father and provide him with notice of the proceedings. Considering the record as a whole and construing the Welf. & Inst. Code § 388 petition liberally in favor of its sufficiency, the father raised the possibility that the child welfare agency failed to use due diligence to locate him such that he was entitled to an evidentiary hearing on the notice issue.

A separate showing of best interest is not required when a father shows that he did not receive any notice of the dependency petition and the jurisdiction and disposition hearings due to the lack of diligence by the agency.



In re Justice P. (2004) 123 Cal.App.4th 181, is distinguishable because the child welfare agency in In re Justice P. initially made reasonable search efforts to locate the missing parent. The father claims the child welfare agency failed to make reasonable search efforts from the very beginning of the child's case and failed to show it engaged in a thorough, systematic investigation of the father's whereabouts at any point. "We cannot accept the idea that an agency may completely ignore its duty to search for a missing parent and then, should the missing parent show up, rely on the best interest of the child to preclude that parent from participating in the dependency case."

The fact that father was incarcerated during the dependency period does not render any error harmless beyond a reasonable doubt because an incarcerated parent is entitled to reunification services unless it would be detrimental to the child. The evidence reflected that mother said father was a good dad, the child knew her father and referred to him as "daddy," and the caregiver reported that the child enjoyed talking to father by telephone. Father was out of custody by the time his Welf. & Inst. Code § 388 petition was denied.

In re R.D. 63 Cal.App.5th 156

The mother appealed jurisdictional findings based on evidence of her past substance abuse. While the mother's appeal was pending, the juvenile court terminated jurisdiction and issued a custody order awarding her sole physical custody of the child and her and the child's father joint legal custody. The mother did not appeal the juvenile court's termination of jurisdiction or its custody order. She subsequently argued her appeal was not rendered moot by the termination of jurisdiction because the erroneous jurisdictional findings continued to adversely affect her in that she previously had sole legal custody and the child's father now had joint legal custody and expanded visitation rights. She also argued her appeal should be decided because it was a case raising an issue of broad public interest that is likely to recur. She also contended the juvenile court lacked jurisdiction to make the new custody order because there was insufficient evidence she had placed the child at substantial risk of serious physical harm.

The Court of Appeal indicated an erroneous jurisdiction finding can have unfavorable consequences extending beyond termination of dependency jurisdiction; thus, termination of

dependency jurisdiction does not necessarily moot an appeal challenging erroneous jurisdiction findings. But when an appellant argues that the challenged jurisdiction finding resulted in an adverse juvenile custody order and seeks to have that custody order set aside, for the appellate court to be able to provide effective relief, the appellant must appeal not only from the jurisdiction finding but also from the orders terminating jurisdiction and awarding custody. Because the mother did not appeal the termination or custody order, those orders were not subject to appellate review. And because the juvenile court terminated its jurisdiction over the child and the termination order was final, a remand for further proceedings in the juvenile court would be meaningless.

The mother's appeal, which raised the highly fact-specific question whether, by the time of the jurisdiction hearing, her current circumstances, in light of her extended history of substance abuse, created a substantial risk of serious physical harm to her young child did not raise an issue of broad public interest; it is the type of issue presented to appellate courts multiple times every year.

Jurisdictional errors are of two types. While a lack of fundamental jurisdiction may be raised at any time, a challenge to a ruling in excess of jurisdiction is subject to forfeiture if not timely asserted. The juvenile court had fundamental jurisdiction, i.e., authority over the subject matter and the parties. If the juvenile court's jurisdictional findings were erroneous as the mother claims, the juvenile court's subsequent orders would have been acts in excess of the juvenile court's jurisdiction. By not appealing the orders terminating dependency jurisdiction and awarding joint legal custody and expanded visitation to the father, the mother forfeited any challenge to those rulings, including to the juvenile court's jurisdiction to issue them.

In re R.F. 71 Cal.App.5th 459

Without giving father proper notice or a meaningful opportunity to be heard, the juvenile court dismissed dependency jurisdiction and issued exit orders awarding mother sole legal and physical custody, reducing father's supervised visitation, and requiring father's visitation to be monitored at his expense. Father argued that these were structural errors requiring automatic reversal, or in the alternative, prejudicial errors requiring reversal.



The Court of Appeal reversed and remanded for a properly noticed WIC § 364 review hearing, and for father to be heard if the court intends to change his custody and visitation. Though the errors were not structural requiring automatic reversal, they were prejudicial.

In re Samuel A. 69 Cal.App.5th 67

The juvenile court appointed a guardian ad litem for a dependent child's mother prior to a combined six- and twelve-month review hearing, finding that the mother's misconduct toward her counsel during the course of the proceedings was a knowing and deliberate effort on the mother's part to obstruct proceedings that she believed were not going to be favorable to her. The mother appealed. During the pendency of the mother's appeal, the juvenile court terminated her parental rights.

The Court of Appeal reversed and remanded. On remand, the juvenile court was ordered to vacate its guardian ad litem order and all subsequent orders in which the mother was denied the right to directly communicate with her counsel, including the orders made at the review hearing and the order terminating parental rights. In a dependency case, a parent who is mentally incompetent must appear by a guardian ad litem appointed by the court. The test for mental competence is whether the parent has the capacity to understand the nature or consequences of the proceeding and to assist counsel in preparing the case.

The appointment of a guardian ad litem for a parent in a dependency case is no small matter. The effect of the appointment is to remove control over the litigation from the parent, whose vital rights are at issue, and transfer it to the guardian ad litem. Consequently, the appointment must be approached with care and appreciation of its very significant legal effect. In this case, substantial evidence did not support the appointment of a guardian ad litem for the mother. While the mother was unquestionably a difficult party, there was no evidence that she was mentally incompetent. The court even recognized this fact, but nonetheless appointed her a guardian ad litem because it believed this order was the only means available to move the case along and ensure the mother had the benefit of counsel while she still had some opportunity to reunify with the child. However well-intended the court's ruling may have been in this case, a parent's due process right to communicate directly with counsel in proceedings

that could culminate in the termination of her parental rights is fundamental. As such, the mother's right to actively participate in the proceedings could not be disregarded for the sake of expediency, particularly where other measures could have been taken to rein in how the mother communicated with her counsel.

In re S.G. 71 Cal.App.5th 654

A mother filed a timely appeal from the juvenile court's denial of her request for a permanent restraining order protecting her from the children's father. She did not subsequently appeal the termination of jurisdiction. The Court of Appeal affirmed, with a dissenting opinion. The majority opinion held that the mother's failure to appeal the termination of juvenile court jurisdiction did not render her restraining order appeal moot. Code of Civil Procedure sections 43 and 906 both provide that a reviewing court "may affirm, reverse, or modify any judgment or order appealed from, and may direct the proper judgment or order to be entered, or direct a new trial or further proceedings to be had." That power applies equally to the review of juvenile court decisions, and does not depend on the juvenile court retaining jurisdiction. Had the Court of Appeal concluded the juvenile court's denial of the mother's restraining order request constituted reversible error, it could have directed the court to issue the restraining order and the remittitur would have vested jurisdiction in the juvenile court for the limited purpose of correcting the error. Doing so would immediately have afforded the mother effective relief. Mootness in the dependency context—as in any context—depends on "whether the appellate court can provide any effective relief if it finds reversible error." Therefore, the mother's appeal was not moot.

On the merits, the majority found the juvenile court did not abuse its discretion in denying the mother's request for a permanent restraining order. The Court explained appellate courts apply the substantial evidence standard to determine whether sufficient facts supported the factual findings in support of a W&IC § 213.5 restraining order and the abuse of discretion standard to determine whether the court properly issued the order. But where the trier of fact has expressly or implicitly concluded that the party with the burden of proof did not carry the burden and that party appeals, the question for a reviewing court becomes whether the evidence compels a finding in favor of the appellant as a matter of law. A reviewing court must determine "whether the appellant's evidence was (1) 'uncontradicted and unimpeached'



and (2) ‘of such a character and weight as to leave no room for a judicial determination that it was insufficient to support a finding.’”

The conflicts in the evidence and the mother’s questionable credibility supported the juvenile court’s denial of the mother’s request for a permanent restraining order. The juvenile court did not use an incorrect standard in making its finding, and, even if it had, the error was harmless, because the mother would not have obtained a more favorable outcome under a different standard.

The dissenting opinion found the mother’s appeal to be moot, explaining that a remittitur from this or any other appellate court does no more than re-vest a lower court with the power to act after being divested of that power due to the filing of a notice of appeal or a petition for review. Neither an appellate court order nor a remittitur creates fundamental jurisdiction where it does not otherwise exist, on even a limited basis. “The filing of [a] dependency petition vest[s] the juvenile court with subject matter jurisdiction, i.e., the inherent authority to deal with the case or the matter before it.” (In re A.R.) Dismissal of a petition or termination of jurisdiction terminates that authority. An appellate opinion does not create a person described by W&IC § 300 where the juvenile court has said none exists and no party has challenged that finding.

In re Solomon B. 71 Cal.App.5th 69

Mother appealed from a juvenile court’s dispositional order denying her request for placement of her children under W&IC § 361.2 as detrimental to their welfare.

The Court of Appeal reversed. Substantial evidence, under the clear and convincing evidence standard, did not support the juvenile court’s finding of detriment. The juvenile court dismissed all of the counts involving the mother and struck her from the petition explicitly finding that it did not see a current risk on the counts relating to the mother. The record also did not support the conclusion that the mother lost contact with the children after she fled to Texas to escape the violent relationship with father. The mother regularly checked in with the maternal grandmother about the children’s welfare and participated in weekly video conferences with them. Regardless, a failure to keep in close contact is not, by itself, sufficient to support a detriment finding.

There was also no evidence that father was ever abusive toward the children despite his abusive conduct toward the mother. There were no sustained allegations related to the father physically or emotionally abusing the children and the juvenile court specifically found that the father’s abusive conduct toward the mother did not pose a current risk to the children. It was not unreasonable for the mother to conclude that the father’s history of marijuana use would not pose a serious risk to the children because she reported that father had never used marijuana around the children while they lived together. The maternal grandmother corroborated mother because she believed the father was abstaining from marijuana use while caring for the children. Once the mother learned DCFS became involved, she returned to California, sought placement of the children, attended court hearings, and participated in recommended services. DCFS had over five months to investigate mother’s ability to care for the children, but it presented “scant” evidence on mother’s suitability for placement.

In re Y.W. 69 Cal.App.5th 67

Parents appealed from a juvenile court’s order terminating their parental rights, arguing that the juvenile court and child protective agency failed to comply with the Indian Child Welfare Act (ICWA).

The Court of Appeal conditionally affirmed with directions. An appellate court disagreed with what it found to be the narrow view of the duty of inquiry under the ICWA in *In re Austin J.* (2020) 47 Cal. App.5th 870 and the broad view of harmless error in *In re A.C.* (2021) 65 Cal.App.5th 1060. An appellate court found a child welfare agency failed to conduct an adequate ICWA inquiry because it failed to obtain the name of the mother’s biological father and the contact information for the mother’s biological aunt from the mother’s adoptive parent who indicated she had such information. The error was not harmless as the agency’s failure to conduct an adequate ICWA inquiry made it impossible for the parents to demonstrate prejudice. An agency failed to provide proper ICWA notice when it omitted a possible place of birth for the paternal grandmother with the tribal heritage in the first set of ICWA notices and later omitted the date and place of birth in the ICWA notices sent for the W&IC section 366.26 hearing. The omissions were not harmless in light of the father’s claim of Indian ancestry.



THE PRACTICE OF DEPENDENCY LAW

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

The purpose of Dependency Court, as embodied in the statutes that govern it, is to provide for the safety and protection of each child under its jurisdiction and to preserve and strengthen the child's family ties whenever possible. Parenting is a fundamental right that may not be disturbed unless a parent is acting in a way that is contrary to the safety and welfare of the child. A child is removed from parental custody only if it is necessary to protect him or her from harm. When the court determines that removal of a child is necessary, reunification of the child with his or her family becomes the primary objective.

The proceedings in Dependency Court differ significantly from civil and criminal actions and affect the fundamental rights of both parents and children. Knowledge of the law and the case, combined with insight and judgment, enable County Counsel to work cases with opposing counsel in a spirit of cooperation to achieve realistic and reasonable results for the family and child while assuring that the child is protected.

A. PRE-FILING PROCEDURES

Prior to the initiation of a dependency court case, a child abuse investigation is initiated through a call to the Child Protection Hotline. DCFS has the responsibility of investigating allegations of child abuse and neglect and determining whether a petition should be filed alleging that the child comes within the jurisdiction of the Dependency Court. Should the Children's Social Worker (CSW) determine that a child is in need of the protection of the juvenile court, the CSW submits the petition request to the Intake and Detention Control Section (IDC) of DCFS. County Counsel staffs the IDC with attorneys who review the petitions to ensure they are legally sufficient. In addition, the IDC attorneys give legal advice on detention and filing issues. Once a petition has been filed, the petitioner (DCFS), through its attorney, has the burden of proof at the initial hearing and subsequent jurisdiction, disposition, review, and selection and implementation hearings held in Dependency Court.

There is a direct calendaring system in Dependency Court, whereby all hearings in a case are heard before the same judicial officer, whenever possible. In addition, the County Counsel provides vertical representation throughout the proceedings, which ensures necessary continuity and familiarity on a case.

B. INITIAL HEARING

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

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

If the juvenile court orders a child detained, the court must make a finding that there is substantial danger to the physical and/or emotional health and safety of the child and there are no reasonable means to protect the child without removing the child from the custody of the parents. The court also must make a finding that reasonable efforts were made to prevent or eliminate the need to remove the child from parental custody.

C. JURISDICTION

At the Jurisdiction hearing, DCFS 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 a mandatory settlement conference or a Pretrial Resolution Conference during which County Counsel participates in settlement negotiations with other counsel.

Alternatively, the matter may be set for Adjudication. If the child is detained from the parent's home, the matter must be calendared within 15 court days. If the child is released to a parent, the time for trial is 30 calendar days. At the Adjudication, County Counsel litigates the counts set forth in the petition to establish the legal basis for the court's assumption of jurisdiction. If it is necessary to call a child as a witness, County Counsel or the child's attorney may request that the court permit the child to testify out of the presence of the parents. The court will permit chambers testimony if the child 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, must be available for cross-examination.

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

D. DISPOSITION

If the child is found by the court to be a person described by Welfare and Institutions Code sections 300 (a) - (j), a disposition hearing is held immediately following the jurisdiction hearing to determine the proper plan for the child. The Disposition hearing may be continued for good cause up to 10 court days after the Adjudication if the minor is detained, or within 30 calendar days if DCFS is recommending the court order no reunification services for the parents, or if DCFS seeks to release the child to the custody of a parent.

If DCFS recommends that the child be removed from parental custody, County Counsel must establish by

clear and convincing evidence that return of the child to his or her parents would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child, and there are no reasonable means by which to protect the child. A non-custodial parent is entitled to custody of his or her child unless it can be shown that custody would be detrimental to the safety, protection, or physical or emotional well-being of the child. When the court is making a placement decision for a child, it first must consider placement with the custodial parent followed by the non-custodial parent, relative, foster home, community care facility, foster family agency, or group home. In addition, the court is required to develop and/or maintain sibling relationships whenever possible

If a child is removed from parental custody, the court may order family reunification services for the parents. There must be a reunification plan that is designed to meet the needs of the family, which may include a parenting class, individual and conjoint counseling, domestic violence programs and other treatment modalities that will alleviate the problems that led to dependency court involvement. If the child is three years of age or older, the period of reunification services is twelve months from the date the child entered foster care and may not exceed 18 months from detention. If the child is under three years of age at the time of initial removal, a parent has six months from the date of the disposition hearing to successfully reunify with the child. The court has the discretion to limit the period of reunification for older siblings when one of the siblings is less than three years old.

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

Reunification services are not ordered in all cases. If a parent is in custody, the court may deny reunification



services if it finds it would be detrimental to the child to order reunification services. If DCFS has determined that it would not be in the best interests of the child to reunify with his or her parents, County Counsel must demonstrate to the court that the specific statutory criteria have been met on which the court may base a non-reunification order. There are seventeen statutory grounds under which a court may deny reunification services to the parent. Those grounds are:

- The whereabouts of the parent or guardian is unknown;
- The parent or guardian is suffering from a mental illness and is incapable of benefiting from reunification services;
- A child or sibling has been physically or sexually abused as determined on two separate dependency petitions;
- The parent or guardian has caused the death of a child through abuse or neglect;
- The child is under 5 years old and has been severely physically abused;
- The child or the child's sibling has been severely sexually abused or severely physically harmed;
- The parent or guardian is not receiving reunification services for a sibling or half sibling pursuant to Welfare and Institutions Code section 361.5, subdivisions (b)(3), (5) or (6);
- The child has been conceived under Penal Code Sections 288 or 288.5 (rape);
- The child has been willfully abandoned which has caused serious danger to the child, or the child has been voluntarily surrendered;
- Reunification services have been terminated for a sibling after the sibling was removed from the home and the parent or guardian has not made a reasonable effort to treat the problem that led to the removal of the sibling;
- Parental rights were terminated on a sibling, and the parent or guardian has not made a reasonable effort to treat the problems that led to the removal of the sibling;
- The parent or guardian has been convicted of a violent felony as defined in Penal Code section 667.5;
- The parent or guardian is a chronic abuser of drugs or alcohol, and has resisted court ordered treatment;
- The parent or guardian has advised the court that he or she is not interested in receiving family reunification services or having the child placed in his or her custody;
- The parent or guardian has on one or more

occasions abducted the child or the child's sibling;

- That the parent or guardian has been required by the court to be registered on a sex offender registry under the federal Adam Walsh Child Protection and Safety Act of 2006; or
- That the parent or guardian knowingly participated in, or permitted, the sexual exploitation of the child.

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

E. REVIEW HEARINGS

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

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

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

(WIC section 366.21 (f)) The 12-month review hearing is the permanency hearing for a child who was three or older on the date of initial removal from parental custody. If the child is not returned to the custody of his or her parents, the court must terminate reunification services and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected.



In rare instances, the court may continue the case for an additional six months if it finds that there is a substantial probability that the child will be safely returned and maintained in the home by the time of the next hearing.

(WIC section 366.22) The permanency hearing must occur within 18 months of the original detention of the child. If the child is not returned to the custody of his or her parents, the court must terminate reunification services and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected. In rare instances, the court may continue the case for an additional six months if a parent was recently released from incarceration, is in a court-ordered in-patient drug program and is making significant and consistent progress, or was a minor or nonminor dependent parent at the time of detention and is making significant and consistent progress in establishing a safe home for the child's return, and the court finds that there is a substantial probability that the child will be safely returned and maintained in the home by the time of the next hearing. Particularly, the court must take into consideration the barriers of an incarcerated or institutionalized parent in determining whether to extend reunification services. The court also must determine, by clear and convincing evidence, that additional reunification services are in the child's best interest, and the parent is making significant and consistent progress, and there is a substantial probability that the child will be returned to the physical custody of his or her parent within the extended period.

(WIC section 366.25) The permanency hearing must occur within 24 months of the original detention of the child. If the child is not returned to the custody of his or her parents, the court must terminate reunification services and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected.

(WIC section 366.26) The selection and implementation hearing is the hearing at which the court selects the permanent plan for the child. The preferred plan is adoption followed by legal guardianship and a planned permanent living arrangement. If the court selects adoption as the plan, before terminating parental rights, the court must find by clear and convincing evidence that the child is adoptable. If the child is adoptable, the court shall terminate parental rights unless one of the following circumstances applies:

- A relative caretaker is unwilling or unable to adopt

because of circumstances that do not include an unwillingness to accept legal or financial responsibility for the child, and removal of the child from the relative would be detrimental to the child.

- Termination would be detrimental to the child because the parents have maintained regular visitation and contact with the child, the child will benefit from continuing the relationship, and the benefit from continuing the parental relationship will outweigh the benefit derived from the permanence of an adoptive home.
- Termination would be detrimental to the child because a child 12 years of age or older does not wish to be adopted.
- Termination would be detrimental to the child because the child requires residential treatment and adoption is unlikely or undesirable.
- Termination would be detrimental to the child because there would be substantial interference with a child's sibling relationship.
- Termination would be detrimental to the child because the child is living with a non-relative caretaker who is unwilling or unable to adopt because of exceptional circumstances, and removal of the child from that home would be detrimental to the child.
- Termination would not be in the best interest of the child because there would be a substantial interference with the Indian child's connection to his or her tribal community or the child's tribal membership rights.
- Termination would not be in the best interest of the child because the Indian child's tribe has identified guardianship or long term foster care with a fit or willing relative as an appropriate plan.

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

F. NON MINOR DEPENDENTS

“Nonminor dependent” means a foster child who is a current dependent child or ward of the juvenile court, or who is a nonminor under the transition jurisdiction of the juvenile court, has attained 18 years of age



while under an order of foster care placement. The juvenile court may retain jurisdiction over these young adults until the age of 21. In certain circumstances, a child who is no longer a foster child can petition the court to reenter foster care after his 18th birthday.

GLOSSARY

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

Chambers - The judge or hearing officer's office.

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

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

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

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

Disposition - If the child is found to be a person described in Welfare and Institutions code 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 to facilitate reunification of the family.

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

Indian Child Welfare Act - Federal law enacted to protect and preserve American Indian Families
Initial hearing - See detention hearing

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

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

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

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.

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

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

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

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

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

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

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

Termination of Parental Rights (TPR) - If the court determines that adoption is the appropriate plan at the Selection and Implementation hearing, the court must free the child for adoption by terminating parental rights, unless one of the statutory exceptions to termination of parental rights applies.

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



DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The Los Angeles County Department of Children and Family Services (DCFS) began operations on December 1, 1984. The Department's 9,000+ staff provides legally mandated Emergency Response, Family Maintenance, Family Reunification, Permanent Placement and Adoptions services to children and families in its 20 Regional offices throughout the County.

VISION

Safe Children, Healthy Families, Strong Communities.

MISSION

The Los Angeles County Department of Children and Family Services promotes child safety and well-being by partnering with communities to strengthen families, keeping children at home whenever possible, and connecting them with stable, loving homes in times of need.

GUIDING PRINCIPLES:

- Stabilize and Preserve Families
- Family Reunification/Permanency
- Lifelong Relationships

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

Child Welfare Services/Case Management System (CWS/CMS) Outcomes System, formerly known as The Child Welfare System Improvement and Accountability Act (AB 636) began on January 1, 2004, and outlines how California counties are held accountable for ensuring the safety, permanency and well-being of children served by child welfare agencies. This statewide accountability system focuses on the reporting and measurement of results achieved for children. AB 636 improves services for children through supporting state and county partnerships; requiring counties to publicly share their results for children and families



and collaborate with community partners; mandating county-specific system improvement plans; and encouraging interagency coordination and shared responsibility for families.

The goals of the CWS/CMS Outcome System implementation are as follows:

- Protect children from abuse and neglect.
- Maintain children safely in their own homes, whenever possible.
- Achieve Permanency and stability for children in their living situations.
- Preserve continuity of family relationships and connections for children.
- Enhance the capability of families to provide for their children's needs.
- Ensure children receive appropriate services to meet their educational needs.
- Ensure children receive adequate services to meet their physical and mental health needs.
- Prepare youth aging out from foster care to transition to adulthood.

CWS/CMS is the system child welfare uses in the state of California to track system outcomes. Performance indicators measuring progress toward these goals include: recurrence of maltreatment; maltreatment in foster care; placement stability; and timely permanence. These and other data are tracked and reported by the California Child Welfare Indicators Project (CCWIP), a collaboration between the University of California, Berkeley (UCB) and the California Department of Social Services (CDSS). The project is housed at UCB's School of Social Welfare and provides policymakers, child welfare workers, researchers, and the public with direct access to customizable information about California's child welfare system.

CHILD WELFARE SERVICES

Emergency Response

Emergency Response (ER) staff responds to referrals of child abuse and/or neglect. Staff use Structured Decision Making (SDM) tools to conduct a thorough safety and risk assessment to determine the level of risk to a child and the validity of the allegation.

Prevention Services

Child maltreatment results in serious lifelong physical and mental health consequences for children¹. It is critical to prevent child maltreatment before it occurs and to prevent a recurrence of child maltreatment. In this endeavor, DCFS provides prevention programs and services such as Prevention and Aftercare Program (P&A), Child Abuse Prevention, Intervention, and Treatment (CAPIT), Partnership for Families (PFF), and Incarcerated Parents Program (IPP) through community agencies contracted with DCFS.

The P&A program provides prevention services to any Los Angeles County family who is at risk of child abuse and/or neglect. P&A focuses on preventing child maltreatment and recurrence of child maltreatment by building and strengthening families' protective capacities. CAPIT is also available to any Los Angeles County family who is at risk of child abuse and/or neglect. CAPIT services include individual, family and group counseling, parent support/education, and in-home services. The PFF program provides home visitation to families with the following conditions: a child aged five or younger; a closed inconclusive or substantiated ER referral; and the referral is assessed as high or very high risk on the SDM tool. In partnership with the Friends Outside in Los Angeles County (FOLA) and the Sheriff's Department, IPP works to decrease the emotional trauma experienced by children resulting from their parents' incarceration. The IPP creates opportunities for improved contact between parents and their children and works to ensure that these relationships are nurtured².

Family Maintenance

Family Maintenance (FM) is the provision of court ordered, or if appropriate, voluntary child welfare services to families when the child can remain safely in their home. These services are limited to twelve months.

Family Reunification

Family Reunification (FR) provides time-limited

1. World Health Organization. (2022). Child Maltreatment Fact Sheet. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>; Strathearn, L., Giannotti, M., et al. (2020). Long-term Cognitive, Psychological, and Health Outcomes Associated with Child Abuse and Neglect. *Pediatrics*, 146(4): e20200438. <https://doi.org/10.1542/peds.2020-0438>

2. DCFS Community-Based Support Division, IPP Program Website. Updated December 12, 2019.



foster care services to prevent abuse when the child cannot safely remain at home and needs temporary foster care while services are provided to reunite the family.

Permanent Placement

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

REFERRALS RECEIVED

During Calendar Year 2021 (henceforth, all years refer to calendar years), the DCFS Child Abuse Hotline received a total of 67,139 referrals³, involving 124,105 children for allegations of child abuse or neglect. The number of referred children, representing 5.3% of the child population (0 – 18 years old) in Los Angeles County⁴, is considerable given that it concerned only a single year. Nationally, during Federal fiscal year (FFY), a nationally estimated 3,016,000 children received either an investigation response or alternative response at a rate of 40.7 children per 1,000 in the population⁵.

For the past consecutive three years (2018-2020), the number of referred children continuously decreased. Unlike those three years, the number of referred children in 2021 increased by 5.3% than the previous year (Figure 1).

The number of referrals that were serious enough to be involved in an in-person investigation also increased. Compared to 2020, the number of in-person referrals slightly increased by 0.4% in 2021. In 2021, 70.5% of all referrals representing 87,548 children were involved in an in-person investigation whereas 29.5% representing 36,557 children were closed without an investigation because they did not

meet the criteria for an in-person response time⁶, termed “evaluated out” (Figure 2).

Figure 3 shows the number of referred children by Service Planning Area (SPA) for the current reporting period⁷. SPA 6 had the highest number of referred children, followed by SPA 2. The Referral Map shows all referred children by DCFS office, which include in-person referrals and evaluated-out referrals. South County had the highest number of referrals, followed by Santa Fe Springs, Van Nuys, Pasadena, and Belvedere.

Referrals by Allegation Type

When child abuse referrals alleging child maltreatment are counted, CDSS defines seven reporting categories of abuse and neglect. Also included is the “At Risk, Sibling Abuse,” which was added during the implementation of CWS/CMS. This refers to siblings who may be at risk of abuse, but are not identified as victims.

Figure 4 shows the distribution by allegation type of all referrals in 2021. General Neglect continues to be the most reported allegation type, followed by At Risk, Sibling Abuse. General Neglect accounted for 38.2% of the children referred to DCFS in 2021, slightly increasing from 37.3% in 2020. At Risk, Sibling Abuse accounted for 18.2%. Physical abuse accounted for 13.9%. As the least reported allegation type, Exploitation accounted for 0.2%.

Referrals by Race/Ethnicity and Age

African American children are over-represented in the child welfare system and exhibited the largest disproportionality. Figure 5 shows referrals by race/ethnicity and age. African American children accounted for 17.2% of all referred children while they represent only 7.5% of the child population (aged 0-20) in the county in 2020⁶. Hispanic/Latino children accounted for the largest proportion of all referred children at 52.3% and represent the majority of the child population at 58.0%. White and Asian/Pacific Islander children were under-represented. White children accounted for 12.9% of all referred

3. Data source: DCFS CWS/CMS Datamart database as of January 6, 2022 for referrals received from January 1, 2021 to December 31, 2021.

4. 2021 Population Estimate data source: County of Los Angeles, Internal Services Department, Social Services Systems Division, Estimated Census Tract-City Split Population for Children ages 0 to 18 within the County of Los Angeles, CA.

5. Child Maltreatment 2021. U.S. Department of Health & Human Services Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. Retrieved from This report is available on the Children’s Bureau website at <https://www.acf.hhs.gov/cb/data-research/child-maltreatment>.

6. Los Angeles County DCFS Child Protection Hotline policy 0050-502.10

7. Refer to the Los Angeles County SPA maps and the ZIP Code list at the end of the DCFS report to identify the communities in each SPA.

7. Population data source: California Department of Finance. (2019). 2010-2060 Population Projections by Race/Ethnicity, Detailed Age, & Gender.



children and represent 20.1% of the child population. Asian/Pacific Islander children accounted for 3.0% of all referred children and represent 10.9% of the child population.

Age is another characteristic to detect disproportionality. Infants and toddlers are particularly vulnerable to maltreatment. As shown in Figure 5, children aged 0-2 accounted for 15.5% of all referred children while they represent 12.0% of the child population. Children aged 3-15 accounted for 72.9% of all referred children while they represent 61.3% of the population.

Domestic Violence Related Referrals

The primary data source for domestic violence related referrals is the SDM database. Of referrals in 2021, a total of 9,044 referrals (7.3%) had an identified concern about domestic violence, which is smaller than in 2020 (9,647). As shown in Figure 6, by allegation type, more than half of the domestic violence related referrals were for General Neglect (56.3%), followed by Emotional Abuse (28.1%). When broken down by age, 47.1% of children of domestic violence-related referrals were 0-5 years old and 26.9% of children were 6-10 years old (Figure 7). By reporter type, 57.8% of the domestic violence related referrals were reported by Law Enforcement/ Probation Officer, and 24.4% were reported by Government Agency, CWS Staff, School Personnel, Counselor, and Other Professional (Figure 8).

Recurrence of Maltreatment

It is concerning that a child is abused or neglected, but it is alarming when the same child repeatedly experiences abuse. Of the victims of a substantiated maltreatment during Jul -Sep 2021, 7.1% had a subsequent referral substantiated by DCFS within 12 months of the initial substantiation.⁹ Although the figure is lower than the national standard, 9.1%¹⁰, DCFS is focused on reducing this number.

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD

DCFS provides both in-home and out-of-home services to children and their families. As of the last

9. If there is a subsequent report of maltreatment within 14 days of the earlier report, it is not counted as recurrent maltreatment. Youth aged 18 or more are excluded from the calculation of this indicator. Data source: DCFS BIS 01.27.16 (v3). Data-Driven Decision Making Dashboard- Methodology and FAQs

10. DCFS dashboard as of March 5, 2023

day of 2021, a total of 31,927 children received in-home and out-of-home services, which represents a 17.3% decrease from 2020 (Figure 9). Figure 9 shows the caseload breakdown by five child welfare service components: Emergency Response; Family Maintenance; Family Reunification; Permanent Placement, and Supportive Transition. By service component type, Permanent Placement showed the highest number of children (33.6%), followed by Family Maintenance (27.9%) and Family Reunification (26.2%).

Similar to the number of referrals by SPA, SPA 6 exhibited the largest caseload of both in-home and out-of-home services while SPA 5 the smallest (Figure 10). The Caseload Map shows in-home and out-of-home services caseload by office in 2021. Vermont Corridor had the highest number of cases, followed by South County, Belvedere, Metro North, and Lancaster.

CHILD CHARACTERISTICS

Figure 11 exhibits the demographic data on children served by DCFS in 2021 by age group, race/ethnicity, and gender.

Age

- The most vulnerable DCFS clients are children ages birth - 2 years old. Children in this age group accounted for 18.7% of the total caseload, which is much greater than the group's overall percentage of the child population, 12.0%.
- The number of children ages birth – 2 years old decreased 18.6% from 7,318 in 2020 to 5,956 in 2021.

Race/Ethnicity

- Children receiving DCFS services experience similar disproportionality as seen in referrals. African American children accounted for 24.0% of the DCFS caseload, which is much greater than the child population (7.5%). The percentage of their caseload is also greater than that of referrals (17.2%, Figure 5). This is indicative of African American children experiencing a serious disproportionality.
- As Hispanics are the majority of the child population, they also accounted for the majority of the caseload at 59.0%, but exhibited no disproportionality compared to the general population. The number of Hispanic children



decreased 16.1% from 22,452 in 2020 to 18,833 in 2021.

- White and Asian/Pacific Islander children accounted for 11.0% and 1.8% of the DCFS caseload respectively while they represent 20.1% and 10.9% of the child population.

Gender

- In 2021, unlike the previous year, the number of female showed slightly higher than the number of male. Female accounted for 50.9% while male accounted for 49.1%.

CHILDREN IN OUT-OF-HOME PLACEMENT

California's Continuum of Care Reform (CCR) is a series of reforms advancing the state's goal of having all children live as members of committed, nurturing, and permanent families. Its provisions reduce the use of congregate care placement settings for children and youth, increases the use of home-based family care, and decreases the length of time required to achieve permanency. As part of this reform, homes that were formally listed as Relative/ Non-Relative Extended Family Member (Relative/ NREFM) and Foster Home have been categorized as Resource Family Homes. Effective as of January 1, 2017, Resource Family Approval (RFA) established one approval process for any prospective foster, adoption, relative or non-relative extended family member. A home is known as a "Resource Family Home" once "Approved." Caregivers in existence prior to January 1, 2017 were to be converted to RFA categories by December 31, 2020.

Figure 12 shows children in out-of-home placement by SPA. The total number of children in out-of-home placement decreased 5.1% from 18,799 in 2020 to 17,834 in 2021. As the reform progressed, more children were placed in Resource Family Homes. The most significant change was seen by children who were placed in a foster family home. The number of children in this category decreased 84.8% from 276 in 2020 to 42 in 2021. Many of the homes have been re-categorized to Resource Family Homes: Resource Family Home Non-Relative and Resource Family Home Relative. Overall, 50.7% percent of children were placed in a Resource Family Home Relative placement and 17.1% in a Resource Family Home Non-Relative placement.

Re-entry to Foster Care

Ongoing safety and stability in the family after permanency is vital for child wellbeing and prevention of the recurrence of maltreatment. Of all children who entered foster care in a quarter (Jul – Sep 2020) and discharged within 12 months to reunification, living with a relative(s), or guardianship, 8.4% re-entered foster care within 12 months of their initial discharge¹¹. This is slightly higher than the national standard, 8.3%. Intervention efforts in collaboration with community partners are critical.

Transition Aged Youth

Transition aged youth is defined as youth aged 16-21. Many in this age group, especially transition aged youth with mental health challenges or disabilities, need special attention because they are not ready for self-sufficiency when they leave the child welfare system. Research shows they may face serious challenges in life. Thus, the department provides youth with services such as the Independent Living Program.

In 2021, 557 transition aged youth exited the child welfare system¹². As shown in Figure 13, 29.6% of the youth who exited the child welfare system were 18 years old, followed by youth aged 21 (25.7%). Of the transition aged youth who exited the child welfare system, 27.6% lived in a Supervised Independent Living Placement, 18.9% lived in a Guardian Home, 15.3% in a Resource Family Home, and 12.0% in a Short Term Residential Therapeutic Program (Figure 14). Reaching the age of majority accounts for 52.1% of the youth who left the child welfare system (Figure 15).

PERMANENCY PARTNERS PROGRAM (P3)¹³

The Family Finding and Engagement (FFE) Program, formerly known as the Permanency Partners Program (P3), was created in 2004 to provide family finding services to youth in long-term foster care in

11. DCFS dashboard as of March 5, 2023. Children discharged to adoption, who re-enter within 12 months and children in foster care for less than 8 days or who enter or exit foster care at age 18 or more were excluded from the calculation of this indicator. Data source: DCFS BIS 01.27.16 (v3). Data-Driven Decision Making Dashboard- Methodology and FAQs, as of March 5, 2023.

12. Youth ages over 21 are included in this total number. During COVID, the federal regulations allowed for agency supervision of youth ages up to 23.

13. Data source: Permanency Partners Program as of October 8, 2021.



need of permanent connections. Retired and part-time social workers are employed as secondary workers with a focus on searching for relatives and Non-Related Extended Family Members (NREFM) who can provide support, placement or permanency. The FFE workers utilize a variety of search techniques including online investigative platforms and social media to locate family/NREFM, provide opportunities for them to connect with youth through visits or phone calls, and assists the primary social worker with placement paperwork. FFE services focus on providing permanency to youth, which includes reunification with parents, identifying relatives and other adults to provide legal guardianship or adoption and lifelong connections.

In 2021, the Backend (P3) FFE program provided services for 552 children and youth. Of those cases, 516 cases continue under DCFS supervision. The remaining 36 cases have closed and had an identified permanency outcome, as indicated below:

36 children’s cases were closed with the following outcomes:

- 14 (38.9 %) were returned to home of parent
- 9 (25.0%) were closed to Kin-Gap
- 3 (8.3%) were adopted
- 1 (2.8%) had a legal guardianship established with a relative

Additionally, 9 (25.0%) had a lifelong connection at time of closure.

In May 2016, the Los Angeles County Board of Supervisors enacted a motion instructing FFE to implement a protocol to provide family finding efforts to children as close to the time of detention as possible. In October 2016, the Upfront Family Finding (UFF) program commenced in the Glendora and Santa Fe Springs offices to provide family finding services to children within days of detention. In January 2018, UFF was implemented in the West Los Angeles and Vermont Corridor offices, and in 2019 expanded to the South County, Belvedere, Santa Clarita, West San Fernando Valley, Hawthorne and Wateridge offices. In 2021, the Pomona office began providing upfront family finding services. Due to the UFF program’s observed success, efforts remain underway for a phased countywide expansion.

In 2021, the Upfront (UFF) FFE program provided upfront family finding services to 213 children from

the 11 participating offices. Of those cases, 202 continue under DCFS supervision. The remaining 11 cases have closed. Of those, 10 children (90%) returned home to parent and one (10%) child was adopted.

ADOPTION PLANNING

Figures 16 and 17 show the number of children placed in adoptive homes from CY 1991 through CY 2021. During CY 2021, there were 1,301 children placed in adoptive homes compared to 1,414 placements in CY 2020. This represents an 8.0% decrease.

241.1 HEARINGS

Figure 18¹⁴ represents data on youth referred for 241.1 Joint Assessment Hearings by either Dependency Court or Delinquency Court. Children under the jurisdiction of Dependency Court account for 3.4% of the youth referred, and Delinquency Court accounts for 96.6% of youth referred. The number of children who were referred to Dependency Court decreased from 19 in 2020 to 14 in 2021. The number of children referred to Delinquency Court decreased by 38.7% between 2020 and 2021.

ICAN PUBLIC WEB SITE

The public may access the DCFS CY 2020 Data Statement as part of the ICAN State of Child Abuse in Los Angeles County Report for 2020 at the following Web Site address:

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

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

14. Figure 18 represents DCFS data. The 241.1 application disposition data was maintained by both DCFS and Probation Department. However, the effort to enter such data in the 241.1 application by Probation Department ended after year 2020.



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).

Age of majority: It is the threshold of adulthood as recognized or declared in law. The threshold in California is 18 years of age.

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

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

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

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

Caretaker Absence/Incapacity: This refers to situations when the child's parent has been incarcerated, hospitalized or institutionalized and cannot arrange for the care of the child; parent's whereabouts are unknown or the custodian with

whom the child has been left is unable or unwilling to provide care and support for the child, or when the child's parent or guardian is unable to provide adequate care for the child due to the parent or guardian's mental illness, developmental disability or substance abuse.

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

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

Emancipation: It means being free from the custody and control of the person's parents, guardians, the social service agency, and the juvenile court.

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

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

Emotional Abuse: Means non-physical mistreatment, the results of which may be characterized by disturbed behavior on the part of the child such as severe withdrawal, regression, bizarre behavior, hyperactivity or dangerous acting-out behavior. Such disturbed behavior is not deemed, in and of itself, to be evidence of emotional abuse.

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



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

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

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

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

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

Foster Family Agency: It means any public agency or private organization, organized and operated on a nonprofit basis, engaged in any of the following:

(A) Recruiting, certifying, approving, and training of, and providing professional support to, foster parents and resource families.

(B) Coordinating with county placing agencies to find homes for foster children in need of care.

(C) Providing services and supports to licensed or certified foster parents, county-approved resource families, and children to the extent authorized by state and federal law.

Foster Family Agency Certified Home: It refers to an individual or family certified by a licensed foster family agency and issued a certificate of approval by that agency as meeting licensing standards, and used exclusively by that foster family agency for placements.

Foster Family Agency Certified Resource Family: A resource family means an individual or family that has successfully met both the home environment assessment and the permanency assessment criteria necessary for providing care for a child

placed by a public or private child placement agency by court order or voluntarily placed by a parent or legal guardian. A foster family agency certified resource family refers to such a family certified by a licensed foster family agency and issued a certificate of approval by that agency as meeting licensing standards, and used by that foster family agency for placements.

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

General Neglect: The failure to provide adequate food, shelter, clothing, and/or medical care 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.

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

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

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

Long-term Foster Care (LTFC) [AKA Planned Permanent Living Arrangement (PPLA)]: A juvenile court plan that places the child in the home of a foster caregiver until the child turns 18. The rights and responsibilities of the birth parents do not end, but the care, custody and control of the child remain with the juvenile court.

Neglect: Means the negligent treatment or maltreatment of a child by acts or omissions by a



person responsible for the child's welfare under circumstances indicating harm or threatened harm to the child's health or welfare, including physical and/or psychological endangerment. The term includes both severe and general neglect.

Non-minor dependent: According to AB 12, it means youth who are receiving extended foster care benefits.

Non-relative Extended Family Member (NREFM): Any adult caregiver who has established a familial or mentoring relationship with the child. The parties may include relatives of the child, teachers, medical professionals, clergy, neighbors and family friends.

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

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

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

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

Physical Abuse: Means non-accidental bodily injury that has been or is being inflicted on a child. It includes, but not limited to, those forms of abuse

defined by Penal Code § 11165.3 and .4 as "willful cruelty or unjustifiable punishment of a child" and "corporal punishment or injury."

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

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

Recurrent of Maltreatment: The denominator is the number of children with at least one substantiated maltreatment allegation during the 12-month period (from April to March). The numerator is the number of children in the denominator that had another substantiated maltreatment allegation within 12 months of their initial report. Performance for this measure is the numerator divided by the denominator, expressed as a percentage.

Reentry to Foster Care: The denominator is the number of children who entered foster care in the 12-month period (from April to March) and discharged within 12 months to reunification, living with a relative(s), or guardianship. The numerator is the number of children in the denominator who re-entered foster care within 12 months of their discharge from foster care. Performance for this measure is the numerator divided by the denominator, expressed as a percentage.

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

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



Self-Sufficiency: Is defined as being able to meet one's basic needs for food, shelter, income, and overall functioning. It is complementary to the goal of permanency, as individuals typically function better when they are surrounded by loving and caring adults. However, if one's safety net were to be removed, self-sufficient adults would still be able to survive. In order for youth to become thriving, self-sufficient adults, they need to acquire solid assets and skills, early on, in key areas and outcome areas, such as, permanency/housing; education; social and emotional well-being; career/workforce readiness; health and medication. These four outcome areas lay the foundation for a successful transition into adulthood. To develop properly, they must be addressed and nurtured early on, at the first point of contact. Having continuous high expectations for success in these four areas is critical if youth are to have the support they need to achieve self-sufficiency.

Severe Neglect: The negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed non-organic failure to thrive. Severe neglect also means those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that his or her person or health is endangered as prescribed by WIC § 11165.3, including the intentional failure to provide adequate food, clothing, shelter or medical care. Child abandonment would come under this section.

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

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

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

Any person who knowingly promotes, aids or

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

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

Short-Term Residential Therapeutic Program (STRTP): Under Continuum of Care Reform, STRTPs were established in place of group home care and provide more intensive care and supervision, core services and supports, treatment, and short-term 24-hour care and supervision of children/youth/non-minor dependents than previously required in group home settings. STRTPs are intended to serve children/youth/non-minor dependents who are in need of a level of care and supervision that cannot be met in a family-like setting and who are not in need of inpatient services, such as a psychiatric hospital or Community Treatment Facility.

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.

Structured Decision Making (SDM) Safety Assessment: Assesses the child's present danger and the interventions currently needed to protect the child. Assesses whether any children are likely to be in immediate danger of serious harm/maltreatment and determines what interventions should be initiated or maintained to provide appropriate protection.

Substantial Risk: Is based upon WIC § 300 (a), (b), (c), (d), and (j). It is applicable to situations in



which no clear, current allegations exist for the child, but the child appears to need preventative services based upon the family's history and the level of risk to the child. This allegation is used when a child is likely to be a victim of abuse, but no direct reports of specific abuse exist. The child may be at risk for physical, emotional, sexual abuse or neglect, general or severe.

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

Supervised Independent Living Placement: A supervised and approved placement that is part of the Extended Foster Care program. SILP is a flexible and the least restrictive placement setting. It can include: an apartment (alone or with roommates); shared living situations; room and board arrangements; room rented from a landlord, friend or relative, or former caregiver; or college dorms.

Supportive transition: It is extended foster care services provided to AB 12 non-minor dependents.

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

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

Transition Aged Youth: Youth aged 16-21.

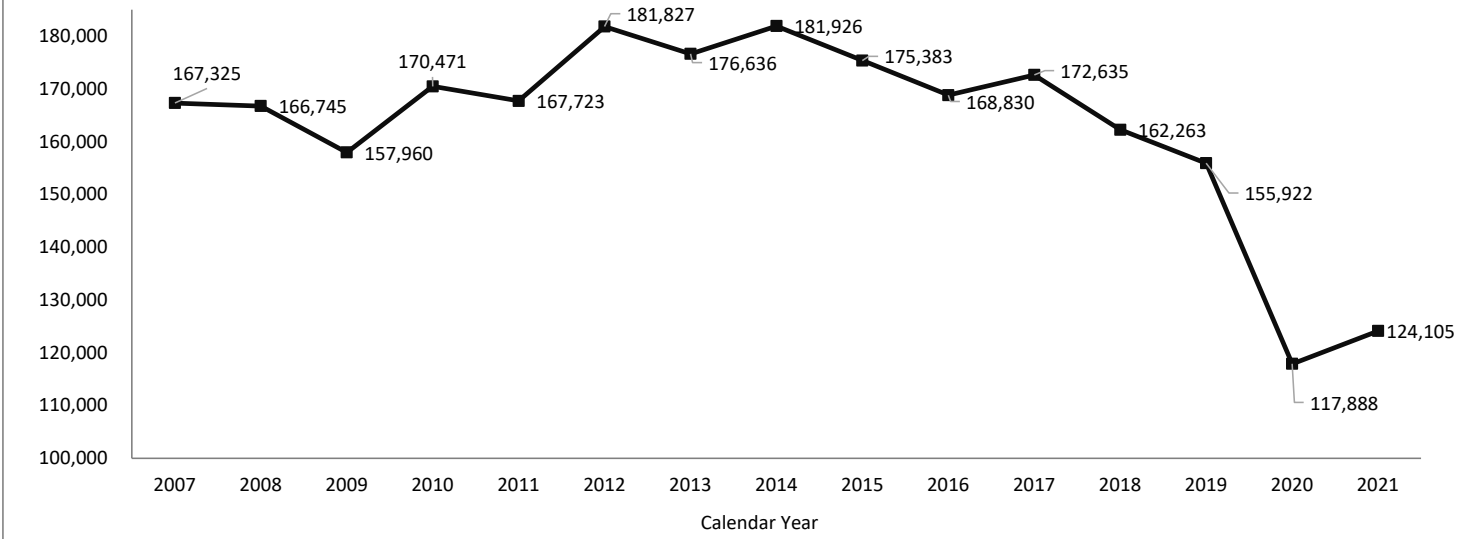
Unfounded: An allegation is unfounded if it is determined to be false, inherently improbable, involved accidental injury or does not meet the definition of child abuse.

Unsubstantiated (inconclusive): An allegation

is unsubstantiated if it can neither be proved nor disproved.



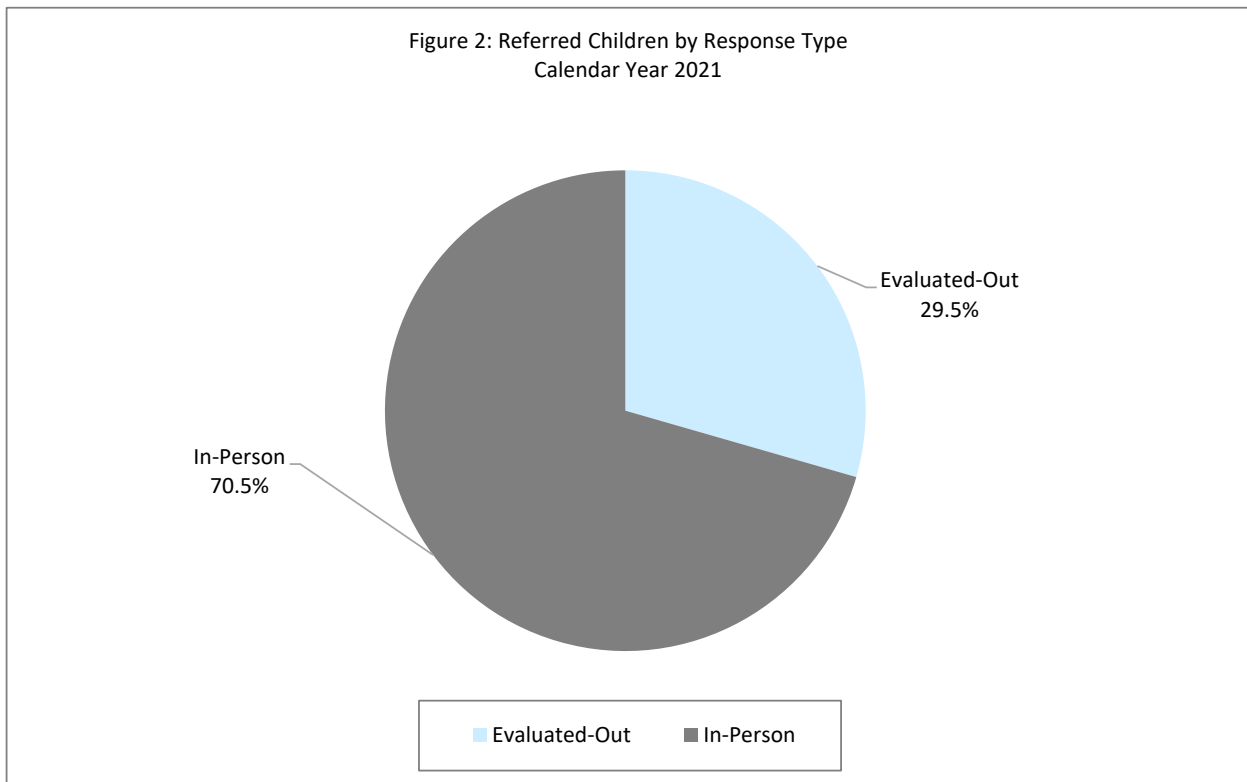
Figure 1: Number of Children Referred to DCFS
Calendar Years 2007 - 2021



Notes:

1. Beginning with CY 2014, data on children referred to DCFS are from CWS/CMS Datamart, an up-to-date DCFS database which offers a more complete and definitive number of children referred to DCFS. Please note that the total number of referred children is higher than the number reported in the DCFS Fact Sheet.
2. Data for CY 2021 are as of 2/9/2022.

Figure 2: Referred Children by Response Type
Calendar Year 2021



Source: CWS/CMS Datamart - Data as of 2/9/2022



Figure 3

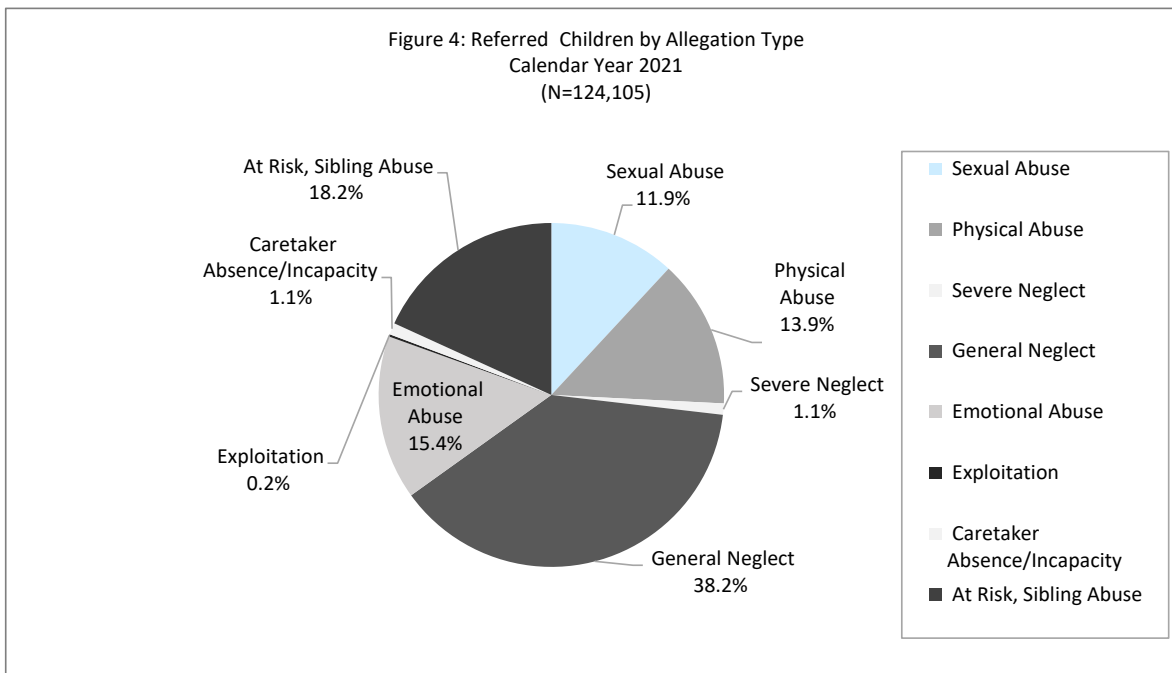
**REFERRED CHILDREN BY SERVICE PLANNING AREA
CALENDAR YEAR 2021**

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN RECEIVED
SPA 1	2,367	7,386	9,753
SPA 2	5,955	14,652	20,607
SPA 3	4,709	11,712	16,421
SPA 4	2,939	7,238	10,177
SPA 5	838	1,733	2,571
SPA 6	5,625	15,328	20,953
SPA 7	4,128	10,735	14,863
SPA 8	4,814	12,619	17,433
Out of LA County	1,172	929	2,101
Invalid Address	4,010	5,216	9,226
TOTAL	36,557	87,548	124,105

Source: CWS/CMS Datamart - Data as of 2/9/2022

Note:

1. Beginning with CY 2014, data on children referred to DCFS are from CWS/CMS Datamart, an up-to-date DCFS database which offers a more complete and definitive number of children referred to DCFS, and that the total number of referred children is higher than the number reported in the DCFS annual fact sheet.
2. SPA information is based on address of origin for referrals received by DCFS.
3. Invalid Address reflects addresses with erroneous, incomplete, unknown, P.O. Box, or empty address fields that could not be successfully matched to the Thomas Bros. Street Network Database.



Source: CWS/CMS Datamart - Data as of 2/9/2022

Notes:

1. Beginning with CY 2014, data on children referred to DCFS are from CWS/CMS Datamart, an up-to-date DCFS database which offers a more complete and definitive number of children referred to DCFS, and that the total number of referred children is higher than the number reported in the DCFS annual fact sheet.
2. Percentages may not add up to 100 percent due to rounding.”



Figure 5

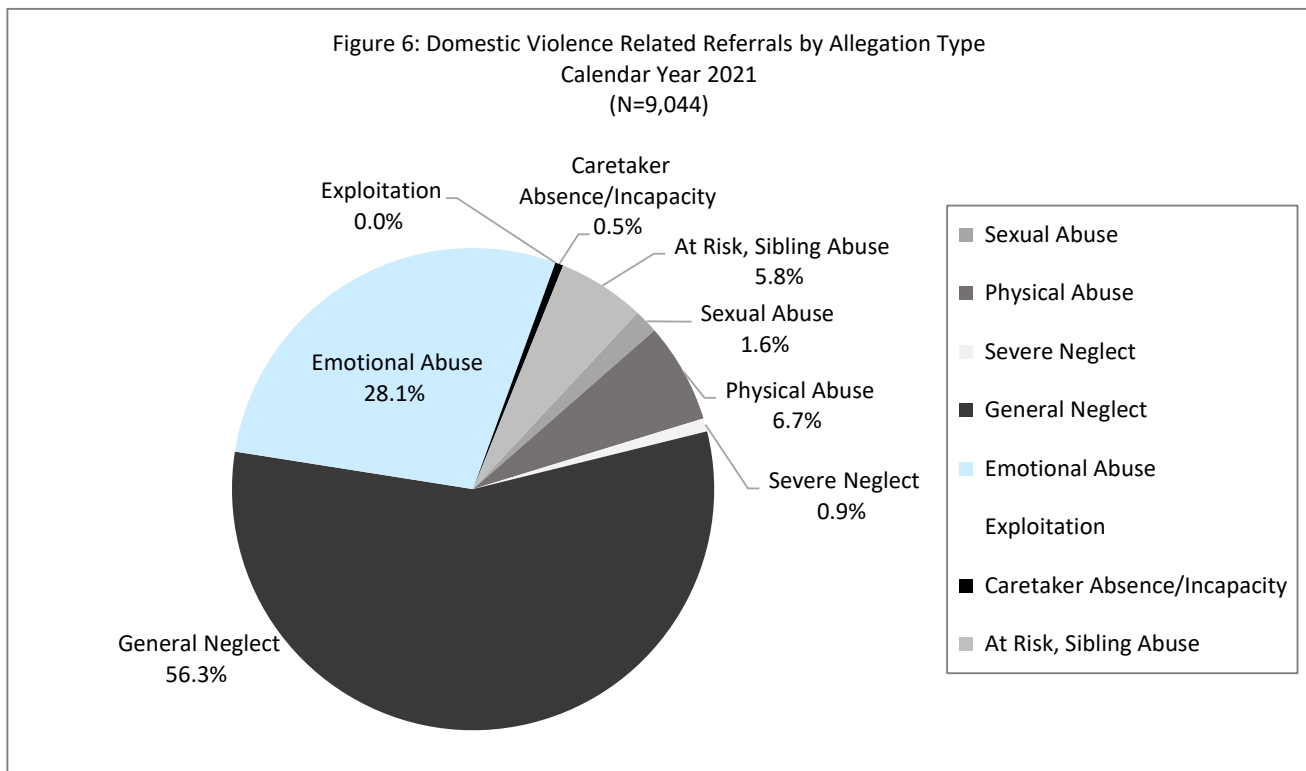
**REFERRED CHILDREN BY AGE AND RACE/ETHNICITY
CALENDAR YEAR 2021**

Ethnicity	Age Group							Total
	Birth-2 Yrs	3 - 4 Yrs	5 - 9 Yrs	10 - 13 Yrs	14 - 15 Yrs	16 - 17 Yrs	18+ Yrs	
White	2,389	1,520	4,235	3,685	2,108	2,055	4	15,996
Hispanic/Latino	8,583	6,212	17,822	16,014	8,538	7,749	26	64,944
African American	4,090	2,211	5,757	4,684	2,350	2,235	12	21,339
Asian/Pacific Islander	412	286	1,001	993	516	523	3	3,734
American Indian/Alaskan Native	19	5	32	35	18	15	0	124
Other	3,720	1,995	4,761	3,771	1,905	1,802	14	17,968
GRAND TOTAL	19,213	12,229	33,608	29,182	15,435	14,379	59	124,105

Source: CWS/CMS Datamart - Data as of 2/9/2022

- Note:
- Beginning with CY 2014, data on children referred to DCFS are from CWS/CMS Datamart, an up-to-date DCFS database which offers a more complete and definitive number of children referred to DCFS. Please note that the total number of referred children is higher than the number reported in the DCFS CY 2014 Fact Sheet.
 - Percentages may not add up to 100 percent due to rounding.

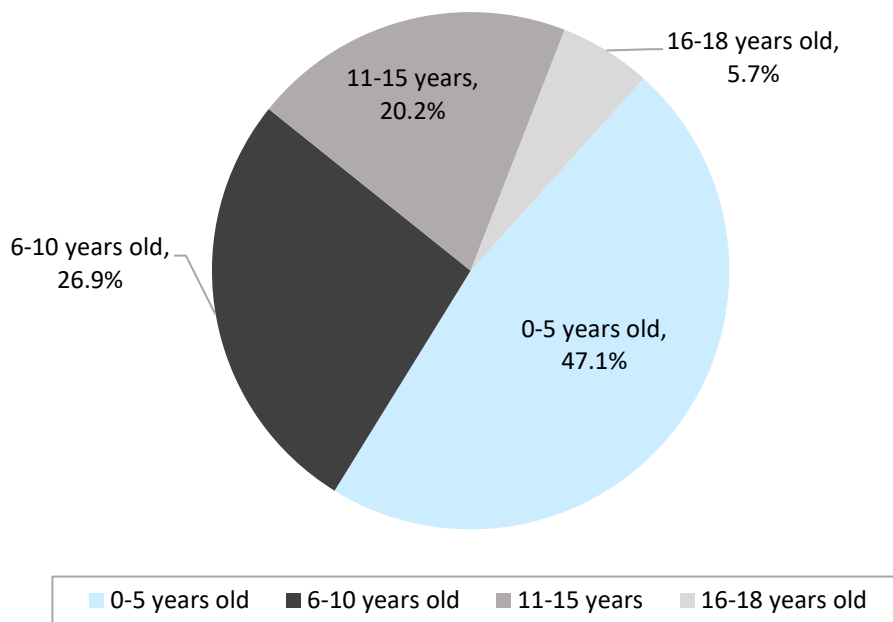
Figure 6: Domestic Violence Related Referrals by Allegation Type
Calendar Year 2021
(N=9,044)



Sources: SDM database and CWS/CMS Datamart - Data as of 11/29/2022

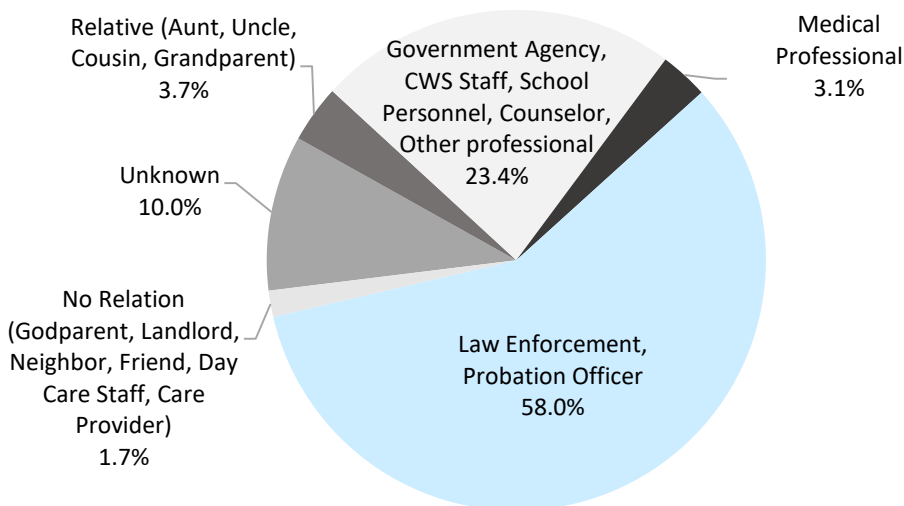


Figure 7: Domestic Violence Related Referrals by Age Group
 Calendar Year 2021
 (N=9,044)



Sources: SDM database and CWS/CMS Datamart - Data as of 11/29/2022

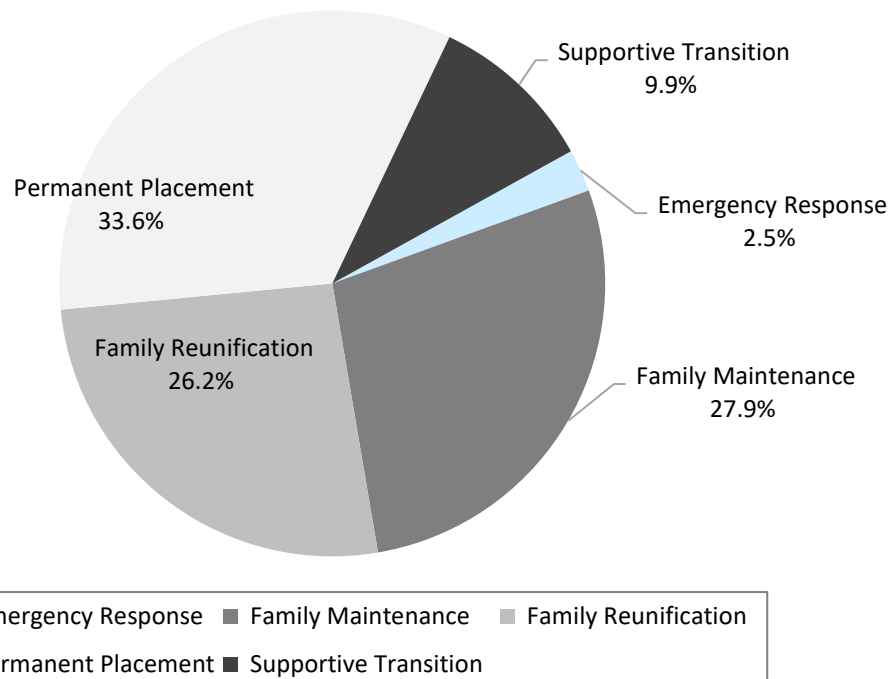
Figure 8: Domestic Violence Related Referrals by Reporter Type
 Calendar Year 2021
 (N=9,044)



Source: CWS/CMS Datamart - Data as of 11/29/2022
 Note: Percentages may not add up to 100 percent due to rounding.



Figure 9: In-Home and Out-of-Home Services Caseload
As of December 31, 2021
(N=31,927)



Source: CWS/CMS Datamart - Data as of 1/6/2022

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



Figure 10
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
IN-HOME AND OUT-OF-HOME SERVICES CASELOAD BY SERVICE PLANNING AREA
AS OF DECEMBER 31, 2021

SPA	In-Home	Out-of-Home Care										In-Home and Out-Home Placement Total					
		Relative/NREFM Home	Foster Family Home	Foster Family Agency Certified Home	Foster Family Agency Certified Resource Family Home	Small Family Home	Group Home	Supervised Independent Living Placement	Resource Family Home Non-Relative	Resource Family Home Relative	Short Term Residential Therapeutic Program		Other				
1	1,168	18	9	59	517	0	0	137	845	991	27	1	2,604	2	132	157	4,063
2	1,612	3	9	75	312	0	0	139	258	1,094	8	2	1,900	36	101	95	3,744
3	1,320	4	3	58	295	7	5	159	257	1,015	159	4	1,966	28	124	134	3,572
4	1,106	5	1	40	97	1	0	109	58	525	19	0	855	6	59	36	2,062
5	179	1	0	0	35	0	16	26	32	91	15	0	216	3	6	12	416
6	2,408	8	2	46	248	1	9	184	606	1,520	55	16	2,695	10	123	259	5,495
7	1,628	1	7	54	348	1	1	135	286	1,139	0	2	1,974	17	134	107	3,860
8	1,438	7	3	104	255	0	11	143	420	1,138	37	4	2,122	5	127	203	3,895
Out-of-LA County	456	24	8	55	876	2	2	493	280	1,520	25	209	3,494	23	276	97	4,346
Invalid Address	462	0	0	0	1	0	0	2	0	5	0	0	8		4		474
TOTAL	11,777	71	42	491	2,984	12	44	1,527	3,042	9,038	345	238	17,834	130	1,086	1,100	31,927

Source: CWS/CMS Datamart - Data as of 1/6/2022
 Notes:
 (1) SPA information is based on child's placement address.
 (2) NREFM - Non-Relative Extended Family Member
 (3) Invalid Address reflects addresses with erroneous, incomplete, unknown, P.O. Box, or empty address fields that could not be successfully matched to the Thomas Bros. Street Network Database.



Figure 11
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
IN-HOME AND OUT-OF-HOME SERVICES
CASELOAD CHILD CHARACTERISTICS AS OF DECEMBER 31, 2021

AGE GROUP	CHILDREN	PERCENTAGE
Birth - 2 Years	5,956	18.7
3 - 4 Years	3,801	11.9
5 - 9 Years	7,895	24.7
10 - 13 Years	5,210	16.3
14 - 15 Years	2,596	8.1
16 - 17 Years	2,600	8.1
18 Years & Older	3,869	12.1
TOTAL	31,927	100.0
ETHNICITY		
White	3,525	11.0
Hispanic	18,833	59.0
African-American	7,658	24.0
Asian/Pacific Islander	580	1.8
American Indian/Alaskan Native	69	0.2
Other	1,262	4.0
TOTAL	31,927	100.0
GENDER		
Male	15,672	49.1
Female	16,248	50.9
Unknown	7	0.0
TOTAL	31,927	100.0

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



Figure 12
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILDREN IN OUT-OF-HOME PLACEMENT BY SERVICE PLANNING AREA
(NON FOSTER CARE, ADOPTIVE HOME, AND GUARDIAN HOME PLACEMENTS EXCLUDED)
AS OF DECEMBER 31, 2021

SERVICE PLANNING AREA (SPA)	RELATIVE/NREFM HOME	FOSTER FAMILY HOME	FOSTER FAMILY AGENCY CERTIFIED HOME	FOSTER FAMILY AGENCY CERTIFIED RESOURCE FAMILY HOME	SMALL FAMILY HOME	GROUP HOME	SUPERVISED INDEPENDENT LIVING PLACEMENT	RESOURCE FAMILY HOME NON-RELATIVE	RESOURCE FAMILY HOME RELATIVE	SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAM	OTHER	TOTAL
SPA 1	18	9	59	517	0	0	137	845	991	27	1	2,604
SPA 2	3	9	75	312	0	0	139	258	1,094	8	2	1,900
SPA 3	4	3	58	295	7	5	159	257	1,015	159	4	1,966
SPA 4	5	1	40	97	1	0	109	58	525	19	0	855
SPA 5	1	0	0	35	0	16	26	32	91	15	0	216
SPA 6	8	2	46	248	1	9	184	606	1,520	55	16	2,695
SPA 7	1	7	54	348	1	1	135	286	1,139	0	2	1,974
SPA 8	7	3	104	255	0	11	143	420	1,138	37	4	2,122
Out-of-LA County	24	8	55	876	2	2	493	280	1,520	25	209	3,494
Invalid Address	0	0	0	1	0	0	2	0	5	0	0	8
TOTAL	71	42	491	2,984	12	44	1,527	3,042	9,038	345	238	17,834

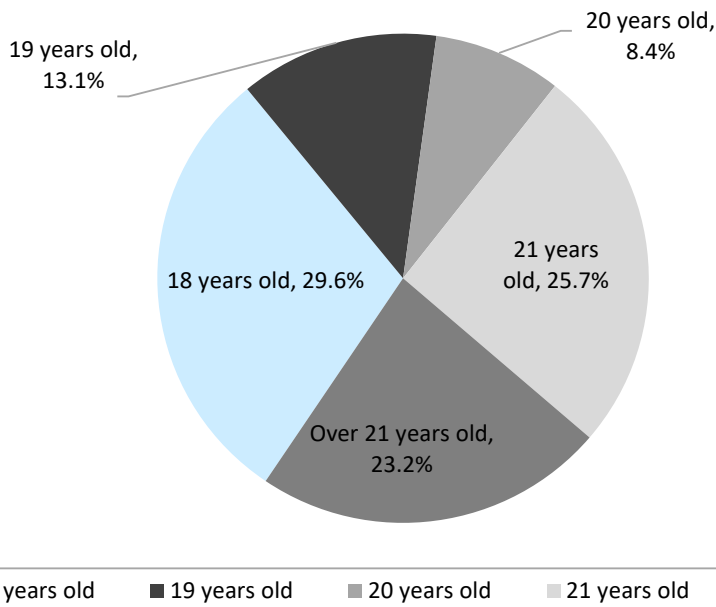
Source: CWS/CMS Datamart - Data as of 1/6/2022

Notes:

- (1) SPA information is based on child's placement address.
- (2) NREFM - Non-Relative Extended Family Member
- (3) Invalid Address reflects addresses with erroneous, incomplete, unknown, P.O. Box, or empty address fields that could not be successfully matched to the Thomas Bros. Street Network Database.



Figure 13: Age of Transition Aged Youth Who Exited Calendar Year 2021 (N=557)



Source: CWS/CMS Datamart as of 11/6/2022

Notes: Transition Aged Youth is defined as:

1. The child's Exit Date is between January 1, 2020 and December 31, 2021.
2. The child's age at the time of exit is greater than or equal to 16.

Figure 14

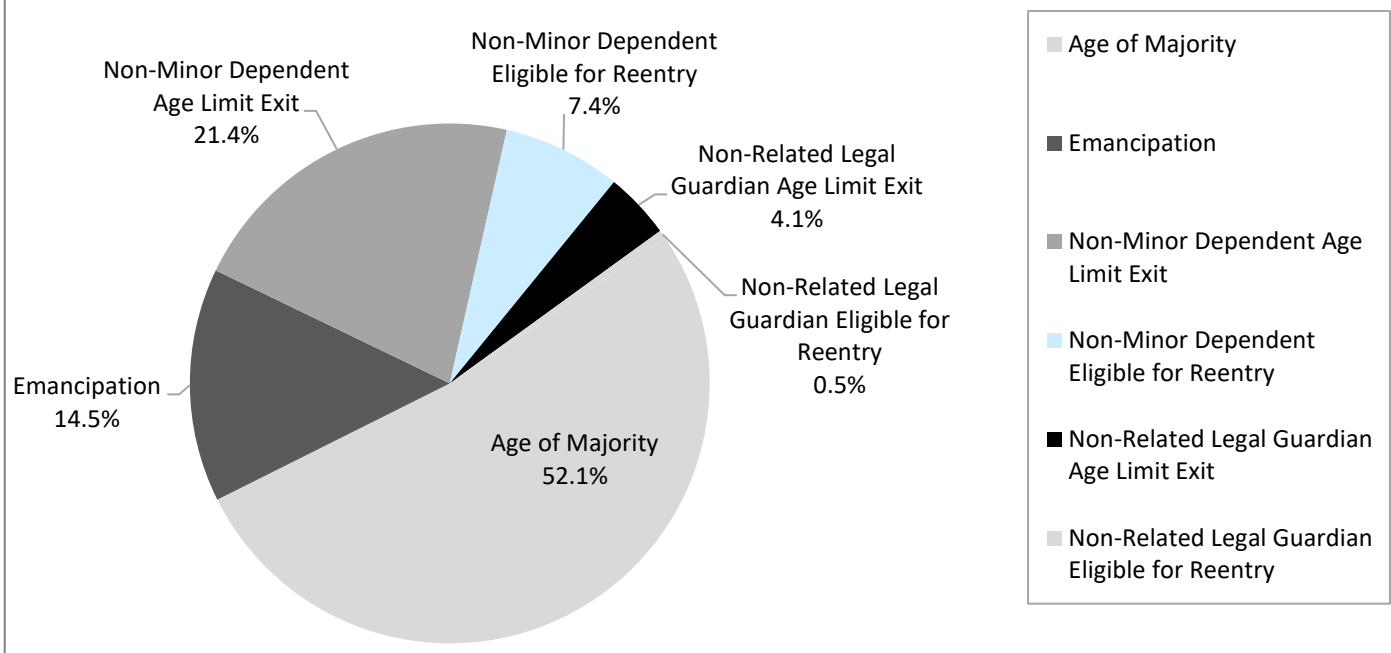
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN
TRANSITION AGED YOUTH BY FACILITY TYPE
CALENDAR YEAR 2020**

FACILITY TYPE	NUMBER	PERCENTAGE
Supervised Independent Living Placement	154	27.6
Guardian Home	105	18.9
Resource Family Home	85	15.3
Short Term Residential Therapeutic Prgm	67	12.0
Foster Family Agency Certified Home	66	11.8
Foster Family Agency Certified Resource Family Home	28	5.0
Court Specified Home	21	3.8
Relative/NREFM Home	14	2.5
Group Home	8	1.4
Foster Family Home	7	1.3
County Shelter	1	0.2
Temporary Shelter Care Facility	1	0.2
TOTAL	557	100.0

Source: CWS/CMS Datamart as of 11/6/2022



Figure 15: Transition Aged Youth by Exit Reason
 Calendar Year 2021
 (N=557)



Source: CWS/CMS Datamart as of 11/6/2022



Figure 16

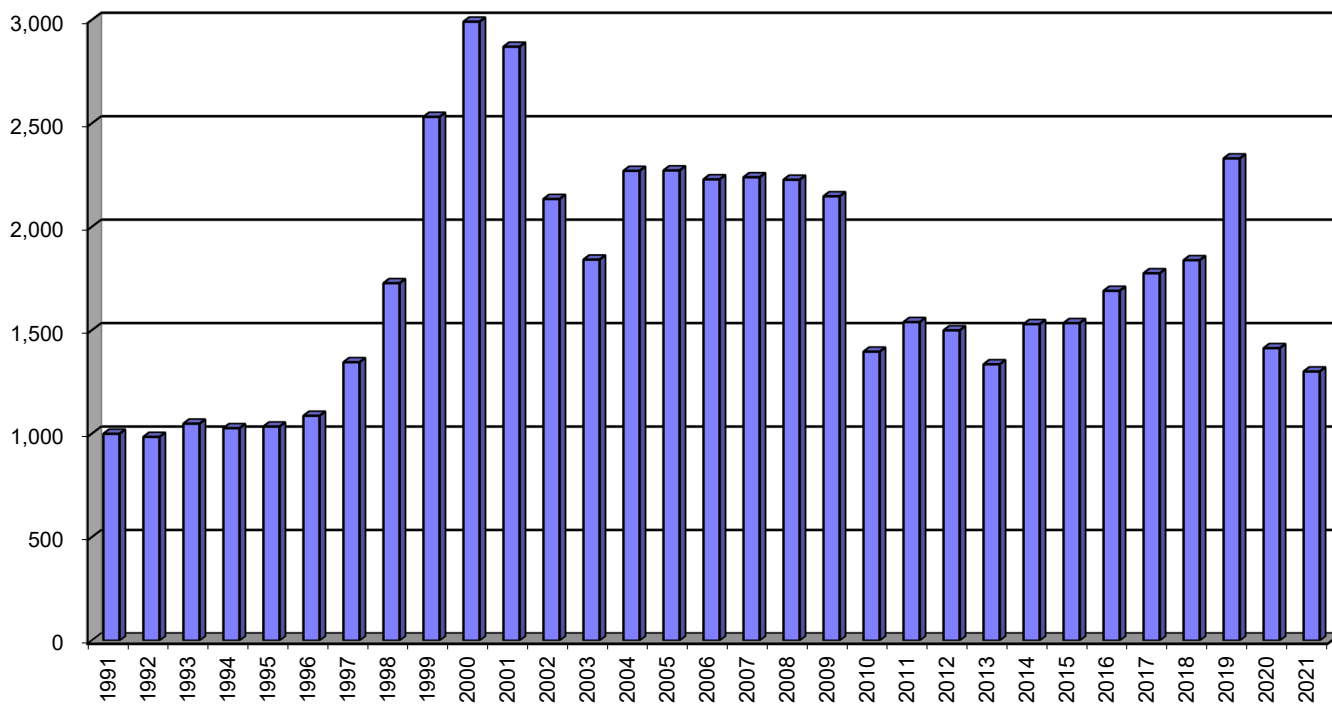
**ADOPTIONS PERMANENCY PLANNING CASELOAD CHILDREN
PLACED IN ADOPTIVE HOMES DURING THE YEAR
CALENDAR YEARS 1986 THROUGH 2021**

CALENDAR YEAR	CHILDREN
1991	1,000
1992	985
1993	1,049
1994	1,027
1995	1,035
1996	1,087
1997	1,346
1998	1,728
1999	2,532
2000	2,992
2001	2,871
2002	2,135
2003	1,842
2004	2,271
2005	2,273
2006	2,230
2007	2,240
2008	2,228
2009	2,148
2010	1,397
2011	1,540
2012	1,500
2013	1,336
2014	1,530
2015	1,535
2016	1,691
2017	1,776
2018	1,839
2019	2,331
2020	1,414
2021	1,301
2017	1,776
2018	1,839
2019	2,331
2020	1,414

Note: Counts subjected to changes due to system update.



Figure 17: CHILDREN PLACED IN ADOPTIVE HOMES
Calendar Years 1991 Through 2021





REFERRALS FOR 241.1 JOINT ASSESSMENTS RECEIVED		Children
Referrals Categorized by Court of Origin		
Dependency Court		14
Delinquency Court		396
Referrals Categorized by Type		
Reversal (Returns from 600 to 300)		0
Reversal (New 300 After 602)		0
All Other 241.1 Referrals--Not Reversals from Delinquency		0
Inappropriate 241.1 Referrals Evaluated Out		56
DELINQUENCY COURT 241.1 HEARING DISPOSITIONS		
Dispositions Categorized By Type		
602 Disposition (Wards of Court)		0
Reversal/New 300 Requested and Denied--Child remains a 602		0
725A (Joint Supervision)		0
654 (Joint Supervision)		0
790 DEJ (Joint Supervision)		0
300/602 WIC (SP)		0
300/602 WIC (HOP)		0
300/602 WIC (CCP)		0
Other		0
Dismissal		0
Termination (Both Dependency and Delinquency)		0
Termination (By Delinquency) Open Dep Jurisdiction		0
Delinq Court Jurisdiction Termed		0
Delinq Court Jurisdiction Termed Due to Reversal from 600 to 300		0
Reversal/New 300 Requested and Denied--Jurisdiction Termed without a 300 Pet		0
Delinq Court Dismissal of Pet.		0
Transfer: MDT Program/Out of County		0
601 (Truancy)		0
TOTAL NUMBER OF DISPOSITION		0
DEPENDENCY COURT 241.1 HEARING DISPOSITIONS		
Dispositions Categorized By Type		
Dependency Court Petition Dismissal (child remaining a 602)		1
Dependency Court J/T before Delinq. Court Petition Dispo		1
Dependency Court Jurisdiction Termed (due to child remaining a 602)		1
Child Remains a 300/No Delinquency Court Jurisdiction		4
Child Remains a 300 Under Joint Supervision		0
New 300/Joint Supervision		0
725(a) WIC		0
602 WIC		1
300/602 WIC		6
Delinq Court Jurisdiction Termed/NEW 300		0
Dismissal		0
Other		1
TOTAL NUMBER OF DISPOSITIONS		14
TOTAL NUMBER OF DELINQUENCY AND DEPENDENCY COURT HEARING DISPOSITIONS		0



SPA ZIP LIST

SERVICE PLANNING AREA	DCFS OFFICE	ZIP CODE	CITY/COMMUNITY
SPA 1	Lancaster	93243	Lebec
SPA 1	Lancaster	93523	Edwards AFB
SPA 1	Lancaster	93532	Elizabeth Lake/Lake Hughes
SPA 1	Lancaster	93534	Lancaster
SPA 1	Lancaster	93535	Hi Vista
SPA 1	Lancaster	93536	Lancaster/Quartz Hill
SPA 1	Palmdale	92397	Wrightwood
SPA 1	Palmdale	93510	Acton
SPA 1	Palmdale	93543	Littlerock/Juniper Hills
SPA 1	Palmdale	93544	Llano
SPA 1	Palmdale	93550	Palmdale/Lake Los Angeles
SPA 1	Palmdale	93551	Palmdale
SPA 1	Palmdale	93552	Palmdale
SPA 1	Palmdale	93553	Pearblossom
SPA 1	Palmdale	93563	Valyermo
SPA 1	Palmdale	93591	Palmdale/Lake Los Angeles
SPA 2	Santa Clarita	91321	Santa Clarita (Newhall)
SPA 2	Santa Clarita	91342	Lake View Terrace (City of LA)/Sylmar (City of LA)
SPA 2	Santa Clarita	91343	North Hills (City of LA)
SPA 2	Santa Clarita	91350	Agua Dulce/Saugus
SPA 2	Santa Clarita	91351	Santa Clarita (Canyon Country)
SPA 2	Santa Clarita	91354	Santa Clarita (Valencia)
SPA 2	Santa Clarita	91355	Santa Clarita (Valencia)
SPA 2	Santa Clarita	91381	Stevenson Ranch
SPA 2	Santa Clarita	91382	Santa Clarita
SPA 2	Santa Clarita	91384	Castaic
SPA 2	Santa Clarita	91387	Canyon Country
SPA 2	Santa Clarita	91390	Santa Clarita
SPA 2	Van Nuys	91040	Shadow Hills (City of LA)/Sunland (City of LA)
SPA 2	Van Nuys	91042	Tujunga (City of LA)
SPA 2	Van Nuys	91331	Arleta (City of LA)/Pacoima (City of LA)
SPA 2	Van Nuys	91352	Sun Valley (City of LA)
SPA 2	Van Nuys	91401	Van Nuys (City of LA)
SPA 2	Van Nuys	91402	Panorama City (City of LA)
SPA 2	Van Nuys	91403	Sherman Oaks (City of LA)/Van Nuys (City of LA)
SPA 2	Van Nuys	91405	Van Nuys (City of LA)
SPA 2	Van Nuys	91411	Van Nuys (City of LA)
SPA 2	Van Nuys	91423	Sherman Oaks (City of LA)/Van Nuys (City of LA)
SPA 2	Van Nuys	91601	North Hollywood (City of LA)
SPA 2	Van Nuys	91602	North Hollywood (City of LA)/Toluca Lake (City of LA)
SPA 2	Van Nuys	91604	North Hollywood (City of LA)/Studio City (City of LA)
SPA 2	Van Nuys	91605	North Hollywood
SPA 2	Van Nuys	91606	North Hollywood



SPA 2	Van Nuys	91607	North Hollywood (City of LA)/Valley Village (City
SPA 2	Van Nuys	91608	Universal City
SPA 2	West San Fernando Valley	90290	Topanga
SPA 2	West San Fernando Valley	91301	Agoura/Oak Park
SPA 2	West San Fernando Valley	91302	Calabasas/Hidden Hills
SPA 2	West San Fernando Valley	91303	Canoga Park (City of LA)
SPA 2	West San Fernando Valley	91304	Canoga Park (City of LA)
SPA 2	West San Fernando Valley	91306	Winnetka (City of LA)
SPA 2	West San Fernando Valley	91307	West Hills (City of LA)
SPA 2	West San Fernando Valley	91311	Chatsworth (City of LA)
SPA 2	West San Fernando Valley	91316	Encino (City of LA)
SPA 2	West San Fernando Valley	91324	Northridge (City of LA)
SPA 2	West San Fernando Valley	91325	Northridge (City of LA)
SPA 2	West San Fernando Valley	91326	Porter Ranch (City of LA)
SPA 2	West San Fernando Valley	91330	Northridge (City of LA), California State Universi
SPA 2	West San Fernando Valley	91335	Reseda (City of LA)
SPA 2	West San Fernando Valley	91340	San Fernando
SPA 2	West San Fernando Valley	91344	Granada Hills (City of LA)
SPA 2	West San Fernando Valley	91345	Mission Hills (City of LA)
SPA 2	West San Fernando Valley	91356	Tarzana (City of LA)
SPA 2	West San Fernando Valley	91361	Westlake Village
SPA 2	West San Fernando Valley	91362	Westlake Village
SPA 2	West San Fernando Valley	91364	Woodland Hills (City of LA)
SPA 2	West San Fernando Valley	91367	Woodland Hills (City of LA)
SPA 2	West San Fernando Valley	91406	Van Nuys (City of LA)
SPA 2	West San Fernando Valley	91436	Encino (City of LA)
SPA 3	El Monte	91731	El Monte
SPA 3	El Monte	91732	El Monte
SPA 3	El Monte	91733	South El Monte
SPA 3	El Monte	91745	La Puente (Hacienda Heights)
SPA 3	Glendora	91702	Azusa
SPA 3	Glendora	91706	Baldwin Park/Irwindale
SPA 3	Glendora	91722	Covina
SPA 3	Glendora	91723	Covina
SPA 3	Glendora	91724	Covina
SPA 3	Glendora	91740	Glendora
SPA 3	Glendora	91741	Glendora
SPA 3	Glendora	91744	Cityof Industry/La Puente/Valinda
SPA 3	Glendora	91746	Bassett/City of Industry/La Puente
SPA 3	Glendora	91748	Rowland Heights
SPA 3	Glendora	91789	Diamond Bar/City of Industry/Walnut
SPA 3	Glendora	91790	West Covina
SPA 3	Glendora	91791	West Covina
SPA 3	Glendora	91792	West Covina
SPA 3	Pasadena	90032	El Sereno (City of LA)/Monterey Hills (City of LA)
SPA 3	Pasadena	90041	Eagle Rock (City of LA)
SPA 3	Pasadena	90042	Highland Park (City of LA)
SPA 3	Pasadena	90065	Cypress Park (City of LA)/Glassell Park (City of L



SPA 3	Pasadena	91001	Altadena
SPA 3	Pasadena	91006	Arcadia
SPA 3	Pasadena	91007	Arcadia
SPA 3	Pasadena	91008	Duarte
SPA 3	Pasadena	91010	Bradbury
SPA 3	Pasadena	91011	La Canada-Flintridge
SPA 3	Pasadena	91016	Monrovia
SPA 3	Pasadena	91020	Montrose
SPA 3	Pasadena	91023	Mount Wilson
SPA 3	Pasadena	91024	Sierra Madre
SPA 3	Pasadena	91030	South Pasadena
SPA 3	Pasadena	91046	Glendale (Verdugo City)
SPA 3	Pasadena	91101	Pasadena
SPA 3	Pasadena	91103	Pasadena
SPA 3	Pasadena	91104	Pasadena
SPA 3	Pasadena	91105	Pasadena
SPA 3	Pasadena	91106	Pasadena
SPA 3	Pasadena	91107	Pasadena
SPA 3	Pasadena	91108	San Marino
SPA 3	Pasadena	91125	Pasadena (California Institute of Technology)
SPA 3	Pasadena	91126	Pasadena (California Institute of Technology)
SPA 3	Pasadena	91201	Glendale
SPA 3	Pasadena	91202	Glendale
SPA 3	Pasadena	91203	Glendale
SPA 3	Pasadena	91204	Glendale (Tropico)
SPA 3	Pasadena	91205	Glendale (Tropico)
SPA 3	Pasadena	91206	Glendale
SPA 3	Pasadena	91207	Glendale
SPA 3	Pasadena	91208	Glendale
SPA 3	Pasadena	91210	Galleria (Glendale)
SPA 3	Pasadena	91214	La Crescenta
SPA 3	Pasadena	91501	Burbank
SPA 3	Pasadena	91502	Burbank
SPA 3	Pasadena	91504	Burbank (Glenoaks)
SPA 3	Pasadena	91505	Burbank
SPA 3	Pasadena	91506	Burbank
SPA 3	Pasadena	91521	Burbank
SPA 3	Pasadena	91522	Burbank
SPA 3	Pasadena	91523	Burbank
SPA 3	Pasadena	91754	Monterey Park
SPA 3	Pasadena	91755	Monterey Park
SPA 3	Pasadena	91770	Rosemead
SPA 3	Pasadena	91775	San Gabriel
SPA 3	Pasadena	91776	San Gabriel
SPA 3	Pasadena	91780	Temple City
SPA 3	Pasadena	91801	Alhambra
SPA 3	Pasadena	91803	Alhambra
SPA 3	Pomona	91709	Chino Hills



SPA 3	Pomona	91711	Claremont
SPA 3	Pomona	91750	La Verne
SPA 3	Pomona	91759	Mt Baldy
SPA 3	Pomona	91765	Diamond Bar
SPA 3	Pomona	91766	Chino
SPA 3	Pomona	91767	Pomona
SPA 3	Pomona	91768	Pomona
SPA 3	Pomona	91773	San Dimas
SPA 4	Metro North	90004	Hancock Park (City of LA)
SPA 4	Metro North	90005	Koreatown (City of LA)
SPA 4	Metro North	90006	Pico Heights (City of LA)
SPA 4	Metro North	90010	Wilshire Blvd (City of LA)
SPA 4	Metro North	90012	Civic Center (City of LA)/Chinatown (City of LA)
SPA 4	Metro North	90013	Downtown Los Angeles (City of LA)
SPA 4	Metro North	90014	Los Angeles
SPA 4	Metro North	90015	Downtown Los Angeles (City of LA)
SPA 4	Metro North	90017	Downtown Los Angeles (City of LA)
SPA 4	Metro North	90020	Hancock Park (City of LA)
SPA 4	Metro North	90021	Downtown Los Angeles (City of LA)
SPA 4	Metro North	90026	Echo Park/Silverlake (City of LA)
SPA 4	Metro North	90027	Griffith Park (City of LA)/Los Feliz (City of LA)
SPA 4	Metro North	90028	Hollywood (City of LA)
SPA 4	Metro North	90029	Downtown Los Angeles (City of LA)
SPA 4	Metro North	90031	Montecito Heights (City of LA)
SPA 4	Metro North	90033	Boyle Heights (City of LA)
SPA 4	Metro North	90038	Hollywood (City of LA)
SPA 4	Metro North	90039	Atwater Village (City of LA)
SPA 4	Metro North	90057	Westlake (City of LA)
SPA 4	Metro North	90068	Hollywood (City of LA)
SPA 4	Metro North	90071	ARCO Towers (City of LA)
SPA 4	Metro North	90090	Civic Center (City of LA)/Chinatown (City of LA)
SPA 5	West LA	90019	Country Club Park (City of LA)/Mid City (City of L
SPA 5	West LA	90024	Westwood (City of LA)
SPA 5	West LA	90025	Sawtelle (City of LA)/West Los Angeles (City of LA
SPA 5	West LA	90034	Palms (City of LA)
SPA 5	West LA	90035	West Fairfax (City of LA)
SPA 5	West LA	90036	Park La Brea (City of LA)
SPA 5	West LA	90045	LAX Area (City of LA)/Westchester (City of LA)
SPA 5	West LA	90046	Mount Olympus (City of LA)
SPA 5	West LA	90048	West Beverly (City of LA)
SPA 5	West LA	90049	Bel Air Estates (City of LA)/Brentwood (City of LA
SPA 5	West LA	90056	Ladera Heights (City of LA)
SPA 5	West LA	90064	Cheviot Hills (City of LA)/Rancho Park (City of LA
SPA 5	West LA	90066	Mar Vista (City of LA)
SPA 5	West LA	90067	Century City (City of LA)
SPA 5	West LA	90069	West Hollywood
SPA 5	West LA	90073	VA Hospital (Sawtelle)
SPA 5	West LA	90077	Bel Air Estates & Beverly Glen (City of LA)
SPA 5	West LA	90094	Playa Vista



SPA 5	West LA	90095	Los Angeles (UCLA)
SPA 5	West LA	90210	Beverly Hills/Beverly Glen (City of LA)
SPA 5	West LA	90211	Beverly Hills
SPA 5	West LA	90212	Beverly Hills
SPA 5	West LA	90230	Culver City
SPA 5	West LA	90232	Culver City
SPA 5	West LA	90263	Pepperdine University (Malibu)
SPA 5	West LA	90265	Malibu
SPA 5	West LA	90272	Castellmare (City of LA)/Pacific Highlands (City
SPA 5	West LA	90291	Venice (City of LA)
SPA 5	West LA	90292	Marina del Rey
SPA 5	West LA	90293	Playa del Rey (City of LA)
SPA 5	West LA	90401	Santa Monica
SPA 5	West LA	90402	Santa Monica
SPA 5	West LA	90403	Santa Monica
SPA 5	West LA	90404	Santa Monica
SPA 5	West LA	90405	Santa Monica
SPA 6	Compton-Carson	90059	Watts (City of LA)/Willowbrook
SPA 6	Compton-Carson	90061	South Central (City of LA)
SPA 6	Compton-Carson	90220	Compton/Rancho Dominguez
SPA 6	Compton-Carson	90221	East Rancho Dominguez
SPA 6	Compton-Carson	90222	Compton/Rosewood/Willowbrook
SPA 6	Compton-Carson	90262	Lynwood
SPA 6	Compton-Carson	90723	Paramount
SPA 6	Hawthorne	90002	Watts (City of LA)
SPA 6	Hawthorne	90008	Baldwin Hills/Crenshaw (City of LA)/Leimert Park (
SPA 6	Hawthorne	90018	Jefferson Park (City of LA)
SPA 6	Hawthorne	90037	South Central (City of LA)
SPA 6	Hawthorne	90062	South Central (City of LA)
SPA 6	Vermont Corridor	90001	Florence/South Central (City of LA)
SPA 6	Vermont Corridor	90003	South Central (City of LA)
SPA 6	Vermont Corridor	90044	Athens
SPA 6	Wateridge	90007	South Central (City of LA)
SPA 6	Wateridge	90011	South Central (City of LA)
SPA 6	Wateridge	90016	West Adams (City of LA)
SPA 6	Wateridge	90043	Hyde Park (City of LA)/View Park/Windsor Hills
SPA 6	Wateridge	90047	South Central (City of LA)
SPA 6	Wateridge	90089	USC (City of LA)
SPA 7	Belvedere	90022	East Los Angeles
SPA 7	Belvedere	90023	East Los Angeles (City of LA)
SPA 7	Belvedere	90040	Commerce, City of
SPA 7	Belvedere	90058	Vernon
SPA 7	Belvedere	90063	City Terrace
SPA 7	Belvedere	90201	Bell/Bell Gardens/Cudahy
SPA 7	Belvedere	90255	Huntington Park/Walnut Park
SPA 7	Belvedere	90270	Maywood
SPA 7	Belvedere	90640	Montebello
SPA 7	Belvedere	90660	Pico Rivera
SPA 7	Santa Fe Springs	90240	Downey

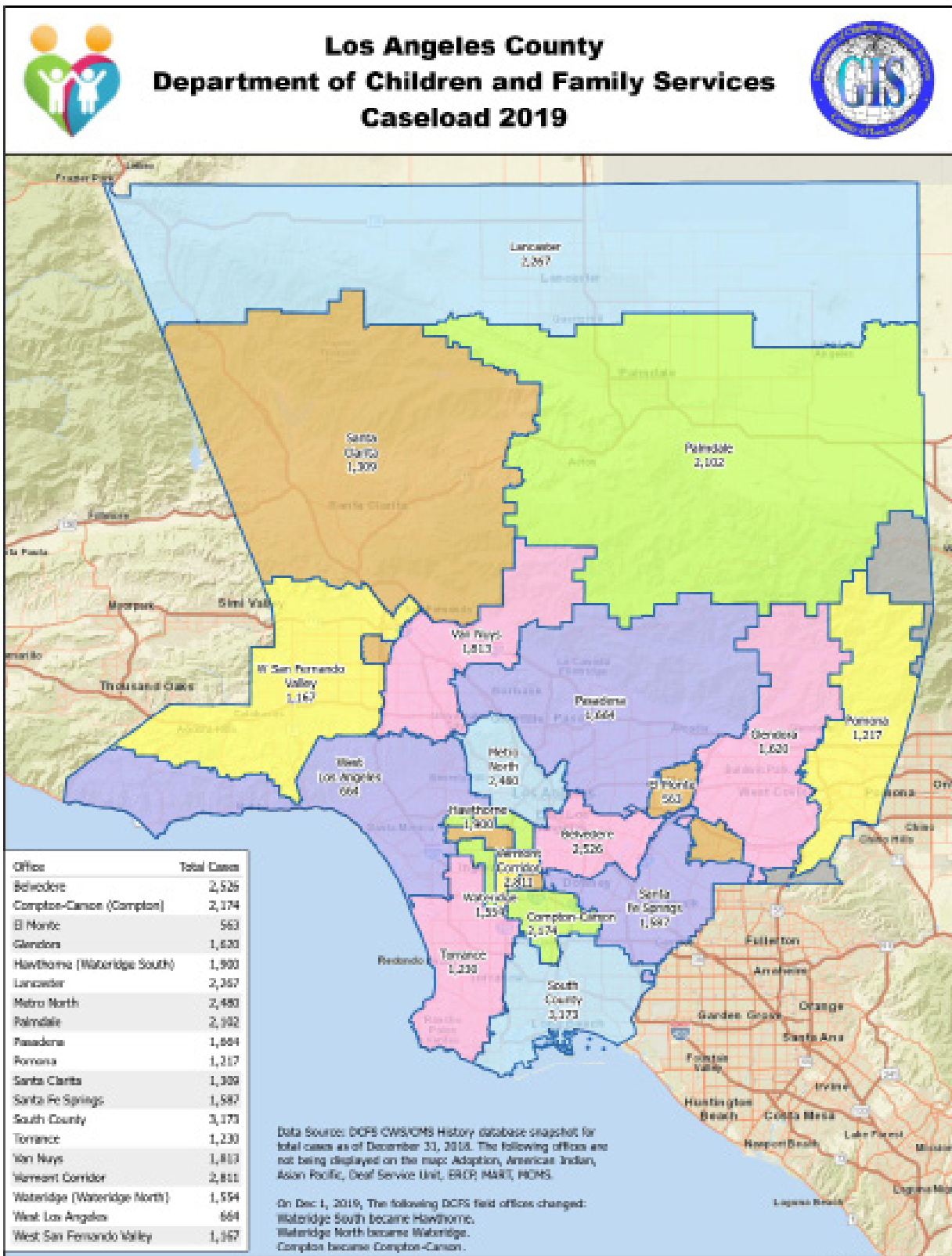


SPA 7	Santa Fe Springs	90241	Downey
SPA 7	Santa Fe Springs	90242	Downey
SPA 7	Santa Fe Springs	90280	South Gate
SPA 7	Santa Fe Springs	90601	Whittier
SPA 7	Santa Fe Springs	90602	Whittier
SPA 7	Santa Fe Springs	90603	Whittier
SPA 7	Santa Fe Springs	90604	Whittier
SPA 7	Santa Fe Springs	90605	Whittier/South Whittier
SPA 7	Santa Fe Springs	90606	Los Nietos
SPA 7	Santa Fe Springs	90623	La Palma
SPA 7	Santa Fe Springs	90631	La Habra Heights
SPA 7	Santa Fe Springs	90638	La Mirada
SPA 7	Santa Fe Springs	90639	La Mirada (Biola Univ.)
SPA 7	Santa Fe Springs	90650	Norwalk
SPA 7	Santa Fe Springs	90670	Santa Fe Springs
SPA 7	Santa Fe Springs	90701	Cerritos
SPA 7	Santa Fe Springs	90703	Cerritos
SPA 7	Santa Fe Springs	90706	Bellflower
SPA 7	Santa Fe Springs	90716	Hawaiian Gardens
SPA 8	South County	90630	Cypress
SPA 8	South County	90704	Avalon
SPA 8	South County	90712	Lakewood
SPA 8	South County	90713	Lakewood
SPA 8	South County	90715	Lakewood
SPA 8	South County	90731	San Pedro (City of LA)/Terminal Island (City of LA)
SPA 8	South County	90732	Rancho Palos Verdes
SPA 8	South County	90744	Wilmington (City of LA)
SPA 8	South County	90745	Carson
SPA 8	South County	90746	Carson
SPA 8	South County	90747	Carson (Cal State Univ. Dominguez Hills)
SPA 8	South County	90755	Signal Hill
SPA 8	South County	90802	Long Beach
SPA 8	South County	90803	Long Beach
SPA 8	South County	90804	Long Beach
SPA 8	South County	90805	North Long Beach (Long Beach)
SPA 8	South County	90806	Long Beach
SPA 8	South County	90807	Long Beach
SPA 8	South County	90808	Long Beach
SPA 8	South County	90810	Carson/Long Beach
SPA 8	South County	90813	Long Beach
SPA 8	South County	90814	Long Beach
SPA 8	South County	90815	Long Beach
SPA 8	South County	90822	Long Beach
SPA 8	South County	90831	Long Beach (World Trade Center)
SPA 8	South County	90840	Long Beach (Cal State University Long Beach)
SPA 8	South County	90846	Long Beach (Boeing)
SPA 8	Torrance	90245	El Segundo
SPA 8	Torrance	90247	Gardena



SPA 8	Torrance	90248	Gardena
SPA 8	Torrance	90249	Gardena
SPA 8	Torrance	90250	Hawthorne (Holly Park)
SPA 8	Torrance	90254	Hermosa Beach
SPA 8	Torrance	90260	Lawndale
SPA 8	Torrance	90261	Lawndale (Federal Bldg)
SPA 8	Torrance	90266	Manhattan Beach
SPA 8	Torrance	90274	Palos Verdes Estates/Rolling Hills/Rolling Hills E
SPA 8	Torrance	90275	Rancho Palos Verdes
SPA 8	Torrance	90277	Redondo Beach/Torrance
SPA 8	Torrance	90278	Redondo Beach/Torrance
SPA 8	Torrance	90301	Inglewood
SPA 8	Torrance	90302	Inglewood
SPA 8	Torrance	90303	Inglewood
SPA 8	Torrance	90304	Lennox
SPA 8	Torrance	90305	Inglewood
SPA 8	Torrance	90501	Torrance
SPA 8	Torrance	90502	Torrance
SPA 8	Torrance	90503	Torrance
SPA 8	Torrance	90504	Torrance
SPA 8	Torrance	90505	Torrance
SPA 8	Torrance	90506	Torrance (Camino College)
SPA 8	Torrance	90710	Harbor City (City of LA)
SPA 8	Torrance	90717	Lomita/Rancho Palos Verdes







DEPARTMENT OF MEDICAL EXAMINER-CORONER

INTRODUCTION

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

As of 2013, the Department is headed by a Chief Medical Examiner-Coroner who is responsible for setting standards for the entire department and carrying out statutorily mandated ME-C functions. He is assisted by a Chief Deputy who is responsible for administration and all non-physician operations.

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

FORENSIC MEDICINE DIVISION

The Forensic Medicine Bureau’s full-time permanent staff consists of board-certified forensic pathologists who are responsible for the professional medical investigation and determination of the cause and mode of each death handled by the department. Our physicians are experts in the evaluation of sudden or unexpected natural deaths and unnatural deaths such as deaths from firearms, sharp and blunt force trauma, overdose, etc. Physicians are frequently called to court to testify on cause of death and their medical findings and interpretations, particularly in homicide cases. In addition, the division has consultants in forensic neuropathology, odontology, anthropology, anesthesiology, pediatrics, surgery, ophthalmologic pathology, pulmonary pathology, pediatric forensic pathology, cardiac pathology, emergency room medicine, psychiatry, psychology, and radiology to assist the deputy medical examiners in evaluating their cases.

FORENSIC SCIENCE LABORATORIES DIVISION

The Forensic Science Laboratories Bureau is responsible for the identification, collection, preservation, and analysis of physical and medical evidence associated with the ME-C’s cases. Its mission is to conduct a comprehensive scientific investigation into the cause and manner of any death within the ME-C’s jurisdiction through the chemical and instrumental analysis of physical and medical evidence.

The Forensic Science Laboratory is fully accredited by the prestigious ANSI National Accreditation Board (ANAB), and our Forensic Blood Alcohol testing program is licensed by the State of California.



HISTOLOGY LABORATORY

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

TOXICOLOGY LABORATORY

The toxicology laboratory uses state of the art equipment and methods to conduct chemical and instrumental analyses on post-mortem specimens to determine the extent that drugs may have contributed to the cause and manner of death. The laboratory's experienced Criminalists offer expert drug interpretation, which assists the medical examiners in answering questions like what drug was taken? How much and when was the drug taken? Did the drug contribute to the cause and/or manner of death? Was the drug use consistent with therapeutic administration, or was it an abuse? If the death is due to a drug overdose, was it intentional or accidental?

SCANNING ELECTRON MICROSCOPY LABORATORY

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

Tool mark analysis involves the evaluation of trauma to biological material, especially bone and cartilage, as to the type of instrument that might have produced the trauma. This not only helps our pathologists understand the circumstances of a death, but also aids the law enforcement agency in their criminal investigation.

OPERATIONS BUREAU

This bureau is responsible for the 24-hour day, seven-day week operations of many direct services provided by the department. The Operations Bureau houses the Investigations Division and the Decedent Services Division. In addition, the bureau is responsible for disaster and community services, fleet management,

public information and other ancillary programs such as regional offices and the Youthful Drunk Driver Visitation Program (YDDVP).

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

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

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

YOUTHFUL DRUNK DRIVER VISITATION PROGRAM (YDDVP)

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

ADMINISTRATIVE SERVICES BUREAU

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

PUBLIC SERVICES DIVISION

This division is responsible for ME-C case file management, revenue collection (document sales, decedent billing, etc.), and interaction with the public both telephonically and in person at the front lobby



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

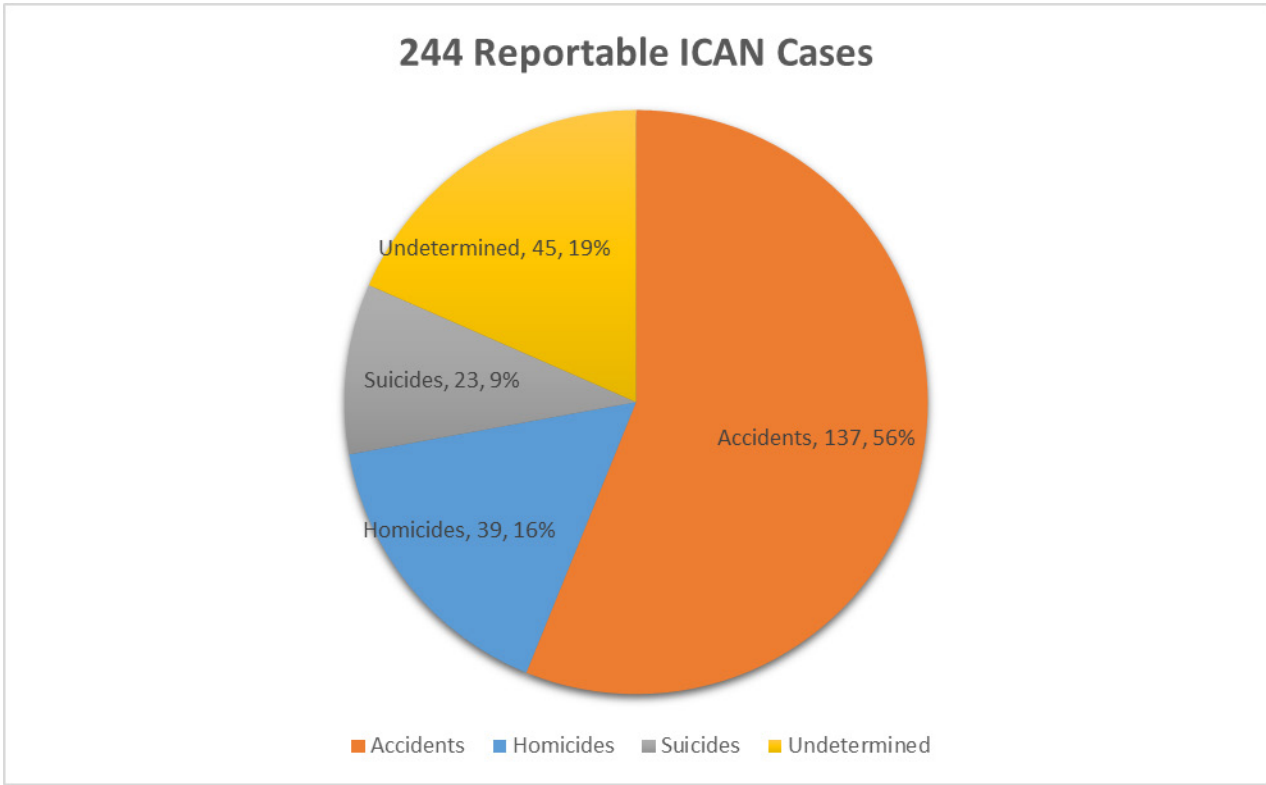
**CALIFORNIA GOVERNMENT
CODE, SECTION 27491**

It shall be the duty of the Coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths; unattended deaths; deaths where the deceased has not been attended by either a physician or a registered nurse, who is a member of a hospice care interdisciplinary team, as defined by subdivision (e) of Section 1746 of the Health and Safety Code in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another; and any deaths reported by physicians or other persons having knowledge of a death for inquiry by coroner.

STATISTICAL SUMMARY

In calendar year 2020, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect (ICAN) for tracking and follow-up was 231. In the calendar year 2021, the number referred to ICAN was 244, an increase of 13 cases.

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



DEPARTMENT OF MEDICAL EXAMINER-CORONER SELECTED FINDINGS			
By Cause of Death	2020	2021	Difference
Abandoned newborn	0	0	0
Bathtub drowning	0	1	+1
Falling television sets	0	0	0
Traffic Accident age less than or equal 5 years old	3	6	+3
Swimming pool drowning, age less than 5 years old	10	8	-2



Figure 1

2021 DEATH STATISTICS Case Comparison by Mode of Death & Gender (Total ICAN cases: 244)					
By Mode of Death	2020 Total Cases	2020 % of Total	2021 Total Cases	2021 % of Total	Total Difference
Accident	131	56.71%	137	56.15%	6
Homicide	36	15.58%	39	15.98%	3
Suicide	26	11.26%	23	9.43%	-3
Undetermined	38	16.45%	45	18.44%	7
TOTAL	231	100%	244	100%	
By Gender	2020 Total Cases	2020 % of Total	2021 Total Cases	2021 % of Total	Total Difference
Female	89	38.53%	85	34.84%	-4
Male	139	60.17%	157	64.34%	18
Undetermined	3	1.30%	2	0.82%	-1
TOTAL	231	100%	244	100%	

Figure 2

2020 DEATH STATISTICS Case Comparison by Mode of Ethnicity & Age (Total ICAN Cases: 244)					
By Ethnicity	Total Cases	% of Total	By Age	Total Cases	% of Total
American Indian	15	6.15%	Stillborn	35	14.34%
Asian	57	23.36%	1 day – 30 days	8	3.27%
Black	48	19.67%	1 – 5 months	32	13.11%
Caucasian	4	1.64%	6 months – 1 year	15	6.15%
Middle Eastern	115	47.13%	1 year	13	5.33%
Hispanic/Latin American	5	2.05%	2	5	2.05%
Unknown	244	100%	3	4	1.64%
TOTAL	231	100.0%	4	3	1.23%
			5	5	2.05%
			6	4	1.64%
			7	4	1.64%
			8	2	0.82%
			9	2	0.82%
			10	2	0.82%
			11	2	0.82%
			12	7	2.87%
			13	6	2.46%
			14	13	5.33%
			15	13	5.33%
			16	20	8.20%
			17	49	20.08%
			(BLANK)	244	100%
			TOTAL	231	100.0%



Figure 3

**2021 MODE OF DEATH: ACCIDENTS
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 137)**

Accidents by Gender	Total Cases	% of Total	Accidents by Age	Total Cases	% of Total
Female	52	37.96%	Stillborn	32	23.35%
Male	83	60.58%	1 day – 30 days	2	1.46%
Unknown	2	1.46%	1 month – 5 months	5	3.65%
TOTAL	137	100%	6 months – 1 year	6	4.38%
			1 years	9	6.57%
			2 years	4	2.92%
			3 years	3	2.19%
			4 years	2	1.46%
			5 years	4	2.92%
			6 years	4	2.92%
			7 years	2	1.46%
			9 years	2	1.46%
			10 years	2	1.46%
			11 years	2	1.46%
			12 years	1	0.73%
			13 years	4	2.92%
			14 years	4	2.92%
			15 years	7	5.11%
			16 YEARS	3	2.19%
			17 YEARS	9	6.57%
			(BLANK)	30	21.90%
			TOTAL	137	100%

Accidents by Ethnicity	Total Cases	% of Total
Unknown	1	0.73%
American Indian	6	4.38%
Asian	33	24.09%
Black	32	23.36%
Caucasian	1	0.73%
Hispanic/Latin American	61	44.52%
(Blank)	3	2.19%
TOTAL	137	100%

Figure 4

**2021 MODE OF DEATH: ACCIDENTS
by Cause of Death (Total ICAN Cases: 137)**

Accidents By Cause of Death	Total Cases	% of Total
Asphyxia	8	5.84%
Drowning	5	3.65%
Fentanyl Toxicity	27	19.71%
Gunshot Wound	1	0.73%
Intrauterine Fetal Demise	30	21.90%
Blunt Trauma	38	27.73%
Unspecified Drug-Accident	1	0.73%
Other	27	19.71%
TOTAL	137	100%



Figure 5

**2021 MODE OF DEATH: HOMICIDE
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 39)**

Homicides by Gender	Total Cases	% of Total	Homicides by Age	Total Cases	% of Total
Female	7	17.95%	Stillborn	4	10.26%
Male	32	82.05%	1 month – 5 months	2	5.13%
TOTAL	39	100%	1 years	1	2.56%
			3 years	1	2.56%
			4 years	1	2.56%
			5 years	1	2.56%
			6 years	2	5.13%
			8 years	1	2.56%
			10 years	1	2.56%
			11 years	1	2.56%
			12 years	3	7.69%
			13 years	5	12.83%
			14 years	6	15.39%
			15 years	10	25.65%
			16 years	39	100%
			17 years	7	19.44%
			TOTAL	36	100.00%

Homicides by Ethnicity	Total Cases	% of Total
Asian	12	30.77%
Black	1	2.56%
Caucasian	26	66.67%
Hispanic/Latin American	39	100%
Blank	0	0%
Unknown	0	0%
TOTAL	36	100.0%

Figure 6

**2021 MODE OF DEATH: HOMICIDE
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 39)**

Homicides By Cause of Death	Total Cases	% of Total
ASSAULT BY BLUNT OBJECT	5	12.82%
ASSAULT BY ASPHYXIATION	3	7.69%
ASSAULT BY SHARP OBJECT	3	7.69%
ASSAULT BY UNSPECIFIED MEANS	1	2.57%
GUNSHOT WOUND	27	69.23%
TOTAL	39	100%



Figure 7

2021 MODE OF DEATH: SUICIDE					
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 23)					
Suicides by Gender			Suicides by Age		
Total Cases	% of Total		Total Cases	% of Total	
Female	11	47.83%	9 years	2	8.70%
Male	12	52.17%	11 years	1	4.35%
TOTAL	23	100%	12 years	3	13.04%
			13 years	5	21.74%
			14 years	4	17.39%
			15 years	8	34.78%
			16 years	23	100%
			17 years	3	11.54%
			TOTAL	26	100.0%

Suicides by Ethnicity		
Total Cases	% of Total	
Asian	3	13.04%
Black	1	4.35%
Caucasian	6	26.08%
Hispanic/Latin American	10	43.48%
	2	8.7%
Unknown	1	4.35%
TOTAL	23	100%

By Cause of Death	Total Cases	% of Total
Jumped Off Building	2	8.70%
Struck by Vehicle	1	4.35%
Strangulation - Suicide	12	52.17%
Intentional Ingestion	2	8.70%
Self-Inflicted Gunshot Wound	6	26.08%
TOTAL	23	100%
TOTAL	29	100.0%

Figure 8

2021 MODE OF DEATH: UNDETERMINED					
BY CAUSE OF DEATH TOTAL UNDETERMINED CASES: 45					
Undetermined by Gender			Undetermined by Age		
Total Cases	% of Total		Total Cases	% of Total	
Female	15	33.33%	Stillborn	3	6.67%
Male	30	66.67%	1 day to 30 days	6	13.33%
Unknown	45	100%	1- 5 months	23	51.12%
TOTAL	38	100.0%	6 months to 1 year	9	20%
			1 years	2	4.44%
			5 years	1	2.22%
			14 years	1	2.22%
			15 years	45	100%
			TOTAL	38	100.0%

Undetermined by Ethnicity		
Total Cases	% of Total	
Asian	6	13.33%
Black	11	24.45%
Caucasian	9	20%
Hispanic/Latin American	18	40%
(Blank)	1	2.22%
Unknown	45	100%
TOTAL	38	100.0%



Figure 9

**MODE OF DEATH: UNDETERMINED
BY CAUSE OF DEATH (TOTAL CASES 45)**

Undetermined By Cause of Death	Total Cases	% of Total
Sudden Infant Death (SIDS)	32	71.11%
Other	7	15.56%
Unknown	6	13.33%
TOTAL	45	100%

GLOSSARY OF TERMS

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

Autopsy: Post mortem (after death) examination of a body including the internal organs and structures, including dissection to determine cause of death or the nature of the pathologic change.

Death: For legal and medical purposes: a person is dead who has sustained either:

(a) Irreversible cessation of circulatory and respiratory functions, or

(b) Irreversible cessation of all functions of the entire brain

Decedent: A person who is dead.

Homicide: Death at the hands of another. The legal system rather than the ME-C determines whether a homicide is legal, justified, intentional, or malicious. In children and the elderly, neglect (failure to protect) is classified as homicide.

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

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

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

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

Undetermined: Cases in which the ME-C is unable to assign a specific manner of death (natural, accident, suicide, homicide).

These cases often involve either insufficient information or conflicting information that affects the Medical Examiner-Coroner’s ability to make a final determination. The ME-C may designate a death as undetermined as a signal to law enforcement that the case warrants a more in-depth investigation to try to answer some of the questions surrounding the death.

The ME-C classifies a death as undetermined when, after a complete investigation and autopsy and consideration of all available information, the information pointing to one manner of death is no more compelling than one or more other competing manners of death.



SHERIFF'S DEPARTMENT

The Los Angeles County Sheriff's Department (LASD) is a law enforcement agency which serves Los Angeles County, California. It was formed in April 1850. The County area totals approximately 4,084 square miles with a population of just over 10 million residents (2020 U.S. Census Bureau). It is the largest Sheriff's Department in the world, with approximately 18,000 employees. LASD provides general law enforcement services to 42 contract cities, 141 unincorporated communities, 216 facilities, hospitals, and clinics throughout the County, nine community colleges, the Metropolitan Transit Authority, and 37 Superior Courts. LASD also provides services, such as crime laboratories, homicide investigations, and academy training, to smaller law enforcement agencies within the County. Additionally, LASD is responsible for providing security at seven custody facilities.

SPECIAL VICTIMS BUREAU OVERVIEW

Special Victims Bureau (SVB) is one of seven highly specialized bureaus in LASD's Detective Division. SVB investigates all allegations of physical abuse and sexual abuse of children, under the age of 18, which occur within the LASD jurisdiction. On September 1, 2012, SVB also assumed the investigative responsibility of all adult felony sexual assaults. On June 2, 2019, LASD's Human Trafficking Task Force (HTTF) which included the Sexual Assault Felony Enforcement (SAFE) Team Program merged with SVB. The HTTF detectives investigate all reports of sex and labor trafficking, focusing primarily on the sex trafficking of minors. The SAFE Team is responsible for assisting LASD patrol stations with sex offender registration (Penal Code 290) compliance, oversight of the registration program, and investigating child abuse and exploitation cases involving prior sex registrants. The SAFE Team also investigates cases that involve the production, use, or possession of child pornography, sexual exploitation cases having a nexus to the internet where the suspect and victim have never met, cases where a minor victim receives graphic images from an unknown source, sextortion of a minor via the internet, and on-line enticement of a minor for sexual purposes.

It should be noted, cases of child endangerment, neglect, emotional abuse, and child concealment are investigated by detectives assigned to one of the 23 regional LASD patrol stations located throughout Los Angeles County. These types of cases are not included in this report.

The evolution of SVB began in 1972, with the formation of the Youth Services Bureau which was primarily responsible for handling juvenile diversions. Two years later, the Child Abuse Unit was created and investigated these specialized cases. In 1986, the Juvenile Investigations Bureau was formed and assimilated the existing Child Abuse Unit, while still maintaining the responsibilities for juvenile diversions, petition intake and control, and juvenile delinquency court liaisons. In 1999, the formation of Family Crimes Bureau (FCB) was established. The new consolidated units investigated all incidents of family crime until FCB was renamed Special Victims Bureau in 2006 and given the sole task of investigating physical and sexual child abuse cases, along with all adult felony sexual assaults in 2012.

Before a Deputy Sheriff is assigned to SVB, he or she must go through a testing process that consists of a written



and oral examination. The candidate is then placed on an eligibility list. When a candidate is selected to become an SVB detective, he or she is assigned to a tenured SVB detective for up to six months. The new detective receives training in the investigation of physical and sexual abuse of children, in interviewing and interrogation techniques, in arrest and search warrant writing, and in case management. The new detectives are introduced to various social workers from the Department of Children and Family Services (DCFS), Deputy District Attorneys

from the District Attorney's Office, detectives from other law enforcement agencies, along with medical doctors and nurses.

SVB detectives and sergeants provide in-service training in child abuse laws and child abuse investigations to Department personnel and occasionally to police officers at other law enforcement agencies. Similar training is also offered to social service providers, foster family agencies, schools, parents, and civic groups. In addition, there has been cross-training between DCFS and the Sheriff's Department, which includes the training of new social workers. This collaborative effort has created transparency and has forged a strong partnership between the two departments to continue providing quality service to the people of Los Angeles County.

SVB detectives and sergeants also provide guidance to all LASD station personnel 24 hours a day regarding child abuse matters and adult felony sexual assaults. During other than normal business hours, the detectives, and sergeants, along with the field lieutenants are placed on a weekly rotational on-call roster.

In the event Department personnel need guidance, during after hours, the Department member can call the on-call evaluator (detective) for advice and/or request detectives to respond to assist in an investigation, if one or more of the following conditions exist:

- Shaken Baby Syndrome;
- Victim taken to hospital with serious injuries from physical or sexual abuse;
- Significant felony related to SVB crimes;
- A crime scene with possible evidence collection;

- Suspect arrested and may bond out prior to the next business day;
- Significant workable information available to apprehend a dangerous suspect related to SVB crimes;
- The station commander makes a specific request;
- Serious domestic violence with child victimization is suspected;
- Incidents of Commercial Sexual Exploitation of Children (CSEC);
- Any significant Human Trafficking incident.

In 2021, SVB which now included HTTF and the SAFE Team, had 84 budgeted detectives, 10 sergeants, six lieutenants, and one captain. SVB was comprised of six investigative regional teams. Each team was assigned one sergeant to oversee the detectives on the respective teams. There were two field lieutenants, which each supervised three regional teams. HTTF was comprised of two investigative teams. Each team was assigned one sergeant and one lieutenant to oversee the detectives on the respective teams. The SAFE Team was comprised of one investigative team. The team was assigned one sergeant and one lieutenant to oversee the detectives on the team. The Bureau had one operations lieutenant and one captain that oversaw all the entities within SVB.

HUMAN TRAFFICKING TASK FORCE AND SAFE TEAM OVERVIEW

Human Trafficking, also known as modern-day slavery or trafficking in persons, is the exploitation of human beings through force, fraud, or coercion for the purposes of commercial sex or forced labor.

The Human Trafficking Task Force combines one mission, under one roof, to support the investigative strategies of federal, state, county, and local law enforcement from a multitude of policing agencies across California, under the leadership and expertise of the nation's largest Sheriff's Department, with the prosecutorial authority of the United States Attorney's Office, the California State Attorney General, and the Los Angeles District Attorney's Office.

The SAFE Teams Program mission, pursuant to California Penal Code (PC) 13887-13887.5, shall be to reduce violent sexual assault offenses in the



County through proactive surveillance and arrest of habitual sexual offenders and strict enforcement of registration requirements for sex offenders pursuant to PC section 290.

CHILD ABUSE INVESTIGATION PROCEDURES FOR LAW ENFORCEMENT

As first responders, when a law enforcement agency receives a report of a child abuse incident, they have a duty and responsibility to protect the child from further abuse and to investigate the incident as quickly, thoroughly, and completely as possible.

Law enforcement agencies receive reports of child abuse or suspected child abuse directly from either a concerned person, a mandated reporter, or by DCFS. When a report of child abuse is received by a law enforcement agency from someone other than DCFS, that agency cross-reports the information to DCFS immediately. DCFS sends their Suspected Child Abuse Report (SCAR) electronically to the law enforcement agency that has jurisdiction over the incident. Even though many of these suspected child abuse incidents may not rise to the level for a criminal report to be written, each reported incident shall always be thoroughly investigated.

When the Sheriff's Department receives a SCAR, it is handled as a "call for service." This ensures a timely response to all SCARs received. The responding deputy will conduct a preliminary investigation of all alleged suspected child abuse or neglect calls. The deputy conducts a "face-to-face" interview with the victim or informant if the child is unable to communicate. If the deputy is at the child's residence, he/she will examine the living conditions, collect evidence, and interview the alleged suspect when applicable.

Upon suspicion that a child has been abused or neglected, the deputy will write an Incident Report with the SCAR attached. The report is then processed and assigned to an SVB detective who will conduct a thorough and complete investigation.

At the completion of an investigation, the case may be presented to the District Attorney's Office for filing consideration, handled at the Bureau level with an admonishment, or the findings yielded that the elements of a crime were not met.

The electronic SCAR (E-SCAR) system was implemented on April 13, 2009, at all Sheriff's stations. This new E-SCAR system is a refinement

of the old SCAR system, which was first operational in September 2003. The new system has revolutionized the methodology of cross-reporting between the Sheriff's Department and DCFS, has improved patrol response times to these calls, and has mitigated potentially further abuse or neglect of children.

As of December 1, 2009, SVB assumed oversight responsibilities of the E-SCAR system to ensure that SCARs are handled in a timely manner. A monthly SCAR "Clearance Status Report" is provided to all station captains for their review and disposition.

In 2021, the Sheriff's Department received approximately 13,431 E-SCARs from DCFS.

THE IMPACT OF COVID-19

On April 6, 2021, the state of California announced plans to fully reopen the state and all county offices from a stay-at-home order. The pandemic changed day-to-day life dramatically and law enforcement continued to be on the front lines of that reality. Our detectives had to conduct their investigations remotely which resulted in fewer proactive interactions with the public. The pandemic also left investigators to protect themselves from any exposures and forced them to adjust to a new normal.

Detectives had to act quickly and adjust to keep things running smoothly, but now, a couple of years after COVID-19, we can reflect on how some county offices and the courts have adapted their policies and practices in this new normal. The Department adopted new policies and practices into day-to-day operations that enabled our investigators to persevere and still be able to maintain high-quality and thorough investigations during these times.

As detectives continued their investigation of their cases, our Department, continued to improve its policies and practices to accommodate the lasting impact of COVID-19 on its employees. From new technology to different approaches to support, our investigators need to continue to evolve. While the pandemic has presented many long-term challenges, it has also forced many investigators to become more innovative in how to maintain a multidisciplinary approach to maintain the public's trust and care for the welfare of the victims they swore to protect as Law Enforcement Officers.

From 2020 to 2021, the Sheriff's Department saw an increase of 388 E-SCARs received from DCFS and



an increase of 104 SVB-related criminal reports.



The data contained in the following tables and figures was obtained from LASD's Child Abuse Referral Entry System (CARES).

Table 1

CASES REPORTED BY STATION AND TYPE OF ABUSE 2021

STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	14	34	48
Avalon	1	10	11
Carson	19	69	88
Century	71	195	266
Cerritos	8	42	50
Community Colleges	0	2	2
Compton	23	132	155
Crescenta Valley	10	14	24
East Los Angeles	38	215	253
Industry	32	149	181
Lakewood	85	245	330
Lancaster	148	315	463
Lomita	9	34	43
Malibu/Lost Hills	25	96	121
Marina Del Rey	4	20	24
Metrolink	0	1	1
Norwalk	47	179	226
Palmdale	135	307	442
Pico Rivera	21	85	106
Pitches Detention Center	0	0	0
Pre-Employment	0	1	1
San Dimas	21	58	79
Santa Clarita Valley	110	207	317
South Los Angeles/Lennox	31	79	110
Special Victims Bureau	1	15	16
Temple	29	136	165
Transit Services Bureau	2	5	7
Walnut/Diamond Bar	39	84	123
West Hollywood	5	44	49
TOTAL	928	2773	3701

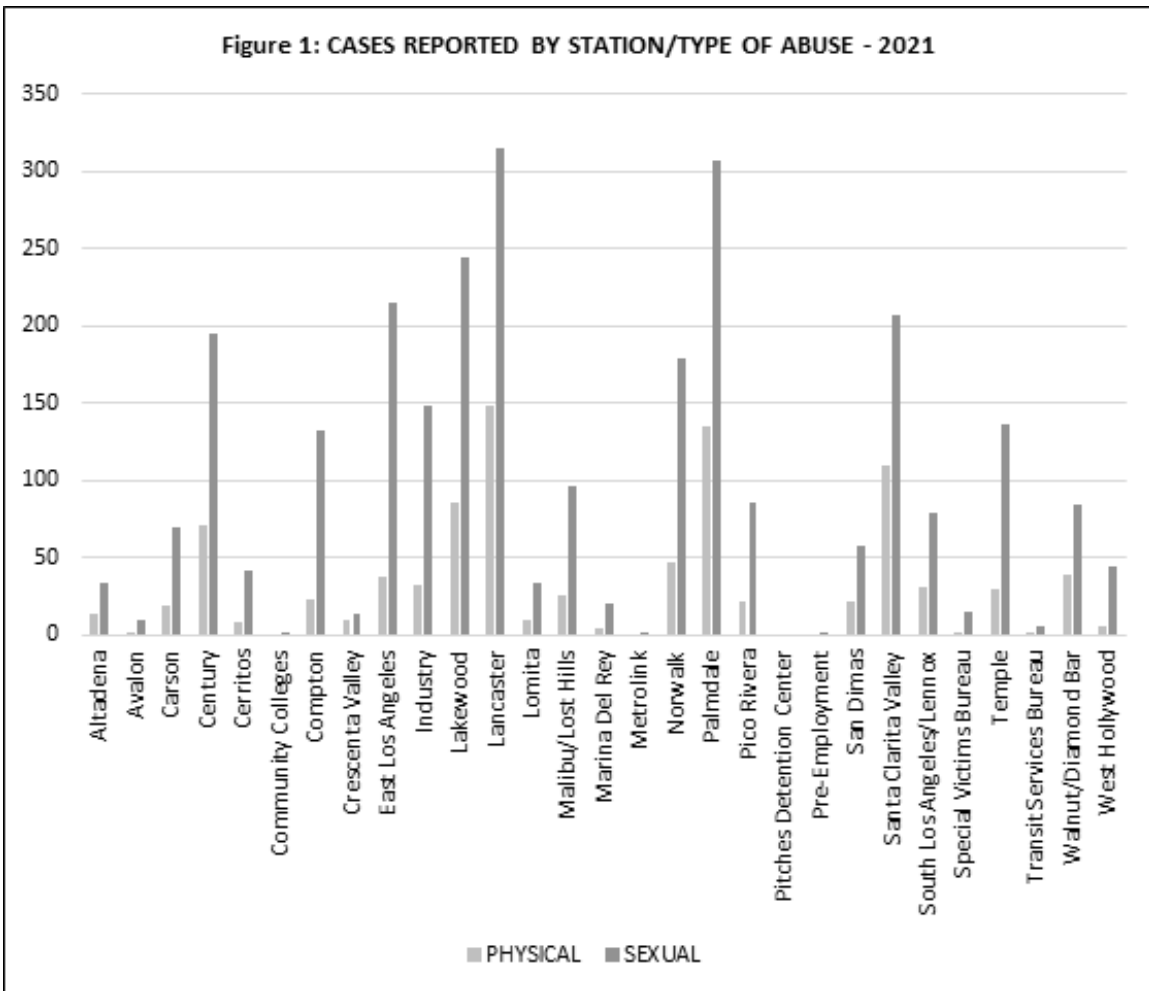


Table 2

CASES BY ABUSE TYPE 2021

PHYSICAL	SEXUAL	TOTAL
951	2646	3597

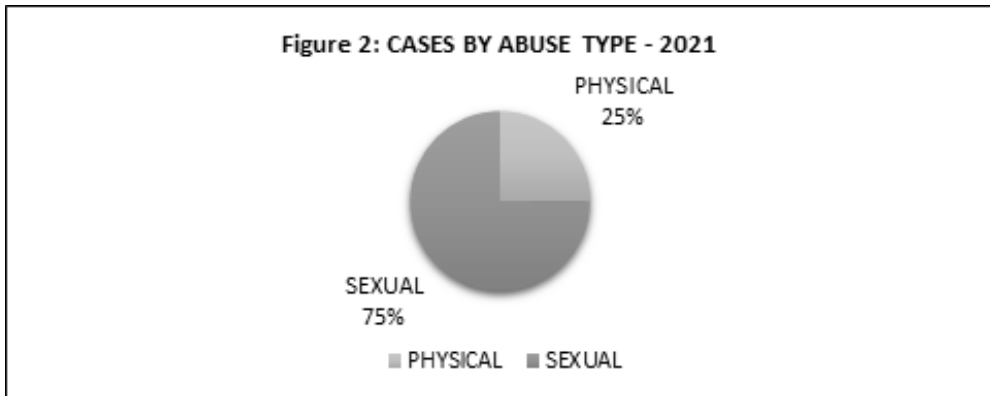




Table 3

COMPARISON OF PHYSICAL/SEXUAL CASES REPORTED BETWEEN 2017-2021

STATION	2017	2018	2019	2020	2021
Altadena	50	72	62	57	48
Avalon	10	8	16	12	11
Carson	127	151	127	110	88
Century	284	291	293	268	266
Century Regional Detention Facility	1	0	0	0	0
Cerritos	46	62	49	38	50
Community Colleges	4	5	7	1	2
Compton	193	190	201	219	155
County Services Bureau	0	0	0	0	0
Crescenta Valley	38	34	31	33	24
East Los Angeles	315	311	286	244	253
Industry	237	239	219	199	181
Lakewood	319	361	341	328	330
Lancaster	525	649	644	450	463
Lomita	60	53	41	54	43
Malibu/Lost Hills	102	121	109	90	121
Major Crimes	0	1	0	0	0
Marina Del Rey	31	23	27	23	24
Metrolink	0	0	0	0	1
Narcotics Bureau	0	0	0	0	0
North County Correctional Facility	0	0	0	0	0
Norwalk	326	317	283	223	226
Palmdale	407	398	434	376	442
Parks Bureau	0	0	0	0	0
Pico Rivera	131	120	123	103	106
Pitchess Detention Facility - North	0	0	1	0	0
Pre-Employment	1	1	8	2	1
San Dimas	110	91	107	71	79
Santa Clarita Valley	318	301	305	274	317
South Los Angeles/Lennox	186	162	135	129	110
Special Victims Bureau	39	48	32	28	16
Temple	192	173	186	148	165
Transit Services	17	6	12	5	7
Walnut/Diamond Bar	121	117	129	77	123
West Hollywood	67	72	50	35	49
TOTAL	4257	4377	4258	3597	3701



Table 4
VICTIMS BY AGE AND TYPE OF ABUSE
2021

	PHYSICAL		SEXUAL	
Under 3	105	9.1%	26	0.8%
3 to 4	97	8.4%	76	2.4%
5 to 9	321	27.7%	227	7.3%
10 to 14	389	33.6%	892	28.5%
15 to 17	185	16.0%	865	27.7%
Over 18	62	5.3%	1041	33.3%
TOTAL	1159	100.0%	3127	100.0%

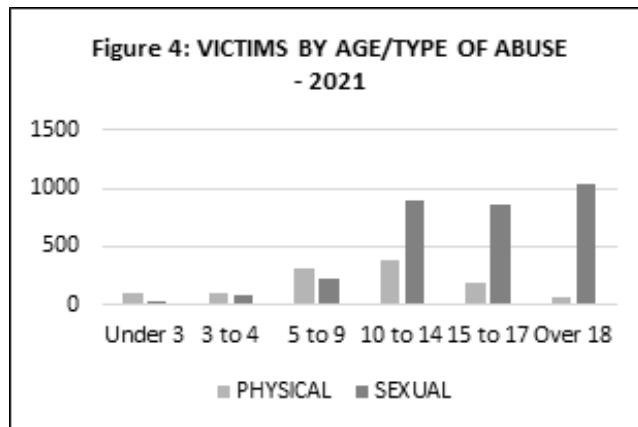


Table 5
VICTIMS BY GENDER AND TYPE OF ABUSE
2021

	PHYSICAL		SEXUAL	
Female	615	53.1%	2669	85.4%
Male	530	45.7%	440	14.1%
Unknown	14	1.2%	18	0.6%
Total	1159	100.0%	3127	100.0%

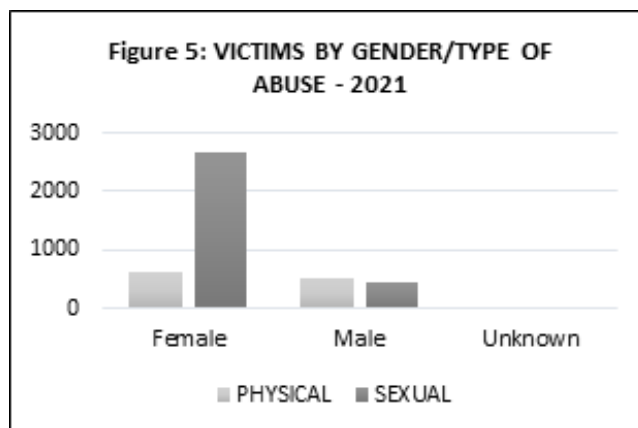


Table 6
VICTIMS BY ETHNICITY AND TYPE OF ABUSE
2021

	PHYSICAL		SEXUAL	
All Others	8	0.7%	33	1.1%
American Indian	1	0.1%	1	0.0%
Asian	44	3.8%	98	3.1%
Black	265	22.9%	400	12.8%
Filipino	2	0.2%	0	0.0%
Hispanic	602	51.9%	1942	62.1%
Pacific Islander	0	0.0%	2	0.1%
Unknown	50	4.3%	76	2.4%
White	187	16.1%	575	18.4%
TOTAL	1159	100.0%	3127	100.0%

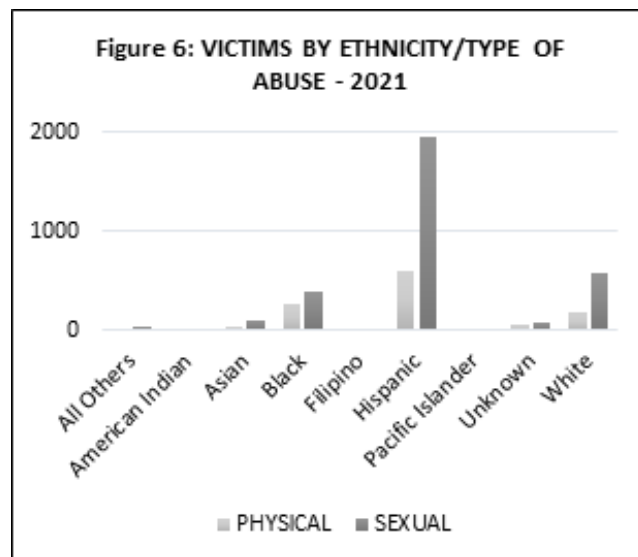




Table 7
SUSPECTS BY AGE AND TYPE OF ABUSE
2021

	PHYSICAL		SEXUAL	
Under 18	36	3.5%	592	19.4%
18 - 24	80	7.8%	510	16.7%
25 - 45	624	60.9%	962	31.5%
Over 45	285	27.8%	994	32.5%
TOTAL	1025	100.0%	3058	100.0%

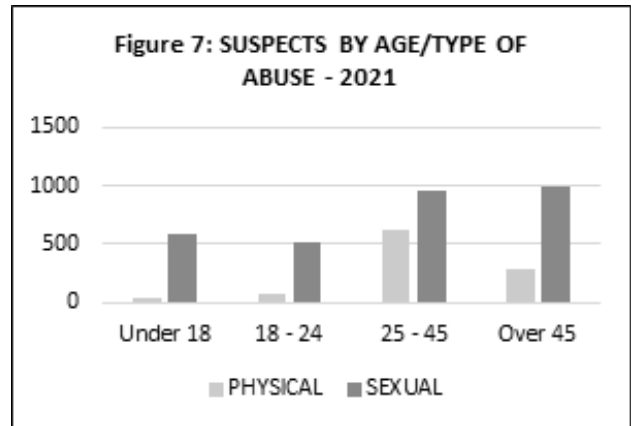


Table 8
SUSPECTS BY GENDER AND TYPE OF ABUSE
2021

	PHYSICAL		SEXUAL	
Female	446	43.5%	237	7.7%
Male	513	50.0%	2614	85.5%
Unknown	67	6.5%	208	6.8%
TOTAL	1026	100.0%	3059	100.0%

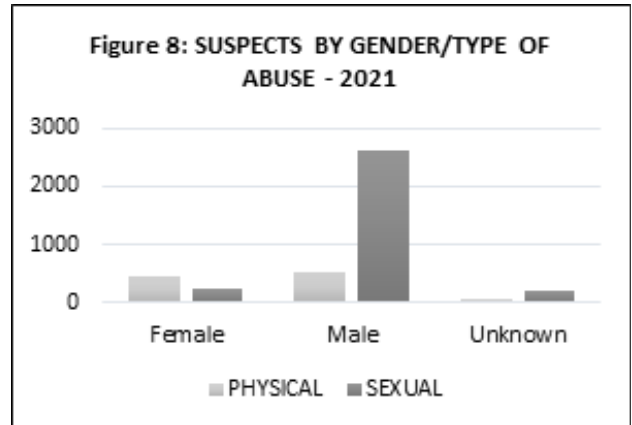


Table 9
SUSPECTS BY ETHNICITY AND TYPE OF ABUSE
2021

	PHYSICAL		SEXUAL	
All Others	6	0.6%	34	1.1%
American Indian	0	0.0%	0	0.0%
Asian	35	3.4%	85	2.8%
Black	213	20.8%	407	13.3%
Filipino	1	0.1%	1	0.0%
Hispanic	503	49.0%	1736	56.8%
Pacific Islander	0	0.0%	1	0.0%
Unknown	119	11.6%	398	13.0%
White	149	14.5%	397	13.0%
TOTAL	1026	100.0%	3059	100.0%

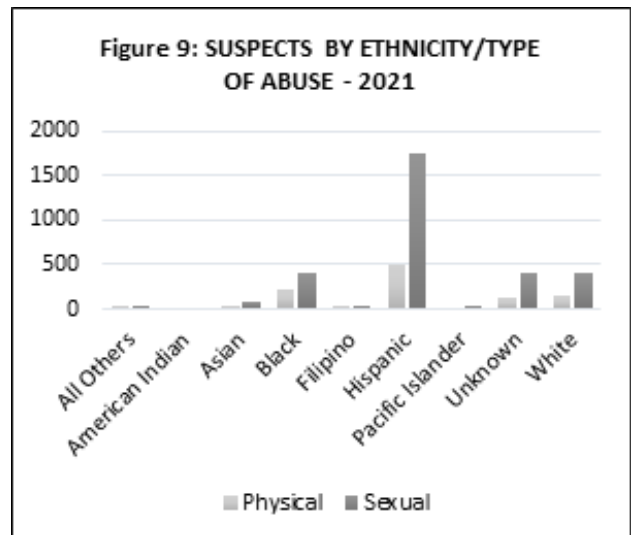




Table 10

RESCUES - 2021

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
CSEC	1	2	6	2	2	2	1	1	3	2	2	0	24
Adult	0	0	0	0	0	2	0	0	0	0	0	0	2
TOTAL	1	2	6	2	2	4	1	1	3	2	2	0	26

Table 11

ARRESTS - 2021

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Male Sex Buyers	33	12	8	14	7	9	7	7	22	0	0	0	119
Human Trafficking Related*	3	4	1	2	3	2	0	2	3	1	1	1	23
Internet Crimes Against Children	4	5	13	5	2	5	4	1	10	8	7	4	68
Arrested for Other Crimes	1	0	1	2	0	3	0	1	0	0	2	0	10
TOTAL	41	21	23	23	12	19	11	11	35	9	10	5	220

Table 11A

HUMAN TRAFFICKING RELATED ARRESTS* - 2020

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Female Adult Commercial Sex Workers	2	0	0	0	1	0	0	1	1	0	0	1	6
Pimps/Traffickers	1	4	1	2	2	2	0	1	2	1	1	0	17
TOTAL	3	4	1	2	3	2	0	2	3	1	1	1	23



Table 12

SEARCH WARRANTS - 2021

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Search Warrants	40	64	69	52	54	69	54	63	62	78	26	28	659

Table 13

FEDERAL CASES FILED - 2021

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
Federal Cases Filed	0	0	1	0	0	0	0	0	0	1	0	0	2



GLOSSARY OF LAW ENFORCEMENT TERMS RELATED TO CHILD ABUSE, ADULT FELONY SEXUAL ASSAULTS, AND HUMAN TRAFFICKING

Active Rescues – When one directly inserts themselves into a situation to separate the exploiter and victim.

Battery – Any willful and unlawful use of force or violence upon the person of another.

Child Abuse – Any physical injury inflicted on a child by another person, sexual abuse, or emotional abuse.

Child Physical Abuse – Any bodily injury inflicted by other than accidental means on a child, including willful cruelty, unjustifiable punishment, or corporal punishment.

Child Sexual Abuse – The victimization of a child by sexual activities, including molestation, indecent exposure, fondling, rape, and incest.

Commercial Sex – Any sex act on account of which anything of value is given to or received by any person.

Commercial Sexual Exploitation of Children (CSEC) – Refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value given or received by any person.

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

Forced Labor – It is when individuals are compelled to provide work or service using force, fraud, or coercion.

Incident Reports – These reports are used to report crimes, arrests, or non-criminal activities (also known as original or first reports).

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

Minor – A person under the age of 18.

Neglect – A failure to provide the basic necessities (i.e. food, shelter, or medical attention), poor sanitation, and poor hygiene. These cases may be classified as either general neglect or severe neglect.

Passive Rescues – When one surreptitiously contacts the victim(s) and encourages them to escape, providing them with information, and other valuable resources.

Physical Abuse (Misdemeanor) – Any physical abuse under circumstances or conditions other than those likely to produce great bodily harm or death.

Physical Abuse (Felony) – Any physical abuse under circumstances likely to produce great bodily harm or death.

Pimp – A person who controls prostitutes and arranges clients for them, taking part of their earnings in return.

Prostitute – A person who engages in sexual activity for payment.

Protective Custody – Any peace officer may, without a warrant, take into temporary custody a minor, when the officer has reasonable cause to believe the safety and welfare of a child are at stake.

Rape – The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.



Sextortion – A crime that occurs when someone threatens to distribute your private and sensitive material if you do not provide them with images of a sexual nature, sexual favors, or money.

Sexual Abuse (Misdemeanor) – An act wherein the punishment is incarceration in a county jail.

Sexual Abuse (Felony) – Any lewd or lascivious act wherein the punishment includes the possibility of incarceration in a state prison.

Sexual Battery – The touching of an intimate part (sexual organ, anus, groin, or buttocks of any person, and the breast of a female) of another person and the touching is against the will of the person touched, and the touching is for the purpose of sexual arousal, sexual gratification, or sexual abuse.

Shaken Baby Syndrome – A form of child abuse that causes severe brain damage.

Statutory Laws – In California, the age of consent for lawful sexual relationships is 18 years old.

Traffickers (Human) – A person who buys or sells people or makes money from the work people are forced to do, such as sex and/or forced labor.



DISTRICT ATTORNEY'S OFFICE

INTRODUCTION

Under the leadership of George Gascón, District Attorney for Los Angeles County, the Los Angeles County District Attorney's Office (District Attorney's Office) operates with the clear mission of evaluating and prosecuting cases in a fair, evenhanded, and compassionate manner. The District Attorney's Office has demonstrated its commitment to justice for all residents 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 population: our children. All too often, the perpetrators of these offenses are those in whom children place the greatest trust – parents, grandparents, foster parents, guardians, teachers, clergy members, coaches, and trusted family friends. The child victim is a primary concern of the District Attorney's Office throughout the prosecution process. Skilled prosecutors are assigned to handle these cases, and victim/witness advocates are readily available to assist the children. District Attorney personnel have the best interests of the child victim or witness in mind. Protection of our children is, and will continue to be, one of the top priorities of the District Attorney's Office.

The District Attorney's Office becomes involved in child abuse cases after the cases are reported to and investigated by the police. Special divisions have been created in the District Attorney's Office to handle child abuse cases. Highly skilled prosecutors with special training in working with children and issues of abuse and neglect are assigned to these divisions. These prosecutors attempt to make the judicial process easier and less traumatic for the child victim and witness. Additionally, there are trained investigators from the District Attorney's Bureau of Investigation and skilled Victim Services Representatives from the Bureau of Victim Services who work with the prosecutors to ensure justice for the youngest victims of crime.

The District Attorney's Office prosecutes all felony crimes and all juvenile delinquency offenses committed in Los Angeles County, and misdemeanor crimes in the unincorporated areas of the county or in jurisdictions where cities have contracted for such service. Felonies are serious crimes for which the maximum punishment under the law is either state prison or death; misdemeanors are crimes for which the maximum punishment is a fine and/or county jail. Cases are referred by law enforcement agencies or by the Grand Jury. The District Attorney's Office is the largest local prosecuting agency in the nation with 2,047 permanent employees and 49 temporary employees as of July 1, 2020. Of the permanent employees, 923 are full-time attorneys and 6 are part-time attorneys. In 2020, the District Attorney's Office reviewed 62,233 felony cases; 33,317 were



filed and 28,916 were declined for filing. The District Attorney's Office reviewed 98,078 misdemeanor cases; 71,036 were filed and 27,042 were declined for filing.

THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

Because children are among the most defenseless victims of crime, the law provides special protection for them. Recognizing the special vulnerability and needs of child victims, the District Attorney's Office has mandated that all felony cases involving child physical abuse, neglect, and endangerment; child sexual abuse and exploitation; child human sex trafficking; and child abduction are vertically prosecuted. Vertical prosecution involves assigning specially-trained, experienced prosecutors to handle all aspects of a case from filing to sentencing. In some instances, these Deputy District Attorneys (DDA(s)) are assigned to special divisions (Family Violence Division, Sex Crimes Division, Child Abduction Section, or Abolish Chronic Truancy Program). In other instances, the DDAs are designated as special prosecutors assigned to the Victim Impact Program in Branch Offices (Airport, Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, Pomona, San Fernando, Torrance, and Van Nuys). Deputies with specialized training handle the sexual assault cases adjudicated in Juvenile Delinquency Court.

The vast majority of cases are initially presented to the District Attorney's Office by a local law enforcement agency. When these cases are subject to vertical prosecution under the above criteria, the detective presenting the case is directed to the appropriate DDA for initial review of the police reports. In cases where the child victim is available and it is anticipated that the child's testimony will be utilized at trial, it is strongly encouraged that a pre-filing interview is conducted involving the child, the assigned DDA, and the investigating officer because it is essential to establish rapport between the child and the DDA assigned to evaluate and prosecute the case. In cases alleging sexual abuse of a child, the interview is required absent unusual circumstances. The interview provides the child with an opportunity to get to know the prosecutor and allows the prosecutor the opportunity to assess the child's competency to testify. The court will only allow the testimony of a witness who can demonstrate that he or she has the ability to recollect and recall, and can understand and appreciate the importance of relating only the truth while on the witness stand. Ordinarily, this is

established by taking an oath administered by the clerk of the court. The law recognizes that a child may not understand the language employed in the formal oath and thus provides that a child under the age of 10 may be required only to promise to tell the truth (Evidence Code (EC) §710). The pre-filing interview affords the DDA an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie, to know that there are consequences for telling a lie while in court, and to recall the incident accurately.

The pre-filing interview will also assist in establishing whether the child will cooperate with the criminal process and, if necessary, testify in court. The victim of a sexual assault (whether an adult or child) cannot be placed in custody for contempt for failing to testify (Code of Civil Procedure (CCP) §1219). If the child who is the victim of sexual assault does not wish to speak with the deputy or is reluctant to commit to testifying in court and his or her testimony is required for a successful prosecution, then the child's decision will be respected.

In all cases involving a child victim, every effort will be made to offer support to the child through the presence of an advocate from the Bureau of Victim Services. The Victim Services Representative will work closely with the child and the child's family (if appropriate) to ensure that they are informed of the options and services available to them, such as counseling or medical assistance. Victim Services Representatives are available for assistance and are specially trained to handle domestic abuse cases where the child is victimized. Such cases may involve domestic violence between teenagers or between an adult in a domestic relationship with a person under the age of 18.

As with Sex Crimes, the victim cannot be placed in custody for failing to testify (CCP §1219). Instead, the District Attorney's Office will make every attempt to secure the victim's cooperation by utilizing all available resources in order to keep the victim safe. Resources include referrals from Victim Services Representatives to domestic violence counselors or medical practitioners.

After reviewing the evidence presented by the investigating officer from the law enforcement agency, the DDA must determine that four basic requirements are met before a case can be filed:

1. After a thorough consideration of all pertinent



facts presented following a complete investigation, the prosecutor is satisfied that the evidence proves that the accused is guilty of the crime to be charged;

2. There is legally sufficient, admissible evidence of the basic elements of the crime to be charged;
3. There is legally sufficient, admissible evidence of the accused's identity as the perpetrator of the crime charged; 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 write the reasons for the declination on a designated form. The reasons can include, but are not limited to:

- A lack of proof regarding an element of the offense;
- A lack of sufficient evidence establishing that a crime occurred or that the accused is the perpetrator of the offense alleged;
- The victim is unavailable or declines to testify; or
- The facts of the case do not rise to the level of felony conduct.

When the assessment determines that misdemeanor conduct has occurred, the case is either referred to the appropriate city prosecutor's office or, in jurisdictions where the District Attorney prosecutes misdemeanor crimes, the case is filed as a misdemeanor.

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

- Allow for reasonable breaks and relief from examination during which the child witness may leave the courtroom (Penal Code (PC) §868.8(a));
- Remove its robe if it is believed that such formal

attire may intimidate the child (PC §868.8(b));

- Relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness (PC §868.8(c)); or
- Provide for testimony to be taken during the hours that the child would normally be attending school (PC §868.8(d)).

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

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

- The court may designate up to two persons of the child's own choosing for support, one of whom may accompany the child to the witness stand while the second person remains in the courtroom (PC §868.5(a));
- Each county is encouraged to provide a room, located inside of, or within a reasonable distance from, the courthouse, for use by children under the age of 16 whose appearance has been subpoenaed by the court (PC §868.6(b));
- The court may, upon a motion by the prosecution and under limited circumstances, permit a hearing closed to the public (PC §§868.7(a) and 859.1), or testimony on closed-circuit television or via videotape (PC §1347);
- The child must only be asked questions that are worded appropriately for his or her age and level of cognitive development (EC §765(b)); or
- The child must have his or her age and level of cognitive development considered in the evaluation of credibility (PC §1127f); and the prosecutor may ask leading questions of the child witness on direct examination (EC §767(b))

SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

DDAs who are assigned the challenge of prosecuting cases in which children are victimized receive special training throughout their assignment to enhance their ability to effectively prosecute these cases. These DDAs work very closely with



Victim Services Representatives from the Bureau of Victim Services and other agencies to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the criminal justice system.

The District Attorney's Office has long recognized that the key to successful prosecution is constant communication with victims during the criminal court process. DDAs who vertically prosecute cases are responsible for keeping victims and their parents or guardians apprised of court dates, disposition offers, and sentencing. In 2009, voters enacted Proposition 9 – Marsy's Law, which amended the California Constitution, Article 1, Section 28. This constitutional provision enumerates certain victims' rights. The District Attorney's Office promptly instituted procedures to satisfy the legal requirements for all criminal cases to ensure that victims remained informed about the criminal court proceedings.

SPECIAL DIVISIONS AND PROGRAMS

The District Attorney's Office has formed a system of special divisions and programs designed either as part of their overall mandate or specifically for the purpose of recognizing the special nature of prosecutions in which children are involved in the trial process as either victims or witnesses.

ABOLISH CHRONIC TRUANCY

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

entrenched. This, in turn, drastically increases a student's likelihood of dropping out of high school.

ACT partners primarily with elementary and a few middle schools throughout Los Angeles County. Among ACT's goals are promoting a greater understanding of the compulsory education laws, increasing the in-seat attendance of children at school, and identifying appropriate referrals to assist families who are not in compliance with school attendance laws. Through a series of escalating interventions, the message consistently conveyed by representatives of the District Attorney's Office is that parents must get their children to school every day, and on time, because it is good for the child and for the community, and because it is the law.

ACT is now in partnership with approximately 350 schools in Los Angeles County. ACT personally contacted the parents of 725 students to intervene in the cycle of truancy in 2021. An independent review of the program by the RAND Corporation showed that year after year the program reduced unexcused absences in program participants by five to eight days on average. Students who are in the ACT program have a greatly reduced chance of becoming a juvenile delinquent.

ACT personnel serve on School Attendance Review Boards. In 2021, ACT personnel attended 125 School Attendance Review Board meetings. The program also conducts truancy information meetings for parents and students at the high school level and for parents of kindergarten students.

TRUANCY MEDIATION

Truancy mediation is an interim statutorily authorized step to avoid prosecution when parents or students older than 13 fail to adhere to the law through repeated unexcused absences, following strong intervention at the school site level.

Truancy mediation, as a final step before prosecution of the students and/or their parents, is authorized by Welfare and Institutions Code §601.3 and Education Code §48263.5. The goal of mediation is to prevent further truancy and to restore the student to improved school attendance. However, if the mediation does not result in acceptable school attendance, parents may be taken to court.

The Truancy Mediation Program received 81 referrals for mediation in 2021.



CHILD ABDUCTION SECTION

The Child Abduction Section was established in 1986. Child abduction cases involve cross-jurisdictional issues covering criminal, dependency, family law, and probate courts. The District Attorney's Office works in criminal court, civil court, and under an international treaty in efforts to recover abducted children and punish the abductor when appropriate. The Child Abduction Section handles all child abduction cases under PC §§278 and 278.5, which include stranger, parental, relative, and other cases. The victim of the crime is the lawful custodian of the child. It is essential for the abducted child to be treated with particular sensitivity and understanding during the prosecution of these cases.

California civil law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction. The Child Abduction Section employs several District Attorney Investigators (DAIs) to recover children wrongfully taken and return them to their custodial parent(s). In addition, the Child Abduction Section handles all cases arising under the Hague Convention on the Civil Aspects of International Child Abduction. There are now 83 signatory countries and territories with respect to the Hague Convention on the Civil Aspects of International Child Abduction.

Services available to the public are explained on the District Attorney's Office's website (da.lacounty.gov). The questionnaire that must be completed to obtain Family Code services may be downloaded and filled out in the privacy of the home and then brought to our downtown office located at the Hall of Justice, 211 W. Temple Street, Suite 300, Los Angeles, CA 90012.

In 2021, the Child Abduction Section filed 31 new criminal cases. As of the end of 2021, there were 19 pending cases.

In 2021, the DAIs initiated 65 new cases under the Family Code and closed 45 cases. In 2021, the DAIs successfully recovered 47 children.

The Child Abduction Section assisted with 12 cases litigated under the terms of the Hague Convention, resulting in the recovery of 14 children.

The Child Abduction Section continues to conduct numerous training sessions with the Los Angeles Police Department (LAPD), the Los Angeles Sheriff's Department, other law enforcement agencies, the Family Law Court, the California District Attorneys Association, and other interested organizations. This training is critical because we are still finding agencies, or members of these agencies, operating under a misconception that a parent cannot be criminally prosecuted for abducting his or her own child. The training is designed to provide the necessary information to first responders and investigating officers in order to quickly get relevant information into local and national recovery systems, and to properly investigate and file these serious felony cases with the Child Abduction Section.

FAMILY VIOLENCE DIVISION

The Family Violence Division (FVD) was established in July 1994. FVD is responsible for the vertical prosecution of felony domestic violence and child physical abuse and endangerment cases in the Central Judicial District. At times, FVD deputies travel to different courthouses within Los Angeles County to vertically prosecute intimate partner and child homicide cases. Allocating special resources to abate serious spousal abuse in Los Angeles County was prompted by the 1993 Department of Justice report which found that one-third of the domestic violence calls in the State of California came from Los Angeles County. Children living in homes where domestic violence occurs are often subjected to physical abuse as well as the inherent emotional trauma that results from an environment of violence in the home. FVD's staff includes Deputy District Attorneys, District Attorney Investigators, paralegals, Victim Services Representatives, witness assistants, and clerical support staff. All of the staff are specially trained to deal sensitively with family violence victims. The goal is to make certain that the victims are protected and that their abusers are held justly accountable in a court of law for the crimes they commit.

FVD specializes in prosecuting intimate partner and child homicides and attempted homicides, child abuse, and intimate partner sex cases. It also handles cases involving serious and recidivist family violence offenders who commit crimes such as intimate partner corporal injury, criminal threats, stalking, etc. FVD's staff is actively involved in legislative advocacy and many inter-agency prevention, intervention, and educational efforts



throughout the county. Consistent with its mission, FVD continues to bring a commitment to appreciating the seriousness of the cases and respecting the victims in the prosecution of family violence cases. This was very much needed for the criminal justice system to do its part in stopping the cycle of violence bred from domestic violence and child abuse.

A significant portion of the work done by FVD staff involves the prosecution of felony child physical abuse/endangerment cases. The harm to children ranges from injuries such as bruises, scarring, burns, broken bones, and brain damage to death. In many instances, the abuse is long-term; however, there are instances, wherein a single incident of abuse results in a felony filing. At the conclusion of 2020, FVD was in the process of prosecuting 25 murder cases involving child victims. When a murder charge under PC §187 is filed involving a child victim under the age of eight and the death is due to abuse of the child, a second charge of assault resulting in death of a child under eight, a violation of PC §273ab, is also filed in most instances. It can be extremely difficult to convict a parent of murdering their child because jurors must find that the parent acted with malice and intended to kill their child. In cases alleging 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 as a conviction of first-degree murder.

In child abuse or homicide cases where one parent, guardian, or caregiver abuses or kills a child, the law provides that the passive parent, guardian, or caregiver may also be held criminally liable. The passive parent is one who has a duty of care for the child, knows he or she has that duty of care, and intentionally fails to perform that duty of care. In 2008, the appellate court upheld the verdict in a case filed by FVD against the passive parent, solidifying case law in support of such charges (*People v. Rolon* (2008) 160 Cal. App.4th 1206). The premise used in *Rolon* continues to be used by FVD prosecutors today. In 2017, the mother of a two-year-old child was charged with second-degree murder after she left the child in the care of her abusive boyfriend. When she came home and discovered the badly injured child, she initially failed to take the child to the hospital, and when she finally did, she tried to hide the abuse, by applying make-up to his injuries.

She was convicted of second-degree murder for her failure to act to help her child.

Additionally, FVD attorneys prosecute intimate partner homicide cases where children have observed one parent killing another. Forensic interviewers are utilized to determine what a child witness saw. When children must testify, FVD attorneys ensure that support persons are present in the courtroom. In addition, the District Attorney's Office now has two facility dogs who are able to attend court proceedings with victims to provide emotional support while testifying. These services are available to the child witness before and after court proceedings to help deal with the trauma associated with witnessing the crime and appearing in court to testify against the parent accused of committing the crime. During and at the conclusion of court proceedings, Victim Services Representatives provide the child witness and guardians with referrals for counseling, relocation, and victims of crime financial assistance.

FVD deputies also collaborate with multidisciplinary teams to improve the understanding of child abuse and endangerment cases and child homicide cases. FVD deputies are active members of numerous Inter-Agency Council on Child Abuse and Neglect (ICAN) Committees. The Head Deputy co-chairs the monthly Death Review meetings.

Additionally, the District Attorney's Office coordinates monthly meetings of the Domestic Violence Death Review Team, which often explore cases where children are victims or witnesses in intimate partner homicide cases.

The District Attorney's Office is also instrumental in proposing and reviewing new legislation. In 2017, the District Attorney's Office proposed legislation to amend PC §1202.4(f)(3)(F) to add PC §§ 288.5 and 288.7 to the list of crimes that allow child sexual assault victims to collect restitution for non-economic losses.

The District Attorney's Office also drafted legislation regarding the issuance of domestic violence protective orders to close a loophole in the law and help ensure protection for children. Before the legislative amendment in 2014, existing law allowed criminal courts to issue protective orders for up to 10 years in domestic violence cases to protect the named victim in the case but failed to take into account the children who were present during the incident. The amendment expanded the judge's



authority to issue protective orders that included children who were present during the domestic violence.

In 2010, FVD and the Sex Crimes Division reviewed and made recommendations on a significant number of bills aimed at protecting victims of intimate partner battering and child abuse and neglect. Previously, attorneys from the District Attorney's Office and the Los Angeles County Counsel's Office partnered to draft legislation regarding information-sharing between certain government agencies. ICAN also co-sponsored the legislation. AB 1687 amended Civil Code §56.10 by adding §56.103. The law allows a healthcare provider to disclose medical information to a county social worker, probation officer, or any other person who is legally authorized to have custody or care of a minor for the purpose of coordinating healthcare services and medical treatment provided to the minor. In 2010, legislation was proposed to reduce the number of people necessary to form a multidisciplinary team so that critical information regarding child abuse and neglect may be shared with key people faster. The proposed legislation became law in 2011.

The majority of a FVD deputy's duties involves the vertical prosecution of criminal cases. In the course of their work, FVD deputies utilize a number of tools available to them including the Family and Children's Index (FCI) to determine what, if any, contacts the child victim or his or her family has had with other Los Angeles County agencies. FCI is a pointer system developed with ICAN and other county partners to ensure that critical information may be shared as deemed appropriate by each respective agency with other agencies to ensure child safety.

In addition to the work done in the courtroom, the DDAs in the unit speak to various government agencies and community-based organizations on the topic of mandated reporting. Under the Child Abuse and Neglect Reporting Act (PC §11164, et seq.), people in specified professions must report child abuse where they have reasonable objective suspicions that it is occurring. Failure of the mandated reporter to file the necessary report with law enforcement or the child protective agency may result in misdemeanor prosecution. The attorneys in FVD also train deputies in other units within the District Attorney's Office to ensure the uniform treatment of child abuse cases.

DDAs who handle crimes with children as victims

or witnesses also access the Electronic Suspected Child Abuse Report System (ESCARS).

ESCARS Unit

In 2015, the District Attorney's Office committed to the importance of the Electronic Suspected Child Abuse Report System with the creation of the ESCARS Unit. The ESCARS Unit is a specialized unit within the Family Violence Division; consisting of four paralegals and a Deputy-in-Charge. With this expansion, the District Attorney's Office was better able to universally audit ESCARS compliance by law enforcement, Deputy District Attorneys, and the Department of Children and Family Services (DCFS). The creation of the ESCARS Unit enabled the District Attorney's Office to increase by 30 percent, its capacity to review/audit Suspected Child Abuse Reports (SCARs).

The Unit is responsible for training law enforcement and DDAs on the system throughout Los Angeles County. In 2020, there were 41,294 SCARs uploaded to ESCARS; 12,689 were law enforcement generated. The total number of SCARs generated in 2020 was significantly lower than prior years, due to the Covid-19 Pandemic. The District Attorney's Office audits the use of the system to ensure that this innovative tool is being used effectively and in a timely manner by law enforcement agencies and prosecutors. The formation of the unit not only facilitated the expansion of the auditing process, but also enabled the District Attorney's Office to recognize where data-sharing could be further improved.

One such improvement in 2018, was the ESCARS Unit spearheading and facilitating the addition of the Los Angeles City Attorney's Office (LACAO) to the system. LACAO files approximately 1,557 child abuse cases a year. Of the approximate 1,557 filed cases, a large majority have a corresponding SCAR in ESCARS. Yet, none of the City Attorney's cases were documented in ESCARS. The ESCARS Unit recognized that if ESCARS was truly an information-sharing database, then the next logical progression would be the inclusion of LACAO to ESCARS. An Operational Agreement has been signed by the District Attorney and the City Attorney to solidify the inclusion of LACAO to ESCARS.

ESCARS is a collaborative database and an electronic system available to all law enforcement agencies in Los Angeles County, DCFS social



workers, prosecutors in the District Attorney's Office, and now city prosecutors.

COMPLEX CHILD ABUSE SECTION

In September 2016, the Complex Child Abuse Section (CCAS) of the Family Violence Division was created to enable prosecutors to better protect children who are at risk, prosecute those who abuse them, and safeguard the integrity of the convictions obtained. The section was the natural outgrowth of increased recognition that abusive head trauma cases and cases involving severe abuse and neglect causing death, pose many challenges. In these cases, the cause of death or catastrophic injuries are extraordinarily complicated. Such challenges require prosecutors to handle an array of medical and legal issues and adeptly respond to the mounting defense attacks in court.

CCAS consists of a deputy-in-charge, two trial deputies, and a paralegal. The section handles all cases involving suspected abusive head trauma - whether the victim survives or dies from the injuries. The section also handles any death of a child under the age of eight involving medically complex causes of death, or time of death issues.

CCAS prosecutors receive specialized training in abusive head trauma and child abuse homicides. They utilize a multidisciplinary team approach, working closely with detectives, child abuse pediatricians, and social workers from the beginning of an investigation to the end of a criminal proceeding. The potential for maximizing positive outcomes in these cases is greatly enhanced when all team members share the facts of the case and medical findings, and address and resolve any issues in real time in a confidential setting.

Since its formation, CCAS has fielded hundreds of calls for assistance from law enforcement and child abuse pediatricians on new cases in the initial stages of an investigation. The section also reviews, files, declines, resolves, and takes complex child abuses cases to jury trial. CCAS prosecutors have provided training on child physical abuse, abusive head trauma, and child homicides to law enforcement and prosecutors locally, nationally, and internationally. They have also collaborated in presentations with child abuse pediatricians, law enforcement, and social workers at various child abuse conferences. They regularly attend, present cases, and contribute valuable insight at ICAN Child Death Review Team

meetings and Suspected Child Abuse and Neglect team meetings at hospitals throughout the county.

SEX CRIMES DIVISION

The Sex Crimes Division is comprised of four separate sections: the Sex Crimes Section, the Sexually Violent Predator Unit, Stuart House, and the Human Sex Trafficking Section.

Sex Crimes Section

DDAs assigned to the Sex Crimes Section vertically prosecute all felony sexual assaults that occur in the Central Judicial District. DDAs handle cases involving both child and adult victims and work closely with victim advocates from our Bureau of Victim Services who are specially trained to work with sexual assault victims.

In cases alleging sexual abuse of a child, forensic interviews are often conducted and videotaped. The DDA and investigating officer watch the interview through a one-way window and are able to monitor the interview and provide input to the forensic interviewer. This method reduces both the number of people present in the interview as well as the number of times the minor victim has to be interviewed. In cases where a forensic interview is not conducted, the assigned DDA will interview the victim prior to a filing decision being made. This interview is important to both build rapport with the child as well as establish the number and types of charges that will be filed.

Since many cases of child sexual abuse are committed by individuals in the child's home, DCFS and Dependency Court are often involved with a child who is a named victim in a criminal prosecution. The DDA vertically prosecuting the criminal case obtains relevant DCFS records and often keeps the social worker apprised of the status of the criminal proceedings.

The DDA assigned to the case is responsible for making the filing decision and makes all court appearances, from arraignment through jury trial. Contact between the DDA and the victim is maintained throughout the proceedings and any potential settlement of the case is discussed with the victim's parent or guardian and the victim herself or himself, depending upon age. At the time of sentencing, the victim and/or the victim's parents or guardian are entitled by law to address the court



regarding the impact the defendant's crimes have had on the child.

Sexually Violent Predator Unit

The Sexually Violent Predator (SVP) Unit handles cases in which the District Attorney's Office seeks a civil commitment to a mental hospital for individuals who have been convicted of a delineated sexually violent crime against an adult or child victim, and who also have a current diagnosed mental disorder that makes it likely that they will engage in sexually violent predatory behavior if they are released into the community.

A true finding by a jury under SVP law results in the offender receiving an indeterminate commitment to a state hospital where he or she will be given the opportunity to participate in a mental health program designed to confront and treat the disorder. The offender is evaluated annually for release into the community. If it is determined that the offender presents a continued threat to the community, the SVP commitment will continue.

Stuart House

Stuart House is a state-of-the-art multidisciplinary center located on the UCLA Santa Monica Medical Center Campus. Its staff includes a Deputy-in-Charge and four DDAs as well as law enforcement officers, certified social workers, child advocates, therapists, and forensic interviewers. Stuart House handles cases involving sexual assaults committed on children under the age of 18. Each case is vertically prosecuted by the assigned DDA. Sexual assault examinations are performed at the neighboring Santa Monica Rape Treatment Center. The Stuart House model significantly reduces trauma to the child by utilizing forensic interviewing and a team approach for investigation and prosecution of the case and wrap around services for the victim, including counseling on the premises. Additional facility features include a mock courtroom, where child victims can attend "court school" before they testify in criminal proceedings, and special rooms for group, play and art therapy. The presence of all team members at one location provides enhanced communication and coordination to ensure less trauma to these very young victims.

Human Sex Trafficking Section

Any person who actually or attempts to cause, induce

or persuade a minor to engage in a commercial sex act is guilty of human sex trafficking of a minor. The commercial sexual exploitation of children is a multi-billion-dollar-a-year criminal enterprise. These children are recruited from all over Los Angeles County, the State, and the country, especially from bus and train stations, schools, group homes, and through social media. Many are runaways and have gone through the dependency system.

The District Attorney's Office remains committed to a comprehensive approach to combating human sex trafficking. This includes not only prosecuting the trafficker to the fullest extent of the law, but also holding those accountable who purchase sex from children. To address the prevalence of human sex trafficking in Los Angeles County, the District Attorney's Office created the Human Trafficking Unit in 2014, which was expanded after further funding was secured in October 2016 and renamed the Human Sex Trafficking Section (HSTS). The HSTS consists of a Deputy-in-Charge and three trial deputies who are all specially trained in prosecuting sex trafficking cases. To further target and prevent human sex trafficking, a DAI serves on the Los Angeles Regional Human Trafficking Task Force that investigates human trafficking cases and seeks to rescue and recover victims of exploitation and trafficking. (Human labor trafficking is prosecuted by the Organized Crime Division of the District Attorney's Office.) The District Attorney's Office also has dedicated victim-witness assistance advocates who have specialized training to support human trafficking victims.

All human sex trafficking cases are vertically prosecuted. This allows for the most effective and efficient prosecution while minimizing further trauma to victims. Vertical prosecution allows a specially-trained and experienced prosecutor to handle all aspects of a case from filing to sentencing. This is a best practice approach followed by the District Attorney's Office in cases involving vulnerable victims.

The District Attorney's Office maintains its commitment to collaborate with our law enforcement partners and other county agencies in order to better serve the needs of commercially sexually exploited children. A Deputy District Attorney from the HSTS is assigned to the Los Angeles Regional Human Trafficking Task Force. The HSTS works closely with our law enforcement partners to identify, rescue, and support victims of human trafficking



while focusing on prosecuting and convicting their exploiters and traffickers in an effort to protect both current and future victims. The District Attorney's Office continues to work with other agencies to facilitate providing mental health and medical services, counseling, and other support to victims of sexual exploitation and trafficking.

The HSTS also conducts trainings for law enforcement, prosecutors, advocates, and the general public about human sex trafficking. Training helps to promote an understanding of what human sex trafficking in Los Angeles County truly looks like so that victims can be recovered and not return to the life of commercial sexual exploitation and trafficking.

There is a human trafficking database which tracks the human trafficking cases filed in Los Angeles County.

**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 VIP category cases, which include family violence; sex crimes; stalking; elder and dependent adult physical and mental abuse, endangerment, and financial abuse; hate crimes; human sex trafficking; and child physical and mental abuse and endangerment. VIP represents a firm commitment to ensure well-trained and qualified deputies are assigned to vertically 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. At each of the 10 Branch Offices, the District Attorney appoints an experienced DDA as the VIP Deputy-in-Charge (DIC) to manage the DDAs assigned to VIP. The VIP DIC works closely with the assigned DDAs to ensure that all cases are appropriately prepared and prosecuted. All VIP DDAs receive enhanced training in the investigation and prosecution of VIP category crimes, current legal issues, forensic evidence, potential defenses, and trial tactics. DDAs assigned to VIP in the Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, San Fernando, Van Nuys, Torrance, Pomona, and Airport Branch Offices also specialize in the prosecution of cases involving child victims as part of multidisciplinary

teams.

The VIP DICs and Victim Impact Program Advisory Working Group (VIP Advisory Working Group) meet every other month to discuss trends in the prosecution of VIP category cases, new laws, and best practices. Training is provided on developments in the law and topical subjects. The VIP Advisory Working Group is comprised of subject matter experts on VIP category crimes. Head deputies, assistant head deputies from the Family Violence Division and the Sex Crimes Division, as well as deputies-in-charge from VIP, the Human Sex Trafficking Section, Complex Child Abuse Section, ESCARS Unit, Elder Abuse Section, Stalking and Threat Assessment Team, and the Juvenile Division participate in the meetings and share their expertise on pertinent topics. The VIP Advisory Working Group's goals are:

1. Review, recommend, and implement office policies and procedures, and best practices for VIP category cases;
2. Analyze VIP case suitability criteria;
3. Review VIP statistics and staffing for each branch office;
4. Develop expertise within VIP and disseminate that expertise to Line Operations; and
5. Identify and advocate on behalf of the VIP community various emerging VIP category crime-related law enforcement/prosecution issues such as human sex trafficking.

The VIP Advisory Working Group has eight committees:

1. Policies and Procedures;
2. Colleges;
3. VIP Legislation;
4. DIC Meetings/Agendas;
5. VIP Manual;
6. Human Sex Trafficking;
7. Child Abuse Multidisciplinary Team Coordination; and
8. Elder/Dependent Adult Abuse Case Reporting System.

The committees are comprised of a chairperson and members with interest and expertise on various topics. The information gleaned and recommendations made from each committee are presented to the working group members and executive management staff to enhance the prosecution of VIP category cases.



MULTIDISCIPLINARY CENTERS IN LOS ANGELES COUNTY

Best practice for cases involving child victims is to pursue a multidisciplinary team (MDT) approach to the investigation as well as any interview of a child. A multidisciplinary response to child abuse allegations typically includes representation from law enforcement, DCFS, the District Attorney's Office (both prosecution and the Bureau of Victim Services), and mental health and medical professionals. The purpose of MDT and interagency collaboration is to coordinate intervention and share information that optimizes results and reduces potential trauma to children and their families. The District Attorney's Office is an active participant in the MDTs detailed below:

- Children's Advocacy Centers (CAC) as defined in Penal Code §11166.4;
- Family Justice Centers (FJC) as defined in Penal Code §13750(c);
- Sexual Assault Response Teams (SART) as defined in Penal Code §13898;
- Suspected Child Abuse and Neglect (SCAN) Teams as defined in Penal Code §11167.5(b)(7); and
- Child Death Review Teams as defined in Penal Code §11174.32.

Children's Advocacy Centers (CAC)

Children's Advocacy Centers offer a child-friendly environment for forensic interviews of child victims and witnesses as well as many other services. CACs provide a coordinated, evidence-based response by MDT members to investigate abuse, help children heal from abuse, and hold offenders accountable. A CAC's mission is to protect the child, provide justice, and promote healing. The National Children's Alliance is the national association and accrediting body for CACs. Currently, there are seven child forensic interview centers in nine different locations throughout Los Angeles County:

- Inner Circle Children's Advocacy Center in Lancaster and Monterey Park;
- Harbor-UCLA Medical Center K.I.D.S. Hub Clinic in Torrance;
- Martin Luther King, Jr. Pediatric Hub CAC in Los Angeles;
- Strength United Family Justice Center/Center for Assault Treatment Services (CATS) in Van Nuys;
- Stuart House Rape Treatment Center Santa

- Monica UCLA Medical Center;
- The Children's Advocacy Center for Child Abuse Assessment and Treatment in Covina and Los Alamitos; and
- USC Gould School of Law Child Interviewing Lab in Monterey Park.

Center for Assault Treatment Services

The Center for Assault Treatment Services (CATS) is operated out of the Northridge Hospital Medical Center and is the only designated Sexual Assault Response Team in the San Fernando and Santa Clarita Valleys. CATS' mission is to provide compassionate, comprehensive care to adult and child victims of sexual abuse in a supportive and comfortable environment through a coordinated, collaborative effort. Results obtained from specialized forensic interviews and evidence collection conducted by nurses and nurse practitioners with advanced training as Sexual Assault Examiners are shared with MDT members. In addition, CATS medical personnel provide follow-up treatment and examination for victims and are court-qualified experts available for consultation and court testimony. CATS is available 24 hours a day, 7 days a week, and is utilized by federal and local law enforcement.

Children's Advocacy Center for Child Abuse Assessment and Treatment

The Children's Advocacy Center for Child Abuse and Treatment in the City of Covina (CAC Covina) opened its doors in 2004 and is accredited by the National Children's Alliance. The Los Alamitos satellite center opened in 2018. The CAC Covina is a multidisciplinary, non-profit agency that provides forensic interviews of children who witness criminal acts and/or are victims of sexual or physical abuse. While these interviews are being conducted, prosecutors, law enforcement officers, and DCFS watch via closed-circuit TV and provide input for follow-up questioning. This MDT approach allows each agency to fulfill its respective roles, yet minimizes the number of times the child must be interviewed.

The forensic interviews are conducted in a child-friendly and culturally sensitive manner by trained professionals and are digitally recorded. In addition to attending the actual interview, prosecutors attend routine case review sessions. The CAC Covina facilities have been used to assist in preparing and



presenting victim impact statements in court by young victims of child abuse.

To minimize trauma to children, the CAC Covina also uses therapy dogs to greet and wait with children and their families. Therapy dogs not only provide emotional support, but also empower victims.

Harbor-UCLA Medical Center K.I.D.S. Hub

The Harbor-UCLA Child Crisis Center, now known as the K.I.D.S. Hub, opened as a model project of the Los Angeles County Board of Supervisors in 1986. It is designed to serve residents of the 22 cities within the South Bay area of Los Angeles County but will assist any county resident. It provides services to children from birth through age 18 who are victims of physical, sexual, or emotional abuse.

The K.I.D.S. Hub provides state-of-the-art expert assessment while reducing trauma to child victims and their families. Expert medical evaluation for children involved with DCFS, acute sexual assault examinations, forensic examinations for physical abuse, and non-acute sexual abuse examinations are offered. Experienced professional forensic interviewers with specialized training interview the victims in a non-threatening, child-friendly environment, enabling the investigating officer, assigned DDA, and social workers to observe the entire interview behind a one-way mirror. The forensic interviews are video recorded.

There is an on-site DCFS Children's Social Worker and a Department of Mental Health therapist. DDAs and law enforcement are not housed at the facility but attend the forensic interviews for their assigned cases. Child victims receive a mental health screening and linkage by mental health therapists. Additionally, child abuse pediatricians are available to consult on child physical and sexual abuse issues and often provide training in the community.

Family Justice Center (FJC)

A Family Justice Center is a multiagency and multidisciplinary service center that provides services to victims of domestic violence, sexual assault, elder or dependent adult abuse, or human trafficking in one location in order to reduce the number of times victims must tell their story, reduce the number of places victims must go for help, and increase access to services and support for victims and their children. The core concept is to provide one place where

victims can talk to an advocate, plan for their safety, have police interviews, meet with a prosecutor, receive medical assistance, receive information on shelters, and get help with transportation.

In 2009, the District Attorney's Office collaborated to establish the first FJC in Los Angeles County in San Fernando. The FJC helps people who have experienced domestic violence, sexual assault, and child abuse. Victims who visit the FJC receive crisis intervention in a one-stop-shop, non-threatening, comfortable, safe environment which is welcoming to them and their children. FJC MDT partners include law enforcement, CATS, DCFS, the District Attorney's Office, the City Attorney's Office, the Department of Mental Health and post-trauma treatment agencies, and a legal assistance organization.

In 2018, the FJC Central Bureau opened its doors to offer similar services to victims of domestic violence and sexual assault. It is located near the Los Angeles County USC Medical Center downtown campus.

Sexual Assault Response Teams (SART)

A Sexual Assault Response Team is a coordinated interdisciplinary intervention model between law enforcement; crime lab; prosecution; and medical and advocacy experts to meet the forensic needs of the criminal justice system and the medical and emotional needs of sexual assault victims, including children. SART provides forensic medical exams to children. The mission of SART is to assist victims of sexual assault by offering them a sensitive and competent multidisciplinary response, to support efforts to restore the well-being of the victims, and to bring perpetrators to justice.

There are 11 SART sites in Los Angeles County. Some are co-located at a CAC or FJC. Each site houses different MDT members. The components of a SART exam include obtaining a detailed history of events, documenting physical injury, forensic evidence collection (including DNA and trace evidence), healthcare treatment and referrals, and crisis intervention, as well as referrals. SARTs meet regularly for case review. DDAs often participate in these meetings. The Los Angeles County Department of Health has developed SART center standards.

Suspected Child Abuse and Neglect (SCAN) Teams Suspected Child Abuse and Neglect team members include child abuse medical experts, hospital social



workers, children social workers, law enforcement, prosecutors, local child advocacy groups, and other service providers. SCAN teams meet at hospitals on a regular basis to discuss suspected child abuse and neglect cases. Medical professionals provide expert opinions on the causes of injuries and treatment; social workers provide family history and dependency proceeding status; law enforcement provides investigation updates; prosecutors provide information about legal issues, and advocates discuss service options. One of the objectives for reviewing the cases is to establish best practices regarding identification, assessment, and treatment of child abuse and neglect. The team also examines ways to prevent any additional abuse or neglect of the child and siblings in the home. DDAs regularly participate in SCAN meetings hosted by child abuse pediatricians in hospitals throughout the county.

JUVENILE DIVISION

The District Attorney's Juvenile Division is charged with the responsibility of petitioning the Delinquency Court for action concerning juvenile offenders who perpetrate crimes in Los Angeles County. This mandate falls under Welfare and Institutions Code (WIC) §602. The Juvenile Division is under the auspices of the Bureau of Specialized Prosecutions. It is divided into seven geographical areas. The offices include Antelope Valley Juvenile, Eastlake Juvenile, Pomona Juvenile, Sylmar Juvenile, Compton Juvenile, Inglewood Juvenile, and Long Beach Juvenile. The Juvenile Division works with local schools, law enforcement, the Los Angeles County Probation Department (Probation), the Los Angeles County Public Defender's Office, and the Delinquency Court to monitor and mentor youths who appear to be on the threshold of involvement in serious criminal activity.

School Attendance Review Board

A minor's first contact with the juvenile justice system is often handled informally. For instance, the Hearing Officers and Deputy District Attorneys from the District Attorney's ACT, Juvenile Offender Intervention Network, and Truancy Mediation Programs work with school districts' School Attendance Review Boards (SARBs) and School Attendance Review Teams to combat truancy. When students and/or their parents violate school attendance laws, the matters are often referred to the District Attorney's Office for a truancy mediation hearing. The goal of the mediation process is to return truants to school

while holding them responsible for their actions. In lieu of immediate referral for prosecution, the student and parents are given an opportunity to enter into a District Attorney School Attendance Contract. By entering into the contract, students and parents agree to immediately cease unexcused absences and tardies, to correct behavioral problems, and to adhere to SARB directives and other hearing officer resolutions.

Juvenile Offender Intervention Network

The District Attorney's Office also recognizes the need for early intervention for juvenile offenders arrested for non-violent offenses. To that end, the District Attorney's Office has implemented the Juvenile Offender Intervention Network (JOIN). The plan is simple: divert young offenders from the juvenile court process into a program that would offer immediate intervention and accountability as an alternative to juvenile court prosecution. To participate in the program, parents and youthful offenders agree to the terms of a JOIN contract. In the contract, juvenile offenders acknowledge responsibility for their acts and agree to pay restitution, attend school regularly, maintain passing grades, remain arrest-free, and perform community service. Parents agree to attend parenting classes and families are referred to group counseling. Cases are closely monitored by the hearing officer for up to one year. If the minor commits another offense or fails to adhere to the JOIN contract, the original case is referred for prosecution.

JOIN is a highly effective program. It aims to address the root causes of the delinquent behavior. One example is JOIN's partnership with the Society for the Prevention of Cruelty to Animals Los Angeles (SPCALA). The SPCALA, in collaboration with the District Attorney's Office and the Los Angeles County Superior Court, designed a specialized curriculum to instill compassion, build self-esteem and help break the cycle of violence.

The curriculum is part of the Teaching Love & Compassion for Juvenile Offenders Program (JTLC). JTLC helps towards making healthier and more compassionate life choices. Students learn that compassion and kindness are effective ways to form lasting bonds and communicate effectively.

JOIN offers intense supervision and monitoring of the juvenile. In a two-year study, approximately 13 percent of all youth who participated in JOIN



reoffended, meaning 87 percent did not reoffend.

Informal Probation

Minors can also be placed on informal probation by the Probation Department prior to intervention by the court. After an arrest, a minor can be:

- Counseled and released;
- Placed in informal diversion programs through the school, law enforcement agency, or Probation;
- Referred to the District Attorney's Office for filing consideration pursuant to WIC §626; or
- Referred by the District Attorney's Office to Probation for informal processing under WIC §652.

In many instances, a deputy probation officer (DPO) assigned to review a case will decide to continue to handle the matter informally and reserve sending the referral to the District Attorney's Office for filing consideration. If the minor complies with the terms of informal supervision, the case does not come to the attention of the District Attorney's Office or the Delinquency Court; if the minor fails to comply, the DPO could then decide to refer the case for filing consideration.

A minor is ineligible for informal probation with the Probation Department if he or she was arrested for:

- Sale or possession for sale of a controlled substance;
- Possession of narcotics on school grounds;
- Assault with a deadly weapon upon a school employee;
- Possession of a firearm or weapon at school;
- A crime listed in WIC §707(b);
- An offense involving gang activity or requiring restitution in excess of \$1,000; or
- If the minor has:
 - o Previously been placed on informal probation and has committed a new offense;
 - o Is 14 or older and has been arrested for a felony; or
 - o Is 13 or younger and has a previous felony arrest (WIC §§652 and 653.5).

WIC §241.1 Dual Status Protocol

In 2004, the Legislature passed AB 129 which permits counties to develop a system where a youth can simultaneously be under the formal jurisdiction of the Delinquency Court and of the Dependency Court

provided there is agreement among the Probation Department, DCFS, and the Juvenile Court. In 2007, the County of Los Angeles drafted and implemented the WIC §241.1 Dual Status Protocol (Protocol) and initiated a pilot project in the Pasadena Delinquency Court. The Protocol targeted 300 wards who sustained a first-time arrest, and a 602 petition was filed by the District Attorney's Office in the now-closed Pasadena Delinquency Court requesting the youth be made a ward of the Delinquency Court. Through the Protocol and pilot project, stakeholders in the Los Angeles juvenile justice system, including the District Attorney's Office, hope to:

- Enhance public safety by providing better services to dependent youth and their families;
- Reduce the number of dependent youths who become 602 wards of the Delinquency Court;
- Better serve those who do become 602 wards; and
- Limit their time as 602 wards by maintaining Dependency Court jurisdiction where appropriate.

During 2010, the 241.1 Pilot Project was extended to Eastlake Delinquency Court. Currently, all seven delinquency court locations handle 241.1 protocol cases. As part of this expansion, the District Attorney's Office is also ensuring that 300 wards who are otherwise eligible for diversion consideration under the JOIN program are identified early and properly referred. In order to ensure their success in the JOIN program, DCFS has agreed to provide continued support of the diverted youth through the year-long JOIN program. This effort requires collaboration of the District Attorney's Office with other stakeholders in the juvenile justice system, including DCFS, the Department of Mental Health, and the minor's dependency attorney.

Delinquency Court Proceedings

If a minor is delivered by law enforcement to probation personnel at a juvenile hall facility, the DPO to whom the minor is presented determines whether the minor remains detained. There are two Juvenile Halls in Los Angeles County, both of which are under the supervision of the Probation Department. They are located in Sylmar (Barry J. Nidorf Juvenile Hall) and East Los Angeles (Central Juvenile Hall). If a minor 14 years of age or older is accused of personally using a firearm or having committed an offense listed under WIC §707(b), detention must continue until the minor is brought



before a judicial officer. In all other instances, the DPO can only continue to detain the minor if one or more of the following is true:

- The minor lacks proper and effective parental care;
- The minor is destitute and lacking the necessities of home;
- The minor's home is unfit;
- It is a matter of immediate and urgent necessity for the protection of the minor or a reasonable necessity for the protection of the person or property of another;
- The minor is likely to flee;
- The minor has violated a court order; or
- The minor is physically dangerous to the public because of a mental or physical deficiency, disorder, or abnormality (if the minor is in need of mental health treatment, the court must notify the Department of Mental Health).

If one or more of the above factors are present but the DPO deems that a 24-hour secure detention facility is not necessary, the minor may be placed on home supervision (WIC §628.1). Under this program, the minor is released to a parent, guardian, or responsible relative pursuant to a written agreement that sets forth terms and conditions relating to standards of behavior to be adhered to during the period of release. Conditions of release could include curfew, school attendance requirements, behavioral standards in the home, and any other term deemed to be in the best interest of the minor for his or her own protection or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the Delinquency Court at a detention hearing.

If the minor is detained, a DDA must decide whether to file a petition within 48 hours of arrest, excluding weekends and holidays. A detention hearing must be held before a judicial officer within 24 hours of filing (WIC §§ 631(a) and 632). When a minor appears before a judicial officer for a detention hearing, the Delinquency Court must consider the same criteria as previously weighed by the DPO in making the initial decision to detain the minor. There is a statutory preference for release if reasonably appropriate (WIC §§202 and 635). At the conclusion of the detention hearing, the court may release the minor to a parent or guardian, place the minor on home supervision, or detain the minor in a secure facility.

In November 2016, the California Electorate enacted Proposition 57, which eliminated direct filing of a minor's case in adult court. A minor may only be transferred to adult court jurisdiction after a petition is filed and a motion to transfer to adult court is heard by the juvenile court having jurisdiction over the minor. In 2018, Senate Bill 1391 amended WIC §707 by removing the court's authority to transfer minors who commit crimes at the ages of 14 or 15 to adult court jurisdiction. The law became effective January 1, 2019. WIC §707 subparagraph (a) now governs the types of cases and the burden of proof in motions to transfer to adult court.

If a minor's case remains in juvenile court, the minor has a right to an adjudication. The adjudication is similar to a court trial in adult court. Minors do not have a right to a jury trial. The minor does have a right to counsel, to confront and cross-examine the witnesses against him or her, and the privilege against self-incrimination. The Delinquency Court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The DDA has the burden of proof in presenting evidence to the court. If the court has been convinced beyond a reasonable doubt of the allegations in the petition, the petition is found true. If the court is not convinced, the petition is found not true. There is no finding of "guilty" or "not guilty." If the minor is age 13 or younger, proof that the minor had the capacity to commit the crime must be presented by the DDA as such individuals are not presumed to know right from wrong. For example, if a 12-year-old is accused of a theft offense, it is not presumed that the minor knew it was wrong to steal. The DDA must present evidence that the minor knew the conduct committed was wrong. This burden can be met by calling a witness to establish that this minor knew that it was wrong to steal. The witness can be the minor's parent or a police officer or school official who can testify that the minor appreciated that it was wrong to steal.

If the petition is found true by the court, a disposition hearing is then held to determine the disposition consistent with the best interests of the minor and the interests of public safety. It may include punishment that is consistent with the rehabilitative objectives of WIC §202(b). Disposition alternatives available to the court include:

- Home on probation (HOP);
- Restitution;



- A brief period of incarceration in juvenile hall as an alternative to a more serious commitment;
- Drug testing;
- Restrictions on the minor's driving privilege;
- Suitable placement;
- Placement in a camp supervised by the Probation Department;
- Placement in a Secure Youth Treatment Facility (SYTF) run by the Probation Department; and
- Placement in the California Department of Corrections and Rehabilitation, Division of Juvenile Justice until July 2023, when it permanently closes.

In 2018, Senate Bill 439 amended WIC §601 and §602 to prohibit the prosecution of minors under the age of 12 unless the minor commits murder or certain forcible sex crimes. The amendments became operative January 1, 2019.

MAJOR NARCOTICS DIVISION

In order to disrupt and dismantle cartels and drug trafficking organizations in Los Angeles County, the District Attorney's Office created the Major Narcotics Division (MND). The division is comprised of specially-trained prosecutors who vertically prosecute significant narcotics trafficking operations in collaboration with federal, state, and local law enforcement agencies and task forces.

MND attorneys investigate, prosecute, and resolve significant narcotics trafficking cases using a variety of tools, including wiretaps. Wiretaps are a vital and effective tool against organized crime and cartel-related activities. MND deputies train Southern California peace officers with P.O.S.T. certified wiretap trainings to ensure compliance with laws. MND is responsible for processing all state-authorized wiretaps for the District Attorney's Office, including non-narcotics wiretaps to investigate crimes such as murder, human trafficking, and kidnapping for ransom. MND also serves as a resource for other sophisticated electronic surveillance methods. Drug cartels traffic thousands of kilograms of narcotics into Los Angeles County and billions of dollars of narcotics proceeds out of Los Angeles County every year. These deadly drugs find their way into residential neighborhoods where children and adults are endangered. Not only are children and families at risk from the hazards relating to the use and abuse of illegal narcotics, but also from the violence associated with narcotics transactions where weapons are often involved. MND deputies

lecture on a variety of topics to attorneys, judges and law enforcement.

More Drug Deaths Than Vietnam War Casualties
In September 2017, CNN reported that more American lives have been lost to drugs than the 58,000 U.S. military casualties during the Vietnam War. Drug overdose deaths reached an all-time high of 100,306 in April 2021, an increase of 28.5 percent from the previous year. In 2019, approximately 10.1 million Americans misused opioids.

Opioids include prescription drugs, such as hydrocodone and oxycodone, as well as illegal drugs, such as heroin and fentanyl. The number of heroin-involved overdose deaths was nearly seven times higher in 2020 than in 1999. In 2020, heroin-involved overdose death rates decreased nearly 7 percent from 2019 to 2020. However, more than 13,000 people died from a drug overdose involving heroin in the United States. Nearly 20 percent of all opioid deaths involved heroin.

Prescription Drug Overdoses and Deaths

In response to epidemic prescription drug overdoses and deaths throughout the United States, the District Attorney's Office previously had a team of MND prosecutors to investigate and prosecute doctors and prescription providers who diverted prescription drugs and endangered the lives of others in order to hold them accountable for their actions. In October 2015, this team of MND prosecutors convicted a Rowland Heights doctor of three counts of second-degree murder and 24 prescription-related felonies for her involvement in prescribing high levels of narcotics to young men, which caused numerous overdoses and deaths. This landmark case received national attention and was the first such conviction of its kind in the United States. Currently, the majority of overdose death cases are investigated by the Drug Enforcement Administration's Opioid Task Force and prosecuted by the U.S. Attorney's Office. The number of opioid prescriptions dropped after the U.S. Center on Disease Control and Prevention (CDC) issued opioid prescribing guidelines in early 2016. This resulted in doctors prescribing fewer opioids as well as insurers providing less coverage for opioids. Many experts have pointed to the overprescribing of painkillers as the root of the U.S. opioid crisis, which has evolved into a heroin and fentanyl crisis.



Illicit Opioids Such as Fentanyl

Fentanyl is a synthetic opioid which is 50 times more potent than heroin, and 100 times more potent than morphine. A medical dose of fentanyl is about one microgram, which is equivalent to one millionth of a gram – similar to a few grains of table salt. However, fentanyl is also sold illegally for its euphoric effect, and has been used to lace controlled substances such as heroin, cocaine, and methamphetamine.

In 2018, the District Attorney's Office proposed legislation (AB 1948) to add fentanyl to the list of controlled substances for which a wiretap can be obtained. This legislation went into effect on January 1, 2019.

In 2020, 1,506 people died of opioid-related overdoses in Los Angeles County, an 85 percent increase from 2019. This increase was driven primarily by the continued surge in deaths involving synthetic opioids. As of May 2021, there have been 567 deaths in Los Angeles County related to fentanyl, an increase of 57 percent from the first five months of 2020.

In August 2018, the Washington Post released an article entitled "Record overdose deaths in U.S. show danger of fentanyl, other synthetic drugs." The article stated, "For years, much of the focus has been on curbing the supply of illicit opioid painkillers from doctors and pharmacies to people who abuse the drugs. Now, there is some evidence that battle may be succeeding. The Centers for Disease Control and Prevention (CDC) indicated that deaths involving hydrocodone and oxycodone appear to have flattened out, offering possible hope that painkiller deaths might have peaked." However, during that same month and year, the New York Times reported that preliminary CDC data indicated that nearly 30,000 deaths in 2017 involved synthetic opioids. This is an increase of more than 9,000 deaths from the prior year.

The Orange County Register wrote an article entitled "Users need to know that killer chemical lurks everywhere, say parents whose kids died from fentanyl." Synthetic opioid deaths are not accidental overdoses but poisonings. According to CDC, there are three waves of opioid overdose deaths. "The first wave began in the 1990s, with increased prescribing of opioids. Deaths from natural and semi-synthetic opioids have been increasing since at least 1999. The second wave began in 2010, with rapid increases

in overdose deaths involving heroin. The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids, particularly those involving illicitly manufactured fentanyl. The market for illicit fentanyl continues to evolve, the CDC said, and the drug can now be found combined with heroin, counterfeit pills, cocaine and marijuana. The carnage is clearly related: All opioid-involved death rates decreased by 2% between 2017 and 2018. Prescription opioid-involved death rates decreased by 13.5%. Heroin-involved death rates decreased by 4%. However, synthetic opioid-involved death rates – fentanyl and its cousins – increased by 10%. All told, nearly a half-million people died from opioid overdoses between 1999 and 2018, the CDC said."

The District Attorney's Office has a web-based portal on its website to enable the public to submit complaints related to opioid trafficking and overprescribing. This web-based portal is intended to aid the community by holding drug dealers, pharmacies, doctors, and others accountable for their actions and hopefully save lives in the process.

Due to the prevalence of illegal cannabis activities throughout Los Angeles County, MND vertically prosecutes cannabis extraction laboratories that utilize volatile chemicals in the manufacturing process. The most common type of volatile extraction is flammable butane honey oil (BHO) laboratories that manufacture concentrated cannabis. Volatile cannabis extraction is generally simple to perform, cheap to execute, and likely to have a high profit margin. Because of this, it has become increasingly popular. In recent years extraction labs have become significantly larger and more sophisticated. While traditional BHO labs are still common, large-scale extraction using chemicals like hexane and heptane are becoming more prevalent. The increases in the size and sophistication of extraction laboratories have resulted in significant increases in the scale of injury and destruction when fires and/or explosions occur.

BHO cases involve decimated homes and buildings, severe injuries, and deaths. The majority of fires and explosions occur in residential neighborhoods, putting children, pets, and adults at risk. Child endangerment and animal cruelty charges are filed when applicable in these cases.

The Los Angeles High Intensity Drug Trafficking Area (LA IMPACT) Southern CA Drug Task Force (SCDTF) is a multi-agency enforcement initiative composed



of criminal investigators assigned by participating federal, state and local law enforcement agencies in Los Angeles, Orange, San Bernardino and Riverside counties. Group 12 is the designated Clandestine Laboratory Response Team for LA IMPACT/SCDTF. In 2019, over 85 percent of all clandestine lab investigations by Group 12 were related to BHO labs. In September 2019, Group 12 investigated a deadly explosion and fire involving a sophisticated high production BHO lab that killed a lab worker. MND filed murder charges against the owner of the BHO lab. It was the first BHO-related lab explosion and death filed as a murder in Los Angeles County. MND is currently prosecuting two separate murder cases involving deaths at BHO labs.

**OFFICE WIDE UNITS
THE BUREAU OF VICTIM SERVICES**

The Bureau of Victim Services (BVS) has Victim Services Representatives who work as governmental victim advocates assisting victims of crimes of violence and threats of violence throughout the criminal justice process. The advocate's primary responsibility is to provide support to the victim. BVS advocates have received special training in state programs regarding restitution for victims of crime and advocacy and support for victims of violence. BVS advocates also have specialized training in assisting victims of child physical and sexual abuse, and assisting child victims of human trafficking. The assistance advocates provide is 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 BVS advocates have been an instrumental partner in the District Attorney's First Step Program, which provides assistance to victims of human trafficking.

The advocate explains each person's role in the criminal justice process while working to establish a rapport with the child. The 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. Two essential tools that the advocate relies upon to explain the criminal court process are an activity book for children produced by the Administrative Office of the Courts entitled, "What's Happening in Court?," and a short educational video that illustrates what happens in court, the roles of court personnel, the rules associated with court procedures, and how the child's role is important to the court process. By using these tools, the child's experience in court becomes more understandable. Whenever possible, the advocate will take the child and the child's family into an empty 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 assistance;
- Referrals for counseling, legal assistance and other resources;
- Assistance in filing for California Victim Compensation;
- Assistance obtaining restitution orders from a convicted defendant;
- Referrals and information to appropriate community agencies and resources; and
- Public presentations explaining services available to victims.

DISTRICT ATTORNEY PUBLIC AFFAIRS DIVISION

The Public Affairs Division offers resources within the District Attorney's Office in the areas of crime prevention and community engagement.

PROJECT LEAD

Project LEAD is an effective law-related education program for fifth-graders in public schools. Established in 1993, the 20-week curriculum places prosecutors and other criminal justice system professionals inside the classroom for one hour a week to help students gain an understanding of the legal system and the reasons behind laws. The curriculum is designed to teach students techniques for resolving conflict and resisting peer pressure. Other lessons promote tolerance and respect for



diversity. Project LEAD students gain important protective factors, which help them develop the skills and experience to evaluate challenging situations and make good decisions.

During the 2021-2022 school year, 121 facilitators taught the Project LEAD curriculum to approximately 1,758 students in 63 classrooms at 36 public schools throughout Los Angeles County.

Schools	Districts	Students
Alcott	Pomona	60
Alta Loma	Los Angeles	54
Ann Street	Los Angeles	23
Aurora	Los Angeles	54
Breed Street	Los Angeles	28
Carr	Torrance	52
Castelar	Los Angeles	34
Coliseum Street	Los Angeles	33
Desert View	Lancaster	60
Fishburn Avenue	Los Angeles	24
Gratts	Los Angeles	84
Haddon	Los Angeles	56
Halldale Avenue	Los Angeles	28
Huntington Drive	Los Angeles	46
Jefferson	Compton	34
Jefferson	Redondo Beach	31
Kelso	Inglewood	25
La Tijera	Inglewood	53
Laurel Street	Compton	34
Lorena Street	Los Angeles	78
Lupin Hill	Las Virgenes	34
Magnolia Avenue	Los Angeles	44
Marlton School	Los Angeles	7
Ninth Street	Los Angeles	54
Patrick Henry	Long Beach	140
Prisk	Long Beach	90
Riviera	Torrance	84
Sharp	Los Angeles	50
Telfair Avenue	Los Angeles	26
Thomas Edison	Long Beach	50
Tibby	Compton	68
Union Avenue	Los Angeles	27
Victor	Torrance	27
Walnut	Walnut Valley	28
Walteria	Torrance	108
Weigand Avenue	Los Angeles	30
Total Number of Students:	1,758	

INFORMATIONAL MATERIALS

The District Attorney’s Office produces a wide variety of pamphlets to inform the public of its programs and services for crime victims and the community. Topics include domestic violence, child abuse, child abuse reporting, crime victims’ rights, and a guide for navigating the criminal justice system. Pamphlets are available online at: <http://da.lacounty.gov>.

DATA GATHERING AND ANALYSIS

In order to maximize accuracy in representing the work done by the District Attorney's Office in prosecuting cases involving child abuse and neglect, data is gathered based upon a case filing. When a case is filed, the case number represents one unit for data purposes. A case may, however, represent more than one defendant and more than one count; in cases where there is more than one count, more than one victim may be represented. This method was adopted to ensure that a single incident of criminal activity was not double counted. When a case is presented for filing to a prosecutor, it is submitted based upon the conduct of the perpetrator. If a single perpetrator has victimized more than one victim, all of the alleged criminal conduct is contained under one case number. If a victim has been victimized on more than one occasion by a single perpetrator, the separate incidents will be represented by multiple counts contained under a single case number. A single incident, however, also may be represented by multiple counts; such counts might be filed in the alternative for a variety of reasons but could not result in a separate sentence for the defendant due to statutory double jeopardy prohibitions. If multiple defendants were involved in victimizing either a single victim or multiple victims, this is represented by a single case number.

A priority list was established based upon seriousness of the offense (Figure 1) from which the data sought would be reflected under the most serious charge filed. In other words, if the most serious charge presented against the perpetrator was a homicide charge reflecting a child death, but additional charges were also presented and filed alleging child physical abuse or endangerment, then the conduct would be reflected only under the statistics gathered using PC §187 in the category of total filings (Figure 2). If, at the conclusion of the case, the Murder (PC §187) charge was dismissed for some reason but the case resulted in a conviction on a lesser or different charge (such as Assault Resulting in Death of a Child Under



Age 8, PC §273ab), that statistic would be reflected as a conviction under the statistics compiled for the lesser or different charge (Figures 6 and 7).

In assessing cases that were either dismissed or declined for filing (Figures 3, 4, 5 and 11), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus delicti, lack of sufficient evidence, inadmissible search and seizure, interest of justice, deferral for revocation of parole, a probation violation was filed in lieu of a new filing, or a referral for misdemeanor consideration to another agency) a key factor may be that the victim is unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against a child or an adult, or domestic violence against a teenager or adults, the victim may decline to participate in a prosecution and not face the prospect of being incarcerated for contempt of court for failing to testify (CCP §1219). As a general principle, it is considered essential to protect the child victim from additional harm; forcing a child to participate in the criminal justice process against his or her will would not meet these criteria. This deference to the greater goal of protection of the victim results in some cases which would ordinarily meet the filing criteria to be declined and others which have already been filed to be dismissed or settled for a compromise disposition.

A synopsis of the charges used to compile this report is included as an addendum to this narrative. Sentencing data is broken down to cover cases in which a defendant has received a life sentence, a state prison sentence, or a probationary sentence (Figures 7 and 8). A probationary sentence includes, in a vast majority of cases, a sentence to county jail for up to 1 year as a term and condition of probation under a 5-year grant of supervised probation.

Statistics reflecting the Child Abduction Section are reflected in one chart (Figure 9). It is important to note that the raw data contained in this Figure is also reflected in the overall numbers reported in Figures 2, 3 and 4. This chart is provided as a sample of the types of cases handled by a special unit and the numbers of cases prosecuted by specially trained, grant-funded deputies.

As it is not uncommon for minors to commit acts of abuse against children, juvenile delinquency statistics detailing the number of felony and misdemeanor petitions filed, dismissed, and declined are included

(Figures 12, 13, 14, 15, and 16). It is important to note the fact that the perpetrator of the offense is under the age of 18 is not the sole determinative factor in making a decision as to whether the minor perpetrated a criminal act against a child. A schoolyard fight between peers would not be categorized as an incident of child abuse nor would consensual sexual conduct between underage peers be automatically categorized as child molestation; but an incident involving a 17-year-old babysitter intentionally scalding a 6-year-old child with hot water would be investigated as a child abuse and an incident in which a 16-year-old cousin fondled the genitals of an 8-year-old family member would be investigated as a child molestation. A 16-year-old who punched his 16-year-old girlfriend in the face would be investigated as intimate partner violence.

Statistics regarding the gender of defendants are also included. It is important when comparing the years of available statistics covering juvenile delinquency offenses to remember that Proposition 21, which took effect March 8, 2000, is no longer the law after Proposition 57 was passed in November 2016. This factor may make any meaningful comparisons between the statistics during the 16-year period Proposition 21 was in effect and the periods before Proposition 21 was enacted and after Proposition 57 was passed 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). The majority of cases in the District Attorney's Office are filed in the jurisdiction where the crime occurred. The zip codes represent the address of the District Attorney's Office where the case was filed.

For the sixteenth year, the report contains data regarding the number of child abuse cases filed that also included the filing of a count of Spousal Abuse within the meaning of PC §273.5 (Figure 22). The percentage of cases in which these offenses are joined has been consistent. From 2007 through 2010, and in 2013 and 2014, this joinder occurred in 7% of the cases filed. In 2011, 2012, and 2015, this joinder occurred in 8% of the cases. In 2016, 2017, and 2018, 9% of the cases reflected this joinder. In 2019, this joinder occurred in 10% of the cases



filed and, in 2020, this joinder occurred in 11% of the cases filed.

SELECTED FINDINGS

A total of 4,566 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2021.

- Of these, charges were filed in 43% (1,962) of the cases reviewed. Felony charges were filed in 53% (1,039) of these matters. Misdemeanor charges were filed in 47% (923) of these matters.
- Of those cases declined for filing (a total of 2,604 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 27% of the declinations (697).
- In 76% of the adult cases filed involving child abuse, the gender of the defendant was male.
- Convictions were achieved in 85% of the case dispositions in 2021, involving adult offenders. Defendants received grants of probation in 70% (652) of these cases. State prison sentences were ordered in 27% (249) of the cases; with under 1% (2) of the defendants receiving a life sentence in state prison.
- A total of 124 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.
- Of these, charges were filed in 44% (54) of the cases reviewed. Felony charges were filed in 81% (44) of these cases.
- Of the filed cases, 41% (22) alleged a violation of PC §288(a). Of the declined cases (70 – both felonies and misdemeanors), 59% (41) alleged a violation of PC §288(a).
- In 96% of the petitions filed involving child abuse, the gender of the minor was male.
- Sustained petitions (29) were achieved in 78% of the juvenile case dispositions in 2021.

CONCLUSION

The 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 District Attorney's Office has established a leadership role in community efforts to battle child abuse and neglect.



ICAN CHARGE	TOTAL ADULT FIBED BY CHARGES																	
	2013 (2,430)		2014 (2,639)		2015 (2,566)		2016 (2,441)		2017 (2,475)		2018 (2,415)		2019 (2,297)		2020 (1,946)		2021 (1,962)	
	Felony (1,327)	Misd (1,103)	Felony (1,426)	Misd (1,213)	Felony (1,351)	Misd (1,215)	Felony (1,209)	Misd (1,232)	Felony (1,289)	Misd (1,186)	Felony (1,230)	Misd (1,185)	Felony (1,191)	Misd (1,106)	Felony (983)	Misd (963)	Felony (1,039)	Misd (923)
PC 187(A)	12	0	12	0	16	0	11	0	10	0	11	0	13	0	19	0	17	0
PC 207(A)	21	0	13	0	22	0	36	0	21	0	26	0	14	0	23	0	28	0
PC 207(B)	3	0	4	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0
PC 236.1(A)	2	0	12	0	7	0	8	0	0	0	3	0	3	0	1	0	2	0
PC 236.1(B)	3	0	19	0	14	0	20	0	13	0	17	0	12	0	15	0	12	0
PC 236.1(C)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 236.1(C)(1)	13	0	20	0	40	0	36	0	63	0	39	0	37	0	29	0	31	0
PC 236.1(C)(2)	6	0	3	0	11	0	1	0	0	0	4	0	6	0	6	0	6	0
PC 25100(A)	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2	0
PC 25100(B)	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1
PC 261(A)(2)	22	0	24	0	16	0	38	0	22	0	37	0	37	0	12	0	27	0
PC 261.5	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 261.5(B)	0	13	0	23	0	13	0	11	0	13	0	4	0	0	12	0	0	2
PC 261.5(C)	30	31	32	17	30	19	11	17	23	18	13	11	20	7	11	9	11	7
PC 261.5(D)	11	4	13	3	11	1	4	4	12	0	8	1	6	0	4	0	3	1
PC 264.1(B)(2)	8	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 266	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 266H(B)(1)	2	0	2	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0
PC 266H(B)(2)	4	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
PC 266I(B)(1)	0	0	0	0	1	0	1	0	3	0	2	0	1	0	1	0	0	0
PC 266I(B)(2)	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 269(A)(1)	21	0	24	0	12	0	11	0	9	0	6	0	4	0	0	0	30	0
PC 269(A)(2)	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0
PC 269(A)(3)	3	0	4	0	3	0	2	0	0	0	1	0	1	0	1	0	4	0
PC 269(A)(4)	11	0	4	0	3	0	2	0	2	0	0	0	3	0	1	0	3	0
PC 269(A)(5)	1	0	3	0	2	0	1	0	1	0	1	0	3	0	1	0	2	0
PC 271A	0	1	0	3	0	1	1	1	0	1	0	2	0	1	0	1	0	0
PC 272(A)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
PC 273A(A)	326	07	373	78	366	04	313	04	302	04	311	131	344	301	271	146	270	102
PC 273A(B)	1	761	1	909	0	880	0	870	0	868	0	856	1	789	0	820	0	373
PC 273A(B)(A)	0	0	0	0	0	0	0	0	3	0	0	0	0	0	2	0	0	0



ICAN CHARGE	TOTAL ADULT FILED BY CHARGES																	
	2013 (2,430)		2014 (2,639)		2015 (2,566)		2016 (2,441)		2017 (2,475)		2018 (2,415)		2019 (2,297)		2020 (1,946)		2021 (1,962)	
	Felony (1,327)	Misd (1,103)	Felony (1,426)	Misd (1,213)	Felony (1,351)	Misd (1,215)	Felony (1,209)	Misd (1,232)	Felony (1,289)	Misd (1,186)	Felony (1,230)	Misd (1,185)	Felony (1,191)	Misd (1,106)	Felony (983)	Misd (963)	Felony (1,039)	Misd (923)
PC 273A(B)	2	0	4	0	6	0	0	0	1	0	0	0	0	0	0	0	4	0
PC 273D(A)	33	29	34	36	29	34	40	48	37	43	44	26	37	63	33	37	23	29
PC 273G	0	3	0	1	0	1	0	1	0	2	0	1	0	1	0	2	0	3
PC 278	13	3	6	3	18	1	12	3	13	0	12	4	16	2	19	2	13	3
PC 278.5	3	0	0	0	1	0	1	0	10	1	7	2	0	0	0	0	0	0
PC 278.5(A)	11	1	4	0	3	6	6	2	3	3	2	3	3	2	18	3	6	3
PC 286(B)(1)	3	2	3	2	3	1	4	0	4	1	3	0	3	2	2	0	3	0
PC 286(B)(2)	1	0	2	0	0	0	0	0	3	0	2	0	4	0	0	0	2	0
PC 286(C)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 286(C)(1)	2	0	2	0	4	0	2	0	1	0	0	0	1	0	4	0	0	0
PC 286(C)(2)(B)	1	0	0	0	2	0	0	0	1	0	1	0	1	0	1	0	1	0
PC 286(C)(2)(C)	0	0	3	0	1	0	1	0	3	0	2	0	0	0	1	0	0	0
PC 288(A)	232	1	216	0	220	0	372	0	176	0	134	0	166	0	113	0	102	0
PC 288(B)	2	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0
PC 288(B)(1)	33	0	21	0	21	0	21	1	18	0	18	0	19	0	12	0	16	0
PC 288(B)(2)	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 288(C)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288(C)(1)	64	3	73	4	79	1	49	1	34	1	36	0	31	0	33	0	29	1
PC 288.2(A)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288.3(A)	28	0	12	1	9	0	14	0	13	0	12	0	11	0	11	0	11	0
PC 288.4(A)(1)	0	2	1	2	0	0	0	1	0	3	0	0	0	0	0	2	0	1
PC 288.4(B)	3	0	20	0	3	1	13	0	20	0	37	0	13	0	17	0	12	0
PC 288.5	4	0	2	0	1	0	3	0	2	0	4	0	1	0	1	0	0	0
PC 288.5(A)	93	0	20	0	101	0	28	0	63	0	33	0	72	0	73	0	74	0
PC 288.7(A)	49	0	42	0	53	0	47	0	52	0	37	0	53	0	62	0	36	0
PC 288.7(B)	34	0	60	0	64	0	47	0	60	0	63	0	63	0	53	0	63	0
PC 288A(B)(1)	18	3	23	1	15	4	13	2	15	2	13	3	1	0	0	1	1	0
PC 288A(B)(2)	7	0	3	0	3	0	4	0	6	0	1	0	0	0	0	0	0	0
PC 288A(C)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
PC 288A(C)(1)	2	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0	1	0
PC 288A(C)(2)(B)	1	0	1	0	0	0	2	0	2	0	1	0	0	0	0	0	0	0



ICAN CHARGE	TOTAL ADULT FRIED BY CHARGES																	
	2013 (2,430)		2014 (2,639)		2015 (2,566)		2016 (2,441)		2017 (2,475)		2018 (2,415)		2019 (2,297)		2020 (1,946)		2021 (1,962)	
	Felony (1,327)	Misd (1,103)	Felony (1,426)	Misd (1,213)	Felony (1,351)	Misd (1,215)	Felony (1,209)	Misd (1,232)	Felony (1,289)	Misd (1,186)	Felony (1,230)	Misd (1,185)	Felony (1,191)	Misd (1,106)	Felony (983)	Misd (963)	Felony (1,039)	Misd (923)
PC 288A(C)(2)(C)	2	0	4	0	1	0	0	6	0	3	0	3	0	0	0	0	0	0
PC 289(A)(1)(B)	1	0	1	0	1	0	3	3	0	0	3	0	2	0	2	0	1	0
PC 289(A)(1)(C)	2	0	1	0	3	0	3	3	0	0	4	0	7	0	4	0	2	0
PC 289(H)	8	1	13	3	17	4	36	36	14	1	38	2	8	0	7	1	9	2
PC 289(I)	9	0	20	0	12	0	13	13	10	0	9	0	8	0	7	0	7	0
PC 289(J)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
PC 311.1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	6	2	0	0
PC 311.1(A)	64	0	72	1	36	1	37	37	76	1	67	2	32	4	20	2	43	3
PC 311.1(A)	42	6	41	9	27	16	20	20	29	6	36	10	37	7	43	8	33	8
PC 311.1(B)	8	0	9	0	0	0	11	11	17	0	12	0	19	0	14	0	36	0
PC 311.2(A)	0	0	0	0	0	3	0	0	0	4	0	0	0	3	0	0	1	0
PC 311.2(C)	0	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 311.3(A)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
PC 311.4(A)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 311.4(C)	0	0	2	0	2	0	1	1	1	0	1	0	0	0	0	0	2	0
PC 647.6(A)(1)	3	113	6	58	2	0	3	3	0	32	0	77	2	64	1	0	0	34
PC 647.6(A)(2)	0	0	0	2	1	1	0	2	0	0	3	0	0	1	1	1	0	0
PC 647.6(B)	2	0	3	0	1	0	2	1	1	1	0	0	1	0	0	0	1	2
PC 647.6(C)(1)	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 647.6(C)(2)	1	0	0	0	2	0	4	4	1	0	2	0	3	0	0	0	2	0
PC 664/187(A)	15	0	13	0	13	0	11	11	10	0	1	0	19	0	18	0	30	0
PC 664/207(A)	6	0	4	0	7	0	34	0	3	0	9	0	13	0	18	0	8	0
PC 664/207(B)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/208(B)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 664/236.1(A)	0	0	0	0	0	0	1	1	1	0	1	0	0	0	0	0	0	0
PC 664/236.1(B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
PC 664/236.1(C)(1)	0	0	0	0	0	0	7	0	0	0	3	0	0	0	0	0	0	0
PC 664/236.1(C)(2)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/261(A)(2)	1	0	1	0	1	0	0	0	0	0	2	0	1	0	0	0	2	0
PC 664/261.5(C)	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 664/261.5(D)	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0



ICAN CHARGE	TOTAL ADULT FIED BY CHARGES																	
	2013 (2,430)		2014 (2,639)		2015 (2,566)		2016 (2,441)		2017 (2,475)		2018 (2,415)		2019 (2,297)		2020 (1,946)		2021 (1,962)	
	Felony (1,327)	Misd (1,103)	Felony (1,426)	Misd (1,213)	Felony (1,351)	Misd (1,215)	Felony (1,209)	Misd (1,232)	Felony (1,289)	Misd (1,186)	Felony (1,230)	Misd (1,185)	Felony (1,191)	Misd (1,106)	Felony (983)	Misd (963)	Felony (1,039)	Misd (923)
PC 664/266(B)(1)	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0
PC 664/266(A)(1)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/269(A)(3)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
PC 664/272(A)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
PC 664/273A(A)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/273A(B)	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0
PC 664/278	1	0	0	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0
PC 664/278.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/278.5(A)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/286(C)(1)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/286(C)(2)(B)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288(A)	4	0	1	0	2	0	1	0	4	0	2	0	1	0	2	0	2	0
PC 664/288(B)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288(C)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288.3(A)	1	0	3	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0
PC 664/288.4(A)(1)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 664/288.4(B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288.7(A)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288.7(B)	1	0	1	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0
PC 664/288A(B)(1)	0	0	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 664/288A(C)(2)(B)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
PC 664/289(A)(1)(B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/547.5(A)(1)	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1,327	1,103	1,426	1,213	1,351	1,215	1,232	1,289	1,186	1,230	1,185	1,191	1,106	983	963	1,039	923	



ICAN CHARGE	TOTAL ADULT DECEASED BY CHARGES																										
	2013 (3,231)			2014 (2,912)			2015 (2,749)			2016 (2,556)			2017 (2,639)			2018 (2,528)			2019 (2,521)			2020 (2,380)			2021 (2,604)		
	Felony (2,596)	Misd (635)		Felony (2,341)	Misd (571)		Felony (2,130)	Misd (619)		Felony (1,962)	Misd (594)		Felony (1,917)	Misd (722)		Felony (1,832)	Misd (696)		Felony (1,884)	Misd (637)		Felony (1,820)	Misd (560)		Felony (1,930)	Misd (674)	
PC 187(A)	3	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	2	0	0	1	0	
PC 207(A)	1	0	0	0	0	1	0	0	4	0	0	3	0	0	0	0	0	0	1	0	0	9	0	0	7	0	
PC 207(B)	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 236.1(A)	13	0	0	11	0	9	0	0	9	0	0	6	0	0	3	0	0	0	3	0	0	2	0	0	3	0	
PC 236.1(B)	0	0	0	1	0	7	0	0	9	0	0	24	0	0	17	0	0	0	22	0	0	23	0	0	21	0	
PC 236.1(C)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 236.1(C)(1)	2	0	0	6	0	5	0	0	34	0	0	21	0	0	19	0	0	13	0	0	21	0	0	17	0		
PC 236.1(C)(2)	0	0	0	0	0	1	0	0	2	0	0	7	0	0	1	0	0	3	0	0	2	0	0	2	0		
PC 25100(A)	0	0	0	0	0	1	0	0	2	0	0	0	0	0	0	0	0	2	0	0	1	0	0	3	0		
PC 25100(B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0		
PC 25200(A)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 261(A)(2)	31	0	0	40	0	48	0	0	49	0	0	40	0	0	33	0	0	34	0	0	34	0	0	33	0		
PC 261.5	1	0	0	0	0	0	0	0	4	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0		
PC 261.5(B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 261.5(C)	127	30	117	30	47	131	26	26	90	26	26	183	26	26	66	21	21	93	6	6	77	4	4	78	2		
PC 261.5(D)	28	3	20	4	0	20	3	3	36	4	4	26	3	3	14	1	1	16	1	1	18	0	0	7	0		
PC 264.1(B)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0		
PC 264.1(B)(2)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0		
PC 266H(B)(1)	2	0	0	2	0	3	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 266H(B)(2)	3	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 266(O)(1)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 269(A)(1)	7	0	0	3	0	9	0	0	4	0	0	3	0	0	1	0	0	1	0	0	4	0	0	2	0		
PC 269(A)(2)	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 269(A)(3)	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 269(A)(4)	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2	0	0	2	0	0	3	0	0	1	0		
PC 269(A)(5)	1	0	0	1	0	1	0	0	0	0	0	2	0	0	0	0	0	2	0	0	0	0	0	0	0	0	
PC 271A	1	2	2	2	4	0	0	0	1	3	3	1	1	1	0	0	0	3	0	0	1	0	0	1	1	1	
PC 272(A)(1)	0	0	0	0	0	0	0	21	0	22	0	0	0	13	0	13	0	0	0	13	0	0	14	0	7	7	
PC 273A(A)	823	11	769	38	38	256	20	386	41	362	41	362	41	437	43	437	43	302	61	61	404	36	36	488	62		
PC 273A(B)	1	387	0	371	0	383	1	383	1	383	1	383	1	480	0	478	0	402	0	402	0	383	0	383	0	383	
PC 273A(B)(A)	3	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	2	0	0	



ICAN CHARGE	2013 (3,231)		2014 (2,912)		2015 (2,749)		2016 (2,556)		2017 (2,635)		2018 (2,528)		2019 (2,521)		2020 (2,380)		2021 (2,504)	
	Felony (2,596)	Misd (635)	Felony (2,341)	Misd (571)	Felony (2,130)	Misd (619)	Felony (1,962)	Misd (594)	Felony (1,917)	Misd (722)	Felony (1,832)	Misd (696)	Felony (1,884)	Misd (637)	Felony (1,820)	Misd (560)	Felony (1,930)	Misd (674)
PC 273A(B)	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0
PC 273D(A)	277	0	184	93	99	23	66	24	88	21	93	20	134	29	128	32	307	23
PC 273G	0	1	0	3	0	2	0	1	0	0	0	0	0	0	0	2	0	1
PC 273I(A)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
PC 278	23	0	22	0	34	0	24	0	13	0	9	1	20	0	31	1	31	0
PC 278.5	32	0	13	1	17	0	17	0	10	1	11	0	2	0	12	0	4	0
PC 278.5(A)	23	1	21	2	33	3	20	2	26	0	23	1	35	3	32	1	38	4
PC 286(B)(1)	6	0	7	0	7	0	6	0	6	0	7	0	9	0	3	0	3	0
PC 286(B)(2)	0	0	3	0	1	0	2	0	2	0	1	0	0	0	1	0	1	0
PC 286(C)	1	0	0	0	1	0	0	0	0	0	0	0	3	0	1	0	0	0
PC 286(C)(1)	2	0	1	0	2	0	4	0	4	0	1	0	7	0	2	0	1	0
PC 286(C)(2)(B)	0	0	1	0	0	0	2	0	0	0	2	0	0	0	0	0	2	0
PC 286(C)(2)(C)	1	0	0	0	0	0	2	0	1	0	1	0	1	0	1	0	0	0
PC 286(D)(2)	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0
PC 286(D)(3)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
PC 288(A)	889	1	744	0	737	0	715	0	672	0	705	1	716	0	617	0	697	0
PC 288(B)	1	0	1	0	3	0	1	0	1	0	0	0	0	0	3	0	0	0
PC 288(B)(1)	32	0	11	0	17	0	8	0	18	0	17	0	14	0	13	0	9	0
PC 288(B)(2)	1	0	1	0	1	0	1	0	0	0	2	0	0	0	0	0	1	0
PC 288(C)	3	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 288(C)(1)	90	0	52	0	77	0	79	0	74	0	72	1	24	0	58	0	60	0
PC 288.2(A)	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288.3(A)	6	0	3	0	7	0	3	0	3	0	2	0	3	0	6	0	1	0
PC 288.3(C)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 288.4(A)(1)	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1	0	1	0
PC 288.4(A)(2)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
PC 288.4(B)	2	0	1	0	1	0	3	0	2	0	3	0	3	0	1	0	1	0
PC 288.5	3	0	0	0	3	0	1	0	0	0	3	0	0	0	1	0	1	0
PC 288.5(A)	96	0	96	0	94	0	127	0	94	0	94	0	94	0	140	0	93	0
PC 288.7(A)	20	0	23	0	33	0	24	0	30	0	32	0	44	0	39	0	27	0
PC 288.7(B)	25	0	40	0	20	0	22	0	36	0	31	0	30	0	39	0	39	0



ICAN CHARGE	TOTAL ADULT DECLINED BY CHARGES																	
	2013 (3,231)		2014 (2,912)		2015 (2,749)		2016 (2,556)		2017 (2,639)		2018 (2,528)		2019 (2,521)		2020 (2,380)		2021 (2,604)	
	Felony (2,596)	Misd (635)	Felony (2,341)	Misd (571)	Felony (2,130)	Misd (619)	Felony (1,962)	Misd (594)	Felony (1,917)	Misd (722)	Felony (1,832)	Misd (696)	Felony (1,884)	Misd (637)	Felony (1,820)	Misd (560)	Felony (1,930)	Misd (674)
PC 288A(B)(1)	17	0	13	0	20	0	17	0	21	2	19	0	7	1	18	0	4	0
PC 288A(B)(2)	1	0	3	0	7	0	6	0	2	0	0	0	0	0	6	0	0	0
PC 288A(C)	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288A(C)(1)	2	0	2	0	6	0	4	0	2	0	4	0	3	0	3	0	3	0
PC 288A(C)(2)(B)	1	0	0	0	0	0	1	0	4	0	9	0	1	0	1	0	0	0
PC 288A(C)(2)(C)	1	0	1	0	3	0	2	0	3	0	3	0	2	0	1	0	0	0
PC 288A(D)(3)	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
PC 289(A)(1)(B)	1	0	1	0	3	0	3	0	4	0	18	0	3	0	7	0	2	0
PC 289(A)(1)(C)	9	0	3	0	3	0	3	0	3	0	18	0	3	0	2	0	3	0
PC 289(H)	6	0	3	0	0	1	10	3	3	2	6	0	3	0	7	0	6	0
PC 289(I)	2	0	2	0	1	0	1	0	3	0	0	0	3	0	2	0	0	0
PC 289(J)	1	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	2	0
PC 311.1	0	0	0	0	0	0	1	0	0	0	0	0	2	0	0	0	1	0
PC 311.1(A)	3	0	11	0	3	0	7	0	1	0	2	0	3	0	1	0	3	0
PC 311.1(A)	16	0	22	1	24	1	13	1	20	1	13	1	10	0	17	0	11	1
PC 311.1(B)	0	0	0	0	0	0	2	0	2	0	3	0	1	0	1	0	1	0
PC 311.2(A)	0	0	0	0	0	2	2	0	0	1	1	0	0	0	0	0	0	1
PC 311.2(B)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.2(C)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.3(A)	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 311.4(A)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.4(B)	0	0	0	0	1	0	0	0	1	0	0	0	1	0	1	0	1	0
PC 311.4(C)	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
PC 647.6	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 647.6(A)	0	1	0	0	0	0	0	0	0	1	1	1	0	0	0	1	0	0
PC 647.6(A)(1)	3	90	6	67	3	70	8	20	3	52	4	75	3	86	3	63	4	34
PC 647.6(A)(2)	0	1	0	2	0	0	1	0	0	0	0	0	1	0	0	0	0	0
PC 647.6(B)	1	0	1	0	3	0	1	0	2	0	0	0	3	0	2	0	0	0
PC 647.6(C)(1)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
PC 647.6(C)(2)	0	0	2	0	0	0	1	0	0	0	1	0	1	0	0	0	1	0
PC 664/187(A)	0	0	1	0	1	0	0	0	0	0	0	0	1	0	0	0	2	0



TOTAL ADULT DECLINED BY CHARGES

ICAN CHARGE	2013 (3,231)		2014 (2,912)		2015 (2,749)		2016 (2,556)		2017 (2,639)		2018 (2,528)		2019 (2,521)		2020 (2,380)		2021 (2,604)	
	Felony (2,596)	Misd (635)	Felony (2,341)	Misd (571)	Felony (2,130)	Misd (619)	Felony (1,962)	Misd (594)	Felony (1,917)	Misd (722)	Felony (1,832)	Misd (696)	Felony (1,884)	Misd (637)	Felony (1,820)	Misd (560)	Felony (1,930)	Misd (674)
PC 664/207(A)	0	0	1	0	2	0	2	0	1	0	2	0	3	0	1	0	2	0
PC 664/207(B)	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 664/261(A)(2)	0	0	1	0	3	0	1	0	2	0	3	0	1	0	3	0	2	0
PC 664/261.5(C)	0	0	2	0	0	0	0	1	2	0	0	0	2	0	0	0	0	0
PC 664/266H(B)(2)	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/273A(B)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/273AB(A)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/273D(A)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/278	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/286(B)(1)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/286(C)(2)(C)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288(A)	2	0	4	0	7	0	4	0	0	0	1	0	3	0	1	0	0	0
PC 664/288(B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288(C)(1)	0	0	0	0	1	0	1	0	0	0	0	0	2	0	0	0	0	0
PC 664/288.4(A)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288.4(B)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 664/288A(B)(1)	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288A(C)(1)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/289(H)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	2,596	635	2,348	571	2,138	619	1,962	594	1,917	722	1,832	696	1,884	637	1,820	560	1,930	674



ICAN CHARGE	2013 (286)		2014 (188)		2015 (181)		2016 (139)		2017 (131)		2018 (125)		2019 (153)		2020 (90)		2021 (54)	
	Felony (259)	Misd (27)	Felony (171)	Misd (17)	Felony (168)	Misd (13)	Felony (128)	Misd (11)	Felony (117)	Misd (14)	Felony (113)	Misd (12)	Felony (146)	Misd (7)	Felony (79)	Misd (11)	Felony (44)	Misd (10)
PC 187(A)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 207(A)	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 236.1(B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
PC 236.1(C)(1)	0	0	1	0	2	0	0	0	2	0	1	0	0	0	1	0	0	0
PC 261(A)(2)	2	0	3	0	6	0	7	0	9	0	3	0	20	0	18	0	3	0
PC 261.5(B)	0	14	0	8	0	3	0	2	0	0	0	0	0	2	0	1	0	0
PC 261.5(C)	3	1	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
PC 266(B)(2)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 269(A)(1)	0	0	1	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0
PC 269(A)(3)	1	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0
PC 269(A)(4)	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
PC 269(A)(5)	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
PC 272(A)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
PC 273A(A)	8	0	2	0	4	0	3	0	2	0	3	0	7	0	1	0	0	0
PC 273A(B)	0	9	0	4	0	2	0	3	0	6	0	2	0	2	0	2	0	0
PC 273D(A)	2	0	1	1	2	0	1	0	0	0	0	0	1	0	1	0	1	1
PC 278	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 286(B)(1)	1	0	0	0	1	0	2	0	2	0	1	0	1	0	1	0	0	1
PC 286(C)(1)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 286(C)(2)(B)	6	0	3	0	1	0	4	0	3	0	4	0	6	0	0	0	3	0
PC 286(C)(2)(C)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
PC 286(D)(3)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288(A)	141	0	50	0	89	0	67	0	52	0	34	0	56	0	32	0	22	0
PC 288(B)(1)	47	0	26	0	22	0	30	0	12	0	4	0	9	0	7	0	4	0
PC 288(C)(1)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 288.2(A)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288.3(A)	0	0	2	0	3	0	0	0	0	0	0	0	0	0	0	0	1	0
PC 288.5(A)	17	0	2	0	11	0	9	0	15	0	12	0	22	0	12	0	4	0
PC 288.7(A)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
PC 288A(B)(1)	4	0	0	1	3	0	2	0	1	0	1	0	2	0	0	0	0	0
PC 288A(C)(1)	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0



ICAN CHARGE	2013 (286)		2014 (188)		2015 (181)		2016 (139)		2017 (131)		2018 (125)		2019 (153)		2020 (90)		2021 (54)	
	Felony (259)	Misd (27)	Felony (171)	Misd (17)	Felony (168)	Misd (13)	Felony (128)	Misd (11)	Felony (117)	Misd (14)	Felony (113)	Misd (12)	Felony (146)	Misd (7)	Felony (79)	Misd (11)	Felony (44)	Misd (10)
PC 288A(C)(2)(B)	4	0	3	0	4	0	1	0	1	0	3	0	4	0	0	0	0	0
PC 288A(C)(2)(C)	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0
PC 288A(D)(3)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 289(A)(1)(B)	4	0	1	0	1	0	4	0	1	0	0	0	0	0	2	0	2	0
PC 289(A)(1)(C)	0	0	2	0	1	0	0	0	3	0	0	0	2	0	0	0	0	0
PC 289(H)	1	0	3	0	0	0	2	0	0	0	1	0	0	0	2	0	0	0
PC 289(J)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 311.1	0	0	0	0	0	0	1	0	0	0	2	2	0	0	1	0	0	0
PC 311.1(A)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
PC 311.10	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.11(A)	9	1	7	0	7	2	9	2	6	1	7	1	9	1	3	3	1	3
PC 311.2(A)	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	2	0	0
PC 311.2(C)	0	0	0	0	0	0	1	0	1	0	1	0	1	0	0	0	0	0
PC 311.2(D)	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.3(A)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
PC 311.4(C)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 647.6(A)(1)	0	2	0	2	0	4	0	4	0	7	3	3	0	1	0	2	0	3
PC 647.6(B)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 664/207(A)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0
PC 664/261(A)(2)	0	0	0	0	1	0	0	0	1	0	3	0	1	0	0	0	0	0
PC 664/261.5(B)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288(A)	1	0	0	0	2	0	1	0	0	0	1	0	0	0	1	0	0	0
TOTAL	298	27	178	17	168	13	128	11	117	14	113	12	146	7	79	11	44	20



ICAN CHARGE	2013 (394)		2014 (356)		2015 (355)		2016 (324)		2017 (332)		2018 (190)		2019 (142)		2020 (93)		2021 (70)	
	Felony (278)	Misd (116)	Felony (231)	Misd (125)	Felony (225)	Misd (130)	Felony (202)	Misd (122)	Felony (228)	Misd (104)	Felony (133)	Misd (57)	Felony (99)	Misd (43)	Felony (67)	Misd (26)	Felony (62)	Misd (8)
PC 236.1(C)(1)	0	0	0	0	2	0	0	0	3	0	0	0	0	0	0	0	0	0
PC 236.1(C)(2)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 261(A)(2)	9	0	8	0	7	0	7	0	17	0	11	0	12	0	6	0	3	0
PC 261.5	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 261.5(B)	0	106	0	97	0	98	0	0	0	52	0	32	0	37	0	26	0	0
PC 261.5(C)	8	3	0	13	3	13	3	22	2	4	4	1	0	0	1	0	0	0
PC 264.1(B)(2)	0	0	1	0	0	0	0	0	0	0	12	0	0	0	0	0	0	0
PC 269(A)(1)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 269(A)(4)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 272(A)(1)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
PC 273A(A)	1	0	2	0	2	0	1	0	1	0	1	0	0	0	0	0	1	0
PC 273A(B)	0	0	0	2	0	0	0	0	0	1	0	0	0	1	0	0	0	0
PC 273D(A)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 278	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 286(B)(1)	1	0	4	0	3	0	1	0	3	0	4	0	1	0	2	0	4	0
PC 286(B)(2)	0	0	0	0	1	0	1	0	1	0	3	0	1	0	0	0	0	0
PC 286(C)(1)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0
PC 286(C)(2)(B)	1	0	2	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0
PC 286(C)(2)(C)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 286(D)(3)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288(A)	213	0	171	0	163	0	343	0	133	1	68	0	30	0	48	0	43	0
PC 288(B)	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0
PC 288(B)(1)	29	0	12	0	7	0	7	0	6	0	1	0	4	0	3	0	3	0
PC 288.2(B)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288.3(A)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288.5	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 288.5(A)	4	0	2	0	3	0	2	0	7	0	38	0	8	0	1	0	0	0
PC 288.7(B)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 288A(B)(1)	7	0	5	0	7	1	13	3	18	0	7	0	4	0	0	0	1	0
PC 288A(B)(2)	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0
PC 288A(C)(1)	0	0	0	0	1	0	1	0	4	0	0	0	0	0	0	0	0	0



TOTAL YOUTH DECLINED BY CHARGES

ICAN CHARGE	2013 (394)		2014 (356)		2015 (355)		2016 (324)		2017 (332)		2018 (190)		2019 (142)		2020 (93)		2021 (70)	
	Felony (278)	Misd (116)	Felony (231)	Misd (125)	Felony (225)	Misd (130)	Felony (202)	Misd (122)	Felony (228)	Misd (104)	Felony (133)	Misd (57)	Felony (99)	Misd (43)	Felony (67)	Misd (26)	Felony (62)	Misd (8)
PC 288A(C)(2)(B)	1	0	1	0	0	0	0	0	3	0	0	0	1	0	0	0	0	0
PC 288A(C)(2)(C)	0	0	0	0	3	0	1	0	3	0	1	0	1	0	0	0	0	0
PC 289(A)(1)(B)	2	0	1	0	0	0	0	0	0	0	0	0	1	0	2	0	1	0
PC 289(A)(1)(C)	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	0	1	0
PC 289(H)	0	1	1	1	0	3	1	0	10	0	0	0	2	0	3	0	0	0
PC 289(I)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
PC 311.1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 311.1(A)	1	2	0	0	0	0	0	0	0	0	0	0	0	4	1	0	0	0
PC 311.10	1	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.11(A)	3	0	4	0	30	1	6	1	14	0	3	0	3	0	4	0	3	0
PC 311.2(A)	0	0	0	0	0	2	0	1	0	3	0	2	0	0	0	0	0	0
PC 311.2(B)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.2(C)	0	0	0	0	1	0	2	0	0	0	1	0	0	0	0	0	1	0
PC 311.2(D)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.3(A)	0	0	0	0	0	1	0	4	1	0	0	0	0	0	0	0	0	0
PC 311.4(A)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.4(C)	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
PC 647.6(A)(1)	0	4	0	12	0	10	0	3	0	3	0	2	0	1	0	0	0	0
PC 647.6(B)	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/261(A)(2)	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0
PC 664/286(B)(1)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/286(C)(2)(B)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 664/286(C)(2)(C)	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/288(A)	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 664/288A(B)(1)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 664/288A(C)(2)(B)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 664/647.6(A)(1)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
TOTAL	278	116	231	125	225	130	202	122	228	104	133	57	99	43	67	26	62	8



ICAN CHARGE	2013 (120)		2014 (184)		2015 (190)		2016 (153)		2017 (165)		2018 (193)		2019 (172)		2020 (154)		2021 (192)	
	Felony (51)	Misd (69)	Felony (49)	Misd (135)	Felony (62)	Misd (128)	Felony (42)	Misd (111)	Felony (51)	Misd (114)	Felony (62)	Misd (131)	Felony (39)	Misd (133)	Felony (33)	Misd (121)	Felony (39)	Misd (153)
PC 187(A)	0	0	0	0	0	0	0	0	0	0	0	0	2	0	1	0	1	0
PC 207(A)	0	0	1	0	1	0	0	0	2	0	0	0	0	0	2	0	2	0
PC 236.1(A)	0	0	2	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
PC 236.1(B)	1	0	1	0	2	0	3	0	1	0	4	0	0	0	1	0	1	0
PC 236.1(C)(1)	2	0	1	0	7	0	7	0	1	0	2	0	6	0	1	0	8	0
PC 236.1(C)(2)	2	0	1	0	1	0	0	0	0	0	1	0	1	0	1	0	0	0
PC 261(A)(2)	2	0	2	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0
PC 261.5(B)	0	0	0	3	0	2	0	1	0	0	0	0	0	1	0	1	0	1
PC 261.5(C)	0	2	1	4	1	4	1	0	1	2	0	1	1	1	0	0	0	0
PC 261.5(D)	0	0	0	0	1	0	1	0	1	0	0	0	2	0	0	0	0	0
PC 264.1(B)(2)	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 266H(B)(1)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
PC 269(A)(4)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 271A	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 272(A)(1)	0	0	0	0	0	12	0	17	0	3	0	0	0	0	0	3	0	4
PC 273A(A)	13	3	16	4	20	4	36	3	16	6	23	19	10	9	1	10	12	29
PC 273A(B)	0	48	0	88	0	82	0	73	0	81	0	84	0	78	0	83	0	88
PC 273A(B)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 273D(A)	1	4	1	36	3	7	0	3	3	10	3	3	2	23	1	13	2	13
PC 273G	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	2
PC 278	0	0	0	0	0	0	0	0	0	0	1	0	2	0	1	1	0	0
PC 278.5	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
PC 278.5(A)	0	0	0	0	0	1	0	0	1	2	0	1	1	0	2	1	1	1
PC 286(B)(1)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0
PC 288(A)	3	0	6	0	0	0	3	0	4	0	6	0	3	0	3	0	4	0
PC 288(B)(1)	2	0	2	0	4	0	1	0	0	0	0	0	1	0	1	0	0	0
PC 288(C)(1)	2	0	1	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0
PC 288.3(A)	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
PC 288.4(A)(1)	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	1
PC 288.4(B)	0	0	2	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0
PC 288.5	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0

TOTAL ADULT OFFENSES BY CHARGES



TOTAL ADULT DISBURSALS BY CHARGES

ICAN CHARGE	2013 (120)		2014 (184)		2015 (190)		2016 (153)		2017 (165)		2018 (193)		2019 (172)		2020 (154)		2021 (152)	
	Felony (51)	Misd (69)	Felony (49)	Misd (135)	Felony (62)	Misd (128)	Felony (42)	Misd (111)	Felony (51)	Misd (114)	Felony (62)	Misd (131)	Felony (39)	Misd (133)	Felony (33)	Misd (121)	Felony (39)	Misd (153)
PC 288.5(A)	1	0	2	0	2	0	0	0	2	0	0	0	0	0	4	0	0	0
PC 288.7(A)	0	0	0	0	2	0	0	0	3	0	3	0	1	0	0	0	2	0
PC 288.7(B)	2	0	2	0	3	0	3	0	1	0	3	0	1	0	1	0	0	0
PC 288A(B)(1)	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0
PC 289(A)(1)(B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
PC 289(H)	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	2
PC 311.1(A)	0	0	2	0	0	0	0	0	2	0	4	0	0	0	0	0	1	0
PC 311.1(A)	3	0	2	0	1	0	0	0	3	1	1	0	2	0	1	1	3	2
PC 311.1(B)	1	0	2	0	1	0	4	0	0	0	1	0	1	0	1	0	0	0
PC 311.2(C)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 647.6(A)(1)	1	0	0	13	0	15	0	7	0	0	0	11	0	0	0	0	0	0
PC 647.6(A)(2)	0	0	0	1	0	0	1	0	0	0	1	0	0	1	0	0	0	0
PC 647.6(C)(2)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 664/187(A)	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
PC 664/207(A)	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 664/207(B)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664/278	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	51	69	49	135	62	128	42	111	51	114	62	131	39	133	33	121	39	153



ICAN CHARGE	2013 (14)		2014 (19)		2015 (37)		2016 (21)		2017 (31)		2018 (29)		2019 (31)		2020 (27)		2021 (8)	
	Felony (10)	Misd (4)	Felony (17)	Misd (2)	Felony (33)	Misd (4)	Felony (18)	Misd (3)	Felony (27)	Misd (4)	Felony (21)	Misd (8)	Felony (28)	Misd (3)	Felony (22)	Misd (5)	Felony (5)	Misd (3)
PC 207(A)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 236.1(C)(1)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 261(A)(2)	0	0	0	0	0	0	0	0	1	0	2	0	1	0	2	0	0	0
PC 261.5(B)	0	0	0	2	0	1	0	1	0	0	0	0	0	1	0	0	0	0
PC 261.5(C)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 266(B)(2)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
PC 269(A)(5)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 273A(A)	0	0	0	0	1	0	0	0	1	0	0	0	2	0	0	0	0	0
PC 273A(B)	0	0	0	0	0	0	0	1	0	0	0	2	0	1	0	1	0	0
PC 273D(A)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1
PC 286(B)(1)	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0
PC 286(C)(2)(B)	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
PC 286(C)(2)(C)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
PC 288(A)	3	0	11	0	21	0	12	0	14	0	11	0	13	0	12	0	4	0
PC 288(B)(1)	2	0	2	0	4	0	0	0	2	0	0	0	1	0	1	0	0	0
PC 288.3(A)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288.5(A)	2	0	1	0	1	0	1	0	2	0	1	0	3	0	3	0	0	0
PC 288A(B)(1)	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0
PC 288A(C)(1)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 288A(C)(2)(B)	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
PC 289(A)(1)(C)	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
PC 289(H)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
PC 311.1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0
PC 311.10	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.11(A)	0	0	1	0	1	2	3	1	3	0	1	1	2	0	1	2	0	2
PC 311.2(A)	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0
PC 311.2(C)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
PC 311.2(D)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 647.6(A)(1)	0	1	0	0	0	1	0	0	0	0	0	1	0	0	1	0	0	0
PC 664/261(A)(2)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 664/288(A)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0
TOTAL	30	4	37	2	33	4	35	3	27	4	21	8	28	3	22	5	5	3



ZIP CODE	TOTAL ADULT FILED BY ZIP CODE										
	2013 (2,430)	2014 (2,639)	2015 (2,566)	2016 (2,441)	2017 (2,475)	2018 (2,415)	2019 (2,297)	2020 (1,946)	2021 (1,962)		
90007	61	41	32	28	22	24	20	2	3		
90012	486	463	483	480	523	533	463	483	389		
90022	76	53	34	47	33	33	34	21	12		
90045	36	66	30	39	46	36	62	34	33		
90210	4	0	0	0	0	0	0	0	0		
90220	229	248	267	267	243	249	232	201	190		
90242	73	82	113	133	146	139	142	138	129		
90301	43	47	38	44	46	46	46	32	37		
90404	0	0	0	0	0	0	0	0	16		
90503	38	53	76	67	78	61	47	31	43		
90602	27	0	0	0	1	1	0	1	0		
90650	137	163	113	53	89	71	83	71	71		
90703	0	3	0	1	0	0	0	0	0		
90706	69	88	111	132	138	111	117	63	80		
90802	81	73	109	99	78	67	82	76	68		
91101	64	38	30	40	68	36	40	28	44		
91206	38	32	48	46	33	41	42	21	33		
91340	113	83	94	104	103	82	109	86	92		
91355	21	21	28	46	42	33	33	33	33		
91401	82	103	114	80	82	78	36	30	30		
91502	12	3	13	9	1	3	3	2	0		
91731	77	102	84	68	89	94	72	73	51		
91766	216	193	236	178	213	249	249	243	262		
91790	52	113	117	117	97	94	92	72	80		
91801	72	112	77	83	77	81	48	48	38		
93534	311	413	273	242	211	234	233	202	196		
TOTAL	2,639	2,639	2,566	2,441	2,475	2,415	2,297	1,946	1,962		



TOTAL YOUTH FILED BY ZIP CODE

ZIP CODE	2013 (286)	2014 (188)	2015 (181)	2016 (139)	2017 (131)	2018 (125)	2019 (153)	2020 (90)	2021 (54)
90001	8	0	0	0	0	0	0	0	0
90033	43	27	22	38	43	24	32	27	20
90220	28	37	28	21	13	12	29	12	7
90242	27	17	22	10	18	16	8	8	0
90301	17	21	7	13	12	17	21	14	4
90802	14	26	15	10	9	6	8	4	4
91101	21	28	11	3	0	0	0	0	0
91342	20	20	24	22	17	18	28	13	10
91756	23	29	23	14	15	18	23	13	7
91773	0	0	1	0	0	0	0	0	0
93534	13	13	14	8	9	14	12	7	2
TOTAL	286	288	181	139	131	125	153	90	54



TOTAL FILED BY GENDER AND CASE TYPE FOR ALL CHARGES

GENDER	2013 (157,881)		2014 (155,477)		2015 (153,002)		2016 (136,955)		2017 (133,646)		2018 (136,150)		2019 (139,729)		2020 (34,940)		2021 (71,304)	
	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH
MALE	114,478 76%	4,304 81%	114,340 76%	5,103 82%	114,200 76%	3,183 82%	104,136 76%	4,342 82%	102,403 76%	3,621 82%	104,404 76%	3,819 82%	107,123 76%	2,852 82%	28,052 82%	1,878 84%	37,311 82%	1,176 51%
FEMALE	32,881 22%	1,498 15%	32,343 22%	1,303 18%	32,402 22%	1,121 18%	27,333 21%	344 18%	26,340 21%	623 18%	26,000 20%	348 20%	28,602 21%	622 17%	3,819 12%	309 15%	12,404 18%	129 5%
TOTAL	147,359	10,282	147,083	6,404	146,602	6,304	131,469	5,286	128,743	4,244	130,408	4,167	135,725	3,472	32,711	2,229	70,085	1,299



TOTAL CHILD ABUSE AND NEGLECT STATUTES FILED BY GENDER AND CASE TYPE

GENDER	2013 (2,716)		2014 (2,827)		2015 (2,747)		2016 (2,579)		2017 (2,604)		2018 (2,540)		2019 (2,450)		2020 (2,036)		2021 (2,015)	
	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH
MALE	1,883	272	2,032	184	1,563	158	1,813	127	1,537	126	1,336	128	1,731	143	1,474	84	1,438	32
FEMALE	347	14	387	4	881	13	823	12	336	3	373	3	365	10	472	6	483	2
TOTAL	2,438	286	2,439	188	2,595	181	2,448	139	2,473	131	2,415	125	2,297	153	1,946	90	1,961	34

TOTAL CHILD ABUSE AND NEGLECT STATUTES FILED BY GENDER - ADULT

GENDER	2013		2014		2015		2016		2017		2018		2019		2020		2021	
	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES
MALE	1,883	114,478	2,032	114,348	1,563	114,288	1,813	104,136	1,537	102,403	1,336	104,404	1,731	107,123	1,474	28,852	1,438	37,211
FEMALE	347	32,881	387	32,343	881	32,452	823	27,353	336	26,343	373	26,883	365	28,852	472	3,813	483	12,484
TOTAL	2,438	147,479	2,439	147,083	2,595	146,832	2,448	131,689	2,473	129,088	2,415	131,383	2,297	136,017	1,946	32,711	1,961	78,885

TOTAL CHILD ABUSE AND NEGLECT STATUTES FILED BY GENDER - YOUTH

GENDER	2013		2014		2015		2016		2017		2018		2019		2020		2021	
	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES
MALE	272	6,394	184	6,829	158	3,189	127	4,342	126	3,821	128	3,813	143	3,858	84	1,878	32	1,176
FEMALE	14	1,888	4	1,333	13	1,121	12	944	3	823	3	948	10	822	6	308	2	123
TOTAL	286	18,282	188	8,394	181	6,318	139	5,286	131	4,646	125	4,767	153	3,712	90	2,228	34	1,299

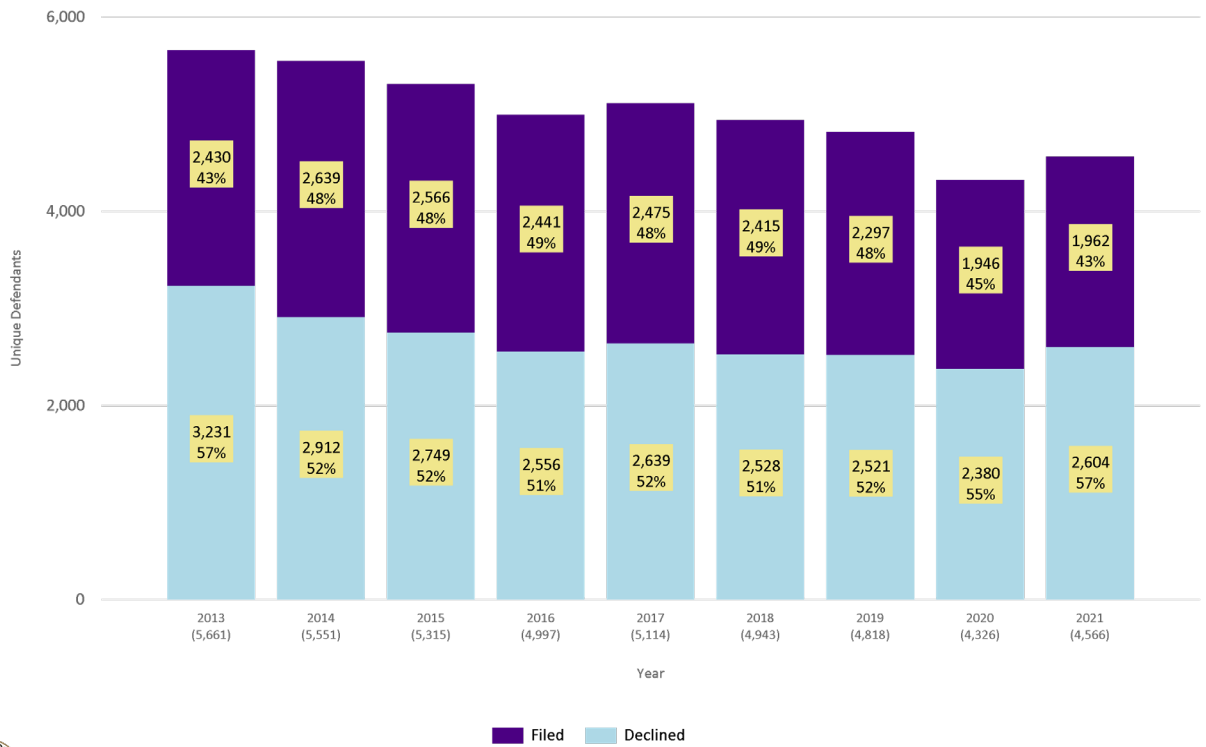


TOTAL ADULT CASES SENTENCED

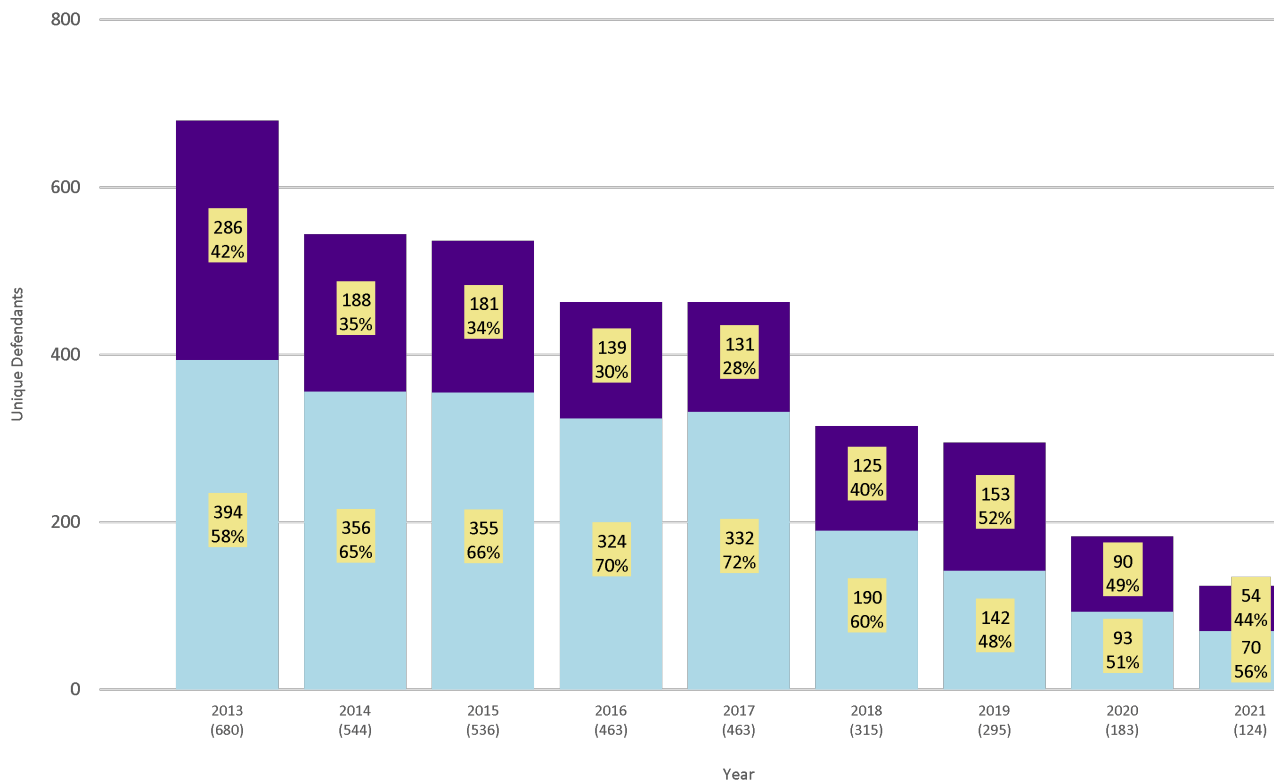
SENTENCE TYPE	2013 (1,711)	2014 (1,850)	2015 (1,863)	2016 (1,723)	2017 (1,712)	2018 (1,601)	2019 (1,317)	2020 (948)	2021 (935)
COUNTY JAIL 1170(H)	31 1.83%	40 2.16%	30 1.62%	32 1.86%	36 2.08%	32 2.00%	28 2.13%	3 0.52%	7 0.75%
JAIL OR FINE	33 1.93%	21 1.14%	26 1.40%	28 1.63%	27 1.58%	27 1.69%	24 1.82%	29 2.65%	23 2.47%
LIFE	16 0.94%	15 0.80%	26 1.38%	12 0.70%	15 0.88%	10 0.62%	5 0.38%	6 0.62%	2 0.21%
PROBATION	1,153 67.32%	1,300 70.27%	1,263 67.90%	1,216 70.57%	1,189 69.46%	1,180 73.72%	856 64.34%	689 72.68%	632 67.72%
STATE PRISON	408 23.85%	473 25.57%	336 18.22%	434 25.39%	444 25.93%	423 26.42%	363 27.56%	229 24.16%	249 26.62%
TOTAL	1,788	1,859	1,883	1,723	1,712	1,608	1,307	948	935



ICAN TOTAL ADULT PRESENTATIONS BY YEAR

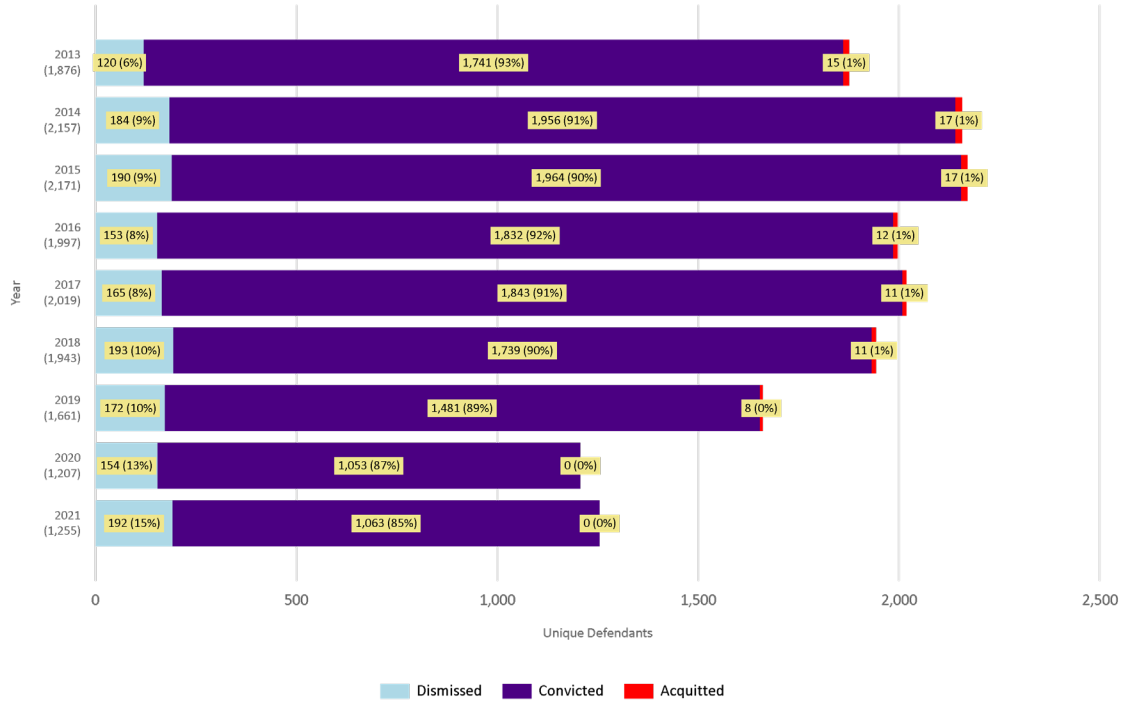


ICAN TOTAL YOUTH PRESENTATIONS BY YEAR

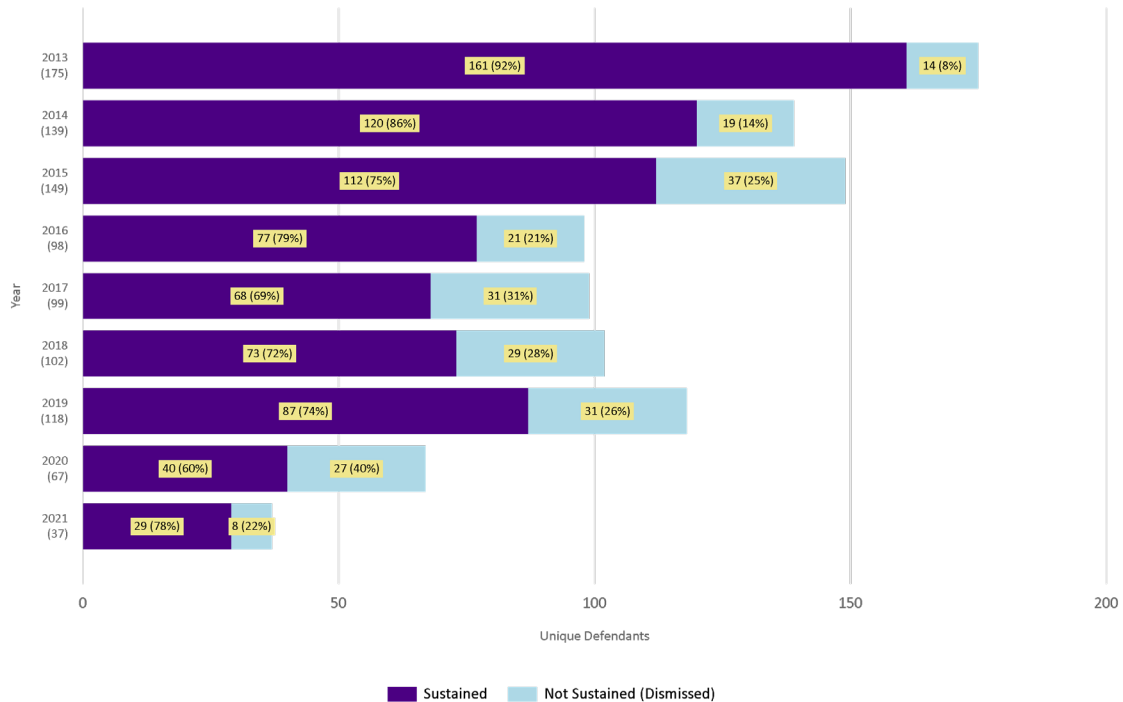




ICAN TOTAL ADULT DISPOSITIONS BY YEAR

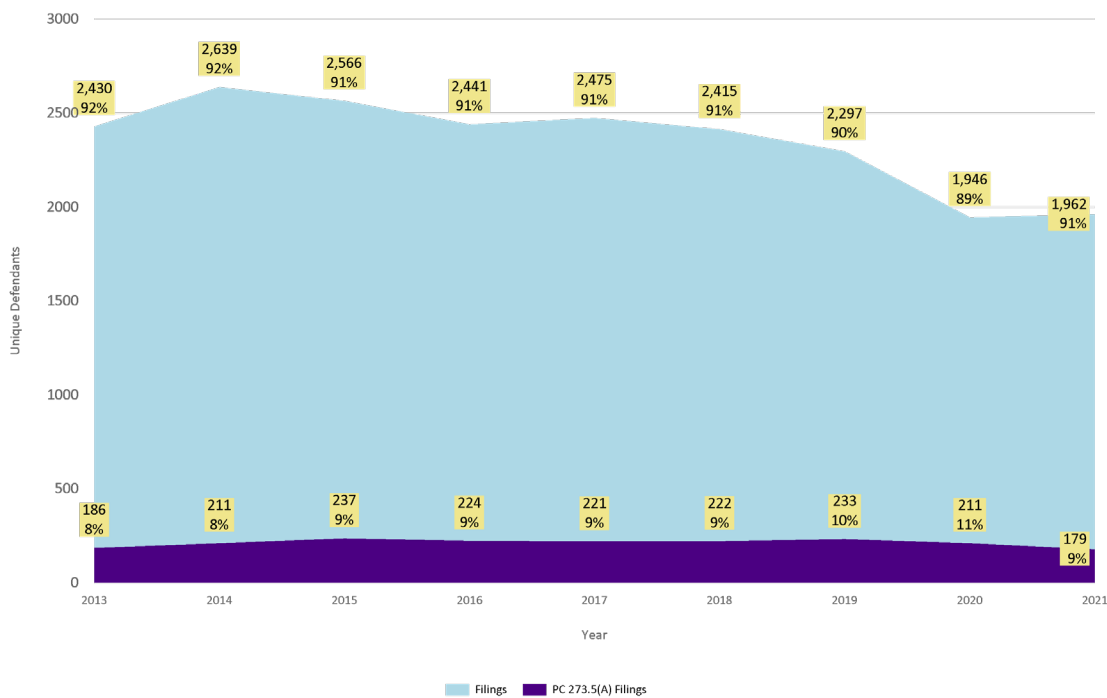


ICAN TOTAL YOUTH DISPOSITIONS BY YEAR





ADULT FILINGS WITH PC 273.5(A) VS TOTAL ADULT FILINGS



CHILD ABDUCTION CASES





LIST OF PRIORITIZED STATUTES

CODE	STATUTE	ATTEMPT	FORM #	ORDER	CODE	STATUTE	ATTEMPT	FORM #	ORDER	CODE	STATUTE	ATTEMPT	FORM #	ORDER
PC	187(A)			001	PC	288A(C)(2)(B)			001	PC	288A(B)(2)			006
PC	273A(B)(A)			002	PC	288A(C)(2)(C)			002	PC	25100(A)			007
PC	273A(B)(B)			003	PC	288A(D)(2)		001	003	PC	311.4(B)			008
PC	273A(B)			004	PC	288A(D)(3)		001	004	PC	311.4(A)			009
PC	288.7(A)			005	PC	289(A)(1)(B)			005	PC	311.2(C)			010
PC	288.7(B)			006	PC	289(A)(1)(C)			006	PC	311.3(A)			011
PC	236.1(C)			007	PC	286(C)(1)			007	PC	273(A)			012
PC	236.1(C)(1)			008	PC	286(C)			008	PC	273(B)			013
PC	236.1(C)(2)			009	PC	288(B)(1)			009	PC	270.5			014
PC	269(A)(1)			010	PC	288(B)(2)			010	PC	272(A)(1)			015
PC	269(A)(2)			011	PC	288(B)			011	PC	272(A)(1)	Yes		016
PC	269(A)(3)			012	PC	288(A)			012	PC				017
PC	269(A)(4)			013	PC	288(A)		Yes	013	PC				018
PC	269(A)(5)			014	PC	288A(C)(1)			014	PC	261.5(D)			019
PC	187(A)			015	PC	288A(C)			015	PC	261.5(C)			020
PC	261(A)(2)		001	016	PC	288(C)(1)		Yes	016	PC	288.4(A)(2)			021
PC	261(A)(2)		001	017	PC	289(J)			017	PC	311.1(A)			022
PC	261(A)(2)		002	018	PC	289(I)			018	PC	311.4(C)			023
PC	261(A)(2)		002	019	PC	289(H)		Yes	019	PC	288.4(A)(1)			024
PC	236.1(B)			020	PC	273A(A)			020	PC	271A			025
PC	236.1(A)			021	PC	273D(A)			021	PC	25100(B)			026
PC	264.1(B)(1)			022	PC	278			022	PC	25200(A)			027
PC	264.1(B)(2)			023	PC	278.5			023	PC	25200(B)			028
PC	207(B)			024	PC	278.5(A)			024	PC	267			029
PC	207(C)		002	025	PC	288(C)(1)			025	PC	288.2(B)			030
PC	207(D)		002	026	PC	288(C)			026	PC	647.6(C)(2)			031
PC	207(A)		002	027	PC	286(B)(2)			027	PC	647.6(B)			032
PC	207(A)		002	028	PC	286(B)(1)	Yes		028	PC	647.6(A)(2)		002	033
PC	207(A)		003	029	PC	288A(B)(1)			029	PC	647.6(A)(2)		001	034
PC	207(A)		003	030	PC	266I	Yes		030	PC	647.6(A)(1)		002	035
PC	208(B)			031	PC	266H(B)			031	PC	647.6(A)(1)		001	036
PC	288.5(A)			032	PC	266H(B)(1)			032	PC	261.5(C)		001	037
PC	288.5			033	PC	266H(B)(2)			033	PC	647.6(A)		002	038
PC	286(C)(2)(B)			034	PC	266I(B)			034	PC	647.6(A)		001	039
PC	286(C)(2)(C)			035	PC	266I(B)(1)			035	PC	261.5(B)			040
PC	286(D)(2)			036	PC	266I(B)(2)			036	PC	261.5			041
PC	286(D)(3)			037	PC	266			037	PC	273(A)			042



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; the process of judicially deciding a case.* In criminal court, this term generally means a determination of guilty or not guilty. When used to describe a proceeding in juvenile delinquency court, it describes the trial process under which the judge hears evidence as the trier of fact in order to determine whether a petition filed on behalf of the minor in court is found to be true (sustained petition) or not true (dismissed). As the purpose of a delinquency court proceeding is to determine the truth of the matter alleged and, if sustained, develop a rehabilitation plan on behalf of the minor, a true finding by the court resulting from an adjudication does not have the same consequences as a conviction for a similarly charged adult defendant.

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

Amend a Complaint or Information - One amends a complaint or information by adding or deleting from it. This must be approved by the court if objected to. 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 decision reconsidered by a higher authority; especially, the submission of a lower court's or agency's decision to a higher court for review and possible reversal.* The appellate court may refuse to hear the case, affirm the lower court's ruling, or reverse or overturn the lower court ruling on the issue(s) being appealed.

Appellate Court - A court of review which determines whether or not the ruling and judgments of the lower court were correct.

Arraignment - The initial step in a criminal prosecution whereby the defendant is brought before the court to hear the charges and enter a plea.* The defendant is given a copy of the complaint, petition, or other accusatory instrument, and informed of his or her constitutional rights.

Arrest - The physical taking of a person into custody for violating the law, the purpose of which is to restrain the accused until he can be held accountable for the offense at court proceedings. The legal requirement for an arrest is probable cause.

Arrest Warrant - A warrant issued by a disinterested magistrate after a showing of probable cause, directing a law-enforcement officer to arrest and take a person into custody.*

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.

Change of Venue - Moving the trial away from the responsible judicial jurisdiction to another to obtain an impartial jury (usually done when pre-trial publicity prevents the selection of an impartial jury in the court of original jurisdiction).

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

Charging Document - Generic term used in place of complaint, information, or grand jury indictment. The document lists the date of the crime and the code section which defines the crime.

City Attorney - Prosecutor for a city. City Attorneys represent the people of a city and prosecute infractions and misdemeanors occurring within that city.

Classification of Crime - Crimes are designated as felonies or misdemeanors. Some crimes, called wobblers, can be designated as misdemeanors or felonies, by order of the court (PC §17(b)(5)) or request of the prosecutor (PC §17(b)(4)).

Complaint - A sworn allegation made in writing to a court or judge that an individual has committed one or more public offenses.

Consolidation - The combination of two or more charges documents into one. The charging documents can be for one or more defendants.

Continuance - The postponement of a court proceeding to a future date, with a time waiver.

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.

Corpus Delicti - The material substance on which a crime has been committed; the physical evidence of a crime.*

Count - The part of a charging instrument alleging that the suspect has committed 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 by a juvenile court to determine whether a juvenile accused of delinquent conduct should be detained, continued in confinement, or released pending an adjudicatory hearing.*

Determinate Sentence - A jail term of a specified duration.*

Diagnostic - In appropriate juvenile cases, the court has the power to order a diagnostic report from the California Department of Corrections and Rehabilitation, Division of Juvenile Justice regarding whether the juvenile would benefit from any of the



programs offered by the Department of Corrections and Rehabilitation, Juvenile Division. In adult cases, the court can refer a convicted defendant to the California Department of Corrections and Rehabilitation pursuant to PC §1203.03 for a 90-day period and a diagnostic report recommending whether the defendant should be committed to state prison.

Discovery - Procedure whereby one party to an action gains information held by another party.

Dismiss a Case - To terminate a case without a trial or conviction.

Disposition - For juvenile offenders, the equivalent of sentencing for adult offenders. Possible dispositions are dismissal of the case, release of the juvenile to parental custody, place the juvenile on probation, or send juvenile to a county institution or state correctional institution.

District Attorney Case - When crimes are committed, law enforcement conducts an investigation, then submits its reports to the District Attorney's Office for filing consideration. If sufficient evidence exists to prove the case beyond a reasonable doubt, the reviewing Deputy District Attorney will file the appropriate charges. The charging document, police reports, attorneys' work product, and other evidence constitute the District Attorney case. A case may represent more than one defendant and more than one count. Both adult and juvenile District Attorney's cases have an internal number as well as the official case number issued by the Superior Court. The cases may be tracked in the District Attorney's Office internal computer system, PIMS (Prosecutor's Information Management System).

Diversion Program - A pretrial program that refers certain criminal defendants, especially youth offenders and first-time offenders, to rehabilitative community programs, the charges being placed on hold until, and ultimately reduced or dismissed after, benchmarks such as counseling for mental health, drug abuse, or employment are met.*

Docket - A formal record in which a judge or court clerk briefly notes all the proceedings and filings in a court case.*

Double Jeopardy - The fact of being prosecuted or sentenced twice for substantially the same offense. Double jeopardy is prohibited by the Fifth Amendment.*

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.

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

Evidence - Something (including testimony, documents, and tangible objects) that tends to prove or disprove the existence of an alleged fact.*

Expert Witness - A witness qualified by knowledge, skill, experience, training, or education to provide a scientific, technical, or other specialized opinion about the evidence or a fact issue.*

Expungement of Record - The removal of a conviction from a person's criminal record.*

Family and Children's Index (FCI) - An application and database accessible by various county and city agencies that highlights, by date, victim, or address, an agency's prior contact, based upon the agency's "at risk" definition.

Felony - A serious crime usually punishable by imprisonment for more than one year or by death.*

Filing - In the District Attorney's Office, this is the process where the prosecutor reviews the facts and evidence presented by law enforcement to make a determination as to whether crimes may be charged, and if so, what the appropriate charges are. The prosecutor evaluates the case to determine not only whether all of the legal elements of the crimes are present but also whether it is reasonably likely that the trier of fact could find the accused guilty beyond a reasonable doubt. Once the charging document is prepared in the District Attorney's Office, it is then filed in Superior Court.

Fitness Hearing - A hearing to determine if a juvenile should be tried as an adult rather than remain in the juvenile system.

Grand Jury - A group of citizens (usually 23 in



number) that investigates wrongdoing and that, after hearing evidence submitted by the prosecutor, decide by majority vote whether to indict defendants. Grand jury proceedings are conducted in secret and without the presence of the accused or his attorney.

Habeas Corpus Proceeding - A hearing to determine the legality of a person's confinement.

Hearing - A judicial session, usually open to the public, held for the purpose of deciding issues of fact or of law, sometimes with witnesses testifying.*

Held to Answer - In felony cases, a magistrate decides at the preliminary hearing whether there is sufficient cause to believe the defendant is guilty of felony charges.

Home on Probation - A juvenile delinquency court disposition which allows a minor to remain in his home while complying with the terms and conditions of probation.

Home Supervision Program (HSP) - A program in which persons who would otherwise be detained in the juvenile hall are permitted to remain in their homes pending court disposition of their cases, under the supervision of a probation officer.

Hung Jury - A jury that is unable to reach agreement about whether a defendant is guilty or not guilty. This allows the prosecution to retry the case if it chooses unless the trial judge decides otherwise and dismisses the case.

In Lieu of Filing - A procedure where a probation violation petition is filed pertaining to the facts of a new crime instead of filing a new criminal complaint on those same facts.

Indeterminate Sentence - An open-ended sentence, such as from 25 to life, that gives correctional authorities the right to determine the amount of time actually served within the prescribed limits.

Indictment - A written accusation returned by a grand jury charging an individual with a specified crime after determining probable cause.

Informal Probation - Supervised probation of a juvenile offender. This status may be granted by a probation officer (in lieu of requesting the filing of a petition) or by the court (suspending the delinquency proceedings) prior to adjudication. This is similar to diversion in the

adult system.

Information - Like the complaint or indictment, a formal charging document.

Infraction - A crime that is not punishable by imprisonment.

In Propria Persona (also known as In Pro Per, or Pro Per) - Refers to a defendant who represents his or herself in a legal action. The defendant has a legal right to counsel but also has the right to self-representation. Before the court may accept a waiver to the right to counsel, it must satisfy itself that the defendant is making a knowing and intelligent waiver of that right. For capital (death penalty) cases in California, the court is statutorily obligated to appoint defense counsel even if the defendant asks to act as his or her own attorney.

Interlineation - The changing of a charging document, with court approval, by all parties writing the change on their copy of the charging document.

Jeopardy - The risk of conviction and punishment that a criminal defendant faces at trial. Jeopardy attaches in a jury trial when the jury is empaneled, and in a bench trial when 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 - Someone who has not reached full legal age; a child or juvenile.*

Minute Order - An order recorded in the minutes of the court rather than directly on a case docket.*

Misdemeanor - A crime that is less serious than a felony and is usually punishable by fine, penalty, forfeiture, or confinement in a place other than prison.*

Mistrial - A trial that a judge brings to an end, without a determination on the merits, because of a procedural error or serious misconduct occurring during the proceedings,* or due to a hung jury.

Motion - A written or oral application requesting a court to make a specified ruling or order.

Motion to Dismiss Pursuant to PC §995 - A motion made in superior court to dismiss a case on one or more counts based on insufficient evidence produced at the preliminary hearing.

Obscene Matter - Pursuant to PC §311(a), this means matter, taken as a whole, that to an average person, applying contemporary statewide standards, appeals to the prurient interest, that taken as a whole, depicts or describes sexual conduct in a patently offensive way, and that, taken as a whole, lacks serious literary, artistic, political, or scientific value.

Office Hearing - The District Attorney’s Office handles certain criminal situations in a non-courtroom setting with the objective of solving problems before they become more serious. These criminal matters are minor in nature. The hearing officer speaks to both parties and attempts to resolve the matter. If that fails, a decision is made whether to file, seek additional information, or not file a complaint.

Petition - A formal written request presented to a court or other official body.* In juvenile court, the Probation Department requests the District Attorney’s Office to file a petition for a juvenile. The charging document is called a petition in juvenile court, while the charging

document is called an indictment, information, or complaint in adult court.

Petition (WIC §601) - Juvenile charging document prepared by the District Attorney’s Office (and occasionally the probation officer) for those offenses (typically matters involving incorrigibility) that are not violations of the law if committed by an adult.

Petition (WIC §602) - Juvenile charging document prepared by the District Attorney’s Office for those offenses that are violations of the law if committed by an adult.

Petition (WIC §777) - Juvenile charging document prepared by the District Attorney’s Office for those offenses that constitute a violation of probation (making it necessary to modify the previous orders of the court).

Plea - An answer to formal charges by an accused. Possible pleas include guilty, nolo contendere or no contest, not guilty, and not guilty by reason of insanity.

Plea Bargaining - The process whereby the accused and the prosecutor negotiate a mutually satisfactory disposition of the case. This is also known as a case settlement or negotiated plea.

Preliminary Hearing - A criminal hearing to determine whether probable cause exists to prosecute an accused person. If sufficient evidence exists, the case will be held to answer and an information will be filed. At the hearing, the prosecution must establish a prima facie case, that is, show that a felony occurred and to raise strong suspicion that the defendant committed it.

Preponderance of Evidence - The standard of proof in a civil trial. It is less than required in a criminal trial (i.e., beyond a reasonable doubt). Specifically, the weight of evidence for guilt is deemed greater than the weight of evidence for innocence.

Pre-Sentence Report - A report by a probation officer made prior to sentencing that diagnoses offenders, predicts their chance of being rehabilitated, recommends to the court that specific sentence elements be imposed upon the defendant, and addresses the danger they pose to society.

Pre-Trial Hearing - The pre-trial hearing is held to facilitate case settlement prior to the trial. Various motions may also be heard at the pretrial.



Prima Facie - A term that usually refers to the strength of evidence of a criminal charge. Prima facie evidence is sufficient to establish a fact or raise a presumption unless disproved or rebutted; based on what seems to be true on first examination, even though it may later be proved to be untrue.*

Probable Cause - A reasonable ground to suspect that a person has committed or is committing a crime or that a place contains specific items connected with a crime.* The evidentiary criterion necessary to sustain an arrest or the issuance of an arrest or search warrant; less than an absolute certainty or "beyond a reasonable doubt" but greater than mere suspicion or "hunch."

Probation - A procedure whereby a convicted defendant is not punished by incarceration alone but is released for a designated period of time subject to conditions imposed by the court. One of the conditions of probation can be a period of incarceration in local (county) institutions.

Probation Violation - When a person does not abide by one or more of the conditions of his probation.

Probation/Sentencing Hearing - A hearing after a defendant has been found guilty or pled guilty where the sentence is imposed.

Register of Action - A formal record of the events that have occurred in a superior court case maintained by the court clerk.

Registration - Pursuant to PC §290, persons convicted of certain sexual offenses must give all pertinent identifying information to the law enforcement agency in the area where they live and, if applicable, where they attend a university, college, or community college within a certain time period. This requirement is often for life.

Safe-Surrender Site - As defined in Health and Safety Code §1255.7, (a) a location designated by the board of supervisors of a county to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5 and (b) a location within a public or private hospital that is designated by that hospital to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5.

Sealing of Records - The act or practice of officially preventing access to particular records, in the absence of a court order.*

Search Warrant - A judge's written order authorizing a law enforcement officer to conduct a search of a specified place and to seize evidence.*

Sentence - The criminal sanction imposed by the court upon a convicted defendant. When there are multiple charges, the court may sentence concurrently or consecutively. If the sentences are concurrent, they begin the same day and sentence is completed after the longest term has been served. If the sentence is to be served consecutive to another charge, the defendant must complete the first sentence before the other term of incarceration begins. Within one court case, sentences for charges can be consecutive and if the defendant has more than one court case, sentences for each court case can be consecutive.

Severance - Can involve the separating of two or more defendants named in the same charging document. Also, can involve the separating of two or more charges against a defendant into multiple cases.

Stay - A judicial order whereby some action is forbidden or held in abeyance until some event occurs or the court rescinds its order.

Submission on Transcript (SOT) - If the defendant waives his right to a jury trial and the right to confront and cross-examine witnesses, and the Deputy District Attorney concurs, the case may be submitted to the judge on the preliminary hearing transcript.

Subpoena - A court order directing a person to attend a court proceeding.

Subpoena Duces Tecum (SDT) - A court order directing a witness to bring to court documents that are under the witness' control.

Sustain the Petition - The judicial finding in a juvenile delinquency case. If the court finds the allegations to be true, it sustains the petition; this is functionally equivalent to a guilty verdict. If the petition is not sustained, the court will find the petition not true; this is functionally equivalent to a not guilty verdict.

Trier of Fact (also known as the Fact Finder) - Hears testimony and reviews evidence to rule on a factual issue. In a preliminary hearing, a magistrate is the trier of fact. In a jury trial, jurors are the triers of fact. In a



court trial, the judge is the trier of fact. In all instances, the court rules on the law.

Venue - The place designated for trial.

Vertical Prosecution - The prosecution of a defendant whereby a specific prosecutor is assigned for the duration of the case.

Witness - One who gives evidence in a cause before a court and who attests or swears to facts or gives or bears testimony under oath.

Wobbler - A criminal offense that is punishable as either a felony or a misdemeanor.

Writ - An appellate remedy seeking an order from a higher court either to mandate or prohibit action in the lower court where the criminal case is pending.

**Definition from Black's Law Dictionary, (10th ed. 2014)*



PUBLIC DEFENDER'S OFFICE

The Public Defender's Office provides legal representation to indigent individuals in the adult and juvenile delinquency courts of Los Angeles County as well as in state and federal appellate courts. Celebrating 100 years in 2014, the Los Angeles County Public Defender's Office is the first and the largest full service local governmental defender in the United States. During Fiscal Year 2021-22, the Office was led by Public Defender Ricardo D. García, Justine Esack as Chief Deputy and Ruben Marquez as our Chief of Staff.

Vision and Mission Statements

VISION:

The Los Angeles County Public Defender's Office is the finest client-centered criminal defense firm in the nation, providing a beacon for evolutionary and revolutionary changes in the justice system.

MISSION:

By 2025, measurably reduce incarceration and the collateral consequences of contact with the criminal justice system in Los Angeles County.

VALUES:

Advocacy: We are zealous Defenders, working relentlessly to meet the needs of our clients.

Compassion: We listen to our clients, respect their life experience, and tell their story.

Dedication: We are passionate about indigent defense.

Collaboration: We work with County and community stakeholders to achieve our clients' goals.

The Department strives to defend the liberties of indigent clients, protect their rights, and advocate for clients' access to resources in order to be productive members of the community.

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With offices in 33 separate locations throughout the County, in Fiscal Year 2021-22, the Public Defender's Office had 1,095 budgeted positions. There were 685 Deputy Public Defender I through IV attorney positions in addition to 38 managing attorney positions. Integral to the collaborative team are Public Defender-employed paralegals, psychiatric social workers, investigators, secretaries, and clerical staff.



The Public Defender represents clients:

1. Charged with felony and misdemeanor offenses;
2. Charged in juvenile delinquency cases;
3. In sexually violent predator cases;
4. Facing mental health commitments;
5. Facing civil contempt matters;
6. In pre-judgment appeals and writs; and
7. In post-conviction matters including but not limited to areas of police misconduct, intimate partner battering and its effects, claims involving factual innocence based on DNA, Senate Bill 1437 hearings, non-citizen client support, Franklin hearings, and Assembly Bill 109 revocation hearings.

During FY 2021-22, Public Defender staff assisted on the following:

Felony Representation:

- 33,307: Number of felony cases assigned to the Public Defender by the courts (number of cases assigned is a measure of unique cases that are assigned to the Public Defender by the courts).
- 64,762: Number of attorney case assignments allocated to felony cases (Public Defender regularly assigns distinct specialized attorneys to a case at different stages of a case. This number represents how many times attorneys are assigned to cases)
- 242,739: Number of court hearings in which the Public Defender represented a criminal defendant

Misdemeanor Representation:

- Number of misdemeanor cases assigned to the Public Defender by the courts (number of cases assigned is a measure of unique cases that are assigned to the Public Defender by the courts) – 64,075
- Number of attorney case assignments allocated to misdemeanor cases (Public Defender regularly assigns distinct specialized attorneys to a case at different stages of a case. This number represents how many times attorneys are assigned to cases) – 104,174
- Number of court hearings in which the Public Defender represented an individual – 309,131

While continuing to provide the highest quality legal representation to clients in a cost-effective manner, the Public Defender's Office also devotes

its resources to facilitate broad justice system improvements for all its clients. This includes programs and initiatives designed to produce positive lifestyle outcomes for children, their families, and the communities in which they reside. The Public Defender actively participates, often in a leadership role, in numerous criminal justice inter-agency committees and projects designed to focus on the issues faced by communities at risk. Such inter-agency collaborations craft creative solutions to effectively resolve those issues by addressing the root causes of criminal behavior. The Public Defender recognizes that effective advocacy can only occur in the context of understanding the unique needs of the individual client, including the developmental, educational, psychological, and sociological history of everyone represented.

THE JUVENILE JUSTICE SYSTEM

During fiscal year 2021-22, the Los Angeles County Public Defender's Juvenile Division represented clients in 9,706 delinquency hearings. Our Office developed a once novel holistic defense approach that has come to serve as a model for public defender offices nationwide. For over twenty years, this holistic practice has been anchored by the Client Assessment Recommendation and Evaluation (CARE) Project through which clients are matched with in-house social workers and resource attorneys who specialize in mental health and educational advocacy. A tailored strategy is developed for each youth based upon a variety of personal factors. These strategies often lead to predisposition placements or inform a court's disposition.

Many youth enter the juvenile justice system with serious long-standing undiagnosed or unaddressed educational and/or psychosocial problems that significantly contribute to their troublesome behavior. The underlying issues are:

- mental health disorders
- substance abuse problems
- cognitive learning disabilities
- developmental disabilities
- psychological effects of sexual and/or physical abuse and neglect.

Mental Health Issues

The prevalence of mental health disorders among youth in the juvenile justice system is two to three times higher than among youth in the general



population, according to the National Center for Mental Health and Juvenile Justice. And two-thirds of youth in the justice system have co-occurring disorders which compound challenges in Diagnoses and treatment.

Among incarcerated youth, 50-to-75% have diagnosable mental health disorders and nearly half have substance abuse problems, per a report by Physicians for Human Rights entitled "Mental Health in the Juvenile Justice System." The report also indicates multiple studies have associated substance abuse with conduct disorder and/or attention deficit hyperactivity disorder. Research suggests the mental health disorder precedes the addictive disorder in more than 80% of these cases.

Educational Issues

According to the Juvenile Court Judges of California, 50% of all youth in the juvenile delinquency system have undetected learning disabilities. A study from the National Center on Education, Disability, and Juvenile Justice notes that youth in juvenile corrections exhibit learning disabilities at a rate three to five times higher than in public school populations.

State and federal special education laws mandate a continuum of educational program options for eligible students. Our attorneys and staff leverage available laws, including those that protect at-risk communities such as youth in foster care and those who are homeless, so juvenile clients have a meaningful opportunity to meet the same rigorous state academic achievement standards to which all pupils are held. A key strategy of the Department is to promote educational advancement and stability while holding responsible agencies, including school districts, accountable so each student has access to the academic resources, services, extracurricular and enrichment activities that are available to all pupils.

CLIENT ASSESSMENT RECOMMENDATION AND EVALUTION (CARE) PROJECT

In 1999, the Juvenile Division of the Public Defender's Office implemented its Client Assessment Recommendation and Evaluation (CARE) Project, one of the nation's first holistic advocacy programs. Since inception through June 2022, children have received CARE Project services in 29,780 cases. In FY 2021-22, 975 youth were served through the CARE Project.

The Public Defender adheres to the philosophy that effective advocacy must encompass a holistic approach individually tailored to the particular needs of each unique client. The CARE Project focuses on early intervention with youth in delinquency court by addressing the cluster of underlying causes of delinquent behavior such as mental illness, intellectual disability, developmental disabilities, learning disabilities, emotional disturbances, and trauma. By referring clients for evaluation, identification, and intervention at the pre-trial stage, the Public Defender focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. Members of the CARE Project team are able to provide the court with a better assessment of the youth's needs, present tailored recommendations for appropriate conditions of care, and identify resources that will assist the child and family. This approach enables the court to make orders that will foster accountability of both the youth and the juvenile delinquency system.

Resource Attorneys and Psychiatric Social Workers

CARE operates within all seven juvenile branches of the Los Angeles County Public Defender's Office. During FY 2021-22, thirteen resource attorneys, thirteen psychiatric social workers, and three supervising social workers were devoted full-time CARE.

Psychiatric social workers assess a juvenile client's abilities and deficits to determine the youth's special needs whether developmental, emotional, or psychological. Thereafter, a deputy public defender may share the psychosocial assessment with the court. The information plays a key role in individualizing and humanizing each youth for busy bench officers who may not otherwise be provided insight of such depth. Based on the assessment, an individualized treatment plan – whether formal or informal – is created to address the issues that put the youth at risk for delinquent behavior with the aim of significantly reducing the likelihood of recidivism. The psychiatric social workers also provide consultation services which include early intervention to identify needed services, referrals to community resources, client support during the court process, advocating for youth in their school systems, and recommendations for disposition plans in difficult cases. Social workers may also appear alongside resource attorneys at meetings and



hearings in court, school districts, and at Regional Centers.

Resource attorneys advocate on behalf of juvenile clients to assure accountability by various outside agencies that are legally obligated to provide services addressing the youth's educational and mental health needs. For example, our resource attorneys appear at Individual Education Plan meetings, handle enrollment issues, expulsion proceedings, and a myriad of administrative hearings at schools to ensure youth receive appropriate special education services. Resource attorneys advocate at Regional Centers for eligibility and services, including handling all stages of the appeal proceedings.

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.

A 2017 Resource Development Associates report found: (1) CARE clients who received extended services have significantly less subsequent contact with the juvenile justice system, and (2) CARE services appear to successfully help clients obtain desired dispositional outcomes. Over the past decade, the court has adopted 77% of the disposition recommendations. Judicial officers have stated that the evaluations are invaluable in better equipping the courts to identify youth with emotional or developmental issues. Channeling select resources to at-risk youth has proven effective in assisting them to deal with challenges faced outside the courtroom and beyond detention, ultimately reducing recidivism.

CARE – AWARDS AND RECOGNITIONS

- 2006: California Council on Mentally Ill Offenders Best Practices Award; the only non-mental health court program that received the award.
- 2016-17: Resource Development Associates evaluated the CARE Project and found it to be a "highly effective approach to defense that results in reduced negative contact with the juvenile justice system and improved dispositional outcomes for clients."
- 2017-2021: Grant funded by the Juvenile Justice Coordinating Council under the Juvenile Justice Crime Prevention Act to hire six additional psychiatric social workers. The grant was renewed in 2019 and extended to provide a

Mental Health Clinical Supervisor; the grant was renewed again in 2020 and 2021.

- 2018: Mega Million Dollar Award from the Los Angeles Board of Supervisors' Chief Executive Office's Quality and Productivity Commission. Bestowed for collaborating with key justice system stakeholders to provide youth with critical linkages to treatment and services in an innovative and cost-effective approach.

THE DIVISION OF JUVENILE JUSTICE (DJJ) UNIT

An experienced attorney and social worker are assigned to the Department's DJJ Unit. Together they monitor the care, confinement, and treatment provided to Public Defender youth at DJJ institutions, prepare youth for appearances at the Board of Juvenile Hearings (BJH), and represent realigned youth when released to the county for re-entry supervision, including participating in development of a re-entry plan prior to release. This comprehensive re-entry plan includes housing, counseling, and work-force development training.

The population of youth housed in DJJ facilities statewide has been significantly reduced from over 4,000 in 2004 to approximately 672 in 2021. Through a combination of recent legislative changes and our successful advocacy since 2004, the number of youth assisted has similarly decreased. As of June 30, 2021, the Public Defender DJJ Unit represented approximately 36 youth in DJJ institutions throughout the state and approximately 18 re-entry clients on supervised release after completing a DJJ commitment.

In September of 2020, Governor Newsom signed SB-823, ordering the closure of DJJ. Shortly afterwards, SB-92 passed and was signed into law in May 2021. The companion bills will close new commitments to DJJ except in very limited instances and announced a firm closure date of DJJ in its entirety by June 2023. Effective July 1, 2021, a client may only be committed to DJJ if they were subject to a transfer hearing. Youth under the age of 16 cannot be committed to DJJ, since they are no longer subject to being transferred to criminal court (SB 1391).

SB-92 created local Secure Youth Treatment Facilities (SYTF) to house, treat, and rehabilitate youth with the most serious offenses and the highest needs. The SYTF will be available for long-term commitments but only if the court deems that the youth is eligible, suitable, and for whom no less



restrictive disposition is appropriate pursuant to WIC 875(a). The County of Los Angeles will be developing a SYTF in the near future.

Advocacy While Client Is in a DJJ Facility

While in DJJ, Public Defender clients maintain contact with their DJJ Unit attorney and social worker through in-person visits and phone calls. However, due to the COVID-19 pandemic, on April 8, 2020, DJJ temporarily suspended legal visitation at their four correctional facilities: Ventura, O.H. Close and Chaderjian in Stockton, and at Pinegrove Conservation Camp. This policy continues while there are active cases in the institutions. Since that time, our DJJ Unit personnel have vigilantly maintained communications, including videoconference "visits" and meeting in person, when permitted.

In addition to client contact, the DJJ Unit attorney and social worker develop working relationships with the clients' DJJ counselors and other staff at the institutions. They review DJJ documents to assess current treatment plans, attend IEP meetings, and advocate for vital special education services. If necessary, they work to ensure that clients are transferred to a different DJJ facility to receive the most appropriate counseling and services, thus enabling their clients to receive the best-available rehabilitative treatment plan.

The DJJ Unit also pursues law and motion work seeking relief under the Welfare and Institutions Code which requires judges to set a maximum term for sentences that is no longer than is necessary for rehabilitation (section 731(c)) and gives the juvenile court discretion to remove clients from DJJ institutions in cases where appropriate services are not being provided (section 779). Courts have granted these motions after holding hearings and finding DJJ services were inadequate or no longer necessary.

Advocacy When Client Is Released to County

In 2011, Assembly Bill 1628 realigned responsibility for youth released from DJJ from the state to the counties, primarily to eliminate DJJ parole and shift this population to county supervision and aftercare. Therefore, since 2011, the Public Defender's Office has represented realigned youth from DJJ custody at their re-entry hearings, progress reports, and modification hearings.

The Public Defender DJJ Unit assists re-entry youth in forming relapse prevention plans, locating community-based organizations that provide treatment and housing, and finding an array of other services needed to successfully reintegrate the youth back into the community. They also provide post-conviction relief by working with former clients to file motions to dismiss and seal charges pursuant to Welfare & Institutions Codes 782 and 781.

Working with Justice Partners

The DJJ Unit has actively participated with justice partners to promote favorable legislation. For instance, the DJJ Unit successfully supported Senate Bill 625, which restored the ability of the Board of Juvenile Hearings to grant honorable discharges for youth who had been realigned to county supervision. The DJJ Unit also worked on Assembly Bill 2595, which was signed in early 2019 and clarifies the language in WIC section 731(c), limiting sentences with DJJ confinement to periods deemed appropriate to achieve rehabilitation of the particular youth at issue. The DJJ attorney often appears at dispositional hearings to litigate maximum confinement time under this new legislation. The bill further makes clear that the court retains jurisdiction under juvenile court jurisdictional time limits (WIC section 607.1) and establishes conditions for the youth's supervision upon release from DJJ (WIC section 1766). This reaffirmation is consistent with promoting the realignment of responsibility and funding to the counties to provide evidence-based supervision, detention and rehabilitative services. The DJJ Unit served as a member on the Los Angeles DJJ Task Force, a collaborative effort to meet the needs of DJJ re-entry youth. The DJJ Task Force was comprised of juvenile justice partners from the courts, District Attorney's office, Probation, Department of Corrections and Rehabilitation, and multiple community-based organizations. In its work on the Task Force, the DJJ Unit also interfaced with members of the Mayor's office and various CBOs during monthly collaborative Blue-Ribbon Commission meetings that address issues relevant to DJJ re-entry.

The DJJ Unit also served on the DJJ Transition Team Task Force, a group formed by the Los Angeles Board of Supervisors to help create a local SYTF that meets the goals and needs articulated in both SB 823 and SB 92, while supporting the intent of the Youth Justice Reimagined Initiative.



JUVENILE MENTAL HEALTH COURT

The Public Defender's Office was integrally involved in the creation of the Juvenile Mental Health Court (JMHC), which began operating in October 2001 as a comprehensive, judicially-monitored program for juvenile offenders with diagnosed mental health disorders and whose crimes demonstrate a link to the diagnosed disorder or disability with the goal of reducing recidivism among the mentally ill population. A collaborative inter-agency team consisting of a judge, prosecutor, defense attorney, child psychiatrist and a psychologist (both from UCLA), probation officers, and an educational liaison, develop an individualized case plan for each eligible youth referred to JMHC. The plan includes home, family, therapeutic, educational, and adult transition services.

A Deputy Public Defender and psychiatric social worker work with the client's family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and the Department of Children and Family Services to obtain every benefit to which the youth is legally entitled. Implementation of the plan is monitored intensively on an ongoing basis for two years or as long as the youth remains on probation.

Since its inception in October 2001 through June 30, 2022, JMHC has accepted 831 cases. In FY 21-22, JMHC accepted 14 new cases, 12 of which were Public Defender clients.

SUCCEEDING THROUGH ACHIEVEMENT AND RESILIENCE (STAR) COURT

Federal law mandates that any person under the age of 18 who performs a commercial sex act is to be considered a human trafficking victim, not a prostitute. STAR is a collaborative, post-adjudication court whose goal is to provide a holistic approach to addressing the trauma and unique issues of trafficked youth. Counseling, suitable placement, if needed, and education are top priorities. The resource attorney and others staffing STAR Court are specially trained regarding commercial sexual exploitation of children issues and providing trauma informed care.

STAR Court receives referrals from every juvenile court in Los Angeles County. The participants are identified by defense attorneys, deputy district attorneys, and juvenile bench officers. The average

monthly caseload is xx. The Public Defender resource attorney handles 73% of the caseload with the remaining cases going outside our office.

Along with the Public Defender resource attorney, STAR Court is staffed by a deputy district attorney, probation officers, liaisons from the Department of Children and Family Services, Department of Mental Health, Department of Public Health, Los Angeles County Office of Education, as well as educational consultants from Public Counsel and Healthy Minds Consulting. Youth may also have mentors from community-based organizations such as Saving Innocence and ZOE International.

Weekly Multi-Disciplinary Team (MDT) meetings are held to coordinate services for STAR Court participants and to negotiate dispositions for new referrals and probation violations. In preparation for the MDT meeting, each minor is contacted along with their parents or guardians, wrap-around teams, suitable placement counselors, DCFS social workers, and dependency attorneys. This preparation is conducted to ensure that the resource attorney possesses a good understanding of the minor's needs. This approach is what makes STAR Court successful.

STAR Court has received national attention and is viewed as a model program. Probation and advocacy groups from across the country have interviewed STAR Court professionals with the goal of starting a STAR Court in their respective jurisdictions.

THE TRAINING DIVISION

Continuous training is a cornerstone of ensuring excellent client representation. The Training Division is tasked with preparing our diverse workforce for success in their careers through education, group training, one-on-one case consultations, homicide and misdemeanor roundtables, and other learning opportunities. The objectives of the Training Division are to strengthen existing defense skills, introduce new skills and Best Practices, and implement defense delivery system enhancements through the development of comprehensive training programs for all job classification levels.

Training sessions cover a range of relevant topics so all attorneys, paralegals, and social workers can meet their professional minimum continuing legal education or licensing requirements. Between January and May 2022, the Training Division produced an average of 61 training sessions with



1,641 participants every month. The amount of time staff were in training averaged 2,416 hours per month.

The Training Division includes a team of attorney trainers who are dedicated solely to educating and mentoring newly hired Deputy Public Defenders. The first two weeks for incoming attorneys include instruction on preliminary hearings, discovery, preparing for trial, voir dire, and other pertinent areas of law. Intense training of those attorneys continues throughout the first year to ensure they are well prepared to best advocate for their clients at all stages of a criminal case.

In addition, all attorneys working in the Juvenile Division receive a minimum of 12 hours of training pursuant to California Rules of Court, Rule 5.664. Topics covered include child and adolescent brain development, special education, competence, and mental health issues.

The Training Division also coordinates a two-day Capital Defense Seminar every October open to all indigent defense counsel practicing in Los Angeles. Other trainings include a two-day DNA Bootcamp as well as an annual one-day Juvenile Delinquency Law Training Seminar. Defense advocates at these conferences come from across California.

SPECIAL PROJECTS OF THE PUBLIC DEFENDER

Rapid Diversion Program

Los Angeles County operates the largest jail system in the United States, holding more than 14,000 people daily on average in 2020, nearly 38% of which have a serious mental health disorder. Residents of color are disproportionately incarcerated, with Black residents accounting for only 8% of the total County population but 30% of those imprisoned. Over 44% of all people in the jail system are held pretrial before any conviction, with a median length of stay of six days. This means that some of LA County's most vulnerable individuals are cycling in and out of jails without receiving the meaningful care or the services they need. And during the COVID-19 pandemic, some prisons' infection rates were 40% or higher than average— with inmates not afforded social distancing protocols. To reduce the virus's spread, the County reduced inmates by 20%. However, jails still house many nonviolent offenders and those whose age or preexisting conditions make them especially

vulnerable to the virus. These shocking numbers reflect the broader history of the intersections between race, health, and incarceration across not just LA County but also the entire United States.

Over the past few decades, Los Angeles County, like much of the United States, has seen steady increases in the arrest and incarceration of individuals with serious mental health issues, a phenomenon also known as the “criminalization of mental illness.” To assist this vulnerable population, our Department, along with the Alternate Public Defender's Office, developed the Rapid Diversion Program (RDP), with technical assistance from the Center for Court Innovation and with support from the MacArthur Foundation's Safety + Justice Challenge grant. Since 2019, the RDP has diverted individuals with behavioral health diagnoses out of the criminal justice system and into treatment and services. In 2020, the County launched its Alternatives to Incarceration Initiative (ATI) and enveloped RDP's growth in its reach.

RDP was designed to quickly identify and link to services misdemeanor and felony defendants who are eligible and suitable for mental health diversion pursuant to Penal Code section 1001.36.

Operating in the Downtown, Airport, Long Beach, Van Nuys, Lancaster, and Compton courthouses, RDP's greatest benefits are the broad pool of candidates for whom it can provide services, the speed in which it assesses and links eligible candidates to treatment, its approach of providing each individual with a case manager, and its ability to avoid lengthy court hearings by seeking consensus from all stakeholders on eligible and suitable cases.

At each participating courthouse, RDP is overseen by an attorney coordinator and consists of a clinical team comprised of a clinician, service navigator, case manager, and a driver. RDP candidates are referred for same-day evaluations by the clinician, who will determine if the candidate meets the statutory requirements for mental health diversion and identify needed services. Candidates are then referred to the navigator, who identifies programming, which may include inpatient and outpatient treatment, psychiatric care, medication support, therapy, housing, transportation, and benefits assistance. Candidates are then referred to the prosecutor for approval, and then to the court with a joint recommendation for diversion.

Since inception, RDP has successfully diverted 1,000 individuals, with a current success rate of 95%



among graduates (no new cases since graduation).

THE BAIL PROJECT

The Bail Project, the first national non-profit organization designed to combat mass incarceration by challenging the money bail system, post bonds on behalf of indigent individuals detained pretrial, and then provides court reminders and transportation to ensure attendance at set court dates. The Public Defender's Office began its collaboration with The Bail Project (TBP) in 2018 as a pilot program at the Compton courthouse, with UCLA law students writing and filing bail reduction requests. The pilot was so successful that it expanded in 2019 to the Van Nuys courthouse and in July 2020, began offering its services at every courthouse countywide. In addition to helping disrupt the cash bail system, TBP also refers people to supportive services including housing, drug counseling, childcare, and much more. Since assisting Los Angeles County pretrial detainees, TBP has posted 634 bonds. Ninety-six percent of the individuals have returned for their court appearances.

The Bail Project National Revolving Bail Fund is a critical tool to prevent incarceration and combat racial and economic disparities in the bail system. It provides free bail assistance to low-income individuals who are legally presumed innocent, and whom a judge has deemed eligible for release before trial contingent on posting bail. Clients return home to their families and communities while awaiting their future court dates.

PARTNERS FOR JUSTICE

In July of 2021, the Public Defender began its two-year, grant-funded pilot with Partners for Justice (PFJ). This collaboration, made possible with a Productivity Investment Fund grant by Los Angeles County's Quality and Productivity Commission, increases the Public Defender's capacity to provide holistic representation to and assist clients with the underlying needs or challenges driving their legal system involvement.

PFJ Client Advocates (Advocates) are recruited and trained by PFJ and receive ongoing skill-development, support, and education as well as supervision from both public defender and PFJ staff. Advocates provide case and legal system navigation support, coordinated referrals to mental health and/or substance use treatment, housing

stabilization referrals/ interventions, connections to and troubleshooting around employment and education, licensing, medical treatment and/or health insurance, and enrollment in social service benefits. Advocates also contribute to mitigation memos to support public defender staff in advocating for non-carceral case outcomes as well as reduced charges and/or sentences.

Since September of 2021, six Advocates have provided holistic, wrap-around support to stabilize clients, promote wellness, and reduce days of incarceration at two branch offices: Compton and East Los Angeles.

One significant accomplishment of the project is the impressive amount of jail time saved for clients who had Advocate assistance. From the project's inception through August 2022, the Advocate program was able to save at least 7,773 jail days for clients in East Los Angeles and Compton, for a potential savings of \$1.3 million. Perhaps one of the biggest successes stemming from this project is that the original seed funding provided for East Los Angeles and Compton catalyzed a broader service expansion across the County. Since opening the first two sites, four additional sites were launched in 2022: Downey, Pasadena, San Fernando, and Van Nuys.

With the expansion to additional sites, a total of 2,100 clients were referred to Advocates across the County in 2021-2022. Advocates average two service needs per client. Service needs break down as follows: 17% housing-related services; 9% employment-related services; 12% benefits-related services; 13% health-related services; 4% family-related services; 2% financial-related services; 38% criminal legal case-related services; and 6% additional/other services (including state identification, property retrieval, and employment license-related issues).

The myriad of successes Advocates secure daily for clients across the County are perhaps best illuminated through a few case examples: One Advocate put together a 200-page mitigation packet that convinced a judge to grant probation to a client facing 2-6 years in prison for possession of a weapon. Another succeeded in obtaining an extension of a client's housing voucher execution date. This was invaluable to the client, as waitlists for housing vouchers in LA County can exceed ten years and, had her voucher lapsed, she would have gone back to the bottom of the waitlist. A third Advocate convinced a provider of DUI classes to



accept clients at a rate of \$5 per month for those who meet the low-income threshold. These are a few examples of the stellar work Advocates do for clients in LA County.

Video of Advocates from the PFJ program explaining examples of their work is available here: <https://www.youtube.com/watch?v=83fIJLIQat0>

PROPOSITION 47/EXPUNGEMENT LEGAL CLINICS

In November 2014, California voters passed legislation (Penal Code section 1170.18) which gave individuals convicted of specific felony offenses (e.g. drug possession, grand theft, second degree burglary, writing bad checks, petty theft with a prior, etc.) the opportunity to apply or petition for a reduction of a felony conviction to a misdemeanor conviction. Originally, the State law mandated a three-year sunset date for filing petitions and applications. However, in 2016, the California Legislature extended the filing deadline until November 4, 2022. The Los Angeles County Public Defender's Office identified approximately 800,000 cases, and possibly 500,000 individuals, potentially eligible for relief under the law. To create awareness among the population impacted by the law, the Department sent letters to those convicted in Los Angeles County courts, informing them of the new law and its benefits. As of February 2022, the Department has reviewed almost 75,321 cases and filed an estimated 50,008 Prop 47 petitions.

As part of its commitment to reaching out to communities, the Public Defender conducts legal clinics in neighborhood settings where PD employees replicate a good deal of the post-conviction work usually done in their offices. Attorneys and paralegals review court information to determine whether clients are eligible for post-conviction relief (e.g. Prop 47, expungement, Certificate of Rehabilitation, etc.) and assist them with completing the necessary court documents. Department representatives file the documents with the court and provide required notice to prosecuting agencies, thus saving clients the time and expense of doing so themselves.

Since 2015, the Department has participated in approximately 329 Prop 47/Expungement Legal Clinics and community events, serving 2,439 clients. Through this work, the Public Defender has built collaborative and productive relationships with community, labor groups, community colleges,

and County departments. Due to the Coronavirus (COVID-19) pandemic, all in-person community clinics were halted. Individuals may complete our intake form at <https://pubdef.lacounty.gov/prop47/contact/> or visit one of our Public Defender offices for assistance.

CRIMINAL RECORD CLEARING PROJECT

The Homeless Mobile Unit of the Los Angeles County Public Defender was launched in January 2018 with Measure H funds as part of an effort to improve the lives of individuals and families experiencing homelessness in Los Angeles County. The unit is made up of thirteen team members who bring the function of a law firm into the community to provide information about clearing warrants as well as reducing, dismissing, and expunging criminal records in order to clear a path for justice-involved individuals to obtain homes, services, and employment. The team collaborates with city and county agencies and community and faith-based organizations to provide effective and compassionate service to a vulnerable population. Service areas include community events, county offices which serve the homeless population, as well as riverbanks and encampments. Since 2018, the team has helped over 3,500 clients seek redemption from their criminal records to further their goals of re-entering society as productive citizens. The Criminal Record Clearing Project received a 2019 Quality & Productivity Commission Special Merit Award.

LAW ENFORCEMENT ACCOUNTABILITY UNIT

In the late 1990's, in the wake of LAPD's Rampart scandal, PD created the Public Integrity Assurance Section (PIAS). The initial purpose of the unit was to investigate and review LAPD's corrupt CRASH anti-gang unit that for years had waged in its own war against the people of Los Angeles—beating and shooting unarmed people, planting drugs and guns, stealing narcotics and cash, and falsely accusing hundreds, if not thousands, of individuals, and these were just a few of LAPD's transgressions. PIAS had to fight against a District Attorney's Office and Los Angeles City Attorney's office that turned a blind eye to the corruption and pursued criminal cases even when they knew their witness officers were perjurers. After Rampart, PIAS expanded its reach to include all state and local law enforcement agencies in Los Angeles County – agencies which are insular, averse to oversight, and unwilling to investigate their own even though evidence of official misconduct



is readily observable and all-too-frequently denied. PIAS sought to assure conviction integrity – a very difficult task in the face of law enforcement and prosecutorial resistance.

The Law Enforcement Accountability Unit (LEAU) is the successor to PIAS. It is the Public Defender's internal law enforcement civilian oversight unit. Its breadth of oversight is much broader than just the Los Angeles Sheriff's Department: nearly one hundred law enforcement agencies have some law enforcement role in Los Angeles County's cities, schools, universities, colleges, buses, trains, ports, railroads, and highways. One might expect in the 20-plus years since Rampart that law enforcement would have learned from the past and changed, yet the LEAU is more needed than ever. Surveillance videos – including police body-worn and dash cameras – have shown that police reports cannot be trusted and that the "official" version of police/civilian interactions simply cannot be counted upon to be true. The Public Defender's LEAU has prosecution and conviction integrity as one of its primary goals. This is a goal that can only be achieved with the application of sufficient resources to investigate, catalog, and report officer misconduct to prosecutors and the courts so that justice can actually be accomplished.

Defenders across the county regularly report to LEAU evidence that emerges from courtroom testimony about LASD deputy gangs, false reports, lying under oath, use of excessive force, racist patterns of policing, and unconstitutional searches and seizures. With additional LEAU staff, instances of misconduct could be identified faster, and appropriate actions sought through personnel complaints, referrals to the Office of Inspector General (OIG) (both LASD and LAPD have one) and to prosecutors. It is LEAU's goal to hold law enforcement accountable for lies and misconduct revealed in court, to impeach them with prior bad acts, and to make it obvious to all agencies that it would behoove the department to take these deputies and officers off patrol assignments and away from interactions with the public. Appropriate referrals also allow disciplinary actions to be timely taken to correct risky or unlawful activity.

When misconduct is uncovered by Deputy Public Defenders, either by reviewing discovery or in court hearings, LEAU writes personnel complaints, sends them to captains, chiefs, or internal affairs bureaus and copies OIG (LAPD and LASD both have an Inspector General), Sheriff's Civilian Oversight

Commission, Alternate Public Defender, the District Attorney's Office, and bar panel attorneys. Because these discoveries happen in public forums, the conduct and its commission are not confidential under the Public Safety Officers' Procedural Bill of Rights. In a perfect world we would count upon law enforcement to police its own. But that is not reality. Concerted efforts by LEAU to follow badly behaving officers and to bring their misconduct to the attention of prosecutors and courts will make everyone safer and the legal system fairer.

There are currently three attorneys dedicated to the LEAU. LEAU's job is labor intensive, particularly with surveillance and police videos. Many hours of videos must be reviewed and compared to police reports and court transcripts. Lawsuits against officers must be evaluated. Personnel complaints must be reviewed timely and fairly. LEAU staff must interact with line-Deputy Public Defenders as well as prosecutors. Case consultations occur on a regular basis. All of this requires staff to accomplish these tasks in an efficient and proactive manner.

JAIL MENTAL HEALTH LIAISON

The Jail Mental Health Liaison (JMHL) program is a collaborative project with the Sheriff's Department, the Department of Health Services, and the Department of Mental Health to improve services to incarcerated mentally ill and developmentally disabled clients throughout the criminal justice process. This pilot program commenced in 2015 with grant funding. The JMHL program consists of a Public Defender Psychiatric Social Worker (PSW) who is co-located in the jail. The PSW works with clients who have cases in the Airport and Van Nuys courts.

The PSW has direct access to Public Defender clients throughout the jail. Conversations between the PSW and client are protected under attorney-client privilege. The PSW promptly conveys critical mental health information to the clients' attorneys. The program's PSW works closely with the attorney to develop disposition plans linking the client to mental health services. Case resolutions are tailored to meet clients' mental health needs, thus leading to better outcomes.

The PSW also collaborates with the Sheriff, Department of Health Services, and the Department of Mental Health to ensure that clients with mental health problems receive appropriate in-custody and



post-release services and programming. Sheriff jail staff notifies the PSW about clients who need assistance and attention. At the request of the Sheriff, the PSW may intervene when a client refuses to go to court or take medication. Consequently, problems are addressed immediately.

Since 2016, the Jail Mental Health Liaison Program has served over 1979 clients, and 575 forcible cell extractions were prevented. In 2017, the Public Defender's Jail Mental Health Liaison Program was awarded the Silver Eagle Award from the LA County Quality and Productivity Commission.

COLLABORATIVE COURTS

The Collaborative Courts program (CC) is designed to provide treatment to the most vulnerable populations in the criminal justice system. Persons accepted into the CC include those suffering from mental illness and substance use disorder, veterans, victims of sex trafficking, and at-risk transitional age youth. Most of these persons are charged with felony offenses or facing pending felony probation violations. For many of these persons, the CC is the final alternative to prison. Most Collaborative Courts are available as a treatment alternative to incarceration pre-plea via Mental Health Diversion. Substance Use Disorder is recognized as a mental health condition and can be utilized, along with other qualifying health conditions, as a basis for mental health diversion.

If a person is accepted into the CC, the person is placed on probation for two to five years and then supervised by the Probation Department for the term of probation or placed on Mental Health Diversion for a period of up to two years pursuant to Penal Code Section 1001.36. The CC's criminal justice partners will agree on a treatment program that is tailored to meet the person's needs. The person's participation in the treatment program is a condition of their probation or Mental Health Diversion. Programming can include residential treatment, sober living with out-patient treatment, and community after-care. For those with mental illness, the Department of Mental Health may place the person in a residential mental health program or into a Full-Service Partnership if the person has out-patient status. The person may earn a dismissal under Penal Code section 1203.4 or Penal Code Section 1001.36 upon successful completion of the CC.

The CC started in December 2015. It currently is in

operation in five courthouses: Central, Van Nuys, Compton, East Los Angeles and Long Beach.

WOMEN'S RE-ENTRY COURT

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

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

- Most women offenders have mental health disorders;
- Four in ten were physically or sexually abused before age 18;
- 64% of women imprisoned in California are mothers;
- Nearly one-third have children under the age of six; and
- Half of these individuals were living with their children in the month prior to their arrest.

Petersilia, Joan (2006) Understanding California Corrections: A Policy Research Program Report. California Policy Research Center, 1-88).

Few initiatives have focused specifically on treatment and services for women offenders. The Los Angeles County Public Defender has played a leadership role from concept to implementation of the Women's Re-entry Court (WRC). This first-in-California, second-in-the-country, alternative sentencing program combines individually designed wrap-around services in a residential facility with intensive



judicial supervision for women defendants, including those with children, who face felony charges and an imminent jail or state prison commitment. The WRC is part of a long-term strategy to enhance public safety and promote individual accountability by addressing and treating underlying substance abuse and mental health issues through education, parenting classes, job preparation, and housing stability. Such a comprehensive approach promotes the successful return of formerly incarcerated individuals into local communities.

The WRC program is voluntary, and only candidates facing a sentence in jail or prison are considered for the program. The WRC model contemplates programming of up to two years, starting with residential treatment of at least 60 to 180 days at Prototypes Women's Center in Pomona, followed by intensive outpatient programming at Prototypes of up to a year, with an additional six months of aftercare. The WRC court actively monitors the women's program progress and orders them to court for regular updates and to address any issues of concern.

The WRC alternative sentencing drug court represents a multi-agency collaborative effort of the following Los Angeles County partners:

- Countywide Criminal Justice Coordinating Committee
- Department of Mental Health
- Los Angeles Superior Court
- Public Defender's Office
- Alternate Public Defender's Office
- District Attorney's Office
- Probation Department
- Sheriff's Department
- Los Angeles City Attorney's Office
- Prototypes
- Drug Medical and Substance Abuse Prevention and Control (SAPC), under the auspices of the Los Angeles County Department of Public Health

The WRC women participants are chosen by members of the WRC Team, including their lawyers from the Public Defender and Alternate Public Defender, the District Attorney, and the bench officer who presides over the WRC. The drug court model combines intensive supervision, mandatory drug testing, mental health treatment where needed, positive reinforcement, appropriate sanctions, and court-supervised treatment to address the issues of addiction and criminal activity.

Following acceptance into the WRC, Prototypes conducts an in-depth, needs-based assessment and designs specific and appropriate wrap-around services including:

- Women-focused, evidence-based substance abuse treatment
- Evidence-based trauma treatment
- Mental health care
- Health and wellness education
- Education & employment training/placement
- Legal services
- Mentorship programs
- Financial management support
- Child support & family reunification services, where appropriate
- Domestic violence education & domestic violence/trauma counseling
- Transportation and child-care
- Case worker support

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

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

VETERANS COURT

The Veterans Court pilot program began on September 13, 2010. The program is a multi-agency collaborative effort of the Court, Public Defender, Alternate Public Defender, District Attorney, Department of Veterans Affairs (VA), and Public Counsel. This voluntary 18-month prison alternative program provides individually tailored reintegration, case management and treatment plans that promote sobriety, recovery, stability, social responsibility, family unity, self-reliance, and reduced recidivism.



The Veterans Court is based on the Drug Court model, which combines intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions, and court-supervised treatment to address veteran issues. The Veterans Court accepts veterans who have served in the U.S. military, are entitled to benefits through the VA, and suffer from post-traumatic stress disorder, traumatic brain injury, substance abuse, sexual trauma, or mental health issues related to their military service. The Veterans Court team includes a bench officer, Deputy District Attorney, Deputy Public Defender, Deputy Alternate Public Defender and the Veteran's Court Liaison. Referrals to Veterans Court are made countywide by the veteran's attorney.

Prior to admission, the candidate is carefully screened for eligibility and suitability by the Veterans Court team and the treatment provider identified by the VA. The program is available to veterans who are currently charged with felonies or felony probation violations. Veterans who are facing serious or violent felony charges, and/or have prior "strike" convictions, are reviewed on a case by case basis. Treatment is selected by the VA and approved by the Veterans Court judge. VA benefits cover all expenses of the selected program. Once accepted into the Veterans Court program, the VA provides close supervision of the veteran and presents regular progress reports to the Veterans Court. The Veterans Court judge then orders the veteran to participate in the treatment program and comply with any other terms and conditions of probation which the Court imposes. Court appearances to monitor the Veteran's progress are scheduled by the judge as appropriate to meet each individual veteran's needs and ensure compliance with the goals of the program.

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

Finally, Veterans Court takes advantage of

established federally funded treatment and service programs to reduce County costs. A review of the Veteran's Court program between July 1, 2016, and June 30, 2017, determined that participants received approximately 27,000 days of federally funded VA treatment and ancillary services, rather than incarceration or treatment at County expense. This participation equates to avoidance of State and County incarceration costs of over \$5,000,000.

CO-OCCURRING DISORDERS COURT

The Public Defender was a key collaborative partner in the creation of the Co-Occurring Disorders Court (CODC). Public Defender staff attended Mental Health Services Act Delegate's Meetings and was instrumental in voicing the need for such a court. The Public Defender is represented on the CODC Standing Committee. The mission of the Los Angeles County CODC Program is to provide both mental health and substance abuse treatment to those who voluntarily choose to enter into a contract with a court-supervised co-occurring disorders treatment program. Participants must engage in all phases of treatment with the hope of improving their quality of life, clinical functioning, and possibly further benefiting by the reduction and/or dismissal of criminal charges.

The Co-Occurring Disorders Court utilizes a non-traditional approach to case resolution for those who suffer from mental illness and addiction. Rather than focusing only on the crimes they commit and the punishments they receive, Co-Occurring Disorders Court also attempts to address some of their underlying problems. The Los Angeles County CODC, which held its first session in April 2007, is built upon a unique partnership between the criminal justice system, drug treatment community, and the mental health community which structures treatment intervention around the authority and personal involvement of a single CODC judge. CODC is also dependent upon the creation of a non-adversarial courtroom atmosphere where a single bench officer and a dedicated team of court officers and staff work together toward the common goals of breaking the cycle of drug abuse and criminal behavior, promoting the stabilization of mental health symptoms.

The Public Defender screens clients for legal criteria eligibility while the Department of Mental Health screens for the clinical criteria. Candidates who are either not eligible or suitable for CODC are reconnected to other programs.



SENTENCED OFFENDER DRUG COURT

The Sentenced Offender Drug Court (SODC) is a substance use disorder treatment program that is available as an alternative to prison. SODC is designed for clients suffering from substance use disorder who have a sincere desire to become clean and sober. Once accepted into SODC, the participant is generally placed on felony probation for two years, unless the particular charge falls under an exception [i.e., violent offenses; DUI's, etc.]. The participant is then placed in residential treatment for 90 days, followed by out-patient treatment. Upon the completion of SODC, the participant will earn a charge reduction and/or dismissal.

LGBTQ+ COURT

The newest addition within the Collaborative Courts in East Los Angeles to provide alternatives to incarceration is the LGBTQ+ Court. This program provides treatment in a similar length and modality as the Women's Re-Entry Court with culturally competent services for members of the LGBTQ+ community and does not exclude applicants based on charge. The establishment of this program is the first of its kind in Los Angeles County

MENTAL HEALTH COURT

The Public Defender represents thousands of individuals annually in the Mental Health Court who are subject to criminal and/or civil mental health commitments throughout the county. Attorneys, psychiatric social workers and paralegals provide a holistic team approach to advance the interests and well-being of our mentally ill client population. Advocacy for clients in programs and processes in the Mental Health Court include:

Conservatorships: LPS and "Murphy"

The Public Defender represents thousands of individuals, including minors, who, because of a mental disorder, cannot take care of their food, shelter or clothing needs, and the Public Guardian has petitioned the court to place on a conservatorship. Assisted Outpatient Treatment

Assisted Outpatient Treatment is a program authorized by the Legislature to allow court-ordered outpatient treatment for adults with serious mental illness and a history of treatment noncompliance who are at substantial risk for deterioration and/or

involuntary hospitalization or incarceration. Many of these individuals are homeless. This is a civil proceeding.

Not Guilty By Reason of Insanity (NGI)

An individual who was found NGI in the criminal proceeding is represented by the Public Defender in the Mental Health court in proceedings to determine whether the individual's commitment for treatment should be extended, or the individual should be released.

Involuntary Psychiatric Commitments

The Public Defender provides counsel for those individuals who seek immediate release from an involuntarily commitment to a psychiatric hospital as a result of the extension of a Welfare and Institution Code section 5150 hold.

Parole Hold Extensions – Penal Code Section 2970 If an individual with a mental illness is eligible to be released from a state prison but the mental health treating team is of the opinion the person remains a danger to themselves or others as a result of mental illness, the state may file a petition to prohibit the release and continue custodial mental health treatment. The Public Defender is appointed to represent these inmates/patients.

GUIDING RE-ENTRY OF WOMEN

Guiding Re-Entry of Women (GROW): A Psychiatric Social Worker Program delivers needs assessments and treatment service referrals to divert women from state prison to alternative and appropriate community-based dispositions. Grant-funded by the California Department of Corrections and Rehabilitation (CDCR), GROW is a Los Angeles County psychiatric social worker collaborative program between the Countywide Criminal Justice Coordination Committee (CCJCC) and the Offices of the Public Defender (PD) and Alternate Public Defender (APD). GROW was developed in response to recent evidence that could not be ignored: 74% of incarcerated women have been determined to be fitting candidates for community treatment alternatives in lieu of prison sentences. Utilizing three dedicated psychiatric social workers (PSWs), GROW aims to uplift as many women as possible by assessing each of their specific needs and connecting them to suitable mental health and substance use disorder services in our communities.



In just eighteen months, GROW assisted 201 women, diverted 95 away from state prison, avoided nearly 870 years of confinement time and avoided roughly \$59 million in custodial costs. Other program benefits include, reuniting families, repairing communities, and various other financial benefits to the County, state, and local taxpayers.

The launching of GROW in September 2020 was an innovative expansion of the historical partnership between CDCR and CCJCC that began with the creation of the Women's Reentry Court (WRC) in 2007. A multi-agency collaborative program, WRC continues to this day to help reduce the number of custody sentences imposed and offers successful treatment for women charged with crimes, many of whom suffer mental illness, substance abuse and extensive trauma history. GROW expands the partnership's innovative efforts by employing PSWs to develop social histories on female clients facing state prison sentences. The social histories developed by the PSWs may be considered for alternative dispositions during the court process. The availability of a woman's social history encourages a holistic approach to her case and can be a supporting factor for diversion outcomes. Research has found that holistic defense models help reduce the imposition of a custodial sentence by 16% and sentence length by 24% ("Evaluating the Effect of Holistic Indigent Defense on Criminal Justice Outcomes," 2018 RAND Justice Policy report).

GROW psychiatric social workers perform the following holistic defense services:

- Collaborate with attorneys to identify the psychosocial needs of each client;
- Meet with clients, in or out of custody, to conduct psychosocial assessments, develop and review treatment and disposition plans;
- Interview family members and/or other relevant individuals for purposes of assisting with disposition recommendations/reports and memos;
- Request and review records in order to develop clinical recommendations;
- Provide all necessary services including wellness checks on clients in custody, client and family support, advocacy, consultation, linkage to services and referrals;
- Speak informally and/or formally on behalf of clients at court proceedings; and
- Collaborate with the primary mental health/substance use providers and all stakeholders.

GROW's objective is to reduce recidivism by providing a resource for diverting women to alternative dispositions and tracking the outcomes of the rehabilitative efforts. Data collection is crucial and an integral portion of this collaborative program as it will inform our County's overall goal of reducing the population of women behind bars. Plans with CCJCC to fund an independent research entity to measure the impact of GROW is underway. The impacts to be measured, at a minimum, include: the number of state prison sentences and their length, recidivism outcomes, and an estimate of cost savings/cost avoidance. Data collection also includes race/ethnicity information as well as sexual orientation and gender identity. Other vulnerability factors are tracked, such as childhood trauma, experiences of homelessness, and struggles with mental health stability or substance use. Data will allow analysts to ascertain whether certain subpopulations of women disproportionately experience housing instability, for example, whether there are inequities in service gaps, and how we can best serve women at the fringe and envelope them into the fold.

In May of 2022, GROW was recognized by the National Association of Counties (NACo) for its innovative approach with an Achievement Award. NACo is an organization dedicated to advancing excellence in public service across the nation. Each year, NACo hosts the Achievement Awards program, designed to recognize new, innovative and commendable county government programs across the nation.

REGIONAL SOCIAL WORKER PROGRAM

In January 2021, our Department launched the Regional Social Worker Program, comprised of four dedicated social workers to assist men specifically facing prison sentences. The program operates in similar fashion as to the GROW program, detailed above, and is offered at every Public Defender branch office.

OFFICE OF DIVERSION AND RE-ENTRY

The Office of Diversion and Re-Entry (ODR) was created by the Board of Supervisors in September 2015. ODR has developed community-based programs which serve to reduce the number of incarcerated individuals in the LA County jail who suffer from mental health disorders by diverting them from the jail to the community through various court interventions while providing community-based



treatment and housing. In collaboration with the Public Defender, Alternate Public Defender, District Attorney, and the Court, two ODR “Hub” courts have been established in the county and are located at the Clara Shortridge Foltz Criminal Justice Center (CJC) and the Airport court. Each hub court serves clients in the hub courthouse, and from designated referring Branch/District courts. The Public Defender received a 2019 Quality & Productivity Commission Special Merit Award for participation in the ODR program.

The CJC ODR Hub court opened in 2016 for clients referred from CJC, and the El Monte, Pomona, West Covina, Burbank, Alhambra and Pasadena courts. The CJC ODR Hub hosts the ODR Post-Conviction Probation and Housing program, pretrial Mental Health Diversion (1001.36), and a Maternal Health program.

The Airport ODR Hub court opened April 2019. Referring courts include the Airport court, and the Compton, Long Beach, Norwalk, and Torrance courts. The Airport ODR Hub represents clients in the post-conviction ODR Probation and Housing program.

The Van Nuys ODR Hub opened March 2020 and received client referrals from the Van Nuys and San Fernando courthouses for the ODR Probation and Housing programs. In January 2022, the Van Nuys ODR Hub was subsumed by the CJC ODR Hub.

ODR Post-Conviction Probation and Housing

This program is for individuals who are incarcerated, have a mental health disorder, and are homeless. The ODR Post-Conviction Probation program attempts to resolve criminal felony cases early and divert individuals into ODR Housing and treatment with a grant of probation. The community intervention consists of three components: pre-release jail in-reach services, enhanced treatment efforts (additional clinical assessments and immediate initiation of medications, as indicated), and immediate interim housing upon release from jail in anticipation of permanent supportive housing. Clients on ODR Probation are assigned an Intensive Case Management Services provider who works with the client as they transition from custody to the community. The Intensive Case Management Services providers serve as the core point of contact for the client’s medical, mental health, and other supportive services, such as addiction specialists,

drug treatment, and assistance with public benefits. ODR Mental Health Diversion

With the enactment of AB 1810 (PC 1001.36), ODR initiated a Mental Health (MH) Diversion program at the direction of the Board of Supervisors. Clients countywide are referred to the CJC ODR Hub for the MH Diversion program which targets individuals who are in jail, charged with a felony, have a qualifying major mental illness diagnosis, and experience homelessness. ODR provides supportive community-based housing, intensive case management, and clinical services to participants, with the goal of permanent supportive housing. The Probation Department provides pre-trial supervision. Upon completion of the MH Diversion program, a client’s criminal case will be dismissed and sealed.

Maternal Health Program

Pregnant women in custody are ‘diverted’ by the court from the jail to the community with supportive services and housing through ODR. Most pregnant women served by ODR reside in specialized interim housing settings that allow women to remain with their children until they can move into permanent supportive housing. Women are placed into housing specific for their pre/post- partum needs and support for their babies, with the expectation they will remain with their child/children. ODR has access to numerous residential drug treatment sites for pregnant women as well. Each client is assigned a team which is generally comprised of a case manager, clinician, and an addiction specialist if needed. The team works closely with the Maternal Health Court, as well as with DCFS to effectuate reunification if there is an open case relating to other children of the mother. Clients are referred countywide to this program which is hosted in the CJC ODR Hub.

ODR MIST/FIST Community Based Restoration

In 2016, ODR initiated the Community Based Restoration program for individuals in custody who were found to be incompetent to stand trial. Misdemeanor Incompetent to Stand Trial (MIST) and Felony Incompetent to Stand Trial (FIST) clients are released from the jail and into the community for mental health treatment to restore their competency to stand trial. The goal is to connect clients to services which will continue beyond the criminal case as we scale up our efforts to end recidivism and incarceration of the mentally ill.



DRUG TREATMENT COURTS AND PROPOSITION 36

The Public Defender was also a leader in creating and implementing the Drug Court Program in 1994. Drug Court is a collaborative program involving the Superior Court, Public Defender, District Attorney, and drug treatment providers to allow drug offenders with minimal criminal records to participate in a closely supervised drug treatment program instead of jail. Because of the tremendous success of this program that began in downtown Los Angeles, twelve adult Drug Courts and four Juvenile Drug Courts now operate in Los Angeles County. Additionally, in 1998, a second collaborative effort resulted in the creation of the Sentenced Offender's Drug Court, a highly successful program involving more intensive and jail based therapeutic treatment as an alternative to prison for drug addicted offenders including parolees subsequently charged with new crimes.

Due to a budget shortfall and its impact on court operations, in 2009 the Superior Court integrated Proposition 36/ Penal Code section 1210 cases in regular calendar courts pursuant to the normal matrix. Additionally, since the Governor eliminated Offender Treatment Program funds in 2009, and Federal Stimulus funds expired on September 30, 2011, Los Angeles County moved to a "fee for service" model for Proposition 36 treatment services on October 1, 2011. The County also revised its Services Matrix and created two levels of services based on risk level. Despite these challenges, Public Defender staff remain committed to accessing appropriate treatment services for all clients, including those qualifying under Proposition 36.

COMMUNITY UNITING FOR RESOLUTION AND EMPOWERMENT (CURE)

For the past 11 years, the Public Defender's Office has been collaborating with the Los Angeles City Attorney's Office, the Alternate Public Defender's Office, and the Coalition for Responsible Community Development (CRCD) in the successful operation of a formal gang diversion court program for individuals charged with committing misdemeanor gang-related offenses. Community Uniting for Resolution and Empowerment, also known as CURE, has gained local recognition as a successful form of collaborative justice.

The program was formed with the common goal of reducing the rates of incarceration and recidivism

among young adults aged 18-25 charged with non-violent gang-related misdemeanors in the City of Los Angeles.

CURE aims to impact young people that exhibit risk factors predictive of gang membership. In lieu of jail time and informal probation conditions, participants agree to complete an eighteen-month, supervised program after they enter a no contest plea. Successful participants receive education, vocational skills and job readiness training to earn a reduction of the original charge(s) or a dismissal of their criminal case upon completion of the program and, in applicable cases, are encouraged to petition for removal from enforcement of the City's civil gang injunctions.

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

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

Since May 2010, 144 individuals have been accepted to the program. Of those, 90 have graduated from the program and 5 continue to work toward successful completion. Clients who decline to participate in CURE when initially offered or refuse to continue with the program, may accept a traditional disposition. The project is funded through CRCD grants that are essential to the continued success of misdemeanor offenders' transition from jail to the community.



IMMIGRATION UNIT

As the first and largest public defender office in the nation, the Los Angeles County Public Defender sets the statewide, and perhaps nationwide, standard of protecting the legal rights of vulnerable non-citizen residents from the immigration policies and operations of the U.S. Immigration and Customs Enforcement (ICE). The Public Defender stands with immigrants as part of its commitment to the legal representation of members of vulnerable populations. True to this commitment, the Immigration Unit has mobilized and expanded, strengthening capacity to preserve not just the liberty of clients, but also the homes, the jobs, and the integrity of the families of non-citizen clients.

To support non-citizen clients by fulfilling the Public Defender's Sixth Amendment obligation to advise all non-citizen clients of adverse immigration consequences triggered by involvement in the criminal justice system, the Office formed the Immigration Unit. From 2016 to December 2018, the Unit consisted of two lawyers and a paralegal. In December 2018, the Unit expanded by three lawyers. In March 2019, the Unit added another attorney and a law fellow. In June 2019, the unit expanded by four more lawyers.

Currently the Immigration Unit's main responsibilities include 1) keeping the Office compliant with its constitutional mandate under *Padilla v. Kentucky* (2010) 559 U.S. 356 by providing immigration advisements on pending cases and by training the Office's over-650 attorneys about the immigration consequences of involvement with the criminal justice system; 2) providing support on post-conviction matters; 3) monitoring ICE's detainer requests to the Los Angeles County Sheriff's Department (LASD); and 4) engaging in appellate litigation on criminal-immigration matters.

1. *Padilla* Advisements, Immigration Status Screenings, and Training

"Padilla advisement" is shorthand for an analysis of the immigration consequences of involvement with the criminal justice system. Involvement with the criminal justice system that can trigger an adverse immigration consequence includes conviction of a crime, the sustainment of a juvenile delinquency petition, participation in a diversionary program, and even a single arrest. These advisements are not discretionary. Each attorney is mandated by U.S. Supreme Court and California precedents as well as

by California statute to provide a Padilla advisement to every non-citizen client. Failure to do so can constitute ineffective assistance of counsel.

The Immigration Unit strives not only to meet the minimum duty mandated by the law, but to exceed it with a comprehensive analysis of immigration ramifications so that clients can make the most educated decisions possible. The Unit goes beyond advice on deportability and inadmissibility, to analyze and strategize eligibility for relief from removal (e.g., removal defenses and waivers under the Immigration and Nationalization Act (INA), and post-conviction relief options under California law), as well as preservation of protections under the California Trust Act and the California Racial Justice Act.

The complexity of Padilla advisements ranges from simple to convoluted. A client's prior convictions and penalties, date of entry or admission, familial relations, and immigration status must be considered relative to the client's life priorities. To give accurate advice, the Immigration Unit maintains a command of the intersections between immigration and criminal law by monitoring changes in state criminal law as well as changes in federal immigration precedential and statutory law. Notably, a complete Padilla advisement is not just a list of adverse consequences but also includes realistic alternatives and strategies to secure an immigration-safe disposition.

In 2019, the Immigration Unit broadened its capacity to provide technical support to our trial attorneys and to ensure that non-citizen clients receive the highest quality of representation. Given the recent changes in immigration law and the implications of the current presidential administration's position on immigration (e.g., Deferred Action for Childhood Arrivals (DACA), Temporary Protected Status (TPS), Special Immigrant Juvenile Status (SIJS), Public Charge, and Asylum), the Unit's advisements have become ever-increasingly complex. A nuanced analysis of each non-citizen's situation is required to preserve their eligibility, or to re-qualify them for the forms of immigration status or relief that remain viable. In this dynamic legal and policy environment, the Unit lawyers also strive to identify, to evaluate and then to factor into training and advisements possible forthcoming changes in consequences and relief. Thereby, the Immigration Unit fulfills its predominant responsibility of providing line public defenders with Padilla advisements, as well as the additional service of screening non-citizen clients for affirmative immigration and post-conviction relief.



Presently, the Immigration Unit is based in the Hall of Records, with six attorneys housed there. Three attorneys are housed offsite, one each in the Clara Shortridge-Foltz Criminal Justice Center, Long Beach, and El Monte. Each attorney consults on immigration inquiries from deputy public defenders, other attorneys, and the public via telephone calls, emails, and text messages. Each Immigration Unit attorney is assigned two lunch duties per month. In this way, an Immigration Unit attorney is always available for consultation during business hours. Since January 2, 2019, the Immigration Unit has provided over 11,000 consults.

To further equip the deputy public defenders in meeting their Padilla duty, the Immigration Unit has hosted numerous trainings, including a mandatory office-wide training, ones with other public defender offices, and has produced webinars on various immigration issues. Members of the Unit have written articles and practice guides on various immigration topics including "All the Questions You have About Immigration but Were Afraid to Ask," "Special Immigration Juvenile of Minors," and "Two DUIs, a Roadblock to Lawful Status." Future plans include producing more webinars as well as instituting regular Immigration Unit office hours at the branches where deputy public defenders can bring cases to discuss the immigration consequences of various charges and alternate pleas. The Immigration Unit has also taken roadshow presentations to the branches, trainings that not only reinforce proper Padilla advisements but also address specific immigration issues that a branch is facing.

2. Post-Conviction Relief for Current and Former Public Defender Non-Citizen Clients

Many current and former clients are at risk of being deported but are eligible for post-conviction relief that protects them from being deported or losing their eligibility to adjust status. Accordingly, every Immigration Unit attorney is assigned post-conviction matters. Post-conviction relief advocacy encompasses motions under Penal Code sections 17(b), 1203.43, 1018, and 1473.7, and bringing motions under Proposition 47 and AB 1050. Additionally, the Immigration Unit frequently is asked by nonprofit organizations and private immigration attorneys serving non-citizens who are in removal proceedings to locate, to collect, or to copy documents relating to a non-citizen's prior criminal case, often including the public defender's file. Sometimes, individuals will request the Immigration

Unit's help to obtain a certificate clarifying that they have no criminal record, which they need for their naturalization application. The Immigration Unit promotes its offering of these services through multiple avenues, such as by outreaching at public events, often in collaboration with the Criminal Record Clearing Project serving the homeless population, by encouraging the Office's attorneys to bring these post-conviction vehicles to our clients' attention, by coordinating between immigration and criminal counsel, and by participating on list serves and conference calls with leading members of the immigration bar.

The Immigration Unit also seeks to help non-citizen clients obtain legal representation in immigration proceedings and in filing applications for affirmative immigration relief. The Immigration Unit, for instance, refers clients and members of the public to the most appropriate immigration organizations under the Los Angeles Justice Fund. The Immigration Unit has been involved in meeting with various working groups to create a more efficient referral system for the LA Justice Fund. The immigration attorneys have expressed that they are unfamiliar with the criminal justice system, impairing their ability to efficiently screen clients with criminal convictions for appropriate immigration relief. Ultimately, in order to ensure that former clients can secure legal representation for their immigration cases, which dramatically increases their likelihood of success, the Immigration Unit must match needful former clients with the agency that has the appropriate funding mandate and expertise. This, in turn, requires the Unit to complete in depth screenings to determine the national background of the former clients, the immigration history and status of relatives and spouse, and the current immigration posture, and then to determine what forms of relief are available to him or her or them.

3. Overseeing Los Angeles County Sheriff's Department ("LASD") Response to Detainer Requests

Immigration and Customs Enforcement (ICE) sends detainer requests to local law enforcement agencies asking the law enforcement agency to inform ICE when an inmate will be released or asking that the law enforcement agency transfer custody of an inmate to ICE custody. Because many inmates are or were clients, the detainer requests that are sent to LASD are forwarded by LASD to the Immigration Unit. Under the California Values Act, and the Los Angeles County Board of Supervisors' directive



limiting cooperation with immigration enforcement authorities, LASD is barred from turning non-citizens over to ICE unless certain enumerated exceptions apply. It is imperative that the Office know what happens to clients while they are in LASD custody and while they are in courthouses in order to advise clients accurately; and that we can appropriately tailor case-specific strategies. If in-custody or anticipated to be, clients must know their rights under the Trust Act. Accordingly, the Immigration Unit prepares and, through the assigned deputy public defender, disseminates to clients a one-sheet rights primer, available in many languages. In order to ensure compliance with the California Values Act by law enforcement, the Immigration Unit monitors its implementation countywide, and advises Office leadership on ICE detainers and law enforcement response so that we can ensure that clients' rights under the Trust Act are honored. Consultations and training also ensure that line public defenders factor Trust Act protections into their immigration strategy. In 2020, the United States District Court in *Gonzalez v. Immigration and Customs Enforcement* (CV-13-04416), issued a final judgment ruling that before issuing a detainer for an individual who has not been ordered removed and is not in removal proceedings, ICE must confirm the subject individual's identity through a biometric match, unless the individual has been interviewed by ICE; that all detainers issued before the court's ruling are void, and must be rescinded by ICE; that ICE may not issue a detainer to law enforcements in states that lack a state law permitting state and local law enforcement agencies to make civil immigration arrests; that ICE may never issue detainers based solely on database searches that reveal sufficient indicia of reliability for a probable cause determination for removal; and certain orders relating to the transfer of individuals to a location outside the Central District of California. In support of the litigation leading to the *Gonzalez* decision, the Immigration Unit submitted its findings to the district court through a declaration and compared its findings with those of the Los Angeles County Inspector General. Since the ruling, the Immigration Unit has monitored compliance by local law enforcement and ICE.

4. *Appellate Litigation*

The Immigration Unit has been involved in filing letters and amicus briefs on important cases involving immigration consequences as a result of criminal convictions. The Department, through the Immigration Unit, was amicus in the Ninth Circuit

in *Ryan v. ICE*, No. 19-1838. The Unit successfully persuaded the appellate court not to de-publish *People v. Camacho* (2019) 32 Cal.App.5th 998, which held that ineffective assistance of counsel need not be shown to establish a finding of legal invalidity to withdraw a plea under Penal Code section 1473.7. It has filed letters in the California Supreme Court in support of a petition for review of a decision on a matter related to the intersection of immigration and criminal law.

In *Villegas v. Superior Court* (2019) B294683, the Immigration Unit drafted a letter with legal arguments to the Court of Appeal and successfully persuaded it to accept additional briefing after the court had issued a tentative ruling denying the writ of mandate and indicating that it was inclined to invalidate Penal Code section 1203.43 as unconstitutional. The Unit then authored and submitted an amicus-curiae brief that helped to successfully persuade the Court of Appeal to reverse its tentative ruling that PC 1203.43 is unconstitutional. Ultimately, the Court of Appeal issued an opinion in which it did not find section 1203.43 unconstitutional.

CLIENT CASE MANAGEMENT SYSTEM

On October 29, 2020, the Public Defender went live with its first ever use of a consolidated Client Case Management System (CCMS). CCMS is a historic technological advancement for the office and our practice—it is the first and the most extensive, client-centric, case management system designed from the ground up by public defenders for public defenders. CCMS is a person-centric case management system that focuses not only on case management but also on all individuals involved in the legal system, including clients, witnesses, experts, law-enforcement officers, prosecutors, and judges. CCMS creates a digital twin of case files and seamlessly links related information together, providing a 360-degree view of clients' information, securely accessible through the web from any device, anywhere.

Our Department undertook a huge project to shift the entire office to digital data. Over 8.2 million case records and 6.7 million documents from multiple independent legacy systems were migrated into a consolidated, unified, federated, people-centric modern platform resulting in significant cost-savings and benefits. CCMS provides user-friendly preparation tools that enable staff to work up cases and answer questions related to a person, charge,



event, and disposition. CCMS allows staff to provide real-time statistics through report building and dashboards to ensure equitable distribution of work and also enables users to maintain and access a virtual file cabinet storing all case-related documents and video/audio digitally.

The volume and nature of evidence has grown vastly more complex in recent years, now including more audio and video files, bodycam footage, and other elements that make case file management more critical than ever. By integrating CCMS with Box and Azure Video Analyzer for Media, PD staff can store all digital materials related to a case and various digital media. A case can have over 20 videos and 100 or more human faces in images. Azure's Artificial Intelligence algorithm allows Public Defender Staff to detect, recognize and analyze critical, informative video related to a case.

With built-in tools, CCMS has enabled collaboration among staff/teams and court-appointed experts and also has the capability for one- or two-way integration with other departments such as the Alternate Public Defender, and District Attorney. Lastly, with a flexible, scalable architecture and readily available plug-ins, CCMS's functionality can be seamlessly extended to accommodate new legislation, future challenges, and on-demand business needs.

JUVENILE JUSTICE JEOPARDY

In collaboration with Los Angeles County's Chief Executive Office and the Department of Parks and Recreation, Public Defender staff assist local communities reclaim their parks at summer community resource fairs entitled Parks After Dark. Beginning in 2010 with three parks, our teams hosted Juvenile Justice Jeopardy, an innovative computer game developed by Strategies for Youth. Juvenile Justice Jeopardy aims to provide youth with scenario-based interactive lessons to assist in understanding realities of juvenile justice law and police-youth interactions. The popularity of the game has grown and during the summer of 2019, our staff participated in presentations at 33 different parks on 17 separate nights. Due to safety precautions taken to reduce the spread of the Coronavirus disease (COVID-19), Parks After Dark was not conducted during the summers of 2020 and 2021 and hopes to resume in 2022.



PROBATION DEPARTMENT

The Los Angeles County Probation Department (Probation) was established in 1903 with the enactment of California's first probation laws. As a criminal justice agency, Probation has expanded to become the largest Probation Department in the world.

The Chief Probation Officer has jurisdiction over the entire county, including all the cities within its borders. The legal provisions setting forth the Chief's office, duties, and responsibilities are found in the California Welfare and Institutions Code (WIC) and the California Penal Code (PC).

Currently funded by an appropriation of approximately \$935 million, Probation provides an extensive range of services through the efforts of over 6,500 employees deployed in more than 50 locations throughout the County. Probation serves all superior courts in the County. Its services to the community include supervising adults and youth on probation, recommending sanctions to the court, enforcing court orders, operating juvenile detention facilities and probation camps, and assisting victims. Pursuant to Assembly Bill 109 (AB 109), Probation also provides supervision services to individuals released from California State prisons for non-violent, non-serious, and non-sex offenses.

Probation's vision is to rebuild lives and provide for healthier and safer communities. Its mission is to enhance public safety, ensure victims' rights and affect positive probationer behavioral change.

INVESTIGATION SERVICES

Both adults (age 18 and older) and youth (under age 18 at the time of commission of a crime) may be referred to Probation for investigation. Adults are referred to by the criminal courts while youth are referred by the Superior Court of California, County of Los Angeles, and law enforcement agencies. The Deputy Probation Officer (DPO) provides a court report with a recommendation supported by factors that include but are not limited to the offender's social history, criminal justice/juvenile justice history, analysis of the current living arrangements, and statements from the victim and other interested parties. Recommendations support the needs of the individual while considering the safety of the community and ensuring victims' rights.

If the court grants probation, the DPO ensures compliance with the terms and conditions of probation ordered by the court, monitors the probationer's progress in treatment, and initiates appropriate corrective action if the conditions are violated. For youth, the supervision model is grounded in the emerging scientific knowledge about adolescent development (Casual Model of Delinquency and the Healthy Youth Development research). These approaches emphasize the need for supporting and engaging the social, familial, and academic supports within the youth's natural ecology, utilizing promising practices to improve cognitive development and problem-solving skills. DPOs also work collaboratively with parents/caregivers and the youth to develop a case plan that will best meet the needs of the youth and their family.

If a child is under the jurisdiction of the Dependency Court, the DPO works cooperatively with the Children's Social Worker (CSW) from the Los Angeles County Department of Children and Family Services (DCFS) assigned to the case to ensure the child's safety and welfare. The DPO's assessment of the youth's response



to court-ordered treatment may have a significant influence in determining the outcome of a child's placement.

ADULT SERVICES

Probation provides services to over 40,000 adults in Los Angeles County. The services consist of the following operations: Pretrial Services Division, Adult Investigations, Adult Supervision, Specialized Programs, and AB109.

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

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

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

Early Disposition Program: The Early Disposition Program allows defendants and the courts to reach a final decision sooner on the defendant's criminal

case, reducing the time and number of court hearings and avoiding a jury trial. The Los Angeles County District Attorney and Public Defender Offices screen defendants for early disposition of criminal cases.

Own Recognizance Program: The Own Recognizance Program provides service to all Superior Courts in Los Angeles County handling felony criminal cases. Verified defendant information is provided to the courts, helping them in making decisions regarding a defendant's potential to be released from jail. Information is supplied to the court in a written report that includes an overall evaluation and recommendation regarding whether the defendant should be released from jail on his or her promise to appear for future court appearances.

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

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

Static 99 Program: Static 99 is a validated, sex offender specific risk assessment to determine the extent of supervision and the specific community services that will be utilized to assist the probationer from creating further victimization. The Static 99



Program is designed to measure the risk prediction of sexual and violent reconviction of adult males who have already been charged with or convicted of at least one sexual offense against a child or a non-consenting adult. Pretrial Services employees administer a Static 99 risk assessment and prepare a report for the court's consideration.

DNA/Prop 69 Program: Pursuant to California Proposition 69 (The DNA Fingerprint, Unsolved Crime, and Innocence Protection Act) and under the provisions of PC 296, Probation must collect DNA samples and palm print impressions on all adult probationers convicted of felonies, misdemeanors with a DNA collection court order, misdemeanors with a prior felony conviction, or misdemeanors that require collection pursuant to PC 290 and PC 457. Probation must also collect DNA samples and palm print impressions on all juvenile probationers who have been adjudicated for a sustained petition of a felony or a qualifying misdemeanor. Live Scan machines are operated at the collection sites to ensure compliance with the palm print impression-capturing requirement of Proposition 69.

ADULT INVESTIGATIONS

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

sentencing decisions, including whether the named defendants are legally eligible and suitable for community-based supervision efforts by Probation.

ADULT SUPERVISION

Probation is responsible for the supervision of approximately 40,000 adults under Felony Probation supervision per year. Probation offers a wide variety of supervision programs designed to ensure public safety, address victim issues, and foster positive behavioral change. Probation continues to seek innovative ways to improve public safety, reduce the risk of recidivism, and reduce the number of state prison commitments.

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

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

SPECIALIZED SUPERVISION

CORE – The Probation Department's vision is to implement and sustain an Evidence Based Practice approach. The Adult Coordinated Optimal Rehabilitation Efforts (CORE) Supervision Model was created to address specific criminogenic needs and reduce the potential for recidivation.

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

Core Emerging Adult - Research has demonstrated that the 18-25 years-old clients are still experiencing major changes in the brain that result in impulsive behavior, risk taking and poor decision-making.



Clients supervised on this caseload have increased direct supervision with the Deputy Probation Officer applying Cognitive Behavioral Intervention techniques focusing on addressing skill deficits and behavior change.

CORE Plus – Comprised of Male probationers aged 26 and older and have been assessed to have a risk score from medium to moderate high of continued criminal activity. They are required to meet monthly with their probation officer face to face and receive Cognitive Behavior interventions through journaling and curriculum designed to address skill deficits and behavior change.

CORE Gender Specific - Gender Specific supervision is provided to Medium and High-Risk adult felony female clients with strategies to address specific gender needs while encompassing a gender sensitive approach. Clients supervised on this caseload have increased direct supervision with the Deputy Probation Officer applying Cognitive Behavioral Intervention techniques.

Intensive CORE Supervision – Deputy Probation officers provide intensive and targeted supervision approaches to Very High-Risk adult clients. Clients supervised under this model potentially pose the highest risk to recidivate, require extensive support and intervention to be amenable to treatment, services or rehabilitative efforts and are often repeat offenders. Individuals within this population will be subject to the following but not limited to increased reporting requirements, home visits, electronic monitoring, Global Position Satellite (GPS) monitoring, and other suppression strategies in partnership with intensive programming based on individualized needs.

Family Violence Caseloads - Probationers assigned to this caseload were convicted of specific crimes related to violence in a domestic setting, child abuse and endangerment, or elder abuse. Probationers are required to participate in an approved Batterers' Treatment Program and/or a state mandated program for child abuse. One of the critical parts of this caseload is to promote positive change intrinsically and extrinsically with regards to the client. Results from a validated risk and needs assessment is utilized to create an individualized case plan that accounts for the criminogenic needs, with an emphasis on mitigating violent tendencies by using targeted interventions. The Deputy and client collaborate to recognize and strengthen protective

factors, such as family bonds, connections to faith-based organizations, and employment situations.

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

INVEST- The Innovative Workforce Solutions (INVEST) Program is a collaboration between Los Angeles County Probation, Workforce Development, Aging and Community Services Department (WDACS), the County Office of Diversion and Re-Entry (ODR) and the California Employment Development Department (EDD), designed to help formerly incarcerated adults attain sustainable employment through occupational skills training and comprehensive employment assistance.

Los Angeles County Probation officers were trained by the National Institute of Corrections (NIC) to become Offender Workplace Development Specialists (OWDS) practitioners, completing 160 hours of workforce development curriculum. They then completed a study program to become OWDS Trainers and began facilitating these trainings throughout the county for shareholders. The INVEST Program collaborative efforts brought experts in re-entry, business development, community-based organizations, and workforce development together to help justice involved Adults (age 18 and older) prepare for, gain, and sustain careers. A collaboration with INVEST achieves these outcomes by providing individualized career services, job search services, training services and supportive services. These services are comprehensive and are designed to help reduce specific barriers in each field.

Mental Health Housing – Clients assigned to these caseloads are placed on probation by a collaborative court into a Housing Program with community-based



treatment and housing providers; Probation Officers use their time in the field addressing issues involving these high-need clients. As part of the Office of Diversion and reentry's Diversion program for the Mental Health population, our Deputy Probation officers currently monitor clients at 96 housing and treatment sites throughout Los Angeles County.

FINANCIAL EVALUATION TEAM

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

In April 2011, the California Legislature and Governor Brown passed sweeping public safety legislation that effectively shifted responsibility for certain populations of offenders from the state to the counties effective October 1, 2011. Assembly Bill 109 (AB 109) established the California Public Safety Realignment Act of 2011 which allowed for non-violent, non-serious, and non-sex offenders, who after they are released from California State Prison, to be supervised at the local county level on Post-Release Community Supervision (PRCS). Instead of reporting to state parole officers, these offenders report to local county deputy probation officers and are referred to as Post-Release Supervised Persons (PSPs).

The law also mandated that individuals sentenced to non-serious, non-violent, or non-sex offenses will serve all or part their sentences in county jails instead of state prison. Individuals ordered to serve a portion of their county jail sentence under community supervision is referred to as a split-sentence supervised person. The Probation Department is the lead agency for Post-Release Community Supervision (PRCS) and currently supervises on average 6,061 adults on PRCS and 810 on split-sentence supervision.

The Public Safety Realignment Act requires that the County's Post-Release supervision strategy is consistent with evidence-based practices to reduce recidivism. As a result, Los Angeles County's AB 109 supervision model has the following features:

- Uses a validated risk assessment to identify and measure client's criminogenic needs, the needs or risk factors that lead to criminal behavior.
- Uses motivational interviewing techniques, rather than persuasion techniques, to enhance motivation for initiation and maintaining behavior changes.
- Targets interventions based on the client's risk to reoffend, identified criminogenic needs, and personal characteristics (responsivity factors).
- Facilitates client's learning and practicing of pro-social skills and behavior using a cognitive behavioral intervention
- Uses positive reinforcement and incentives to motivate clients to work toward long term behavior change.

The below information provides noteworthy highlights of the County's AB 109 program:

- The pilot Auxiliary Fund program allows Probation to assist clients overcome barriers (responsivity factors) to successfully transitioning to the community. For example, auxiliary funds can be used to provide work clothing for clients that found a job but need assistance purchasing clothing.
- The pilot Incentive program allows Probation to provide tangible rewards to clients that successfully achieve a case plan goal such as the completing of an inpatient treatment program.
- We work collaboratively with Mental Health (MH) and Department of Health Services (DHS), who are co-located at our AB 109 office operations to assist our clients with mental health and/or substance use disorder issues.
- Probation oversees a \$13 million housing contract that provides over 400 supervised persons each month transitional housing, clothing and food, and navigational services that helps them obtain government identification, welfare, and medical benefits.
- The Pre-Release Center (PRC) is a 24/7, 365 day a year operation that performs numerous operations including but not limited to the following tasks: intake processing, upfront screening for eligibility, and establishment of special conditions under Post-Release Community Supervision (PRCS); receives and distributes inmate "gate funds" and California DMV issued Identification cards; operates a 24-hour law enforcement call-line; and processes Inter-County Transfer requests for PSPs. Additionally, co-located at the Alhambra office is the AB 109 Communications



Center (Comm Center). This operation conducts two-way radio communications with AB 109 staff conducting field operations such as PSP field contact visits and Mobile Assistance Team (MAT) transportation duties. Additionally, as of May 28, 2019, the PRC has taken on the added responsibility for processing warrant hit confirmations and related extradition work previously handled by the LASD.

- The Mobile Assistance Team (MAT) provides transportation for those being released from the various state prisons in California who cannot navigate transportation to Los Angeles County. They also provide transportation from county jails to residences, hospitals, mental health, and substance abuse programs.
- The AB 109 program is implementing Pre-release Video Conferencing program, which allows the Deputy Probation Officer to connect and establish rapport with the probationer in prison via a video conference, approximately 30 days prior to their prison release
- The AB 109 program includes a GPS unit that supervises over 200 high risk sex offenders following the Containment Model Approach as required by law.
- The AB 109 program includes several “Co-located teams” that are embedded with the Los Angeles County Sheriff Department (LASD), the District Attorney’s Office, State Parole, the United States Marshall, and other local law enforcement agencies, that conduct warrant searches and compliance checks.

JUVENILE SERVICES

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

Detention Services - Intake and Detention Control (IDC) - IDC is responsible for screening youth for admittance into Juvenile Hall in accordance with established procedures and legal requirements for detention.

Juvenile Hall serves as an institutional setting that temporarily houses youth for primarily two reasons: 1) prior to their court dates and/or after their court disposition, and 2) pending transition to out of home

care. The two (2) Juvenile Halls in Los Angeles County are: Central Juvenile Hall in the City of Los Angeles, and Barry J. Nidorf Juvenile Hall in the city of Sylmar. In 2020, the combined total population for the two (2) juvenile halls was approximately 300 youth. Detention services is a mandated program pursuant to WIC 850.

Juvenile Hall Programs: Probation developed programs to address specific needs of youth in its care and custody. These programs include the following: Commercially Sexually Exploited Children (CSEC) at Central Juvenile Hall is a comprehensive program that assesses and addresses the needs of commercially, sexually exploited children through education, workshops, empowerment, and stakeholder collaboration; Services to Developmentally Disabled Youth is a program that focuses on identification, programmatic participation to assist with rehabilitation while in detention and referrals to the local Regional Centers; and the Elite Family Unit at Central Juvenile Hall is guided by a multi-agency steering committee to provide programming specifically designed to address the needs of detained youth under the jurisdiction of DCFS and Probation supervision.

Community Detention Program – The Community Detention Program (CDP) provides electronically supported supervision for adjudicated and pre-adjudicated youths as a viable alternative to detention in a juvenile hall setting or from being removed from the community. DPOs hold participants accountable to pre-approved schedules of sanctioned activities, with their mobility confined to specific approved locations. Non-compliance with the stated provisions of CDP may result in the youth’s return to secure detention, pending an appearance in court.

Community-Based Supervision - DPOs are assigned to designated communities and provide case management and supervision for youth placed on informal/formal probation. The supervision model is grounded in the emerging scientific knowledge about adolescent development (Casual Model of Delinquency and the Healthy Youth Development research). These approaches emphasize the need for sustaining and engaging the social, familial, and academic supports within the youth’s natural ecology, utilizing promising practices to improve cognitive development and problem-solving skills.

DPOs are informed by individualized assessment data and case planning efforts are driven through



the voice and choice of the youth and their families/caregivers. The Supervision model promotes a multi-disciplinary approach designed to target multiple settings and systems which youth are embedded to increase family strengths, to promote academic success, while enhancing community protective factors.

Dual Supervision – WIC 241.1 (a) provides that whenever a youth appears to come within the description of both WIC Section 300 and Section 601 or 602, the child protective services department and the probation department shall determine which status will best serve the interests of the youth and the protection of society pursuant to a jointly developed written protocol.

For youth who are placed under the Dual Jurisdiction of Delinquency and Dependency Courts, the Dual Supervision Unit provides targeted supervision in coordination with the Department of Children and Family Services to ensure coordination across systems for case planning, treatment services planning/delivery and case management. These efforts support enhanced access to appropriate services and placements with an emphasis on increasing access to lower levels of care and decreasing crossover to sole delinquency wardship. Juvenile Mental Health Court – Special Needs Court - Juvenile Mental Health Court – Special Needs Court is designated to initiate a comprehensive, judicially monitored program of individualized mental health treatment and rehabilitation services for youths who suffer from diagnosed mental disorders and/or developmental disabilities. The focus is on the assessment and facilitation of treatment for youth through a Multi-Disciplinary Team (MDT) approach (Juvenile Court, Probation, Mental Health, Regional Center, School Liaison, and youth’s counsel).

Teen Court - Teen Court offers an alternative in the form of a diversion program for first time youthful offenders in lieu of delinquency court proceedings. Teen court, overseen by Superior Court, consists of a volunteer judicial officer, a court coordinator (either a DPO or a Reserve DPO), and a jury composed of at least six peers. Probation collaborates with the court, other law enforcement agencies, schools, attorneys, and community-based organizations in this program.

Drug Court - Juvenile Drug Court is designed to provide an integrated system of treatment for youth and parents through a Team approach (Juvenile Court, District Attorney, youth’s counsel, School

Liaison, and Treatment provider) aimed at reducing the youth’s substance abuse and delinquent behavior. It includes regular court appearances before a designated Drug Court Judge and intensive supervision by Probation and the Treatment Provider. Intensive Gang Supervision Program - This program provides intensive supervision to identified, high-risk gang affiliated probation youth, who actively participate in gang conflict, violence, and crime. The program supervises youth in order to develop/implement case planning and the delivery of treatment services, enforce accountability to court orders and collaborate with law enforcement, schools, and community-based agencies to reduce recidivism and protect the community.

School-Based Supervision - School-Based Supervision consists of programs at identified High School sites across the County of Los Angeles, within the five Supervisorial Districts. The programs and services are designed to provide a full spectrum of community-based services to probation youth and their families. The school-based program consists of DPOs who provide supervision and services that include individualized assessment, Strength-Based/Family-Centered case planning and management, educational advocacy, mediation (youth, family, and school), mentoring, attendance (daily and academic monitoring, family support and engagement). They work closely with parents/guardians and school officials in monitoring regular school attendance, behavior, and school performance as well as with all other terms of probation. The primary objective of these services is to increase the opportunity for probationers to achieve academic success, and to empower and support parents to become the primary change agent for their children.

Early Intervention and Diversion Program - (EIDP) DPOs work through a collaborative partnership with the Department of Mental Health’s contracted Community-Based Organizations (CBOs) to provide services to first time youthful offenders and their families countywide; this Programs was recently identified as a “Promising” Program through the Office of Juvenile Justice and Delinquency Prevention/National Institute of Justice.

Juvenile Day Reporting Centers (JDRC) – The Program provides educational and supportive services to Probation youth at higher risk of out of home placement and/or probation violations, who could benefit from supportive intervention and enrichment programs.



Developmental Disability:

DPOs provides administrative support for the Juvenile Field Developmental Disabilities protocols, designed to support service delivery to youth identified or suspected of having a developmental disability, detained in Juvenile Hall and/or residing in the community.

Juvenile Competency Program

DPOs provide remediation services based on Superior Court's protocol and submits supplemental reports to court for youth involved in Competency hearing proceedings.

Camp Community Transition Program (CCTP)

– CCTP provides after-care services for youth transitioning from camp back into their own communities. The services begin once Camp is ordered by the Court and followed by a supervised transition period to ensure prompt school enrollment, community service and participation in selected supportive services programs provided by CBOs. Transitional plans include on-going support for family engagement and participation.

Division of Juvenile Justice (DJJ) Secure Youth Treatment Facility (SYTF) Transition Supervision Program

- This Program serves high-risk probationers transitioning from DJJ and SYTF to Probation supervision, under Delinquency Court jurisdiction. The Program focuses on transition services designed to support stabilization (includes possible housing, mental health and substance abuse treatment, job search/ placement, continued education/vocational training, etc.) and self-sufficiency in the community.

Juvenile Record Sealing Program: The program is designed to provide assistance to former youth who were on probation who request to seal their juvenile records and provides administrative support to the Delinquency record sealing process as mandated by law. (amended in 2018 by AB 529) under Welfare and Institutions (WIC) Sections 781, 786, 786.5, and 793(c).

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

- This unit serves as the single point of contact for DPOs to clear all out-of-home placement recommendations prior to the submission of the report to the court. Additionally, staff assist DPOs with receipt and processing of referrals for community-

based services (in lieu of out-of-home placement) such as Functional Family Therapy, Multi-Systemic Therapy, Family Preservation and Functional Family Probation.

RESIDENTIAL TREATMENT SERVICES

Camp Community Placement (CCP) provides intensive intervention in a residential treatment setting. The goal of the program is to reunify the youth with their family, to reintegrate the youth into the community, and to assist the youth in achieving a productive crime free life. Probation camps provide structured work experience, vocational training, education, specialized tutoring, athletic activities, and various types of social enrichment. Additional programming is provided by CBOs and varies by camp as each camp is tailored to its population and purpose.

There are four (4) male camps, one (1) female camp, and one (1) co-ed camp that houses approximately 200 youth. Camp youth range in age between 13-18 years, with an average stay of approximately six months and the average age of 16 years. Juvenile camps are a non-mandated, discretionary program pursuant to WIC 881.

PLACEMENT SERVICES

Probation's Placement Services Bureau (PSB) serves juvenile probationers whom the courts have ordered to be removed from home and suitably placed in either Short Term Residential Therapeutic Programs (STRTPs), or in relative or non-relative care. Generally, youth receive this type of dispositional order after less restrictive court sanctions have not resolved the identified issues. Youth are placed in environments best suited to meet their needs, which may include a smaller group home environment, a larger foster home facility, or a small family home. In 2021, there were approximately 165 Probation youth in suitable placement environments, either in STRTPs (formerly known as group homes) or with Resource Parents (formerly known as foster parents). Another 300 youth received housing services as non-minor Dependents. PSB is comprised of the following units:

Placement Administrative Services (PAS)

– Placement Administrative Services provides administrative support services. PAS is critical in the initial placement of youth in foster care. PAS ensures appropriate processing of all necessary documentation to provide funding and services to



youth from the time they are ordered to placement until the time the order is terminated, or the youth completes the placement program, or the youth is reunited with their family.

Residential-Based Services (RBS) – Placement DPOs are responsible for case management and monitoring the youth while in suitably placed. They work with the youth and their families to identify areas of strength and risk to develop appropriate case plans to ensure prompt reunification and/or permanency. The work performed by RBS is mandated in large part through state and federal regulations, such as Division 31 of California Department of Social Services (CDSS).

Placement to Community Transition Services (PCTS) – PCTS supports families as youth transition from out-of-home care settings and provides intensive in-home supervision and treatment services. PCTS also provides these services to youth ordered “Home on Probation” to prevent eventual out of home placement.

Youth Development Services (YDS) - DPOs coordinate Independent Living Plans (ILP) Services for eligible youth and assist with connecting ILP-eligible youth with services, resources and support systems that emphasize independence and self-sufficiency through education and experiential learning.

Transitional Jurisdiction/ Extended Foster Care (AB12) - DPOs provide support to post-probation non-minor dependents by providing extended foster care access to housing and resources. The DPOs coordinate employment and educational assistance, pro-social and life skill classes. Youth who are on a suitable placement order at the time they turn 18 years old and who complete their probation may remain in foster care until the age of 21 under a new jurisdiction known as Transition Jurisdiction pursuant to WIC 450.

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

Child Trafficking Unit

Probation is at the forefront of addressing a population not previously viewed as victims. The development of the Child Trafficking Unit (CTU) program demonstrates Probation’s understanding and commitment to girls and boys who have been sexually exploited. In the past, law enforcement and other government agencies have viewed most of this population of commercially sexually exploited youth as teens who have independently made the choice to engage in the criminal act of prostitution. Probation has been working collaboratively with various committees, the courts, law enforcement, social service agencies, etc. to develop an effective prevention/intervention strategy for rehabilitative services for DCFS and Probation youth who are at risk or have been victims of sexual exploitation. Probation has had a paradigm shift in practice and mindset to view these children, not as criminals, but rather as victims.

Probation and the Los Angeles Superior Court partnered to provide referrals to specialized services for underage victims of sex trafficking. In 2011 Probation and the courts successfully applied for a Title II grant to fund the DMST program and a specialized court program - Succeeding Through Achievement and Resilience (STAR) Court. STAR Court is aimed at providing intervention and assistance to youth involved in human sex trafficking and to implement rehabilitation services for the victims.

In 2015, the Los Angeles County Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children (CSEC) was developed by the Sheriff’s Department, DCFS, Probation, DMH, DHS, and advocacy agencies. The protocol creates a system in which law enforcement officers can identify victims of sexual exploitation and work collaboratively with County agencies and community-based organizations to avoid arrest, keep the youths safe and provide them with the services they need to escape exploitation. The protocol was implemented in mid-August 2015 in Long Beach and Compton in South Los Angeles. Throughout 2020, Probation and its partners continued to implement the protocol countywide, collect aggregate data, revise the Protocol as needed, assess the sufficiency of resources and report to the Board of Supervisors on the Protocol.



SELECTED FINDINGS

The data presented for adults were collected from Probation's Adult Probation System (APS). The data presented for juveniles were collected from the Juvenile Automated Index (JAI) system.

Overall, the number of adult felony and misdemeanor referrals increased from 2020 to 2021 by 20.8%, 316 to 399 (Figure 1). The most significant changes were increases from 2020 to 2021 with adult felony referrals for general neglect by 61.1%; 7 to 18 and severe neglect by 35.2%.; 11 to 17 (Figure 1). Whereas exploitation referrals from 2020 to 2021, had increased by 9.08%; 20 to 22. The adult referrals for physical abuse from 2020 to 2021 remains unchanged. Most noteworthy is the total number of adult felony and misdemeanor referrals in the age group of 25–29-year-olds increased from 2020 to 2021 by 34.09%; 29 to 44 (Figure 2). For adult felony and misdemeanor referrals by age and ethnicity for 2021, the largest increase was observed within the 50+ age group of 33.83% (Figure 3). Overall, adult felony and misdemeanor referrals by area office and gender depicted that all probation area office increased their referrals by both male and female populations (Figure 5). The number of adult and juvenile referrals by offense totals 576; 399 for adult and 177 for juvenile (Figure 6). The number of active adult supervision by age and ethnicity show that in the age group of 50+, there is the most significant amount of probation clients being supervised, 270 clients (Figure 7). In the same age group, clients which identify as Hispanic, are the majority ethnic group being supervised, at 100 probation clients (Figure 7). Overall, the Hispanic ethnic group is recognized as having most of the probation clients at 465 of the total number of 948 (Figure 8). Nonetheless, sexual abuse continues to be the number one offense for adult referrals: 341 of the 399, or 85.4% of total cases referred to Probation were for sexual abuse. (Figure 6). The number of adult felony and misdemeanor referrals by gender increased for females from 2020 to 2021 from 14 to 25 (Figure 5).

The Adult Supervision Child Threat cases by area office reflected a decrease in cases from 2020 to 2021 resulting from 1,114 cases to 934 cases. (Figure 9)

The number of juvenile child abuse referrals increased from 2020 to 2021 by 3.2, %; 177 to 183. The increases were reflected in the referrals for

general neglect, physical abuse, and sexual abuse. Referrals for sexual abuse decreased by 13.6%, from 133 to 117 referrals; referrals for general neglect decreased from 200%; from 3 to 1. However, there was an increase in areas of exploitation by 39.1%, severe neglect by 50% and physical abuse by 34.2% (Figure 11). The number of juvenile child abuse offenses by age depict a significant increase of 39.3% referrals from the age group of 17-year-olds (Figure 12). While decreases were seen in the age groups of 12-year-olds by 200%, 14-year-olds by 12.5%- and 16-year-olds by 26.9% (Figure 12). Juvenile child abuse offense referrals by ethnicity reveal that Hispanic youth made up most of the referrals in 2021 (Figure 13). Surprisingly, juvenile child abuse referrals by area office and gender indicate that from 2020 to 2021, there was increase of male youth referrals from 163 to 180 and a decrease of female youth referrals from 14 to 3 (Figure 14). The number of juvenile child abuse referrals by age and ethnicity, reveal that 18-year-old Hispanic youth make up 50 of the 183 referrals, 27.3% of the total amount (Figure 15). In 2021, there was a total of 21 cases of youth being supervised for child abuse offenses (Figure 16). The number of youths supervised for child abuse offenses indicate that Hispanic youth 80.9%, make up the majority amount of youth being supervised, 17 of the 21 cases (Figure 17). Lastly, the data reveals that 16-year-olds have the largest amount of youth supervised in that category and make up 7 of the 21 juvenile supervision cases: 33.3% (Figure 18). Furthermore, like the adult population, sexual abuse continues to be the number one child abuse offense for juvenile referrals: 117 of 183, or 75.1% of total cases referred to Probation were for sexual abuse. (Figure 6).



GLOSSARY OF TERMS

AB 109 - California safety legislation that shifted responsibility for certain populations of offenders from the state to the counties; It allows for current non-violent, non-serious, and non-sex offenders, who after they are released from California State Prison, are to be supervised at the local County level.

Adjudication – A judicial decision or sentence; to settle by judicial procedure; for juveniles – a juvenile court process focused on whether the allegations or charges facing a juvenile are true.

Adult – A person 18 years of age or older.

Bail Commissioner – A person appointed by the state who may set the amount of bond for persons detained at a police station prior to arraignment in court; s/he recommends to the court the amount of bond that should be set for the defendant on each criminal case.

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.

Camp Community Placement - Available to the juvenile court at a disposition hearing; a youth is placed in a secure or non-secure structured residential camp settings run by the Probation Department throughout the County (see Residential Treatment Program).

Caseload - The total number of adult/juvenile clients or cases on probation, assigned to an adult or juvenile Deputy Probation Officer; caseload size and level of service is determined by Probation Department policy.

Child Abuse (or Neglect) – Physical injury inflicted by other than accidental means upon a child by another person; includes sexual abuse, willful cruelty or unjustifiable punishment or injury or severe neglect.

Child Threat (CTH) Caseload – A specialized caseload supervised by a CTH Deputy Probation Officer consisting of adults on formal probation for child abuse offenses or where there is reason to believe that defendant’s (violent, drug abusing or child molesting) behavior may pose a threat to a child; Probation Department service standards require

close monitoring of a defendant’s compliance with court orders to ensure both the child’s and parents’ safety.

Compliance - Refers to the offender following, abiding by, and acting in accordance with the orders and instructions of the court as part of his/her effort to cooperate in his/her own rehabilitation while on probation (qualified liberty) given as a statutory act of clemency.

Conditions of Probation - The portion of the court ordered sentencing option, which imposes obligations on the offender; may include restitution, fines, community service, restrictions on association, etc.

Controlled Substance – A drug, substance, or immediate precursor, which is listed in any schedule in Health and Safety Code Sections 11054, 11055, 11057, or 11058.

Court Orders - List of terms and conditions to be followed by the probationer, or any instructions given by the court.

Crime - An act or omission in violation of local, state, or federal law forbidding or commanding it, and made punishable in a legal proceeding brought by a state or the US government.

DA Case Reject - A District Attorney dispositional decision to reject the juvenile petition request (to file a formal complaint for court intervention) from the referral source (usually an arresting agency) by way of Probation due to lack of legal sufficiency (i.e., insufficient evidence).

Defendant - An adult subject of a case, accused/convicted of a crime, before a criminal court of law.

Department of Juvenile Justice or DJJ (formerly the California Youth Authority) – The most serious sanction available to the juvenile court among a range of dispositional options; it is a state-run facility for youth who have committed extremely serious offenses and/or have failed county-level programs and require settings at the state level; a youth can remain in DJJ until age 23.

Disposition - The resolution of a case by the court, including the dismissal of a case, the acquittal of a defendant, the granting of probation or deferred entry of judgment, or overturning of a convicted defendant.



Diversion - The suspension of prosecution of “eligible” youthful, first time offenders in which a criminal court determines the offender suitable for diverting out of further criminal proceedings and directs the defendant to seek and participate in community-based education, treatment or rehabilitation programs prior to and without being convicted, while under the supervision of the Probation Department; program success dismisses the complaint, while failure causes resumption of criminal proceedings.

DPO - Deputy Probation Officer - a peace officer who performs full case investigation functions and monitors probationer’s compliance with court orders, keeping the courts informed of probationer’s progress by providing reports as mandated.

Drug Abuse - The excessive use of substances (pharmaceutical drugs, alcohol, narcotics, cocaine, generally opiates, stimulants, depressants, hallucinogens) having an addictive-sustaining liability, without medical justification.

Formal Probation - The suspension of the imposition of a sentence by the court and the conditional and revocable release of an offender into the community, in lieu of incarceration, under the formal supervision of a DPO to ensure compliance with conditions and instructions of the court; non-compliance may result in formal probation being revoked.

High Risk – A classification referring to potentially dangerous, recidivist probationers who are very likely to violate conditions of probation and pose a potentially high level of peril to victims, witnesses and their families or close relatives; usually require in-person contacts and monitoring participation in treatment programs.

Informal Probation -

- **Juvenile** - A six-month probation supervision program for youth available as a dispositional alternative by the DPO following case intake investigation of a non-detained arrest referral, or ordered by the juvenile court prior to adjudication and without declaration of wardship.
- **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 dependent on the circumstances of the case.

Investigation - The process of investigating the

factors of the offense(s) committed by a youth/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.

Justice Involved adult – is an adult who has been convicted of a crime and has been supervised by the probation department.

Juvenile - A person who has not attained his/her 18th birthday.

Juvenile Court - Superior Court which has jurisdiction over delinquent and dependent children.

Kiosk – A small stand-alone structure that provides information and services on a computer screen.

Minor - A person under the age of 18.

Motion to Transfer to Adult Court - A finding by a delinquency court that a case will be transferred to a Court of Criminal Jurisdiction (adult court) for the filing of a complaint; juvenile in effect will be treated as an adult.

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 - The suspension of a jail sentence that allows a person convicted of a crime a chance to remain in the community, instead of going to jail; the offenders (adults convicted of a crime and juveniles with allegations sustained at adjudication) must follow certain court-ordered rules and conditions under the supervision of a deputy probation officer; typical conditions may include performing community service, meeting with your deputy probation officer, refraining from using illegal drugs or excessive alcohol, avoiding certain people and places, completing rehabilitative programs, and appearing in court during requested times; also known as a



grant of probation.

Probation Violation – When the orders of the court are not followed, or the probationer is re-arrested and charged with a new offense; the matter is returned to court for a violation of probation.

Probationer - Youth or adult who is on probation.

Referral – For adults: 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; for juveniles: the complaint against the juvenile from law enforcement, parents or school requesting Probation intervention into the case.

Residential Treatment Program – This program is also referred to as the Camp Community Placement program. It provides intensive intervention in a residential setting over an average stay of 20 weeks. The Camp Community Placement program is an intermediate sanction alternative to probation in the community and incarceration in the California Youth Authority.

Sanction - A penalty for violation of law.

Sentence -

- **Juvenile** - The penalty imposed by the court upon a juvenile with allegations found true in juvenile court; penalties imposed may include fines, community service, restitution or other punishment, terms of probation, residential camp placement or a commitment with the Department of Juvenile Justice (formerly CYA).

- **Adult** - The penalty imposed by the court upon a convicted defendant in a criminal judicial proceeding; penalties imposed may include fines, community service, restitution or other punishment, terms of probation, county jail or prison for the defendant.

Substance Abuse - See Drug Abuse - the non-medical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture. For purposes of this glossary, non-medical use means:

- Use of prescription drugs in a manner inconsistent with accepted medical practice;
- Use of over-the-counter drugs contrary to approved labeling; or

- Use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide.

Trace - An amount of substance found in a newborn or parent that is insufficient to cause a parent to return to court on a probation violation, but is enough to authorize removal of a child from parental control.

Victim - An entity or person injured or threatened with physical injury, or that directly suffers a measurable loss because of the criminal activities of an offender, or a “derivative” victim, such as the parent/guardian, who suffers some loss because of injury to the closely related primary victim, by reason of a crime committed by an offender.



Figure 1

**ADULT FELONY AND MISDEMEANOR
REFERRALS BY OFFENSE
2019 - 2021**

OFFENSE TYPE	2019	2020	2021	PERCENTAGE OF CHANGE	
CARETAKER ABSENCE	0	1	1	UNCHANGED	0.00%
EXPLOITATION	20	20	22	INCREASE	9.09%
GENERAL NEGLECT	5	7	18	INCREASE	61.11%
SEVERE NEGLECT	11	11	17	INCREASE	35.29%
PHYSICAL ABUSE	0	0	0	UNCHANGED	0.00%
SEXUAL ABUSE	373	277	341	INCREASE	18.77%
TOTAL	409	316	399	INCREASE	20.80%

Figure 2

**ADULT FELONY AND MISDEMEANOR
REFERRALS BY AGE
2019 - 2021**

AGE OF ADULT OFFENDER	2019	2020	2021	PERCENTAGE OF CHANGE	
18 - 19	3	3	4	INCREASE	25.00%
20 - 24	32	32	31	DECREASE	-3.23%
25 - 29	44	29	44	INCREASE	34.09%
30 - 34	62	42	53	INCREASE	20.75%
35 - 39	50	40	57	INCREASE	29.82%
40 - 44	49	35	42	INCREASE	16.67%
45 - 49	39	30	33	INCREASE	9.09%
50 +	130	105	135	INCREASE	22.22%
TOTAL	409	316	399	INCREASE	20.80%

Figure 3

**ADULT FELONY AND MISDEMEANOR
REFERRALS BY ETHNICITY
2019 - 2021**

ETHNICITY	2019	2020	2021	PERCENTAGE OF CHANGE	
AFRICAN AMERICAN	41	30	40	INCREASE	25.00%
AMERICAN INDIAN	0	1	0	DECREASE	100.00%
ASIAN / PACIFIC ISLANDER	6	1	4	INCREASE	75.00%
HISPANIC	303	231	287	INCREASE	19.51%
WHITE	45	41	48	INCREASE	14.58%
OTHER	8	4	17	INCREASE	76.47%
UNKNOWN	6	8	3	DECREASE	-166.67%
TOTAL	409	316	399	INCREASE	20.80%
TOTAL	409	316	399	INCREASE	20.80%



Figure 4

**ADULT FELONY AND MISDEMEANOR
REFERRALS BY AGE & ETHNICITY
2021**

ETHNICITY	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	TOTAL
AFRICAN AMERICAN	0	8	7	4	7	4	1	9	40
AMERICAN INDIAN	0	0	0	0	0	0	0	0	0
ASIAN/PACIFIC ISLANDER	0	0	0	0	1	1	0	2	4
HISPANIC	3	19	36	41	36	34	25	93	287
WHITE	1	3	0	3	9	2	6	24	48
OTHER	0	1	1	4	3	0	1	7	17
UNKNOWN	0	0	0	1	1	1	0	0	3
TOTAL	4	31	44	53	57	42	33	135	399
PERCENTAGE BY AGE GROUP	1.00%	7.77%	11.03%	13.28%	14.29%	10.53%	8.27%	33.83%	100.00%

Figure 5

**ADULT FELONY AND MISDEMEANOR
REFERRALS BY AREA OFFICE & GENDER
2019 - 2021**

AREA OFFICE	2019		2020		2021	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
ANTELOPE VALLEY	16	2	18	1	28	1
CENTRAL ADULT INVESTIGATIONS (CAI)	107	7	87	10	106	11
EAST SAN FERNANDO VALLEY	89	0	49	0	62	3
FOOTHILL	4	0	4	0	10	0
HARBOR	23	0	19	0	21	0
LONG BEACH	15	0	7	0	12	1
POMONA VALLEY	65	3	51	2	61	2
PRETRIAL	0	0	3	0	1	0
RIO HONDO	44	1	31	1	37	3
SAN GABRIEL VALLEY	8	0	5	0	6	0
SANTA MONICA	5	1	12	0	13	0
SOUTH CENTRAL	18	1	16	0	17	4
SUBTOTAL	394	15	302	14	374	25
TOTAL	409		316		399	



Figure 6

**ADULT AND JUVENILE REFERRALS BY OFFENSE
2021**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
CARETAKER ABSENCE	1	0.25%	0	0.00%	1
EXPLOITATION	22	5.51%	14	7.91%	36
GENERAL NEGLECT	18	4.51%	3	1.69%	21
SEVERE NEGLECT	17	4.26%	2	1.13%	19
PHYSICAL ABUSE	0	0.00%	25	14.12%	25
SEXUAL ABUSE	341	85.46%	133	75.14%	474
TOTAL	399		177		576
PERCENT		69.27%		30.73%	100.00%

Figure 7

**ACTIVE ADULT SUPERVISION BY AGE & ETHNICITY
2021**

ETHNICITY	18-19	20-24	25-29	30-34	35-39	40-44	45-49	50+	TOTAL
AFRICAN AMERICAN	1	10	25	29	26	28	24	70	213
AMERICAN INDIAN	0	0	0	0	0	0	0	0	0
ASIAN/PACIFIC ISLANDER	0	0	7	1	8	3	4	3	26
HISPANIC	2	60	88	76	60	39	40	100	465
WHITE	0	8	18	21	29	20	17	83	196
OTHER	0	2	0	6	2	4	4	11	29
UNKNOWN	0	2	2	2	4	5	1	3	19
TOTAL	3	82	140	135	129	99	90	270	948
PERCENTAGE BY AGE GROUP	0.32%	8.65%	14.77%	14.24%	13.61%	10.44%	9.49%	28.48%	100.00%

Figure 8

**ACTIVE ADULT SUPERVISION BY ETHNICITY
2021**

ETHNICITY	TOTAL	PERCENT
AFRICAN AMERICAN	213	22.47%
AMERICAN INDIAN	0	0.00%
ASIAN/PACIFIC ISLANDER	26	2.74%
HISPANIC	465	49.05%
WHITE	196	20.68%
OTHER	29	3.06%
UNKNOWN	19	2.00%
TOTAL	948	100.00%



Figure 9

**ADULT SUPERVISION CHILD THREAT
CASES BY AREA OFFICE
2019 - 2021**

AREA OFFICE	2019	2020	2021
ANTELOPE VALLEY	98	92	67
CENTINELA	98	99	78
CRENSHAW/RE-ENTRY OPPORTUNITY CENTER	158	141	110
EAST LOS ANGELES	54	39	42
EAST SAN FERNANDO VALLEY	157	124	92
FIRESTONE	79	79	72
FOOTHILL	57	60	58
HARBOR	37	30	20
LONG BEACH	82	78	60
POMONA VALLEY	56	56	49
RIO HONDO	69	73	67
RIVERVIEW	0	0	0
SAN GABRIEL VALLEY	99	100	106
SANTA MONICA	56	55	35
SOUTH CENTRAL	62	59	61
VALENCIA	33	29	17
TOTAL	1195	1114	934

Figure 10

**ADULT AND JUVENILE REFERRALS RESULTING
IN GRANTS OF PROBATION
2021**

AREA OFFICE	ADULTS	JUVENILES	TOTALS
ANTELOPE VALLEY	1	1	2
CENTRAL ADULT INVESTIGATION (CAI)	0	0	0
CENTINELA	0	2	2
CRENSHAW/RE-ENTRY OPPORTUNITY CENTER	4	1	5
EAST LOS ANGELES	1	1	2
EAST SAN FERNANDO VALLEY	3	0	3
FIRESTONE	1	0	1
FOOTHILL	0	1	1
HARBOR	1	0	1
LONG BEACH	3	0	3
NORTHEAST JUVENILE JUSTICE CENTER	0	0	0
PLACEMENT HEADQUARTERS	0	0	0
POMONA VALLEY	3	1	4
RIO HONDO	1	3	4
RIVERVIEW	1	0	1
RESIDENTIAL TREATMENT SERVICES BUREAU (RTSB)	6	1	7
SAN GABRIEL VALLEY	0	1	1
SANTA MONICA	6	6	12
SOUTH CENTRAL	0	0	0
VALENCIA	1	0	1
VAN NUYS	0	0	0
	0	4	4
TOTALS	26	21	47
PERCENT	55.32%	44.68%	100.00%



Figure 11

**JUVENILE CHILD ABUSE
REFERRALS BY OFFENSE
2019 - 2021**

OFFENSE TYPE	2019	2020	2021	PERCENTAGE OF CHANGE	
CARETAKER ABSENSE	0	0	0	UNCHANGED	0.00%
EXPLOITATION	25	14	23	INCREASE	39.13%
GENERAL NEGLECT	2	3	1	DECREASE	-200.00%
SEVERE NEGLECT	8	2	4	INCREASE	50.00%
PHYSICAL ABUSE	21	25	38	INCREASE	34.21%
SEXUAL ABUSE	201	133	117	DECREASE	-13.68%
TOTAL	257	177	183	INCREASE	3.28%

Figure 12

**JUVENILE CHILD ABUSE
REFERRALS BY AGE
2019 - 2021**

AGE OF JUVENILE	2019	2020	2021	PERCENTAGE OF CHANGE	
UNDER 11	1	0	1	INCREASE	100.00%
11	3	2	2	UNCHANGED	0.00%
12	10	18	6	DECREASE	-200.00%
13	20	14	20	INCREASE	30.00%
14	34	18	16	DECREASE	-12.50%
15	40	23	29	INCREASE	20.69%
16	44	33	26	DECREASE	-26.92%
17	39	20	33	INCREASE	39.39%
18+	66	49	50	INCREASE	2.00%
TOTAL	257	177	183	INCREASE	3.28%

Figure 13

**JUVENILE CHILD ABUSE OFFENSE
REFERRALS BY ETHNICITY
2019 - 2021**

ETHNICITY	2019	2020	2021
AFRICAN AMERICAN	35	24	25
ASIAN / PACIFIC ISLANDER	0	1	0
ASIAN OTHER	1	3	2
CHINESE	0	1	0
FILIPINO	0	2	0
HAWAIIAN	1	0	0
HISPANIC	183	117	132
JAPANESE	0	1	0
WHITE	30	15	19
OTHER	7	13	4
UNKNOWN	0	0	1
TOTAL	257	177	183



Figure 14

**JUVENILE CHILD ABUSE OFFENSE
REFERRALS BY AREA OFFICE AND GENDER
2019 - 2021**

AREA OFFICE	2019		2020		2021	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
ANTELOPE VALLEY	17	0	3	0	6	0
CENTINELA	23	5	16	0	11	0
CRENSHAW/ RE-ENTRY OPPORTUNITY CENTER	20	0	5	1	9	0
EAST LOS ANGELES	2	0	6	0	8	1
FIRESTONE	9	0	6	1	7	0
FOOTHILL	12	0	7	0	6	0
HARBOR	8	0	8	0	5	0
LONG BEACH	7	0	8	2	4	1
NORTHEAST JUVENILE JUSTICE CENTER	13	2	10	2	18	0
PLACEMENT HEADQUARTERS	1	0	0	0	0	0
POMONA VALLEY	20	5	13	0	23	0
RESIDENTIAL TREATMENT						
SERVICE BUREAU (RTSB)	4	0	2	0	3	0
RIO HONDO	27	4	20	3	16	0
SAN GABRIEL VALLEY	23	1	25	0	36	0
SANTA MONICA	2	0	3	2	5	1
SOUTH CENTRAL	24	4	17	1	8	0
VALENCIA	6	0	0	1	2	0
VAN NUYS	18	0	14	1	13	0
TOTAL	236	21	163	14	180	3



Figure 15

JUVENILE CHILD ABUSE OFFENSE REFERRALS BY AGE & ETHNICITY 2021

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMERICAN	1	0	0	3	5	6	2	4	4	25
ASIAN/PACIFIC ISLANDER	0	0	0	0	0	0	0	0	0	0
ASIAN OTHER	0	0	0	0	0	0	1	0	1	2
CHINESE	0	0	0	0	0	0	0	0	0	0
FILIPINO	0	0	0	0	0	0	0	0	0	0
HAWAIIAN	0	0	0	0	0	0	0	0	0	0
HISPANIC	0	2	5	16	6	22	17	22	42	132
JAPANESE	0	0	0	0	0	0	0	0	0	0
WHITE	0	0	1	1	3	1	5	6	2	19
OTHER	0	0	0	0	2	0	0	1	1	4
UNKNOWN	0	0	0	0	0	0	1	0	0	1
TOTAL	1	2	6	20	16	29	26	33	50	183
PERCENTAGE BY AGE GROUP	0.55%	1.09%	3.28%	10.93%	8.74%	15.85%	14.21%	18.03%	27.32%	100.00%

Figure 16

CHILD ABUSE OFFENSES ON JUVENILE SUPERVISION BY AGE AND ETHNICITY 2021

ETHNICITY	UNDER 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMERICAN	0	0	0	0	0	2	0	0	0	2
ASIAN/PACIFIC ISLANDER	0	0	0	0	0	0	0	0	0	0
ASIAN OTHER	0	0	0	0	0	0	0	0	0	0
CHINESE	0	0	0	0	0	0	0	0	0	0
FILIPINO	0	0	0	0	0	0	0	0	0	0
HAWAIIAN	0	0	0	0	0	0	0	0	0	0
HISPANIC	0	0	0	2	1	2	6	2	4	17
JAPANESE	0	0	0	0	0	0	0	0	0	0
WHITE	0	0	0	0	0	0	1	1	0	2
OTHER	0	0	0	0	0	0	0	0	0	0
UNKNOWN	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	2	1	4	7	3	4	21
PERCENTAGE BY AGE GROUP	0.00%	0.00%	0.00%	9.52%	4.76%	19.05%	33.33%	14.29%	19.05%	100.00%



Figure 17

CHILD ABUSE OFFENSES ON JUVENILE SUPERVISION BY ETHNICITY 2021

ETHNICITY	TOTAL	PERCENT
AFRICAN AMERICAN	2	9.52%
ASIAN/PACIFIC ISLANDER	0	0.00%
ASIAN OTHER	0	0.00%
CHINESE	0	0.00%
FILIPINO	0	0.00%
HAWAIIAN	0	0.00%
HISPANIC	17	80.95%
JAPANESE	0	0.00%
WHITE	2	9.52%
OTHER	0	0.00%
TOTAL	21	100.00%

Figure 18

CHILD ABUSE OFFENSES ON JUVENILE SUPERVISION BY AGE & OFFENSE 2021

ETHNICITY	UNDER 11	11	12	13	14	15	16	17	18+	TOTAL
CARETAKER ABSENSE	0	0	0	0	0	0	0	0	0	0
EXPLOITATION	0	0	0	0	0	2	2	0	1	5
GENERAL NEGLIGENCE	0	0	0	0	0	0	1	0	0	1
SEVERE NEGLIGENCE	0	0	0	0	0	0	0	0	0	0
PHYSICAL ABUSE	0	0	0	1	1	2	1	0	0	5
SEXUAL ABUSE	0	0	0	1	0	0	3	3	3	10
TOTAL	0	0	0	2	1	4	7	3	4	21
PERCENTAGE BY AGE GROUP	0.00%	0.00%	0.00%	9.52%	4.76%	19.05%	33.33%	14.29%	19.05%	100.00%



DEPARTMENT OF MENTAL HEALTH

The Department of Mental Health (DMH) administers, develops, coordinates, monitors, and evaluates a continuum of mental health services for children and youth.

MISSION STATEMENT

To assist children and youth with emotional disorders in developing their ability to function within their families, schools, and communities.

To enable children and youth with emotional and behavioral disorders involved with the Department of Children and Family Services (DCFS), and children and youth at risk of out-of-home placement to remain at home, succeed in school, and avoid involvement with the juvenile justice system.

Department of Mental Health (DMH) fulfills its mission by:

- Managing a diverse continuum of programs that provide mental health care for children, youth, and families.
- Promoting the expansion of services through innovative projects, interagency agreements, blended funding, and grant proposals to support new programs.
- Collaborating with other public agencies, particularly the Department of Health Services (DHS), the Department of Children and Family Services (DCFS), the Probation Department, the Los Angeles County Office of Education (LACOE), and school districts (e.g., Los Angeles Unified School District).
- Promoting the development of County and Statewide mental health policy and legislation to advance the well-being of children, youth, and families.

PROGRAMS RELATED TO CHILD ABUSE AND NEGLECT

This report presents the characteristics of children and youth who are victims of, or are at risk of, child abuse and neglect and are receiving mental health services in programs provided by DMH.

Among such programs are those that serve young children who are in, or at risk of, entering the child welfare system. These include:

- Mental Health Services Act (MHSA) Full Service Partnership (FSP) program, which is an intensive treatment program for children.
- DMH directly operated programs which include Ties for Families, Young Mothers and Well Babies, and DMH Contract Provider outpatient programs serving children ages 0-5.
- DMH providers participate in First 5 LA's Partnership for Families initiative.

Collectively, these programs provide a continuum of screening, assessment, and treatment, serving the mental health and developmental needs of children from birth to five years of age. They are a critical component



of prevention and early intervention strategies that support comprehensive infant and early childhood mental health systems of care.

In addition, this report covers other programs for children and youth at risk for abuse or neglect. These programs include the following: Multidisciplinary Assessment Team (MAT); Wraparound; Family Preservation (FP); Family Reunification; Intensive Field Capable Clinical Services (IFCCS); Juvenile Court Mental Health Services (JCMHS); Dorothy Kirby Center; Juvenile Justice Camps; Short Term Residential Therapeutic Programs (STRTPs); and Community Treatment Facilities (CTFs).

CHILD WELFARE DIVISION

Katie A. v. Bonta was a class action lawsuit that challenged the long-standing practice of confining abused and neglected children and youth with mental health problems in costly hospitals and large group homes or in foster homes, instead of providing services that would enable them to stay in their homes and communities. Los Angeles County entered into a settlement agreement in May 2003 to develop and implement strategies to provide the plaintiff class with care and services consistent with effective child welfare and mental health practice. On March 14, 2006, Federal Judge A. Howard Matz issued an injunction requiring that the County screen members of the plaintiff class to identify children and youth who may need individualized mental health services.

Los Angeles County DMH created the Child Welfare Division (CWD) as part of the Katie A. Settlement Agreement. CWD is a centralized DMH administrative structure that provides oversight and coordination of countywide activities related to mental health services for children and youth in the county’s child welfare system. CWD works closely with DCFS, Plaintiff’s Counsel, County Counsel, the Katie A. Advisory Panel, and other County departments to comply with the Katie A. Settlement Agreement.

DMH Specialized Foster Care (SFC) are mental health staff co-located countywide. DMH SFC staff are assigned to all DCFS Regional Offices and are a critical component of Katie A. SFC staff improve access for youth involved in the child welfare system and provide mental health screening, assessment, crisis intervention, brief treatment, and linkage to mental health treatment in the community. In addition, SFC staff participate in Child and Family Team (CFT) meetings.

CHILD WELFARE PROCESSES AND PROGRAMS

COORDINATED SERVICES ACTION TEAM (CSAT)

The Coordinated Services Action Team (CSAT) is an administrative network in each DCFS regional office that coordinates screening and assessment of: (a) newly detained, (b) newly opened and non-detained, and (c) existing DCFS cases. Every child or youth under DCFS supervision is given a mental health screening by a Children’s Social Worker (CSW) using a brief checklist known as the Mental Health Referral form (MHR), in addition to the Child and Adolescent Needs and Strengths tool (CANS). All screenings are referred for assessment and possible mental health services. CSAT provides a Services Linkage Specialist (SLS) to assist CSWs in identifying suitable service linkages. Implemented in May 2009, CSAT initiated a monthly Referral and Tracking System (RTS) Summary Data Report that tracks rates of screenings and referrals. CSAT is primarily a DCFS process, which participates in the DMH SFC co-located programs.

On April 30, 2015, the Board approved annual reports summarizing progress of all Service Planning Areas (SPA) for screenings and referrals for the twelve months of each Calendar Year (CY). A summary of screening/referral data as issued by DCFS and DMH for CY 2021, January 1, 2021 through December 31, 2021, has been included below.

- 95.47% (12,764) of children/youth who were eligible for screening were screened for mental health needs.
- 97.53% (12,449) of children/youth who were screened for mental health services screened positive.
- 97.74% (12,179) of children/youth who screened positive were referred to mental health services.
- 92.50% (11,442) of children/youth referred for services received mental health service activities within the required timelines.

MULTIDISCIPLINARY ASSESSMENT TEAM (MAT)

Multidisciplinary Assessment Team (MAT) is a collaborative assessment process offered through DCFS and DMH. Newly detained children and youth in the child welfare system with full-scope Medi-Cal and in out-of-home placement qualify for a



MAT assessment. Each child is eligible to receive a comprehensive assessment of their medical, dental, educational, caregiver, and mental health needs. Within 45 days of receiving the referral, the DMH MAT provider conducts an age-appropriate assessment – Infancy, Childhood and Relationship Enrichment Initial Assessment (ICARE) or the Child/Adolescent Full Assessment – and completes a MAT Summary of Findings Report. The report is discussed with the child/youth's Child and Family Team (CFT), incorporated into the child/youth's DCFS Case Plan, and then shared with court. MAT staff link children, youth, and their families to needed services based on the findings and recommendations of the team.

Countywide 3,004 children and youth had a MAT assessment completed in Fiscal Year (FY) 2021-2022. Of this sample, 1,690 children (56%) were between the ages of 0 to 5 at the time of their initial detention.

DMH SERVICES AT THE COUNTYWIDE MEDICAL HUBS

DMH provides comprehensive mental health services through its co-located mental health staff with the Department of Health Services (DHS) Medical Hubs (Hubs). The Hubs are DHS facilities that include Martin Luther King, Jr. Medical Center, Olive View Medical Center, Harbor-UCLA Medical Center, and High Desert Regional Health Center. DMH provides mental health services at the Hubs in an integrated and collaborative service delivery model, in collaboration with Department of Public Health (DPH), DHS, and DCFS. The goal of co-locating services is to improve access to health and mental health care for DCFS involved youth who are detained or under a child welfare investigation. DMH staff at the Hubs provide services that include but are not limited to the identification, screening, consultation, crisis intervention, and linkage to Specialty Mental Health Services (SMHS).

DMH staff prioritize children and youth ages birth to five, Commercially Sexually Exploited Children and Youth (CSEC), children discharged from psychiatric hospitals, and those in need of immediate crisis intervention.

During the FY 2021-2022, the Medical Hubs served over 18, 000 children.

FAMILY AND CHILDREN'S INDEX (FCI)

Family and Children's Index (FCI) is the name given

to the Los Angeles County customized application authorized by California Welfare and Institutions Code (WIC) section 18961.5. The statute allows children services, health services, law enforcement, mental health services, probation, schools, and social services agencies within counties to share specific information about families who have had relevant contacts with these agencies and who have been identified as being at risk for child abuse or neglect. The statute requires that each county develop their own "at-risk" definition. As a "pointer" system, FCI directs authorized users of participating agencies to other participating agencies who have had contact with the family, subject to an initial search match made through the application. Once users are pointed to other agencies, the statute requires that confidential, substantive information about a family be shared through the formation of Multi-Disciplinary Teams (MDTs), unless some other legally permissible way to share that information already exists. The application can only store specific information as allowed by WIC 18961.5. It does so by receiving data from participating agency databases using a set of agency-specific at-risk indicators (filters) that conform to the County's at-risk definition. Once these records are identified using those filters, allowable information is electronically imported into the FCI database.

During FY 2021-2022, DMH provided information in response to 7,401 FCI Inquiries.

WRAPAROUND

The Wraparound Program is an integrated, community-based, intensive services program intended for children and youth who are experiencing serious emotional and behavioral problems. It serves children and youth ages 0-21 who are Medi-Cal eligible and are receiving services from DCFS, Probation or are in an adoptive placement. The program is a collaboration between DMH, DCFS, and the Probation Department.

Wraparound is a strengths-based process that is intended to meet children, youth, and families in their communities and utilize their strengths to promote long-term success through skills building and increasing their support network. Services incorporate Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) to support the underlying needs identified by the Child and Family Team (CFT).

The Integrated Core Practice Model (ICPM) is



the framework that identifies shared values, core components, and standards of practice that ensure Wraparound services are culturally relevant and trauma informed. To ensure that the needs of the children, youth and families are met, and through utilizing the ICPM principles, the CFT aims to promote Family Voice and Choice to identify the individualized services needed to meet the family's goals. The Wraparound program has emphasized the importance for ongoing trainings regarding the facilitation of CFTs, being culturally responsive and trauma informed, and the engagement of formal and informal supports. Trainings continue to be offered to DMH staff and contracted Legal Entities to support them in this process.

Wraparound Administration provides oversight through the creation and utilization of Technical Reviews to ensure timely access to services, meaningful collaboration, utilization of fiscal resources, and quality service delivery. To increase support and stability for families served, contracted Legal Entities can utilize Case Rate Services and Supports (CRSS), which are funds that have been allocated to address the individual needs of each child or youth and family.

In CY 2021, there were 46 Wraparound Legal Entities throughout the County. The Wraparound program served an average of 2,217 children and youth each month, which included 111 Probation cases, 46 Post Adoption cases, and 21 Indigent cases.

INTENSIVE FIELD CAPABLE CLINICAL SERVICES (IFCCS)

Intensive Field Capable Clinical Services (IFCCS) are an array of services firmly grounded in the ICPM and are intended to expedite access to ICC and IHBS. IFCCS is an intensive mental health program that provides field-based, trauma-sensitive services to children and youth with an open child welfare case. IFCCS is designed to foster relationships built upon strengths of the children, youth, and their families, with the goal to minimize psychiatric hospitalizations and promote placement stability.

The IFCCS team follows the child or youth regardless of placement to ensure continuity of care and can offer a full range of mental health services, including individual and family therapy, ICC, and IHBS. These services are coordinated and organized through the CFT process.

During FY 2021-2022, 777 youth were served, of

which 425 (55%) were female and 352 (45%) were male.

INTENSIVE SERVICES FOSTER CARE (ISFC)

The Intensive Services Foster Care (ISFC) program is an intensive mental health treatment program that seeks to reduce placement instability and provides an alternative to congregate care settings with many residents and professional staff. ISFC places children/youth in foster homes in which the child/youth is typically the only foster child/youth. They will have a treatment team including a Foster Family Agency (FFA) social worker, an In-Home Support Counselor (IHSC), therapist, and when needed, a psychiatrist. This treatment team provides the child/youth with individualized mental health services and supports while coordinating with other needed service programs. ISFC resource parents receive additional training hours, have access to 24/7 support, and are active participants in the child/youth's treatment. Children/youth are placed after their needs are matched with the unique strengths and skills of the ISFC resource parents. During Fiscal Year 2021-2022, there were 97 ISFC placements. Of these, 46 (47%) were male and 51 (53%) were female. Broken down by age, 0 (0%) were between the ages 0-5, 47(48%) were between the ages of 6-12, 46 (47%) were between the ages of 13-17, and 4 (4%) were between the ages of 18-20.

DMH SUPPORT TO STAFF AND PROVIDERS

Training and Coaching

During FY 2021-2022, DMH Training and Coaching, in partnership with University of California, Los Angeles (UCLA) Prevention Center of Excellence, delivered over 300 trainings on an ongoing basis to support learning and skill development for DMH staff, DCFS staff, Probation staff, mental health contracted providers, and resource parents delivering mental health services to children and youth. These continuous learning opportunities promoted the effective application of the core values, guiding principles, and practice behaviors defined by the Integrated Core Practice Model (ICPM) to help improve the lives of children and youth in the child welfare system. Trainings continued to be delivered virtually via live web-broadcast and several trainings were recorded for on-demand access. Through coaching the goal is to assist staff in reflecting upon and improving their practice, by helping them utilize a cultural lens and a trauma-responsive approach to uncover underlying needs and recognize the



unique strengths of children, youth, and families. Understanding the underlying needs of children and youth allows for the development of individualized and uniquely developed plans and services.

ADDITIONAL MENTAL HEALTH PROGRAMS FOR CHILDREN INVOLVED WITH PROBATION AND CHILD WELFARE

SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAMS (STRTP)

Short Term Residential Therapeutic Programs (STRTPs) were established beginning January 1, 2017 by Assembly Bill 403 (Chapter 773) to reduce reliance on group residential care as a long-term placement setting. Continuum of Care Reform (CCR) transformed the group home system and replaced it with the STRTP licensing category, with the purpose of creating facilities that provide a higher level of intensive services and supports than group homes traditionally provided.

STRTP is the highest level of residential placement and treatment, outside of a locked Community Treatment Facility (CTF) or psychiatric hospitalization. STRTPs are required to provide specialized and intensive care, supervision, services, supports, treatment, short-term 24-hour care and supervision to children, youth, and non-minor dependents (NMDs) whose needs cannot be safely met in a family setting.

The recommendation to place a child/youth in an STRTP shall come from the CFT, if available, following an assessment by the Qualified Individual (QI) and screening by the Interagency Placement Committee (IPC). A designated QI shall conduct and complete an assessment 30 calendar days from the date of the QI referral or from the date of placement into an STRTP, whichever comes first, to determine whether the child, youth, or Non Minor Dependent's needs can instead be met in a less restrictive, family-based setting. The goal is to ensure that children and youth are placed in the most appropriate and least restrictive setting to meet their needs. The evaluation utilizes screening tools, assessment reports, evaluation instruments, previous placement, treatment experiences, and other relevant information provided by Child and Family Teams.

All services in the STRTP are expected to be culturally relevant, developmentally appropriate, and trauma informed. STRTPs must obtain a mental health contract, a Mental Health Program Approval

(MHPA), and be Medi-Cal certified within one year of obtaining their STRTP license. The MHPA helps to ensure that the mental health services provided in the STRTPs are in compliance with the state regulations and meeting the intensive needs of the children and youth. The STRTP providers must directly provide Specialty Mental Health Services (SMHS).

In addition, STRTPs must provide the following core services and supports:

- Transition Support Services.
- Education and physical, behavioral, and mental health supports, including extracurricular activities and social supports.
- Activities designed to support achieving a successful adulthood.
- Services to achieve permanent placement.

STRTPs are required to obtain national accreditation from one of the following entities:

- The Commission on Accreditation of Rehabilitation Facilities (CARF)
- The Council on Accreditation (COA)
- The Joint Commission (JC)

In FY 2021-2022, there were 28 Legal Entity Providers with 84 licensed STRTPs serving 1,738 children and youth including, 586 (34%) females, 1,122 (64%) males and 30 (2%) transgender youth, 137 (8%) children ages 0-12 and 1,601 (92%) youth ages 13-18+.

FAMILY PRESERVATION PROGRAM

Family Preservation (FP) is a collaborative effort between DMH, DCFS, Probation and the community to reduce out-of-home placement and the length of stay in foster care, and to shorten the time to achieve permanent placement for children or youth 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. These support services are designed to keep children or youth and their families together. DCFS allocates funds to DMH to provide FP mental health services to uninsured individuals. FP programs provide mental health services in every Service Area (SA).



Mental health services are one of the many services offered by the FP program. The mental health component is provided as a linkage service identified at, or prior to, the Multi-Disciplinary Case Planning Committee (MCPC) meeting. Mental health services through DMH focus on improving the functioning of the most serious or chronically emotionally dysregulated children, youth, and adults. This has been a successful strategy that allows for an integrated treatment approach by providing therapeutic interventions that improve child, youth, and family functioning. In addition, the FP program aims at developing effective parental coping skills, which reduce the risk of child abuse, neglect, and delinquent behaviors.

Mental health services offered included: assessment and evaluation; individual, group, and family therapy/rehabilitation; collateral services; medication support; crisis intervention; Intensive Care Coordination; Intensive Home Based Services; and targeted case management provided in the child’s community, school, and home.

During FY 2021-2022, the Family Preservation agencies referred 1,187 individuals to Family Preservation Mental Health Services. Of those referred, 903 individuals had Medi-Cal, and 173 (15%) individuals were uninsured (indigent). DMH FP service providers served 780 of the FP consumers referred, of which 178 (23%) were indigent. The majority of the indigent FP consumers were adults, 151 (85%).

REUNIFICATION OF MISSING CHILDREN PROGRAM

The Reunification of Missing Children program is 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 or youth, and the Inter-Agency Council on Child Abuse and Neglect (ICAN). The Task force meets monthly. Its members include Los Angeles Police Department (LAPD), Los Angeles County Sheriff’s Department (LASD), DCFS, County Counsel, the Federal Bureau of Investigations (FBI), the U.S. Secret Service, the Mexican Consulate, and the District Attorney’s Office. Find the Children works closely with the National Center for Missing and Exploited Children. It refers children or youth and parents to the reunification program 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.

The Family Reunification program provides Community Outreach services to families. Consumers in need of mental health treatment (and their families) are given information about mental health resources near their residence. Families referred to the Family Reunification program receive family therapy, child therapy, or group therapy, combinations of these interventions, as well as parenting classes. Outreach families who are not referred for mental health treatment do not present with an Axis I diagnosis, nor do they meet the medical necessity criteria for admission into DMH. However, they do receive interventions such as social skills training and parenting classes.

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

DMH contracted mental health providers provide culturally sensitive, crisis-oriented consultation, assessment, and treatment immediately following the recovery of a child or youth who had been abducted, often by a non-custodial parent. In FY 2021-2022, 6 children were referred for services.

Wellnest

Wellnest, a nonprofit mental health services provider serving central and south Los Angeles, continues to be available to offer services to children and youth who have been recovered from abduction. Wellnest promotes easy access through its no-fee, walk-in center; its field-based services in homes, schools, and community sites; along with its community-based office and housing. It promotes early intervention through the Early Intervention Program for children 0 to 5 years old. Services are family-centered, strength-based, and available in English and Spanish.

Wellnest providers use a trauma informed perspective and employ a variety of modalities in treatment. Trauma is conceptualized as an experience or experiences that disrupt primary attachments and thus compromise a child’s ability to regulate emotions and behaviors. This results in the delay of the development of appropriate competencies. Consequently, the therapeutic work is focused on enhancing family relationships and developing

connectedness as a path to recovery and building resiliency. The child, youth, and family are crucial to treatment and are active partners in goal setting and in treatment. Wellnest providers may use individual and/or family therapy, targeted case management, individual rehabilitation, and psychiatric services.

Foothill Family

Foothill Family provides an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) funded Family Reunification program to children and youth, ages 0-21, referred by Find the Children. The goal is to assist children and youth in their recovery from child abduction, reduce the children and youth's mental disability, enable youth to use their time meaningfully, live in safe environments, have a network of supportive social relationships, have timely access to help, including in times of crisis, and the maintenance or improvement of physical health as it relates to mental health goals. In FY 2021-2022, the reunification program served 6 children referred by Find the Children. Of the 6 children who received services, 50% were of Hispanic descent, 33% were African American, and 17% were Caucasian.

Foothill Family's expertise in specialized services to children 0-5; their extensive school-based services; conveniently located offices; in-home and community-based services for underserved and unserved children and youth; and long history of services for children and youth detained, or at risk of detention, by DCFS or Probation makes them an ideal provider for Find the Children referrals. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is the evidence-based treatment used for children and youth that have been exposed to trauma.

Foothill Family's Family Reunification Program provides linguistically and culturally appropriate community mental health services to children and youth throughout SA 3. Services include mental health services, medication support, targeted case management, psychological testing, and crisis intervention. Services are provided by licensed or license eligible therapists, psychologists, experienced Child Specialists, and licensed psychiatrists.

COMMUNITY TREATMENT FACILITY (CTF)

The Community Treatment Facility (CTF) is a state licensing category for residential treatment placement of minors. It is a higher level of care than the Short-Term Residential Treatment Programs (STRTPs) and

was created as an alternative to the State Hospital. In FY 2021-2022, there were two CTFs with a total of 66 beds. Star View offered 42 beds, 22 of which were designated for males and 20 for females. Vista del Mar offered 24 CTF beds, 16 of which were designated for females and eight for males. Both Star View and Vista del Mar had flexibility in designating beds for females and males based on demand or need.

The criteria for placement at the CTF level of care include all of the criteria for STRTPs plus an inability to be served in a less restrictive setting, as evidenced by unsuccessful placements in open settings; denials of admission from STRTPs; high-risk aggressive, self-destructive, or substance use behaviors; and the motivation to benefit from treatment in a more restrictive treatment setting. In FY 2021-2022, DMH provided services to 82 Los Angeles County minors in the CTF level of care. The sources of referral for the 82 residents were exclusively (100%) from DCFS. Of the 82 total residents 18 (22%) were male and 64 (78%) were female.

SPECIALIZED LINKAGE SERVICES UNIT (SLSU)

The SLSU participated in discharge planning teleconferences for DCFS and Probation involved minors who were being discharged from DHS directly operated and Los Angeles County-contracted psychiatric hospitals. Issues discussed on each call included the youth's presentation during hospitalization, placement plan upon discharge, status and efficacy of existing mental health services, and educational or regional center concerns. Also included was a discussion of psychotropic medication, including medication type, dosage, side effects, adverse effects, prescriptions, and court authorizations. The SLSU Case Manager assisted in identifying appropriate services for the youth, completed the appropriate referrals, and confirmed active participation in services through consultation with the treatment provider and DCFS/Probation. During FY 2021-2022, 589 discharge planning teleconferences were completed.

The SLSU also monitored the psychiatric hospital admissions of Medi-Cal eligible children and youth in Los Angeles County. Case managers liaised with hospital staff and regularly consulted on shared cases. The SLSU engaged in follow up, discharge aftercare, and case coordination with the following Los Angeles and Orange County hospitals on a regular basis: Aurora-Charter Oak Hospital (Covina); BHC-



Alhambra Hospital (Rosemead); Gateways Hospital (Los Angeles); UCLA-Resnick Neuropsychiatric Hospital (Los Angeles); LAC/USC Inpatient Services - Augustus F. Hawkins (Los Angeles); Kedren Community Hospital (Los Angeles); Colledge Hospital (Cerritos); Colledge Hospital (Costa Mesa); and Del Amo Hospital (Torrance).

JUVENILE JUSTICE

JUVENILE COURT MENTAL HEALTH SERVICES (JCMHS)

In Los Angeles County, there are over 25,000 children and youth under the jurisdiction of the Juvenile Court. Many of these children and youth have significant needs for mental health services, and approximately 10% are being treated with psychotropic medications. Juvenile Court judicial officers must make decisions regarding the mental health of children and youth under their jurisdiction. To optimally interface with the mental health provider system, it is vital for the Juvenile Court to have timely access to mental health consultation and liaison services. Juvenile Court Mental Health Services (JCMHS) serves this function.

The mission of JCMHS is to optimize mental health care for children and youth who are under the jurisdiction of the Juvenile Court. JCMHS accomplishes this goal through facilitation of effective Court decisions by helping all Court personnel obtain and interpret relevant mental health information, and promoting collaboration between the various agencies in making and implementing plans to meet children's mental health needs.

When a child or youth is referred to JCMHS, mental health information regarding the child is obtained by various means including direct clinical evaluation, speaking to others who are significant sources of information, and reviewing clinical and other records. JCMHS consults with judges, attorneys, CSWs, probation officers, child and youth advocates, family members and others, and serves as a liaison between them and members of the mental health provider system. This service facilitates the Court's understanding of children and youth's mental health problems and needs for services and enables the Court and related agencies to effectively access mental health resources on behalf of the child and youth. JCMHS also provides a portal through which the mental health system is able to communicate with the Court system.

The mental health needs of Juvenile Court dependents and wards are often complex, and their elucidation may best be accomplished by a multi-disciplinary approach. Recognizing this, JCMHS functions may be performed by clinicians of different disciplines working as a team.

Functions of JCMHS fall into three main categories:

General Mental Health Consultation and Liaison to Dependency Courts

Upon request by Juvenile Court personnel, JCMHS staff perform the following functions:

- Assessment by JCMHS to clarify a child/youth's mental health needs, whether they are benefiting from existing services, and if not, what new services should be provided.
- Assisting the Court to determine when mental health evaluations would be useful in a given case and what types of evaluations to order.
- Assisting the Court in understanding and interpreting the results of evaluations.
- Facilitating obtaining information and services from the mental health system.
- Providing information about mental health placement and treatment resources.
- Facilitating multi-agency collaboration to meet mental health treatment goals.
- Organizing case conferences to achieve collaboration in difficult or unusual cases.

These functions may be provided by any of the clinical staff (i.e., Psychiatric Social Workers, Mental Health Registered Nurses (RNs), and/or Child and Adolescent Psychiatrists).

Participation in the Crossover Youth Project

Pursuant to the Juvenile Court WIC 241.1 protocol, multi-agency (DCFS, Probation, and DMH) evaluation of children and youth who appear to fall under both WIC 300 and 600 sections is performed. The product of this process is a report to the Court recommending which branch of the Juvenile Court (dependency or delinquency) should have jurisdiction. The role of JCMHS is to make mental health recommendations to the judicial officers to best meet the mental health needs of the minor.

JCMHS clinicians collaborate with the CSW and Deputy Probation Officer (DPO) to:

- Collect existing mental health information.
- Obtain or perform new assessments if permitted by the minor's attorneys.
- Determine the extent and nature of a child/youth's need for mental health services.
- Recommendations are documented in a written JCMHS report, which is incorporated in the overall multi-agency report.
- Participate in multi-disciplinary team meetings to discuss findings and recommendations and appear in juvenile delinquency court hearings as requested.
- Consult with DMH SFC staff to share information regarding any mental health issues, services, and needs of these children and youth in order to assist SFC staff with linking minors to available and appropriate services.
- WIC section 241.1 activities are primarily performed by Psychiatric Social Workers.

Psychotropic Medication Treatment Monitoring and Quality Improvement

Pursuant to the Juvenile Court Psychotropic Medication Authorization Protocol, J C M H S medical staff (Clinical Pharmacist or Child and Adolescent Psychiatrist) review all requests to the Juvenile Court for authorization to administer psychotropic medication to children and youth under Court jurisdiction and make recommendations to the Court as to the propriety of the proposed treatment. This enables the Court to obtain and properly interpret information relevant to decision making regarding such authorization. Approximately 10,000 requests for Court authorization to administer psychotropic medication are reviewed each year.

Pursuant to a request from children and youth's judges or attorneys, JCMHS medical staff perform assessments of children or youth's need for treatment with psychotropic medication, response to treatment, presence of adverse effects, etc., and consult with their attorneys and judges regarding authorization of the treatment and/or intervention by the Court to make changes in treatment.

Participation in the Competency Remediation

Process for Juveniles

JCMHS has also been involved in the creation and delivery of educational services for delinquency involved youth who have been found incompetent to assist in their legal proceedings. Youth, who have been found incompetent for reasons of mental health or developmental immaturity, are referred for an eight-week program that attempts to explain the juvenile court system, all the relevant people in that system and the possible outcomes of the proceedings.

JUVENILE HALL MENTAL HEALTH UNITS

In order to identify youth in need of mental health services in the two LA County juvenile halls, all newly admitted youth are screened and assessed by a mental health professional as part of a systematic process. Each youth is individually assessed upon admission. Youth identified during the screening and assessment process as needing on-going care are assigned to a DMH treating clinician. DMH continues to administer the Commercial Sexual Exploitation Identification Tool (CSE-IT) to all newly admitted youth. The CSE-IT helps to identify youth who may be involved in, or at high risk of, being victims of trafficking. In addition, DMH collaborated with Probation on the development of the Detention Interagency Identification and Response Protocol for CSEC youth.

During 2021, the average daily number of open mental health cases at Barry J. Nidorf Juvenile Hall (BJNJH) and Central Juvenile Hall were 120 and 121, respectively, and the average daily number of youth on psychotropic medication were 64 and 50, respectively.

During FY 2021-22, while the overall population of the juvenile halls decreased, the number of youth requiring mental health treatment increased substantially. Additionally, while face to face, on-site services continued throughout 2021-22, in July 2022 all clinical staff returned 100% on site and in person.

Beginning in July 2021, all youth who were previously sent to the California Department of Juvenile Justice (DJJ) were re-aligned back to the counties under SB 823. Youth are now sentenced to the Secure Youth Treatment Facility (SYTF) within Los Angeles County. DJJ will officially and completely close on June 30, 2023. At this time SYTF youth are housed at BJNJH and Campus Kilpatrick.



To meet the complex needs of youth, a number of specialized units were developed to provide enhanced services for youth with high mental health and other needs. These units included the following: Girl's and Boy's CARE Units, Girl's and Boy's Enhanced Supervision Units, and the Developmentally Disabled Unit. Probation screened all newly admitted youth for potential developmental disabilities and referred any youth who screened positive to the Regional Center. DMH, LACOE, and Probation completed multidisciplinary/multimodal assessments for these youth and developed Individual Habilitative Treatment Plans (IHTP) for each youth during the time they were incarcerated.

DMH staff were available in all juvenile halls seven days per week, extended hours (including evenings and weekends) to screen, assess, provide treatment, and respond to crises that arise. In all the juvenile halls, DMH staff were co-located on the living units to be readily available to youth and Probation staff. In addition, confidential Access to Care boxes were available in every living unit so that youth could anonymously request services. DMH staff checked these seven days per week.

DMH has multi-disciplinary staff, including psychiatrists, psychologists, licensed clinical social workers, marriage and family counselors, and case managers. High quality psychiatric services are available at all three juvenile halls. There is a 24-hour on-call psychiatrist schedule, which is widely distributed throughout the system in case there are emergencies after hours. Within the juvenile justice programs, DMH uses the Probation Electronic Medical Record System (PEMRS), which is a combined medical and mental health record system. PEMRS allows staff to access clinical work that has been done in any of the facilities.

DOROTHY KIRBY CENTER

Dorothy Kirby Center (DKC) is a probation residential treatment facility located in SA 7, which provides services to children and youth from the entire county. Its Mental Health Unit (MHU) consists of a treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The mental health unit functions under a Memorandum of Understanding between DMH and Probation.

The staff of the mental health unit consists of a Mental Health Clinical Program Manager II, Mental Health Clinical Supervisors, Licensed Clinical Social

Worker (LCSW), Master of Social Work (MSW), Licensed Marriage and Family Therapist (LMFT), Licensed Psychologists, Psychiatrists, Substance Abuse Counselor, Licensed Recreational Therapist, Community Worker/Family Advocate, Secretary, Staff Assistant, and Clerical/Support Staff.

Dorothy Kirby's MHU is a secure (locked) residential treatment center serving adolescent males and females between the ages of 13-18. All youth referred to Dorothy Kirby receive a screening consisting of an interview with the youth, caretaker and or relevant other parties, and a review of relevant records. A licensed clinician interviews each youth in one of the juvenile halls. One hundred percent of youth are assessed after a face-to-face screening. Youth are referred to the Screening Committee comprised by Probation and DMH administrative clinical staff. The Dorothy Kirby Center has the capacity to house a total of 100 youth.

All referrals come through the Juvenile Court system. All clients are wards of the Juvenile Court, having had criminal petitions brought against them and sustained. In addition, many have extensive criminal arrest records. All have an ICD-10-CM diagnosis and functional impairment. A high percentage of youth are diagnosed with substance abuse, are deeply gang-involved, and a large majority come from severely dysfunctional homes. Many of the youth have had prior involvement with DCFS. Referrals to DKC are made by a judge or a deputy probation officer. During the stay at DKC all the youth receive an array of mental health services.

Adolescents admitted to DKC have exhibited maladaptive and delinquent behaviors that have been influenced by an identifiable mental disorder, such as PTSD, substance abuse, and severe symptoms of trauma, depression, anxiety, ADHD, to name a few. In addition, many of the female youth are high risk and or have been identified as Commercially Sexually Exploited Children (CSEC). DKC operates as an Intensive Outpatient Services (IOP) program. The IOP program includes individual and family therapy, groups, medication support services, and crisis intervention. Group therapies include Dialectical Behavior Therapy (DBT) groups, Seeking Safety, and Substance Abuse groups.

JUVENILE JUSTICE CAMPS

During FY 2021-2022, DMH provided mental health services at Probation Camps and the Camp Assessment Center operated by the Probation



Department located throughout Los Angeles County. The Probation Camps are located in Malibu, La Verne, and San Dimas.

The Probation Camps have mental health staff on-site seven days per week, including evenings and holidays. In addition, Camp Navigators facilitate linkage for youth to community mental health services upon release. Three clinic drivers and one community worker coordinate bringing families to multi-agency team meetings and to family therapy sessions. Although this aspect of the program was impacted by COVID safety guidelines.

The Camp Assessment Unit is housed at Barry J. Nidorf Juvenile Hall. Mental Health, Probation, and LACOE staff conduct a review of youth with new camp orders to determine which camp can meet their needs. This review includes criminal risk, education, and mental health factors.

The rebuilt Campus Kilpatrick opened in July of 2017. The new campus has a home-like design with smaller living units. The Probation Department, DMH, Juvenile Court Health Services, the Arts Commission, and various advocacy groups participated in planning meetings to design the LA Model for the new facility. In July 2020, Campus Kilpatrick returned to the Malibu facility following evacuation during the Woolsey fire. Currently, Campus Kilpatrick houses youth in the SYTF.

These other Probation camps practice an integrated treatment model. As part of the model, Probation and Mental Health staff co-facilitate adapted Dialectical Behavior Therapy (DBT) groups to assist youth in learning skills to function more effectively at camp and in the community. All camps provide individual, family, group, collateral, and aftercare/linkage services. Medication services are available at all open camps; this ensures that youth on psychotropic medications are able to go to any camp.

During FY 2021-2022, based upon the average daily population of the camps, DMH clinical staff treated close to 100% of the total population. In addition, DMH designed and implemented a 10-week Co-Occurring Disorder group series across the entire camp system. These groups were modeled on the Substance Abuse and Mental Health Services Administration (SAMHSA) programs, which combined Cognitive Behavioral Treatment (CBT) interventions with motivational interviewing techniques. A five-week psychoeducational group series was also provided to youth who did not have

a substance use/abuse diagnosis. Youth in these groups were administered pretests and posttests which demonstrated a significant reduction in their motivation to use drugs and alcohol. DMH also conducted Seeking Safety and Mindfulness Based Substance Abuse groups throughout the camps.

Across the camp programs, there was a Multi-Disciplinary Team (MDT) process wherein youth participated in MDTs that included DMH, Probation, LACOE, parents, outside school districts, among other key players. The MDTs occurred within 10 days of admission to the camp (initial MDT), as needed during their incarceration to address a range of issues (as needed MDT), and 30-45 days prior to release from camp (transitional MDT). This process greatly enhanced the coordination and case planning for each youth during their camp stay, and upon release to their communities and families.

The Juvenile Justice Transitional Outpatient Services (JJ-TOTS) program was implemented to serve as a bridge program for youth re-entering the community. Psychiatric and other appointments are scheduled before the youth leaves from camp to reduce the chance that youth will discontinue treatment. Services continue until a solidified linkage is accomplished.



DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Department of Public Social Services (DPSS) had an operating budget of \$4.792 billion and 13,831 positions in Fiscal Year (FY) 2021-2022. The primary responsibilities of DPSS are:

- To provide assistance to low-income residents of Los Angeles County;
- To promote economic mobility; 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 in is unsuitable.

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 the professional development of its staff and promotes shared leadership, teamwork, and individual responsibility. DPSS believes that as it moves toward 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 partnerships.

DPSS PROGRAMS

The State and Federal assistance programs that DPSS administers include California Work Opportunity and Responsibility to Kids (CalWORKs), CalFresh, and Medi-Cal. DPSS also administers the following programs: the Cal-Learn program for CalWORKs eligible pregnant/parenting teens under the age of 19 working toward completing their high school education; the In-Home Supportive Services (IHSS) program; General Relief (GR) program for the County's indigent adult population; Greater Avenues for Independence (GAIN) and General Relief Opportunities for Work (GROW) programs for the CalWORKs and GR employable populations; Cash Assistance Program for Immigrants (CAPI), a portion of the Refugee Resettlement Program; and Refugee Cash Assistance (RCA) and Refugee Social Services. The goals of these programs are to provide the essentials of food, clothing, shelter, and medical care to eligible families and individuals. In 2021, DPSS provided public assistance to a monthly average of 3.6 million individuals, including IHSS.

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

Figures 1.a through 1.9 display the total number of individuals aided by citizenship status and ethnic origin, and the total number of cases aided broken down by primary language for all programs by SPA

AIDED CASELOAD

In total, there was a 6.55% decrease (245,604) in the number of individuals receiving assistance for all programs combined from December 2020 to December 2021 (Figure 2).

The following DPSS programs provide services where children are most likely to receive aid:

CalWORKs

During the start of the COVID-19 pandemic, there was a significant increase in the number of individuals receiving CalWORKs between April 2020 to June 2020. Since July 2020, the number of individuals receiving CalWORKs steadily declined. In fact, the number of individuals receiving CalWORKs in December 2021 was 248,949, which represents a .23% decrease (-580 individuals) compared to 249,529 individuals aided in December 2020 (Figure 2).

CalFresh

The CalFresh program has experienced a steady increase in the number of participants since 2011. In December 2020, there were 1,302,106 aided individuals. By December 2021, that number had increased to 1,362,579 individuals, which represents an increase of 4.6% (60,473 individuals) (Figure 2). Overall, since 2011, the CalFresh program has seen an increase of 32.3% in the number of individuals receiving benefits. Detailed annual data can be found in Figure 8.

Medi-Cal

In December 2020, there were 3,230,584 individuals receiving Medi-Cal benefits. By December 2021, the number of individuals enrolled in Medi-Cal had increased to 3,464,050. This represents a 7.23% increase (233,466) in individuals served (Figure 2). Detailed annual data can be found in Figure 7.

Cal-Learn Program

In 2021, DPSS served a monthly average of 396 Cal-Learn participants. This represents a 37% decrease from a monthly average of 541 participants served during Calendar Year 2020 (Figure 4).

CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS, AND STAFF TRAINING

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

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

During the training, staff are informed of the types of child abuse, indicators of such abuse, provisions of the reporting law, and DPSS employees' reporting responsibilities and procedures. Staff also review and discuss materials related to the indicators of child abuse.

Violence between household members, which often endangers children, is emphasized in the training program. The DPSS Training Academy provides Domestic Violence training to all DPSS public contact staff.

In 2021, DPSS made a total of 44 child abuse referrals to the Department of Children and Family Services. This represented a 27% increase from the 32 referrals made in 2020 (Figure 3).

Linkages

The Linkages Partnership is an interdepartmental service coordination partnership between the Department of Children and Family Services (DCFS) and DPSS to address common barriers that limit parents' ability to parent and their ability to work.

Linkages serves families by ensuring DCFS families who are not currently connected to DPSS services, but could be, are provided an expedited method to access needed services. Those families involved in both DCFS and DPSS maximize available services and resources, and engage in coordinated case planning to assist parents with creating a safe and stable home for their children while working toward economic self-sufficiency.

Los Angeles County's Linkages protocols are part

of case work practice to enhance service delivery, strengthen families through economic self-sufficiency, and focus on child safety.

- Co-location of Linkages GAIN Social Workers (LGSWs) at DCFS: Integration of CalWORKs expertise into DCFS' Child and Family Team (CFT) meetings and case consultations outside of CFT meetings, throughout the 19 DCFS Regional Offices.
- DCFS 5122 Screening Tool: A form used by DCFS staff and LGSWs to screen and refer families/individuals for potential eligibility to CalWORKs, General Relief, CalFresh, and Medi-Cal benefits.
- Family Preservation: Service coordination for CalWORKs families with a DCFS Family Preservation (FP) plan. DPSS expertise is integrated into DCFS' FP Multi-Disciplinary Case Planning Committee family meetings to provide GAIN services and include DCFS FP activities in participants' Welfare-to-Work (WtW) plans.
- Family Reunification: Service coordination for former CalWORKs participants who had all their children removed by DCFS and placed in out of home care. Allows for ongoing WtW GAIN services for 180 days to participants with a DCFS Family Reunification plan in place and who volunteer to participate in GAIN.

Linkages prevention and early intervention efforts include the development and implementation of the newest service coordination protocol, Family Maintenance (FM) for CalWORKs participants not in Family Preservation, due to be released in 2023. Mutual clients identified for FM services are provided WtW services which incorporate DCFS plan requirements and hours of participation.

Effective March 3, 2020, in collaboration with DCFS and County Counsel, DPSS implemented a protocol countywide, DCFS-DPSS Information Line, to streamline urgent requests for information from DCFS and Law Enforcement to provide critical information, and facilitate the search for abducted or at-large/missing children.

Qualified members from each department/agency were identified and trained in the Multi-Disciplinary Personnel Team (MDT) process for sharing DPSS information. Due to confidentiality rules, only designated staff participate in the sharing of specified data elements that may lead to or assist in locating the missing child(ren). Designated DPSS Customer Service Center (CSC) Eligibility Workers (EWs), CSC Supervisors, co-located Linkages GAIN Social Workers (LGSWs), Linkages

GAIN Services Supervisors (LGSS), Government Inquiry and Response (GIR) Section Designees, Managers, and Program staff receive and respond to requests for client information from participating agencies via the designated phone line or in writing. In 2021, staff provided DPSS information to DCFS and/or Law Enforcement by participating in 188 MDTs. DPSS Linkages Program continues to work in coordination with DCFS to bring awareness of the protocol by sharing with staff and partners at DCFS and the Inter-Agency Council on Child Abuse and Neglect (ICAN) Child Abduction Task Force meetings.

DPSS Technology Brief

The evolution of DPSS health and human services is dependent on the leveraging and adoption of technological advancement, robotic process automation, analytics visualization, and other opportunities for innovation. Currently, DPSS has implemented leading technological solutions in CSC, mission-critical systems, core, and ancillary applications. DPSS has migrated its mission-critical core application (known as the LEADER Replacement System) to a FedRAMP-certified/HIPAA-compliance secure elastic Cloud ecosystem.

DPSS is preparing to migrate datasets and data schemas (from multiple federal, state, and local data sources) to such Cloud ecosystem. In collaboration with federal/state sponsors, local agencies, systems integrators, service providers and vendors, DPSS has led the effort to expand the LEADER Replacement System (LRS) to become the California Statewide Automated Welfare System (CalSAWS), which will unify health and human services agencies of all 58 counties under a single SAWS system by the end of Calendar Year 2023.

In the current and upcoming Fiscal Years, DPSS has implemented (shall implement) state-of-the-art Business Intelligence (BI), Analytics, Data Science, Enterprise Data Warehouse (EDW), Robotic Process Automation (RPA), and Machine Learning/Artificial Intelligence (ML/AI) technologies to build smart knowledgebases, machine learning capabilities, robotic/mechanical business process automation, scalable data lakes and schemas to process large volumes of data ("Big Data"), connect complex relationships across heterogeneous (diverse) datasets, render real-time visual analytics, and enable live feeds to social media platforms and other multimedia channels.

Figure 1a:

**DPSS CASELOAD CHARACTERISTICS - DECEMBER 2021
LOS ANGELES COUNTY TOTALS**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services	
Total Aided								
Cases*	101,535	100,055	69	7,104	1,986,798	819,236	241,405	
Persons**	248,949	100,370	82	7,106	3,464,050	1,362,579	241,404	
Age Of Aided Persons								
Under 1	6,934	0	0	0	33,129	17,953	14	
1-2	19,774	0	0	0	90,311	47,928	232	
3-5	32,853	1	1	1	149,430	77,614	1,595	
6-12	81,842	0	2	18	377,819	191,267	8,550	
13-15	35,587	0	0	8	178,511	83,792	3,934	
16-17	19,863	0	0	5	113,655	47,110	2,352	
18	1,858	513	2	2	62,677	18,964	1,129	
19	391	1,105	3	4	63,506	14,964	1,122	
20	679	1,277	0	3	61,183	13,819	1,162	
21-24	6,114	7,150	11	19	217,717	56,645	4,574	
24-59	42,679	81,217	56	888	1,569,783	478,376	48,824	
60-65	314	8,019	3	814	191,728	92,869	26,068	
Over 65	61	1,088	4	5,344	354,601	221,278	141,849	
TOTAL	248,949	100,370	82	7,106	3,464,050	1,362,579	241,405	
Average Age of Aided Adults								
AVERAGE AGE	33	40	39	72	43	48	68	
Gender Of Aided Persons								
Adult	Male	10,283	66,747	48	2,538	1,116,797	374,131	85,904
	Female	41,813	33,622	31	4,536	1,404,398	522,784	138,824
Children	Male	98,660	0	1	17	480,553	236,658	11,614
	Female	98,193	1	2	15	462,302	229,006	5,063
TOTAL	248,949	100,370	82	7,106	3,464,050	1,362,579	241,405	

*Cases are defined as an Assistance Unit of one or more person.

** Persons are defined as being separate individuals.

Figure 1b:

**DPSS CASELOAD CHARACTERISTICS - DECEMBER 2021
LOS ANGELES COUNTY TOTALS**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	240,593	94,923	0	95	2,555,632	1,262,247	176,722
Legal Immigrants	8,271	5,429	81	6,576	396,843	99,909	27,117
Other	64	6	0	405	501,827	239	325
Undocumented Immigrants	21	12	1	30	9,748	184	37,240
TOTAL	248,949	100,370	82	7,106	3,464,050	1,362,579	241,404
Primary Language of Aided Cases							
Armenian	1,590	583	9	1,927	38,192	29,003	36,550
Cambodian	80	57	0	54	3,672	2,507	2,825
Chinese	98	66	2	310	51,528	16,526	15,227
English	70,004	95,040	17	798	1,258,122	578,809	99,957
Farsi	140	92	15	203	7,595	3,997	6,797
Korean	64	56	0	204	19,158	10,847	8,108
Russian	147	74	1	189	8,060	5,241	6,879
Spanish	29,010	3,866	21	3,175	573,671	160,497	53,469
Tagalog	19	31	0	56	4,627	2,044	4,085
Vietnamese	110	68	0	49	14,576	6,150	3,830
Other	273	122	4	139	7,597	3,615	3,678
TOTAL	101,535	100,055	69	7,104	1,986,798	819,236	241,405
Ethnic Origin of Aided Persons							
American Indian/ Alaskan Native	364	348	0	2	4,686	2,345	422
Asian	3,769	2,088	11	917	346,490	111,246	43,497
Black	57,326	35,826	3	69	292,701	236,157	40,171
Hispanic	128,816	25,627	23	2,981	1,856,261	576,791	78,478
Native Hawaiian/ Pacific Islander	609	273	1	5	6,266	2,970	238
White	20,187	19,401	25	2,536	462,081	219,542	73,066
Two or more races	26,310	10,245	0	367	299,475	120,949	0
Other	11,568	6,562	19	229	196,090	92,579	5,533
TOTAL	248,949	100,370	82	7,106	3,464,050	1,362,579	241,405

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.1:

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2021
SERVICE PLANNING AREA 1**

	CalWORKs	General Relief	Refugee	CAPI	Medi-cal Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	24,600	7,544	0	0	146,947	88,977	9,294
Legal Immigrants	256	171	0	112	12,919	3,431	896
Other	13	0	0	3	15,272	18	1
Undocumented Immigrants	0	0	0	0	264	1	2,490
TOTAL	24,869	7,715	0	115	175,402	92,427	12,681
Primary Language of Aided Cases							
Armenian	7	1	0	6	114	79	144
Cambodian	0	0	0	1	24	7	9
Chinese	0	1	0	1	66	10	8
English	8,381	7,545	0	12	73,063	42,169	9,605
Farsi	3	1	0	2	22	16	25
Korean	0	0	0	0	64	23	25
Russian	0	1	0	1	25	12	11
Spanish	1,083	136	0	91	20,450	6,277	2,616
Tagalog	0	0	0	0	75	41	98
Vietnamese	3	0	0	0	102	26	7
Other	21	5	0	1	254	189	133
TOTAL	9,498	7,690	0	115	94,259	48,849	12,681
Ethnic Origin of Aided Persons							
American Indian/ Alaskan Native	53	20	0	0	304	214	59
Asian	117	55	0	6	4,185	1,384	414
Black	10,264	3,599	0	0	30,946	29,579	4,968
Hispanic	8,541	1,474	0	93	90,314	33,560	4,354
Native Hawaiian/ Pacific Islander	20	14	0	0	204	103	9
White	2,376	1,682	0	12	26,513	14,629	2,503
Two or more races	2,151	604	0	2	14,726	7,430	0
Other	1,347	267	0	2	8,210	5,528	374
TOTAL	24,869	7,715	0	115	175,402	92,427	12,681

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.2

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2021
SERVICE PLANNING AREA 2**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	29,606	10,524	0	63	504,442	227,083	52,497
Legal Immigrants	3,961	1,075	27	2,445	92,626	27,458	8,988
Other	11	2	0	192	105,170	38	179
Undocumented Immigrants	4	6	0	9	2,037	68	6,969
TOTAL	33,582	11,607	27	2,709	704,275	254,647	68,633
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	1,474	508	8	1,672	33,746	25,143	30,899
Cambodian	0	1	0	2	86	35	56
Chinese	0	0	0	5	553	130	182
English	7,552	10,350	6	307	246,497	96,617	16,779
Farsi	106	61	8	132	4,907	2,721	4,049
Korean	5	3	0	11	2,109	785	797
Russian	101	40	1	94	3,800	2,275	2,791
Spanish	4,053	529	0	414	109,420	27,456	9,731
Tagalog	5	6	0	13	1,232	545	1,298
Vietnamese	7	5	0	2	1,704	596	474
Other	77	23	0	57	2,240	1,096	1,577
TOTAL	13,380	11,526	23	2,709	406,294	157,399	68,633
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	35	42	0	1	634	328	82
Asian	548	282	1	106	50,716	14,803	5,458
Black	2,677	1,776	0	6	25,119	15,353	2,117
Hispanic	16,929	3,212	0	392	334,038	90,510	13,294
Native Hawaiian/ Pacific Islander	29	15	0	0	487	205	13
White	8,672	4,425	20	2,021	200,262	97,520	45,967
Two or more races	3,234	1,170	0	67	52,800	18,949	0
Other	1,458	685	6	116	40,219	16,979	1,702
TOTAL	33,582	11,607	27	2,709	704,275	254,647	68,633

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.3

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2021
SERVICE PLANNING AREA 3**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	29,279	11,689	0	12	428,166	181,613	27,448
Legal Immigrants	675	529	13	809	82,709	13,792	4,522
Other	6	1	0	17	61,159	24	27
Undocumented Immigrants	2	0	1	0	1,934	13	6,361
TOTAL	29,962	12,219	14	838	573,968	195,442	38,358
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	19	11	0	36	869	723	1,488
Cambodian	1	3	0	2	418	202	251
Chinese	71	51	2	226	43,957	12,905	11,614
English	8,736	11,693	4	80	203,349	79,136	13,034
Farsi	6	2	0	8	181	81	104
Korean	7	1	0	21	1,615	537	484
Russian	2	3	0	4	103	44	50
Spanish	2,996	351	2	401	67,900	17,704	7,427
Tagalog	2	5	0	8	647	271	672
Vietnamese	79	50	0	36	10,033	4,340	2,568
Other	37	12	2	16	1,264	521	666
TOTAL	11,956	12,182	10	838	330,336	116,464	38,358
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	46	42	0	0	589	299	60
Asian	1,002	418	3	339	152,329	41,430	17,683
Black	2,615	1,975	0	3	18,574	12,453	2,049
Hispanic	18,133	4,394	4	364	263,181	84,408	13,080
Native Hawaiian/ Pacific Islander	34	13	0	1	513	204	18
White	2,465	2,656	0	66	51,344	23,234	4,708
Two or more races	4,032	1,975	0	45	52,563	20,395	0
Other	1,635	746	7	20	34,875	13,019	760
TOTAL	29,962	12,219	14	838	573,968	195,442	38,358

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.4

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2021
SERVICE PLANNING AREA 4**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	23,934	16,102	0	13	286,875	152,387	21,435
Legal Immigrants	910	1,184	12	1,157	51,188	14,743	3,457
Other	3	2	0	108	80,009	37	34
Undocumented Immigrants	4	5	0	17	1,642	45	3,783
TOTAL	24,851	17,293	12	1,295	419,714	167,212	28,709
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	86	57	1	195	3,186	2,854	3,431
Cambodian	3	1	0	8	259	147	168
Chinese	15	6	0	50	3,974	2,360	2,258
English	5,731	16,216	4	155	154,817	72,100	7,217
Farsi	8	6	1	15	342	162	289
Korean	43	37	0	112	10,405	6,432	4,139
Russian	35	21	0	73	3,035	2,168	2,768
Spanish	4,525	875	5	649	84,978	26,210	7,251
Tagalog	6	7	0	16	1,239	527	789
Vietnamese	7	5	0	5	660	313	175
Other	34	26	1	17	1,151	494	224
TOTAL	10,493	17,257	12	1,295	264,046	113,767	28,709
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	40	70	0	0	792	341	36
Asian	613	457	0	239	52,911	21,848	8,566
Black	2,978	5,168	1	15	25,122	19,656	2,100
Hispanic	15,902	5,247	5	612	229,473	73,660	9,494
Native Hawaii/ Pacific Islander	29	20	0	1	271	113	10
White	1,396	3,293	3	316	55,109	26,548	8,115
Two or more races	2,894	1,860	0	91	34,367	13,755	0
Other	999	1,178	3	21	21,669	11,291	388
TOTAL	24,851	17,293	12	1,295	419,714	167,212	28,709

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.5

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2021
SERVICE PLANNING AREA 5**

	CaWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	4,683	6,530	0	1	83,362	41,129	5,368
Legal Immigrants	136	240	1	133	9,944	2,214	641
Other	2	0	0	2	7,934	3	8
Undocumented Immigrants	3	0	0	0	437	4	769
TOTAL	4,824	6,770	1	136	101,677	43,350	6,786
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	0	1	0	2	41	26	37
Cambodian	0	0	0	1	6	4	3
Chinese	4	3	0	5	295	72	56
English	1,884	6,632	1	45	61,128	29,137	3,017
Farsi	10	14	0	36	1,819	879	1,932
Korean	1	2	0	1	260	103	56
Russian	5	9	0	9	850	641	993
Spanish	180	70	0	28	7,482	1,728	514
Tagalog	0	1	0	0	55	23	20
Vietnamese	0	0	0	2	49	15	17
Other	11	17	0	7	513	179	141
TOTAL	2,095	6,749	1	136	72,498	32,807	6,786
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	20	29	0	0	490	130	10
Asian	109	100	0	16	7,427	2,469	411
Black	2,305	2,415	0	3	13,355	9,534	573
Hispanic	981	703	0	29	24,894	7,266	830
Native Hawaiian/ Pacific Islander	7	12	0	0	130	64	0
White	600	2,227	1	64	34,722	14,621	4,705
Two or more races	404	418	0	3	7,007	2,711	0
Other	398	866	0	21	13,652	6,555	257
TOTAL	4,824	6,770	1	136	101,677	43,350	6,786

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.6

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2021
SERVICE PLANNING AREA 6**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	64,284	16,475	0	2	376,473	231,285	23,142
Legal Immigrants	1,026	871	13	656	50,699	14,294	2,696
Other	12	1	0	45	107,052	50	26
Undocumented Immigrants	3	0	0	4	1,171	22	5,685
TOTAL	65,325	17,347	13	707	535,395	245,651	31,549
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	1	2	0	0	9	6	74
Cambodian	0	0	0	0	41	21	47
Chinese	1	1	0	2	106	43	122
English	18,200	16,442	1	64	160,468	99,751	21,143
Farsi	1	1	4	5	29	23	231
Korean	0	5	0	23	1,093	971	1,077
Russian	0	0	0	0	25	7	135
Spanish	8,817	840	8	603	121,297	35,764	8,469
Tagalog	0	1	0	1	57	24	81
Vietnamese	0	0	0	0	39	17	32
Other	23	13	0	9	347	315	138
TOTAL	27,043	17,305	13	707	283,511	136,942	31,549
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	81	52	0	1	653	356	51
Asian	148	120	0	35	5,430	3,054	1,661
Black	22,142	9,836	1	22	89,523	83,420	16,673
Hispanic	33,333	3,769	8	570	360,739	117,504	11,059
Native Hawaiiin/ Pacific Islander	131	29	1	0	757	460	40
White	1,258	1,259	0	11	15,161	8,386	1,381
Two or more races	5,768	1,283	0	54	43,159	19,474	0
Other	2,464	999	3	14	19,973	12,997	684
TOTAL	65,325	17,347	13	707	535,395	245,651	31,549

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.7

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2021
SERVICE PLANNING AREA 7**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	30,404	3,522	0	2	345,507	147,947	14,773
Legal Immigrants	621	387	4	784	48,280	12,205	3,043
Other	9	0	0	21	66,276	33	22
Undocumented Immigrants	1	0	0	0	933	13	5,449
TOTAL	31,035	3,909	4	807	460,996	160,198	23,287
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	3	2	0	16	165	152	426
Cambodian	1	6	0	14	523	298	319
Chinese	4	2	0	17	1,616	759	712
English	8,677	3,431	0	47	143,704	55,968	9,221
Farsi	1	3	0	1	37	21	16
Korean	3	4	0	20	1,754	928	606
Russian	1	0	0	2	47	17	22
Spanish	3,999	430	4	670	93,386	27,178	11,187
Tagalog	0	2	0	3	488	224	331
Vietnamese	2	2	0	1	470	220	132
Other	30	3	0	16	742	340	315
TOTAL	12,721	3,885	4	807	242,932	86,105	23,287
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	24	10	0	0	428	211	48
Asian	242	77	0	77	26,264	8,546	2,951
Black	3,892	418	0	1	12,382	10,372	1,120
Hispanic	19,753	2,011	4	623	318,695	98,597	16,723
Native Hawaiian/ Pacific Islander	76	19	0	1	803	373	44
White	1,667	550	0	25	29,453	13,438	2,041
Two or more races	4,175	637	0	64	52,217	20,092	0
Other	1,206	187	0	16	20,754	8,569	360
TOTAL	31,035	3,909	4	807	460,996	160,198	23,287

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.8

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2021
SERVICE PLANNING AREA 8**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	33,802	22,536	0	2	383,860	191,818	22,766
Legal Immigrants	686	972	11	480	48,478	11,772	2,874
Other	8	0	0	17	58,955	36	28
Undocumented Immigrants	4	1	0	0	1,330	18	5,734
TOTAL	34,500	23,509	11	499	492,623	203,644	31,402
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	0	1	0	0	62	20	51
Cambodian	75	46	0	26	2,315	1,793	1,972
Chinese	3	2	0	4	961	247	275
English	10,843	22,730	1	88	215,096	103,928	19,941
Farsi	5	4	2	4	258	94	151
Korean	5	4	0	16	1,858	1,068	924
Russian	3	0	0	6	175	77	109
Spanish	3,356	635	2	319	68,758	18,179	6,274
Tagalog	6	9	0	15	834	389	796
Vietnamese	12	6	0	3	1,519	623	425
Other	40	23	1	16	1,086	481	484
TOTAL	14,348	23,460	6	497	292,922	126,899	31,402
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	65	83	0	0	796	466	76
Asian	990	579	7	99	47,228	17,712	6,353
Black	10,453	10,639	1	19	77,680	55,788	10,571
Hispanic	15,243	4,817	2	298	234,927	71,284	9,644
Native Hawaiiin/ Pacific Islander	283	151	0	2	3,101	1,448	104
White	1,753	3,308	1	21	49,517	21,166	3,646
Two or more races	3,652	2,298	0	41	42,636	18,143	0
Other	2,061	1,634	0	19	36,738	17,637	1,008
TOTAL	34,500	23,509	11	499	492,623	203,644	31,402

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.9

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2021
SERVICE PLANNING AREA UNKNOWN***

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	1	1	0	0	0	8	0
Legal Immigrants	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Undocumented Immigrants	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	8	0
Primary Language of Aided Cases							
Armenian	0	0	0	0	0	0	0
Cambodian	0	0	0	0	0	0	0
Chinese	0	0	0	0	0	0	0
English	0	1	0	0	0	3	0
Farsi	0	0	0	0	0	0	0
Korean	0	0	0	0	0	0	0
Russian	0	0	0	0	0	0	0
Spanish	1	0	0	0	0	1	0
Tagalog	0	0	0	0	0	0	0
Vietnamese	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
TOTAL	1	1	0	0	0	4	0
Ethnic Origin of Aided Persons							
American Indian/ Alaskan Native	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0
Black	0	0	0	0	0	2	0
Hispanic	1	0	0	0	0	2	0
Native Hawaiiin/ Pacific Islander	0	0	0	0	0	0	0
White	0	1	0	0	0	0	0
Two or more races	0	0	0	0	0	0	0
Other	0	0	0	0	0	4	0
TOTAL	1	1	0	0	0	8	0

* Unknown counts represent cases with addresses that cannot be geocoded for various reasons such as P.O. Box addresses, incomplete addresses, etc.

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 2

**INDIVIDUALS AIDED - ALL AID PROGRAMS DECEMBER 2021
COMPARED TO DECEMBER 2020**

PROGRAM	DEC. 2020	DEC. 2021	CHANGE	% CHANGE
CalWORKs	249,529	248,949	-580	-0.23%
General Relief	92,811	100,370	7,559	8.14%
CAPI	7,624	7,106	-518	-6.79%
Refugee	51	82	31	60.78%
Medi-Cal Assistance Only	3,230,584	3,464,050	233,466	7.23%
CalFresh	1,302,106	1,362,579	60,473	4.64%
IHSS	237,431	241,404	3,973	1.67%
TOTAL ALL PROGRAMS*	3,747,145	3,992,749	245,604	6.55%

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

Figure 3

**CHILD ABUSE REFERRALS
JANUARY 2009 - DECEMBER 2021**

MONTH	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	20/21 change	20/21 % change
Jan.	7	11	5	19	14	27	28	16	22	8	4	5	1	-4	-400%
Feb.	5	9	9	17	28	15	24	12	15	5	6	4	1	-3	-300%
Mar.	7	11	3	26	8	27	17	18	19	7	14	7	1	-6	-600%
Apr.	13	7	14	25	17	26	23	8	12	11	5	0	4	4	100%
May	13	3	11	24	16	28	13	14	15	4	2	3	4	1	25%
June	11	5	16	24	21	28	15	24	13	6	1	4	3	-1	-33%
July	14	10	11	23	35	25	34	15	14	4	3	0	3	3	100%
Aug.	8	8	12	15	27	28	42	38	9	6	0	0	4	4	100%
Sept.	6	4	5	12	24	33	49	29	11	15	6	2	2	0	0%
Oct.	9	14	6	13	30	35	31	21	9	3	7	2	5	3	60%
Nov.	13	6	8	15	29	27	21	19	11	3	3	2	13	11	85%
Dec.	12	3	13	9	17	10	17	18	2	2	2	3	3	0	0%
TOTAL	118	91	113	222	266	309	314	232	152	74	53	32	44	12	27%

Some of the referrals may have been for the same children.

Referral counts are from two sources:

- DPSS employees observing incidents which indicate abuse/neglect and making referrals to the Departmental of Children and Family Services
- Data collated from reports received from DPSS Welfare Fraud Prevention & Investigation Section.

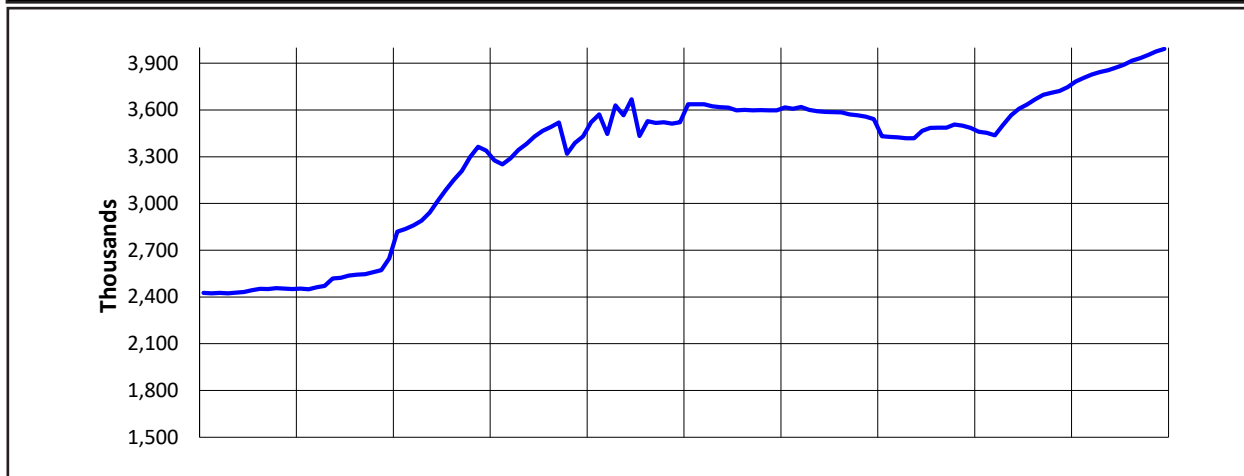
Figure 4

**CAL-LEARN PARTICIPANTS SERVED
JANUARY 2009 - DECEMBER 2021**

MONTH	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	20/21 CHANGE	20/21 % CHANGE
Jan.	2,735	3,064	2,923	2,270	2,104	1,931	1,640	1,279	1,093	1,000	773	637	420	-217	-52%
Feb.	2,832	3,109	2,948	2,169	2,125	1,893	1,574	1,386	1,068	987	766	621	434	-187	-43%
Mar.	2,891	3,134	2,912	2,431	2,100	1,929	1,576	1,300	1,087	969	755	631	448	-183	-41%
Apr.	2,920	3,200	2,934	2,471	2,114	1,947	1,450	1,220	1,085	945	752	606	417	-189	-45%
May	2,982	3,235	2,741	2,370	1,851	1,996	1,524	1,264	1,090	957	761	585	400	-185	-46%
June	2,953	3,149	2,350	2,382	2,158	1,961	1,571	1,325	1,105	949	750	596	389	-207	-53%
July	2,870	2,932	2,115	2,211	2,111	1,862	1,456	1,281	1,031	897	723	553	382	-171	-45%
Aug.	2,862	2,960	1,836	2,181	2,110	1,785	1,384	1,281	1,003	850	696	513	388	-125	-32%
Sept.	2,888	2,992	2,134	2,182	2,019	1,826	1,377	1,200	974	812	691	491	366	-125	-34%
Oct.	3,009	3,030	2,057	2,265	2,017	1,726	1,400	1,167	1,003	820	655	463	369	-94	-25%
Nov.	3,077	3,014	2,208	2,167	1,924	1,681	1,301	1,105	966	825	653	411	370	-41	-11%
Dec.	3,074	2,991	2,214	2,192	1,966	1,707	1,341	1,106	980	787	634	382	368	-14	-4%
AVERAGE	2,924	3,068	2,448	2,274	2,050	1,854	1,466	1,243	1,040	900	717	541	396	-145	-37%

Figure 5

**INDIVIDUALS AIDED – ALL AIDS COMBINED
JANUARY 2012 - DECEMBER 2021**

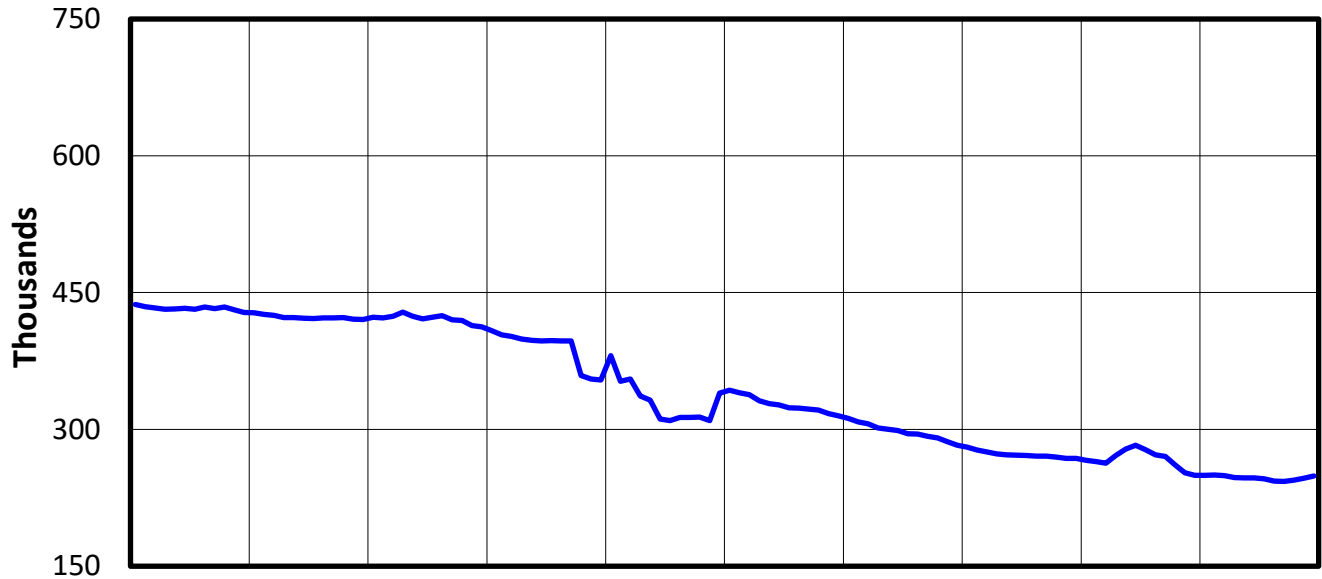


Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Jan.	2,426,501	2,453,083	2,819,136	3,276,776	3,521,223	3,636,266	3,616,846	3,431,417	3,461,088	3,782,935
Feb.	2,422,909	2,450,013	2,836,009	3,251,645	3,571,953	3,636,166	3,608,334	3,427,569	3,453,563	3,806,511
Mar.	2,426,841	2,461,628	2,859,833	3,287,979	3,445,798	3,637,284	3,619,281	3,423,885	3,437,197	3,827,132
Apr.	2,423,481	2,470,580	2,889,876	3,343,995	3,629,884	3,623,256	3,600,035	3,419,158	3,504,442	3,843,208
May	2,427,711	2,519,023	2,941,694	3,382,329	3,565,747	3,617,792	3,592,637	3,419,183	3,566,422	3,855,442
June	2,431,477	2,523,361	3,016,511	3,430,119	3,668,179	3,615,427	3,587,662	3,466,474	3,607,224	3,871,538
July	2,442,987	2,536,910	3,088,345	3,466,141	3,432,513	3,598,312	3,585,714	3,485,440	3,634,783	3,891,578
Aug.	2,451,696	2,542,506	3,151,339	3,490,545	3,528,925	3,600,783	3,584,325	3,486,715	3,667,895	3,917,544
Sep.	2,450,230	2,546,656	3,208,954	3,519,627	3,517,353	3,598,481	3,572,253	3,486,715	3,697,871	3,933,291
Oct.	2,457,086	2,558,888	3,296,854	3,318,533	3,520,528	3,599,094	3,566,306	3,507,418	3,709,981	3,953,006
Nov.	2,453,757	2,571,969	3,363,249	3,387,795	3,512,738	3,598,421	3,557,259	3,500,145	3,721,893	3,975,621
Dec.	2,450,333	2,647,528	3,339,390	3,430,557	3,521,509	3,597,185	3,541,548	3,485,057	3,747,145	3,992,749

*2015 4th quarter data submitted after the LRS implementation.

Figure 6

**INDIVIDUALS AIDED - CALWORKS
JANUARY 2012 - DECEMBER 2021**

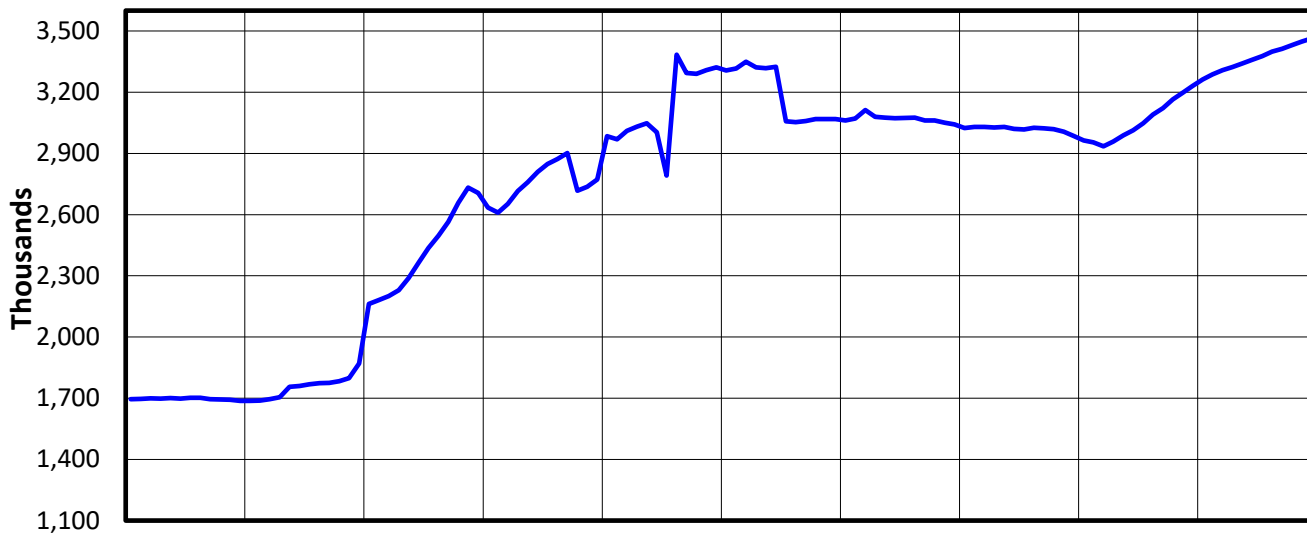


Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Jan.	436,846	427,728	422,896	408,172	380,972	342,943	312,025	280,422	266,093	249,563
Feb.	434,536	426,054	422,249	403,662	352,957	340,075	308,384	277,577	264,923	249,969
Mar.	433,157	425,255	424,066	401,779	355,241	338,187	306,177	275,258	262,926	249,499
Apr.	431,619	422,502	428,680	399,015	336,865	331,598	301,758	273,044	271,413	247,111
May	432,124	422,504	423,974	397,553	332,131	328,216	300,277	272,303	278,521	246,949
June	432,684	421,889	421,206	397,045	311,555	326,948	298,686	271,800	282,666	246,939
July	431,612	421,707	422,817	397,353	309,655	323,778	295,455	271,359	277,849	245,750
Aug.	434,159	422,294	424,883	397,157	313,020	323,419	294,988	270,799	272,136	243,484
Sep.	432,602	422,137	420,169	396,945	313,272	322,207	292,344	270,579	270,431	243,030
Oct.	434,071	422,511	419,533	359,021	313,368	321,178	290,629	269,763	260,956	244,317
Nov.	431,092	420,873	413,804	355,275	309,553	317,225	286,579	268,354	252,437	246,645
Dec.	428,294	420,513	412,365	354,376	339,974	315,071	282,814	268,167	249,529	248,949

*2015 4th quarter data submitted after the LRS implementation.

Figure 7

**INDIVIDUALS AIDED – MEDI-CAL ASSISTANCE
JANUARY 2012 - DECEMBER 2021**

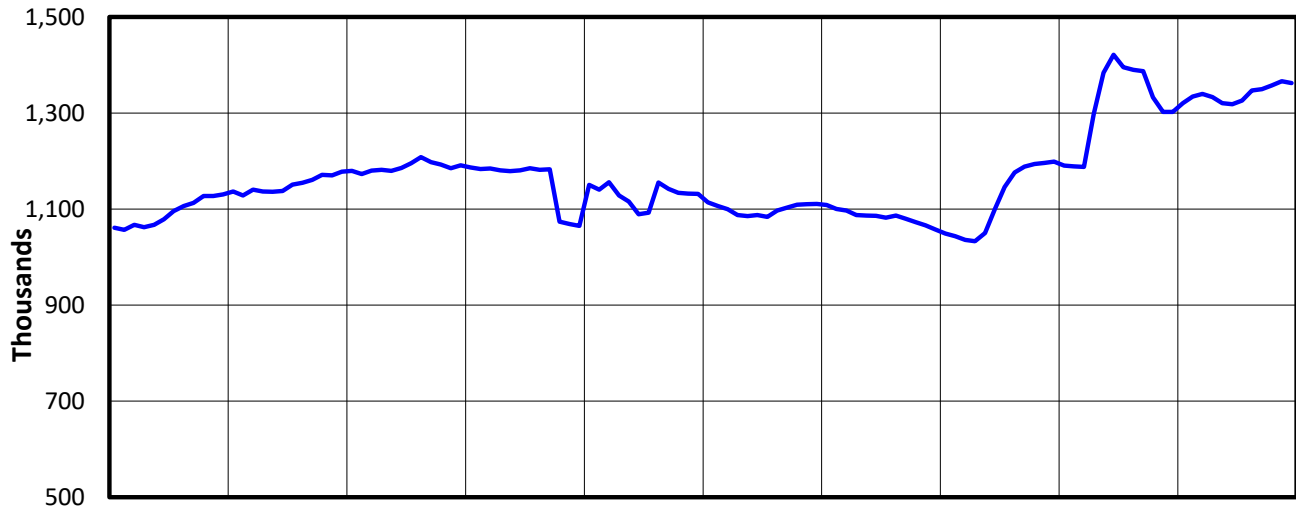


Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Jan.	1,695,530	1,686,728	2,162,087	2,635,084	2,985,013	3,307,201	3,060,958	3,024,386	2,964,021	3,262,409
Feb.	1,696,763	1,688,211	2,181,648	2,609,119	2,968,570	3,316,921	3,071,528	3,029,667	2,953,712	3,287,124
Mar.	1,698,376	1,695,285	2,200,120	2,652,143	3,010,138	3,349,365	3,113,170	3,029,862	2,934,904	3,308,791
Apr.	1,698,100	1,704,905	2,229,067	2,716,127	3,031,869	3,322,548	3,079,837	3,027,123	2,957,554	3,323,044
May	1,700,809	1,755,996	2,288,191	2,758,728	3,048,192	3,317,709	3,075,916	3,029,639	2,988,670	3,340,823
June	1,697,665	1,759,649	2,364,689	2,809,686	3,003,444	3,325,148	3,072,660	3,020,011	3,012,747	3,359,622
July	1,701,787	1,768,550	2,436,427	2,847,792	2,792,108	3,057,055	3,073,923	3,018,021	3,048,200	3,377,706
Aug.	1,701,649	1,773,011	2,496,469	2,872,428	3,384,397	3,053,283	3,074,912	3,025,332	3,089,904	3,398,907
Sep.	1,695,450	1,775,355	2,564,799	2,901,798	3,294,583	3,058,186	3,061,530	3,023,641	3,122,441	3,413,212
Oct.	1,693,886	1,783,230	2,657,203	2,716,683	3,289,591	3,068,041	3,061,971	3,019,046	3,164,889	3,430,936
Nov.	1,691,766	1,797,981	2,732,673	2,736,803	3,307,710	3,068,299	3,050,818	3,006,706	3,197,993	3,449,035
Dec.	1,686,556	1,870,380	2,705,644	2,771,706	3,321,456	3,069,071	3,042,822	2,992,029	3,230,584	3,464,050

*2015 4th quarter data submitted after the LRS implementation.

Figure 8

**INDIVIDUALS AIDED - CALFRESH
JANUARY 2012 - DECEMBER 2021**



Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Jan.	1,061,099	1,136,598	1,179,471	1,186,689	1,150,095	1,114,113	1,108,414	1,048,882	1,190,826	1,320,530
Feb.	1,056,530	1,128,269	1,172,986	1,183,204	1,140,474	1,106,457	1,100,344	1,043,319	1,188,862	1,334,353
Mar.	1,067,474	1,140,185	1,179,917	1,184,511	1,155,876	1,099,615	1,096,854	1,035,942	1,188,025	1,339,951
Apr.	1,062,493	1,136,567	1,181,939	1,180,608	1,128,110	1,087,449	1,087,679	1,033,153	1,298,092	1,333,103
May	1,067,010	1,135,966	1,179,271	1,178,959	1,115,784	1,085,333	1,086,290	1,050,176	1,383,858	1,320,755
June	1,078,877	1,137,764	1,185,357	1,180,615	1,089,288	1,087,512	1,085,736	1,099,911	1,421,334	1,318,036
July	1,095,676	1,150,909	1,195,491	1,185,244	1,092,816	1,083,889	1,081,974	1,145,884	1,395,523	1,326,118
Aug.	1,106,581	1,154,695	1,208,242	1,181,789	1,155,558	1,096,976	1,086,361	1,176,222	1,389,651	1,346,778
Sep.	1,112,889	1,161,054	1,197,541	1,182,726	1,142,246	1,102,956	1,079,915	1,188,384	1,387,377	1,349,717
Oct.	1,127,190	1,171,438	1,192,513	1,073,836	1,133,735	1,109,216	1,072,928	1,193,681	1,332,441	1,357,339
Nov.	1,126,961	1,170,317	1,185,306	1,068,797	1,132,088	1,110,217	1,066,019	1,195,875	1,302,395	1,366,351
Dec.	1,130,714	1,177,740	1,191,285	1,064,892	1,131,596	1,110,758	1,057,193	1,198,751	1,302,106	1,362,579

*2015 4th quarter data submitted after the LRS implementation.

GLOSSARY OF TERMS

CalFresh: Is the cornerstone of the federal food assistance program. The purpose of this program is to promote and safeguard the health and well-being of low-income households by raising their levels of nutrition and increasing their food purchasing power.

California Work Opportunity And Responsibility to Kids (CalWORKs): Provides temporary financial assistance, no-cost Medi-Cal, and employment-focused services to families with minor children who may or may not have income, and their property limit is below State maximum limits for their family size. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food and other necessary expenses.

In addition, the family must meet one of the following deprivations:

- Either parent is deceased

- Either parent is physically or mentally incapacitated
- Either parent is continually absent from the home in which the child is living
- When both parents are in the home, the Principal Wage Earner worked less than 100 hours in the four-week period before applying for CalWORKs cash aid.

Since January 1, 1998, the CalWORKs program has continued to transition participants from Welfare-to-Work. To continue achieving the goal of Welfare Reform, DPSS has developed programs which help participants achieve self-sufficiency in a time-limited welfare environment. DPSS' Welfare-to-Work programs currently provide an array of work supports and barrier removal 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 youth 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.

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

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.

Greater Avenues For Independence (GAIN) / General Relief Opportunities for Work (GROW):

These programs provide employment-related services to CalWORKs or GR participants to help them find employment, stay employed, and move on to higher paying jobs, which will ultimately lead to self-sufficiency and independence.

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

In-Home Supportive Services (IHSS): Enables low-income aged, blind, and/or disabled individuals to remain safely in their own homes by paying eligible providers to provide personal care, domestic, and other services.

LEADER Replacement System (LRS): Is the automated system which provides the primary case management for the programs administered by DPSS.

Medi-Cal: Provides comprehensive medical benefits to low-income families and individuals. Depending on their income and resource levels, individuals and families may be eligible for a no-cost or a share-of-cost Medi-Cal Program.

Refugee Employment Program (REP): REP provides employment-related services, case management, and training to refugees during their first five years in the United States and to asylees during their first five years they are granted asylum. REP is administered by DPSS.

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



DEPARTMENT OF PUBLIC HEALTH

OVERVIEW

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

The mission of the Los Angeles County Department of Public Health (DPH) is to protect health, prevent disease and injury, and promote health and well-being for everyone in Los Angeles County. DPH recognizes the significant physical, emotional, and psychosocial impacts of child abuse and neglect on child development and makes every effort to prevent these adverse outcomes through primary prevention efforts that focus on healthy child development, family resiliency and economic self-sufficiency. DPH seeks to achieve this by partnering with communities to mitigate risk factors for child abuse such as poverty, lack of social support and services, and limited access to healthcare. Our programs are committed to improving community conditions that impact health, making communities safer, increasing healthcare access for low-income households, providing support to expectant and parenting families, and empowering youth.

This agency report is divided into three sections. The first section provides background on selected Divisions and programming units within the DPH Bureau of Health Promotion and highlights their activities related to health and well-being of children and support for family strengthening and stability, along with relevant statistics that illustrate the reach and impact of their respective programs. The second section presents a comprehensive data review of infant and child deaths in Los Angeles County using the most recent mortality data currently available from the State of California, with comparative trends going back as far as ten years. The third section summarizes relevant survey data from the California Health Interview Survey and the California Healthy Kids Survey, demonstrating information related to both adverse and positive childhood experiences, which represent risk and protective factors for child abuse and neglect, as well as data related to certain youth stressors, depression, and suicidal ideation.

1. Child Welfare Information Gateway. (2013). Long-term consequences of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf



SECTION 1. CHILD WELLNESS AND FAMILY STRENGTHENING WITHIN THE DPH BUREAU OF HEALTH PROMOTION

DIVISION OF CHILDREN'S MEDICAL SERVICES

The mission of Children's Medical Services (CMS) is to ensure that children and youth with special health care needs and those from low-income families have access to health services and family assistance that maximize their physical, mental, and social health, their overall development, and their well-being.

CMS provides a broad array of health care services including preventive screening, diagnosis, treatment, rehabilitation and care coordination/case management for Los Angeles County's most vulnerable children and youth, including those with serious, life-threatening or chronic conditions, low-income and indigent children and youth, and children and youth involved in the child welfare system.

CMS administers California Children's Services, the Medical Therapy Program, the Child Health and Disability Program, Child Welfare Public Health Nursing Program (which includes the Health Care Program for Children in Foster Care and the CWPHN General Program) and the CMS Edelman Children's Court Pediatric Program.

California Children's Services

California Children's Services (CCS) provides diagnostic, treatment, rehabilitative and care coordination/case management services for children and youth under 21 years of age with special health care needs. Examples of CCS-eligible conditions include chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major complications.

CCS has an active annual caseload exceeding 45,000 children and youth. During Fiscal Year (FY) 2021-2022 CCS had 45,124 cases and reviewed and processed over 124,000 requests for medical care and related services. CCS Service requests were most frequently related to the following diagnostic categories: (1) Diabetes Mellitus (Type I and II); (2) Hearing Loss (all types); (3) Cerebral Palsy and related encephalopathies; (4) Congenital Cardiac Anomalies; (5) Respiratory Distress Syndrome (related to prematurity); (6) Clefts of Palate and Lip; (7) Epilepsy and Seizure Disorders (all types); (7) and (8) Leukemia (all types).

In addition to the care coordination work of the CCS nurse case managers, during FY 2021-2022 the CCS medical team provided over 5,000 written consultations including medical consultations, audiology consults, formal dental consults, and case notes.

Medical Therapy Program

The Medical Therapy Program (MTP) was established in 1945 in cooperation with the Department of Education to serve children and young adults under the age of 21, with certain eligible physical disabilities. The MTP provides medical case conferences, and physical and occupational therapy services to children and youth at 22 Medical Therapy Units (MTUs) located in school settings throughout Los Angeles County.

The MTP provides medically necessary physical therapy (PT) and occupational therapy (OT) services for eligible patients and coordinates with local school districts and regional centers in providing care. The MTP works together with patients and their families on therapy goals focusing on self-care and mobility skills, visits homes or schools to assess specific equipment needs and attends Individualized Education Plan (IEP) meetings.

During FY 2021-2022, the MTP provided services to 4,050 clients. The major diagnostic categories of children and youth served by the MTP differ from those of the CCS program. Cerebral palsy and related encephalopathies affect more than half of the patients served (59.0%); followed by spinal cord injury/disease, including spina bifida (8.1%); and congenital orthopedic abnormalities (4.2%). During FY 2021-22, the MTP provided 52,000 occupational therapy visits and 57,850 physical therapy visits.

MTP care is provided using a team approach. The team, in addition to the patient and their family, may include an orthopedic surgeon, pediatrician, occupational therapist, physical therapist, nurse, social worker, nutritionist, orthotist, outside agencies, and school personnel who specialize in the care of children and young adults with special health care needs. The MTP also provides non-medical therapy in group settings to provide treatment in a manner that is relevant to the child, engages their family, and encourages participation in community activities. These therapy groups focus on life after high school, community transportation, and recreational activities.

Child Health and Disability Prevention Program



The Child Health and Disability Prevention Program (CHDP) supports the provision of preventive services and health assessments for children and youth (up to age 21 for Medi-Cal members and up to age 19 for the uninsured) with family incomes up to 266% of the federal poverty level (FPL) regardless of immigration status. Services are provided through participating private physicians, local health departments, community clinics, and some school districts. There are approximately 2,000 CHDP health assessors at 758 CHDP provider sites.

During FY 2021-2022 CHDP:

- Conducted vision screening, audiometric screening, fluoride varnish, CHDP Overview, American Academy of Pediatrics (AAP) Bright Futures Guidelines, and Nutrition/Body Mass Index (BMI) trainings for CHDP providers. The number of trainings and participating attendees at each provider site for FY 2021-2022 are provided in the table below.

TRAININGS FOR CHDP PROVIDER SITES FY 2021-2022			
	Trainings	Sites	Attendees
	Trainings	Sites	Attendees
Vision	110	97	322
Audiometric	101	96	305
Fluoride Varnish	1	1	2
CHDP Overview	5	6	49
AAP Bright Futures	3	3	22
Nutrition ¹	110	110	703
1. WHO Growth Charts & BMI			

- Conducted site reviews for, and approved/reapproved, more than 197 CHDP provider sites. There have been significant changes in CHDP since the last published version of The State of Child Abuse in Los Angeles County in 2018:
- Prior to 2017, fee-for-service (FFS) CHDP providers were required to submit a state reporting form to document the provision of recommended pediatric preventive screenings (PM160 form). This form served as a billing form and a record of

a patient’s medical visit, which was essential to local counties to know the amount of FFS health assessments conducted each year and allowed for Public Health Nurses to provide direct care coordination services. Since the form was tied to billing claims, many forms were still received in FY 2017-2018. With the transition of Medi-Cal-reimbursed pediatric care away from the FFS system and into managed care, use of the PM160 form has significantly decreased. This has required CHDP providers to develop new methods for preventive care documentation.

- During the COVID-19 pandemic, most Public Health Nurses were reassigned to assist with special COVID-19 emergency response assignments, which is reflected in the lower number of provider site reviews and trainings conducted compared to previous years.
- Senate Bill 184 was approved, which states the CHDP Program will cease to operate on July 1, 2024, or on the date that the California Department of Health Care Services (DHCS) certifies that all steps have been taken to implement the CHDP transition plan, whichever date is later. Again, this major change to CHDP reflects the continuing shift of Medi-Cal into a managed care (versus FFS) system.

Child Welfare Public Health Nursing (CWPHN) Program

Children and youth in foster care have significant health care needs. Since they have been removed from the care of their parents or guardians due to concern of previous or ongoing abuse and neglect, these children by definition may be at the highest risk of having experienced physical, mental, and/or emotional harm. Almost nine in ten young children entering the foster care system (87%) have physical health problems; with 55% having two or more chronic conditions.² Almost a quarter of children entering foster care have three or more chronic conditions.³ More than one-third (35%) of children

2. L. K. Leslie, J. N. Gordon, L. Meneken, K. Premji, K. L. Michelmore, and W. Ganger. “The Physical, Developmental, and Mental Health Needs of Young Children in Child Welfare by Initial Placement Type.” Journal of Developmental & Behavioral Pediatrics, June 2005, v26 i3 p 177(9).
 3. K. Allen. Medicaid Managed Care for Children in Child Welfare. Center for Health Care Strategies. April 2008. Available at www.chcs.org.



and adolescents enter foster care with significant dental and oral health problems.⁴ This vulnerable population has long been recognized as requiring rapid, comprehensive health assessment and coordinated health case management.⁵

The **Child Welfare Public Health Nursing (CWPHN)** Program is designed to provide Public Health Nursing (PHN) expertise to meet the medical, dental, mental health, and developmental needs of children and youth in the Los Angeles County’s child welfare system administered by the Department of Children and Family Services (DCFS). This expertise is provided primarily through case-by-case PHN consultations to DCFS Children Social Workers (CSWs). The CWPHN Program has two components:

Health Care Program for Children in Foster Care (HPCFC) focuses on children and youth in the child welfare system who have been placed in foster care or under the custody of the Probation Department.

The Health Care Program for Children in Foster Care (HPCFC) is a public health nursing program located in county child welfare service agencies and probation departments to provide PHN expertise in meeting the medical, dental, mental health and developmental needs of children and youth in foster care. Los Angeles County’s HPCFC serves approximately 21,000 children annually.

The services provided by HPCFC PHNs include:

- Coordination of medical, dental and mental health care;
- Coordination of health services for children in out-of-county and out-of-state placements;
- Expediting referrals for medical, dental, mental health and developmental services;
- Providing medical education and training for foster care team members, probation officers, judges, school nurses and caregivers on the

4. American Academy of Pediatrics, Healthy Foster Care America Initiative. Accessed April 30, 2014 at

http://www2.aap.org/fostercare/dental_health.html

5. American Academy of Pediatrics, Committee on Early Childhood, Adoption, and Dependent Care. “Health Care of Young Children in Foster Care”. Pediatrics Vol. 109 No. 3 March 1, 2002 pp. 536 -541. Accessed April 30, 2014

at <http://pediatrics.aapublications.org/content/109/3/536.full.html>

special health care needs of children and youth in foster care;

- Assisting children’s social workers in interpreting medical report and medical findings; and
- Assisting foster caregivers in obtaining timely comprehensive health assessments and dental examinations.

During FY 2021-2022 HPCFC PHNs provided 48,268 consultations, coordinated 18,114 physical exams, coordinated 11,950 dental exams, coordinated/verified medical homes⁶ for 37,715 children and youth, coordinated/verified 40,009 immunizations, and conducted 39,687 reviews of psychotropic medication.

The HPCFC also works with the Probation Department to provide consultation for juvenile Probation cases. During FY 2021-2022 PHNs provided consultation on 247 youth impacted by commercial sexual exploitation of children (CSEC). Although most of these children/youth were 16 years of age and older (89.5%), 10.5% ranged in age from 2 to 15 years of age.

The CWPHN General Program focuses on children and youth involved in the child welfare system living with a biological parent or a legal guardian who is a familial relative and includes voluntary family maintenance and family reunification programs, emergency referrals and investigations, case management for medically fragile children, and children and youth seen in the Los Angeles County Department of Health Services (DHS) medical hubs.

During FY 2021-2022 CWPHN General Program PHNs provided 34,424 consultations. The CWPHN General Program conducts home visits for children/youth. During FY 2021-2022 the PHNs conducted 2,334 home visits. Although most of these visits were joint home visits conducted with CSWs (86.4%), the remaining visits were provided in DCFS offices, hospitals (including post-hospitalization home visits), schools, or virtually.

CMS Edelman Children’s Court Pediatric Program

The CMS Court Pediatric Program (CPP) provides

6. The medical home, also known as the patient-centered medical home (PCMH), is a team-based health care delivery model led by a health care provider to provide comprehensive and continuous medical care to patients with a goal to obtain maximal health outcomes.



board certified, pediatric expertise to assess and inform court personnel of alternative placement strategies or treatment options for court involved children and youth with special health care needs. Personnel at the Edmund D. Edelman Children's Court have grown accustomed to this important information in select cases that are referred to CPP. They have come to depend on this medical advice and expertise to rule on the disposition of a child's dependency placement.

During FY 2021-2022, the CMS Court Pediatricians conducted 330 in-depth consultations. The Court caseload continues to grow, with 90 new Coordinated Health Services Referrals and Orders (pediatric consults) ordered by Judicial Officers (Judges, Commissioners, and Referees) at Edelman and at the Alfred J. McCourtney Juvenile Justice Center in Lancaster. Referrals more than tripled since the previous fiscal year. In addition to consultations, the Court Pediatricians present to groups of Judicial Officers and attorneys (and others, such as ICAN) on a variety of health and medical topics currently under discussion at the Court. The Court Pediatricians are participants in the monthly Coroner's Interagency Child Death Review Conference. The Interagency Child Death Review has also led to improved collaboration with other group members from DCFS, DHS Medical Hub Clinics, Department of Mental Health (DMH), Coroner's office, and others.

DIVISION OF CHRONIC DISEASE AND INJURY PREVENTION (CDIP)

CDIP implements a wide variety of programs aimed at optimizing the health of Los Angeles County residents at all ages and stages of life, such as the DPH Nutrition program, Cardiovascular and School Health, and prevention and wellness programs aimed at aging adults. For the purposes of this report, we focus on a CDIP program that promotes safety and prevents injuries among young children.

Child Passenger Safety Program

The Child Passenger Safety (CPS) program was legislatively created in 1991 and mandated through California Vehicle Code 27360 to prevent injuries and deaths to children ages 0-16 by increasing the use and correcting the misuse of child safety seats, booster seats, and seat belts.

Through the years the CPS program has evolved from its health education base to its current structure, which is designed to maximize car seat education

and distribution while building community capacity to implement key safety services. The programmatic shift in strategy has led to the expanded training of community members to become CPS technicians so they can provide culturally sensitive tailored workshop presentations to their own program clients. CPS program activities include:

- Workshops in English & Spanish through our community collaborators:
 - o Antelope Valley Wellness Community (Lancaster)
 - o East Valley Community Health Center (Pomona/West Covina)
 - o Santa Clarita Public Health Office (Santa Clarita)
 - o To Help Everyone Health & Wellness Centers (South Los Angeles)
 - o Venice Family Clinic (Santa Monica, West Los Angeles)
 - o The Whole Child (Whittier)
- Hosting three annual four-day child passenger safety technician certification workshops to recruit more technicians across Los Angeles County,
- Hosting six community car seat checkups throughout the County,
- Maintaining an active pool of CPS technicians by organizing conferences and events for technicians to attend, and
- Creating free multi-lingual CPS brochures (in collaboration with the Southern California Automobile Club).

In addition to the workshops being held throughout the County, CPS staff partner with DCFS to train their social workers on car seat safety and perform car seat audits in their regional offices to maintain quality control in transporting children throughout the County.

During the COVID-19 pandemic the program continued its work through virtual workshops and a hybrid mix of virtual presentations to in-person installation events during the 2021-22 fiscal year. In total, the program held 296 workshops with 705 participants and distributed 348 car seats.



DIVISION OF MATERNAL CHILD AND ADOLESCENT HEALTH

The mission of Maternal, Child and Adolescent Health (MCAH) is to maximize the health and quality of life for all women, infants, children, adolescents, and their families in Los Angeles County. MCAH implements a number of programs that contribute to stable and safe home environments which lower risk of child harm and neglect. During FY 2021-22, such programs included:

- African American Infant and Maternal Mortality Prevention Initiative (AAIMM)
- Black Infant Health Program
- Childhood Lead Poisoning Prevention Program
- Community Health Outreach Initiative
- Comprehensive Perinatal Services Program
- Help Me Grow – Los Angeles
- Home Visiting Programs
- Sudden Infant Death Syndrome Program

African American Infant and Maternal Mortality Prevention Initiative (AAIMM – www.blackinfantsandfamilies.org)

AAIMM is DPH’s response to the stark disparities in infant and maternal mortality seen in Los Angeles County. Black infants die at three times the rate of other babies across the county; similarly outsized rates of death are seen in Black pregnant and postpartum individuals. Data demonstrate that the disparity is explained by the impact on the body of living in a racist society, an effect known as “weathering.”

AAIMM activities leading up to and including FY 2021-2022 included:

- The public presentation of a draft Action Plan document entitled A Pathway to Equity in April 2018, including three strategy areas: (1) to reduce women’s exposure to socially mediated stress, (2) to help women block the pathway from social stress to physiological stress, and (3) to intervene early to reduce the impact of stress on health. Community and stakeholder feedback was requested through the remainder of the fiscal year. DPH and First 5 Los Angeles jointly provide infrastructure support for AAIMM while fostering

stakeholder autonomy within and between a countywide AAIMM steering committee, four Community Action Teams (CAT), and their own agencies.

- A countywide Steering Committee convening monthly since 2019.
- Four AAIMM Community Action Teams inform, raise awareness, and grow champions through community and provider engagement. As community-government partnerships, the CATs uplift community voices in decision-making and advocacy regarding persistent inequities in health and social services. They host community events throughout the year: clinical and organizational development trainings, documentary screenings, expecting dads and maternal mental health support groups, baby showers and giveaways, and strategic and policy planning sessions, CATs ensure that AAIMM’s work reflects and responds to specific regional needs and communities.
- To fund its structure and activities, AAIMM has multiple state and local grants, a pooled fund for philanthropic investors, as well as private programmatic investments and pending federal funds.
- In 2019, based on advocacy by AAIMM leaders, California, adopted Senate Bill 424, the Dignity in Pregnancy and Childbirth Act, requiring implicit bias training for all healthcare professionals working in perinatal services and state tracking and dissemination of morbidity and mortality data.
- For the past four years, the Los Angeles County Board of Supervisors has proclaimed April 11-17 as Black Maternal Health Week to bring attention to the national maternal health care crisis in the Black community.
- Cherished Futures for Black Moms & Babies unites key decision makers from local birth facilities, public health, community-based organizations, and advocates to implement systems-change interventions at three levels: clinical, institutional, and community.
- The AAIMM Village Fund reinforces the broad goals of the AAIMM initiative by resourcing community-led efforts to support the physical and mental well-being of Black families before, during, and after birth. Organizations, networks,



coalitions, individual service providers, micro-enterprises, and small businesses are eligible to apply for grants of up to \$30,000, with priority consideration given to Black-led entities.

- AAIMM works with hospitals, health plans, policy makers, and government agencies to disaggregate patient/member/resident data by race to identify disparities and hold institutions accountable for change.
- Charles R. Drew University opened a Black Maternal Health Center of Excellence in Los Angeles focusing on research, workforce development, and the cultivation of community-based health infrastructure to support improved care for Black birthing people. This model of care is interdisciplinary, holistic, and culturally/racially concordant.
- Since 2019, the AAIMM Doula Program has been supporting 200+ pregnant and postpartum clients annually. The AAIMM Doula Program provides free, culturally congruent doula support to Black/African American pregnant people countywide. Clients receive educational, emotional, and physical support to reduce medical interventions, improve mental health, increase satisfaction with the birth experience, and increase breastfeeding success.
- The AAIMM Fatherhood Program launched in 2021 to promote the importance of having fathers/partners engaged in and navigating pregnancy alongside their partner, which bolsters mental and physical health throughout the perinatal period. The program includes culturally congruent social support in a group atmosphere and technical assistance to service and medical providers to best serve African American fathers from pregnancy through the postpartum period.
- AAIMM's Black Daddy Dialogue group grew out of one of the CATs and remains community-driven while operating countywide.

Black Infant Health Program (BIH)

BIH was established by the California Department of Public Health (CDPH) in 1989 in response to the alarmingly and disproportionately high infant mortality rate experienced by the African American community. This community-based program addresses the problem of poor birth outcomes and health disparities affecting African American women

and their infants.

Experts believe that social and economic stressors and racism play important roles in poor birth outcomes for African American women, and with these factors in mind, the BIH Program centers around a group experience that builds social support to buffer the negative effects of stress, and that empowers participants to make positive choices for their lives.

MCAH has contract agreements with three (3) community-based organizations to implement BIH services. The three (3) community-based organizations are: The Children's Collective Inc., Children's Bureau of Southern California, and City of Pasadena Public Health.

Within a culturally affirming environment and honoring the unique history of African American women, BIH aims to help women have healthy babies. Participants learn proven strategies to reduce stress and to further develop life skills. This is accomplished as participants attend an empowerment-focused prenatal and/or postpartum group and engage in complementary case management services. Weekly group sessions help women build social support, access their strengths, and set health-promoting goals. Participants are encouraged to commit to the full 20-week group intervention (10-week prenatal; 10-week postpartum); all services are free.

Participants are eligible for program services if they are an African American woman (18 years or older), currently 30 weeks or less pregnant and live in a designated target area.

BIH ensures clients gain access to a variety of medical and social services by maintaining working relationships with a cross-section of collaborators throughout the County. These collaborators include: AAIMM; Healthy African American Families; iDREAM for Racial Health Equity; First 5 Los Angeles; Women, Infants, and Children (WIC) programs; faith/religious community partners; and obstetrical/gynecological and pediatric providers.

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



to participants for potential child abuse and domestic violence cases.

Data for Fiscal Year 2022-23 shows that 363 African American pregnant and postpartum women received perinatal services from the BIH Program.

COMMUNITY HEALTH OUTREACH INITIATIVES (CHOI)

CHOI was established in 1997 to provide coordinated health care insurance outreach, enrollment, and navigation to children and families. Through this activity, CHOI aims to reduce the number of uninsured and improve utilization of health care in Los Angeles County. Family stress related to difficulty obtaining health care services, whether caused by lack of health insurance or challenges navigating and accessing covered services, can add to other existing family dysfunction and increase the risk of family violence and harm to children. This is especially true when children or other family members are facing ongoing special health care needs. The services offered by CHOI help to relieve this source of stress on families and contribute to a more stable and safer home environment.

CHOI administers a multimillion-dollar health care outreach, enrollment, utilization, and retention program funded by the California State Department of Health Care Services (DHCS). Currently CHOI provides Medi-Cal navigation services through 18 contracts with community-based organizations, cities, and schools to expand health coverage for uninsured children and their families throughout the County’s eight Service Planning Areas (SPAs). These contracted agencies ensure comprehensive outreach, enrollment, utilization, and retention services for Medi-Cal health coverage programs. CHOI agencies offer targeted enrollment assistance to clients experiencing mental health disorders, substance use disorders, and homelessness. Most critical are the supports CHOI agencies provide for troubleshooting challenges and assisting clients with navigating California’s complex healthcare system. Clients are helped at every step along the way, from enrollment, utilization of benefits, and redetermination, to ensure utilization of benefits and continuous coverage.

Broadly, the priority population for CHOI services includes individuals and families that are eligible for Medi-Cal, or those that were previously enrolled into Medi-Cal and need assistance with utilizing available services. In alignment with DHCS priorities,

CHOI contractors focus on providing services to the following groups: Persons with Mental Health Disorders; Persons with Substance Use Disorders; Persons with Disabilities; Aged Persons; Persons experiencing Homelessness; Young People of Color; Immigrants & Families of Mixed Immigration Status; Persons with Limited English Proficiency; Low-Wage Workers, their families, and dependents; Uninsured Children or Youth Formerly Enrolled in Medi-Cal; and Individuals affected by Medi-Cal eligibility expansion.

In 2022, CHOI contractors:

- Provided comprehensive health coverage outreach, enrollment, utilization and retention services, funded by DHCS;
- Conducted outreach to 94,098 LA County residents and supported the submission of 16,803 applications for healthcare coverage, yielding 12,982 confirmed enrollments; provided 27,399 instances of support for access and utilization of health care services; provided 44,121 instances of troubleshooting help; and provided 15,836 instances of support for redetermination;
- Provided training on the Medi-Cal Program and ongoing Medi-Cal updates to internal partners and to other County staff involved in coverage enrollment; and
- Provided troubleshooting assistance and referrals to clients who were facing obstacles in obtaining, accessing, and maintaining a variety of related social services including CalFresh, WIC, mental health, legal services for housing and domestic violence, dental/oral health, immigration, assistance with COVID-19 vaccination appointments, Regional Center Support, and Individual Education Plans (IEPs).

CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)

Established in 1991, CLPPP continues to identify and manage lead exposure in children and youth who live in Los Angeles County (age 0-21 years) through specific program activities such as elevated blood lead level surveillance; outreach and education to families and foster homes, juvenile detention, care givers, primary care providers, students; and case management.

In 1995 lead poisoning became the first noninfectious



condition to be notifiable at the national level and a CDC surveillance system was established. In 1997 CDC recommended focused (not universal) screening based on age of housing and sociodemographic risk factors.

Lead toxicity can contribute to multi-organ system dysfunction. In the young developing child, the most serious effects relate to problems with neurodevelopment and can result in permanent deficits if not adequately addressed. The incidence of child lead poisoning correlates closely with families living in older housing and neighborhoods where other social determinants of health create increased risks for health disparities, for example, lower income neighborhoods and proximity to industrial and commercial transit zones. Raising children with special health care needs or who are facing increased health care utilization can contribute to further destabilization of an already stressed family dynamic and increase the risk of child injury or harm. The case management provided by CLPPP helps to alleviate some of that stress on the families who find themselves dealing with lead toxicity in one or more of their children.

During fiscal year 2022-2023, CLPPP provided care management to approximately over 138 defined cases, 50 patients with blood lead levels greater or equal to 14.5mcg/dL and 1,392 patients with blood lead levels equal to or greater than 3.5mcg/dL. Approximately seven of the cases were juveniles with injuries due to retained bullets and resided in Juvenile Hall because of firearm involvement, one patient resided in foster care and one patient resided in a shelter home.

Blood lead levels (BLL) that meet state case criteria are identified and managed based on state and federal guidelines and recommendations.

In 2017 CDC and California Department of Public Health provided guidelines (for management of lead exposed children) for Health Providers and Public Health Nurses. Based on these guidelines, Public Health Nurses (PHNs) and Environmental Health Specialists (EHS) conduct case management activities including joint home visits and environmental investigations to:

- Identify source of lead exposure,
- Eliminate lead hazards,
- Reduce blood lead level, and

- Reduce or eliminate consequences of lead exposure

Since the last ICAN update, the Centers for Disease Control and Prevention (CDC) in 2021 further lowered the blood lead Reference Level from 4.5 mcg/dL to 3.5mcg/dL and eliminated the 30 days waiting period, for blood lead levels 9.5mcg/dl -14.4mcg/dL before the second blood level can be drawn, to define a case. The last venous blood level before closure must be 3.5mcg/dL or less. CLPPP continues to implement these changes in FY 2023-2026 to comply with CDC's recommended reference lead value.

Preventing lead exposure is the best way to protect children from lead poisoning. CLPPP continued efforts to decrease the prevalence of lead exposure to children by raising awareness of lead poisoning prevention to parents, schools, doctors, students, and care givers, through lead poisoning prevention education presentations and materials, provider office visits, and lead consultation throughout Los Angeles County.

COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)

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

By improving pregnancy outcomes and providing antepartum and postpartum support, CPSP can impact and mitigate some of the risk factors that contribute to child abuse.

During FY 2021-2022, there were 400 approved CPSP providers in Los Angeles County. Program staff conducted 26 provider trainings, and 80 prospective, implementation and provider status site visits with CPSP providers to promote quality care for pregnant women and newborns and to ensure compliance with Title 22 CPSP regulations. Provider education for this past FY focused on the importance of providing Tdap and COVID-19 vaccinations during pregnancy.



Help Me Grow – Los Angeles (HMG-LA)

HMG-LA was launched in 2018 as a five-year strategic partnership with First 5 Los Angeles to design, launch, and sustain a Help Me Grow model in Los Angeles County. HMG-LA aims to improve and strengthen early screening and surveillance for developmental and behavioral delays for all young children. HMG-LA then connects children and their families to the appropriate intervention services and support.

HMG-LA included the development and launch of a call center where families and providers can speak with a child development specialist who can refer clients to appropriate resources, and a website where families and providers can access information and links to child development resources. In addition, the Community and Family Engagement Council and Systems Synergy Council were formed to ensure the family and community voice remains at the center of HMG work. As HMG looks to deepen its connection to families in FY2023-24, a peer support model will be implemented where parents with lived experience are placed regionally in locations that are convenient for clients to access. These “family partners” will provide information and referral services, emotional support, training, and support navigating services to families seeking help for children and youth with special needs. First 5 LA will continue as co-implementing partner and funder.

In FY2021-22, Help Me Grow - LA:

- Launched the call center and website site, where families and providers can access information and referrals to child development resources; assisted more than 400 clients;
- Supported the Community and Family Engagement Council and System Synergy Council, to ensure the family and community voice remains at the center of all HMG-LA work;
- Attended 26 outreach events, reaching approximately 2,250 people with information about HMG-LA and child development;
- Conducted over 70 presentations to more than 2700 health care and early childhood providers about HMG-LA; and
- Launched a weekly community email update promoting child development events and resources across Los Angeles County (4500

subscribers).

HOME VISITING PROGRAMS (HVP)

An expansion of prenatal and early childhood Home Visiting Programs in Los Angeles County took place in FY 2018 - 2019 as a response to the Los Angeles County Board of Supervisors’ (BOS) instructions to the Department of Public Health (DPH), in collaboration with First 5 Los Angeles (F5LA), the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium (LACPECHVC), the Office of Child Protection (OCP), Children’s Data Network (CDN), and the Departments of Health Services, Mental Health, Public Social Services, Children and Family Services, and Probation. The MCAH Division led the development of a plan that coordinated, enhanced, expanded, and advocated for high quality home visiting programs to serve more expectant and parenting families so that children are healthy, safe, and ready to learn in the county.

MCAH Home Visiting Programs (HVP) is now using three evidence-based practice (EBP) models to provide home visiting services countywide. Almost 21 years after DPH piloted Nurse-Family Partnership (NFP) in 1997, Parents As Teachers (PAT), and Healthy Families America (HFA) were added in 2018.

All EBP models work collaboratively to provide the best fit home visiting service to families and avoid duplication of services for the parenting and pregnant population. In doing this, more families are served and home visitation is implemented more effectively through corresponding linkages and interventions, and adequately addressing needs and risks based on regular interaction and assessments during home visits.

Nurse-Family Partnership (NFP) is an evidence-based home visitation program that targets low income, socially disadvantaged, first-time mothers and their children to help improve pregnancy outcomes, the quality of parenting, child health and development and maternal life-course. While the model is an EBP for first-time pregnancies, Los Angeles County DPH is one of the pilot implementations of the Expanded Eligibility Initiative (EEI) wherein multiparous pregnancies and late registrants (those beyond 28 weeks gestational age) can be enrolled in NFP services.

Public Health Nurses (PHNs) conduct home visits that begin before the mother’s 28th week (preferably



before their 16th week) of pregnancy and continue until the child reaches his/her second birthday. During home visits, PHNs work with clients to address their personal health, child health, discipline, childcare, maternal role development, maternal life-course development, and social support.

NFP-trained PHNs assess the needs of mothers and newborns and provide them with support, education, and referrals to needed services. 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. Because being pregnant or parenting is challenging, nurse home visitors educate and increase the awareness of harmful behavior such as sexual, emotional, and physical abuse. PHNs refer families for additional social and support services if risk factors for child abuse and neglect are observed.

In FY 21-22 NFP nurses served 654 clients countywide. The median age for NFP clients is 23 years old. With respect to age categories: 2% of participants were < 15 years old; 32% were between the ages of 16-21; 23% were between 22-25 years of age; 32% were between 26-35 years of age; and 6% were greater than 36 years old.

- Among clients who reported race, 1% self-identified as American Indian or Alaska Native; 3% as Asian, 21% as Black or African American, 0% as Native Hawaiian or other Pacific Islander; 64% as white; and 9% as “Other.” With respect to ethnicity, 64% of clients identified as Hispanic or Latina.
- The top three referral sources were government agencies (including health/human services – 38%), health care providers and clinics (25%), and self-referrals (7%).
- 14% of the NFP clients reported having serious chronic medical conditions. 34% reported having mental health conditions during enrollment intake.
- To better serve high risk clients, NFP continue to receive enrollment exceptions for clients referred from DCFS, the Alliance for Children’s Rights, Public Counsel, and Children’s Law Center who were beyond 28 weeks of pregnancy.

NFP continued to participate and utilize the Family and Children’s Index (FCI) system used by direct-service County departments to further identify multi-

agency involved clients who are most at risk at child abuse and neglect. In addition, NFP is an active member of the Los Angeles County Perinatal and Early Childhood Home Visitation (HV) Consortium with overall emphasis in policy, referrals, data and best practices. The goal of the HV consortium is to develop generalized home visiting policies for Los Angeles, establish a referral matrix to ensure matching the best programs to the client’s needs, and identify standardized data for collection among all home visiting programs serving pregnant women/youth or families with children 0-5 years old. Facilitators for this group have been hired through First 5 Los Angeles.

Healthy Families America (HFA) is a family support program that embodies an infant mental health approach, with the belief that early, nurturing relationships are the foundation for life-long, healthy development. Home visitors are called Family Support Workers or Specialists who provide one-on-one support and information to help families be the best parents they can be. HFA’s services are available prenatally until a child is three, or five years old (depending on agency capability and/or capacity). Enrollment must happen before child turns three months old.

In FY 2021-2022, HFA home visiting services were solely funded under the CalWORKs Home Visiting Program. 404 total HFA families were served during FY 21 - 22, with 222 new enrollments in that year from the 364 referrals received (61% enrollment rate).

- Data were collected on HFA client age categories: < 1% were < 15 years old; 13% were between the ages of 16-21; 23% were between 22-25 years of age; 49% were between 26-35 years of age; 15% were > 35 years old.
- Self-reported race and ethnicity data were also collected from clients: <1% of clients identified as American Indian or Alaska Native; <1% as Asian, 24% as Black or African American, <1% as Native Hawaiian or other Pacific Islander; 4% as white, and 69% selected “Other.” In terms of ethnicity, 63% of clients identified as Hispanic or Latina.
- The top three referral sources were government agencies (including health/human services – 31%), self-referrals (17%), and healthcare providers and clinics (9%). 97 referrals (37%) came from other community referral sources not



falling under the categories of WIC, school, and other home visiting programs.

- 9.6% of clients reported homelessness at intake. 19.3% reported at least one chronic medical condition. 27.2% reported having a history of mental health conditions and/or concerns.
- There were 63 infant births among HFA clients in FY 21-22, of which three (5%) were premature births and two (3%) were complicated by low birth weight. 157 mothers of the HFA client population reported breast milk feeding initiation at birth. 111 and 88 mothers reported continuation of breastfeeding at 6 and 12 months, respectively.
- Ages and Stages Questionnaire (ASQ): 252 children (65.9%) eligible for ASQ-3 were assessed, and of that number, 63 children (25%) scored close or below the cutoff scores in at least one of the five areas of communication, gross motor, fine motor, problem-solving, and personal-social. 141 children (72.1%) eligible for ASQ-SE2 were assessed. 0 children (0%) scored above the cut-off at the various timelines.
- There were no reported DCFS involvement or referrals with the HFA clients in FY 21-22, however there were five (5) referrals for intimate partner violence (IPV). There were 20 referrals and five (5) successful linkages made for early childhood intervention, including service in regional centers.

Parents As Teachers (PAT) is a program that serves pregnant mothers and parents of children ages 0-5 years with parenting support and information on child development. Home visitors are called Parent Educators and provide personalized support, screenings, resource networks, referrals to community resources, and group connections to help parents and caregivers become their children’s “best first teacher.”

In FY 21 – 22, the EBP model of PAT was funded under the CalWORKs HVP and the California Home Visiting Program (CHVP) using CDPH State General Funds (SGF).

There were 628 total clients served during FY 21-22 in CalWORKs-funded HVP PAT, with 192 new enrollments in that year from the 353 referrals received (54% enrollment rate). In addition, there were 499 total clients served during the same FY in CHVP-funded PAT, with 189 new enrollments in

that year from the 382 referrals received (49.5% enrollment rate).

- Age data were collected from PAT participants: 8% were between the ages of 16-21; 13% were between 22-25 years of age; 53% were between 26-35 years of age, and 25% were >35 years old.
- Among clients who reported race, the breakdown was <1% American Indian or Alaska Native; <1% Asian, 10% Black or African American, 0% Native Hawaiian or other Pacific Islander; 2% white, and 86% “Other.” In terms of ethnicity, 67% of clients identified as Hispanic or Latina.
- The top three referral sources for PAT were government agencies (including health/human services – 45%), self-referrals (12%), and other home visitation programs (7%). 43 referrals (35%) came from other community referral sources not falling under the categories of WIC, school, and healthcare providers/clinics.
- 12% of PAT clients reported a chronic medical condition. 21% were uninsured. 4.5% reported homelessness at intake. 62.9% reported history of mental health conditions and/or concerns
- Under CalWORKs HVP PAT, there were 6 infant births that took place in FY 21-22, of which one was both preterm and complicated by low birth weight. 74 PAT clients reported breast milk feeding initiation at birth. Of the mothers who reported breastfeeding initiation, 48 (65%) and 32 (43%) mothers reported continued breastfeeding at 6 and 12 months, respectively.
- Ages and Stages Questionnaire (ASQ): 206 children were eligible for ASQ-3 and 130 of them were assessed (63%). Of 130 children who were assessed, 21 children (16%) scored close or below the cutoff scores in at least one of the five areas of communication, gross motor, fine motor, problem-solving, and personal-social. 412 children (90% of total) eligible for ASQ-SE2 were assessed. Of those assessed, 2 children (0.5%) scored above the cut-off at the various timelines.

There was also no reported DCFS involvement or referrals with the PAT families in FY 21-22, however there were 2 referrals and one (1) linkage made for intimate partner violence (IPV). There were three (3) referrals and one (1) successful linkage made for



early childhood interventions.

SUDDEN INFANT DEATH SYNDROME (SIDS) PROGRAM

In compliance with state mandates, the County Coroner reports all presumptive Sudden Infant Death Syndrome (SIDS) cases to the California Department of Public Health, and to the local SIDS Program. Subsequently, an assigned PHN provides grief and bereavement case management services to parents and family members, foster parents, and other child care providers. Program staff focus their outreach and training efforts on the importance of placing infants to sleep on their backs; of providing a smoke-free, safe-sleep environment; and disseminating information about other identified risk factors and promoting American Academy of Pediatrics Guidelines.

SIDS as a cause of death is closely related to Sudden Unexpected Infant Death (SUID). The latter cause is often assigned by the coroner when the mode of death (e.g. natural, accident, homicide) is unclear and signals that further forensic investigation may be appropriate. For these reasons, family and household conditions are sometimes considered before a final cause of death of SIDS (a natural death) is assigned. For these reasons, the work of the SIDS program can overlap and coincide with efforts by ICAN and allied agencies to improve family stability and decrease risk of child neglect or abuse.

During FY 2021-2022, the SIDS Program coordinated the following activities:

- Received and processed 29 presumptive Sudden Infant Death Syndrome (SIDS) referrals from the Coroner's Office.
- Contacted 35 parents/caregivers who experienced a presumed SIDS death to offer grief and bereavement support services and materials. (A total of 39 families were provided support during the FY.)
- Referred 29 clients to healing grief support groups.
- Provided financial assistance for funeral costs to 7 families.
- Provided safe sleep education to 60 nursing students (via two nursing school partnerships).
- Provided safe sleep materials to 67 perinatal

care providers (via collaboration with DPH's CPSP program). Over 1000 additional CPSP providers reached via emailed newsletter.

- Contact letter sent to 6 LAC birthing hospitals who had the highest number of SIDS cases (SPA 1, 2, 3, 4, and 7). This letter informs of their SIDS statistics and provides resources available online (Safe Infant Sleep video and print materials from the National Institute of Child Health and Development).
- Collaborated with Black Infant Health (BIH) programs during October SIDS Awareness Month.
- Home visiting programs representing 41 family educators received safe infant sleep education/training including written and visual materials.
- 33 Women, Infant and Children (WIC) educators received safe sleep education/training including written and visual materials.
- Partnered with childcare providers from SPAs 4 and 6. Conducted trainings to 30 staff members. Provided SIDS packets with educational resources. Encouraged safe sleeping environment for all infants both home-based and in childcare settings.
- More than 4,000 Safe Infant Sleep brochures and flyers in English and Spanish have been distributed to hospitals, colleges/universities, Community Based Organizations and Faith Based Organizations. Also, a Safe Infant Sleep DVD has been distributed to different organizations to be played in their waiting areas.

DIVISION OF SUBSTANCE ABUSE PREVENTION AND CONTROL

The Substance Abuse Prevention and Control (SAPC) Division's mission is to lead and facilitate delivery of a comprehensive continuum of innovative, equitable, and quality-focused substance use prevention, harm reduction, treatment and recovery services that effectively engages and supports individuals and communities to prevent and minimize harms associated with substance use disorders (SUD). This is achieved through partnerships with over 150 contracted community-based agencies dedicated to delivering outcome-based care for youth, young adults, and adults, including those who are experiencing homelessness, or involved in the



criminal justice or family service systems.

A core SAPC strategic priority is to maximize opportunities available under the Drug Medi-Cal Organized Delivery System (DMC-ODS) and California Advancing and Innovating Medi-Cal (CalAIM) to ensure eligible residents can access a full continuum of care that meets their SUD service needs and improves care coordination and integration of SUD treatment services with other needed mental and physical health services.

Due to the impact of COVID-19, offices managed by our County partners were closed to the public during 2020. These closures limited a patient’s ability to access and receive referrals to services supported by SAPC. In addition, referrals from schools and other agencies into our system were decreased during the same time period. During the most recent Fiscal Year (FY), 2021-22, we began to see an increase in the numbers of individuals referred to SAPC’s SUD treatment system by these partners but still below pre-pandemic levels.

Among SAPC’s key programs that integrate SUD services with the mental and physical health systems aimed at youth or parents/guardians are:

- California Work Opportunity and Responsibility to Kids (CalWORKs)
- Family Dependency Drug Court (FDDC)
- Substance Use Disorder – Trauma-Informed Parent Support (SUD-TIPS)
- Women and Children’s Residential Treatment Services (WCRTS)
- Pregnant and Parenting Women (PPW)
- Youth Services (YS)

California Work Opportunity and Responsibility to Kids

CalWORKs is a time-limited Department of Public Social Services program in partnership with SAPC and other Los Angeles County agencies. The program provides financial assistance to eligible needy expectant or parenting families to help pay for housing, food, utilities, clothing, medical care, and other necessary expenses. CalWORKs recipients must participate in Welfare-to-Work activities, which include employment, job search, assessment, education and training, community service, SUD

treatment, mental health services, and domestic violence counseling. In FY 21-22, a total of 65 CalWORKS participants engaged in SUD treatment services.

Family Dependency Drug Court

FDDC is a partnership between DCFS and SAPC. The target populations are adult male/female parents (age 18 and older) who have children under the supervision of DCFS and the Juvenile Dependency Court and are experiencing a SUD that appears to be a significant barrier to family reunification. Treatment services are provided based on medical necessity and (are made available to parents with active DCFS cases focusing on family reunification. Parents enter the program on a voluntary basis and are under court supervision for the duration of treatment. In FY 2021-2022, 13 patients entered the program, and 9 dependents were reunited with their parents.

Substance Use Disorder – Trauma-Informed Parent Support

The SUD-TIPS program provides access to SUD screenings and referrals to treatment for parents/guardians with an open DCFS case. The DCFS Social Worker completes the SUD-TIPS referral form and sends it, via email, to their aligned Client Engagement and Navigation Services (CENS) Area office.

Once the referral is received, the CENS SUD Counselor reaches out to the parent to schedule an appointment to provide an SUD screening and referral to treatment (if needed).

These services are intended to link DCFS-involved families with timely responsive support services to address any substance use needs.

In FY 21-22, a total of 433 patients were screened and 275 engaged in SUD services.

Women and Children’s Residential Treatment Services

WCRTS was originally funded through a five-year grant from the Federal Center for Substance Abuse Treatment, a division of the U.S. Department of Health and Human Services and is now legislated through the California Health and Safety Code (HSC) Section 11757.65. The program pursues several key goals and outcomes in support of pregnant women and women with children in residential SUD



treatment settings. These goals and outcomes include, but are not limited to, the following:

1. Demonstrate that SUD treatment services improve outcomes for women, children, and the family unit as a whole;
2. Provide services to promote safe and healthy pregnancies and perinatal outcomes; and
3. Free women and their families from substance abuse.

In Fiscal Year 2021-2022, a total of 1,820 patients engaged in SUD treatment services through WCRTS.

Pregnant and Parenting Women

Pregnant and Parenting Women (PPW) network is a SAPC program for pregnant and parenting women with SUDs, including pregnant women, women with dependent children, women attempting to regain custody of their children, postpartum women and their children, or women with substance exposed infants. SAPC-contracted agencies provide women-centered services for treatment and recovery from alcohol and other substances, along with diverse supportive services for women and their children. Perinatal programs must meet the requirements set forth in the California DHCS Perinatal Service Network Guidelines.

Youth Services

Youth Services (YS) is a SAPC program aimed at improving and enhancing the infrastructure and capacity of youth-specific SUD treatment programs. With the launch of the Drug Medi-Cal Waiver in Fiscal Year 2017-2018, covered levels of care for youth ages 12-17 were expanded to include the following:

- Early Intervention
- Outpatient
- Intensive Outpatient
- Residential
- Withdrawal Management
- Medication for Addiction Treatment

Moreover, additional services have been incorporated within the youth benefit package, including:

- Family Therapy
- Care Coordination
- Recovery Services
- Field-Based Services

In Fiscal Year 2021-2022, a total of 1,153 youth patients engaged in SUD treatment services. Youth admitted to treatment displayed the following characteristics:

- 17 years old (36.4%)
- Male (63.3%)
- Latinx (74.6%)
- Using Marijuana (84.3%)
- Admitted to Outpatient Treatment (79.2%)

LOS ANGELES COUNTY DOMESTIC VIOLENCE COUNCIL (DVC)

The Los Angeles County Domestic Violence Council (DVC) provides leadership in the creation and support of a victim-/survivor-centered, countywide and coordinated approach to educate, prevent, and respond to domestic/intimate partner violence.

The main goal for the DVC is to reduce incidents of domestic/intimate partner violence in Los Angeles County by:

- Establishing and coordinating systems and procedures to provide a working forum for interaction and the exchange of information between public, private, and non-profit agencies providing services, resources, support, and education to individuals in an effort to end domestic/intimate partner violence.
- Identifying and analyzing prevention, intervention, and treatment techniques related to domestic violence/intimate partner violence.
- Sharing critical analysis of current and proposed legislation and policies to the DVC membership, the Los Angeles County Board of Supervisors (the Board), and other interested parties.
- Creating a repository of domestic/intimate partner violence related data and resources for use by the DVC members, public, private, and non-profit agencies, the media, educational



resources, and other interested parties.

General Membership

The DVC was established as a permanent Council by order of the Board in 1979 and is composed of approximately 70 member agencies. Members include public, private, and nonprofit organizations that provide services specific to domestic/intimate partner violence. These services include direct services for victims/survivors, legal services, advocacy, systems review, public education, training, self-help, and education services for perpetrators/potential perpetrators.

Committees

Currently, there are 6 (six) Standing Committees.

- Committee on Systems Improvement (CSI). CSI implement domestic violence laws and policies, provides resources and support to community partners, and address emerging issues that impact victims of domestic violence.
- Health Committee. The Health Committee promotes collaboration between the healthcare and domestic violence advocacy fields to improve and develop policy and systems change.
- Interfaith and DV Issues Committee (InterFaith). The Interfaith Committee informs, educates, and support the faith community in the prevention and response to domestic violence, inclusive of all religions.
- LA Regional Policy Committee (LARP). LARP works to evaluate and recommend appropriate legislations to its membership and the LA County Board of Supervisors.
- LGBTQI+ Issues Committee (LGBTQI+). The LGBTQI+ Committee engages communities, brings visibility, and raise awareness of the high rates of domestic violence and multiple forms of violence impacting LGBTQ communities. The Committee also works to educate service providers about the barriers that the LGBTQ community faces when trying to access services.
- Shelter Directors Committee. The Shelter Directors Committee works to strengthen domestic violence shelters and to provide comprehensive support to survivors.

The DVC holds monthly General Membership meetings, with the exceptions of August and December. The General Membership meetings are venues for sharing updates, addressing new/emerging/critical issues to the region, and learning about best and promising practices to address domestic/intimate partner violence. Committees also meeting regularly; Some convene monthly, while others are every other month.

Through its general meetings and committee work, the Los Angeles County Domestic Violence Council (DVC) addresses ongoing and new issues impacting survivors, their families, people who commit acts of intimate partner violence and those providing related services throughout Los Angeles County.

Domestic/intimate partner violence intersects with a number of social health issues, including but not limited to sexual violence, human trafficking, mental health, chemical dependency, homelessness, and child abuse.

In December 2022, the LA County Domestic Violence Council released the report, “The Interconnection Between Domestic Violence and Child Welfare in Los Angeles County: An Examination of Data, Training, and Policy.” A full copy of the report can be found here: <http://publichealth.lacounty.gov/dvcouncil/minutes/2023/01/DVChildWelfareReportDVC-Jan23.pdf>

The report was a collaborative effort among LA County Domestic Violence Council, LA County Dept. of Public Health, LA County Dept. of Children and Family Services, and Inter-Agency Council on Child Abuse and Neglect.

Page numbers or other references to “the Report” in the rest of this section on the DVC refer to the Interconnection between Domestic Violence and Child Welfare report mentioned above.

Domestic Violence and Child Abuse

For people working in the domestic violence and child welfare spheres in Los Angeles County, the general link between these two systems may be evident. However, for those outside of these fields, the connections, and seemingly conflicting responses to domestic violence by these two entities, may be less understood.

In 2020, the last complete year of available data, almost 57,000 referrals were made to the Los



Angeles County Department of Children and Family Services' Child Protection Hotline due to suspected abuse and/or neglect. Of those referrals, 24.1% contained allegations of domestic violence. Furthermore, of the hotline referrals that contained reports of domestic violence, 96.3% were "screened in" (meaning the report made in the referral meets the requirements to begin a child abuse investigation). This is compared to 72.3% of referrals that did not contain concerns of domestic violence that led to an investigation. Moreover, of the hotline referrals involving domestic violence that resulted in investigations, 27.1% had at least one allegation that was substantiated (meaning that upon investigation, child welfare services determined that it was more likely than not the child abuse or neglect had occurred). For the investigations that did not contain allegations of domestic violence during the hotline referral, the number of investigations considered that had at least one substantiated allegation was 23.9%. Of screened in hotline referrals that reported domestic violence, 8.4% resulted in a placement within 60 days (placement is defined as the child being relocated outside of the home due to safety concerns). For cases that did not initially include reports of domestic violence in the hotline referral, this occurred 10.5% of the time.

It is important to note that this is data from the year the COVID-19 pandemic started. As such, there were fewer referrals made to the Child Protection Hotline overall. This is thought to be because children were not physically in school, and school staff make the biggest percentage of child welfare referrals. Due to the pandemic, other factors (such as the percentage of referrals made by different groups of mandated reporters) were different during this time, which may have affected the general trends in substantiated investigations and opened placements. Lastly, it is important to note that the data presented were based on a single binary question during the hotline screening regarding whether domestic violence was a concern or not for the family/household. Therefore, these numbers do not represent cases in which concerns of domestic violence were encountered at any other point during the child welfare process (such as during investigations or open, non-placement cases) nor for the possibility that domestic violence might have been alleged during a hotline referral, but upon further evaluation, this was deemed as unlikely to have occurred.

Even with these limitations and caveats, these statistics highlight the fact that allegations of domestic

violence make up a considerable percentage of child welfare hotline referrals, investigations, and cases. Even though this has been a recently documented pattern at the national and state levels, determining and implementing the best response in families with children in which domestic violence occurs is complex. In these circumstances, there are multiple survivors of domestic violence: the child or children who are exposed to violence and the adult survivor, who is the direct survivor of the violence.

In Los Angeles County, like many jurisdictions throughout the country, different systems are designed to prioritize and provide services to different survivors. The child welfare system emphasizes the protection of the child, while those providing support in the domestic violence field underscore the protection of the harmed partner. Many times, these two systems have different views about what is best for their client (the client being the child for the child welfare system, and the harmed partner for the domestic violence system) and may have conflicting ideas about what is best for the family overall. For example, the child welfare system may consider that it is in the best interest of the child and the family for the perpetrating parent to move out while this person completes their case plan (which may include domestic violence classes). However, in this same situation, a domestic violence advocate may consider that this puts the non-perpetrating parent and the child at risk for future violence, given the increased economic stressors of an additional rent or mortgage payment, which may cause the perpetrating parent to further blame the separation on the survivor. Additionally, each system may place responsibility onto different people, such as the domestic violence field placing responsibility on the perpetrator and the child welfare field placing responsibility on both the perpetrating parent and the harmed parent (the charge for the non-perpetrating parent is called "failure to protect", please see page 46 in Appendix A of the Domestic Violence and Child Welfare report for more information).

Given these different perspectives on solutions and responsibilities, as well as for other reasons discussed in the Report, the child welfare system and the domestic violence system often find it difficult to collaborate. The Report addresses the systemic barriers that prevent the child welfare system and the domestic violence system from offering families impacted by domestic violence the services and support that they need. The Report also offers recommendations for systems improvement for



improving response and outcomes for individuals and families.

Summary of Recommendations and Findings in the Report

Below are key themes which crossed all three key areas of the Report: Data, Training, and Policy. These common recommendations address holistic system improvements.

- **Survivors' voice:** Survivors, both those who have been impacted by domestic violence and those who have been impacted by the child welfare system, must be included in all discussions about how the two systems operate. Too often, those with lived experience are excluded, or are included far too late in the process. All subcommittees involved in the development of this document included people with lived experience. Discussions and recommendations were enhanced, and more meaningful, because of their input. Basic fairness, and strong policy development, dictate that decisions about what should be done be shaped by conversations that include those whose lives will be impacted by those decisions.
- **Implicit and explicit bias:** The need to address and acknowledge the existence, and impact, of explicit and implicit bias in child welfare and domestic violence systems was raised by all subcommittees. In our domestic violence and child welfare systems, there are numerous moments in which decisions are made, and are influenced by, the bias of the decision maker(s). The result is action that unfairly impacts families of color, particularly Black and Indigenous American families. Addressing bias requires a multi-tiered response that includes training, policy review and policy development, starting with a careful review of the language we use to describe clients and situations in these fields. Experts, including those impacted by systemic bias, must be engaged to develop a holistic plan for change.
- **Cross-training and knowledge of training gaps:** Although one subcommittee focused exclusively on training, all three groups recognized the need for additional training. A common theme across all three groups regarding training, was the importance of fostering a climate across agencies that supported, and encouraged, acknowledgement of gaps in information and

expertise. This quality improvement approach framed discussions about the need for training in concrete areas for specific organizations. The primary recommendations made by each subcommittee are set forth below. Discussions and underlying reasons are explained in the body of the report.

Data – Findings and Recommendations

- **DCFS as a data source:** DCFS is currently a vital repository of domestic violence data. The quality of the data can be improved by making alterations to both input and content to ensure consistency and usefulness.
- **Centralized and publicly available:** Aggregate, de-identified domestic violence and child welfare data should be centralized, and publicly available through the County or another entity. This information would provide a deeper understanding of both domestic violence and child welfare, as well as the interaction between the two areas.
- **Standardized definition:** The term “domestic violence” is defined differently across California statutory codes, within county departments, and elsewhere. Development of a standardized definition of domestic violence would provide a powerful first step towards a shared understanding. This policy change would permit consistency in courts, DCFS, and domestic violence agencies. Importantly, domestic violence must be defined broadly, beyond physical violence, to include all forms of coercive control.

Training – Findings and Recommendations

- **Partnerships to create training:** Comprehensive, cross-disciplinary training, capturing domestic violence and child welfare information, is needed for these two fields, as well as others (law enforcement, judges, other county workers, etc.). Domestic violence agencies and child welfare groups should work in partnership (with other stakeholders) to develop multi-disciplinary, comprehensive training on the issues of child abuse, domestic violence, and their intersection. To be effective, cross-training should be mandated for all workers in related fields during onboarding, and periodically as refreshers.
- **Utilize currently available training:** A few inclusive, cross-disciplinary training courses have already



been created and are in use in other jurisdictions. Where appropriate training programs exist, Los Angeles County should take advantage of those options to conserve time and resources (see information regarding Safe & Together™ on page 26 of the full report – link provided earlier in this section).

Policy – Findings and Recommendations

- Support policy approaches that address the nexus between domestic violence and child welfare, including the punitive effects of failure to protect provisions which continue to harm survivors and families. A strong recommendation of the policy workgroup surrounded the need for state efforts to address the intersection of domestic violence and child welfare. Previous attempts at creating legislation in this area have included the mandate to create a state-wide workgroup composed of representatives from the domestic violence and child welfare fields. This workgroup would assess current data, training, and policy systems within the state, and would evaluate needs for improvements in these domains. By bringing these groups together prior to introducing legislation, the needs of both child welfare and domestic violence survivors, and providers, can be discussed, analyzed, and addressed.
- Review DCFS policies: To ensure that best practices regarding domestic violence are included and followed, DCFS should engage in a review of all present policies and procedures. Such policies may be constructed or implemented in ways that contribute to systemic racism. DCFS, like every other social service system, is not exempt from this reality. Engaging in a systemic review of policies may help reveal strengths, gaps, and inequities that may be currently imbedded in such protocols. Special attention should be paid to the impact of policies and procedures on Black communities, Indigenous American groups, other communities of color, as well as special populations (including undocumented community members, families that include an incarcerated individual, families with one or more LGBTQ+ persons, etc.). Specific recommendations for modification of policies and procedures are listed in the Policy Subcommittee's report (starting on page 32), including suggested alterations to policy concerning interactions with service providers,

confidentiality concerns with survivors staying in shelters, the creation of an accessible grievance process, etc.

- Increase supportive services: Currently, there are insufficient services that help prevent families from becoming involved in the child welfare system or to meaningfully assist families once they become involved in the child welfare system. This is especially true with respect to housing. To be effective and innovative, development of additional services should be collaborative, with input from domestic violence survivors, adults who as children interacted with the child welfare system due to domestic violence, domestic violence advocates, child welfare representatives, other social service providers and governmental agencies, etc.
- Improve referral processes: Currently, families are generally connected to social services by someone at an organization who gives them a list of other agencies they can call. This is generally not helpful or effective. Connecting families to services often requires the assistance of a knowledgeable, persistent case manager who understands the agency to which the referral is being made and can help the family complete an application or other procedures that may be required.

The DVC is committed to work which prevents and end domestic/intimate partner violence, specifically systems improvement work to increase access and enhance response. The intersectionality between domestic/intimate partner violence and child welfare will continue to be an issue which the DVC and its membership will continue to address and prioritize.

OFFICE FOR THE ADVANCEMENT OF EARLY CARE AND EDUCATION (OAECE)

The Office for the Advancement of Early Care and Education (OAECE) envisions a high-quality early care and education system accessible to all families that nurtures children's healthy growth and early learning, fosters protective factors in families, and strengthens communities. OAECE implements various strategies to strengthen early care and education practice, policies, and systems including:

- Child Care Planning Committee - Local Child Care and Development Planning Council
- Policy Roundtable for Child Care and



Development

- Joint Committee on Legislation
- Workforce Pathways LA
- LA County Employee Child Development Centers
- System Strengthening

Child Care Planning Committee - Local Child Care and Development Planning Council (Planning Committee) engages parents, early educators, community organizations, and public agencies in collaborative planning efforts to improve the early care and education infrastructure of LA County, including the quality, affordability, and accessibility of child care and development services for all families. In FY 21-22, the Planning Committee accomplished several key milestones.

- Established a parent/caregiver workgroup as a part of the Planning Committee to inform and influence early care and education services.
- Engaged 153 stakeholders in two forums to inform the implementation of Universal Pre-Kindergarten (UPK).
- Collected data on the needs of the early care and education in Los Angeles County.
- Stewarded transfer of funds between LA County subsidized early education programs.

Policy Roundtable for Child Care and Development (Roundtable) builds and strengthens early care and education by providing recommendations to the Board of Supervisors on policy, systems, and infrastructure improvement. Program highlights for FY 21-22 include:

- Developed three pursuits of positions on State issues that were approved by the LA County Legislative Office for advocacy including extending COVID-19 relief for early care and education providers, reinstating funding for early educator workforce development, and increasing the early care and education reimbursement rate for State contractors.
- Implemented strategy to inform Board of Supervisors about early care and education issues through 10 informational meetings with LA County Children’s Deputies.

Joint Committee on Legislation is a workgroup of the Planning Committee and Policy Roundtable that identifies and tracks numerous bills each cycle, prepares analyses and makes recommendations to the DPH Policy and Legislative Office, the CEO Legislative Affairs, and the Board of Supervisors. Over the FY 21-22 program year, accomplishments consist of:

- Identified and monitored 37 early education bills during the 2022 legislative season.
- Developed four pursuits of positions that were approved for action by both the Child Care Planning Committee and the Policy Roundtable for Child Care and Development.
- Developed early care and education policy platform to inform LA County early childhood agenda and policy positions.

Workforce Pathways LA (AB 212) increases the qualifications of early educators working in child development centers and family child care homes in which most children are subsidized by the California Department of Education. Key successes during FY 21-22 include:

- Distributed \$1,491,400 in financial incentives to 1041 early educators including 559 for completing 21 hours of professional development, 409 for completing college coursework, six for obtaining their first child development permit, 37 for achieving their associate’s degree, and 30 for achieving their bachelor’s degree.
- Piloted college and career advisement for 159 early educators in collaboration with ECE advocacy partners PEACH (Partnerships for Education, Articulation, and Coordination through Higher Education) and Child360 (formerly Los Angeles Universal Preschool).
- Distributed \$14,000 in financial incentives to 23 Family, Friends and Neighbors (FFNs) for completing core training or obtaining their family child care license in partnership with the Child Care Alliance of LA.
- Increased training access by adding 19 new professional development organizations to the ECE Workforce Registry through a joint effort of the Quality Start Los Angeles Workforce Development Committee and the Child Care Planning Committee Workforce Workgroup.



- Developed ECE Workforce Development Plan as a response to a Board of Supervisor's Motion and designed a joint strategy with the Los Angeles County Office of Education.

Los Angeles County Employee Child Development Centers are provided technical assistance and advisement from OAECE. In addition, OAECE manages the contract for Van Nuys Child Development Center. FY 21-22 activities include:

- Developed quality improvement grant program and distributed \$221,043 to support 14 Child Development Centers on County property.
- Led Van Nuys Child Development Center Advisory and stewarded a MOU between six County Departments to double financial support to the center.

System Strengthening is the role OAECE takes when it represents County interests and leadership regarding the advancement of early care and education on various countywide initiatives. Examples include participating in Leadership Council for Quality Start LA, supporting Board motions, or leading the COVID-19 response for early care and education. Milestones achieved during FY 21-22 consist of:

- Led COVID-19 Early Childhood Education Response.
- Prepared guidelines for early care and education providers and presented at 19 briefings/webinars for the public on COVID-19 and early care and education.
- Led Early Childhood COVID-19 Vaccine Planning team and developed vaccine clinic toolkit for early childhood partners.
- Acted as liaison with Community Care licensing around 57 early care and education COVID-19 outbreaks.
- Distributed 3 million masks and 261,456 COVID-19 home test to early care and education providers.
- Led Early Care and Education Facilities Development Project.
- Established cross-departmental Early Care and Education Facilities Development Workgroup in partnership with Los Angeles County Regional

Planning, Los Angeles County Public Works Building and Safety, Los Angeles County Fire, Public Council, Community Care Licensing Division, and First 5 Los Angeles.

- Coordinated two webinars on ECE Facility development reaching 316 ECE providers.
- Established webpage on OAECE website to support early care and education providers in navigating the facility renovation/development process
- Submitted Early Care and Education Facility Development report to the Board of Supervisors with recommendations to reduce barriers and streamline system.

OFFICE OF VIOLENCE PREVENTION

The Los Angeles County Office of Violence Prevention (OVP), housed within the Department of Public Health, works to strengthen coordination, capacity, and partnerships to address the root causes of violence, and to advance policies and practices that are grounded in race equity, to prevent all forms of violence and to promote healing across all communities in Los Angeles County. OVP monitors the trends and circumstances of violent deaths affecting Los Angeles County to inform decision makers and program planners about ways to prevent and intervene on violence in the community, at home and in the workplace. There is strong overlap between the work of OVP and other domestic and family violence prevention work in other DPH divisions, as well as other County agencies including ICAN that focus more specifically on child welfare and abuse prevention.

The Board of Supervisors established OVP in 2019 to assure a coordinated plan based on a public health approach to prevention of violence and promotion of healing. Foundational to our work is the establishment of a shared, countywide understanding of violence as predictable and preventable and support for local community efforts to address violence.

The OVP Strategic Plan has five overarching goals:

- Safe and Healthy Children, Youth & Families;
- Safe and Thriving Neighborhoods;
- Building a Culture of Peace;
- Healing Informed & Equitable Systems and



Policies; and

- Community Relevant Accessible Data & Evaluation Support.

To advance these five goals OVP prioritizes work in six key areas:

1. Supporting Regional Violence Prevention Coalitions
2. Increasing Access to Data and Supporting Evaluation
3. Implementing a Crisis Response Program
4. Expanding the Trauma Prevention Initiative
5. Building Trauma-Informed Systems of Care
6. Shifting the Public Narrative on violence and trauma

The Gun Violence Prevention Platform

In the immediate aftermath of mass shootings (e.g., Monterey Park, Buffalo, Uvalde), and in the context of the County’s rising homicide rate, OVP convened community and faith leaders, health care and mental health experts, public safety agencies, social service providers, public health professionals, and others as a Gun Violence Prevention Task Force (Task Force) to develop the Gun Violence Prevention Platform (GVPP).

The Task Force identified four priorities as critical first steps towards making Los Angeles County safe and secure for all. Those four priority areas include:

1. **Legislation:** We need enhanced safety legislation including a reinstatement of the federal ban on assault weapons and large capacity magazines, deterrents to illegal guns, gun trafficking and ghost guns, and improving gun safe storage. We need a system to track progress towards the enactment and implementation of such legislation.
2. **Social Connection and Healing Services:** Communities with the greatest exposure to gun violence need mental health care and services for grief and trauma, and programs for social connection and healing. We need to support local community and faith-based organizations that serve vulnerable populations and invest in new programs where there are gaps.

3. **Gun Violence Restraining Orders (GVROs):** CA has laws that allow for citizens to pursue gun violence restraining orders to stop someone who poses a risk to themselves and others from possessing a gun. GVROs are not used as often as they could be due to a lack of awareness and confidence in the process. We need to build public awareness of GVROs, educate the public on the GVRO process, and collect data to better understand the use of GVROs as an effective tool to prevent gun violence.
4. **School Safety and Services.** School communities across the country are rethinking their strategies for providing a safe and supportive learning environment. We need to assure that every school, not just those in the wealthiest communities, have the programs and services that youth need to make it through adolescence with positive views of themselves, healthy relationships, a sense of self-worth, and a safe and supportive environment for learning.

OFFICE OF WOMEN’S HEALTH (OWH)

OWH was established in 1998 to protect, preserve, and advance the health of women in Los Angeles County by promoting health equity, providing education and promoting resources, programs, and policies that are responsive to women, including lesbian, bisexual, queer (LBQ) women and transgender, gender non-conforming/non-binary, intersex (TGI) people. The mission is to utilize a gender lens, and increase health equity by changing systems through education, community engagement and partnerships and the use of data. Certain OWH programs serve the needs of survivors of abuse.

Two of these programs include the Domestic Violence Shelter and Supportive Services and a Survivor Advocacy program for individual experiencing human trafficking. Further descriptions of these programs are provided below.

Domestic Violence Housing and Supportive Services Unit (DVHSS)

OWH’s Domestic Violence Housing and Support Services (DVHSS) Unit administers contracts to a network of providers who provide critical shelter, legal, counseling, and support services essential to facilitating safety, addressing trauma, and working towards long-term stability for DV survivors. These programs provide support to DV survivors and their dependent children who face numerous barriers to



safety and stability, which are further impacted by the power and control dynamics of intimate partner abuse. Working with agencies that provide services that recognize these complexities, are culturally responsive and trauma informed DVHSS aims to ensure they serve to empower DV survivors and our communities.

- **Supportive Services Contracts:** The purpose of the Domestic Violence Supportive Services Program (DVSS) is to provide supportive services to CalWORKs, General Relief (GR), and General Relief Opportunities for Work (GROW) participants that are experiencing or have experienced domestic violence. This included 42 contracts that serve 59 sites. DVSS served 2,516 Case Management clients and 1,146 Legal Services clients in FY 2021-2022.
- **Shelter Based Services Contracts:** The purpose of the Domestic Violence Shelter-Based Services Program (DVSBP) is to provide shelter and supportive services to domestic violence survivors and their dependent children. This includes 18 contracts that serve 29 sites. During FY 2021 -2022 a total of 2,696 clients; 1,108 adults and 1,588 children were served.
- **Shelter and Supportive Services Project – American Rescue Plan:** The purpose of the American Rescue Plan (ARP) For Domestic Violence Shelter and Supportive Services Program is to respond to the economic and social harm domestic violence survivors have experienced resulting from or exacerbated by the COVID-19 pandemic. Year one of data is currently being aggregated.

Survivor Advocates in Healthcare

Human trafficking is a global crime that involves the exploitation of people through forced commercial sex and/or myriad other forms of labor. It is a severe violation of human rights that affects over 27 million people globally. One context to engage and support survivors of human trafficking is in the healthcare environment. Healthcare providers and agencies play a unique role in anti-trafficking work, given that they are among the few entities that intimately engage with people experiencing trafficking and can offer them education, options, and opportunities for assistance.

To aid in identifying survivors of human trafficking in healthcare settings, CommonSpirit Health formed

the Violence and Human Trafficking Prevention and Response Program. This aim of this program is to ensure trafficked persons are identified in the healthcare setting and are assisted with victim-centered, trauma-informed care and services. CommonSpirit, through its four Dignity Health hospitals in Los Angeles County, received a grant from the U.S. Department of Justice Office of Victims of Crime to implement a program utilizing human trafficking survivors as advocates to aid hospital patients experiencing human trafficking. They partnered with two organizations, Coalition to Abolish Slavery and Trafficking and Journey Out to implement this program, and with the Office of Women's Health (OWH) to conduct an evaluation of the program. OWH also served as the evaluator for the pilot program in 2018-2019. Methods and findings of the most recent evaluation are reproduced here.

Methodology

The evaluation assessed levels of achievement, and challenges faced, in meeting the aims of the project⁷ :

1. To improve identification of potential trafficking survivors and acceptance of referrals to specialized community-based services;
2. To gather evidence on the overall satisfaction among community-based service providers who employ Survivor Advocates and among CommonSpirit Health staff who work with them; and
3. To describe the aggregate demographics, presenting complaints, indicators of abuse and/or trafficking, and diagnoses of patients suspected of being survivors of trafficking by CommonSpirit Health personnel.

The evaluation consisted of a mixed methods study exploring responses of staff working with survivor advocates using quantitative and qualitative data collected from hospital and CBO personnel. Additional data were collected from survivor advocates about patients served through the program.

Results

A total of 169 patients from 38 different hospitals across Los Angeles County were referred to a

7. The current project began in February 2020, but the COVID-19 pandemic resulted in sudden and long-lasting changes to the program's implementation.



Survivor Advocate (SA). For the patients for whom gender was known, a majority were cisgender female (88%) and 73% spoke English as their primary language. The Survivor Advocate noted that 72% were trafficked for commercial sex, 3% were determined to be experiencing labor trafficking, and for 24% of patients the type of trafficking could not be determined.

A survey conducted with hospital staff indicated improved confidence after working with a Survivor Advocate. Confidence was gained across the board – in recognizing signs of both labor trafficking and sex trafficking, and in responding to patients who may be experiencing sex or labor trafficking. Respondents also noted an increase in their comfort levels of respecting patients’ decisions to not accept assistance, which is a critical skill that even Survivor Advocates themselves may struggle with.

The survey indicated better engagement from patients suspected of trafficking when an SA was involved in their care.

Healthcare staff noted some challenges faced in connecting potentially trafficked patients with support services, most commonly difficulty placing patients with special needs for mental or physical health, as well as substance use disorder, and needing assistance when the SA is unavailable.

Overall, the inclusion of survivor advocates in the hospital response team was well-received by hospital staff, and their value to the anti-trafficking movement was also well-recognized by CBO colleagues.

SECTION 2. OVERVIEW OF LOS ANGELES COUNTY INFANT AND CHILD DEATH DATA

The tables and figures described in this section use data from vital statistics (birth and death records) and child population estimates to calculate countywide infant and child mortality rates and those by race/ethnicity and geographic region. For the purposes of this report, we have chosen to present the most common causes of deaths for infant and children. Although we have not included information specific to child abuse and neglect other than numbers and rates, the data presented do identify areas of disparities and disproportionality that may be utilized to uncover gaps in service and promote protective factors to prevent child abuse and neglect.

a. Death Rates and Causes of Death Among Infants

Infant mortality is one of the most important indicators of a population’s health. Defined as the death of an infant before one year of age, it reflects the health status of mothers, the quality of and access to medical care, and the underlying social and economic conditions that powerfully influence health outcomes in communities. In the United States, infant mortality rates have declined steadily since the beginning of the 20th century. This progress can be attributed to better living conditions, increased access to care, and advances in medicine and public health.

The infant mortality rate in Los Angeles County in 2021 was 3.9 infant deaths per 1,000 live births, which is equal to the 2020 rate. (Figure 1). The overall infant mortality rate in Los Angeles County has consistently remained well below the national target set by the U.S. Department of Health and Human Services in Healthy People 2020 (6.0 deaths per 1,000 live births) and Health People 2030 (5.0 deaths per 1,000 live births). However, racial, ethnic, and regional disparities continue to persist. Figure 2 shows infant mortality rates by race/ethnicity in Los Angeles County for years 2012 through 2021. Figure 3 includes the same data in tabular form. Hispanics comprise the highest number of infant deaths, while also comprising a larger number of live births in the county; Hispanics have higher infant mortality rates than whites and Asians. African Americans continue to experience a disproportionately higher rate of infant mortality compared to any other racial/ethnic groups. Although the causes for this consistent and alarming disparity may be multifactorial, the role of historic and persistent systemic racism and the resulting social, economic, environmental, and health inequities produced must be considered as a significant causal factor.

Figure 4 lists the five most common causes of infant deaths in Los Angeles County in 2021, along with their ordinal position in the previous year for comparison. Notably, four of the five causes relate directly to conditions arising either prenatally (during embryonic or fetal development) or perinatally (during the birthing process). Therefore, the possibility of preventing these deaths may require access to and improvements in preconception health, prenatal care, and medical care during the perinatal period. For example, appropriate intake of folic acid by all women of child-bearing age would significantly lower the risk of neural tube defects, which contributes to deaths in the first (largest) category. Health promotion and quality prenatal care services and support during the gestational period to



improve conditions where pregnant families are in, could impact the number of short gestation and low-birthweight infants, the third most common cause of death. Although SIDS/SUID is the only cause of death listed in the top five that is not directly linked to conditions arising in the prenatal or perinatal period, the number of deaths in this category could be positively impacted by identifying more innovative and effective methods for understanding and preventing internal and external factors that cause and/or contribute to these deaths.

DPH has been addressing this inequity with interventions including the Black Infant Health Program and home visiting services such as Los Angeles County DPH Home Visitation Programs. (LACDPH HVP) The LACDPH HVP implements three evidenced based models: Nurse Family Partnership, Healthy Family America and Parents As Teachers. (see program descriptions in Section 1). Several years ago, DPH launched the Center for Health Equity and the objectives and goals of the African American Infant and Maternal Mortality initiative (AAIMM) remain one of its priorities. The AAIMM initiative develops and implements strategies to address some of the systemic and structural causes that have facilitated and/or otherwise allowed health inequities to persist in Los Angeles County. In addition to addressing the high infant mortality rate among African Americans, the AAIMM initiative also seeks to ameliorate the disproportionately high maternal mortality ratio that exists among African American mothers in selected historically African American communities, where African American families are more likely to reside. (Note that while the “rate” is the number of maternal deaths in a given period per 100,000 women of reproductive age during the same time period, the “ratio” is the annual number of female deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management, excluding accidental or incidental causes).

For purposes of health planning, Los Angeles County is divided into eight regional Service Planning Areas (SPAs). Within the DPH organizational structure, each SPA has a Regional Health Officer who is responsible for public health planning and delivery of services according to the health needs of the local communities within the SPA. The bar graph in Figure 5 compares infant mortality by Service Planning Area in 2021, while Figure 6 presents trend data for all years from 2012 through 2021. SPA 1 (Antelope Valley) continued to experience the highest infant

mortality rates in 2021 (6.7 per 1000 live births), followed by SPA 4 (Metro) with a rate of 5.0. The traditionally higher rates in SPAs 1 and 6 reflect the disproportionately high infant mortality rates in the African American community and the concentration of African American residents living in those regions of the county.

b. Death Rates and Causes of Death Among Children

The crude child death rate used in this report measures the number of deaths among children ages 1-17 per 100,000 children, for all causes, and explicitly excludes infant deaths. The overall rate of deaths among children steadily declined from 2012-2016, as medical science and public health intervention efforts continued to improve, a trend that was evident since the beginning of the twentieth century. From 2016-2019, there was a relative plateau, with some fluctuations. In 2020 and 2021 there was a steady increase in death rates, as shown by Figure 7, which illustrates the crude death rate for children in Los Angeles County for years 2012 through 2021. The rate of 15.2 deaths per 100,000 in 2021, though slightly higher than the year before (14.6 per 100,000 in 2020), is the highest during the 10-year span in Los Angeles County, and is a concerning trend.

Figures 8 and 9 show child death rates for years 2012 through 2021 by race/ethnicity. These rates show inequities consistent with the infant mortality data (Figure 2), with African Americans continuing to experience the highest child death rate in the County in 2021 (28.2 per 100,000 population), well above the other groups included in this table. In the last two years of data presented, the death rates among African American have increased slightly (28.2 per 100,000 in 2021 vs. 27.9 per 100,000 in 2020).

Figure 10 presents child death rates for each SPA in Los Angeles County in graphical form and while Figure 11 provides trend data in tabular form for years 2012 through 2021. It is noteworthy that similar to the trend observed in infant mortality, SPA 1 (Antelope Valley) experienced the highest child death rates.

Figure 12 shows the five most common causes of child deaths in Los Angeles County in 2021 for three different age categories (ages 1 to 4 years, 5 to 12 years and 13 to 19 years). Their ordinal position from the prior year is included for comparison. The causes of deaths are based on the International



Classification of Diseases, 10th Revision (ICD 10) codes. The leading five causes contribute to at least two thirds of all deaths in each age group. For age group 1 to 4 years, and age group 5 to 12 years, malignant neoplasm, congenital malformation, deformation and chromosomal abnormalities and accidents are among the five leading causes of deaths for 2021. It's noteworthy that the three leading causes of deaths for youth ages 13 to 19 years are injury-related: unintentional injuries, assaults and intentional self-harm (suicide). Of the 252 deaths represented in the table for youth ages 13 to 19 years in 2021, 214 deaths, 84.9% are attributed to these three causes. This speaks to the continued needs for strategies such as positive youth development to be incorporated into the injury and violence prevention and intervention and presents an opportunity to make a significant impact in the lives of adolescent and young adult in Los Angeles County.

Information presented in Section 3 Child and Adolescent Health Indicators from Survey Data may elucidate potential prevention and health promotion strategies in reducing child deaths.

SECTION 3. SELECTED CHILD AND ADOLESCENT HEALTH INDICATORS FROM SURVEY DATA

Adverse Childhood Experiences (ACEs) are abuse, neglect and other traumatic experiences that occur to individuals under age 18 years. ACEs may have lasting impacts on a child's developmental trajectory, and have been linked to risky health behavior, chronic health conditions, unfavorable life potential and premature deaths in adulthood.⁸ Research has shown that adverse childhood experiences affect early childhood development and psychosocial well-being and may have lasting impact well into adulthood. However, the presence of ACEs does not mean that a child will experience poor outcomes. A child's positive experiences or protective factors can prevent the child from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred. These factors may include (but not limited to) parents experiencing less stress, greater competence in managing stress, greater anger management (coping) skills; parents are free of issues that negatively impact parenting, including

8. Adverse Childhood Experiences (ACEs) from the Center for Disease Control and Prevention website at <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html> accessed on 10/16/19

substance abuse, symptoms of depression, and domestic violence; parents demonstrate efficacy, including the capacity to seek help; and parents are connected to community social institutions, services, and supports.⁹

Figures 13 to 16 present ACEs and Positive Child Experiences (PCEs) among teens and adults by race/ethnicity. Although the data are not specific to pregnant and parenting people, and data from some racial/ethnic groups were statistically unstable, we hope to elevate the implementation of trauma informed care and building protective factors for program planning and service delivery, particularly for children in and youth aging out of the foster care system.

Figures 13 and 14 present estimated numbers and percent of teens and adults in Los Angeles County who experienced at least one ACE by race/ethnicity from the California Health Interview Survey. Among teens within each racial/ethnic group presented, although the numbers are small and not statistically stable, 64.3% of African American teens reported experiencing one or more ACEs, followed by those teens who identified as Two or More Races (53.7%) and Latino teens (48.7%). Among adults within each racial/ethnic group, although not statistically stable, 86.9% of adults who identified as Native Hawaiian or Pacific Islander reported ever experiencing at least one ACE, followed by those who identified as Two or More Races (81.4%) and American Indian or Alaska Native adults (76.0%). It is noteworthy to point out that nearly one in two teens reported that they experienced at least one ACEs (47.7%) and nearly two in three adults reported that they experienced at least one ACEs (65.8%).

Figures 15 and 16 present the estimated numbers and percent of teens and adults by race/ethnicity by the number of Positive Childhood Experiences (PCEs) that they had before age 18 years in Los Angeles County. PCEs include the following: was able to talk to family about feelings, felt family stood by during difficult times; felt safe and protected by an adult at home; had at least two non-parents who took genuine interest; felt supported by friends; felt a sense of belonging at high school; and enjoyed in participating in community traditions. It's worth noting that about one third of teens (34.6%) reported having 6 to 7 PCEs, while four in five adults reported (81.9%) having 6 to 7 PCEs. One may speculate the

9. Strengthening Families, A Protective Factor Framework <http://www.cssp.org/reform/strengtheningfamilies>



reasons for such large difference. Perhaps, as we age, we began to realize and recall PCEs more often as compared to when we were still transition into adulthood. Regardless, it is indisputable that building PCEs and promoting positive youth development during teenage years, will support teens transition into adulthood, and hopefully prepare for many joyous and challenging moments ahead.

Figures 17 to 20 present data by race/ethnicity that may elucidate strategies to prevent the leading causes of deaths in youth ages 13 to 19 years, namely unintentional/assaultive injuries and intentional self-harm.

As shown in Figure 17, about half of teens (49.2%) reported that they ever worried about being shot by a firearm in the past month in Los Angeles County, based on data from the California Health Interview Survey. Although not statistically stable, 66% of African American youth, followed by 58.1% of Asian youth and 54.3% of youth that identified as Two or More Races reported that they ever worried about being shot by a firearm in the past month.

Figures 18 to 20 present data from the California Healthy Kids Survey, 2017-2019 reported by teens in grades 7, 9 and 11 by race/ethnicity. Depending on a student's race/ethnicity, the likelihood of a youth in grades 7, 9 or 11 or non-traditional program reporting some bullying or harassment at school for any reason in the previous year (Figure 18) ranged from about 1 in 4 to 1 in 3. Similarly, about one in four to one in three teens reported feeling sad or hopeless almost every day for two weeks or more such that they stopped doing some usual activities in the previous years. (Figure 19) About one in seven to one in five youths reported that they seriously considered attempting suicide in the previous year. (Figure 20)

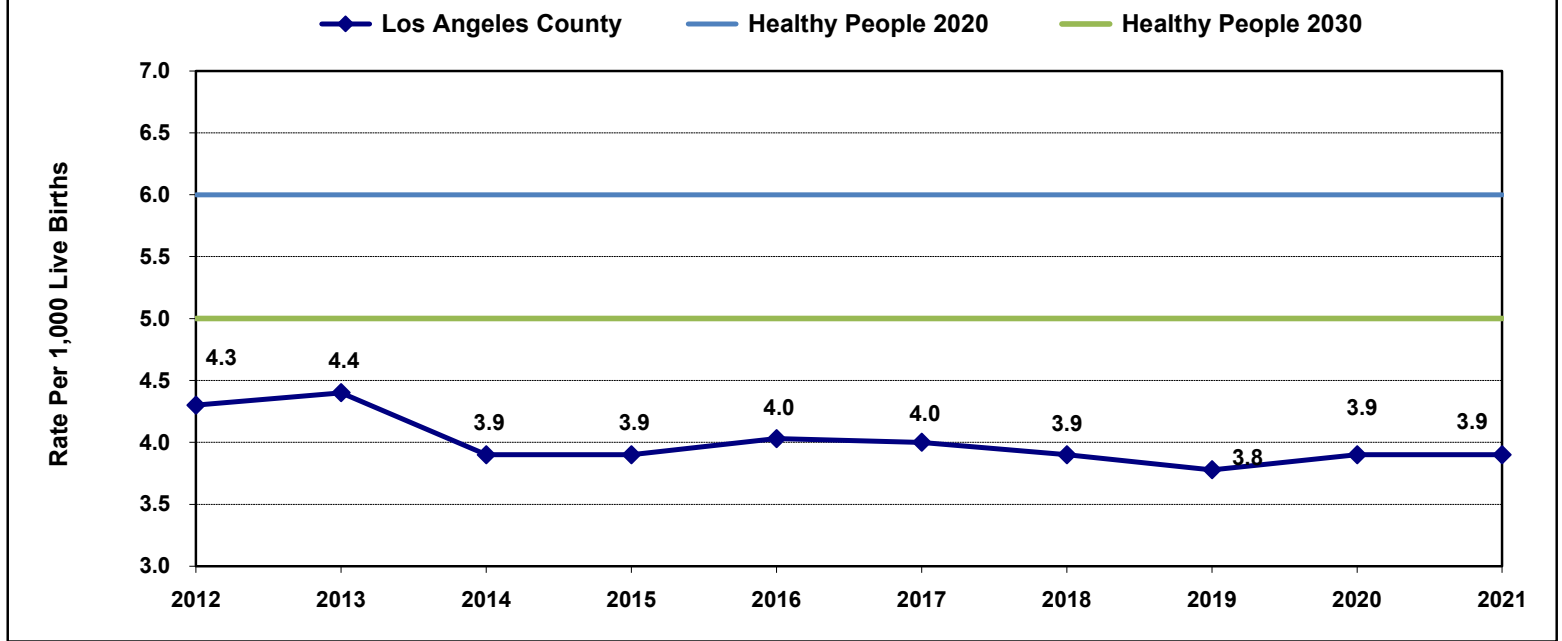
SUMMARY OF KEY COUNTY FINDINGS

- The countywide infant mortality rate of 3.9 infant deaths per 1,000 live births in 2021 remains the same as 2020. The overall trend in the infant mortality rate in Los Angeles County over the past decade has been downward and has remained below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births and Health People 2030 target of 5.0 infant deaths per 1,000. However, racial/ethnic and regional inequities persist.

- African Americans continue to have the highest infant mortality rate, with a rate that is more than twice as high compared to Asians and Whites.
- Region-specific infant mortality rate in 2021 was highest in SPA 1 (Antelope Valley).
- African American children had the highest death rate compared to other races/ethnicities, and children residing in SPA 1 had the highest death rate compared to other geographic regions.
- The three leading causes of deaths for youth ages 13 to 19 years in 2021 are injury related. Unintentional injuries, assault, or intentional self-harm (suicide) represented a large majority of all deaths for youth ages 13 to 19 (84.9%). These deaths are all considered preventable.
- Nearly one in two teens reported that they experienced at least one ACE (47.7%) and nearly two in three adults reported that they experienced at least one ACE (65.8%).
- About one third of teens (34.6%) reported having 6 to 7 PCEs, while four in five adults reported (81.9%) having 6 to 7 PCEs.
- About one in four to one in three youth (percentage varied by race/ethnicity) in grades 7, 9 and 11, and non-traditional programs reported being bullied or harassed at school for any reason in the previous year.
- About one in four to one in three teens (percentage varied by race/ethnicity) in grades 7, 9 and 11, and non-traditional programs reported feeling so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities in the previous year.
- About one in seven to one in five youths (percentage varied by race/ethnicity) in grades 7, 9 and 11, and non-traditional programs reported that they seriously considered attempting suicide in the previous year.



Figure 1: Infant Mortality Rate, Los Angeles County, 2012-2021



HP2020 Target: 6.0 infant deaths per 1,000 live births (available at <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>)

HP2030 Target: 5.0 infant deaths per 1,000 live births (available at <https://www.healthypeople.gov/2030/topics-objectives/topic/maternal-infant-and-child-health/objectives>)

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

Sources: California Integrated Vital Records System, 2017-2021

2014-2016 death data obtained from the Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology California Department of Public Health, Birth and Death Statistical Master Files, 2012-2013

Figure 2: Infant Mortality Rate by Race/Ethnicity, Los Angeles County, 2012-2021

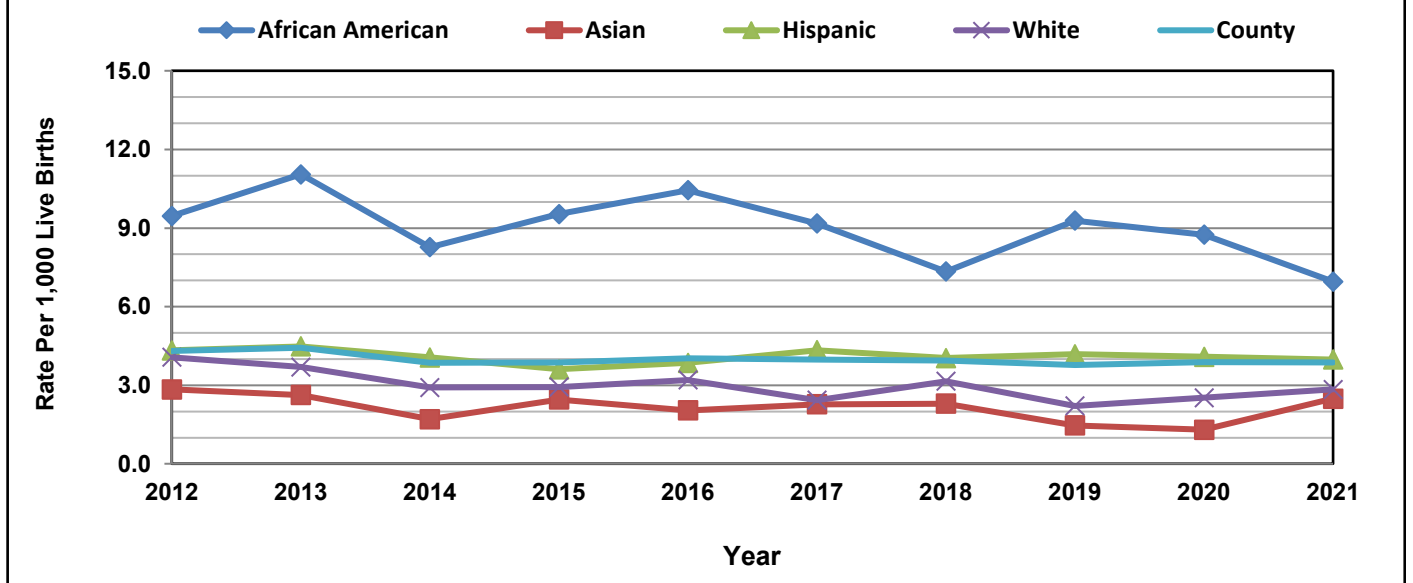




Figure 3
DEPARTMENT OF PUBLIC HEALTH
Infant Mortality Rate by Race/Ethnicity*, Los Angeles County, 2012-2021

		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
African American	<i>Deaths</i>	90	103	75	81	88	74	57	70	62	49
	<i>Live Births</i>	9,514	9,319	9,069	8,497	8,425	8,064	7,761	7,539	7,085	7,039
	<i>Rate</i>	9.5	11.1	8.3	9.5	10.4	9.2	7.3	9.3	8.8	7.0
Asian	<i>Deaths</i>	54	51	38	47	40	42	38	24	17	29
	<i>Live Births</i>	19,000	19,398	22,287	19,113	19,608	18,490	16,532	16,359	13,062	11,670
	<i>Rate</i>	2.8	2.6	1.7	2.5	2.0	2.3	2.3	1.5	1.3	2.5
Hispanic	<i>Deaths</i>	329	326	291	252	261	278	243	241	219	210
	<i>Live Births</i>	75,899	72,645	71,566	69,724	67,666	64,091	60,133	57,561	53,604	52,733
	<i>Rate</i>	4.3	4.5	4.1	3.6	3.9	4.3	4.0	4.2	4.1	4.0
White	<i>Deaths</i>	92	85	68	68	73	54	68	48	51	58
	<i>Live Births</i>	22,623	23,002	23,327	23,169	22,808	22,185	21,581	21,679	20,222	20,393
	<i>Rate</i>	4.1	3.7	2.9	2.9	3.2	2.4	3.2	2.2	2.5	2.8
County	<i>Deaths</i>	567	570	502	482	495	465	433	405	381	373
	<i>Live Births</i>	131,697	128,526	130,150	124,442	122,941	116,850	109,893	107,202	98,021	96,230
	<i>Rate</i>	4.3	4.4	3.9	3.9	4.0	4.0	3.9	3.8	3.9	3.9

HP2020 Target: 6.0 infant deaths per 1,000 live births (available at <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>)

HP2030 Target: 5.0 infant deaths per 1,000 live births (available at <https://www.healthypeople.gov/2030/topics-objectives/topic/maternal-infant-and-child-health/objectives>)

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

Sources: California Integrated Vital Records System, 2017-2021

2014-2016 death data obtained from the Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology California Department of Public Health, Birth and Death Statistical Master Files, 2012-2013



Figure 3
DEPARTMENT OF PUBLIC HEALTH
Leading Causes of Infant Mortality (ICD-10 codes), Los Angeles County, 2021

Rank	Children Less Than Age 1	# of Deaths	2020 Rank
1	Congenital malformation, deformations, and chromosomal abnormalities(Q00-Q99)	82	2
2	Other and unspecified conditions originating in the perinatal period (P05, P08, P29, P50-P96)	69	3
3	Disorders related to short gestation and low birth weight, not elsewhere classified (P07)	49	1
4	Newborn affected by maternal factors and by complications of pregnancy, labor and delivery (P00-P04)	33	4
5	Sudden Infant Death Syndrome (SIDS)	23	5

Notes: Causes of deaths are based on International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10). For more information about specific ICD-10 codes, please visit: [https://www.who.int/classifications/icd/icdonlineversions/en/Infant mortality rate](https://www.who.int/classifications/icd/icdonlineversions/en/Infant%20mortality%20rate) is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.
Sources: California Integrated Vital Records System, 2020-2021

Figure 5: Infant Mortality Rate by SPA, Los Angeles County, 2021

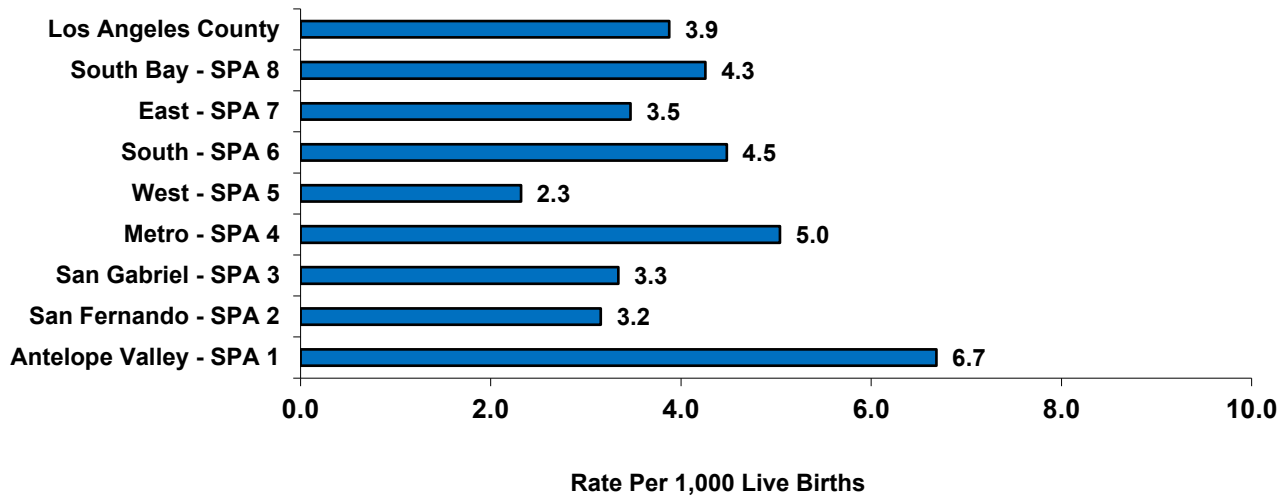




Figure 6
DEPARTMENT OF PUBLIC HEALTH
Leading Causes of Infant Mortality (ICD-10 codes), Los Angeles County, 2021

	2012			2013			2014			2015			2016		
	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000
SPA 1 - Antelope Valley	5,701	40	7.0	5,613	38	6.8	5,473	33	6.0	5,539	32	6.0	5,555	36	5.8
SPA 2 - San Fernando	25,097	96	3.8	24,443	123	5.0	24,923	86	3.5	24,296	94	3.5	24,165	74	3.9
SPA 3 - San Gabriel	24,669	85	3.4	24,888	78	3.1	27,203	69	2.5	23,672	64	2.5	24,048	96	2.7
SPA 4 - Metro	13,698	59	4.3	12,942	55	4.2	12,732	45	3.5	12,489	41	3.5	11,789	43	3.3
SPA 5 - West	6,905	20	2.9	6,908	17	2.5	6,898	18	2.6	6,665	22	2.6	6,678	16	3.3
SPA 6 - South	18,379	113	6.1	17,742	113	6.4	17,504	91	5.2	16,958	84	5.2	16,786	119	5.0
SPA 7 - East	17,531	64	3.7	17,076	66	3.9	16,410	78	4.8	16,515	59	4.8	15,941	52	3.6
SPA 8 - South Bay	19,112	89	4.7	18,388	76	4.1	18,397	81	4.4	17,737	82	4.4	17,420	58	4.6
Los Angeles County	131,697	567	4.3	128,526	567	4.4	130,150	502	3.9	124,442	482	3.9	122,941	495	3.9

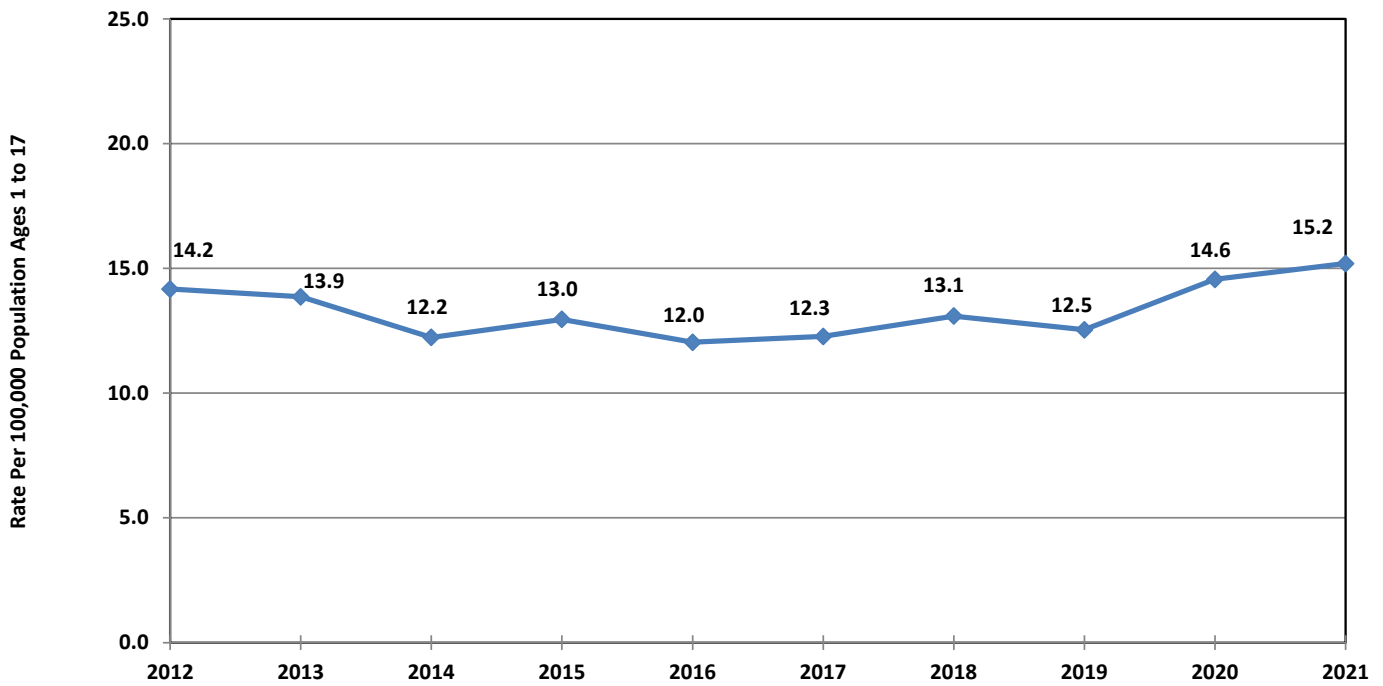
Figure 6 Continued
DEPARTMENT OF PUBLIC HEALTH
Leading Causes of Infant Mortality (ICD-10 codes), Los Angeles County, 2021

	2017			2018			2019			2020			2021		
	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000
SPA 1 - Antelope Valley	5,246	37	7.1	5,327	27	5.1	5,172	31	6.0	4,965	28	5.6	4,937	33	6.7
SPA 2 - San Fernando	23,004	70	3.0	22,305	69	3.1	21,679	71	3.3	20,366	80	3.9	20,910	66	3.2
SPA 3 - San Gabriel	22,593	86	3.8	20,259	80	3.9	19,862	64	3.2	16,314	54	3.3	15,568	52	3.3
SPA 4 - Metro	11,370	40	3.5	10,558	35	3.3	10,297	43	4.2	9,454	36	3.8	9,125	46	5.0
SPA 5 - West	6,423	22	3.4	6,449	27	4.2	6,057	8	1.3	5,800	10	1.7	5,609	13	2.3
SPA 6 - South	15,905	101	6.4	14,826	81	5.5	14,185	65	4.6	13,181	56	4.2	12,497	56	4.5
SPA 7 - East	15,240	52	3.4	14,268	56	3.9	13,910	61	4.4	12,872	52	4.0	12,678	44	3.5
SPA 8 - South Bay	16,594	52	3.1	15,847	55	3.5	15,276	58	3.8	14,472	61	4.2	14,329	61	4.3
Los Angeles County	116,850	465	4.0	109,893	433	3.9	107,202	405	3.8	98,021	381	3.9	96,230	373	3.9

HP2020 Target: 6.0 infant deaths per 1,000 live births (information available at <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>)
 HP2030 Target: 5.0 infant deaths per 1,000 live births (information available at <https://www.healthypeople.gov/2030/topics-objectives/topic/maternal-infant-and-child-health/objectives>)
 Notes: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.
 2012-2020 SPA designation is based on zip codes published in April 2010. 2021 SPA designation is based on zip codes published in 2020. Published SPA statistics based on other designation may differ.
 Sum of SPA totals may not add up to County total due to records that are not assignable to any SPA.
 Sources: California Integrated Vital Records System, 2017-2021
 2014-2016 death data obtained from the Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology
 California Department of Public Health, Birth and Death Statistical Master Files, 2012-2013



Figure 7: Child Death Rate Among Children Ages 1 to 17
Los Angeles County, 2012-2021



Notes: Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17. Due to updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.

Sources: California Integrated Vital Records System, 2017-2021

2014-2016 death data obtained from the Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology
California Department of Public Health, Birth and Death Statistical Master Files, 2012-2013

July 1, 2012 to 2021 Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County Internal Services Department

Figure 8: Child Death Rate Among Children Ages 1 to 17 by Race/Ethnicity
Los Angeles County, 2012-2021

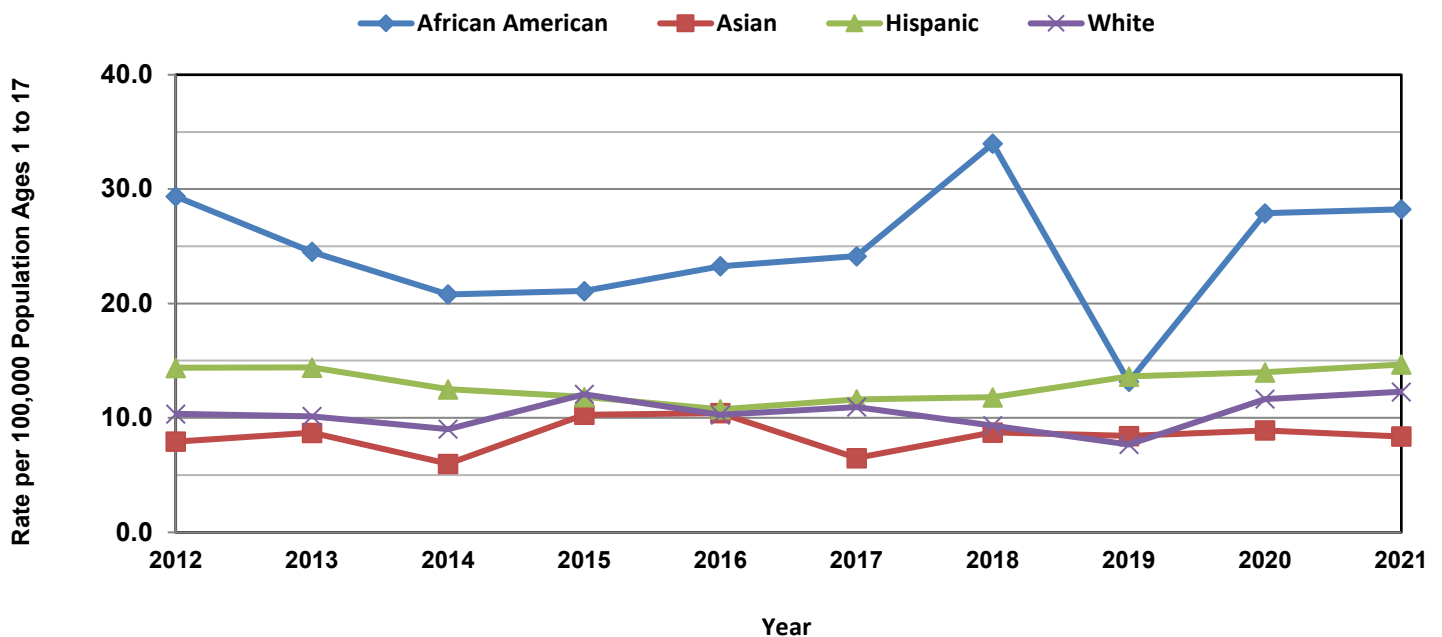




Figure 9
DEPARTMENT OF PUBLIC HEALTH
Child Death Rate Rate by Race/Ethnicity*, Los Angeles County, 2012-2021

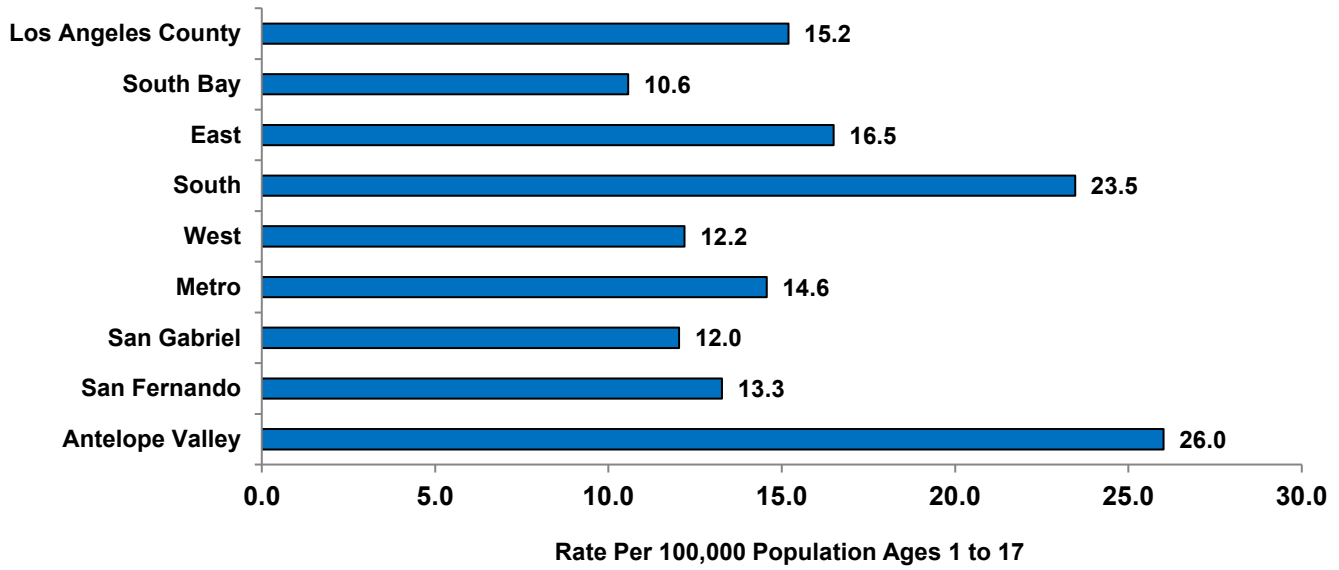
		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
African American	<i>Number of Deaths</i>	53	44	38	38	41	42	58	22	44	42
	<i>Population, 1-17</i>	180,555	179,500	182,684	180,164	176,299	174,005	170,736	167,193	157,756	148,715
	<i>Rate</i>	29.4	24.5	20.8	21.1	23.3	24.1	34.0	13.2	27.9	28.2
Asian	<i>Number of Deaths</i>	18	20	14	24	24	15	20	19	20	19
	<i>Population, 1-17</i>	227,103	230,072	234,029	233,570	230,410	231,548	229,414	225,712	224,666	226,769
	<i>Rate</i>	7.9	8.7	6.0	10.3	10.4	6.5	8.7	8.4	8.9	8.4
Hispanic	<i>Number of Deaths</i>	197	199	171	162	146	155	154	173	172	170
	<i>Population, 1-17</i>	1,369,916	1,382,172	1,367,520	1,370,078	1,358,191	1,333,305	1,304,231	1,270,218	1,230,088	1,158,507
	<i>Rate</i>	14.4	14.4	12.5	11.8	10.7	11.6	11.8	13.6	14.0	14.7
White	<i>Number of Deaths</i>	43	42	38	51	43	46	39	32	48	46
	<i>Population, 1-17</i>	415,508	414,056	421,263	422,511	419,140	420,282	418,070	417,162	411,983	374,466
	<i>Rate</i>	10.3	10.1	9.0	12.1	10.3	10.9	9.3	7.7	11.7	12.3
LA County	<i>Number of Deaths</i>	312	307	271	287	264	266	279	262	296	291
	<i>Population, 1-17</i>	2,201,619	2,214,409	2,214,836	2,215,373	2,192,759	2,167,495	2,131,636	2,089,211	2,032,396	1,915,317
	<i>Rate</i>	14.2	13.9	12.2	13.0	12.0	12.3	13.1	12.5	14.6	15.2

Notes: Sum of race/ethnicity groups do not add up to LA County total as not all groups are represented in this data table.
 Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17.
 Population numbers for years 2012 to 2016 for the "Asian" category include Pacific Islanders.
 African American, Asian and White are non-Hispanic/non-Latine
 Due to updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.

Sources: California Integrated Vital Records System, 2017-2021
 2014-2016 death data obtained from the Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology California
 Department of Public Health, Birth and Death Statistical Master Files, 2012-2013



**Figure 10: Child Death Rate (per 100,000) Among Children Ages 1 to 17 by Service Planning Area (SPA)
Los Angeles County, 2021**



**Figure 11
DEPARTMENT OF PUBLIC HEALTH
Child Death Rate Rate by Service Planning Area, Los Angeles County, 2012-2021**

	2012			2013			2014			2015			2016		
	Child Deaths	Population Ages 1-17	Rate	Child Deaths	Population Ages 1-17	Rate	Child Deaths	Population Ages 1-17	Rate	Child Deaths	Population Ages 1-17	Rate	Child Deaths	Population Ages 1-17	Rate
SPA 1 - Antelope Valley	26	104,398	24.9	21	104,346	20.1	23	102,749	22.4	19	101,427	18.7	14	98,253	14.2
SPA 2 - San Fernando	56	459,637	12.2	47	459,949	10.2	44	461,604	9.5	52	464,547	11.2	59	460,516	12.8
SPA 3 - San Gabriel	43	376,447	11.4	52	378,321	13.7	47	376,599	12.5	39	373,492	10.4	37	362,859	10.2
SPA 4 - Metro	20	208,206	9.6	23	211,087	10.9	25	215,395	11.6	26	218,690	11.9	34	220,865	15.4
SPA 5 - West	10	95,485	10.5	10	96,181	10.4	8	99,570	8.0	17	101,663	16.7	9	102,895	8.7
SPA 6 - South	72	285,936	25.2	53	288,427	18.4	43	286,289	15.0	52	287,194	18.1	43	289,617	14.8
SPA 7 - East	53	326,518	16.2	54	328,562	16.4	35	324,911	10.8	35	321,383	10.9	28	312,448	9.0
SPA 8 - South Bay	32	344,992	9.3	46	347,536	13.2	46	347,719	13.2	47	246,977	19.0	38	345,306	11.0
Los Angeles County	312	2,201,619	14.2	307	2,214,409	13.9	271	2,214,836	12.2	287	2,115,373	13.6	264	2,192,759	12.0



Figure 11 Continued
DEPARTMENT OF PUBLIC HEALTH
Child Death Rate Rate by Service Planning Area, Los Angeles County, 2012-2021

	2017			2018			2019			2020			2021		
	Child Deaths	Population Ages 1-17	Rate	Child Deaths	Population Ages 1-17	Rate	Child Deaths	Population Ages 1-17	Rate	Child Deaths	Population Ages 1-17	Rate	Child Deaths	Population Ages 1-17	Rate
SPA 1 - Antelope Valley	31	96,167	32.2	27	95,420	28.3	14	92,876	15.1	21	91,118	23.0	27	103,770	26.0
SPA 2 - San Fernando	45	455,880	9.9	51	447,202	11.4	47	436,927	10.8	41	425,850	9.6	55	414,272	13.3
SPA 3 - San Gabriel	55	359,373	15.3	44	354,294	12.4	48	348,236	13.8	47	336,957	13.9	39	323,899	12.0
SPA 4 - Metro	26	220,732	11.8	13	218,283	6.0	18	216,310	8.3	24	210,496	11.4	24	164,791	14.6
SPA 5 - West	10	105,051	9.5	10	104,882	9.5	8	104,814	7.6	13	102,881	12.6	11	90,178	12.2
SPA 6 - South	43	284,123	15.1	59	275,961	21.4	51	268,542	19.0	53	261,716	20.3	57	242,920	23.5
SPA 7 - East	33	307,043	10.7	28	302,762	9.2	37	296,729	12.5	47	287,956	16.3	45	272,730	16.5
SPA 8 - South Bay	23	339,126	6.8	47	332,832	14.1	37	324,777	11.4	50	315,422	15.9	32	302,757	10.6
Los Angeles County	266	2,167,495	12.3	279	2,131,636	13.1	262	2,089,211	12.5	296	2,032,396	14.6	291	1,915,317	15.2

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

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

Sources: 2012-2021 Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County Internal Services Department California Integrated Vital Records System, 2017-2021

2014-2016 death data obtained from the Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology

California Department of Public Health, Birth and Death Statistical Master Files, 2012-2013



Figure 12
DEPARTMENT OF PUBLIC HEALTH
Leading Causes of Child Death (ICD-10 codes) by Age Category, Los Angeles County, 2021

Rank	Children Less Than Age 1	# of Deaths	2020 Rank
1	Accidents (Unintentional Injuries)	24	1
2	Congenital Malformations, Deformations & Chromosomal Abnormalities	9	3
3	Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	8	10
4	Malignant Neoplasm	6	2
5	Assault (Homicide)	5	8
Children Ages 5 to 12			
1	Malignant Neoplasm	21	1
2	Accidents (Unintentional Injuries)	17	2
3	Diseases of the Nervous System	8	6
4	Congenital Malformations, Deformations & Chromosomal Abnormalities	7	3
5	Diseases of the Circulatory System	6	8
Youth Ages 13 to 19			
1	Accidents (Unintentional Injuries)	116	1
2	Assault (Homicide)	64	2
3	Intentional Self-Harm (Suicide)	34	3
4	Malignant Neoplasm	26	4
5	Diseases of the Nervous System	12	5

Note: Causes of deaths are based on International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10). For more information about specific ICD-10 codes, please visit: <https://www.who.int/classifications/icd/icdonlineversions/en/>

Source: California Integrated Vital Records System, 2020-2021



Figure 13
DEPARTMENT OF PUBLIC HEALTH
Teens Who Reported Ever Experiencing Adverse Childhood Experiences (ACEs), 2021

Definition: Estimated percentage of teenagers who reported they experienced one or more adverse childhood experiences, by race/ethnicity, Los Angeles County, 2021

Race/Ethnicity	Estimated Population of Teens Who Reported Experienced One or More ACEs	Percent of Teenagers Who Reported Experienced One or More ACEs	95% Confidence Levels
African American	32000	64.3%*	41.4-87.1
Asian	24000	35.1%	17.6-52.5
Hispanic/Latino	237000	48.7%	40.3-57.1
White	51000	42.7%	25.1-60.2
Two or More Races	16000	53.7%*	25.7-81.8
Los Angeles County	360000	47.7%	40.6-54.8

Note: * = statistically unstable

African American, Asian, White and Two or More Races are non-Hispanic/Latino.

Source: 2021 California Health Interview Survey, UCLA Center for Health Policy Research. Accessed at: <https://healthpolicy.ucla.edu/chis/Pages/default.aspx> on 6/14/2023

Figure 14
DEPARTMENT OF PUBLIC HEALTH
Adults Who Reported Ever Experiencing Adverse Childhood Experiences (ACEs), 2021

Definition: Estimated percentage of adults who reported they experienced one or more adverse childhood experiences, by race/ethnicity, Los Angeles County, 2021

Race/Ethnicity	Estimated Population of Teens Who Reported Experienced One or More ACEs	Percent of Teenagers Who Reported Experienced One or More ACEs	95% Confidence Levels
African American	454,000	73.1%	67.2 - 79.1
American-Indian/Alaska Native	17,000	76%*	39.6 - 100.0
Asian	570,000	52.0%	47.8 - 56.1
Hispanic/Latino	2,522,000	67.8%	65.4 - 70.2
Native Hawaiian/Pacific Islander	7,000	86.9%*	58.2 - 100.0
White	1,411,000	66.0%	63.0 - 69.0
Two or More Races	113,000	81.4%	72.3 - 90.5
Los Angeles County	5,093,000	65.8%	64.2 - 67.4



Figure 15 DEPARTMENT OF PUBLIC HEALTH Number of Positive Childhood Experiences (PCEs), Teens, by Race/Ethnicity, 2021						
Definition: Estimated percentage of teenagers who reported that they experienced 0 to 7 positive childhood experiences (PCEs), by race/ethnicity, Los Angeles County, 2021						
Race/Ethnicity						
	African American	Asian	Hispanic / Latino	White	Two or More Races	LA County
0 to 2 PCEs						
Estimated population	N/A	29,000	144,000	31,000	10,000	220,000
Percent	N/A	41.4%	29.6%	25.8%*	33.1%*	29.2%
95% Confidence Level	N/A	23.8 - 58.9	21.0 - 38.2	7.8 - 43.7	9.1 - 57.0	21.4 - 36.9
3 to 5 PCEs						
Estimated population	20,000	23,000	177,000	45,000	10,000	273,000
Percent	39.7%*	32.8%	36.3%	37.4%	32.1%*	36.2%
95% Confidence Level	12.9 - 66.5	19.0 - 46.5	26.4 - 46.3	21.6 - 53.2	3.2 - 60.9	28.7 - 43.8
6 to 7 PCEs						
Estimated population	23,000	18,000	166,000	44,000	11,000	261,000
Percent	47.1%	25.9%	34.0%	36.9%	34.9%*	34.6%
95% Confidence Level	22.5 - 71.7	10.6 - 41.1	24.3 - 43.8	19.2 - 54.5	11.9 - 57.8	26.6 - 42.6

Note: * = statistically unstable

Note: N/A = data not available

African American, Asian, White and Two or More Races are non-Hispanic/Latino.

Source: 2021 California Health Interview Survey, UCLA Center for Health Policy Research. Accessed at: <https://healthpolicy.ucla.edu/chis/Pages/default.aspx> on 6/14/2023



Figure 16						
DEPARTMENT OF PUBLIC HEALTH						
Number of Positive Childhood Experiences (PCEs), Adults, by Race/Ethnicity, 2021						
Definition: Estimated percentage of adults who reported that they experienced 0 to 7 positive childhood experiences (PCEs), by race/ethnicity, Los Angeles County, 2021						
Race/Ethnicity						
	African American	Asian	Hispanic / Latino	White	Two or More Races	LA County
0 to 2 PCEs						
Estimated population	4,000	27,000	116,000	17,000	6,000	172,000
Percent	0.6%*	2.5%*	3.1%	0.8%*	4.2%*	2.2%
95% Confidence Level	0.0 - 1.4	1.0 - 4.0%	2.1 - 4.1	0.2 - 1.4	0.4 - 8.0	1.7 - 2.8
3 to 5 PCEs						
Estimated population	102,000	126,000	722,000	250,000	22,000	1,226,000
Percent	16.4%	11.5%	19.4%	11.7%	16.2%	15.8%
95% Confidence Level	17.0 - 21.8	9.2 - 13.9	17.0 - 21.8	9.7 - 13.7	9.2 - 23.3	14.4 - 17.3
6 to 7 PCEs						
Estimated population	515,000	943,000	2,881,000	1,871,000	110,000	6,345,000
Percent	83.0%	86.0%	77.5%	87.5%	79.6%	81.9%
95% Confidence Level	77.2 - 88.8	83.6 - 88.4%	75.1 - 79.9	85.5 - 89.4	71.1 - 88.0	80.4 - 83.5

Note: * = statistically unstable

Note: N/A = data not available

African American, Asian, White and Two or More Races are non-Hispanic/Latino.

Source: 2021 California Health Interview Survey, UCLA Center for Health Policy Research. Accessed at: <https://healthpolicy.ucla.edu/chis/Pages/default.aspx> on 6/14/2023



Figure 17
DEPARTMENT OF PUBLIC HEALTH
Ever Worried About Being Shot by Firearm, Teens, by Race/Ethnicity, 2021

Race/Ethnicity	Estimated Population of Teenagers	Percent of Teenagers Who Reported "Yes"	95% Confidence Levels
African American	43,000	66.0%*	42.3 - 89.7
Asian	66,000	58.1%	38.6 - 77.6
Hispanic/Latino	410,000	47.7%	37.9 - 57.4
White	96,000	40.3%	20.6 - 59.9
Two or More Races	30,000	54.3%	30.6 - 77.9
Los Angeles County	646,000	49.2%	41.6 - 56.7

Note: * = statistically unstable

African American, Asian, White and Two or More Races are non-Hispanic/Latino.

Source: 2021 California Health Interview Survey, UCLA Center for Health Policy Research. Accessed at: <https://healthpolicy.ucla.edu/chis/Pages/default.aspx> on 6/14/2023

Figure 18
DEPARTMENT OF PUBLIC HEALTH
Experienced Bullying or Harassment; Grades 7, 9, and 11; by Race/Ethnicity;
Los Angeles County; 2017-2019

Definition: Estimated percentage of Los Angeles County public school students in grades 7, 9, 11, and non-traditional programs, who were bullied or harassed at school for any reason in the previous year, by race/ethnicity, 2017-2019

Race/Ethnicity	Percent of Students Who Reported "Some"
African American	29.0%
Asian	33.3%
Hispanic/Latino	24.3%
White	31.7%
Multiracial	35.1%
Native Hawaiian/Pacific Islander	33.9%
American Indian/Alaska Native	25.5%

Source: kidsdata.org, WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Department of Education (August, 2020). Accessed at: <https://www.kidsdata.org/topic/622/bullying-race/table> on 7/10/2023



Figure 19
DEPARTMENT OF PUBLIC HEALTH
Depression-Related Feelings - Grades 7, 9, and 11, by Race/Ethnicity,
Los Angeles County, 2017-2019

Definition: Estimated percentage of Los Angeles County public school students in grades 7, 9, 11, and non-traditional programs, who in the previous year felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities, by race/ethnicity, 2017-2019.

Race/Ethnicity	Percent of Students Who Reported "Yes"
African American	24.7%
Asian	29.3%
Hispanic/Latino	33.4%
White	28.1%
Multiracial	32.5%
Native Hawaiian/Pacific Islander	35.4%
American Indian/Alaska Native	24.2%

Source: kidsdata.org, WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Department of Education (August, 2020). Accessed at: <https://www.kidsdata.org/topic/388/depressive-feeling-race/table> on 6/16/2023

Figure 20
DEPARTMENT OF PUBLIC HEALTH
Suicidal Ideation (Student-Reported); Grades 7, 9, and 11; by Race/Ethnicity;
Los Angeles County; 2017-2019

Definition: Estimated percentage of Los Angeles County public school students in grades 9, 11, and non-traditional programs, who seriously considered attempting suicide in the previous year, by race/ethnicity, 2017-2019

Race/Ethnicity	Percent of Students Who Reported "Yes"
African American	13.5%
Asian	15.6%
Hispanic/Latino	15.5%
White	15.1%
Multiracial	18.5%
Native Hawaiian/Pacific Islander	19.2%
American Indian/Alaska Native	15.6%

Source: kidsdata.org, WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Department of Education (August, 2020). Accessed at: <https://www.kidsdata.org/topic/622/bullying-race/table> on 6/16/2023



LOS ANGELES COUNTY COMMUNITY CHILD ABUSE COUNCILS

OVERVIEW

The Los Angeles County Child Abuse Prevention Councils (LAC-CAPCs) consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect and educate the public about child abuse and family violence issues (www.lachildabusecouncils.org).

The membership of the Councils consists of child abuse prevention advocates, professionals working in the fields of child welfare, education, law enforcement, health, and mental health, as well as parents and anyone concerned about the issues surrounding child abuse and family violence.

In Fiscal Year (FY) 2021-2022, the Children's Bureau of Southern California (www.all4kids.org) continued to support the Department of Children and Family Services' (DCFS) Los Angeles County Child Abuse Prevention Councils Coordination Services Grant (\$100,000 each year). Children's Bureau provided technical assistance and administrative oversight to the 12 Child Abuse Prevention Councils with the Council Coordinator bringing all Chair Members together monthly to align the joint service activities of the group and meet collective goals. Furthermore, the Council Coordinator interfaced with several ICAN committees on a regular basis (Child Death Review, Child & Adolescent Suicide Review, and Operations) to cross-share information and provide a community-based perspective with regard to child abuse prevention.

WHO ARE THE COUNCILS?

Geographically Based Councils

- AFFIRM AV – Antelope Valley Child Abuse Prevention Council (formerly Yes2Kids)
- Eastside Child Abuse Prevention Council (El Monte)
- End Abuse Long Beach
- Foothill Child Abuse and Domestic Violence Prevention Council
- Council for Child Abuse Prevention – Serving the San Fernando and Santa Clarita Valleys (SPA 2)
- San Gabriel Valley Child Abuse Prevention Council



- Advocacy Council for Abused Deaf Children
- Asian and Pacific Islander Children, Youth and Family Council
- LGBT Child Abuse Prevention Council
- Los Angeles County - Family, Children, Community Advisory Council (African-American Council)

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

- The Blue Ribbon Child Abuse Prevention Campaign (held in April for Child Abuse Prevention and Awareness Month);
- Publication of The Children's Advocate Newsletter;
- The Report Card Insert Project;
- Establishment and Maintenance of the Los Angeles County Child Abuse Prevention Council website;
- Training and Technical Assistance to the Community Relating to Child Abuse and Family Violence Issues;
- Monthly Meetings of the Council Chairs; and
- Special Projects for Individual Councils.

FISCAL YEAR 2020-2021 SPECIAL PROJECTS

Between December 2021 and March 2022, each of the Child Abuse Prevention Councils prepared and presented their Annual Project Applications to both their peers and DCFS. Each presentation illustrated how the Council intended to use their allotted funds to support child abuse prevention activities within their respective communities and/or for their target populations. The types of activities varied by Council and included many creative, resourceful and impactful primary prevention projects.

Examples of past special projects include:

- Trauma Informed Care; Domestic Violence (DV) and Intimate Partner Violence (IPV) and its impacts on Children and Teens; Healthy vs. Toxic Relationships; Consent; Sexual Violence Prevention
- African American Families Resilience and Strength
- Knowledge of Parenting & Child Development; Parent Empowerment
- Teaching Youth to Overcome Obstacles
- Increasing Knowledge and Awareness of the Needs of LGBTQ+ Youth and Families;
- Empowering Social Service and Mental Health Professionals to Support the LGBTQ+ Community
- Family Behaviors That Increase Your LGBTQ+ Child's Health and Well Being
- Monthly trainings to service providers (Continuing Education Units often available) on topics such as Racial Justice Values, Family Law and Immigration Rights, Social-Emotional Lessons Learned during a Global Pandemic, and Increasing Wellness in the Workplace
- Art Therapy

In FY 2021-2022, the Councils each had \$4,000 to spend on their special projects and most were implemented in April during Child Abuse Awareness Month. The following illustrates a brief description of each Councils' activities during the year; however, most are implemented during the months of March and April.

SUCCESS STORIES

Advocacy Council for Abused Deaf Children (ACADC)

The webinar from the Advocacy Council for Abused Deaf Children had attendance from the targeted community, as well as across the nation. One participant reported that the webinar provided her with the knowledge and self-care approaches she could use with her children since she suffered from her own mental health challenges. Another participant reported in the post-survey that they desired more webinars covering topics for Deaf parents in American Sign Language.

Asian and Pacific Islander Children, Youth and Family Council (API-CYFC)

The most successful aspect for the API Council this year was their interactive provider/service mapping project which focused on information gathering and consensus building. The project actively engaged council member agencies who provided input for planning and execution.

ACTION for KIDS AV (Formerly AFFIRM AV - Antelope Valley Child Abuse Prevention Council)

ACTION for KIDS' Stand Up for Kids event had children beaming with smiles as they played with their caregivers. In addition, the council leaders made joyful noises if/when the children made "mistakes" while playing, which encouraged silliness and increased engagement.

Eastside Child Abuse Prevention Council (El Monte)

Two successful projects for the Eastside Council was the creation of their new brochure with new mission statement, and the development of their own Council website. The pandemic caused the Council to increase their use of technology and develop new strategies to connect and support their community members.

End Abuse Long Beach (EALB)

The most successful aspect of the EALB trainings is the consistency with which they are offered, the accessibility, and relevant content provided by the speakers. Council members highlighted the increasing need to address both parental and professional burnout in their trainings. In addition, the council was able to cover different aspects of self-care during their trainings. Below are several testimonials from participants:

"Brilliant training. Love her energy, ideas, and creative thinking. She is an intersectional being who celebrates who she is in all her glory. Wonderful model for us!"

"Love the combination of research and practice, professor and student, and recommendations and realities that were present in this presentation."

"Dr. Tiffany Brown is one of LB's true leadership gems - she is wise, gracious, informative, articulate - and also courageous for always being willing to question how things were done before, and how to innovate and improve systems. The children of LBUSD are blessed to have her leadership, and so are we. Thank you so much, EALB, for inviting Tiffany as a return speaker on this topic of immense value to us all."

"This was a phenomenal presentation with very useful content!"

LAC-Family, Children, Community Advisory Council (African American Council)

This was LAC-FCCAC's 3rd year providing books to new moms of the Black Infant Health (BIH) Programs in LA County. The purpose of this distribution was to encourage new mothers and their family members to read to their babies as soon as possible. Research indicated the positive aspects of bonding, holding infants and talking to them to encourage early language skills. The nurturing circle begins immediately when BIH Staff pick up the books and deliver the books individually to the new moms in their homes.

Each year, the Los Angeles County BIH enrolls 350 new pregnant moms. The selected book for distribution this year was "I Too Sing America" by Langston Hughes. Langston Hughes was best known as a leader of the



Harlem Renaissance in the mid-20th century. He was an African American poet, novelist, playwright, and social activist. This book selection also provided some African American history to all the involved adults.

LAC-FCCAC printed this donation statement on labels and BIH staff put the statements on the inside of each book. "This book was donated to you by the Los Angeles County-Family, Children, Community, Advisory Council, (African American Child Abuse Prevention Council). We hope that this book brings joy to the one who is reading this book and the one(s) who listens. Good Reading! April 2022"

LGBT Child Abuse Prevention Council

The LGBT Council led the distribution of 700 small LGBTQ+ Pride flags to graduating seniors at LAUSD high schools to carry during graduation. They purchased the flags and partnered with LAUSD personnel to distribute the flags to LGBTQ+ and ally graduates on the day of the event at most high schools. The target population was parents, families and friends attending the graduations with the purpose of increasing awareness and visibility of our community. It was also targeting those LGBTQ+ and ally graduates to affirm their own identities.

San Gabriel Valley Child Abuse Prevention Council (SGV)

The San Gabriel Valley Child Abuse Prevention Council successfully promoted and coordinated a parent empowerment and art therapy workshops. The Kid Power Parent Empowerment training focused on modeling behavior to reduce bullying and increase self-protection. In addition, the council led a drive-through resource fair with Parents' Place organization, serving 153 families.

SPA 2 Council for Child Abuse Prevention

The Council offered three virtual workshops centered on "Promoting Resilience in Our New Reality: Helping the Helpers" which provided well-received information, support and education to a broad sector of providers and parents in SPA 2. The council has continued to apply its goal of bringing together professionals and/or parents from a variety of communities or work sectors to connect and share common experiences.

Survey personal responses included the following "most important, impactful or useful takeaways" gained by attending the workshops:

- "Acknowledgment of the world we live in now and how to deal with it as a professional."
- "Reminder to fill my cup first; realizing and remembering how important self-care is."
- "Utilizing easy techniques to reconnect and get through a stressful day."
- "I especially found the relaxation and grounding tools provided and modeled highly effective. I'm excited to start practicing these strategies myself and present them to my clients."
- "We all have trauma due to the pandemic and some have multiple traumas."
- "Don't be afraid of stress. We are equipped to respond."
- "Throughout the training, I felt so validated!"

SPA 7 Child Abuse Prevention Council

The most successful aspect of SPA 7's Parent Conference was the collaboration between community partners and the parents/community leaders that worked together for the development of the conference. Parents selected the topics of the conference, brainstormed and chose topics for the workshops, and reached out to different organizations to find the speakers.

Westside Anti-Violence Authority (WAVA)

The WAVA council hosted a comprehensive webinar on Coercive Control, presented by Professor Evan Stark, who coined the phrase "coercive control." It was attended by 102 members of the community connected to the



WAVA council.

TOTAL PEOPLE, CHILDREN & FAMILIES INVOLVED OR IMPACTED

The Child Abuse Councils were asked to provide their best estimates with regards to the number of children, families, and total adults that were involved or impacted by the activities performed in the 2021-22 contract year throughout Los Angeles County. The following chart illustrates their combined responses:

	Children	Families	Total Adults
Number of people involved or impacted by the projects:	3,193	1,550	4,892
Number of people with identified special needs involved or impacted by the projects (3 groups collect this data):	1,402	925	1,038

TRAININGS/WORKSHOPS

A primary function of the Los Angeles County Child Abuse Prevention Councils is to provide their communities relevant and timely trainings/workshops. In the 2021-22 contract year, 10 of the 12 Councils were able to provide at least one training or workshop on a wide range of topics and in total 637 community members, parents, home visitors, mental health clinicians, social workers, care givers, resource parents, early childhood educators, students and other professionals working in the child welfare field received free or low-cost trainings. Similar to last year, this contract year was also a bit different due to the COVID-19 pandemic.

DISTRIBUTED PRINTED PREVENTION MATERIALS

The Councils create and distribute a variety of community friendly child abuse prevention materials in numerous languages. In the 2021-22 year, many materials were distributed virtually. Materials available include:

- “Daily Acts of Kindness Towards Children” Calendars (Languages: English, Spanish, Khmer, Tagalog, Korean, Vietnamese, traditional Chinese)
- “Guide to Positive Parenting” (Languages: English & Spanish)
- “California Mandated Reporting, Easy Steps...” pamphlet (Languages: English & Spanish)
- “It only takes a minute to brighten a child’s life” Bookmarks (Language: English)
- “Together We stand Up Against Bullying!” pamphlet (Languages: English, Spanish, traditional Chinese)
- “Resources for Families and Friends After a Suicide, Suicide Attempt or Threat” wallet cards (Languages: English & Spanish)
- “5 things to know” LGBT resource card (Languages: English & Spanish)
- “Safe Zone” stickers, created by the LGBT Council (Language: English)
- “Take One Moment” Poster Campaign for SPA 2 (Languages: English & Spanish)

In the 2021-22 contract year, the LAC-CAPCs distributed an estimated 18,240 printed prevention materials to community partners, parents, community residents and service providers to name a few within all SPA’s (1-8) within Los Angeles County.

After someone hurts you,
you are not the same
anymore.



After someone hurts you,
you are not the same
anymore.



SECTION IV: ICAN ORGANIZATIONAL SUMMARY

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

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

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

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

ICAN STAFF

DEANNE TILTON DURFEE

Executive Director

EDIE SHULMAN

Assistant Director

PETER SABADO

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JOYCE TAJUNA

Program Administrator

SUSANA MONTANEZ

Program Administrator

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JOSE CORTEZ

Management Assistant

KARLA LATIN

Administrative Assistant

SABINA ALVAREZ

Senior Secretary IV

JEREMY HUANG

Senior Secretary III

ICAN ASSOCIATES STAFF & CONSULTANTS

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Technology Manager

JOHN SOLANO

IT Coordinator

MICHAEL DURFEE, MD

Chief Consultant

SANDRA GUINE

Consultant

FOR FURTHER INFORMATION CONTACT:

INTER-AGENCY COUNCIL ON CHILD ABUSE & NEGLECT

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EL MONTE, CA 91732

Phone: (626) 455-4585

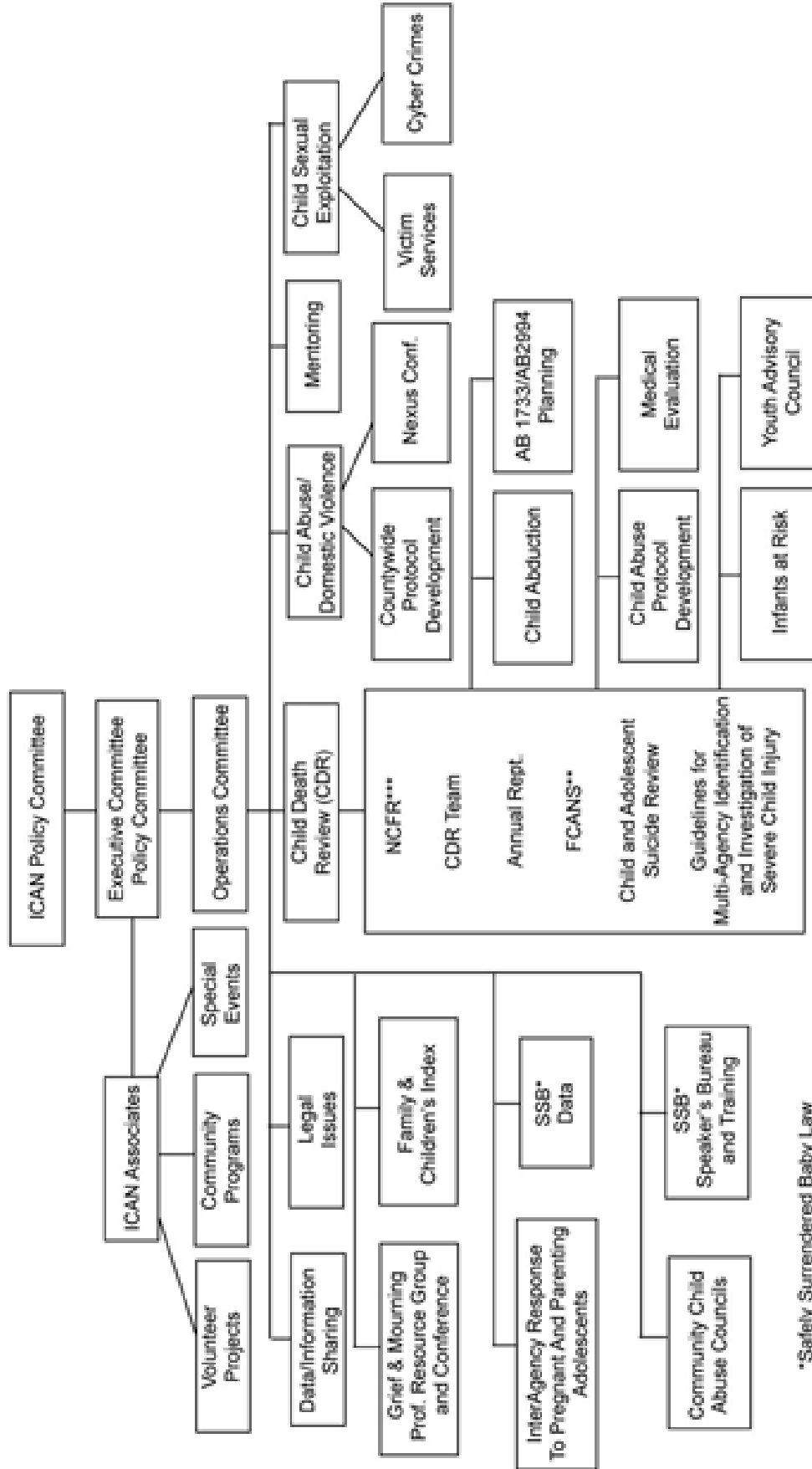
Fax: (626) 444-4851

Website: www.ican4kids.org

Email: ican@lacounty.gov



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



*Safely Surrendered Baby Law

**FCANS - Fatal Child Abuse and Neglect Surveillance

***National Center on Child Fatality Review

ICAN COMMITTEES

POLICY COMMITTEE

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

COUNTY EXECUTIVES POLICY COMMITTEE

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

OPERATIONS COMMITTEE

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

OPERATIONS EXECUTIVE COMMITTEE

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

ICAN ASSOCIATES

Private incorporated fundraising arm and support organization of ICAN. Sponsors special events, hosts ICAN Policy meetings and receptions, promotes public awareness and raises funds for specific ICAN projects. Maintains volunteer program, conducts media campaigns, issues newsletter and provides support and in-kind donations to community programs, supports special projects such as the, MacLaren Holiday Party and county-wide Children's Poster Art Contest. Promotes projects developed by ICAN (e.g., Family and Children's Index). (Meets as needed).

CHILD DEATH REVIEW TEAM

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

DATA/INFORMATION SHARING

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

LEGAL ISSUES

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

TRAINING

Provides and facilitates intra and inter agency training. (Meets monthly).

CHILD ABUSE COUNCILS

Provides interface of membership of 12 community child abuse councils involving hundreds of organizations and professionals with ICAN. Councils are interdisciplinary with open membership and organized geographically, culturally, and ethnically. Coordinates public awareness campaigns, provides networking and training for professionals, identifies public policy issues and opportunities for public/private, community-based projects. (Meets monthly).

CHILD ABUSE/DOMESTIC VIOLENCE

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

GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP AND CONFERENCE

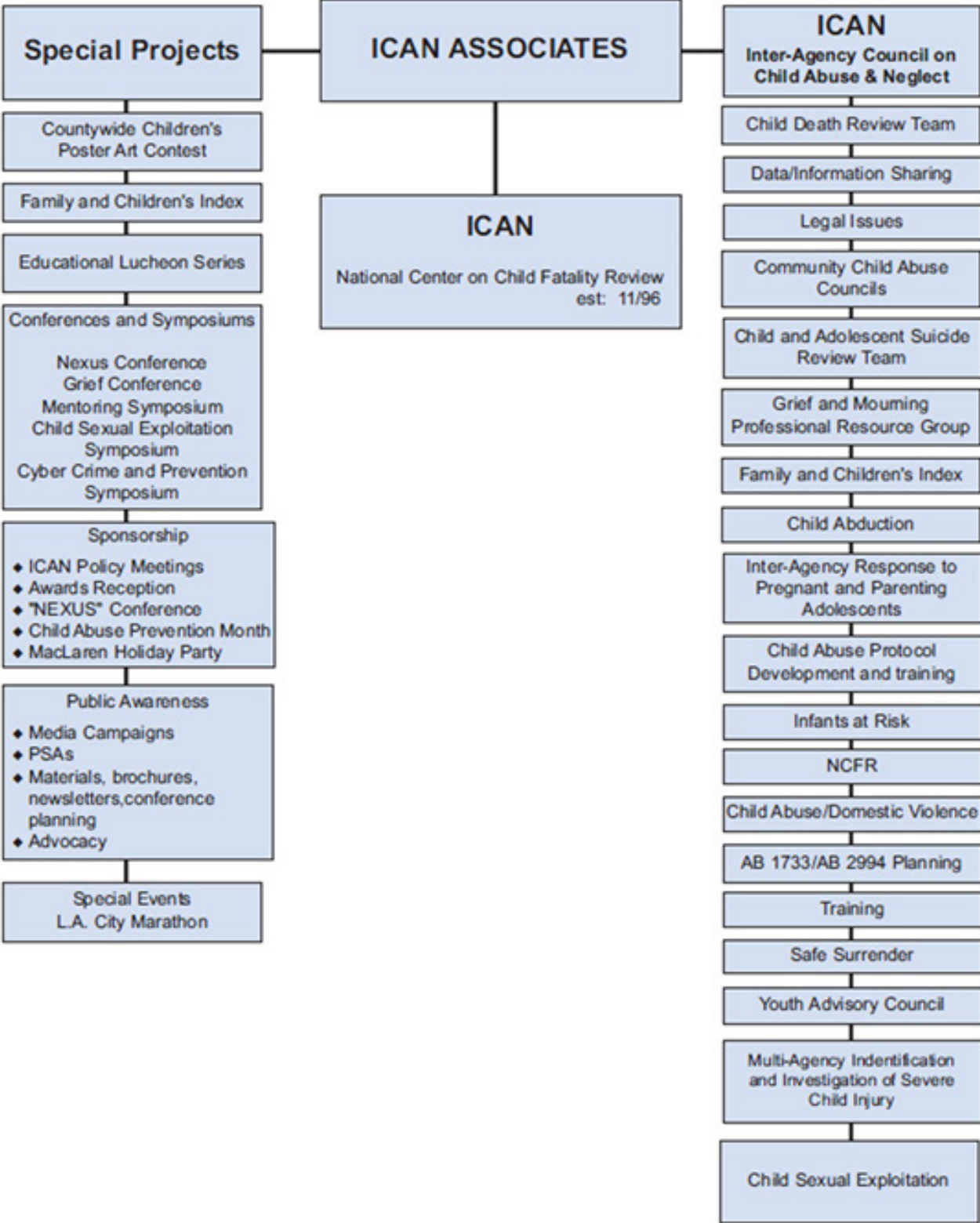
A professional peer group which serves as a resource pool of experts in grief and loss therapy to those providing mental health interventions to surviving family members of fatal family violence. The Group is developing specialized training in grief issues in instances of fatal family violence and a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

FAMILY AND CHILDREN'S INDEX

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

CHILD ABDUCTION

Public/private partnership to respond to needs of



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

AB 1733/AB 2994 PLANNING

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

INTER-AGENCY RESPONSE TO PREGNANT AND PARENTING ADOLESCENTS

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

CHILD ABUSE PROTOCOL DEVELOPMENT

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

CHILD ABUSE EVALUATION REGIONALIZATION

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

NATIONAL CENTER ON CHILD FATALITY REVIEW (NCFR)

In November 1996, ICAN was designated as the NCFR and serves as a national resource to state and local child death review teams. NCFR resources are available at <http://ican4kids.org>.

CHILD AND ADOLESCENT SUICIDE REVIEW TEAM

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

INFANTS AT RISK

Works with hospitals, DCFS and community agencies regarding the reporting of infants at risk of abuse/neglect due to perinatal substance exposure. (Meets monthly).

CHILD SEXUAL EXPLOITATION COMMITTEE (CSEC)

Focuses on Internet Crimes Against Children, Child Prostitution, and Human Trafficking of Children through the coordination of local, state, and federal agencies and service providers. The goal is to improve the effectiveness of the prevention, identification, investigation, prosecution and provision of services for victims of these crimes. To best meet these goals, a separate subcommittee on Cyber Crime Prevention was formed to develop prevention efforts leaving the CSEC Committee to focus on victim services.

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

With the support of a grant from the Office of Emergency Services (OES), ICAN updated the LA County SCAN team registers, collected existing SCAN and Child Death Review protocols, and surveyed literature for trends and standards, surveyed data systems among agencies to assist in information sharing.

SAFELY SURRENDER BABY LAW (SSBL)

Responsible for notifying the Board of Supervisors, Chief Administrative Office, and others of safe surrenders and abandonments, as well as collecting and analyzing data on these cases and preparing an annual written report to the Board of Supervisors. ICAN maintains a Speakers’ Bureau, which has trained nearly a thousand individuals in the public and private sectors. ICAN also is responsible for maintaining the County of Los Angeles Safely Surrendered Baby Law website known as BabySafeLA and responding to the various inquires for information and public information material.

NEXUS PLANNING COMMITTEE

Develops and plans ICAN’s annual NEXUS conference; a large multi-disciplinary conference addressing “Violence in the Home and It’s Effects on Children.” (Meets periodically during planning months)

ICAN ASSOCIATES

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

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

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

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

ICAN/ICAN Associates provides 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 was funded through a grant from the California Department of Social Services (CDSS).

In October 2018, ICAN Associates sponsored the 23rd Annual NEXUS Conference, in conjunction with The Department of Children and Family Services (DCFS), community groups and ICAN agencies. The conference presented an opportunity to hear from local, state and national experts, about the impact of all forms of violence within the home on children as well as potential solutions. The information

presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

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

CHAIRPERSON

JUDGE MARY THROTON HOUSE

Producer/Actor

ICAN EXECUTIVE DIRECTOR

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Actor

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KASIM KHAN

Treasurer

JEN LILLEY

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ELAINE TREBEK-KARES

SYBIL BRAND

CHRISTINA CRAWFORD

BOURNE MORRIS

FRANK VICENCIA, ESQ.

SALLIE PERKINS

The Los Angeles Community Child Abuse Councils consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect, and to raise public awareness of child abuse and family violence issues. The membership of the Councils is made up of professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the problems of child abuse and family violence. The Child Abuse Councils Coordination Project facilitates the joint projects of the 12 Community Councils. Since the child abuse councils are volunteer organizations, and most members have full time jobs apart from their involvement with the councils, it is important that our projects can be implemented easily and quickly. The Coordination Project also serves the councils by providing technical assistance and professional education, advocating for children issues, and networking with other councils and agencies on behalf of the Councils. The Coordination Project has been in existence since 1987, and has been a non-profit corporation since March 1998. The Coordination Project acts as contractor with the Los Angeles County Department of Children and Family Services and the Office of Child Abuse Prevention (OCAP) to provide services to benefit the 12 Child Abuse Councils in their efforts to prevent child abuse.

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

- The Blue Ribbon Child Abuse Prevention Campaign (Held in April for the Child Abuse Prevention and Awareness Month)
- Publication of the Children's Advocate Newsletter
- Report Card Insert Project
- Establishment and Maintenance of the Los Angeles County Child Abuse Prevention Council Website
- Training and Technical Assistance to the Community Relating to Child Abuse and Family Violence
- Monthly Meetings of the Council Chairs
- Special Projects for Individual Councils

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

COMMUNITY CHILD ABUSE COUNCILS

Director:

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Manager:

Catherine Rose Grimes, MSW – catherinerosegrimes@all4kids.org; 714-785-9363

Council Chairs:

LGBTQ+

- Mark Abelsson - abelsson@earthlink.net

Advocacy Council for Abused Deaf Children (ACADC)

- Cody Hanable - chanable@5acres.org

LAC-Family, Children, Community Advisory Council (LAC-FCCAC)

- Sandra Guine - siguine@lacfccac.org; siguine@gmail.com

SPA 2

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- Celina Pacheco - pacheca@dcsf.lacounty.gov

Foothill

- Erica Villalpando - ekarlinev33@gmail.com

San Gabriel Valley

- Karen Nutt - knutt59@msn.com

SPA 7

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- Norma Yoguez - nyoguez@spiritt.org; normay@spiritt.org
- Daisy Rojas - daisyr@spiritt.org

Asian Pacific Islander – Children, Youth, and Family Council (API-CYFC)

- Nayon Kang - nkang@kycccla.org
- Jackie Ango - jango@cscla.org
- Nina Yuen - nyuen@cscla.org

ACTION for KIDS - Antelope Valley

- Rosie Mainella - affirm1av@gmail.com
- Maria Teresa - touchoflove44@gmail.com
- Marlene Mainella - marleneisntabelle@gmail.com

Westside Anti-Violence Authority (WAVA) *In the process of updating council name

- Tiernan Hebron - thebron@thepeopleconcern.org
- Gabriela Tapia - gtapia@thepeopleconcern.org

End Abuse Long Beach

- Kathryn Miles - president@endabuselb.org

See Something

Don't
Bully
!

STOP
CHILD
LABOR!!

STOP
CHILD
ABUSE



Say Something!



SECTION V: APPENDIX

A significant accomplishment of the Los Angeles Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Subcommittee in the 1980's was to provide Los Angeles area agencies with a common definition of child abuse to serve as a reporting guideline. One purpose of this effort was to achieve compatibility with reporting guidelines used by the State of California.

Additionally, it was hoped that a common definition would enhance our ability to better measure the extent of our progress and our problems, independent of the boundaries of particular organizations. As you read the reports in this document you will see that this hope is certainly being realized. Since their inception, the definitions have increasingly been applied by ICAN agencies with each annual report that has been published. This year's Data Analysis Report is no exception. This year, more than half of the reporting agencies have been able to apply them to their reports in one way or another.

The Data/Information Sharing Sub-committee hopes that as operational automated systems are implemented and enhanced by ICAN agencies, these classifications will be considered and more fully institutionalized. We believe that over time, their use will enable the agencies to achieve a more unified and effective focus on the issues. The seven reporting categories are defined as follows:

PHYSICAL ABUSE

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

SEXUAL ABUSE

Any sexual activity between a child and an adult or person five years older than the child.

This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse.

SEVERE NEGLECT

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

GENERAL NEGLECT

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

EMOTIONAL ABUSE

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

EXPLOITATION

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

CARETAKER ABSENCE/INCAPACITY

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

