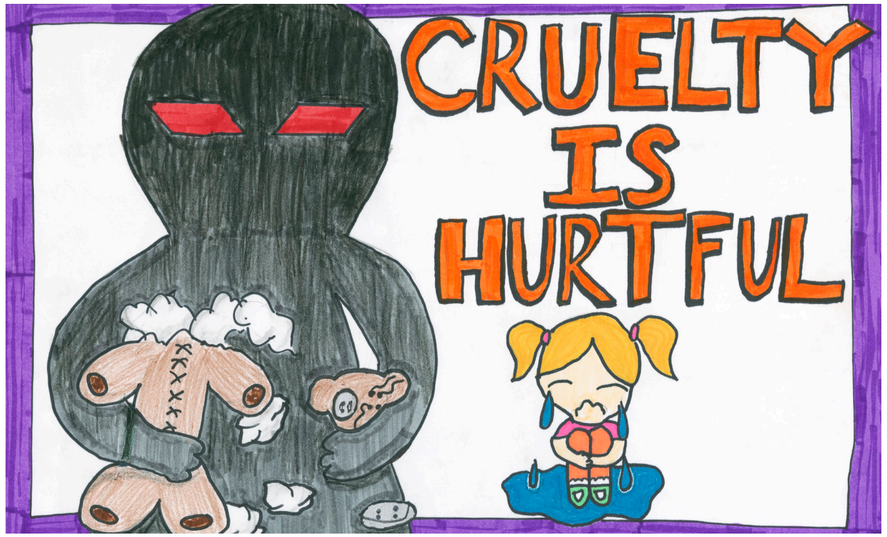

The Inter-Agency Council on Child Abuse and Neglect is comprised of Los Angeles County City, State and Federal Agencies, as well as community organizations, and individuals from the private sector. ICAN was established in 1977 by the Los Angeles County Board of Supervisors as the official county agent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

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

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

ICAN

THE STATE OF CHILD ABUSE in Los Angeles County
Compiled from 2016 Data
ICAN 2017

THE STATE OF CHILD ABUSE
in Los Angeles County
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ICAN

ICAN 2017

Inter-Agency Council on Child Abuse and Neglect

Los Angeles County • ICAN Data/Information Sharing Subcommittee
(626 455-4585 • Fax (626) 444-4851 • www.ican4kids.org

ICAN

Deanne Tilton Durfee, Executive Director
Los Angeles County Inter-Agency Council on Child Abuse and Neglect
4024 North Durfee Avenue • El Monte, CA 91732
(626) 455-4585 • Fax (626) 444-4851 • www.ican4kids.org

REPORT COMPILED FROM 2016 DATA

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY

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

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

Front Cover art by Mia Harmon, ICAN Student Poster Art Contest
Back Cover art by Ella Gluzman & Sara Schlis, ICAN Student Poster Art Contest

Policy Committee Members

JIM McDONNELL, CO-CHAIRPERSON
Sheriff, Los Angeles Sheriff's Department

JACKIE LACEY, CO-CHAIRPERSON
District Attorney

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Director, Community and Senior Services

JEFFREY BEARD, PH.D.
Secretary, California Department of Corrections & Rehabilitation

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California Attorney General

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SARAH BOONE
Chief Executive Officer, Extraordinary Families

SANDRA BROWN
United States Attorney

BOBBY CAGLE
Director, Department of Children and Family Services

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Executive Officer/Clerk, Superior Court

KENNETH CLAYMAN
Interim Public Defender

DEBRA DUARDO, Ed.D
Superintendent, Office of Education

BARBARA FERRER, PH.D., MPH, MED
Director, Department of Mental Health

MIKE FEUER
Los Angeles City Attorney

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President Police Chiefs Association Community Development Commission

SACHI H. HAMAI
Chief Executive Officer

NANCY HAYES, LCSW
UCLA Medical Center

ANTONIA JIMENEZ
Acting Director, Department of Public Social Services

MITCHELL H. KATZ, MD
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Superintendent, LA Unified School District

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Presiding Judge, Juvenile Court

WILL LIGHTBOURNE
Director, California Department of Social Services

JONATHAN LUCAS, MD
Chief Medical Examiner-Coroner, Department of Coroner

TERRI L. MCDONALD
Chief, Probation Officer

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Director, Internal Services Department

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Appointee, Board of Supervisors

DARYL OSBY
Fire Chief, Forester and Fire Warden

SKYE PATRICK
County Librarian, Public Library

CHARLES ROBBINS
Appointee, Board of Supervisors

SEAN ROGAN
Executive Director, Community Development Commission

JONATHAN E. SHERIN MD, PH.D.
Director, Mental Health

LILIA A. VARGAS
Appointee, Board of Supervisors

JOHN WICKER
Director, Parks and Recreation

MARY C. WICKHAM
County Counsel

ICAN Operations Committee Members

LINDA ARAGON
Department of Public Health

JOANNE BAEZA
District Attorney's Office

CAROL BERKOWITZ, MD
David Geffen School of Medicine at UCLA

LINDA BOYD
Department of Mental Health

KATRINA CAMPBELL
Los Angeles Unified School District

SUSAN CHAIDES
Los Angeles County Office of Education

LISA COOK
Juvenile Dependency, Children's Court

ANA MARIA CORREA, DIVISION MANAGER
Internal Services Department

PATRICIA DONAHUE
U.S. Attorney's Office

DONNA EDMISTON
LA City Attorney's Office

EDMARINE EDWARDS
Department of Children and Family Services

MARIAN ELDAHABY
Department of Public Health

KERRY ENGLISH, MD
Department of Health Services

JORGE FUENTES, MD
Department of Health Services

JESSICA GAMA
Probation Department

SGT. ALFONSO GARCIA
Los Angeles Sheriff's Department

ROBERT GILCHICK, MD
Department of Public Health

SHIRELLE GORDON-THOMPSON, DPOII
Probation Department

DOUG HARVEY
California Department of Social Services

CYNTHIA HERNANDEZ-BUTER
Dependency Court

LT. CRAIG HERRON
Los Angeles Police Department

CAROLYN KANEKO
Department of Mental Health

CLAYTON KAZAN, MD
Medical Director, LA County Fire Department

NATASHA KHAMASHTA
Public Defender's Office

SARA La CROIX
Community Child Abuse Councils

ELIZABETH LEM
Office of Education

BETSY LINDSAY
Community Development Commission

JENNIFER LOPEZ
Department of Children and Family Services

CAPTAIN CARLOS MARQUEZ
LA County Sheriff's Department

TOM MARTINEZ
Public Library

JOE MATTHEWS
Department of Parks and Rec

GREGORY MCNAIR
LA Unified School District

LINDA MEDVENE
County Counsel

LT. ANDREW MEYER
Los Angeles Sheriff's Department

NADIA MIRZAYANS
Department of Public Social Services

JACKIE MIZELL-BURT
Department of Public Social Services

JEANETTE MONTANO
Housing Authority of LA County

FAITH PARDUCHO
Department of Parks and Recreation

LT. ROBERT PEACOCK
Los Angeles Sheriff's Deparment

MICHAEL PINES, Ph.D
Pines Institute

GARY PUCKETT, Ph.D.
Department of Mental Health

O. RAQUEL RAMIREZ
Office of the County Council

JIVARO RAY
Department of Health Services

JAMES RIBE, MD
Los Angeles Coroner's Department

GLORIA ROJAS-JAKINI
Department of Public Social Services

GREG ROSE
CA Department of Social Services

SGT. RICHARD RUIZ
LA Sheriff's Department

MAUREEN SIEGEL
Los Angeles City Attorney's Office

CHERI TODOROFF
Department of Health Services

ISABEL VAQUERO
Los Angeles Unified School District

EVA VERA-MORROW
County Counsel

TRACY WEBB
United States Attorney's Office

JANICE WOODS, MD
Department of Health Services

LORETTA WORTHINGTON
Department of Health Services

KELLY YAGERLENER
Department of Coroner

Data/Information Sharing Committee Members

JOHN LANGSTAFF, CHAIRPERSON
Los Angeles County Department of Children and Family Services

TOM FRASER
ICAN

DEBBIE ANDERSON
County of Los Angeles Public Library

RAQUEL AYSON
County of Los Angeles Public Library

MARCO FLORES
DOJ - Section Manager

DOLORES HASTE
DOJ - Applicant Program Manager

MARGARET CHAO, MD
County of Los Angeles Department of Public Health

JOANNE BAEZA
County of Los Angeles District Attorney's Office

TRACEY DODDS
County Counsel, Dependency Division

MARIAN ELDAHABY
Maternal, Child & Adolescent Health Programs
Department of Public Health

JESSICA GAMA
Los Angeles County Probation Department

ROBERT GILCHICK, MD
Director, Child & Adolescent Health Programs
Department of Public Health

GLORIA ROJAS-JAKANI
Los Angeles County Department of Public Social Services

GABY ZUNIGA
California Department of Social Services

LT. FELICIA HALL
Los Angeles Police Department

LT. CRAIG HERRON
Los Angeles Police Department

LT. ROBERT PEACOCK
Special Victims Bureau County of Los Angeles Sheriff's Department

DIANA LIU
Maternal, Child & Adolescent Health Programs
Department of Public Health

NATASHA KHAMASHTA
Los Angeles County Public Defender's Office

LISA COOK
Superior Court, Juvenile Dependency/Children's Court

M. DONNA UY-BARRETA
Office of the Los Angeles City Attorney

THOMAS NGUYEN
Los Angeles County Department of Children & Family Services

JASON POON
Los Angeles County Department of Public Social Services

DAVID ZIPPIN, Ph.D
County of Los Angels Department of Mental Health

SOPHIA LEE
Los Angeles County Department of Children & Family Services

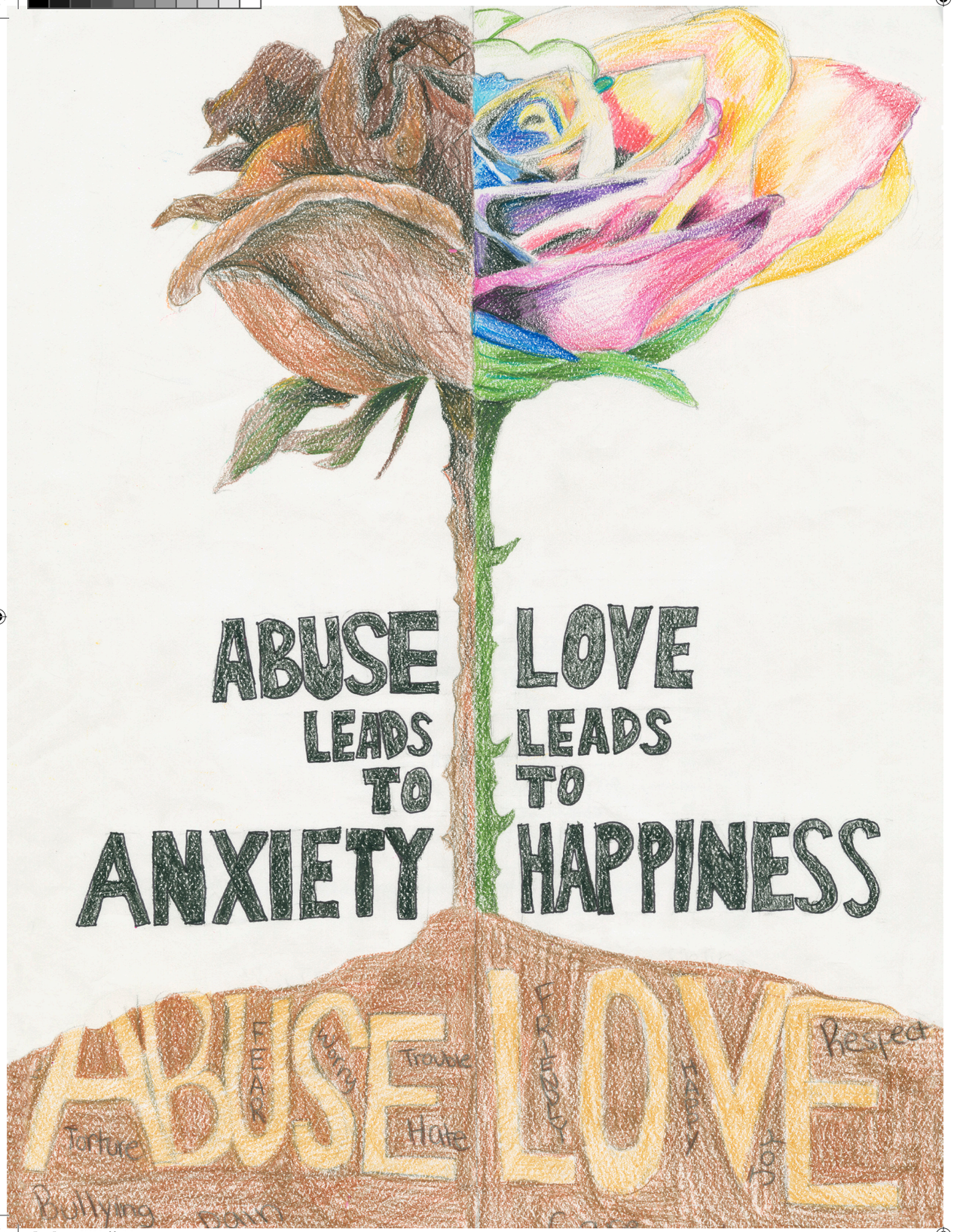
KARDRINER THOMPSON
Los Angeles County Department of Medical Examiner-Coroner

SARAH La CROIX
Los Angeles County Community Child Abuse Council Coordinator

CLAYTON KAZAN, MD
Medical Director, LA County Fire Department

NICOLE STEENEKAN
LA CoFD

SUSAN CHAIDES
LACOE



SECTION I :
INTER-AGENCY OVERVIEW

Art by Renee Yan, ICAN Student Poster Art Contest

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) 2016 and Fiscal Year (FY) 2016-2017, 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. Our annual inter-agency analysis of data collection continues to evolve and we are continuing to look for new opportunities to view, from a more global perspective, the inter-agency linkages of the child welfare system.

Section II includes Special Reports from the ICAN Child Abduction Task Force and the ICAN Hospital Network Project.

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

Section IV provides an historical and organizational summary of ICAN. Included here are the community partners affiliated with ICAN, ICAN Associates, and the Los Angeles Child Abuse Council Coordination Project members.

In this thirty-first 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 feelings through art, as well as to discuss child abuse prevention and what children need to be safe and healthy.

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

This is the 32nd annual State of Child Abuse in Los Angeles County Annual Report. It is published to provide visibility to data about child abuse and neglect in Los Angeles County, and the agencies serving the children and families involved in the safety and welfare of children.

The following is a summary of Selected Findings and agency report data. The full agency reports provide a more detailed analysis of activities and programs as they relate to child abuse and neglect; included are changes from the previous reported year's data.

MEDICAL EXAMINER-CORONER

In calendar year 2016, 222 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 33 cases from 2015. This reverses a trend noted between 2011 and 2015 when the reported child deaths from Homicide, Suicide, Accidents, and Undetermined causes dropped a total of 52 cases.

The number of children killed by a parent, relative or caregiver was 14, a decrease from 18 in 2015 and 15 children in 2014 (it should be noted that the number of 14 deaths from homicide ties for the lowest number of deaths recorded in the previous 26 years).

Child victims age two and under accounted for 57% (8) of the 14 homicides by a parent, relative or caregiver.

Children of African American and Hispanic ethnicities combined to account for 71.43% of the 14 reported child abuse homicides.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

There was a slight dip in the number of children referred during CY 2016, 168,830 compared to 175,383 referred in CY 2015, reflecting a 3.7% decrease.

There was an average of 14,069 children who were referred to DCFS per month in CY 2016. Of these, a monthly average of 11,547 children (82%) required an in-person investigation.

The most vulnerable DCFS clients are children in the age group Birth - 2 Years. This population represented 20.8% of the total DCFS child caseload; the number of children in this age group category exhibited a 1.1 % increase from 7,181 at the end of CY 2015 to 7,263 at the end of CY 2016.

General Neglect continues to be the leading reported allegation among the Emergency Response referrals received (34.6%). The number of children referred for General Neglect in CY 2016 (58,434) reflects a 0.8% decrease from the 58,918 referred for the same allegation in CY 2015.

Severe Neglect referrals decreased 24.2% from 2,881 in CY 2015 to 2,184 in CY 2016 and were responsible for 1.3% of all referrals received in CY 2016.

Children at risk due to sibling abuse represented 22.9% of the children referred in CY 2016. At Risk, Sibling Abuse referrals decreased (for the third consecutive year) 2.4% from 39,617 in CY 2015 to 38,649 in CY 2016.

Youth in the age group 16 - 17 years again accounted for 8.6% of the total caseload. The number of youth in this age group shows a 2.9% volume decrease (for the third consecutive year), from 3,080 at the end of CY 2015 to 2,991 at the end of CY 2016.

Hispanic children continue to be the largest of all ethnic groups represented among DCFS children and account for just over 60% of the total caseload. Their numbers increased 0.1% from 20,993 in CY 2015 to 21,021 in CY 2016.

The number of children in a Foster Family Agency Certified Home reflects a 2.5% decrease from 5,045 at the end of CY 2015 to 4,919 at the end of CY 2016, and represents 27.4% of all out-of-home placements.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Homes continue to represent the largest child population in the out-of-home placement caseload. These children accounted for 53% (9,513) of the total children (17,936) in out-of-home placement at the end of CY 2016, an increase of 0.7% from the 9,446 in 2015.

Consistent with prior years, children age 13 years and under account for 76% of the total DCFS caseload. 33.2% of the total DCFS child caseload consisted of children less than five years of age.

Supervised Independent Living Placement children account for 5.4% of the total children in out-of-home placement, decreased 2.8% from CY 2015. This placement category is designed for youth who are in foster care beyond 18 and up to 21 years of age via the Extended Foster Care program provided by implementation of Assembly Bill 12 (AB12). The number of youth in this placement category reflects a decrease from 1,002 at the end of CY 2015 to 974 at the end of CY 2016. By comparison, only 80 were in this placement category as recently as CY 2012.

By race/ethnicity, the number of Caucasian children in adoptive homes increased 14% from 123 in CY 2015 to 137 in CY 2016, and the number of Hispanic/Latino children increased 13% from 517 in CY 2015 to 590 in CY 2016. The number of African American children showed an increase of 26% from 167 in CY 2015 to 219 in CY 2016.

CALIFORNIA DEPARTMENT OF JUSTICE

The Central Index recorded 1,998 child abuse reports from Los Angeles County in 2016. This represents approximately 29% of the state's total reports. This is an increase from 2015 when 1,785 cases comprising 27% of the State's total came from Los Angeles County.

The abuse determinations were as follows:

a) 635 (28%) Physical Abuse

b) 652 (39%) Mental Abuse

c) 446 (28%) Sexual Abuse

d) 232 (18%) Severe Neglect

e) 33 (45%) Willful Harming and/or Corporal Punishment.

State-wide, authorized agencies submitted 6,790 reports to the DOJ for entry into the CACI.

CACI data reflects 2 child death reports state-wide for 2016.

DEPARTMENT OF PUBLIC HEALTH

The death rate for children ages 1 to 17 in Los Angeles County has shown a consistent downward trend since 2004; it had been relatively stable since 2009, then decreased further in 2014**. African-American children ages 1 to 17 had the highest death rate among the major race/ethnic groups represented, a consistent disparity; however, the African-American rate has continued to decrease along with other racial groups. A significant decrease in the magnitude of that disparity, first noted in 2010, continued in 2014**, dropping 24% from the slight increase in 2013.

Three of the five leading causes of death among children (youth) ages 13-19 and responsible for a large majority (75%) of deaths in that age group (148 of the 196) all relate to injury and continue to be: homicide (intentional harm to another), accident (unintentional injury), and suicide (intentional self-harm); all theoretically preventable deaths. Malignant Neoplasm's (cancerous tumors) continue to keep pace with number of suicides as the number 3 or 4 leading cause of death since 2011.

The infant mortality rate in Los Angeles County in 2014** decreased from 4.4 to 3.9 deaths per 1000 live births.

The overall trend in the infant mortality rate in Los Angeles County over the past decade has been downward and has remained below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births since 1996 (the national average is 5.9 – source: Centers for Disease Control and Prevention - National Center for Health Statistics, 2016; although significant state-level variation exists).

African-Americans continue to have the highest infant mortality rate (more than twice as high as all other ethnic groups, and well above the Healthy People 2020 target of 6.0). However, the African-American rate dropped markedly in 2014 compared to the previous year. Among SPA's, SPA 1 (Antelope valley) had the highest child death rate, followed closely by SPA 6 (South). It is encouraging that SPA 6 (South) continues to decrease, as well as SPA 1 (Antelope Valley) compared to the previous year.

** The 2015/16 DPH child death data for was not available for purposes of this report.

As of June 30, 2017, Nurse Family Partnership (NFP) has cumulatively enrolled 5,490 clients with a median age of 17 years (37.8% of them are 17 years old or younger) since expansion in FY 2000. The majority of NFP referrals come from the Women-Infant-Child (WIC) Nutrition Program, although many special needs foster children are referred from the Alliance for Children's Rights from clients served within the Department of Children & Families Services. During the last 17 years, NFP has had only 35 children removed from their mothers during infancy (0.6%) for abuse/neglect.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

During FY 2015-2016, The Family Preservation (FP) program treated 201 clients, with a median age of 10 years. Family Reunification served 54 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 68 (these are clients with diagnosed psychiatric disorders, a probable history of psychiatric hospitalizations/psychotropic medication, and present psychotic symptoms, risk of suicide, or risk of violence). Community Treatment Facilities (CTF) treated 90. Wraparound program services were given to 4,635. The three Juvenile Hall Mental Health Units (JHMHU) served 4,992. Dorothy Kirby Center provided mental health services to 178. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,706 children/youth received mental health services. A total of 11,882 children and adolescents, potentially at-risk for child abuse or neglect, were served by these mental health treatment programs.

During FY 2015-2016, the new Wraparound contract replaced the former two-tier system with one Case Rate/Medical payment. One of the advantages of this payment structure expected by DMH is the financial feasibility of Wraparound program providers being able to serve children in residential facilities (with no identified caregiver), as they are no longer required to deduct the placement cost.

Wraparound, Family Preservation, and Family Reunification were 41% (4,848) of the clients receiving mental health services at the programs considered.

A total of 97 clients studied in this Report were diagnosed as victims of a type of abuse characterized by one of the following three ICD-9 diagnostic codes: Physical Abuse (993.54), Sexual Abuse (995.53), or Neglect (995.52). There were 37 clients in the Wraparound program that were diagnosed as victims of Physical abuse. A total of 17 Wraparound clients were diagnosed as victims of sexual abuse. There were 33 Wraparound program clients diagnosed as victims of Neglect.

OFFICE OF THE LOS ANGELES CITY ATTORNEY

In 2016, the Los Angeles City Attorney's Office reviewed a total of 1,520 investigations involving misdemeanor ICAN-related offenses, and down (for the third consecutive year) from the 1,560 reviewed in 2015.

Of the 1,520 investigations, 460 were filed and reached a disposition. Of these cases, 370 resulted in guilty pleas or convictions following jury trials.

DISTRICT ATTORNEY'S OFFICE

In 2016, a total of 4,999 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants. This is a continuing decrease from the 5,314 cases that were submitted in 2015, the 5,551 submitted in 2014, and the 5,665 submitted in 2013.

Of these, charges were filed in slightly less than 49% (2,441) of the cases reviewed. Felony charges were filed in 49% (1,209) and misdemeanor charges were filed in 51% (1,232) of these cases.

Of those cases declined for filing (a total of 2,558 for both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) (sex abuse) accounted for 28% of the declinations (720).

Consistent with prior years, 74% of the adult cases filed involving child abuse, the gender of the defendant was male.

Convictions were achieved in 95% of the cases filed against adult offenders. Defendants received grants of probation in 70% (1,216) of these cases; State prison sentences were ordered in 25% (434) of the cases; and, slightly less than 1% (12) of the defendants received a life sentence in state prison.

JUVENILE COURT

Although the number of new WIC §300 filings reflects a steady decrease since 2013, in 2016, 13,674 children were brought into the juvenile court system under new WIC §300 petitions; this is an increase of 76 from the 13,598 children that entered in 2015.

For the third straight year the number of new WIC §602 (delinquency) petitions decreased significantly. In 2016 6,249 WIC §602 petitions were filed compared to 7,408 filed in 2015, and 8,609 filed in 2014. The decrease in the number of petitions was attributed to a general decrease in crime, as well as more successful efforts at diverting low-risk offenders from the juvenile justice system.

The decrease in the number of children in the Dependency system in 2014 and 2015 reflected a reversal trend. This was a return to the trend from the past several years in which the number of children exiting the system was greater than those entering.

Unfortunately, the trend appeared to change; in 2016 the number of children exiting the dependency system was slightly less than the number of children entering. In 2016, 13,674 children entered the Dependency system, and 13,631 children exited the system.

New WIC §300 petitions constituted 55% of total filings in 2016, consistent with the prior year.

In 2016 an average of 45% of dispositional hearings ended with the removal of children from their parents or guardian; consistent with the 45% reported for 2015 and the 46% reported for 2014.

LAW ENFORCEMENT

For the first time in recent years there has been a divergence in the number of child abuse crimes investigated by LAPD and LASD. LAPD investigated a total of 3,782 child abuse cases (resulting in crimes) in 2016, up 4% from the 3,638 in 2015, while LASD conducted 4,017 child abuse investigations in 2016, down 14% from the 4,649 investigations in 2015.

Independent Police Agencies

The top five independent police agencies accounted for 40.61% of investigations of all Suspected Child Abuse Reports (SCARS). These agencies included Long Beach (2,825), Pomona (995), Inglewood (725), El Monte (710), and Pasadena (611). Long Beach PD, with the greatest number accounted for 19.6% of all the Independent Police Agency SCARS.

Although the overall number of SCARS decreased (11%) from 16,249 in 2015 to 14,416 in 2016, the number of reports not investigated was also down, for the second consecutive year, (11%) from 1,065 in 2015 to 945 in 2016.

PROBATION

The number of adult referrals has been dropping steadily since 2009; the number of adult referrals for child abuse offenses decreased by 14.8 % from the previous year, from 539 in 2015 to 459 in 2016. This marked a return to numbers seen in 2013 when Probation recorded 497 adult referrals.

The number of juvenile referrals for child abuse offenses decreased by 29.6% from the previous year, and dropped from 287 in 2015 to 202 in 2016. The number of juvenile referrals for exploitation increased by 4%, from 23 in 2015 to 24 in 2016.

Consistent with prior years, sexual abuse again constituted the clear majority of child abuse referrals for both adults and juveniles. In 2016, 92% of adult referrals and 76% of juvenile referrals were for sex related offenses.

However, juvenile sexual abuse referrals were down significantly (33%) from 230 in 2015 to 154 in 2016. Juvenile physical abuse referrals (generally for murder/attempted murder of a child; and gang related) were also down (25%) from 16 in 2015 to 12 in 2016.

LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE

In FY 2016-2017, the Public Defender represented clients in approximately 85,085 felony-related proceedings; 197,904 misdemeanor-related proceedings; and 25,177 clients in juvenile delinquency proceedings. These figures are all down for the fifth consecutive year.

DEPARTMENT OF PUBLIC SOCIAL SERVICES

In total, there was a 2.65% increase (90,952) in the number of individuals receiving assistance for all programs combined from December 2015 (3,430,557) to December 2016 (3,521,509). This increase is primarily due to the Medi-Cal Assistance program, which increased in individuals served by 19.83% (549,750) and attributed to implementation of the Health Care Reform Act of 2014.

In 2016 the number of CalWORKs aided individuals decreased by 4.06% (-14,402) down from 354,376 in 2015. The Cal-Learn program also decreased 15%, from a monthly average of 1,466 served in 2015 to a monthly average served of 1,243 in 2016.

DPSS decreased the number of referrals made to DCFS from 314 in 2015 to 232 in 2016, a 26% decrease.

PUBLIC LIBRARY

The Public Library continued its partnership with the Probation Department and issued a library card to each youth following their incarceration at Juvenile Hall or Probation Camp; In FY 2016–2017 1,003 cards were issued, and 28,423 cards have been issued through this program to date.

In FY 2016-2017, more than 64,093 students logged on to the free on-line Live Homework Help Program (www.librarytutor.org), providing free tutoring

sessions with qualified tutors in English, Math, Science and Social Studies. Since 2005, students have logged on to the free tutoring sessions more than 904,394 times.

COUNTY OF LOS ANGELES FIRE DEPARTMENT, EMS

In 2017 the department provided 309,466 patients with medical care, 8% (25,580) of whom were pediatric patients 17 years of age and younger.

Approximately 75% of all adolescent patient contacts received transport to a 911 receiving center.

LOS ANGELES COUNTY COMMUNITY CHILD ABUSE COUNCILS

There are currently 12 community-based councils throughout Los Angeles County. It is estimated that in FY 2016-2017, 43,543 adults and children (11,861 families) were involved with or impacted by the various projects and activities of the councils.

LOS ANGELES COUNTY OFFICE OF EDUCATION

LACOE provides support to 80 K – 12 school districts throughout Los Angeles County; 48 unified schools districts, 27 elementary school districts, and 5 high school districts.

School districts vary in size from the smallest district of Gorman, with 97 students, to the largest district of Los Angeles Unified, with 633,621 students.

There are a total of 2,314 public schools and 367 charter schools.

ICAN CHILD ABDUCTION TASK FORCE

2016 reflected a ten year low in the number of abducted children and their families reported and served by Los Angeles County reunification programs.

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

DISCUSSION

Generally speaking, the child abuse data found in these agency reports is trending downward, and the number of children being referred for suspected abuse or neglect has decreased in Los Angeles County. In 2015, the number of referrals received by the Hotline was 175,383, compared to 168,830 in CY 2016.

Los Angeles County continues to remain the highest reporting CPS agency in the state, accounting for 29% of the total Child Abuse Central Index (CACI) reports received by DOJ in 2016. However, the number of CACI reports from Los Angeles continues to indicate child abuse is under-reported in the index. LA County provided in-person responses to 138,567 referrals and 13,674 children were brought into the Dependency Court in 2016, yet only 1,998 children from Los Angeles County were reported to the central index. The continuing low number of reports reflected in the state-wide numbers could be evidence of the high number of referrals for general neglect (58,434), unfounded or inconclusive allegations, or families being referred to alternative community services that would not be reported to the central index; however, this low number could also be the continuing result of law enforcement agencies no longer being allowed to report to CACI as of January 2012.

In the 2014 State of Child Abuse Report for Los Angeles County, ICAN first made the recommendation to resolve the data disparities between the DOJ CACI program and abuse data reported by Los Angeles County; and revisit the 2012 legislation that removed law enforcement from reporting. By removing law enforcement from reporting to the index, a significant group of abusers, those outside of the family, are excluded from CACI. All cases where children are abused in day care, school settings, playgrounds, etc., are not reported to the index, effectively eliminating important offender information should a clearance be requested on a person or provider who would be in a caregiving role, or on any subsequent allegations.

In February 2018, State Assembly Bill 2005 was introduced to return law enforcement to the reporting requirements for the Child Abuse Central Index. That Bill is now pending.

Although referrals to DCFS are down, new WIC 300 petition filings and case dispositions in Dependency Court are both up: the number of dispositions in 2015 was 8,408, compared to 8,448 in 2016.

2016 also marked a return to a year in which more children are entering the DCFS/Dependency system than exiting, albeit a slight increase.

The number of cases submitted to the District Attorney for filling consideration was down (for the fifth consecutive year) as were the Public Defender numbers. Also down were State prison sentences; 27% (562) of convictions in 2015, compared to 25% (434) of convictions in 2016.

The number of children in Relative/Non-Relative Extended Family Member care continues to represent the largest child population in out-of-home care, and increased from 9,446 in 2015 to 9,513 in 2016. For both DCFS and Dependency Court, keeping children with kin continues to reflect the law and best practice when children cannot remain safely in their own home. However, as we continue to see in ICAN Death Review cases, special efforts need to continue to ensure there is no increased risk to child safety related to visitation with offending parents and step-parents.

Remaining a steady presence in the DCFS caseload, African American children continue to be overrepresented in the child welfare system. African American children are disproportionately represented at a rate of 25.1% of the total caseload, while they are only 7.4% of the general population. The on-going preponderance of African American children within the child welfare system is chronic, and continues to warrant concern. The overrepresentation of this group again underscores the economic disparities among our communities which cannot be overlooked for their impact on families, the well-being of their children, and their access to resources. This is not only an important issue for Los Angeles County, but also reflects larger, socio-economic issues that affect underserved communities throughout our nation.

In Los Angeles County, African American children also account for 21.5% of the reported homicides by a parent, relative or caregiver; a consistent percentage seen over time. Stress continues to impact the young children and families of Los Angeles County: nearly one in ten (9.5%) toddlers had experienced an overnight stay in a hospital not including right after birth; one in ten (9.5%) had been away from either parent for longer than one month (African American toddlers were at 20%); nearly one in five toddlers (19%) had experienced a change in household members, including a new sibling; about one in seven toddlers (15%) had witnessed conflicts between parents; and about 3% of toddlers had witnessed violence and physical abuse in person. Mothers are also impacted in this environment: nearly half of mothers (46%) felt overwhelmed by the demands of caring for her child (at two years of age) at least some of the time; about one in seven mothers (14%) experienced some type of domestic violence during pregnancy and about 1 in fourteen mothers (7%) after pregnancy; and, nearly one in four mothers (24.7%) felt depressed for longer than two weeks during the past year.

Agencies are still challenged by the collection of data related to domestic violence (DV). Given the presence of DV seen in calls to law enforcement, dependency case filings, criminal prosecutions for child abuse, and ICAN Child Death Review cases, we urge agencies to begin tracking, collecting and reporting on this important social statistic. It is only through our full understanding of the prevalence of this issue that we can begin to substantively treat it on a systemic scale. For this reason, ICAN again included a recommendation related to the collection and reporting of DV data.

In a related recommendation, ICAN is also advocating for the formation of a Technology Sub-Committee. Comprised of the technological counterparts to the current Data Committee, this group would be instrumental in pioneering new applications for capturing and reporting agency data.

Giving full measure to the totality and complexity of this data, Los Angeles County does seem to be moving the needle in the right direction in a number of areas. For example, the number of children placed in adoptive homes, across all ethnic groups, is up. Also, the number of agencies contributing data to this publication is growing. Recently we welcomed to additions of: The Los Angeles County Child Abuse Councils, the Los Angeles County Fire Department EMS, The ICAN Hospital Network Project, LACOE, and next year we expect to add the Los Angeles County Alternate Public Defender's Office.

This report encourages a unique level of multiagency coordination in Los Angeles County, the largest child protection system in the nation. By sharing data with one another agencies learn about our shared work experience and responsibilities (outside of our own unique perspectives) within the context of the entire child protection system of care. There is value in this level of collaboration as our agencies grow in their understanding of one another and reflect this understanding in the coming together to address issues of shared concern. Together we stand the greatest hope of achieving improved safety and well-being for the children and families of Los Angeles County.

Recommendations

RECOMMENDATION ONE:

ICAN TECHNOLOGY COMMITTEE

It is recommended that ICAN form a new Technology Committee to lead the efforts of the current Data Committee in exploring and developing new options for data collection, reporting and analysis. It is further recommended that participating agencies designate the appropriate and corresponding counterparts to participate on the ICAN Technology Committee.

RATIONALE:

Introducing new data options to our agency reports is a challenging proposition. New data categories require development and coordination with an infrastructure necessary to capture and support new information. This in turn requires close communication between data and technology personnel to agree on shared direction and goals. The Technology Committee is viewed as a natural progression in the evolution of work performed by the ICAN Data Committee over the past several years.

RECOMMENDATION TWO:

DOMESTIC VIOLENCE

Consistent with ICAN Child Death Review Team recommendations, DCFS, Law Enforcement, the District Attorney, and Superior (Dependency) Court should begin tracking, recording, and reporting data involving children and families impacted by domestic violence.

Additionally, it is recommended that Law Enforcement cross report all domestic violence cases to DCFS when children live in the home.

RATIONALE:

Violence in the home poses risk to children and the relationship between domestic violence and child abuse is well chronicled. Domestic violence is a primary risk factor of child abuse, especially in younger children, and is often present in homes where a child fatality, due to child abuse, has occurred.

Currently very little hard data exists as to the prevalence of domestic violence in Los Angeles County. However, preliminary data from 2015 suggested that approximately ½ of all petitions filed in Dependency Court include a count of domestic violence; and over ½ of these cases involve children 0 – 5 (in 2015, child victims age 2 and under accounted for 74% of homicides by a parent, relative or caregiver).

RECOMMENDATION THREE:

SCHOOL DATA

The Los Angeles County Office of Education (LACOE) should encourage [and support] each of their 80 school districts in the collection and reporting of child abuse reporting data, especially the Los Angeles Unified School District (LAUSD).

RATIONALE:

As mandated reporters, LACOE is the only source for child abuse reporting data that school districts, principals, staff, administrators and teachers generate. This information is not reflected in any of the other agency reports. Sharing data and information is consistent with the County's overall effort to work more collaboratively, across agency boundaries, in how we serve and meet the needs of our children and families.

This data will also shed light on how mandated reporters are doing in terms of identifying and reporting suspected risk, and guide where and when refresher trainings are needed.

LAUSD is the largest of all the districts and its participation in child abuse data collection and reporting would significantly enhance the perspective of this report.

RECOMMENDATION FOUR:

REPORTING OF DATA

The California Department of Justice (DOJ) should align their abuse categories in CACI, using language consistent with that used by the reporting Counties. For example, the DOJ uses the terminology of "Harming Corporal" and "Mental" to describe abuse categories that are not used by Counties.

RATIONALE:

Currently the language used by the DOJ differs from that used by the reporting Counties. Because of data discrepancies between LA County and DOJ, using similar language in describing their abuse categories may assist in more accurately capturing what is reported.

Reporting data in a consistent manner will provide an opportunity for agencies to view and share their data without the need for interpretation. This should assist with a more comprehensive and accurate data collection process.

RECOMMENDATION FIVE:

INFORMATION SHARING/ CHILD PROTECTION/ HOSPITAL NETWORK

The ICAN Policy Committee should support the efforts of the ICAN Hospital Project and Family and Children's Index (FCI) in reaching out to Southern California Birth hospitals to develop an agreement to share case information with designated hospital staff (as necessary) to prevent, manage or treat child abuse, to assist in developing case plans for the safety and well-being of the child, and to improve local data systems to identify and improve hospital reporting of suspected child abuse and neglect.

RATIONALE:

California Law (WIC 18961.7) allows 2 or more qualified individuals from a broad range of disciplines to share case information for the purpose of prevention, identification, management or treatment of child abuse and neglect. There are currently Protocols and MOUs that provide for the sharing of information among county agencies. The ICAN Hospital Network needs a similar agreement allowing these agencies to share information with hospitals.

The hospitals identified by the ICAN Hospital Project serve on average 400 newborn and injured children under the age of three every day. Currently, these children may or may not be well screened for abuse or neglect. The Hospital Network may increase the rate of reporting and add medical expertise to the evaluation of risk.

Case management and data collection will be more effective and vigorous with hospitals in an active role, sharing information that could improve the safety and well being of children. This interaction will increase the quality and continuity of information available for both case managers and medical providers.

RECOMMENDATION SIX:

ACCURATE HOSPITAL CHILD ABUSE REPORT DATA

The ICAN Policy Committee should support the efforts of the ICAN Hospital Network to improve local and state data systems to identify and improve hospital reporting of suspected child abuse and neglect and assist hospitals in capturing their own data.

RATIONALE:

The ICAN Hospital Project has identified 63 hospitals that serve well over 90% of LA County births and injured children under age 3 years. Hospitals vary in their response to child maltreatment, and there is little measure or quality assessment of suspected child abuse or neglect.

The ICAN Hospital Network needs accurate data on hospital reports of child abuse and neglect. Currently, the name of the reporting hospital is handwritten, often resulting in incomplete identification of the hospital. The State child abuse data system (CWS/CMS) lacks a drop down menu that could assure accurate hospital identification.

ANALYSIS OF INTER-AGENCY DATA COLLECTION

There is limited information available from individual agencies which can be linked with other agency data to portray the child victim's route through the criminal justice and juvenile dependency systems. Information in the 2014 State of Child Abuse in Los Angeles County report presents data unique to each agency which may include the type of abuse/neglect involved, detailed information on the victim, or the extent of the agency's work. This special inter-agency section of the report attempts to show the data connections which exist between agencies and information areas which could be expanded.

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

I. FLOW CHARTS

Flow Charts were developed to:

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

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

II. LIST OF CHILD ABUSE AND NEGLECT SECTIONS

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

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

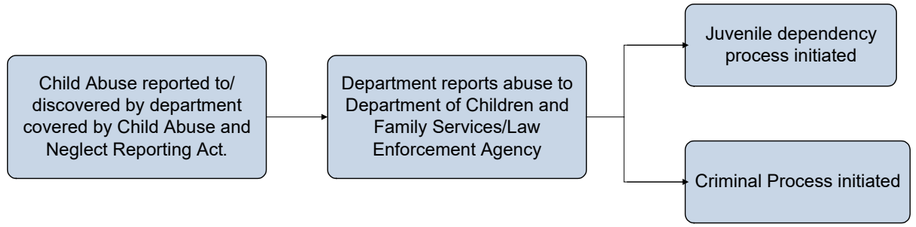
Figure 1

LOS ANGELES COUNTY INDEPENDENT LAW ENFORCEMENT AGENCY (LEA) CHILD ABUSE DATA
Based on Electronic Suspected Child Abuse Reports (E-SCARs) January 2016- December 2016

#	LEA	Total Population 2016	Submitted SCAR	Cleared In One Day	Cleared In More Than 3 Days	Crime Suspected	No Crime Suspected	No Investigation
1	Long Beach PD	470,130	2,825	1,785	337	1,050	1,798	3
2	Pomona PD	152,494	995	30	872	268	604	136
3	Inglewood PD	110,654	725	19	668	180	519	32
4	El Monte PD	115,807	710	228	286	209	480	41
5	Pasadena PD	142,059	611	26	534	185	414	20
6	Hawthorne PD	88,031	584	224	197	203	347	48
7	Whittier PD	86,883	548	218	199	164	342	58
8	South Gate PD	95,538	529	73	293	117	430	3
9	Glendale PD	200,831	493	16	441	197	297	1
10	Downey PD	113,267	458	104	255	161	243	64
11	West Covina PD	107,847	418	146	104	139	219	77
12	Huntington Park PD	200,652	411	172	139	153	251	27
13	Torrance PD	147,195	379	33	306	66	276	43
14	Baldwin Park PD	76,464	372	125	152	81	283	19
15	Montebello PD	63,335	369	21	293	51	300	19
16	Burbank PD	104,447	350	86	193	49	302	0
17	Gardena PD	60,048	335	25	285	120	188	31
18	Alhambra PD	85,474	290	86	155	80	201	11
19	Santa Monica PD	92,478	267	26	216	59	176	29
20	Bell Gardens PD	42,806	259	142	86	44	194	35
21	Covina PD	48,549	242	126	81	52	150	41
22	Azusa PD	49,628	231	33	173	42	167	30
23	Bell PD	35,477	216	6	209	103	111	6
24	Monterey Park PD	61,075	201	0	197	91	112	0
25	San Fernando PD	24,717	156	111	19	42	83	21
26	Glendora PD	51,851	155	1	156	22	126	9
27	Monrovia PD	37,126	153	40	82	30	119	10
28	Arcadia PD	58,523	146	9	130	13	117	17
29	La Verne PD	32,389	139	10	119	28	54	62
30	Redondo Beach PD	67,867	137	1	137	7	119	13
31	Culver City PD	39,364	134	48	63	33	99	5
32	Beverly Hills PD	34,687	103	19	79	10	83	12
33	Signal Hill PD	11,649	78	34	44	31	49	2
34	Claremont PD	36,059	74	4	68	21	48	7
35	San Gabriel PD	40,404	74	15	42	18	53	3
36	South Pasadena PD	25,913	66	19	46	15	57	2
37	Manhattan Beach PD	35,741	49	5	43	5	41	4
38	El Segundo PD	16,893	42	1	39	10	30	2
39	Hermosa Beach PD	19,789	30	7	24	11	22	0
40	Palos Verdes Estates PD	13,586	20	3	11	10	10	0
41	Sierra Madre PD	11,057	19	3	11	0	19	0
42	San Marino PD	33,562	13	0	13	6	5	2
43	Irwindale PD	1,434	5	0	1	0	4	0
44	Vernon PD	113	5	0	6	1	5	0
45	Fullerton PD	140,721	0	0	0	0	0	0
46	Maywood PD	27,633	0	0	1	1	0	0
	TOTAL		14,416	4,080	7,805	4,178	9,547	945

Flow Chart I

REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2010

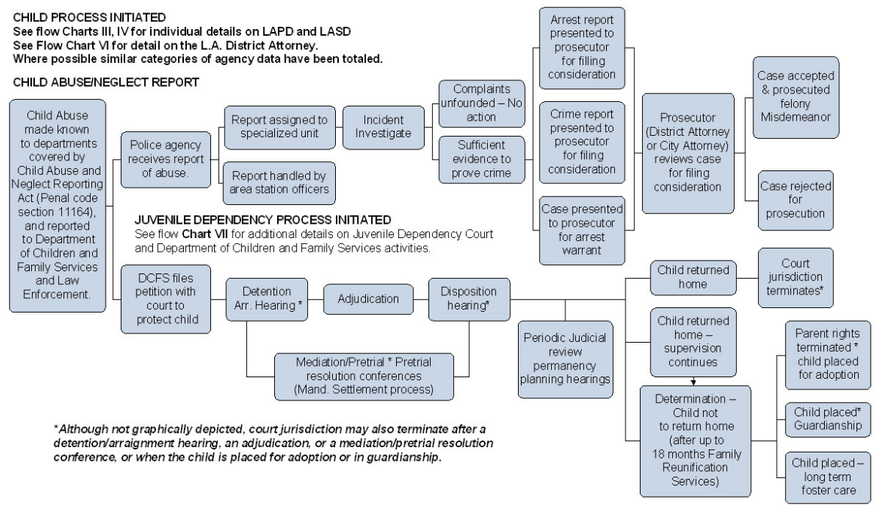


REPORTING DEPARTMENTS WORKLOAD

CHIEF MEDICAL EXAMINER CORONER (Reportable ICAN Child Deaths)	222
L. A. COUNTY PROBATION DEPARTMENT (Adult Referrals for Child Abuse Offenses)	459
DEPT. OF PUBLIC SOCIAL SERVICES (Referrals Made to DCFS)	232
LOS ANGELES POLICE DEPARTMENT (Number of Dependent Children Handled/Taken Into Protective Custody)	638
L.A. COUNTY SHERIFF'S DEPT. SVB (Number of Child Abuse Investigations)	4,017
DEPT. OF CHILDREN & FAMILY SERVICES (Number of Suspected Child Abuse Referrals)	168,830

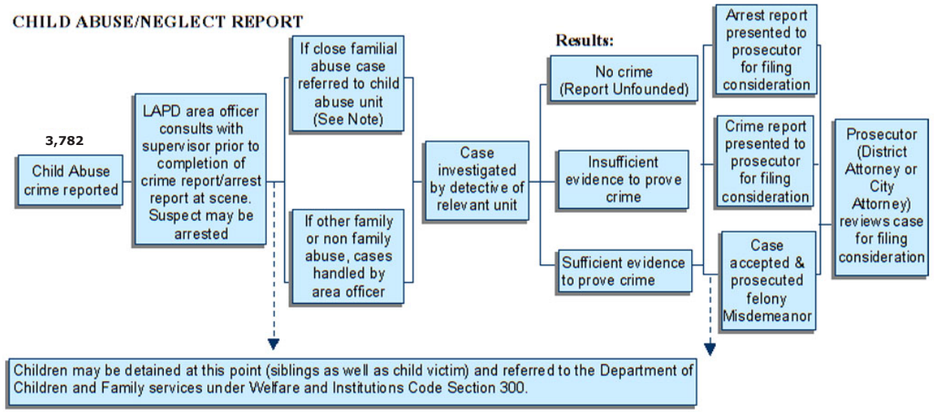
Flow Chart II

ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES



Flow Chart III

LOS ANGELES POLICE DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES



NOTE:

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

GEOGRAPHIC AREA RESPONSIBILITIES

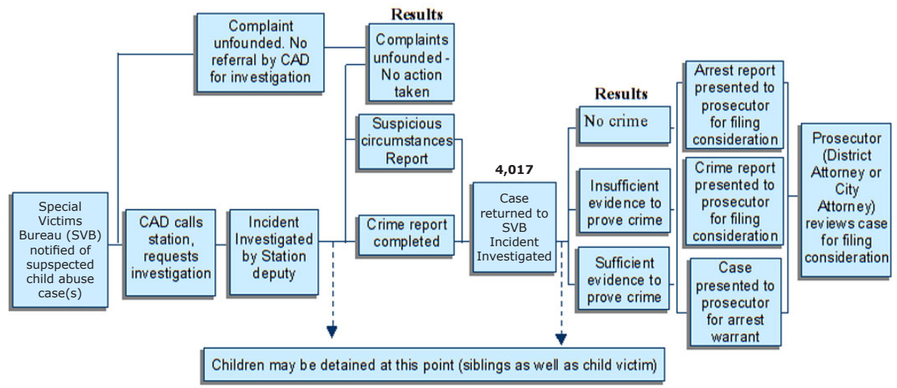
Abuse in which perpetrator is not parent, step parent, legal guardian, or common law spouse: child not primary object of attack, but receives injury; unfit homes, endangering and dependent child cases; other cases where criteria does not meet Abused Child Unit.

Abused Child Unit Responsibilities

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

Flow Chart IV

LOS ANGELES SHERIFF DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES



Note: Case Count Definition

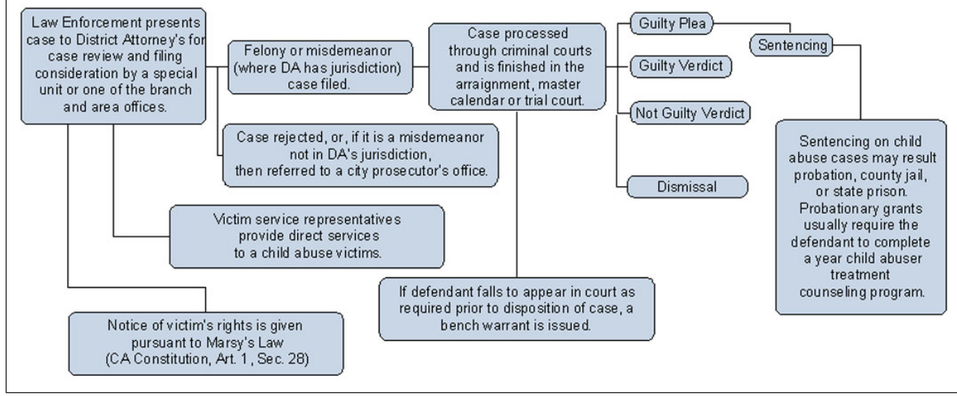
Multiple victims of the same incident, in the same family are treated as one case.

The Special Victims Bureau does not handle neglect/endangerment cases.

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

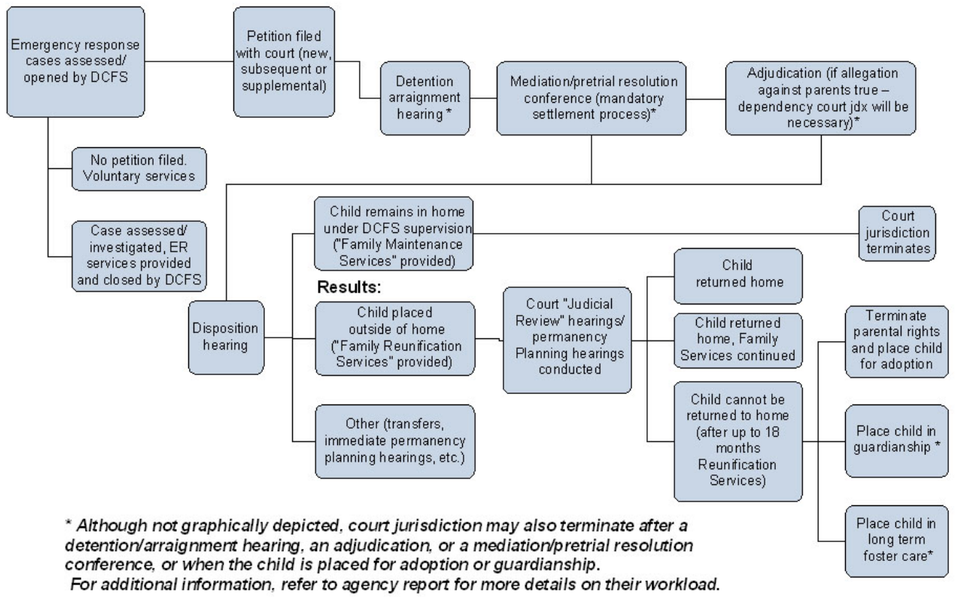
Flow Chart V

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



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

Figure 2

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
	664/187	F	Attempted Murder
Sexual Abuse	236.1	F	Human Trafficking
	261.5(a)	F	Unlawful Sexual Intercourse w/Minor
	261.5(b)	M	Unlawful Sexual Intercourse w/Minor
	264.1	F	Rape or Penetration in Concert w/Another w/Force, Fear or Violence
	269	F	Aggravated Sexual Assault of Child Under 14
	269 (a)1	F	Rape of Person Under 14 w/Force or Threat w/7 yr Diff.
	269(a)2	F	Rape 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 Voilence
	286(b)(1)	F/M	Sodomy w/Person Under 18
	286(b)(2)	F	Sodomy w/Person Under 16
	286 c	F	Sodomy wPerson Under 14
	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
	288a(b)(1)	M	Oral Copulation Person Under 18
	288a(b)(2)	F	Oral Copulation 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
	289(a)(1)	F	Forcible Sexual Penetration of Minor
	289(h)	F/M	Sexual Penetration Person Under 18
	289(i)	F	Sexual Penetration Person Under 16
	289(j)	F	Sexual Penetration Under 14 w/10 Year Age Difference
	647.6	F	Annoy or Molest Child After Prior Conviction of Certfied Sex Offenses
	647.6(a)(1)	F/M	Annoy or Molest Child Under 18
	647.6(a)(2)	F/M	Annoy or Molest Child

Figure 2 (continued)

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

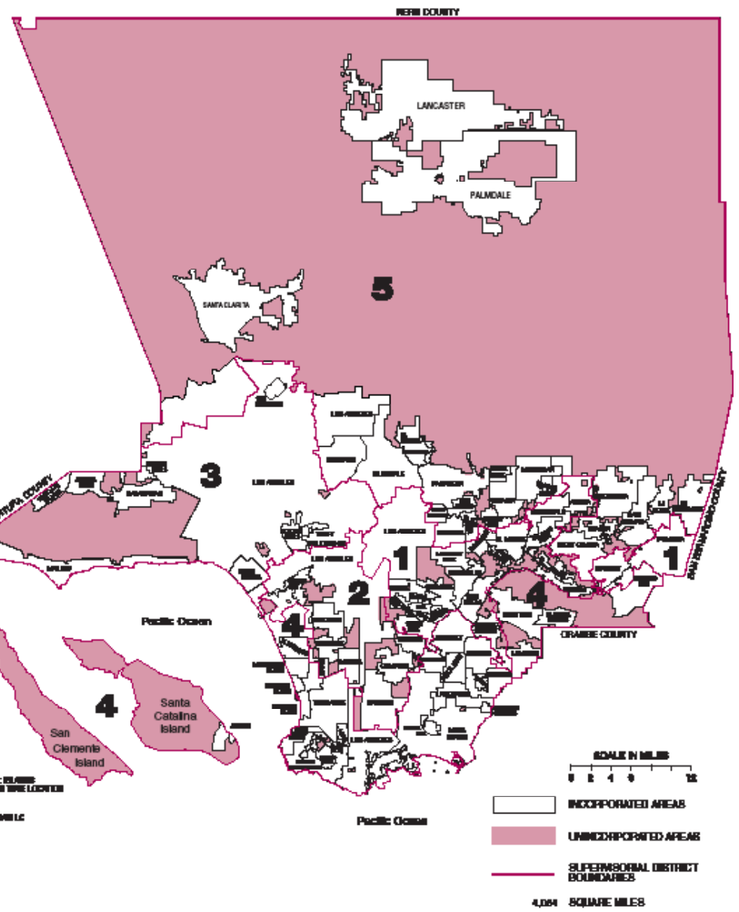
Child Abuse/ Neglect Category	Offense Code	FELONY/ MISD	DESCRIPTION
Expliotation	266	F/M	Seduce Minor Female for Prostitution
	266h(b)	F	Pimping a Minor
	266i(b)	F	Pandering a Minor
	266j	F	Procure Child Under 16 for Lewd Acts
	267	F	Abduction of Minor for Prostitution
	273(a)	M	Financial Gain Place for Adoption and Not Completed
	273(c)	M	Financial Gain Place for Adoption and Not Consented
	273e	M	Sending Minor Messenger to Immoral Place
	273g	M	Immoral Practices or Habitual Drunkenness
	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
	311.11(b)	F	Obscene Matter Depict Minor w/Prior Conviction
	311.2(a)	M	Production, Distributing or Exhibiting Obscene Matter w/Prior Conviction
	311.2(b)	F	Obscene Matter Depict One Under 18
	311.2(c)	F	Production, Distrib. or Exhibiting Obscene Matter
	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
Severe Neglect	273a(a)	F	Willful Cruelty/ChildEndangerment
	273a(b)	M	Willful Cruelty/ChildEndangerment
	278	F	Child Concealment/Non-custodial Person
	278.5	M	Child Concealment/Non-custodial Person
	25100(a)	F	Storage of Firearms Accessible to Children (1st Degree)
	25100(b)	F	Storage of Firearms Accessible to Children (2nd Degree)
	25200	M	Firearms Accessed by Child Carried Off 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
	271a	F/M	Abandonment/ Nonsupport etc Child Under 14

DEMOGRAPHICS

- Los Angeles County is 4,083 square miles in size and includes 88 incorporated cities.
- The total population for Los Angeles County is 10,137,915 (U.S. Census Bureau, 2016 Estimates). It is the most populous county in the United States.
- 0 – 17 years child population represent 22.2% of the population (2,324,837).
- The median age for Los Angeles County is 35.6 years.
- There are 799,311 children under 5 years of age.
- From the Kidsdata.org, the child population is 61.6% Hispanic/Latino, 16.9% Caucasian, 7.4% African American, 10.5% Asian, 3.3% Multiracial, 0.2% Native Hawaiian/Pacific Islander, and 0.1% American Indian/Alaskan Native.
- 122,941 live births were recorded in 2016 (California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2016).

UNINCORPORATED AREAS

- 137 cities and unincorporated areas; 2,600 square miles; represents two-thirds of the County's land and one-tenth of its population.
- More than 65% of Los Angeles County is unincorporated, about one million people live in these areas.



SECTION II:
SPECIAL REPORT

Art by Sophia Chang, ICAN Student Poster Art Contest

ICAN HOSPITAL NETWORK

Hospitals need better connections to child protection. An overview follows.

Narrative of topics and programs. State map with regions

County maps with PICU for nonfatal severe review

New programs for prevention and intervention

Current hospital list with numbers of cases served

Graphic display of data and teams

ICAN HOSPITAL NETWORK- PURPOSE AND PLANS

1. **The 63 Hospitals In The ICAN Hospital Network Serve The Very Young:** This includes almost all births and most injured children under age three. Homicide by caretaker increases with younger age. Hospital staff also serve anxious, depressed and intoxicated parents/caretakers.

2. **Hospitals Vary In Their Response To Child Maltreatment:** Hospitals provide different levels of competence and interest in reporting child abuse. There is little measure or quality assessment of their work.

3. **Healthcare Services Include Multiple Programs:** The majority of health services for children is in private general hospitals. Others include Fire EMT, Home Visitation Programs and School Nurses.

4. **The Network Addresses The Young And Response Variation:** A countywide network was created in 1981 with 6 hospital SCAN teams. Reports increased from 50 to 500 reports a month in two years. A Dependency Court judge noted the increase in young children. Concerns about confidentiality ended the system but new legislation supports sharing.

5. T**he Present System Activates The Network In La County:** Hospital data identified 63 hospitals that serve 91% of LA County births. Injured children under age 3 have 91% served in Emergency Departments and 99% of those served as inpatients. New software will automate reports and create a database for system management. Ten Southern California Counties will connect hospitals and Child Fatality Review Teams.

6. **Nonfatal Severe Case Review Will Begin In 2017:** The review of nonfatal/severe abuse will be anchored in hospitals. That will focus on burn units and PICU and other severe injuries to be added.

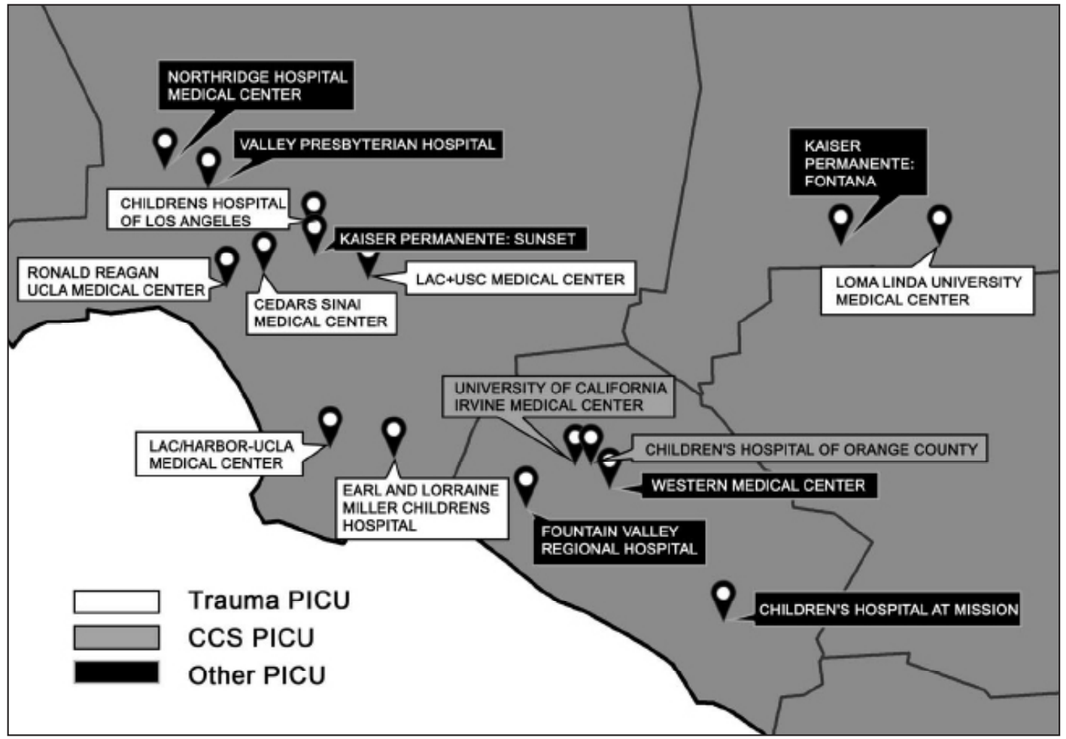
7. **STATEWIDE EXPANSION WILL BE UNDERWAY IN 2017:** ICAN has a defined state system to activate. Contacts also exist in other states. Programs will be added for high risk pregnancy. Software will automate the reporting system and provide hospitals a database to manage this reporting process.

ICAN Hospital Network

HOSPITAL REGIONS

Hospital regions help manage the program; large hospitals help organize small hospitals.

PICU HOSPITALS IN THE ICAN CALIFORNIA HOSPITAL DIRECTORY, Southern California Area



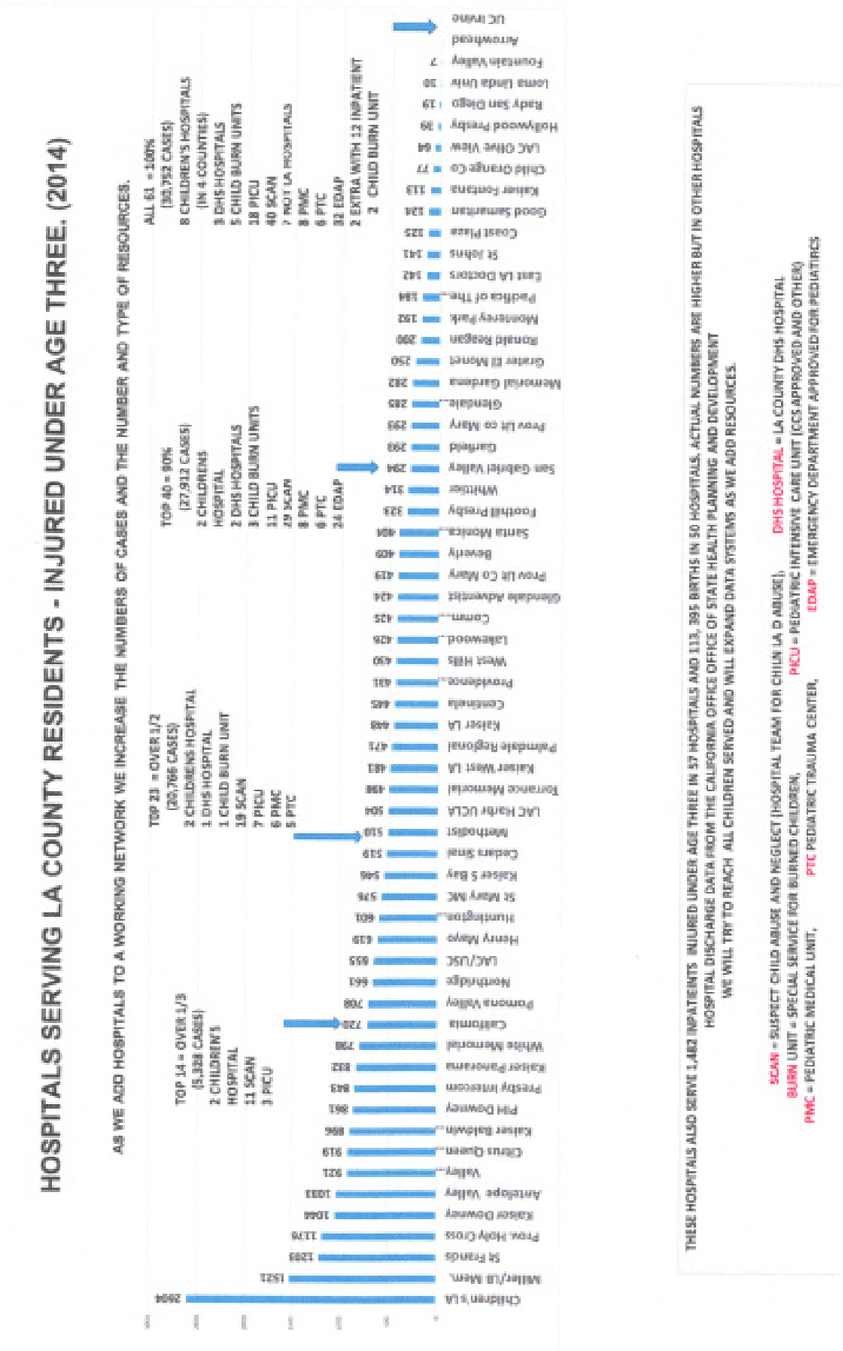
NEW PROGRAMS - COMING ATTRACTIONS

1. **Data Systems:** We will build a data program for hospitals to record, track and analyze their child abuse/neglect reports. We will add other medical systems including urgent care and Fire EMT.
2. **Hospitals Will Be Connected To Child Protection:** Hospital staff will be invited to refer suspicious child death cases and participate in child death review. We anticipate connections to Family and Children's Index and will encourage DCFS and law enforcement connections to SCAN teams.
3. **Hospitals Will Host Nonfatal/Severe Abuse Review:** There are multiple definitions of nonfatal/severe abuse. We begin with the California studies that use intensive care as a marker and will expand that with suspicious inpatient burns, and with pregnancy and certain STD that may be from sexual abuse. They need team review and hospitals are a necessary resource.
4. **Detection And Service Of Child Survivors:** Children who survive fatal/severe family violence are lost to us. Hospitals will play a role in detecting and serving them. The ICAN annual conference on traumatic child grief is a resource, working to connect agencies and build a referral network.
5. **Hospitals Will Build Working Groups By Topic:** Hospitals with similar resources and problems will be connected to share resources. This will include child burn services, pediatric intensive care, and birth services.
6. **Other Systems Will Be Connected**: This includes FIRE EMT who transport victims of violence and have responsibility to report their knowledge of the injury. The neonatal reporting system will be connected to perinatal risk services including DCFS, Law Enforcement and Probation. We will address the maze of resources needed including connections across jurisdictions and professions.

	Child Hospital	DHS Hospital	Burn Hospital	PICU CCS	Non-CSS PICU	Not LA County	SCAN Team	PMC	PTC	EDAP	Birth 125, 670	Emergency Department Patients Under 3 yrs 32, 750	Injured Untder 3 yrs
Children's LA	■			■			■	■	■	■		2604	336
Miller/LB Mem.	■			■			■	■	■	■	5332	1521	259
St Francis							■			■	4879	1203	9
Prov. Holy Cross										■	2927	1176	1
Kaiser Downey							■				3389	1044	21
Antelope Valley							■			■	4694	1033	13
Valley Presbyterian					■		■			■	3526	921	33
Citrus Queen Valley										■	3786	919	14
Kaiser Baldwin Park							■				2560	896	1
PIH Downey										■	1265	861	1
Presby Intercom							?				3399	843	7
Kaiser Panorama							■				1945	832	12
White Memorial							■			■	4012	798	28
California							■			■	4189	720	19
Pomona Valley							■			■	2079	708	10
Northridge				■			■	■	■	■	1442	661	60
LAC/USC		■	■	■			■	■	■	■	984	655	129
Henry Mayo							■			■	1118	619	4
Huntington Pasadena					■		■	■		■	3108	601	31
St Mary MC							■				2592	576	3
Kaiser S Bay							■				2041	546	7
Cedars Sinai				■			■	■	■	■	6343	519	28
Methodist										■	1700	510	12
LAC Harbr UCLA		■		■			■	■	■	■	753	504	65
Torrance Memorial			■				■			■	2981	498	45
Kaiser West LA							■				1766	481	11
Palmdale Regional							■					471	
Kaiser LA				■			■				2331	448	68
Centinela							■			■	782	445	4
Providence Tarzana					■		■	■		■	2375	431	25
West Hills			■				■			■	686	430	36
Lakewood Regional												426	
Comm. Huntington Park												425	
Glendale Adventist										■	2331	424	8
Prov Lit Co Mary										■	832	419	12
Beverly										■	726	409	9
Santa Monica UCLA				■			■				1519	404	29
Foothill Presby											688	323	1
Whittier							■				2433	314	4
San Gabriel Valley											2585	294	4
Garfield							■				3855	293	3
Prov Lit co Mary										■	2610	293	3

ICAN Hospital Network

	Child Hospital	DHS Hospital	Burn Hospital	PICU CCS	Non-CSS PICU	Not LA County	SCAN Team	PMC	PTC	EDAP	Birth 125, 670	Emergency Department Patients Under 3 yrs 32, 750	Injured Untder 3 yrs
Glendale Memorial										■	1820	285	1
Memorial Gardena										■	1127	282	1
Greater El Monte										■		250	
Ronald Reagan	■			■			■				1666	200	32
Monterey Park											1393	192	1
Pacifica of The Valley												184	
East LA Doctors											755	142	2
St Johns										■	1757	141	2
Coast Plaza	■			■		■	■					125	3
Good Samaritan											3753	124	2
Kaiser Fontana					■		■				263	113	2
Child Orange Co	■			■		■	■					77	26
LAC Olive View		■					■			■	520	64	1
Hollywood Presby										■	3676	39	3
Rady San Diego	■			■		■	■					19	3
Loma Linda Univ	■			■		■	■				35	10	17
Fountain Valley	■			■		■	■				67	7	9
Arrowhead			■			■	■						4
UC Irvine			■			■	■						8



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, Los Angeles District Attorney Child Abduction Unit, Los Angeles Sheriff's Department, Los Angeles Police Department (LAPD), and the Federal Bureau of Investigation (FBI).

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

The Task Force is coordinated by Find the Children. Find the Children places a strong emphasis on preventative education through community outreach programs such as 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.

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

Figure 1 shows that in 2016, the Program served 33 children in 23 cases1 as compared to the 51 children in 39 cases served in 2015. This is a 41% decrease in caseload and a 35% decrease in the number of children served from the previous year. Both are a significant decrease over the previous year. The number of families served in 2016 is also lower than the ten-year average of 47.7 cases. As well, the number of children served is lower than the ten-year average of 63.4 children. These decreases can, in part, be attributed to the decrease in referrals received from the Department of Children and Family Services.

Figure 2 shows the ethnic breakdown for the 33 children served in calendar year 2016: 30% were Hispanic, 55% were African-American, 12% were Caucasian and finally, 3% were of other or unknown descent. Figure 3 shows the age range of the children served in calendar year 2016: 52% percent of the children served were age 5 or younger, 36% were age 6 to 10 and 12% were age 11 or older. Figure 4 shows that of the children served, 85% were under the jurisdiction of the Department of Children and Family Services,12 % were cases referred by the Los Angeles District Attorney's office and 3% were 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 2007 through 2016. Over the past 10-year period, the number of cases has averaged 47.7 per year, while the number of children served has averaged 63.4 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, as well as in 2012 and 2009, cannot be explained by any one factor. This also holds true when trying to explain the reason for the notable decrease in referrals from 2014 to 2016.

Figure 1 Number of Cases/Children Served By Reunification Program 2015 vs. 2016

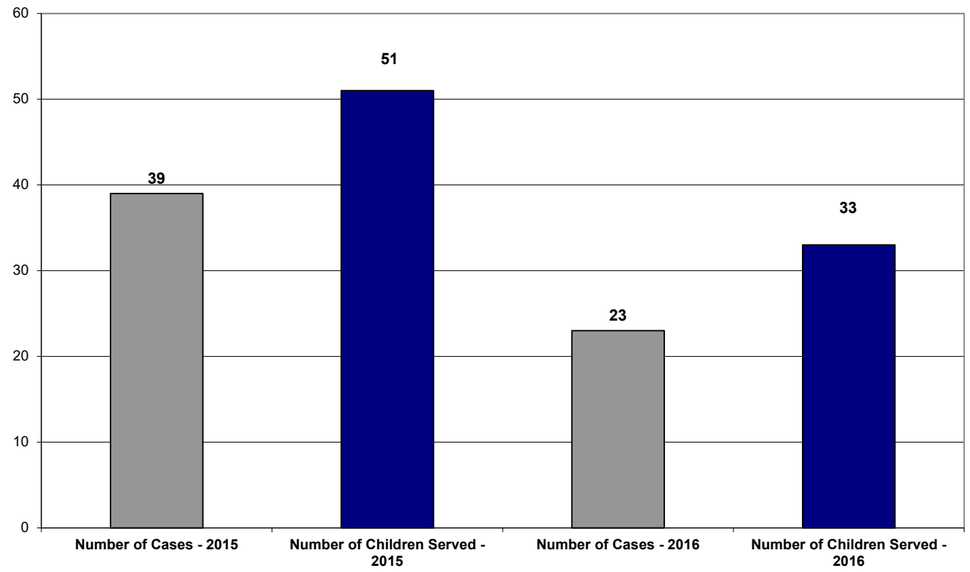


Figure 2

Ethnic Breakdown of Children Served - 2016 (N=33)

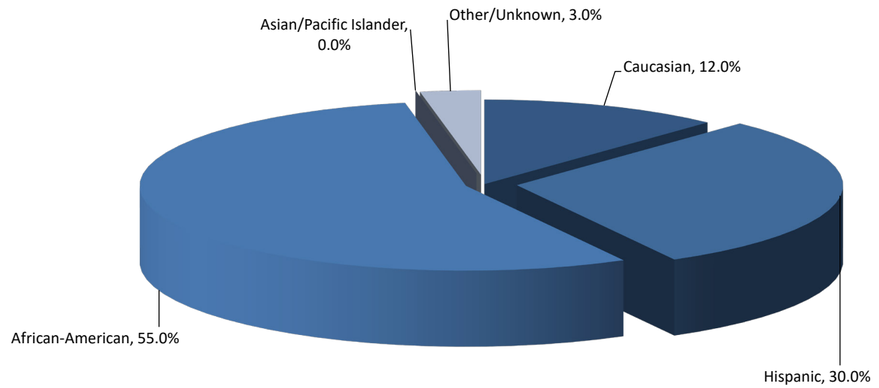


Figure 3 Age Range of Children Served - 2016 (N=33)

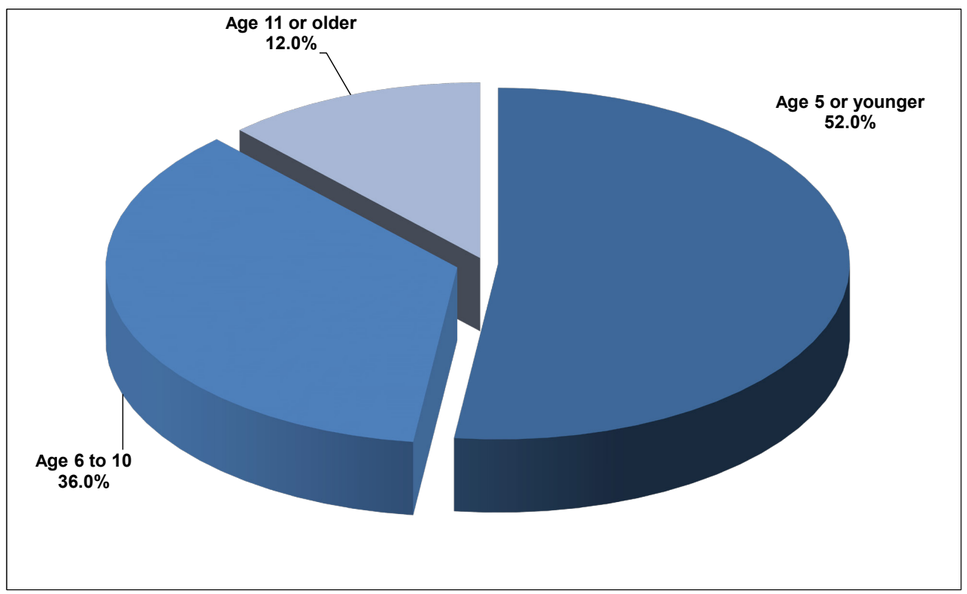


Figure 4 Percentage of Children Served Under DCFS Supervision - 2016 (N=33)

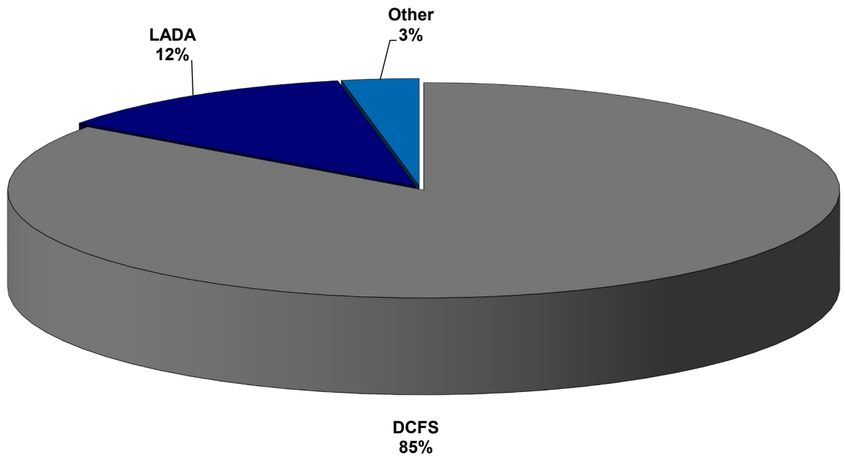
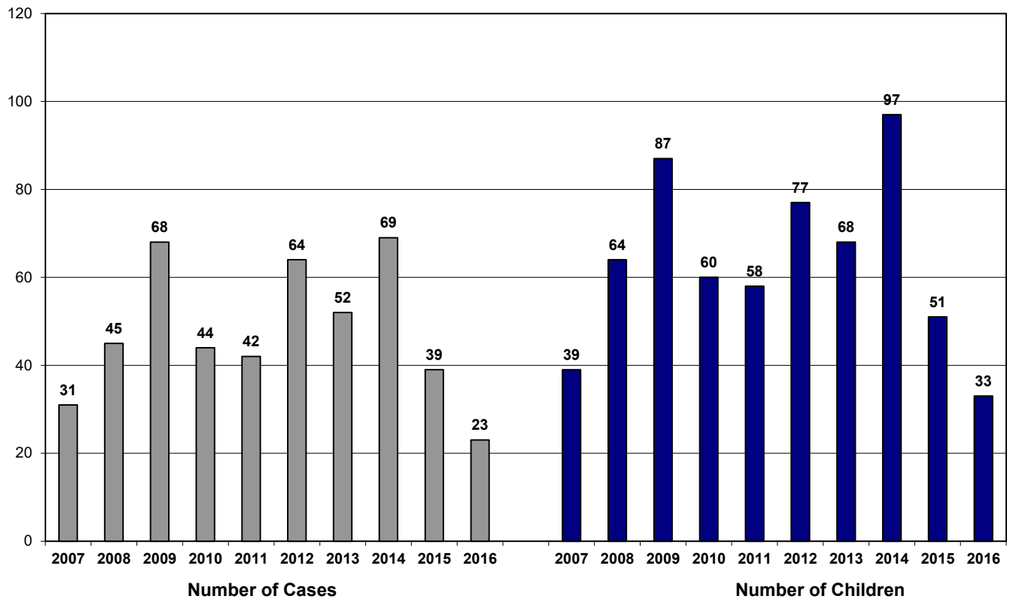
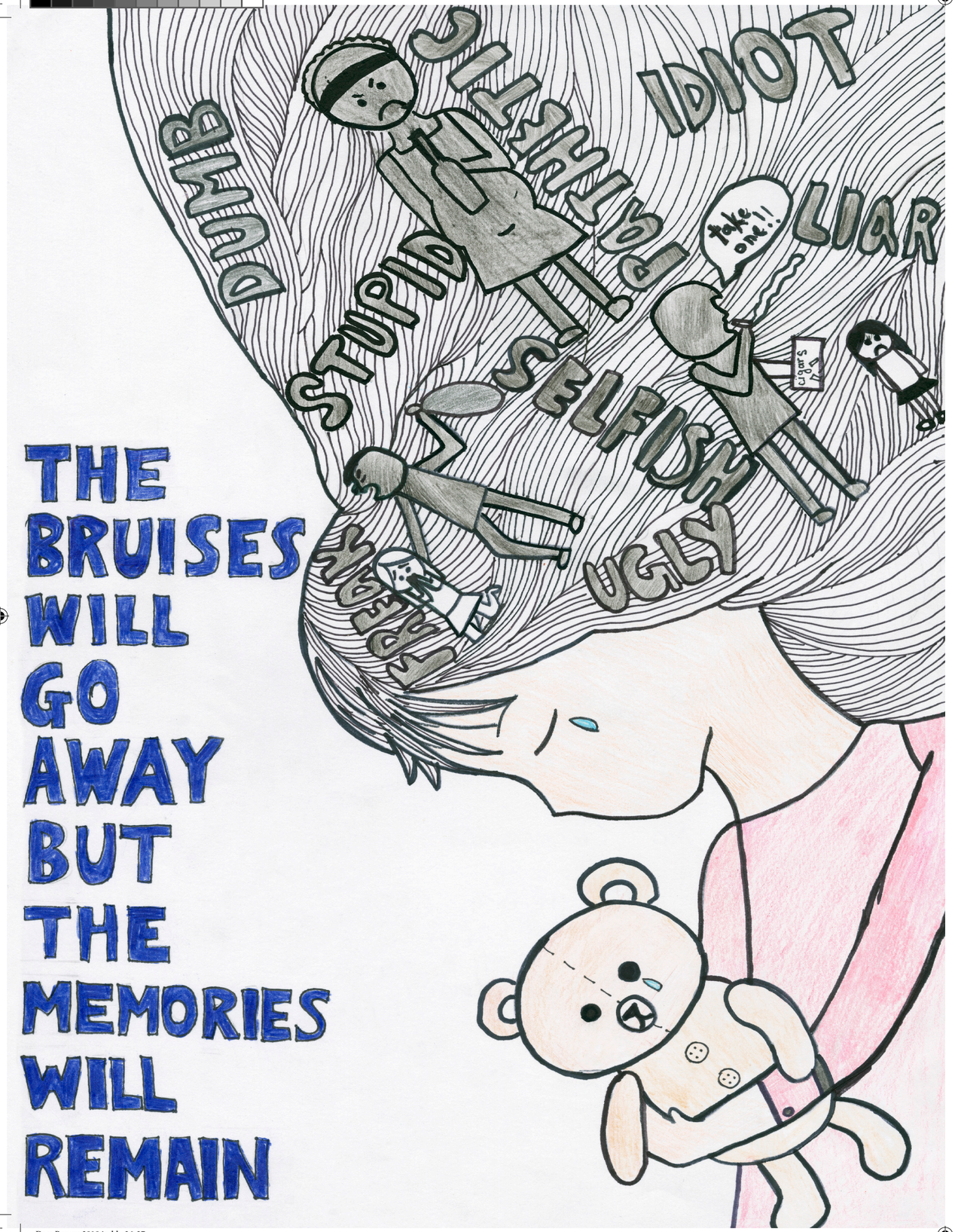


Figure 5 Cases/Children Served by Reunification Program 2007 through 2016





Art by Oma Sukul, ICAN Student Poster Art Contest

SECTION III:
ICAN AGENCY REPORTS

CALIFORNIA DEPARTMENT OF JUSTICE

As a member of the Inter-Agency Council on Child Abuse and Neglect (ICAN) Data/Information Sharing Committee, the California Department of Justice (DOJ) provides the following information for the 2017 ICAN Report. The statistics used for this report are from the calendar year 2016.

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 615,817 incident records of child abuse and 674,187 individual suspect names.

For additional information about the CACI, visit the California Attorney General's website at: http://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 2016, the DOJ conducted 27,833 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 2016, the DOJ responded to 6,950 Adam Walsh Act out-of-state foster care and adoption requests, and 697 citizen inquiry requests. 233,203 CACI searches were performed as a result of an applicant background check request.

Data Facts

- Authorized agencies submitted 6,790 reports to the DOJ for entry into the CACI (See Figure 1).
- Physical abuse is the most prevalent type of abuse. 2,255 reports were submitted representing 33% of the total reports entered into the CACI. The other types of abuse reported are as follows: mental abuse 1,634 (24%), sexual abuse 1,543 (23%), severe neglect 1,284 (19%) and willful harming and/or corporal punishment 72 (1%).
- Of the 6,790 child abuse reports submitted, there were two (2) reported deaths of a child. Los Angeles County submitted zero (0) of the child death reports.
- During 2016, Los Angeles County submitted 1,998 reports. The abuse determinations are as follows:
  a) 635 (28%) physical abuse
  b) 652 (39%) mental abuse
  c) 232 (18%) severe neglect
  d) 446 (28%) sexual abuse
  e) 33 (45%) willful harming and/or corporal punishment. (See Figure 2)

Inquiries May Be Directed To:

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

Email: CACI-inquiry@doj.ca.gov

Figure 1

2016 CHILD ABUSE SUMMARY REPORTS
ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI)
FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2016

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Alameda	99	40	6	16	34	3	0
Alpine	0	0	0	0	0	0	0
Amador	12	2	2	5	3	0	0
Butte	24	5	10	6	3	0	0
Calaveras	9	5	2	0	2	0	0
Colusa	8	0	4	4	0	0	0
Contra Costa	48	20	13	5	10	0	0
Del Norte	11	8	2	1	0	0	0
El Dorado	39	7	10	16	6	0	0
Fresno	140	57	16	25	42	0	0
Glenn	18	4	6	7	1	0	0
Humboldt	49	11	12	16	10	0	0
Imperial	3	1	2	0	0	0	0
Inyo	8	6	2	0	0	0	0
Kern	172	64	25	54	29	0	0
Kings	24	12	3	2	7	0	0
Lake	0	0	0	0	0	0	0
Lassen	34	8	17	8	1	0	0
Los Angeles	1998	635	652	232	446	33	0
Madera	42	16	5	1	20	0	0
Marin	12	0	4	2	6	0	0
Mariposa	4	2	0	2	0	0	0
Mendocino	19	5	6	1	7	0	0
Merced	34	17	8	3	6	0	0
Modoc	8	3	1	2	2	0	0
Mono	3	0	2	0	1	0	0
Monterey	100	49	10	17	22	2	0
Napa	12	4	3	0	5	0	0
Nevada	6	2	4	0	0	0	0
Orange	753	209	31	207	306	0	0
Placer	108	22	56	20	10	0	0
Plumas	2	0	0	2	0	0	0
Riverside	189	85	7	18	61	18	0

Figure 1 (continued)

2016 CHILD ABUSE SUMMARY REPORTS ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI) FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2016

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Sacramento	66	36	5	12	9	4	0
San Benito	7	2	1	1	1	2	0
San Bernardino	561	221	117	120	98	5	0
San Diego	860	196	328	194	140	2	0
San Francisco	98	39	31	12	16	0	0
San Joaquin	250	105	31	37	77	0	0
San Luis Obispo	26	8	1	11	3	2	1
San Mateo	70	32	21	12	5	0	0
Santa Barbara	70	34	11	13	12	0	0
Santa Clara	163	80	46	18	18	1	0
Santa Cruz	38	9	13	13	3	0	0
Shasta	112	12	47	39	14	0	0
Sierra	0	0	0	0	0	0	0
Siskiyou	15	7	3	1	4	0	0
Solano	61	30	6	14	10	0	1
Sonoma	65	23	14	16	12	0	0
Stanislaus	152	45	5	56	46	0	0
Sutter	3	3	0	0	0	0	0
Tehama	6	1	0	2	3	0	0
Trinity	6	0	2	4	0	0	0
Tulare	26	14	1	7	4	0	0
Tuolumne	9	4	2	1	2	0	0
Ventura	47	30	3	6	8	0	0
Yolo	61	20	13	15	13	0	0
Yuba	30	5	12	8	5	0	0
TOTALS	6,790	2,255	1,634	1,284	1,543	72	2
PERCENTAGE	100%	33%	24%	19%	23%	1%	0.03%

* 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, 2016

County	Number	%	Physical Abuse	%	Mental Abuse	%
Los Angeles	1,998	29%	635	28%	652	39%
STATEWIDE TOTAL	6,790		2,255		1,634	
County	**Severe Neglect**	**%**	**Sexual Abuse**	**%**	**Harming/ Corporal**	**%**
LOS ANGELES	232	18%	446	28%	33	45%
STATEWIDE TOTAL	1,284		1,543		72	

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 negelct has occurred.

LOS ANGELES POLICE DEPARTMENT

ABUSED CHILD SECTION AND CHILD PROTECTION SECTION

The Abused Child Section and the Child Protection Section, Juvenile Division, were created to provide a high level of expertise to the investigation of child abuse cases. These sections investigate child abuse cases wherein the parent, stepparent, legal guardian, or domestic partner appears to be responsible for any of the following:

- Depriving the child of the necessities of life to the extent of physical impairment;
- Physical or sexual abuse of a child;
- Homicide, when the victim is 10 years of age and under;
- Deaths of juveniles 10 years of age and under, where the parent or guardian's neglect or action places the child in an endangered situation that results in death; and
- Undetermined deaths of juveniles 10 years of age and under.

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

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

SEXUALLY EXPLOITED CHILD UNIT

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

- The children are under the age of 16;
- The cases involve multiple identified victims; and
- There has been substantial felony sexual conduct and the suspect is in a position of trust, such as a teacher, a coach or a clergy member.

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

- Child pornography cases, not involving the Internet, including production, distribution, or possession of child pornography;
- Complaints of possible child pornography from photography processing facilities, computer repair businesses, or from community members; and
- SECU provides child exploitation advice and expertise to the LAPD, including training for LAPD schools.

INTERNET CRIMES AGAINST CHILDREN UNIT

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

- The sexual predator used the Internet to contact the child and lure the child away for the purpose of having sex with the child; and/or
- The child pornography case involves the Internet, including production, distribution, and possession of child pornography;
- 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 Los Angeles Police Department maintains 21 community police stations known as Geographic Areas. Each Area is responsible for the following juvenile investigations relating to child abuse and endangering cases:

- Unfit homes, endangering, and dependent child cases;
- Child abuse cases in which the perpetrator is not a parent, stepparent, legal guardian, or domestic partner;
- Cases in which the child receives an injury, but is not the primary object of the attack; and,
- Child abduction cases.
- Geographic Areas are referenced on the following pages in Graphs 2, 5, and 7.

Los Angeles Police Department

Figure 1

LOS ANGELES POLICE DEPARTMENT
2016 CRIMES INVESTIGATED BY JUVENILE DIVISION

TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes Simple and Aggravated Assault)	828	54.91%
Sexual Abuse	467	30.97%
Endangering	56	3.71%
Homicide	3	0.20%
Others	154	10.21%
TOTALS	**1,508**	**100%**

Figure 2

LOS ANGELES POLICE DEPARTMENT
2016 CRIMES INVESTIGATED BY GEOGRAPHIC AREAS

TYPE	NUMBER	% of TOTAL
Sexual Abuse (Includes Child Annoying)	761	72.96%
Endangering (Includes Child Abandonment)	282	27.04%
Homicide	0	0%
TOTALS	**1,043**	**100%**

Figure 3

LOS ANGELES POLICE DEPARTMENT
2016 OTHER REPORTS INVESTIGATED BY JUVENILE DIVISION

TYPE	NUMBER	% of TOTAL
Injury	78	0.28%
Death	43	0.16%
Exploitation	5	0.02%
Internet Crime	1226	4.43%
SCAR Reports	26,337	95.11%
TOTALS	**27,689**	**100%**

Figure 3: *Indicates the number of other investigations, of a child abuse nature, conducted by Juvenile Division in 2016.*

Figure 4

LOS ANGELES POLICE DEPARTMENT
ARRESTS CONDUCTED BY JUVENILE DIVISION IN 2016

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	3	3.62%
Child Molest (288 PC)	21	25.30%
Child Endangering (273a PC)	3	3.62%
Child Abuse (273d PC)	43	51.80%
Others	13	15.66%
TOTALS	**83**	**100%**

Figure 4: *Indicates the number of* **arrests** *conducted by Juvenile Division in 2016.*

Figure 5

LOS ANGELES POLICE DEPARTMENT
ARRESTS CONDUCTED BY GEOGRAPHIC AREAS IN 2016

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0%
Child Molest (288 PC)	174	43%
Child Endangering (273a PC)	151	37%
Child Abuse (273d PC)	39	10%
Others	38	10%
TOTALS	402	100%

Figure 5: *Indicates the number of **arrests** conducted by geographic Areas in 2016.*

Figure 6

LOS ANGELES POLICE DEPARTMENT
DEPENDENT CHILDREN TAKEN INTO PROTECTIVE CUSTODY BY JUVENILE DIVISION IN 2016

TYPE	NUMBER	% of TOTAL
300 WIC (Welfare Institution Code)	230	100%
TOTALS	230	100%

Figure 6: *Indicates number of dependent children taken into protective custody by Juvenile DIVISION IN 2016.*

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 2016

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	150	36.77%
300 WIC (Sexual Abuse)	87	21.32%
300 WIC (Endangered/Neglect)	171	41.91%
TOTALS	408	100%

Figure 7: *Indicates the number of dependent children taken into protective custody by GEOGRAPHIC AREAS IN 2016.*

Figure 8

LOS ANGELES POLICE DEPARTMENT - THE AGE CATEGORIES OF CHILDREN WHO WERE VICTIMS OF CHILD ABUSE IN 2016

TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	TOTAL
Physical Abuse	47	31	30	23	131
Sexual Abuse	116	251	580	271	1,218
Endangering	209	149	77	28	463
TOTALS	372	431	687	322	1,812

Figure 8: *Indicates the age categories of children who were victims of child abuse in 2016.*

NOTE: The data in Figure 1 and Figure 2 shows a different number of victims than indicated in Figure 8. This is due to a minor administrative anomaly.

LOS ANGELES POLICE DEPARTMENT – 2016 CHILD ABUSE FINDINGS

Juvenile Division

- The total investigations (crime and non-crime) conducted by the unit in 2016 (**29,197**) showed a decrease of (**1.19** percent) from the number of investigations conducted in 2015 (**29,551**).
- Adult arrests by the unit in 2016 (83) showed an increase of (**9.21** percent) from the number of arrests made in 2015 (**76**).
- The number of dependent children cases investigated by the unit in 2016 (**230**) showed a decrease of (**30.55** percent) from the number investigated in 2015 (**341**).

GEOGRAPHIC AREAS

- The total investigations conducted by the Areas in 2016 (**1,043**) showed a decrease of (**4.04** percent) from 2015 (**1,087**).
- Adult arrests made by the Areas in 2016 (**402**) showed a decrease of (**2.66** percent) from 2015 (**413**).
- The number of dependent children handled by the Areas in 2016 (**408**) showed a decrease of (**32.11** percent) from the number handled in 2015 (**601**).

Figure 9

LOS ANGELES POLICE DEPARTMENT
COMPARISON OF 2015 AND 2016

TYPE	2015	2016	% of CHANGE
Total Investigations	30,638	30,240	- 1.29%
Total Adult Arrests	489	485	- 0.81%
Dependent Children	942	638	- 32.27%

Figure 9: *Indicates a comparison of 2015 and 2016 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

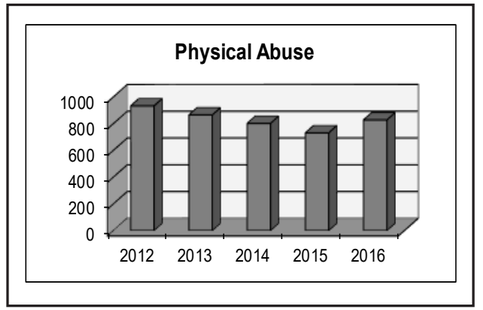


Figure 11: Crimes Investigated

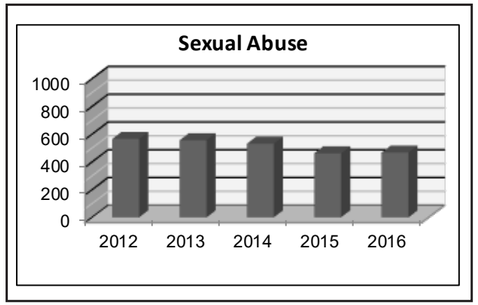


Figure 12: Crimes Investigated

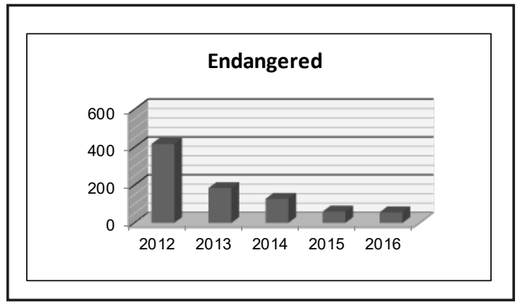


Figure 13: Crimes Investigated

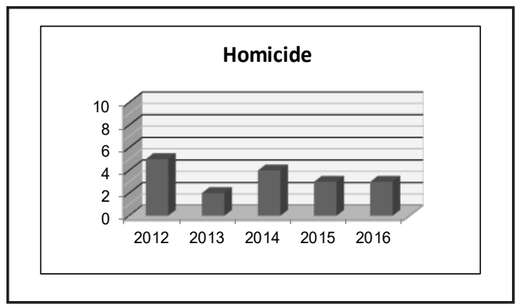


Figure 14: Other Investigations

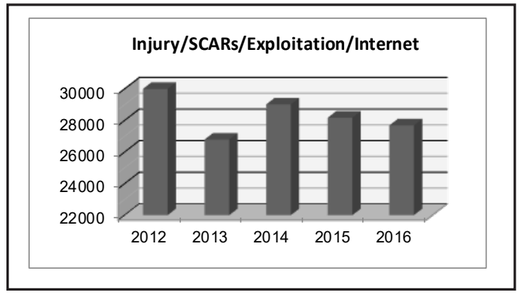


Figure 15: Other Investigations

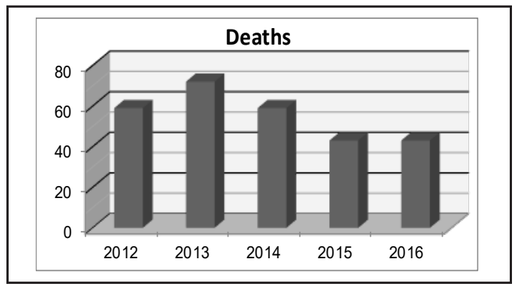
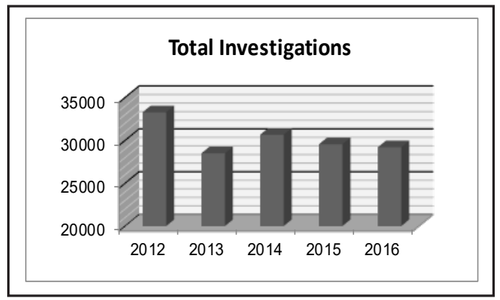


Figure 16: Total Investigations



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 ne glected. This title can also be used when a person causes or permits any child to suffer, or inflicts on, unjustifiable physical pain or mental suffering, or having or willfully causes the child to be placed in a situation where their health is endangered.

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

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

Sexual Abuse – Any touching with a sexual context.

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

OFFICE OF THE LOS ANGELES CITY ATTORNEY

INTRODUCTION

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

OVERVIEW OF THE CITY ATTORNEY'S OFFICE

The Los Angeles City Attorney's Office consists of three core legal branches: Civil Liability Management, Municipal Counsel, and Criminal and Complex Litigation.

The City Attorney is Los Angeles' chief prosecutor, representing the People of the State of California in all criminal misdemeanor cases in the City of Los Angeles. With six branches spanning the City, the Office prosecutes a wide range of criminal activity including vehicular crimes, property crimes, domestic violence, child abuse and exploitation, and violent gang crimes.

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

The filing attorney decides whether to file a criminal complaint against an individual, set the matter for a City Attorney Hearing, or reject the case. The filed cases are prosecuted by a deputy city attorney at one of the six branch locations or within specialized prosecution units.

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

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

In 2016, this Office reviewed a total of 76,673 cases and filed 43,215 cases. Of all reviewed cases, 1,520 involved child abuse charges. Of the reviewed child abuse cases, 460 were filed. As a result of this continued commitment and dedication, Los Angeles is a safer place for children and families to live, work, and go to school.

FAMILY VIOLENCE OPERATIONS

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

CHILD ABUSE PROSECUTION SECTION

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

The efforts of the Office go beyond prosecution. The Office of the City Attorney advocates for additional support, including financial assistance, for child victims and witnesses through the Los Angeles City Attorney Victim Assistance Program.

CHILDREN EXPOSED TO VIOLENCE INITIATIVE

The City Attorney launched an important initiative to address the issue of children in our community who are exposed to community and domestic violence. "Through Their Eyes" is a comprehensive initiative aimed at assuring the vital components of the criminal justice system are trauma-informed and thus better able to recognize and properly address children who are exposed to trauma as a result of their exposure to violence.

Law enforcement and prosecutors have frequent encounters with these children within the criminal justice system. Many of these children end up in the criminal justice system as direct victims or witnesses to violence and some as perpetrators. It's important that law enforcement and the criminal justice system recognize these children as survivors of trauma in order to intervene and reduce the potential negative impact (re-traumatization) of the system on them.
To achieve the goal of systemic change and ensuring that all members of the criminal justice system, including law enforcement officers, prosecutors and relevant staff, work in a trauma informed manner, we have conducted a series of ongoing trainings to help staff understand the effect of exposure to violence and the impact of violence on child victims and witnesses.

PARTNERSHIP WITH STUART HOUSE – CHILD SEXUAL ABUSE CASES

The City Attorney's Office partners with the UCLA Rape Treatment Center and Stuart House on child sexual abuse cases. Stuart House is a nationally recognized multi-disciplinary center that was created to address the needs of children who have been sexually abused. Its purpose is to serve as a one stop location for child sexual assault victims from their initial interview through the criminal justice system, and with comprehensive treatment, including long term therapy services. Stuart House is a warm, child and family-friendly environment intended to make victims and their families as comfortable as possible throughout the process. Victims are interviewed by a forensic interviewer, who asks questions in a non-leading way to allow the child to disclose as much detail about the abuse as possible. Other interested professionals observe the interview either in person or from a recording of the interview. The child is provided an acute or non-acute medical exam if necessary at the nearby Rape Treatment Center. Every child, whether a criminal case is filed or not, is given the opportunity to receive cost-free counseling by therapists who are experts in treating child sexual abuse.

Currently, the Los Angeles Police Department has 6 full-time detectives housed and working on cases at Stuart House, the District Attorney has 5 full-time prosecutors assigned to handle felony child sexual abuse cases and the City Attorney's Office has 2 prosecutors working part-time with Stuart House to handle misdemeanor child sexual abuse cases. In addition, DCFS currently has 2 full-time social workers assigned to handle the child protection aspect of the cases. Trained advocates from Stuart House work with the victims and their families to help them through the court process, including a small mock courtroom to help kids know what to expect when they go to court.

CYBER CRIME AND CHILD ABUSE PREVENTION

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

I. CYBER CRIME TASK FORCE

In partnership with ICAN, the City Attorney's Office co-chairs the Los Angeles County Cyber Crime Task Force with the United States Attorney's Office and the FBI. Other Task Force participants include the Los Angeles Police Department, the Internet Crimes Against Children Task Force (LAPD - ICAC), the Los Angeles County Sheriff's Department, the Los Angeles County District Attorney's Office, Disney, Fox Films, the Los Angeles Catholic Archdiocese, Santa Monica-UCLA Medical Center, the Anti-Defamation League (ADL), the Los Angeles County Office of Education and other governmental and private agencies. The primary role of this ICAN committee is to conduct community outreach in the area of cyber and technology facilitated crimes.
Each Fall, the Task Force plans and hosts the Annual Cyber Crime Prevention Symposium. The team hosts over 400 middle and high school students as well as educators, parents and community members at the unique all-day event. The goal of the Symposium is to educate the students and the community on cyber crimes, digital reputation, Internet predators, cyber bullying, and sextortion. This Symposium was held on November 29, 2016 at the California Endowment and has become an important annual event on this important subject.
In addition to the presentations and workshops at the Symposium, the Task Force also sponsors a Cyber Crime Challenge for those schools who attend the event. The students who attend the Symposium are encouraged to use their imagination to develop a cyber safety school program to address issues including cyber bullying, risks of social media, sexting and other issues involving the Internet. In order to begin their project, students are expected to use the teaching points from the Symposium as the foundation for developing their programs. Each school is judged on its creativity, students' implementation and impact of its program on its school's student body.

The 2016 Cyber Crime Challenge winners were Our Lady of Guadalupe School, located in Hermosa Beach, receiving the Community Impact Award; St. Charles Borromeo School, located in North Hollywood, receiving the Technology and Research Award; and St. Rose of Lima School, located in Simi Valley, receiving the Creativity Award. The winning schools were presented with money, trophies, certificates and CyberALLY training all valued at $2,500.
The Cyber Crime Prevention Symposium Task Force looks forward to spreading the word on cyber safety by offering the Cyber Crime Challenge again next year and encouraging even more schools to participate.

II. CYBER CRIME PREVENTION AND PUBLIC OUTREACH

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

TEEN COURT

As part of the City Attorney's Office Neighborhood Prosecutor Program, locally assigned prosecutors work closely with LAUSD personnel, Los Angeles County Juvenile Probation officers, and the Los Angeles County Superior Court to handle actual

juvenile criminal offenses in a courtroom setting as an alternative to the juvenile appearing in regular juvenile court. Once a juvenile defendant agrees to have his case heard before the Teen Court, a sitting Los Angeles Superior Court Judge presides over the proceedings. The juvenile defendant must bring a parent or guardian to the proceedings which are held at a school site other than the juvenile's home school. The students participating in Teen Court act as jurors on the case and are allowed to ask questions of the defendant and his guardian.

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

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

TRUANCY PREVENTION PROGRAM

In 2002, the Office of the Los Angeles City Attorney created the Truancy Prevention Program to address the problems of truant students. The program teaches parents of their legal responsibility to ensure that their children attend school through letters, brochures, general assemblies and hearings.

Truancy Prevention staff also support the efforts of the Los Angeles Unified School District at School Attendance Review Teams (SART) and School Attendance Review Boards (SARB). Similarly, Truancy Prevention staff work with the Los Angeles Police Department and Los Angeles School Police Department to conduct community outreach forums and individual family outreach.

In 2014, in partnership with the Los Angeles Superior Court's Teen Court, the City Attorney's Office created Truancy Teen Court. Truancy Teen Court is a pre-filing diversion program that allows parents to avoid prosecution by participating, with their children, in this innovative forum. A Superior Court Judge oversees the Truancy Teen Court proceedings in which a jury, comprised of teens, asks questions to determine the reasons for truancy. With the assistance from the judge, the jury will determine the best solutions to combat truancy. Truancy Teen Court addresses the Court and the City Attorney's goal to create a shift from criminalization to prevention. Truancy Teen Courts recommend beneficial remediation orders and turn truancy cases into an overall learning experience for students, parents and the broader community.

Since inception, the Truancy Prevention Program has educated over 275,000 families about the importance of attending school. The program's letters have directed over 45,000 families to general assemblies where families are taught the legal and practical consequences of truancy. Additionally, almost 5,134 families have been referred for further City Attorney intervention including one–on-one hearings. From these families, Pupil Services and Attendance (PSA) Counselors have taken approximately 811 families to SARB. To date, 125 parents have been prosecuted under the Education and Penal Codes. If parents are prosecuted, they can have their case dismissed by ensuring their child's attendance.

This fluctuating emphasis from various law enforcement agencies coincides with an increasing recognition by the Los Angeles Unified School District of the need to address student attendance in a comprehensive manner.

During the 2015-2016 school year, TPP implemented truancy prevention efforts at the following schools:

77th Division:
52nd Street Elementary School
Barack Obama Global Preparation Academy
Loren Milles Elementary School

Harbor Division:
Wilmington Middle School

Hollenbeck Division:
Robert Louis Stevenson Middle School

Hollywood Division:
Joseph Le Conte Middle School
Vine Elementary School

Mission Division:
Gridley Middle School
Olive Vista Middle School
Sepulveda Middle School

Newton Division:
George Washington Carver
John Adams Middle School
Los Angeles Academy Middle School

Olympic Division:
Berendo Middle School

Southeast Division:
93rd Street Elementary School
107th Street Elementary School

Southwest Division:
Audubon Middle School
Foshay Learning Center (K-12)

Van Nuys Division:
Cardenas Middle School

West Valley Division:
Mulholland Elementary School

The goal of the Truancy Prevention Program is to keep children in school - - not to prosecute parents. Prosecution will be a tool of last resort when efforts to educate and assist the family have failed.

ANTI-GANG SECTION

The City Attorney's Anti-Gang Section supervises the enforcement of 46 injunctions covering 79 criminal street gangs in addition to injunctions against one tagging crew and a group of narcotics dealers in the skid row area of downtown Los Angeles. The gang injunctions, which serve as restraining orders on gang members, have had a demonstrable effect on reducing street-level crime in the approximately 123 square miles they cover, thus protecting children, youth and families across the city. In many cases, our attorneys work proactively to achieve solutions for residents and improve the physical condition of our neighborhoods before crimes occur.

HEARING PROGRAM

The Los Angeles City Attorney's Hearing Program offers an innovative approach to handling matters in which a crime has occurred, but criminal prosecution may not be the best way to address the problem. In some minor child abuse and neglect matters, cases are assigned to hearing officers who review the facts. They educate participants as to what constitutes child abuse, admonish respondents about the consequences of their behavior, and make referrals to a variety of services, including parenting classes, drug and alcohol treatment programs, and anger management programs. The intervention of hearing officers in these matters may prevent subsequent offenses against children.

In 2016, there were 485 child abuse, neglect, sexual abuse and exploitation matters referred to the City Attorney Hearing Program after review by an attorney for filing consideration.

VICTIM ASSISTANCE PROGRAM

The Los Angeles City Attorney's Victim Assistance Program is a State grant-funded program that assists victims of crime by providing state mandated services pursuant to Penal Code section 13835.5. These services include crisis intervention, court support, resource referrals, and assistance to victims in filing State of California Victims of Crime Compensation Applications. The program is funded by the State of California Restitution Fund, which is financed from fines and penalty assessments imposed on convicted criminals.

There are ten Victim Service Coordinators located in branch offices throughout the City of Los Angeles, eight of which are located directly in Los Angeles Police Department Divisions. In 2016, the Los Angeles City Attorney's Office Victim Assistance Program assisted 7,172 new victims of crime and assisted in the collection of $3,666,673.58 in medical and wage losses, mental health counseling expenses, and funeral/burial expenses.

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

In 2016, there were 7,172 new victims referred to the program. Of the 7,172, there were 662 new victims of child sexual and physical abuse.

STATISTICS

In 2016, this Office reviewed a total of 76,673

cases and filed 43,215 cases. Of all reviewed cases, 1,520 involved ICAN-related matters. Of the reviewed cases, 460 were filed.

BREAKDOWN OF ICAN-RELATED CHARGES

The following information provides a breakdown of ICAN-related charges and data involving child abuse prosecutions by the Office of the Los Angeles City Attorney.

SEXUAL ABUSE AND EXPLOITATION

In 2016, the Office reviewed 318 child sexual abuse and exploitation investigations regarding violations of the following California Penal Code sections:

261.5(a)	Unlawful sexual Intercourse with a minor, who is a under the age of 18 years
261.5(b-d)	Engages in an act of unlawful sexual intercourse with a minor, who is not more than three years older or three years young than the perpetrator
288a(b)(1)	Oral Copulation with Person Under 18
288(c)1	Lewd Acts with Child Under 15/10 Year Difference
288.2(a)(1)	Sending harmful matter to a minor
288.2(a)(2)	Sending harmful matter to a minor (non-sexual)
288.4(a)(1)	Arranging a meeting with a minor to expose oneself
289(h)	Sexual Penetration with Person Under 18
311.3(a)	Sexual Exploitation of a Child
311.11(a)	Possession of Child Pornography
647.6(a)(1)	Annoying or Molesting a Child under the age of 18 years
647.6(a)(2)	Engaging in conduct with an adult whom they believe to be a child when motivated by an abnormal sexual interest in a child

Of the 318 criminal investigations presented for filing consideration, 63 cases were filed and prosecuted as misdemeanors, 47 were referred to the City Attorney Hearing Program, and 208 were rejected. There was a disposition of 61 sexual abuse and exploitation cases. Of those 61 cases, 57 resulted in guilty pleas or convictions following jury trials.

CHILD ABUSE AND NEGLECT

In 2016, the Office reviewed 1202 child abuse and neglect investigations involving violations of the California Penal Code sections listed below:

271	Desertion of Child under 14 with Intent to Abandon
271a	Abandonment or Failure to Maintain Child under 14
272	Contributing to the Delinquency of Persons Under 18
273a(a)	Willful Harm or Injury to Child
273a(b)	Willful Harm or Injury to Child
273d(a)	Corporal Punishment or Injury to Child
278.5	Child Concealment/Non-Custodial Person

Of those 1202 investigations, 397 cases were filed and prosecuted as misdemeanors, 451 were referred to the City Attorney Hearing Program, and 354 were rejected. There were dispositions in 375 child abuse and neglect cases. Of those 375 cases, 313 resulted in guilty pleas or convictions following jury trials.

CONCLUSION

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

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

COURT OVERVIEW

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

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

The Los Angeles County Juvenile Division is headed by the Presiding Judge of the Juvenile Court and encompasses courts that adjudicate Dependency, Adoption, Delinquency, Status Offenses, and Non-Minor Dependents cases.

Delinquency proceedings involve children under the age of 18 who are alleged to have committed a delinquent act (conduct that would be criminal if committed by an adult) (WIC § 602). Status offense proceedings involve children who are alleged to be habitually disobedient, truant or beyond the control of the parent or guardian (engaging in non-criminal behavior that may be harmful to themselves) (WIC §601). Pursuant to WIC §450 and Assembly Bill 12, youth are eligible to receive the benefits of being granted non-minor dependent status and participating in extended foster care. These youth have successfully completed probation and their delinquency case has been terminated. The youth are no longer on probation, are no longer subject to conditions of probation, and cannot be found in violation of probation along with the threat of incarceration.

There are five types of specialized Delinquency Courts in operation: The Juvenile Mental Health Court, the Juvenile Drug Courts, the 241.1 Crossover Court, the Department of Juvenile Justice (DJJ) Re-entry Court, and the Succeeding Through Achievement and Resilience (STAR) Court. The Juvenile Mental Health Court, located at Eastlake Juvenile Court, treats juvenile offenders who suffer from diagnosed mental disorders and mental disabilities. The Juvenile Drug Courts, located at the Eastlake, Inglewood, and Sylmar Juvenile Courts, provide voluntary comprehensive treatment programs for children who have committed drug- or alcohol-related offenses or demonstrated delinquent behavior and have had a history of drug use. The DJJ Re-entry Court located at Eastlake Juvenile Court, transitions youth returning home after completing their program at the Division of Juvenile Justice (formerly "California Youth Authority"). The STAR Court program identifies and supports victims of sex trafficking who are under-age and refers them to specialized help.

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

California's Fostering Connections to Success Act, also known as Assembly Bill 12, lays the foundation for a fundamental shift in how we approach and work with young adults, called non-minor dependents, in foster care. Enacted in September 2010, AB 12 permits the extension of foster care in certain circumstances until age 21, allowing youth to receive continued case management services focusing on self-sufficiency and independence, educational support, job skills training and career development, while at the same time still having an attorney and court supervision. Another important feature of extended foster care is the ability for this population to re-open their foster care case through the re-entry process should they need additional support, courtroom supervision and assistance with housing and/or education.

There are 27 Dependency Courts in the Los Angeles Court system. Twenty-four are located in the Edmund D. Edelman Children's Court in Monterey Park, and three are in the Alfred J. McCourtney Juvenile Justice Center in Lancaster, and serve families and children residing in the Antelope Valley. One of the courtrooms at the Edelman Children's Court has been designated for private and agency adoptions. One of the courtrooms hears matters that fall within the Indian Child Welfare Act (25 U.S.C. § 1901 et. seq., CRC 439). Another courtroom hears matters involving the hearing-impaired. There are five Dependency Courts utilizing the Drug Court Parent Protocol, and all Dependency Courts are following the Drug Court Dependency Youth Protocol. The Court opened specialized courtrooms for AB 12, WIC 241.1., and Commercially Sexually Exploited Children (CSEC) in 2016.

In January 2016, the Juvenile Court in partnership with County Counsel, Children's Law Center (CLC), and the Department of Children and Family Services (DCFS) initiated a dedicated courtroom to serve Commercially Sexually Exploited Children (CSEC) in the dependency system. The establishment of the dedicated courtroom, named the Dedication to Restoration through Empowerment, Advocacy, and Mentoring (DREAM) Court, was based on lessons learned from the STAR Court in the delinquency system. By having a dedicated Judicial Officer, and CSEC trained and informed County Counsel, CLC attorney, and DCFS staff, DREAM Court will allow for increased expertise, consistency in practice, and better outcomes for the CSEC population. The DREAM Court officially opened in February 2016.

THE COURT PROCESS

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

To act in the best interest of the child, the Court must safeguard the parents' fundamental right to raise their child and the child's right to remain a part of the family of origin by preserving the family as long as the child's safety can be assured. All parties, including children, who appear in the Dependency Court are entitled to be represented by counsel. The Court will appoint legal counsel for a parent unless the parent has retained private counsel. Legal counsel for children are appointed by the Court; they are statutorily mandated to inform the Court of the child's wishes and act in the best interest of the child by informing the Court of any conflict between what the child seeks and what may be in the child's best interest. Children are appointed legal counsel whether or not they appear in court (WIC §317). DCFS is represented by County Counsel.

Preservation of the family can be facilitated through family maintenance and family reunification services. Family Maintenance services are provided to a parent who retains custody of the child. Family Reunification services are provided to a parent whose child has been removed from his/her care and custody by the Court and placed outside their home. Prior to filing a petition in the Court, DCFS must make a reasonable effort to provide services that might eliminate the need for the intervention of the Court or removal of the child.

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

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

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

Stability and permanence are also assured when a child is able to safely remain within the family unit without placement in foster care while parents receive family maintenance services from DCFS under the supervision of the Court. If the Court has ordered that the child may reside with a parent, the case will be reviewed every six months until such time the Court determines that the conditions which brought the child within the Court's jurisdiction no longer exist. At this time, the Court may terminate jurisdiction (WIC §364).

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

Children require stability, a sense of security, and belonging. To assure that concurrent planning occurs in a manner that will provide stability for the child, periodic reviews of each case are set by the Court. When a child is removed from the care of a parent and suitably placed in foster care under the custody of DCFS, the Court will order six months of reunification services for children under the age of three, including sibling groups with a child under that age. For all other children, the reunification period is 12 months. If the Court finds compliance with the service plan at each and every six-month Judicial Review hearing, the Court may continue services to a date 18 months from the date of removal. To extend reunification services to the 12- or 18-month date, the Court, based upon its evaluation of the history of the case, must find a substantial likelihood of the child's return to the parent or guardian on or before the permanency planning hearing at the 18-month date (WIC §366.21, et. seq.).

If reunification services are terminated without the return of the child to the parent or guardian, the Court must establish a Permanent Plan for the child. Termination of reunification services without the return of the child to the parent is tantamount to finding the parent to be unfit. A parent who has failed to reunify with a child may be prevented from parenting later-born children if the Court sustains petitions involving the later-born children. The Court may deny reunification services to the parent. In those cases, the Court will set a Permanency Planning Hearing to consider the most appropriate plan for the child. The code provides circumstances under which the Court may in its discretion order no reunification services for a parent (WIC §361.5). Examples are when a parent has inflicted serious physical abuse upon a child; has a period of incarceration that exceeds the time period set for reunification; has inflicted sexual abuse upon a child; etc.

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

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

2. The appointment of a Legal Guardian for the child. Legal Guardians have the same responsibilities as a parent to care for and supervise a child. However, legal guardianship provides less permanence, as a guardianship may be terminated by Court order or by operation of law when the child reaches the age of 18.

3. The Planned Permanent Living Arrangement (formerly Long Term Foster Care) is the least stable plan for the child because the child has

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not been provided a home environment in which the individual(s) will commit to parent him or her into adulthood while providing the legal relationship of parent and child.

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

SUBSEQUENT AND SUPPLEMENTAL PETITIONS

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

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

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

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

Petitions for Modification (Post- Disposition) may be filed by a parent or any person having an interest in a child who is a dependent child, including the child himself or herself. These petitions allege either a change of circumstances or new evidence that could require the Court to modify previous orders or issue new orders in the best interest of the child. (WIC §388).

CASELOAD OVERVIEW

The data collected at this time does not fully reflect the workload of the Dependency Courts. In addition to the statutorily mandated hearings (Detention/ Arraignment Hearing; Jurisdictional Hearing; Disposition Hearing; 6-, 12- and 18-month review hearings; Selection and Implementation Hearing), the Court, acting in the best interest of the child, must often schedule hearings to receive progress reports if it is determined that court-ordered services may be lacking. Interim hearings may be scheduled to handle matters that have not been or cannot be resolved without court intervention. Cases that are transferred from other counties must be immediately set on the Court's calendar. All of the courts hear adoption hearings, so that permanency occurs without delay.

ANALYSIS

The number of WIC §602 (delinquency) petitions filed has steadily decreased since 2013. In 2016, there were 6,249 WIC § 602 (delinquency) petitions filed compared with 10,593 WIC § 602 petitions filed in 2013. (Figure 1) The decrease in the number of petitions was due to a general decrease in crime, as well as more successful efforts at diverting low-risk offenders from the juvenile justice system.

In 2016, new, subsequent and supplemental petitions were filed involving 25,029 children; of these, 13,674 children were before the Court with new WIC §300 (dependency) petitions. In addition, 9,197 supplemental and/or subsequent petitions were filed in 2016. New petitions were filed in 2,158 previously dismissed or terminated cases. (Figure 2)

From 2012 through 2013, there was an upward trend in the number of petitions filed. The number of petitions, subsequent petitions, and reactivated petitions filed increased moderately every year until 2014; only the number of subsequent 342, supplemental 388, and reactivated petitions increased slightly in 2016.

Of the 13,674 new WIC §300 petitions, 8,448 cases went to disposition in 2016. Of those cases, out-of-home placement was ordered for 3,815 children. (It must be noted that one case may involve multiple children, and the different children may have different placements.) (Figure 3) The latter number indicates that 45% of the children whose cases went to disposition were placed in foster care. Analysis of the period from 2012 through 2015 shows that there has been a steady decrease in the number of children placed in foster care. The percentage of children who were placed in foster care remained the same in 2015 and 2016.

Overall, new petitions comprised approximately 55% of total petition filings in 2012 and in 2016. (Figure 2)

EXITING THE DEPENDENCY COURT SYSTEM

The data indicates that from 2012 through 2016 an average 47% of the disposition hearings end with the removal of children from their parents or guardian. An average of 46 % of disposition hearings ended with the removal of children from their parents in 2016. The decrease in the number of children in the Dependency system reflects a reversal of a trend. The decrease is surprising since reductions in resources have made it more challenging for parents to receive the services they need in order to ultimately reunite with their children.

In 2016, 13,674 children were the subject of new Dependency court petitions, and 13,631 children had their cases dismissed or jurisdiction terminated. The number of children exiting the system increased significantly in 2014 through 2015. (Figure 4)

The decrease in the number of children in the Dependency system in 2014 and 2015 reflected a reversal of a trend. The decrease was surprising since reductions in resources have made it more challenging for parents to receive the services they need in order to ultimately reunite with their children. Unfortunately, the trend appeared to change; in 2016 the number of children exiting the dependency system was slightly less than the number of children entering.

SELECTED FINDINGS

- The number of WIC §602 (delinquency) petitions filed has steadily decreased since 2013.
- The number of dependency filings increased moderately until 2014.
- New WIC §300 petitions constituted 55% of total filings in 2016.
- Analysis of the period from 2014 through 2015 shows that there has been a slight decrease in the number of children placed in foster care.
- In 2016, 13,674 children entered the Dependency system as a result of new petitions being filed, and 13,631 children exited the system.

Figure 1

JUVENILE DELINQUENCY COURT
NEW 602 PETITIONS FILED

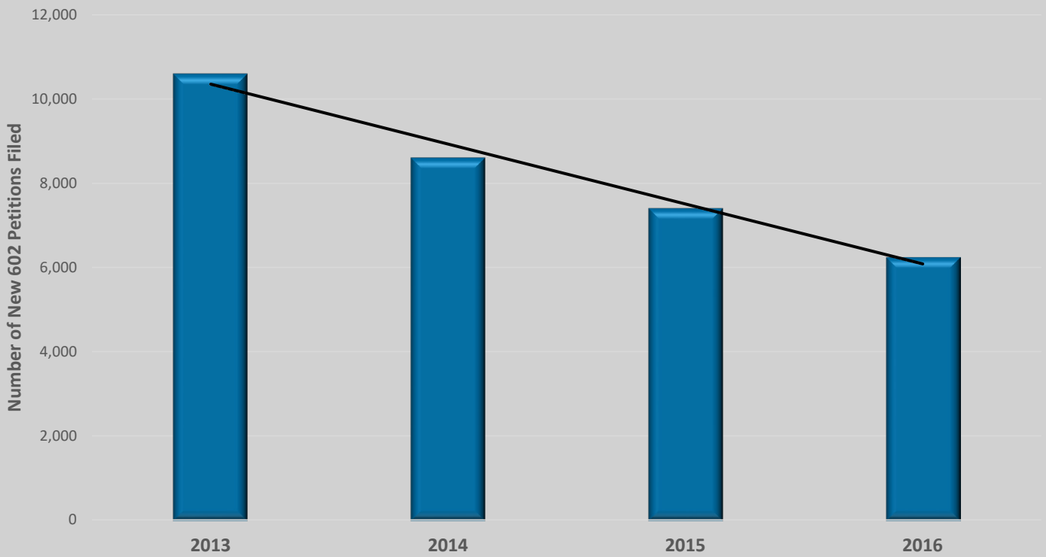


Figure 2

JUVENILE DEPENDENCY COURT
PETITIONS FILED
NEW, SUBSEQUENT, SUPPLMENTAL, AND REACTIVATED

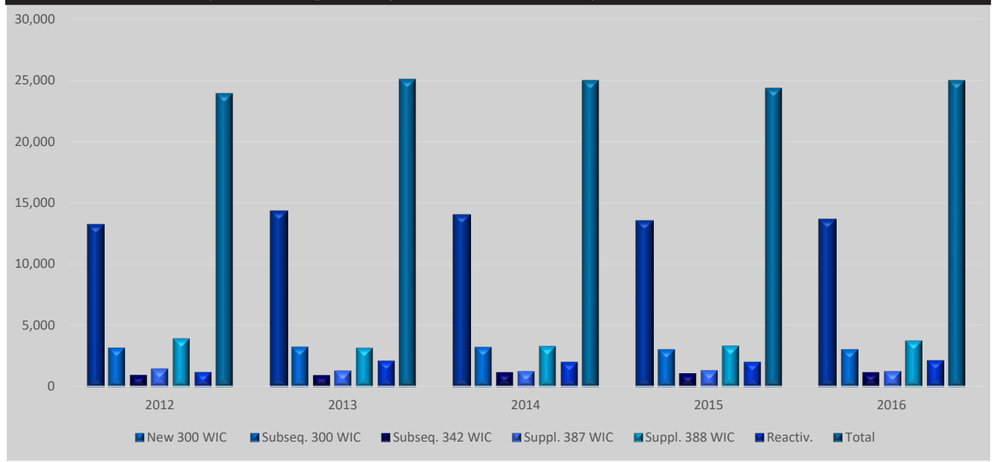


Figure 2 cont.

Year	New 300 WIC	Subseq. 300 WIC	Subseq. 342 WIC	Suppl. 387 WIC	Suppl. 388 WIC	Reactiv.	Total
2012	13,257	3,183	926	1,433	3,947	1,215	23,961
2013	14,344	3,272	902	1,285	3,184	2,130	25,117
2014	14,059	3,254	1,130	1,231	3,324	2,036	25,034
2015	13,598	3,068	1,046	1,293	3,357	2,040	24,402
2016	13,674	3,060	1,125	1,238	3,774	2,158	25,029

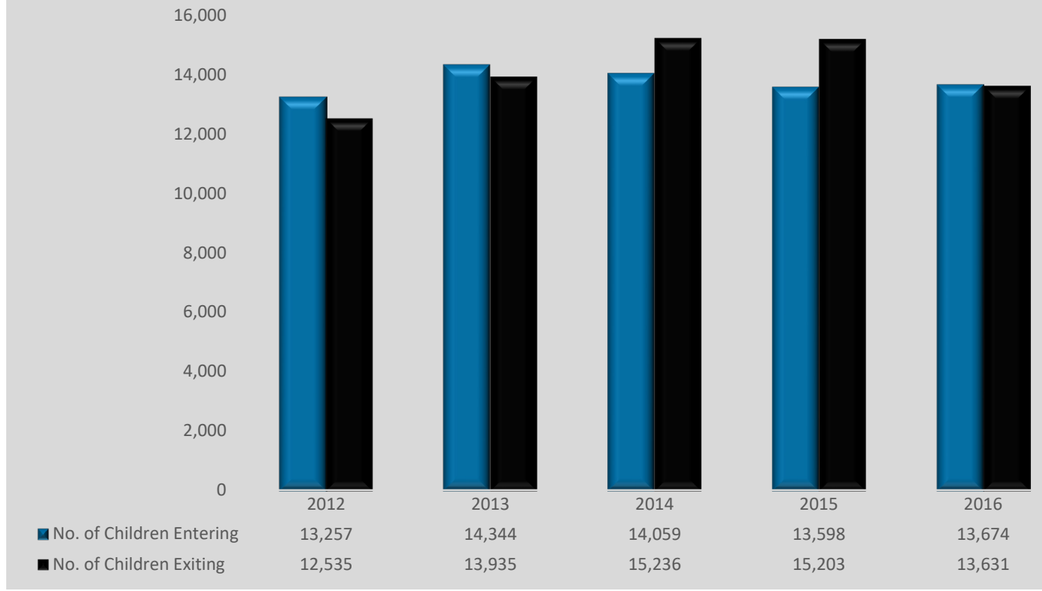
Figure 3

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

YEAR	TOTAL	HOME OF PARENT	SUITABLE PLACEMENT	OTHER PLACEMENT
2012	7,930	3,633 (46%)	4,037 (51%)	260 (3%)
2013	7,305	3,853 (53%)	3,239 (44%)	213 (3%)
2014	8,606	4,650 (54%)	3,730 (43%)	226 (3%)
2015	8,408	4,613 (55%)	3,667 (44%)	128 (1%)
2016	8,448	4633 (55%)	3708 (44%)	107 (2%)

Figure 4

JUVENILE DELINQUENCY COURT
NEW CHILDREN ENTERING THE DEPENDENCY SYSTEM
AND EXISTING CHILDREN EXITING THE DEPENDENCY SYSTEM



GLOSSARY

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

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

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

Permanency Planning Hearing (PPH): A post-disposition hearing to determine the permanent plan of the child. This hearing may be held at the 6-, 12- or 18-month date.

Prima Facie Showing: A minimum standard of proof asserting that the facts, if true, are indicative of abuse or neglect.

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

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

WIC §300 Petition: The initial petition filed by the Department of Children and Family Services that subjects a child to Dependency Court supervision. If sustained, the child may be adjudged a dependent of the Court under subdivisions (a) through (j).

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

WIC §366.26 Petition: For children who are adjudged dependent children of the Juvenile Court pursuant to subdivision (d) of Section 360, this section specifies the exclusive procedures for permanently terminating parental rights with regard to, or establishing legal guardianship of, the child while the child is a dependent child of the juvenile court.

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

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

WIC §450 Petition: A minor or non-minor who satisfies all of the following criteria is within the transition jurisdiction of the juvenile court.

WIC §601 Petition: Any person under 18 years of age who persistently or habitually refuses to obey the reasonable and proper orders or directions of his or her parents, guardian, or custodian, or who is beyond the control of that person, or who is under the age of 18 years when he or she violated any ordinance of any city or county of this state establishing a curfew based solely on age is within the jurisdiction of the juvenile court which may adjudge the minor to be a ward of the court.

WIC §602 Petition: Except as provided in Section 707, any person who is under 18 years of age when he or she violates any law of this state or of the United States or any ordinance of any city or county of this state defining crime other than an ordinance establishing a 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.

COUNTY OF LOS ANGELES

COUNTY OF LOS ANGELES
FIRE DEPARTMENT

INTRODUCTION

The County of Los Angeles Fire Department serves 58 District Cities and all unincorporated areas of Los Angeles County, spanning over 2,300 square miles, and protecting more than 4 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.

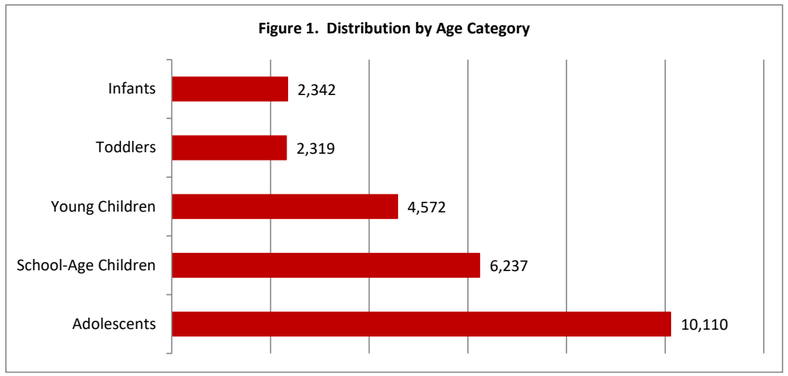
A majority of the care provided by emergency personnel occurs within the same environment that the illness or injury occurred. This presents a unique insight into the nature of the patient's condition, including possible cases of child maltreatment that may not be apparent to other providers in the continuum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

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

PEDIATRIC PATIENT POPULATION

In 2017, the Department provided emergency medical care to 309,466 patients; 25,580 (8%) 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 36% of all pediatric patients. School-age children (6-12 years) and Adolescents (13-17) account for 24% and 40% respectively.

Figure 1. Distribution by Age Category



Fire Department, County of Los Angeles

Approximately 75% of all pediatric patient contacts received transport to a 9-1-1 receiving center:
• 8,248 (32%) were transported with advanced life support (ALS) care.
• 10,689 (42%) were transported with basic life support (BLS) care.
• 186 (1%) 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 (SPA 3) had the highest volumes of pediatric patient contacts. 80% of the helicopter transports for pediatric patients occurred in North county, including Antelope Valley (SPA 1) and Santa Clarita (SPA 2). (See Figure 2 for a breakdown of pediatric patient incidents by SPA; see Figure 7 for the corresponding map of the Los Angeles County SPAs)

Figure 2
2017 PEDIATRIC PATIENT INCIDENTS BY SPA

SPA	CITY/COMMUNITY	COUNT
SPA 1	Antelope Valley	4,241
SPA 2	San Fernando	1,988
SPA 3	San Gabriel	5,914
SPA 4	Metro	120
SPA 5	West	631
SPA 6	South	2,099
SPA 7	East	6,185
SPA 8	South Bay	3,940
OTHER	**La Habra**	**462**

HEALTH & SAFETY

Infants, Toddlers, & Young Children

Children five and under typically have different presenting conditions than school-age children and adolescents. The most common provider impressions or field diagnosis for these age groups in 2017 were:
• Seizure (20%)
• Trauma / Injury (16%)
• Cold / Flu Symptoms (11%)
• Respiratory Distress (10%)
• Elevated Temperature / Fever (5%)
• Gastrointestinal Disorders (5%)

School-Age Children

With school-age children there is a significant increase in the frequency of injury and there is a significant decline in 9-1-1 calls for medical issues:

• Trauma / Injury (34%)
• Seizure (10%)
• Cold / Flu Symptoms (8%)
• Behavioral (8%)
• Respiratory Distress (5%)
• Gastrointestinal Disorders (5%)

Adolescents

With the adolescent patient population, the most common provider impressions are:

• Trauma / Injury (30%)
• Behavioral (17%)
• Seizure (7%)
• Cold / Flu Symptoms (6%)
• Gastrointestinal Disorders (6%)

Reports of substance use are prevalent among adolescent patients. During 2017 there were a total of 390 cases of adolescent intoxication or poisoning. 39% (153) were cases of alcohol intoxication. The remaining 61% (237) 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:

• Accidental or Unknown (39%)
• Recreational Use (31%)
• Suicide Attempt (30%)

Of the 39% categorized as accidental or unknown, it is suspected that many of them were actually recreational uses or suicide attempts. However, due to limitations with documentation, they were categorized as accidental or unknown.

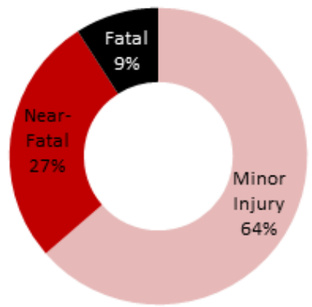
Vehicle Safety

Traffic collisions were responsible for 4,652 pediatric patient contacts last year; 2,545 (55%) of these children had a reported injury. 598 (13%) had a significant injury and required ALS transport to a pediatric trauma center.

Water Safety

In 2017, there were 33 incidents of near-drowning or drowning; 26 (81%) occurred in residential pools. One-third (12) of these incidents resulted in respiratory or cardiac arrest; three of these incidents were fatal. Young children are more commonly the victims of near-drowning or drowning, comprising 20 (63%) cases in 2017. There were two instances of infants drowning in a bathtub while unattended. (See Figure 3)

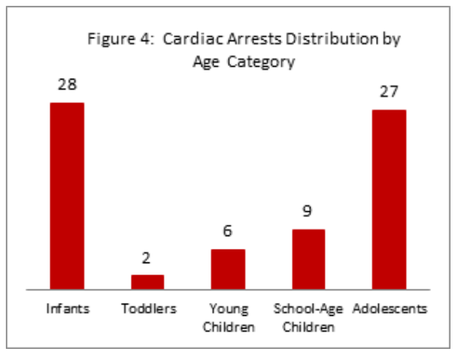
Figure 3: Near-Drowning / Drowning Events



Pediatric Cardiac Arrests

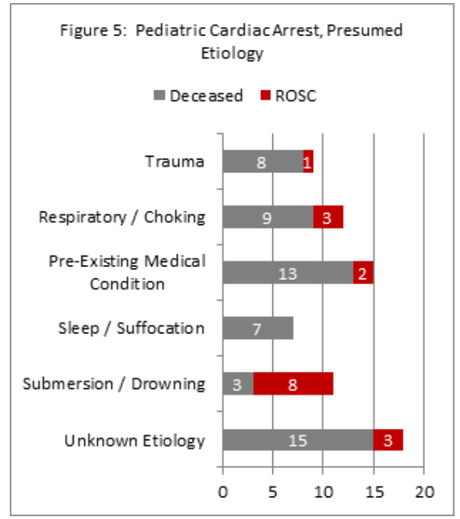
Pediatric cardiac arrests are among the most difficult cases for medical providers. In 2017, the Department provided care to 72 children in cardiac arrest.

Figure 4: Cardiac Arrests Distribution by Age Category



Infants account for 39% of all pediatric cardiac arrests and the most common presumed cause of death is sleep/suffocation related. Adolescents had the second highest rate of cardiac arrest with the most common presumed cause of death being suicide. Return of spontaneous circulation (ROSC) occurred in 18% of all pediatric cardiac arrests with the highest survival rate (75%) among children who were victims of submersion or drowning. (See Figure 5)

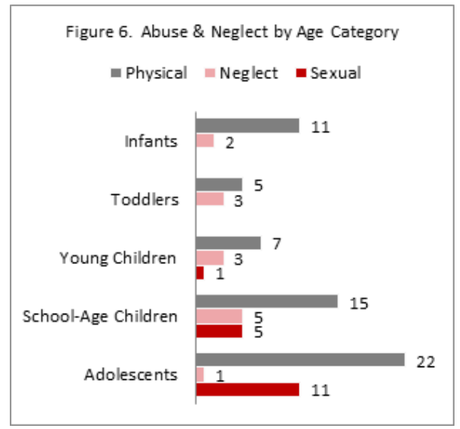
Figure 5: Pediatric Cardiac Arrest, Presumed Etiology



ABUSE & NEGLECT

In 2017, Department paramedics treated 91 victims of suspected abuse or neglect. Of these patients, 60 were victims of suspected physical abuse, 14 were victims of suspected neglect, and 17 were victims of suspected sexual abuse. Approximately half of these patients were five years of age and under. Physical assault was the most common reported abuse across all age categories, and accounted for 66% of reports of suspected abuse.

Figure 6. Abuse & Neglect by Age Category



Fire Department, County of Los Angeles

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 (EMT) 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.

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

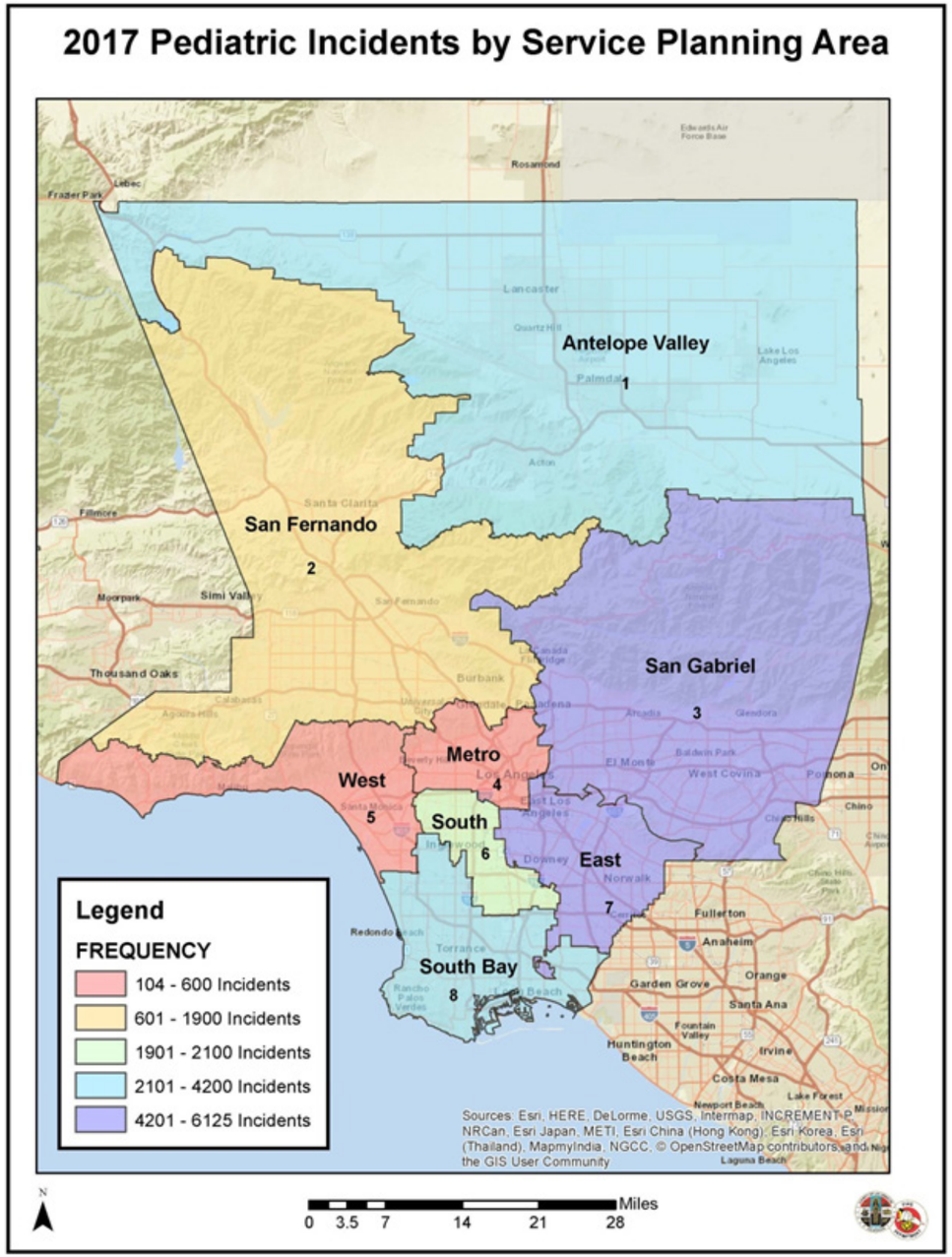
Pediatric Patient: For Los Angeles County EMS providers, this is defined as patients who are 17 years of age and younger.

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

Provider Impression: The provider's explanation 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.



LOS ANGELES COUNTY COMMUNITY CHILD ABUSE COUNCILS

OVERVIEW

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 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.

In fiscal year 2016-2017, the Children's Bureau of Southern California (www.all4kids.org) continued to support the Department of Children and Family Services' (DCFS) Los Angeles County Community Child Abuse Councils Coordination Services Grant ($100,000 each year from 2015-2018). Children's Bureau provided technical assistance and administrative oversight to the 12 Child Abuse Prevention Councils with the Community Child Abuse Council Coordinator bringing all Chair Members together monthly to align the joint service activities of the group and meet collective grant 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

- 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
- San Gabriel Valley Child Abuse Prevention Council
- Service Planning Area 7 Child Abuse Council
- Westside Anti-Violence Authority

• YES2KIDS - Antelope Valley Child Abuse Prevention Council

Population Specific/County-Wide 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)

The Los Angeles Child Abuse 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 a Los Angeles Community Child Abuse Councils Website;

• Training and Technical Assistance to the Community Relating to Child Abuse and Family Violence Issues;

• Monthly Meetings of the Council Chairs;

• Coordination of Suicide Resources and Prevention Insert Cards;

• Special Projects for Individual Councils.

FISCAL YEAR 2016-2017 SPECIAL PROJECTS

Each of the Los Angeles County Community Child Abuse Councils prepared and presented their Annual Child Abuse Project Applications between December of 2016 to February of 2017. Each project 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 included:

• Mandated Reporter Trainings for the Community

• Parent workshop: "Grandparents Raising Grandchildren"

• Monthly trainings to service providers (CEU's often available) on topics such as Domestic Violence and Family Law Basics & Understanding Human Trafficking

• Understanding & Combating Institutional Racism in Child Welfare

• Transformational Leadership Development of Adolescents and Young Adults

• Cultural Awareness and Child Protective Services

In the 2016-17 contract year, the Councils each had $3,435.00 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.

Advocacy Council for Abused Deaf Children (ACADC)

On March 25, 2017, the ACADC was able to provide a second community event entitled "Healing Day: Changing Ourselves, Our Families and Our Community" which offered workshops for the Deaf Community. These workshops were a collaborative effort by the ACADC members including: Five Acres Deaf Services, Greater Los Angeles Agency on Deafness, Peace Over Violence and My Choice Counseling. The workshops focused on positive ways to heal from trauma and abuse via hands-on therapeutic arts, movement and resources. The ACADC provided both adult and youth focused activities. Additionally, American Sign Language materials were distributed to families in order to support communication within the home for Deaf and Hard of Hearing children.

Asian & Pacific Islander, Children, Youth and Family Council (API CYFC)

In order to improve the effectiveness and efficiency of service provision, the API CYFC came together to create a service map to help providers identify the most appropriate child abuse prevention and/or intervention programs available to best address each family's individual needs. The service map, geared towards Department of Children and Family Services (DCFS) and community partner agency staff, explains the differences between programs serving children and families along with language capacities within a general flow chart throughout Los Angeles County. The map also provides information on the API agencies involved in order to create a smooth referral process.

CCAP of San Fernando and Santa Clarita Valley (SPA 2)

On April 22, 2017, the SPA 2 Council for Child Abuse Prevention partnered with the SPA 2 Council for Family Well-Being, a joint collaborative of the DCFS Regional Community Alliance and the Friends of the Family Prevention & Aftercare Program, to provide a community gathering entitled "Working Hand in Hand: Fostering Strong Families." This event targeted parents, youth, agency and institutional partners living and working in SPA 2. The gathering took place at Los Angeles Mission College and was attended by 278 people. Participants were inspired by event ambassadors that included Georgia Carranza (Parent & Community Organizer), Ruth Beaglehole (founder of Echo Parenting), Alan-Michael Graves (Director of Project Fatherhood) and Jose Miguel Paez (Professor – CSUN). In addition, attendees selected from 9 special workshops that ranged from "Brave Interventions" (focusing on bystander responsibility in preventing child abuse) all the way to "Building Resilience Through Play" (how parents can utilize everyday family activities to build resilience). This event was the first of what stakeholders hope will be an annual event, bringing parents and agency staff together to learn from each other in support of safe communities, thriving children and strong families!

Eastside Child Abuse Prevention Council (El Monte)

In the 2016-17 contract year, the Eastside Council supported a variety of events and activities aimed at improving the lives of families in the El Monte area. In November, the Annual SPIRITT "Parent's as Leaders and Support Parent Conference" focused on providing families in the local community with links to essential resources to enhance protective factors. A total of 229 people attended the event. Additionally, Eastside hosted their "Annual Art Contest" for children in April (Child Abuse Awareness Month) with a total of 52 entries. This year's theme was "If I were President…" or "When I Grow Up..." The art entries were judged within age categories for a total of nine winners. In conjunction with the Art Contest, Eastside also co-sponsors the "Annual Resource Fair for Providers" with the SPIRITT Partnership for Families Program. The Fair included a panel presentation regarding immigration as well as recognition of the art contest winners with their awards. The resource tables were staffed by representatives of local community agencies and a total of 110 individuals attended. Lastly, two parent workshops were offered to the community in the month of May. The themes were "Understanding the DCFS System" by the Parents in Partnership Program and "Breakthrough Parenting" by Alma Family Services. For this event, we collaborated with the El Monte/South El Monte Best Start group for sponsorship (child respite care and a healthy dinner was provided). Both workshops had approximately 50 attendees and were offered in Spanish.

End Abuse Long Beach (EALB)

On March 9, 2017, the EALB Council hosted a training on "Child Trauma, Clinical Ethics and Political Advocacy as it Relates to Mental Health." The presenter was Patricia Costales, LCSW, Chief Executive Officer of The Guidance Center. Additionally, on April 13, 2017, Michael Kass, Facilitator/Coach presented on the art and importance of "Storytelling." All trainings were held at Alpert Jewish Community Center, 3801 E. Willow St, Long Beach, CA 90815.

Foothill Child Abuse and Family Violence Prevention Council

The Foothill Council hosted their annual Spring Conference on March 3, 2017 from 9am-4pm at the Almansor Court in the City of Alhambra. This conference trained social workers, mental health clinicians, and other social service providers in the Pasadena and surrounding areas on the topic of "Fetal Alcohol/Neurobehavioral Conditions, a Brain-Based Approach." The training provided Continuing Education Units (CEUs) for interested attendees.

LAC-Family, Children, Community Advisory Council (African American Council)

LAC-FCCAC sponsored a conference on April 26, 2017 entitled "Protection and Hope: Lessons Learned About the Impact of Child Abuse in the Past 50 Years" at the Calvary Chapel Christian Church-Crenshaw. Advocates for child abuse prevention have made a lasting and positive impact in the lives of vulnerable children and their families. Therefore, LAC-FCCAC's conference focused on the practice skills, policies, procedures and community organizing that child abuse prevention workers and advocates have utilized to PROTECT children and provide

Child Abuse Councils

them with HOPE for the future. The conference also explored best practice interventions in child welfare and incorporated both past and present trends in working with children and families. LAC-FCCAC was honored to have the following exceptional speakers at the conference: Aprille Flint, MSW, Child and Family Policy Institute of California; Dr. Gloria Morrow, Director of Behavioral Health, Molina Health Care; and Alan-Michael S. Graves, Director of Project Fatherhood in the Leadership Center at Children's Institute, Inc. (CII).

Additionally, LAC-FCCAC has continued a partnership with Elevate Your G.A.M.E. to mentor youth utilizing positive songs and music created in the hip-hop genre. The music is uplifting, affirming and encourages youth to pursue their goals and develop healthy and respectful relationships. These songs were not only listened to by the 300 mentored students, but by hundreds more as the students share the songs with their friends. The songs and corresponding curriculum are available at www.elevateyourgame.org

LGBT Child Abuse Prevention Council

For the seventh year in a row, the LGBT Child Abuse Prevention Council has planned and coordinated the annual Embracing Diversity of GLBTQ Youth (E.D.G.Y.) Conference with Penny Lane. The conference increases knowledge and awareness of the needs of LGBTQ youth and families, and empowers social service and mental health professionals to support the LGBTQ community through an array of workshops, services and resources. The conference was held in October 2016 at the Skirball Center. The LGBT Council was able to sponsor 40 professional scholarships which went to parent groups, social service providers, mental health professionals, law enforcement, probation, legal service providers for children, and educators who otherwise could not attend.

San Gabriel Valley Child Abuse Prevention Council

On June 2, 2017, the San Gabriel/Pomona Regional Center, The Parents' Place Family Resource and Empowerment Center, the San Gabriel Valley Child Abuse Prevention Council, and the Department of Mental Health, held a dynamic half day training with Jessica Richards, MS, MSW, IFECMHS & RFP II which provided vital information gained through the Adverse Childhood Experiences (ACES) research. From the ACES research, attendees learned that negative life events from childhood, such as the death of a parent or divorce, affect the developing brain, and in turn, later impact adult health outcomes such as heart disease, depression and substance abuse. Ms. Richards introduced practical tools from the Neuro-relational Framework (www.nrfgc.com) to detect and document the impact on physiology and toxic stress, as well as track social-emotional engagement in relationships. Participants gained hands-on experience using these essential clinical tools with video clips and lively activities. This training served approximately 65 individuals from school districts, agencies serving children in out-of-home care, foster parents, Regional Center and Department of Mental Health staff.

SPA 7 Child Abuse Prevention Council

On March 24, 2017, the SPA 7 Child Abuse Prevention council hosted a "Youth Male CHOICES Conference" at Rio Hondo College to encourage young men from grades 9-12 to overcome obstacles to achieve success. In May, the SPA 7 Council also hosted a "Father's Conference" to support fathers in fully understanding the importance of their involvement in the lives of their children.

Westside Anti-Violence Authority (WAVA)

In the 2016-17 year, the Westside Domestic Violence Network initiated a makeover. The Council is now called the Westside Anti-Violence Authority (WAVA). The new name reflects an expansion of our focus from violence in the home to a broader focus on the intersection of domestic violence, community violence, child abuse, and marginalization in our community. For example, one of the primary causes of homelessness for women and their children is domestic violence. Understanding such connections affords WAVA and its community partners a stronger platform for advocacy and the delivery of protective and supportive services to children and families in the Westside community. WAVA's special project, therefore, revolved around building an infrastructure for this transition. Activities included development of a new strategic plan, strengthening of partnerships with community providers, and building a more effective social media communication system. With these changes in place, WAVA will be set to enhance our mission with regard to training, support, and advocacy for children and families for years to come.

Yes 2 Kids - Antelope Valley Child Abuse Prevention Council

For the past 14 years, Yes2Kids has conducted a Writing Contest for students in the Antelope Valley (1st grade through 12th grade) that encourages creativity and expression around topics such as respect, bullying, and how to stop child abuse. Twenty four winners (1st and 2nd Place in each grade level) are chosen to read their essays, and received prizes at the Annual Awards Night in April at the Lancaster Performing Arts Center.

TOTAL PEOPLE, CHILDREN & FAMILIES INVOLVED OR IMPACTED

The Child Abuse Councils were asked to provide best estimates with regard to the number of children, families, and total people that were involved or impacted by the activities performed in the 2016-17 contract year throughout Los Angeles County. The following chart illustrates the combined output from all 12 Councils:

	Children	Family	Total Adults
Number of people involved or impacted by the projects:	16,102	11,861	27,441

Trainings/Workshops

A primary function of the Los Angeles County Community Child Abuse Councils is to provide their communities relevant and timely trainings/workshops. In the 2016-17 contract year, 10 of the 12 Councils chose to provide at least one training or workshop on a wide range of topics and in total, 2,323 community members, students and professionals working in the child welfare field (social workers, mental health providers, etc.) received free or low-cost trainings.

Distributed Printed Prevention Materials

The Councils create and distribute a variety of community friendly child abuse prevention materials in numerous languages. Materials available include:

• "Daily Acts of Kindness Towards Children" Calendars (Languages: English, Spanish, Khmer, Tagalog, Korean, Vietnamese, Japanese, traditional Chinese)

• "Guide to Positive Parenting" (Languages: English, Spanish and traditional Chinese)

• "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)

• "Yes 2 Kids" brochure (Languages: English & Spanish)

In the 2016-17 contract year, the LACCCAC distributed an estimated 46,690 printed prevention materials to community partners, parents, residents and service providers to name a few within SPA's 1-8 throughout Los Angeles County.

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 will file 30 new petitions each day. The Dependency Division also supports DCFS in a range of programs and initiatives targeted to improve the dependency system.

The Dependency Trial Sections staff the dependency trial courts and IDC, which is responsible for preparing and filing dependency petition. The dependency trial courts will typically handle over 20 scheduled hearings each day, as well as new filings. In 2016, the juvenile court opened four new courtrooms, and staff was increased to handle the additional workload.

The Outstation Sections staff 17 DCFS regional offices. Attorneys assigned to this Section provide a wide range of advice related to existing and emergent dependency cases and investigations. This section develops and delivers extensive social worker training programs in dependency law and related issues. There are two Section Heads who supervise 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 section 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 Section is staffed by a section Head and nine lawyers. The warrant desk operates twenty-four hours a day, 365 days a year. It is staffed by the attorneys assigned to the Warrant and IDC Section, as well as attorneys working other assignments in the office of the County Counsel. This Section also handles legislation, confidentiality, and child fatality reviews.

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 court is located in Lancaster and is the busiest dependency trial court both by numbers of hearings and dependent children. There is a Section Head and nine attorneys assigned to the North County Section.

The Dependency Division Appellate Section handles juvenile dependency appellate matters on behalf of DCFS. This section files responsive briefs and answers to writs filed by parents and children. The Appellate Section also reviews cases for possible appellate action and will file an affirmative writ in circumstances where DCFS believes the court's order may place a child at risk or where an appeal would not be feasible due

Office of County Counsel

to time considerations. The Appellate Section seeks publication of appellate opinions and works with other counties to seek de-publication of unfavorable published opinions. There is a Section Head and 16 attorneys assigned to this section.

Among the published decisions from the Los Angeles County Juvenile Court issued by the Court of Appeal in 2016 were:

In re A.A. (2016) 243 Cal.App.4th 765

DCFS recommended terminating its dependency jurisdiction over nonminor after he turned 18. In 2014, a 602 petition alleging violations of Penal Code section 288, subdivision (a) (lewd or lascivious acts with a child under the age of 14) was sustained against him, and the then minor was committed to a period of confinement with the Department of Corrections and Rehabilitation, Division of Juvenile Justice (DJJ). He subsequently turned age 18, and the juvenile court terminated its dependency jurisdiction over him. The nonminor appealed. The Court of Appeal held that the nonminor's confinement in juvenile detention facility was not “foster care” as required for nonminor dependent status; evidence supported finding that nonminor did not wish to remain subject to dependency jurisdiction; and nonminor was not participating in a “transitional independent living case plan.”

In re Alexandria P. (2016) 1 Cal.App.5th 331

DCFS filed dependency petition on behalf of child, who was considered an Indian child under Indian Child Welfare Act (ICWA) and, after child was placed with foster family and efforts to reunify child with father failed, DCFS, father, and Indian tribe recommended that child be placed with extended family . The juvenile court found that foster parents, who had been granted de facto parent status, failed to prove by clear and convincing evidence that there was good cause to depart from adoptive placement preferences set forth in ICWA and ordered child placed with her extended family. Foster parents appealed. The Court of Appeal reversed and remanded for determination under appropriate standard whether there was good cause to depart from ICWA placement preferences. On remand, the juvenile court concluded that foster parents failed to prove good cause by clear and convincing evidence and ordered child transferred to extended family. Foster parents appealed and sought supersedeas writ staying order to transfer child. The Court of Appeal treated petition for writ of supersedeas as a petition for writ of mandate in the first instance, issued writ directing the Superior Court to vacate placement order and to issue new placement order applying test set forth on prior appeal, and subsequently dismissed appeal as moot and remanded. On remand, the juvenile court rendered decision from the bench, concluding that foster parents had not shown good cause to depart from ICWA's placement preferences and ordering child removed from foster parents' custody and placed with extended family. The foster parents appealed.
The Court of Appeal held that the juvenile court did not exceed scope of remand or disregard law of the case by considering impact on child's cultural identity if she were to remain foster parents; good cause to depart from ICWA's placement preferences did not exist as a matter of law; substantial evidence supported finding that there was no good cause to depart from ICWA's placement preferences; any error in excluding full report prepared by bonding and attachment expert was harmless; trial court did not abuse its discretion in considering social worker's report without allowing foster parents to cross-examine him; and the court did not abuse its discretion by denying foster parents' request to present additional evidence or testimony.

In re Andrew S. (2016) 2 Cal.App.5th 536

A child dependency proceeding was commenced and the juvenile found jurisdiction over the children and removed them from parental custody, and father appealed. At the time of the jurisdictional hearing, father was in custody in Texas. The Court of Appeal held that father's failure to provide children with support, and his incarceration on burglary charges, did not allow trial court to assume jurisdiction over children; statute governing removal of children from the physical custody of a parent or guardian “with whom the child resides at the time the petition was initiated” did not apply to father; and on remand, juvenile court was required to reconsider its decision that the Indian Child Welfare Act (ICWA) did not apply.

In re Anthony Q. 2016 5 Cal.App.5th 336

DCFS filed child dependency proceeding, alleging father failed to protect the child. Father had left his children with a step grandmother. After father waived his rights to a trial and pleaded no contest to petition, the juvenile court declared child a dependent of the court and ordered child removed from the custody of father. Father appealed. The Court of Appeal held that the juvenile court lacked authority to remove child from father's custody under statute authorizing dependent child's removal from custody of parent with whom child resided at time petition was initiated, but error in applying statute to remove child from father's custody was harmless.

In re Charlotte V. (2016) 6 Cal.App.5th 51

DCFS filed a dependency petition. Mother contended that she had Blackfeet ancestry, but the Blackfeet Tribe notified DCFS it could not Mother or the child in the tribal roles. After Mother filed to reunify with her child, the juvenile court terminated parental rights. Mother appealed, contending that the notice requirements of the Indian Child Welfare Act (“IWCA”) had not been complied with because the maternal grandparents and great-grandparents had not been listed on the notices. The Court of Appeal held that DCFS provided adequate ICWA notice to conclude child was not a member of tribe, including copy of mother's membership card.

In re D.R. (2016) 6 Cal.App.5th 885

DCFS filed a petition for juvenile court jurisdiction with respect to child. After family reunification services proved unsuccessful, the juvenile court ordered legal guardianship as child's long term plan even though father did not have a relationship with the child and the relative caretaker had an approved homestudy. Both the Child and DCFS appealed. The Court of Appeal held that: exception to adoption, that the relative having custody of dependent child was unable or unwilling to adopt the child, did not apply and absent an adjudication of presumed father status, alleged father was not entitled to rights of a presumed father.

In re F.S. (2016) 243 Cal.App.4th 799

In this dependency proceding, the child was declared a dependent of the juvenile court after the court found true allegations of domestic violence. The child was left in Mother’s ncare, and after another incident of domestic violence, mother took child to Texas. DCFS filed petition to remove child from mother's custody. After hearing held in mother's absence, the court ordered child removed from mother. Father appealed. The Court of Appeal held that any error in holding hearing on removal petition without mother present was not prejudicial to father; court's act in going forward with hearing despite mother's absence did not violate due process, evidence was sufficient to sustain allegations in petition seeking to remove child from mother's custody; and evidence was sufficient to support dispositional order removing child from mother's custody based on current risk of substantial danger to the physical health, safety, protection, or physical or emotional well-being of child.

In re H.R. (2016) 245 Cal.App.4th 1277

Child dependency proceeding was commenced. The juvenile court found that father was an alleged father rather than a biological father, sustained dependency petition, and denied father reunification services. Father appealed. The Court of Appeal held that evidence was sufficient to support finding that father was merely an alleged father, and court could hold alleged father responsible for child and sustain allegations of failure to provide support.

In re Isaiah W. (2016) 1 Cal.5th 1

DCFS filed a petition alleging that mother's and father's illicit drug use placed child at risk of harm. After jurisdictional and dispositional hearing at which it declined to order notice under the Indian Child Welfare Act of 1978 (ICWA) because of the tenuous tribal connection proffered by the parents, the juvenile entered order terminating parental rights. Mother appealed, and the Court of Appeal affirmed based on the passage of time between when the juvenile court found ICWA did not apply and when Mother appealed the order. The Supreme Court, however, held that mother could challenge order terminating parental rights on the ground that ICWA notice was necessary, even if mother could not appeal prior finding that ICWA notice was unnecessary.

In re Julien H. (2016) 3 Cal.App.5th 1084

DCFS filed a dependency petition against custodial mother and noncustodial father. The juvenile court sustained jurisdictional allegations, released child to mother, and ordered enhancement services, monitored visits, and substance abuse treatment for father. Father appealed. The Court of Appeal held that the dependency court lacked authority to order child's removal from noncustodial father who did not reside with child pursuant to Welf. & Inst Code section 361, subd (c), but dependency court's error in removing child from father's custody was harmless because sections 361, subd. (a) and 362, subd. (a) authorize the juvenile court to limit the control exercised over the dependent child by any parent or guardian.

In re Korbin Z. (2016) 3 Cal.App.5th 511

DCFS filed dependency petition. The juvenile court found that father's whereabouts were unknown, ordered monitored visits for father once he contacted

the court or the agency, terminated reunification services for mother at the 12–month review hearing, denied father's request to place child with father, ordered agency to facilitate monitored visits with child and father in a therapeutic setting at child's discretion, and selected a permanent plan of legal guardianship. Father appealed, contending that it was improper to delegate whether visitation would occur to the child. The Court of Appeal held that the dependency court had the discretion to order visitation between father and child, but dependency court could not delegate to the child the decision whether visitation with father would occur at all.

In re Logan B. (2016) 3 Cal.App.5th 1000

DCFS filed a juvenile dependency petition and the juvenile court sustained jurisdictional allegations, terminated both parents' reunification services, and terminated parental rights. Mother appealed, contending that the trial court improperly required her to prove a "compelling" reason why termination of her parental rights would be detrimental to the child. The Court of Appeal,, held that mother was required to prove that her showing in support of the parental relationship exception from termination of parental rights amounted to a "compelling reason" for determining that termination would be detrimental.

In re Mia Z. (2016) 246 Cal.App.4th 883 201

Dependency proceedings were commenced following death of oldest child, after the two-year old wandered away from Mother's apartment and was killed by a falling gate. The juvenile adjudged children to be dependents, removed them from mother's care, and placed them with father. Mother appealed. The Court of Appeal, held that evidence was sufficient to support finding that mother's lack of parental supervision caused oldest child's death. The evidence supports a finding that, if Mother had not neglectfully allowed Destiny to walk away from the family home unattended, then she would not have been crushed to death by the falling gate.

In re Michael S. (2016) 3 Cal.App.5th 977

DCFS filed a dependency petition and the juvenile court , sustained jurisdictional findings, ordered father to stay away from mother's home, and removed child from father's custody. Father appealed and argued that the governing statute, Welfare and Institutions Code section 361, subdivision (c)(1), did not permit removal from just one "custodial" parent. The Court of Appeal rejected Father's argument and held that juvenile court had the option to order father to stay away from mother's home in addition to allowing mother to retain physical custody of the child with a plan to protect the child from harm.

In re Michael V. (2016) 3 Cal.App.5th 225

DCFS filed dependency petition as to two daughters. After the parents failed to reunify with the girls, the juvenile court terminated parental rights and transferred care, custody, and control of the daughters to the county child welfare agency for adoptive planning and placement. Mother appealed. She contended that the Department had failed to adequately investigate her claims of American Indian heritage. The Court of Appeal agreed. amd held that DCFS failed to adequately investigate mother's Indian Child Welfare Act (ICWA) claim of Indian ancestry, and the matter was conditionally affirmed and remanded with directions.

In re Noah G. (2016) 247 Cal.App.4th 1292

DCFS filed a dependency petition, which was sustained by the juvenile court. After reunification efforts failed, the court entered order terminating mother's parental rights. Mother appealed, contending court should have applied the beneficial parent-child relationship exception pursuant to Welf. and Inst. section 366.26, subd. (c)(1)(B)(i). The Court of Appeal., held that the evidence was insufficient to demonstrate termination of mother's parental rights would be detrimental to the children when weighed against the benefits of adoption by maternal grandmother, and court could infer continued drug use by mother due to missed tests following positive test.

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 of DCFS. County Counsel staffs the Intake and Detention Control with an attorney who reviews the petition to assure it is legally sufficient. In addition, the Intake and Detention Control attorney gives legal advice on detention and filing issues and provides summaries of child death cases.

Once a petition has been filed, the petitioner (DCFS), through its attorney, has the burden of proof at the initial hearing and subsequent jurisdiction, disposition, review, and selection and implementation hearings held in Dependency Court. There is a direct calendaring system in Dependency Court, whereby all hearings in a case are held before the same judicial officer, wherever possible. In addition, the County Counsel provides vertical representation throughout the proceedings, which provides necessary continuity and familiarity on a case.

B. INITIAL HEARING

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

• there is a substantial danger to the physical health of the child or the child is suffering severe emotional damage, and there are no reasonable means by which the child's emotional or physical health can be protected without removing the child from the custody of the parents or guardian; or

• there is substantial evidence that a parent, guardian, or custodian of the child is likely to flee the jurisdiction of the court; the child has left a placement in which he or she was placed by the Dependency Court; or,

• the child indicates an unwillingness to return home and has been physically or sexually abused by a person residing in the home.

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

C. JURISDICTION

At the Jurisdiction hearing, DCFS has the burden of proof to establish, by a preponderance of the evidence, the allegations in the petition are true and the child has suffered, or there is a substantial risk that the child will suffer, serious physical or emotional harm or injury.

The parties may set a matter for mediation or a Pretrial Resolution Conference during which County Counsel participates in informal settlement negotiations with other counsel.

Alternatively, the matter may be set for Adjudication. If the child is detained from the parent's home, the matter must be calendared within 15 days. If the child is released to a parent, the time for trial is 30 days. At the Adjudication, County Counsel litigates the counts set forth in the petition to establish the legal basis for the court's assumption of jurisdiction. If it is necessary to call a child as a witness, County Counsel or the

child's attorney may request that the court permit the child to testify out of the presence of the parents. The court will permit chambers testimony if the child either is (1) intimidated by the courtroom setting, (2) afraid to testify in front of his or her parents, or (3) it is necessary to assure that the child tell the truth.

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

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

D. DISPOSITION

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

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

If a child is removed from parental custody, the court may order family reunification services. There must be a reunification plan that is designed to meet the needs of the family, which may include counseling and other treatment modalities that will alleviate the problems that led to dependency court involvement. If the child is three years of age or older, the period of reunification is twelve months and may not exceed 18 months. If the child is under three years of age at the time of initial removal, a parent has six months from the date the child entered foster care to successfully reunify with the child. The court has the discretion to limit the period of reunification for older siblings when one of the siblings is 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 if it finds it would be detrimental to the child to order reunification services. If DCFS has determined that it would not be in the best interests of the child to reunify with his or her parents, County Counsel must demonstrate to the court that the specific statutory criteria have been met on which the court may base a non-reunification order. There are fifteen statutory grounds under which a court may deny reunification services to the parent. Those grounds are:

• The whereabouts of the parent is unknown;

• The parent is suffering from a mental illness and is incapable of benefiting from reunification services;

• A child or sibling has been physically or sexually abused as determined on two separate dependency petitions;

• The parent has caused the death of a child through abuse or neglect;
• The child is under 3 years old and has been severely physically abused;

• The child or the child's sibling has been severely sexually abused or severely physically harmed;

• The parent is not receiving reunification services for a sibling or half sibling pursuant to WIC section 361.5, subdivisions (a)(3), (5) or (6);

• The child has been willfully abandoned which has caused serious danger to the child, or the child has been voluntarily surrendered;

• The parent has been convicted of a violent felony as defined in Penal Code section 667.5;

• The child has been conceived under Penal Code Sections 288 or 288.5 (rape);

• The parent has abducted the child's sibling or half-sibling;

• Reunification services have been terminated for a sibling after the sibling was removed from the home;

• Parental rights were terminated on a sibling, and the parent has not made an effort to treat the problems that led to the removal of the sibling; or,

• The parent is a chronic abuser of drugs or alcohol, and has resisted court ordered treatment.

• The parent has advised the court that he or she is not interested in receiving family reunification services or having the child placed in his or her custody.

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

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-months review hearing is a permanency hearing.

(WIC section 366.21 (f)) The 12-month review is the permanency hearing for a child who was three or older on the date of initial removal from parental custody. If the child is not returned to the custody of his or her parents, the court must terminate reunification and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected. In rare instances, the court may continue the case for an additional six months if it finds that there is a substantial probability that the child will be safely returned and maintained in the home by the time of the next hearing.

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

(WIC section 366.25) The permanency hearing must occur within 24 months of the original detention of the child. If the child is not returned to the custody of his

Office of County Counsel

or her parents, the court must terminate reunification and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected.

(WIC section 366.26) The selection and implementation hearing is the hearing at which the court selects the permanent plan for the child. The preferred plan is adoption followed by legal guardianship and a planned permanent living arrangement.

If the court selects adoption as the plan, before terminating parental rights, the court must find by clear and convincing evidence that the child is adoptable. If the child is adoptable, the court shall terminate parental rights unless one of the following circumstances applies:

• A relative caretaker is unwilling or unable to adopt because of circumstances that do not include an unwillingness to accept legal or financial responsibility for the child, and removal of the child from the relative would be detrimental to the child.

• Termination would be detrimental to the child because the parents have maintained regular visitation and contact with the child, the child will benefit from continuing the relationship, and the benefit will outweigh the benefit derived from the permanence of an adoptive home.

• Termination would be detrimental to the child because a child 12 years of age or older does not wish to be adopted.

• Termination would be detrimental to the child because the child requires residential treatment and adoption is unlikely or undesirable.

• Termination would be detrimental to the child because there would be substantial interference with a child's sibling relationship,

• Termination would be detrimental to the child because the child is living with a non-relative caretaker who is unwilling or unable to adopt because of exceptional circumstances, and removal of the child from that home would be detrimental to the child.

• Termination would not be in the best interest of the child because there would be a substantial interference with the Indian child's connection to his or her tribal community or the child's tribal membership rights.

• Termination would not be in the best interest of the child because the Indian child's tribe has identified guardianship or long term foster care with a fit or willing relative as an appropriate plan.

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

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 WIC section 300, a disposition hearing is held to determine the appropriate placement of the child and the case plan.

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

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

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

Initial hearing - See detention hearing

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

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

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

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

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

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

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

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

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

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

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

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

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

LOS ANGELES COUNTY OFFICE OF EDUCATION

INTRODUCTION

The Los Angeles County Office of Education (LACOE) is a state-funded public agency that promotes the academic and financial stability of the county's 80 K-12 public school districts and 2 million preschool and school-age children.

The LACOE Vision is a culture of excellence in all we do. The LACOE Mission is improving the lives of students and our educational community through service, leadership and advocacy. The LACOE values are integrity, collaboration, open communication, respect, and equity.

The Los Angeles County Superintendent of Schools serves as chief executive officer for LACOE, and provides general leadership and support to top school administrators and officials across the region.

The Los Angeles County Board of Supervisors appoints the Superintendent and seven-member County Board of Education. The County Board of Education exercises overall policy oversight and budget approval, hears appeals on student expulsions and interdistrict attendance decisions, and authorizes charter schools. LACOE provides leadership and support to schools and districts in the areas of: curriculum, instruction, and assessment; technical assistance and support strategies for student achievement and school improvement; professional development for teachers, administrators, and other school staff and technology-related services. LACOE also supports students and serves communities by providing direct classroom instruction to students not well served in regular public schools, including juvenile offenders, children with severe disabilities, and others with special needs or talents; administering the state's largest Head Start grantee program; and providing early childhood programs, parenting literacy classes, job development services, and work and career preparation programs.

2017 FACTS: LACOE SCHOOLS

LACOE provides academic instruction and services to students in specialized schools and programs. These education programs consist of: juvenile court schools which includes 3 juvenile halls, 7 probation camps, and 1 residential program; alternative education schools which include 8 county community schools and 5 independent study schools; specialized high schools which include Los Angeles County High School for the Arts and International Polytechnic High School; and special education programs which include 91 special day classes on 23 district campuses.

2017 FACTS: LOS ANGELES COUNTY PUBLIC SCHOOLS

LACOE provides support to the 80 K-12 school districts in Los Angeles County. There are 48 unified school districts, 27 elementary school districts, and 5 high school districts. Each school district is independent with its own superintendent and elected board of education. There are a total of 2,314 schools and 367 charter

schools. School districts vary in size from the smallest district of Gorman School District with 97 students to the largest district of Los Angeles Unified School District with 633,621 students. The total K-12 enrollment in Los Angeles County is 1.5 million students. The ethnic breakdown is 65% Latino, 14% White, 8% African American, 8% Asian, 2% Filipino, 0.3% Pacific Islander, and 0.2% Native American. In addition, students also have unique needs due to various circumstances: 72,000 students are homeless, 22,000 students are in foster youth, 172,000 students receive special education services, 3,600 students are migrant, 329,000 students are English learners, and 1 million students receive free/reduced priced meals.

EDUCATIONAL SERVICES: DIVISION OF STUDENT SUPPORT SERVICES

In addition to the academic and business services provided to school districts, the Division of Student Support Services supports the physical, social, emotional, mental health, safety and well-being of all students in Los Angeles County and facilitates learning and success in expanded learning environments and in the community.

STUDENT SUPPORT SERVICES UNITS

CHILD WELFARE AND ATTENDANCE

The Child Welfare and Attendance (CWA) Unit provides support to school districts, parents, pupils, and community members through consultation and dissemination of information regarding the California Education Code and other laws affecting pupil services and school administration. CWA also serves districts in the areas of student discipline, pupil records, custody of minors, education for homeless children and youth, compulsory attendance and truancy reduction.

In the CWA unit, the Homeless Children and Youth consultant provides services and coordinates with the federal McKinney-Vento Homeless Assistance Act, which addresses the problems that homeless children and youth face in enrolling, attending and succeeding in school.

COMMUNITY HEALTH AND SAFE SCHOOLS

The Community Health and Safe Schools (CHSS) Unit provides a broad range of programs, professional development, and support services for school districts, community agencies, and the community at large. Services include training and workshops, guidance and technical assistance in the areas of school safety including school safety planning, emergency operations, bullying prevention, violence/gang prevention, and child abuse prevention; school health; school counseling; mental health including crisis intervention and suicide prevention; health outreach programs; Positive Behavior Interventions and Supports (PBIS); and Section 504. CHSS staff members represent education at the following ICAN meetings: Operations Committee, Data/ Information Sharing, and Child and Adolescent Suicide Review Team.

CHSS collaborates with the Department of Medical Examiner-Coroner whenever a child death occurs, by faxing to CHSS the LACOE Safe School Child Death Report. The CHSS unit identifies the school attended by the student. The school is notified to ensure the school is aware of the student death and that crisis response services are being provided to the school's students and staff. If needed, CHSS can assist in providing crisis response resources to the school.

CHSS represents LACOE on various county and local committees and task forces. This includes the Safety Net Collaborative consisting of College Hospital, department of mental health, FBI, law enforcement, Los Angeles Unified School District and LACOE. The purpose is to increase communication, training and collaboration between education, mental health, mental health facilities and law enforcement in an effort to increase quality of care and after-care services for youth who may be in danger of harm to self or others. Another committee is the Los Angeles County Trauma Prevention Initiative Advisory, whose purpose is to oversee the progress of the trauma prevention initiative, develop policy and systems change to support the community in an effort to reduce the disproportionately high incidence of trauma emergency room visits, injuries, and deaths in hot spot areas of the Los Angeles County.

Office of Education

EXPANDED LEARNING TECHNICAL ASSISTANCE

The Expanded Learning Technical Assistance Unit provides a wide range of services to the over 1800 after school programs in Los Angeles County that receive state and federal funding. The unit utilizes six strategies while providing these services: consultation, coaching, mentoring, staff development and training, providing information and resources, and facilitation.

FOSTER YOUTH SERVICES COORDINATING PROGRAM

The Foster Youth Services Coordinating Program (FYSCP) Unit supports the educational needs of students in foster care or on probation by linking them with specially trained staff. FYSCP works in collaboration with Foster Liaisons in each of the 80 school districts in the county to provide technical assistance and professional development regarding students in foster care. Services also include educational case management, electronic data sharing to ensure that academic records are quickly transferred, active Regional Learning Networks across the County, tutoring services, transportation services for school stability, and support for foster youth as they transition to college and career.

FRIDAY NIGHT LIVE/COMPREHENSIVE PREVENTION SERVICES

The Friday Night Live (FNL)/Comprehensive Prevention Services (CPS) Unit provides training to youth in substance use prevention to high school, middle or elementary school students at school or community-based sites. FNL and CPS build student's leadership skills, implements youth development strategies to reduce youth access to alcohol, tobacco or drugs, and supports young people through life challenges and transitions.

IMMIGRATION RELATIONS

The Immigration Relations Unit provides immigration related resources, information and support to educators, students and their families. The unit works in partnership with school, county, community and government agencies. This service is aimed at increasing awareness of immigration related issues, securing regular student attendance and enrollment, access to school and community resources, and the knowledge of rights and available resources.

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 8,000+ 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

Children thrive in safe families and supportive communities.

MISSION

DCFS practices a uniform service delivery model that measurably improves:

- Child safety
- Permanency
- Well-being

VALUES:

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

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

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

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

Responsiveness: We take needed action in a timely manner.

CURRENT GOALS

GOAL 1: CHILD AND FAMILY CENTERED PRACTICE

STRATEGY 1.1, Achieve Best Practices in Child Safety

Objective 1.1.1, Child Safety: Establish clear protocols and joint responsibility with other government agencies and community partners to ensure children who are known to DCFS are safe from maltreatment.

Objective 1.1.2, Core Practice Model: Ensure DCFS clients experience services consistent with the Department's Core Practice Model.

Objective 1.1.3, Eliminating Racial Disparity and Disproportionality: Reduce disparity and disproportionality for African American children.

Objective 1.1.4, Young Children in Care: Provide optimal services to all children in care focusing on the accelerated developmental needs of children under the age of five.

Objective 1.1.5, CSEC: Expand cooperation and integration with government agencies, service providers and the community to improve service delivery for "Commercially Sexually Exploited Children."

Objective 1.1.6, Self-Sufficiency: Promote self-sufficiency of Transitional Age Youth and young adults through opportunities and access to education, employment and vocational training.

Objective 1.1.7, Crossover Youth: Identify and link to services the foster youth who are at high risk of being arrested and/or referred to juvenile court for delinquent offenses.

STRATEGY 1.2: Meet Placement and Treatment Needs of the Children under DCFS Supervision

Objective 1.2.1, Child Well-being: Ensure that the educational, health and mental health needs are met for children under DCFS supervision.

Objective 1.2.2, Permanency for all Children: Assure children spend no more time than is absolutely necessary in out-of-home care.

Objective 1.2.3, Kinship Care: Ensure that whenever possible, children are placed in a relative home and/or maintain a connection to their family.

Objective 1.2.4, Placement Resources: Obtain rapid and appropriate placements for children in care that meet their unique needs and keep them safe.

GOAL 2: OPERATIONAL EXCELLENCE

STRATEGY 2.1, Foster Effective and Caring Community Partnerships

Objective 2.1.1, Partnership and Collaboration: Ensure disclosure, clarity and inclusion are routine components of engagement with community partners and providers in all aspects of service delivery from reviewing outcomes to allocation of resources.

Objective 2.1.2, Community Engagement: Improve performance and build service capacity of community-based organizations by developing a contracting and shared learning process that is achievable and effective.

Objective 2.1.3, Information Sharing: Strengthen the county-wide safety net to protect children at risk of abuse and neglect through improved information sharing.

STRATEGY 2.2, Ensure the Right People are doing the Right Job

Objective 2.2.1, Service Excellence: Create a culture of service excellence for both internal and external customers.

Objective 2.2.2, Workforce Excellence: Ensure that a skilled, professional workforce is hired and retained.

Objective 2.2.3, Staff Development and Training: Provide a comprehensive and innovative training curriculum.

STRATEGY 2.3, Pursue Optimal Design and Accompanying Work Systems

Objective 2.3.1, Information Systems: Modernize and innovate Departmental information systems.

Objective 2.3.2, Alignment: Enhance organizational productivity and accountability by aligning Federal, State and County mandates.

Department of Children and Family Services

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, outlines how California counties are held accountable for ensuring the safety, permanence 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 will improve services for children through the supporting of state and county partnerships; requiring counties to publicly share their results for children and families and collaboration with community partners; mandating county-specific system improvement plans; and encouraging of interagency coordination and shared responsibility for families.

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

• Children are protected from abuse and neglect.

• Whenever possible, children are safely maintained in their own homes.

• Children have permanency and stability in their living situations.

• The continuity of family relationships and connections is preserved for children.

• Families have enhanced capability to provide for their children's needs.

• Children received appropriate services to meet their educational needs.

• Children received adequate services to meet their physical and mental health needs.

• Youth aging out from foster care are prepared to transition to adulthood.

Performance indicators measuring progress toward these goals include: 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.

TITLE IV-E WAIVER

Implemented in July 2007, the Title IV-E Waiver (Waiver) provides DCFS the flexibility to use Title IV-E funds for innovative strategies to accelerate efforts to improve outcomes for children and families by improved array of services and supports available to children, youth and families involved in the child welfare and juvenile justice system; family engagement through a more individualized casework approach that emphasizes family involvement; increased child safety without an over-reliance on out-of-home care; improve permanency outcomes and timelines; improved child and family well-being and decreased recidivism and delinquency for youth on probation. The initial Waiver period ended on June 30, 2012 and the Waiver operated under a bridge period until the five-year Waiver Extension was granted on October 1, 2015. The Waiver's three initiatives are:

• The Core Practice Model;
• Enhanced Prevention and Aftercare; and
• Partnership for Families.

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 the child and the validity of the allegation.

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 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.

Department of Children and Family Services

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).

PROTECTIVE SERVICES - REFERRALS RECEIVED

During Calendar Year (CY) 2016, there were 168,830 children who were referred to DCFS Child Abuse Hotline for child abuse. An in-person investigation was required for 82.1% (138,567) of these referred children. As shown in Figure 1, there were 168,830 children referred during CY 2016 compared to 175,383 in CY 2015. This reflects a 3.7% decrease in referrals from CY 2015.

Figure 1 provides annual referral counts as far back as 1985, and Figure 2 provides referral data by Service Planning Area (SPA) for the current reporting period. Please 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.

Referrals by Allegation Type

Referrals for child abuse or neglect received by DCFS are categorized by seven reporting categories of abuse and neglect in Figure 3 and Figure 4 and are ranked by the order of severity as defined by CDSS. Please refer to the Glossary in this report for the Definitions of Abuse. Also included is the "At Risk, Sibling Abuse" category, which was added during the implementation of the Child Welfare Services/Case Management System (CWS/CMS) for siblings who may be at risk of abuse, but were not identified as victims. Figure 5 shows age and ethnicity of children during CY 2016.

• Sexual Abuse referrals decreased 4.2% from 15,352 in CY 2015 to 14,705 in
CY 2016 and made up 8.7% of the referrals received in CY 2016.

• Physical Abuse referrals decreased 12.2% from 33,614 in CY 2015 to 29,508 in
CY 2016 and were responsible for 17.5 % of the referrals received in CY 2016.

• Severe Neglect referrals decreased 24.2% from 2,881 in CY 2015 to 2,184 in
CY 2016 and accounted for 1.3% of the referrals received in CY 2016.

• General Neglect continues to be the most reported allegation; it is responsible for 34.6% of the children referred to DCFS during CY 2016, up from 33.6% in 2015. General Neglect referrals decreased 0.8% from 58,918 in CY 2015 to 58,434 in CY 2016.

• Emotional Abuse referrals increased 1.6% from 22,712 in CY 2015 to 23,076 in CY 2016 and accounted for 13.7% of the referrals received in CY 2016.

• Exploitation continues to be the least reported allegation, but Exploitation referrals increased 64.5% from 93 in CY 2015 to 153 in CY 2016.

• Caretaker Absence/Incapacity decreased 3.4% from 2,196 in CY 2015 to 2,121 in CY 2016 and was responsible for 1.3% of the referrals received in CY 2016.

• At Risk, Sibling Abuse represented 22.9% of the children referred in CY 2016. At Risk, Sibling Abuse referrals decreased 2.4% from 39,617 in CY 2015 to 38,649 in CY 2016.

• When children referred to DCFS because of Severe Neglect, General Neglect, and Caretaker Absence/ Incapacity are combined into a single category of neglect, they represented 37.2% of the children referred in CY 2016, a 2% decrease from 36.5% in CY 2015.

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD

Figures 6 and 7 represent the in-home and out-of-home services caseload on the last day of CY 2016 (Point-in-Time data). DCFS caseloads decreased by 0.1% from 34,881 in CY 2015 to 34,847 in CY 2016. These data represent the caseload breakdown by five child welfare service components: Emergency Response; Family Maintenance; Family Reunification; Permanent Placement and the newly designated Supportive Transition. On January 1, 2012, Assembly Bill 12 (AB 12) went into effect allowing young adults 18 – 21 years of age who were in out-of-home care on their 18th birthday to qualify for Extended Foster Care.

CHILD CHARACTERISTICS

Figures 8, 9, 10, and 11 report the demographic data on children served by DCFS for CY 2016 by age group, ethnicity and gender.

Age

• DCFS most vulnerable clients are children ages birth - 2 years old. The number of children in this age group increased 1.1% from 7,181 in CY 2015 to 7,263 in CY 2016 and accounted 20.8% of the DCFS caseload.

• The number of children ages 3 – 4 years old increased 1.8% from 4,260 in CY 2015 to 4,337 in CY 2016 and represented 12.4% of the DCFS caseload.

• The number of children ages 5 - 9 years old decreased 0.5% from 9,191 in
CY 2015 to 9,147 in CY 2016 and made up 26.2% of the DCFS caseload.

• The number of children ages 10 - 13 years old increased 1.9% from 5,678 in
CY 2015 to 5,788 in CY 2016 and accounted for 16.6% of the DCFS caseload.

• The number of youth ages 14 - 15 years old decreased 5% from 2,881in CY 2015 to 2,738 in CY 2016 and represented 7.9% of the DCFS caseload.

• The number of youth ages 16 -17 years old decreased 2.9% from 3,080 in CY 2015 to 2,991 in CY 2016 and accounted for 8.6% of the DCFS caseload.

• The number of young adults 18 years and older decreased 1% from 2,610 in
CY 2015 to 2,583 in CY 2016 and represented 7.4% of the DCFS caseload.

Ethnicity

• The number of White children decreased 1.4% from 4,008 in CY 2015 to 3,953 in
CY 2016 and accounted for 11.3% of the DCFS caseload.

• The number of Hispanic children increased 0.1% from 20,993 in CY 2015 to 21,021 in CY 2016 and made up 60.3% of the DCFS caseload.

• The number of African-American children decreased 0.2% from 8,763 in CY 2015 to 8,743 in CY 2016 and represent 25.1% of the DCFS caseload.

• The number of Asian/Pacific Islander child population increased 6.4% from 455 in CY 2015 to 484 in CY 2016 and accounted for 1.4% of the DCFS caseload.

• The American Indian/Alaskan Native, Filipino and Other populations represented for 0.4%, 0.6% and 0.8% of the DCFS child caseload, respectively.

Gender

• In CY 2016, in the DCFS caseload was represented by 49.8% male and 50.2% female.

CHILDREN IN OUT-OF-HOME PLACEMENT

Figures 12, 13, 14, and 15 show the DCFS children who are in out-of-home placements as of December 31, 2016 (CY 2016) by SPA, facility type, and demographics; Figures 16 and 17 report demographic information on children in Adoptive Homes. Children in Guardian Homes, Adoptive Homes, and Non-foster care placements are excluded from the out-of-home placement population. The number of children in out-of-home placement decreased 0.1% from 17,946 in CY 2015 to 17,935 in CY 2016.

• Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) homes continue to represent the largest group in out-of-home placement. The number of children in the home of a relative/ NREFM increased 0.7% from 9,446 in CY 2015 to 9,513 in CY 2016 and represented 53% of the children in out-of-home placements.

• The number of children in Foster Family Homes increased 7.1% from 1,332 in
CY 2015 to 1,427 in CY 2016 and accounted for 8% of out-of-home placements.

• The number of children in Foster Family Agency Certified Homes decreased 2.5% from 5,045 in CY 2015 to 4,919 in CY 2016 and represented 27.4% of out-of-home placements.

• Five Foster Family Agency Certified Resource Family Homes were added this year.

• The number of children in Small Family Homes remained the same from 34 in CY 2015 to 34 in CY 2016 and accounted for 0.2% of the out-of-home placement.

• The number of children in Group Homes decreased 2.5% from 1,055 in CY 2015 to 1,029 in CY 2016 and represented 5.7% of out-of-home placements.

• The number of young adults in Supervised Independent Living Placements decreased 2.8% from 1002 in CY 2015 to 974 in CY 2016 and represented

Department of Children and Family Services

5.4% of out-of-home placements.

• Two Resource Family Homes (RFH) Non-Relative RFH homes were added this year.

• Other placement facility types include County Shelter, Tribal, and Court Specified Homes. Children in this placement category account for 0.2% of children in out-of-home placement.

PERMANANCY PARTNERS PROGRAM (P3)

The Permanency Partners Program (P3) was created in 2004 to provide family finding services to youth in long term foster care in need of permanent connections. Retired and part-time social workers are employed as secondary workers and focus on searching for family and others who care about the youth and would like to reconnect/support them. The P3 workers utilize a variety of search techniques including online investigative platforms and social media to locate family, then helps them connect with youth through phone calls and visits, and assists the primary social worker with placement paperwork. P3 services focus on providing permanency to youth, which includes reunifying with parents, identifying relatives and other adults to provide legal guardianship or adoption and lifelong connections.

In May 2016, the Los Angeles County Board of Supervisors requested that P3 implement a protocol to provide family finding efforts to children as close to the time of detention as possible. In October 2016, an upfront pilot program commenced in the Glendora and Santa Fe Springs offices to provide family finding services to children within days of detention. As of December 2016, 74 children received upfront family finding services in the pilot offices. Of the 74 children, 33 were in FFA homes, 23 were in relative homes, 8 were in foster homes, 6 were home of parent, 2 were in group home care and 2 were AWOL. Six cases were no longer receiving upfront family finding services but remained open with DCFS. Of those, three were in relative home, one was home of parent and two were in a Foster Family Agency home. These upfront outcomes are not included in the P3 program outcomes below.

In 2016, the P3 program provided P3 services for 936 children and youth with the following outcomes:

• 626 youth had a permanent plan established or identified:

o 108 youth returned home to a parent and had their child welfare case closed
o 71 youth returned home and continue to have their case supervised by DCFS
o 273 were moving towards reunification with a parent
o 56 youth were adopted
o 16 children were placed in adoptive placements
o 19 youth had a legal guardian appointed and their case closed through Kin-Gap
o 10 youth were in legal guardianship prior to their case closing due to emancipation

In 2016, the P3 program provided P3 services for 1,097 children and youth with the following outcomes:

1. 647 cases were closed with the following outcomes:

• 193 youth had a permanent plan established

o 108 youth returned home to a parent and had their child welfare case closed
o 56 youth were adopted
o 19 youth had a legal guardian appointed and their case closed through Kin-Gap
o 10 youth were in legal guardianship prior to their case closing due to emancipation
• 421 youth exited DCFS care with an adult lifelong connection

• 33 youth exited care without a permanent connection

2. 350 youth were moving towards a permanent plan:

o 273 youth were moving toward reunification with a parent
o 42 youth who were previously opposed to adoption were involved in the adoption planning
on 35 youth had a plan of legal guardianship identified and were moving through the court process
3. 100 youth continued to receive services to identify a permanent plan.

ADOPTION PLANNING

Figure 18 shows comparative data for children placed in adoptive homes annually by the Adoptions Division. During CY 2016, there were 1,691 children placed in adoptive homes compared to 1,535 placements in CY 2015.

241.1 HEARINGS

Figure 19, Figure 20, and Figure 21 represent data on youth referred for 241.1 Joint Assessment Hearings in CY 2016 by either Dependency Court or Delinquency Court. Children under the jurisdiction of the Dependency Court account for 0.5% of the youth referred, and 99.5% of the youth were referred by children by Delinquency Court.

ICAN PUBLIC WEB SITE

The public may access the DCFS CY 2016 Data Statement as part of the ICAN State of Child Abuse in Los Angeles County Report for 2016 at the following Web Site address:

ican4kids.org

Figure 1

LA COUNTY DCFS
TOTAL CHILDREN REFERRED TO DCFS CALENDAR YEARS 1985 THROUGH 2016

CALENDAR YEAR	CHILDREN
1985	79,655
1986	103,116
1987	104,886
1988	114,597
1989	111,799
1990	108,088
1991	120,358
1992	139,106
1993	171,922
1994	169,638
1995	185,550
1996	197,784
1997	179,436
1998	157,062
1999	146,583
2000	151,108
2001	147,352
2002	161,638
2003	162,361
2004	154,993
2005	156,831
2006	162,711
2007	167,325
2008	166,745
2009	157,960
2010	170,471
2011	167,723
2012	181,827
2013	176,636
2014	181,926
2015	175,383
2016	168,830

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 childen is higher than the number reported in the DCFS CY 2014 Fact Sheet.

Figure 2

LA COUNTY DCFS
TOTAL CHILDREN REFERRED CHILDREN BY SERVICE PLANNING AREA 2016

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN ECEIVED
SPA 1	1,720	10,672	12,392
SPA 2	4,511	23,987	28,498
SPA 3	3,121	17,050	20,171
SPA 4	3,202	13,177	16,379
SPA 5	680	2,686	3,366
SPA 6	4,911	27,109	32,020
SPA 7	3,394	16,856	20,250
SPA 8	3,851	19,066	22,917
Out-of-LA County	833	978	1,811
Out-of-Californa	186	156	342
Invalid Address	3,854	6,830	10,684
TOTAL	**30,263**	**138,567**	**168,830**

Source: CWS/CMS Datamart - Data as of 3/15/2017

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. Please note that the total number of referred childen is higher than the number reported in the DCFS CY 2014 Fact Sheet.
2. SPA information is based on address of origin for referrals received by DCFS.
3. Invalid Address refelects addresses with erronous, incomplete, unknown, P.O. Box, or empty address fields that could not be successfully matched to the Thomas Bros. Street Network Database.

Figure 3

LA COUNTY DCFS
REFERRED CHILDREN BY ALLEGATION TYPE 2014

ALLEGATION TYPE	CHILDREN	PERCENTAGE
Sexual Abuse	14,705	8.7
Physical Abuse	29,508	17.5
Severe Neglect	2,184	1.3
General Neglect	58,434	34.6
Emotional Abuse	23,076	13.7
Exploitation	153	0.1
Caretaker Absence/Incapacity	2,121	1.3
At Risk, Sibling Abuse	38,649	22.9
TOTAL	**168,830**	**100.0**

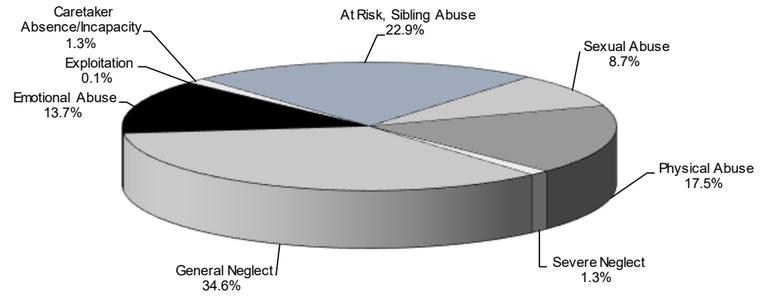
Source: CWS/CMS Datamart - Data as of 3/15/2017

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. Please note that the total number of referred childen is higher than the number reported in the DCFS CY 2014 Fact Sheet.
2. Percentages may not add up to 100 percent due to rounding.

Figure 4

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
REFERRED CHILDREN BY ALLEGATION TYPE
CALENDAR YEAR 2016



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

Figure 5

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
REFERRED CHILDREN BY AGE AND ETHNICITY
Calendar Year 2016

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	2,765	1,749	5,634	4,450	2,245	2,072	16	18,931
Hispanic/Latino	15,464	10,184	30,131	22,238	10,842	10,083	63	99,005
African American	5,636	3,317	8,885	6,135	3,240	3,165	24	30,402
Asian/Pacific Islander	482	319	902	774	423	397	5	3,302
American Indian/Alaskan Native	50	45	116	86	39	30	1	367
Filipino	145	110	402	299	160	149	0	1,265
Other	3,920	1,975	4,331	2,750	1,330	1,240	12	15,558
GRAND TOTAL	**28,462**	**17,699**	**50,401**	**36,732**	**18,279**	**17,136**	**121**	**168,830**

Source: CWS/CMS Datamart - Data as of 3/15/2017

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. Please note that the total number of referred childen is higher than the number reported in the DCFS CY 2014 Fact Sheet.
2. Percentages may not add up to 100 percent due to rounding.

Figure 6

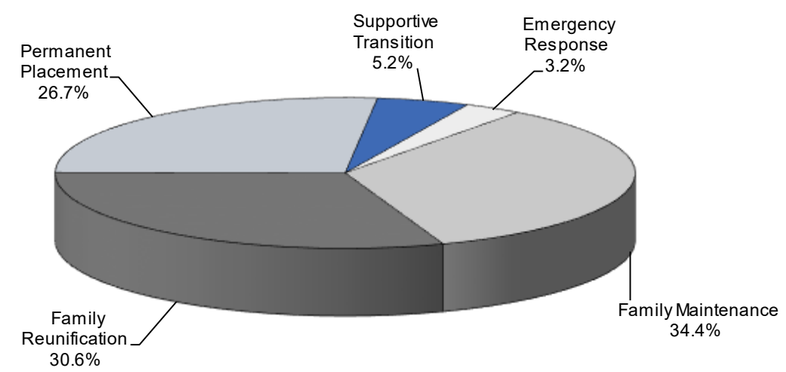
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
IN-HOME AND OUT-OF-HOME SERVICES CASELOAD AS OF DECEMBER 31, 2016

SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	1,112	3.2
Family Maintenance	11,983	34.4
Family Reunification	10,655	30.6
Permanent Placement	9,298	26.7
Supportive Transition	1,799	5.2
TOTAL	**34,847**	**100.0**

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

Figure 7

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
IN-HOME AND OUT-OF-HOME SERVICES CASELOAD AS OF DECEMBER 31, 2016



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

Figure 8

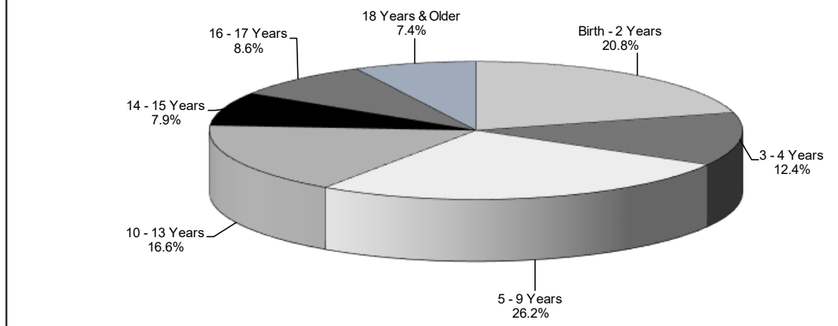
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
TOTAL IN-HOME AND OUT-OF-HOME SERVICES CASELOAD CHILD CHARACTERISTICS AS OF DECEMBER 31, 2016

AGE GROUP	CHILDREN	PERCENTAGE
Birth - 2 Years	7,263	20.8
3 - 4 Years	4,337	12.4
5 - 9 Years	9,147	26.2
10 - 13 Years	5,788	16.6
14 - 15 Years	2,738	7.9
16 - 17 Years	2,991	8.6
18 Years & Older	2,583	7.4
TOTAL	**34,847**	**100.0**
ETHNICITY		
White	3,953	11.3
Hispanic	21,021	60.3
African-American	8,743	25.1
Asian/Pacific Islander	484	1.4
American Indian/Alaskan Native	151	0.4
Filipino	199	0.6
Other	296	0.8
TOTAL	**34,847**	**100.0**
GENDER		
Male	17,340	49.8
Female	17,507	50.2
TOTAL	**34,847**	**100.0**

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

Figure 9

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY AGE GROUP
As of December 31, 2016



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 ETHNICITY AS OF DECEMBER 31, 2016

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

Figure 11

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD BY GENDER AS OF DECEMBER 31, 2016

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

Figure 12

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, 2016

SPA	In-Home	Out-of-Home Care									Out-of-Home Care Total	Non Foster Care	Adoptive Home	Guardian Home	In-Home and Out-of-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 (RFH): Non-Relative RFH	Other					
1	1,561	1,182	296	860	2	4	28	116	0	0	2,488	5	98	220	4,372
2	2,408	1,144	141	393	1	0	107	84	0	0	1,870	20	86	149	4,533
3	1,317	1,067	146	638	0	12	457	90	0	2	2,412	38	97	204	4,068
4	1,226	490	28	114	0	1	63	65	0	0	761	8	52	61	2,108
5	116	67	17	38	0	0	36	21	0	0	179	4	19	18	336
6	3,162	1,651	298	527	1	6	109	153	0	4	2,749	5	84	408	6,408
7	1,479	1,155	98	576	0	6	6	86	0	6	1,933	31	113	140	3,696
8	1,754	1,188	268	332	0	1	101	115	0	1	2,006	17	131	293	4,201
Out-of-LA County	314	1,381	135	1,437	1	4	119	188	2	4	3,271	24	221	156	3,986
Out-of-California	27	179	0	0	0	0	3	55	0	15	252	4	69	8	360
Invalid Address	757	9	0	4	0	0	0	1	0	0	14	1	6	1	779
TOTAL	**14,121**	**9,513**	**1,427**	**4,919**	**5**	**34**	**1,029**	**974**	**2**	**32**	**17,935**	**157**	**976**	**1,658**	**34,847**

Figure 13

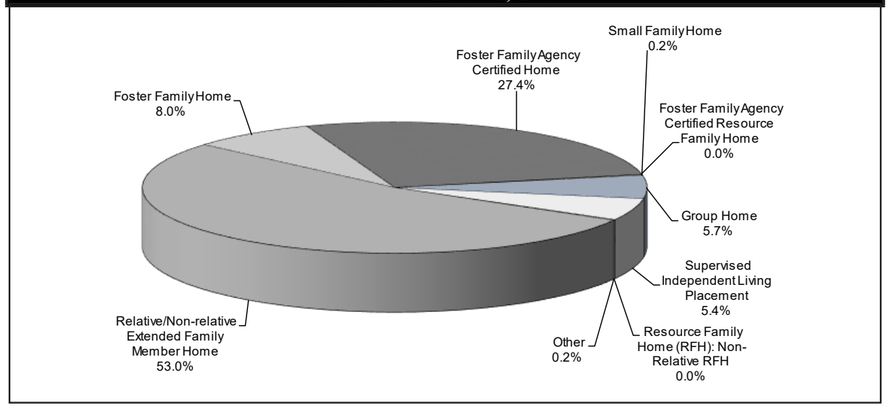
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN OUT-OF-HOME PLACEMENT CASELOAD (Excluding Guardian Home, Adoptive Home, and Non-Foster Care Placement Facility) As of December 31, 2016

FACILITY TYPE	CHILDREN	PERCENTAGE
Relative/Non-relative Extended Family Member Home	9,513	53.0
Foster Family Home	1,427	8.0
Foster Family Agency Certified Home	4,919	27.4
Foster Family Agency Certified Resource Family Home	5	0.0
Small Family Home	34	0.2
Group Home	1,029	5.7
Resource Family Home (RFH): Non-Relative RFH	2	0.0
Supervised Independent Living Placement	974	5.4
Other (County Shelter, Tribal, and Court Specified Homes)	32	0.2
TOTAL OUT-OF-HOME PLACEMENT	**17,935**	**100.0**

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

Figure 14

LA COUNTY DCFS - CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD (Excluding Guardian Home, Adoptive Home and Non-Foster Care Placement Facility) As of December 31, 2016



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

Figure 15

LA COUNTY DCFS CHILDREN IN ADOPTIVE PLACEMENT - CHILD CHARACTERISTICS As of December 31, 2016

CATEGORY	CHILDREN	PERCENTAGE
AGE GROUP		
Birth - 2 Years	4,157	23.2
3 - 4 Years	2,214	12.3
5 - 9 Years	4,285	23.9
10 - 13 Years	2,565	14.3
14 - 15 Years	1,310	7.3
16 - 17 Years	1,481	8.3
18 Years & Older	1,923	10.7
TOTAL	**17,935**	**100.0**
ETHNICITY		
White	2,229	12.4
Hispanic	10,275	57.3
African-American	4,949	27.6
Asian/Pacific Islander	218	1.2
American Indian/Alaskan Native	103	0.6
Filipino	75	0.4
Other	86	0.5
TOTAL	17,935	100.0
GENDER		
Male	8,884	49.5
Female	9,051	50.5
TOTAL	**17,935**	**100.0**

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

Figure 16

LA COUNTY DCFS CHILDREN IN ADOPTIVE PLACEMENT - CHILD CHARACTERISTICS As of December 31, 2014

CATEGORY	CHILDREN	PERCENTAGE
AGE GROUP		
Birth - 2 Years	248	25.4
3 - 4 Years	255	26.1
5 - 9 Years	313	32.1
10 - 13 Years	110	11.3
14 - 15 Years	24	2.5
16 - 17 Years	22	2.3
18 Years & Older	4	0.4
TOTAL	**976**	**100.0**
ETHNICITY		
White	137	14.0
Hispanic	590	60.5
African-American	219	22.4
Asian/Pacific Islander	18	1.8
American Indian/Alaskan Native	4	0.4
Filipino	8	0.8
Other	0	0.0
TOTAL	**976**	**100.0**
GENDER		
Male	475	48.7
Female	501	51.3
TOTAL	**976**	**100.0**

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

Figure 17

LA DCFS
ADOPTIONS PERMANENCY PLANNING CASELOAD CALENDAR YEARS 1985 THROUGH 2016

CALENDAR YEAR	CHILDREN PLACED IN ADOPTIVE HOMES DURING THE YEAR
1985	524
1986	617
1987	541
1988	698
1989	696
1990	824
1991	1,000
1992	985
1993	1,049
1994	1,027
1995	1,035
1996	1,087
1997	1,346
1998	1,728
1999	2,532
2000	2,992
2001	2,871
2002	2,135
2003	1,842
2004	2,271
2005	2,273
2006	2,230
2007	2,240
2008	2,228
2009	2,148
2010	1,397
2011	1,540
2012	1,500
2013	1,336
2014	1,530
2015	1,535
2016	1,691

Note: Counts subjected to changes due to system update.

Figure 18

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILDREN PLACED IN ADOPTIVE HOMES Calendar Years 1985 Through 2016

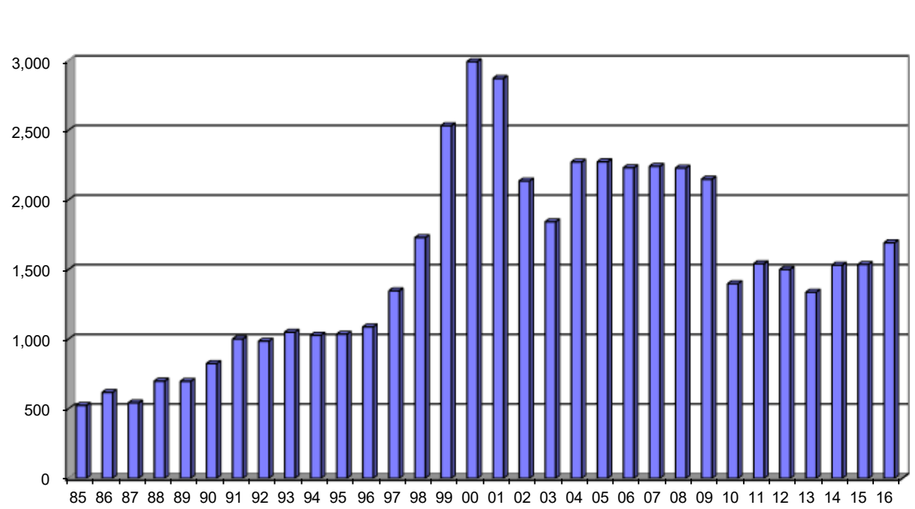


Figure 19

LA DCFS - CHILDREN REFERRED FOR 241.1 JOINT ASSESSMENT HEARINGS CALENDAR YEAR 2014

REFERRALS FOR 241.1 JOINT ASSESSMENTS RECEIVED	Children
Referrals Categorized by Court of Origin	
Dependency Court	5
Delinquency Court	968
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	973
Inappropriate 241.1 Referrals Evaluated Out	0
DELINQUENCY COURT 241.1 HEARING DISPOSITIONS	
Dispositions Categorized By Type	
602 Disposition (Wards of Court)	39
Reversal/New 300 Requested and Denied--Child remains a 602	0
725A (Joint Supervision)	55
654 (Joint Supervision)	42
790 DEJ (Joint Supervision)	25
300/602 WIC (SP)	71
300/602 WIC (HOP)	16
300/602 WIC (CCP)	10
Other	14
Dismissal	12
Termination (Both Dependency and Delinquency)	0
Termination (By Delinquency) Open Dep Jurisdiction	1
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	285
DEPENDENCY COURT 241.1 HEARING DISPOSITIONS	
Dispositions Categorized By Type	
Dependency Court Petition Dismissal (child remaining a 602)	0
Dependency Court J/T before Delinq. Court Petition Dispo	0
Dependency Court Jurisdiction Termed (due to child remaining a 602)	0
Child Remains a 300/No Delinquency Court Jurisdiction	0
Child Remains a 300 Under Joint Supervision	0
New 300/Joint Supervision	0
654.2 WIC	1
602 WIC	1
300/602 WIC	0
Delinq Court Jurisdiction Termed/NEW 300	0
Dismissal	0
Other	1
TOTAL NUMBER OF DISPOSITIONS	3
TOTAL NUMBER OF DELINQUENCY AND DEPENDENCY COURT HEARING DISPOSITIONS	288

DISPOSITIONS BY PERCENTAGE	
Total number of 602s as a percent of total number of cases disposed	14%
Total number of cases under joint supervision as a percent of total number of cases disposed	43%
Total number of all other cases as a percent of total number of cases disposed	43%

Figure 20

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN REFERRED FOR 241.1 JOINT ASSEMENT HEARINGS BY COURT OF ORIGIN Calendar Year 2016

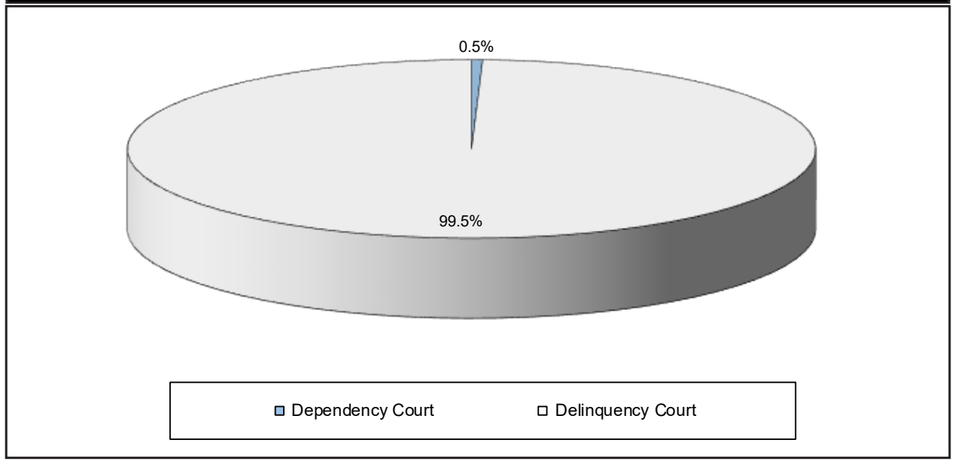
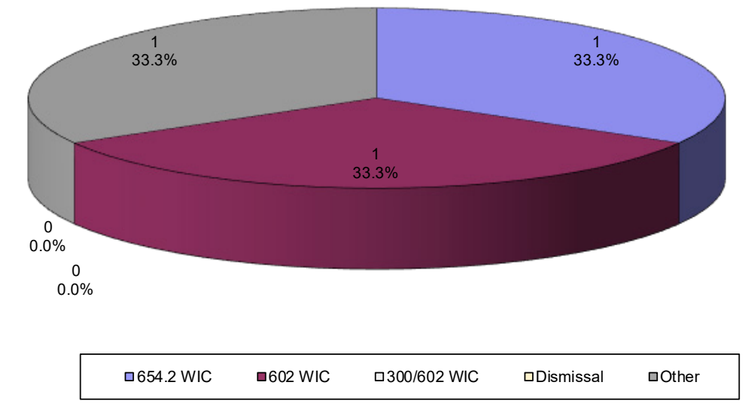


Figure 21

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES DEPENDENCY COURT 241.1 HEARING DISPOSITIONS Calendar Year 2016



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

Department of Children and Family Services

GLOSSARY OF TERMS

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

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

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

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

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

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

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

CHILD WELFARE SERVICES/CASE MANAGEMENT SYSTEM (CWS/CMS): California's statewide-automated information system composed of multiple software applications that provide comprehensive case management functions.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS): The County of Los Angeles child protective services agency.

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

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

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

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

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

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

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

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

FINAL DECREE OF ADOPTION: A court order granting the completion of the adoption.

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

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

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

GROUP HOME: A facility that provides 24-hour non-medical care and supervision to children, provides services to a specific client group and maintains a structured environment, with such services provided at least in part by staff employed by the licensee.

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

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

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

LONG-TERM FOSTER CARE (LTFC) [AKA PLANNEDPERMANENTLIVINGARRANGEMENT (PPLA)]: A juvenile court plan that places the child in the home of a foster caregiver until the child turns 18. The rights and responsibilities of the birth parents do not end, but the care, custody and control of the child remain with the juvenile court.

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

NON-RELATIVE EXTENDED FAMILY MEMBER (NREFM): Any adult caregiver who has established a familial or mentoring relationship with the child. The parties may include relatives of the child, teachers, medical professionals, clergy, neighbors and family friends.

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

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

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

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

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

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

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

POINT OF ENGAGEMENT (POE): DCFS began developing POE in 1999 in response to an audit recommendation that the DCFS revise its case flow process and provide a faster response for services. POE is characterized by a seamless and timely transfer of responsibility from front-end investigations to actual service delivery. This seamless delivery will provide more thorough evaluations and provide more comprehensive services to families, often preventing low-risk cases from entering the court system altogether. When possible, community services are provided to help the family while it is kept safely intact.

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

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

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

SELF-SUFFICIENCEY: 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."

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.

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

payments and adoption assistance.

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

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

UNSUBSTANTIATED (INCONCLUSIVE): An allegation is unsubstantiated if it can neither be proved nor disproved.

DEPARTMENT OF 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 2016, the Department is headed by a Chief Medical Examiner-Coroner who is responsible for setting standards for the entire department and carrying out statutorily mandated ME-C functions. He is assisted by a Chief Deputy who is responsible for administration and all non-physician operations.

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

FORENSIC MEDICINE BUREAU

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

FORENSIC SCIENCE LABORATORIES BUREAU

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

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

HISTOLOGY LABORATORY

The histology laboratory facilitates the preparation of gross tissue specimens for microscopic examination by the medical staff. This includes hematoxylin and eosin stains, special stains, and immunohistochemical stains. Through the microscopic examination of tissue, our forensic pathologists can determine the age and degree

of injury, diagnose disease including cancers, evaluate cellular variation in tissue, and identify the presence of bacteria, medical disorders, and toxins such as asbestos.

TOXICOLOGY LABORATORY

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

SCANNING ELECTRON MICROSCOPY LABORATORY

The Scanning Electron Microscopy (SEM) laboratory conducts gunshot residue (GSR) analyses and tool mark evaluations. Using a scanning electron microscope equipped with an energy dispersive x-ray detector, GSR analysis is used to determine whether an individual may have fired a weapon. This laboratory also performs GSR analyses for many law enforcement agencies throughout California.
Tool mark analysis involves the evaluation of trauma to biological material, especially bone and cartilage, as to the type of instrument that might have produced the trauma. This not only helps our pathologists understand the circumstances of a death, but also aids the law enforcement agency in their criminal investigation.

OPERATIONS BUREAU

This bureau is responsible for the 24-hour day, 7-day week operations of many direct services provided by the department. The Operations Bureau oversees Investigations, Forensic Photography and Support, and the Forensic Services Division. In addition, the bureau is responsible for disaster and community services, fleet management, public information and other ancillary programs such as regional offices and the Youthful Drunk Driver Visitation Program (YDDVP). Under state law, all ME-C Investigators are sworn peace officers. The Investigator must meet the same stringent hiring standards as any other California law enforcement agency.

The Department of Medical Examiner-Coroner is a California Peace Officer Standards and Training (POST) `1 0.

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

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

YOUTHFUL DRUNK DRIVER VISITATION PROGRAM (YDDVP)

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

ADMINISTRATIVE SERVICES BUREAU

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

PUBLIC SERVICES DIVISION

This division is responsible for ME-C case file management, revenue collection (document sales, decedent billing, etc.), and interaction with the public both telephonically and at the front lobby reception area. In addition to providing information and copies of autopsy reports, Public Services staff offers many services to the public. These services include preparation of "Proof of Death" letters to verify that a death is being investigated by the ME-C and "Port of Entry" letters to confirm that a decedent had no communicable disease, necessary for the decedent's admission into a foreign country after death.

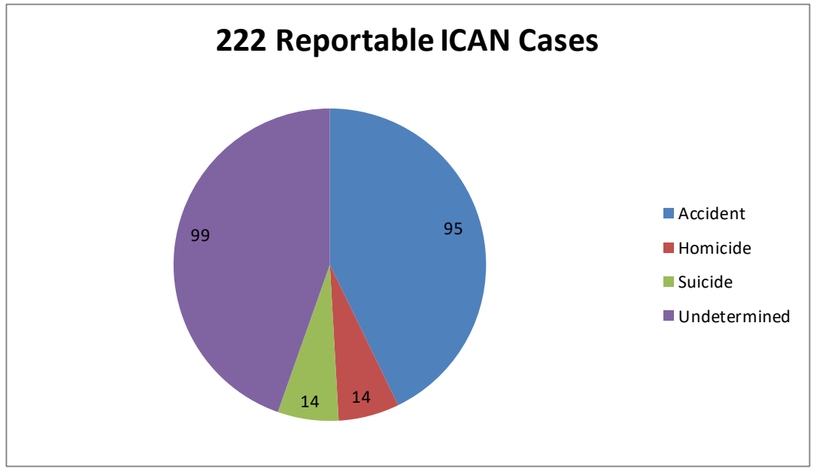
CALIFORNIA GOVERNMENT CODE, SECTION 27491

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

STATISTICAL SUMMARY

In calendar year 2016, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 222 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2015, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 189, an increase of 33 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	2015	2016	Difference
Abandoned newborn	1	0	-1
Children run over in driveway accident	2	1	-1
Bathtub drowning	2	1	-1
Falling television sets	1	0	-1
Traffic Accident age less than or equal 5 years old	0	15	15
Swimming pool drowning, age less than 5 years old	5	3	-2

Figure 1

2016 DEATH STATISTICS
Case Comparison by Mode of Death & Gender (Total ICAN cases: 222)

By Mode of Death	2016 Total Cases	2016 % of Total	2015 Total Cases	2015 % of Total	Total Difference
Accident	95	42.79%	104	55.02%	-9
Homicide	14	6.31%	18	9.52%	-4
Suicide	14	6.31%	23	12.16%	-9
Undetermined	99	44.59%	44	23.30%	55
TOTAL	222	100%	189	100%	
By Gender	**2016 Total Cases**	**2016 % of Total**	**2015 Total Cases**	**2015 % of Total**	**Total Difference**
Female	78	35.14%	68	36.00%	10
Male	142	63.96%	120	63.50%	22
Undetermined	2	0.90%	1	0.50%	1
TOTAL	222	100%	189	100%	

Figure 2

2016 DEATH STATISTICS
Case Comparison by Ethnicity & Age (Total ICAN Cases: 222)

By Ethnicity	Total Cases	% of Total
Armenian	3	1.35%
American Indian	1	0.45%
Asian	9	4.05%
Black	45	20.27%
Caucasian	45	20.27%
Chinese	5	2.25%
Filipino	2	0.90%
Hispanic/latin american	97	43.69%
Korean	3	1.35%
Middle Eastern	1	0.45%
Samoan	1	0.45%
(Blank)	5	2.25%
Unknown	5	2.25%
TOTAL	222	100.0%

By Age	Total Cases	% of Total
Stillborn	31	13.96%
1 day – 30 days	18	8.11%
1 – 5 months	57	25.68%
6 months – 1 year	30	13.51%
2 years	7	3.15%
3	7	3.15%
4	1	0.45%
5	2	0.90%
6	2	0.90%
7	2	0.90%
9	1	0.45%
10	3	1.35%
11	3	1.35%
13	4	1.80%
14	4	1.80%
15	11	4.95%
16	12	5.41%
17	26	11.71%
(Blank)	1	0.45%
TOTAL	222	100.0%

Figure 3

2016 MODE OF DEATH: ACCIDENTS BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 95)

Accidents by Gender	Total Cases	% of Total
Female	35	36.84%
Male	58	61.05%
Unknown	2	2.11%
TOTAL	95	100.0%

Accidents by Ethnicity	Total Cases	% of Total
Unknown	3	3.16%
Armenian	1	1.05%
Asian	2	2.11%
Black	16	16.84%
Caucasian	18	18.95%
Chinese	4	4.21%
Filipino	1	1.05%
Hispanic/Latin American	47	49.47%
Middle Eastern	1	1.05%
(Blank)	2	2.11%
TOTAL	95	100.0%

Accidents by Age	Total Cases	% of Total
Stillborn	21	22.11%
1 day – 30 days	5	5.26%
1 month – 5 months	4	4.21%
6 months – 1 year	7	7.37%
2 yrs	4	4.21%
3 yrs	6	6.32%
4 yrs	1	1.05%
5 yrs	2	2.11%
6 yrs	2	2.11%
7 yrs	2	2.11%
9 yrs	1	1.05%
10 yrs	3	3.16%
11 yrs	2	2.11%
13 yrs	1	1.05%
14 yrs	1	1.05%
15 yrs	5	5.26%
16 yrs	9	9.47%
17 yrs	19	20.00%
TOTAL	95	100.0%

Figure 4

2016 MODE OF DEATH: ACCIDENTS by Cause of Death (Total ICAN Cases: 95)

Accidents By Cause of Death	Total Cases	% of Total
Accident auto vs overturning	1	1.05%
Accident auto vs pedestrian	3	3.16%
Accident motorcycle vs auto	1	1.05%
Auto driv fix stat traffic accident	1	1.05%
Auto driv injury person outside	2	2.11%
Auto driv pass non traffic accident	6	6.32%
Auto occup in coll fix pers outside	2	2.11%
Auto occup in coll per outside	1	1.05%
Auto pass injur overturn traffic	1	1.05%
Auto vs auto driv pass traffic	5	5.26%
Auto vs auto van truck traffic	1	1.05%
Auto vs pass heavy trans vehicle	4	4.21%
Auto vs person injur traffic accident	6	6.32%
Auto vs person out vehicle non	1	1.05%
Barbiturates	14	14.74%
Blunt force head trauma	5	5.26%
Board or alight from vehicle	1	2.11%
Car occup in other spec trans accident	1	1.05%
Car occup injury in collision heavy truck	2	2.11%
Caught crus jammed pinched bet	1	1.05%
Choked on other objects caused obstruction	1	1.05%
Complications of medical device	1	1.05%
Contact with sharp glass	1	1.05%
Cyanide intoxication	1	1.05%
Drown subm while in swimming pool	3	3.16%
Drowning and submer nat water	1	1.05%
During aspiration puncture other	1	1.05%
During other medical care	1	1.05%
Exposure uncontrolled fire in building	2	2.11%
Fall from roof, window	1	1.05%
Food cause by obstruction choking	1	1.05%
Gunshot wound of head	1	1.05%
Methadone-accidental	1	1.05%
Methamphetamine-intent	4	4.21%
Multiple blunt force injury	1	1.05%
Occupant of pickup truck van coll ped	1	1.05%
Other specified drowning submersion	1	1.05%
Pass injured in collision other unspecified	1	1.05%
Struck by falling object	1	1.05%
Swimming pool drowning	2	2.11%
Unspecified drugs-accidental	8	8.42%
Blank	1	1.05%
TOTAL	95	100.0%

Figure 5

2016 MODE OF DEATH: HOMICIDE BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 14)

Homicides by Gender	Total Cases	% of Total
Female	6	42.86%
Male	8	57.14%
TOTAL	14	100%

Homicides by Ethnicity	Total Cases	% of Total
Black	3	21.43%
Caucasian	1	7.14%
Hispanic/Latin American	7	50.00%
Asian	3	21.43%
TOTAL	14	100.0%

Homicides by Age	Total Cases	% of Total
1 month – 5 months	3	21.43%
6 months – 1 year	3	21.43%
2 yrs	1	7.14%
3 yrs	1	7.14%
11 yrs	1	7.14%
13 yrs	1	7.14%
15 yrs	1	7.14%
16 yrs	1	7.14%
17 yrs	1	7.14%
1 day to 30 days	1	7.14%
TOTAL	14	100.00%

Figure 6

2016 MODE OF DEATH: HOMICIDE (TOTAL ICAN CASES: 14)

Homicides By Cause of Death	Total Cases	% of Total
Arson	1	7.14%
Assault by Blunt Object	2	14.29%
Assault by Drowning Submersion	1	7.14%
Assault by Sharp Object	3	21.43%
Blunt Force Injury	1	7.14%
Gunshot Wound Handgun Homicide	**2**	**14.29%**
Other Maltreatment by Acquaintance	**1**	**7.14%**
Unspecified Drugs-Accidental	**2**	**14.29%**
Blank	**1**	**7.14%**
TOTAL	**14**	**100.0%**

Figure 7

2016 MODE OF DEATH: SUICIDE BY GENDER, BY ETHNICITY, BY AGE, & BY CAUSE OF DEATH (TOTAL ICAN CASES: 14)

Suicides by Gender	Total Cases	% of Total
Female	4	28.57%
Male	10	71.43%
TOTAL	**14**	**100.0%**

Suicides by Ethnicity	Total Cases	% of Total
Black	2	14.29%
Asian	1	7.14%
Hispanic/Latin American	5	35.71%
Caucasian	5	35.71%
Korean	1	7.14%
TOTAL	**14**	**100.0%**

Suicides by Age	Total Cases	% of Total
13 yrs	2	14.29%
14 yrs	3	21.43%
15 yrs	3	21.43%
16 yrs	1	7.14%
17 yrs	5	35.71%
TOTAL	**14**	**100.0%**

By Cause of Death	Total Cases	% of Total
Depression	1	7.14%
Gunshot wound handgun suicide	1	7.14%
Gunshot wound shotgun suicide	1	7.14%
Jump in front of moving object	1	7.14%
Jumping from a high place	1	7.14%
Strangulation-suicide	9	64.29%
TOTAL	14	100.0%

Figure 8

2016 MODE OF DEATH: UNDETERMINED BY CAUSE OF DEATH TOTAL UNDETERMINED CASES: 99

Undetermined by Gender	Total Cases	% of Total
Female	33	33.33%
Male	66	66.67%
TOTAL	**99**	**100.0%**

Undetermined by Age	Total Cases	% of Total
Stillborn	10	10.10%
1 day to 30 days	12	12.12%
1- 5 months	50	50.51%
6 months to 1 year	20	20.20%
2 years	2	2.02%
15 years	2	2.02%
16 years	1	1.01%
17 years	1	1.01%
(Blank)	1	1.01%
TOTAL	99	100.0%

Undetermined by Ethnicity	Total Cases	% of Total
Blank	3	3.03%
American Indian	1	1.01%
Armenian	2	2.02%
Asian	3	3.03%
Black	24	24.24%
Caucasian	21	21.21%
Chinese	1	1.01%
Filipino	1	1.01%
Hispanic/Latin American	38	38.38%
Korean	2	2.02%
Samoan	1	1.01%
Unknown	2	2.02%
TOTAL	99	100.0%

Figure 9

2016 MODE OF DEATH: UNDETERMINED BY CAUSE OF DEATH (TOTAL CASES 99)

Undetermined By Cause of Death	Total Cases	% of Total
Blunt force head trauma	1	1.01%
Exposure to excessive natural heat	1	1.01%
Other specified events undetermined	60	60.61%
Sudden death	1	1.01%
Sudden infant death (SIDS)	12	12.12%
Unspecified event undetermined intent	**24**	**24.24%**
TOTAL	**99**	**100.0%**

GLOSSARY OF TERMS

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

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

Death: For legal and medical purposes: a person is dead who has sustained either:
(a) Irreversible cessation of circulatory and respiratory functions, or
(b) Irreversible cessation of all functions of the entire brain

Decedent: A person who is dead.

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

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

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

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

Undetermined:

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

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

The ME-C also modes a death as undetermined when the autopsy findings do not establish any cause of death and one of the following is present:

1. Unsafe sleep surface
2. Co-sleeping with adult
3. Absent or inadequate scene investigation
4. Non-prescribed sedative drugs detected
5. Injuries present
6. Poor nutrition/abnormal development
7. Prior unexplained sibling death
8. History of domestic violence
9. Definite blood in the nose or airway

SHERIFF'S DEPARTMENT

SPECIAL VICTIMS BUREAU

The Los Angeles County Sheriff's Department, the largest in the United States, provides law enforcement services to nearly 3 million people in forty-two (42) contract cities and unincorporated county areas. Special Victims Bureau (SVB) is one of eight highly specialized bureaus in the Detective Division of the Sheriff's Department. SVB investigates physical child abuse and sexual child abuse which occur within the Sheriff's Department jurisdiction. Cases of child endangerment, neglect, emotional abuse, and child concealment are investigated by detectives assigned to one of the twenty-three (23) Regional Sheriff Stations located throughout Los Angeles County. These cases are not included in this report. SVB also assumes the investigative responsibility for felony adult sexual assaults.

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

Before a Deputy Sheriff is assigned to SVB, he or she must go through a testing process which consists of a written and oral examination. The candidate is then placed on an eligibility list. When a candidate is selected to become a SVB detective, he/she is assigned to a tenured detective for up to six months. The new detective receives training in the investigation of physical and sexual abuse of children, in interviewing and interrogation techniques, in arrest and search warrant writing, and in case management. New detectives are introduced to: social workers from the Department of Children and Family Services (DCFS); Deputy District Attorneys from the District Attorney's Office; detectives from law enforcement agencies; medical doctors and nurses.

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

Presently, fifty-five (60) Detectives, eight (9) Sergeants, three (3) Lieutenants, and one (1) Captain are assigned to Special Victims Bureau. SVB is comprised of six investigative regional teams. One sergeant is assigned to each team.

Sheriff's Department

CHILD ABUSE INVESTIGATION PROCEDURES FOR LAW ENFORCEMENT

As first responders, when a law enforcement agency receives a report of a child abuse incident, it has the duty and responsibility to protect the child from further abuse and to investigate the incident as quickly, thoroughly, and completely as possible. At the completion of the investigation, the case is presented to the District Attorney's Office for filing consideration.

Law enforcement agencies receive reports of child abuse or suspected child abuse directly from either a concerned person, a mandated reporter, or by DCFS. When a report of child abuse is received by a law enforcement agency from someone other than DCFS, that agency cross reports the information to DCFS immediately. DCFS sends their Suspected Child Abuse Report (SCAR) electronically to the law enforcement agency that has jurisdiction over the incident. Even though many of these suspected child abuse incidents may not rise to the level for a criminal report to be written, each reported incident shall always be thoroughly investigated, even though some incidents may be best handled in a non-law enforcement manner. The Sheriff's Department receives over 17,500 SCARs yearly from DCFS.

When the Sheriff's Department receives a SCAR, it is handled as a "call for service." This ensures a timely response to all SCARs received. The responding deputy will conduct a preliminary investigation of all alleged suspected child abuse or neglect calls. The deputy conducts a "face-to-face" interview with the victim or informant if the child in unable to communicate. If the deputy is at the child's residence, he/she will examine the living conditions, collect evidence, and interview the alleged suspect when applicable. Upon suspicion that a child has been abused or neglected, the deputy will write an Incident Report with the SCAR attached. The report is then processed and assigned to a Special Victims Bureau detective who will conduct a thorough and complete investigation. The case is presented to the District Attorney's Office for filing consideration based on the outcome of the investigation.

The E-SCAR system was implemented on April 13, 2009, at all Sheriff's stations. This new E-SCAR system is a refinement of the old SCAR system which was first operational in September 2003. The new system has revolutionized the methodology of cross-reporting between the Sheriff's Department and DCFS, has improved patrol response times to these calls, and has mitigated potentially further abuse or neglect of children. As of December 1, 2009, Special Victims Bureau assumed oversight responsibilities of the E-SCAR system. To ensure that SCARs are handled in a timely manner, a monthly SCAR "Clearance Status Report" is provided to all station captains for their review and disposition. Special Victims Bureau provides assistance regarding child abuse matters to all Sheriff's station personnel 24 hours a day.

Table 1

CASES REPORTED BY STATION AND TYPE OF ABUSE 2016

STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	16	34	50
Avalon	-	7	7
Carson	25	93	118
Century	85	238	323
Cerritos	14	26	40
Community Colleges	0	2	2
Compton	66	175	241
County Services Bureau	0	0	0
Crescenta Valley	11	23	34
East Los Angeles	79	229	308
Industry	54	169	223
Lakewood	103	236	339
Lancaster	112	292	404
Lomita	29	34	63
Lost Hills/Malibu	26	59	85
Marina Del Rey	8	14	22
Metrolink	0	1	1
Norwalk	96	173	269
Palmdale	127	230	357
Parks Bureau	0	-	-
Pico Rivera	30	79	109
Pre-Employment	0	2	2
San Dimas	29	73	102
Santa Clarita Valley	89	198	287
South Los Angeles	57	144	201
Special Victims Bureau	4	38	42
Temple	55	141	196
Transit Services Bureau	5	23	28
Walnut/Diamond Bar	28	70	98
West Hollywood	10	56	66
TOTAL	1,158	2,859	4,017

Sheriff's Department

Figure 1: CASES REPORTED BY STATION AND TYPE OF ABUSE - 2016

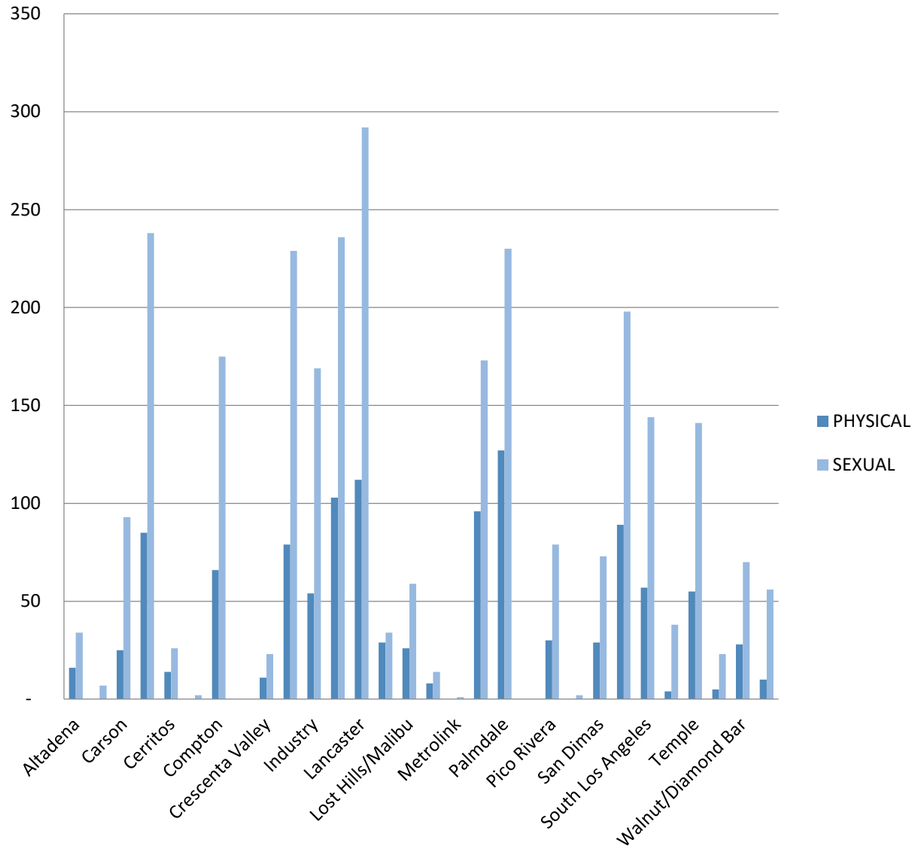


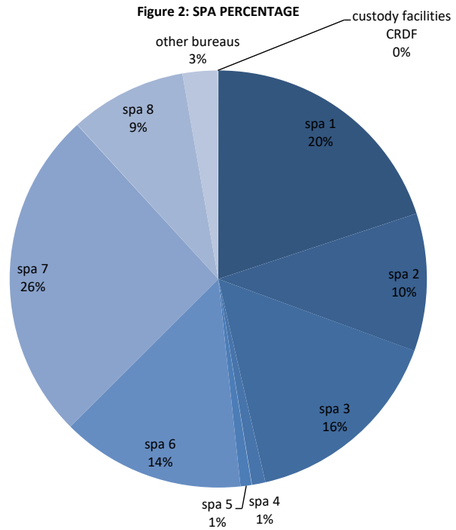
Table 2

CASES BY SERVICE PLANNING AREAS (SPA) AND BY STATIONS - 2016

SPA	STATION	CASES
1	Lancaster	404
	Palmdale	357
	Total SPA 1	**761**
2	Crescenta Valley	34
	Lost Hills/Malibu	85
	Santa Clarita Valley	287
	Total SPA 2	**406**
3	Altadena	50
	Industry	223
	San Dimas	102
	Temple	196
	Total SPA 3	**669**
4	West Hollywood	66
	Total SPA 4	**66**
5	Marina Del Rey	22
	Total SPA 5	**22**
6	Century	323
	Compton	241
	Total SPA 6	**564**
7	Cerritos	40
	East Los Angeles	308
	Lakewood	339
	Norwalk	269
	Pico Rivera	109
	Total SPA 7	**1065**
8	Avalon	7
	Carson	118
	South Los Angeles	201
	Lomita	63
	Total SPA 8	**389**

SPA	STATION	CASES
Unassigned Bureaus	Community Colleges	2
	Metrolink	1
	Special Victims Bureau	42
	Transit Services Bureau	28
	County Services	0
	Parks Bureau	0
	Pre-Employment	0
	Total Unassigned Bureaus	**73**
Custody Fatalities	**Total Custody Facilities**	**0**
TOTAL	**Total Cases**	**4015**

Figure 2: SPA PERCENTAGE



Sheriff's Department

Table 3

CASES REPORTED BY STATION - 2016
COMPARISON OF CASES FOR TEN YEARS 2005 - 2016

STATION	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	TOTAL
Altadena	64	35	54	60	45	54	58	49	51	50	520
Avalon	11	5	5	4	5	5	8	4	3	7	57
Carson	113	113	149	173	137	159	142	85	138	118	1,327
Century	306	305	284	322	332	340	329	313	346	323	3,200
Century Regional Detention Facility	0	0	1	0	0	0	0	0	3	0	4
Cerritos	25	28	27	30	30	24	28	31	50	40	313
Community Colleges	5	2	1	2	3	3	0	2	4	2	24
Compton	230	241	260	291	216	238	237	236	315	241	2,505
County Services Bureau	0	0	0	0	0	9	5	5	-	-	19
Crescenta Valley	36	22	33	23	29	36	26	24	34	34	297
East Los Angeles	190	218	221	263	248	334	277	280	288	308	2,627
Industry	217	241	219	222	184	174	157	190	247	223	2,074
Lakewood	310	297	341	377	317	290	242	268	409	339	3,190
Lancaster	390	305	318	340	338	302	253	313	457	404	3,420
Lomita	52	58	51	69	67	63	65	52	73	63	613
Lost Hills/Malibu	48	46	69	73	78	84	82	64	109	85	738
Marina Del Rey	25	20	16	20	15	25	19	24	40	22	226
Metrolink	0	0	0	1	0	0	0	1	0	1	3
Narcotics Bureau	0	0	0	1	0	0	0	0	0	0	1
NCCF	0	0	0	1	0	1	1	0	0	0	3
Norwalk	134	197	238	233	192	244	189	194	304	269	2,194
Palmdale	272	231	282	303	238	326	314	344	369	357	3,036
Parks Bureau	0	0	0	0	0	5	2	5	-	-	12
Pico Rivera	124	164	166	150	112	134	131	110	144	109	1,344
Pitchess Detention Facility - North	0	0	1	0	0	0	0	0	0	0	1
Pre-Employment	3	3	2	0	0	3	0	0	2	0	13
San Dimas	73	74	114	106	99	96	84	63	106	102	917
Santa Clarita	212	186	264	246	225	253	209	199	353	287	2,434
South Los Angeles/Lennox	157	139	160	188	146	254	152	191	206	201	1,794
Special Victims Bureau	16	6	44	53	47	35	20	25	98	42	386
Temple	149	138	131	177	134	136	124	152	245	196	1,582
Transit Services	7	5	6	14	11	18	7	25	21	28	142
Walnut/Diamond Bar	73	78	70	74	74	130	70	72	85	98	824
West Hollywood	15	13	30	19	17	26	6	14	49	66	255
TOTAL	**3,257**	**3,170**	**3,557**	**3,835**	**3,339**	**3,801**	**3,237**	**3,335**	**4,549**	**4,256**	**32,501**

Figure 3: REPORTED CHILD ABUSE CASES - 2016

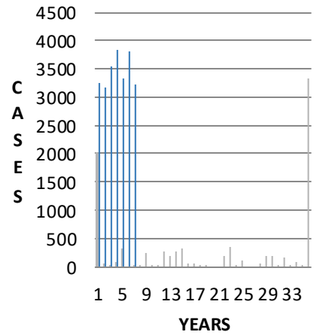


Table 4

VICITMS BY AGE AND TYPE OF ABUSE - 2016

	PHYSICAL		SEXUAL	
Under 3	149	10.6%	45	1.4%
3 to 4	95	6.8%	117	3.7%
5 to 9	398	28.4%	325	10.2%
10 to 14	450	32.1%	739	23.2%
15 to 17	226	16.1%	935	29.4%
over 18	82	5.9%	1024	32.2%
TOTAL	**1,400**	**100%**	**3,185**	**100%**

Figure 4 :VICTIMS BY AGE AND TYPE OF ABUSE - 2016

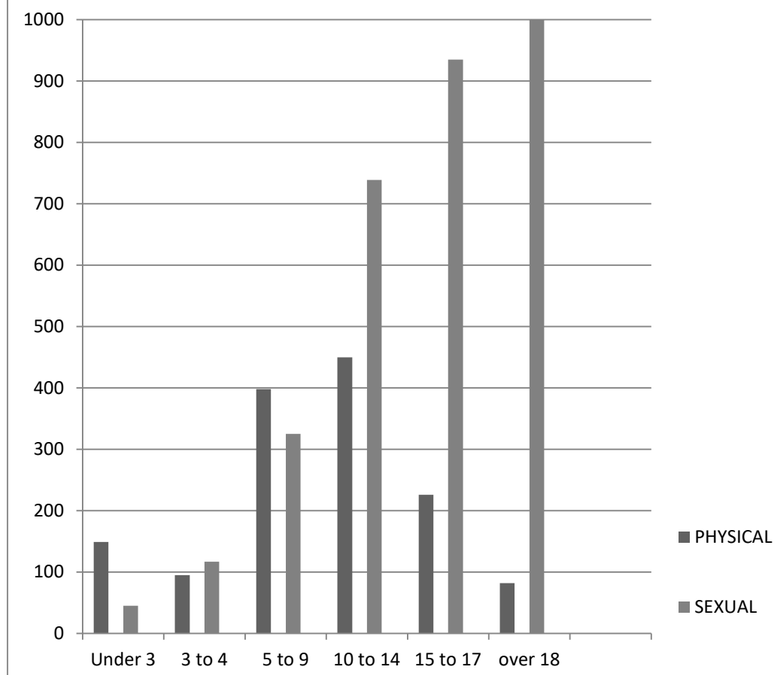
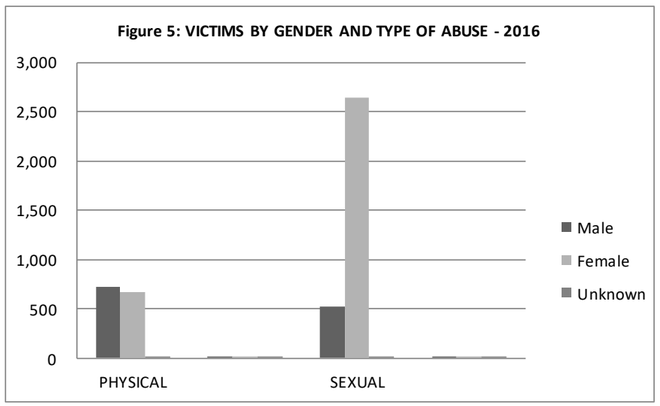


Table 5

VICTIMS BY GENDER AND TYPE OF ABUSE - 2016

	PHYSICAL		SEXUAL	
Male	721	51.50%	520	16.33%
Female	669	47.79%	2,640	82.89%
Unknown	10	0.71%	25	0.78%
TOTAL	**1,400**	**100.00%**	**3,185**	**100.00%**



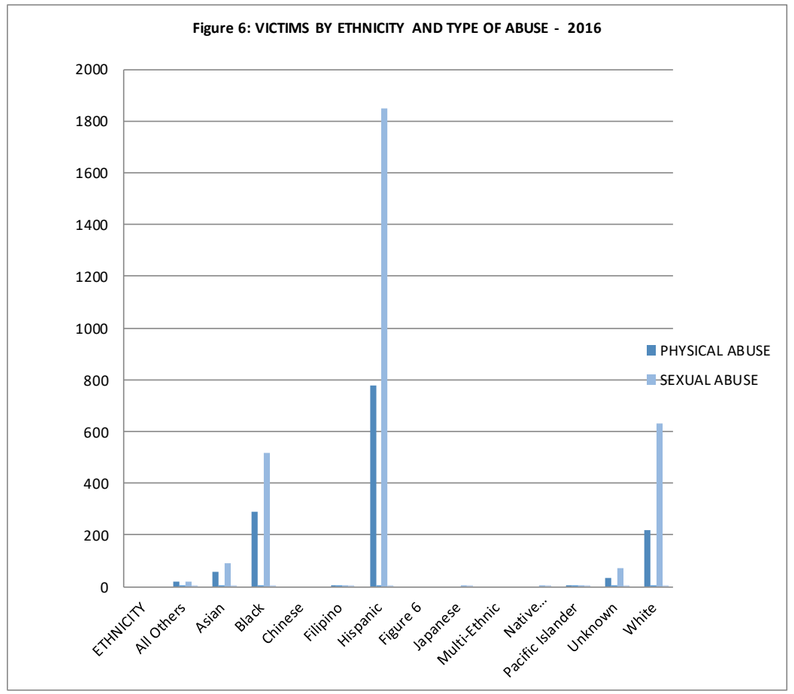


Table 6

VICTIMS BY ETHNICITY AND TYPE OF ABUSE - 2016

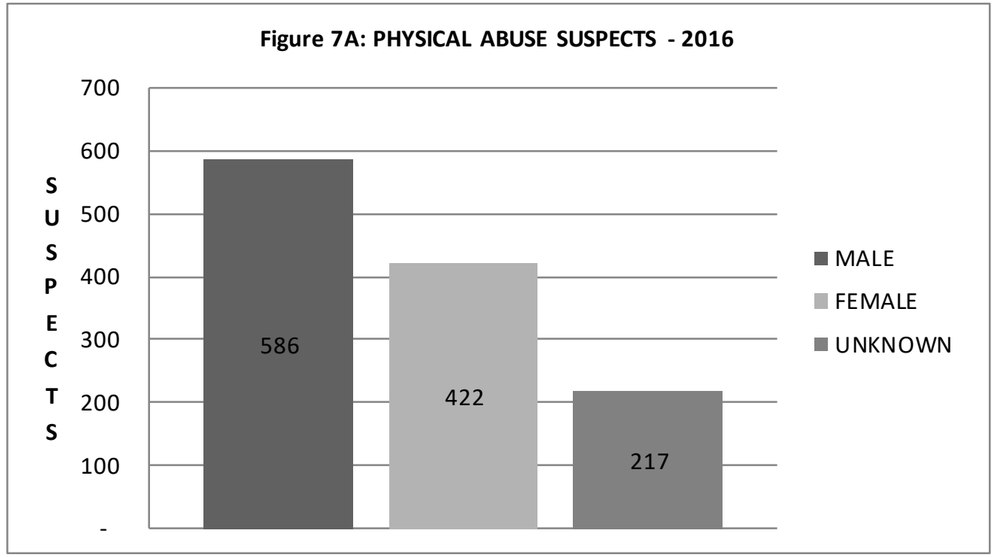
ETHNICITY	PHYSICAL		SEXUAL	
All Others	18	1.29%	20	0.63%
Asian	59	4.21%	89	2.79%
Black	291	20.79%	516	16.20%
Chinese	0	0.00%	0	0.00%
Filipino	2	0.14%	2	0.06%
Hispanic	777	55.50%	1,851	58.12%
Japanese	0	0.00%	2	0.06%
Multi-Ethnic	0	0.00%	0	0.00%
Native American	0	0.00%	1	0.03%
Pacific Islander	3	0.21%	2	0.06%
Unknown	31	2.21%	72	2.26%
White	219	15.64%	630	19.78%
TOTAL	**1,400**	**100.00%**	**3,185**	**100.00%**

Table 7

SUSPECTS BY GENDER AND TYPE OF ABUSE - 2016

	PHYSICAL		SEXUAL	
Male	586	47.84%	2,665	84.04%
Female	422	34.45%	208	6.56%
Unknown	217	17.71%	298	9.40%
TOTAL	**1,225**	**100%**	**3,171**	**100%**

Sheriff's Department



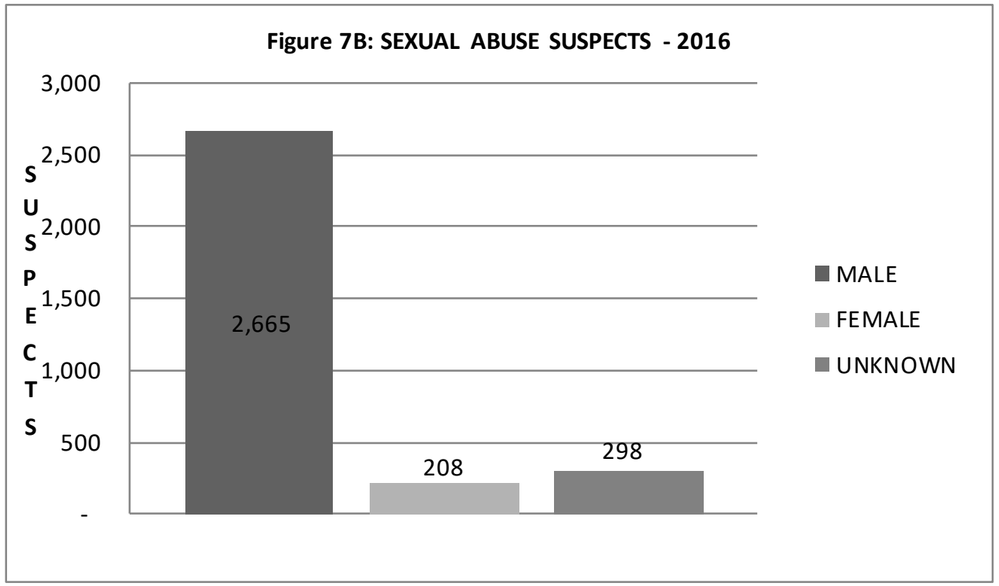


Figure 8a

SUSPECTS BY ETHNICITY AND TYPE OF ABUSE - 2016

ETHNICITY	PHYSICAL		SEXUAL	
All Others	14	1.14%	26	0.82%
Asian	44	3.59%	71	2.24%
Black	220	17.96%	569	17.94%
Chinese	0	0.00%	1	0.03%
Filipino	3	0.24%	1	0.03%
Hispanic	535	43.67%	1,671	52.70%
Japanese	0	0.00%	1	0.03%
Multi-Ethnic	1	0.08%	0	0.00%
Native American	1	0.08%	0	0.00%
Pacific Islander	3	0.24%	1	0.03%
Unknown	244	19.92%	420	13.25%
White	160	13.06%	410	12.93%
TOTAL	1,225	100%	3,171	100%

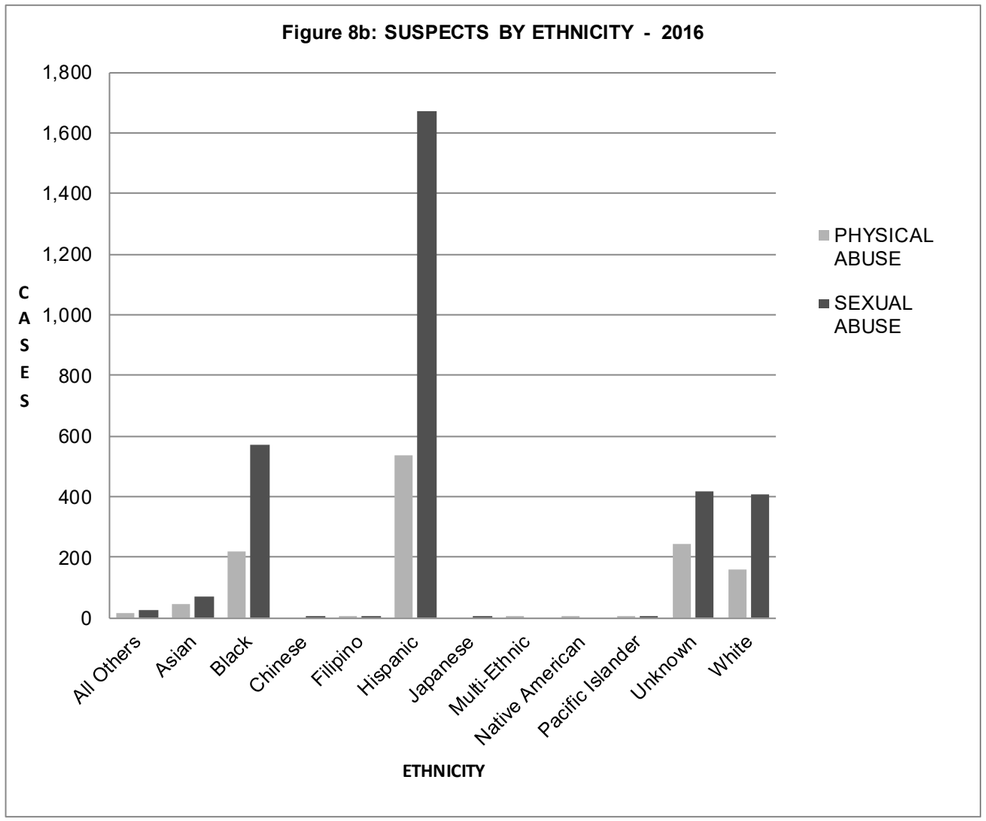
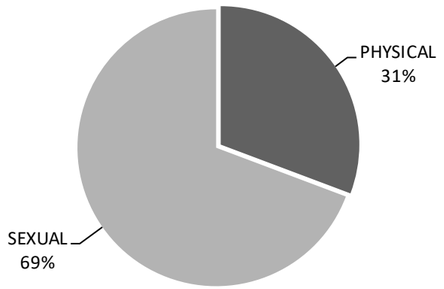


Figure 9a

CASES REPORTED BY ABUSE TYPE - 2016

PHYSICAL	SEXUAL	TOTAL
1,369	3,146	4,542

Figure 9b: CASES BY ABUSE TYPE - 2016



GLOSSARY OF LAW ENFORCEMENT TERMS AND CHILD ABUSE RELATED LAWS

Battery – Unlawful touching of another person. Misdemeanor physical abuse is occasionally filed as a battery by the District Attorney's Office when there is insufficient evidence to prove a willful act.

Case – The compilation of all reports and interviews pertaining to an incident initiated by a patrol deputy. The case may be presented to the District Attorney or, if insufficient evidence, receive an alternative disposition. A case may involve one or multiple victims and/or suspects.

Child Abuse – Intentional acts of physical harm or placing a child at risk of endangerment. Classifications include any sexual act, general or severe neglect or emotional trauma.

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

Exigent Circumstances – Following or chasing a suspect of a crime which has just been committed or where a person is in immediate danger of injury or death.

Incident Report – A report of an incident, whether criminal or not, usually generated by a uniformed Deputy Sheriff. These are also called "complaint reports" or "first reports."

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

Neglect – A failure to provide the basic necessities, (i.e. food, shelter, or medical attention), poor sanitation, poor hygiene. These cases may be classified as either general neglect or severe neglect.

Physical Abuse – Willfully causing or permitting any child to suffer or inflict to thereon unjustifiable physical pain or suffering, or having the care and custody of any child cause or permit that child or health of that child to be injured or placed in a situation where their person or health is endangered.

Physical Abuse (Felony) – Any physical abuse under circumstances likely to produce great bodily harm or death.

Physical Abuse (Misdemeanor) – Any physical abuse under circumstances or conditions other than those likely to produce great bodily harm or death.

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

Sexual Abuse (Felony) – Any lewd or lascivious act wherein the punishment includes the possibility of incarceration in a state prison. This includes oral copulation, rape and unlawful intercourse.

Sexual Abuse (Misdemeanor) – An act wherein the punishment is incarceration in a county jail. This usually involves an older child (16 or 17 years old).

DISTRICT ATTORNEY'S OFFICE

INTRODUCTION

Continuing under the leadership of Jackie Lacey, District Attorney for Los Angeles County, the Los Angeles County District Attorney's Office (District Attorney's Office) operates with the clear mission of evaluating and prosecuting cases in a fair, evenhanded, and compassionate manner. The District Attorney's Office has demonstrated its commitment to justice for all 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 service representatives of the Victim/Witness Assistance Program who work with the prosecutors to ensure justice for the youngest victims of crime.

The District Attorney's Office prosecutes all felony crimes and all juvenile delinquency offenses committed in Los Angeles County, and misdemeanor crimes in the unincorporated areas of the county or in jurisdictions where cities have contracted for such service. Felonies are serious crimes for which the maximum punishment under the law is either state prison or death; misdemeanors are crimes for which the maximum punishment is a fine and/or county jail. Cases are referred by law enforcement agencies or by the Grand Jury. The District Attorney's Office is the largest local prosecuting agency in the nation with 2,214 permanent employees and 41 temporary employees. Of the permanent employees, 935 are full-time attorneys and 31 are part-time attorneys. In 2016, the District Attorney's Office reviewed 70,143 felony cases; 39,048, were filed and 31,095 were declined for filing. The District Attorney's Office reviewed 110,690 misdemeanor cases; 93,112 were filed and 17,578 were declined for filing.

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THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

Because children are among the most defenseless victims of crime, the law provides special protection for them. Recognizing the special vulnerability and needs of child victims, the District Attorney's Office has mandated that all felony cases involving child physical abuse and endangerment, child sexual abuse and exploitation, and child abduction are vertically prosecuted. Vertical prosecution involves assigning specially-trained, experienced prosecutors to handle all aspects of a case from filing to sentencing. In some instances, these Deputy District Attorneys (DDA) are assigned to special divisions (Family Violence Division, Sex Crimes Division, Child Abduction Section, or Abolish Chronic Truancy Program). In other instances, the DDAs are designated as special prosecutors assigned to the Victim Impact Program (VIP) in Branch Offices (Airport, Alhambra, Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, Pomona/Child Advocacy Center, San Fernando, Torrance/South Bay Child Crisis Center, and Van Nuys) or the Domestic Violence Unit within the Central Trials Division. Deputies with specialized training handle the sexual assault cases adjudicated in Juvenile Delinquency Court.

The vast majority of cases are initially presented to the District Attorney's Office by a local law enforcement agency. When these cases are subject to vertical prosecution under the above criteria, the detective presenting the case is directed to the appropriate DDA for initial review of the police reports. In cases where the child victim is available and it is anticipated that the child's testimony will be utilized at trial, it is strongly encouraged that a pre-filing interview is conducted involving the child, the assigned DDA, and the investigating officer because it is essential to establish rapport between the child and the DDA assigned to evaluate and prosecute the case. In cases alleging sexual abuse of a child, the interview is required absent unusual circumstances. The interview provides the child with an opportunity to get to know the prosecutor and allows the prosecutor the opportunity to assess the child's competency to testify. The court will only allow the testimony of a witness who can demonstrate that he or she has the ability to recollect and recall, and can understand and appreciate the importance of relating only the truth while on the witness stand. Ordinarily, this is established by taking an oath administered by the clerk of the court. The law recognizes that a child may not understand the language employed in the formal oath and thus provides that a child under the age of 10 may be required only to promise to tell the truth (Evidence Code (EC) §710). The pre-filing interview affords the DDA an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie, 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 District Attorney's Office's Victim/Witness Assistance Program. The victim service representative will work closely with the child and the child's family (if appropriate) to ensure that they are informed of the options and services available to them, such as counseling or medical assistance. Victim Services Representatives are available for assistance and are specially trained to handle domestic abuse cases where the child is victimized. Such cases may involve domestic violence between teenagers or between an adult in a domestic relationship with a person under the age of 18. The victim cannot be placed in custody for failing to testify (CCP §1219). Instead, the District Attorney's Office will make every attempt to secure the victim's cooperation by utilizing all available resources in order to keep the victim safe. Resources include referrals from District Attorney's Office victim service representatives to domestic violence counselors or medical practitioners.

After reviewing the evidence presented by the investigating officer from the law enforcement agency, the DDA must determine that four basic requirements are met before a case can be filed:

1. After a thorough consideration of all pertinent facts presented following a complete investigation, the prosecutor is satisfied that the evidence proves that the accused is guilty of the crime to be charged;

2. There is legally sufficient, admissible evidence of the basic elements of the crime to be charged;

3. There is legally sufficient, admissible evidence of the accused's identity as the perpetrator of the crime charged; 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 (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

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representatives from the Los Angeles County District Attorney's Victim/Witness Assistance Program and other agencies to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the criminal justice system.

The District Attorney's Office has long recognized that the key to successful prosecution is constant communication with victims during the criminal court process. DDAs who vertically prosecute cases are responsible for keeping victims and their parents or guardians apprised of court dates, disposition offers, and sentencing. In 2009, voters enacted Proposition 9 – Marsy's Law, which amended the California Constitution, Article 1, Section 28. This constitutional provision enumerates certain victim's rights. The District Attorney's Office promptly instituted procedures to satisfy the legal requirements for all criminal cases to ensure that victims remained informed about the criminal court proceedings.

SPECIAL DIVISIONS AND PROGRAMS

The District Attorney's Office has formed a system of special divisions and programs designed either specifically for the purpose of, or as part of their overall mandate, to recognize the special nature of prosecutions in which children are involved in the trial process as either victims or witnesses.

ABOLISH CHRONIC TRUANCY

The Abolish Chronic Truancy Program (ACT) is a District Attorney's Office crime prevention/intervention program that enforces compulsory education laws by focusing on parental responsibility and accountability. ACT targets the parents and guardians of elementary 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, are decreased. Losing days of learning in elementary school years can cause children to fall behind in their education. It is often difficult for these truant students to catch up and compete academically with their peers. When successes for a student are few at school, attendance predictably drops, and the cycle of truancy becomes entrenched. This, in turn, drastically increases a student's likelihood of dropping out of high school.

ACT partners with primarily elementary and a few middle schools throughout Los Angeles County. Among ACT's goals are promoting a greater understanding of the compulsory education laws, increasing the in-seat attendance of children at school, and identifying appropriate referrals to assist families who are not in compliance with school attendance laws. Through a series of escalating interventions, the message consistently conveyed by representatives of the District Attorney's Office is that parents must get their children to school every day and on time because it is good for the child and for the community, and because it is the law. ACT seeks to reform not only the attendance habits of individual students, but to redefine the "school's culture" of "zero tolerance" for school truancy.

ACT is now in partnership with approximately 429 schools in Los Angeles County. ACT personally contacted 3,573 students and their parents to intervene in the cycle of truancy from September of 2016 to June of 2017. An independent review of the program by the Rand Corporation shows that year after year the program reduces unexcused absences in program participants by eight on average. Students who are in the ACT program have a greatly reduced chance of becoming a juvenile delinquent. Only 1% of students in the ACT program become delinquent during the time they are monitored by the program.

ACT personnel serve on School Attendance Review Boards. In 2016-2017, ACT personnel attended 346 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 students older than 13 and their parents fail to adhere to the law through repeated unexcused absences, following strong intervention at the school site level that are close to or are resulting in chronic truancy as defined in Education Code §48263.6.

Truancy Mediation, as a final step before prosecution of the student and/or their parent, 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, prosecution may be commenced. Depending upon the age of the student and the circumstances surrounding the failure to attend, the student, the parent, or both may be prosecuted.

The Truancy Mediation Program received 380 referrals for mediation from September of 2016 to June of 2017. Of those cases referred for mediation, 54 cases were referred for prosecution. Even in the instance where there is a referral for prosecution, the goal of restoring the student to good attendance remains the primary consideration.

CHILD ABDUCTION SECTION

The Child Abduction Section was established in 1986. Child abduction cases involve cross-jurisdictional issues covering criminal, dependency, family law, and probate courts. The District Attorney's Office works in criminal court, civil court, and under an international treaty in efforts to recover abducted children and punish the abductor when appropriate. The Child Abduction Section handles all child abduction cases under PC §§278 and 278.5, which include stranger, parental, relative, and other cases. The victim of the crime is the lawful custodian of the child. It is essential for the abducted child to be treated with particular sensitivity and understanding during the prosecution of these cases.

California civil law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction. The Child Abduction Section employs several District Attorney Investigators (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 (http://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 2016, 27 defendants were filed upon, resulting in 21 new DA cases. As of the end of 2016, there were 16 pending cases.

In 2016, the DAIs initiated 182 new cases under the Family Code and closed 208 cases. In 2016 the DAIs successfully completed 81 recoveries resulting in the return of 101 children.

The Child Abduction Section assisted with 33 cases litigated under the terms of the Hague Convention, resulting in the recovery of 46 children.

The Child Abduction Section continues to conduct numerous training sessions with the Los Angeles Police Department, the Los Angeles Sheriff Department, other law enforcement agencies, the Family Law Court, the California District Attorneys' Association, and other interested organizations. 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 DDAs, district attorney investigators, paralegals, victim service 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

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justly accountable in a court of law for the crimes they commit.

FVD specializes in prosecuting intimate partner and child homicides and attempted homicides, child abuse, and intimate partner sex cases. It also handles cases involving serious and recidivist family violence offenders who commit crimes such as intimate partner corporal injury, criminal threats, stalking, etc. FVD's staff is actively involved in legislative advocacy and many inter-agency prevention, intervention, and educational efforts throughout the county. Consistent with its mission, FVD continues to bring a commitment to appreciating the seriousness of the cases and respecting the victims in the prosecution of family violence cases; this was very much needed for the criminal justice system to do its part in stopping the cycle of violence bred from domestic violence and child abuse. As in past years, the percentage of the child abuse related felonies prosecuted where there were also charges alleging a violation of PC §273.5, Spousal Abuse, remains significant. This data does not take into account the number of cases in which a child is listed as a witness to the offense charged in a domestic violence case, including cases in which a child is the sole witness to one parent murdering the other.

A significant portion of the work done by FVD staff involves the prosecution of felony child physical abuse/ endangerment cases. The harm to children ranged from injuries such as bruises, scarring, burns, broken bones, and brain damage to death. In many instances, the abuse was long-term; there are instances, however, wherein a single incident of abuse may result in a felony filing. At the conclusion of 2015, FVD was in the process of prosecuting 13 murder cases involving child victims and 25 murder cases involving intimate partner victims. When a murder charge under PC §187 is filed involving a child victim under the age of eight alleging child abuse leading to the death of the child, a second charge of assault resulting in death of a child under eight, a violation of PC §273ab, is also filed in most instances. It is extremely difficult to convict a parent of murdering their child because jurors must find that the parent acted with malice and intended to kill their child. In cases alleging the abuse of a child under eight leading to death, the jury need not find that the parent intended to kill the child. It is sufficient for the jury to find that the parent intended or permitted the abuse that led to the death of the child in order to convict. The punishment for violating PC §273ab is a sentence of 25 years to life in state prison – the same punishment for a conviction of first degree murder.

In child homicide cases where one parent, guardian, or caregiver kills a child, the law provides that the passive parent, guardian, or caregiver may, in some circumstances, be charged with the same crime as the person who actually inflicted the fatal injuries. The passive parent is one who has a duty of care for the child, knows he or she has that duty of care, and intentionally fails to perform that duty of care. In 2007, a FVD DDA prosecuted a case against a mother who knew that her spouse was a danger to their children, but left their son in the defendant's care. Although the mother knew or should have known that the defendant was abusing the child because she was in the same apartment as the defendant and child when the torture was occurring, the mother did not come to the aid of her child. After the child died, the mother helped the defendant attempt to cover-up the crime. Because there were no statutes on point, the DDA argued case law which discussed common law to support the charges against the mother. In 2008, the appellate court upheld the verdict and the California Supreme Court declined to review it. (People v. Rolon (2008) 160 Cal. App.4th 1206).

FVD attorneys also prosecute cases where a mother gives birth and then kills the baby or allows the baby to die. These crimes are typically committed with no witnesses present. The prosecution relies on medical evidence to prove that the child was born alive – the threshold issue in infanticide cases.

FVD attorneys also prosecute intimate partner homicide cases where children have observed one parent killing another. Forensic interviewers are utilized to determine what a child witness saw. When children must testify, FVD attorneys ensure that support persons are present in the courtroom and available to the child witness before and after court proceedings to help deal with the trauma associated with witnessing the crime and appearing in court with the parent accused of committing the crime. During and at the conclusion of court proceedings, victim service representatives provide the child witness and guardians with referrals for counseling, relocation, and victims of crime financial assistance.

FVD utilizes all tools available to determine the appropriate charges to file. FVD, along with the VIP Divisions in Branch and Area Operations, Sex Crimes Division, Hardcore Gang Division, and Complaints Division utilize the Family and Children's Index (FCI) to determine what, if any, contacts the child victim or his or her family has had with other Los Angeles County agencies. FCI is a pointer system developed with the Inter-Agency Council on Child Abuse and Neglect (ICAN) and other county partners to ensure that critical information may be shared as deemed appropriate by each respective agency with other agencies to ensure child safety. It is anticipated that additional agencies will contribute information to the FCI and agree to the terms of use for it.

Additionally, DDAs who handle crimes with children as victims access the Electronic Suspected Child Abuse Reporting System (E-SCARS). This collaborative database is an electronic system available to all primary law enforcement agencies in Los Angeles County, Department of Children and Family Services (DCFS) social workers, and prosecutors in both the District Attorney's Office and city prosecutor's offices. This state of the art system allows information to be shared quickly and securely with first responders in law enforcement and DCFS. The Los Angeles County Sheriff's Department (LASD) was the first law enforcement agency to be fully operational with this revolutionary tool. Specific information on current as well as prior allegations are given to patrol deputies at the time of dispatch so that officers in the field have the critical information needed as they investigate allegations of child abuse and neglect. E-SCARS:

- Expedites inter-agency response to these sensitive cases;
- Consolidates reports from multiple reporters;
- Allows agencies to search for prior history of abuse;
- Enables case tracking between agencies;
- Increases law enforcement and social worker safety;
- Expedites criminal investigations;
- Enhances prosecution;
- Reduces agency and personal liability; and
- Ultimately may save children's lives.

Law enforcement personnel throughout the county have been trained on the system. The District Attorney's Office audits the use of the system to ensure that this vital tool is being used effectively and timely by law enforcement agencies and prosecutors.

E-SCARS Unit

In 2015, the Office of the District Attorney expanded its operation and created the E-SCARS Unit. The E-SCARS Unit is a specialized unit within the Family Violence Division. Staffed by four paralegals and a deputy-in-charge, the unit can now globally audit E-SCARS compliance by law enforcement, deputy district attorneys, and DCFS. Law enforcement generated 13,560 SCARS in 2015. The creation of the E-SCARS Unit enabled the District Attorney's Office to increase by 30% its capacity to review/audit SCARS.

Complex Child Abuse Section

On September 26, 2016, the Complex Child Abuse Section (CCAS) of the Family Violence Division began operating. CCAS was created to enable prosecutors to better protect children at risk, prosecute those who abuse them, and remain confident in 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 for prosecutors. In many child abuse cases, the cause of death or a catastrophic injury is not known and differential diagnosis must be applied to rule out all other possible causes in order to arrive at a homicide or other finding. Such challenges make it imperative that prosecutors be prepared to handle these cases, that the law enforcement agencies who investigate these crimes are adequately trained, and that prosecutors are able to respond to the ongoing defense challenges to the facts and science underlying these cases.

CCAS consists of a Deputy-In- Charge and two trial deputies. This section handles all cases involving suspected abusive head trauma in a child under the age of eight, whether resulting in death. 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 and utilize a team approach, sharing their medical and legal knowledge to maximize the potential for positive outcomes in their cases. The prosecutors assigned to CCAS work closely with detectives. These specially trained deputy district attorneys, in addition to prosecuting abusive head trauma cases and child deaths or complex injuries due to neglect or abuse, are available to help train law enforcement and to answer questions and offer guidance to individual detectives on specific cases.

FVD DDAs also request DCFS records to assist in the prosecution of child abuse and endangerment and child homicide cases.

In addition to the work done in the courtroom, the DDAs in the unit speak to various government agencies and community based organizations on the topic

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of mandated reporting. Under the Child Abuse and Neglect Reporting Act (PC §11164, et seq.), people in specified professions must report child abuse where they have reasonable objective suspicions that it is occurring. Failure of the mandated reporter to file the necessary report with law enforcement or the child protective agency may result in misdemeanor prosecution. The attorneys in FVD also train deputies in other units within the District Attorney's Office to ensure the uniform treatment of child abuse cases.

FVD deputies collaborate with multidisciplinary teams to improve the understanding of child abuse and endangerment cases and child homicide cases. FVD deputies are active members of the following ICAN Committees:

- Child Death Review Team;
- Child Sexual Exploitation;
- Data/Information Sharing;
- Family and Child Index (FCI);
- Guidelines to Effective Response to Domestic Abuse (GERDA);
- Infants at Risk;
- Legal Issues;
- Multi-Agency Identification and Investigation of Severe Nonfatal and Fatal Child Injury Guidelines;
- Operations and Policy;
- Training Committee;
- FVD members attend Domestic Violence Death Review Team meetings, which often explore cases where children are victims or witnesses in intimate violent homicide cases.

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

In 2010, FVD and the Sex Crimes Division reviewed and made recommendations on a significant number of bills aimed at protecting victims of intimate partner battering and child abuse and neglect. Previously, attorneys from the District Attorney's Office and the Los Angeles County Counsel's Office partnered to draft legislation regarding information-sharing between certain government agencies. ICAN also co-sponsored the legislation. AB 1687 amended Civil Code §56.10 by adding §56.103. The new law allows a healthcare provider to disclose medical information to a county social worker, probation officer, or any other person who is legally authorized to have custody or care of a minor for the purpose of coordinating healthcare services and medical treatment provided to the minor. In 2010, legislation was proposed to reduce the number of people necessary to form a multi-disciplinary team so that critical information regarding child abuse and neglect may be shared with key people faster. The proposed legislation became law in 2011. The District Attorney's Office drafted legislation regarding the issuance of domestic violence protective orders to close a loophole in current law and help ensure protection for children. Before Senate Bill 910 was drafted and signed by California's governor in 2014, existing law allowed criminal courts to issue protective orders for up to 10 years in domestic violence cases to protect spouses or partners of offenders during criminal proceedings and after offenders were released from prison or jail. SB 910 expands the definition of domestic violence for purposes of issuing a criminal protective order to include violence against a child of a party to domestic violence court proceedings.

SEX CRIMES DIVISION

The Sex Crimes Division is comprised of four separate sections: the Sex Crimes Section, the Sexually Violent Predator (SVP) Section, Stuart House, and the Human Sex Trafficking Section (HSTS).

Sex Crimes Section

Deputy District Attorneys (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 their 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 in 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 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 may periodically apply 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 multi-disciplinary center located in Santa Monica. Its staff includes DDAs, law enforcement officers, certified social workers, victim advocates, and therapists. The Stuart House handles cases involving sexual assaults committed on children under the age of 18 and are vertically prosecuted by one 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. 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 causes, induces, or persuades 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, especially bus and train stations, schools, group homes, and through social media. Many are runaways and have gone through the foster care 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 that end, the District Attorney's Office secured funding to further staff the Human Sex Trafficking Section (HSTS), which was established in 2014 and expanded in October 2016. The HSTS has three specially trained Deputy District Attorneys, a Deputy-in-Charge and two District Attorney Investigators who are responsible for assisting in the investigation of human sex trafficking cases. (Human labor trafficking is prosecuted by the District Attorney's Office's Organized Crimes Division.) There is a dedicated victim- witness assistance advocate who is specially trained to help human trafficking victims.

All human sex (and labor) trafficking cases are vertically prosecuted. This allows for the effective and efficient prosecution of human trafficking cases. Vertical prosecution is a best practice which is mandated in the District Attorney's Office.

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 (sex and labor) exploited children. A Deputy District Attorney (from the HSTS) is assigned to the Los Angeles Regional Human Trafficking Task Force. That prosecutor maintains

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a satellite office at the task force's headquarters and attends weekly meetings in order to better assist law enforcement with their investigations. The District Attorney's Office continues to work with Probation to establish a victim/witness protocol for minor victim/witnesses in human sex trafficking prosecution.

Deputy District Attorneys in the HSTS also conduct trainings for law enforcement, Deputy District Attorneys and also help to educate the public about human sex trafficking by speaking at community events.

There is a human trafficking data base 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 cases involving family violence, sex crimes, stalking, elder and dependent adult abuse/neglect, hate crimes, and child physical abuse/endangerment. VIP represents a firm commitment to the assignment of trained and qualified deputies 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 11 Branches, the District Attorney appoints an experienced DDA as the VIP Deputy-in-Charge (DIC) to manage the DDAs assigned to VIP. The 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 vulnerable victim crimes, current legal issues, forensic evidence, potential defenses, and trial tactics. DDAs assigned to Stuart House and DDAs assigned to VIP in the San Fernando, Van Nuys, Torrance and Pomona Branches, also specialize in the prosecution of cases involving child victims as part of a Multi-Disciplinary Interview Team.

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-related cases, new laws and best practices. Training is provided on developments in the law and topical subjects. The VIP Working Group is comprised of subject matter experts on VIP-related crimes. Head deputies, assistant head deputies, and deputies-in-charge of the Family Violence Division, Sex Crimes Division, Juvenile Division, Elder Abuse Section, Stalking Unit and Stuart House 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 practices for VIP-related cases;
2. Analyze VIP case suitability criteria;
3. Review VIP statistics and staffing for each branch;
4. Develop expertise within VIP and disseminate that expertise to Line Operations;
5. Implement VIP into the Juvenile Division; and
6. Identify and advocate on behalf of the VIP community various emerging VIP-related law enforcement/prosecution issues such as human sex trafficking.

There are nine subcommittees:

1. Policies and Procedures
2. Colleges;
3. VIP Legislation;
4. DIC Meetings/Agendas;
5. Databases and Technology;
6. Human Sex Trafficking;
7. PC §17(b)(4) Referral Policy;
8. Child Abuse MDT Coordination; and
9. Elder/Dependent Adult Abuse Case Reporting System.

The subcommittees are comprised of a chairperson and members with interest and expertise on various topics. The information gleaned and recommendations made from each subcommittee are presented to the working group members and executive management staff to enhance the prosecution of VIP-related cases.

MULTI-DISCIPLINARY CENTERS IN BRANCH AND AREA OPERATIONS

Multi-Disciplinary Centers provide a place and a process that involves a coordinated, child-sensitive investigation of child sexual abuse cases by professionals from multiple disciplines and multiple agencies. Emphasis is placed on the child interview, within the context of a team approach, for the purpose of reducing system-related trauma to the child, improving agency coordination, and ultimately aiding in the prosecution of the suspect. The Center for Assault Treatment Services (CATS), the Family Justice Center (formerly Valley CARES), Children's Advocacy Center for Child Abuse Assessment and Treatment and the Los Angeles County Harbor UCLA Medical Crisis Center in the South Bay, and the Violence Intervention program at Los Angeles County USC Medical Center are five programs that follow this model, similar to Stuart House in Santa Monica.

Center for Assault Treatment Services (CATS)

The Center for Assault Treatment Services (CATS) is operated out of the Northridge Hospital Medical Center and is the only designated Sexual Assault Response Team in the San Fernando and Santa Clarita Valleys. CATS' mission is to provide compassionate, comprehensive care to adult and child victims of sexual abuse in a supportive and comfortable environment through a coordinated collaborative effort. Results obtained from specialized forensic interviews and evidence collection conducted by nurses and nurse practitioners with advanced training as Sexual Assault Examiners are provided to law enforcement, local prosecutors and child protective services. In addition, CATS medical personnel provide follow-up treatment and examination for victims and are court qualified experts who are available for consultations and court testimony. CATS is available 24 hours/7 days-per-week and is utilized by federal and local law enforcement.

Family Justice Center

In 2009 the District Attorney's Office participated in a collaborative effort to establish the first Family Justice Center in Los Angeles County. In October 2010, Family Justice Center opened its doors in the San Fernando Valley to help people who have experienced domestic violence, sexual assault and child abuse. Family Justice Center is a non-profit multidisciplinary program with a broad range of established relationships. The partners include law enforcement, CATS, DCFS, the District Attorney's Office, the City Attorney's Office, Mental Health and post-trauma treatment agencies, and a legal assistance organization. Family Justice Center functions as a one-stop-shop where victims meet with legal professionals, receive crisis intervention, consult with representatives from allied agencies and obtain information on shelters and other helpful resources. Victims who visit Family Justice Center enter into a non-threatening comfortable environment where they can get help while their children play safely in the on-site child care center.

Children's Advocacy Center for Child Abuse Assessment and Treatment

The Children's Advocacy Center for Child Abuse and Treatment (Children's Advocacy Center) is a nationally accredited, multi-disciplinary, 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 child protective services workers watch via closed circuit TV and provide input for follow-up questioning. This approach allows each agency to fulfill their respective mission, yet minimizes the number of times the child must be interviewed. The interviews are conducted in a child-friendly and culturally-sensitive manner.

The forensic interviews are conducted by trained professionals and are digitally recorded. Research has shown that skillful, age-appropriate questioning improves the accuracy and truthful nature of child interviews. Besides prosecutors, other professionals in this multi-disciplinary team include forensic interviewers, law enforcement officers, mental health professionals, medical personnel, victim-advocates, and child protective services workers. In addition to attending the actual interview, prosecutors attend routine case review sessions. The CAC's facilities have also been used to assist in the preparation and presentation of a Victim Impact Statement in court by young victims of child abuse.

In a further effort to minimize trauma to children, in 2015, the CAC began using therapy dogs at the CAC to greet and wait with children and their families. Therapy dogs empower victims and provide emotional support. There is a body of scientific evidence proving dogs are the one animal who impact our blood pressure and other health indicators in a positive way. Minimizing stress for victims and their families is consistent with our mission. Therapy dogs are routinely used at hospitals and recently started working at airports to alleviate stress for travelers. The CAC has taken a leadership role in Los Angeles and is the first agency to start this kind of program by entering into a partnership with The Pet Prescription TEAM who provides the volunteer handlers and therapy dogs.

Planning for the CAC began in 2002 as a collaborative effort by local professionals working in the field of child abuse, including Los Angeles County DDAs. The Children's Advocacy Center was organized as a non-profit corporation and opened its doors in July 2004. By November 2007, it had achieved national accreditation from the National Children's Alliance and retains that accreditation. In 2016, the CAC provided services to over 440 children and their families. The vast majority of clients are girls under the age of 12. In 2014, the CAC relocated to Covina and is now on the

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grounds of the Masonic Homes.

Harbor UCLA Child Crisis Center

The Harbor UCLA Child Crisis Center (Crisis Center) opened as a model project of the Los Angeles County Board of Supervisors in 1986. The Crisis Center provides services to children from birth through age 17 who are victims of physical or sexual abuse. It is designed to serve residents of the 22 cities within the South Bay area of Los Angeles County but will assist any county residents. The Crisis Center provides state-of-the-art expert assessment while reducing trauma to the child victims and their families. The Crisis Center offers expert medical evaluation, sexual assault examination, and forensic examination. Experienced professional forensic interviewers with specialized training interview the victims in a non-threatening, child-friendly environment, enabling the investigating officer, assigned DDA, and social workers to observe the entire interview behind a one-way mirror. Crisis Center interviews are audio and video recorded.

There is an on-site DCFS CSW. DDAs and law enforcement are not housed at the facility but attend the forensic interviews for their assigned cases. Child victims receive referrals for psychological counseling. Additionally, the experts are available to consult on child physical and sexual abuse issues and often provide training in the community.

JUVENILE DIVISION

The District Attorney's Juvenile Division is charged with the responsibility of petitioning the Superior Court of California, County of Los Angeles Juvenile Delinquency Court (Delinquency Court) for action concerning juvenile offenders who perpetrate crimes in Los Angeles County under Welfare and Institutions Code (WIC) §602. The Juvenile Division is under the auspices of the Bureau of Specialized Prosecutions. It is divided along geographical lines. Offices include Antelope Valley Juvenile, Eastlake Juvenile, Pasadena Juvenile, Pomona Juvenile, and Sylmar Juvenile. Other offices include Compton Juvenile, Inglewood Juvenile, Long Beach Juvenile, and Los Padrinos Juvenile. The Juvenile Division works with local schools, law enforcement, the Los Angeles County Probation Department (Probation), the Los Angeles County Public Defender's Office (Public Defender), and the Delinquency Court to monitor and mentor youths who appear to be on the threshold of involvement in serious criminal activity.

School Attendance Review Board (SARB)

A minor's first contact with the juvenile justice system is often handled informally. For instance, the Hearing Officers and Deputy District Attorneys from the District Attorney's ACT, JOIN, SAGE and Truancy Mediation Program work with school districts' School Attendance Review Boards (SARBs) and School Attendance Review Teams (SARTs) to combat truancy. When students and/or their parents violate school attendance laws, the matters are often referred to the District Attorney's Office for a truancy mediation hearing. The goal of the mediation process is to return truants to school while holding them responsible for their actions. In lieu of immediate referral for prosecution, the student and parents are given an opportunity to enter into a District Attorney School Attendance Contract. By entering into the contract, students and parents agree to immediately cease unexcused absences and tardies, to correct behavioral problems, and to adhere to SARB directives and other hearing officer resolutions. Failure to adhere to the contract can result in formal prosecution against the minors and their parents.

Juvenile Offender Intervention Network (J.O.I.N.)

The District Attorney also recognizes the need for early intervention for first-time juvenile offenders arrested for non-violent offenses. To that end, the District Attorney's Office has implemented the Juvenile Offender Intervention Network (J.O.I.N.). The plan is simple; divert young first time offenders from the juvenile court process into a program that would offer immediate intervention and accountability as an alternative to juvenile court prosecution. To participate in the program, parents and youthful offenders agree to the terms of a J.O.I.N. contract. In the contract, juvenile offenders acknowledge responsibility for their acts and agree to pay restitution, attend school regularly, maintain passing grades, remain arrest free, and perform community service. Parents agree to attend parenting classes, and families are referred to group counseling. Cases are closely monitored by the hearing officer for up to one year. If the minor commits another offense or fails to adhere to the J.O.I.N. contract, the original case is referred for prosecution.

J.O.I.N. is a highly effective program. It aims to address the root causes of the delinquent behavior. One example is J.0.I.N.'s partnership with the Society for the Prevention of Cruelty to Animals Los Angeles (SPCALA). The SPCALA, in collaboration with the District Attorney's Office and the Los Angeles County Superior Court, designed a specialized curriculum to instill compassion, build self-esteem and help break the cycle of violence.

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

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

J.O.I.N. offers intense supervision and monitoring of the juvenile, and metes out consequences for the crime often within two weeks of an arrest — rather than the 60 days it may take for Delinquency Court to hear a matter. In a two-year study, approximately 11% of all youth who participated in J.0.I.N. reoffended.

Minors can also be placed on informal probation by the Probation Department prior to intervention by the court. After an arrest, a minor can be:

• Counseled and released;
• Placed in informal programs through the school, law enforcement agency, or Probation;
• Referred to the District Attorney's Office for filing consideration pursuant to WIC §626; or
• Referred by the District Attorney's Office to Probation for informal processing under WIC §652.

In many instances, a deputy probation officer (DPO) assigned to review a referral from the District Attorney under WIC §652 will decide to continue to handle the matter informally and reserve re-sending the referral back to the District Attorney's Office for filing consideration. If the minor complies with the terms of informal supervision, the case does not come to the attention of the District Attorney's Office or the Delinquency Court; if the minor fails to comply, the DPO could then decide to refer the case for filing consideration.

A minor is ineligible for informal probation with the Probation Department if he or she was arrested for:

• Sale or possession for sale of a controlled substance;
• Possession of narcotics on school grounds;
• Assault with a deadly weapon upon a school employee;
• Possession of a firearm or weapon at school;
• A crime listed in WIC §707(b);
• An offense involving gang activity or requiring restitution in excess of $1,000; or
• If the minor has:

1. Previously been placed on informal probation and has committed a new offense;
2. Is 14 or older and has been arrested for a felony; or
3. Is 13 or younger and has a previous felony arrest (WIC §§652 and 653.5).

The First Step Diversion Program

Eliminated in January 2017.

WIC §241.1 Dual Status Protocol

In 2004, the Legislature passed AB 129 which permits counties to develop a system where a youth can simultaneously be under the formal jurisdiction of the Delinquency Court and of the Dependency Court provided there is agreement among the Probation Department, DCFS, and the Juvenile Court. In 2007, the County of Los Angeles drafted and implemented the WIC §241.1 Dual Status Protocol (Protocol) and initiated a pilot project in the Pasadena Delinquency Court. The Protocol targets 300 youth who sustain a first time arrest and a 602 petition is filed by the District Attorney's Office in the Pasadena Delinquency Court requesting the youth be made a ward of the Delinquency Court. Through the Protocol and pilot project, stakeholders in the Los Angeles juvenile justice system, including the District Attorney's Office, hope to:

• Enhance public safety by providing better services to dependent youth and their families;
• Reduce the number of dependent youths who become 602 wards of the Delinquency Court;
• Better serve those who do become 602 wards; and
• Limit their time as 602 wards by maintaining Dependency Court jurisdiction where appropriate.

During 2010, the 241.1 Pilot Project was extended to Eastlake Delinquency Court. All nine delinquency court locations now have a single court dedicated to the 241.1 protocol process. As part of this expansion, the District Attorney's Office is also ensuring that 300 wards who are otherwise eligible for diversion consideration under the J.O.I.N. program are identified early and properly referred. In order to ensure their success in the J.O.I.N. program, DCFS has agreed to provide continued support of the diverted youth through the year-long J.O.I.N. program. This effort

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requires collaboration of the District Attorney's Office with other stakeholders in the juvenile justice system, including DCFS, Department of Mental Health, and the minor's dependency attorney.

Delinquency Court Proceedings

If a minor is delivered by law enforcement to probation personnel at a juvenile hall facility, the DPO to whom the minor is presented determines whether the minor remains detained. There are three Juvenile Halls in Los Angeles County, all of which are under the supervision of the Probation Department. They are located in Sylmar (Barry J. Nidorf Juvenile Hall), East Los Angeles (Central Juvenile Hall), and Downey (Los Padrinos Juvenile Hall). If a minor 14 years of age or older is accused of personally using a firearm or having committed a serious or violent felony as listed under WIC §707(b), detention must continue until the minor is brought before a judicial officer. In all other instances, the DPO can only continue to detain the minor if one or more of the following is true:

- The minor lacks proper and effective parental care;
- The minor is destitute and lacking the necessities of home;
- The minor's home is unfit;
- It is a matter of immediate and urgent necessity for the protection of the minor or a reasonable necessity for the protection of the person or property of another;
- The minor is likely to flee;
- The minor has violated a court order; or
- The minor is physically dangerous to the public because of a mental or physical deficiency, disorder, or abnormality (if the minor is in need of mental health treatment, the court must notify the Department of Mental Health).

If one or more of the above factors are present but the DPO deems that a 24-hour secure detention facility is not necessary, the minor may be placed on home supervision (WIC §628.1). Under this program, the minor is released to a parent, guardian, or responsible relative pursuant to a written agreement that sets forth terms and conditions relating to standards of behavior to be adhered to during the period of release. Conditions of release could include curfew, school attendance requirements, behavioral standards in the home, and any other term deemed to be in the best interest of the minor for his or her own protection or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the Delinquency Court at a detention hearing.

If the minor is detained, a 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. Welfare and Institutions Code Section 707(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. Minors do not have a right to a jury trial. The minor does have a right to counsel, to confront and cross-examine the witnesses against him or her, and the privilege against self-incrimination. The Delinquency Court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The DDA has the burden of proof in presenting evidence to the court. If the court has been convinced beyond a reasonable doubt of the allegations in the petition, the petition is found true. If the court is not convinced, the petition is found not true. There is no finding of "guilty" or "not guilty." If the minor is age 13 or younger, proof that the minor had the capacity to commit the crime must be presented by the DDA as such individuals are not presumed to know right from wrong. For example, if a 12 year old is accused of a theft offense, it is not presumed that the minor knew it was wrong to steal. The DDA must present evidence that the minor knew the conduct committed was wrong. This burden can be met by calling a witness to establish that this minor knew that it was wrong to steal. The witness can be the minor's parent or a police officer or school official who can testify that the minor appreciated that it was wrong to steal.

If the petition is found true by the court, a disposition hearing is then held to determine the disposition consistent with the best interests of the minor and the interests of public safety. It may include punishment that is consistent with the rehabilitative objectives of WIC §202(b). Disposition alternatives available to the court include:

- Home on probation (HOP);
- Restitution;
- A brief period of incarceration in juvenile hall as an alternative to a more serious commitment;
- Drug testing;
- Restrictions on the minor's driving privilege;
- Suitable placement;
- Placement in a camp supervised by the Probation Department;
- Placement in the California Department of Corrections and Rehabilitation, Division of Juvenile Justice; and
- Placement in the Border Project (available only to a minor who is a Mexican national).

MAJOR NARCOTICS DIVISION

Drug abuse damages all aspects of society, including innocent children and adult victims, by destroying families and relationships. Drug dealers profit from the weakness of addicted users who often commit crimes to support their habits. Unfortunately, homes across the nation have medicine cabinets containing prescription medications that cause death every 24 minutes.

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 drug cases using a variety of tools, including wiretaps. MND is responsible for processing all state authorized wiretaps for the entire District Attorney's Office, including non-narcotics wiretaps to investigate crimes such as murder, human trafficking and kidnappings. MND is also a resource for other sophisticated electronic surveillance methods. Drug cartels traffic thousands of kilograms of narcotics into Los Angeles County and thousands of dollars of narcotics proceeds out of Los Angeles County. 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. Wiretaps are a vital and effective tool against organized crime and cartel-related activities. MND deputies instruct law enforcement at P.O.S.T. certified wiretap trainings to ensure compliance with the latest laws. MND deputies lecture on a variety of other topics to attorneys, judges, law enforcement, and community groups.

Prescription Drug Overdoses and Deaths

A 2013 People magazine Special Report entitled "One Death Every 24 Minutes" stated that drugs are now the No. 1 accidental killer in the United States with the vast majority of deaths caused by prescription medications. Due to a nationwide epidemic of prescription drug overdoses and deaths, the District Attorney's Office established a pharmaceutical diversion team within MND. Prosecutors assigned to the team aggressively investigate and prosecute doctors and prescription providers in order to hold them accountable for their actions. The pharmaceutical diversion team 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. The pharmaceutical diversion team lectures nationally to prosecutors and law enforcement on the investigation and prosecution of prescription providers.

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 are expected to reach an all-time high of 71,600 in 2017. In 2016, approximately 11.8 million Americans misused opioids. Opioids include prescription drugs, such as hydrocodone, oxycodone, as well as illegal drugs such as heroin and fentanyl. Fatal overdoses related to heroin are skyrocketing. In 2002, there were 2,089 heroin deaths. In 2016, there were an estimated 13,219 heroin deaths – a 533 percent increase. According to the U.S. Center for Disease Control and Prevention, drug overdoses are the leading cause of accidental death in America by killing more people than guns or car accidents. Opioids continue to be the drivers behind these

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overdoses. The number of overdose deaths related to fentanyl alone is expected to more than double from 2016 (9,945 deaths) to 2017 (20,145 deaths).
In December 2016, Jackie Lacey was sworn-in as Los Angeles County District Attorney to serve her second term. At her Oath of Office ceremony, District Attorney Lacey announced the following future plans: "I want to examine new ways to use the resources of my office to combat two areas of increasing public concern: child abuse and opiate addiction. . . We also will use our expertise in prosecuting major narcotics dealers to fearlessly go after those who illegally supply opiates." District Attorney Lacey's opioid premonition was made nearly a year before the release of CNN's September 2017 report, providing MND with the insight to focus its efforts on a growing opioid epidemic.

Medical Marijuana Unit (MMU)

Due to the prevalence of illegal marijuana operations throughout Los Angeles County, the District Attorney's Office created the Medical Marijuana Unit (MMU) within MND. MMU is responsible for vertically prosecuting significant marijuana operations such as concentrated cannabis extraction laboratories, illegal marijuana dispensaries, and sophisticated grow operations. Primarily, MMU deals with the volatile and flammable Butane Honey Oil (BHO) method of concentrated cannabis extraction. Because the BHO method is relatively simple to perform and cheap to execute with a high profit margin, it has become increasingly popular. Due to the popularity of BHO manufacturing, MMU only prosecutes the most egregious laboratories in the county which generally involve fires and explosions in residential areas. These cases have decimated homes and caused severe injuries, such as an amputated leg, and deaths. Because the majority of the fire and explosions occur in residential neighborhoods, children, pets, and adults are at risk. MMU files child endangerment and animal cruelty charges in these cases.

As a result of the passage of Proposition 64, MMU deputies also serve as chairpersons and members of committees under the purview of the Office of Cannabis Management which serves as the countywide coordinating body to assist the Los Angeles County Board of Supervisors and County departments with implementation of cannabis policies and priorities related to commercial cannabis activities within Los Angeles County.

Drug Endangered Children (DEC) Response Team

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

HARDCORE GANG DIVISION

Cognizant of the fact that gangs and violent crimes continue to plague our communities and pose a serious threat to the safety and security of all citizens of Los Angeles, the District Attorney's Office remains committed to vigorously prosecuting the juveniles and adults who commit gang offenses. With more than 1,400 street gangs in Los Angeles County, communities continue to deteriorate due to gang violence, graffiti and vandalism diminishing the quality of life in numerous neighborhoods. The District Attorney's Office utilizes vertical prosecution to ensure that these serious crimes and the victims of those crimes receive the dedicated attention of knowledgeable experts in the field. The District Attorney's Office published Gang Crime and Violence in Los Angeles County: Findings and Proposals from the District Attorney's Office in April 2008. The entire report and statistical data may be obtained at the District Attorney Office's web site at http://da.lacounty.gov under "Top Documents." In addition to prosecuting gang members, the Office actively works to prevent or dissuade children from joining gangs.

The Clear Program

In 1996, three-year-old Stephanie Kuhen was killed by gang members in northeast Los Angeles. Within a year, the multi-agency collaborative – Community Law Enforcement and Recovery (CLEAR) – was created to facilitate the recovery of gang-infested communities by decreasing the criminal activity of targeted gangs. Deputy district attorneys, deputy city attorneys, law enforcement personnel, specifically dedicated LAPD officers, deputy probation officers, and members of the Department of Corrections are co-located in specific areas where they can focus their attention on the most active gang members. CLEAR has been identified as a highly successful gang suppression and prevention program.

SAGE (Strategy Against Gang Environment)

The SAGE Program is aimed at improving the quality of life in neighborhoods by placing experienced Deputy District Attorneys in cities or areas to work with established agencies to develop new programs aimed at crime prevention and crime reduction. The programs address issues such as drugs, graffiti, nuisances, juvenile truancy and delinquency and any other criminal conduct that negatively impacts the community.

SAGE DDAs are active members of the communities in which they work. Those communities include the cities of La Mirada, Paramount, Bellflower and East Los Angeles. The Deputy District Attorneys teach residents how to recognize early signs of gang involvement in their children, how to divert their children from gangs, how to improve their neighborhoods, and how to effectively use the services provided by law enforcement. The program is tailored to each community in which it is activated.

EAST LOS ANGELES PARENT PROJECT

The goal of the East Los Angeles Parent Project is to reduce both gang membership and the number of juveniles becoming involved in the juvenile justice system, by improving the parenting skills of those whose children are at risk of joining gangs and/or committing crimes. The East Los Angeles Parent Project Collaboration includes the District Attorney's Office, the Los Angeles County Parks and Recreation Department, the Los Angeles Sheriff's Department, Supervisor Hilda Solis' office, the Los Angeles County Probation Department, and the Boys and Girls Club of East Los Angeles. Parent Project is offered at two different parks in East Los Angeles and is a component of the East Los Angeles Sheriff's Department Vital Intervention Directional Alternatives (VIDA) Program, a 16-week intervention program for "at risk" youth.

The East Los Angeles SAGE Deputy District Attorney works with VIDA by teaching Parent Project to the parents whose children are enrolled in the program. The SAGE Deputy District Attorney also participates in the Parent Project graduations.

Parent Project is open to any interested parent, but many of the attendees are referrals from the SAGE Deputy District Attorney, juvenile court, and school personnel. During the parenting classes, parents learn to identify potential gang and drug problems with their children, to hold their children accountable for their actions and choices, to develop an effective action plan to modify destructive and negative behavior, and how to speak to their children regarding important topics such as sex, dating, and drug abuse. The program stresses "active" supervision of the child and teaches the parent to take an interest in the child's friends, activities, and school. Parent Project has been effective in repairing broken relationships between parents and their children, in strengthening families, and in turning around the lives of "at risk" youth.

OFFICE WIDE UNITS

THE BUREAU OF VICTIM SERVICES

The Bureau of Victim Services (BVS)[1] has Victim Service Representatives (VSRs) 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

1. In August, 2015, the Victim-Witness Assistance Program (VWAP) was renamed the Bureau of Victim Services to more accurately reflect the duties and responsibilities of the District Attorney's primary workforce to assist with lessening the emotional trauma, financial losses and often devastating impact of crimes on the lives of victims, witnesses, and their families.

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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 District Attorney's Office is committed to working with youths and their parents to keep young people in school, away from drugs and gangs, and on the path to a productive adulthood. The Public Affairs Division offers resources within the District Attorney's Office in the areas of crime prevention, public safety, and victim assistance.

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

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 professionals inside the classroom one hour a week to teach students about the criminal justice system and the importance of making good decisions. Students follow a challenging curriculum designed to develop the knowledge, skills, understanding, and attitudes that will allow them to function as participating members of a democratic society. The program's curriculum focuses on issues involving drug abuse, gang violence, and hate crimes. It also provides social tools, such as conflict resolution and coping with peer pressure. During the 2016-2017 school year, 195 facilitators taught the curriculum to approximately 2,350 students in 83 classrooms at 48 public schools throughout Los Angeles County. Participating schools are listed below:

Schools	Districts	Students
Ambler Avenue	Los Angeles	25
Ann Street	Los Angeles	26
Aragon Avenue	Los Angeles	32
Breed Street	Los Angeles	64
Castelar	Los Angeles	54
Chatsworth Park	Chatsworth	28
Christopher Dena	Los Angeles	23
City Terrace	Los Angeles	18
Coliseum Street	Los Angeles	42
Decker	Pomona	83
El Dorado	Lancaster	30
Euclid	Los Angeles	25
Foster Road	Norwalk/La Mirada	30
Fourth Street	Los Angeles	31
George Washington	Compton	61
Gratts Learning Academy	Los Angeles	112
Halldale Avenue	Los Angeles	25
Hamasaki	Los Angeles	27
Highland Oaks	Arcadia	30
Huntington Drive	Los Angeles	48
Jane Addams	Long Beach	70
Jefferson	Paramount	69
Jefferson	Pasadena	31
Julia B. Morrison	Norwalk/La Mirada	120
Kelso	Inglewood	51
La Tijera	Inglewood	54
Lockwood Avenue	Los Angeles	27
Lorena Street	Los Angeles	63
Madison	Pomona	77
Magnolia Avenue	Los Angeles	32
McKinley	Compton	70
Monte Vista	Los Angeles	35
Murchison Street	Los Angeles	32
Ninth Street	Los Angeles	47
Nueva Vista	Bell	28
Panorama City	Panorama City	58
Patrick Henry	Long Beach	156
Riviera	Torrance	27
Rosa Parks	Lynwood	31
Rosecrans	Compton	94
San Fernando	San Fernando	28
Sumac L-STEM	Las Virgenes	28
Thomas Edison	Long Beach	86
Tibby	Compton	32
Union Avenue	Los Angeles	51
Utah Street	Los Angeles	26
Washington	Hawthorne	26
West Wind	Lancaster	63

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, elder abuse, hate crimes, 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; 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

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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, as discussed in the Juvenile Division section of this report, took effect March 8, 2000. This factor may make any meaningful comparison between the statistics prior to the passage to those subsequent to the passage of Proposition 21 difficult. Adult and juvenile comparisons are provided as are comparisons among both groups for total cases filed by the District Attorney's Office compared to a gender breakdown for child abuse related offenses (Figures 18, 19, 20, and 21).

Information contained by Zip Code is provided as a means of determining how children in different areas of the county are impacted by these crimes (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 thirteenth 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, 9% of the cases reflected this joinder.

SELECTED FINDINGS

• A total of 4,999 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2016.

• Of these, charges were filed in slightly less than 49% (2,441) of the cases reviewed. Felony charges were filed in 49% (1,209) of these matters. Misdemeanor charges were filed in 51% (1,232) of these matters.

• Of those cases declined for filing (a total of 2,558 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 28% of the declinations (720).

• In 74% of the adult cases filed involving child abuse, the gender of the defendant was male.

• Convictions were achieved in 95% of the case dispositions in 2016 involving adult offenders. Defendants received grants of probation in 70% (1,216) of these cases. State prison sentences were ordered in 25% (434) of the cases; with slightly under 1% (12) of the defendants receiving a life sentence in state prison.

• A total of 563 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.

• Of these, charges were filed in 30% (139) of the cases reviewed. Felony charges were filed in 92% (128) of these cases.

• Of the filed cases, 48% (68) alleged a violation of PC §288(a). Of the declined cases (324 – both felonies and misdemeanors), 45% (146) alleged a violation of PC §288(a).

• In 91% of the petitions filed involving child abuse, the gender of the minor was male.

• Sustained petitions (77) were achieved in 79% of the juvenile case dispositions in 2016.

CONCLUSION

The Los Angeles County District Attorney's Office is dedicated to providing justice to the children of this community. Efforts to enhance their safety through the vigorous prosecution of individuals who prey upon children are tempered with care and compassion for the needs of the children who have been victimized. This process is important to a prosecuting entity that has been sensitized to the special nature of these cases and assisted by active partnerships with other public and private entities in crime prevention efforts designed to enrich the lives of all children. Through these efforts, the Los Angeles County District Attorney's Office has established a leadership role in community efforts to battle child abuse and neglect.

Figure 1

LIST OF PRIORITIZED STATUTES FOR 2016

CODE	ORDER	FORM NO	STATUTE
PC	1		187(A)
PC	2		273AB(A)
PC	3		273AB(B)
PC	4		273AB
PC	5		288.7(A)
PC	6		288.7(B)
PC	7		236.1(C)
PC	8		236.1(C)(1)
PC	9		236.1(C)(2)
PC	10		269(A)(1)
PC	11		269(A)(2)
PC	12		269(A)(3)
PC	13		269(A)(4)
PC	14		269(A)(5)
PC	15		187(A)
PC	16	001	261(A)(2)
PC	17	002	261(A)(2)
PC	18		236.1(B)
PC	19		236.1(A)
PC	20		264.1(B)(1)
PC	21		264.1(B)(2)
PC	22		207(B)
PC	23	002	207(C)
PC	24	002	207(D)
PC	25	002	207(A)
PC	26	003	207(A)
PC	27		208(B)
PC	28		288.5(A)
PC	29		288.5
PC	30		286(C)(2)(B)
PC	31		286(C)(2)(C)
PC	32		286(D)(2)
PC	33		286(D)(3)
PC	34		288A(C)(2)(B)
PC	35		288A(C)(2)(C)
PC	36	001	288A(D)(2)
PC	37	001	288A(D)(3)
PC	38		289(A)(1)(B)
PC	39		289(A)(1)(C)
PC	40		286(C)(1)
PC	41	001	286(C)
PC	42		288(B)(1)
PC	43		288(B)(2)
PC	44		288(B)
PC	45		288(A)
PC	46		288A(C)(1)

Figure 1

LIST OF PRIORITIZED STATUTES FOR 2016

CODE	ORDER	FORM NO	STATUTE
PC	47	001	288A(C)
PC	48		289(J)
PC	49		289(I)
PC	50		289(H)
PC	51		273A(A)
PC	52		273D(A)
PC	53		278
PC	54		278.5
PC	55		278.5(A)
PC	56		288(C)(1)
PC	57		288(C)
PC	58		286(B)(2)
PC	59		286(B)(1)
PC	60		288A(B)(1)
PC	61		266J
PC	62		266H(B)
PC	63		266H(B)(1)
PC	64		266H(B)(2)
PC	65		266I(B)
PC	66		266I(B)(1)
PC	67		266I(B)(2)
PC	68		266
PC	69		288A(B)(2)
PC	70		25100(A)
PC	71		311.4(B)
PC	72		311.2(A)
PC	073		311.2(C)
PC	074		311.10
PC	075		311.11(B)
PC	076		288.3(A)
PC	077		288.3(C)
PC	078		288.4(B)
PC	079		288.2(A)
PC	080		261.5(D)
PC	081	002	261.5(C)
PC	082		288.4(A)(2)
PC	083		647.6(C)(1)
PC	084		311.1(A)
PC	085		311.4(C)
PC	086		288.4(A)(1)
PC	087		271A
PC	088		25100(B)
PC	089		25200(A)
PC	090		25200(B)
PC	091		267
PC	092		288.2(B)

Figure 1a

LIST OF PRIORITIZED STATUTES FOR 2016

CODE	ORDER	FORM NO	STATUTE
PC	093		647.6(C)(2)
PC	094		647.6(B)
PC	095	002	647.6(A)(2)
PC	096	001	647.6(A)(2)
PC	097	002	647.6(A)(1)
PC	098	001	647.6(A)(1)
PC	099	001	261.5(C)
PC	100	002	647.6(A)
PC	101	001	647.6(A)
PC	103		261.5(B)
PC	104		261.5
PC	105		273J(A)
PC	106		273A(B)
PC	107		273G
PC	108		311.1
PC	109		311.4(A)
PC	110		311.11(A)
PC	111		311.3(A)
PC	112		273I(A)
PC	113		273J(B)
PC	114		270.5
PC	115		272(A)(1)

Figure 2

TOTAL ADULT FILINGS BY CHARGE FOR 2007 THROUGH 2011

	2007		2008		2009		2010		2011	
CHARGE	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(B)(1)	1	1	0	0	1	0	0	0	2	0
PC12036(C)	0	0	0	1	0	0	0	0	0	0
PC187(A)	20	0	20	0	16	0	15	0	16	0
PC207(A)	18	0	23	0	14	0	11	0	17	0
PC207(B)	8	0	4	0	5	0	3	0	6	0
PC208(B)	0	0	0	0	1	0	0	0	0	0
PC236.1(A)	0	0	0	0	0	0	0	0	0	0
PC236.1(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	0	0
PC 25100(A)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	2	0	4	0
PC261.5	1	1	2	0	0	0	0	0	1	0
PC261.5(B)	0	18	0	24	0	20	0	17	0	21
PC261.5(C)	86	46	83	74	92	62	68	58	57	42
PC261.5(D)	42	6	42	9	29	9	29	8	24	3
PC264.1(B)(2)	0	0	0	0	0	0	0	0	0	0
PC266	0	0	1	0	2	0	2	0	0	1
PC266H(B)	0	0	0	0	0	0	2	0	0	0
PC266H(B)(1)	5	0	8	0	10	0	8	0	6	0
PC266H(B)(2)	2	0	6	0	3	0	1	0	1	0
PC266I(B)(1)	0	0	0	0	5	0	0	0	4	0
PC266I(B)(2)	0	0	0	0	0	0	0	0	1	0
PC266J	1	0	0	0	0	0	1	0	0	0
PC269(A)(1)	22	0	23	0	19	0	26	0	20	0
PC269(A)(2)	2	0	0	0	1	0	3	0	2	0
PC269(A)(3)	7	0	4	0	4	0	5	0	2	0
PC269(A)(4)	7	0	5	0	13	0	6	0	4	0
PC269(A)(5)	3	0	7	0	5	0	1	0	1	0
PC271A	1	6	0	2	0	2	0	2	1	0
PC272(A)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(1)	0	1	0	0	0	0	0	0	0	0
PC273A(A)	399	123	429	112	389	113	391	114	375	115
PC273A(B)	1	557	4	613	1	595	1	692	0	746
PC273AB	0	0	4	0	1	0	0	0	0	0
PC273AB(A)	0	0	0	0	0	0	0	0	1	0
PC273AB(B)	0	0	0	0	0	0	0	0	3	0
PC273D(A)	45	50	38	70	32	73	42	75	43	73
PC273G	0	14	0	1	0	1	0	3	0	0
PC278	11	3	12	1	13	1	9	0	14	5
PC278.5	1	1	0	2	1	0	0	1	0	0
PC278.5(A)	16	1	15	2	8	4	11	2	8	3
PC286(B)(1)	5	0	7	0	5	0	10	0	6	1
PC286(B)(2)	4	0	4	0	3	0	1	0	3	0
PC286(C)	1	0	0	0	1	0	1	0	0	0
PC286(C)(1)	8	0	1	0	6	0	1	0	2	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC286(C)(2)(C)	0	0	0	0	0	0	0	0	4	0

Figure 2

TOTAL ADULT FILINGS BY CHARGE FOR 2007 THROUGH 2011

	2007		2008		2009		2010		2011	
CHARGE	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288(A)	382	0	396	0	381	0	285	0	258	0
PC288(B)	1	0	2	0	1	0	4	0	1	0
PC288(B)(1)	36	0	47	0	60	0	42	0	45	0
PC288(B)(2)	0	0	0	0	0	0	1	0	0	0
PC288(C)	0	0	0	0	0	0	1	0	1	0
PC288(C)(1)	76	1	88	1	92	0	84	0	78	0
PC288.2(A)	0	0	0	0	0	0	0	0	0	0
PC288.3(A)	0	0	0	0	0	0	7	0	9	0
PC288.4(A)(1)	0	0	0	0	0	0	0	0	0	0
PC288.4(B)	0	0	0	0	0	0	12	0	5	0
PC288.5	3	0	5	0	5	0	5	0	2	0
PC288.5(A)	116	0	125	0	136	0	125	0	96	0
PC288.7(A)	0	0	0	0	0	0	40	0	45	0
PC288.7(B)	0	0	0	0	0	0	32	0	54	0
PC288A(B)(1)	18	2	17	8	9	3	23	4	29	1
PC288A(B)(2)	4	0	8	0	7	0	7	0	11	0
PC288A(C)	1	0	0	0	0	0	0	0	1	0
PC288A(C)(1)	7	0	1	0	2	0	0	0	1	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(2)(C)	0	0	0	0	0	0	0	0	5	0
PC289(A)(1)(B)	0	0	0	0	0	0	0	0	1	0
PC289(A)(1)(C)	0	0	0	0	0	0	0	0	1	0
PC289(H)	19	2	16	2	20	2	18	3	15	0
PC289(I)	12	0	15	0	19	0	7	0	15	0
PC289(J)	1	0	0	0	1	0	0	0	0	0
PC311.10	0	0	0	0	1	0	0	0	0	0
PC311.1(A)	4	0	9	0	12	0	14	1	15	0
PC311.11(A)	20	5	26	3	40	1	40	6	41	3
PC311.11(B)	1	0	1	0	0	0	3	0	5	0
PC311.2(A)	0	0	0	0	0	0	0	0	0	0
PC311.2(B)	2	0	2	0	2	0	0	0	1	0
PC311.2(C)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	1	0	1	0	0	0	0	0	0	0
PC311.3(A)	0	0	0	4	0	1	0	0	0	0
PC311.4(A)	0	0	0	0	0	0	1	0	0	0
PC311.4(B)	0	0	2	0	0	0	0	0	0	0
PC311.4(C)	1	0	1	0	1	0	1	0	2	0
PC647.6	0	0	0	0	0	0	1	0	0	2
PC647.6(A)	0	13	0	2	0	0	0	2	0	0
PC647.6(A)(1)	0	0	0	0	0	0	7	138	5	107
PC647.6(A)(2)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	3	1	3	0	1	1	6	0	1	0
PC647.6(C)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(C)(2)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	15	0	12	0	10	0	9	0	16	0
TOTAL	1,440	852	1,519	931	1,480	888	1,425	1,126	1,387	1,123
ANNUAL TOTAL	2,292		2,450		2,368		2,551		2,510	

Figure 2a

TOTAL ADULT FILINGS BY CHARGE FOR 2012 THROUGH 2016

	2012		2013		2014		2015		2016	
CHARGE	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(B)(1)	0	2	0	0	0	0	0	0	0	0
PC12036(C)	0	0	0	0	0	0	0	0	0	0
PC187(A)	13	0	12	0	12	0	16	0	22	0
PC207(A)	12	0	27	0	19	0	29	0	30	0
PC207(B)	2	0	4	0	5	0	0	0	2	0
PC208(B)	1	0	0	0	0	0	0	0	0	0
PC236.1(A)	14	0	2	0	12	0	7	0	9	0
PC236.1(B)	0	0	3	0	19	0	14	0	20	0
PC236.1(C)(1)	0	0	15	0	39	0	40	0	65	0
PC236.1(C)(2)	0	0	6	0	3	0	12	0	1	0
PC 25100(A)	0	0	0	0	0	0	0	0	2	0
PC261(A)(2)	10	0	23	0	25	0	17	0	18	0
PC261.5	0	0	0	0	1	0	0	0	0	0
PC261.5(B)	0	13	0	15	0	25	0	15	0	11
PC261.5(C)	39	32	30	31	32	17	39	19	11	17
PC261.5(D)	12	6	11	4	13	3	11	1	5	4
PC264.1(B)(2)	2	0	8	0	0	0	3	0	0	0
PC266	0	0	0	0	0	0	0	0	1	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	14	0	2	0	2	0	0	0	1	0
PC266H(B)(2)	6	0	4	0	1	0	0	0	0	0
PC266I(B)(1)	3	0	0	0	0	0	1	0	2	0
PC266I(B)(2)	1	0	1	0	0	0	1	0	0	0
PC266J	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	27	0	21	0	25	0	12	0	11	0
PC269(A)(2)	0	0	0	0	0	0	0	0	1	0
PC269(A)(3)	4	0	3	0	4	0	3	0	2	0
PC269(A)(4)	3	0	11	0	4	0	5	0	2	0
PC269(A)(5)	3	0	1	0	3	0	2	0	1	0
PC271A	1	3	0	1	0	5	0	1	1	1
PC272(A)(1)	0	0	0	0	0	0	0	50	0	75
PC273A(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	332	102	326	86	374	78	366	84	323	84
PC273A(B)	0	786	1	761	1	904	0	879	0	870
PC273AB	0	0	0	0	0	0	0	0	0	0
PC273AB(A)	0	0	0	0	0	0	0	0	0	0
PC273AB(B)	3	0	2	0	4	0	6	0	0	0
PC273D(A)	41	50	35	59	34	57	29	34	40	48
PC273G	0	3	0	3	0	1	0	1	0	1
PC278	9	2	14	3	6	3	11	1	14	4
PC278.5	0	1	3	0	0	0	1	1	1	0
PC278.5(A)	10	2	11	1	4	0	3	6	7	2
PC286(B)(1)	6	2	3	2	5	2	5	1	4	0
PC286(B)(2)	2	0	1	0	2	0	0	0	0	0
PC286(C)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	6	0	3	0	2	0	4	0	2	0
PC286(C)(2)(B)	0	0	1	0	0	0	3	0	0	0

Figure 2a

TOTAL ADULT FILINGS BY CHARGE FOR 2012 THROUGH 2016

	2012		2013		2014		2015		2016	
CHARGE	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC286(C)(2)(C)	3	0	0	0	3	0	1	0	1	0
PC288(A)	241	0	237	1	215	0	222	0	173	0
PC288(B)	4	0	2	0	1	0	0	0	0	0
PC288(B)(1)	33	1	33	0	21	0	21	0	22	1
PC288(B)(2)	0	0	0	0	1	0	1	0	0	0
PC288(C)	0	0	1	0	0	0	0	0	0	0
PC288(C)(1)	80	2	64	5	73	4	59	2	49	1
PC288.2(A)	6	2	1	0	0	0	0	0	0	0
PC288.3(A)	6	0	21	0	15	1	9	0	14	0
PC288.4(A)(1)	0	0	0	2	1	2	0	0	0	2
PC288.4(B)	7	0	5	0	39	0	3	1	15	0
PC288.5	1	0	4	0	2	0	1	0	3	0
PC288.5(A)	86	0	93	0	85	0	101	0	78	0
PC288.7(A)	40	0	50	0	42	0	53	0	47	0
PC288.7(B)	45	0	55	0	61	0	65	0	47	0
PC288A(B)(1)	18	7	10	5	25	1	16	4	16	2
PC288A(B)(2)	4	0	7	0	3	0	5	0	4	0
PC288A(C)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	1	0	2	0	0	0	0	0	1	0
PC288A(C)(2)(B)	0	0	1	0	1	0	0	0	2	0
PC288A(C)(2)(C)	0	0	2	0	4	0	1	0	6	0
PC289(A)(1)(B)	0	0	1	0	1	0	1	0	3	0
PC289(A)(1)(C)	1	0	2	0	1	0	5	0	3	0
PC289(H)	12	4	8	1	13	3	17	4	16	2
PC289(I)	11	0	9	0	20	0	12	0	13	0
PC289(J)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	0	0	0	0	0	0
PC311.1(A)	37	1	64	0	72	1	56	1	57	1
PC311.11(A)	43	7	42	6	41	9	27	16	20	4
PC311.11(B)	6	0	8	0	9	0	8	0	11	0
PC311.2(A)	0	0	0	0	0	0	0	3	0	6
PC311.2(B)	1	0	0	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	5	0	0	0
PC311.2(D)	0	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	2	0	0	0	0	0	0	0	0
PC311.4(A)	1	0	0	0	0	0	0	0	0	0
PC311.4(B)	0	0	0	0	0	0	0	0	0	0
PC311.4(C)	3	0	0	0	2	0	2	0	1	0
PC647.6	0	1	0	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	7	104	3	116	6	93	2	87	3	93
PC647.6(A)(2)	0	3	0	0	0	2	1	1	0	2
PC647.6(B)	0	0	2	0	3	0	1	0	2	1
PC647.6(C)(1)	0	0	0	0	0	0	1	0	0	0
PC647.6(C)(2)	1	0	1	0	0	0	2	0	4	0
PC664/187(A)	12	0	16	0	13	0	13	0	0	0
TOTAL	1,286	1,138	1,328	1,102	1,424	1,211	1,351	1,212	1,209	1,232
ANNUAL TOTAL	2,424		2,430		2,635		2,563		2,441	

Figure 3

TOTAL ADULT DISMISSALS BY CHARGE FOR 2007 THROUGH 2011

	2007		2008		2009		2010		2011	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC12035(B)(1)	1	0	0	0	0	0	0	0	0	0
PC12036(C)	0	0	0	1	0	0	0	0	0	0
PC207(A)	1	0	3	0	1	0	0	0	0	0
PC207(B)	1	0	0	0	0	0	1	0	0	0
PC236.1(A)	0	0	0	0	0	0	0	0	0	0
PC236.1(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	0	0	0	0	0	0	0	0	0
PC261.5(C)	0	0	4	4	0	0	0	0	0	0
PC261.5(D)	0	1	0	0	0	0	1	1	0	0
PC264.1(B)(2)	0	0	0	0	0	0	0	0	0	0
PC266H(B)	0	0	0	0	0	0	2	0	0	0
PC266H(B)(1)	0	0	2	0	3	0	0	0	3	0
PC266H(B)(2)	1	0	3	0	2	0	0	0	0	0
PC266I(B)(1)	0	0	0	0	2	0	0	0	0	0
PC269(A)(1)	2	0	0	0	3	0	0	0	1	0
PC269(A)(2)	0	0	0	0	1	0	0	0	0	0
PC269(A)(3)	1	0	1	0	0	0	0	0	0	0
PC269(A)(4)	0	0	1	0	0	0	0	0	0	0
PC269(A)(5)	0	0	1	0	1	0	0	0	0	0
PC271A	0	0	0	0	0	0	0	0	0	0
PC272(A)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	27	16	30	8	24	5	35	10	18	10
PC273A(B)	0	52	0	62	0	74	0	68	0	76
PC273AB(B)	0	0	0	0	0	0	0	0	0	0
PC273D(A)	6	8	4	11	4	11	1	7	3	9
PC273G	0	4	0	0	0	0	0	0	0	0
PC278	0	2	0	0	1	0	2	0	4	0
PC278.5	1	0	0	1	0	0	0	1	0	0
PC278.5(A)	2	1	1	1	2	2	1	0	0	0
PC286(B)(1)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	0	0	0	0	0	0	0	0	0	0
PC288(A)	6	0	12	0	10	0	11	0	11	0
PC288(B)(1)	1	0	0	0	1	0	0	0	0	0
PC288(C)(1)	1	0	0	0	2	0	5	0	4	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.4(B)	0	0	0	0	0	0	0	0	0	0
PC288.5	0	0	0	0	1	0	0	0	0	0
PC288.5(A)	3	0	6	0	4	0	4	0	0	0
PC288.7(A)	0	0	0	0	0	0	2	0	2	0
PC288.7(B)	0	0	0	0	0	0	3	0	5	0
PC288A(B)(1)	1	0	1	1	0	0	0	2	1	0
PC289(H)	0	0	0	0	0	0	0	0	0	0
PC289(I)	0	0	2	0	1	0	0	0	0	0
PC311.1(A)	0	0	1	0	2	0	1	0	0	0

Figure 3

TOTAL ADULT DISMISSALS BY CHARGE FOR 2007 THROUGH 2011

	2007		2008		2009		2010		2011	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC311.11(A)	1	1	2	1	7	0	4	0	1	1
PC311.11(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(B)	0	0	1	0	1	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	0	0	1	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	0	0	0	1	18	0	6
PC647.6(A)(2)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	1	0	0	0	0	0	0	0	0	0
PC647.6(C)(2)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	1	0	0	0	0	0	0	0	1	0
PC311.11(B)	0	0	0	0	0	0	0	0	0	0
PC311.2	0	0	0	0	0	0	0	0	0	0
PC311.2(B)	0	0	0	0	0	0	1	0	1	0
PC311.3(A)	0	0	0	0	0	0	0	1	0	0
PC311.4(B)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(2)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	0	0	0	0	1	0	0	0	0	0
PC664/187(A)	1	0	0	0	1	0	0	0	0	0
TOTAL	58	85	75	91	73	92	74	107	54	102
ANNUAL TOTAL	143		166		165		181		156	

Figure 3a

TOTAL ADULT DISMISSALS BY CHARGE FOR 2012 THROUGH 2016

	2012		2013		2014		2015		2016	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC12035(B)(1)	0	0	0	0	0	0	0	0	0	0
PC12036(C)	0	0	0	0	0	0	0	0	0	0
PC207(A)	1	0	0	0	2	0	1	0	0	0
PC207(B)	0	0	1	0	0	0	0	0	0	0
PC236.1(A)	1	0	0	0	2	0	0	0	0	0
PC236.1(B)	0	0	1	0	1	0	2	0	3	0
PC236.1(C)(1)	0	0	2	0	1	0	7	0	7	0
PC236.1(C)(2)	0	0	2	0	1	0	1	0	0	0
PC261(A)(2)	0	0	2	0	2	0	1	0	1	0
PC261.5(B)	0	0	0	0	0	3	0	2	0	1
PC261.5(C)	1	0	0	2	1	4	1	4	1	0
PC261.5(D)	0	0	0	0	0	0	1	0	1	0
PC264.1(B)(2)	0	0	4	0	0	0	0	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	6	0	0	0	1	0	0	0	0	0
PC266H(B)(2)	2	0	0	0	0	0	0	0	0	0
PC266I(B)(1)	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	0	0	0	0	0	0	0	0	0	0
PC269(A)(2)	0	0	0	0	0	0	0	0	0	0
PC269(A)(3)	0	0	0	0	0	0	0	0	0	0
PC269(A)(4)	0	0	1	0	0	0	0	0	0	0
PC269(A)(5)	0	0	0	0	0	0	0	0	0	0
PC271A	0	0	0	1	0	1	0	0	0	0
PC272(A)(1)	0	0	0	0	0	0	0	12	0	17
PC273A(A)	0	0	15	5	16	4	20	4	16	5
PC273A(B)	0	0	0	48	0	88	0	82	0	75
PC273AB(B)	0	0	0	0	0	0	1	0	0	0
PC273D(A)	0	0	1	4	1	16	3	7	0	5
PC273G	0	0	0	0	0	1	0	0	0	0
PC278	0	0	1	0	0	0	0	0	0	0
PC278.5	0	0	1	0	0	0	0	0	0	0
PC278.5(A)	0	0	0	0	0	0	0	1	0	0
PC286(B)(1)	0	0	0	0	0	1	0	0	0	0
PC286(C)(1)	1	0	0	0	0	0	0	0	0	0
PC288(A)	10	0	5	0	5	0	7	0	3	0
PC288(B)(1)	0	0	2	0	2	0	4	0	1	0
PC288(C)(1)	1	0	2	0	1	0	1	0	0	0
PC288.3(A)	0	0	1	0	0	0	0	0	0	0
PC288.4(B)	0	0	0	0	2	0	0	0	0	0
PC288.5	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	0	0	1	0	2	0	2	0	0	0
PC288.7(A)	1	0	0	0	0	0	2	0	0	0
PC288.7(B)	0	0	2	0	2	0	3	0	3	0
PC288A(B)(1)	0	0	0	1	0	0	0	0	1	0
PC289(H)	0	0	0	0	0	1	0	0	0	0
PC289(I)	0	0	0	0	0	0	0	0	0	0
PC311.1(A)	1	0	0	0	2	0	0	0	0	0
PC311.11(A)	5	0	5	0	2	0	1	0	0	0

District Attorney's Office

Figure 3a

TOTAL ADULT DISMISSALS BY CHARGE FOR 2012 THROUGH 2016

	2012		2013		2014		2015		2016	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC311.11(B)	0	0	1	0	2	0	1	0	4	0
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	1	0	0	0
PC311.3(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	1	0	1	8	0	15	0	16	0	7
PC647.6(A)(2)	0	0	0	0	0	1	0	0	0	1
PC647.6(B)	0	0	0	0	0	0	0	0	0	0
PC647.6(C)(2)	0	0	0	0	0	0	0	0	1	0
PC664/187(A)	0	0	0	0	0	0	1	0	0	0
PC311.11(B)	31	0	51	69	48	135	61	128	42	111
PC311.2	0	0	0	0	0	0	0	0	0	0
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	0	0	0	0	0	0	0	0	0
PC311.4(B)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	1	18	0	6	1	0	1	8	0	15
PC647.6(A)(2)	0	0	0	0	0	0	0	0	0	1
PC647.6(B)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	0	0	1	0	0	0	0	0	0	0
TOTAL	31	0	51	69	48	135	61	128	42	111
ANNUAL TOTAL	31		120		183		189		153	

Figure 4

TOTAL ADULT CASES DECLINED FOR FILING FOR 2007 THROUGH 2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
CHARGE	COUNT									
PC12035(B)(1)	1	3	1	1	1	0	0	0	0	0
PC12035(B)(2)	0	0	0	0	0	2	0	0	0	0
PC12036(B)	2	0	0	1	0	0	0	0	0	0
PC187(A)	7	0	0	0	3	1	3	0	1	0
PC207(A)	5	1	0	3	0	7	1	6	3	6
PC207(B)	3	4	2	2	1	2	0	1	0	7
PC236.1(A)	0	0	0	0	0	3	13	11	9	9
PC236.1(B)	0	0	0	0	0	0	0	1	7	9
PC236.1(C)	0	0	0	0	0	0	0	1	0	0
PC236.1(C)(1)	0	0	0	0	0	0	2	6	6	14
PC236.1(C)(2)	0	0	0	0	0	0	0	0	1	2
PC25100(A)	0	0	0	0	0	0	0	0	1	2
PC261(A)(2)	0	0	0	0	18	22	51	46	51	50
PC261.5	1	2	3	8	2	1	2	0	0	4
PC261.5(A)	1	1	3	2	0	0	0	0	0	0
PC261.5(B)	127	133	166	111	101	70	86	47	40	44
PC261.5(C)	293	274	239	304	231	180	166	149	157	117
PC261.5(D)	32	38	49	41	52	42	33	24	33	20
PC264.1(B)(2)	0	0	0	1	0	0	0	0	1	0
PC266	2	1	0	1	0	0	0	0	0	0
PC266H(B)	0	6	0	1	0	2	0	0	0	0
PC266H(B)(1)	1	3	2	1	0	4	2	2	3	2
PC266H(B)(2)	5	3	2	4	0	5	3	4	1	0
PC266I(B)(1)	0	0	0	0	1	0	0	0	1	0
PC266I(B)(2)	0	0	1	2	0	1	0	0	0	0
PC266J	0	1	1	0	3	0	0	0	0	0
PC269(A)(1)	2	2	4	2	8	5	7	6	9	4
PC269(A)(2)	1	0	0	0	0	0	2	0	0	0
PC269(A)(3)	0	1	2	1	0	1	1	0	0	1
PC269(A)(4)	0	0	1	0	1	0	0	0	2	0
PC269(A)(5)	1	1	0	0	1	0	1	1	1	0
PC271A	3	3	6	9	3	4	3	6	0	6
PC272(A)(1)	0	0	0	0	0	0	0	0	21	22
PC273A	1	1	2	0	0	0	0	0	0	0
PC273A(A)	461	478	479	534	549	947	836	778	624	557
PC273A(B)	233	245	243	335	308	388	388	372	389	361
PC273AB	3	3	4	6	1	1	0	0	1	0
PC273AB(A)	0	0	0	0	0	2	3	1	1	0
PC273D(A)	139	144	116	161	131	250	286	203	122	90
PC273G	1	1	6	4	1	3	1	3	2	1
PC273I(A)	0	0	3	1	0	3	0	0	0	1
PC278	40	20	25	13	24	17	24	22	14	24
PC278.5	9	5	15	6	11	10	12	16	17	17
PC278.5(A)	57	37	47	39	39	31	24	23	36	22
PC286(B)(1)	6	5	8	8	14	14	6	7	8	6
PC286(B)(2)	2	2	0	4	7	2	0	3	1	2
PC286(C)	0	0	0	0	0	0	1	0	1	0
PC286(C)(1)	3	1	8	6	2	1	2	1	2	4

Figure 4

TOTAL ADULT CASES DECLINED FOR FILING FOR 2007 THROUGH 2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
CHARGE	COUNT									
PC286(C)(2)(B)	0	0	0	0	0	0	1	1	0	2
PC286(C)(2)(C)	0	0	0	0	1	4	1	0	0	2
PC288(A)	950	975	989	970	1,002	985	842	748	744	720
PC288(B)	0	0	2	4	1	0	1	1	3	1
PC288(B)(1)	14	16	19	25	20	14	12	11	17	8
PC288(B)(2)	0	0	0	0	3	0	1	1	1	1
PC288(C)	1	0	3	2	1	0	3	1	1	0
PC288(C)(1)	72	81	95	115	98	92	90	93	78	80
PC288.2(A)	0	0	0	0	0	3	5	0	0	1
PC288.2(B)	0	0	0	0	0	1	0	0	0	0
PC288.3(A)	0	0	0	3	8	5	6	8	7	5
PC288.3(C)	0	0	0	0	0	0	0	0	0	1
PC288.4(A)(1)	0	0	0	0	0	0	1	0	0	1
PC288.4(A)(2)	0	0	0	1	0	0	0	0	0	0
PC288.4(B)	0	0	0	0	0	0	2	1	1	3
PC288.5	10	17	3	4	6	4	4	2	3	1
PC288.5(A)	37	85	78	90	104	101	96	96	94	127
PC288.7(A)	0	0	0	24	21	18	21	23	33	24
PC288.7(B)	0	0	0	18	20	21	26	40	29	22
PC288A(B)(1)	9	17	18	25	22	35	18	13	21	17
PC288A(B)(2)	1	2	2	2	3	5	1	5	7	6
PC288A(C)	0	0	0	0	0	0	0	2	0	0
PC288A(C)(1)	4	2	5	7	3	3	3	3	6	4
PC288A(C)(2)(B)	0	0	0	0	0	1	1	0	0	1
PC288A(C)(2)(C)	0	0	0	0	0	1	1	1	3	2
PC288A(D)(3)	0	0	0	0	0	0	0	0	0	2
PC288(A)(1)(B)	0	0	0	0	0	2	1	0	0	0
PC289(A)(1)(B)	0	0	0	0	0	0	0	1	3	5
PC289(A)(1)(C)	0	0	0	0	1	2	9	3	5	5
PC289(H)	8	5	6	10	13	6	7	3	9	13
PC289(I)	0	3	2	2	1	4	2	2	1	1
PC289(J)	0	0	0	1	2	4	1	0	0	1
PC311.1	0	0	0	0	0	0	0	0	0	1
PC311.1(A)	0	2	2	3	1	5	3	11	3	7
PC311.10	2	0	0	0	2	1	0	0	0	0
PC311.11(A)	7	8	9	12	27	20	16	23	25	16
PC311.11(B)	1	0	0	0	0	0	0	0	0	2
PC311.2(A)	0	0	0	0	0	0	0	0	2	2
PC311.2(B)	0	0	0	0	0	0	0	1	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	1	0
PC311.2(D)	0	1	0	0	2	0	0	0	0	0
PC311.3(A)	0	0	0	2	2	1	1	1	0	1
PC311.4(A)	0	0	1	0	1	2	1	1	0	0
PC311.4(B)	0	0	0	0	1	0	0	0	1	0
PC311.4(C)	0	1	0	0	0	1	1	0	0	0
PC647.6	0	0	2	1	0	0	0	1	0	0
PC647.6(A)	20	9	4	3	5	2	1	0	0	0
PC647.6(A)(1)	0	0	0	185	105	105	95	73	83	66

Figure 4

TOTAL ADULT CASES DECLINED FOR FILING FOR 2007 THROUGH 2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
CHARGE	COUNT									
PC647.6(A)(2)	0	0	0	0	0	1	1	2	0	1
PC647.6(B)	2	2	4	2	5	3	1	1	3	1
PC647.6(C)(2)	0	0	0	0	0	0	0	2	0	1
PC664/187(A)	0	0	0	1	0	0	0	1	1	0
TOTAL	2,580	2,645	2,682	3,124	2,994	3,473	3,235	2,916	2,751	2,558

Figure 5

ADULT PRESENTED IN 2016

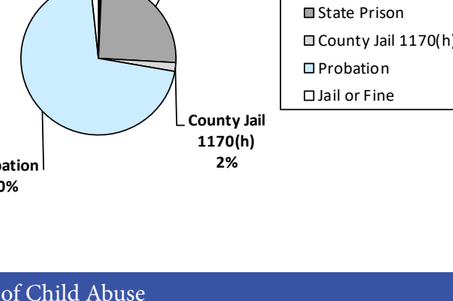


Figure 6

TOTAL ADULT DISPOSITIONS IN 2016

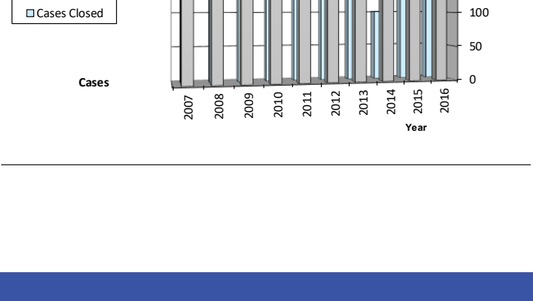


Figure 7

TOTAL ADULT CASES SENTENCED FOR 2007 THROUGH 2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
SENTENCE TYPE	COUNT									
LIFE	9	12	15	23	19	22	16	16	16	12
STATE PRISON	479	483	492	515	444	439	436	473	526	434
COUNTY JAIL 1170(H)	0	0	0	0	28	38	33	40	30	32
PROBATION	1,144	1,277	1,149	1,290	1,229	1,262	1,194	1,298	1,265	1,216
JAIL OR FINE	16	16	36	54	52	36	35	21	26	29

Figure 8

SENTENCE TYPE IN 2016

Figure 9

CHILD ABDUCTION CASES

Figure 10

TOTAL ADULT CASES FILED BY ZIP CODE FOR 2005 THROUGH 2014

ZIP CODE	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
90007	34	41	45	49	45	59	61	39	32	28
90012	363	409	350	345	371	366	406	465	483	460
90022	30	50	42	69	62	81	76	52	34	47
90045	57	65	73	75	88	57	55	66	50	59
90210	12	7	5	12	8	6	4	0	0	0
90220	292	326	298	267	247	237	229	240	267	267
90242	19	28	33	33	68	54	72	82	115	134
90265	3	5	9	7	9	15	0	0	0	0
90301	54	50	41	50	42	38	43	47	39	44
90503	67	67	84	94	91	84	58	85	76	67
90602	63	75	68	42	70	67	27	0	0	0
90650	177	168	165	194	147	158	135	160	113	92
90703	0	0	0	1	0	3	0	1	0	1
90706	47	65	76	87	80	69	60	88	111	118
90802	83	64	69	74	100	104	81	73	109	99
91101	88	78	63	75	79	71	65	58	50	40
91205	34	32	32	0	0	0	0	0	0	0
91206	0	0	0	36	54	53	59	32	49	46
91340	89	94	96	87	118	110	116	83	93	104
91355	48	47	48	54	52	31	21	21	28	46
91401	94	122	80	81	56	81	82	105	114	80
91502	14	7	20	14	13	17	12	5	13	9
91731	79	65	72	63	74	61	77	102	84	68
91744	0	2	0	0	0	0	0	0	0	0
91766	181	206	214	241	242	226	216	193	236	178
91790	86	90	64	118	100	99	92	113	117	127
91801	40	61	68	86	82	68	72	112	77	85
93534	238	226	253	297	212	209	311	413	273	242
TOTAL	2,292	2,450	2,368	2,551	2,510	2,424	2,430	2,635	2,563	2,441

Figure 11

TOTAL ADULT PRESENTED BY YEAR

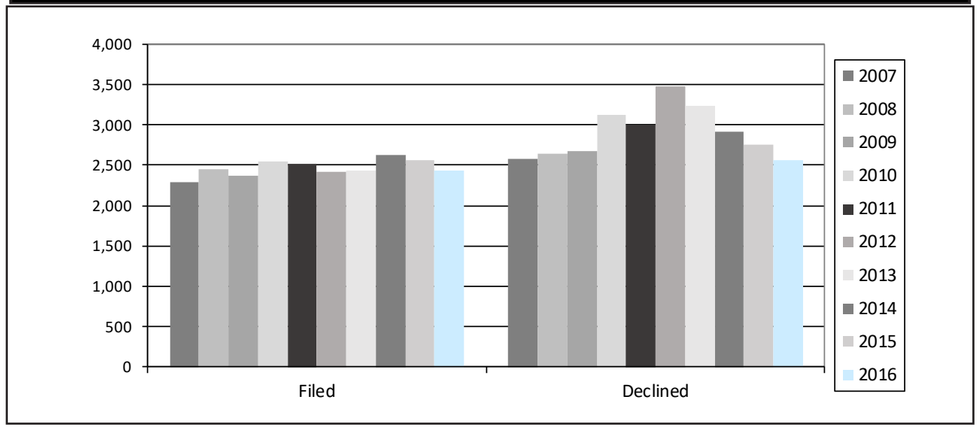


Figure 12

TOTAL JUVENILE FILINGS BY CHARGE FOR 2007 THROUGH 2011

	2007		2008		2009		2010		2011	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC12036(B)	0	1	0	0	0	0	0	0	0	0
PC207(A)	0	0	2	0	0	0	0	0	3	0
PC207(B)	0	0	0	0	0	0	1	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	3	0
PC261.5	1	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	7	0	10	0	7	0	5	1	6
PC261.5(C)	1	0	3	2	2	0	2	2	1	2
PC261.5(D)	1	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	0	0	2	0	0	0	0	0	0	0
PC266I(B)(2)	1	0	0	0	0	0	0	0	0	0
PC269(A)(1)	0	0	0	0	0	0	0	0	0	0
PC269(A)(3)	0	0	0	0	0	0	1	0	0	0
PC269(A)(4)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	7	0	12	0	13	0	7	0	4	0
PC273A(B)	0	8	0	7	0	5	0	4	0	2
PC273D(A)	2	0	0	0	2	0	4	0	3	0
PC278	0	0	2	0	2	0	0	0	0	0
PC286(B)(1)	2	0	3	0	0	0	4	0	1	0
PC286(C)(1)	2	0	0	0	3	0	0	0	4	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	1	0
PC286(D)(3)	0	0	0	0	0	0	0	0	0	0
PC288(A)	183	0	189	0	189	0	149	1	149	0
PC288(B)	0	0	0	0	0	0	1	0	0	0
PC288(B)(1)	44	0	46	0	63	0	64	0	50	0
PC288(C)(1)	0	0	0	0	2	0	0	0	0	0

Figure 12

TOTAL JUVENILE FILINGS BY CHARGE FOR 2007 THROUGH 2011

	2007		2008		2009		2010		2011	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC288.2(A)	0	0	0	0	0	0	0	0	0	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	22	0	19	0	23	0	17	0	20	0
PC288.7(B)	0	0	0	0	0	0	1	0	0	0
PC288A(B)(1)	0	0	3	0	1	0	3	0	3	0
PC288A(B)(2)	0	0	0	0	1	0	0	0	0	0
PC288A(C)(1)	3	0	0	0	1	0	0	0	0	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	1	0
PC288A(C)(2)(C)	0	0	0	0	0	0	0	0	0	0
PC288A(D)(3)	0	0	0	0	0	0	0	0	0	0
PC289(A)(1)(B)	0	0	0	0	0	0	0	0	0	0
PC289(A)(1)(C)	0	0	0	0	0	0	0	0	0	0
PC289(H)	0	0	3	0	1	0	1	0	1	0
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.10	1	0	0	0	0	0	0	0	2	0
PC311.1(A)	0	0	0	0	1	0	0	0	0	0
PC311.11(A)	0	0	3	0	1	0	4	1	8	0
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	0	0	0	0	0	0	0	0	1	0
PC311.4(C)	0	0	0	0	0	0	0	0	0	0
PC647.6	0	0	0	0	0	0	0	0	0	1
PC647.6(A)(1)	0	0	0	0	0	0	0	12	0	7
PC664/187(A)	0	0	0	0	1	0	0	0	0	0
PC311.1(A)	0	0	0	0	0	0	0	0	1	0
PC311.11(A)	0	0	0	0	0	0	3	0	1	0
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	2	0	2	0	0	0	0	0	0	0
PC311.4(C)	0	0	0	0	0	0	0	0	0	0
PC647.6	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	5	0	6	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	1	0	0	0	0	0	0	0	0	0
PC664/187(A)	0	0	0	0	0	0	0	0	1	0
TOTAL	270	16	287	19	306	12	259	25	256	18
ANNUAL TOTAL	286		306		318		284		274	

Figure 12a

TOTAL JUVENILE FILINGS BY CHARGE FOR 2012 THROUGH 2016

	2012		2013		2014		2015		2016	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC12036(B)	0	0	0	0	0	0	0	0	0	0
PC207(A)	0	0	0	0	0	0	2	0	0	0
PC207(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	1	0	2	0	0	0
PC261(A)(2)	12	0	2	0	5	0	7	0	7	0
PC261.5	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	11	0	14	0	9	0	5	0	2
PC261.5(C)	2	2	5	1	1	0	0	0	0	0
PC261.5(D)	0	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	0	0	0	0	0	0	0	0	0	0
PC266I(B)(2)	0	0	0	0	0	0	0	0	1	0
PC269(A)(1)	0	0	0	0	1	0	0	0	0	0
PC269(A)(3)	1	0	1	0	0	0	2	0	0	0
PC269(A)(4)	1	0	2	0	0	0	0	0	0	0
PC273A(A)	12	0	8	0	2	0	4	0	3	0
PC273A(B)	0	12	0	9	0	4	0	2	0	3
PC273D(A)	1	0	2	0	1	1	2	0	1	0
PC278	0	0	0	0	0	0	1	0	1	0
PC286(B)(1)	2	0	1	0	0	0	1	0	2	0
PC286(C)(1)	1	0	0	0	0	0	0	0	1	0
PC286(C)(2)(B)	9	0	6	0	5	0	1	0	4	0
PC286(D)(3)	0	0	1	0	0	0	0	0	0	0
PC288(A)	149	0	142	0	99	0	91	0	68	0
PC288(B)	0	0	0	0	0	0	0	0	0	0
PC288(B)(1)	41	0	47	0	26	0	22	0	10	0
PC288(C)(1)	0	0	0	0	0	0	0	0	0	0
PC288.2(A)	1	0	1	0	0	0	0	0	0	0
PC288.3(A)	0	0	0	0	2	0	3	0	0	0
PC288.5(A)	10	0	17	0	8	0	11	0	9	0
PC288.7(B)	0	0	0	0	0	0	0	0	0	0
PC288A(B)(1)	1	0	4	0	0	1	3	0	2	0
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	1	0	0	0	1	0	0	0	0	0
PC288A(C)(2)(B)	5	0	4	0	3	0	4	0	1	0
PC288A(C)(2)(C)	0	0	0	0	0	0	0	0	1	0
PC288A(D)(3)	0	0	1	0	0	0	0	0	0	0
PC289(A)(1)(B)	6	0	4	0	1	0	1	0	4	0
PC289(A)(1)(C)	1	0	0	0	2	0	1	0	0	0
PC289(H)	0	1	1	0	3	0	0	0	2	0
PC311.1	0	0	0	0	0	0	0	0	1	0
PC311.10	0	0	0	0	0	0	2	0	0	0
PC311.1(A)	0	0	0	0	1	0	0	0	0	0
PC311.11(A)	2	0	9	1	7	0	7	2	9	2
PC311.2(B)	1	0	0	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	1	0
PC311.2(D)	0	0	1	0	2	0	0	0	0	0
PC311.4(C)	1	0	0	0	0	0	1	0	0	0
PC647.6	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	10	0	2	0	2	0	4	0	4
PC664/187(A)	0	0	0	0	0	0	0	0	0	0
PC311.1(A)	0	0	0	0	0	0	0	0	1	0
PC311.11(A)	4	1	8	0	2	0	9	1	7	0
PC311.2(B)	0	0	0	0	1	0	0	0	0	0
PC311.2(D)	0	0	1	0	0	0	1	0	2	0
PC311.4(C)	0	0	0	0	1	0	0	0	0	0
PC647.6	0	0	0	1	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	12	0	7	0	10	0	2	0	2
PC647.6(B)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	0	0	0	0	0	0	0	0	0	0
TOTAL	260	36	259	27	171	17	168	13	128	11
ANNUAL TOTAL	296		286		188		181		139	

Figure 13

TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2007 THROUGH 2011

	2007		2008		2009		2010		2011	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC207(A)	0	0	1	0	0	0	0	0	0	0
PC261.5(B)	0	1	0	2	0	0	0	0	0	1
PC261.5(C)	0	0	0	0	0	0	0	1	0	2
PC266H(B)(1)	0	0	1	0	0	0	0	0	0	0
PC266I(B)(2)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	1	0	0	0	1	0	1	0	1	0
PC273A(B)	0	2	0	1	0	1	0	0	0	0
PC273D(A)	1	0	0	0	0	0	0	0	0	0
PC286(B)(1)	0	0	1	0	0	0	0	0	0	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC288(A)	14	0	12	0	19	0	11	1	9	0
PC288(B)(1)	4	0	5	0	7	0	8	0	3	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	1	0	2	0	3	0	0	0	0	0
PC288A(B)(1)	0	0	1	0	0	0	0	0	1	0
PC288A(C)(1)	0	0	0	0	1	0	0	0	0	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	0	0	0	0	0	0	0	0	0	0
PC311.11(A)	0	0	0	0	0	0	1	1	0	0
PC647.6(A)(1)	0	0	0	0	0	0	0	1	0	0
TOTAL	21	3	23	3	31	1	21	4	14	3
ANNUAL TOTAL	24		26		32		25		17	

Figure 13a

TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2012 THROUGH 2016

	2012		2013		2014		2015		2016	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC207(A)	0	0	0	0	0	0	1	0	0	0
PC261.5(B)	0	4	0	3	0	2	0	1	0	1
PC261.5(C)	0	2	1	0	0	0	0	0	0	0
PC266H(B)(1)	0	0	0	0	0	0	0	0	0	0
PC266I(B)(2)	0	0	0	0	0	0	0	0	1	0
PC273A(A)	2	0	0	0	0	0	1	0	0	0
PC273A(B)	0	2	0	0	0	0	0	0	0	1
PC273D(A)	0	0	0	0	0	0	0	0	0	0
PC286(B)(1)	0	0	0	0	0	0	0	0	0	0
PC286(C)(2)(B)	0	0	0	0	1	0	0	0	0	0
PC288(A)	19	0	5	0	11	0	21	0	12	0
PC288(B)(1)	4	0	2	0	2	0	4	0	0	0
PC288.3(A)	0	0	0	0	0	0	1	0	0	0
PC288.5(A)	2	0	2	0	1	0	1	0	1	0
PC288A(B)(1)	0	0	0	0	0	0	1	0	1	0
PC288A(C)(1)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(2)(B)	0	0	0	0	0	0	1	0	0	0
PC311.10	0	0	0	0	0	0	1	0	0	0
PC311.2(D)	0	0	0	0	1	0	0	0	0	0
PC311.11(A)	1	0	0	0	1	0	1	2	3	1
PC647.6(A)(1)	0	3	0	1	0	0	0	1	0	0
TOTAL	28	11	10	4	17	2	33	4	18	3
ANNUAL TOTAL	39		14		19		37		21	

Figure 14

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2007 THROUGH 2011

	2007		2008		2009		2010		2011	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	3	0
PC261.5	1	0	0	3	0	7	0	1	0	1
PC261.5(A)	0	0	0	1	0	1	2	0	0	0
PC261.5(B)	0	13	0	44	0	46	0	61	0	75
PC261.5(C)	3	3	8	4	12	4	5	1	9	4
PC261.5(D)	0	1	0	0	1	1	0	0	0	0
PC264.1(B)(1)	0	0	0	0	0	0	0	0	0	0
PC264.1(B)(2)	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	0	0	0	0	1	0	1	0	0	0
PC269(A)(3)	0	0	0	0	1	0	0	0	0	0
PC269(A)(4)	0	0	0	0	0	0	0	0	0	0
PC271A	0	0	0	0	0	1	0	0	0	0
PC272(A)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	1	0	1	0	1	0	3	0	2	0
PC273A(B)	0	3	0	1	0	2	0	0	0	0
PC273D(A)	0	0	1	0	0	0	0	0	0	0
PC273I(A)	0	0	0	0	0	0	0	0	0	1

Figure 14

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2007 THROUGH 2011

	2007		2008		2009		2010		2011	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC278	0	0	0	0	0	0	0	0	0	0
PC278.5(A)	1	0	1	0	0	0	0	0	0	0
PC286(B)(1)	1	0	5	0	0	0	6	0	8	0
PC286(B)(2)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	0	0	0	0	1	0	0	0	0	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC286(C)(2)(C)	0	0	0	0	0	0	0	0	0	0
PC286(D)(3)	0	0	0	0	0	0	0	0	0	0
PC288(A)	119	0	156	0	202	0	183	0	162	0
PC288(B)	0	0	0	0	0	0	0	0	0	0
PC288(B)(1)	9	0	9	0	5	0	11	0	7	0
PC288(C)(1)	1	0	0	0	0	0	1	0	0	0
PC288.2(B)	0	0	0	0	0	0	0	0	0	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.5	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	0	0	1	0	2	0	4	0	1	0
PC288.7(B)	0	0	0	0	0	0	0	0	0	0
PC288A(B)(1)	2	0	1	0	2	0	4	0	2	0
PC288A(B)(2)	2	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	0	0	1	0	2	0	0	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(2)(C)	0	0	0	0	0	0	0	0	0	0
PC289(A)(1)(B)	0	0	0	0	0	0	0	0	0	0
PC289(A)(1)(C)	0	0	0	0	0	0	0	0	0	0
PC289(H)	0	1	0	0	1	0	1	1	1	0
PC311.1	0	0	0	0	0	0	0	1	0	0
PC311.1(A)	0	0	0	0	0	0	1	0	0	0
PC311.10	0	0	0	0	0	0	0	0	1	0
PC311.11(A)	0	0	0	0	3	0	6	0	5	0
PC311.2(A)	0	0	0	0	0	0	0	0	0	0
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	0	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	0	1	2	0	0	0	2	0	7
PC311.4(A)	0	0	0	0	0	0	0	0	0	0
PC311.4(C)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	2	0	0
PC647.6(A)(1)	0	0	0	0	0	0	0	4	1	7
PC647.6(B)	0	0	0	0	2	0	0	0	0	0
TOTAL	140	21	184	55	235	62	230	73	202	95
ANNUAL TOTAL	161		239		297		303		297	

Figure 14a

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2012 THROUGH 2016

	2012		2013		2014		2015		2016	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC236.1(C)(1)	0	0	0	0	0	0	2	0	0	0
PC236.1(C)(2)	0	0	0	0	0	0	1	0	0	0
PC261(A)(2)	5	0	9	0	8	0	8	0	7	0
PC261.5	5	0	0	0	1	0	0	0	0	0
PC261.5(A)	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	89	0	106	0	97	0	98	0	85
PC261.5(C)	10	7	8	3	0	13	5	13	3	22
PC261.5(D)	1	0	0	0	0	0	0	0	0	0
PC264.1(B)(1)	2	0	0	0	0	0	0	0	0	0
PC264.1(B)(2)	0	0	0	0	1	0	0	0	0	0
PC269(A)(1)	0	0	0	0	1	0	0	0	0	0
PC269(A)(3)	0	0	0	0	0	0	0	0	0	0
PC269(A)(4)	0	0	0	0	0	0	0	0	1	0
PC271A	0	0	0	0	0	0	0	0	0	0
PC272(A)(1)	0	0	0	0	0	0	0	1	0	0
PC273A(A)	5	0	1	0	2	0	2	0	1	0
PC273A(B)	0	2	0	0	0	2	0	0	0	0
PC273D(A)	1	0	0	0	0	0	0	0	1	0
PC273I(A)	0	0	0	0	0	0	0	0	0	0
PC278	0	0	0	0	0	0	1	0	0	0
PC278.5(A)	0	0	0	0	0	0	0	0	0	0
PC286(B)(1)	8	0	2	0	4	0	3	0	1	0
PC286(B)(2)	0	0	0	0	0	0	1	0	1	0
PC286(C)(1)	2	0	0	0	0	0	0	0	1	0
PC286(C)(2)(B)	1	0	1	0	2	0	1	0	0	0
PC286(C)(2)(C)	0	0	0	0	2	0	1	0	0	0
PC286(D)(3)	0	0	1	0	0	0	0	0	0	0
PC288(A)	223	1	216	0	171	0	163	0	146	0
PC288(B)	0	0	0	0	1	0	0	0	2	0
PC288(B)(1)	19	0	21	0	12	0	7	0	7	0
PC288(C)(1)	2	0	0	0	0	0	0	0	0	0
PC288.2(B)	0	0	1	0	0	0	0	0	0	0
PC288.3(A)	0	0	1	0	1	0	0	0	0	0
PC288.5	0	0	0	0	0	0	1	0	1	0
PC288.5(A)	2	0	4	0	2	0	5	0	2	0
PC288.7(B)	1	0	0	0	0	0	0	0	1	0
PC288A(B)(1)	5	0	7	0	9	0	7	1	15	3
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	0	0	0	0	1	0	1	0
PC288A(C)(2)(B)	0	0	1	0	1	0	0	0	0	0
PC288A(C)(2)(C)	0	0	0	0	0	0	3	0	1	0
PC289(A)(1)(B)	0	0	2	0	1	0	0	0	0	0
PC289(A)(1)(C)	1	0	0	0	0	0	0	0	1	0
PC289(H)	0	0	0	1	1	1	0	3	1	0
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.1(A)	0	0	1	2	0	0	0	0	0	0
PC311.10	4	0	1	0	4	0	0	0	0	0

District Attorney's Office

Figure 14a

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2012 THROUGH 2016

	2012		2013		2014		2015		2016	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC311.11(A)	8	0	3	0	4	0	10	1	6	1
PC311.2(A)	0	0	0	0	0	0	0	2	0	1
PC311.2(B)	0	0	0	0	1	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	1	0	2	0
PC311.2(D)	0	0	0	0	1	0	0	0	0	0
PC311.3(A)	1	0	0	0	0	0	0	1	0	4
PC311.4(A)	0	0	0	0	0	0	1	0	0	0
PC311.4(C)	0	0	1	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	9	0	4	0	12	0	10	0	6
PC647.6(B)	0	0	0	0	1	0	1	0	0	0
TOTAL	306	108	281	116	231	125	225	130	202	122
ANNUAL TOTAL	414		397		356		355		324	

Figure 15

JUVENILE PRESENTED IN 2016

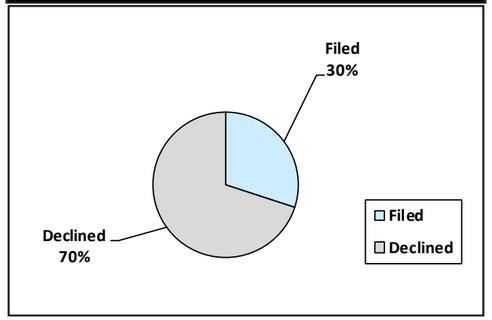


Figure 16

TOTAL JUVENILE DISPOSITIONS IN 2016

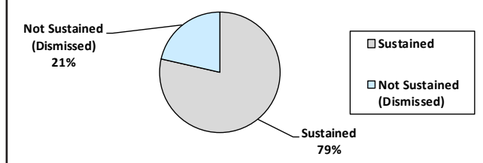


Figure 17

TOTAL JUVENILE CASES FILED BY ZIP CODE FOR 2007 THROUGH 2016

ZIP CODE	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
90001	28	34	19	20	22	31	8	0	0	0
90033	55	74	70	48	55	46	48	27	22	38
90220	24	29	23	20	25	27	59	37	29	21
90242	23	24	28	33	29	27	27	17	22	10
90301	25	20	13	23	21	21	17	21	7	13
90802	28	18	18	16	19	12	14	16	16	10
91101	14	22	20	15	21	26	25	18	11	3
91342	42	28	53	57	47	70	50	20	34	22
91766	32	34	49	33	20	22	23	19	25	14
93534	15	23	25	19	15	14	15	13	14	8

District Attorney's Office

Figure 18

TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2007-2011

		FEMALE	MALE	TOTAL
2007	JUVENILE	4,438	18,525	**22,963**
	%	19%	81%	
	ADULT	37,088	160,042	**197,130**
	%	19%	81%	
2008	JUVENILE	4,226	18,727	**22,953**
	%	18%	82%	
	ADULT	38,447	163,295	**201,742**
	%	19%	81%	
2009	JUVENILE	3,723	17,455	**21,178**
	%	18%	82%	
	ADULT	37,876	150,822	**188,698**
	%	20%	80%	
2010	JUVENILE	3,410	15,469	**18,879**
	%	18%	82%	
	ADULT	39,656	146,249	**185,905**
	%	21%	79%	
2011	JUVENILE	3,029	13,080	**16,109**
	%	19%	81%	
	ADULT	36,315	126,685	**163,000**
	%	22%	78%	

Figure 18a

TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2012-2016

		FEMALE	MALE	TOTAL
2012	CHILD ABUSE	2,552	10,577	**13,129**
	%	19%	81%	
	ALL CHARGES	34,646	119,415	**154,061**
	%	22%	78%	
2013	CHILD ABUSE	1,898	8,304	**10,202**
	%	19%	81%	
	ALL CHARGES	32,801	114,878	**147,679**
	%	22%	78%	
2014	CHILD ABUSE	1,535	6,859	**8,394**
	%	18%	82%	
	ALL CHARGES	32,543	114,540	**147,083**
	%	22%	78%	
2015	CHILD ABUSE	1,121	5,189	**6,310**
	%	18%	82%	
	ALL CHARGES	32,492	114,200	**146,692**
	%	22%	78%	
2016	CHILD ABUSE	944	4,342	**5,286**
	%	18%	82%	
	ALL CHARGES	27,533	104,136	**131,669**
	%	18%	79%	

Figure 20

TOTAL JUVENILE FILINGS BY GENDER FOR 2007-2011

		FEMALE	MALE	TOTAL
2007	JUVENILE	18	268	**286**
	%	6%	94%	
	ADULT	4,438	18,525	**22,963**
	%	19%	81%	
2008	JUVENILE	24	282	**306**
	%	8%	92%	
	ADULT	4,226	18,727	**22,953**
	%	18%	82%	
2009	JUVENILE	14	304	**318**
	%	4%	96%	
	ADULT	3,723	17,455	**21,178**
	%	18%	82%	
2010	JUVENILE	4	280	**284**
	%	1%	99%	
	ADULT	3,410	15,469	**18,879**
	%	18%	82%	
2011	JUVENILE	11	263	**274**
	%	4%	96%	
	ADULT	3,029	13,080	**16,109**
	%	19%	81%	

Figure 20a

TOTAL JUVENILE FILINGS BY GENDER FOR 2012-2016

		FEMALE	MALE	TOTAL
2012	CHILD ABUSE	18	278	**296**
	%	6%	94%	
	ALL CHARGES	2,552	10,577	**13,129**
	%	19%	81%	
2013	CHILD ABUSE	14	272	**286**
	%	5%	95%	
	ALL CHARGES	1,898	8,304	**10,202**
	%	19%	81%	
2014	CHILD ABUSE	4	184	**188**
	%	2%	98%	
	ALL CHARGES	1,535	6,859	**8,394**
	%	18%	82%	
2015	CHILD ABUSE	13	168	**181**
	%	7%	93%	
	ALL CHARGES	1,121	5,189	**6,310**
	%	18%	82%	
2016	CHILD ABUSE	12	127	**139**
	%	9%	91%	
	ALL CHARGES	944	4,342	**5,286**
	%	18%	82%	

Figure 19

CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 2007-2011

		FEMALE	MALE	TOTAL
2007	JUVENILE	18	268	**286**
	%	6%	94%	
	ADULT	464	1,828	**2,292**
	%	20%	80%	
2008	JUVENILE	24	282	**306**
	%	8%	92%	
	ADULT	536	1,913	**2,449**
	%	22%	78%	
2009	JUVENILE	14	304	**318**
	%	4%	96%	
	ADULT	452	1,916	**2,368**
	%	19%	81%	
2010	JUVENILE	4	280	**284**
	%	1%	99%	
	ADULT	550	2,001	**2,551**
	%	22%	78%	
2011	JUVENILE	11	263	**274**
	%	4%	96%	
	ADULT	552	1,958	**2,510**
	%	22%	78%	

Figure 19a

CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 2012-2016

		FEMALE	MALE	TOTAL
2012	CHILD ABUSE	18	278	**296**
	%	6%	94%	
	ALL CHARGES	517	1,907	**2,424**
	%	21%	79%	
2013	CHILD ABUSE	14	272	**286**
	%	5%	95%	
	ALL CHARGES	546	1884	**2,430**
	%	22%	78%	
2014	CHILD ABUSE	4	184	**188**
	%	2%	98%	
	ALL CHARGES	585	2050	**2,635**
	%	22%	78%	
2015	CHILD ABUSE	13	168	**181**
	%	7%	93%	
	ALL CHARGES	600	1963	**2,563**
	%	23%	77%	
2016	CHILD ABUSE	12	127	**139**
	%	9%	91%	
	ALL CHARGES	625	1,816	**2,441**
	%	26%	74%	

Figure 21

TOTAL ADULT FILINGS BY GENDER FOR 2007-2011

		FEMALE	MALE	TOTAL
2007	JUVENILE	464	1,828	**2,292**
	%	20%	80%	
	ADULT	37,088	160,042	**197,130**
	%	19%	81%	
2008	JUVENILE	536	1,913	**2,449**
	%	22%	78%	
	ADULT	38,447	163,295	**201,742**
	%	19%	81%	
2009	JUVENILE	452	1,916	**2,368**
	%	19%	81%	
	ADULT	37,876	150,822	**188,698**
	%	20%	80%	
2010	JUVENILE	550	2,001	**2,551**
	%	22%	78%	
	ADULT	39,656	146,249	**185,905**
	%	21%	79%	
2011	JUVENILE	552	1,958	**2,510**
	%	22%	78%	
	ADULT	36,315	126,685	**163,000**
	%	22%	78%	

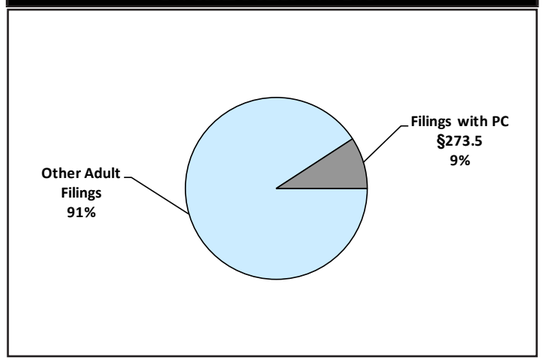
Figure 21a

TOTAL ADULT FILINGS BY GENDER FOR 2012-2016

		FEMALE	MALE	TOTAL
2012	CHILD ABUSE	517	1,907	**2,424**
	%	21%	79%	
	ALL CHARGES	34,646	119,415	**154,061**
	%	22%	78%	
2013	CHILD ABUSE	546	1,884	**2,430**
	%	22%	78%	
	ALL CHARGES	32,801	114,878	**147,679**
	%	22%	78%	
2014	CHILD ABUSE	585	2,050	**2,635**
	%	22%	78%	
	ALL CHARGES	32,543	114,540	**147,083**
	%	22%	78%	
2015	CHILD ABUSE	600	1,963	**2,563**
	%	23%	77%	
	ALL CHARGES	32,492	114,200	**146,692**
	%	22%	78%	
2016	CHILD ABUSE	625	1,816	**2,441**
	%	26%	74%	
	ALL CHARGES	27,533	104,136	**131,669**
	%	21%	79%	

Figure 22

FILINGS WITH PC §273.5 CHARGE VERSUS TOTAL FILINGS 2016



GLOSSARY OF TERMS

*Definition from Black's Law Dictionary, (8th ed. 2004)

Accusatory Pleading - An indictment, information, or complaint by which the government begins a criminal prosecution.*

Acknowledgment of Discovery - A form signed by the defense attorney acknowledging the receipt or inspection of specified documents relating to the court case.

Adjudication - The legal process of resolving a dispute.* In criminal court, this term generally means a determination of guilty or not guilty. When used to describe a proceeding in juvenile delinquency court, it describes the trial process under which the judge hears evidence as the trier of fact in order to determine whether a petition filed on behalf of the minor in court is found to be true (sustained petition) or not true (dismissed). As the purpose of a delinquency court proceeding is to determine the truth of the matter alleged and, if sustained, develop a rehabilitation plan on behalf of the minor, a true finding by the court resulting from and adjudication does not have the same consequences as a conviction for a similarly charged adult defendant.

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

Amend a Complaint or Information - One amends a complaint or information by adding or deleting from it. This must be approved by the court. It can be done either by interlineation or by submitting a new document containing the charges. Generally a complaint or information is amended based on newly discovered evidence or to conform to proof presented at a court hearing.

Appeal - A proceeding undertaken to have a lower court's decision reconsidered by a court of higher authority.* The appellate court may refuse to hear the case, affirm the lower court's ruling, or reverse or overturn the lower court ruling on the issue(s) being appealed.

Appellate Court - A court of review which determines whether or not the ruling and judgments of the lower court were correct.

Arraignment – The initial step in a criminal prosecution whereby the defendant is brought before the court to hear the charges and enter a plea.* The defendant is given a copy of the complaint, petition, or other accusatory instrument, and informed of his or her constitutional rights.

Arrest - The physical taking of a person into custody for violating the law, the purpose of which is to restrain the accused until he can be held accountable for the offense at court proceedings. The legal requirement for an arrest is probable cause.

Arrest Warrant – Authorization, issued only upon a showing of probable cause, directing a law enforcement officer to arrest and bring a person to court.*

Bail - A monetary or other form of security given to ensure the appearance of the defendant at every stage of the proceedings in lieu of actual physical confinement in jail.

Bench Warrant - A writ issued directly by a judge to a law enforcement officer, especially for the arrest of a person who has been held in contempt; has been indicted; has disobeyed a subpoena; or has failed to appear for a hearing or trial.*

Beyond a Reasonable Doubt - The burden of proof in a criminal trial. The California jury instruction defines reasonable doubt as: It is not a mere possible doubt; because everything relating to human affairs is open to some possible or imaginary doubt. It is that state of the case which, after the entire comparison and consideration of all of the evidence, leaves the minds of the jurors in that condition that they cannot say they feel an abiding conviction of the truth of the charge.

Booking - An administrative record of an arrest made in police stations listing the offender's name, address, physical description, date of birth, employer, time of arrest, offense, and the name of arresting officer. Photographing and fingerprinting the offender are also part of the booking process.

Burden of Proof - A party's duty to prove a disputed assertion or charge.*

Case Law - Law derived from previous court decisions, as opposed to statutory law which is passed by legislature.

Certified Plea - Occurs when a defendant pleads guilty or no contest to a felony charge thereby foregoing a preliminary hearing.

Change of Venue - Moving the trial away from the responsible judicial jurisdiction to another to obtain an impartial jury (usually done when pre-trial publicity prevents the selection of an impartial jury in the court of original jurisdiction).

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

Charging Document - Generic term used in place of complaint, information, or grand jury indictment. The document lists the date of the crime and the code section which defines the crime.

City Attorney - Prosecutor for a city. City Attorneys represent the people of a city and prosecute infractions and misdemeanors occurring within that city.

Classification of Crime - Crimes are designated as felonies or misdemeanors. Some crimes, called wobblers, can be designated as misdemeanors or felonies, by order of the court [PC §17(b)(5)] or request of the prosecutor [PC §17(b)(4)].

Complaint - A sworn allegation made in writing to a court or judge that an individual has committed one or more public offenses.

Consolidation - The combination of two or more charges documents into one. The charging documents can be for one or more defendants.

Continuance - The postponement of a court proceeding to a future date.

Conviction - A judgment of guilt; this occurs as a result of a verdict by a jury, a plea by a defendant, or a judgment by a court that the accused is guilty as charged.

Count - The part of an indictment, information, or complaint charging the defendant with a distinct offense.* In law enforcement, this is the number of offenses with which a suspect has been charged. For instance, one count of PC §211 (robbery) and two counts of PC §244 (assault with a caustic substance). In other criminal justice agencies (District Attorney's Office, courts, etc.) this is the sequence number identifying a charge on the accusatory pleading document. For instance, Count 1 is for PC §211, Count 2 is for PC §244, and Count 3 is for PC §244.

Court Calendar - A list of matters scheduled for trial or hearing.

Court Case - A case that has been identified, numbered, and is recognized by the court system. Not to be confused with a District Attorney case (see below).

Credit - Time in days that reduces an inmate's sentence term. Credits are typically issued for "good time and work time" or time in custody already served by a defendant.

Crime - Any act that lawmakers designated as forbidden and subject to punishment imposed by the courts.

De Novo Hearing - In juvenile court proceedings, the rehearing where the judgment in the initial hearing is set aside and the new hearing takes place before a judge as if the first hearing never occurred. The de novo hearing may occur when the first hearing was held before a referee.

Defendant - The accused in criminal proceedings.

Demurrer - A written document filed (or plea entered) by a defendant that attacks the accusatory pleading for failing to state sufficient facts to constitute a public offense.

Dennis H. Hearing - An optional juvenile detention hearing requested by the defense to attack the sufficiency of the evidence presented by the District Attorney's Office that the minor has committed a crime or crimes which require the continued detention of the minor.

Detention Hearing - In delinquency court, a hearing held to determine whether a juvenile accused of delinquent conduct should be detained, continued in confinement, or released pending an adjudication.*

Determinate sentence - A sentence for a fixed length of time rather than for an unspecified duration.*

Diagnostic - In appropriate juvenile cases, the court has the power to order a diagnostic report from the California Department of Corrections and Rehabilitation, Division of Juvenile Justice regarding whether the juvenile would benefit from any of the programs offered by the Department of Corrections and Rehabilitation, Juvenile Division. In adult cases, the court can refer a convicted defendant to the California Department of Corrections and Rehabilitation pursuant to PC §1203.03 for a 90-day period and a diagnostic report recommending whether the defendant should be committed to state prison.

Discovery - Procedure whereby one party to an action gains information held by another party.

Dismiss a Case - To terminate a case without a trial or conviction.

Disposition - For juvenile offenders, the equivalent of sentencing for adult offenders. Possible dispositions are dismissal of the case, release of the juvenile to parental custody, place the juvenile on probation, or send juvenile to a county institution or state correctional institution.

District Attorney Case - When crimes are committed, law enforcement conducts an investigation, then submits its reports to the District Attorney's Office for filing consideration. If sufficient evidence exists to prove the case beyond a reasonable doubt, the reviewing deputy district attorney will file the appropriate charges. The charging document, police reports, attorneys' work product, and other evidence constitute the District Attorney case. A case may represent more than one defendant and more than one count. Both adult and juvenile District Attorney's cases have an internal number as well as the official case number issued by the Superior Court. The cases may be tracked in the District Attorney's Office internal computer system, PIMS (Prosecutor's Information Management System).

Diversion Program - A program that refers certain criminal defendants before trial to community programs on job training, education, and the like, which if successfully completed, may lead to the dismissal of the charges.*

Docket - A formal record of the events in which a judge or court clerk briefly notes all the proceedings and filings in a court case.*

Double Jeopardy - The Fifth Amendment of the United States Constitution prohibits a second prosecution or sentencing of a person for the same charge if jeopardy has attached unless there has been an appeal from a conviction.*

Edsel P. Hearing - A juvenile court hearing to determine if there is sufficient prima facie evidence to substantiate that a WIC §707b offense (which gives rise to the presumption that the juvenile is not fit to be tried as a juvenile) has been committed.

Enhancement/Allegation - Statutes that increase the punishment for a crime.

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

Evidence - Something (including testimony, documents, and tangible objects) that tends to prove or disprove the existence of

District Attorney's Office

an alleged fact.*

Expert Witness - A witness qualified by knowledge, skill, experience, training, or education to provide a scientific, technical, or other specialized opinion about the evidence or a fact issue.*

Expungement of Record - The removal of a conviction from a person's criminal record.*

Family and Children's Index (FCI) – An electronic database accessible by various county and city agencies that contains information about prior contact with children and families involved in abuse and neglect cases.

Felony - A serious crime punishable by imprisonment for more than one year or by death.*

Filing - In the District Attorney's Office, this is the process where the prosecutor reviews the facts and evidence presented by law enforcement to make a determination as to whether crimes may be charged, and if so, what the appropriate charges are. The prosecutor evaluates the case to determine not only whether all of the legal elements of the crimes are present but also whether it is reasonably likely that the trier of fact could find the accused guilty beyond a reasonable doubt. Once the charging document is prepared in the District Attorney's Office, it is then filed in Superior Court.

Fitness Hearing - A hearing to determine if a juvenile should be tried as an adult rather than remain in the juvenile system.

Grand Jury - A group of citizens (usually 23 in number) that investigates wrongdoing and that, after hearing evidence submitted by the prosecutor, decide by majority vote whether to indict defendants. Grand jury proceedings are conducted in secret and without the presence of the accused or his attorney.

Habeas Corpus Proceeding - A hearing to determine the legality of a person's confinement.

Hearing - A judicial session, usually open to the public, held for the purpose of deciding issues of fact or of law, sometimes with witnesses testifying.*

Held to Answer - In felony cases, a magistrate decides at the preliminary hearing whether there is sufficient cause to believe the defendant is guilty of felony charges.

Home on Probation - A juvenile delinquency court disposition which allows a minor to remain in his home while complying with the terms and conditions of probation.

Home Supervision Program (HSP) - A program in which persons who would otherwise be detained in the juvenile hall are permitted to remain in their homes pending court disposition of their cases, under the supervision of a probation officer.

Hung Jury - A jury that is unable to reach agreement about whether a defendant is guilty or not guilty. This allows the prosecution to retry the case if it chooses unless the trial judge decides otherwise and dismisses the case.

In Lieu of Filing - A procedure where a probation violation petition is filed pertaining to the facts of a new crime instead of filing a new criminal complaint on those same facts.

Indeterminate Sentence - An open-ended sentence, such as from 25 to life, that gives correctional authorities the right to determine the amount of time actually served within the prescribed limits.

Indictment - A written accusation returned by a grand jury charging an individual with a specified crime after determining probable cause.

Informal Probation - Supervised probation of a juvenile offender. This status may be granted by a probation officer (in lieu of requesting the filing of a petition) or by the court (suspending the delinquency proceedings) prior to adjudication. This is similar to diversion in the adult system.

Information - Like the complaint or indictment, a formal charging document.

Infraction - A crime that is not punishable by imprisonment.

In Propria Persona (also known as In Pro Per, or Pro Per) - Refers to a defendant who represents his or herself in a legal action. The defendant has a legal right to counsel but also has the right to self-representation. Before the court may accept a waiver to the right to counsel, it must satisfy itself that the defendant is making a knowing and intelligent waiver of that right. For capital (death penalty) cases in California, the court is statutorily obligated to appoint defense counsel even if the defendant asks to act as his or her own attorney.

Interlineation - The changing of a charging document, with court approval, by all parties writing the change on their copy of the charging document.

Jeopardy - The risk of conviction and punishment that a criminal defendant faces at trial. In a jury trial, jeopardy attaches after the jury has been impaneled and in a court trial, after the first witness is sworn.*

Joinder - The joining of several offenses into one charging document which either arise from the same factual incident or are offenses of the same nature.

Jurisdiction - The type (e.g., territorial, subject matter, appellate, personal, etc.) or range of a court's or law enforcement agency's authority.*

Jury - A group of citizens, randomly selected from the community, chosen to hear evidence and decide questions of fact in a trial.

Juvenile Court Jurisdiction - Under WIC §602, any person under the age of 18 years when he or she violates any law of California or the United States, or any city or county of California defining crime (other than an ordinance establishing curfew based solely on age), is within the jurisdiction of the juvenile court, which may adjudge such person to be a ward of the court, except in those circumstances where the offense provides that the juvenile may be tried as an adult.

Law Enforcement Agency - Agency with the responsibility of enforcing the laws and preserving the peace of its jurisdiction.

Lawful Custody - As used in reference to the Safe-Surrender law in PC §271.5, Health and Safety Code §1255.7 defines "lawful custody" as physical custody of a minor 72 hours old or younger accepted by a person from a parent of the minor, who the person believes in good faith is the parent of the minor, with the specific intent and promise of effecting the safe surrender of the minor.

Minor - A person who has not reached full legal age; a child or a juvenile.*

Minute Order - An order recorded in the minutes of the court rather than directly on a case docket.*

Misdemeanor - A crime that is less serious than a felony and is usually punishable by fine, penalty, forfeiture, or confinement in a place other than prison.*

Mistrial - A trial that a judge brings to an end, without a determination on the merits, because of a procedural error or serious misconduct occurring during the proceedings,* or due to a hung jury.

Motion - A written or oral application requesting a court to make a specified ruling or order.

Motion to Dismiss Pursuant to PC §995 - A motion made in superior court to dismiss a case on one or more counts based on insufficient evidence produced at the preliminary hearing.

Obscene Matter - Pursuant to PC §311(a), this means matter, taken as a whole, that to an average person, applying contemporary statewide standards, appeals to the prurient interest, that taken as a whole, depicts or describes sexual conduct in a patently offensive way, and that, taken as a whole, lacks serious literary, artistic, political, or scientific value.

Office Hearing - The District Attorney's Office handles certain criminal situations in a non-courtroom setting with the objective of solving problems before they become more serious. These criminal matters are minor in nature. The hearing officer speaks to both parties and attempts to resolve the matter. If that fails, a decision is made whether to file, seek additional information, or not file a complaint.

Petition - A formal written request presented to a court or other official body.* In juvenile court, the Probation Department requests the District Attorney's Office to file a petition for a juvenile. The charging document is called a petition in juvenile court, while the charging document is called an indictment, information, or complaint in adult court.

Petition (WIC §601) - Juvenile charging document prepared by the District Attorney's Office (and occasionally the probation officer) for those offenses (typically matters involving incorrigibility) that are not violations of the law if committed by an adult.

Petition (WIC §602) - Juvenile charging document prepared by the District Attorney's Office for those offenses that are violations of the law if committed by an adult.

Petition (WIC §777) - Juvenile charging document prepared by the District Attorney's Office for those offenses that constitute a violation of probation (making it necessary to modify the previous orders of the court).

Plea - An answer to formal charges by an accused. Possible pleas include guilty, nolo contendere or no contest, not guilty, and not guilty by reason of insanity.

Plea Bargaining - The process whereby the accused and the prosecutor negotiate a mutually satisfactory disposition of the case. This is also known as a case settlement or negotiated plea.

Preliminary Hearing - A criminal hearing to determine whether probable cause exists to prosecute an accused person. If sufficient evidence exists, the case will be held to answer and an information will be filed. At the hearing, the prosecution must establish a prima facie case, that is, show that a felony occurred and to raise strong suspicion that the defendant committed it.

Preponderance of Evidence - The standard of proof in a civil trial. It is less than required in a criminal trial (i.e., beyond a reasonable doubt). Specifically, the weight of evidence for guilt is deemed greater than the weight of evidence for innocence.

Pre-Sentence Report - A report by a probation officer made prior to sentencing that diagnoses offenders, predicts their chance of being rehabilitated, recommends to the court that specific sentence elements be imposed upon the defendant, and addresses the danger they pose to society.

Pre-Trial Hearing - The pre-trial hearing is held to facilitate case settlement prior to the trial. Various motions may also be heard at the pretrial.

Prima Facie - A term that usually refers to the strength of evidence of a criminal charge. Prima facie evidence is sufficient to establish a fact or a presumption of fact unless disproved or rebutted.*

Probable Cause - A reasonable ground to suspect that a person has committed or is committing a crime or that a place contains specific items connected with a crime.* The evidentiary criterion necessary to sustain an arrest or the issuance of an arrest or search warrant; less than an absolute certainty or "beyond a reasonable doubt" but greater than mere suspicion or "hunch.

Probation - A procedure whereby a convicted defendant is not punished by incarceration alone but is released for a designated period of time subject to conditions imposed by the court. One of the conditions of probation can be a period of incarceration in local (county) institutions.

Probation Violation - When a person does not abide by one or more of the conditions of his probation.

Probation/Sentencing Hearing - A hearing after a defendant has been found guilty or pled guilty where the sentence is imposed.

Register of Action - A formal record of the events that have occurred in a superior court case maintained by the court clerk.

Registration - Pursuant to PC §290, persons convicted of certain sexual offenses must give all pertinent identifying information to the law enforcement agency in the area where they live and, if applicable, where they attend a university, college, or community college within a certain time period. This requirement is often for life.

Safe-Surrender Site - As defined in Health and Safety Code §1255.7, (a) a location designated by the board of supervisors of a county to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5 and (b) a location within a public or private hospital that is designated by that hospital to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5.

Sealing of Records - The act or practice of officially preventing access to particular records, in the absence of a court order.*

Search Warrant - A judge's written order authorizing a law enforcement officer to conduct a search of a specified place and to seize evidence.*

Sentence - The criminal sanction imposed by the court upon a convicted defendant. When there are multiple charges, the court may sentence concurrently or consecutively. If the sentences are concurrent, they begin the same day and sentence is completed after the longest term has been served. If the sentence is to be served consecutive to another charge, the defendant must complete the first sentence before the other term of incarceration begins. Within one court case, sentences for charges can be consecutive and if the defendant has more than one court case, sentences for each court case can be consecutive.

Severance - Can involve the separating of two or more defendants named in the same charging document. Also, can involve the separating of two or more charges against a defendant into multiple cases.

Stay - A judicial order whereby some action is forbidden or held in abeyance until some event occurs or the court rescinds its order.

Submission on Transcript (SOT) - If the defendant waives his

right to a jury trial and the right to confront and cross-examine witnesses, and the Deputy District Attorney concurs, the se may be submitted to the judge on the preliminary hearing transcript.

Subpoena - A court order directing a person to attend a court proceeding.

Subpoena Duces Tecum (SDT) - A court order directing a witness to bring to court documents that are under the witness' control.

Sustain the Petition - The judicial finding in a juvenile delinquency case. If the court finds the allegations to be true, it sustains the petition; this is functionally equivalent to a guilty verdict. If the petition is not sustained, the court will find the petition not true; this is functionally equivalent to a not guilty verdict.

Trier of Fact (also known as the Fact Finder) – Hears testimony and reviews evidence to rule on a factual issue. In a preliminary hearing, a magistrate is the trier of fact. In a jury trial, jurors are the triers of fact. In a court trial, the judge is the trier of fact. In all instances, the court rules on the law.

Venue - The place designated for trial.

Vertical Prosecution - The prosecution of a defendant whereby a specific prosecutor is assigned for the duration of the case.

Witness - One who gives evidence in a cause before a court and who attests or swears to facts or gives or bears testimony under oath.

Wobbler - A criminal offense that is punishable as either a felony or a misdemeanor.

Writ - An appellate remedy seeking an order from a higher court either to mandate or prohibit action in the lower court where the criminal case is pending.

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 both the oldest and the largest full service local governmental defender in the United States. During Fiscal Year 2016-2017, the Office was led by Chief Public Defender, Ronald L. Brown, until his retirement in December of 2016, and then by Acting Chief Public Defender, Kelly G. Emling.

Our Mission is to resolutely defend the liberty interests of indigent clients, to protect their rights and to advocate for clients to access resources to be productive members of the community.

With offices in 34 separate locations throughout the County, in Fiscal Year 2016-17, the Public Defender's Office had 1,151 budgeted positions. There were 705 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 areas of police misconduct, intimate partner battering and its effects, claims involving factual innocence based on DNA, and AB109 revocation hearings.

In Fiscal Year 2016-17, the Public Defender represented clients in approximately 85,085 felony-related proceedings; 197,904 misdemeanor-related proceedings; and 25,177 clients in juvenile delinquency proceedings.

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

Public Defender's Office

SPECIAL PROJECTS OF THE PUBLIC DEFENDER

PROPOSITION 47

In November 2014, California voters passed legislation (Penal Code section 1170.18) which permitted individuals convicted of specific felony offenses (e.g. drug possession[Health and Safety Code sections 11350, 11357(a), 11377(a); second degree burglary [Penal Code section 459]; grand theft [Penal Code section 487]; writing bad checks [Penal Code section 476a]; petty theft with a prior [Penal Code section 666, etc.]) with the opportunity to apply or petition for a reduction of the conviction to a misdemeanor conviction. Originally, the State law mandated a three (3) year sunset date for filing petitions and applications. However, in 2016, the California Legislature extended the filing deadline until 2022.

The Public Defender's Office has identified approximately 800,000 cases, and possibly 500,000 individuals, eligible for relief under the law. In an effort to inform individuals of the possibility of relief, in October 2016, the department began sending letters to those convicted in Los Angeles County courts, informing them of the new law and its benefits.

In an effort to further create awareness among those impacted by the law, the department also created the Los Angeles County Proposition 47 website (http://Prop47.lacounty.gov) which connects clients directly to the Public Defender's Prop 47 legal team. The website updates clients about Public Defender legal resource clinics, links them to health and public service agencies, and connects them to housing, groceries, and job services through its partnership with 211 LA County.

In partnership with community and faith based organizations, County agencies and other public/private service providers, the Public Defender participates in legal clinics where the department offers assistance with Prop 47, expungements, and other forms of post-conviction relief. The Public Defender has participated in over 70 legal clinics and outreach events since 2015.

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 Lancaster 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 the 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 is refusing to go to court or take medication. Consequently, problems are addressed immediately.

Since 2016, the Jail Mental Health Liaison Program has served over two hundred eighty clients, and sixty-two forcible jail extractions were prevented.

COMMUNITY COLLABORATIVE COURTS

The Community Collaborative Courts program (CCC) is designed to provide treatment to the most vulnerable populations in the criminal justice system. Persons accepted into the CCC 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 CCC is the final alternative to prison.

Persons referred to the CCC are screened by the Probation Department for their suitability. The Department of Health Services will also screen referrals if mental illness is suspected.

If a person is accepted into the CCC, the person is placed on probation for three to five years and then supervised by the Probation Department for the term of probation. The CCC's criminal justice partners will agree on a treatment program that is tailored to meet the person's particular needs. The person's participation in the treatment program is a condition of their probation. 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 upon successful completion of the CCC.

The CCC started in December 2015. It currently is in operation in four courthouses – Central, Van Nuys, Compton, 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% face non-violent drug and property crimes. This rapid influx of women into the criminal justice system has resulted in an increased demand for appropriate evidence-based, gender-responsive programs for women in lieu of incarceration and/or upon parole. These programs are designed to break the cycle of substance abuse and crime and to positively impact the children of women offenders who are at high risk of continuing the intergenerational patterns of drug abuse, criminal behaviors, and neglectful parenting. Research confirms that the pathways to crime for women are different than for men:

• A majority of women offenders have mental health disorders;
• Four in ten were physically or sexually abused before age 18;
• 64% of women imprisoned in California are mothers;
• Nearly one-third have children under the age of six; 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 wraparound 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; and providing education, parenting classes, job preparation and housing stability. Such a comprehensive approach promotes the successful return of formerly incarcerated individuals into local communities.

The 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;

Public Defender's Office

• Sheriff's Department;

• Los Angeles City Attorney's Office;

• Prototypes; and

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

• Women-focused, evidence-based substance abuse treatment;

• Evidence-based trauma treatment;

• Mental health care;

• Health and wellness education;

• Education and employment training/placement;
• Legal services;

• Mentorship programs;

• Financial management support;

• Child support and family reunification services where appropriate;

• Domestic violence education and domestic violence/ trauma counseling;

• Transportation and child care; and
• Case worker support.

Women may bring with them into the residential treatment program up to two children twelve 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.

Project statistics from the start of the program in May 2007 through June 30, 2017, are as follows:

• 452 women have been formally admitted into the program;
• Of the 452 women admitted, only 69 women (15%) have been terminated from the program and sentenced to county jail or prison;
• One hundred percent of those who were formally admitted to the program have received substance abuse treatment and job development/placement services. In addition, most received individual therapy for co-occurring disorders;
• Approximately 221 women have graduated from the program; and
• Cost savings during a two year period were estimated at over $11 million based on projected incarceration cost savings less treatment costs.

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 and 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 VA Outreach Specialist. Public Counsel assists the team on ancillary issues. Referrals to Veterans Court are made countywide by the participating agencies and privately retained defense counsel.

Prior to admission, the candidate is carefully screened for eligibility and suitability by the Veterans Court team and the treatment provider identified by the VA. The program is 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

BENEFITS

The program has demonstrated positive outcomes. Over 250 veterans have been accepted into the Veterans Court program since it began on September 13, 2010. Twenty-four graduations have been held since the program's inception resulting in approximately 125 veterans' graduating the program. The Veterans Court creates options within the criminal justice system that tailor effective and appropriate responses for veteran offenders with post-service issues. It reduces recidivism, protects public safety and reintegrates veteran offenders back into their communities by providing access to intensive treatment services and case management while minimizing incarceration. Not only does incarceration fail to address the veteran's military related disorders, it is costly and adds to the problem of jail overcrowding which has become even more critical due to AB109 Public Safety Realignment.

Finally, Veterans Court takes advantage of 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 has attended Mental Health Services Act Delegate's Meetings since early 2005 and was instrumental in voicing the need for such a court. The Public Defender is represented on the CODC Standing Committee. The mission of the Los Angeles County CODC Program is to provide both mental health and substance abuse treatment to those who voluntarily choose to enter into a contract with a court-supervised co-occurring disorders treatment program. Participants must engage in all phases of treatment with the hope of improving their quality of life, clinical functioning and possibly further benefiting by the reduction and/or dismissal of criminal charges.

The Co-Occurring Disorders Court utilizes a non-traditional approach to case resolution for those who suffer from mental illness and addiction. Rather than focusing only on the crimes they commit and the punishments they receive, Co-Occurring Disorders Court also attempts to address some of their underlying problems. The Los Angeles County CODC, which held its first session in April 2007, is built upon a unique partnership between the criminal justice system, drug treatment community and the mental health community which structures treatment intervention around the authority and personal involvement of a single CODC judge. CODC is also dependent upon the creation of a non-adversarial courtroom atmosphere where a single bench officer and a dedicated team of court officers and staff work together toward the common goals of breaking the cycle of drug abuse and criminal behavior, and promoting the stabilization and functioning of mental health symptoms. CODC program capacity is 62 participants.

The Public Defender screens clients for legal criteria

Public Defender's Office

eligibility and represents approximately 90 percent of all participants, while the Department of Mental Health screens for the clinical criteria. A number of candidates who are either not eligible or suitable for CODC are reconnected to other programs.
Since formal operations launched in April 2007 through Fiscal Year 2016-17:

• 2,144 candidates have been screened for CODC;
• 469 have been admitted to CODC; and
• 127 participants have graduated from the CODC.

COMMUNITY UNITING FOR RESOLUTION AND EMPOWERMENT

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

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

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

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

Participants meet regularly with their CRCD case management team to receive assistance in one or more of the following areas:

• Obtaining a high school diploma or GED;
• Receiving mental health counseling;
• Attending a substance abuse program;
• Housing assistance;
• Job assistance; and
• Alternatives to engaging in the gang lifestyle.

In addition, all gang diversion participants attend a monthly court appearance to enable the city attorney, public defender and CRCD liaison to provide the court with a progress report and to hold each participant accountable for his or her success in the program.

Since May 2010, 100 individuals have been accepted to the Gang Diversion program. Of those, 50 have graduated from the program and 17 participants continue to work toward successful completion. Clients who decline the Gang Diversion program when initially offered or refuse to continue with the program, may accept a traditional disposition or proceed to trial. The project is funded through CRCD grants that are essential to the continued success of misdemeanor offenders' transition from jail to the community.

PUBLIC INTEGRITY ASSURANCE SECTION AND INNOCENCE PROJECT

The Public Integrity Assurance Section (PIAS) of the Public Defender's Office focuses on the investigation and litigation of wrongful convictions primarily resulting from police misconduct. In the wake of the LAPD Rampart corruption scandal, PIAS was instrumental in successfully litigating numerous post-conviction Writs of Habeas Corpus and Motions to Vacate based on police misconduct and wrongful conviction of innocent clients. PIAS attorneys also handle post-conviction cases of former clients where the cases involved Intimate Partner Battery which was precluded as a defense at trial, Innocence Project cases where DNA could be used to exonerate clients, cases involving misapplication of the Sexual Offender Registration statutes, and in Proposition 36 "Three Strikes" cases. In addition to post-conviction assistance, PIAS attorneys provide ongoing training and litigation support for deputy public defenders confronting issues of peace officer misconduct.

DRUG TREATMENT COURTS AND PROPOSITION 36

The Public Defender was also a leader in creating and implementing the Drug Court Program in 1994. Drug Court is a collaborative program involving the Superior Court, Public Defender, District Attorney, and drug treatment providers to allow drug offenders with minimal criminal records to participate in a closely supervised drug treatment program instead of jail. Because of the tremendous success of this program that began in downtown Los Angeles, twelve adult Drug Courts and three Juvenile Drug Courts now operate in Los Angeles County. Additionally, in 1998, a second collaborative effort resulted in the creation of the Sentenced Offender's Drug Court, a highly successful program involving more intensive and jail based therapeutic treatment as an alternative to prison for drug addicted offenders including parolees subsequently charged with new crimes. There are currently 73 participants. Since inception, 722 participants have graduated during multiple ceremonies held throughout the year.

Due to a budget shortfall and its impact on court operations, the Superior Court in 2009 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, the County moved to a "fee for service" model for Proposition 36 treatment services on October 1, 2011. The County also revised its Services Matrix and created two levels of services based on risk level. Despite these challenges, Public Defender staff remains committed to accessing appropriate treatment services for all clients, including those qualifying under Proposition 36.

THE JUVENILE JUSTICE SYSTEM

During Fiscal Year 2016-17, the Public Defender's Office represented 25,177 clients in juvenile delinquency proceedings.

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

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

According to the Juvenile Court Judges of California, 50% of all youth in the juvenile delinquency system have undetected learning disabilities. Learning disabilities affect cognitive systems related to perception, attention, language, and the symbolization abilities required to learn to read and/or carry out mathematical calculations in an automatic manner. Clearly, youth with disabilities are over represented in the juvenile justice system. One study from the National Center on Education, Disability, and Juvenile Justice noted that the prevalence of youth with disabilities is three to five times greater in juvenile corrections populations than in public school populations.

Accordingly, many youth in the juvenile justice system, including many of those detained in juvenile halls and camps, suffer from significant learning, developmental, emotional, and behavioral disabilities that impede their ability to fully benefit from mainstream educational services. Many of these youth are covered by state and federal special education laws that mandate a continuum of educational program options for special education students. Assembly Bill 490, effective January 1, 2004, seeks to ensure educational rights and stability for foster youth. Through AB 490, the Legislature declared its intent to ensure that all pupils in foster care and those who are homeless as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. section 11301, et seq.) have a meaningful opportunity to meet the same rigorous state pupil

academic achievement standards to which all pupils are held. Similar to the approach already utilized by the Public Defender, AB 490 places high emphasis on promoting educational advancement and stability by holding specific agencies accountable to maintain stable school placements and to ensure that each pupil is placed in the least restrictive educational programs and has access to the academic resources, services, extracurricular and enrichment activities that are available to all pupils.

Unfortunately, many of these disabilities are not diagnosed until these youth appear in the juvenile justice system and even then, all too often the juvenile delinquency system focuses only on the specific behavior or circumstances that bring delinquent children to the attention of law enforcement and the courts. For any number of reasons, the system fails to pay sufficient attention to the serious underlying issues that often lead youth into juvenile court charged with criminal or status offenses.

Furthering our holistic legal approach, we have enhanced our juvenile division's training program by adding a full-time attorney trainer. With the passing of AB 703, effective July 1, 2016, our attorneys receive a minimum of 12 hours of training in such topics as child and adolescent brain development, special education, competence and mental health issues, among others.

CLIENT ASSESSMENT RECOMMENDATION AND EVALUTION "CARE" PROJECT

Since its inception in 1999, the Juvenile Division of the Public Defender's Office has implemented its Client Assessment Recommendation and Evaluation (CARE) Project. The CARE Project focuses on early intervention with youth in delinquency court by addressing the cluster of underlying causes of delinquent behavior such as mental illness, intellectual disability, developmental disabilities, learning disabilities, emotional disturbances, and trauma. It is an advocacy model that is non-traditional in its vision and approach. The CARE Project provides a model continuum of legal representation that incorporates attention to the unaddressed psychosocial and educational needs of youth in the juvenile justice system while also emphasizing early intervention and accountability of both the youth involved and the agencies responsible for safeguarding the youth's interests.

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

During Fiscal Year 2016-17, the Public Defender CARE Project employed 13 psychiatric social workers (11 psychiatric social workers and two supervising social workers) and eight resource attorneys. The psychiatric social workers prepare an assessment of a juvenile client to determine the youth's special needs whether developmental, emotional, or psychological. Based on the assessment, an effective and individualized treatment plan is created to address the issues that put the youth at risk for delinquent behavior and aims to significantly reduce the likelihood of recidivism. The psychiatric social workers also provide consultation services which include early intervention to identify needed services as well as client support during the court process, advocacy with school systems, and recommendations for disposition plans in difficult cases.

The Public Defender resource attorneys advocate on behalf of juvenile clients to assure accountability by various outside agencies that are obligated to provide services to address the youth's educational and mental health needs. In reviewing school and mental health records and appearing at administrative hearings before schools and the Regional Centers, the attorneys work to ensure that youth receive appropriate special education services in the school districts and that the Regional Center system accepts eligible clients and that needed services are provided to their consumers. The success rate in obtaining services previously denied both by schools and the regional center system has been very high. In Fiscal Year 2016-17, the Public Defender's Office provided regional center assistance in 236 cases through the CARE Project.

CARE Project resource attorneys ensure that children with educational difficulties have current Individual Education Programs (IEPs), which identify special education needs and define specific services to be provided. In addition, they facilitate special program referrals to agencies such as the Regional Center system which provides services for youth with developmental disabilities. Resource attorneys also garner Department of Mental Health entitlements for their juvenile clients and provide consultation for other Deputy Public Defenders on complicated cases involving children coming from the Dependency Court system.

The Public Defender's office recognizes that traditional representation for these clients, similar to that normally provided to adult clients, is no safeguard against recidivism if other resources are not channeled toward those youth to assist them in dealing with the many other challenges and obstacles they face outside of the courtroom. The Public Defender adheres to the philosophy that effective advocacy must encompass a holistic approach individually tailored to the particular needs of each unique client.

The Public Defender CARE Project operates within all eight juvenile branches of the Los Angeles County Public Defender's Office. Deputy Public Defenders refer cases to the CARE Project. Referrals are for either Extended Services or Brief Services. Brief Services are those which can be completed on the same day the request for services was made. Extended Services extend beyond the date of the request for services. The referrals involve a variety of consultation services including:

- Psychosocial and educational assessments;
- Early intervention to identify requisite services;
- Referrals to community resources which include substance abuse services (such as Alcoholics Anonymous–AA, Narcotics Anonymous-NA, after school activities such as the YMCA and parenting classes);
- Inter-agency advocacy that triggers Department of Mental Health, Regional Center and special education assistance;
- Client and family support during the court process; and
- Recommendations to the court for disposition plans and conditions of probation in difficult cases.

Psychosocial assessments often help Deputy Public Defenders to determine whether the youth represents a risk to the community and constitutes the basis for effective treatment plans likely to reduce re-offending by addressing the issues that otherwise would put the youth at risk for further delinquent behavior. The psychiatric social workers interview the juvenile clients along with their family members and other involved parties such as school counselors, team coaches, social workers working in dependency courts, foster parents and therapists. At the discretion of the Deputy Public Defenders, CARE Project psychiatric social workers prepare reports for the Deputy Public Defenders to present to the court. The information developed by the psychiatric social workers plays a key role to individualize and humanize the perception of each youth by busy bench officers who otherwise would not have the advantage of in-depth evaluations and insight about each youth and awareness of services available to implement an effective treatment plan. Consequently, more appropriate services are rendered to youth and their families to reduce recidivism while continuing to hold minors accountable.

By referring clients for evaluation, identification and intervention at the pre-trial stage, the Public Defender's Office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. By beginning to design disposition plans at an early stage, members of the CARE Project team are able to provide the court with a better assessment of the youth's needs, present reasonable recommendations for appropriate conditions of probation and identify resources that will assist the child and his/her family to responsibly satisfy the conditions of probation. This approach enables the court to make orders that will foster accountability by both the youth and the system.

The current beneficiaries of the integrated components of these programs are the children, together with their families and communities, who receive services from attorneys, psychiatric social workers and resource attorneys. For example, children with special education needs are represented by Public Defender resource attorneys and psychiatric social workers at school district hearings, including IEP meetings. Advocacy by the Public Defender's Office on behalf of children entering the juvenile justice system has resulted in tremendous benefits for youth with disabilities and has provided them with a necessary continuum of educational program options in the school system that are mandated by state and federal law. Youth and their families also benefit from referrals to appropriate mental health residential and outpatient treatment programs, regional center services for youth with developmental and cognitive disabilities and referrals to other public and private service agencies.

2008 CALIFORNIA COUNCIL ON MENTALLY ILL OFFENDERS "BEST PRACTICES" AWARD

The California Council on Mentally Ill Offenders (COMIO) was created by the Legislature in 2001 to investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to

become offenders or who have a history of offending. COMIO's stated mission is "to end the criminalization of individuals with mental illness by supporting proven strategies that promote early intervention, access to effective treatments, a planned re-entry and the preservation of public safety." In 2008, five COMIO Best Practices Awards were presented to adult and juvenile programs statewide. The Public Defender's CARE Project was the only non-mental health court program and one of only two juvenile programs to receive this award.

Since the 1999 inception of the CARE Project through June 2017, children have received project services in 24,497 cases. In Fiscal Year 2016-17, 12,729 services were provided in 1,390 cases. On average, each youth served received nine services from the Project.

The referrals involved a variety of consultation services including psychosocial and educational assessments, early intervention to identify services, referrals to community resources (such as 12-step programs for alcohol and substance abuse, and after-school activities such as the YMCA and parenting classes), crisis intervention referrals during the court process, and recommendations for disposition plans and conditions of probation in difficult cases. A significant number of these dispositions were for placements that provided treatment for a problem identified in the assessment process or the minor was permitted to remain in the home while receiving treatment services in the community. Many of these youth are involved in both the Delinquency and Dependency court systems and are themselves victims of abuse and neglect.

Overall, for Fiscal Year 2016-17, the Los Angeles County Juvenile Courts adopted 75% of the Public Defender disposition recommendations where CARE extended services were provided. Over the past fifteen years, the court on average has adopted 80% of the disposition recommendations. Judicial officers have stated that the evaluations are invaluable in making the courts better equipped to identify those youth with emotional or developmental issues.

The CARE Project, with a grant received by the Los Angeles County Quality and Productivity Commission, was evaluated by Resource Development Associates (RDA) during fiscal year 2016-17. RDA's evaluation found the CARE Project 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."

THE DIVISON OF JUVENILE JUSTICE UNIT

The passage of Senate Bill 459, effective January 1, 2004 (Chapter 4, Statutes of 2003), gave the Juvenile Court continuing jurisdiction over minors sent to the Division of Juvenile Justice (DJJ). SB 459 was a legislative attempt to ensure that courts take an active role in supervising youth who are committed to DJJ by mandating the following:

1) Juvenile Courts are now required to set a maximum term of confinement (Welfare and Institutions Code section 731);

2) DJJ is required to set an initial parole consideration date within 60 days of the commitment of a ward; (Welfare and Institutions Code section 1731.8); and 3) DJJ must prepare a treatment plan for each ward, provide these reports to the Juvenile Court and to the Probation Department, and provide written periodic reviews at least annually (Welfare and Institutions Code section 1766).

The Public Defender's DJJ Unit monitors the care and confinement treatment provided to public defender youth at DJJ. An experienced attorney and paralegal are assigned to the Department's DJJ unit, which was created in the summer of 2004.

The population of youth housed in DJJ facilities statewide has been significantly reduced from over 4,000 youth in 2004 to approximately 653 today. On February 22, 2010, the California Department of Corrections and Rehabilitation officially closed the doors of the Herman G. Stark Youth Correctional Facility located in Chino, which had been the state's largest DJJ facility for juvenile offenders. In December of 2011, the California Department of Corrections and Rehabilitation officially closed the doors of the Southern Youth Correctional Reception Center-Clinic located in Norwalk.

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

Through a combination of the recent legislative changes and our successful advocacy since 2004, the number of youth the DJJ unit assists has decreased. As of June 30, 2017, the Public Defender DJJ Unit continues to represent 50 youth in DJJ institutions throughout the state and 25 DJJ re-entry clients. During Fiscal Year 2016-17, additional Public Defender DJJ clients had their commitments modified by successful Welfare and Institutions Code section 779 petitions. The DJJ Unit also represents clients in county re-entry hearings, modification hearings and progress reports, as all DJJ youth are realigned to local supervision as a result of AB 1628. While in DJJ, public defender clients maintain contact with their DJJ Unit attorney and paralegal through in person visits and phone calls to the four remaining DJF facilities: Ventura, O.H. Close and Chaderjian in Stockton, and Pinegrove Conservation Camp. The DJJ Unit attorney and paralegal develop working relationships with the clients' DJJ counselors, as well as with other staff at the institutions. They work to obtain clients' prior mental health and education records, review DJF documents in order to assess current treatment plans, and advocate for re-entry services. Upon release to the county on post release supervision, the Public Defender DJJ Unit remains involved with their clients to assist with accessing services.

Advocacy within the institution often results in a change in the services provided to the client. The attorney and paralegal have participated in obtaining special education services for their clients inside DJJ and have attended IEP meetings on behalf of their institutionalized clients. They have ensured that clients are transferred to facilities where specialized counseling is available, thus enabling the clients to receive services necessary for them to successfully reintegrate into the community upon their release.

The Public Defender DJJ Unit attorney also researches and prepares motions pursuant to Welfare and Institutions Code section 731, requesting that the judge set a determinate term for the sentence. WIC section 731, which states that minors may not be held in physical confinement for a period longer than the maximum adult sentence, has been amended. The additional language now states that "[a] minor committed to . . . the Youth Authority also may not be held in physical confinement for a period of time in excess of the maximum term of physical confinement set by the court based upon the facts and circumstances of the matter or matters which brought or continued the minor under the jurisdiction of the juvenile court, which may not exceed the maximum period of adult confinement as determined pursuant to this section."

The lawyer also pursues relief pursuant to WIC section 779, which gives the juvenile court discretion to remove clients from DJJ institutions in cases where appropriate services are not being provided. While current law allowed the juvenile court to modify or set aside a DJJ commitment, WIC section 779 has been amended to state that "[t]his section does not limit the authority of the court to change, modify, or set aside an order of commitment after a noticed hearing and upon a showing of good cause that the Youth Authority is unable to, or failing to provide treatment consistent with section 734." Courts have granted these motions after holding hearings and finding that DJF services were inadequate. A number of clients have been moved from DJJ Youth Correctional Facilities to local suitable placements where their special needs can be addressed.

THE SB-9 UNIT

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

JUVENILE MENTAL HEALTH COURT

The Public Defender's Office is actively involved in 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 or learning disabilities and whose crimes demonstrate a link to the disorder or disability. A collaborative inter-agency team consisting of a judge, prosecutor, defense attorney, child psychiatrist 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

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home, family, therapeutic, educational and adult transition services. A deputy public defender, with the assistance of a psychiatric social worker, advocates on behalf of the child to secure mental health services from all available community resources.

The deputy public defender and psychiatric social worker work with the family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and the Department of Children and Family Services, to obtain for the youth every benefit to which he or she is legally entitled. Implementation of the plan is monitored intensively on an ongoing basis for two years or as long as the minor remains on probation. One goal of JMHC is to reduce recidivism in the mentally ill population.

Since its inception in October 2001 through June 30, 2017, the JMHC has accepted 702 youth, and the Public Defender represented 607 of those youth. In Fiscal Year 2016-17, the JMHC accepted 27 new cases, 25 of which are serviced by the Public Defender's Office.

STAR COURT

STAR Court (Succeeding through Achievement and Resilience) is a collaborative court housed in Department 260 of the Compton Juvenile Court. The bench officer is Commissioner Catherine Pratt. The goal of STAR Court is to provide a holistic approach to addressing the traumas and unique issues of a trafficked youth. Counseling, suitable placement, if needed, and education are top priorities. Under the federal Trafficking Victims Protection Act, originally passed in 2000 and reauthorized in 2013 as part of the Violence Against Women Act, any person under the age of 18 who performs a commercial sex act is now considered a human trafficking victim, not a prostitute.

STAR Court is a post adjudication court. The participants are identified by defense attorneys, district attorneys and juvenile bench officers. Participation is voluntary. STAR Court receives referrals from every juvenile court in Los Angeles County. Public Defender cases referred to STAR Court are handled by a public defender resource attorney. The average monthly caseload our resource attorney carries is 60. Along with a public defender resource attorney, STAR Court is staffed by a deputy district attorney, probation officers, a liaison from the Department of Children and Family Services (DCFS), educational consultants from Public Counsel, Alliance for Children's Rights, and Healthy Minds Consulting. Youth also may have mentors from Saving Innocence. All staff has been trained on commercial sexual exploitation of children issues.

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.
According to court statistics, 73 percent of STAR Court participants have not been arrested for re-offending.

STAR Court has received national attention and is being viewed as a model program. Probation and advocacy groups from across the country have interviewed STAR Court professionals with the goal of starting their own STAR Court in their respective states.

JUVENILE JUSTICE JEOPARDY

In collaboration with Los Angeles County's Chief Executive Office, District Attorney's Office, and the Department of Parks and Recreation, Public Defender attorneys, paralegals, investigators, social workers, and administrative staff assist local communities reclaim their parks at the summer community resource fairs entitled Parks After Dark. Beginning in 2010 with three parks, our staff hosted Juvenile Justice Jeopardy, an innovative computer game which aims to provide youth with scenario based, interactive lessons that will assist them in understanding the reality of juvenile justice law and police-youth interactions. The popularity of the game has grown and during the summer of 2016, our staff participated at thirteen different parks on nine separate nights.

JUVENILE DRUG TREATMENT COURT

Juvenile Drug Treatment Court attempts to resolve underlying problems of drug and alcohol abuse and is built upon a unique partnership between the juvenile justice community and drug treatment advocates. The courtroom atmosphere is non-adversarial, with a dedicated team of court officers and staff, including deputy public defenders who strive together to break the cycle of drug abuse. The Los Angeles County Juvenile Drug Treatment Court Programs are supervised, comprehensive treatment programs for non-violent youth. The programs are comprised of youth in both pre-adjudication and post-adjudication stages as well as high-risk probationers who are sometimes first placed in a 26-week residential facility before being transitioned into outpatient treatment.

Youth participate in the program voluntarily. In the pre-adjudication program, charges are suspended during the youth's participation while minors in the post-adjudication program admit charges in the petition prior to participation. Most youth participating in the pre-adjudication program are charged with committing offenses involving possession of narcotics or being under the influence of drugs and/or alcohol. Youth are generally eligible to participate in the post-adjudication program regardless of the charges so long as they are not heavily gang-entrenched or have an extensive history with violence or firearms. Even minors with WIC section 707(b) charges may be allowed to participate in Juvenile Drug Treatment Court when they are amendable to treatment and the interests of justice are served.

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

Failure or dismissal from the program will result in the reinstatement of criminal (delinquency) charges and subsequent prosecution on the pre-adjudicated charges or continuation on probation on the post-adjudication charges. Success in the Juvenile Drug Treatment Court Program is not solely measured by the number of graduates from the program, but rather whether the curriculum favorably impacted the youth to the extent that they are now considered drug-free.

Juvenile Drug Treatment Court providers direct participating youth through a 52-week curriculum which includes drug treatment, drug testing, frequent court appearances, and individual as well as group counseling. The programs are divided into three phases:

• Phase one focuses on stabilization, orientation and assessment;

• Phase two emphasizes intensive treatment; and

• Phase three focuses on transition back to the community.

A counselor or probation officer also assists with obtaining education and skills assessments. Referrals for vocational training or job placement services are also provided. Participants are required to attend school on a regular basis with enrollment in Independent Studies allowed only with the court's approval. The youth's parents and family members are encouraged to participate in appropriate treatment sessions. Deputy public defenders receive training regarding addiction, treatment, and related issues which constitute an ongoing part of the therapeutic environment fostered in the Juvenile Drug Treatment Court.

There are currently three Juvenile Drug Treatment Courts:

1. Sylmar (which began operations in 1998) handles both pre and post-adjudication matters;

2. Eastlake (which began operations in 2001) handles post-adjudication matters only; and

3. Inglewood (which began operations in 2004) handles pre-adjudication matters only.

For Fiscal Year 2016-17:

• Sylmar Court accepted 40 new participants and graduated 7 participants.

• Eastlake Court accepted 29 participants and

graduated 5 participants.

• Inglewood Court accepted 12 new participants and had 2 graduates.

PROBATION DEPARTMENT

The Los Angeles County Probation Department (Probation) was established in 1903 with the enactment of California's first probation laws. As a criminal justice agency, Probation has expanded to become the largest Probation Department in the world.

The Chief Probation Officer has jurisdiction over the entire county, including all of the cities within its borders. The legal provisions setting forth the Chief's office, duties, and responsibilities are found in the California Welfare and Institutions Code (WIC) and 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 juveniles on probation, recommending sanctions to the court, enforcing court orders, operating juvenile detention facilities and probation camps, and assisting victims. Probation also provides supervision services to individuals released from California State prisons for non-violent, non-serious, and non-sex offenses pursuant to AB109.

Probation's vision is to rebuild lives and provide for healthier and safer communities. Its mission is to enhance public safety, ensure victims' rights and effect positive probationer behavioral change.

INVESTIGATION SERVICES

Both adults (age 18 and older) and juveniles (under age 18 at the time of commission of a crime) may be referred to Probation for investigation. Adults are referred by the criminal courts while juveniles are referred by the Superior Court of California, County of Los Angeles, law enforcement agencies, schools, parents, or other interested community sources. The Deputy Probation Officer (DPO) provides a court report with a recommendation supported by factors that include but are not limited to the offender's social history, prior record, analysis of the current living arrangements, and statements from the victim and other interested parties. Recommendations support the needs of the individual while considering the safety of the community and ensuring victims' rights.

If the court grants probation, the DPO enforces the terms and conditions of probation ordered by the court, monitors the probationer's progress in treatment, and initiates appropriate corrective action if the conditions are violated.

If a child is under the jurisdiction of the Dependency Court, the DPO works cooperatively with the Children's Social Worker (CSW) from the Los Angeles County Department of Children and Family Services (DCFS) assigned to the case to ensure the child's safety and welfare. The DPO's assessment of the offender's response to court-ordered treatment may have a significant influence in determining the outcome of a child's placement.

Probation Department

ADULT SERVICES

Probation provides services to over 50,000 adults in Los Angeles County. The services consist of the following operations: Pretrial Services Division, Adult Investigations, Adult Supervision, Specialized Programs, and AB109.

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

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

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

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

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

Electronic Monitoring Program: The Electronic Monitoring Program is available to the Superior Court of Los Angeles County as an alternative to custody in accordance with 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 Los Angeles County adults in custody are screened for possible participation, including court-ordered participation. Defendants can be referred to the program on misdemeanor or felony cases either prior to conviction as a pretrial release, or after conviction as a sentencing option. If electronic monitoring is ordered by the court, special conditions such as breath alcohol testing, drug testing, counseling, community service, and/or substance abuse treatment may also be issued by the court while the defendants are electronically monitored.

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

Static 99 Program: 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 in order 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.

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

DNA/Prop 69 Program: Pursuant to California Proposition 69 (The DNA Fingerprint, Unsolved Crime and Innocence Protection Act) and under the provisions of 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. Pretrial Services employees collect DNA samples and palm print impressions for both adult probationers and juvenile probationers. Live Scan machines are operational at the collection sites to ensure compliance with the palm print impression-capturing requirement of Proposition 69.

ADULT INVESTIGATIONS

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

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

ADULT SUPERVISION

Probation is responsible for the supervision of approximately 60,000 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:

Probation Department

SPECIALIZED SUPERVISION

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

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

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

High Risk Offender - These probationers were assessed to present a high risk of continued criminal activity and pose a greater risk to the community. The High Risk Offender DPO supervises complex cases involving habitual and potentially dangerous offenders who may be resistant to services and are likely to violate the conditions of probation. They are required to meet with their DPO face-to-face at least twice per month.

Medium Risk - Narcotic Testing - Probationers assigned to this level of supervision were assessed to have a medium level of risk of re-offending and have a court ordered requirement to submit to a random narcotic testing. Once a month they report for submission of a urine sample for testing.

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

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

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

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.

Alternative Treatment Caseload - This program was originally funded by a Byrne/JAG Federal Grant for the reduction of state prison commitments through enhanced, evidence-based practices in probation supervision to improve probation outcomes. The Alternative Treatment Caseload program is currently funded through California Senate Bill 678, which continues in the original mission of the Byrne/JAG Federal grant. This is the most intensive level of supervision for adult probationers, and uses Cognitive Behavioral Journals and intensive counseling to address risk factors to promote positive behavioral change.

Child Threat - Any case may be assigned to the Child Threat Unit when there is a reason to believe that the adult defendant's behavior poses a threat to a child because of a history of violence, drug abuse, sexual molestation, or cruel treatment, regardless of official charges or conditions of probation. Doing so promotes the safety of the child and the family. Probationers in the Child Threat Unit must report to their DPO face-to-face. Additionally, Child Threat cases may require coordination with DCFS, the court, and/or treatment providers.

FINANCIAL EVALUATION TEAM

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

AB 109

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

AB109 is fashioned to meet the U.S. Supreme Court Order to reduce the prison population of the State's 33 prisons. Noteworthy is the fact that no inmates currently in state prison will be transferred to county jails or released early. The law, effective October 1, 2011 also mandates that individuals sentenced to non-serious, non-violent or non-sex offenses will serve their sentences in county jails instead of state prison.

As the lead agency for Post-Release Community Supervision (PRCS), Probation has sole responsibility for determining eligibility, modifying risk levels, and determining the need for additional monitoring from law enforcement. Probation is currently supervising approximately 12,000 adults who are on PRCS supervision. These individuals are referred to as post-released supervised persons (PSP) because they are not technically on probation or parole.

JUVENILE SERVICES

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

Detention Services - Intake and Detention Control (IDC) - IDC is responsible for screening youth for admittance into Juvenile Hall in accordance with established procedures and legal requirements for detention.

Juvenile Hall serves as an institutional setting that temporarily houses youth for primarily two reasons: 1) prior to their court dates and/or after their court sentence, and 2) pending transition to out of home care. The three (3) Juvenile Halls in Los Angeles County are: Central Juvenile Hall in the City of Los Angeles, Los Padrinos Juvenile Hall in Downey, and Barry J. Nidorf Juvenile Hall in Sylmar. The combined total population for the three (3) juvenile halls is approximately 700 youth. Detention services is a mandated program pursuant to WIC 850.

Juvenile Hall Programs: Probation developed programs to address specific needs of juveniles in its care and custody. These programs include the following: Commercially Sexually Exploited Children (CSEC) at Central Juvenile Hall is a comprehensive program that assesses and addresses the needs of commercially, sexually exploited children through education, workshops, empowerment, and stakeholder collaboration; Services to Developmentally Disabled Minors is a program that focuses on identification, programmatic participation to assist with rehabilitation while in detention and referrals to the local Regional Centers; Women Empowering Young Women from the Inside Out Writers Program at Los Padrinos Juvenile Hall serves female youth offering a one week program on improving female youth self esteem by recognizing their inner and outer beauty, positive qualities, various talents, and career goals; and the Elite Family Unit at Central Juvenile Hall is guided by a multi-agency steering committee to provide programming specifically designed to address the needs of detained youth under the jurisdiction of DCFS and Probation supervision.

Community Detention Program – The Community Detention Program (CDP) provides intense electronically supported supervision for adjudicated and pre-adjudicated minors 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. Failure to cooperate with the stated provisions of CDP may result in the minor's return to secure detention, pending an appearance in court for violation proceedings.

Probation Department

Community-Based Supervision - DPOs supervise juveniles placed on community-based probation supervision. DPOs are assigned to designated communities and work with minors, families, schools, and other relevant resources to build on minor/family strengths, evaluate and make efforts to minimize risks, and monitor compliance with court orders.

Dual Supervision – WIC 241.1 (a) provides that whenever a minor 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 minor and the protection of society pursuant to a jointly developed written protocol. A specialized investigation is conducted involving Probation, DCFS, the Department of Mental Health, and dependency attorneys to determine the appropriate plan for services and treatment for the minor. The Juvenile Dual Supervision Case Management Program supervises minors under legal jurisdiction of DCFS, through Dependency Court, and who are placed on probation. Minors receive case supervision from both DCFS and Probation. DCFS is the lead agency responsible for planning and treatment and Probation monitors compliance with conditions of probation.

Juvenile Mental Health Court – Special Needs Court - Juvenile Mental Health Court – Special Needs Court is designated to initiate a comprehensive, judicially monitored program of individualized mental health treatment and rehabilitation services for minors who suffer from diagnosed mental illness (Axis I), organic brain impairment, or developmental disabilities.

Teen Court - Teen Court offers an alternative sanction in the form of a diversion program for first time juvenile offenders in lieu of delinquency proceedings. The court consists of a volunteer judicial officer, a court coordinator (either a DPO or a Reserve DPO), and a jury composed of six peers. Probation collaborates with the court, other law enforcement agencies, schools, attorneys, and community-based organizations in this program.

Drug Court - Juvenile Drug Court is designed to provide an alternative to current juvenile justice proceedings. The Juvenile Drug Court Program is a comprehensive treatment program for nonviolent minors. This voluntary program is comprised of minors in both pre- and post-adjudicated stages and high risk probationers, and includes regular court appearances before a designated Drug Court Judge and intensive supervision by Probation and the Treatment Provider. Juvenile Drug Court Teams consist of a Juvenile Drug Court Judge, Deputy District Attorney, Deputy Public Defender, DPO, School Liaison, and Drug Treatment Services Provider.

601 Intake Program - Intake DPOs are assigned to eight geographic areas that overlap existing field service area office boundaries. They are responsible for responding to referrals for minors exhibiting behavior problems such as incorrigibility, truancy, running away, and/or other pre-delinquent conduct. Referrals may be initiated by parents, schools, Probation, public, private, or community agencies. Assessments are made to determine the appropriate case needs and services to be provided. It is a goal of the program to connect families to resources that prevent the need for court action and removal of the minor from home. These may include crisis intervention, referrals to outside agencies, e.g., schools, Community Based Organizations (CBO), police, DCFS, referrals for supervision under WIC 236 or WIC 654, or filing a WIC 601a petition for incorrigibility.

Intensive Gang Supervision Program - This program provides intensive supervision of gang indentified probationers and aims to protect the community by closely monitoring the probationer's compliance with their terms and conditions of probation.

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

RESIDENTIAL TREATMENT SERVICES

Camp Community Placement (CCP) provides intensive intervention in a residential treatment setting. The goal of the program is to reunify the minor with their family, to reintegrate the minor into the community, and to assist the minor in achieving a productive crime free life. Probation camps provide structured work experience, vocational training, education, specialized tutoring, athletic activities, and various types of social enrichment. Additional programming is provided by CBO and varies by camp as each camp is tailored to its population and purpose.

There are nine (9) male camps and one (1) female camp that house approximately 350-400 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.

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

PLACEMENT SERVICES

Probation's Placement Services Bureau (PSB) serves juvenile probationers whom the courts have ordered to be removed from home and suitably placed in either group homes, or in relative or non-relative care. Generally youth receive this type of dispositional order after less restrictive court sanctions have not resolved the identified issues. Youth are placed in environments best suited to meet their needs, which may include a smaller group home environment, a larger foster home facility, or a small family home. In 2016 there were approximately 900 Probation youth in placement. PSB is comprised of the following units:

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

Residential-Based Services (RBS) – Placement DPOs are responsible for case management and monitoring the youth while in placement. They work with the youth and their families to identify areas of strength and risk in order to develop appropriate case plans to ensure prompt reunification and/or permanency. The work performed by RBS is mandated in large part through state and federal regulations, such as Division 31 of California Department of Social Services (CDSS).

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

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

Youth Development Services (YDS) and Extended Foster Care (AB12) - Probation provides supportive services to transition age youth exiting foster care in an effort to provide this population with the necessary skills, experiences, and assistance to ensure self-sufficiency, productivity and well-being. Youth who are on a suitable placement order at the time they turn 18 years old and who complete their probation may remain in foster care 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

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

DIVISION OF JUVENILE JUSTICE (DJJ) UNIT

DPOs supervise juveniles placed on community-based probation supervision after being released from the State of California's Division of Juvenile Justice (formally California Youth Authority). DPOs assigned to this unit work closely with Probation's Special Enforcement Operations (armed unit) to provide case management services and assist probationers in reintegrating back into the community.

DOMESTIC MINOR SEX TRAFFICKING (DMST) PROGRAM

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

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

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 minors 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 2016, 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.

The number of adult referrals decreased from 2015 to 2016 by 14.8%, 539 to 459. (Figure 1). The most significant changes were increases in physical abuse and severe neglect, and a decrease in exploitation. The adult referrals for physical abuse increased 100% from 2015 to 2016, 1 to 2 referrals. The referrals for severe neglect increased 87.5%, 8 to 15 referrals. Whereas, referrals for exploitation decreased 28%, from 14 to 10 referrals. Most noteworthy is the total number of adult referrals in 2016 was the lowest in five years (figure 2). Nonetheless, sexual abuse continues to be the number one child abuse offense for adult referrals: 423 of the 459, or 92% of total cases referred to Probation were for sexual abuse.

The number of juvenile referrals decreased from 2015 to 2016 by 29.6%, 287 to 202. (Figure 12). The decreases were reflected in the referrals for physical abuse, severe neglect, and sexual abuse. Referrals for physical abuse decreased 25%, from 16 to 12 referrals. Referrals for severe neglect decreased 37.5%, from 16 to 10. Sexual abuse referrals decreased 33%, from 230 to 154. Similar to the adult referrals, juvenile referrals for child abuse offenses in 2016 were the lowest in the last five years (figure 13). Furthermore, like the adult population, sexual abuse continues to be the number one child abuse offense for juvenile referrals: 154 of 202, or 76% of total cases referred to Probation were for sexual abuse. (Figure 12).

Figure 1

ADULT REFERRALS 2015 - 2016
BY TYPE

PERCENTAGE OF CHANGE		2015	2016	TYPE
INCREASE	-	0	1	CARETAKER ABSENCE
DECREASE	28%	14	10	EXPLOITATION
DECREASE	11%	9	8	GENERAL NEGLECT
INCREASE	100%	1	2	PHYSICAL ABUSE
INCREASE	87.5%	8	15	SEVERE NEGLECT
DECREASE	16.5%	507	423	SEXUAL ABUSE
DECREASE	14.8%	**539**	**459**	OVERALL FROM 2015 TO 2016

Figure 2

ADULT REFERRALS 2012 - 2016
BY TYPE

OFFENSE TYPE	2012	2013	2014	2015	2016
CARETAKER ABSENCE	1	-	-	-	1
EXPLOITATION	15	10	20	14	10
GENERAL NEGLECT	16	7	8	9	8
PHYSICAL ABUSE	2	2	-	1	2
SEVERE NEGLECT	11	13	13	8	15
SEXUAL ABUSE	484	465	489	507	423
OVERALL TOTALS	**529**	**497**	**530**	**539**	**459**

Fig 2a

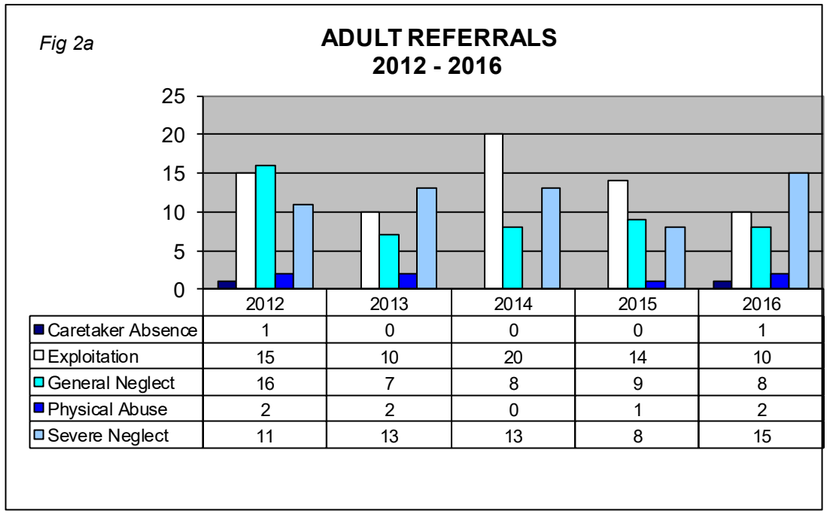

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Fig 2b

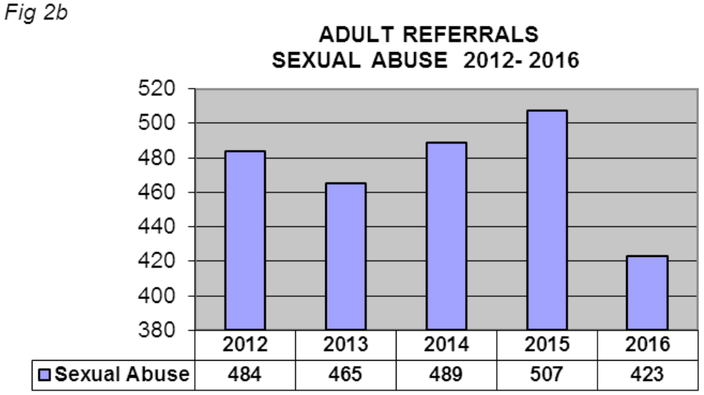

Figure 3

ADULT REFERRALS 2015 - 2016
BY AGE

PERCENTAGE OF CHANGE		2015	2016	AGE OF ADULT OFFENDER
NO CHANGE	-	11	11	**UNDER AGE 20**
DECREASE	3.2%	61	59	**20-24**
DECREASE	23.8%	67	51	**25-29**
DECREASE	22.7%	66	51	**30-34**
DECREASE	16%	87	73	**35-39**
NO CHANGE	-	56	56	**40-44**
DECREASE	7.6%	52	48	**45-49**
DECREASE	20.8%	139	110	**50 AND OVER**

Figure 4

ADULT REFERRALS 2015 - 2016
BY ETHNICITY

PERCENTAGE OF CHANGE		2015	2016	ETHNICITY
DECREASE	9.4%	53	48	**AFRICAN AMERICAN**
DECREASE	100%	1	0	**AMERICAN INDIAN**
INCREASE	20%	10	12	**ASIAN/PACIFIC ISLANDER**
DECREASE	9.9%	312	281	**LATINO**
DECREASE	41.5%	65	38	**WHITE**
DECREASE	68.7%	16	5	**OTHER**
DECREASE	8.5%	82	75	**UNKNOWN**

Figure 5

ADULT REFERRALS 2016
BY AGE & ETHNICITY

ETHNICITY	UNDER 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	TOTAL
AFRICAN AMER	3	8	7	3	5	7	3	12	**48**
ASIAN/PAC ISL	1	0	2	0	4	2	0	3	**12**
LATINO	5	43	35	30	42	34	29	63	**281**
WHITE	1	2	4	9	5	1	4	12	**38**
OTHER	0	1	0	0	1	2	1	0	**5**
UNKNOWN	1	5	3	9	16	10	11	20	**75**
TOTAL	11	59	51	51	73	56	48	110	**459**
PERCENT	**2.4%**	**12.8%**	**11%**	**11%**	**15.9%**	**12.2%**	**10.4%**	**23.9%**	**100%**

Figure 6

ADULT REFERRALS 2015 - 2016
BY AREA OFFICE AND GENDER

	2015		2016	
AREA OFFICE	MALE	FEMALE	MALE	FEMALE
ANTELOPE VALLEY	23	1	14	1
CENTRAL ADULT INVESTIGATION	130	3	120	8
EAST SAN FERNANDO VALLEY	94	5	65	3
FOOTHILL	8	0	8	1
HARBOR	35	1	30	1
LONG BEACH	27	0	22	0
POMONA VALLEY	82	2	76	1
PRETRIAL	7	0	5	0
RIO HONDO	36	1	29	0
SAN GABRIEL VALLEY	16	3	26	0
SANTA MONICA	23	1	18	1
SOUTH CENTRAL	36	5	27	2
TOTAL	**517**	**22**	**441**	**18**

Figure 7

ADULT AND JUVENILE REFERRALS 2016
BY TYPE

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
CARETAKER ABSENCE	1	0.2%	0	-	1
EXPLOITATION	10	2.1%	24	11.8%	34
GENERAL NEGLECT	8	1.7%	2	.9%	10
PHYSICAL ABUSE	2	0.4%	12	5.9%	14
SEVERE NEGLECT	15	3.2%	10	4.9%	25
SEXUAL ABUSE	423	92.1%	154	76.2%	577
TOTAL	**459**		**202**		**661**
PERCENT		**69.5%**		**30.5%**	**100%**

Figure 8

ACTIVE ADULT SUPERVISION 2016
BY AGE AND ETHNICITY

ETHNICITY	UNDER 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	TOTAL
AFRICAN AMER	5	21	20	27	34	30	30	110	277
AMER INDIAN	0	0	1	0	0	0	0	0	1
ASIAN/PAC ISL	0	5	4	4	4	2	2	6	27
LATINO	2	68	106	56	57	41	41	135	506
WHITE	1	22	29	27	41	22	36	125	303
OTHER	1	1	8	5	5	4	6	12	42
UNKNOWN	0	8	8	7	5	6	5	9	48
TOTAL	**9**	**125**	**176**	**126**	**146**	**105**	**120**	**397**	**1204**
PERCENT	**.7%**	**10.3%**	**14.6%**	**10.4%**	**12.1%**	**8.7%**	**9.9%**	**32.9%**	**100%**

Figure 9

ACTIVE ADULT SUPERVISION 2016
BY ETHNICITY

ETHNICITY	TOTAL	PERCENT
AFRICAN AMERICAN	277	23%
AMERICAN INDIAN	1	.1%
ASIAN/PACIFIC ISLANDER	27	2.2%
LATINO	506	42%
WHITE	303	25.1%
OTHER	42	3.4%
UNKNOWN	48	3.9%
TOTAL	**1204**	

Figure 10

ADULT CHILD THREAT WORKLOAD
2012 - 2016
BY AREA OFFICE

AREA OFFICE	2012	2013	2014	2015	2016
ANTELOPE VALLEY	83	84	91	94	101
CENTINELA	128	123	124	108	95
CRENSHAW	156	170	186	159	179
EAST LOS ANGELES	46	47	53	48	44
EAST SAN FERNANDO VAL	143	143	145	139	139
FIRESTONE	75	79	88	88	100
FOOTHILL	62	49	58	67	66
HARBOR	46	39	46	39	43
LONG BEACH	89	95	82	90	94
POMONA VALLEY	93	97	88	82	72
RIO HONDO	73	89	92	77	67
RIVERVIEW	0	0	0	0	1
SAN GABRIEL VALLEY	70	79	82	83	79
SANTA MONICA	61	69	55	51	60
SOUTH CENTRAL	62	54	44	43	36
VALENCIA	32	24	25	25	28
TOTALS	**1219**	**1241**	**1259**	**1193**	**1204**

Figure 11

ADULT AND JUVENILE REFERRALS 2016
RESULTING IN GRANTS OF PROBATIO

AREA OFFICE	ADULTS	JUVENILES	TOTALS
ALHAMRA	1	0	1
ANTELOPE VALLEY	5	2	7
CAMP COMMUNITY PLACEMENT	-	2	2
CENTRAL ADULT INVESTIGATION	1	-	1
CENTINELA	5	1	6
CRENSHAW	7	4	11
EAST LOS ANGELES	2	4	6
EAST SAN FERNANDO VALLEY	10	7	17
FIRESTONE	3	-	3
FOOTHILL	1	1	2
HARBOR	4	-	4
LONG BEACH	3	1	4
NORTHEAST JUVENILE JUSTICE CENTER	-	1	1
POMONA VALLEY	5	-	5
RIO HONDO	7	2	9
RIVERVIEW	6	-	6
SAN GABRIEL VALLEY	4	2	6
SANTA MONICA	2	2	4
SOUTH CENTRAL	4	8	12
VALENCIA	2	-	2
TOTALS	**72**	**37**	**109**
PERCENT	**15.6%**	**18.3%**	

Of the 459 Child Abuse referrals received by the Adult Bureau in 2016, 72 resulted in a court ordered grant of formal probation. The adult defendants not placed on formal probation may have been sentenced to state prison, county jail, placed on informal probation to the court, found not guilty or had their cases dismissed.

Of the 202 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2016, 37 offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Department of Corrections & Rehabilitation, Division of Juvenile Justice (DJJ), found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.

Figure 12

JUVENILE REFERRALS 2015 - 2016
BY TYPE

PERCENTAGE OF CHANGE		2015	2016	TYPE OF ABUSE/NEGLECT
INCREASE	4.3%	23	24	EXPLOITATION
NO CHANGE	-	2	2	GENERAL NEGLECT
DECREASE	25%	16	12	PHYSICAL ABUSE
DECREASE	37.5%	16	10	SEVERE NEGLECT
DECREASE	33%	230	154	SEXUAL ABUSE
DECREASE	29.6%	287	202	OVERALL FROM 2015 TO 2016

Figure 13

JUVENILE REFERRALS 2012 - 2016
BY TYPE

TYPE	2012	2013	2014	2015	2016
EXPLOITATION	5	13	18	23	24
GENERAL NEGLECT	1	1	1	2	2
PHYSICAL ABUSE	25	11	17	16	12
SEVERE NEGLECT	30	14	14	16	10
SEXUAL ABUSE	286	399	328	230	154
OVERALL TOTALS	**347**	**438**	**378**	**287**	**202**

Figure 14

JUVENILE REFERRALS 2015 - 2016
BY AGE

PERCENTAGE OF CHANGE		2015	2016	AGE OF JUVENILES
INCREASE	150%	2	5	**UNDER 11**
DECREASE	20%	5	4	**11**
DECREASE	17.3%	23	19	**12**
DECREASE	51.7%	29	14	**13**
DECREASE	41.3%	46	27	**14**
INCREASE	5.7%	35	37	**15**
DECREASE	15.9%	44	37	**16**
DECREASE	12.8%	39	34	**17**
DECREASE	60.9%	64	25	**18+**

Figure 15

JUVENILE REFERRALS 2015 - 2016
BY ETHNICITY

PERCENTAGE OF CHANGE		2015	2016	TYPE OF ABUSE/NEGLECT
DECREASE	45.3%	64	35	AFRICAN AMERICAN
INCREASE	50%	2	3	ASIAN/PAC ISLANDER
DECREASE	22.5%	177	137	LATINO
DECREASE	29%	31	22	WHITE
DECREASE	61.5%	13	5	OTHER

Probation Department

Figure 16

JUVENILE REFERRALS 2015 – 2016 BY AREA OFFICE AND GENDER

	2015		2016	
AREA OFFICE	MALE	FEMALE	MALE	FEMALE
TRANSITIONS TO AREA OFFICE	17	5	0	0
ANTELOPE VALLEY	15	3	6	2
CAMPS	5	0	3	0
CENTINELA	28	4	8	4
CRENSHAW	20	1	20	3
EAST LOS ANGELES	9	0	7	1
FIRESTONE	10	0	5	1
FOOTHILL	10	0	8	0
HARBOR	9	2	6	1
LONG BEACH	9	0	6	1
NORTHEAST JUVENILE JUSTICE CENTER	24	2	15	2
POMONA VALLEY	15	3	16	1
RIO HONDO	17	4	18	0
SAN GABRIEL VALLEY	21	3	13	1
SANTA MONICA	7	0	2	2
SOUTH CENTRAL	23	0	19	2
VALENCIA	1	2	5	1
VAN NUYS	16	2	23	0
TOTALS	**256**	**31**	**180**	**22**

Figure 17

JUVENILE REFERRALS 2016 BY AGE AND ETHNICITY

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMER	4	1	6	1	5	6	7	2	3	**35**
ASIAN/PAC ISL	0	0	0	0	2	0	0	1	0	**3**
LATINO	0	3	10	13	18	24	25	24	20	**137**
WHITE	0	0	3	0	2	5	4	6	2	**22**
OTHER	1	0	0	0	0	2	1	1	0	**5**
TOTAL	**5**	**4**	**19**	**14**	**27**	**37**	**37**	**34**	**25**	**202**
PERCENT	**2.4%**	**1.9%**	**9.4%**	**6.9%**	**13.3%**	**18.3%**	**18.3%**	**16.8%**	**12.3%**	**100%**

Figure 18

ADULT AND JUVENILE REFERRALS 2016 BY TYPE

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
CARETAKER ABSENCE	1	.2%	-	-	**1**
EXPLOITATION	10	2.1%	24	11.8%	**34**
GENERAL NEGLECT	8	1.7%	2	.9%	**10**
PHYSICAL ABUSE	2	.4%	12	5.9%	**14**
SEVERE NEGLECT	15	3.2%	10	4.9%	**25**
SEXUAL ABUSE	423	92.1%	154	76.2%	**577**
TOTAL	**459**		**202**		**661**
PERCENT		**69.4%**		**30.6%**	**100%**

Figure 19

ACTIVE JUVENILE SUPERVISION 2016 BY AGE AND ETHNICITY

ETHNICITY	UNDER 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMER	0	0	0	0	2	1	2	1	0	6
ASIAN/PAC ISL	0	0	0	0	1	0	0	0	0	1
LATINO	0	0	1	4	2	7	4	4	2	24
WHITE	0	0	1	0	0	2	1	2	0	6
TOTAL	**0**	**0**	**2**	**4**	**5**	**10**	**7**	**7**	**2**	**37**
PERCENT	**-**	**-**	**5.4%**	**10.8%**	**13.5%**	**27%**	**18.9%**	**18.9%**	**5.4%**	**100%**

Figure 20

ACTIVE JUVENILE SUPERVISION 2016 BY ETHNICITY

ETHNICITY	TOTAL	PERCENT
AFRICAN AMERICAN	6	16.2%
ASIAN/PAC ISL	1	2.7%
LATINO	24	64.8%
WHITE	6	16.2%
TOTAL	**37**	**100%**

Probation Department

Figure 21

ACTIVE JUVENILE SUPERVISION 2016
BY AGE AND TYPE

OFFENSE TYPE	UNDER 11	11	12	13	14	15	16	17	18+	TOTAL
EXPLOITATION	0	0	0	0	0	0	2	0	0	2
PHYSICAL ABUSE	0	0	0	0	1	0	0	2	0	3
SEVERE NEGLECT	0	0	0	0	0	0	1	0	0	1
SEXUAL ABUSE	0	0	2	4	4	10	4	5	2	31
TOTAL	**0**	**0**	**2**	**4**	**5**	**10**	**7**	**7**	**2**	**37**
PERCENT	-	-	5.4%	10.8%	13.5%	27%	18.9%	18.9%	5.4%	100%

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

California Youth Authority (CYA) – currently named the Department of Juvenile Justice or DJJ; the most severe sanction available to the juvenile court among a range of dispositional outcomes; it is a state run confinement facility for juveniles who have committed extremely serious or repeat offenses and/or have failed county-level programs, and require settings at the state level; CYA (now DJJ) facilities are maintained as correctional schools which are located throughout the state

Camp Community Placement - available to the juvenile court at a disposition hearing; a minor is placed in a secure or non-secure structured residential camp settings run by the Probation Department throughout the County (see Residential Treatment Program)

Caseload - the total number of adult/juvenile clients or cases on probation, assigned to an adult or juvenile Deputy Probation Officer; caseload size and level of service is determined by Probation Department policy

Child Abuse (or Neglect) – physical injury inflicted by other than accidental means upon a child by another person; includes sexual abuse, willful cruelty or unjustifiable punishment or injury or severe neglect

Child Threat (CTH) Caseload – a specialized caseload supervised by a CTH Deputy Probation Officer consisting of adults on formal probation for child abuse offenses or where there is reason to believe that defendant's (violent, drug abusing or child molesting) behavior may pose a threat child; Probation Department service standards require close monitoring of a defendant's compliance with court orders to ensure both the child's and parents' safety

Compliance - refers to the offender following, abiding by, and acting in accordance with the orders and instructions of the court as part of his/her effort to cooperate in his/her own rehabilitation while on probation (qualified liberty) given as a statutory act of clemency

Conditions of Probation - the portion of the court ordered sentencing option, which imposes obligations on the offender; may include restitution, fines, community service, restrictions on association, etc.

Controlled Substance – a drug, substance, or immediate precursor, which is listed in any schedule in Health and Safety Code Sections 11054, 11055, 11057, or 11058.

Court Orders - list of terms and conditions to be followed by the probationer, or any instructions given by the court

Crime - an act or omission in violation of local, state or federal law forbidding or commanding it, and made punishable in a legal proceeding brought by a state or the US government

DA Case Reject - a District Attorney dispositional decision to reject the juvenile petition request (to file a formal complaint for court intervention) from the referral source (usually an arresting agency) by way of Probation due to lack of legal sufficiency (i.e., insufficient evidence)

Department of Juvenile Justice or DJJ (formerly the California Youth Authority) – the most severe sanction available to the juvenile court among a range of dispositional outcomes; it is a state run confinement facility for juveniles who have committed extremely serious or repeat offenses and/or have failed county-level programs, and require settings at the state level; DJJ facilities are maintained as

correctional schools which are scattered throughout the state; a minor can remain in DJJ until age 25.

Defendant - an adult subject of a case, accused/convicted of a crime, before a criminal court of law

Disposition - the resolution of a case by the court, including the dismissal of a case, the acquittal of a defendant, the granting of probation or deferred entry of judgment, or overturning of a convicted defendant

Diversion - the suspension of prosecution of "eligible" youthful, first time offenders in which a criminal court determines the offender suitable for diverting out of further criminal proceedings and directs the defendant to seek and participate in community-based education, treatment or rehabilitation programs prior to and without being convicted, while under the supervision of the Probation Department; program success dismisses the complaint, while failure causes resumption of criminal proceedings

DPO - Deputy Probation Officer - a peace officer who performs full case investigation functions and monitors probationer's compliance with court orders, keeping the courts informed of probationer's progress by providing reports as mandated

Drug Abuse - the excessive use of substances (pharmaceutical drugs, alcohol, narcotics, cocaine, generally opiates, stimulants, depressants, hallucinogens) having an addictive-sustaining liability, without medical justification

Formal Probation - the suspension of the imposition of a sentence by the court and the conditional and revocable release of an offender into the community, in lieu of incarceration, under the formal supervision of a DPO to ensure compliance with conditions and instructions of the court; non-compliance may result in formal probation being revoked

High Risk - a classification referring to potentially dangerous, recidivist probationers who are very likely to violate conditions of probation and pose a potentially high level of peril to victims, witnesses and their families or close relatives; usually require in-person contacts and monitoring participation in treatment programs

Informal Probation -

- Juvenile -a six-month probation supervision program for minors opted by the DPO following case intake investigation of a referral, or ordered by the juvenile court without adjudication or declaration of wardship; it is a lesser sanction and avoids formal hearings, conserving the time of the DPO, court staff and parents and is seen as less damaging to a minor's record
- Adult - a period of probation wherein an individual is under the supervision of the Court as opposed to the Probation Officer. The period of probation may vary dependant on the circumstances of the case

Investigation - the process of investigating the factors of the offense(s) committed by a minor/adult, his/her social and criminal history, gathering offender, victim and other interested party input, and analyzing the relevant circumstances, culminating in the submission of recommendations to the court regarding sanctions and rehabilitative treatment options

Judgment – law given by court or other competent tribunal and entered in its dockets, minutes of record

Juvenile - a person who has not attained his/her 18th birthday

Juvenile Court - Superior Court which has jurisdiction over delinquent and dependent children

Kiosk - a small stand-alone structure that provides information and services on a computer screen

Minor - a person under the age of 18

Narcotic Testing - the process whereby a probationer must submit, by court order, to a drug test as directed, to detect and deter controlled substance abuse

Pre-Sentence Report - a written report made to the adult court by the DPO and used as a vehicle to communicate a defendant's situation and the DPO's recommendations regarding sentencing and treatment options to the judge prior to sentencing; becomes the official position of the court.

Probation - 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

Probationer - minor or adult under the direct supervision of a Deputy Probation Officer, usually with instructions to periodically report in as directed

Referral - the complaint against the juvenile from law enforcement, parents or school requesting Probation intervention into the case, or a criminal court order directing Probation to perform a thorough investigation of a defendant's case following conviction, and present findings and recommendations in the form of a pre-sentence report

Residential Treatment Program – this program is also referred to as the Camp Community Placement program. It provides intensive intervention in a residential setting over an average stay of 20 weeks. The Camp Community Placement program is an intermediate sanction alternative to probation in the community and incarceration in the California Youth Authority.

Sanction - a penalty for violation of law

Sentence -

- Juvenile - the penalty imposed by the court upon a juvenile with allegations found true in juvenile court; penalties imposed may include fines, community service, restitution or other punishment, terms of probation, residential camp placement or a commitment with the Department of Juvenile Justice (formerly CYA)
- Adult - the penalty imposed by the court upon a convicted defendant in a criminal judicial proceeding; penalties imposed may include fines, community service, restitution or other punishment, terms of probation, county jail or prison for the defendant

Substance Abuse - see Drug Abuse - the non-medical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture. For purposes of this glossary, non-medical use means:

- Use of prescription drugs in a manner inconsistent with accepted medical practice
- Use of over-the-counter drugs contrary to approved labeling; or
- Use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide

Trace - an amount of substance found in a newborn or parent that is insufficient to cause a parent to return to court on a probation violation, but is enough to authorize removal of a child from parental control

Unfit - a finding by a juvenile fitness hearing court that a minor was found to be unfit for juvenile court proceedings, and that the case will be transferred to adult court for the filing of a complaint; juvenile in effect will be treated as an adult

Victim - an entity or person injured or threatened with physical injury, or that directly suffers a measurable loss as a consequence of the criminal activities of an offender, or a "derivative" victim, such as the parent/guardian, who suffers some loss as a consequence of injury to the closely related primary victim, by reason of a crime committed by an offender

DEPARTMENT OF MENTAL HEALTH

The Department of Mental Health (DMH) administers, develops, coordinates, monitors, and evaluates a continuum of mental health services for children within the Children's System of Care (CSOC).

THE MISSION OF THE CSOC

To enable children with emotional disorders to develop their ability to function in their families, school and community.

To enable children with emotional and behavioral disorders, Department of Children and Family Services DCFS-involved children, and children at risk of out-of-home placement to remain at home, succeed in school, and avoid involvement with the juvenile justice system.

HOW THE CSOC FULFILLS ITS MISSION

The CSOC maintains a planning structure regarding the direction of service, following a system of care plan for Children and Families, established through the DMH planning process, as a guide for system of care development.

• Manages a diverse continuum of programs that provide mental health care for children and families.

• Promotes the expansion of services through innovative projects, interagency agreements, blended funding, and grant proposals to support new programs.

• Collaborates with other public agencies, particularly the Department of Health Services (DHS), the Department of Children and Family Services (DCFS), the Probation Department, the County Office of Education (LACOE), and school districts (e.g., LAUSD).

• Promotes the development of county and statewide mental health policy and legislation to advance the well-being of children and families.

WHOM THE CSOC SERVES

The CSOC serves children who have received a diagnosis based on the Diagnostic and Statistical Manual (DSM) and have symptoms or behaviors that cause impairment in functioning that can be ameliorated with treatment.

The priority target population that the Short-Doyle/Medi-Cal community mental health providers serve are children with a DSM-IV Axis I diagnosis that have or will, without treatment, manifest in psychotic, suicidal or violent behavior, long-term impairment of functioning in home, community, or school.

THE CSOC TREATMENT NETWORK

The CSOC provides mental health services through 20% directly-operated and 80% contracted service providers. The CSOC network links a range of programs, including long-term and acute psychiatric hospitals, outpatient clinics, specialized outpatient services, day treatment, case management, and outreach programs throughout the county.

Department of Mental Health

CLIENTS AND PROGRAMS RELATED TO CHILD ABUSE AND NEGLECT

This report presents the characteristics of child and adolescent clients who are victims of, or are at risk of child abuse and neglect and are receiving psychological services in programs provided by DMH.

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

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

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

CHILDREN'S SYSTEM OF CARE BUREAU CHILD WELFARE DIVISION

Katie A. v. Bonta was a class action lawsuit that challenged the long-standing practice of confining abused and neglected children with mental health problems in costly hospitals and large group homes, or in foster homes without sufficient care rather than providing services that would enable them to stay in their homes and communities. Los Angeles County entered into a settlement agreement in May 2003 to develop and implement strategies to provide the plaintiff class with care and services consistent with good child welfare and mental health practice. On March 14, 2006, Federal Judge A. Howard Matz issued an injunction requiring that the County screen members of the plaintiff class to identify children and youth who may need individualized mental health services, and provide them with the Wraparound services and therapeutic foster care, when appropriate.

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

SFC staffing includes countywide as well as Service Area based implementation of program administration and co-located staff. DMH SFC co-located staff are now working in all of the 19 DCFS Regional Offices and are a critical component of the Katie A. strategic plan. Its SFC staff improves access for children involved in the child welfare system and provides mental health screening, assessment and linkage with an appropriate level of treatment in the community. The DMH clinical staff provides an array of mental health services including: follow-up on the Mental Health Screening Tool (MHST); mental health assessment; brief treatment, crisis intervention, and linkage to an array of mental health service providers in the community. DMH Staff participate in Team Decision-Making (TDM) meetings, and have an integral role in the Resource Management Process (RMP) that is applied in case planning. In addition, Child and Family Teams (CFTs) have also been implemented as a component of the Wraparound program since its inception.

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

RELATED MENTAL HEALTH SCREENING AND ASSESSMENT PROGRAMS

(1) Multidisciplinary Assessment Team (MAT)

MAT is a collaborative screening process offered through DCFS and DMH. All newly detained children and youth in the child welfare system with full-scope Medi-Cal qualify for a MAT assessment and receive a comprehensive assessment of their medical, dental, educational, caregiver and mental health needs. DMH service providers complete the MAT assessment within 30 – 45 days of receiving a referral and independent of the DCFS detention process. The DMH MAT provider conducts a standard Infancy, Childhood and Relationship Enrichment Initial Assessment (ICARE) Child and Adolescent Assessment and completes a MAT Summary of Findings Report, which is incorporated into the child's Case Plan presented to the court. MAT staff then assists the case-carrying Children's Social Worker (CSW) in linking children and their families to needed services.

Countywide, 4,728 children had a MAT assessment completed in FY 2015-2016, compared with 4,859 in FY 2014-2015, 4,692 in FY 2013-2014, 4,352 in FY 2012-2013, 3,795 in FY 2011-2012, 3,731 in FY 2010-2011, and 3,417 in FY 2009-2010.

(2) Coordinated Services Action Team (CSAT)

The CSAT is an administrative network in each DCFS regional office that coordinates screening and assessment of: (a) newly detained, (b) newly opened and non-detained, and (c) existing DCFS cases. Every child under DCFS supervision is given a mental health screening by a CSW using a brief checklist, the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Those screening positive are referred for assessment and possible mental health services. CSAT provides a Linkage Specialist to assist CSWs in identifying suitable service linkages, and also monitors effective service delivery. Implemented in May 2009, CSAT initiated a monthly Referral and Tracking System (RTS) Summary Data Report that tracks rates of screenings and referrals. CSAT is primarily a DCFS process. DMH participates in CSAT via SFC co-located staff, D-Rate units, and Wraparound liaisons.

On April 30, 2015 the Board approved annual reports summarizing progress of all SPAs for screenings and referrals for the twelve months of each Calendar Year (CY), beginning with the first annual period that covered from January 1, 2015 to December 31, 2015. A summary of the following screenings and referrals was included in the first of these annual reports to provide the full calendar year of screening/referral data as issued by DCFS and DMH:

- 96.59% of children who were eligible for screening were screened for mental health needs.

- 97.59% of children who screened positive were referred to mental health services.

- 96.78% of children referred for services received mental health service activities within the required timelines.

- Of the 17,530 children who screened positive on the MHST, 1 child (0.01%) was determined to have acute needs, 123 (0.7%) children were determined to have urgent needs, 16,726 (95.41%) children were determined to have routine needs, and the acuity level of 680 (3.88%) children's acuity level remained to be determined.

- On average, children with acute needs received a mental health service activity within the same day of the referral. On average, children with urgent needs received a mental health service activity within one day of the referral. On average, children with routine needs received a mental health service activity within two days of the referral.

- The rate of children who received a mental health activity within required timeframes according to acuity for CY 2015, was the following: 100% of children with acute needs received DMH services on the same day as the referral; 86.99% of children with urgent needs received DMH services within three days of the referral; and 98.38% of children with routine needs received DMH services within 30 days of the referral.

(3) The Role of the DMH Staff Co-Located at the DHS Medical Hubs

The DMH Co-located Mental Health Services at the Medical Hub Clinics is a collaboration between the Departments of Mental Health (DMH), Children and Family Services (DCFS), and Health Services (DHS). The purpose of this co-location is to improve the identification of mental health needs of children and

youth brought to the hubs (DCFS involved children/youth who are in the investigative stage of the process or newly detained) and to improve linkage to specialty mental health services for those children and youth who need such services. In addition to mental health screening, assessment and service linkage, DMH assists DCFS and DHS through consultation and with crisis intervention when necessary. These services are provided at the following DHS Medical Hub facilities: Martin Luther King, Jr. Medical Center, Olive View Medical Center, High Desert Regional Medical Center and Harbor-UCLA Medical Center.

The co-located mental health staff will prioritize children/youth ages birth to five, Commercially Sexually Exploited Children (CSEC), children discharged from psychiatric hospitals, and those in need of immediate crisis intervention. The target population is referred directly by the DCFS social worker or by the DHS medical staff.

Services provided by DMH staff co-located at the DHS Medical Hubs include:

• Screening and assessing children/youth to identify their mental health needs.

• Provide clinical consultations regarding specific cases referred by DCFS and DHS staff.

• Assist in providing crisis intervention as needed.

• Activate and coordinate services with the Psychiatric Mobile Response Team (PMRT) when warranted.

• Serve as system navigators to coordinate, access, link, and monitor services to ensure children/youth receive the appropriate level of mental health services needed. The co-located mental health staff will coordinate and navigate services across Service Areas (SAs).

• Services are provided in English and/or Spanish, providing a translator as needed.

Specific mental health services are offered at the medical hubs as immediate same day assessments of the client's current mental, emotional and behavioral health status. Crisis evaluation progress notes permit unplanned services for psychiatric emergencies that require a more timely response than a regularly scheduled visit. A brief screening tool is also used to determine the need for and scheduling of linkage to expedited mental health services. Mental health consultation is available on request to the DHS medical provider and/or the DCFS CSW.

In CY 2015, 89.3% of newly-detained children were referred to a Medical Hub for an Initial Medical Examination (IME). During 2015, there were 3,551 Medical Hub referrals submitted to DCFS for IMEs. The percentage of newly-detained children referred to the Medical Hubs continues to increase each year.

(4) Training and Coaching

During the Fiscal Years 2015-2016 the Department of Mental Health's (DMH) Coaching Unit implemented the Child and Family Teaming (CFT) Model in the Service Area 6, Immersion Pilot. These agencies included Drew Child Development Corporation, Southern California Health and Rehabilitation Program (SCHARP), Los Angeles Child Guidance Clinic (LACGC), Personal Involvement Center (PIC), Vista Del Mar, Starview, Bayfront, Weber and St. Anne's. The DMH Coaches provided intensive training and coaching on the Shared Core Practice Model (SCPM) and the Child and Family Teaming (CFT) process.

Agency staff were provided with an in-depth SCPM training with a major segment on Underlying Needs, as well as a series of CFT Modules: Module IA-Preparing for Child and Family Teaming, Module IB-Engaging Staff and Families in the Teaming Process, and Module II-Facilitating the Child and Family Team Meeting. These modules prepared agency staff to successfully facilitate the CFT process. In addition, agency staff were provided with a Case Record Review Tools training which introduced the use of Genograms, Eco-Maps, and Timelines. The purpose of utilizing the Case Record Review tools was for CFT Facilitators to explore the impact of the natural support systems, family patterns, environmental factors, and significant life events on the children and families served by intensive mental health programs.

Mental health providers participated in Phase I and Phase II of the CFT training process. During Phase I, agency staff were developed as CFT Facilitators. This involved working with two families in order to implement the "see one, do one" training model. The staff being trained observed a DMH Coach facilitate a CFT meeting, and then prepared to facilitate their own meeting with a different family with the support of the DMH Coach. During Phase II, agency staff were developed into CFT Coaches. The agencies that participated in Phase II were Drew Child Development Corporation, SCHARP, LACGC, Vista Del Mar and Starview. The goal of Phase II was to develop a CFT Coach within each respective agency who could train and develop CFT Facilitators within their agency. Part of Phase II included providing agency staff with CFT Module III, which is a training specifically tailored to develop and prepare CFT Coaches. CFT Module III was co-facilitated with DMH Coaches and a Tricia Mosher Consulting Coach and was provided to both DMH agency staff and DCFS staff.

(5) 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 must 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.

Children's Countywide Services Division assumed FCI responsibilities from the Child Welfare Division in January 2014. During FY 2015-2016, there were a total of 1,976 completed inquiries.

KATIE A. TREATMENT SETTLEMENT

In 2002, a class action lawsuit (Katie A. v. Bonita) was filed against the State and Los Angeles County alleging that children in the county foster care system were not receiving the mental health services to which they were entitled. In 2003, the County of Los Angeles entered into a settlement agreement.

Under the terms of the County's settlement agreement, the County is obligated to make a number of systemic improvements regarding screening, assessment and service delivery to better serve children with mental health needs.

In the State's settlement agreement over a decade ago, California agreed to take a series of actions intended to transform the way children and youth in foster care or at imminent risk of foster care placement, gain access to mental health services, including assessment and individualized treatment consistent with the Core Practice Model (CPM). Children/youth who have the most intensive and complex needs (Katie A. Subclass) have been designated to receive a more intensive array of community based mental health services consistent with the Shared Core Practice Model principles.

The Shared Core Practice Model (SCPM) principles include: 1) strong engagement with and participation of the child/youth and family; 2) focus on the identification of the child/youth and family needs and strengths when assessing and planning services; 3) teaming across formal and informal support systems; 4) use of child/youth and family teams to identify strengths and needs, plan and track progress; and 5) provision of intensive home-based services.

IMPLEMENTING THE SCPM THROUGH THE IMMERSION PROCESS

Since 2014, the County has developed a strategy known as the "immersion process" to more fully achieve the objectives of the Katie A. Settlement Agreement by more effectively implementing the SCPM resulting in fewer removals, placing the youth with kin or in the most home-like setting within the community of origin ensuring that the youth's first placement is their last. The Immersion strategy aims to integrate the SCPM into the work of DCFS children's social workers and their supervisors, as well as professionals who provide mental health services for children/youth in the child welfare system.

Immersion supports the following six outcomes:

• Reduces child welfare caseloads
• Increases placement resource capacity
• Improves mental health service access
• Increases training/coaching capacity
• Facilitates effective evaluation
• Leads to improved programs

During the period of September, 2015 through

December, 2015, the DCFS Compton and Van Nuys Regional Administrators each selected the highest needs subclass children from a Group Home report located on the DCFS LAKIDS intranet website to begin implementing the Immersion approach in the Van Nuys and Compton Regional Offices. Similarly, the DMH Service Area District Chiefs in Service Areas 2 and 6 each selected four service providers to participate in a preparatory "soft launch" phase of the Immersion, an initial six-month period which began in September 2015 and I concluded in March 2016. These DMH providers were responsible for providing Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) as well as other medically-necessary mental health services to 16 selected Katie A. subclass children and their families. A combined total of the children/youth served through the Van Nuys and Compton offices represent approximately 12% of Los Angeles County's entire child welfare caseload.

Starting in April 2016, the "soft launch" phase, an initial six-month period, began on September 18, 2015 and concluded on March 31, 2016, was followed on April 1, 2016 by a full immersion phase, known as the "hard launch" to be completed in December, 2017. The "soft launch" phase and "hard launch' phase together constituted Phase One of the County's Immersion Plan. As part of the Immersion strategy, DCFS and DMH provided Child and Family Team (CFT) training and certification, which is also based on the SCPM.

During September 2015, DCFS and DMH agreed to begin planning Immersion – Phase Two. Following a similar analysis carried out to identify the Phase One Immersion Offices, DCFS and DMH agreed to implement the Immersion approach in the DCFS Pasadena and Belvedere Offices, located respectively within the County's Service Planning Areas 3 and 7.
In order to also begin testing the Immersion Strategy in both the DCFS Pasadena and Belvedere Offices, DCFS and DMH completed a data match to identify potential Katie A. class and subclass members who are served through each office, based on criteria established through the Los Angeles County and California Katie A. case settlements as ready for the "soft launch" in Pasadena and Belvedere, as of November, 2015.

In view of the Phase two Immersion readiness factors, and based upon the need for DCFS and DMH to successfully complete the Phase One Immersion soft launch, a timeline from October 1, 2016 to March 31, 2017 was also projected for the Phase Two Immersion "soft launch" in the Pasadena and Belvedere offices.
The combined total of the children/youth served in the Phase One Van Nuys, and Compton Regional Offices, and in the Phase Two Pasadena and Belvedere Regional Offices, represent 25% of Los Angeles County's entire child welfare caseload.

The immersion process has been continuing, two immersion offices at a time, during successive 18-month periods, to bring about measureable system-wide improvement in measureable outcomes of the quality of the care provided to Katie A. clients. During the Immersion phases, DMH has been improving access to mental health services by identifying potential class and subclass members and by training community service providers as immersion coaches who will increase the number of children/youth receiving Intensive Care Coordination (ICC) services and Intensive Home-Based Services (IHBS). DMH is adding Early Periodic Screening Diagnostic and Treatment (EPSDT) funds to existing Full Service Partnership (FSP) agencies to support implementation of ICC services for Katie A. subclass children who are enrolled. This supplementary funding for contractors made available during 2016 will support ICC services for approximately 525 Katie A. subclass members each year. DMH will provide continuing training in the Core Practice Model, the CFT process and the use of IHBS.

A series of outcomes in the areas of safety and permanency have been identified that are tracked over time in the Katie A. Data Analysis Report to evaluate progress. As part of this process, the parties agreed that the target for each program performance indicator would need to be met as one of several conditions for ending court oversight of Katie A. There is a "minimum level of performance" target and an "aspirational" target achieved by each indicator. The aspirational target is an improvement goal unrelated to exit from Court oversight. (Minimum performance levels are set only after these data become available to assure that current program performance is a baseline below which the County does not fall.)

KATIE A. TREATMENT PROGRAMS

(1) Wraparound

Wraparound is an interagency collaborative supported by DCFS, DMH and the Probation Department. In FY 2015-2016, there were 48 Wraparound service providers at 64 sites throughout the County that provided multifaceted support, including mental health services.

On May 1, 2009, Wraparound expanded its target population to include any child/youth with an open DCFS case (either voluntary or court), who qualified for EPSDT funds and had an urgent and/or intensive mental health need which caused impairment at school, home and/or in the community.

During FY 2015-2016, the new Wraparound contract replaced the former two-tier system with one Case Rate/Medi-Cal payment. One of the advantages of this payment structure expected by DMH is the financial feasibility of Wraparound program providers being able to serve children in residential facilities (with no identified caregiver), as they are no longer required to deduct the placement cost. DMH believes that the new approach enhances and highlights the Mental Health and Intensive Care Coordination/Intensive Home-Based Services (ICC/IHBS) mandated by the State's settlement of the Katie A. lawsuit that is inclusive of the Shared Core Practice Model.

ICC includes targeted case management activities delivered primarily through a Child and Family Team (CFT) process. IHBS are rehabilitative services that are strength-based interventions designed to improve the child/youth's functioning and to build skills that will increase success in the home and in the community.
The Wraparound program serves children and youth ages 5-21 years who are under the jurisdiction of one or more County departments – DCFS or Probation and who are placed in, or at imminent risk of placement in a Rate Classification Level (RCL) 10-14 group home. The Wraparound program also serves children and youth in the same age-range who have an open DCFS case, qualify for EPSDT and have an urgent and/or intensive mental health need which causes impairment at school, home or in the community. Any Probation client with dual supervision from DCFS, where DCFS has primary responsibility, is eligible for the Wraparound program.

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

In FY 2015-2016, the majority of clients in Wraparound received psychotherapy (85%), Other Treatment (76%) and Team Consultation (59%).

The DCFS or Probation Liaison receives referrals for possible acceptance into Wraparound from their respective caseworker/referral source and conducts a preliminary review. Completed referrals are then submitted to the Interagency Screening Committee (ISC). The ISC "core" team is a collaborative comprised of Liaisons from DCFS, Probation and a DMH Parent Advocate. The ISC must screen referrals within seven days of receipt. If a child/youth is accepted at the ISC, the Wraparound provider makes telephone contact with the family within 48 hours and face-to-face contact within seven days. One hundred percent of children with acute needs for mental health services received services on the same day as the referral. Eighty seven percent of children with urgent mental health needs received services within 3 days of referral.

In order to define, implement and review the specific services that need to be provided to meet the child/family's needs, the Wraparound provider convenes a Child and Family Team (CFT) that meets weekly (or as needed) with each family. In Wraparound, the CFT is an essential component that develops goals and objectives for all life domains in which the child's mental health condition produces impaired functioning and "does whatever it takes" to assist the family to meet agreed-upon goals that are developed by the team.

All children and youth who are enrolled in the Wraparound program may be subject to a review. This review process includes a random selection of Wraparound and mental health records (clinical charts), parent/caregiver satisfaction surveys conducted by Parent Advocates, as well as the observation of one of the CFT meetings. This Wraparound Review seeks to ensure that the DMH clinical charts are consistent with Medi-Cal claiming guidelines and Wraparound practice. To carry out each review, DMH Wraparound administrative clinical staff coordinate with individual agencies that offer a Wraparound program and meet with its program manager to discuss staffing, staff qualifications, clinical supervision and Medi-Cal budget utilization. An exit conference is conducted with the program manager and staff to discuss the results of the review.

THE WRAPAROUND PROGRAM DURING FY 2015-2016

During FY 2015-2016, 4,635 children and youth, with

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an average of 12.6 years of age, were enrolled in the Wraparound program after it was restructured without separate client tiers after May 1, 2015.

Figures 1, 2, and 3 describe their gender, age, and ethnicity.

The DSM diagnoses for clients in the Wraparound program during Fiscal Year 2015-2016 are shown in Figures 4, and 5. Their most frequent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders. There were also 100 Wraparound clients who received a primary or secondary diagnosis of Child Abuse and Neglect.
Figure 6 indicates an absence of reported substance use by Wraparound clients who enrolled during the Fiscal Year.

(2) Intensive Field Capable Clinical Services (IFCCS)

In addition, clients in the IFCCS program are also members of the Katie A. Subclass and, therefore, suitable to have their services planned and developed using the ICC and IHBS Procedure codes.

IFCCS are an array of services firmly grounded in the Shared Core Practice Model and are intended to expedite access to ICC and IHBS services by Katie A. subclass members. IFCCS are targeted to youth who are in the process of being discharged from the Exodus Recovery Urgent Care Centers (UCCs), discharging from psychiatric hospitalizations, awaiting placement at the DCFS Children or Youth Welcome Centers, D-Rate with a 7-day notice or the subject of a joint response from the DMH Field Response Operations Team without a psychiatric hospitalization.

IFCCS is intended to ensure that children and families who have been more difficult to link to appropriate resources are effectively engaged as part of a Child and Family Team.

DMH has announced a major expansion of its IFCCS initiative to provide immediate availability of intensive mental health services for children with high mental health needs. DMH plans to expand this program to 1,000 treatment slots in 2016 to improve the responsiveness of the mental health treatment system. IFCCS provides an array of individualized, intensive home-based mental health services that are organized through CFTs. IFCCS providers are able to offer a full range of mental health services, including individual and family therapy. The average length of IFCCS services is six months.

During FY 2015-2016, 232 clients were served by IFCCS. Of these, 132 (57%) were female and 100 (43%) were male.

(3) Intensive Treatment Foster Care (ITFC)

As with IFCCS, ITFC clients belong to the Katie A. Subclass. Their services are also supported through the use of ICC and IHBS.

The ITFC program is an intensive mental health treatment program that seeks to reduce placement instability and provide an alternative to congregate care settings. ITFC places DCFS foster children in foster homes in which the child is typically the only foster youth and where they will have a treatment team including a FFA social worker, an In-Home Support Counselor (IHSC) Therapist and, when needed, a psychiatrist. This treatment team provides the youth with individualized mental health services and supports while coordinating and teaming with any additionally needed services. ITFC foster parents receive additional training hours, and have access to 24/7 support, and are active participants in the child's treatment. Children are placed after their needs are matched with the unique strengths and skills of the ITFC foster parents. Mental health clinicians are trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is provided if/when clinically appropriate. During FY 2015-2016, there were 162 ITFC placements. Of these, 63 (39%) were female and 99 (61%) were male.

(4) Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)

In August 2013, DMH implemented the Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS), which are types of specialty mental health services that are used to select, plan and document services in mental health treatment programs. The ICC and IBHS services may only be provided to: (a) those Wraparound clients who are members of the Katie A. Subclass; (b) clients in the Intensive Field Capable Services (IFCCS) program; and (c) clients in the Treatment Foster Care (TFC) program. All clients in the latter two programs must be members of the Katie A. Subclass.

ICC components include: service planning and service monitoring. IHBS services are intensive, individualized and strength-based, needs-driven intervention activities that support the engagement and participation of the child/youth and significant support persons and help the child/youth develop skills and achieve goals and objectives of the mental health plan of care.

Children/youth are considered by the State's settlement agreement to be members of the Katie A. Subclass if they have full-scope Medi-Cal; have an open DCFS case; meet medical necessity; are currently being considered for Wraparound, Treatment Foster Care, Therapeutic Behavioral Services; or currently being considered for group home placement (RCL 10 or above), a psychiatric hospital, or 24-hour mental health treatment facility; or who have experienced 3 or more placements in the last 24 months due to behavioral health needs.

Since children/youth in the Katie A. Subclass have the most intensive and complex needs, they need to be given correspondingly intense mental health services that are identified by the IHBS treatment code combined with the enhanced effectiveness that may be gained when the ICC code is also used to describe the client's plan of care.

ICC includes targeted case management activities delivered primarily through a Child and Family Team (CFT) process that engages all members of the CFT. IHBS are intensive, individualized, strength-based interventions with sufficient intensity to meet the mental health needs of the child/youth and achieve the goals of the treatment plan of each Katie A. subclass client. These intensive services are intended to preserve a family's integrity, and minimize inpatient psychiatric hospitalizations, out of home placements, and/or placements in juvenile detention centers.

During 2015, 90% of clients enrolled in the IFCCS program received an ICC intervention and 85% received an IHBS intervention. In addition, 74% of clients enrolled in the TFC program received an ICC intervention and 89% received an IHBS intervention. In the Wraparound program, 79% of clients received an ICC intervention and 81% received an IHBS intervention.

QUALITY SERVICE REVIEW (QSR)

The QSR is a case-based review process selected by the Department of Mental Health (DMH) and Children and Family Services (DCFS) to assess the effectiveness with which the underlying Shared Core Practice Model (SCPM) guiding treatment practice has been implemented by both departments. Each completed QSR provides a snapshot of what is working and what needs improvement in practice implementation as well as in child and family status. Performance indicators include: Engagement, Teamwork, and Planning, while Child and Family Status Indicators include: Safety, Stability and Permanence. Percentage criteria have been established defining the minimal acceptable QSR score that must be achieved over a series of review cycles. The lawsuit will be fulfilled when a Service Planning Area (SPA) has achieved the required scores, and upon the subsequent review, when the offices in that SPA demonstrate continued maintenance of the same or close to the original passing scores. In FY 2015-2016, there were 61 randomly selected cases (25 males, 36 females) that were evaluated applying the QSR in Los Angeles County. QSR was held in the following DCFS Regional offices during this time period: San Fernando Valley, Vermont Corridor, El Monte, Metro North, Glendora and Lancaster. The second round of reviews began in December 2012 and the third round is anticipated to end in September 2017.

During the FY 2015-2016, the core DMH QSR staffing consisted of 7 Full-Time Equivalent (FTE) members: 1 Supervising Psychologist; 2 Clinical Psychologist II; 2 Psychiatric Social Workers II; 1 Mental Health Clinician II (June 2015); 1 Mental Health Services Coordinator I and 1 ITC (for the first two months of the FY 2015-2016).

The team reviewed 29 cases with a DCFS partner; an additional 15 cases were reviewed by DMH managers and by other DMH Child Welfare Division and Specialized Foster Care staff with DCFS lead partners. 17 reviews were completed by Katie A. Panel members; members of the Katie A. Panel or consultants to the Panel reviewed with DMH and DCFS staff, throughout FY 2015-2016 dividing their time between each group.

RESIDENTIALLY BASED SERVICES (RBS) PROGRAM

In December, 2010, Los Angeles County was selected, in December, 2010 along with San Bernardino, Sacramento, and San Francisco counties to implement an AB 1453 Residentially Based Services (RBS) demonstration project that seeks to shorten the time to establish a lasting placement in a family for children who are in residential placement. The RBS program is offered to clients under the jurisdiction of the Department of Children and Family Services

(DCFS) at imminent risk of residential placement or who have been referred to an RCL 12 or 14 group home as determined by the County's Resource Management Process. The RBS program is an innovative approach to providing short-term therapeutic interventions with high-needs children and youth in group home care with aftercare to support their return to family. These therapeutic interventions allow the child/youth to stabilize and connect or reconnect with family, school and community in a timely manner.

RBS offers a safe and structured living situation where children and youth can be supported through intensive treatment interventions to reduce the intensity of their behaviors. Every child and youth enrolled in RBS receives an individualized Child and Family Team that gathers regularly to develop and implement the plan, to evaluate progress and to make adjustments to the plan as necessary. When the child/youth transitions home, the team will provide comprehensive and consistent supportive services to the child or youth and family in order to sustain the behavioral growth attained while in group care. RBS also ensures continuity of care as the child/youth will have the same direct team whether it's in a residential setting, parent's home, relative caregiver or foster home.

Key innovations in the Los Angeles RBS program include: ongoing family/youth involvement, reliance on child and family teams, intensive treatment interventions in group care, family finding and engagement, parallel community interventions/services, follow-up after-care services/supports, and crisis stabilization through temporary return to residential care.

In FY 2015-2016, 122 youths, with an average age of 14.0 years, were served by Five Acres, Hillsides, and Hathaway Sycamores, the three RBS program providers. Of these, 92 (75%) were male, and 30 (25%) female. Their ethnic identifications were: 49.2% African American, 8.2% Caucasian, and 41% Hispanic/Latino. At the beginning of FY 2015-2016, there were 86 youth in residential RBS group care. Of these, 15 achieved permanency status with biological parents, 6 with kinship/relatives, 2 with guardians and 3 with non-related extended family members during the Fiscal Year. In addition, 35 youth stepped down from residential group care to a lower level of care and 18 clients re-enrolled in residential group care after stepping down to a lower level of care. In addition, there were 24 (19.6%) youth that used crisis stabilization during this reporting period with a total of 27 crisis stabilization episodes.

The average length of stay required for a youth to reach permanency was 442 days for legal discharge to parents, 512 days for discharge to a relative, 474 days for discharge to non-related extended family, and 493 days for discharge to a legal guardian.
The families' involvement in the program and their willingness to work with the RBS team during the youth's residential stay and when they return home was an important contributing factor in some of the youth achieving permanency.

Family involvement was the most important element contributing to youth stepping down to a lower level of care. When a family member is involved in the process while the youth is in residential care, there seems to be more commitment on the part of the family to accept the youth into their home. When the youth lacks family involvement at any stage, the next important contributing factor is the availability of foster homes that will accept the child into the home and work with the team

There was consensus among the service providers that a primary factor in a youth reaching permanency is having a connection with a parent or family member at the time of enrollment into the RBS program or soon after. Also the youth's level of participation in the program and treatment, combined with the youth's stability, may increase their opportunities for permanent placements.

FAMILY PRESERVATION PROGRAM

Family Preservation (FP) is a collaborative effort between DMH, DCFS, Probation, and the community to reduce out-of-home placement and the length of stay in foster care, and to shorten the time to achieve permanency for children at risk of abuse, neglect and delinquent behavior. The program's model is a community-based collaborative approach that focuses on preserving families experiencing challenges related to child abuse, neglect, and/or child exploitation by providing a range of services that promote empowerment and self-sufficiency. These support services are designed to keep children and their families together. DCFS allocates funds to DMH for the FP mental health services and DMH, in turn, contracts for services from local private mental health agencies. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds also support this program. FP programs provide mental health services in every Service Planning Area (SPA).

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

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

Mental health services offered include: assessment and evaluation; individual, group, and family therapy/rehabilitation; collateral services; medication support; crisis intervention; and targeted case management provided in the child's community, school, and home.
During FY 2015-2016, there were 201 FP clients without medical insurance (indigent) served by DMH FP service providers. Figures 7, 8, and 9 describe their gender, age, and ethnicity. Their average age was 10.0. The largest percentage of the FP clients were referred by DCFS, with smaller proportions of clients referred by Probation and by school districts.
The DSM diagnoses for FP child and adolescent clients are presented in Figures 10 and 11. Their most frequent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD Major Depression, and Anxiety Disorders. One FP client showed attributes of Bipolar Disorder. A primary or secondary diagnosis of Child Abuse and Neglect was received by 4 clients.

Figure 12 indicates an absence of reported substance use by FP clients.

REUNIFICATION OF MISSING CHILDREN PROGRAM

The Reunification of Missing Children programs are part of the Reunification of Missing Children Task Force chaired by Find the Children, a non-profit corporation dedicated to the recovery of missing children, and the Inter-Agency Council on Child Abuse and Neglect (ICAN). The Task force meets monthly. Its members include LAPD, LASD, DCFS, County Counsel, the FBI, the 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 and parents to the reunification programs in response to requests received from DCFS, Probation, the Department of Justice, the State Department, the FBI, local law enforcement agencies, and the Family Court judge.

Community outreach is used by the Family Reunification program to provide services to families with reunification issues. Outreach clients in need of mental health treatment and their families are provided with information about mental health resources near their residence. Families referred to the Family Reunification program receive family therapy, child therapy or group therapy and combinations of these interventions, as well as parenting classes. Outreach families who are not referred for mental health treatment do not present an Axis I diagnosis nor meet the medical necessity criteria for admission into DMH. They do, nonetheless, receive interventions such as social skills training and parenting classes.

The reunification program's goal is to assist in the process of reunification with the left-behind parent(s), to help determine appropriate placement, and to address any related trauma. The referral source for all reunification cases is the Find the Children Agency.
In FY 2015-2016, three of the DMH-contracted mental health providers, Los Angeles Child Guidance Clinic, Didi Hirsch Mental Health Services and Foothill Family Services provided culturally sensitive, crisis-oriented consultation, assessment and treatment immediately following the recovery of a child who has been abducted, often by a non-custodial parent.
Founded in 1924, the Los Angeles Child Guidance Clinic (LACGC) is a nonprofit provider of mental health services for children and families in Central and South Los Angeles. The agency has a long-standing commitment to servicing the community by ensuring easy access, and promoting early intervention. Services are family-centered and strength-based. The Clinic provides services in English and Spanish

at three community based locations and at many public schools. In 2015-2016, the LACGC reunification program served four children referred by Find the Children.

Children are referred to the Clinic's outpatient services by a Case Manager at Find the Children who refers the child to a Community Access Coordinator for assignment to a treatment team that includes a Clinical Therapist and a Family Advocate who provides rehabilitation and case management. Each child receives a pschosocial assessment, using the LACDMH Child/Adolescent Initial Assessment.

The team provides trauma informed services in a variety of modalities which may include individual and/or family therapy, targeted case management, individual rehabilitation and psychiatric services. The treatment team uses the conceptualization that trauma disrupts primary attachments and thus compromises the 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 client and family are crucial to treatment planning and are considered active partners in goal setting. Therapists utilize play therapy, trauma-informed cognitive-behavior therapy and art interventions, as well as traditional talk therapy to assist the client and family in exploration and resolution of trauma stemming from the abduction, the recovery and/or reunification processes. Family advocates assist the clients with skill building, work closely with parents to establish appropriate structure in the home and provide the family with needed community resources.

The Family Reunification program at Didi Hirsch, also designated as the Abduction Reunification Program, is offered to children who have been recovered from abduction. In FY 2015-2016, the program received five referrals from Find the Children and provided services to four of those families.

Of the five referrals made to Didi Hirsch during the fiscal year 2015-2016, four clients engaged in mental health treatment at the Taper site and one completed only the intake process at the Inglewood site. Three children from one family were all treated with Evidence-Based practices. These three children, ages 5, 8 and 15, had been abducted out of the country. They were missing for approximately eight months. They were brought in for services when they were reunited with their mother and were showing signs of Adjustment Disorder. The two older kids were seen in FOCUS which is a strengths-based therapy model that was utilized to help them get along better at home. The younger girl, who was having more difficulty with separation, was treated with MAP interventions to help her be able to separate more easily from her mother. Their cases were closed after successfully reaching their goals.

The other case involved a fourteen year old girl who had been missing for over eight years and came into treatment when she was reunited with her biological mother. She had been abducted by her father when she was six years old. This client was very conflicted about being reunified with her mother after so many years and missed her life in Mexico. The therapists on this case sought out help from the Abduction Reunification task force in navigating the legal/safety issues in view of concerns about possible re-abduction. They also utilized the Task Force to obtain more case management resources for the family and client given its high level of need.

Didi Hirsch's Family Reunification Program is coordinated by its Mar Vista site. A Child Abduction Task Force meets regularly to coordinate cases its cases. Meetings are facilitated by Find the Children staff and County Counsell and include representatives from ICAN, the District Attorney's office, the Sherriff Department, the FBI, LAPD, DCFS, Didi Hirsch and other mental health providers.

Foothill Family Services provides an EPSDT funded Family Reunification program to children and TAY aged 0-18 years old referred by Find the Children. The goals are to assist in the child's recovery from child abduction: reduce the client's mental disability; enable clients to use their time meaningfully; live in safe environments; have a network of supportive social relationships; have timely access to help, including in times of crisis and maintain or improve physical health as it relates to mental health goals. In FY 2015-2016, its reunification program served eighteen clients.

Foothill Family Services provides 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 clients; and services for clients detained or at risk of detention by DCFS or Probation makes Foothill Family an ideal provider for Find the Children referrals. Foothill Family's early intervention program targets children 0-5 with mental health symptoms often identified in the preschool; services are provided at preschools, in-home and in the community and include helping the parent respond to their child's special needs and consulting with preschool teachers to determine how to best meet the needs of the child. Services for children 0-5 identifies children at risk of expulsion from preschool and utilizes the evidenced-based Child Parent Psychotherapy (CPP), Incredible Years (IY), Parent Child Interaction Therapy (PCIT) and promising practices of Wait, Watch and Wonder and Floortime.

Foothill Family's family reunification services for children and Transition Age Youth (TAY) allow clients to work towards recovering from their abduction, experience an overall decrease in the symptoms, make progress towards their goals and show an increase in their community functioning.

Foothill Family's Reunification Program Family provides linguistically and culturally appropriate community mental health services to children 0-5, school-age children and TAY throughout SPA 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.

During FY 2015-2016 twelve clients were served by the three Family Reunification programs. Figures 13, 14 and 15 present their gender, and ethnicity. As to the ages of these clients, two thirds were in the 6-11 year range. The remaining third of the clients were equally distributed between the 0-5 age group and the 12-17 age group.

Diagnostic information for the 12 Family Reunification clients is presented in Figure 16 and 17. The most frequent Primary DSM admission diagnoses were reported for Family Reunification clients for Adjustment/Conduct Disorders/ADHD. Figure 18 documents an absence of reported substance use in this population.

JUVENILE COURT MENTAL HEALTH SERVICES (JCMHS)

In Los Angeles County, there are over 30,000 minors under the jurisdiction of the Juvenile Court. Many of these minors have needs for mental health services; approximately 10% are being treated with psychotropic medications. Juvenile Court judicial officers must make decisions regarding minors under their jurisdiction which affect and are influenced by the mental health of these minors. 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 who are under the jurisdiction of the Juvenile Court. JCMHS accomplishes this goal through facilitation of effective Court decision making 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 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, reviewing clinical and other records etc. JCMHS consults with judges, attorneys, CSWs, probation officers, child advocates, family members and others and serves as liaison between them and members of the mental health provider system. This service facilitates the Court's understanding of minors' 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. 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:

1. GENERAL MH CONSULTATION AND LIAISON TO DEPENDENCY COURTS

a. Assessment by JCMHS to clarify a child's mental health needs, whether they are benefiting from existing services and if not, what new services should be provided.

b. Assisting the Court to determine when mental health evaluations would be useful in a given case and what types of evaluations to order.

c. Assisting the Court in understanding and interpreting the results of evaluations.

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d. Facilitating obtaining information and services from the mental health system.

e. Providing information about mental health placement and treatment resources.

f. Facilitating multi-agency collaboration to meet mental health treatment goals.

g. Organizing case conferences to achieve collaboration in difficult or unusual cases.

2. PARTICIPATION IN THE CROSSOVER YOUTH PROJECT

Pursuant to the Juvenile Court WIC 241.1 Protocol:

a. A multi-agency (DCFS, Probation and DMH) evaluation of minors 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.

b. JCMHS clinicians collaborate with the CSW and 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 minor'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 co-located DMH staff (Specialized Foster Care) to share information regarding any mental health issues, services and needs of these youth in order to assist the Specialized Foster Care staff with their responsibilities with linking minors to available and appropriate services

c. WIC 241.1 activities are primarily performed by Psychiatric Social Workers.

3. PSYCHOTROPIC MEDICATION TREATMENT MONITORING AND QUALITY IMPROVEMENT

a. Pursuant to the Juvenile Court Psychotropic Medication Authorization Protocol:

• JCMHS medical staff (clinical pharmacist, psychiatrist) review all requests to the Juvenile Court for authorization to administer psychotropic medication to minors 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.)

b. Pursuant to a request from children's judges or attorneys:

• JCMHS medical staff perform an assessment of children'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 effect changes in treatment.

JUVENILE HALL MENTAL HEALTH UNITS

Each year, approximately 18,000 children and adolescents enter the Los Angeles County juvenile justice system through the County's three juvenile halls. Many of these youth exhibit a variety of mental health and substance abuse problems that require treatment. A study conducted jointly by DMH and the UCLA Health Services Research Program in 2000 and 2003 found that many of the newly admitted youth in the county's juvenile halls met the diagnostic criteria for various mental health and substance use disorders. Youth in need of treatment in the juvenile halls are admitted to an in-house program designed and implemented by an interagency collaboration of DMH, Probation, DHS and LACOE. The Mental Health Unit (MHU) at each of the three juvenile halls (Barry J. Nidorf in SPA 2, Central in SPA 4 and Los Padrinos in SPA 7) is similar in its setting, approach to screening and treatment, and the structure of its professional staff. Each MHU provides screening and assessment, crisis evaluation and intervention, psychiatric evaluation and treatment and short-term psychotherapy. Clinical interventions focus on stabilizing the client's symptoms and distress, as well as planning aftercare and linkages to services after release.

The mental health staff of the juvenile halls consists of Mental Health Clinical Program Heads (3), Psychiatrists (8), Senior Community Mental Health Psychologists (3), Clinical Psychologists (18), Supervising Psychiatric Social Workers (6), Psychiatric Social Workers (24), Mental Health Counselor Registered Nurses (3), Medical Case Workers (2), Recreation Therapists (1), Psychiatric Technicians (1), and Community Workers (1). Including clerical and administrative support staff, there are collectively more than 100 mental health staff in the three MHUs. There are also 12 community-based contract agencies providing care at satellite clinics serving the juvenile halls and assisting in linking the youth to services in the community.

In order to identify youth in need of mental health services who are entering the county juvenile halls, DMH screened all newly admitted youth. The Massachusetts Youth Screening Inventory (MAYSI-2), developed specifically for this population, is used to conduct the screening. A computer reads the MAYSI-2 questions to the youth. Those minors with screening scores above the pre-selected cut-off points on this instrument receive a structured interview, the DMH Short-Form Assessment, to determine their need for further assessment and service. Youth who are not identified by the MAYSI-2 as needing mental health intervention may nonetheless be evaluated further and/or be referred for treatment based on the clinical judgment of the mental health professional and a clinical interview. Further assessment using more in-depth clinical interviewing, psychological testing, consultation, and review of available DMH or Probation mental health history records are provided to those youth with more complex or enduring problems to assist in planning treatment.

In FY 2015-2016, the Probation Electronic Medical Record System (PEMRS) was used for all youth incarcerated in the juvenile halls. PEMRS is a combined medical/mental health record for Probation youth in the juvenile halls and camps. All youth are administered a full Juvenile Justice Assessment. After completing this assessment, the clinician determines if ongoing care will be required and, where appropriate, opens the case for on-going treatment. Juvenile justice clinical staff now enter all clinical documentation into the PEMRS system which is accessible from all sites within the system.

Also, during FY 2015-2016, enhanced identification and provision of services were continued by Probation and DMH for Developmentally Disabled youth (or youth suspected of having a Developmental Disability). Youth are screened by Probation during intake, and referred to Regional Center when appropriate. Probation and DMH complete a multidisciplinary/ multimodal assessment and develop Individual Habilitative Treatment Plans (IHTP) for these youths during the time they are incarcerated.
During FY 2015-2016, training in the Seeking Safety treatment approach was provided to juvenile justice clinical staff.

In FY 2015-2016, the number of youth who received a mental health screening were: 1,454 for Barry J. Nidorf Juvenile Hall, 1,896 for Central Juvenile Hall and 2,928 for Los Padrinos Juvenile Hall. This accounts for 99% of all youths that were newly admitted to the three juvenile halls.

Of those screened and assessed, the average daily population of youths that were subsequently provided with treatment as open mental health cases was as follows: The average number of open mental health cases per month for the mental health units at Barry J. Nidorf Juvenile Hall, Central Juvenile Hall, and Los Padrinos Juvenile Hall were, 141, 183 and 132 respectively JCMHS uses the Brief Symptom Inventory (BSI) to track changes in clients' subjective distress over time in order to measure stabilization of a youth's mental health symptoms.

The average length of treatment, i.e. the range of time in treatment for youth at the juvenile hall, in the MHUs, is two to three weeks. Duration of stay has a bimodal distribution, with a very short stay for some youth (i.e., three to five days) and others with more serious problems staying for months. Clients' ages range from 12 to 19 with 80% male and 20% female. The average age is 16.

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

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

The increase in the number of multi-problem youth with serious mental health needs has necessitated the opening of both the CARE and Enhanced Supervision units to attempt to meet the needs of these youth.
In March, 2016, Central Juvenile Hall began to administer the Commercial Sexual Exploitation Identification Tool (CSE-IT) to all newly admitted youth as part of the statwewide validation study of the instrument. The CSE-IT provides an overall level of concern regarding exploitation based on a number of risk factors.

During FY 2015-2016, there was an increasing focus on youth who are victims of human trafficking, particularly Commercially Sexually Exploited Children (CSEC). A number of trainings in identifying these victims were provided by the Probation Department. In addition, DMH began to provide trainings on the identification and clinical treatment of CSEC victims.

In May, 2016, the Probation Department established the Weingrd Hope Center at CJH to provide an alternative to the use of restrictive housing for youth involved in fights or exhibiting other serious behavioral issues.

Overall, there has been a drop in the number of youth incarcerated in the juvenile halls, as the Probation Department has actively worked to maintain youth in the community wherever possible. As a result, youth in the juvenile halls tend to have a more chronic criminal background and more serious mental health issues.

For the three juvenile halls combined, 4,992 unduplicated clients received mental health services during FY 2015-2016. Figures 19, 20 and 21 summarize their gender, age and ethnicity. The average age of the clients was 15.8.

Figure 22 and Figure 23 show that, for the juvenile hall cluster, the most prevalent primary DSM diagnoses were Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders with a smaller frequency of Bipolar Disorders. An additional 12 clients received a primary or secondary diagnosis of Drug Induced Disorder or Dependence, and 24 clients received a diagnosis of Child Abuse and Neglect.

Substance use was a meaningful issue reported for 89 of the clients served at the three juvenile hall MHUs (Figure 24). In descending order of their frequency of use, Marijuana, polysubstance use, alcohol use, amphetamine use and polysubstance use were reported.

DOROTHY KIRBY CENTER

Dorothy Kirby (DKC) is a probation residential treatment facility located in SPA 7 which provides services to clients from the entire county. Its MHU consists of a treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The MHU functions under a Memorandum of Understanding between DMH and Probation.

The DKC facility is located in SPA 7 and provides services to clients from the entire county. Its MHU consists of a treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The MHU functions under a Memorandum of Understanding between DMH and Probation.

The staff of the mental health unit consisted of 1 Mental Health Clinical Program Manager II, 2 Mental Health Clinical Supervisors, 3 LCSW's, 3 LMFT's, 6 Licensed Psychologists, 1.5 Psychiatrists, 1 Substance Abuse Counselor, 1 Licensed Recreational Therapist, 1 Community Worker/Family Advocate, 1 Secretary, 1 Staff Assistant, 4 Clerical/Support Staff.

Dorothy Kirby's MHU is a secure (locked) residential treatment center serving adolescents between the ages of 14-17. All referred youth at Dorothy Kirby receive a screening consisting of an interview with the youth in juvenile hall and a review of relevant records. A licensed clinician goes out to interview each referral in one of the juvenile halls. One hundred percent of these were assessed after a face-to-face screening. The inter-departmental screening committee (Probation and DMH) then meets on the disposition of the case. During FY 2015-2016, 279 youth were screened, and all were assessed at time of screening. Of those screened, 113 were admitted (41%) and received mental health services. Most clients were Probation referrals, followed by referrals from DCFS or a school district.

The MHU serves up to 113 adolescents and receives an average of 26 referrals from the juvenile courts each month. 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, most have extensive criminal arrest records. All have DSM IV diagnoses and functional impairment that qualify them for Medi-Cal reimbursement. At least 80% are deeply gang-involved, with a large majority from severely dysfunctional homes. Approximately 45% have had prior involvement with DCFS. Referrals to DKC are made by a judge or a deputy probation officer. All of the Kirby population receives services. The average length of stay in treatment is 197 days. The MHU treated an average of 66 children each month.

DKC is the main placement offered to females who have been targeted as Commercially Sexually Exploited Children (CSEC). There are two concurrent groups co-facilitated by a registered, waivered therapist and survivors of CSEC.

Also, during FY 2015-2016, the Kirby Day Treatment Intensive (DTI) program ended and transitioned to an Intensive Outpatient Services program (IOP). The IOP includes psychiatric services and provides individual, group, and family therapy. Group treatment, and includes Dialectical Behavior Therapy (DBT), Seeking Safety, as well as substance abuse counseling groups and recreational therapy.

Figures 25, 26, and 27 present the gender, age, and ethnicity of 178 clients served at Dorothy Kirby's MHU in FY 2015-2016. DKC clients range in age from 12-17 years (82%), to 18-20 years (18%), with an average age of 15.5 years.

Figures 28 and 29 indicate that the most frequent primary admission diagnoses are Major Depression, Adjustment/Conduct Disorder/ADHD, and Anxiety Disorders. No primary or secondary diagnoses of Child Abuse and Neglect were reported at Kirby.

Figure 30 reports Polysubstance use, Marijuana use, or Alcohol use by less than 1 percent of DKC clients.

JUVENILE JUSTICE CAMPS

During Fiscal Year 2015-2016, DMH provided mental health services at the thirteen Probation Camps and the Camp Assessment Center operated by the Probation Department located throughout Los Angeles County. The camps are located in Lancaster, Lake Hughes, Sylmar, Malibu, Calabasas and San Dimas. The Mental Health services at the Probation Camps were expanded as a result of the Mental Health Service Act, Community Services and Support Plan which provided additional staffing to the camp programs.

In FY 2015-2016, mental health staffing in the camps was further expanded. As a result, there is access to mental health services at all camps and enhanced mental health services at specific camps, particularly those which house youth on psychotropic medications. The camps have mental health staff on-site 7 days per week and into the evening hours. In addition, Camp Navigators facilitate linkage for youth to community mental health services upon release. Three (3) clinic drivers and one community worker coordinate bringing families to multi-agency team meetings and to family therapy sessions.

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

The mental health programs in the Probation Camps were organized under a Northern and a Southern Region. The Northern Camp Region includes the Challenger Camps, Munz-Mendenhall (Lake Hughes) and Scott-Scudder (Girls Camps in Saugus/SPA 2). In 2014-15, Camp Kilpatrick was closed in order to rebuild the camp. The new campus will have a more homelike design with smaller living units. The Probation Department, the Department of Mental Health, Juvenile Court Health Services, the Arts Commission and various advocacy groups have participated in on-going planning meetings in order to define the LA Model for the new facility. The rebuilt facility is scheduled to be complete in April 2017.

The Southern Camp Region includes Camps Miller and Gonzales (in the Malibu/Calabasas area/ SPA 5); Camp Assessment Unit (in Sylmar/San Fernando/ SPA 2); and Camp Rockey, Afflerbaugh and Paige (in San Dimas/SPA 3). The Camp Assessment Unit is

housed at Barry J. Nidorf Juvenile Hall. Mental Health, Probation and LACOE staff review youth with new camp orders to determine which camp can meet their needs. This review includes criminal risk, education, and mental health factors.

Several camps have enhanced mental health services and house youth who require access to a Mental Health Psychiatrist, including Challenger, Rockey and Scott-Scudder. These camps have implemented the Integrated Treatment Model. As part of the model, Probation and Mental Health staff facilitate adapted Dialectical Behavior Therapy (DBT) groups to assist youth in learning skills to more effectively function in camp and in the community. All camps provide individual, family, group, collateral, and aftercare/linkage services.

During FY 2015-2016, based upon the average daily population of the camps, DMH clinical staff treated 85% of the total population. The Probation Camps served 1,708 unduplicated clients. Services include co-facilitation of Aggression Replacement Training (ART) and Adapted DBT groups with Probation staff in the various camps. In addition, DMH designed and implemented a 10 week Co-Occurring Disorder group series across the entire camp system. These groups are modeled on the SAMSHA programs which combine 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 pre and post tests and there was a significant reduction in their motivation to use drugs and alcohol. During 15-16, DMH added a number of Seeking Safety groups throughout the camps.

Across the camp programs, there is a Multi-Disciplinary Team (MDT) process wherein youth participate in MDTs which include DMH, Probation, LACOE, parents, outside school districts, among other key players. These MDTs occur within 10 days of admission to 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.

Figures 31, 32, and 33 describe the gender, age, and ethnicity of the juvenile justice camp MHU clients. One half of the clients were ages 12-17 and one half were ages 18-20. Their average age was 16.2.

Figures 34 and 35 indicate that Adjustment/Conduct/Disorder/ADHD, Major Depression and Anxiety Disorders were the most common primary admission diagnoses for the juvenile justice camp clients. Four children received a diagnosis of Child Abuse and Neglect at admission.

Figure 36 indicates that there were 21 clients with reported marijuana use, 8 with reported polysubstance use, 5 with reported amphetamine use, and 2 with reported alcohol use.

DMH D-Rate Unit Program

The Los Angeles County Department of Mental Health (DMH), D-Rate Program continues to be a collaborative program between The Department of Children & Family Services (DCFS) and DMH. DMH supervises licensed assessors who evaluate whether children meet criteria for a specialized increment foster care rate based on their presenting mental health symptoms and behaviors. In addition, the DMH D-Rate program re-assesses the D-Rate children every year thereafter. These assessments help to determine the appropriateness of the placement and mental health services of these children.

The Department of Children & Family Services (DCFS) "Schedule D" Foster Care attempts to provide family environments for children with serious psychological problems who are at high-risk of requiring more restrictive and higher-cost placements.

D-Rate foster parents are to receive specialized training for parenting a child with severe psychological problems and their home must satisfy D-Rate certification requirements. The D-rate foster parents receive supplemental compensation because of the additional responsibilities involved in caring for emotionally disturbed children.

When a D-Rate foster child is placed in a foster home, a DCFS caseworker evaluates the child and then, if appropriate, refers the case to the DCFS D-Rate Unit to assess the child's eligibility for D-Rate services. The request is reviewed by the DCFS D-Rate Unit. At that time, DCFS forwards cases over to DMH D-Rate Unit for review and possibly D-Rate Assessment, if required.

Within days of assignment, the assessor completes a clinical assessment including findings regarding whether the client meets D-Rate criteria (based on DCFS D-Rate criteria) and recommendations are made regarding mental health, school needs, Regional Center Services and other services. The D-Rate assessor submits the report to the D-Rate Unit via electronic record and the recommendations are relayed. DMH Medical Case Workers followed up on all of the cases with caregivers, social workers and therapists, to ensure appropriate mental health services based on the recommendations of the contracted licensed clinician. The majority of the assessed cases were ultimately linked to County-contracted mental health provider agencies.

More recently, the DMH D-Rate Unit completes a search to identify if a current mental health assessment exists for the client. If one exists, DMH sends it securely to DCFS. If DCFS finds it current and useful, we do not D-Rate Assess and the case is closed. If it does, they review it. DCFS ultimately always makes the final determination. If there is no current mental health assessment that can be provided, or the one that was sent does not assist them, we then push forward for D-Rate Assessment.

DMH D-Rate Unit then assists with coordinating care by sharing recommendations, etc. with DCFS, therapists and caregivers. In addition, DMH assists with appropriate mental health service identification, referrals and resources. A DMH-contracted licensed clinician is assigned to the case and carries out an in-depth assessment of the child by interviewing the child and caregiver, usually in the caregiver's home, which is usually located in any of the Los Angeles County Service Areas. D-Rate assessments are also conducted in out-of-county homes when necessary, also by DMH-contracted assessors.

During FY 2015-2016, a total of 372 D-Rate Assessments were completed by contracted licensed clinicians. This total number is much lower due to the more recent search of a current mental health assessment. The current Mental Health Assessments are utilized in lieu of reassessing the child. If a client is assessed, the completed assessment is reviewed by the DMH Unit Supervisor and returned to DCFS with recommendations regarding whether the client appears to meet D-Rate criteria. In addition, the D-Rate Assessor also indicates whether other mental health services may be helpful to improve the client's level of functioning and alleviate mental health symptoms and problematic behaviors. The DCFS D-Rate Unit makes the final determination of D-Rate eligibility.

Rate Certification Level (RCL) 14 Group Homes

DMH funds mental health services for severely emotionally disturbed children placed in RCL 14 Group Homes by DCFS, Probation, and the School Districts. Criteria for placement at the RCL 14 level of care include substantial functional impairment resulting from a mental disorder; past or anticipated persistent symptoms or out of home placement; severe behavioral/treatment history including psychotropic medication or substance abuse, DSM diagnosis during the past year; plus a Suitable Placement Order or an Individualized Education Plan (IEP). DCFS contracts with and funds the group homes. DMH certifies that the RCL 14 group homes and the children placed there meet the State-defined RCL 14 mental health criteria. During FY 15-16 there were 41 RCL 14 beds. All 41 beds were designated for males. The following service providers offered RCL 14 facilities: Olive Crest (SPA 7), San Gabriel Children's Center (SPA 3), and Hathaway-Sycamores (SPA 3). In FY 2015-2016 DMH provided services to 68 minors in RCL-14 group homes. The sources of referral for the 68 residents were approximately 50% (34) from DCFS, 0% (0) from the School Districts, and 50% (34) from Probation. The purpose of these treatment programs is to provide stability for children in a group home setting in order to nurture their growth and development and to allow them to succeed in an educational setting.

Community Treatment Facility (CTF)

The CTF is a State licensing category for residential placement of minors. It is a higher level of care than RCL 14 and was created as an alternative to the State Hospital. In FY 2015-2016 there were two CTF's with a total of 64 beds. Star View (SPA 8) offered 40 beds, 10 of which were designated for males and 30 for females. Vista del Mar (SPA 4) offered 24 CTF beds of which 20 are designated for females and 4 for males. The criteria for placement at the CTF level of care include all of the criteria for RCL 14 placement plus an inability to be served in a less restrictive setting, as evidenced by unsuccessful placements in open settings, denials of admission from RCL 14 Group Homes; high-risk aggressive, self-destructive, or substance use behaviors; and the motivation to benefit from treatment in a more restrictive treatment setting. In FY 2015-2016 DMH provided services to 90 minors in the CTF level of care. The sources of referral for the 90 residents were approximately 91% (82) from DCFS, 1% (1) from the School Districts, and 8% (7) from Probation.

Department of Mental Health

SPECIALIZED LINKAGE SERVICES UNIT

The Specialized Linkage Services Unit (SLSU) participates in discharge planning teleconferences for DCFS and Probation minors who are being discharged from directly operated and county-contracted psychiatric hospitals. During the 2015-2016 fiscal year, 987 discharge planning teleconferences were completed; 966 for DCFS youth and 21 for Probation youth. The goal of the discharge planning teleconference is to develop an appropriate discharge plan for each youth. Issues discussed on each call may include client's presentation during hospitalization, placement plan upon discharge, status and efficacy of current mental health services, if any, educational and regional center concerns, and consideration of additional mental health service needs. Also included in each discharge planning teleconference is a discussion of psychotropic medication, including medication type, dosage, prescriptions and court authorizations. Recommendations for increased frequency of sessions immediately following hospital discharge can also be made during a teleconference.

When children/youth do not have mental health services at the time of the discharge planning teleconference, the case manager assists in identifying which service(s) would be appropriate to meet the level of need for the individual, and the case manager completes the referral. Once the referral is completed, the case manager's duty is to confirm that linkage has been established. Linkage is defined by the minor's active participation in services, and confirmation of linkage occurs through consultation with the treatment provider and/or the Agency of Primary Responsibility (APR), which is the Department of Children and Family Services (DCFS) or the Department of Probation. The purpose of these communications is to assess the effectiveness of the youth's mental health services and are completed prior to case deactivation in the Unit. The ultimate goal of all SLSU activities is to reduce the risk of re-hospitalization.

In instances in which a youth is already connected to mental health services, the case manager's role is to confirm the plan for continuation of the mental health services, as well as to assess the appropriateness of the treatment modality, frequency and intensity of the services. This is done by communicating directly with the service provider and/or the representative from the APR.

SLSU engaged in follow up, discharge aftercare and case coordination with all Los Angeles County Medi-Cal minors in the following Los Angeles County hospitals: Aurora-Charter Oak Hospital (Covina), BHC-Alhambra (Rosemead), Gateways Hospital (Los Angeles), UCLA-Resnick Neuropsychiatric Hospital (Los Angeles), LAC/USC Inpatient Services (Los Angeles), Kedren Community Hospital (Los Angeles), College Hospital (Cerritos), College Hospital (Costa Mesa), and Del Amo Hospital (Torrance).

Figure 1

WRAPAROUND PROGRAM

Gender	Count	Percent
Female	2,012	43.4%
Male	2,623	56.6%
TOTAL	4,635	100%

Figure 2

WRAPAROUND PROGRAM

Age (Group)	Count	Percent
0-5	116	2.5%
6-11	1,666	35.9%
12-17	2,453	52.9%
18-20	400	8.6%
TOTAL	4,635	100%

Figure 3

WRAPAROUND PROGRAM

Ethnicity	Count	Percent
African American	1,189	25.7%
American Native	13	0.3%
Asian	44	0.9%
Caucasian	316	6.8%
Hispanic	2,710	58.5%
Other	149	3.2%
Pacific Islander	11	0.2%
Unknown	203	4.4%
TOTAL	4,635	100%

Figure 4

WRAPAROUND PROGRAM

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	695	15.0%
Anxiety Disorders	100	2.2%
Bipolar Disorders	56	1.2%
Child Abuse and Neglect	8	0.2%
Disorders Due to Medical Condition	1	0.0%
Drug Induced Disorders or Dependence	0	0.0%
Major Depression	518	11.2%
No Diagnosis or Diagnosis Deferred	5	0.1%
Other Diagnoses	3,248	70.1%
Schizophrenia/Psychosis	4	0.1%
TOTAL	4,635	100%

Figure 5

WRAPAROUND PROGRAM

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	57	1.2%
Anxiety Disorders	32	0.7%
Bipolar Disorders	2	0.0%
Child Abuse and Neglect	92	2.0%
Disorders Due to Medical Condition	1	0.0%
Drug induced Disorders or Dependence	3	0.0%
Major Depression	36	0.8%
No Diagnosis or Diagnosis Deferred	7	0.2%
Other Diagnoses	4,404	95.0%
Schizophrenia/Psychosis	1	0.0%
TOTAL	4,635	100%

Figure 6

WRAPAROUND PROGRAM

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	1	0.0%
No Substance Abuse	4,634	100.0%
Polysubstance Abuse	0	0.0%
Sedatives and Opioids	0	0.0%
Undetermined	0	0.0%
TOTAL	4,635	100%

Figure 7

FAMILY PRESERVATION PROGRAM

Gender	Count	Percent
Female	103	51.2%
Male	98	48.8%
TOTAL	201	100%

Figure 8

FAMILY PRESERVATION PROGRAM

Age (Group)	Count	Percent
0-5	38	18.9%
6-11	82	40.8%
12-17	70	34.8%
18-20	11	5.5%
TOTAL	201	100%

Figure 9

FAMILY PRESERVATION PROGRAM

Ethnicity	Count	Percent
African American	21	10.4%
American Native	2	1.0%
Asian	3	0.0%
Caucasian	8	4.0%
Hispanic	155	77.1%
Other	5	2.5%
Unknown	7	3.5%
TOTAL	201	100%

Figure 10

FAMILY PRESERVATION PROGRAM

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	80	39.8%
Anxiety Disorders	5	2.5%
Bipolar Disorders	1	0.5%
Child Abuse and Neglect	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Drug Induced Disorders or Dependence	0	0.0%
Major Depression	10	0.0%
No Diagnosis or Diagnosis Deferred	1	0.5%
Other Diagnoses	104	51.7%
Schizophrenia/Psychosis	0	0.0%
TOTAL	201	100%

Figure 11

FAMILY PRESERVATION PROGRAM

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	3	1.5%
Anxiety Disorders	0	0.0%
Bipolar Disorders	0	0.0%
Child Abuse and Neglect	3	1.5%
Disorders Due to Medical Condition	0	0.0%
Drug induced Disorders or Dependence	0	0.0%
Major Depression	3	1.5%
No Diagnosis or Diagnosis Deferred	3	1.5%
Other Diagnoses	189	94.0%
Schizophrenia/Psychosis	0	0.0%
TOTAL	201	100%

Figure 12

FAMILY PRESERVATION PROGRAM

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	0	0.0%
No Substance Abuse	201	100.0%
Polysubstance Abuse	0	0.0%
Sedatives and Opioids	0	0.0%
Undetermined	0	0.0%
TOTAL	201	100%

Figure 13

FAMILY REUNIFICATION PROGRAM

Gender	Count	Percent
Male	4	33.3%
Female	8	66.6%
TOTAL	12	100%

Figure 14

FAMILY REUNIFICATION PROGRAM

Age (Group)	Count	Percent
0-5	2	16.6%
6-11	8	66.8%
12-17	2	16.6%
TOTAL	12	100%

Figure 15

FAMILY REUNIFICATION PROGRAM

Ethnicity	Count	Percent
Caucasian	0	0.0%
African American	5	41.6%
Hispanic	5	41.6%
American Native	0	0.0%
Asian/ Pacific Islander	1	8.4%
Other	1	8.4%
Unknown	0	0.0%
TOTAL	12	100%

Figure 16

FAMILY REUNIFICATION PROGRAM

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	0	0.0%
Anxiety Disorders	0	0.0%
Other Diagnoses	7	58.3%
Adjustment/Conduct Disorder/ADHD	2	16.6%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	3	25.1%
TOTAL	12	100%

Figure 17

FAMILY REUNIFICATION PROGRAM

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	0	0.0%
Anxiety Disorders	0	0.0%
Other Diagnoses	2	16.6%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	10	83.4%
TOTAL	12	100%

Figure 18

FAMILY REUNIFICATION PROGRAM

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Marijuana	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	0	0.0%
No Substance Abuse	12	0.0%
TOTAL	12	100%

Figure 19

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)

Gender	Count	Percent
Female	1,152	23.1%
Male	3,840	76.9%
TOTAL	4,992	100%

Figure 20

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)

Age (Group)	Count	Percent
0-5	4	0.1%
6-11	4	0.1%
12-17	3,419	68.5%
18-20	1,565	31.4%
TOTAL	4,992	100%

Figure 21

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)

Ethnicity	Count	Percent
African American	1,551	31.1%
American Native	9	0.2%
Asian/ Pacific Islander	43	0.9%
Caucasian	302	6.0%
Hispanic	2,716	54.4%
Other	125	2.5%
Pacific Islander	6	0.1%
Unknown	240	4.8%
TOTAL	4,992	100%

Figure 22

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	1,408	28.2%
Anxiety Disorders	93	1.9%
Bipolar Disorders	26	0.5%
Child Abuse and Neglect	1	0.0%
Disorders Due to Medical Condition	1	0.0%
Drug Induced Disorders or Dependence	3	0.1%
Major Depression	581	11.6%
No Diagnosis or Diagnosis Deferred	63	1.3%
Other Diagnoses	2,815	56.4%
Schizophrenia/Psychosis	1	0.0%
TOTAL	4,992	100.0%

Figure 23

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	220	4.4%
Anxiety Disorders	31	0.6%
Bipolar Disorders	4	0.1%
Child Abuse and Neglect	5	0.1%
Disorders Due to Medical Condition	0	0.0%
Drug induced Disorders or Dependence	0	0.0%
Major Depression	63	1.3%
No Diagnosis or Diagnosis Deferred	2	0.0%
Other Diagnoses	4,667	93.5%
Schizophrenia/Psychosis	0	0.0%
TOTAL	4,992	100%

Figure 24

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)

Admit Substance Abuse	Count	Percent
Alcohol	3	0.1%
Amphetamines	1	0.0%
Cocaine	1	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	76	1.5%
No Substance Abuse	4,903	98.2%
Polysubstance Abuse	8	0.2%
Sedatives and Opioids	0	0.0%
Undetermined	0	0.0%
TOTAL	4,992	100%

Figure 25

DOROTHY KIRBY CENTER

Gender	Count	Percent
Female	67	37.6%
Male	111	62.4%
TOTAL	178	100%

Figure 26

DOROTHY KIRBY CENTER

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	127	71.3%
18-20	51	28.7%
TOTAL	178	100%

Figure 27

DOROTHY KIRBY CENTER

Ethnicity	Count	Percent
African American	68	38.2%
American Native	0	0.0%
Asian	2	0.0%
Caucasian	11	6.2%
Hispanic	87	48.9%
Other	5	2.8%
Pacific Islander	0	0.0%
Unknown	5	2.8%
TOTAL	178	100%

Figure 28

DOROTHY KIRBY CENTER

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	7	3.9%
Anxiety Disorders	1	0.6%
Bipolar Disorders	1	0.0%
Child Abuse and Neglect	0	0.0%
Disorders Due to Medical Condition	1	0.6%
Drug Induced Disorders or Dependence	0	0.0%
Major Depression	35	19.7%
No Diagnosis or Diagnosis Deferred	0	0.0%
Other Diagnoses	133	74.7%
Schizophrenia/Psychosis	0	0.0%
TOTAL	178	100%

Figure 29

DOROTHY KIRBY CENTER

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorders/ADHD	6	3.4%
Anxiety Disorders	1	0.6%
Bipolar Disorders	3	1.7%
Child Abuse and Neglect	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Drug induced Disorders or Dependence	0	0.0%
Major Depression	6	3.4%
No Diagnosis or Diagnosis Deferred	2	1.1%
Other Diagnoses	160	89.9%
Schizophrenia/Psychosis	0	0.0%
TOTAL	178	100%

Figure 30

DOROTHY KIRBY CENTER

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	1	0.6%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	3	1.7%
No Substance Abuse	173	97.2%
Polysubstance Abuse	1	0.0%
Sedatives and Opioids	0	0.0%
Undetermined	0	0.0%
TOTAL	178	100%

Figure 31

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Gender	Count	Percent
Female	228	13.4%
Male	1,478	86.6%
TOTAL	1,706	100.0%

Figure 32

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Age (Group)	Count	Percent
0-5	1	0.0%
6-11	2	0.1%
12-17	855	50.1%
18-20	848	49.7%
TOTAL	1,706	100%

Figure 33

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Ethnicity	Count	Percent
African American	593	34.8%
American Native	4	0.2%
Asian/ Pacific Islander	10	0.6%
Caucasian	47	2.8%
Hispanic	981	57.5%
Other	41	2.4%
Pacific Islander	3	0.2%
Unknown	27	1.6%
TOTAL	1,706	100%

Figure 34

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	470	27.5%
Anxiety Disorders	23	1.3%
Bipolar Disorders	2	0.0%
Child Abuse and Neglect	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Drug Induced Disorders or Dependence	0	0.0%
Major Depression	104	6.1%
No Diagnosis or Diagnosis Deferred	13	0.8%
Other Diagnoses	1,094	64.1%
Schizophrenia/Psychosis	0	0.0%
TOTAL	1,706	100%

Department of Mental Health

Figure 35

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	60	3.5%
Anxiety Disorders	8	0.5%
Bipolar Disorders	0	0.0%
Child Abuse and Neglect	3	0.0%
Disorders Due to Medical Condition	0	0.0%
Drug induced Disorders or Dependence	1	0.0%
Major Depression	7	0.4%
No Diagnosis or Diagnosis Deferred	1	0.1%
Other Diagnoses	1,626	95.3%
Schizophrenia/Psychosis	0	0.0%
TOTAL	1,706	100%

Figure 36

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Admit Substance Abuse	Count	Percent
Alcohol	2	0.1%
Amphetamines	5	0.3%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	21	1.2%
No Substance Abuse	1,670	97.9%
Polysubstance Abuse	8	0.5%
Sedatives and Opioids	0	0.0%
Undetermined	0	0.0%
TOTAL	1,706	100%

SELECTED FINDINGS

• The Family Preservation (FP) program treated 201 clients. Family Reunification served 54 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 68, and Community Treatment Facilities (CTF) treated 90. The Wraparound program provided program services to 4,635 in FY 2015-2016. The three Juvenile Hall Mental Health Units (JHMHU) served 4,992. Dorothy Kirby Center provided mental health services to 178. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,706 children/youth received mental health services. A total of 11,882 children and adolescents, potentially at-risk for child abuse or neglect, were served by these mental health treatment programs.

• The 4,848 clients receiving mental health services in the Wraparound program, the Family Preservation and the Family Reunification programs were 41% of clients at the programs considered.

• The 4,992 clients in the Mental Health Units of the three juvenile halls made up 42% of the clients considered.

• Clients in the Mental Health Units at the Challenger Youth Center/ Juvenile Justice Camps and Dorothy Kirby Youth Center were 16% of all clients at the programs reviewed.

• Clients in Mental Health Units of the Youth Centers were distributed as follows: 1,706 (91%) in Challenger Youth Center/Juvenile Justice Camps, and 178 (9%) in Dorothy Kirby Center.

• A total of 97 clients studied in this Report were diagnosed as victims of a type of abuse characterized by one of the following three ICD-9 diagnostic codes: Physical Abuse (993.54), Sexual Abuse (995.53), or Neglect (995.52).

• Eighty seven (89.6%) of the 97 children and youth diagnosed as victims of one of the three types of abuse cited above were found to be clients in the Wraparound Program.

• A total of 10 clients (10.4%) in Family Preservation, Juvenile Halls, or Challenger Youth Center were diagnosed as victims of Sexual Abuse, Physical Abuse or Neglect.

• There were 37 clients in the Wraparound program, and there were two Family Preservation clients diagnosed as victims of Physical Abuse. In addition, one Challenger Youth Center client was diagnosed as a victim of Physical Abuse.

• A total of 17 Wraparound clients were diagnosed as victims of Sexual Abuse. 4 Juvenile Hall clients were also diagnosed as victims of Sexual Abuse.

• There were 33 Wraparound program clients diagnosed as victims of Neglect. One Challenger Youth Center client was diagnosed as a victim of Neglect. No Family Preservation clients or Juvenile Hall clients were diagnosed as victims of Neglect.

• The much higher frequency among Wraparound clients of a diagnosis of each of the three types of Abuse considered, compared with the prevalence of abuse observed in the other programs, demonstrates that the Wraparound program made the largest contribution to the diagnosis of children who were victims of Abuse or Neglect and received care in their program.

GLOSSARY OF CHILDREN'S MENTAL HEALTH TERMS

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by italics have their own separate definitions. The term service or services is used frequently in this glossary. The reader may wish to look up service before reading the other definitions.

Assessment: A professional review of a child's and family's needs that is done when they first seek services. The assessment of the child includes a review of physical and mental health, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the treatment provider and family decide what kind of treatment and supports, if any, are needed.

Case Manager: An individual who organizes and coordinates services and supports for children with emotional problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

Case Management: A service that helps people arrange appropriate and available services and supports. As needed, a case manager coordinates mental health, social work, education, health, vocational, transportation, advocacy, respite, and recreational services. The case manager makes sure that the child's and family's changing needs are met. (This definition does not apply to managed care.)

Children and Adolescents at Risk for Mental Health Problems: Children at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

Continuum of Care: A term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. (See system of care and wraparound services.)

Coordinated Services: Child-serving organizations, along with the family, talk with each other and agree upon a plan of care that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. Case management is necessary to coordinate services (See wraparound services).

Cultural Competence: Help that is sensitive and responsive to cultural differences. Service providers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.

Day Treatment: A non-residential, intensive and structured clinical program provided for children and adolescents who are at imminent risk of failing in the public school setting as a result of their behavior related to a mental illness and who have impaired family functioning. The primary focus of Day Treatment is to address academic and behavioral needs of the individual, family, and/or foster family.

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition): An official manual of mental health problems developed by the American Psychiatric Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

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Emergency and Crisis Services: A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

Evidence Based Practice: An intervention whose beneficial treatment outcomes for the mental health and psychological functioning of clients has been established by controlled clinical research studies.

Family Support Services: Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, and respite care.

Inpatient Hospitalization: Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Managed Care: A way to supervise the delivery of health care services. Managed care may specify the providers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.

Mental Health: Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental Health Problems: There are several recognized problems. These problems affect one's thoughts, body, feelings, and behavior. They vary from mild to severe. Some of the more common disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Plan of Care: A treatment plan designed for each child or family. The treatment provider develops the plan with the family. The plan identifies the child's and family's strengths and needs. It establishes goals and details the appropriate treatment, and services likely to meet his or her special needs.

Residential Treatment Centers: Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with serious emotional disturbances receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than inpatient hospitalization. Centers are also known as therapeutic group homes.

Respite Care: A service that provides a break for parents who have a child with a serious emotional disturbance. Some parents may need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.

SEP Eligible: A child who has been assessed by a team of qualified assessors, including the parents, as eligible to be placed in a special education program and to receive related mental health services.

Serious Emotional Disturbance: Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community. Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders. Serious emotional disturbances affect 1 in 20 young people.

Service: A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

Short-Doyle Medi-Cal: State-funded program that provides reimbursement for county mental health services to Medi-Cal eligible and indigent individuals.

SPA: SPA is the acronym designating each of eight Service Planning Areas developed by the County of Los Angeles Departments of Planning and Health Services. The SPAs are as follows: 1-Antelope Valley, 2-San Fernando Valley, 3-San Gabriel Valley, 4-Metro, 5-West, 6-South, 7-East, 8-South Bay.

System of Care: A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

Therapeutic Foster Care: A home where a child with a serious emotional disturbance lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.

Therapeutic Group Homes: Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within an interagency system of care. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

Transitional Services: Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

Wraparound Services: A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education.

DEPARTMENT OF PUBLIC HEALTH

Overview

Child maltreatment, whether in the form of physical, sexual, emotional abuse and/or neglect, adversely effects 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 the social environment for communities, increasing healthcare access for low-income households, providing education to improve parenting skills, and raising awareness and self-esteem for individuals.

This agency report is divided into three sections. The first section provides background on selected Divisions within the DPH Bureau of Health Promotion and highlights their programs and 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 Los Angeles Mommy and Baby Project, demonstrating information related to family stressors and resiliency, which represent risk and protective factors for child abuse and neglect.

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.

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

CMS provides a broad array of health care services including prevention 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 in foster care.

CMS administers California Children Services, the Medical Therapy Program, the Pediatric Palliative Care Program, the Child Health and Disability Program, the Health Care Program for Children in Foster Care, 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.

On an annual basis CCS has an active caseload exceeding 47,000 and serves over 70,000 children and youth. During FY 2016-2017 CCS had 47,878 cases. During FY 2016-2017 CCS reviewed and processed 127,666 requests for medical care and related services. The most frequent diagnostic categories during FY 2016-2017 fiscal year were:

- Congenital Cardiac Anomalies - 20.0%
- Cerebral Palsy and related encephalopathies - 18.2%
- Hearing Loss (all types) - 17.0%
- Diabetes Mellitus (Type I and II) - 16.0%
- Clefts of Palate and Lip - 8.7%
- Epilepsy and Seizure Disorders (all types) - 8.1%
- Respiratory Distress Syndrome (related to prematurity) - 6.7%
- Leukemia (all types) - 5.2%

In addition to the care coordination work of the CCS nurse case managers, during FY 2016-2017 the CCS medical team provided over 5,400 written consultations including: 3,991 medical consultations; 1,334 audiology consults; and 120 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 twenty-two Medical Therapy Units (MTUs) located in school settings throughout Los Angeles County.

The Medical Therapy Program 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 individual educational planning (IEP) meetings.

During FY 2016-2017, the MTP provided services to 4,748 clients. The major diagnostic categories of children and youth served the MTP differ from those of the CCS program. Cerebral palsy and related encephalopathies comprise slightly more than half of the groups served (56.2%); followed by spinal cord injury/disease, including spina bifida (8.7%); and congenital orthopedic abnormalities (6.7%). Neuropathies and other disorders of the peripheral nervous system comprise 4.8% and arthritis and other arthropathies accounted for 3.2%.

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 conducts therapy groups in order to provide treatment in a manner that is relevant to the child, engage their family, and encourage participation in community activities. These therapy groups include topics and foci such as life after high school, community transportation, hip hop and hula dance groups, cheer camp, karate camp, fashion shows, gardening, and yoga.

Pediatric Palliative Care Program

The Pediatric Palliative Care Program provides eligible children and their families with palliative care services during the course of the child's illness, while concurrently pursuing curative treatment for the child's life limiting or life threatening medical condition. PPC offers services, through local participating hospice and home health agencies, to help children and their families during the course of the child's illness with the goal of improving quality of life as well as reducing hospital stays, medical transports and emergency room visits. Services include care, coordination, family training, respite care, expressive therapies, and family bereavement counseling. PPC reached a record enrollment during FY2016-17 of 95 cases.

Child Health and Disability Prevention Program

The Child Health and Disability Prevention Program (CHDP) provides 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 private physicians, local health departments, community clinics, managed health care plans, and some school districts. Los Angeles County CHDP provides approximately 779,000 health assessment each year. During FY 2016-2017 CHDP:

• Conducted site reviews for, and approved/reapproved, more than 256 CHDP provider sites.
• Provided direct care coordination for more than 6,000 children and youth, for follow-up of medical, dental, and other health conditions identified in CHDP screenings.
• Conducted vision screening, audiometric screening, and nutrition/Body Mass Index (BMI) trainings for CHDP providers. The number of trainings and participating staff for FY 2016-2017 are provided in the table below.

TRAININGS FOR CHDP PROVIDER SITES FY 2016-2017

	Trainings	Staff
Vision	131	506
Audiometric	143	425
Nutrition (WHO Growth Charts & BMI)	80	525
BMI/Lead/Dental	67	232

Health Care Program for Children in Foster Care

Children and youth in foster care have significant health care needs. Almost nine in ten young children entering the foster care system (87 percent) have physical health problems; with 55 percent having two or more chronic conditions.[2] Almost a quarter of children entering foster care have three or more chronic conditions.[3], [4] More than one third (35 percent) of children and adolescents enter foster care with significant dental and oral health problems.[5] This vulnerable population has long been recognized as requiring rapid, comprehensive health assessment and coordinated health case management.[6]

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program located in county child welfare service agencies and probation departments to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care. Los Angeles County's HCPCFC serves approximately 21,000 children annually.

The services provided by HCPCFC 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 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 16-17 HCPHFC PHNs provided: 52,029

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. Ibid.

4. K. Allen. Medicaid Managed Care for Children in Child Welfare. Center for Health Care Strategies. April 2008.

5. American Academy of Pediatrics, Healthy Foster Care America Initiative. Accessed April 30, 2014 at

http://www2.aap.org/fostercare/dental_health.html

6. 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.aappublications.org/content/109/3/536.full.html

consultations, coordinated 23,670 physical exams, coordinated 11,952 dental exams, coordinated/verified medical homes[7] for 33,014 children and youth, coordinated/verified 32,084 immunizations, and conducted 3,328 reviews of psychotropic medication.

CMS Edelman Children's Court Pediatric Program

The CMS Edelman Children's Court Pediatric Program provides 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. Edelman Court personnel have grown accustomed to this important information in the select cases where it is necessary, and have come to depend on this medical advice and expertise before they can properly rule on the disposition of a child's dependency placement.

During FY 2016-2017, the CMS Court Pediatrician and Medical Director conducted 106 in-depth consultations. The Court caseload continues to grow, with the number of new "Coordinated Health Services Referrals and Orders" (pediatric consults) ordered by Judicial Officers (Judges, Commissioners, and Referees) at Edelman and at the Lancaster Court more than tripling since the previous fiscal year. In addition to consultations, the Court Pediatrician provides presentations 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 Pediatrician and Medical Director participate on the Coroner's Interagency Child Death Review Conference and this year conducted two cases for review. The Interagency Child Death Review has also led to improved collaboration with other group members from DCFS, DHS HUBs, DMH, Coroner's office, and others.

DIVISION OF MATERNAL CHILD AND ADOLESCENT HEALTH

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

- Black Infant Health Program
- Child and Adolescent Health Program and Policy
- Children's Health Outreach Initiative
- Childhood Lead Poisoning Prevention Program
- Comprehensive Perinatal Services Program
- FAMILIA
- Fetal Infant Mortality Review Program
- Nurse Family Partnership Program
- Sudden Infant Death Syndrome Program

Black Infant Health Program (BIH)

BIH was established in 1989 in response to the alarmingly and disproportionately high infant mortality rate in 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, in 2015 the California Department of Public Health modified the BIH Program model to focus on 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 entered into agreements in September 2016 with four (4) community-based organizations to implement the revised BIH Program. The four (4) community-based organizations are: The Children's Collective Inc.; Great Beginnings for Black Babies Inc.; Children's Bureau of Southern California; City of Pasadena Public Health. Enrollment of clients in the revised program model began in January 2017.

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 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) and all services are completely free.

Participants are eligible for program services if they are an African American woman (18 years of older), currently 30 weeks or less pregnant and residing in designated target area.

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

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

Data for the most recent fiscal period was not available for this publication due to development and initiation of the revised model during most of the year. It is anticipated that subcontractor client-level data will be available to share beginning January 2018.

Choose Health Los Angeles Child Care

MCAH continued to manage the Choose Health Los Angeles Child Care (CHLACC) program, which sunsetted on June 30, 2017. Over the course of the 5-year program, CHLACC provided over 5,800 child care professionals with the necessary tools to promote the healthy physical, psychosocial, and emotional development of children enrolled in their programs.

Child care workers were trained to serve healthy foods and engage children in appropriate physical activities to reduce their risk for acquiring the many chronic diseases that put them at increased risk for maltreatment by caregivers who are unprepared to handle the stress associated with caring for children with special needs. The training uses nutrition and physical activity as avenues to foster healthy relationships between children and their caregivers to ensure that they are able to thrive.

In addition to the thousands of providers trained and coached, nearly 25,000 parents in the same communities have received healthy living resources to reinforce the information given to professionals, such as easily prepared healthy meal recipes, physical activity ideas for families, guidance on how to read food labels, and how to maintain a simple garden.

Program evaluation results highlight that caregivers understand their importance as healthy role models for the children in their care. After training, more caregivers were participating in physical activity alongside the children, reading food labels and implementing written nutrition policies, and engaging more thoughtfully with parents about healthy choices.

To wrap up the CHLACC program activities, several documents were developed and disseminated highlighting the overall success of CHLACC, including a final program syntheses report and complimentary infographic resources. Program staff also presented CHLACC results at several local, state and national conferences, such as the American Public Health Association (APHA) annual conference. To foster sustainability, MCAH successfully petitioned the California Emergency Medical Services Authority (EMSA) to recommend the CHLACC curriculum as an approved training to satisfy the nutrition education requirement for child care providers seeking licensure.

Children's Health Outreach Initiatives Program (CHOI)

CHOI was established in 1997 to provide coordinated health coverage outreach to underserved children, families, and individuals in order to enroll them in health insurance programs. Through this activity, CHOI aims to reduce the number of uninsured in Los Angeles County. CHOI administers a multi-million dollar health coverage outreach, enrollment, utilization, and retention program and has received funding from various sources, including First 5 LA and the State Department of Health Care Services (DHCS). DPH has leveraged existing funding streams, including First 5 LA funding, to receive Medi-Cal Administrative Activity (MAA) dollars for enrolling clients into Medi-Cal. With these funding sources, CHOI contracts with 19 community-based organizations, schools, local governments, hospitals, and health care providers to provide direct client services. Organizations are encouraged to be holistic in their approach to helping families access low or no-cost health coverage programs. Once a family is enrolled, the contracted organizations follow-up with them to ensure utilization and retention of health benefits. Additionally, contracted organizations also refer families to other health and social services as needed. CHOI sponsors comprehensive training for agency staff and community enrollment workers on available coverage programs and best practices for

7. 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.

supporting enrollment, retention, and use of benefits.

In FY 2016-17, CHOI continued leading the collaborative partnership of five Los Angeles County (LAC) Departments funded to conduct Medi-Cal outreach and enrollment to seven hard-to-reach populations in the County: persons with mental health and substance use disorders; homeless individuals; young men of color; persons who are imprisoned or about to be released back into the community; families of mixed immigration status; and persons with limited English proficiency. The partnership aims to enroll as many newly-eligible individuals as possible into the Medi-Cal program. Collaborative partners include the Department of Health Services (DHS), the Department of Public Social Services (DPSS), the Department of Mental Health (DMH), and the Sheriff's Department (LASD), along with 37 community contractors and sub-contractors and over 200 community-based organizations. Three years into the grant partnership, the Collaborative has outreached to over 375,000 Medi-Cal eligible individuals in LA County, assisted with over 80,000 Medi-Cal applications and confirmed enrollment of more than 50,000 individuals.

CHOI received an additional grant from DHCS for Medi-Cal Retention and Renewal Assistance that was implemented from July 2015 through December 2016. The project aimed to support all Medi-Cal beneficiaries with renewals, including assisting with re-determination paperwork and troubleshooting obstacles and barriers that arise. This project resulted in CHOI contractors providing support for continued Medi-Cal enrollment to more than 11,800 individuals.

CHOI activities during FY 2016-2017 included:

- Comprehensive health coverage outreach, enrollment, utilization and retention services, funded by First 5 LA and the State Dept. of Health Care Services;
- Implementation, including intensive training on the Medi-Cal Program and the CHOI online data tracking system for the DHCS Medi-Cal Outreach and Enrollment Grant Collaborative and its 37 Community-based contractors and sub-contractors;
- Full implementation of the DHCS Medi-Cal Renewal Assistance Grant; and
- Planning and early implementation of SB 75 legislation, also known as Health For All Kids, which expanded eligibility for full-scope Medi-Cal Benefits to all children up through age 18, regardless of immigration status. CHOI acted as convener and facilitator for the SB 75 Operations and Community Advocacy Workgroups, helping to facilitate communication between stakeholders and pave the way for successful implementation of SB 75 provisions in Los Angeles County.

During FY 2016-2017, CHOI subcontractors outreached to 43,500 individuals, completed 12,400 health coverage applications, and achieved a confirmed enrollment rate of 90% across all health programs. In addition, CHOI contracted agencies provided over 11,000 separate instances of troubleshooting assistance and referrals to clients who were facing obstacles in obtaining, accessing and maintaining health care coverage and other social services including CalFresh, WIC, mental health services, legal services for housing and domestic violence, dental/oral health, immigration, 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 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. Presently among all open cases, CLPPP provides care for two patients who resides in foster care and two juvenile patients in detention with retained lead bullets due to firearm injuries. Blood lead levels (BLL) that meet state case criteria are identified and managed. Based on state and federal guidelines and recommendations, Public Health Nurses (PHNs) and Environmental Health Specialists (EHS) conduct case management activities including home visits and environmental investigations to:

- Identify source of lead exposure,
- Eliminate lead hazards,
- Reduce blood lead level, and
- Reduce or eliminate consequences of lead exposure

During fiscal year 2016-17, CLPPP provided full case management services to 617 children ages 0-21 years old of which 117 children were newly identified cases. In addition to these state defined cases, over 2,750 children were reported with BLLs greater than or equal to 5 mcg/dL (micrograms per deciliter). As resources allowed, 400 of these children received modified case management services which included health teachings over the phone, and educational materials mailed to their caregiver. At the request of the medical providers and upon referral by the PHN, the Environmental Health Specialist performed 56 consultations and investigations in their homes.

In January 2012, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Childhood Lead Poisoning Prevention (ACLPP) submitted a report, Low Level Exposure Harms Children: A Renewed Call for Primary Prevention. Based on a growing number of scientific studies that show that even low BLLs can cause adverse health effects, the report recommended that the CDC change its "blood lead level of concern," which was at 10 mcg/dL. ACLPP recommended that BLLs should be linked to data from the National Health and Nutritional Examination Survey (NHANES) to identify children who are exposed to lead hazards. This new level is based on the population of children aged 1-5 years in the United States who are in the top 2.5% of children when tested for lead in their blood. Currently, that is 5 mcg/dL of lead in blood which means that more children will be identified as having lead exposure earlier and action can be taken earlier.

In March 2013, in accordance with the CDC recommendation, Los Angeles CLPPP implemented a change to its case closure criteria from two venous BLLs less than 14.5 mcg/dL drawn six months apart to two venous BLL, 4.5 mcg/dL or less, drawn six months apart. CLPPP continues to implement this lowered closure criteria in FY 2016-17 to comply with CDC's recommended reference lead value. Services include additional follow up activities by the PHNs to reinforce health education messages, to identify and eliminate lead hazards, and to monitor decrease in BLLs.

Effective July 1, 2016, the California Department of Public Health's Childhood Lead Poisoning Prevention Branch (CLPPB) changed the case definition guidelines to one venous BLL greater than or equal to 14.5 mcg/dL or two BLLs greater than or equal to 9.5 mcg/dL drawn at least 30 days apart. The second BLL must be a venous draw. Additionally, CLPPB's closure criteria changed to two or more venous BLLs demonstrating that the child's BLL is trending downward to less than 9.5 mcg/dL for at least one year. The most recent BLL prior to closure must be less than 4.5 mcg/dL. All other objectives of the case management plan must be achieved as well in order to close a case. These changes in the case definition and closure criteria have resulted in cases remaining open for longer periods of time before closure criteria is met. Supplemental state funding has been awarded to support additional nursing case management and environmental investigation activities.

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 2015-2016, there were 425 certified CPSP providers in Los Angeles County. In addition to monthly provider trainings, program staff conducted 157 quality assurance site visits with CPSP providers in an effort to promote quality care for pregnant women and newborns and to ensure compliance with Title 22 CPSP regulations.

FAMILIA

FAMILIA is a Hispanic focused text message and social media campaign promoting preconception health for Hispanic men and women aged 18 – 29. The National Preconception Health and Health Care Initiative and the University of North Carolina at Chapel Hill awarded a "Show Your Love" Diversification grant to develop and implement the campaign.

In the Hispanic culture, doing something for one's family is often the motivation for activity or behavioral change. FAMILIA leverages the strong cultural value of "family" to encourage lifestyle changes that address

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the physical, social, and mental aspects of health and wellness that lead to healthier outcomes for individuals and their families. These strategies include family planning, active living, maintaining a healthy weight, improving nutrition, reducing stress, preventing sexually transmitted infections, and addressing relationship abuse.

Anyone can join FAMILIA by texting LAFAMILIA to 55000. Subscribers select English or Spanish language to receive 3 text messages per week for 12 weeks. Each text message links to corresponding content at the DPH MCAH web pages at http://publichealth.lacounty.gov/mch/ReproductiveHealth/FAMILIA/FAMILIAhome.htm. The web pages have more information, apps, blogs, and videos related to each topic.

FAMILIA launched in October 2016. During 2016 – 2017, 118 subscribers joined and received more than 3,400 text messages.

Fetal Infant Mortality Review Program (FIMR)

FIMR was implemented in 12 California counties in 1994 to assess the causes of fetal and infant deaths in areas with high rates of prenatal mortality. The goal of the program is to improve birth outcomes by examining factors that contribute to fetal, neonatal, and post-neonatal deaths and developing and implementing intervention strategies in response to identified needs. Traditionally, the County conducted FIMR reviews on specifically selected cases of fetal and infant deaths. These reviews involved interviews of mothers by Public Health Nurses (PHNs) and the completion of case reviews of the medical and autopsy records. Following the review, a Technical Review Panel comprised of doctors, coroners, and public health professionals made recommendations for change to prevent similar fetal and infant deaths from occurring.

In 2003, the Los Angeles County DPH FIMR program began incorporating the Perinatal Periods of Risk (PPOR) framework into its scope of work. PPOR is a tool to prioritize and mobilize prevention efforts in the community. The revised FIMR project involves analyzing fetal and infant death cases countywide and recommending appropriate policies and interventions for reducing the mortality rate.

During FY 2016-2017, the FIMR Program:

- Maintained the Fetal-Infant Mortality Expanded Surveillance System (FIMESS) database and designed utilities for increased functionality;
- In collaboration with the Research, Evaluation & Planning unit within MCAH Programs, the FIMR program continued to implement the countywide Los Angeles Health Overview of a Pregnancy Event (L.A. HOPE) Project – data collection on women who have recently suffered a fetal or infant loss. This data is used to develop policy interventions and maximize resource allocation for perinatal health and social services in Los Angeles County. For more information about L.A. HOPE, see http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.htm; and
- Maintained partnership with CityMatCH, the Association of Maternal & Child Health Programs (AMCHP), and National Healthy Start Association (NHSA), who together launched an Action Learning Collaborative (ALC) using a national team approach focused on eliminating racial disparities in infant mortality. The ALC addresses the need for maternal and child health leaders to learn what has worked across the country from both peers and subject matter experts; discuss how to tailor interventions for community, local and state practice; and become part of a larger learning community linked to other efforts to undo institutional racism and eliminate health disparities and its impact on birth outcomes. During FY 2016-201-7, the ALC continued to maintain and update a website as well as compiled a training tool kit for health care providers and community members to understand and identify the impact of racism on infant mortality. For more information about ALC, see http://publichealth.lacounty.gov/mch/LACALC/LACALC_index.htm.

Nurse Family Partnership (NFP)

NFP is an intensive nurse home visitation program that follows a national model developed by Dr. David Olds. The model, which has been empirically studied for nearly four decades, 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. Extensive research has shown that NFP can:

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

PHNs conduct home visits that begin before the mother's 24th week (often beginning on or before their 16th week) of pregnancy and continue until the child reaches his/her second birthday. Over the course of 52 home visits, the nurses focus on addressing their clients' 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, unconditional positive regard, and referrals to services for any identified problems that cannot be adequately addressed within the NFP model. When the infant is approximately 10 weeks old, PHNs and parents discuss the importance of nurturing children through physical and emotional security, trust, and respect. When the baby is approximately five months old nurse home visitors discuss topics with the parents such as sexual, emotional, and physical abuse. PHNs refer families for additional social and support services if risk factors for child abuse and neglect are observed.

Beginning with FY 2011-2012, NFP's 14 PHNs were joined by an additional 24 nurses with funding from the Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) program within the Department of Mental Health (DMH). One Mental Health Worker (MHW) was also hired and trained in the NFP model to assist clients in their home who have compromising mental health challenges. Since inception of this service, many clients have benefitted from the therapeutic relationship established with the MHT. For those clients whose acuity level is higher than what can safely be treated in the home, the MHT has been indispensable in creating linkages to more intensive community-based mental health services. NFP was expanded within Service Planning Areas (SPAs) 1, 4, 6 & 8, and countywide for the deaf and hard of hearing community with these MHSA funds. Twenty NFP nurses were trained in American Sign Language (ASL) to be culturally and linguistically competent to serve this special population. The NFP partnership with DMH and the University of Southern California School of Social Work has helped to facilitate establishment of and improve the current limited access to quality resources for pregnant women with mental health needs. NFP can now serve 812 families with 32.5 nursing FTEs. Fiscal year data shows that NFP program outcomes continue to match or exceed the national and benchmark standards in many areas as set by Dr. Olds as well as those set in Healthy People 2020, such as having premature births (37 weeks gestation or less) at 7.4% for fiscal year June 2016 to June 2017, below the Healthy People 2020 target of 11.4%.

As of June 30, 2017, NFP has cumulatively enrolled 5,490 clients with a median age of 17 years (37.8% of them are 17 years old or younger) since expansion in FY 2000. During the last 17 years, NFP has had only 35 children removed from their mothers during infancy (0.6%) for abuse/neglect, a very low number when compared to outcomes for young mothers generally throughout the nation and Los Angeles. The majority of NFP referrals come from the Women-Infant-Child (WIC) Nutrition Program, although many special needs foster children are referred from the Alliance for Children's Rights from clients served within the Department of Children & Families Services. Nurse Family Partnership, Children's Alliance, and the Department of Children and Family Services co-presented at the Sixth National Summit on Quality in Home Visiting Programs, highlighting the Memorandum of Understanding, as well as successes and lessons learned and since the MOU was signed in 2012.

During 2016-2017, NFP continued participation in the Family and Children's Index (FCI) system used by direct-service County departments. In addition, NFP administration in collaboration with MCAH administration, began the "Home Visitation Consortium" (HV Consortium), consisting of Policy, Operations, and Community Advisory Board (CAB) Subcommittees. 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.

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 public health nurse provides grief and bereavement case management services to parents and family members, foster parents, and other child care providers. Program staff focus their outreach and training efforts on the importance of placing healthy infants to sleep on their backs; of providing a smoke-free, safe-sleep environment; and disseminating information about other identified risk factors and promoting American Academy of Pediatrics Guidelines.

During FY 2016-2017, the SIDS Program coordinated the following activities:

- Received and processed 39 presumptive Sudden Infant Death Syndrome (SIDS) referrals from the Coroner's Office;
- Contacted 39 parents/caregivers who experienced a presumed SIDS death, to receive grief and bereavement support services and/or grief and bereavement materials;
- Conducted 12 healing grief support groups. More than 39 families who experienced fetal or infant loss were provided grief and bereavement support;
- 1 Faith Based Organization headquarter, representing over 15 churches and their congregations participated in posting SIDS program messages in their Sunday bulletin;
- 3 nursing schools/universities representing 100 students have received safe infant sleep education: written and audio visual materials;
- 47 nurses from Nurse Family Partnership (NFP) received SIDS/Safe Infant Sleep materials (National Institute of Child Health and Human Development flyers and DVDs);
- 74 Comprehensive Perinatal Services Program (CPSP) providers received Safe Infant Sleep information and materials. The Safe Infant Sleep DVD is being played in the lobby of the clinics;
- Contact letter sent to LAC birthing hospitals who have the highest number of SIDS cases (SPA 1, 4, and 6). This letter informs them of SIDS statistics for their hospitals, and provide with resources available online (safe infant sleep NICHD video and print materials);
- 3660 Los Angeles County employees had the access to the Paystub View Announcement and the safe infant sleep recommendations;
- 32 Child Care Providers and 35 parents received safe to sleep education through DVD and print materials;
- More than 7000 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 organization to be played in their lobby; and
- Maintained SIDS training, education, and grief support materials on the Los Angeles County MCAH website for both consumers and professionals. (http://publichealth.lacounty.gov/mch/sids/sids.htm)

Human Trafficking/Commercial Sexual Exploitation Workgroup

The Divisions of CMS and MCAH co-chair the Department of Public Health Human Trafficking/ Commercial Sexual Exploitation (HT/CSE) Workgroup, which includes members from numerous DPH programs. The vision of the workgroup is: A world without human trafficking, including commercial sex exploitation. The mission of the workgroup is: To prevent the spread of human trafficking, including labor and sex trafficking, and commercial sex exploitation; to identify people and populations who are at risk of, impacted by, or are survivors of HT; and to enhance, strengthen and build Los Angeles County Department of Public Health capacity to serve those survivors and respond to their needs. The workgroup has developed an implementation plan for 2017-2019. The areas of focus of the work plan include: (1) Internal DPH capacity development; (2) Internal policy development; and (3) External partnership development.

The workgroup has emphasized assessing and assisting with training needs of DPH staff to increase their capacity to effectively address HT/CSEC. The workgroup has recommended a minimum of CSEC 101 training for all staff having direct contact with those potentially impacted by human trafficking. The staff who were trained this past year, include:

- HT/CSEC Workgroup liaisons facilitated a HT/ CSEC 101 training by the Coalition to Abolish Slavery and Trafficking (CAST) with 50 Los Angeles County Office of Education nurses and mental health counselors working in alternative education schools, juvenile halls and probation camps
- 17 HT/CSEC Workgroup representatives participated in a CSEC 101 training provided by CAST
- 70 PHNs in the Nurse Family Partnership Program, who provide home visits to high-risk, low income pregnant youth/women, completed a CSEC/HT training specifically tailored to their work
- 96 CHS clinical staff working in DPH Community Health Services (CHS) public health centers received a specifically tailored CSEC/HT 101 and domestic violence training in June 2017
- 163 CHS field staff received a CSEC/HT 101 and domestic violence training in August 2017
- 40 Pomona Public Health Center staff received a special training on trauma informed care, human trafficking and community resources in August 2017
- 18 DPH HT/CSEC Workgroup representatives attended a training on Trauma Informed Care and Compassionate Fatigue sponsored by the Probation Department. In addition, The Substance Abuse Prevention and Control division in DPH has required its contracted youth service providers to be trained, and field staff (counselors, community workers and health navigators) in the Division of HIV and STD Programs in DPH attend the trainings that Probation convenes, including CSEC 101/102 and Trauma-Informed Care.

DIVISION OF SUBSTANCE ABUSE PREVENTION AND CONTROL

The Substance Abuse Prevention and Control (SAPC) division is tasked with implementing policies and strategies to prevent and minimize the harms of substance use disorders (SUD), and to oversee the specialty SUD treatment system for those who are directly or indirectly affected by alcohol and other drug misuse. Its mission is to lead and facilitate the delivery, through its contracted community-based agencies, of a full spectrum of prevention, treatment and recovery support services in Los Angeles County proven to reduce the impact of substance abuse and addiction.

A core SAPC strategic priority is to maximize opportunities available under the recently approved Drug Medi-Cal Organized Delivery Systems (DMC-ODS) Waiver to better integrate SUD treatment services for both youth and adults into Los Angeles County's mental and physical health care delivery system.[8] The DMC-ODS Waiver launched on July 1, 2017. Among SAPC's key programs that integrate youth SUD services with the mental and physical health systems are:

- California Work Opportunity and Responsibility to Kids (CalWORKs)
- Promoting Safe and Stable Families (PSSF-TLFR)
- Family Dependency Drug Court (FDDC)
- Women and Children's Residential Treatment Services (WCRTS)
- Perinatal Services Network (PSN)
- Youth System of Care (YSOC)

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 families with (or expecting) children 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. During Fiscal Year 2016-2017, the program assessed 444 participants for SUD services, and referred 382 participants to SUD treatment.

Promoting Safe and Stable Families - Time Limited Family Reunification

PSSF-TLFR is a time-limited Department of Children and Family Services (DCFS) reunification program in partnership with SAPC and other Los Angeles County agencies. The program is designed to provide services to families/guardians when children have been removed from parental custody for 15 months or less. The parents and/or caretakers have been directed to enter SUD treatment services as a part of their family reunification plan. In Fiscal Year 2016-2017, the program referred 1,025 eligible parents to SAPC for SUD assessment, 779 were assessed for SUD treatment, 338 were referred to outpatient SUD treatment, 291 were referred to residential SUD treatment, 341 were admitted into treatment, and 277 completed the program and were discharged (198 female and 79 male).

Family Dependency Drug Court

FDDC is a partnership between the 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

8. Los Angeles County Health Agency 2016-2017 Annual Report, http://file.lacounty.gov/SDSInter/dhs/1026193_HealthAgencyreport.revised_07_07_17PM_mk.pdf

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a significant barrier to family reunification. Treatment services (12 months) 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 Fiscal Year 2016-2017, 109 new parents entered this program, 53 parents graduated, 28 parents were terminated, and 21 dependents were reunited with their parents.

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 four primary goals and a number of desired outcomes for 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 2016-2017, the program admitted 770 women for SUD treatment and discharged 497 women admitted under this program.

Perinatal Services Network

PSN 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-specific 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 Department of Health Care Services' PSN Guidelines. In Fiscal Year 2016-2017, 75 women were admitted for SUD treatment, and 48 women were discharged from SUD treatment under this program.

Youth System of Care

YSOC is a SAPC program aimed at improving and enhancing the infrastructure and capacity of youth-specific SUD treatment programs. Both outpatient and residential youth treatment programs are available for youth (ages 12-17). Admission data into DMC and non-DMC programs in Fiscal Year 2016-2017 indicates:

- 2,517 youths were admitted into 86 outpatient programs
- 322 youths were admitted into 7 residential programs

In addition, future data will reflect the number of youth that were admitted and discharged into DMC contracted agencies beginning July 1, 2017.

SECTION 2. OVERVIEW OF LOS ANGELES COUNTY INFANT AND CHILD DEATH DATA

The figures described in this section of the report use data derived from death certificates combined with County population estimates in order to calculate rates for all-cause mortality of infants and children and to provide comparative trends for different racial/ethnic groups and different geographic regions. We also identify the most common causes of death for infants and children. Although most of these figures do not provide information specific to child abuse and neglect, as the repository for vital records for Los Angeles County and the primary agency responsible for overall health assessment and epidemiology, DPH includes these figures to better inform readers of this report on general mortality trends for infants and children.

a. Death Rates and Causes of Death Among Infants

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

The infant mortality rate in Los Angeles County in 2014 was 3.9 infant deaths per 1,000 live births, which continues a general trend downward that has been consistent for more than a decade, despite occasional yearly fluctuations (see Figure 1). Moreover, the infant mortality rate in Los Angeles County has remained well below the national target set by the U.S. Department of Health and Human Services in Healthy People 2020 (6.0 deaths per 1,000 live births) for many years.

Figure 2 shows infant mortality rates stratified by race/ethnicity in Los Angeles County for years 2005 through 2014. Although Hispanics comprised the highest number of infant deaths (a function of the much higher number of live births in this sub-population), African-Americans continue to experience disproportionately higher rates of infant mortality compared to other race/ethnicity groups. Although the trend in mortality for African American infants appears to be decreasing since 2008, one can see that the rate remains well above the Healthy People 2020 target of 6.0 infant deaths per 1000 live births, while the corresponding rates for Whites, Hispanics, and Asian/Pacific Islanders are clustered more closely together, and consistently well below the HP2020 target (Figure 2). Although the causes for this consistent and alarming disparity may be multifactorial, the role of historic and persistent discrimination and the resulting social inequities produced must be considered as a significant causative factor. DPH has attempted to address this disparity for a number of years with direct interventions including the Black Infant Health program and home visiting services such as Nurse Family Partnership (see program descriptions in Section 1). More recently DPH has become home to the newly launched Center for Health Equity for the Los Angeles County Health Agency and African American Infant Mortality (AAIM) is one of its initial priority topics. The AAIM Higher initiative will develop and implement strategies countywide to address some of the systemic and structural causes which have allowed this particular health disparity to persist. Figure 3 presents similar data in tabular form, and includes the actual number of deaths and live births among the various race/ethnicity groups for comparison as well as data for the entire population.

For purposes of health planning, Los Angeles County is divided into eight regional Service Planning Areas (SPAs). Within the DPH organizational structure, each SPA has an Area Health Officer who is responsible for public health planning and delivery of services according to the health needs of the local communities in the SPA. The bar graph in Figure 4 compares infant mortality by Service Planning Area in 2013, while Figure 5 presents the same statistics in tabular form for all years from 2005 through 2014. SPA 1 (Antelope Valley) had the highest infant mortality rate in 2014 (6.0 per 1000 live births) and has had the highest infant mortality rate for all SPAs during most of the years tabulated, followed by SPA 6 (South) with a rate of 5.2 in 2014. The traditionally higher rates in SPAs 1 and 6 reflect the disproportionately high infant mortality rates in the African American community and the concentration of African American residents living in those regions of the county. Although still displaying the highest infant mortality rate among SPAs, Antelope Valley (SPA 1) did show a decrease in infant mortality compared to the previous year, as did SPAs 2 (San Fernando), 3 (San Gabriel), 4 (Metro), and 6 (South). Only SPAs 5 (West), 7 (East), and 8 (South Bay) did not show a decrease in infant mortality rate compared to 2013. For the County overall, the infant mortality rate was decreased from 4.4 to 3.9 deaths per 1000 live births.

Figure 6 lists the five most common causes of infant deaths in Los Angeles County in 2014, along with their ordinal position in the previous year for comparison. The top five causes of death have not changed since last year, with a minor switch in order for two of the causes. What is notable from this list is that four of the five causes relate directly to conditions arising either prenatally (during embryonic or fetal development) or perinatally (during the birthing process). Therefore, preventing these deaths, where possible, would require advances and improvements in preconception health, prenatal care, and medical care during the perinatal period. For example, appropriate intake of folic acid by all women of child-bearing age would significantly lower the risk of neural tube defects, which contributes to deaths in the first (largest) category. Other improvements in health promotion and prenatal care during the gestational period would impact the number of short gestation and low-birthweight infants, the second most common cause of death. SIDS is the only cause of death listed in the top five that is not directly linked to conditions arising in the prenatal or perinatal period. The number of deaths in this category could be positively impacted by better promotion of safe sleep practices to all parents and caregivers, such as putting all babies to sleep on their back, and discouraging bed sharing with adults or older children.

Figure 7 shows infant mortality rates in Los Angeles County specifically attributed to child abuse and neglect for all years 2005 through 2014 stratified by gender. The total number of infant deaths related to child abuse remain very small each year (generally less

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than 5), thus the calculated death rates tend to be quite unstable as an annual change of only a few deaths will be responsible for a large relative percentage change in the corresponding rate. Ongoing child death review along with appropriate quality improvement measures as a result of review continue to keep this number small.

b. Death Rates and Causes Of Death Among Children

The crude child death rate used in this report measures the number of deaths among children ages 1-17, per 100,000 children, for all causes. This definition explicitly excludes infant deaths. Throughout the twentieth century and continuing to the present, the child death rate continues to decline as medical science and public health improve.

Figure 8 illustrates the trend in the crude death rate for children in Los Angeles County for years 2005 through 2014. The rate of 12.2 deaths per 100,000 in 2014 continues the fairly steady decline in the child death rate that has continued for more than a decade.

Figure 9 shows child death rates for years 2005 through 2014 stratified by race/ethnicity. The child death rates show consistent disparities similar to the infant mortality data (Figure 2), with African-Americans demonstrating the highest child death rate in the County (24.5 per 100,000 population), well above the other groups included in the figure. On a positive note, the child death rate for African-Americans showed an impressive decrease over the past two years, and has had a steeper decline over the past decade compared to other racial/ethnic subpopulations, decreasing the size of the disparity to some degree.

Figure 10 presents child death rates for each SPA in Los Angeles County in 2014 in graphical form and provides trend data in tabular form for years 2005 through 2014. In 2014, the child death rate was highest in SPA 1 (Antelope Valley) at 22.4 followed closely by SPA 6 (South) at 15.0 deaths per 100,000 children ages 1 to 17. Although all SPAs show some fluctuation in child death rate year to year, SPA 1 and SPA 6 tend to have the highest rates for the years inclusive in the table. It is encouraging to see that most SPAs saw a decrease in child death rate in 2014 with the exceptions of SPA 1 (Antelope Valley) and SPA 4 (Metro) which both had small increases in rates. The rate in SPA 8 (South Bay) did not change in 2014.

Figure 11 shows the five most common causes of child death in Los Angeles County in 2014 for three different age categories. Their ordinal position from the prior year is included for comparison. For children ages 1 to 4, and ages 5 to 12, accidents (unintentional injuries) are the first or second leading cause of death both in 2014 and in the previous year. In theory, all accidents are preventable occurrences and indicate the necessary role for primary prevention interventions at multiple levels of engagement.

Also notable are the leading causes of death for youth ages 13 to 19. Three of the top 5 causes are all related to injuries, whether intentional harm to another (homicide), unintentional injuries (accidents), or intentional self-harm (suicide), and therefore all theoretically preventable deaths. Of the 196 deaths represented in the table for youth ages 13 to 19, 148 deaths (75%) are attributed to just those three causes. Clearly, the area of injury and violence prevention remains ripe for intervention and presents an opportunity to make a significant impact on child death in the adolescent population.

Figure 12 shows death rates related to abuse and neglect among children ages 1 to 17 based on International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07, stratified by gender for the years 2005 through 2014. Numbers of deaths in this category are very small (often 5 or less per year), with the corresponding rates also being consistently very low.

LIMITATIONS OF DATA

Presenting information on child abuse outcomes and child death is at times limited by both the small numbers of cases in certain categories and the fact that age group reporting requirements are not standardized across agencies.

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

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

SUMMARY OF KEY FINDINGS

- The crude infant mortality rate of 3.9 infant deaths per 1,000 live births in 2014 represents a decrease compared to the rate the previous year (4.4). The overall trend in infant mortality rate in Los Angeles County over the past decade has been downward and has remained below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births since 1996.

- African-Americans continue to have the highest infant mortality rate among race/ethnicity groups, more than twice as high as the next highest group and the overall County rate.

- Region-specific infant mortality rates in 2014 were highest in SPA 1 (Antelope Valley) and SPA 6 (South). This likely reflects the disproportionately high infant mortality rate for African Americans and the concentration of African American residents in those regions of the County.

- Most leading causes of infant death are related to conditions arising during the prenatal or perinatal periods and therefore need to be addressed during the preconception and gestational periods and/or with advances and improvements in medical care. SIDS, however, is a leading cause of infant death that can be addressed after birth by promoting safe sleep practices with parents and caregivers

- The death rate for children ages 1 to 17 in Los Angeles County has shown a consistent downward trend for several years and decreased further in 2014. African-American children ages 1 to 17 had the highest death rate among the major race/ethnicity groups represented, a consistent disparity; however, the African-American rate has continued to decrease along with other racial groups. Among SPAs, SPA 1 (Antelope Valley) had the highest child death rate, followed by SPA 6 (South).

- Three of the top five leading causes of death among children (youth) ages 13-19 and responsible for a large majority of deaths in that age group all relate to injury: homicide, accident, and suicide which should be preventable events.

- The number of deaths attributed to child abuse and neglect in 2014 remained very low (5 or fewer) for both infants and for children ages 1 to 17. Thus, small fluctuations in the number of deaths year to year may create large variations in the associated population rate. That said, it is possible that the true number of deaths associated with abuse and neglect may be higher due to underreporting and challenges in post-mortem investigations.

SECTION 3. MEASURES OF FAMILY STRESS AND RESILIENCE: DATA FROM THE LOS ANGELES MOMMY AND BABY (LAMB) PROJECT

The Los Angeles Mommy and Baby (LAMB) Project is a public health surveillance project developed by the Division of Maternal, Child, and Adolescent Health in 2004. The LAMB Project collects countywide population-based survey data on maternal attitudes and experiences before, during, and shortly after pregnancy. Since its first implementation in 2005, the project has helped community programs design strategies with an emphasis on preconception and interconception health to improve birth outcomes. The LAMB Surveillance Report has been shared with community stakeholders and other public health officials to continuously monitor and improve birth outcomes in Los Angeles County. Several important collaborative groups and task forces have convened to address health disparities and issues identified from analyses of LAMB data. For more information about LAMB, please visit: www.LALAMB.ph.lacounty.gov

In 2014, the LAMB Follow-Up Project contacted mothers who had initially responded to the survey in 2012 to collect further data now that the index child had reached two years. The goals of LAMB Follow-up are to: 1) expand existing Maternal and Child Health surveillance systems; 2) provide a comparison group and comprehensive longitudinal data on social determinants, health and well-being, in addition to birth and health care outcomes, to evaluate policies and services targeting mothers, infants, and toddlers; and 3) close the gaps in knowledge related to child behavior, health, access to health care, and school readiness among LAC's 2-year-olds. There were 3,488 mothers who responded to the 2014 LAMB Follow Up survey, resulting in an adjusted response rate of 62%, representing a total survey population of 125,514 mothers in Los Angeles County.

Research has shown that adverse childhood experiences effects early childhood development and psychosocial well-being which may have lasting impact well into adulthood . Figures 13 and 14 present analyses from the LAMB cohort data linking the 2012 survey responses with the 2014 follow up responses for selected strengthening families' framework measurable indicators:

- Parents have less stress, greater competence in managing stress, and greater anger management (coping) skills.

- Parents are free of issues that negatively impact parenting, including 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

Figure 13 stratifies data by race/ethnicity group while figure 14 presents geographic comparisons by SPA. Figure 15 shows the stressful life events experienced by toddlers according to the mother's account from the LAMB Follow-up survey. The information presented may provide opportunities to improve delivery of coordinated support and services for families in Los Angeles County.

Summary of Key Findings

Mother's Perception of Parental Stress

- About 7 in 10 mothers (70.8%) stated that they had ways to manage their stress. Latina mothers (63.5%) and mothers who lived in SPA 6 – South (57.0%) were less likely to have ways to manage stress.

- Nearly half of mothers (45.9%) felt overwhelmed by the demands of caring for her child (at two years of age) at least some of the time. Higher percentages of White (60.3%) and Asian Pacific Islander (API) mothers (56.2%) felt overwhelmed by the demand of their children as compared to African American (49.2%) and Latina (38.8%) mothers.

Issues Negatively Impact Parenting

- About 1 in 7 mothers (14.0%) experienced some type of domestic violence during pregnancy and about 1 in 14 mothers (7.1%) after pregnancy. The prevalence was highest among African American mothers. Mothers who lived in SPAs 1 – Antelope Valley and SPA 6- South reported the highest percentages of domestic violence during pregnancy (17.8% & 16.5% respectively) and after pregnancy (9.4% & 9.9% respectively).

- Nearly 1 in 4 mothers (24.7%) felt depressed for longer than two weeks during the past year. Higher prevalence of African American (33.9%) and Latina mothers (28.4%) were depressed as compared to White (16.0%) and Asian Pacific Islander mothers. (15.2%)

Parental Capacity to Seek Help & Connection to Services and Support

- Nearly 9 in 10 mothers (88.0%) knew where to go for parenting information.

- Only about one third (33.9%) knew where to turn for help for food or shelter in emergency. A higher prevalence of African American (47.3%) and Latina mothers (36.2%) knew where to go as compared to White (27.3%) and API (23.8%) mothers.

- Nearly 1 in 10 mothers received home visitation services during pregnancy or during her child's first year of birth.

Home Safety

- This section describes selected risk factors for early childhood injuries. Almost all mothers reported that her child was constantly monitored during bathing (98.5%) and that all medicines and cleaning supplies were properly stored in child proof locations (96.8%). The percentage who stated that safety caps covered all unused electrical outlets (85.2%), and that swimming pools, ponds, irrigation ditches, stock tanks or canals on property are protected by fences (86.7%) also was high. However, more health and safety messaging efforts may be needed to ensure TVs and bookcases are bolted to walls to prevent crush injuries, as only two-thirds of mothers responded affirmatively to that question (67.1%).

Stressful Life Events among Toddlers

- Nearly one in five (19.2%) toddlers had experienced a change in household members including a new sibling.

- About one in 7 (15.3%) toddlers had witnessed conflicts between parents.

• One in 10 (10.0%) toddlers had experienced the death of a close family member.

- Nearly one in 10 (9.5%) toddlers had been away from either parent for longer than one month period. African American toddlers had the highest prevalence (20%).

- Nearly one in 10 (9.4%) toddlers had experienced an overnight stay in the hospital not including right after birth.

- 2.8% of toddlers had witnessed violence and physical abuse in person; and

- 1.5% of toddlers had witnessed alcoholism, drug abuse or mental health disorder.

Figure 1:

INFANT MORTALITY RATE, LOS ANGELES COUNTY, 2005-2014

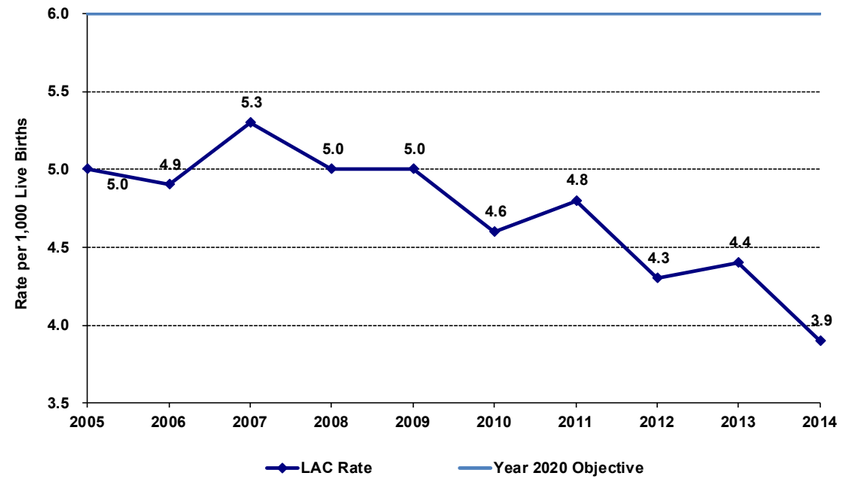
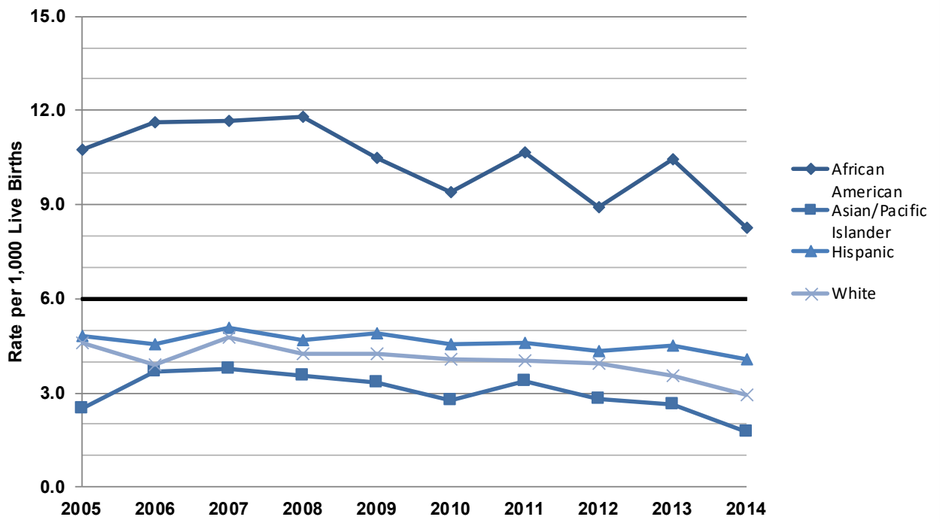


Figure 2 Infant Mortality Rate by Race/Ethnicity, Los Angeles County, 2005-2014



For Figures 1 & 2:

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

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

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2005-2014

Figure 3

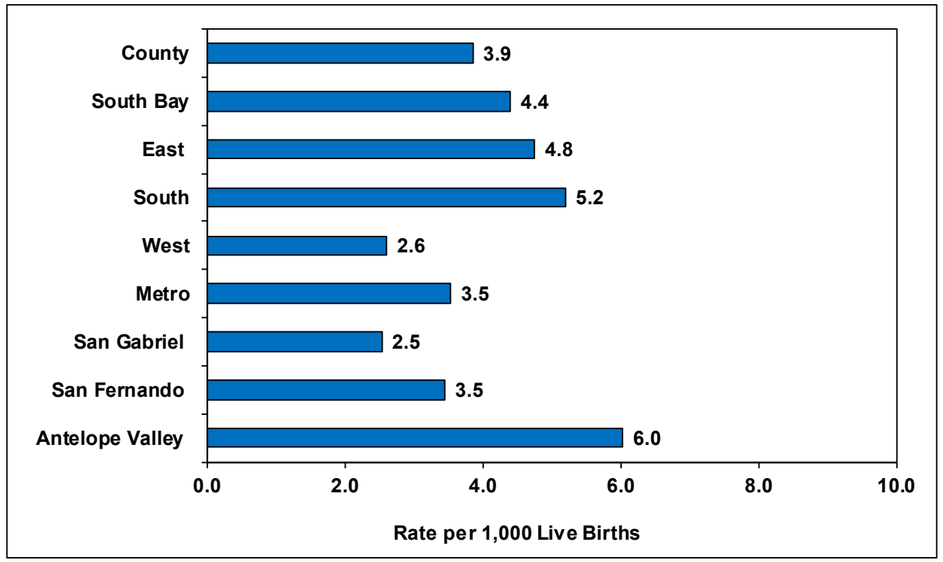
INFANT MORTALITY RATE BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2005-2014

		2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
African American	Number of Deaths	123	134	133	136	116	101	110	90	103	75
	Number of Live Births	11,459	11,531	11,406	11,509	11,047	10,735	10,316	10,069	9,880	9,069
	Rate	10.7	11.6	11.7	11.8	10.5	9.4	10.7	8.9	10.4	8.3
Asian/ Pacific Islander	Number of Deaths	41	61	67	61	55	44	56	56	53	40
	Number of Live Births	16,453	16,665	17,769	17,129	16,577	15,949	16,538	19,832	20,168	22,586
	Rate	2.5	3.7	3.8	3.6	3.3	2.8	3.4	2.8	2.6	1.8
Hispanic	Number of Deaths	455	438	487	434	424	371	357	329	326	291
	Number of Live Births	94,780	96,490	95,686	92,643	86,642	81,372	77,993	75,899	72,645	71,566
	Rate	4.8	4.5	5.1	4.7	4.9	4.6	4.6	4.3	4.5	4.1
White	Number of Deaths	122	102	123	106	102	96	95	92	85	68
	Number of Live Births	26,569	26,279	25,758	24,910	23,902	23,633	23,466	23,382	23,821	23,327
	Rate	4.6	3.9	4.8	4.3	4.3	4.1	4.0	3.9	3.6	2.9
County	Number of Deaths	745	738	812	742	704	617	619	567	570	502
	Number of Live Births	150,377	151,837	151,813	147,684	139,679	133,160	130,313	131,697	128,526	130,150
	Rate	5.0	4.9	5.3	5.0	5.0	4.6	4.8	4.3	4.4	3.9

Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2005-2014

Figure 4

INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2014



Notes: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.
Designation of SPA was based on zip codes (published in April 2003). Published SPA statistics based on other designation may differ.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2014

Figure 5

INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2005-2014

		Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay	County Total
2005	Infant Deaths	37	149	127	72	18	126	98	115	745
	Live Births	5,575	28,878	25,525	16,491	6,804	22,170	21,773	22,649	150,377
	Rate/1,000	6.6	5.2	5.0	4.4	2.6	5.7	4.5	5.1	5.0
2006	Infant Deaths	46	121	120	79	27	122	100	114	738
	Live Births	6,140	29,369	25,702	16,759	6,855	22,546	21,299	22,791	151,837
	Rate/1,000	7.5	4.1	4.7	4.7	3.9	5.4	4.7	5.0	4.9
2007	Infant Deaths	55	135	142	76	18	150	104	126	812
	Live Births	6,366	29,445	25,757	16,550	6,923	22,521	21,371	22,254	151,813
	Rate/1,000	8.6	4.6	5.5	4.6	2.6	6.7	4.9	5.7	5.3
2008	Infant Deaths	39	134	113	77	31	135	100	107	742
	Live Births	6,087	28,229	24,927	15,994	6,968	22,372	20,834	21,892	147,684
	Rate/1,000	6.4	4.7	4.5	4.8	4.4	6.0	4.8	4.9	5.0
2009	Infant Deaths	44	141	102	62	22	123	88	121	704
	Live Births	5,820	26,896	23,469	15,167	6,915	20,743	19,390	20,911	139,679
	Rate/1,000	7.6	5.2	4.3	4.1	3.2	5.9	4.5	5.8	5.0
2010	Infant Deaths	33	114	91	71	22	120	68	94	617
	Live Births	5,700	25,935	22,271	14,202	6,939	19,580	18,585	19,899	133,160
	Rate/1,000	5.8	4.4	4.1	5.0	3.2	6.1	3.7	4.7	4.6
2011	Infant Deaths	45	114	85	63	23	113	83	91	619
	Live Births	5,618	25,341	22,237	13,928	6,730	18,864	18,023	19,265	130,313
	Rate/1,000	8.0	4.5	3.8	4.5	3.4	6.0	4.6	4.7	4.8
2012	Infant Deaths	40	96	85	59	20	113	64	89	567
	Live Births	5,701	25,097	24,669	13,698	6,905	18,379	17,531	19,112	131,697
	Rate/1,000	7.0	3.8	3.4	4.3	2.9	6.1	3.7	4.7	4.3
2013	Infant Deaths	38	123	78	55	17	113	66	76	567
	Live Births	5,613	24,443	24,888	12,942	6,908	17,742	17,076	18,388	128,526
	Rate/1,000	6.8	5.0	3.1	4.2	2.5	6.4	3.9	4.1	4.4
2014	Infant Deaths	33	86	69	45	18	91	78	81	502
	Live Births	5,473	24,923	27,203	12,732	6,898	17,504	16,410	18,397	130,150
	Rate/1,000	6.0	3.5	2.5	3.5	2.6	5.2	4.8	4.4	3.9

Notes: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.
Designation of SPA was based on zip codes (published in April 2010). Published SPA statistics based on other designation may differ.
Sum of SPA totals do not add up to County total due to records that are not assignable to any SPAs.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2005-2014

Figure 6

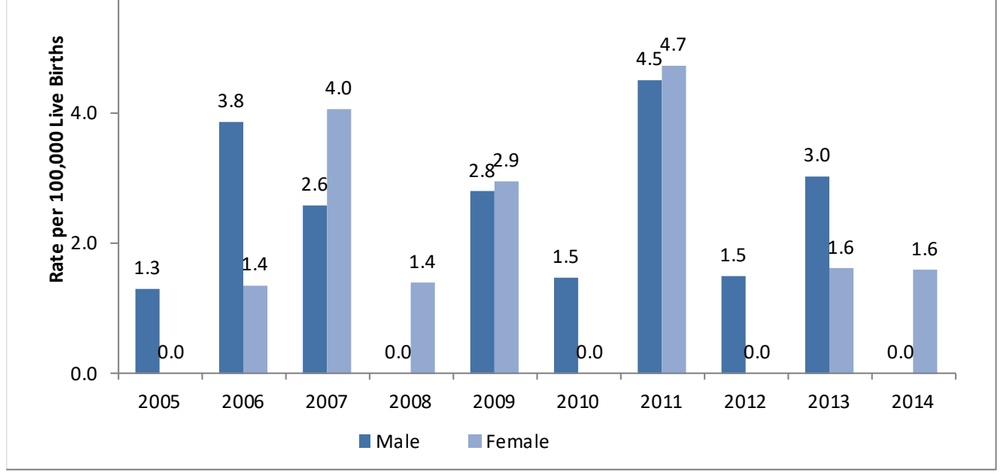
LEADING CAUSES OF DEATH AMONG INFANTS, LOS ANGELES COUNTY, 2014

Rank	Children Less Than 1 Year Old	# of Deaths	2013 Rank
1	Congenital Malformations, Deformations & Chromosomal Abnormalities	125	1
2	Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified	98	2
3	Other Perinatal Conditions or Conditions Originating in the Perinatal Period	91	3
4	Newborn Affected by Maternal Factors and By Complication of pregnancy, Labor & Delivery	44	5
5	Sudden Infant Death Syndrome (SIDS)	40	4

Note: 2013 rankings presented in this figure supercede those presented in last year's report.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2014

Figure 7

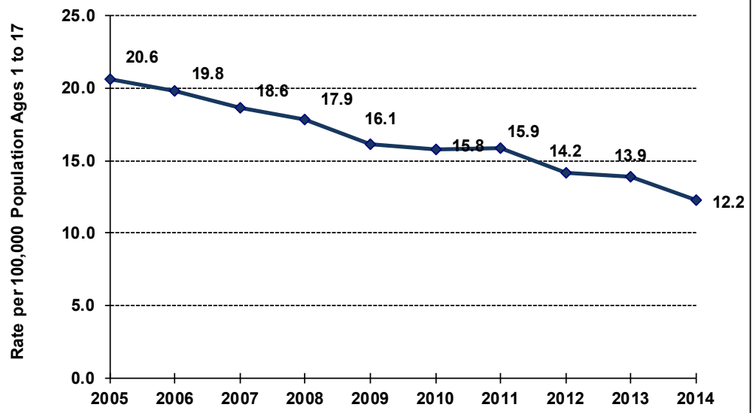
CHILD ABUSE RELATED INFANT DEATH RATES BY GENDER, LOS ANGELES COUNTY, 2005-2014



Notes: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07.
Sum of gender totals may not add up to County total due to records that do not specify gender.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2005-2014

Department of Public Health

Figure 8: Child Death Rate among Children Ages 1 to 17, Los Angeles County, 2005-2014



Notes: Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17.
2010 population estimates were based on previous projections, not 2010 Census enumerations.
Due to updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.
Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2004-2013
Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

Figure 9a

CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2005-2014

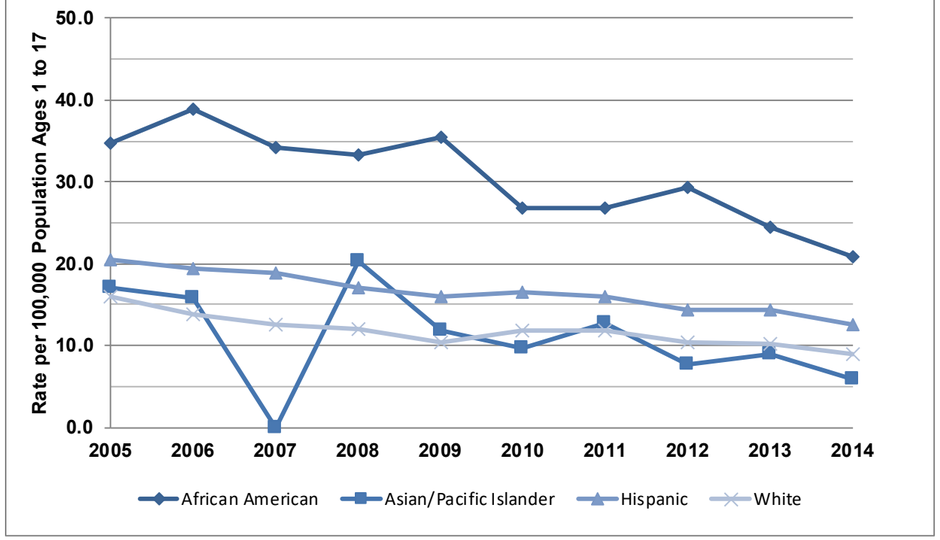


Figure 9b

	African American			Asian/Pacific Islander			Hispanic			White			County		
	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate
2005	88	253,573	34.7	45	263,772	17.1	327	1,592,499	20.5	85	529,861	16.0	546	2,646,298	20.6
2006	95	243,737	39.0	40	253,548	15.8	314	1,619,391	19.4	73	531,156	13.7	525	2,654,064	19.8
2007	83	242,579	34.2	39	255,826	15.2	300	1,593,242	18.8	66	526,401	12.5	489	2,624,157	18.6
2008	79	237,625	33.2	52	257,046	20.2	270	1,579,881	17.1	62	516,432	12.0	464	2,596,425	17.9
2009	81	228,756	35.4	30	255,052	11.8	247	1,550,204	15.9	53	512,130	10.3	412	2,551,454	16.1
2010	58	215,691	26.9	25	257,308	9.7	253	1,530,040	16.5	57	483,915	11.8	393	2,491,924	15.8
2011	50	186,914	26.8	30	234,802	12.8	222	1,388,903	16.0	50	423,561	11.8	355	2,237,504	15.9
2012	53	180,555	29.4	18	232,437	7.7	197	1,369,916	14.4	43	415,508	10.3	312	2,201,619	14.2
2013	44	179,500	24.5	21	235,525	8.9	199	1,382,172	14.4	42	414,056	10.1	307	2,214,409	13.9
2014	38	182,684	20.8	14	239,871	5.8	171	1,367,520	12.5	38	421,263	9.0	271	2,214,836	12.2

Note: Due to the updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.
2010 population estimates were based on previous projections, not 2010 Census enumerations.
Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2005-2014
Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

Figure 10

CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2014

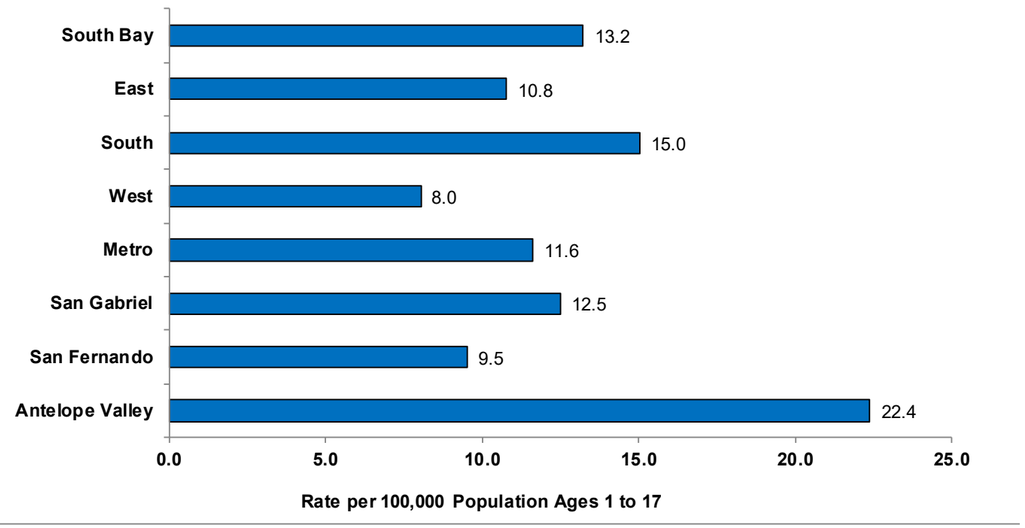


Figure 10 cont.

		Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay	County Total
2005	**Child Deaths**	28	107	89	51	11	112	61	84	**546**
	Pop 1 - 17	100,183	526,687	464,966	292,219	108,055	340,424	397,183	416,581	**2,646,298**
	Rate	27.9	20.3	19.1	17.5	10.2	32.9	15.4	20.2	**20.6**
2006	**Child Deaths**	38	70	78	52	14	110	82	74	**525**
	Pop 1 - 17	101,691	528,877	461,694	300,129	106,858	342,644	395,033	417,138	**2,654,064**
	Rate	37.4	13.2	16.9	17.3	13.1	32.1	20.8	17.7	**19.8**
2007	**Child Deaths**	25	73	83	41	10	94	75	75	**489**
	Pop 1 - 17	101,405	522,885	454,718	297,396	108,534	339,162	386,726	413,331	**2,624,157**
	Rate	24.7	14.0	18.3	13.8	9.2	27.7	19.4	18.1	**18.6**
2008	**Child Deaths**	30	71	77	39	16	93	68	66	**464**
	Pop 1 - 17	101,485	518,887	447,183	295,849	108,695	336,494	379,781	408,051	**2,596,425**
	Rate	29.6	13.7	17.2	13.2	14.7	27.6	17.9	16.2	**17.9**
2009	**Child Deaths**	20	72	63	48	12	77	55	61	**412**
	Pop 1 - 17	101,282	516,361	438,278	282,443	109,834	330,138	372,410	400,708	**2,551,454**
	Rate	19.7	13.9	14.4	17.0	10.9	23.3	14.8	15.2	**16.1**
2010	**Child Deaths**	21	56	65	27	11	78	78	55	**393**
	Pop 1 - 17	98,582	500,955	426,677	278,705	110,029	326,797	360,484	389,965	**2,491,924**
	Rate	21.3	11.2	15.2	9.7	10.0	23.9	21.6	14.1	**15.8**
2011	**Child Deaths**	27	63	49	35	14	77	34	53	**355**
	Pop 1 - 17	108,788	465,592	386,462	207,344	94,037	289,695	334,620	350,966	**2,237,504**
	Rate	24.8	13.5	12.7	16.9	14.9	26.6	10.2	15.1	**15.9**
2012	**Child Deaths**	26	56	43	20	10	72	53	32	**312**
	Pop 1 - 17	104,398	459,637	376,447	208,206	95,485	285,936	326,518	344,992	**2,201,619**
	Rate	24.9	12.2	11.4	9.6	10.5	25.2	16.2	9.3	**14.2**
2013	**Child Deaths**	21	47	52	23	10	53	54	46	**307**
	Pop 1 - 17	104,346	459,949	378,321	211,087	96,181	288,427	328,562	347,536	**2,214,409**
	Rate	20.1	10.2	13.7	10.9	10.4	18.4	16.4	13.2	**13.9**
2014	**Child Deaths**	23	44	47	25	8	43	35	46	**271**
	Pop 1 - 17	102,749	461,604	376,599	215,395	99,570	286,289	324,911	347,719	**2,214,836**
	Rate	22.4	9.5	12.5	11.6	8.0	15.0	10.8	13.2	**12.2**

Notes: Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17.
2010 population estimates were based on previous projections, not 2010 Census enumerations.
Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2005-2014
Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

Figure 11

LEADING CAUSES OF DEATH FOR CHILDREN BY AGE CATEGORIES, LOS ANGELES COUNTY, 2014

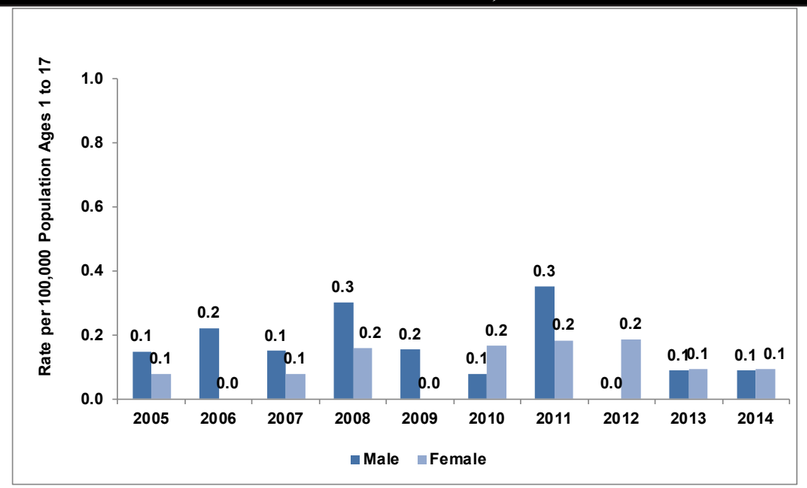
Rank	Children Ages 1 to 4	# of Deaths	2013 Rank
1	Accidents (Unintentional Injuries)	22	1
2	Congenital Malformations, Deformations & Chromosomal Abnormalities	13	2
3	Malignant Neoplasms	10	3
4	Assault (Homicide)	7	4
5	Diseases of the Respiratory System	5	6
	Children Ages 5 to 12		
1	Malignant Neoplasms	22	1
2	Accidents (Unintentional Injuries)	14	2
3	Congenital Malformations, Deformations & Chromosomal Abnormalities	10	3
4	Diseases of the Nervous System	6	4
4	Disease of Respiratory System	6	8
5	Metabolic Disorders	5	7
	Youth Ages 13 to 19		
1	Accidents (Unintentional Injuries)	73	1
2	Assault (Homicide)	55	2
3	Malignant Neoplasms	30	3
4	Intentional Self-Harm (Suicide)	20	4
5	Diseases of the Nervous System	18	6

Note: 2013 rankings presented in this figure supercede those presented in last year's report.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2014

Figure 12

CHILD ABUSE RELATED DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY GENDER, LOS ANGELES COUNTY, 2005-2014



Notes: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07. 2010 population estimates were based on previous projections, not 2010 Census enumerations.Due to the updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.

Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2005-2014
State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Population

Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Sacramento, CA, May 2007 Research, LA County CAO

Figure 13

SELECTED CHILD ABUSE PREVENTION INDICATORS BY MOTHERS' RACE/ ETHNICITY LOS ANGELES MOMMY AND BABY PROJECT (LAMB) FOLLOW UP PROJECT, 2014

	Los Angeles County (%)	White (%)	Latina (%)	African American (%)	Asian Pacific Islander (%)
Perception of Parental Stress					
Felt overwhelmed by demand of her children[1]	45.9	60.3	38.8	49.2	56.2
Has ways to manage stress	70.8	86.6	63.5	70.5	81.1
Issues Negatively Impact Parenting					
Experienced domestic violence[2] during pregnancy	14.0	11.7	14.3	20.2	12.9
Experienced domestic violence[2] after pregnancy	7.1	4.4	8.0	9.8	5.6
Engaged in binge drinking[3]	18.0	15.3	19.3	23.8	12.9
Felt depressed for longer than two weeks	24.7	16.0	28.4	33.9	15.2
Parental Capacity to Seek Help & Connection to Services and Support					
Knew where to go for parenting information	88.0	95.0	85.1	90.2	89.6
Knew where to go for help in emergency	33.9	27.3	36.2	47.3	23.8
Received home visitation services[4]	9.5	6.2	11.0	13.6	5.2
Home Safety					
Adult watches child in bathtub at all times	98.5	97.7	99.0	98.7	97.7
Swimming pools/bodies of water are protected by fences	86.7	91.5	87.3	80.1	81.7
Medicines, cleaning supplies stored in child proof place	96.8	94.5	98.1	97.6	93.7
Safety caps on unused electrical outlets	85.2	83.9	85.5	88.9	84.2
TV and bookcases bolted to wall	67.1	62.6	69.9	64.9	63.1

Analyses exclude those with missing responses to the particular questions of interest.

[1] Felt overwhelmed Sometimes/Usually/Always vs. Never/Rarely.

[2] Based on mother's positive responses to physical, sexual, verbal and emotional threats and abuses during and after pregnancy.

[3] Binge drinking is defined as 4+ drinks in two hour time span at least once in the past month.

[4] Received home visitation services during pregnancy or during the child's first year of birth.

Figure 14

SELECTED CHILD ABUSE PREVENTION INDICATORS BY SERVICE PLANNING AREA LOS ANGELES MOMMY AND BABY PROJECT (LAMB) FOLLOW UP PROJECT, 2014

	Los Angeles County (%)	SPA 1 - Antelope Valley (%)	SPA 2 - San Fernando (%)	SPA 3 - San Gabriel (%)	SPA 4 - Metro (%)	SPA 5 - West (%)	SPA 6 - South (%)	SPA 7 - East (%)	SPA 5 - South Bay (%)
Perception of Parental Stress									
Felt overwhelmed by demand of her children[1]	45.9	43.5	54.8	47.6	39.7	61.9	38.0	40.0	44.6
Has ways to manage stress	70.8	72.9	78.5	70.5	73.3	87.7	57.0	66.2	69.8
Issues Negatively Impact Parenting									
Experienced domestic violence[2] during pregnancy	14.0	17.8	13.1	14.4	10.7	11.1	16.4	15.1	13.6
Experienced domestic violence[2] after pregnancy	7.1	9.4	5.3	5.8	8.9	4.4*	9.9	7.7	6.4
Engaged in binge drinking[3]	18.0	20.2	16.5	17.7	15.0	14.7	18.7	21.1	19.2
Felt depressed for longer than two weeks	24.7	25.6	22.5	26.6	19.3	17.0	37.0	24.8	20.5
Parental Capacity to Seek Help & Connection to Services and Support									
Knew where to go for parenting information	88.0	87.9	90.0	87.5	85.1	95.4	82.8	88.3	89.9
Knew where to go for help in emergency	33.9	51.3	31.4	26.5	38.5	21.9	41.8	33.8	33.7
Received home visitation services[4]	9.5	12.1	5.0	8.1	12.5	6.7*	19.0	10.4	5.5
Home Safety									
Adult watches child in bathtub at all times	98.5	99.3	99.3	98.9	97.7	97.0	99.0	98.4	97.7
Swimming pools/bodies of water are protected by fences	86.7	87.9	90.2	87.9	87.2	88.1	83.3	85.8	83.2
Medicines, cleaning supplies stored in child proof place	96.8	99.1	96.3	96.6	96.2	92.8	98.4	96.9	97.1
Safety caps on unused electrical outlets	85.2	85.5	86.0	83.0	82.9	84.1	90.1	83.8	85.4
TV and bookcases bolted to wall	67.1	69.2	65.8	64.9	67.0	58.6	74.5	69.5	64.8

Figure 14 cont.

Service planning area based on mother's residence at time of birth

Analyses exclude those with missing responses to the particular questions of interest.

*Signifies that the estimate is statistically unstable (relative standard error > 25%) and therefore may not be appropriate to use for planning or policy purposes.

[1] Felt overwhelmed Sometimes/Usually/Always vs. Rarely/Never
[2] Based on mother's positive responses to physical, sexual, verbal and emotional threats and abuses during and after pregnancy.
[3] Binge drinking is defined as 4+ drinks in two hour time span at least once in the past month
[4] Received home visitation services during pregnancy or during the child's first year of birth

Figure 15

STRESSFUL LIFE EVENTS AMONG TWO YEAR OLD LOS ANGELES MOMMY & BABY FOLLOW UP PROJECT. 2014

DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Department of Public Social Services (DPSS) has an operating budget of $4.101 billion and 13,815 employees for Fiscal Year (FY) 2016-2017. The primary responsibilities of DPSS, as mandated by public law, are:

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

DPSS MISSION

"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), Refugee Resettlement Program (RRP), CalFresh, and Medi-Cal Assistance Programs. DPSS also administers the General Relief (GR) program for the County's indigent adult population and Cash Assistance Program for Immigrants (CAPI). The goal of these programs is to provide the basic essentials of food, clothing, shelter, and medical care to eligible families and individuals.

In 2016, DPSS provided public assistance to a monthly average of 3.5 million individuals, including In-Home Supportive Services (IHSS). The IHSS program provides supportive services to aged, blind, or disabled individuals who are unable to perform personal and household services needed to maintain independent living and who cannot remain safely in their homes unless such services are provided.

The Cal-Learn program provides intensive case management services to CalWORKs eligible pregnant/parenting teens under the age of 19 with the goal of completing their high school education. The program provides assistance with transportation, ancillary payments for all of their school needs, and child care. Teens who turn age 19 may volunteer to participate in Cal-Learn until they complete their high school education or turn age 20 if they meet certain requirements.

Department of Public Social Services

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 2.65% increase (90,952) in the number of individuals receiving assistance for all programs combined from December 2015 to December 2016 (Figure 2).

The following DPSS programs provide services where children are most likely to receive aid:

CALWORKS

Since January 1, 1998, the CalWORKs program has continued to transition participants from Welfare dependency to economic self-sufficiency. 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 (WtW) programs administered through the Greater Avenues for Independence (GAIN) Program currently provide the following services:

- Child Care;
- Transportation;
- Ancillary Expenses (work clothing/uniforms, tools, books, etc.);
- Treatment programs for Substance Use Disorder, Domestic Violence, and Mental Health service needs; and
- Post-Employment Services (PES), where employed participants, who meet the criteria, can receive transportation, childcare, and ancillary expenses. Expanded PES is available for up to 12 months for former CalWORKs participants whose case was terminated due to employment and who meet the established criteria.

Although recent economic turmoil and a high unemployment rate caused an increase in the number of people receiving CalWORKs since 2008, there was a slight decrease from 2015 to 2016. In December 2016, 339,974 individuals received cash assistance from CalWORKs. This represents a 4.06% decrease (-14,402 individuals) compared to 354,376 individuals aided in December 2015 (Figure 2). The number of participants receiving assistance through the CalWORKs program slowly declined from December 2011 through December 2016 (Figure 6).

CalFresh

The CalFresh program has experienced a steady increase in the number of participants since 2007. In December 2015, there were 1,064,892 aided individuals. By December 2016, that number had increased to 1,131,596 individuals, which represents an increase of 6.26% (66,704 individuals), (Figure 2). Overall, since 2007, the CalFresh program has seen an increase of 76.4% in the number of individuals receiving benefits. Detailed annual data can be found in Figure 8.

Medi-Cal Assistance Only (MAO)

In December 2015, there were 2,771,706 individuals receiving Medi-Cal benefits. By December 2016, the number of individuals enrolled in Medi-Cal had increased to 3,321,456. This represents a 19.83% increase (549,750) in individuals served (Figure 2). Detailed annual data can be found in Figure 7.

Cal-Learn Program

In 2016, DPSS served a monthly average of 1,243 Cal-Learn participants. This represents a 15% decrease from a monthly average of 1,466 participants served during Calendar Year 2015 (Figure 4).

CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS, AND STAFF TRAINING

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

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

During the training, staff is informed of the types of child abuse, indicators of such abuse, provisions of the reporting law, and DPSS employees' reporting responsibilities and procedures. The staff also reviews and discusses materials related to the indicators of child abuse.

Emphasized in the training program is violence between household members, which often endangers children. The Los Angeles County Domestic Violence Council provides Domestic Violence training to all DPSS public contact staff.

In 2016, DPSS made a total of 232 child abuse referrals to the Department of Children and Family Services. This represented a 26% decrease from the 314 referrals made in 2015 (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. Los Angeles' County Linkages protocols are part of case work practice to enhance service delivery, strengthen families through economic self-sufficiency and focus on child safety.

Linkages serves families by ensuring DCFS families who are not currently connected to DPSS services, but could be, are provided an expedient method to access needed services; and 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 the children while working toward economic self-sufficiency.

Figure 1a:

DPSS CASELOAD CHARACTERISTICS - DECEMBER 2016
LOS ANGELES COUNTY TOTALS

		CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Total Aided								
Cases*		147,253	77,940	810	6,205	1,691,226	562,834	213,833
Persons**		339,974	78,938	1,027	7,197	3,321,456	1,131,596	213,831
Age Of Aided Persons								
Under 1		12,966	0	0	0	31,381	24,230	12
1-2		33,582	0	0	1	111,808	69,650	161
3-5		51,364	0	0	4	184,662	108,989	1,144
6-12		108,495	2	3	10	428,618	244,696	5,733
13-15		36,423	0	1	3	176,298	84,146	2,487
16-17		21,584	1	0	11	118,000	49,689	1,647
18		3,429	1,084	22	0	68,615	22,296	780
19		2,040	1,563	23	9	63,743	16,996	935
20		2,594	1,651	18	2	61,246	15,492	928
21-59		66,859	68,573	768	990	1,596,117	436,729	51,362
60-65		563	5,835	81	724	159,102	33,506	23,072
Over 65		75	229	111	5,443	321,866	25,177	125,570
TOTAL		**339,974**	**78,938**	**1,027**	**7,197**	**3,321,456**	**1,131,596**	**213,831**
Gender Of Aided Persons								
Adult	**Male**	13,170	51,033	487	2,498	942,184	233,052	75,584
	Female	56,748	27,902	536	4,669	1,259,891	317,144	127,063
Children	**Male**	135,342	2	3	22	568,972	291,938	7,509
	Female	134,714	1	1	8	550,409	289,462	3,675
TOTAL		**339,974**	**78,938**	**1,027**	**7,197**	**3,321,456**	**1,131,596**	**213,831**

*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 2016
LOS ANGELES COUNTY TOTALS

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	324,742	72,967	1	44	2,443,240	1,040,068	N/A
Legal Immigrants	14,774	5,939	1,021	7,139	414,761	90,521	N/A
Other	391	27	5	3	13,875	941	N/A
Undocumented Immigrants	67	5	0	11	449,580	66	N/A
TOTAL	**339,974**	**78,938**	**1,027**	**7,197**	**3,321,456**	**1,131,596**	**N/A**
Primary Language of Aided Cases							
Armenian	2,389	1,076	369	1,248	29,016	8,570	34,232
Cambodian	224	39	1	19	3,595	934	2,454
Chinese	297	110	12	176	53,325	3,578	15,210
English	96,879	72,228	106	531	1,033,851	380,985	84,062
Farsi	336	105	128	140	6,802	1,455	6,174
Korean	102	94	12	259	22,856	1,327	6,568
Russian	227	85	8	200	6,089	839	7,299
Spanish	46,115	3,982	136	3,353	492,022	160,687	46,358
Tagalog	33	26	8	88	6,467	503	4,446
Vietnamese	238	108	0	35	14,782	2,581	3,680
Other	413	87	30	156	22,421	1,375	3,350
TOTAL	**147,253**	**77,940**	**810**	**6,205**	**1,691,226**	**562,834**	**213,833**
Ethnic Origin of Aided Persons							
American Indian/ Alaskan Native	301	239	0	2	3,720	1,661	420
Asian	7,914	1,744	60	826	357,927	46,246	40,060
Black	69,058	30,420	32	73	276,396	194,916	36,872
Hispanic	221,120	24,025	172	3,829	1,992,043	707,618	65,250
White	26,242	12,142	707	2,086	413,074	111,846	2,394
Other	15,340	10,368	56	381	278,296	69,308	68,835
TOTAL	**339,974**	**78,938**	**1,027**	**7,197**	**3,321,456**	**1,131,596**	**213,831**

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.1:

DPSS CASELOAD CHARACTERISTICS DECEMBER 2016
SERVICE PLANNING AREA 1

	CalWORKs	General Relief	Refugee	CAPI	Medi-cal Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	26,462	1,874	0	0	108,177	62,205	N/A
Legal Immigrants	404	71	4	102	9,932	2,516	N/A
Other	31	1	0	0	238	33	N/A
Undocumented Immigrants	1	0	0	0	10,925	1	N/A
TOTAL	**26,898**	**1,946**	**4**	**102**	**129,272**	**64,755**	**N/A**
Primary Language of Aided Cases							
Armenian	3	0	0	2	50	9	104
Cambodian	0	0	0	0	14	3	7
Chinese	1	1	0	1	51	5	12
English	9,564	1,843	0	12	42,389	21,233	7,932
Farsi	0	0	1	0	16	2	26
Korean	0	0	0	2	67	7	18
Russian	0	0	0	0	9	0	7
Spanish	1,268	63	1	66	13,210	4,378	1,889
Tagalog	0	0	0	1	54	5	88
Vietnamese	0	0	0	0	77	1	14
Other	16	2	0	3	389	41	105
TOTAL	**10,852**	**1,909**	**2**	**87**	**56,326**	**25,684**	**10,202**
Ethnic Origin of Aided Persons							
American Indian/ Alaskan Native	41	2	0	0	227	138	52
Asian	222	19	0	8	3,386	778	381
Black	10,660	743	0	1	21,924	19,952	4,096
Hispanic	11,362	495	1	79	73,532	31,206	3,166
White	3,482	487	1	8	22,386	9,758	2,343
Other	1,131	200	1	7	7,817	2,923	163
TOTAL	**26,898**	**1,946**	**4**	**102**	**129,272**	**64,755**	**10,201**

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.2

DPSS CASELOAD CHARACTERISTICS DECEMBER 2016
SERVICE PLANNING AREA 2

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	42,759	7,233	1	16	463,332	155,442	N/A
Legal Immigrants	6,376	1,362	662	2,344	92,604	25,995	N/A
Other	62	2	0	0	2,802	152	N/A
Undocumented Immigrants	5	0	0	2	86,965	12	N/A
TOTAL	**49,202**	**8,597**	**663**	**2,362**	**645,703**	**181,601**	**N/A**
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	2,156	931	358	1,030	24,011	7,627	27,973
Cambodian	1	2	0	0	66	10	46
Chinese	0	1	0	6	652	34	171
English	11,257	6,804	28	180	205,133	53,238	12,134
Farsi	261	82	85	99	3,814	1,151	3,478
Korean	9	5	0	24	2,871	128	711
Russian	116	38	5	101	2,248	449	2,566
Spanish	6,900	488	18	456	93,033	26,271	7,868
Tagalog	10	6	0	29	1,739	132	1,290
Vietnamese	10	5	0	1	1,546	300	425
Other	142	39	8	45	3,476	478	1,451
TOTAL	**20,862**	**8,401**	**502**	**1,971**	**338,589**	**89,818**	**58,113**
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	43	28	0	0	616	281	79
Asian	921	176	4	103	48,036	6,363	4,562
Black	3,189	1,286	1	7	21,355	11,635	1,683
Hispanic	30,860	2,684	19	531	347,109	105,520	10,173
White	12,230	3,511	610	1,581	171,444	48,127	40,935
Other	1,960	911	29	140	57,143	9,675	681
TOTAL	**49,202**	**8,597**	**663**	**2,362**	**645,703**	**181,601**	**58,113**

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.3

DPSS CASELOAD CHARACTERISTICS DECEMBER 2016
SERVICE PLANNING AREA 3

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	39,297	8,809	0	1	411,540	139,966	N/A
Legal Immigrants	1,435	524	58	746	87,155	10,996	N/A
Other	47	8	0	0	2,753	151	N/A
Undocumented Immigrants	10	0	0	0	61,284	8	N/A
TOTAL	**40,789**	**9,341**	**58**	**747**	**562,732**	**151,121**	**N/A**
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	32	9	4	29	821	90	1,402
Cambodian	6	3	0	4	424	47	214
Chinese	247	90	10	126	43,017	2,870	11,397
English	12,224	8,733	8	46	172,626	51,427	10,091
Farsi	5	2	7	7	153	23	115
Korean	6	2	0	16	1,835	80	350
Russian	1	0	0	2	59	7	51
Spanish	4,687	304	15	346	59,831	16,975	5,991
Tagalog	5	0	0	5	886	51	730
Vietnamese	181	77	0	21	9,783	1,827	2,418
Other	63	9	6	28	3,698	208	615
TOTAL	**17,457**	**9,229**	**50**	**630**	**293,133**	**73,605**	**33,374**
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	38	55	0	1	652	272	51
Asian	2,002	402	16	226	151,801	15,865	16,729
Black	2,928	1,398	0	2	18,401	9,758	1,885
Hispanic	30,870	4,989	16	398	296,787	103,724	10,021
White	2,790	1,469	23	61	44,588	12,321	4,392
Other	2,162	1,028	3	59	50,503	9,181	296
TOTAL	**40,790**	**9,341**	**58**	**747**	**562,732**	**151,121**	**33,374**

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.4

DPSS CASELOAD CHARACTERISTICS DECEMBER 2016
SERVICE PLANNING AREA 4

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	31,846	12,880	0	10	279,449	120,193	N/A
Legal Immigrants	1,608	1,450	84	1,445	59,059	13,212	N/A
Other	47	6	0	0	2,248	130	N/A
Undocumented Immigrants	9	2	0	5	71,607	9	N/A
TOTAL	**33,510**	**14,338**	**84**	**1,460**	**412,363**	**133,544**	**N/A**
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	176	127	4	165	3,530	750	3,970
Cambodian	15	1	0	2	294	37	154
Chinese	32	11	0	23	4,982	470	2,452
English	7,525	12,791	21	123	120,982	45,752	7,252
Farsi	10	3	11	6	315	44	274
Korean	73	69	12	151	11,957	862	3,754
Russian	93	41	4	82	2,766	309	3,389
Spanish	7,215	1,087	20	702	73,610	26,887	7,306
Tagalog	8	17	1	33	2,092	207	1,036
Vietnamese	15	13	0	4	933	166	198
Other	36	12	4	18	3,882	190	254
TOTAL	**15,198**	**14,172**	**77**	**1,309**	**225,343**	**75,674**	**30,039**
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	32	36	0	0	476	209	46
Asian	1,165	402	24	294	58,215	7,413	8,613
Black	2,584	3,874	5	14	19,707	12,499	2,170
Hispanic	27,468	5,828	24	779	256,536	95,656	9,430
White	1,627	1,986	28	316	49,025	10,750	9,522
Other	634	2,212	3	57	28,404	7,017	258
TOTAL	**33,510**	**14,338**	**84**	**1,460**	**412,363**	**133,544**	**30,039**

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.5

DPSS CASELOAD CHARACTERISTICS DECEMBER 2016
SERVICE PLANNING AREA 5

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	4,626	4,715	0	1	82,118	24,515	N/A
Legal Immigrants	347	228	33	126	10,607	1,816	N/A
Other	5	1	0	0	448	11	N/A
Undocumented Immigrants	2	0	0	0	6,570	1	N/A
TOTAL	**4,980**	**4,944**	**33**	**127**	**99,743**	**26,343**	**N/A**
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	1	0	0	2	38	5	32
Cambodian	1	0	0	0	5	2	2
Chinese	1	1	0	2	339	19	55
English	1,967	4,806	9	30	52,683	16,850	3,183
Farsi	44	14	12	20	2,013	178	2,026
Korean	1	1	0	1	309	16	42
Russian	9	5	0	11	697	49	1,113
Spanish	265	53	5	30	6,794	1,336	533
Tagalog	0	1	0	1	76	7	22
Vietnamese	0	0	0	1	57	6	14
Other	25	9	0	14	1,409	80	131
TOTAL	**2,314**	**4,890**	**26**	**112**	**64,420**	**18,548**	**7,153**
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	17	15	0	0	204	79	17
Asian	113	57	3	19	7,361	791	406
Black	1,850	2,088	1	8	11,224	8,161	627
Hispanic	1,480	517	5	37	27,713	6,439	873
White	885	1,173	21	52	36,538	6,599	5,106
Other	635	1,094	3	11	16,703	4,274	124
TOTAL	**4,980**	**4,944**	**33**	**127**	**99,743**	**26,343**	**7,153**

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.6

DPSS CASELOAD CHARACTERISTICS DECEMBER 2016
SERVICE PLANNING AREA 6

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	84,212	13,626	0	5	345,266	218,643	N/A
Legal Immigrants	1,673	991	23	795	47,957	14,047	N/A
Other	67	2	5	2	1,534	169	N/A
Undocumented Immigrants	20	3	0	2	90,808	18	N/A
TOTAL	**85,972**	**14,622**	**28**	**804**	**485,565**	**232,877**	**N/A**
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	0	1	0	0	11	2	5
Cambodian	3	1	0	1	39	15	41
Chinese	3	0	0	1	91	6	25
English	24,721	13,568	7	33	114,522	70,780	19,207
Farsi	0	2	0	0	11	3	11
Korean	2	9	0	17	921	56	482
Russian	0	0	0	1	19	3	7
Spanish	13,010	897	15	644	94,600	38,534	6,869
Tagalog	0	0	0	0	66	4	35
Vietnamese	0	0	0	1	35	7	15
Other	21	2	2	16	2,906	62	99
TOTAL	**37,760**	**14,480**	**24**	**714**	**213,221**	**109,472**	**26,796**
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	44	25	0	0	276	147	43
Asian	325	93	0	22	4,730	1,221	808
Black	29,455	9,167	6	26	89,536	70,998	16,703
Hispanic	51,944	3,138	21	710	355,356	145,559	8,414
White	644	434	1	7	5,416	2,391	511
Other	3,560	1,765	0	39	30,251	12,561	317
TOTAL	**85,972**	**14,622**	**28**	**804**	**485,565**	**232,877**	**26,796**

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.7

DPSS CASELOAD CHARACTERISTICS DECEMBER 2016
SERVICE PLANNING AREA 7

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	42,195	2,037	0	5	310,906	131,694	N/A
Legal Immigrants	1,243	407	52	931	48,718	10,370	N/A
Other	42	2	0	1	1,190	118	N/A
Undocumented Immigrants	8	0	0	0	60,067	7	N/A
TOTAL	**43,488**	**2,446**	**52**	**937**	**420,881**	**142,189**	**N/A**
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	2	2	0	7	146	16	438
Cambodian	12	4	0	3	455	82	286
Chinese	6	3	1	7	1,485	72	728
English	11,994	1,903	4	39	109,298	34,998	8,498
Farsi	1	1	0	1	26	5	16
Korean	5	0	0	26	1,828	68	465
Russian	1	0	0	0	27	4	26
Spanish	6,576	476	31	707	81,655	25,209	11,045
Tagalog	2	2	0	5	528	45	354
Vietnamese	1	3	0	2	443	50	158
Other	51	3	2	8	1,226	133	296
TOTAL	**18,651**	**2,397**	**38**	**805**	**197,117**	**60,682**	**22,310**
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	37	7	0	0	415	158	49
Asian	576	48	1	57	23,338	3,019	2,847
Black	2,606	133	1	1	9,041	5,698	1,005
Hispanic	36,908	1,825	45	827	340,835	121,495	0
White	1,724	254	1	17	20,603	6,079	2,234
Other	1,637	179	4	35	26,649	5,740	193
TOTAL	**43,488**	**2,446**	**52**	**937**	**420,881**	**142,189**	**6,328**

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.8

DPSS CASELOAD CHARACTERISTICS DECEMBER 2016
SERVICE PLANNING AREA 8

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	46,265	17,808	0	4	345,289	160,395	N/A
Legal Immigrants	1,461	798	67	512	44,866	10,008	N/A
Other	87	5	0	0	1,979	164	N/A
Undocumented Immigrants	12	1	0	0	48,950	11	N/A
TOTAL	**47,825**	**18,612**	**67**	**516**	**441,084**	**170,578**	**N/A**
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	0	0	1	2	49	6	53
Cambodian	184	28	1	8	2,224	730	1,671
Chinese	1	0	0	3	778	20	231
English	15,473	17,815	27	59	165,729	72,878	14,688
Farsi	7	2	4	4	192	20	146
Korean	3	6	0	18	2,000	80	667
Russian	2	0	0	1	122	8	91
Spanish	5,287	544	15	323	54,844	18,319	4,275
Tagalog	6	0	7	13	843	47	852
Vietnamese	24	7	0	3	1,383	180	396
Other	46	11	2	20	4,355	141	358
TOTAL	**21,033**	**18,413**	**57**	**454**	**232,519**	**92,429**	**23,428**
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian/ Alaskan Native	45	69	0	1	646	327	77
Asian	2,444	504	11	81	46,786	9,903	5,299
Black	14,300	9,579	16	13	71,181	49,122	8,216
Hispanic	25,549	3,752	24	374	231,623	83,340	6,334
White	2,219	2,022	6	22	42,895	11,719	3,154
Other	3,268	2,686	10	25	47,953	16,167	347
TOTAL	**47,825**	**18,612**	**67**	**516**	**441,084**	**170,578**	**23,427**

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.9

DPSS CASELOAD CHARACTERISTICS DECEMBER 2016
SERVICE PLANNING AREA UNKNOWN*

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	7,077	3,983	0	0	97,165	27,015	N/A
Legal Immigrants	227	108	38	141	13,862	1,560	N/A
Other	4	1	0	0	683	13	N/A
Undocumented Immigrants	1	0	0	1	12,403	0	N/A
TOTAL	**7,309**	**4,092**	**38**	**142**	**124,113**	**28,588**	**N/A**
Primary Language of Aided Cases							
Armenian	19	7	1	9	360	66	255
Cambodian	3	0	0	0	75	8	33
Chinese	6	3	1	5	1,930	82	139
English	2,158	3,962	2	9	50,489	13,822	1,077
Farsi	6	0	9	2	262	30	82
Korean	3	2	0	4	1,069	30	79
Russian	5	1	0	2	142	11	49
Spanish	908	71	16	87	14,445	2,779	582
Tagalog	1	0	0	1	182	6	39
Vietnamese	5	3	0	1	524	46	42
Other	11	0	5	3	1,080	42	41
TOTAL	**3,125**	**4,049**	**34**	**123**	**70,558**	**16,922**	**2,418**
Ethnic Origin of Aided Persons							
American Indian/ Alaskan Native	4	4	0	0	208	50	6
Asian	147	43	0	16	14,275	895	415
Black	1,484	2,151	0	1	14,027	7,093	487
Hispanic	4,679	795	18	96	62,550	14,677	857
White	640	806	16	21	20,180	4,102	638
Other	355	293	4	8	12,873	1,771	15
TOTAL	**7,309**	**4,092**	**38**	**142**	**124,113**	**28,588**	**2,418**

* 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 2016
COMPARED TO DECEMBER 2015

PROGRAM	DEC. 2015	DEC. 2016	CHANGE	% CHANGE
CalWORKs	354,376	339,974	-14,402	-4.06%
General Relief	75,734	78,938	3,204	4.23%
CAPI	6,639	7,197	558	8.40%
Refugee	1,071	1,027	-44	-4.11%
Medi-Cal Assistance Only	2,771,706	3,321,456	549,750	19.83%
CalFresh	1,064,892	1,131,596	66,704	6.26%
IHSS	204,043	213,831	9,788	4.80%
TOTAL ALL PROGRAMS*	**3,430,557**	**3,521,509**	**90,952**	**2.65%**

* 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 2006 - DECEMBER 2016

MONTH	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	15/16 CHANGE	15/16 % CHANGE
Jan.	26	16	23	7	11	5	19	14	27	28	16	-12	-43%
Feb.	16	13	14	5	9	9	17	28	15	24	12	-12	-50%
Mar.	31	12	12	7	11	3	26	8	27	17	18	1	6%
Apr.	41	15	11	13	7	14	25	17	26	23	8	-15	-65%
May	29	13	17	13	3	11	24	16	28	13	14	1	8%
June	31	12	14	11	5	16	24	21	28	15	24	9	60%
July	26	13	9	14	10	11	23	35	25	34	15	-19	-56%
Aug.	34	15	12	8	8	12	15	27	28	42	38	-4	-10%
Sept.	21	20	7	6	4	5	12	24	33	49	29	-20	-41%
Oct.	27	22	20	9	14	6	13	30	35	31	21	-10	-32%
Nov.	14	17	3	13	6	8	15	29	27	21	19	-2	-10%
Dec.	3	7	4	12	3	13	9	17	10	17	18	1	6%
TOTAL	**299**	**175**	**146**	**118**	**91**	**113**	**222**	**266**	**309**	**314**	**232**	**-82**	**-26%**

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.

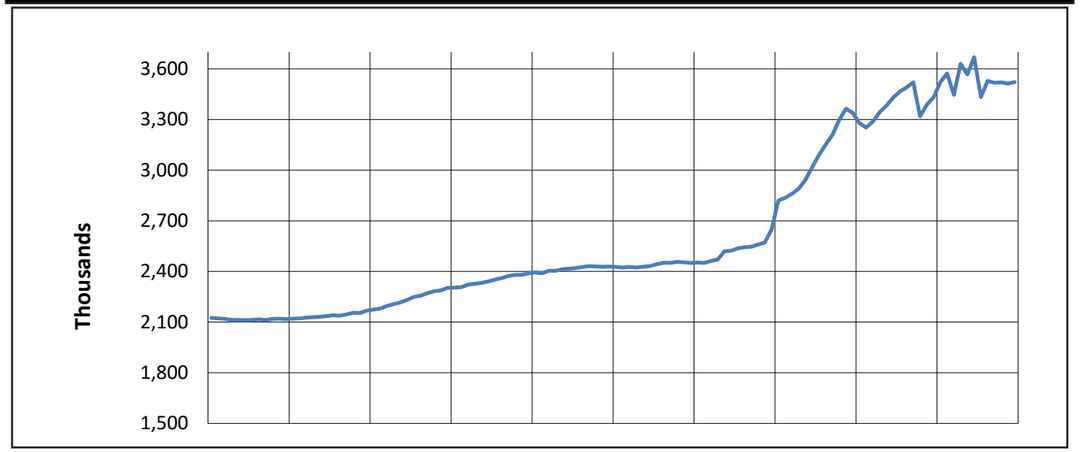
Figure 4

CAL-LEARN PARTICIPANTS SERVED
JANUARY 2007 - DECEMBER 2016

MONTH	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	15/16 CHANGE	15/16 % CHANGE
Jan.	2,181	2,465	2,735	3,064	2,923	2,270	2,104	1,931	1,640	1,279	-361	-22%
Feb.	2,234	2,492	2,832	3,109	2,948	2,169	2,125	1,893	1,574	1,386	-188	-12%
Mar.	2,155	2,470	2,891	3,134	2,912	2,431	2,100	1,929	1,576	1,300	-276	-18%
Apr.	2,186	2,514	2,920	3,200	2,934	2,471	2,114	1,947	1,450	1,220	-230	-16%
May	2,270	2,586	2,982	3,235	2,741	2,370	1,851	1,996	1,524	1,264	-260	-17%
June	2,307	2,549	2,953	3,149	2,350	2,382	2,158	1,961	1,571	1,325	-246	-16%
July	2,250	2,474	2,870	2,932	2,115	2,211	2,111	1,862	1,456	1,281	-175	-12%
Aug.	2,292	2,493	2,862	2,960	1,836	2,181	2,110	1,785	1,384	1,281	-103	-7%
Sept.	2,305	2,535	2,888	2,992	2,134	2,182	2,019	1,826	1,377	1,200	-177	-13%
Oct.	2,408	2,556	3,009	3,030	2,057	2,265	2,017	1,726	1,400	1,167	-233	-17%
Nov.	2,450	2,650	3,077	3,014	2,208	2,167	1,924	1,681	1,301	1,105	-196	-15%
Dec.	2,488	2,751	3,074	2,991	2,214	2,192	1,966	1,707	1,341	1,106	-235	-18%
AVERAGE	**2,294**	**2,545**	**2,924**	**3,068**	**2,448**	**2,274**	**2,050**	**1,854**	**1,466**	**1,243**	**-223**	**-15%**

Figure 5

INDIVIDUALS AIDED – ALL AIDS COMBINED
JANUARY 2007 - DECEMBER 2016

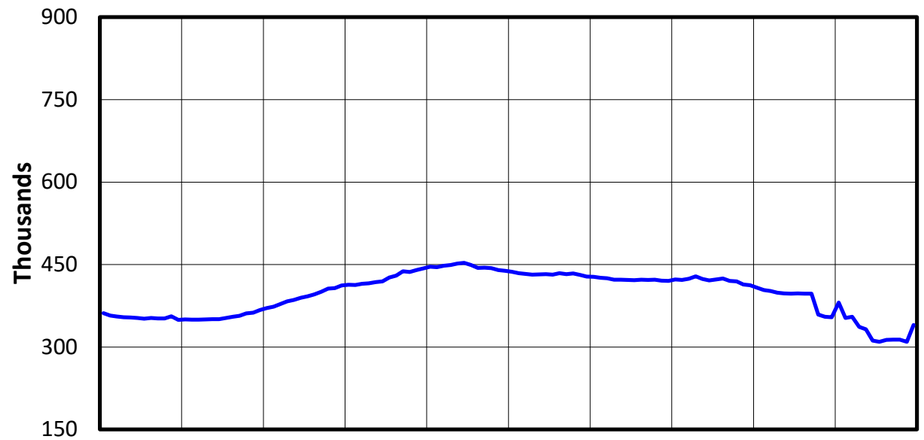


Month	2007	2008	2009	2010	2011	2012	2013	2014	2015*	2016
Jan.	2,125,532	2,120,743	2,174,614	2,303,749	2,394,585	2,426,501	2,453,083	2,819,136	3,276,776	3,521,223
Feb.	2,121,183	2,121,664	2,180,687	2,306,162	2,389,716	2,422,909	2,450,013	2,836,009	3,251,645	3,571,953
Mar.	2,118,608	2,126,084	2,195,497	2,321,333	2,403,761	2,426,841	2,461,628	2,859,833	3,287,979	3,445,798
Apr.	2,112,631	2,129,358	2,206,577	2,327,154	2,403,859	2,423,481	2,470,580	2,889,876	3,343,995	3,629,884
May	2,113,264	2,131,845	2,216,924	2,331,869	2,413,553	2,427,711	2,519,023	2,941,694	3,382,329	3,565,747
June	2,111,673	2,135,562	2,232,040	2,340,068	2,416,384	2,431,477	2,523,361	3,016,511	3,430,119	3,668,179
July	2,112,568	2,139,790	2,249,143	2,352,189	2,420,344	2,442,987	2,536,910	3,088,345	3,466,141	3,432,513
Aug.	2,116,434	2,138,281	2,256,283	2,360,927	2,426,295	2,451,696	2,542,506	3,151,339	3,490,545	3,528,925
Sep.	2,113,352	2,144,760	2,271,473	2,372,707	2,431,316	2,450,230	2,546,656	3,208,954	3,519,627	3,517,353
Oct.	2,118,831	2,155,204	2,283,036	2,379,568	2,429,646	2,457,086	2,558,888	3,296,854	3,318,533	3,520,528
Nov.	2,119,663	2,154,415	2,287,582	2,380,834	2,428,279	2,453,757	2,571,969	3,363,249	3,387,795	3,512,738
Dec.	2,118,174	2,167,776	2,302,924	2,389,268	2,429,214	2,450,333	2,647,528	3,339,390	3,430,557	3,521,509

*2015 4th quarter data submitted after the LRS implementation.

Figure 6

INDIVIDUALS AIDED - CALWORKS
JANUARY 2007- DECEMBER 2016

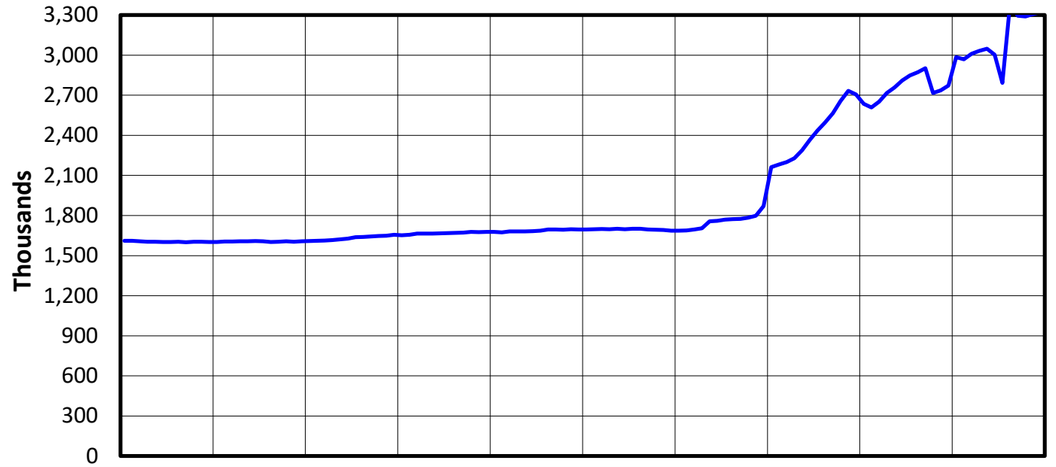


Month	2007	2008	2009	2010	2011	2012	2013	2014	2015*	2016
Jan.	361,495	350,311	370,631	413,178	445,949	436,846	427,728	422,896	408,172	380,972
Feb.	357,170	349,868	373,398	412,969	445,154	434,536	426,054	422,249	403,662	352,957
Mar.	355,533	349,622	378,222	414,952	447,929	433,157	425,255	424,066	401,779	355,241
Apr.	354,031	350,448	382,959	415,809	449,363	431,619	422,502	428,680	399,015	336,865
May	353,662	350,578	385,883	418,101	451,770	432,124	422,504	423,974	397,553	332,131
June	353,094	350,570	389,509	419,613	453,164	432,684	421,889	421,206	397,045	311,555
July	351,664	352,835	392,490	426,282	449,303	431,612	421,707	422,817	397,353	309,655
Aug.	352,669	355,100	395,902	429,910	444,096	434,159	422,294	424,883	397,157	313,020
Sep.	351,816	357,008	400,534	437,714	444,308	432,602	422,137	420,169	396,945	313,272
Oct.	352,014	361,378	406,371	436,323	443,415	434,071	422,511	419,533	359,021	313,368
Nov.	355,989	362,652	406,992	439,859	440,023	431,092	420,873	413,804	355,275	309,553
Dec.	349,574	367,163	411,842	443,245	438,715	428,294	420,513	412,365	354,376	339,974

*2015 4th quarter data submitted after the LRS implementation.

Figure 7

INDIVIDUALS AIDED – MEDICAL ASSISTANCE ONLY
JANUARY 2007 - DECEMBER 2016

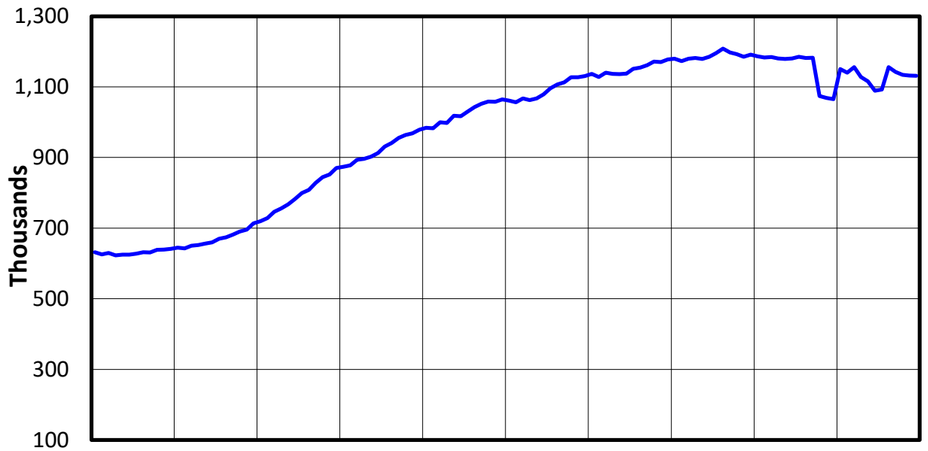


Month	2007	2008	2009	2010	2011	2012	2013	2014	2015*	2016
Jan.	1,610,495	1,601,826	1,608,284	1,652,545	1,677,657	1,695,530	1,686,728	2,162,087	2,635,084	2,985,013
Feb.	1,611,324	1,604,958	1,609,965	1,656,625	1,674,595	1,696,763	1,688,211	2,181,648	2,609,119	2,968,570
Mar.	1,606,981	1,605,420	1,612,871	1,664,015	1,681,467	1,698,376	1,695,285	2,200,120	2,652,143	3,010,138
Apr.	1,603,501	1,607,132	1,615,916	1,665,214	1,680,359	1,698,100	1,704,905	2,229,067	2,716,127	3,031,869
May	1,604,117	1,607,865	1,621,134	1,663,980	1,681,497	1,700,809	1,755,996	2,288,191	2,758,728	3,048,192
June	1,601,343	1,609,248	1,627,826	1,665,971	1,683,049	1,697,665	1,759,649	2,364,689	2,809,686	3,003,444
July	1,602,534	1,607,295	1,637,703	1,668,643	1,687,322	1,701,787	1,768,550	2,436,427	2,847,792	2,792,108
Aug.	1,603,846	1,602,051	1,639,215	1,669,561	1,694,711	1,701,649	1,773,011	2,496,469	2,872,428	3,384,397
Sep.	1,600,003	1,603,149	1,643,871	1,672,275	1,696,079	1,695,450	1,775,355	2,564,799	2,901,798	3,294,583
Oct.	1,603,238	1,607,896	1,646,630	1,677,012	1,693,154	1,693,886	1,783,230	2,657,203	2,716,683	3,289,591
Nov.	1,604,229	1,603,186	1,648,758	1,675,728	1,696,764	1,691,766	1,797,981	2,732,673	2,736,803	3,307,710
Dec.	1,602,354	1,607,228	1,655,341	1,677,283	1,695,805	1,686,556	1,870,380	2,705,644	2,771,706	3,321,456

*2015 4th quarter data submitted after the LRS implementation.

Figure 8

INDIVIDUALS AIDED - CALFRESH
JANUARY 2007- DECEMBER 2016



Month	2007	2008	2009	2010	2011	2012	2013	2014	2015*	2016
Jan.	631,850	644,368	719,388	873,906	983,972	1,061,099	1,136,598	1,179,471	1,186,689	1,150,095
Feb.	625,321	642,827	728,164	877,708	982,952	1,056,530	1,128,269	1,172,986	1,183,204	1,140,474
Mar.	629,729	650,233	745,955	893,254	999,836	1,067,474	1,140,185	1,179,917	1,184,511	1,155,876
Apr.	622,860	652,132	755,533	896,310	997,431	1,062,493	1,136,567	1,181,939	1,180,608	1,128,110
May	624,750	656,361	767,382	902,170	1,017,987	1,067,010	1,135,966	1,179,271	1,178,959	1,115,784
June	624,827	659,778	782,354	912,861	1,016,668	1,078,877	1,137,764	1,185,357	1,180,615	1,089,288
July	627,626	670,143	799,325	930,781	1,029,907	1,095,676	1,150,909	1,195,491	1,185,244	1,092,816
Aug.	631,525	673,922	807,965	941,140	1,042,754	1,106,581	1,154,695	1,208,242	1,181,789	1,155,558
Sep.	630,752	681,301	827,823	955,463	1,052,181	1,112,889	1,161,054	1,197,541	1,182,726	1,142,246
Oct.	638,796	690,571	844,497	963,522	1,058,355	1,127,190	1,171,438	1,192,513	1,073,836	1,133,735
Nov.	639,412	695,872	852,054	968,213	1,057,476	1,126,961	1,170,317	1,185,306	1,068,797	1,132,088
Dec.	641,215	713,748	870,368	978,920	1,064,647	1,130,714	1,177,740	1,191,285	1,064,892	1,131,596

*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. 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.

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

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

Cash Assistance Program To Immigrants (CAPI): Provides cash to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (SSI/SSP) due to their immigration status. CAPI participants may be eligible for Medi-Cal, In-Home Supportive Services (IHSS), and/or CalFresh benefits. Individuals requesting such benefits must file an appropriate application for each program.

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): The GAIN program provides employment-related services to CalWORKs participants to help them find employment, stay employed, and move on to higher paying jobs, which will ultimately lead to self-sufficiency and independence.

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

In-Home Supportive Services (IHSS): Enables low-income, aged, blind, and disabled individuals to remain safely at home by paying caregivers to provide personal care and domestic services.

LEADER Replacement System (LRS): Is an automated system which provides the primary case management for the programs administered by DPSS.

Medi-Cal Assistance Only (MAO): Provides comprehensive medical benefits to low-income families and individuals. Depending on their income and resource levels, individuals and families may be eligible for a no-cost or a share-of-cost Medi-Cal Program.

Refugee Resettlement Program (RRP): Is made up of many program partners at the Federal, State, County, and community levels. Typically, refugees are eligible for the same assistance programs as citizens including CalWORKs, CalFresh, Medi-Cal, SSI/SSP, and General Relief. In addition, single adults or couples without children who are not eligible for other welfare assistance may receive Refugee Cash Assistance (RCA). Vital to the success of the California Refugee Program are the contributions made by Mutual Assistance Associations, and Community Based Organizations (CBOs) that provide culturally and linguistically appropriate services.

PUBLIC LIBRARY

NO-FAULT LIBRARY CARD FOR FOSTER CHILDREN

The County of Los Angeles Public Library reaches out to children in at-risk populations. While some children in foster care in Los Angeles County have caregivers who take on the financial responsibility necessary to secure a library card for the children in their care, many caregivers are reluctant to take on that responsibility. In the event of a change in placement, an irresponsible use of the card could make the original caregiver responsible for subsequent library fines or charges for lost library materials.

Since October 2002, the Public Library and the Department of Children and Family Services (DCFS) have worked together to provide a "no-fault" library card for children in foster care. DCFS is responsible for any fines or fees for lost materials checked out by foster children enrolled in the program. Currently, more than 1,022 children have received library cards through this program. There were 180 children who received the no-fault library card in Fiscal Year (FY) 2016-2017.

LIBRARY CARDS FOR PROBATION YOUTH

During FY 2016-2017, the Public Library continued its partnership with the Probation Department. Each youth received a library card after incarceration at a Juvenile Hall or probation camp. During FY 2016-2017, 1,003 library cards were issued. Many school-based probation officers are regularly bringing their clients to County Libraries to learn about and use library books and resources. Total number of library cards issued through this program: 28,423.

The Library and Probation Department continued exploring how to expand their partnership. In August, 2016, a library was opened at Los Padrinos Juvenile Hall. The Library also hosts book clubs at many of the Probation camps.

LIVE HOMEWORK HELP

The County of Los Angeles Public Library offers a free on-line Live Homework Help program. The website is www.librarytutor.org. It is available in English and Spanish from 3:00 p.m. – 10:00 p.m. every day. Free tutoring sessions with a qualified tutor are available on-line in English, Math, Science and Social Studies. All that a student needs is access to the Internet and a County of Los Angeles Public Library card. Since 2005, students have logged on for free tutoring sessions more than 904,394 times. In FY 2016–2017, more than 64,093 students used the service.

EARLY CHILDHOOD PROGRAMS

Family Place

Family Place Libraries™ is a network of libraries committed to assisting families by strengthening caregiver understanding of children's early development and learning. The Library provides welcoming spaces for parents and children to learn together, specialized collections, and programs designed especially for young children and their caregivers. Parent-Child Workshops are offered to introduce parents to community resources that can help them answer questions and cope with the challenges of child-rearing. In 2016-2017, the County Library expanded participation from 81 Family Place™ sites to 84. Over 61,134 children and caregivers were reached through the library programs and parent training as compared to 58,954 in the previous fiscal year.

In addition, the Public Library hosts the Family Place™ Training Institute at the West Coast Family Place Training Center based at the Carson Regional Library, which was funded by the California State Library and First 5 Los Angeles. Librarians spend three days learning about the importance of providing programs and services for infants, toddlers, and their caregivers, and how to implement the Family Place™ program effectively in their libraries.

LUNCH @ THE LIBRARY

In collaboration with the Department of Parks and Recreation, the Library piloted two Lunch @ the Library sites in 2015. Children and teens were able to receive a free nutritious lunch, Monday-Friday, during the summer months. In 2016, the number of participating library sites increased from two to seven and a total of 11,373 free meals were served.

SECTION IV:
ICAN ORGANIZATIONAL SUMMARY

Art by Alexia Robles & Vanessa Hernandez, ICAN Student Poster Art

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 com- munity members who raise funds and public awareness for programs and issues identified by ICAN. In 1996, ICAN was designated as the National Center on Child Fatality Review by the U.S. Department of Justice.

This strong multi-level, multi-disciplinary and community network provides a framework through which ICAN is able to identify those issues critical to the well-being of children and families. ICAN is then able to advise the members, the Board and the public on relevant issues and to develop strategies to implement programs that will improve the community's collective ability to meet the needs of abused and at-risk children with the limited resources available.

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

ICAN STAFF

DEANNE TILTON
ICAN Executive Director

EDIE SHULMAN
ICAN Assistant Director

SANDY DE VOS
ICAN Program Administrator

TOM FRASER
ICAN Program Administrator

NANCY URQUILLA
ICAN Program Administrator

KARLA LATIN
Administrative Assistance

SABINA ALVAREZ
ICAN Secretary

JODI CHEN
ICAN Secretary

KENNETH RIOS
Project Coordinator

ICAN ASSOCIATES STAFF

PAUL CLICK
Technology Manager

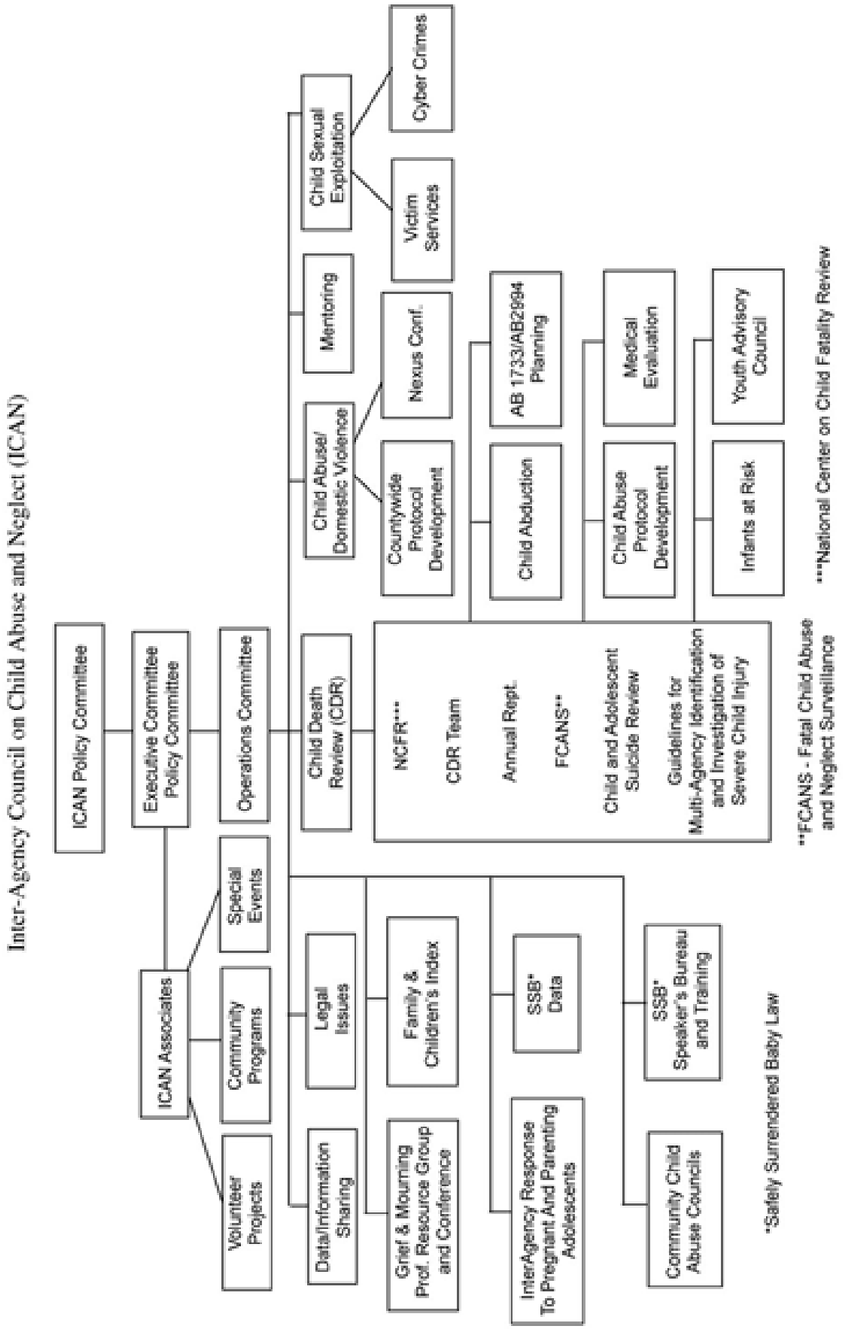
JOHN SOLANO
IT Coordinator

LAURA SPARKS
Bookkeeper

FOR FURTHER INFORMATION CONTACT:

INTER-AGENCY COUNCIL
ON CHILD ABUSE & NEGLECT
4024 N. DURFEE AVE.
EL MONTE, CA 91732

Phone: (626) 455-4585
Fax: (626) 444-4851
Websites: www.ican4kids.org



Committees

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 or 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 SURRENEDERED 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

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

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

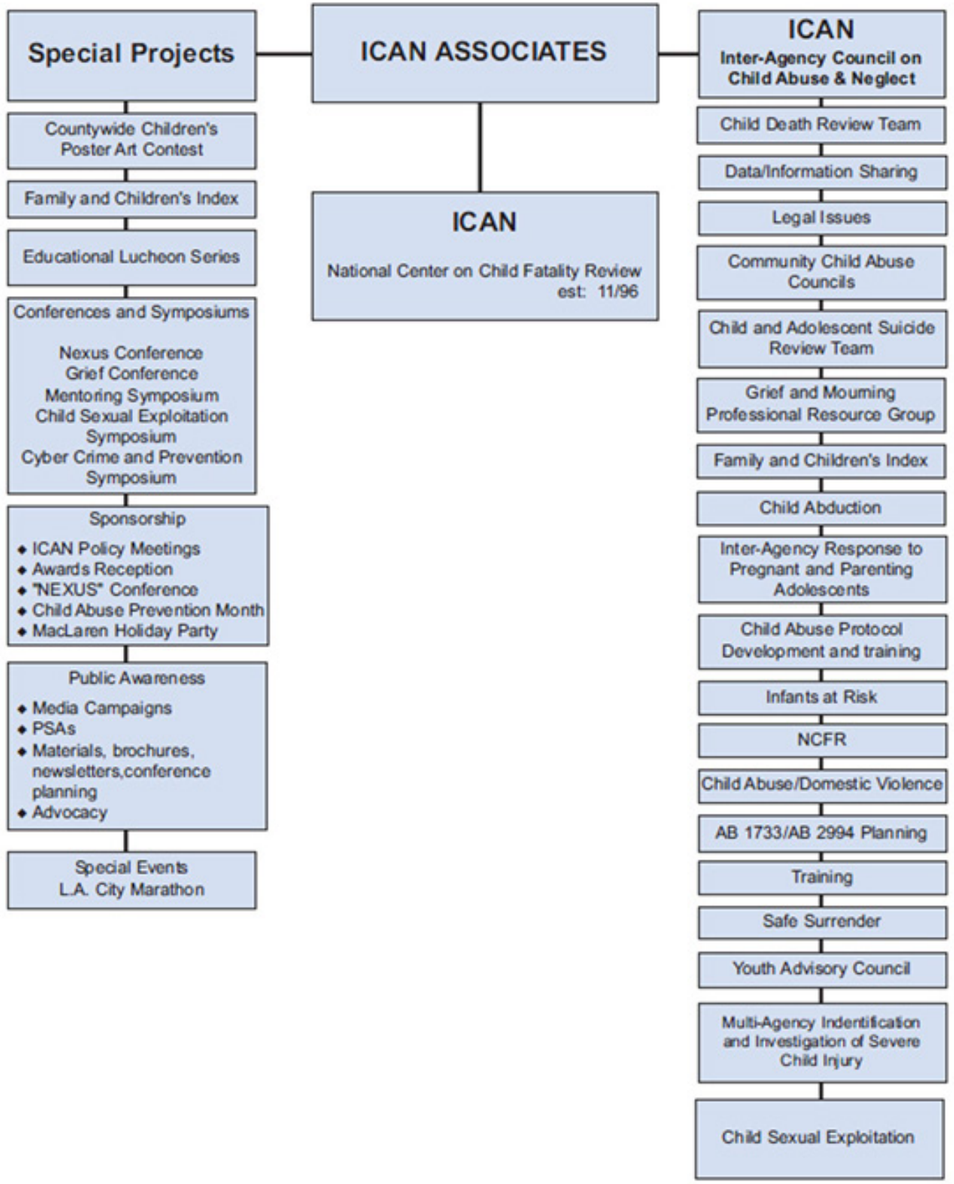
ICAN Associates has been extremely successful in securing funding through grants and corporate sponsorships:

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

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

In October 2016, ICAN Associates sponsored the 21st 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.



ICAN EXECUTIVE DIRECTOR

DEANNE TILTON DURFEE
Doc.Hc

HONORARY CHAIRPERSON

LINDSAY WAGNER
Producer/Actor

PRESIDENT

KAY HOFFMAN
Movie and Television Producer, Retired

SECRETARY

STACEY SAVELLE
LA County Children and Family Services, Retired

TREASURER

ALISON WILCOX
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The Fun Fund, Clinical Psychologist,
Child Advocate

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CIC, Senior Vice President,
HUB International Insurance Services

BEVERLY KURTZ
Los Angeles County Museum of Art Docent Council

ELAINE TREBEK-KARES
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Founder ICAN Associates

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Past President Warner Bros. Entertainment, Retired

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SYBIL BRAND

CHRISTINA CRAWFORD

BOURNE MORRIS

FRANK VICENCIA, ESQ.

The Los Angeles Community Child Abuse Councils consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect, and to raise public awareness of child abuse and family violence issues. The membership of the Councils is made up of professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the problems of child abuse and family violence. The Child Abuse Councils Coordination Project facilitates the joint projects of the 12 Community Councils. Since the child abuse councils are volunteer organizations, and most members have full time jobs apart from their involvement with the councils, it is important that our projects can be implemented easily and quickly. The Coordination Project also serves the councils by providing technical assistance and professional education, advocating for children issues, and networking with other councils and agencies on behalf of the Councils. The Coordination Project has been in existence since 1987, and has been a non-profit corporation since March 1998. The Coordination Project acts as contractor with the Los Angeles County Department of Children and Family Services and the Office of Child Abuse Prevention (OCAP) to provide services to benefit the 12 Child Abuse Councils in their efforts to prevent child abuse.

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

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

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

Community Child Abuse Council Coordinator
Sara La Croix, Children's Bureau (213) 344-8217

COMMUNITY CHILD ABUSE COUNCILS

Advocacy Council For Abused Deaf Children
Eric Escareno (626) 773-9216

Asian Pacific Child Abuse Council
Nina Loc, Nayon Kang (213) 808-1770

Family, Children, Community Advisory Council
Sandra Guine (213) 639-6443

LGBT Child Abuse Prevention Council
Mark Abelsson (323) 646-2419

YES2KIDS - Antelope Valley Child Abuse Prevention Council
Karen Gilmore (661) 940-9530

Foothill Child Abuse and Domestic Violence Prevention Council
Erica Villalpando (626) 373-2900

End Abuse Long Beach (EALB)
Rosa Valesquez-Guiterrez, Tory Cox
(562) 421-6537

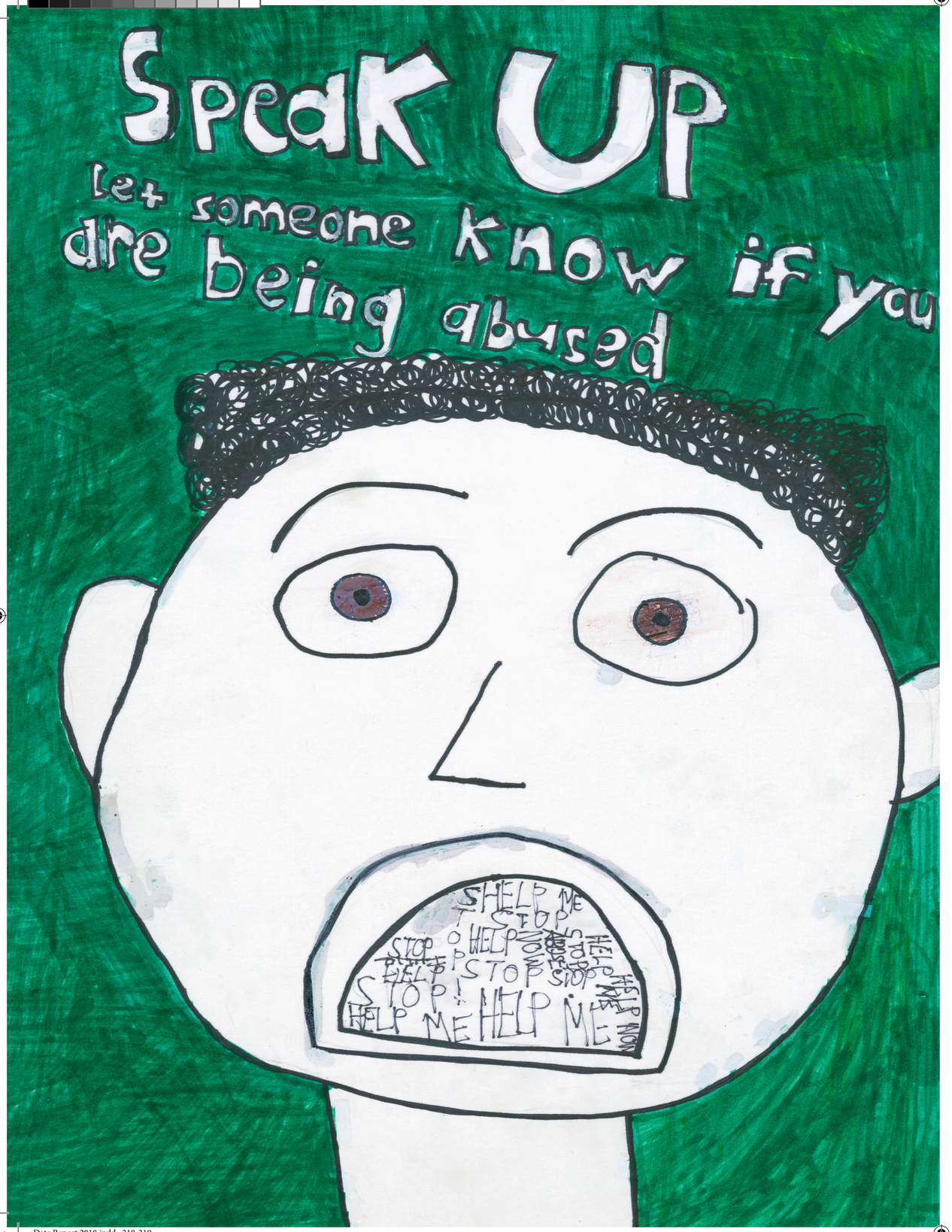
San Fernando and Santa Clarita Valley Council for Child Abuse Prevention
Deborah Davies (818) 667-5690

San Gabriel Valley Child Abuse Prevention Council
Karen Nutt, Elena Sanchez (626) 919-1091

Eastside Child Abuse Prevention Council
Connie Preciado-Gonzalez (626) 442-1400

Service Planning Area 7 Child Abuse Prevention Council
Norma Yoquez, Maria Duarte (562) 777-1410 Ext. 181

Westside Anti-Violence Authority
Mary Nichols, Diana Grant (maryalvin.nichols03@gmail.com, dgrant@thepeopleconcern.org)



Art by Muhamad Kenjaev, ICAN Student Poster Art Contest

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.