THE STATE OF CHILD ABUSE
in Los Angeles County
Compiled from 2012 Data

ICAN

ICAN 2013

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 • Website: www.ican4kids.org

REPORT COMPILED FROM 2012 DATA

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY

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

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

Policy Committee Members

JACKIE LACEY, CHAIRPERSON
District Attorney

CYNTHIA BANKS
Director, Community and Senior Services

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

CHARLIE BECK
Chief, Los Angeles Police Department

ANDRE BIROTTE JR.
U. S. Attorney

RONALD L. BROWN
Public Defender

PHILIP BROWNING
Director, Department of Children and Family Services

PAUL COOPER
Chief, Claremont Police Department
Police Chiefs Association

JOHN A. CLARKE
Executive Officer/Clerk, Superior Court

JOHN E. DEASY
Superintendent,
Los Angeles Unified School District

MARGARET DONNELLAN TODD
County Librarian, Public Library

MARK. A. FAJARDO, MD
Chief Medical Examiner-Coroner

JONATHAN E. FIELDING, MD
Director, Department of Public Health

MIKE FEUER
Los Angeles City Attorney

WILLIAM T FUJIOKA
Chief Executive Officer

RUSS GUINEY
Director, Parks and Recreation

ARTURO DELGADO, ED.D.
Superintendent, Office of Education

KAMALA D. HARRIS
California Attorney General

NANCY HAYES
UCLA Medical Center

JOHN F. KRATTLI
County Council

MITCHELL H. KATZ
Director, Department of Health Services

ALAN LANDSBURG
Appointee, Board of Supervisors

WILL LIGHTBOURNE
Director, California
Department of Social Services

MICHAEL NASH
Presiding Judge, Juvenile Court

FRANCE NUYEN
Appointee, Board of Supervisors

DARYL OSBY
Fire Chief, Forester and Fire Warden

JERRY POWERS
Chief Probation Officer

SEAN ROGAN
Executive Director, Community Development Commission

MARVIN SOUTHARD
Director, Department of Mental Health

SHERYL SPILLER
Department of Public Social Services

TOM TINDELL
Director, Internal Services Department

CAROL BARKER
Department of Corrections

DENISE BERTONE
Department of the Coroner

SUSANNE BOSTWICK
Department of Public Health

LINDA BOYD
Department of Mental Health

VENICE BURWELL
Office of the Public Defender

GREG CARLSSON
Community Development Commission

SUSAN CHAIDES
Office of Education

JORGE CISNEROS
Police Chief's Association

ANA MARIA CORREA
Internal Services Department

TERESA CONTRERAS
State Department of Social Services

MICHELE DANIELS
District Attorney's Office

PATRICIA DONAHUE
U.S. Attorney's Office

MICHAEL DURFEE, MD
ICAN/NCFR

M. DONNA UY-BARRETA
Los Angeles City Attorney's Office

DONNA EDMISTON
LA City Attorney's Office

KERRY ENGLISH, M.D.
King/Drew Medical Center

JOANNE EROS-DELGADO
Community Development Commission

VICTORIA EVERS
Chief Administrative Office

PATRICIA FRANCO
California Department of Corrections and Rehabilitation

JESSICA GAMA
Probation Department

ROBERT GILCHICK, MD
Department of Public Health

SANDRA GUINE
Department of Public Health

LT. FELICIA HALL.
Los Angeles Police Department

CRAIG HARVEY
Coroner's Department

DOUG HARVEY
California Department of Social Services

BETSY LINDSAY
Community Development Commission

TOM MARTINEZ
Public Library

MONIKA MCCOY, Ph.D.
Child Abuse Councils Coordination Project

LINDA MEDVENE
Office of County Counsel

NADIA MIRZAYANS
Department of Public Social Services

FAITH PARDUCHO
Department of Parks and Recreation

MICHAEL PINES, Ph.D.
Retired, Office of Education

FRANKLIN PRATT, MD
Medical Director, Los Angeles County Fire Department

JIVARO RAY
Department of Health Services

O. RAQUEL RAMIREZ
County Counsel's Office

MAUREEN SIEGEL
Los Angeles City Attorney's Office

CHERI TODOROFF
Department of Health Services

TRACY WEBB
Los Angeles City Attorney's Office

Data/Information Sharing Committee Members

ISELA AREVALO
Los Angeles County Department of Public Social Services

DEBBIE ANDERSON
Los Angeles County Public Library

OLIVIA CARRERA
California Department of Justice

CHRISTOPHER D. CHAPMAN
Los Angeles County Internal Services Department

MARGARET CHAO, MD
Department of Public Health

ANA MARIA CORREA
Los Angeles County Internal Services Department

BRIAN L. COSGROVE
Los Angeles County Coroner

SANDY DEVOS
ICAN

CAPTAIN ROBERT C. ESSON
Sheriff's Department

JEWEL FORBES
Los Angeles County Office of Education

MICHELE DANIELS
Office of the District Attorney

TRACY 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

DOUG HARVEY
California Department of Social Services

LT. PETER HAHN
Special Victims Bureau Los Angeles County Sheriff's Department

LT. FELICIA HALL
Los Angeles Police Department

LT. CRAIG HERRON
Los Angeles Police Department

JOHN LANGSTAFF
Los Angeles County Department of Children and Family Services

DIONNE T. LYMAN-CHAPMAN
Los Angeles County Internal Services Department

TINA LEWIS
Child Protection System Department of Justice

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

JANE NEWMAN
Los Angeles County Office of Public Defender

THOMAS NGUYEN
Los Angeles County Department of Children and Family Services

REGI PAPPACHAN
Juvenile Dependency, Children's Court

NINA PRAYS
Internal Services Department

M. DONNA UY-BARRETA
Los Angeles City Attorney's Office

ROSELEE VILLALOBOS
Office of Court Appointed Special Advocate (CASA)

DAVID ZIPPIN, PH.D.
Los Angeles County Department of Mental Health

SECTION I :
INTER-AGENCY OVERVIEW

Introduction

This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN) with the work of the Data Sharing Committee, features data from ICAN agencies about activities for 2012 or 2011/2012 for some agencies. The report includes some information about programs, but is intended primarily to provide visibility to data about child abuse and neglect in Los Angeles County and information drawn from that data. Much of the report assumes the reader has a basic knowledge of the functions and organization of ICAN and its member agencies. For those unfamiliar with ICAN and its member agencies, please refer to Section IV of this report.

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

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

Also included is our annual inter-agency analysis of data collection. This analysis continues to evolve, providing an opportunity to view from a more global perspective the inter-agency linkages of the child abuse system.

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

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

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

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

The Data/Information Committee is grateful to ICAN Associate staff Laurence Kerr for his technical support to produce this final document.

This is the 28th The State of Child Abuse in Los Angeles County annual report. It is published to provide visibility to data about child abuse and neglect in Los Angeles County and the agencies serving the children and families involved in the welfare of children. The following is a summary of data provided by the agencies and indicated changes from the previous reported year's data.

REPORTED DECREASES

CORONER

In 2012 the total number of children who died from Homicide, Suicide, Accidents and Undetermined causes decreased from 238 in 2011 to 219 in 2012.

The number of children killed by a parent, relative or caregiver decreased 9.7% from 2011. 23 children died from homicide in 2011 and 15 children in 2012. It should be noted that the 2012 child homicides represent the lowest number of such deaths in the past 25 years.

There was also a decrease in youth suicides from 19 such deaths in 2011 to 17 in 2012.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The number of children in a Foster Family Agency Certified Home reflects a 1.7% decrease, from 4,987 at the end of CY 2011 to 4,901 at the end of CY 2012. This population accounts for 30.7% of the total children in the out-of-home placement caseload at the end of CY 2012, down from 32.8% at the end of CY 2011.

Youth in the age group 16 - 17 Years account for 10.4% of the total caseload, down from 10.9% at the end of CY 2011. The number of youth in this age group shows a 3.5% volume decrease, from 3,797 at the end of CY 2011 to 3,663 at the end of CY 2012.

PROBATION

Probation experienced a 1.3% decrease in adult child abuse referrals from 536 in 2011 to 529 in 2012.

CITY ATTORNEY

The City Attorney's office reviewed 1,254 child abuse investigations in 2012 which is a decrease from the 1,417 received in 2011. 144 cases reached a disposition in which 127 resulted in guilty pleas or convictions.

DEPARTMENT OF JUSTICE

The Central Index recorded 3,335 child abuse reports from Los Angeles County in 2012. This represents approximately 40% of the state's total reports. This is a decrease from 2011 when the 6,335 cases comprising 44% of the State's total came from Los Angeles County.

PUBLIC HEALTH

The death rate for children ages 1 to 17 in Los Angeles County had shown a consistent downward trend for several years and has been stable for the last two years. African-American children ages 1 to 17 had the highest death rate among the major race/ethnic groups represented, a consistent disparity; however, a significant decrease in the magnitude of that disparity first noted in 2010 was maintained in 2011

The crude infant mortality rate of 4.8 infant deaths per 1,000 live births in 2011 is a very small increase compared to the previous year. The overall trend in infant mortality rate in Los Angeles County over the past decade has been downward and has remained below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births since 1996

REPORTED INCREASES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

There were 181,827 children referred during CY 2012 compared to 167,723 in CY 2011. This reflects an 8.4% increase in referrals over CY 2011.

The most vulnerable DCFS clients are children in the age group Birth - 2 Years. This population accounts for 19.3% of the total DCFS child caseload, which is slightly up from 19.2% at the end of CY 2011.

The number of children in this age group category exhibits a 1.2% increase, from 6,722 at the end of CY 2011 to 6,804 at the end of CY 2012.

Between the end of CY 2011 and the end of CY 2012, the number of children in out-of-home placement shows a 5.1% increase from 15,204 to 15,985.

Hispanic children continue to be the largest of all ethnic groups among DCFS children. This population accounts for 58.7% of the total caseload, up from 57.9% at the end of CY 2011. The number of Hispanic children reflects a 2.0% increase from 20,257 at the end of CY 2011 to 20,666 at the end of CY 2012.

DEPENDENCY COURT

The number of new filings remained relatively steady from 2008 through 2010, with a noticeable increase in 2011 and 2012. 13,257 new children were brought into the juvenile court system under WIC 300 petitions filed in 2012 which is an increase of 1,095 from 2011 when 12,162 children entered.

The number of children exiting the system increased slightly from 12,454 in 2011 to 12,535 in 2012. The number of children leaving the system had been greater than those entering for the past ten years. 2012 is the exception with more children entering than exiting the system.

LAW ENFORCEMENT

LAPD and the Sheriff's Department reported an increase in child abuse reports from 2012. For both agencies, the preponderance of referrals taken involved sexual abuse over physical abuse. LAPD had three times as many sexual abuse reports and the Sheriff's Department twice as many

DISTRICT ATTORNEY'S OFFICE

In 2012, a total of 5,897 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants. This is a increase from the 5,504 cases that were submitted in 2011.

DEPARTMENT OF PUBLIC SOCIAL SERVICES

In total, there was a .87% increase (21,119) in the number of individuals receiving assistance for all programs combined from December 2011 to December 2012.

DPSS increased the number of referrals made to DCFS from 114 in 2011 to 222 in 2012.

ADDITIONAL FINDINGS

CORONER

Child victims of homicides by a parent, relative or caregiver age five and under accounted for 80% of all these homicides.

DEPENDENCY COURT

An average of 54% of dispositional hearings ended with the removal of children from their parents or guardian.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

28.8% of the referrals to DCFS involved General Neglect and is the leading reported allegation. General Neglect continues to be the leading allegation reported from previous years.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to represent the largest child population in the out-of-home placement caseload. These children account for 53% of the total children in out-of-home placements at the end of CY 2012.

Children age 13 years and under account for 74.5% of the total DCFS caseload. 31.5% of the total DCFS child caseload were children under five years of age.

PUBLIC HEALTH

As of March 31, 2013, Nurse Family Partnership (NFP) has cumulatively enrolled 3,534 clients with a median age of 17 years (55% of them are 17 years old or younger) since expansion in FY 2000. During the last 13 years, NFP has had only 11 children removed from their mothers during infancy (0.4%) and 5 toddlers (0.2%) for abuse/neglect; a very low number when compared to outcomes to young mothers generally throughout the nation and Los Angeles

The three leading causes of death among children ages 13-19 and responsible for a large majority of deaths in that age group all relate to injury: homicide, accident, and suicide; and are therefore all theoretically preventable deaths.

DISCUSSION

The number of children being referred for suspected abuse or neglect has increased Los Angeles County. In 2012, the number of referrals received by the Hotline was 181,827, which is an increase from the previous year. LA County remains the highest reporting CPS agency in the state.

The statewide and number of reports to the Child Abuse Central Index (CACI) from Los Angeles indicates child abuse may be under reported to the index. LA County provided In-person responses to 154,930 referrals and 13,257 children were brought into the dependency court in 2012 yet only 3,335 children were reported to the central index. The low number of reports reflected in the state-wide numbers could be the result of law enforcement agencies no longer being required to report to CACI as of January 2012. This lower number could also be a reflection of the highest number of referrals being for general neglect, unfounded or inconclusive allegations or families being referred for alternative community services that would not be reported to the central index.

There has been a shift in the number of children exiting the dependency court system outnumbering those entering the system in 2012 to the reverse. Since 1999, the number of children leaving the court system outnumbered those entering.

The overall caseload of petitions filed and judicial reviews had been on a steady decline recent years but have also been on the increase since 2010. Although the increase in caseload has been gradual in recent years, the impact on the Dependency Court is great especially due to the cuts in services in the court by the State

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

Children of color continue to be overrepresented in the child welfare system. Hispanic children have been the largest of all ethnic populations since 2001. African American children continue to be disproportionately represented but the percentage has been declining over the past decade and decreased by 1.4% from 2011.

The net increase of the number of children in the DCFS and Dependency system in 2012 reflects a reversal of a trend that we have seen over virtually the past decade. The Department of Children and Family Services has received and responded to more referrals and, as a result, filed more petitions. In addition, reductions in resources have made it more challenging for parents to receive the services they need in order to ultimately reunite with their children. Furthermore, the economic difficulties we have experienced over the past couple of years have contributed to the current situation.

Whether this is a one-time occurrence or a trend remains to be seen.

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

CALIFORNIA DEPARTMENT OF JUSTICE

Authorized agencies submitted 8,309 reports to the DOJ for entry into the CACI.

Of the 8,309 child abuse reports submitted, 3 reported the death of a child. Los Angeles County submitted 1 of the child death reports.

During 2012 Los Angeles County submitted 3,335 (40%) reports. The abuse determinations are as follows:

a) 1,038 (31%) physical abuse

a) 1,516 (45%) mental abuse

a) 475 (14%) sexual abuse

a) 288 (9%) severe neglect

a) 18 (0.5%) willful harming and/or corporal punishment.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

During Calendar Year (CY) 2012, there was an average of 15,152 children who were referred to DCFS per month. Of these, an average of 12,911 children (85.2%) required an in-person investigation.

As stated earlier, General Neglect continues to be the leading reported allegation in the Emergency Response referrals received. The number of referred children for general neglect in CY 2012 (52,298) reflects a 8.9% increase from 48,010 children referred due to the same allegation in CY 2011.

Children under the age of 10 years account for 57.2%, and children age 13 years and under account for 74.5%, and children 14 years and older account for 25.5% of the total DCFS caseload.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to represent the largest child population in the out-of-home placement caseload. These children account for 53.0% of the total children in out-of-home placements at the end of CY 2012, up from 52.1% at the end of CY 2011. The number of children in this placement category shows a 7.0% increase, from 7,924 at the end of CY 2011 to 8,479 at the end of CY 2012.

As of December 2012, Permanency Partners Program (P3) has provided traditional P3 services to 6,017 youth. Approximately, 40% (2,404) of the youth now have a legally permanent plan identified or established. A total of 592 youth have returned home to a parent and had their child welfare case closed, 171 youth have returned home and continue to have their case supervised by DCFS, and 400 are moving towards reunification with a parent.

DEPENDENCY COURT

The number of filings increased moderately in 2012 with an increase of 1,059.

New WIC §300 petitions constituted 55% of total filings in 2012.

In 2012, 13,257 children entered the Dependency system as a result of new petitions being filed, and 12,535 children exited the system.

LOS ANGELES POLICE DEPARTMENT

Juvenile Division

The number of dependent children handled by the unit in 2012 (1,218) showed an increase (2.35 percent) from the number handled in 2011 (1,190).

Geographic Areas

The number of dependent children handled by the Areas in 2012 (1,990) was an increase of (9.16 percent) from the number handled in 2011 (1,823).

COUNTY OF LOS ANGELES SHERIFF DEPARTMENT

The Special Victim's Bureau investigated at total of 3,801 cases. Of these, sexual abuse cases accounted for 68% of the total cases (2,580) and physical abuse 32% with 1,221.

INDEPENDENT POLICE AGENCIES

The top five police agencies accounted for 36.23% of all the Suspected Child Abuse Reports (SCARS) from those agencies. The five agencies included Long Beach, Pomona, Inglewood, El Monte, and Pasadena. Long Beach had the greatest number and accounted for 19.5% of all the Independent Police Agency SCARS.

COUNTY OF LOS ANGELES DEPARTMENT OF CORONER

In calendar year 2012, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 219 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2011, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 238, a decrease of 19 cases.

DISTRICT ATTORNEY'S OFFICE

A total of 5,897 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2012.

Of these, charges were filed in 41% (2,424) of the cases reviewed. Felony charges were filed in 53% (1,286) of these matters. Misdemeanor charges were filed in 47% (1138) of these matters.

Of those cases declined for filing (a total of 3,473 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 28% of the declinations (985).

In 79% of the adult cases filed involving child abuse, the gender of the defendant was male.

Convictions were achieved in 91% (2,206) of the cases filed against adult offenders. Defendants received grants of probation in 71% (1,262) of these cases. State prison sentences were ordered in 24% (439) of the cases; with 1% (22) of the defendants receiving a life sentence in state prison.

OFFICE OF CITY ATTORNEY LOS ANGELES OFFICE

In 2012, the Los Angeles City Attorney's Office reviewed 1,254 investigations that involved ICAN-related offenses. Of the 1,254 matters, 220 were filed and 674 were referred to hearings.

In 2012, 144 ICAN-related cases reached a disposition. Of the 144 cases, 127 resulted in guilty pleas or convictions following jury trials.

PROBATION DEPARTMENT

The number of adult referrals for child abuse offenses decreased by 1.3% from the previous year. Within the last five years, the number of adult referrals for 2012 (529) was the lowest.

The number of juvenile referrals for child abuse offenses decreased by 21% from the previous year. Like the adult offenders, the number of juvenile referrals (347) was the lowest in the last five years.

PUBLIC DEFENDER

In Fiscal Year 2012-13, the Public Defender represented clients in approximately 120,930 felony-related proceedings; 287,714 misdemeanor-related proceedings; and 47,947 clients in juvenile delinquency proceedings.

DEPARTMENT OF MENTAL HEALTH

During FY 2011-2002, The Family Preservation (FP) program treated 496 clients. Family Reunification served 33 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 116, and Community Treatment Facilities (CTF) treated 135. Tier I Wraparound program services were given to 1,394. Tier II Wraparound program services were provided to 2,295. The three Juvenile Hall Mental Health Units (JHMHU) served 6,770. Dorothy Kirby Center provided mental health services to 377. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 3,080 children/youth received mental health services. A total of 15,047 children and adolescents, potentially at-risk for child abuse or neglect, were served by these mental health treatment programs.

Wraparound programs, CAPIT, Family Preservation, and Family Reunification programs were 30% of clients at the programs considered. Of these, 56% were identified as DCFS referrals.

Clients treated in RCL-14 or Community Treatment Facilities were 1% of the clients considered. DCFS referrals constituted 59% of the RCL-14 referrals and 72% of the CTF referrals.

Of the 298 children, at the treatment programs considered, that received a primary or secondary DSM diagnosis of Child Abuse and Neglect (CAN) during FY 11-12, the Tier II Wraparound program diagnosed and treated the largest percentage (40%). The proportion of children with CANS in the latter program was followed by the JHMHUs (19%), the Tier I Wraparound program (17%), the CAPIT program (11%), Family Preservation (8%), the Challenger/ Juvenile Justice Camps (2%), and the Dorothy Kirby Center (2%). These findings indicate that, for the mental health treatment programs considered for FY 11-12, the Tier II Wraparound program, the Juvenile Hall Mental Health Units, and the Tier I Wraparound program made the largest contribution to identifying and treating children diagnosed with Child Abuse and Neglect.

DEPARTMENT OF PUBLIC HEALTH

The crude infant mortality rate of 4.8 infant deaths per 1,000 live births in 2011 is a very small increase compared to the previous year. The overall trend in infant mortality rate in Los Angeles County over the past decade has been downward and has remained below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births since 1996.

African-Americans continue to have the highest infant mortality rate among race/ethnic groups, more than twice as high as the next highest group.

Region-specific infant mortality rates in 2011 were highest in SPA 1 (Antelope Valley and SPA 6 (South). This likely reflects the disproportionately high rate in African Americans and the concentration of African American residents in those regions of the County.

Nurse Family Partnership has cumulatively enrolled 3,534 clients with a median age of 17 years (55% of them are 17 years old or younger) since expansion in FY 2000. The majority of NFP referrals come from the Women-Infant-Child (WIC) Nutrition Program, although many special needs foster children are referred from the Department of Children & Services.

DEPARTMENT OF PUBLIC SOCIAL SERVICES

In 2012, DPSS made a total of 222 child abuse referrals to the Department of Children and Family Services. This represented a 96% increase from the 114 referrals made in 2011.

AIDED CASELOAD

In total, there was a .87% increase (21,119) in the number of individuals receiving assistance for all programs combined from December 2011 to December 2012. This light increase is due to the CalFresh program, which increased 6.21% from 2007 to 2012. Otherwise, there was a decrease in programs in which individuals recieved aid.

For Persons Aided using December 2011 and December 2012 as points in time for comparison, the number of CalWORKs aided individuals decreased by 2.38% (10,421 individuals less). The number of Medi-Cal Assistance Only aided individuals decreased from 1,695,805 in December 2011 to 1,686,556 in December 2012. This represents a .55% decrease (9,249 individuals).

2012 DATA RECOMMENDATIONS

RECOMMENDATION ONE:

REPORTING OF DATA

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

RATIONALE:

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

RECOMMENDATION TWO:

USE OF SPATIAL DATA

Agencies contributing data should continue, to the extent possible, using Geographic Information System (GIS) mapping techniques to report data.

RATIONALE:

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

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 2011 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. LIST OF CHILD ABUSE AND NEGLECT SECTIONS

Figure 1 list criminal offense code sections, identifying relevant child abuse offenses which allow ICAN agencies to verify and consistently report the offenses which should be included as child abuse offenses. The breakdown of these sections into six child abuse and neglect categories permits consistency in the quantification of child abuse activity compiled by the agencies, particularly the law enforcement agencies that use these criminal offense code sections. Use of this list may reveal offenses not counted in the past and therefore maximize the number of child abuse cases counted by each agency.

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

II. FLOW CHARTS

Flow Charts were developed to:

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

Figure 1

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

Child Abuse/ Neglect Category	Offense Code	FELONY/MISD	DESCRIPTION
Physical Abuse	187(a)	F	Murder
	207(a)	F	Kidnapping
	207(b)	F	Attempt Kidnap Child Under 14
	273ab	F	Assault Resulting in Death of Child Under 8
	273d(a)	F	Inflict Injury Upon Child
	273d(a)	F	Corporal Punishment or Injury to Child
	664/187	F	Attempted Murder
Sexual Abuse	261.5 (a)	F	Unlawful Sexual Intercourse with minor
	261.5 (b)	M	Unlawful Sexual Intercourse with minor
	269	F	Aggravated sexual assault of Child Under 14
	269(a)1	F	Rape
	269(a)2	F	Rape Penetration w/ For. Object
	269(a)3	F	Sodomy With Person Under 18
	269(a)4	F	Oral Copulation Person Under 18
	269(a)5	F	Sexual Penetration Foreign Object With Force
	286(b)(1)	M	Sodomy With Person Under 18
	286(b)(2)	F	Sodomy With Person Under 16
	286c	F	Sodomy With Person Under 14
	288(a)	F	Lewd Acts With Child Under 14
	288(b)1	F	Lewd Acts With Child Under 14 Force
	288(c)1	F/M	Lewd Acts With Child Under 15/10 Year Diff.
	288.4	F/M	Arrangement of Meeting Minor for Lewd Behavior
	288.5	F	Continuous Sexual Abuse of Child
	288a(b)(1)	F/M	Oral Copulation Person Under 18
	288a(b)(2)	F	Oral Copulation Person Under 16
	288.2	F/M	Sending Harmful Matter to Minor
	289(h)	F/M	Sexual Penetration Person Under 18
	289(i)	F	Sexual Penetration Person Under 16
	289(j)	F	Sexual Penetration Under 14/10 Year Diff.
	647.6(a)(1)	M	Annoy or Molest Child
	647.6(a)(2)	M	Annoy or Molest Child

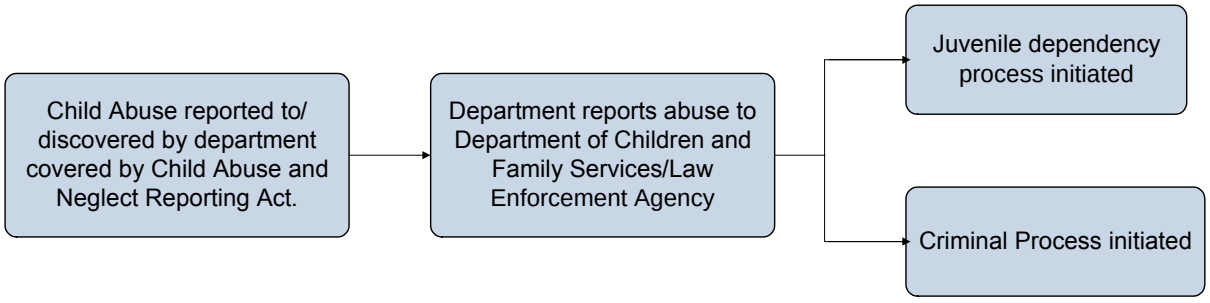
Figure 1 (continued)

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

Child Abuse/ Neglect Category	Offense Code	FELONY/MISD	DESCRIPTION
Exploitation	266	F	Seduce Minor Fem for Prostitution
	266j	F	Procure Child Under 16 for Lewd Acts
	273a(1)	M	Financial Gain Place For Adopt. and Not comp
	273a(2)	M	Financial Gain Place For Adopt. and Not Conse
	273e	M	Sending Minor Messenger to Immoral Place
	273g	M	Immoral Practices or Habitual Drunkenness
	311.1(a)	F/M	Obscene Matter Depict One Under 18
	311.1	F	Ad/Dist Obscene Mat Depict Minor
	311.11(a)	F/M	Poss/Control Child Pornography
	311.11(b)	F	Obs Matter Depict Minor w/ Prior
	311.2(a)	F	Production, Distrib. Or Exhibiton Obs. Matter
	311.2(b)	F	Obscene Matter Depict One Under 18
	311.2(c)	F	Production, Distrib. Or Exhibiton Obs. Matter
	311.2(d)	F	Obscene Matter Depict One Under 18
	311.3	F	Depict Sex Conduct Child Under 18
	311.4(a)	M	Use Minor For Obscene Matter
	311.4(b)	F	Use Minor Under 18 For Obscene
	311.4(c)	F	Use Minor Under 18 For Obscene
	313.1	F	Distrib. Or Exhibition of Harmful Matter to Minor
Severe Neglect	273a(a)	F	Willful Cruelty to Child/Endangerment
	273a(b)	M	Willful Cruelty to Child/Endangerment
	278	F	Child Concealment/Non-custodial Person
	278.5	M	Child Concealment/Non-custodial Person
	12035(b)(1)	F	Storage of Firearms Accessible to Children
	12035(b)(2)	F	Storage of Firearm Accessible to Children
	12036(b)	M	Firearms Accessed by Child Carried Off
General Neglect	273g	M	Immoral Acts Before Child
	273i	M	Publish Info of Child w/ Intent to harm under 14
	270	M	Failure to Provide For Child
	272	M	Contributing to Delinquency of Minor
Caretaker Absence	270.5	M	Refusal to Accept Child iIto Home
	271	M	Willful Desertion of Child
	271a	F/M	Abandon Nonsupp. Etc Child Under 14

Flow Chart I

REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2010

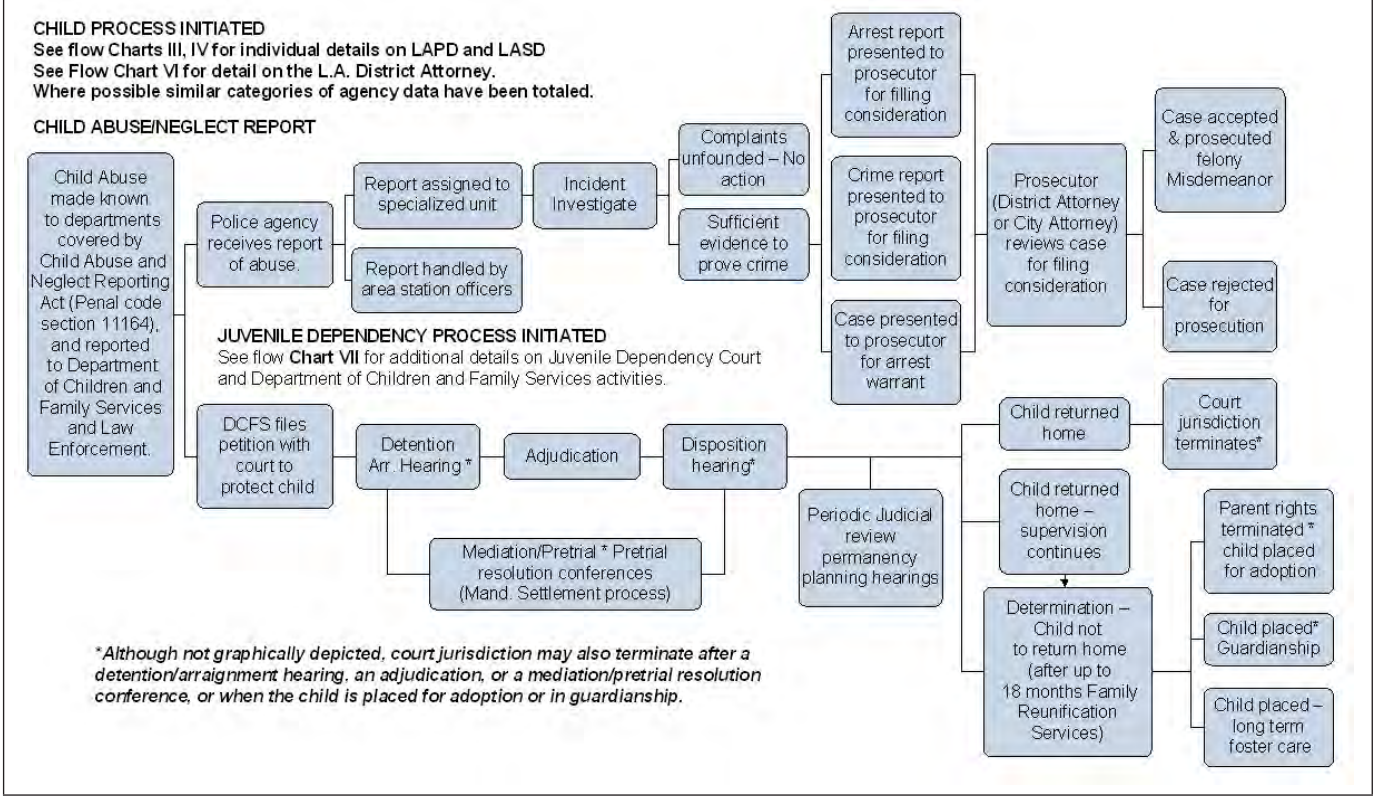


REPORTING DEPARTMENTS WORKLOAD

CHIEF MEDICAL EXAMINER CORONER	218
L. A. COUNTY PROBATION DEPARTMENT	529
DEPT. OF PUBLIC SOCIAL SERVICES	222
LOS ANGELES POLICE DEPARTMENT	3,280
L.A. COUNTY SHERIFF'S DEPT. FCB	3,801
DEPT. OF CHILDREN & FAMILY SERVICES	181,827

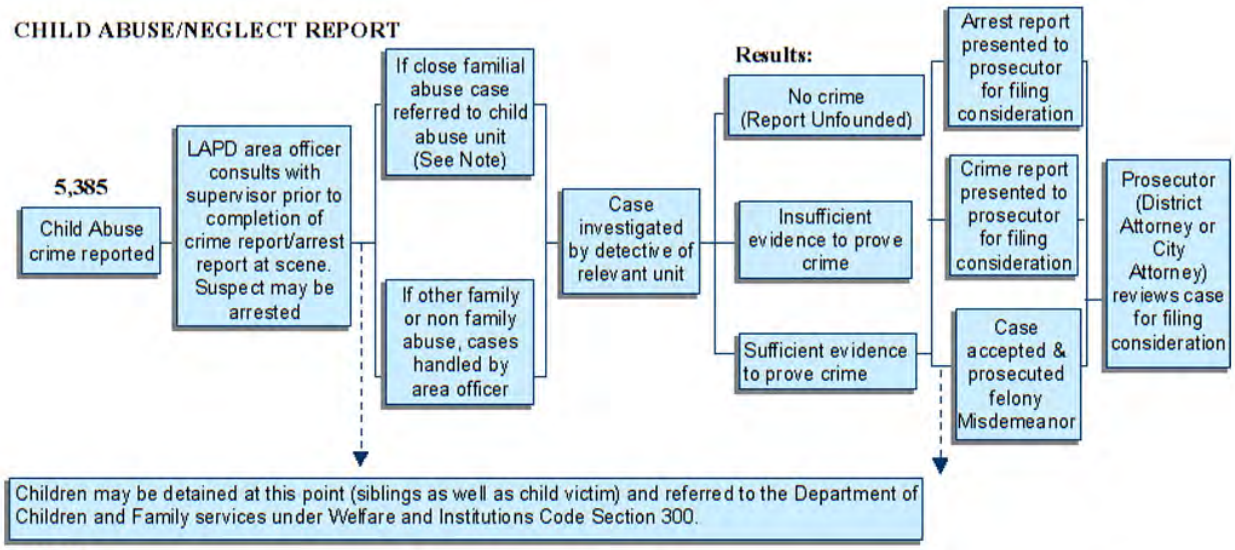
Flow Chart II

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)

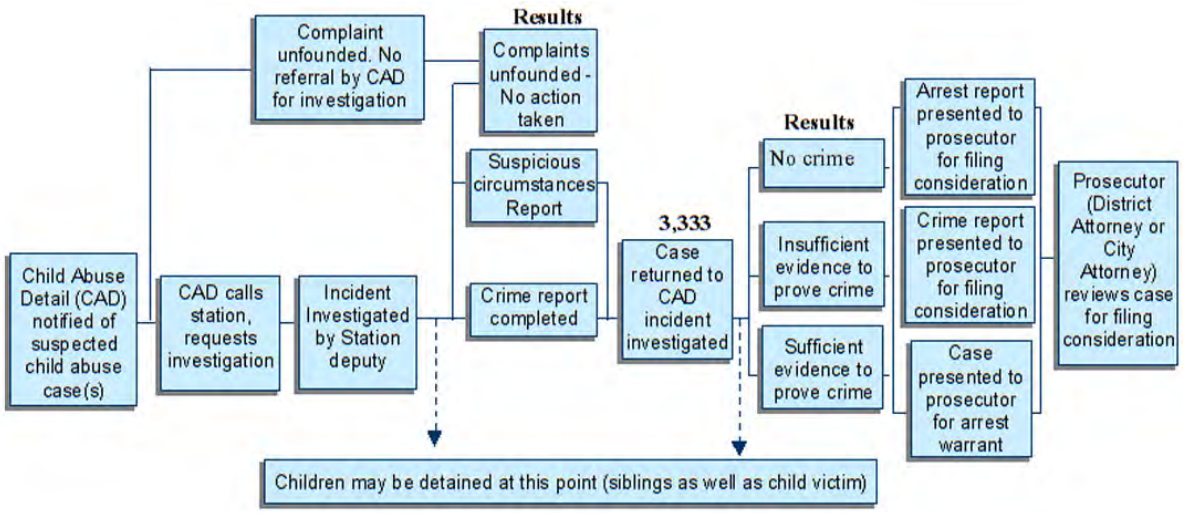
Child Abuse Unit Responsibilities
Child Abuse Unit handles abuse involving parents, step parent, legal guardian, common law spouse.

GEOGRAPHIC AREA RESPONSIBILITIES

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

Flow Chart IV

LOS ANGELES SHERIFF DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES



NOTE:

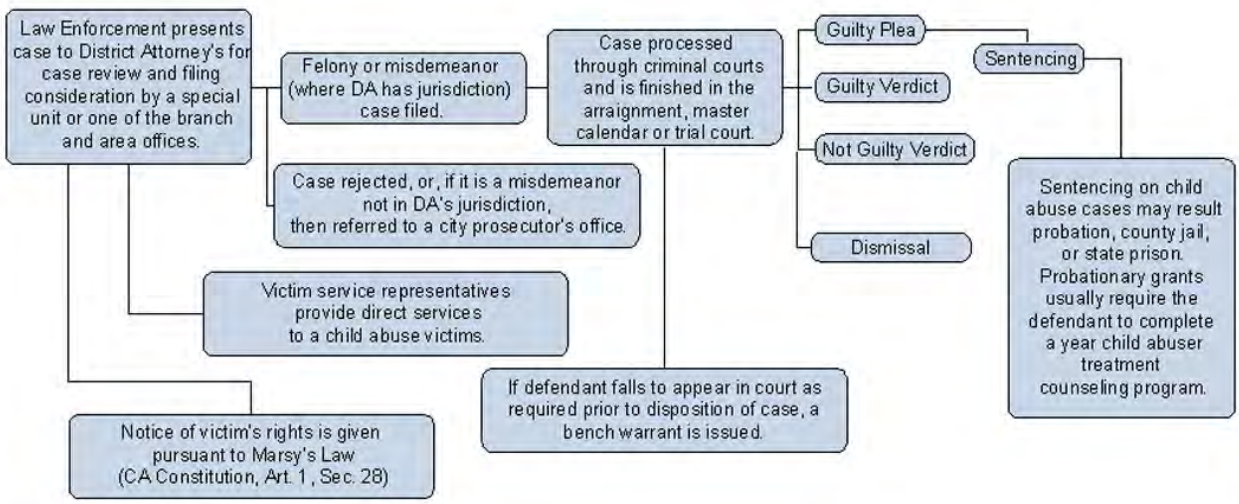
CASE COUNT DEFINITION

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

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

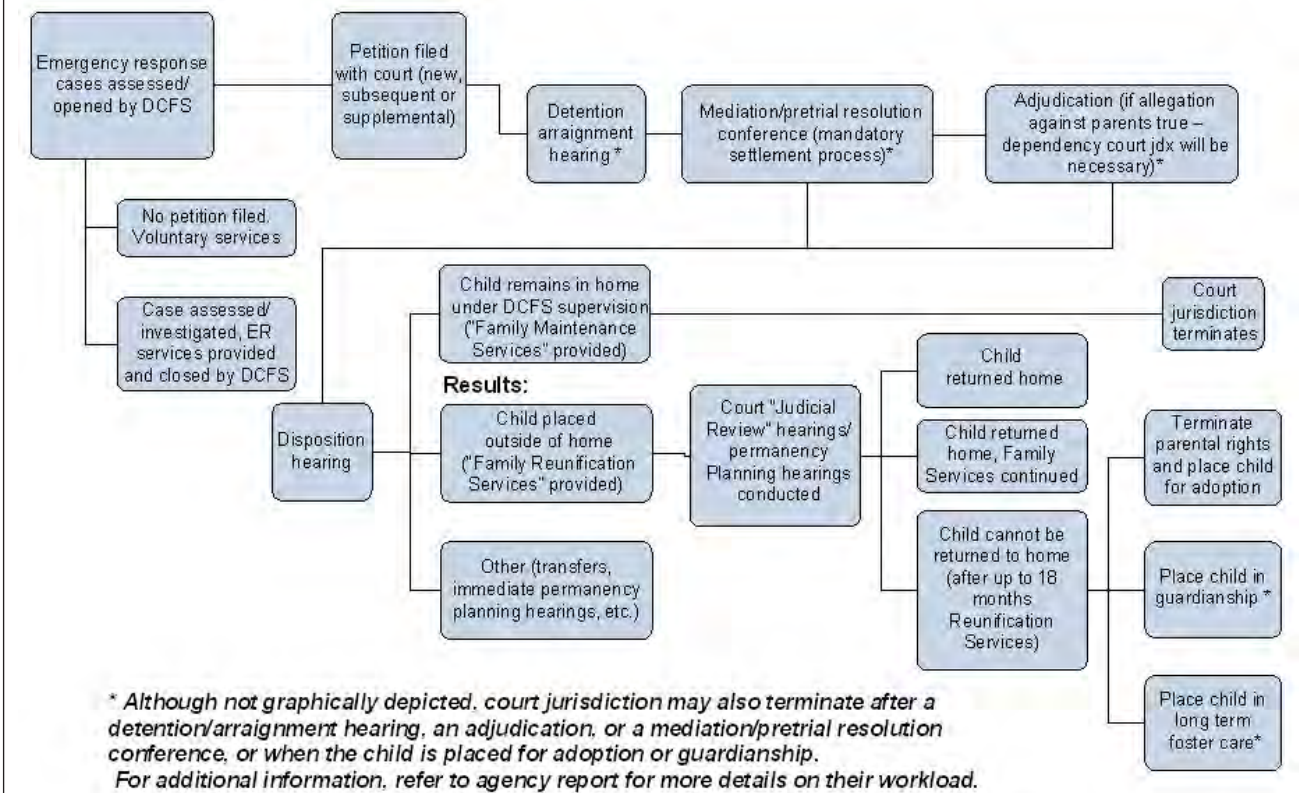
Flow Chart V

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

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

Based on Electronic Suspected Child Abuse Reports (E-SCARs) January 2012- December 2012

RANK	INDEPENDENT LEA	TOTAL POPULATION**	SCARs		Crime Suspected***		No Crime Suspected		No Investigation	
			#	(%)	#	(%)	#	(%)	#	(%)
1	Long Beach PD	494,709	3,425	19.5%	533	15.56%	1026	29.96%	1,565	45.69%
2	Pomona PD	163,686	1,238	7.1%	271	21.89%	866	69.95%	101	8.16%
3	Inglewood PD	119,053	862	4.91%	167	19.37%	369	42.81%	316	39.66%
4	El Monte PD	126,468	828	4.72%	275	33.21%	530	64.01%	20	2.41%
5	Pasadena PD	151,576	761	4.32%	194	25.49%	487	63.99%	74	9.72%
6	Hawthorne PD	90,145	702	4.00%	106	15.10%	365	51.99%	112	15.95%
7	Whittier PD	87,128	687	3.91%	132	19.21%	458	66.67%	94	13.39%
8	South Gate PD	101,914	663	3.77%	89	13.42%	481	72.55%	81	12.22%
9	Downey PD	113,715	642	3.66%	132	20.56%	442	68.85%	55	8.57%
10	Torrance PD	149,717	552	3.14%	46	8.33%	487	88.22%	9	1.63%
11	West Covina PD	112,890	536	3.05%	84	15.67%	294	54.85%	156	29.10%
12	Huntington Park PD	64,219	462	2.80%	128	26.02%	332	67.48%	32	6.50%
13	Glendale PD	207,902	473	2.69%	57	12.05%	342	72.30%	7	1.48%
14	Montebello PD	65,781	450	2.55%	84	18.67%	232	71.78%	7	1.56%
15	Burbank PD	108,469	421	2.40%	68	16.15%	295	70.07%	56	13.30%
16	Baldwin Park PD	81,604	417	2.37%	58	13.91%	317	76.02%	28	6.71%
17	Gardena PD	61,927	399	2.26%	20	5.01%	325	81.45%	37	9.27%
18	Alhambra PD	89,501	375	2.14%	63	16.80%	281	74.93%	31	8.27%
19	Covina PD	49,622	320	1.82%	42	13.12%	196	61.25%	21	6.56%
20	Bell Gardens PD	47,002	316	1.81%	29	9.18%	251	79.43%	0	0.00%
21	Santa Monica PD	92,703	315	1.80%	83	26.35%	207	65.71%	24	7.62%
22	Azusa PD	49,207	294	1.66%	46	15.64%	210	71.43%	38	12.93%
23	Bell PD	38,867	287	1.63%	26	9.06%	219	76.31%	23	8.01%
24	Redondo Beach PD	68,105	239	1.36%	38	15.90%	171	71.55%	26	10.88%
25	Monterey Park PD	65,027	221	1.26%	90	10.72%	124	56.11%	6	2.71%

Figure 2 (continued)

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

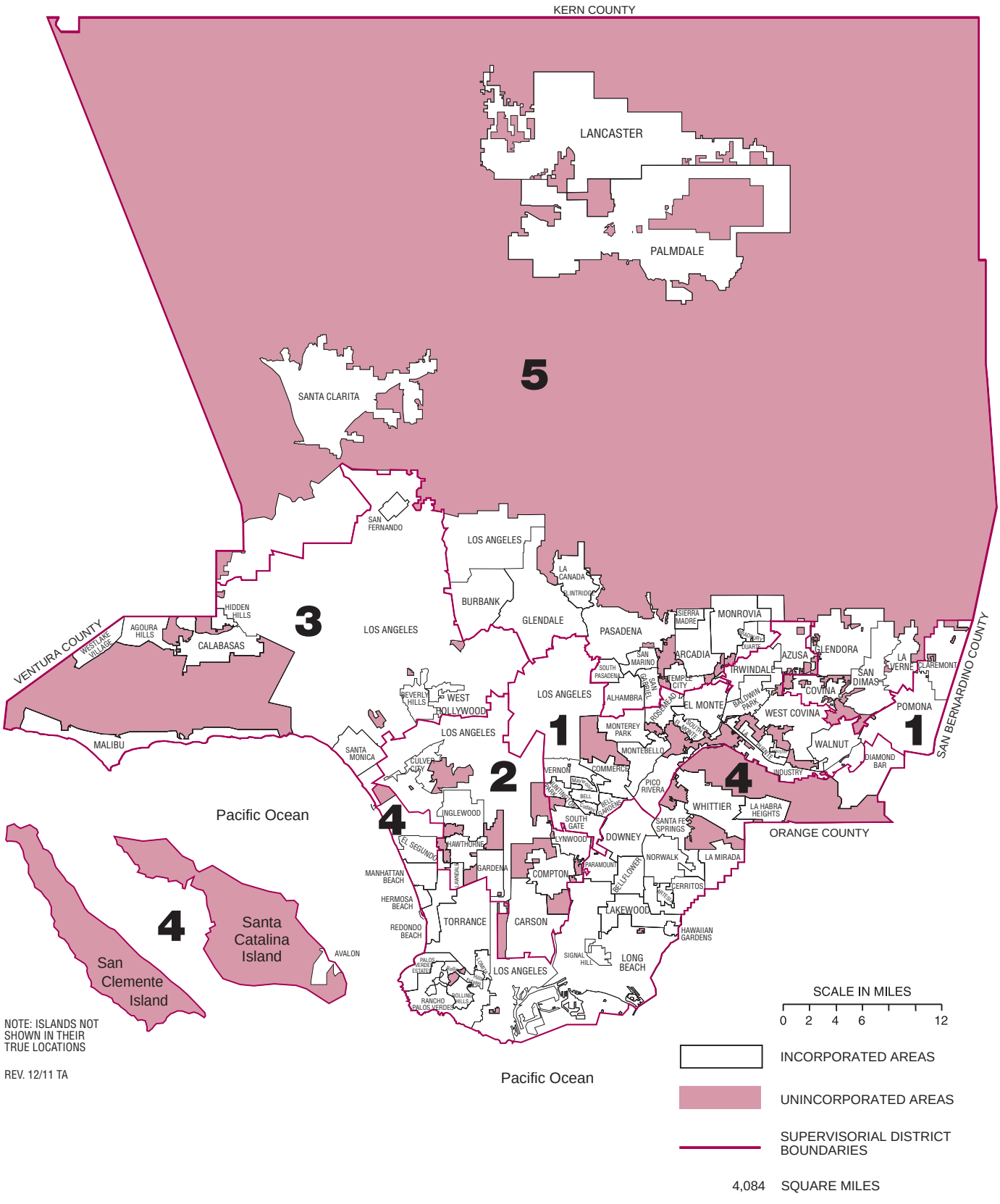
Based on Electronic Suspected Child Abuse Reports (E-SCARs) January 2012 - December 2012

RANK	INDEPENDENT LEA	TOTAL POPULATION**	SCARs		Crime Suspected***		No Crime Suspected		No Investigation	
			#	(%)	#	(%)	#	(%)	#	(%)
26	San Fernando PD	25,366	209	1.20%	74	35.41%	117	55.98%	16	7.66%
27	Glendora PD	52,830	190	1.08%	21	11.05%	139	73.06%	24	12.63%
28	Monrovia PD	39,984	164	0.93%	14	8.54%	137	83.54%	12	7.32%
29	La Verne PD	34,051	135	0.77%	17	12.59%	103	76.30%	13	9.36%
30	Culver City PD	40,722	126	0.71%	8	6.35%	103	81.75%	13	10.32%
31	San Gabriel PD	42,984	123	0.70%	17	13.82%	86	69.92%	5	4.07%
32	Claremont PD	37,608	114	0.65%	16	14.03%	82	71.94%	16	14.03%
33	Arcadia PD	56,719	110	0.63%	9	8.18%	78	70.91%	20	18.18%
34	Beverly Hills PD	36,224	88	0.50%	13	14.77%	66	75.00%	5	5.68%
35	Signal Hill PD	11,465	82	0.47%	16	19.51%	31	37.80%	3	3.66%
36	South Pasadena		73	0.42%	7	9.59%	62	84.93%	4	5.48%
37	El Segundo PD	17,049	54	0.31%	12	22.22%	38	70.37%	4	7.41%
38	Manhattan Beach PD	36,773	50	0.29%	3	6.00%	22	44.00%	8	16.00%
39	Hermosa Beach PD	19,599	34	0.19%	0	0.00%	29	85.30%	4	11.76%
40	Palos Verdes Estates PD	14,085	30	0.17%	4	13.33%	20	66.67%	6	20.00%
41	San Marino PD	13,415	26	0.15%	1	3.85%	23	88.46%	2	7.69%
42	Sierra Madre PD	11,099	20	0.11%	1	5.00%	18	90.00%	0	0.00%
43	Irwindale PD	1,717	13	0.07%	0	0.00%	12	92.31%	0	0.00%
44	Vernon PD	96	4	0.02%	0	0.00%	4	100%	0	0.00%
	TOTAL		**17,560**		**3,094**		**10,568**		**3,074**	

Demographics

Demographics

- Los Angeles County is 4,083 square miles in size and includes 88 incorporated cities.
- The total population for Los Angeles County is 9,818,605 (U.S. Census Bureau, 2010). It is the most populous county in the United States.
- 0 – 17 years child population represent 24.5% of the population (2,341,123).
- There are 778,510 children age five years and younger.
- From the 2010 Census, CA Department of Finance Demographic Research Unit, the child population is 62.5% Hispanic, 17.1% Caucasian, 7.5% African American, 9.8% Asian, 3% Multiple or other racial and .1% Native American.
- 130,313 live births were recorded in 2011.


KERN COUNTY
LANCASTER
PALMDALE
5
SANTA CLARITA
SAN FERNANDO
LOS ANGELES
BURBANK
GLENDALE
LA CANADA FLINTRIDGE
PASADENA
SIERRA MADRE
MONROVIA
ARCADIA
AZUSA
GLENDORA
LA VERNE
CLAREMONT
SAN DIMAS
COVINA
IRWINDALE
BALDWIN PARK
WEST COVINA
EL MONTE
POMONA
1
3
VENTURA COUNTY
WESTLAKE VILLAGE
AGOURA HILLS
HIDDEN HILLS
CALABASAS
MALIBU
BEVERLY HILLS
WEST HOLLYWOOD
ALHAMBRA
SAN MARINO
SOUTH PASADENA
TEMPLE CITY
ROSEMEAD
SAN GABRIEL
MONTEREY PARK
MONTEBELLO
WALNUT
DIAMOND BAR
SAN BERNARDINO COUNTY
SANTA MONICA
CULVER CITY
2
VERNON
COMMERCE
PICO RIVERA
WHITTIER
LA HABRA HEIGHTS
INDUSTRY
4
INGLEWOOD
SOUTH GATE
LYNWOOD
DOWNEY
SANTA FE SPRINGS
ORANGE COUNTY
EL SEGUNDO
HAWTHORNE
NORWALK
LA MIRADA
MANHATTAN BEACH
GARDENA
COMPTON
PARAMOUNT
BELLFLOWER
CERRITOS
HERMOSA BEACH
TORRANCE
CARSON
LAKEWOOD
REDONDO BEACH
HAWAIIAN GARDENS
SIGNAL HILL
LONG BEACH
LOS ANGELES
PALOS VERDES ESTATES
RANCHO PALOS VERDES
ROLLING HILLS
Pacific Ocean
4
San Clemente Island
Santa Catalina Island
AVALON
NOTE: ISLANDS NOT SHOWN IN THEIR TRUE LOCATIONS
REV. 12/11 TA
Pacific Ocean
SCALE IN MILES
0 2 4 6 12
INCORPORATED AREAS
UNINCORPORATED AREAS
SUPERVISORIAL DISTRICT BOUNDARIES
4,084 SQUARE MILES

SECTION II:
SPECIAL REPORT

ICAN CHILD ABDUCTION TASK FORCE

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

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

In September 1995, the Project was expanded county-wide. 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, Los Angeles Police Department, Los Angeles Sheriff's Department, Didi Hirsch Community Mental Health Center, Prototypes, the Child Guidance Clinic, Foothill Family Services, For the Child in Long Beach, The HELP Group, Los Angeles County Department of Children and Family Services, Los Angeles District Attorney Child Abduction Unit, Los Angeles Legal Aid Foundation, Los Angeles County Office of County Counsel, Mexican Consulate, United States Secret Service, and FBI.

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

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

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

Figure 1 below shows that in 2012, the Program served 77 children in 64 cases[1] as compared to the 58 children in 42 cases served in 2011. This is a 32.7 increase in caseload and a 52% increase in the number of children served from the previous year. Despite this increase, the number of families served in 2012 remains consistent with the ten-year average of 41.5 cases. However, the number of children served is significantly higher than the ten-year average of 55.2 children.

Figure 2 shows the ethnic breakdown for the 77 children served in calendar year 2012: 67.5% were Hispanic, 18.2% were Caucasian, 11.7% were African-American and 2.6% were Asian/Pacific Islander. Figure 3 shows the age range of the children served in calendar year 2012: 57% percent of the children served were age 5 or younger, 17% were age 6 to 10 and 26% were age 11 or older. Figure 4 shows that of the children served, 83% were under the jurisdiction of the Department of Children and Family Services while 17% were not

Figure 5 reflects trend data on the number of cases and children served by the Reunification Program for calendar years 2003 through 2012. Over the past 10-year period, the number of cases has averaged 41.5 per year, while the number of children served has averaged 55.2 per year. There was an increase in the number of cases and children served from 2002 to 2003. Then, a steady decrease in the number of cases and children served noted from 2003 through 2006, except in 2005, there was a slight increase in children served compared to the number of children served in 2004. Then, in 2007 through 2009 an increase in the number of children and cases served was experienced from the previous year. In 2010 and

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

in 2011, this trend was reversed when a decrease in the number of cases and children served was experienced from the previous year. However, in 2012 the number of cases and children served has again been on the rise with increases in both the number of cases and the number of children served.

Figure 6 shows the number of cases referred in 2012 to the Reunification Program by source. The Department of Children and Family Services referred 81.25% of the cases (n=52). The other 18.75% (n=12) were referred through other sources.

Figure 1 Number of Children Served By Reunification Program 2011 vs. 2012

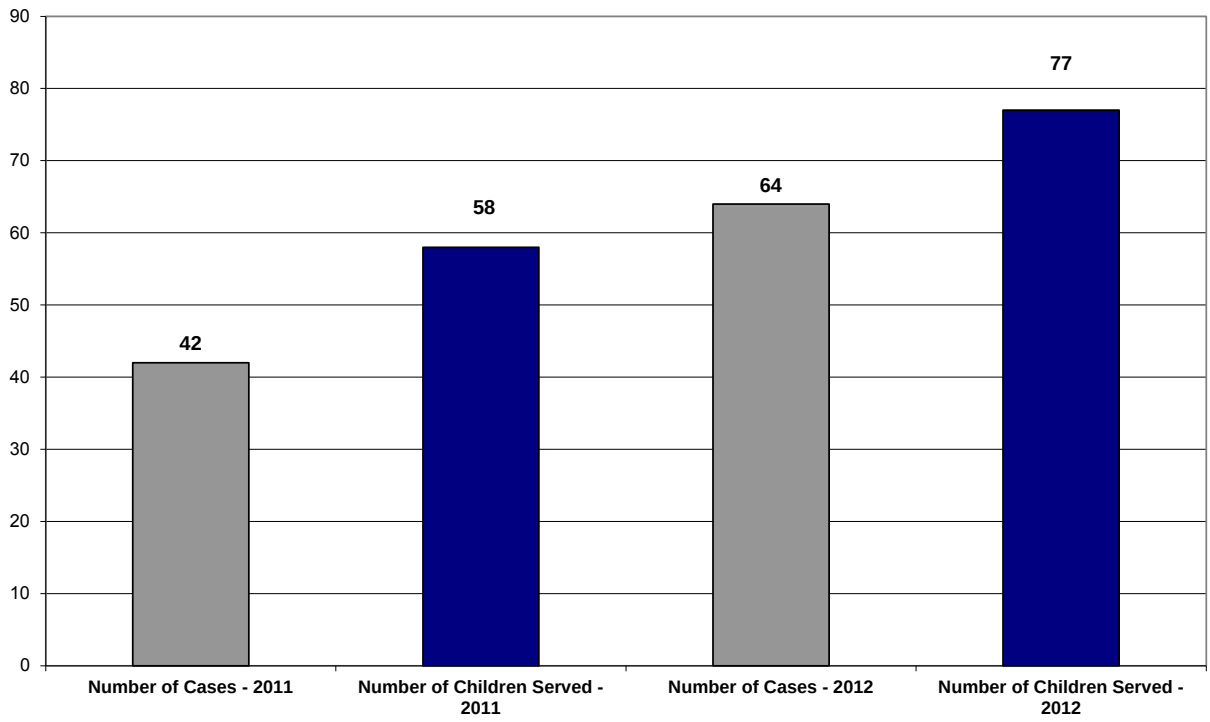
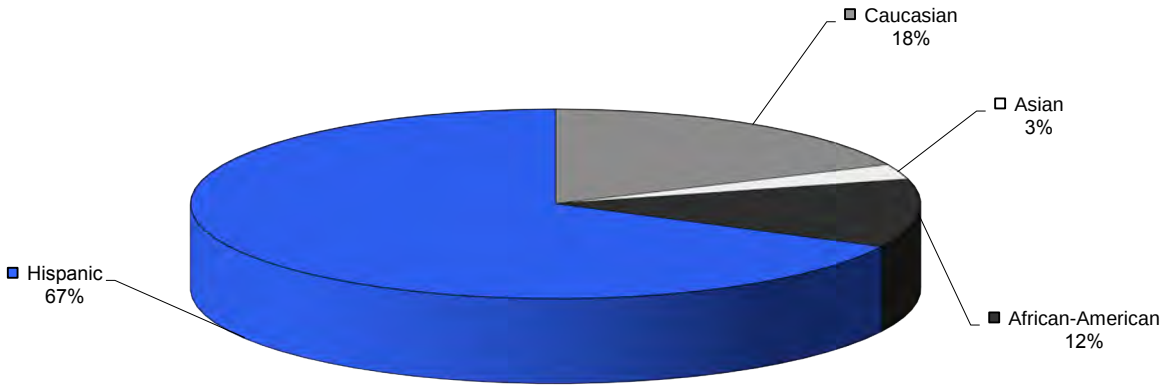


Figure 2 Ethnic Breakdown of Children Served - 2012 (N=77)



Los Angeles County Child Population[1]
Ages 0-17: 2,402,208
Hispanic 62.1%
Caucasian 17%
African American 7.8%
Asian/Pacific Islander 9.7%
Multiple or Other Ethnicities 3.3%
Native American .1%

[1]From 2010 Census
CA Dept. of Finance
Demographic Research Unit

Figure 3

Age Range of Children Served - 2012
(N=77)

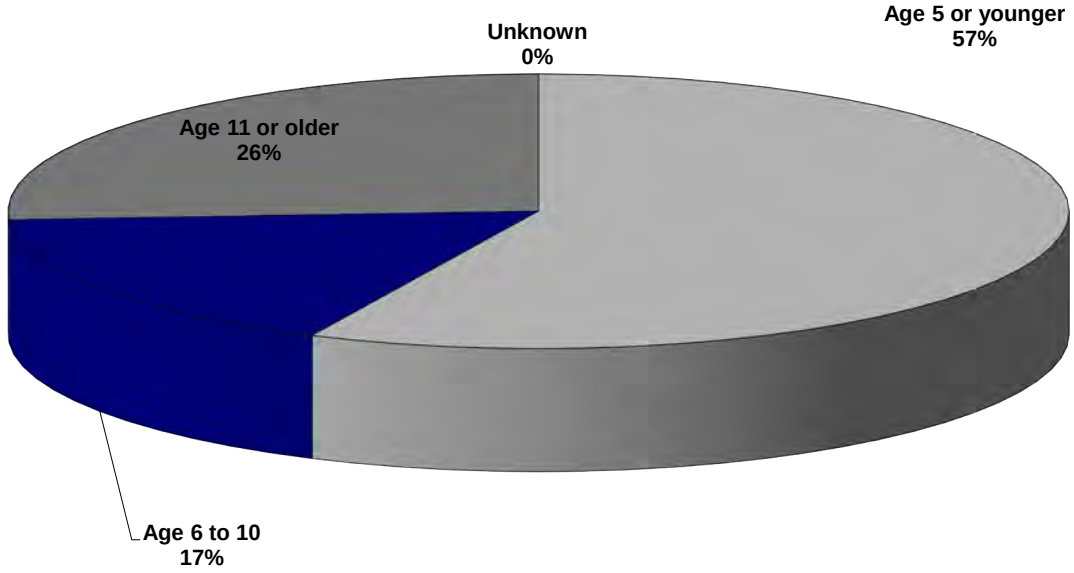


Figure 4

Percentage of Children Served Under DCFS Supervision - 2012

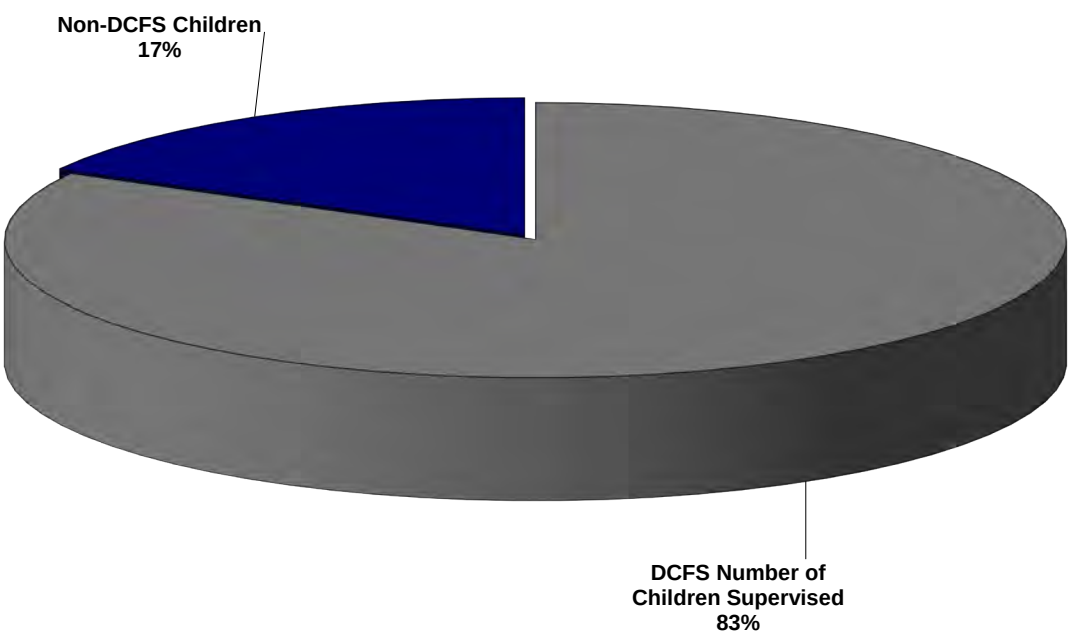


Figure 5 Cases/Children Served by Reunification Program 2003 through 2012

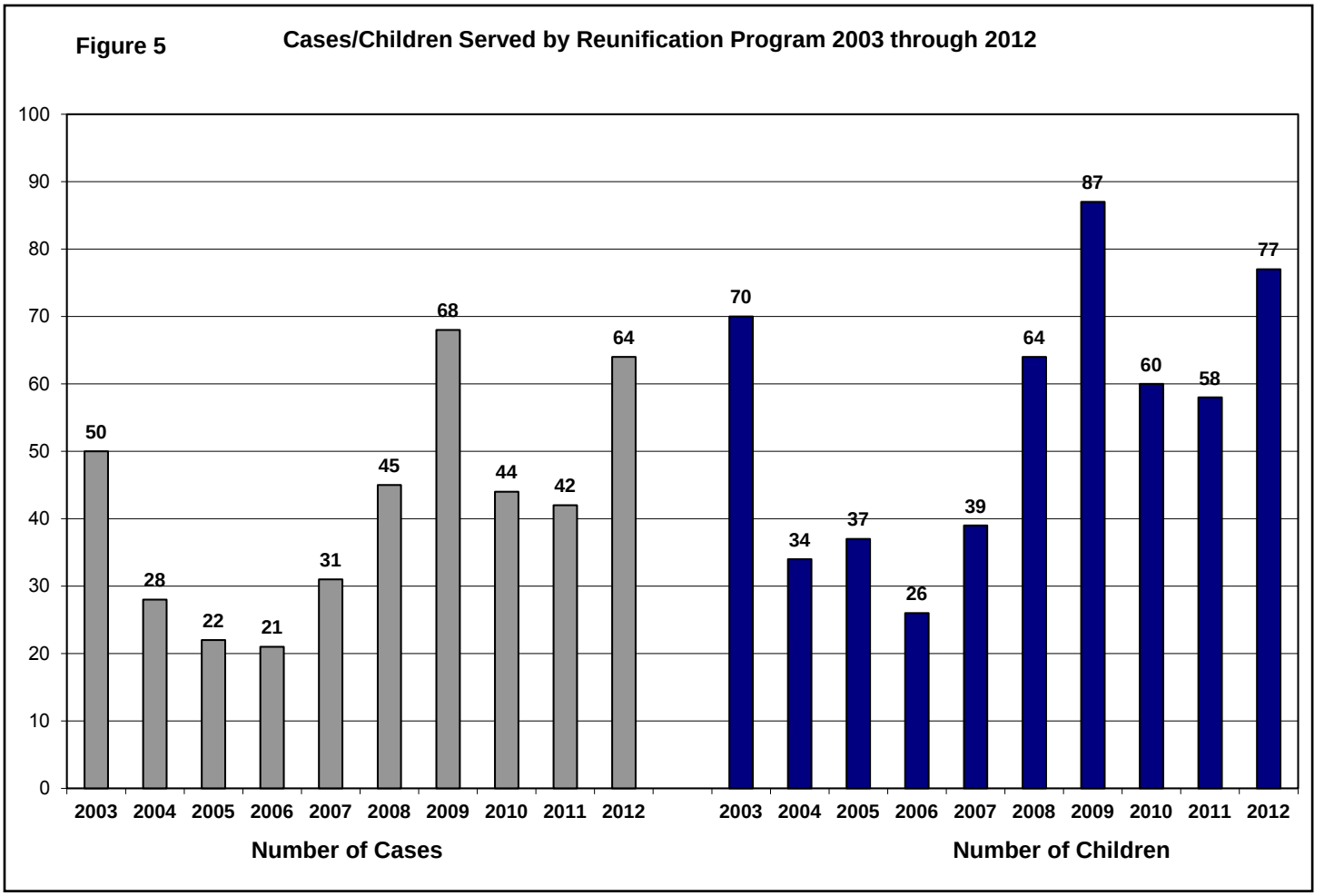


Figure 6

Number Of Cases Referred By Source – 2012

Department of Children Services	52	81.25%
Other	12	18.75%

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 2013 ICAN Report. The statistics used for this report are from the calendar year 2012.

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.

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

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

Functioning as a pointer system, the CACI receives and stores reports of suspected child abuse, pointing citizens and agencies to the original investigative files that are maintained by the submitting agency. It is the obligation of the requestor to obtain a copy of the original investigative report from the submitting agency when making independent conclusions regarding the quality of the evidence disclosed and its relevance for making decisions regarding employment, licensing, or placement of a child. The CACI holds approximately 663,395 incident records of child abuse and approximately 671,113 individual suspect names.

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

STATUTORILY MANDATED CACI FUNCTIONS

INVESTIGATORY

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

All incoming child abuse reports are entered and searched against the CACI entries to identify any prior reports of child abuse that involve the identified suspect(s). Additionally, the DOJ provides information on an expedited basis to child protection agencies for emergency child placement and to law enforcement as a child abuse investigative tool. During calendar year 2012, the DOJ conducted 28,811 expedited search requests for investigatory purposes.

REGULATORY

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

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

During the 2012 calendar year, the DOJ responded to approximately 4,402 Adam Walsh out-of-state foster care and adoption requests, 502 citizen inquiry requests. 216,162 search requests were submitted via electronic fingerprint submissions.

DATA FACTS

- Authorized agencies submitted 8,309 reports to the DOJ for entry into the CACI (See Figure 1).
- Physical abuse is the most prevalent type of abuse. 3,087 reports were submitted representing 37% of the total reports entered into the CACI. The other types of abuse reported are as follows: mental abuse 2,615(31%), sexual abuse, 1,472 (18%), severe neglect 1,043 (13%), and willful harming and/or corporal punishment, 68 (.8%).
- Of the 8,309 child abuse reports submitted, 3 reported the death of a child. Los Angeles County submitted 1 of the child death reports.
- During 2012 Los Angeles County submitted 3,335 (40%) reports. The abuse determinations are as follows:
  a) 1,038 (31%) physical abuse
  a) 1,516 (45%) mental abuse
  a) 475 (14%) sexual abuse
  a) 288 (9%) severe neglect
  a) 18 (0.5%) 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

website: www.oag.ca.gov/childabuse

Figure 1

2011 CHILD ABUSE SUMMARY REPORTS ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI) FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2012

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Alameda	113	57	16	37	0	0	0
Alpine	0	0	0	0	0	0	0
Amador	6	2	3	0	1	0	0
Butte	22	8	6	3	5	0	0
Calaveras	20	9	8	1	1	1	0
Colusa	1	0	1	0	0	0	0
Contra Costa	55	40	6	0	9	0	0
Del Norte	10	5	1	2	2	0	0
El Dorado	46	9	16	16	5	0	0
Fresno	113	53	37	8	15	0	0
Glenn	20	2	16	1	1	0	0
Humboldt	28	13	10	2	3	0	0
Imperial	0	0	0	0	0	0	0
Inyo	13	3	7	0	3	0	0
Kern	216	105	27	33	4	20	0
Kings	21	11	3	3	4	0	0
Lake	3	2	0	0	1	0	0
Lassen	4	3	0	1	0	0	0
Los Angeles	3336	1038	1516	288	475	18	1
Madera	42	12	11	4	15	0	0
Marin	73	20	19	29	5	0	0
Mariposa	7	3	1	2	1	0	0
Mendocino	28	7	18	1	2	0	0
Merced	68	7	18	1	2	0	0
Modoc	3	1	1	1	0	0	0
Mono	5	2	2	1	0	0	0
Monterey	63	32	7	6	0	0	0
Napa	9	6	0	1	2	0	0
Nevada	10	3	5	0	2	0	0
Orange	758	326	16	133	282	0	0
Placer	195	97	18	23	54	3	1
Plumas	10	3	2	3	1	1	0
Riverside	195	97	18	23	54	3	1

Figure 1 (continued)

2011 CHILD ABUSE SUMMARY REPORTS ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI) FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2012

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Sacramento	178	121	9	20	16	12	0
San Benito	6	3	3	0	0	0	0
San Bernardino	387	170	39	89	87	2	0
San Diego	860	233	376	132	117	2	0
San Francisco	71	23	29	4	14	1	0
San Joaquin	261	109	48	13	91	0	0
San Luis Obispo	40	18	11	0	11	0	0
San Mateo	80	34	16	23	7	0	0
Santa Barbara	131	105	43	22	24	1	0
Santa Clara	195	105	43	22	24	1	0
Santa Cruz	46	11	19	22	24	1	0
Shasta	133	38	39	36	16	4	1
Sierra	0	0	0	0	0	0	0
Siskiyou	23	7	11	0	4	1	0
Solano	44	33	0	4	7	0	0
Sonoma	40	21	9	8	2	0	0
Stanislaus	131	43	4	25	59	0	0
Sutter	15	7	5	1	2	0	0
Tehama	12	6	1	5	0	0	0
Trinity	4	1	2	0	1	0	0
Tulare	25	18	0	4	3	0	0
Tuolumne	13	7	2	1	3	0	0
Ventura	71	38	17	2	14	0	0
Yolo	38	19	12	2	5	0	0
Yuba	26	13	4	6	4	0	0
Totals	8,309	3,087	2,615	1,043	1,472	68	3
PERCENTAGE	**100%**	**37%**	**31%**	**13%**	**18%**	**0.8%**	**0.04%**

* 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, 2012

County	Number	%	Physical	%	Mental	%
Los Angeles	3,335	40%	1,038	34%	1,516	58%
STATEWIDE TOTAL	**8,309**	**100%**	**3,087**	**37%**	**2,615**	**31%**
County	**Severe Neglect**	**%**	**Sexual**	**%**	**Harmful Corporal**	**%**
Los Angeles	288	0.27%	475	32%	18	26%
STATEWIDE TOTAL	**1,043**	**13%**	**1,472**	**18%**	**68**	**0.08%**

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

- Depriving the child of the necessities of life to the extent of physical impairment.
- Physical or sexual abuse of a child.
- Homicide, when the victim is under 11 years of age.
- Deaths of juveniles under 11 years of age, where the parent or guardian's neglect or action places the child in an endangered situation that results in death.
- Undetermined deaths of juveniles under 11 years of age.

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

The tracking of Suspected Child Abuse Reports (SCARs);

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

SEXUALLY EXPLOITED CHILD UNIT

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

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

INTERNET CRIMES AGAINST CHILDREN UNIT

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

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

The Internet Crimes Against Children Unit is also responsible for:

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

GEOGRAPHIC AREAS

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

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

Figure 1

LOS ANGELES POLICE DEPARTMENT
2012 CRIMES INVESTIGATED

TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes ADW and battery)	933	46.80%
Sexual Abuse	566	28.38%
Endangering	417	20.91%
Homicide	5	0.25%
Others	73	3.66%
TOTALS	**1,994**	**100%**

Figure 2

LOS ANGELES POLICE DEPARTMENT
2012 GEOGRAPHIC AREAS BY CRIMES INVESTIGATED

TYPE	NUMBER	% of TOTAL
Physical Abuse *	0	0.00%
Sexual Abuse (Includes Child Annoying)	903	70.22%
Endangering (Includes Child Abandonment)	383	29.78%
Homicide	0	0.00%
TOTALS	**1,286**	**100%**

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

Figure 3

LOS ANGELES POLICE DEPARTMENT
2012 OTHER CRIMES INVESTIGATED

TYPE	NUMBER	% of TOTAL
Injury	2,983	9.54%
Death	59	0.19%
Exploitation	22	0.07%
Internet Crime	548	1.75%
SCAR Reports	27,668	88.45%
TOTALS	**31,280**	**100%**

Figure 3*: Indicates the number of* other investigations*, of a child abuse nature, conducted by Juvenile Division in 2012.*

Figure 4

LOS ANGELES POLICE DEPARTMENT
2012 CRIMES INVESTIGATED

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	3	2.16%
Child Molest (288 PC)	51	36.69%
Child Endangering (273a PC)	6	4.32%
Child Abuse (273d PC)	61	43.88%
Others	18	12.95%
TOTALS	**139**	**100%**

Figure 4*: Indicates the number of* arrests *conducted by Juvenile Division in 2012.*

Figure 5

LOS ANGELES POLICE DEPARTMENT
Number of Arrests Conducted by Geographic Areas in 2012

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0.00%
Child Molest (288 PC)	221	47.42%
Child Endangering (273a PC)	0	0.00%
Child Abuse (273d PC)	178	38.20%
Others	67	14.38%
TOTALS	**466**	**100%**

Figure 5: *Indicates the number of arrests conducted by geographic Areas in 2012*.

Figure 6

LOS ANGELES POLICE DEPARTMENT
Dependent Children Taken into Protective Custody by Juvenile Division in 2012

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	***	***
300 WIC (Sexual Abuse)	***	***
300 WIC (Endangered)	***	***
TOTALS	**1,218**	**100%**

Figure 6*: Indicates number of dependent children taken into protective custody by Juvenile DIVISION IN 2012.* ***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 2012

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	512	25.73%
300 WIC (Sexual Abuse)	324	16.28%
300 WIC (Endangered/Neglect)	1,154	57.99%
TOTALS	**1,990**	**100%**

Figure 7*: Indicates the number of dependent children taken into protective custody by GEOGRAPHIC AREAS IN 2012.*

Figure 8

LOS ANGELES POLICE DEPARTMENT
The Age Categories of Children who were Victims of Child Abuse in 2012

TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	% of TOTAL
Physical Abuse	74	52	37	24	187
Sexual Abuse	176	345	658	296	1,475
Endangering	584	368	286	108	1,346
TOTALS	**834**	**765**	**981**	**428**	**3,008**

Figure 8: *Indicates the age categories of children who were victims of child abuse in 2012*.

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 – 2012 CHILD ABUSE FINDINGS

Juvenile Division

The total investigations (crime and non-crime) conducted by the unit in 2012 (33,274) showed an increase (19.60 percent) over the number of investigations in 2011 (27,820).

Adult arrests by the unit in 2012 (139) showed a decrease (9.15 percent) in the number of arrests made in 2011 (153).

The number of dependent children handled by the unit in 2012 (1,218) showed an increase (2.35 percent) from the number handled in 2011 (1,190).

GEOGRAPHIC AREAS

The total investigations conducted by the Areas in 2012 (1,286) showed a decrease of (0.77 percent) from 2011 (1,296).

Adult arrests made by the Areas in 2012 (466) showed an increase of (77.86 percent) from 2011 (262).

The number of dependent children handled by the Areas in 2012 (1,990) was an increase of (9.16 percent) from the number handled in 2011 (1,823).

Figure 9

LOS ANGELES POLICE DEPARTMENT
Comparison of 2011 and 2012

TYPE	2011	2012	% of CHANGE
Total Investigations	29,116	34,560	+18.69%
Total Adult Arrests	415	605	+45.78%
Dependent Children	3,013	3,208	+6.47%

Figure 9: *Indicates a comparison of 2011 and 2012 total figures from Juvenile Division* and the geographic Areas, and the percentage of change between the two years.

ABUSED CHILD UNIT FIVE-YEAR TRENDS

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

Figure 10: Crimes Investigated

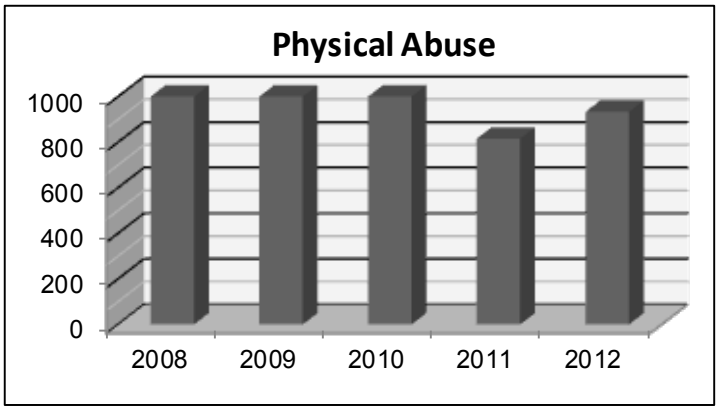


Figure 11: Crimes Investigated

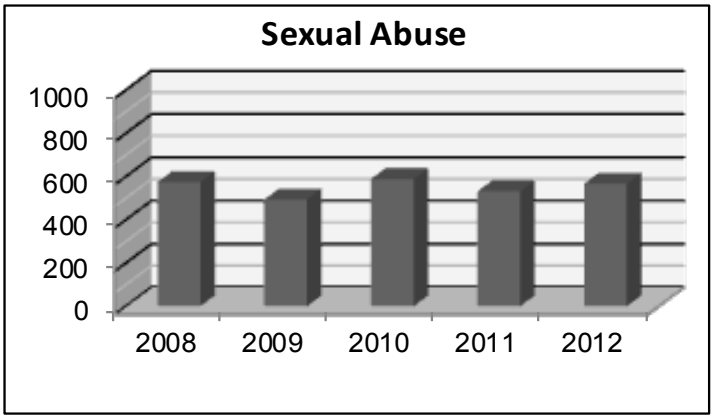


Figure 12: Crimes Investigated

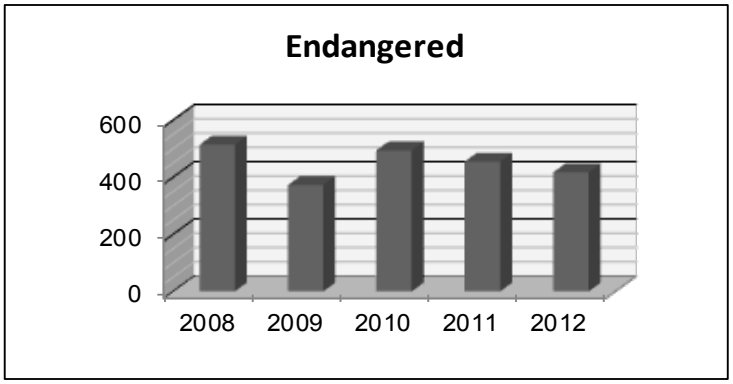


Figure 13: Crimes Investigate

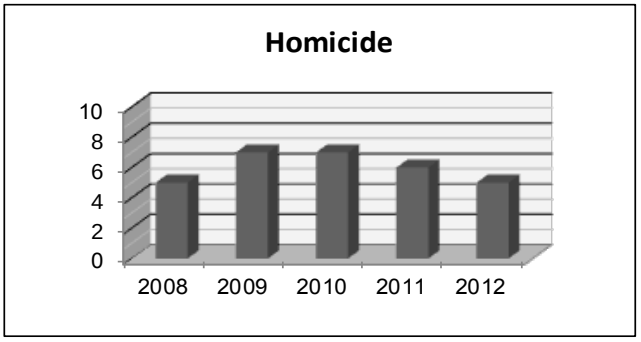


Figure 14: Other Investigations

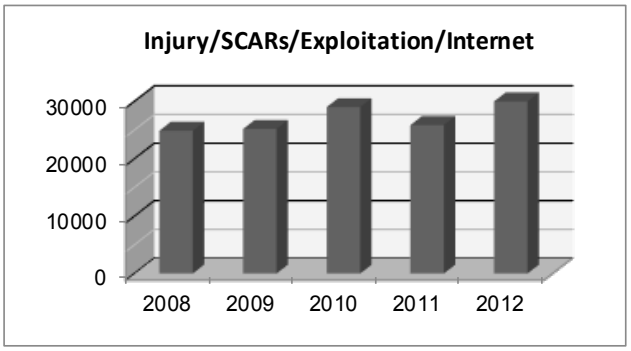


Figure 15: Other Investigations

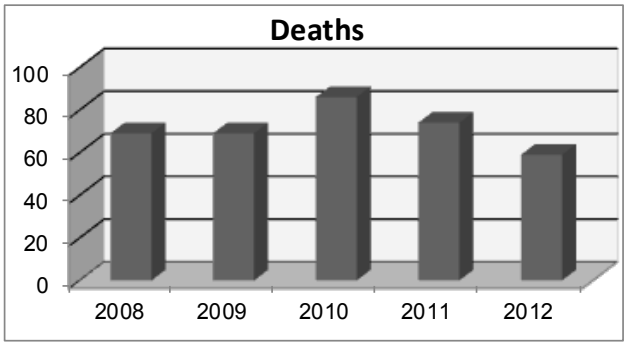
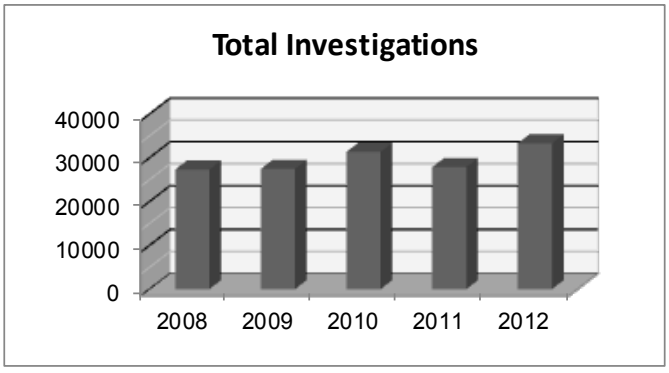


Figure 16: Total Investigations



Glossary

Child – A person under the age of 18 years.

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, advises the City Council, Mayor and all city departments and commissions. The office also defends the city in litigation, brings lawsuits on behalf of the People and prosecutes misdemeanor crimes such as domestic violence, drunk driving and vandalism. Our office will strive every day to help build a safe and strong Los Angeles.

OVERVIEW OF THE CITY ATTORNEY'S OFFICE

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

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

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

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

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

The Office achieves superior results 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 2012, this Office reviewed a total of 90,382 cases and filed 51,684 cases. Of all reviewed cases, 1,254 involved child abuse charges. Of those reviewed child abuse cases, 220 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 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 multifaceted, including specialized vertical prosecution, multi-agency state and federal task force participation, truancy and gang prevention programs, victim support services, legislative initiatives, law enforcement training, and community outreach as described below.

CHILD ABUSE PROSECUTION SECTION

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

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

CYBER CRIME AND CHILD ABUSE PREVENTION

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

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 partners include the California Department of Justice, LAPD, the Internet Crimes Against Children Task Force (ICAC), the Los Angeles County Sheriff Department, Disney, Fox Films, the Los Angeles Catholic Archdiocese, UCLA, the Anti-Defamation League, and the Los Angeles County Office of Education. On November 5, 2012, we held the third annual county-wide Cyber Crime Symposium to educate the community on cyber crimes, digital reputation, Internet predators, cyber bullying, and piracy. This unique Symposium was held at the California Endowment for approximately 400 educators, parents, and middle and high school students.

CYBER CRIME PUBLIC OUTREACH

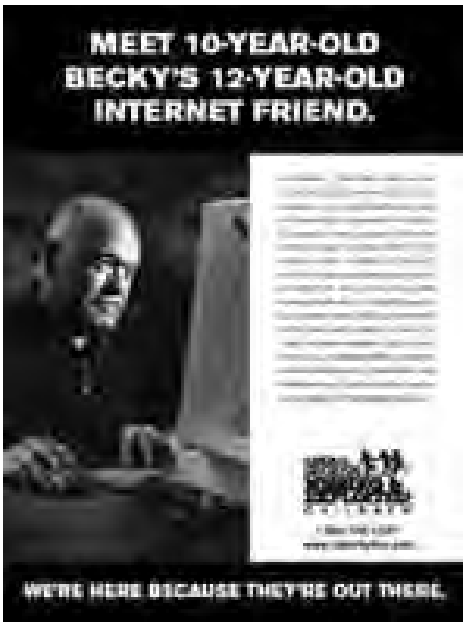
In partnership with ICAN and California State University, Northridge, the City Attorney's Office has produced a series of Public Service Announcements aimed at educating parents and the general public regarding cyber crime and the dangers presented to children that continue to air on local television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

TRAINING FOR MANDATED REPORTERS OF CHILD ABUSE

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

CYBER CRIME PREVENTION PROGRAM

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



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

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

NATIONAL CENTER FOR MISSING & EXPLOITED CHILDREN

INFANT UNSAFE SLEEPING CAMPAIGN

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

TRUANCY PREVENTION PROGRAM

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

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

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

THE PROBLEM OF TRUANCY IN LOS ANGELES

Truancy directly impacts our community and our quality of life in several ways, including increased gang membership and juvenile crime, lower academic achievement, increased victimization of children, and the loss of hundreds of thousands of dollars for our schools. More specifically, truancy is harmful in the following ways:

- Truancy is a precursor to gang membership. A youth is three times more likely to join a gang when he/she has low school attachment, low academic achievement, or learning disabilities. Studies show that youth who have delinquent peers are more likely to join a gang. According to one veteran gang prosecutor, he has "never met a gang member that wasn't first a truant."
- Truancy is a stepping stone to delinquent and criminal activity. Forty-four percent of juvenile crime takes place during school hours. Police

agencies report that a rise in daytime crime is a result of increased truancy.

- Truancy impacts a child's success at school. Missing school causes a child to fall further behind, resulting in lower academic achievement. Truants lose not only their opportunity for an education, but also their future earning capacity. There is also a link between truancy and incarceration; among incarcerated inmates, over 80 percent dropped out of school.
- Truancy leads to the victimization of youth. According to a veteran LAPD crime analysis officer, "when you put juveniles back in school, you not only protect the community, you also protect the juveniles themselves." Juveniles comprise 21 percent of the victims of crimes committed during school hours. Juveniles out of school are subject to sexual assault, drug dealers, and gang activity.

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

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

North District:
Arleta HS
Sepulveda MS
Olive Vist MS
Carlos Santa ES

South District:
San Pedro HS
*Wilmington MS

East District:
Central HS
Virgil MS
L.A. Academy MS
Stevenson MS
Nightingale MS
Alexandria ES
Sierra Park ES
Cahuenga ES

West District:
Berenstein HS
Le Conte MS
Vine Street ES

Superintendent's Intensive Support & Innovation Centers (ISIC:
Dorsey HS
Carver MS
Gompers MS

Truancy has fiscal ramifications. LAUSD is funded based on its students' attendance. Truancy costs the school district hundreds of thousands of dollars in federal and state funding due to lower daily attendance rates. Businesses have to pay the attendant costs of truancy, such as removing graffiti and increasing security for crimes like vandalism and shoplifting.

SAFE SCHOOL ZONES

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

Working closely with members of the LAUSD, the Los Angeles Police Department and the LAUSD School Police Department at the Safe Schools Collaborative, the City Attorney's Office uses California Penal Code section 626 to designate schools, bus stops and all areas within 2,000 feet of the school a violence-free zone.

Only enrolled students, or those with official school business, will be allowed on school grounds. Principals, school police, local law enforcement, and security may require any individual whose presence or behavior interferes with the students' education to leave immediately or be arrested.

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

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

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

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

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

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

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

Each operation will have a different core operation team which is determined by the selected target school. If Jordan High School is the target school, then the LAPD Southeast Division GED will coordinate with the local area's REACT Team

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

Since 2005, LA SAVES has targeted 1,350 residences of felony probationers and other felons resulting in the arrest of 287 individuals for felony probation or new drug, weapons, sex or gang-related charges. This includes numerous felons who have been released under California's new Realignment. The LA SAVES team has recovered 54 weapons from felons, rescued more than 155 children from deplorable circumstances, and gained information that led to the opening of new cases to protect children.

LEGISLATION

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

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

ANTI-GANG DIVISION

The City Attorney's Anti-Gang Section continued implementation of its most recent injunctions and now supervises the enforcement of 46 injunctions covering 72 criminal street gangs, one tagging crew and a group of narcotics dealers in the skid row area of downtown Los Angeles. The gang injunctions, which serve as restraining orders on gang members, have had a demonstrable affect on reducing street-level crime in the approximately 117 square miles they cover, thus protecting children, youth and families across the city. In many cases, our attorneys work proactively to achieve solutions for residents and improve the physical condition of our neighborhoods before crimes occur.

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

TEEN COURT

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

After the case is presented by both sides, the students deliberate under the guidance of the neighborhood prosecutor or another volunteer attorney as to the

guilt or innocence of the juvenile and what sentence they think the defendant should receive. If the judge agrees with the "jury", the defendant is sentenced to the Teen Court's recommendations and must adhere to the terms and conditions or face a violation of his Teen Court probationary conditions.

This program originated at Dorsey High School with the Honorable David Wesley and has proved to be a very successful peer mediation effort to the benefit of all students involved.

SPECIAL VICTIMS DIVISION

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

Child Pornography. This category includes cases where there is a questionable recorded image/video of a minor. It includes photos, digital images on a camera or video recorder, and computer images depicting children engaged in sexual conduct or showing a child's genital, pubic, or rectal areas. Child pornography can also include clothed images of minors, even where the genitals are not visible or discernible through the clothing.

Child Sexual Exploitation Through Technology. This category of crimes includes offenses involving the use of any photographic or video device, computer, telephone, electronic communication or the Internet to record or transmit sexual images of children who cannot be identified.

HEARING PROGRAM

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

In 2012, there were 674 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 assists victims of crime by providing state mandated services pursuant to Penal Code § 13835.5. These services include crisis intervention, court support, resource referrals, and providing 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.

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

In 2012, there were 8,390 new victims referred to the program. Of the 8,390, there were 841 victims of child sexual and physical abuse.

STATISTICS

In 2012, the Los Angeles City Attorney's Office reviewed 1,254 investigations that involved ICAN-related offenses. Of the 1,254 matters, 220 were filed and 674 were referred to hearings.

In 2012, 144 ICAN-related cases reached a disposition. Of the 144 cases, 127 resulted in guilty pleas or convictions following jury trials.

BREAKDOWN OF ICAN-RELATED CHARGES

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

SEXUAL ABUSE AND EXPLOITATION

In 2012, the Office reviewed 410 child sexual abuse and exploitation investigations regarding violations of the following California Penal Code sections:

261.5(a)	Unlawful sexual intercourse with minor
261.5(b-d)	Unlawful sexual intercourse with minor
288(a)	Lewd Acts with Child Under 14
288(b)1	Lewd Acts with Child Under 14 Force
288(c)1	Lewd Acts with Child Under 15/10 Year Difference
288a(b)(1)	Oral Copulation with Person Under 18
288.2	Sending harmful matter to minor
289(h)	Sexual Penetration with Person Under 18
311.1(a)	Sale or Distribution of Obscene Matter Depicting Person Under Age of 18, etc.
311.3	Sexual exploitation of a child
311.11(a)	Possession of child pornography
313.1	Distribution/Exhibition of harmful matter to minor
647.6(a)(1)	Annoying or molesting Minor
647.6(a)(2)	Annoying or molesting Minor

Of those 410 criminal investigations presented for filing consideration, 75 cases were filed and prosecuted as misdemeanors, 152 were referred to the City Attorney Hearing Program, and 183 were rejected. There was a disposition of 57 sexual abuse and exploitation cases. Of those 57 cases, 53 resulted in guilty pleas or convictions following jury trials.

CHILD ABUSE AND NEGLECT

In 2012, the Office reviewed 844 child abuse and neglect investigations involving violations of the California Penal Code sections listed below:

261.5(a)	Unlawful sexual intercourse with minor
261.5(b-d)	Unlawful sexual intercourse with minor
288(a)	Lewd Acts with Child Under 14
288(b)1	Lewd Acts with Child Under 14 Force
288(c)1	Lewd Acts with Child Under 15/10 Year Difference
288a(b)(1)	Oral Copulation with Person Under 18
288.2	Sending harmful matter to minor
289(h)	Sexual Penetration with Person Under 18
311.1(a)	Sale or Distribution of Obscene Matter Depicting Person Under Age of 18, etc.
311.3	Sexual exploitation of a child
311.11(a)	Possession of child pornography
313.1	Distribution/Exhibition of harmful matter to minor
647.6(a)(1)	Annoying or molesting Minor
647.6(a)(2)	Annoying or molesting Minor

Of those 844 investigations, 145 cases were filed and prosecuted as misdemeanors, 522 were referred to the City Attorney Hearing Program, and 177 were rejected. There were dispositions in 87 child abuse and neglect cases. Of those 87 cases, 74 resulted in guilty pleas or convictions following jury trials.

CONCLUSION

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

OFFICE OF COUNTY COUNSEL FOR LOS ANGELES

DEPENDENCY DIVISION

The primary mission of the Dependency Division of the Los Angeles Office of the County Counsel ("County Counsel') is the litigation of dependency cases involving allegations of child abuse and neglect. County Counsel, through this division, represents the Department of Children and Family Services ("DCFS").

DCFS is the agency charged with initiating petitions under Welfare and Institutions Code Section 300 requesting the juvenile court to intervene in the lives of children who are alleged to be victims of child abuse. On average, DCFS will file 30 new petitions each day. The Dependency Division also supports DCFS in a range of programs and initiatives targeted to improve the dependency court system.

The Dependency Division is the largest by size, and is currently budgeted for 114 attorneys. It is divided into eight sections, with each section supervised by a Section Head. The eight sections are composed of three trial sections, the Appellate Section, two Outstation Sections, the Warrant and IDC Section, and the North County Section. The division handles approximately 13,500 dependency cases involving approximately 33,000 children. The division handles approximately 500 appellate matters annually. In 2012, the division filed 447 appellate briefs, writs and answers.

The Dependency Trial Sections staff 18 dependency trial courts, the mediation courts, and the DCFS Intake and Detention Center, which is responsible for initiating the dependency cases by the filing of a dependency petition. The dependency trial courts will typically handle over 20 scheduled hearings each day. The court calendar is supplemented by the initial petition hearings on newly filed cases. There are three Section Heads and 66 attorneys assigned to the Trial Sections.

The Outstation Section staffs 17 DCFS regional offices, Attorneys assigned to this Section provide a wide range of advice related to existing and emergent dependency cases and investigations. This section develops and delivers extensive social worker training programs in dependency law and related issues. There are two Sections who supervise 13 attorneys, and help coordinate the activities of the four attorneys who have assignments in the regional offices located in the North County.

The Warrant and IDC section handles issues relating to emergency response investigations and reviews petitions for legal sufficiency. They review approximately 900 new petitions and assist on 200 removal orders, interview orders, and investigative search warrants each month. The section is staffed by a Section Head and seven lawyers. The warrant desk operates twenty four hours a day, 365 days a year. It is staffed by the attorneys assigned to the Warrant and IDC section, as well as attorneys working in other parts of County Counsel.

The North County Section handles two dependency trial courts, and the DCFS regional offices in the San Fernando Valley, Santa Clarita, Palmdale, and Lancaster. The trial court is located in Lancaster. It is the busiest dependency trial court both by numbers of hearings and dependent children. There is a Section Head and ten 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 social services believes the court's order may place a child at risk or where appeal would not be feasible due to time considerations. The Appellate Section seeks publication of appellate opinions and works with other counties to seek de-publication of unfavorable published opinions. Among the published decisions issued by the Court of Appeal in 2012 were DCFS v. Superior Court (2012) 211 Cal.App.4th 13, In re David R. (2102) 212 Cal.App.4th 576, In re E.A. (2012) 209 Cal.App.4th 787, In re Gabriel G. (2012 206 Cal.App.4th 1160, In re John M. (2013) 212 Cal.App.4th 1117, In re Ana C. (2012) 204 Cal.App.4th 1317, In re D.G. (2012) 208 Cal.App.4th 1562, In re Destiny S. (2012) 210 Cal.App.4th 999, In re I.J. (2012) 207 Cal. App.4th 1351, In re Roberto C. (2012) 209 Cal.App.4th 1241, In re E.M. (2012) 204 Cal.App.4th 467, In re K.P. (2013) 203 Cal.App.4th 614, In re B.C. (2012) 205 Cal.App.4th 1306, In re Christian P. (2012) 207 Cal. App.4th 1266, In re R.C. (2012) 210 Cal.App.4th 830, In re B.S. (2012) 209 Cal.App.4th 246, In re Alexis S. (2012) 205 Cal.App.4th 48, In re J.M. (2012) 206 Cal.App.4th 375, In re Drake M. (2012) 211 Cal. App.4th 754, In re Cheyenne B. (2012) 203 Cal. App.4th 1361, In re Ryan K. (2012) 207 Cal.App.4th 591, and In re Y.M. (2012) 207 Cal.App.4th 892. In addition, the division handled one case before the California Supreme Court, In re Ethan C. (2012) 54 Cal.4th 610.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

COURT OVERVIEW

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

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

The Los Angeles County Juvenile Division is headed by the Presiding Judge of the Juvenile Court and encompasses courts which adjudicate three types of proceedings: Delinquency, Informal Juvenile and Traffic, and Dependency. Delinquency proceedings involve children under the age of 18 who are alleged to have committed a delinquent act (conduct that would be criminal if committed by an adult) or who are habitually disobedient, truant or beyond the control of the parent or guardian (engaging in non-criminal behavior that may be harmful to themselves) (WIC §601, 602).

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

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

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

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

There are 20 Dependency Courts in the Los Angeles Court system. Eighteen are located in the Edmund D. Edelman Children's Court in Monterey Park, and two are in the Lancaster Courthouse and serves families and children residing in the Antelope Valley. One of the eighteen courtrooms at the Edelman Children's Court has been designated for private and agency adoptions. Two of the Dependency Courts hear matters involving the hearing-impaired, and another two hear matters that fall within the Indian Child Welfare Act (25 U.S.C.§ 1901 et. seq., CRC 439). There are five Dependency Courts utilizing the Drug Court Parent Protocol, and six Dependency Courts are following the Drug Court Dependency Youth Protocol.

THE COURT PROCESS

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

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

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

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

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

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

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

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

Children require stability, a sense of security and belonging. To assure that concurrent planning occurs in a manner that will provide stability for the child, periodic reviews of each case are set by the Court. When a child is removed from the care of a parent and suitably placed in foster care under the custody of the DCFS, the Court will order six months of reunification services for children under the age of three, including sibling groups with a child under that age. For all other children, the reunification period is 12 months. If the Court finds compliance with the service plan at each and every six-month Judicial Review hearing, the Court may continue services to a date 18 months from the date of the filing of the original WIC §300 petition. To extend reunification services to the 12- or 18- month date, the Court, based upon its evaluation of the history of the case, must find a substantial likelihood of the child's return to the parent or guardian on or before the permanency planning hearing at the 18-month date (WIC §366.21, et. seq.).

When children are returned to parents or guardians, the family is provided six months of family maintenance services to ensure the stability of the family and the well-being of the child. If reunification services are terminated without the return of the child to the parent or guardian, the Court must establish a Permanent Plan for the child. Termination of reunification services without the return of the child to the parent is tantamount to finding the parent to be unfit. A parent who has failed to reunify with a

child may be prevented from parenting later-born children if the Court sustains petitions involving the later-born children. The Court may deny reunification services to the parent. In that case, the Court will set a Permanency Planning Hearing to consider the most appropriate plan for the child. The code provides circumstances under which the Court may in its discretion order no reunification services for a parent (WIC §361.5). Examples are when a parent has inflicted serious physical abuse upon a child; has a period of incarceration that exceeds the time period set for reunification; has inflicted serious sex abuse upon a child; etc.

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

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

2. The appointment of a Legal Guardian for the child. Legal Guardians have the same responsibilities as a parent to care for and 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). This plan is the least stable for the child because the child has not been provided a home environment in which the individual(s) will commit to parent him or her into adulthood while providing the legal relationship of parent and child.

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

SUBSEQUENT AND SUPPLEMENTAL PETITIONS

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

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

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

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

Petitions for Modification (Post- Disposition) may be filed by a parent or any person having an interest in a child who is a dependent child, including the child

himself or herself. These petitions allege either a change of circumstances or new evidence that could compel the Court to modify previous orders or issue new orders. (WIC §388).

CASELOAD OVERVIEW

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

All Dependency courts have a significant number of children who are prescribed psychotropic medication, which cannot be given to dependent children without court authorization. Regular review hearings are often continued because children are not brought to Court for hearing, incarcerated parents are not transported to court, notice of hearing has not been found proper by the Court, or reports needed for the hearing are not available. The Court will often make interim orders to address issues, even though the case must be continued for hearing. These additional hearings impact the child, particularly when the case is in reunification.

ANALYSIS

In 2012, new, subsequent and supplemental petitions were filed involving 23,154 children; of these, 13,257 children were before the Court with new WIC §300 petitions. In addition, 8,682 supplemental and/ or subsequent petitions were filed in 2012. New petitions were filed in 1,215 previously dismissed or terminated cases. (Figure 1)

There were 132,593 statutorily-mandated review hearings in 2012. (Figures 2 & 3) This number applies only to those children whose cases were brought into the court in 2012 and not the total number of children who are dependents of the court. (Many cases require judicial oversight multiple times in a calendar year.)

From 2000 to 2004, there was little variation in the number of petitions filed. There was a 17% increase in 2005, and an increase of 10% in 2007. From 2007 through 2009, the number of petitions filed remained relatively constant. The number of petitions filed in 2011 increased 5.5% from the previous year.

The number of review hearings reached its peak in 2000, before declining from 2001 through 2006. There was a substantial increase in the number of review hearings in 2007. The statistics for 2009 reflect a decrease of 12% in the number of hearings from 2008; from 2009 through 2012, the number of judicial reviews increased approximately 17%. (Figures 2 and 3)

Of the 13,257 new WIC §300 petitions, 7,930 cases went to disposition in 2012. Of those cases, out-of-home placement was ordered for 4,297 children. (It must be noted that one case may involve multiple children, and the different children may have different placements.) (Figure 4) This latter number indicates that 54% of the children whose cases went to disposition were placed in foster care. (Figure 4) Analysis of the period from 2000 to 2008 shows that there were moderate variations through 2004. In 2005, there was a substantial increase in the number of filings from the previous year. From 2006 through 2009, there were again moderate variations. The number of new filings remained relatively steady from 2008 through 2010, with noticeable increases in 2011 and 2012. The number of supplemental petitions remained essentially the same from 2011 to 2012, whereas the number of subsequent petitions increased approximately 4% over the same period.

Overall, the composition of filings has essentially remained steady over this decade. New petitions comprised approximately 50% of total petition filings in 2000. This percentage has remained relatively constant; for 2012, that number is approximately 55%. (Figure 5)

EXITING THE DEPENDENCY COURT SYSTEM

The data indicates that on average 65% of the disposition hearings end with the removal of children from their parents or guardian. (Figure 4) In 2012, 13,257 children were the subject of new Dependency court petitions, and 12,535 children had their cases dismissed or jurisdiction terminated. This is the first year in quite some time in which the number of children in the system had a net increase. (Figure 6)

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

The previous trend of more children leaving the Dependency system than entering it may be the result of several factors, including the following:

- Changes in the Code authorized the Court to terminate jurisdiction for children placed in a permanent plan of Legal Guardianship.
- DCFS developed new approaches to prevention and treatment (family preservation, family group decision-making, etc.) resulting in fewer new petitions.
- The code mandated Concurrent Planning, shorter periods for parents to reunify, and adoption as the preferred plan when parents failed to respond to reunification services.
- The code made reunification discretionary in certain cases resulting in more children being made available for permanency planning.

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

The Courts witnessed a rise in drug-related filings involving meth-amphetamine in the past. The availability of this drug has proliferated, which may explain the higher numbers of new petitions and total petitions in 2007 and 2008. The damage posed to babies born with a positive toxicology for this drug is ominous.

The net increase of the number of children in the Dependency system in 2012 reflects a reversal of a trend that we have seen over virtually the past decade. The Department of Children and Family Services has filed more petitions. In addition, reductions in resources have made it more challenging for parents to receive the services they need in order to ultimately reunite with their children. Furthermore, the economic difficulties we have experienced over the past couple of years have contributed to the current situation.

Whether this is a one-time occurrence or a trend remains to be seen.

SELECTED FINDINGS

- The number of filings increased moderately in 2012.
- New WIC §300 petitions constituted 55% of total filings in 2012.
- In 2012, 13,257 children entered the Dependency system as a result of new petitions being filed, and 12,535 children exited the system.

GLOSSARY

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

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

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

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

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

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

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

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

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

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

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

Figure 1

DEPENDENCY PETITIONS FILED

Year	New 300	Subseq. 300	Subseq. 342	Suppl. 387	Suppl. 388	Reactivated	TOTAL
2000	8,015	3,896	429	2,412	1,367	0	16,119
2001	8,285	2,873	580	2,148	2,236	0	16,122
2002	8,803	3,011	526	1,843	2,812	0	16,995
2003	7,501	2,244	716	1,598	2,941	1,169	16,169
2004	7,691	1,974	608	1,361	2,961	1,239	15,834
2005	9,957	2,381	681	1,295	2,987	1,326	18,627
2006	10,235	2,222	611	1,328	3,235	1,239	18,870
2007	11,057	2,668	706	1,326	3,645	1,273	20,675
2008	10,300	2,411	749	1,473	4,113	993	20,039
2009	10,725	2,790	805	1,406	3,737	1,121	20,584
2010	11,261	2,902	829	1,385	4,073	1,177	21,627
2011	12,162	3,076	862	1,393	3,953	1,190	22,636
2012	13,257	3,183	926	1,433	3,947	1,215	23,961

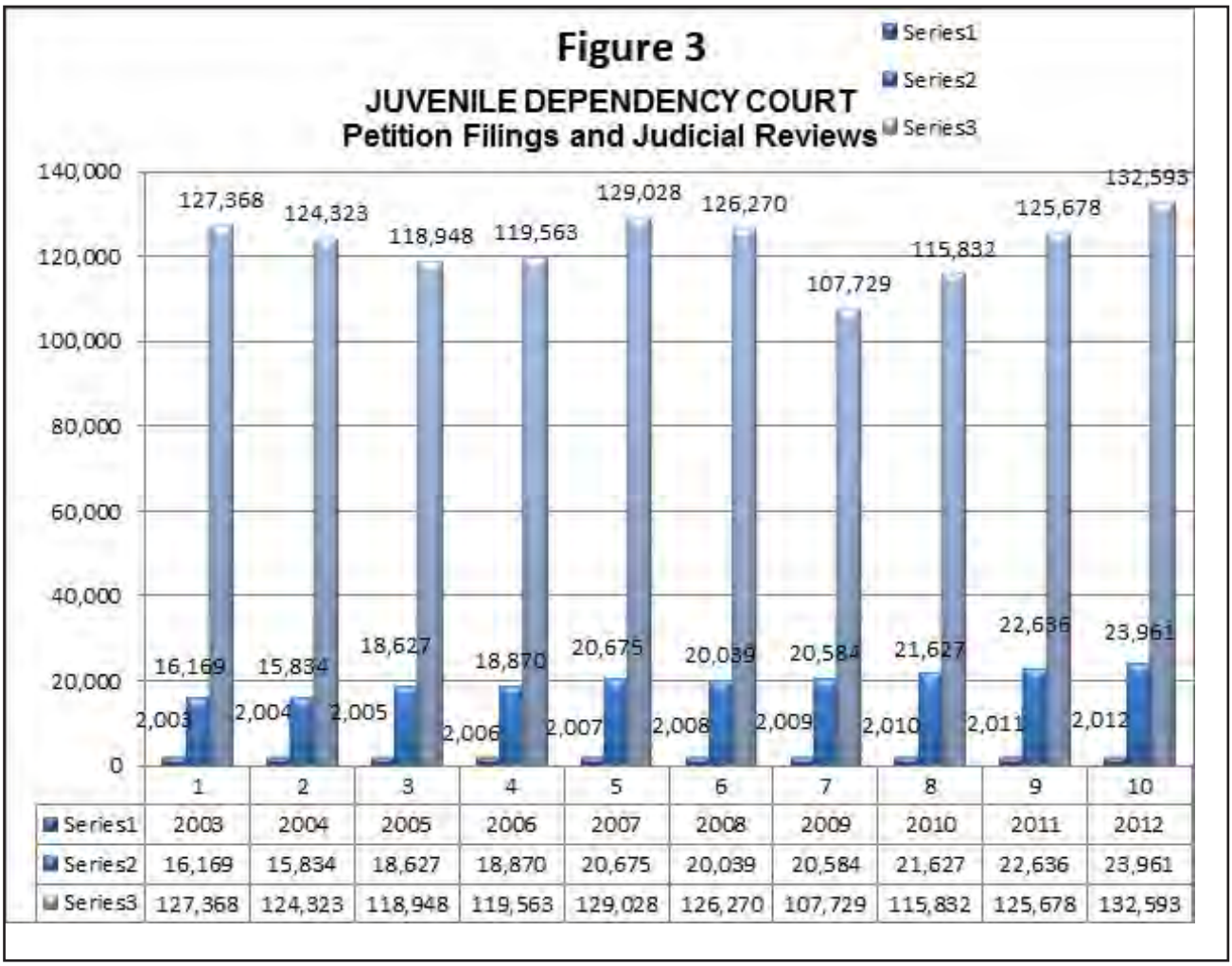
Figure 2

JUVENILE DEPENDENCY COURT
Dependency Court Workload

Year	Petitions Filed	Judicial Reviews	Total Petitions and Reviews
2000	16,119	165,187	181,306
2001	16,122	157,369	173,491
2002	16,995	140,436	157,431
2003	16,169	127,368	143,537
2004	15,834	124,323	140,157
2005	18,627	118,948	137,575
2006	18,870	119,563	138,433
2007	20,675	129,028	149,703
2008	20,039	126,270	146,309
2009	20,584	107,729	128,313
2010	21,627	115,832	137,459
2011	22,636	125,678	148,314
2012	23,961	132,593	156,554

Figure 3

JUVENILE DEPENDENCY COURT
Petition Filings and Judicial Reviews



	1	2	3	4	5	6	7	8	9	10
Series1	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Series2	16,169	15,834	18,627	18,870	20,675	20,039	20,584	21,627	22,636	23,961
Series3	127,368	124,323	118,948	119,563	129,028	126,270	107,729	115,832	125,678	132,593

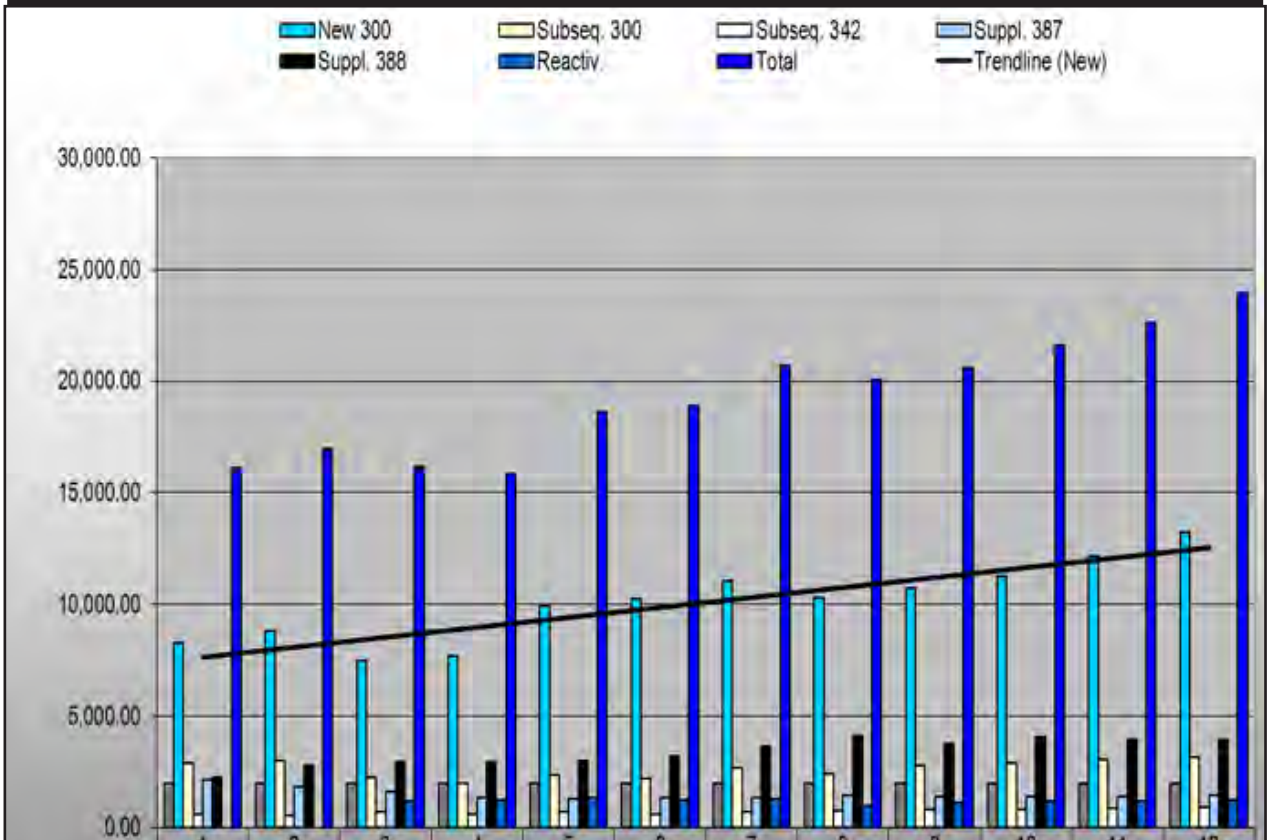
Figure 4

JUVENILE DEPENDENCY COURT
Disposition Hearing Results By Category with Percentage of Total Dispositions

YEAR	TOTAL	HOME OF PARENT	SUITABLE PLACEMENT	OTHER
2000	6,964	2,088 (30%)	4,640 (67%)	236 (3%)
2001	7,197	1,942 (27%)	5,010 (70%)	245 (3%)
2002	8,175	2,124 (26%)	5,748 (70%)	303 (4%)
2003	6,549	2,015 (31%)	4,296 (65%)	238 (4%)
2004	5,805	1,618 (28%)	3,960 (68%)	227 (4%)
2005	6,395	2,079 (32%)	4,027 (63%)	297 (5%)
2006	6,403	2,098 (33%)	4,026 (63%)	251 (4%)
2007	7,141	2,708 (38%)	4,097 (57%)	336 (5%)
2008	6,903	2,752 (40%)	3,818 (55%)	333 (5%)
2009	7,125	3,064 (43%)	3,698 (52%)	363 (5%)
2010	7,237	3,040 (42%)	3,836 (53%)	361 (5%)
2011	7,780	3,501 (45%)	4,046 (52%)	233 (3%)
2012	7,930	3,633 (46%)	4,037 (51%)	260 (3%)

Figure 5

JUVENILE DEPENDENCY COURT
PETITIONS FILED
New, Subsequent, Supplemental and Reactivated

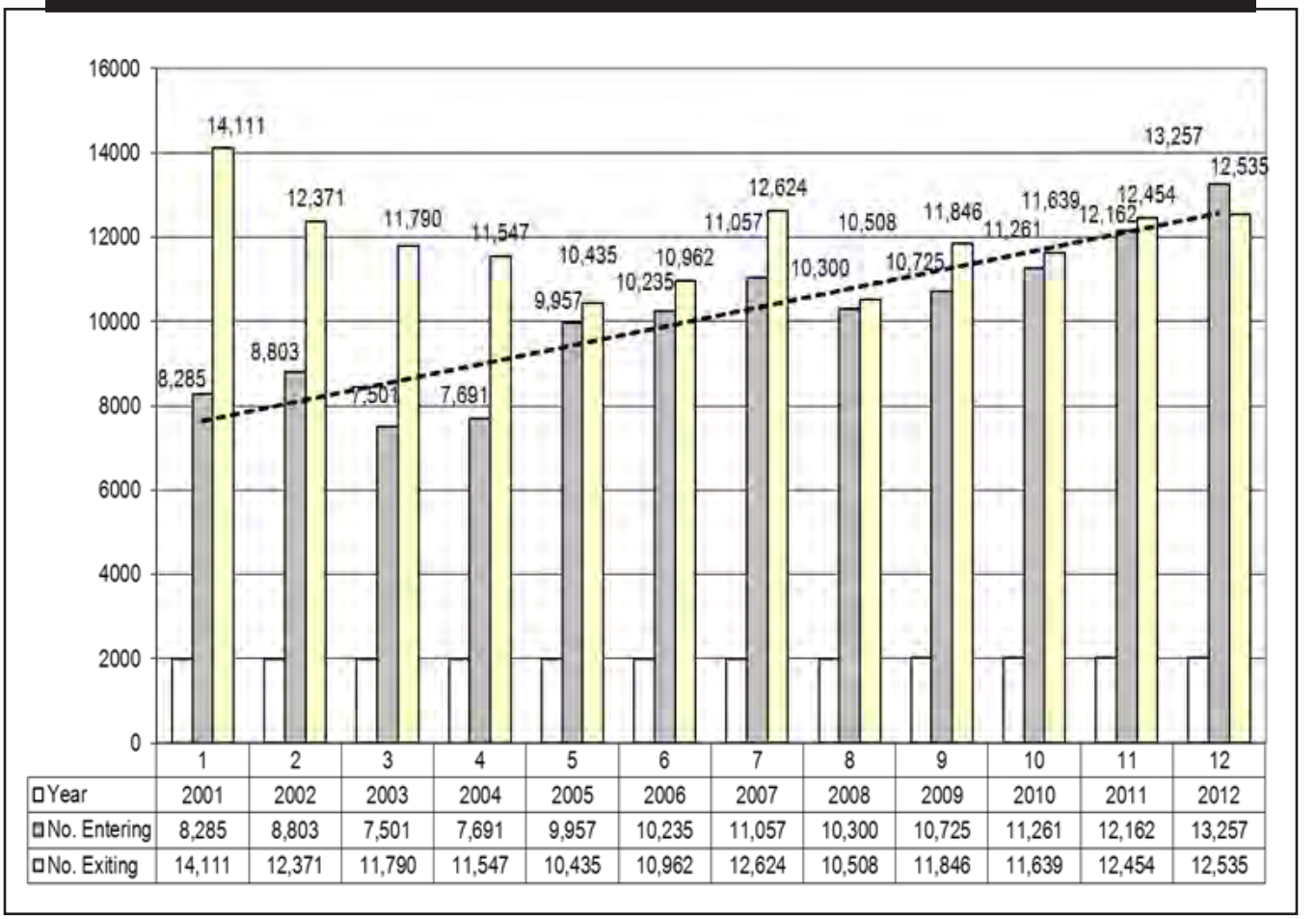


	1	2	3	4	5	6	7	8	9	10	11	12
Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
New 300	8,285	8,803	7,501	7,691	9,957	10,235	11,057	10,300	10,725	11,261	12,162	13,257
Subseq. 300	2,873	3,011	2,244	1,974	2,381	2,222	2,668	2,411	2,790	2,902	3,076	3,183
Subseq. 342	580	526	716	608	681	611	706	749	805	829	862	926
Suppl. 387	2,148	1,843	1,598	1,361	1,295	1,328	1,326	1,473	1,406	1,385	1,393	1,433
Suppl. 388	2,236	2,812	2,941	2,961	2,987	3,235	3,645	4,113	3,737	4,073	3,953	3,947
Reactiv.	0	0	1,169	1,239	1,326	1,239	1,273	983	1,121	1,177	1,180	1,215
Total	16,122	16,995	16,169	15,834	18,627	18,870	20,675	20,039	20,584	21,627	22,636	23,961

Figure 6

JUVENILE DEPENDENCY COURT

New Children Entering the Dependency System
&
Existing Children Exiting the Dependency System



	1	2	3	4	5	6	7	8	9	10	11	12
Year	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
No. Entering	8,285	8,803	7,501	7,691	9,957	10,235	11,057	10,300	10,725	11,261	12,162	13,257
No. Exiting	14,111	12,371	11,790	11,547	10,435	10,962	12,624	10,508	11,846	11,639	12,454	12,535

LOS ANGELES COUNTY OFFICE OF EDUCATION

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

Sixty-nine of the 80 school districts in Los Angeles County reported suspected child abuse data for 2012-2013. Reported child abuse was broken down into the following four categories: general neglect abuse, physical abuse, sexual abuse, and emotional abuse. In order to compare child abuse data across districts, incidence rates were calculated by weighing the numbers of reported cases per 1,000 enrolled students in each district. Current year enrollment data was obtained from the California Basic Educational Data System (CBEDS) (www.cde.ca.gov) and 2012-2013 enrollment figures furnished by the school districts.

SUMMARY

Figure 1 displays incidence rates by abuse and district type for 2012-2013. Physical abuse had the highest number of suspected cases and general neglect had the lowest. Figure 2 displays Unified school districts had the highest total suspected case incidence rate (3.64), followed by Elementary school districts (2.43). Unified school district incidence rates were the highest across all abuse types, ranging from 24% to 56% higher than the next highest incidence rates.

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

TREND ANALYSIS

Los Angeles County school district suspected child abuse data from 2008-2009 to 2012-2013 were analyzed for trends.

Overall, Los Angeles County school districts showed decreases in the number of incidences per 1000 in the sexual, physical, general neglect, and emotional abuse types.

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

Figure 1

2012- 2013 Total Number Of Cases

District Type	Number of districts	Total enrollment	Sexual abuse, # suspected cases	Physical abuse, # suspected cases	General neglect, # suspected cases	Emotional abuse, # suspected cases	Total cases	Sexual abuse, incidences / 1000	Physical abuse, Incidences / 1000	General neglect, incidences / 1000	Emotional abuse, incidences / 1000	Total cases, incidences / 1000
Elementary	32	168,605	16	251	92	50	409	.095	1.49	0.55	0.30	2.43
High	3	80,442	22	73	28	37	160	0.27	0.91	0.35	0.46	2.0
Unified	34	607,414	347	988	231	646	2,212	0.57	1.63	0.38	1.06	3.64
TOTAL	**69**	**856,461**	**385**	**1,312**	**351**	**733**	**2,781**	**0.45**	**1.53**	**0.41**	**0.86**	**3.25**

Figure 2

5 – Year Trend 2008-2009 Thru 2012-2013

District Type	# of Districts	Sexual Abuse Suspected cases Incidences / 1000		Physical Abuse Suspected cases Incidences / 1000		General Neglect Suspected cases Incidences / 1000		Emotional Abuse Suspected cases Incidences / 1000		Total Cases, Incidents/ 1,000	
		Year 1	Year 5	Year 1	Year 5	Year 1	Year 5	Year 1	Year 5	Year 1	Year 5
Elementary	32	0.32	.095	2.05	1.49	0.78	.044	0.39	0.30	3.54	2.43
High	3	0.12	.273	0.8	0.91	0.21	0.35	0.23	0.46	1.36	2.0
Unified	34	0.23	0.57	1.5	1.63	0.34	0.38	0.23	1.06	2.3	3.64
TOTAL	**69**	**0.23**	**0.45**	**1.51**	**1.53**	**0.39**	**0.41**	**0.25**	**0.86**	**2.39**	**3.25**

Figure 3

Total District Enrollment

School District	Elementary	High School	Unified	Total Enrollment
ABC Unified	13942	6903	20845	20845
Acton-Agua Dulce Unified	921	621	1542	1542
Alhambra Unified	10169	7907	18076	18076
Antelope Valley Joint Union High	164	24652		24816
Arcadia Unified	6114	3553	9667	9667
Azusa Unified	6739	3016	9755	9755
Baldwin Park Unified	14762	4083	18845	18845
Bassett Unified	2979	1215	4194	4194
Bellflower Unified	9163	4558	13721	13721
Beverly Hills Unified	2608	1907	4515	4515
Bonita Unified	6477	3393	9870	9870
Burbank Unified	9846	6700	16546	16546
Castaic Union	2864			2864
Centinela Valley Union High		6637		6637
Charter Oak Unified	3576	1968	5544	5544
Claremont Unified	4512	2506	7018	7018
Covina-Valley Unified	8013	4967	12980	12980
Culver City Unified	4474	2267	6741	6741
Downey Unified	14415	8433	22848	22848
Duarte Unified	2563	1186	3749	3749
East Whittier City	9106			9106
Eastside Union	3366			3366
El Monte City	9303	1		9304
El Monte Union High		9812		9812
El Rancho Unified	6435	3217	9652	9652
El Segundo Unified	2129	1286	3415	3415
Garvey	5259			5259
Glendale Unified	17043	9144	26187	26187
Glendora Unified	5007	2552	7559	7559
Gorman	1060	680		1740
Hacienda La Puente Unified	13586	6772	20358	20358
Hawthorne	8433	594		9027
Hermosa Beach City	1452	1215		2667
Hughes-Elizabeth Lakes Union	281			281
Inglewood Unified	10366	3842	14208	14208
Keppel Union	2747			2747

Figure 3 (continued)

Total District Enrollment

School District	Elementary	High School	Unified	Total Enrollment
La Canada Unified	2653	1466	4119	4119
Lancaster	14697	16		14713
Las Virgenes Unified	7265	3971	11236	11236
Lawndale	5788	537		6325
Lennox	5853	1190		7043
Little Lake City	4642			4642
Long Beach Unified	55731	26525	82256	82256
Los Angeles Unified	454479	201015	655494	655494
Los Nietos	1925			1925
Lowell Joint	3169		3	3169
Lynwood Unified	10495	4534	15029	15029
Manhattan Beach Unified	4350	2482	6832	6832
Monrovia Unified	4032	1904	5936	5936
Montebello Unified	20126	10438	30564	30564
Mountain View	7617	1		7618
Newhall	6947			6947
Norwalk-La Mirada Unified	13267	6503	19770	19770
Palmdale	20472	792		21264
Palos Verdes Peninsula Unified	7459	4414	11873	11873
Paramount Unified	10568	5296	15864	15864
Pasadena Unified	13733	5807	19540	19540
Pomona Unified	19205	7981	27186	27186
Redondo Beach Unified	6296	2671	8967	8967
Rosemead	2278			2278
Rowland Unified	10525	4976	15501	15501
San Gabriel Unified	3622	2951	6573	6573
San Marino Unified	1979	1167	3146	3146
Santa Monica-Malibu Unified	7572	3845	11417	11417
Saugus Union	10178			10178
South Pasadena Unified	3111	1541	4652	4652
South Whittier	3303			3303
Sulphur Springs Union	5553			5553
Temple City Unified	3694	2105	5799	5799
Torrance Unified	15426	8898	24324	24324
Valle Lindo	1240			1240

Figure 3 (Continued)

Total District Enrollment

School District	Elementary	High School	Unified	Total Enrollment
Walnut Valley Unified	8736	5925	14661	14661
West Covina Unified	9722	4738	14460	14460
Westside Union	8645		8645	8645
Whittier City	6333			6333
Whittier Union High		13486		13486
William S. Hart Union High	7944	18429		26373
Wilsona	1393			1393
Wiseburn	2815	1061		3876
TOTAL	**1,035,480**	**488,831**		**1,511,955**

Figure 4

Total Number Of Reported Child Abuse Cases By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	18	0	8	0	0	26
Acton-Agua Dulce Unified	0	0	6	1	1	0	0	8
Alhambra Unified	0	0	140	0	70	0	0	210
Antelope Valley Joint Union High	0	0	0	0	92	0	0	92
Arcadia Unified	0	0	5	2	5	0	0	12
Azusa Unified	0	0		0	0	0	0	
Baldwin Park Unified	0	21	2	0	1	0	0	24
Bassett Unified	0	0	2	0	2	0	0	4
Bellflower Unified	0	0	45	2	15	0	0	62
Beverly Hills Unified	0	0	0	0	0	0	0	0
Bonita Unified	0	0	29	6	12	0	0	47
Burbank Unified		0	12	5	4	0	0	21
Castaic Union	0	2	10	3	0	0	0	15
Centinela Valley Union High	0	0	0	0	1	0	0	1
Charter Oak Unified	0	0	1	1	1	0	0	3
Claremont Unified	0	1	12	4	0	0	0	17
Compton Unified	0	1	9	5	1	0	0	16
Covina-Valley Unified	0	0	36	25	9	0	0	70
Culver City Unified	0	0	13	3	5	0	0	21
Downey Unified	0	13	33	22	49	0	0	117
Duarte Unified	0	0	0	0	0	0	0	0
East Whittier City	0	1	17	4	0	0	0	22
Eastside Union	0	4	17	3	0	0	0	24
El Monte City	0	13	26	0	0	0	0	39
El Monte Union High	0	0	0	0	9	0	0	9
El Rancho Unified	0	0	16	6	8	0	0	30
El Segundo Unified	0	0	8	2	0	0	0	10
Garvey	0	1	0	0	0	0	0	1
Glendale Unified	0	1	10	3	4	0	0	18
Glendora Unified	0	0	9	3	4	0	0	16
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	7	39	14	7	0	0	67
Hawthorne	0	1	10	14	1	0	0	26
Hermosa Beach City	0	0	0	2	0	0	0	2
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0

Figure 4 (continued)

Total Number Of Reported Child Abuse Cases By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Inglewood Unified	0	0	28	0	8	0	0	36
Keppel Union	0	0	10	3	0	0	0	13
La Canada Unified	0	0	0	0	0	0	0	
Lancaster	0	4	19	13	0	0	0	36
Las Virgenes Unified	0	0	2	0	0	0	0	2
Lawndale	0	0	6	2	0	0	0	8
Lennox	0	3	22	14	6	0	0	45
Little Lake City	0	0	4	8	0	0	0	12
Long Beach Unified	0	6	20	11	1	0	0	38
Los Angeles Unified	0	21	440	388	259	0	0	1108
Los Nietos	0	0	2	2	1	0	0	5
Lowell Joint	0	0	6	3	0	0	0	9
Lynwood Unified	0	0	0	0	0	0	0	0
Manhattan Beach Unified	0	0	6	0	14	0	0	20
Monrovia Unified	0	1	8	12	6	0	0	27
Montebello Unified	0	0	7	25	8	0	0	40
Mountain View	0	0	13	8	0	0	0	21
Newhall	0	0	18	0	0	0	0	18
Norwalk-La Mirada Unified	0	2	15	21	10	0	0	48
Palmdale	0	0	15	1	0	0	0	16
Palos Verdes Peninsula Unified	0	1	1	1	7	0	0	10
Paramount Unified	0	0	0	0	0	0	0	0
Pasadena Unified	0	0	27	36	16	0	0	79
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	1	12	4	3	0	0	20
Rosemead	0	0	9	3	0	0	0	12
Rowland Unified	0	0	0	0	0	0	0	0
San Gabriel Unified	0	0	5	5	4	0	0	14
San Marino Unified	0	0	0	0	0	0	0	0
Santa Monica-Malibu Unified	0	0	0	0	0	0	0	0
Saugus Union	0	0	27	0	0	0	0	27
South Pasadena Unified								
South Whittier	0	0	18	6	0	0	0	24
Sulphur Springs Union	0	0	18	0	0	0	0	18
Temple City Unified	0	0	1	0	0	0	0	1
Torrance Unified	0	0	0	0	0	0	0	0
Valle Lindo	0	0	1	4	0	0	0	5
Walnut Valley Unified	0	0	17	2	1	0	0	20

Figure 4 (continued)

Total Number Of Reported Child Abuse Cases By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
West Covina Unified	0	2	17	1	3	0	0	23
Westside Union	0	0	13	2	0	0	0	15
Whittier City	0	0	6	0	0	0	0	6
Whittier Union High	0	0	0	0	15	0	0	15
William S. Hart Union High	0	0	0	28	15	0	0	43
Wilsona	0	7	1	1	0	0	0	9
Wiseburn	0	0	4	4	0	0	0	8
TOTAL	**0**	**114**	**1,343**	**746**	**685**	**0**	**0**	**2,888**

Figure 5

Number Of Reported Cases Of Suspected Sexual Abuse By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	2	0	3	0	0	5
Acton-Agua Dulce Unified	0	0	0	0	0	0	0	0
Alhambra Unified	0	0	6	0	3	0	0	9
Antelope Valley Joint Union High	0	0	0	0	18	0	0	18
Arcadia Unified	0	0	1	0	1	0	0	2
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	1	0	0	1	0	0	2
Bassett Unified	0	0	0	0	0	0	0	0
Bellflower Unified	0	0	2	0	0	0	0	2
Beverly Hills Unified	0	0	0	0	0	0	0	0
Bonita Unified	0	0	3	0	4	0	0	7
Burbank Unified	0	0	0	1	0	0	0	1
Castaic Union	0	0	0	0	0	0	0	0
Centinela Valley Union High	0		0	0	1	0	0	1
Charter Oak Unified	0	0	0	0	0	0	0	0
Claremont Unified	0	0	1	1	0	0	0	2
Compton Unified	0	0	3	1	0	0	1	5
Covina-Valley Unified	0	0	1	1	2	0	0	4
Culver City Unified	0	0	3	0	0	0	0	3
Downey Unified	0	0	4	1	3	0	0	8
Duarte Unified	0	0	0	0	0	0	0	0
East Whittier City	0	0	1	1	0	0	0	2

Figure 5

Number Of Reported Cases Of Suspected Sexual Abuse By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Eastside Union	0	0	5	0	0	0	0	5
El Monte City	0	1	0	0	0	0	0	1
El Monte Union High	0	0	0	0	1	0	0	1
El Rancho Unified	0	0	0	0	0	1	0	1
El Segundo Unified	0	0	0	0	0	0	0	0
Garvey	0	0	0	0	0	0	0	0
Glendale Unified	0	0	2	1	0	0	0	3
Glendora Unified	0	0	1	2	0	0	0	3
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	1	2	2	1	0	0	6
Hawthorne	0	0	1	0	0	0	0	1
Hermosa Beach City	0	0	0	0	0	0	0	0
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	5	0	0	0	0	5
Keppel Union	0	0	1	0	0	0	0	1
La Canada Unified	0	0	0	0	0	0	0	0
Lancaster	0	0	2	0	0	0	0	2
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	0	0	0	0	0	0
Lennox	0	1	0	4	1	0	0	6
Little Lake City	0	0	0	3	0	0	0	3
Long Beach Unified	0	2	1	1	0	0	0	4
Los Angeles Unified	0	8	99	118	66	0	0	283
Los Nietos	0	0	0	0	0	0	0	0
Lowell Joint	0	0	0	2	0	0	0	2
Lynwood Unified	0	0	0	0	0	0	0	0
Manhattan Beach Unified	0	0	0	0	2	0	0	2
Monrovia Unified	0	0	1	1	0	0	0	2
Montebello Unified	0	0	1	2	2	0	0	5
Mountain View	0	0	0	1	0	0	0	1
Newhall	0	0	1	0	0	0	0	1
Norwalk-La Mirada Unified	0	0	3	5	0	0	0	8

Figure 5 (continued)

Number Of Reported Cases Of Suspected Sexual Abuse By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Palmdale	0	0	1	0	0	0	0	1
Palos Verdes Peninsula Unified	0	1	0	0	0	0	0	1
Paramount Unified	0	0	0	0	0	0	0	0
Pasadena Unified	0	0	8	1	4	0	0	13
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	1	1	2	1	0	0	5
Rosemead	0	0	1	0	0	0	0	1
Rowland Unified	0	0	0	0	0	0	0	0
San Gabriel Unified	0	0	1	2	2	0	0	5
San Marino Unified	0	0	0	0	0	0	0	0
Santa Monica-Malibu Unified	0	0	0	0	0	0	0	0
Saugus Union	0	0	4	0	0	0	0	4
South Pasadena Unified	0	0	0	0	0	0	0	0
South Whittier	0	0	3	1	0	0	0	4
Sulphur Springs Union	0	0	1	0	0	0	0	1
Temple City Unified	0	0	0	0	0	0	0	0
Torrance Unified	0	0	0	0	0	0	0	0
Valle Lindo	0	0	0	0	0	0	0	0
Walnut Valley Unified	0	0	1	0	0	0	0	1
West Covina Unified	0	0	0	0	0	0	0	0
Westside Union	0	0	1	0	0	0	0	1
Whittier City	0	0	2	0	0	0	0	2
Whittier Union High	0	0	0	0	0	0	0	
William S. Hart Union High	0	0	0	1	1	0	0	2
Wilsona	0	0	0	0	0	0	0	0
Wiseburn	0	0	1	1	0	0	0	2

Figure 6

Number Of Reported Cases Of Suspected Physical Abuse By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	12	0	3	0	0	15
Acton-Agua Dulce Unified	0	0	0	0	0	0	0	0
Alhambra Unified	0	0	102	0	36	0	0	138
Antelope Valley Joint Union High	0	0	0	0	40	0	0	40
Arcadia Unified	0	0	4	2	1	0	0	7
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	12	1	0	0	0	0	13
Bassett Unified	0	0	2	0	0	0	0	2
Bellflower Unified	0	0	29	1	8	0	0	38
Beverly Hills Unified	0	0	0	0	0	0	0	0
Bonita Unified	0	0	13	4	5	0	0	22
Burbank Unified	0	0	8	3	3	0	1	15
Castaic Union	0	2	2	2	0	0	0	6
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	0	0	0	0	0	0
Claremont Unified	0	1	8	2	0	0	0	11
Compton Unified	0	1	4	2	0	0	0	7
Covina-Valley Unified	0	0	17	17	6	0	0	40
Culver City Unified	0	0	4	3	3	0	0	10
Downey Unified	0	3	19	10	23	0	0	55
Duarte Unified	0	0	0	0	0	0	0	0
East Whittier City	0	1	12	3	0	0	0	16
Eastside Union	0	0	8	3	0	0	0	11
El Monte City	0	3	17	0	0	0	0	20
El Monte Union High	0	0	0	0	4	0	0	4
El Rancho Unified	0	0	12	3	4	0	0	19
El Segundo Unified	0	0	8	2	0	0	0	10
Garvey	0	0	0	0	0	0	0	0
Glendale Unified	0	1	5	2	1	0	0	9
Glendora Unified	0	0	3	1	1	0	0	5
Hacienda La Puente Unified	0	3	20	8	5	0	1	37

Figure 6 (continued)

Number Of Reported Cases Of Suspected Physical Abuse By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Hawthorne	0	1	9	11	0	0		21
Hermosa Beach City	0	0	0	2	0	0	0	2
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	17	0	7	0	0	24
Keppel Union	0	0	6	2	0	0	0	8
La Canada Unified	0	0	0	0	0	0	0	0
Lancaster	0	2	12	11	0	0	0	25
Las Virgenes Unified	0	0	2	0	0	0	0	2
Lawndale	0	0	4	0	0	0	0	4
Lennox	0	2	13	5	2	0	0	22
Little Lake City	0	0	1	3	0	0	0	4
Long Beach Unified	0	3	17	5	1	0	0	26
Los Angeles Unified	0	7	147	108	53	0	0	315
Los Nietos	0	0	1	1	1	0	0	3
Lowell Joint	0	0	3	1	0	0	0	4
Lynwood Unified	0	0	3	1	0	0	0	4
Manhattan Beach Unified	0	0	1	0	4	0	0	5
Monrovia Unified	0	1	4	8	2	0	0	15
Montebello Unified	0	0	4	16	5	0	0	25
Mountain View	0	0	11	4	0	0	0	15
Newhall	0	0	14	0	0	0	0	14
Norwalk-La Mirada Unified	0	0	8	13	10	0	0	31
Palmdale	0	0	9	1	0	0	0	10
Palos Verdes Peninsula Unified	0	0	1	0	4	0	0	5
Paramount Unified	0	0	0	0	0	0	0	0
Pasadena Unified	0	0	13	12	8	0	0	33
Pomona Unifi ed	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	8	2	1	0	0	11
Rosemead	0	0	5	1	0	0	0	6
Rowland Unified	0	0	0	0	0	0	0	0
San Gabriel Unified	0	0	4	3	2	0	0	9
San Marino Unified	0	0	0	0	0	0	0	0

Figure 6 (continued)

Number Of Reported Cases Of Suspected Physical Abuse By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Santa Monica-Malibu Unified	0	0	0	0	0	0	0	0
Saugus Union	0	0	15	0	0	0	0	15
South Pasadena Unified	0	0	0	0	0	0	0	0
South Whittier	0	0	2	3	0	0	0	5
Sulphur Springs Union	0	0	15	0	0	0	0	15
Temple City Unified	0	0	1	0	0	0	0	1
Torrance Unified	0	0	0	0	0	0	0	0
Valle Lindo	0	0	1	1	0	0	0	2
Walnut Valley Unified	0	0	11	0	1	0	0	12
West Covina Unified	0	2	11	1	3	0	0	17
Westside Union	0	0	10	2		0	0	12
Whittier City	0	0	2	0	0	0	0	2
Whittier Union High	0	0	0	0	11	0	0	11
William S. Hart Union High	0	0	0	13	5	0	0	18
Wilsona	0	3	0	0	0	0	0	3
Wiseburn	0	0	3	3		0	0	6

Figure 7

Number Of Reported Cases Of Suspected

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	0	0	2	0	0	2
Acton-Agua Dulce Unified	0	0	6	1	1	0	0	8
Alhambra Unified	0	0	21	0	14	0	0	35
Antelope Valley Joint Union High	0	0	0	0	13	0	0	13
Arcadia Unified	0	0	0	0	1	0	0	1
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	2	1	0	0	0		3
Bassett Unified	0	0	0	0	0	0	0	0
Bellflower Unified	0	0	6	0	4	0	0	10
Beverly Hills Unified	0	0	0	0	0	0	0	0
Bonita Unified	0	0	11	2	2	0	0	15
Burbank Unified	0	0	3	0	0	0	0	3
Castaic Union	0	0	4	1	0	0	0	5
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	1	1	1	0	0	3

Figure 7 (continued)

Number Of Reported Cases Of Suspected

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Claremont Unified	0	0	2	0	0	0	0	2
Compton Unified	0	0	2	2	1	0	0	5
Covina-Valley Unified	0	0	14	4	1	0	0	19
Culver City Unified	0	0	3	0	0	0	0	3
Downey Unified	0	6	6	3	6	0	0	21
Duarte Unified								
East Whittier City	0	0	2	0	0	0	0	2
Eastside Union	0	4	4	0	0	0	0	8
El Monte City	0	6	6	0	0	0	0	12
El Monte Union High	0	0	0	0	4	0	0	4
El Rancho Unified	0	0	4	3	4	0	0	11
El Segundo Unified	0	0	0	0	0	0	0	0
Garvey	0	0	0	0	0	0	0	0
Glendale Unified	0	0	2	0	2	0	0	4
Glendora Unified	0	0	4	0	2	0	0	6
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	2	13	0	1	0	0	16
Hawthorne	0	0	0	1	0	0	0	1
Hermosa Beach City	0	0	0	0	0	0	0	0
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	4	0	1	0	0	5
Keppel Union	0	0	2	1	0	0	0	3
La Canada Unified	0	0	0	0	0	0	0	0
Lancaster	0	0	4	1	0	0	0	5
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	2	2	0	0	0	4
Lennox	0	0	0	4	1	0	0	5
Little Lake City	0	0	1	0	0	0	0	1
Long Beach Unified	0	1	2	4	1	0	0	7
Los Angeles Unified	0	0	0	0	0	0	0	0
Los Nietos	0	0	1	1	0	0	0	2
Lowell Joint	0	0	2	0	0	0	0	2
Lynwood Unified	0	0	3	2	0	0	0	5
Manhattan Beach Unified	0	0	2	0	0	0	0	2
Monrovia Unified	0	0	1	3	0	0	0	4
Montebello Unified	0	0	2	7	0	0	0	9
Mountain View	0	0	1	3	0	0	0	4
Newhall	0	0	2	0	0	0	0	2
Norwalk-La Mirada Unified	0	0	3	2	0	0	0	5
Palmdale	0	0	3	0	0	0	0	3

Figure 7 (continued)

Number Of Reported Cases Of Suspected

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Palos Verdes Peninsula Unified	0	0	0	1	2	0	0	3
Paramount Unified	0	0	0	0	0	0	0	0
Pasadena Unified	0	0	6	3	3	0	0	12
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	2	0	0	0	0	2
Rosemead	0	0	3	2	0	0	0	5
Rowland Unified	0	0	0	0	0	0	0	0
San Gabriel Unified	0	0	0	0	0	0	0	0
San Marino Unified								
Santa Monica-Malibu Unified	0	0	0	0	0	0	0	0
Saugus Union	0	0	5	0	0	0	0	5
South Pasadena Unified								
South Whittier	0	0	13	1	0	0	0	14
Sulphur Springs Union	0	0	0	0	0	0	0	0
Temple City Unified	0	0	0	0	0	0	0	0
Torrance Unified	0	0	0	0	0	0	0	0
Valle Lindo	0	0	0	2	0	0	0	2
Walnut Valley Unified	0	0	5	0	0	0	0	5
West Covina Unified	0	0	5	0	0	0	0	5
Westside Union	0	0	1	0	0	0	0	1
Whittier City	0	0	1	0	0	0	0	1
Whittier Union High	0	0	0	0	1	0	0	1
William S. Hart Union High	0	0	0	5	5	0	0	10
Wilsona	0	4	0	1	0	0	0	5
Wiseburn	0	0	0	0	0	0	0	0

Figure 8

Number Of Reported Cases Of Suspected Emotional Abuse By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	4	0	0	0	0	4
Acton-Agua Dulce Unified	0	0	0	0	0	0	0	0
Alhambra Unified	0	0	11	0	17	0	0	28
Antelope Valley Joint Union High	0	0	0	0	21	0	0	21
Arcadia Unified	0	0	0	0	2	0	0	2
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	6	0	0	0	0	0	6
Bassett Unified	0	0	0	0	2	0	0	2
Bellflower Unified	0	0	8	1	7	0	0	16

Figure 8 (continued)

Number Of Reported Cases Of Suspected Emotional Abuse By School District

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Beverly Hills Unified	0	0	0	0	0	0	0	0
Bonita Unified	0	0	2	0	1	0	0	3
Burbank Unified	0	0	1	1	1	0	0	3
Castaic Union	0	0	4	0	0	0	0	4
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	0	0	0	0	0	0
Claremont Unified	0	0	2	1	0	0	0	3
Compton Unified	0	0	0	0	0	0	0	0
Covina-Valley Unified	0	0	4	3	0	0	0	7
Culver City Unified	0	0	3	0	2	0	0	5
Downey Unified	0	4	4	8	17	0	0	33
Duarte Unified	0	0	0	0	0	0	0	0
East Whittier City	0	0	2	0	0	0	0	2
Eastside Union	0	0	0	0	0	0	0	0
El Monte City	0	3	3	0	0	0	0	6
El Monte Union High	0	0	0	0	0	0	0	0
El Rancho Unified	0	0	0	0	0	0	0	0
El Segundo Unified	0	0	0	0	0	0	0	
Garvey	0	0	1	0	0	0	0	1
Glendale Unified	0	0	1	0	1	0	0	2
Glendora Unified	0	0	1	0	1	0	0	2
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	1	1	4	0	0	0	6
Hawthorne	0	0	0	2	1	0	0	3
Hermosa Beach City	0	0	0	0	0	0	0	0
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	2	0	0	0	0	2
Keppel Union	0	0	1	0	0	0	0	1
La Canada Unified	0	0	0	0	0	0	0	0
Lancaster	0	2	1	1	0	0	0	4
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	0	0	0	0	0	0
Lennox	0	0	9	1	2	0	0	12
Little Lake City	0	0	0	1	0	0	0	1
Long Beach Unified	0	0	0	1	0	0	0	1
Los Angeles Unified	0	6	194	162	140	0	0	502
Los Nietos	0	0	0	0	0	0	0	0
Lowell Joint	0	0	1	0	0	0	0	1
Lynwood Unified	0	0	0	0	0	0	0	0
Manhattan Beach Unified	0	0	0	0	1	0	0	1

Figure 8 (continued)

Number Of Reported Cases Of Suspected Emotional Abuse By School District

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

** A zero in the data field indicates that a school district did not submit child abuse data for the 2012-2013 school year.

COUNTY OF LOS ANGELES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The Los Angeles County Department of Children and Family Services (DCFS) began operations on December 1, 1984. The Department's 7,000+ staff provides legally mandated Emergency Response, Family Maintenance, Family Reunification, Permanent Placement and Adoptions services to children and families in Los Angeles County through its more than 20 offices spread throughout the County. Los Angeles County DCFS has been an innovator in its programs, multi-agency partnering and efforts to engage families and communities in developing child safety and services planning.

OUR VISION

Children thrive in safe families and supportive communities.

OUR MISSION

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

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

VALUES

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

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

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

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

Responsiveness: We take needed action in a timely manner.

CURRENT GOALS

Goal 1: Emphasize Child Centered Practices

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

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

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

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

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

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

Goal II: Pursue Workforce Excellence

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

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

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

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

Goal III: Strengthen Organizational Operations and Systems

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

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

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

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

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

CWS/CMS Outcomes System

CWS/CMS Outcomes System, formerly known as The Child Welfare System Improvement and Accountability Act (AB 636) which took effect on January 1, 2004, outlines how counties in California

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

The CWS/CMS Outcomes System has the following goals:

- Children are protected from abuse and neglect.
- Children are safely maintained in their own homes whenever possible and appropriate.
- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.
- Families have enhanced capability to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.
- Youth aging out from foster care are prepared to transition to adulthood.

Performance indicators measuring progress toward these goals include: the number of children in foster care; the rate of recurrence of maltreatment of children in foster care; the number of placements of a foster child; length of time to reunification with birth parents and the rate of adoption. Outcome measure data that meet federal standards and other essential measures required by the California Department of Social Services (CDSS) have been developed by the University of California, Berkeley (UCB).

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

TITLE IV-E WAIVER

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

Safety

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

Permanency

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

Reduce reliance on out-of-home care

6. Reduce the number of children/youth in out-of-

home care.

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

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

First Sequence Priorities

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

Next Sequence Priorities

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

CHILD WELFARE SERVICES

Emergency Response Services

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

Family Maintenance Services

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

Family Reunification Services

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

Permanent Placement Services

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

PROTECTIVE SERVICES - REFERRALS RECEIVED

During Calendar Year (CY) 2012, there was an average of 15,152 children who were referred to DCFS per month. Of these, an average of 12,911 children (85.2%) required an in-person investigation. As shown in Figure 1, there were 181,827 children referred during CY 2012 compared to 167,723 in CY 2011. This reflects an 8.4% increase in referrals over CY 2011.

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

Referrals Received by Allegation Type

Referrals of child abuse or neglect received by DCFS are categorized by seven reporting categories in Figure 3 and Figure 4 and are ranked by order of severity of abuse, as defined by CDSS. Please refer to the Glossary in this report or the Definitions of Abuse. Also included are categories “At Risk, Sibling Abuse.” This category was added with the implementation of the Child Welfare Services/Case Management System (CWS/CMS) for siblings who

may be at risk, but were not identified as victims in a referral. Referral data in Figure 3 and Figure 4 represent children in referrals received by DCFS.

Children referred due to Sexual Abuse allegations account for 9.9% of the total children referred to DCFS during CY 2012, up from 9.6% in CY 2011. The number of referred children for this allegation (17,914) reflects a 10.7% increase from 16,181 in CY 2011.

Children with allegations of Physical Abuse account for 21.7 % of the total referred children, down from 21.9% in CY 2011. The number of referred children for this allegation, on the other hand, shows a 7.7% increase, from 36,699 in CY 2011 to 39,525 in CY 2012.

Children with allegations of Severe Neglect account for 2.1% of the total referred children up from 1.9% in CY 2011. The number of children referred for this allegation reflects a 17.1% increase, from 3,189 in CY 2011 to 3,734 in CY 2012.

General Neglect continues to be the leading reported allegation in the Emergency Response referrals received. Children referred due to this allegation accounted for 28.8% of the total children referred to DCFS during CY 2012, up from 28.6% in CY 2011. The number of referred children for general neglect in CY 2012 (52,298) reflects a 8.9% increase from 48,010 children referred due to the same allegation in CY 2011.

Children referred to DCFS during CY 2012 due to Emotional Abuse remains at 12.1% of the total referred children. The number of children from these referrals reflects a 9.0% increase, from 20,237 in CY 2011 to 22,058 in CY 2012.

Exploitation continues to be the least reported allegation. Children referred with allegations of Exploitation account for under 0.1% of total children referred during CY 2012. The number of children referred for this allegation reflects a 21.9% decrease, from 96 in CY 2011 to 75 in CY 2012.

Children referred due to Caretaker Absence/ Incapacity allegations account for 1.3% of the total children referred during CY 2012, down from 1.5% in CY 2011. The number of children from this referral category decreased by 4.5% volume, from 2,553 in CY 2011 to 2,439 in CY 2012.

When children referred to DCFS due to Severe Neglect, General Neglect, and Caretaker Absence/ Incapacity are combined into a single category of neglect, they represent 32.2% of the total children referred during CY 2012, up from 32.0% in CY 2011.

Children listed in the referral category At Risk, Sibling Abuse account for 24.1% of the total children referred during CY 20112, down from 24.3% in CY 2011.

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD

Figure 5 and Figure 6 exhibit the total DCFS child caseload, In-Home and Out-of-Home Services Caseload, at the end of CY 2012 (i.e., as of December 31, 2012). Effective January 1, 2012, for youth that were already 18 years of age and in care by this date, and otherwise qualified for Extended Foster Care, the new service component, Supportive Transition was added for these youth due to the implementation of Assembly Bill 12 (AB12). This data represents a caseload breakdown by the four child welfare service components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement and Supportive Transition. Between the end of CY 2011 and the end of CY 2012, the total child caseload shows a 0.6% increase, from 34,987 to 35,195.

CHILD CHARACTERISTICS

Figure 7, Figure 8, Figure 9 and Figure 10 exhibit demographic data on children in the DCFS In-Home and Out-of-Home Services Caseload at the end of CY 2012 by age group, ethnicity and gender.

Age

DCFS most vulnerable clients are children in the age group Birth - 2 Years. This population accounts for 19.3% of the total DCFS child caseload, which is slightly up from 19.2% at the end of CY 2011. The number of children in this age group category

exhibits a 1.2% increase, from 6,722 at the end of CY 2011 to 6,804 at the end of CY 2012.

The number of children for the age group 3 - 4 Years exhibits a slight decrease in CY 2012, a 0.6% decrease, from 4,335 at the end of CY 2011 to 4,310 at the end of CY 2012. This population accounts for 12.2% of the children in the total caseload, down from 12.4% at the end of CY 2011.

Children in the age group 5 - 9 Years account for 25.8% of the total caseload, up from 25.3% at the end of CY 2011. The number of children in this population reflects a 2.5% increase, from 8,847 at the end of CY 2011 to 9,070 at the end of CY 2012.

Age group 10 - 13 Years children account for 17.2% of the total caseload, down from 17.7% at the end of CY 2011. The number of children for this age group reflects a 2.3% decrease from 6,190 at the end of CY 2011 to 6,047 at the end of CY 2012.

Children in the age group 14 - 15 Years account for 9.5% of the total caseload at the end of CY 2012, down from 9.8% at the end of CY 2011. The number of children in this age group reflects a 2.7% decrease, from 3,422 at the end of CY 2011 to 3,330 at the end of CY 2012.

Youth in the age group 16 - 17 Years account for 10.4% of the total caseload, down from 10.9% at the end of CY 2011. The number of youth in this age group shows a 3.5% volume decrease, from 3,797 at the end of CY 2011 to 3,663 at the end of CY 2012.

Youth in the age group 18 & older account for 5.6% of the total DCFS children at the end of CY 2012, up from 4.8% at the end of CY 2011. The number of these young adults (1,971) reflects a 17.7% increase from 1,674 at the end of CY 2011.

Overall, children 13 years and under account for 74.5%, and children 14 years and older account for 25.5% of the total DCFS caseload.

Ethnicity

White children account for 11.4% of the total DCFS caseload, down from 11.7% at the end of CY 2011. The number of children in this ethnic group (3,995) reflects a 2.4% decrease from 4,095 at the end of CY 2011.

Hispanic children continue to be the largest of all ethnic groups among DCFS children. This population accounts for 58.7% of the total caseload, up from 57.9% at the end of CY 2011. The number of Hispanic children reflects a 2.0% increase from 20,257 at the end of CY 2011 to 20,666 at the end of CY 2012.

Following the Hispanic child population, African American children represent the next largest ethnic group among DCFS children. This population accounts for 26.5% of the total caseload, down from 27.0% at the end of CY 2011. The number of African American children shows a 1.4% decrease, from 9,443 at the end of CY 2011 to 9,313 at the end of CY 2012

The Asian/Pacific Islander population accounts for 1.7% of the total DCFS children, down from 1.8% at the end of 2011. This population reflects a 2.9% decrease, from 619 at the end of CY 2011 to 601 at the end of CY 2012.

American Indian/Alaskan Native, Filipino and Other ethnicity each accounts for 0.5%, 0.6% and 0.7% of the total DCFS child caseload, respectively.

Gender

Male and Female child populations have been nearly even. The total DCFS caseload at the end of CY 2012 shows 49.9% male and 50.1% female.

CHILDREN IN OUT-OF-HOME PLACEMENT

Figure 11, Figure 12 and Figure 13 identify DCFS children who are in out-of-home placements excluding children in Guardian Home, Adoptive Home, or Non-Foster Care Placement Facility, as of December 31, 2012. Beginning with CY 2012 reporting period, the out-of-home placement caseload includes Supervised Independent Living Placement as a new

category. This placement category is designated for youth who are in foster care beyond 18 and up to 21 years of age via the Extended Foster Care program due to the implementation of Assembly Bill 12 (AB12). Between the end of CY 2011 and the end of CY 2012, the number of children in out-of-home placement shows a 5.1% increase from 15,204 to 15,985.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to represent the largest child population in the out-of-home placement caseload. These children account for 53% of the total children in out-of-home placements at the end of CY 2012, up from 52.1% at the end of CY 2011. The number of children in this placement category shows a 7.0% increase, from 7,924 at the end of CY 2011to 8,479 at the end of CY 2012.

Children in Foster Family Home account for 7.6% of the total out-of-home placements at the end of CY 2012, slightly down from 7.7% at the end of CY 2011. The number of children in this population reflects a 3.3% increase, from 1,173 at the end of CY 2011 to 1,212 at the end of CY 2012.

The number of children in Foster Family Agency Certified Home reflects a 1.7% decrease, from 4,987 at the end of CY 2011 to 4,901 at the end of CY 2012. This population accounts for 30.7% of the total children in the out-of-home placement caseload at the end of CY 2012, down from 32.8% at the end of CY 2011.

Children in Small Family Home account for 0.2% of the total children in out-of-home placement. The number of children in this placement type (37) reflects a 30.2% decrease from 53 at the end of CY 2011.

Children in Group Home account for 6.5% of the total out-of-home placement caseload at the end of CY 2012, down from 6.8% at the end of CY 2011. The number of children for this population reflects a 1.0% increase, from 1,032 at the end of CY 20101to 1,042 at the end of CY 2012.

Supervised Independent Living Placement children account for 1.5% of the total children in out-of-home placement caseload. There is no statistical comparison against CY 2011 as this placement category did not exist then.

Placement facility type Other includes Court Specified Home. Children in this placement category remain at 0.5% of the total children in out-of-home placement caseload.

PERMANANCY PARTNERS PROGRAM (P3)

Implemented in 2004, the Permanency Partners Program (P3) utilizes retired and part-time social workers who are assigned to cases on a secondary basis with the sole purpose of providing family finding services, and engagement of those family members for youth who have little or no connections in hopes of providing permanency for them. As part of the family finding process, P3 workers utilize a vast variety of search techniques such as a thorough review of the entire case record, Facebook searches, internet searches and a variety of governmental information databases to obtain contact information for possible family member or important connections for the youth. Once connections are located, the P3 workers employ engagement techniques to assist the youth in building relationships, these engagement techniques may include setting up initial phone calls, assisting the youth or family in drafting letters to one another, facilitating visitation, or even assisting the primary social worker with submitting placement paperwork. Through this engagement process the P3 CSWs ultimate goal is to help the youth find life-long connections and permanency, either through reunification with a parent, adoption, or legal guardianship.

In February 2010, the P3 program began a pilot project in the Compton office to expand family finding and engagement services to newly detained children. Based upon the success of the initial pilot project, P3 expanded the project in October 2011 to include two other offices, Torrance and Pasadena along with Compton. This expansion funded by a Federal Diligent Recruitment Grant will allow upfront P3 services to be provided for the next four years in these offices.

Traditionally P3 services were provided to youth

12-18 years old who were in Permanent Placement services with little or no connections. However, as a result of the success of the initial up front service expansion (through the pilot project and Diligent Recruitment Grant), as well as the use of Title IV-E reinvestment funds, the P3 program began accepting children who were newly detained county-wide as of February 2012. Now each Regional office accepts both traditional as well as upfront cases for P3 service.

As of December 2012, P3 has provided services to 6,017 youth since its inception in 2004.

- Approximately, 40% (2,404) of the youth now have a legally permanent plan identified or established.
- 592 youth have returned home to a parent and had their child welfare case closed.
- 171 youth have returned home and continue to have their case supervised by DCFS.
- 400 youth are moving towards reunification with a parent.

Adoption

- 226 youth have been adopted.
- 52 youth are in adoptive placements.
- 282 youth who were previously opposed to adoption are now involved in adoption planning.

Legal Guardianship

- 164 youth have had a legal guardian appointed and their cases closed through KinGAP. 154 youth were in a legal guardianship prior to their case closing due to emancipation.
- 173 youth are in legal guardianship and continue to have their case supervised by DCFS.
- 190 youth have a plan of legal guardianship identified and are moving through the court process.

ADOPTION PLANNING

Figure 14 and Figure 15 reflect comparative data on children placed in adoptive homes annually by the Adoptions Division. During CY 2012, there were 1,500 children placed in adoptive home compared to 1,540 placements made during CY 2011.

241.1 HEARINGS

Figure 16, Figure 17 and Figure 18 present data on children referred for 241.1 Joint Assessment Hearings during CY 2012. Data on 241.1 cases are comprised of children referred from Dependency Court and Delinquency Court. Children under the jurisdiction of the Dependency Court account for 1.6% of the total, while children under the jurisdiction of the Delinquency Court account for 98.4% of the total children referred for 241.1 Joint Assessment Hearings.

ICAN PUBLIC WEB SITE

The public may access the DCFS CY 2012 Data Statement as part of the ICAN State of Child Abuse in Los Angeles County Report for 2013 at the following Web Site address:

http:\\ican4kids.org

SELECTED FINDINGS

Hispanic children continue to be the largest of all ethnic groups among DCFS children. This population accounts for 58.7% of the total caseload, up from 57.9% at the end of CY 2011. The number of Hispanic children reflects a 2.0% increase from 20,257 at the end of CY 2011 to 20,666 at the end of CY 2012.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to represent the largest child population in the out-of-home placement caseload. These children account for 53.0% of the total children in out-of-home placements at the end of CY 2012, up from 52.1% at the end of CY 2011. The number of children in this placement category shows a 7.0% increase, from 7,924 at the end of CY 2011 to 8,479 at the end of CY 2012.

As of December 2011 P3 has provided traditional P3 services to 6,017 youth. Approximately, 40% (2,404) of the youth now have a legally permanent plan identified or established. A total of 592 youth

have returned home to a parent and had their child welfare case closed, 171 youth have returned home and continue to have their case supervised by DCF, and 400 are moving towards reunification with a parent. In addition, 226 youth have been adopted, 52 youth are in adoptive placements, and 282 youth who were previously opposed to adoption are now involved in adoption planning. Finally, 164 youth have had a legal guardian appointed and their cases closed through KinGAP, 154 youth were in a legal guardianship prior to their case closing due to emancipation, 173 youth are in legal guardianship and continue to have their case supervised by DCFS, and 190 youth have a plan of legal guardianship identified and are moving through the court process.

RESPONSE TO RECOMMENDATIONS FROM 2012 - REPORT

RECOMMENDATION ONE:

Reporting of Data

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

Response To Recommendation One:

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

RECOMMENDATION TWO:

Use of Spatial Data

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

Response To Recommendation Two:

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

Figure 1

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
TOTAL CHILDREN REFERRED TO DCFS
Calendar Years 1984 Through 2012

CALENDAR YEAR	CHILDREN
1984	74,992
1985	79,655
1986	103,116
1987	104,886
1988	114,597
1989	111,799
1990	108,088
1991	120,358
1992	139,106
1993	171,922
1994	169,638
1995	185,550
1996	197,784
1997	179,436
1998	157,062
1999	146,583
2000	151,108
2001	147,352
2002	161,638
2003	162,361
2004	154,993
2005	156,831
2006	162,711
2007	167,325
2008	166,745
2009	157,960
2010	170,471
2011	167,723
2012	181,827

Figure 2

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES TOTAL CHILDREN REFERRED CHILDREN BY CALENDAR YEAR 2012

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN RECEIVED
1	1,427	9,540	10,967
2	3,587	24,790	28,377
3	2,630	18,968	21,598
4	2,403	14,989	17,392
5	498	3,096	3,594
6	3,717	25,833	29,550
7	2,936	18,231	21,167
8	3,206	20,731	23,937
Out of County/Other*	6,493	18,752	25,245
TOTAL	**26,897**	**154,930**	**181,827**

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

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

Figure 3

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES REFERRED CHILDREN BY CALENDAR YEAR 2012

ALLEGATION TYPE	CHILDREN	PERCENTAGE
Sexual Abuse	17,914	9.9
Physical Abuse	39,525	21.7
Severe Neglect	3,734	2.1
General Neglect	52,298	28.8
Emotional Abuse	22,058	12.1
Exploitation	75	0.0
Caretaker Absence/Incapacity	2,439	1.3
At Risk, Sibling Abuse	43,784	24.1
TOTAL	**181,827**	**100.0**

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

Figure 4

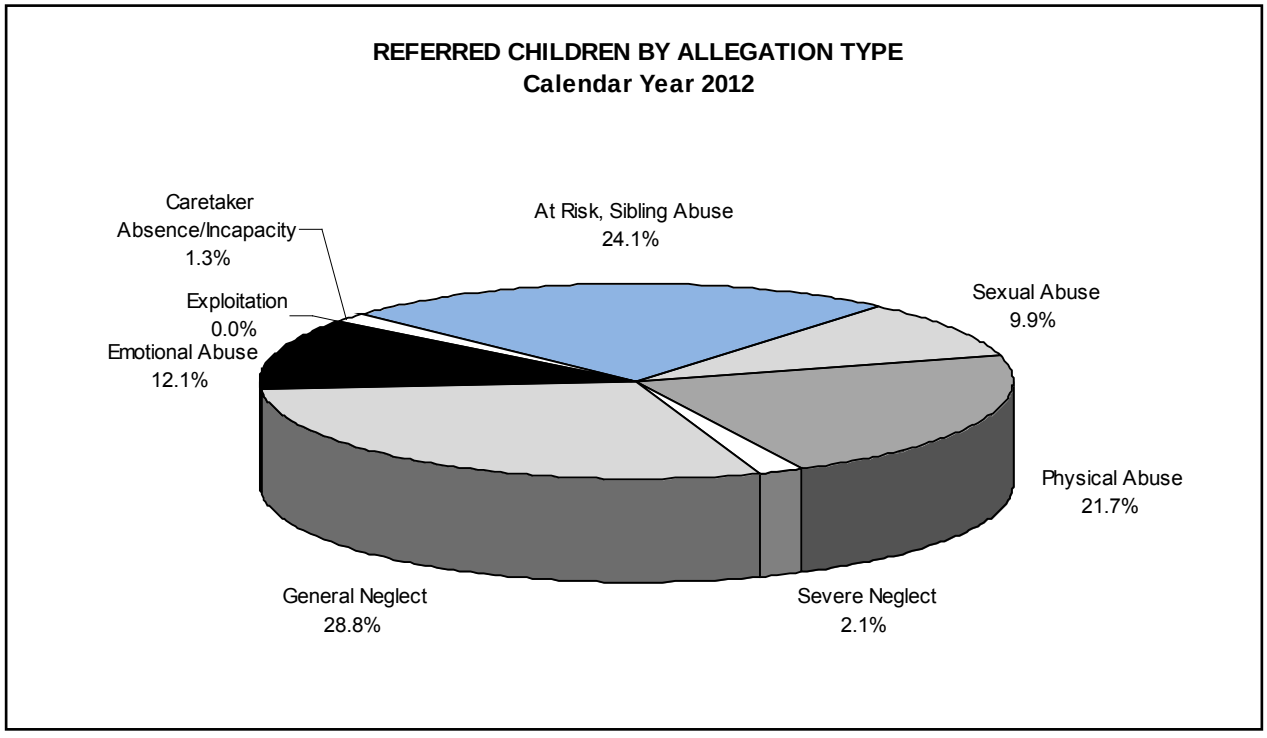


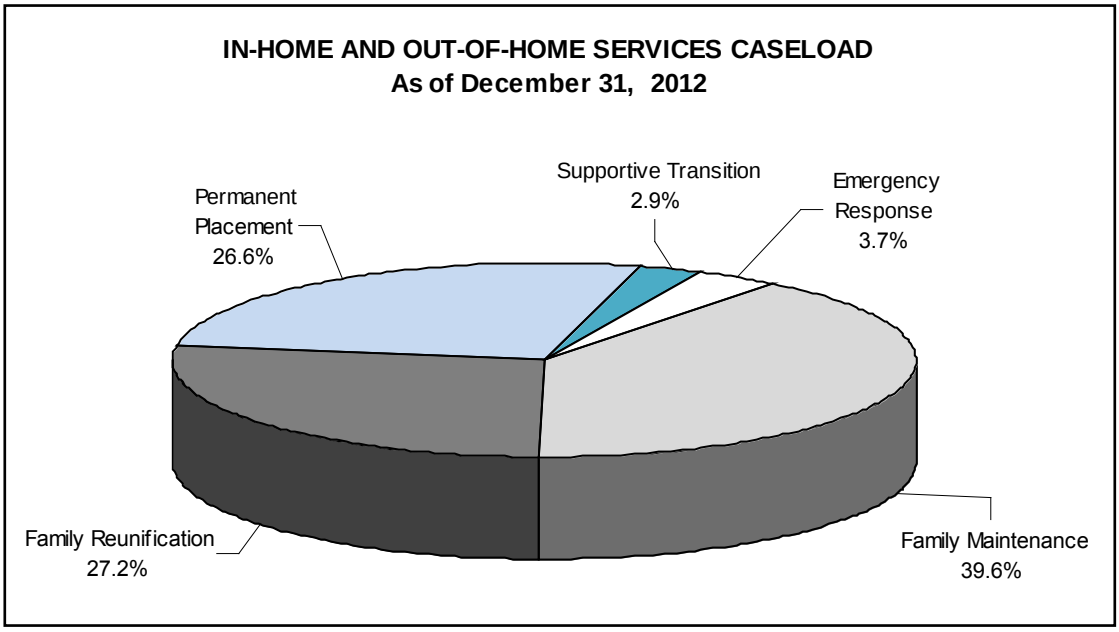
Figure 5

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES IN-HOME AND OUT-OF-HOME SERVICES CASELOAD AS OF DECEMBER 31, 2012

SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	1,288	3.7
Family Maintenance	13,945	39.6
Family Reunification	9,580	27.2
Permanent Placement	9,363	26.6
Supportive Transition	1,019	2.9
TOTAL	**35,195**	**100.0**

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

Figure 6



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

Figure 7

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES IN-HOME AND OUT-OF-HOME SERVICES CASELOAD CHILD CHARACTERISTICS AS OF DECEMBER 31, 2012

CATEGORY		
AGE GROUP	**CHILDREN**	**PERCENTAGE**
Birth - 2 Years	6,804	19.3
3 - 4 Years	4,310	12.2
5 - 9 Years	9,070	25.8
10 - 13 Years	6,047	17.2
14 - 15 Years	3,330	9.5
16 - 17 Years	3,663	10.4
18 Years & Older	1,971	5.6
TOTAL	**35,195**	**100.0**
ETHNICITY		
White	3,995	11.4
Hispanic	20,666	58.7
African-American	9,313	26.5
Asian/Pacific Islander	601	1.7
American Indian/Alaskan Native	163	0.5
Filipino	218	0.6
Other	2039	0.7
TOTAL	**35,195**	**100.0**
GENDER		
Male	17,569	49.9
Female	17,626	50.1
TOTAL	**35,195**	**100.0**

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

Figure 8

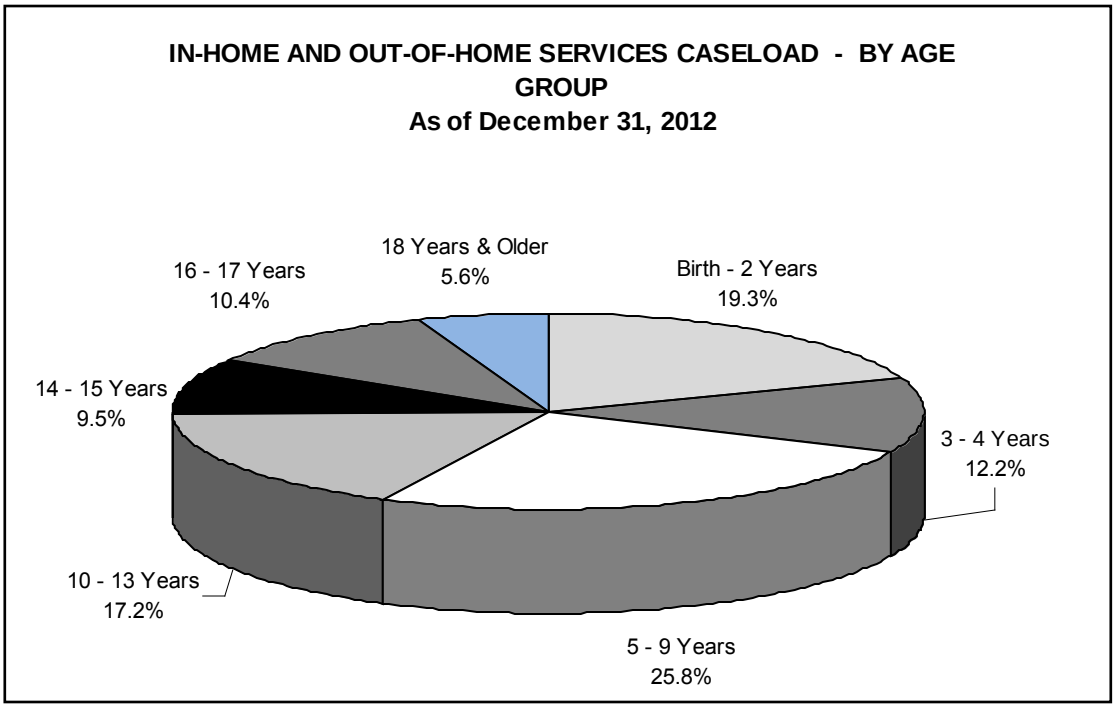
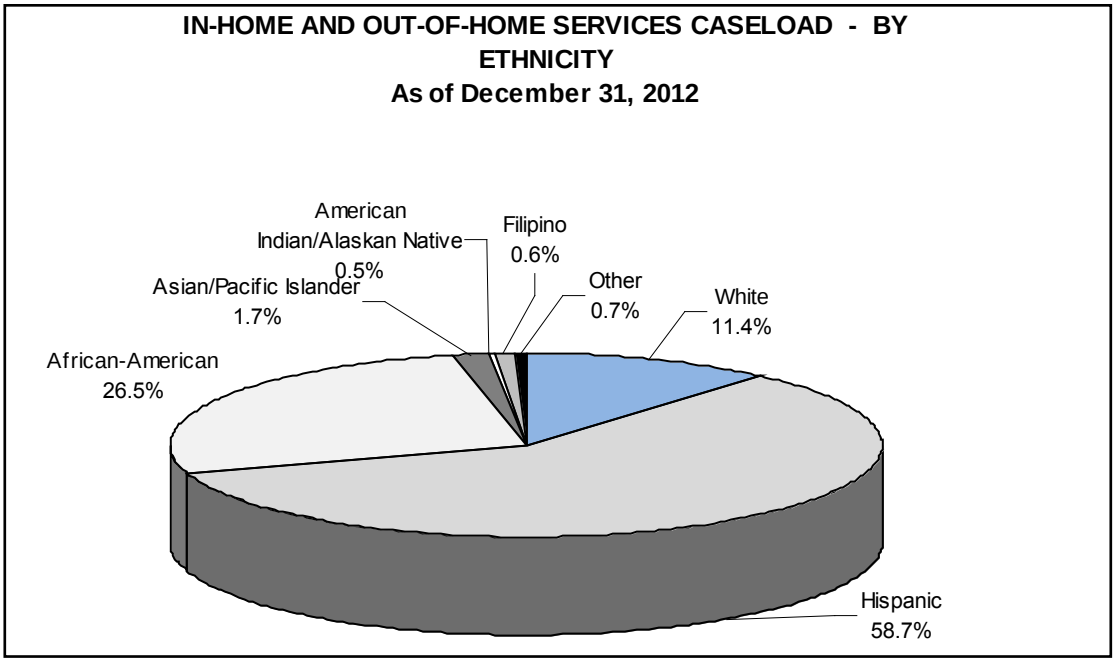


Figure 9



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

Figure 10

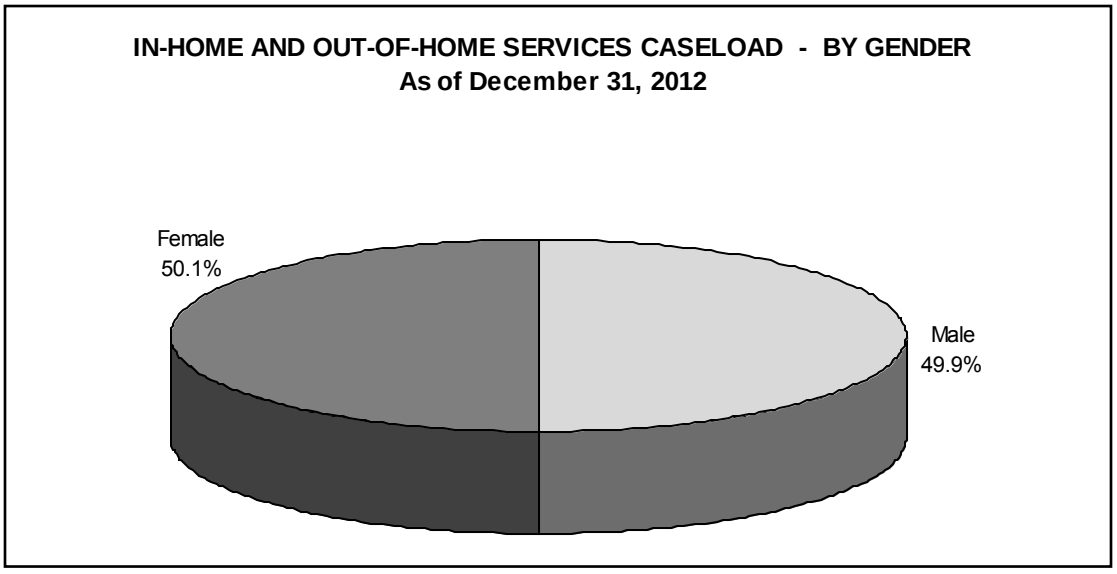


Figure 11

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN IN OUT-OF-HOME PLACEMENT BY SERVICE PLANNING AREA (Non Foster Care, Adoptive Home, and Guardian Home Placements Excluded) As of December 31, 2012

SERVICE PLANNING AREA (SPA)	RELATIVE/ NREFM* HOME	FOSTER FAMILY HOME	FOSTER FAMILY AGENCY CERTIFIED HOME	GROUP HOME	OTHER
SPA 1	732	213	734	27	3
SPA 2	921	107	436	141	10
SPA 3	1,139	176	796	408	13
SPA 4	455	22	121	82	2
SPA 5	68	12	39	24	2
SPA 6	1,547	260	721	133	4
SPA 7	1,042	98	577	15	6
SPA 8	1,061	262	369	122	6
Out of County/Other**	1,415	62	1,108	90	34
TOTAL	**8,479**	**1,212**	**4,901**	**1,042**	**80**

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

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

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

Figure 12

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD (Non Foster Care, Adoptive Home, and Non-Foster Care Placement Facility) As of December 31, 2012

FACILITY TYPE	CHILDREN	PERCENTAGE
Relative/Non-relative Extended Family Member Home	8,479	53
Foster Family Home	1,212	7.6
Foster Family Agency Certified Home	4,991	320.7
Small Family Home	37	0.2
Group Home	1,042	6.5
Supervised Independent Living Placement	234	1.5
Other (Tribal Home and Court Specified Home)	80	0.5
TOTAL OUT-OF-HOME PLACEMENT	**15,985**	**100.0**

Figure 13

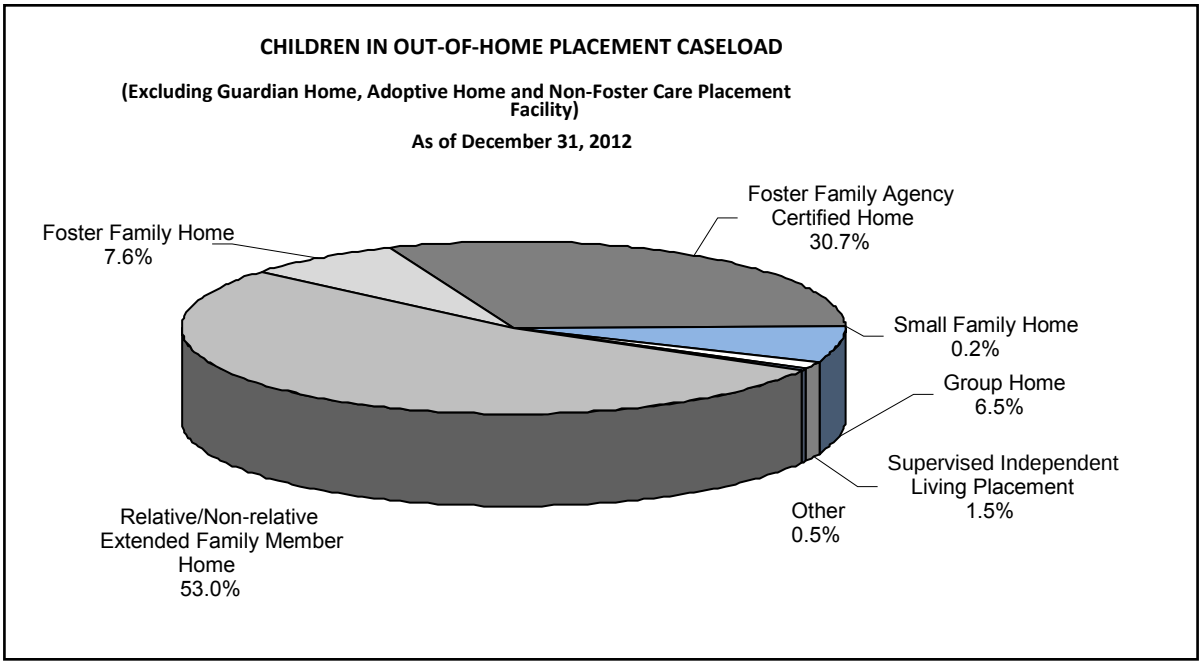


Figure 14

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES ADOPTIONS PERMANENCY PLANNING CASELOAD Calendar Years 1985 Through 2011

CALENDAR YEAR	CHILDREN PLACED IN ADOPTIVE HOMES DURING THE YEAR
1984	558
1985	524
1986	617
1987	541
1988	698
1989	696
1990	824
1991	1,000
1992	985
1993	1,049
1994	1,027
1995	1,035
1996	1,087
1997	1,346
1998	1,728
1999	2,532
2000	2,992
2001	2,871
2002	2,135
2003	1,842
2004	2,271
2005	2,273
2006	2,230
2007	2,240
2008	2,228
2009	2,148
2010	1,397
2011	1,540
2012	1,500

Note: Counts subjected to changes due to system update.

FIGURE 15

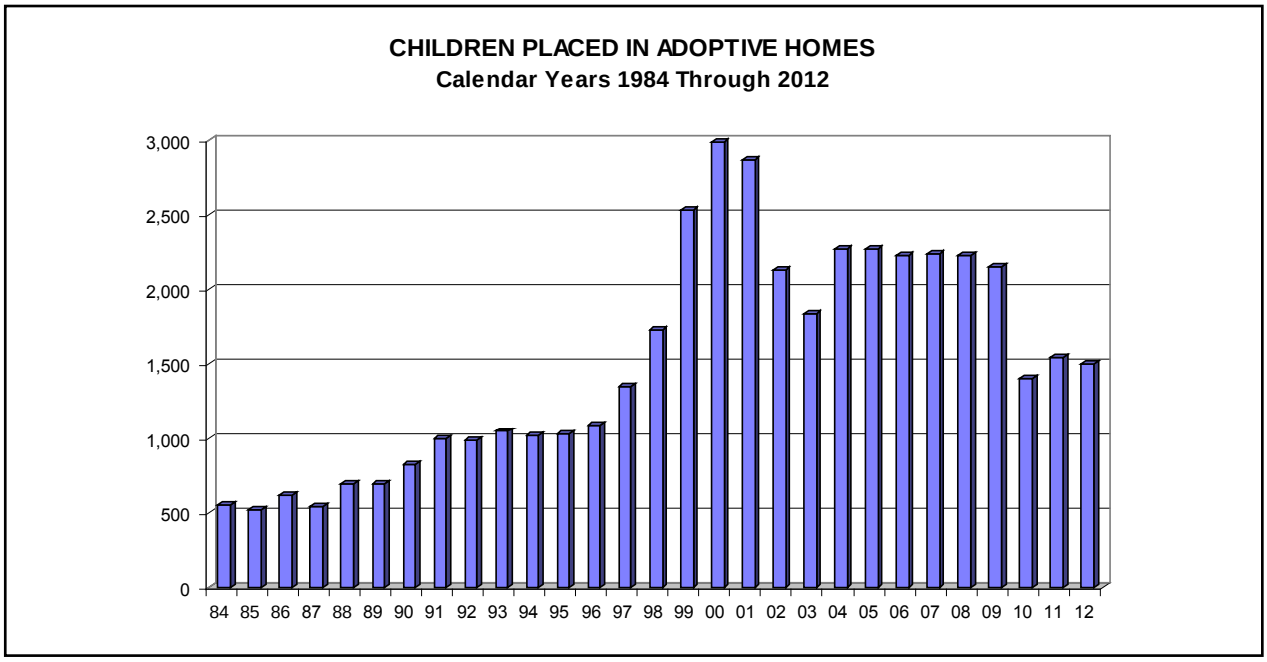


Figure 17

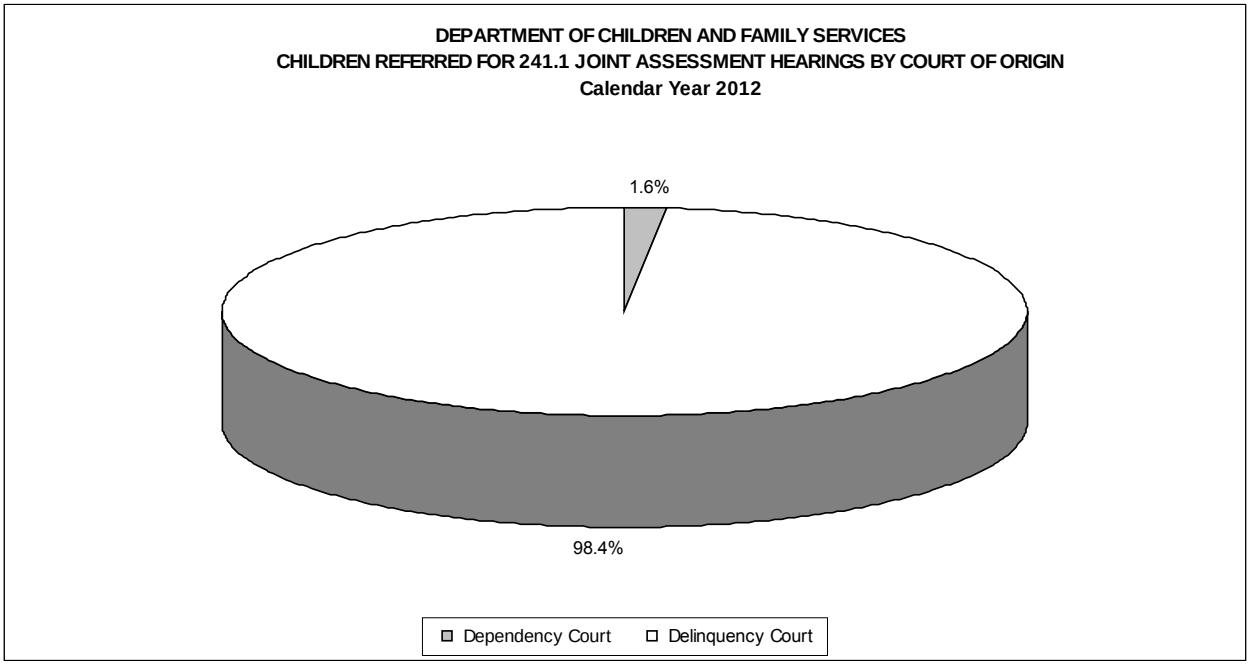


Figure 18

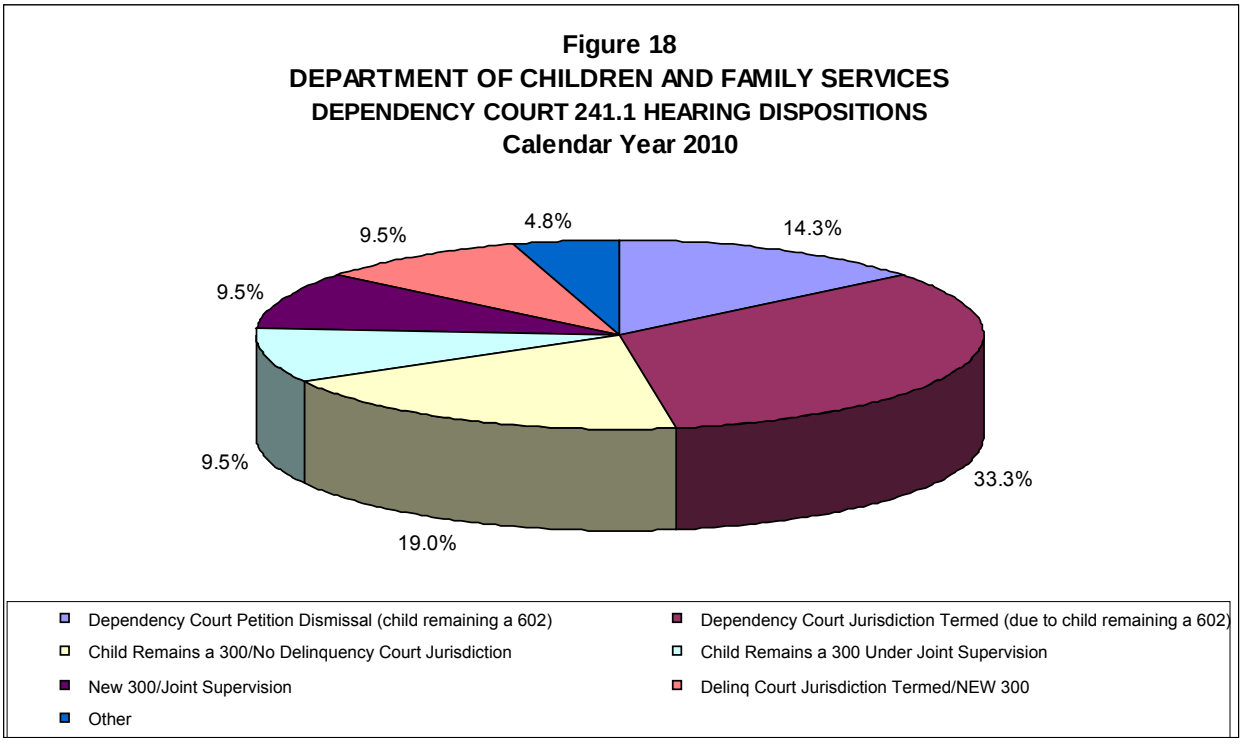


Figure 18
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
DEPENDENCY COURT 241.1 HEARING DISPOSITIONS
Calendar Year 2010
4.8%
14.3%
9.5%
9.5%
9.5%
33.3%
19.0%
Dependency Court Petition Dismissal (child remaining a 602)
Dependency Court Jurisdiction Termed (due to child remaining a 602)
Child Remains a 300/No Delinquency Court Jurisdiction
Child Remains a 300 Under Joint Supervision
New 300/Joint Supervision
Delinq Court Jurisdiction Termed/NEW 300
Other

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 Planned Permanent Living Arrangement (PPLA)]

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

Neglect

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

Non-relative Extended Family Member (NREFM)

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

Out-of-Home Care

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

Out-of-Home Care Provider

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

Permanency Planning

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

information about permanent plans (e.g., adoption, legal guardianship); and refer the caregiver to the Adoptions Division for an adoptive home study, etc.

Permanent Placement

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

Physical Abuse

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

Placement

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

Placement Episode

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

Point of Engagement (POE)

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

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

Relative

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

Resource Family

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

Severe Neglect

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

Sexual Abuse

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

Sexual Assault

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

Sexual Exploitation

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

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

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

Small Family Home

Any residential facility in the licensee's family residence providing 24-hour a day care for six or fewer children who are mentally disordered, developmentally disabled or physically handicapped and who require special care and supervision as a result of such disabilities.

Substantial Risk

Is based upon WIC § 300 (a), (b), (c), (d), and (j). It is applicable to situations in which no clear, current allegations exist for the child, but the child appears to need preventative services based upon the family's history and the level of risk to the child. This allegation is used when a child is likely to be a victim of abuse, but no direct reports of specific abuse exist. The child may be at risk for physical, emotional, sexual abuse or neglect, general or severe.

Substantiated

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

DEPARTMENT OF MEDICAL EXAMINER-CORONER

INTRODUCTION

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

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

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

FORENSIC MEDICINE 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

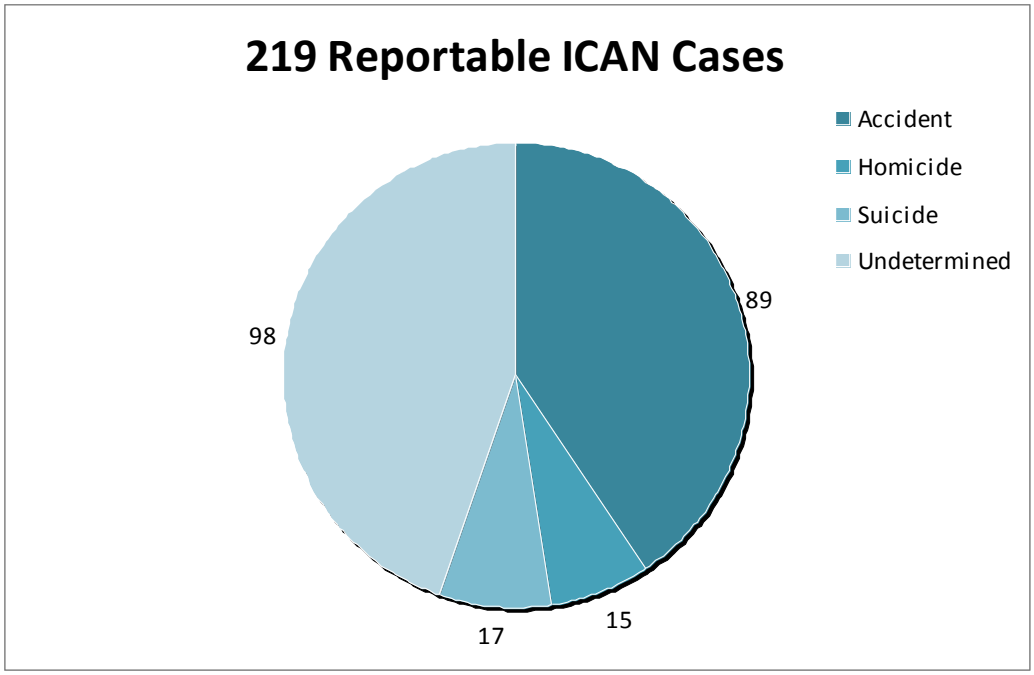
It shall be the duty of the Coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths; unattended deaths; deaths where the deceased has not been attended by either a physician or a registered nurse, who is a member of a hospice care interdisciplinary 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 2012, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 219 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2011, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 238, a decrease of 19 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	2011	2012	Difference
Abandoned newborn	0	1	1
Children run over in driveway accident	3	3	0
Bathtub drowning	2	4	2
Falling television sets	4	1	-3
Traffic Accident age less than equal 5 years old	1	7	6
Not properly secured in the vehicle	0	4	4
Properly secured in the vehicle	1	3	2
Swimming pool drowning, age less than 5 years old	5	5	0

Figure 1

2012 DEATH STATISTICS
Case Comparison by Mode of Death & Gender (Total ICAN cases: 219)

By Mode of Death	2012 Total Cases	2012 % of Total	2011 Total Cases	2011 % of Total	Total Difference
Accident	89	40.6%	88	37.0%	1
Homicide	15	6.8%	23	9.7%	-8
Suicide	17	7.8%	19	8.0%	-2
Undetermined	98	44.7%	108	45.4%	-10
TOTAL	**219**	**100%**	**238**	**100%**	**-19**

By Gender	2011 Total Cases	2011 % of Total	2011 Total Cases	2011 % of Total	Total Different
Female	98	44.7%	99	41.6%	-1
Male	120	54.8%	139	58.4%	-19
Undetermined	1	0.5%	0	0.0%	1
TOTAL	**219**	**100%**	**238**	**100%**	**-19**

Figure 2

2012 DEATH STATISTICS

Case Comparison by Mode of Ethnicity & Age (Total ICAN Cases: 219)

By Ethnicity	Total Cases	% of Total
Armenian	2	0.9%
Asian	2	0.9%
Black	46	21.0%
Caucasian	35	16.0%
Chinese	2	0.9%
Filipino	4	1.8%
Hispanic/latin american	120	54.8%
Korean	2	0.9%
Samoan	1	0.5%
Middle Eastern	1	0.5%
Unknown	4	1.8%
TOTAL	**219**	**100.0%**

By Age	Total Cases	% of Total
Stillborn	32	14.6%
1 day – 30 days	21	9.6%
1 – 5 months	43	19.6%
6 months – 1 year	32	14.6%
2 years	6	2.7%
3	7	3.2%
4	5	2.3%
5	2	0.9%
6	6	2.7%
7	3	1.4%
9	1	0.8%
10	3	1.4%
11	6	2.7%
12	4	1.8%
13	3	1.4%
14	6	2.7%
15	10	4.6%
16	10	4.6%
17	17	7.8%
Unknown	2	0.9%
TOTAL	**219**	**100.0%**

Figure 3

2012 MODE OF DEATH: ACCIDENTS by Gender, by Ethnicity, & by Age (Total ICAN Cases: 89)

Accidents by Gender	Total Cases	% of Total
Female	37	41.6%
Male	52	58.4%
TOTAL	**88**	**100.0%**
Accidents by Ethnicity	**Total Cases**	**% of Total**
Armenian	2	2.2%
Asian	2	2.2%
Black	8	9.0%
Caucasian	14	15.7%
Chinese	1	1.1%
Filipino	2	2.2%
Hispanic/Latin American	56	62.9%
Korean	1	1.1%
Unknown	3	3.4%
TOTAL	**89**	**100.0%**
Accidents by Age	**Total Cases**	**% of Total**
Stillborn	16	18.0%
1 day – 30 days	4	4.5%
1 month – 5 months	1	1.1%
6 months – 1 year	11	12.4%
2 yrs	4	4.5%
3 yrs	5	5.6%
4 yrs	3	3.4%
5 yrs	1	1.1%
6 yrs	5	5.6%
7 yrs	3	3.4%
10 yrs	2	2.2%
11 yrs	3	3.4%
12 yrs	4	4.5%
13 yrs	2	2.2%
14 yrs	3	3.4%
15 yrs	4	4.5%
16 yrs	7	7.9%
17 yrs	10	11.2%
Unknown	1	1.1%
TOTAL	**89**	**100.0%**

Figure 4

2012 MODE OF DEATH: ACCIDENTS
by Cause of Death (Total ICAN Cases: 89)

Accidents By Cause of Death	Total Cases	% of Total
Traffic accidents	46	51.7%
During boxing practice	1	1.1%
Struck by falling object	3	3.4%
Kicked by horse	1	1.1%
Drowning	9	10.1%
Asphyxia	2	2.2%
Choking	3	3.4%
House fire	2	2.2%
Maternal drug use	16	18.0%
Overdose	4	4.5%
Therapeutic misadventure	2	2.2%
TOTAL	**89**	**100.0%**

Figure 5

2012 MODE OF DEATH: HOMICIDE
by Gender, by Ethnicity, & by Age (Total ICAN Cases: 15)

Homicides by Gender	Total Cases	% of Total
Female	7	46.7%
Male	18	53.3%
TOTAL	15	100%

Homicides by Ethnicity	Total Cases	% of Total
Black	4	26.7%
Caucasian	1	6.7%
Hispanic/Latin American	9	60.0%
Unknown	1	6.7%
TOTAL	15	100.0%

Homicides by Age	Total Cases	% of Total
Stillborn	1	6.7%
1 month – 5 months	3	20.0%
6 months – 1 year	5	33.3%
2 yrs	1	13.0%
3 yrs	1	6.7%
5 yrs	1	6.7%
9 years	1	6.7%
11 years	1	6.7%
Unknown	1	6.7%
TOTAL	15	100.00%

Figure 6

2012 MODE OF DEATH: HOMICIDE
by Gender, by Ethnicity, & by Age (Total ICAN Cases: 15)

Homicides By Cause of Death	Total Cases	% of Total
Asphyxia	1	6.7%
Intake of medications	1	6.7%
Stabbing	1	6.7%
Blunt force trauma	9	60.0%
Drowning	3	20.0%
TOTAL	15	100.0%

Figure 7

2012 MODE OF DEATH: SUICIDE by Gender, by Ethnicity, & by Age (Total ICAN Cases: 17)

Suicides by Gender	Total Cases	% of Total
Female	9	52.9%
Male	8	47.4%
TOTAL	17	100.0%

Suicides by Ethnicity	Total Cases	% of Total
Black	3	17.6%
Caucasian	7	41.2%
Hispanic/Latin American	7	41.2%
TOTAL	17	100.0%

Suicides by Age	Total Cases	% of Total
14 yrs	2	11.8%
15 yrs	5	29.4%
16 yrs	3	17.6%
17 yrs	7	41.2%
TOTAL	17	100.0%

By Cause of Death	Total Cases	% of Total
Overdose	3	17.6%
Hanging	10	58.8%
Gunshot wound	2	11.8%
Jump from high place	1	5.9%
Jump in front of vehicle	1	5.9%
TOTAL	17	100.0%

Figure 8

MODE OF DEATH: UNDETERMINED
By Cause of Death Total Undetermined Cases: 98

Undetermined by Gender	Total Cases	% of Total
Female	45	45.9%
Male	52	53.1%
Unknown	1	1.0%
TOTAL	98	100.0%

Undetermined by Ethnicity	Total Cases	% of Total
Black	31	31.6%
Caucasian	13	13.3%
Chinese	1	1.0%
Filipino	2	2.0%
Hispanic/Latin American	48	49.0%
Korean	1	1.0%
Middle Eastern	1	1.0%
Samoan	1	1.0%
TOTAL	98	100.0%

Undetermined by Age	Total Cases	% of Total
Stillborn	15	15.3%
1 day to 30 days	17	17.3%
1- 5 months	39	39.8%
6 months to 1 year	16	16.3%
2 years	1	1.0%
3 years	1	1.0%
4 years	2	2.0%
6 years	1	1.0%
10 years	1	1.0%
11 years	2	2.0%
13 years	1	1.0%
14 years	1	1.0%
15 years	1	1.0%
TOTAL	98	100.0%

Figure 9

MODE OF DEATH: UNDETERMINED
By Cause of Death (Total cases 98)

Undetermined By Cause of Death	Total Cases	% of Total
Sudden unexpected infant death (SUDS)	16	16.3%
SUDS with co-sleeping	31	31.6%
SUDS with unsafe sleep surface	5	5.1%
SUDS with co-sleeping and unsafe sleep surface	4	4.1%
SUIDS with co-existing natural disease	2	2.0%
Intrauterine fetal demise	15	15.3%
Hanging	2	2.0%
Asphyxia	4	4.1%
Influenza	1	1.0%
Unexplained blunt trauma	4	4.1%
Misplacement of gastrostomy tube	1	1.0%
Gastroenteritis	1	1.0%
Abruption placental	1	1.0%
Cerebral Palsy	2	2.0%
Diabetic Ketoacidosis	1	1.0%
Unknown	8	8.2%
TOTAL	**98**	**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:

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. The Special Victims Bureau (SVB) is one of six highly specialized bureaus in Detective Division of the Sheriff's Department. SVB investigates physical and sexual child abuse cases which occur within the Sheriff's Department jurisdiction. Cases of child endangerment, neglect, emotional abuse, and child concealment are investigated by detectives assigned to one of the twenty-three (23) Regional Sheriff Stations located throughout Los Angeles County. These cases are not included in this report.

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

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

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

Presently, fifty-five (55) detectives are assigned to Special Victims Bureau which comprise of six investigative regional teams. One sergeant is assigned to each team. In addition, five detectives and one sergeant are assigned to the Los Angeles County Regional Sexual Assault Felony Enforcement (SAFE) Team. The SAFE Team is funded by the California Emergency Management Agency (Cal EMA). The SAFE Team is responsible for the Sheriff's Department 290 Sex Offender Registrant Compliance program. This team is also responsible for investigating sexual assault crimes arising from the Internet, child pornography.

CHILD ABUSE INVESTIGATION PROCEDURES FOR LAW ENFORCEMENT

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

Law enforcement agencies receive reports of child abuse or suspected child abuse directly from either a concerned person, a mandated reporter, or by DCFS. When a report of child abuse is received by a law enforcement agency from someone other than DCFS, that agency cross reports the information to DCFS immediately. DCFS sends their Suspected Child Abuse Report (SCAR) electronically to the law enforcement agency that has jurisdiction over the incident. Even though many of these suspected child abuse incidents may not rise to the level for a criminal report to be written, each reported incident shall always be thoroughly investigated, even though some incidents may be best handled in a non-law enforcement manner. The Sheriff's Department receives over 12,000 SCARs yearly from DCFS.

When the Sheriff's Department receives a SCAR, it is handled as a "call for service." This ensures a timely response to all SCARs received. The responding deputy will conduct a preliminary investigation of all alleged suspected child abuse or neglect calls. The deputy conducts a "face-to-face" interview with the victim or informant if the child 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.

Figure 1

CASES REPORTED BY STATION AND TYPE OF ABUSE 2012

STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	22	32	54
Avalon	1	4	5
Carson	85	74	159
Century	103	237	340
Cerritos	5	19	24
Community Colleges	0	3	3
Compton	65	173	238
County Services Bureau	3	6	9
Crescenta Valley	19	17	36
East Los Angeles	99	235	334
Industry	51	123	174
Lakewood	101	189	290
Lancaster	110	192	302
Lomita	32	31	63
Lost Hills/Malibu	26	58	84
Marina Del Rey	12	13	25
North County Correction Facility	1	0	1
Norwalk	88	156	244
Palmdale	98	228	326
Parks Bureau	0	5	5
Pico Rivera	44	90	134
Pre-Employment	0	3	3
San Dimas	25	71	96
Santa Clarita Valley	82	171	253
South Los Angeles	45	209	254
Special Victims Bureau	4	31	35
Temple	42	94	136
Transit Services Bureau	5	13	18
Walnut/Diamond Bar	41	89	130
West Hollywood	12	14	26
TOTAL	**1,221**	**2,580**	**3,801**

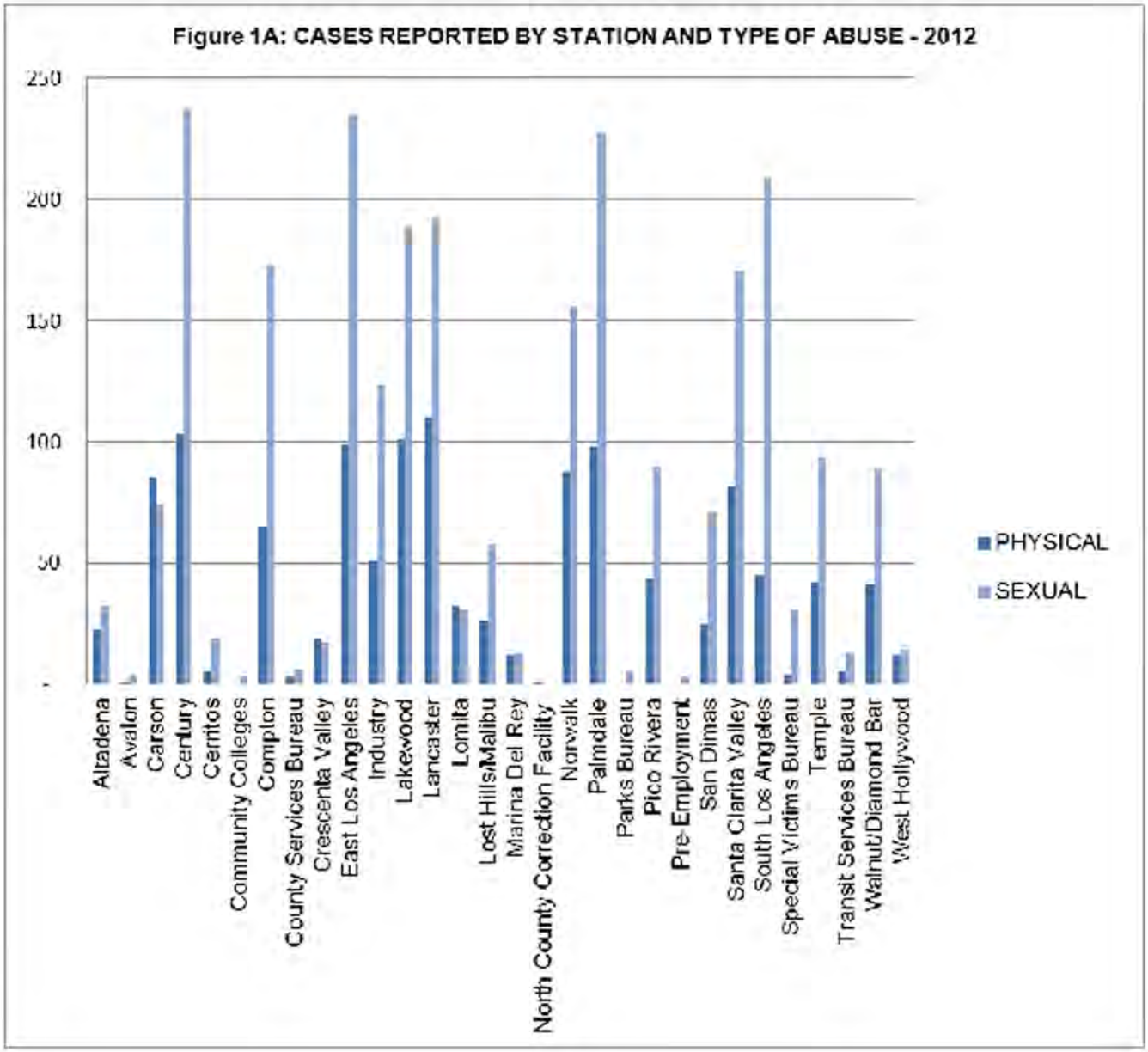


Figure 1A: CASES REPORTED BY STATION AND TYPE OF ABUSE - 2012
250
200
150
100
50
-
PHYSICAL
SEXUAL
Altadena
Avalon
Carson
Century
Cerritos
Community Colleges
Compton
County Services Bureau
Crescenta Valley
East Los Angeles
Industry
Lakewood
Lancaster
Lomita
Lost Hills/Malibu
Marina Del Rey
North County Correction Facility
Norwalk
Palmdale
Parks Bureau
Pico Rivera
Pre-Employment
San Dimas
Santa Clarita Valley
South Los Angeles
Special Victim's Bureau
Temple
Transit Services Bureau
Walnut/Diamond Bar
West Hollywood

Figure 2

CASES BY SERVICE PLANNING AREAS (SPA) AND BY STATIONS - 2012

SPA	STATION	CASES
1	Lancaster	302
	Palmdale	326
	Total SPA 1	**628**
2	Crescenta Valley	36
	Lost Hills/Malibu	84
	Santa Clarita Valley	253
	Total SPA 2	**373**
3	Altadena	54
	Industry	174
	San Dimas	96
	Temple	136
	Walnut/Diamond Bar	130
	Total SPA 3	**590**
4	West Hollywood	26
	Total SPA 4	26
5	Marina Del Rey	25
	Total SPA 5	**25**
6	Century	340
	Compton	238
	Total SPA 6	**578**
7	Cerritos	24
	East Los Angeles	334
	Lakewood	290
	Norwalk	244
	Pico Rivera	134
	Total SPA 7	**1026**
8	Avalon	5
	Carson	159
	South Los Angeles	254
	Lomita	63
	Total SPA 8	**481**

Figure 2 (continued)

CASES BY SERVICE PLANNING AREAS (SPA) AND BY STATIONS - 2012

SPA	STATION	CASES
Unassigned Bureaus	Community Colleges	3
	Special Victims Bureau	35
	Transit Services Bureau	18
	County Services	9
	Parks Bureau	5
	Pre-Employment	3
	Total Unassigned Bureaus	**73**
Custody Facilities	North County Correctional Facility	1
	Total Custody Facilities	**1**
TOTAL	**Total Cases**	**3,801**

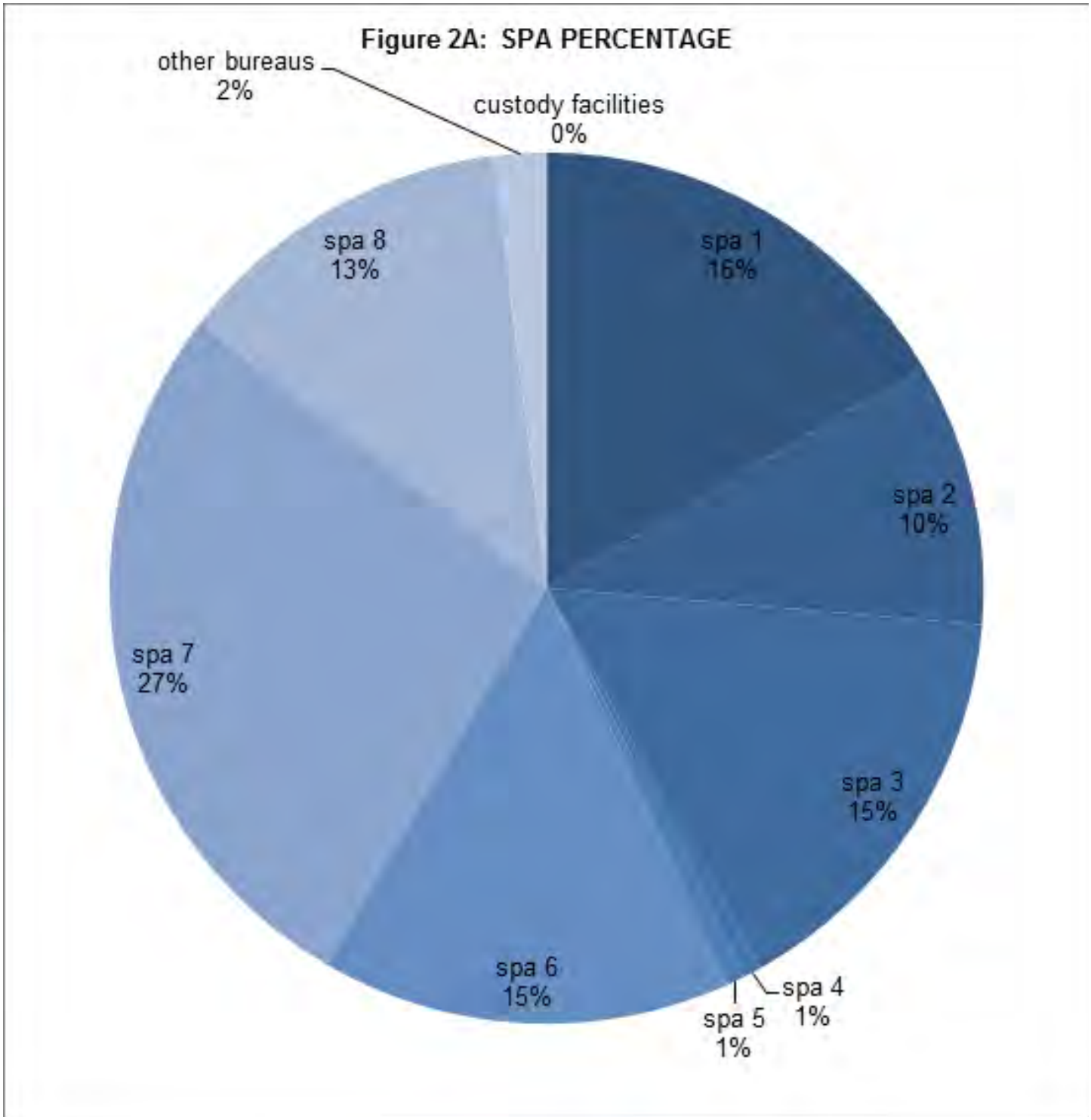


Figure 2A: SPA PERCENTAGE
other bureaus
2%
custody facilities
0%
spa 1
16%
spa 2
10%
spa 3
15%
spa 4
1%
spa 5
1%
spa 6
15%
spa 7
27%
spa 8
13%

Figure 3

CASES REPORTED BY STATION - 2012
COMPARISON OF CASES FOR TEN YEARS 2003 - 2012

STATION	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	TOTAL
Altadena	64	49	39	51	64	35	54	60	45	54	515
Avalon	3	2	3	5	11	5	5	4	5	5	48
Carson	137	149	144	157	113	113	149	173	137	159	1,431
Century	283	324	300	310	306	305	284	322	332	340	3,106
Century Regional Detention Facility	0	0	0	0	0	0	1	0	0	0	1
Cerritos	37	28	28	19	25	28	27	30	30	24	276
Community Colleges	0	0	0	0	5	2	1	2	3	3	16
Compton	175	192	201	228	230	241	260	291	216	238	2,272
County Services Bureau	0	0	0	0	0	0	0	0	0	9	9
Crescenta Valley	18	29	35	41	36	22	33	23	29	36	302
East Los Angeles	198	223	192	167	190	218	221	263	248	334	2,254
Industry	220	209	186	187	217	241	219	222	184	174	2,059
Lakewood	353	468	474	443	310	297	341	377	317	290	3,670
Lancaster	274	312	273	300	390	305	318	340	338	302	3,152
Lomita	55	64	62	60	52	58	51	69	67	63	601
Lost Hills/Malibu	50	44	60	66	48	46	69	73	78	84	618
Marina Del Rey	17	19	19	33	25	20	16	20	15	25	209
Metrolink	0	0	0	0	0	0	0	1	0	0	1
Narcotics Bureau	0	0	0	0	0	0	0	1	0	0	1
NCCF	0	0	0	0	0	0	0	1	0	1	2
Norwalk	291	296	242	242	134	197	238	233	192	244	2,309
Palmdale	294	351	246	318	272	231	282	303	238	326	2,861
Parks Bureau	0	0	0	0	0	0	0	0	0	5	5
Pico Rivera	112	102	124	119	124	164	166	150	112	134	1,307
Pitchess Detention Facility - North	0	0	0	0	0	0	1	0	0	0	1
Pre-Employment	0	0	0	0	3	3	2	0	0	3	11

Figure 3 (continued)

CASES REPORTED BY STATION - 2012
COMPARISON OF CASES FOR TEN YEARS 2003 - 2012

STATION	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	TOTAL
San Dimas	80	93	75	88	73	74	114	106	99	96	898
Santa Clarita	194	187	209	217	212	186	264	246	225	253	2,193
South Los Angeles/Lennox	197	161	162	180	157	139	160	188	146	254	1,744
Special Victims Bureau	22	25	23	17	16	6	44	53	47	35	288
Temple	145	162	135	152	149	138	131	177	134	136	1,459
Transit Services	4	3	4	5	7	5	6	14	11	18	77
Walnut/Diamond Bar	89	78	68	78	73	78	70	74	74	130	812
West Hollywood	21	16	4	8	15	13	30	19	17	26	169
TOTAL	**3,333**	**3,586**	**3,308**	**3,491**	**3,257**	**3,170**	**3,557**	**3,835**	**3,339**	**3,801**	**34,677**

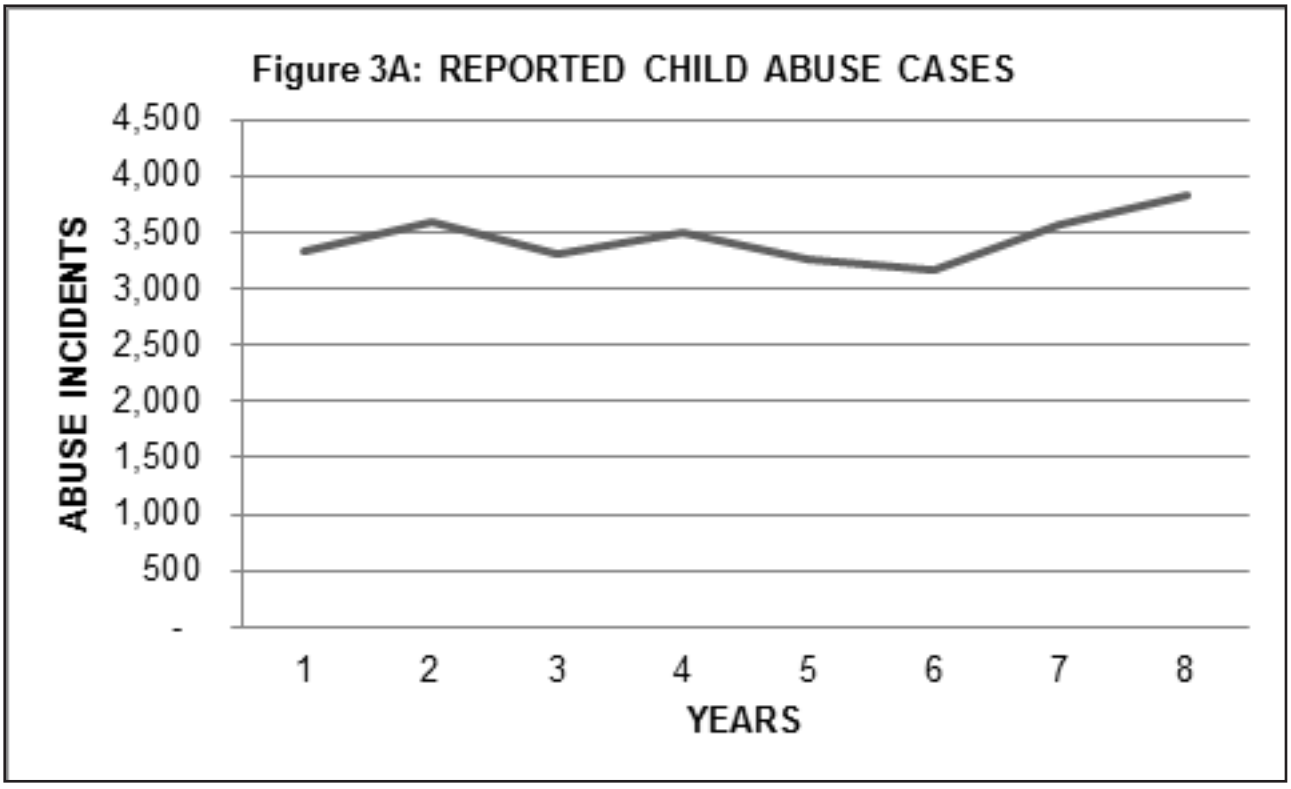


Figure 4

VICITMS BY AGE AND TYPE OF ABUSE - 2012

	PHYSICAL		SEXUAL	
Under 3	150	10.05%	113	4.15%
3 to 4	126	8.44%	79	2.90%
5 to 9	440	29.47%	408	14.98%
10 to 14	440	29.47%	832	30.55%
15 to 17	290	19.42%	860	31.58%
over 17*	15	1.00%	199	7.31%
Unknown	32	2.14%	232	8.52%
TOTAL	**1,493**	**100.00%**	**2,723**	**100.00%**

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

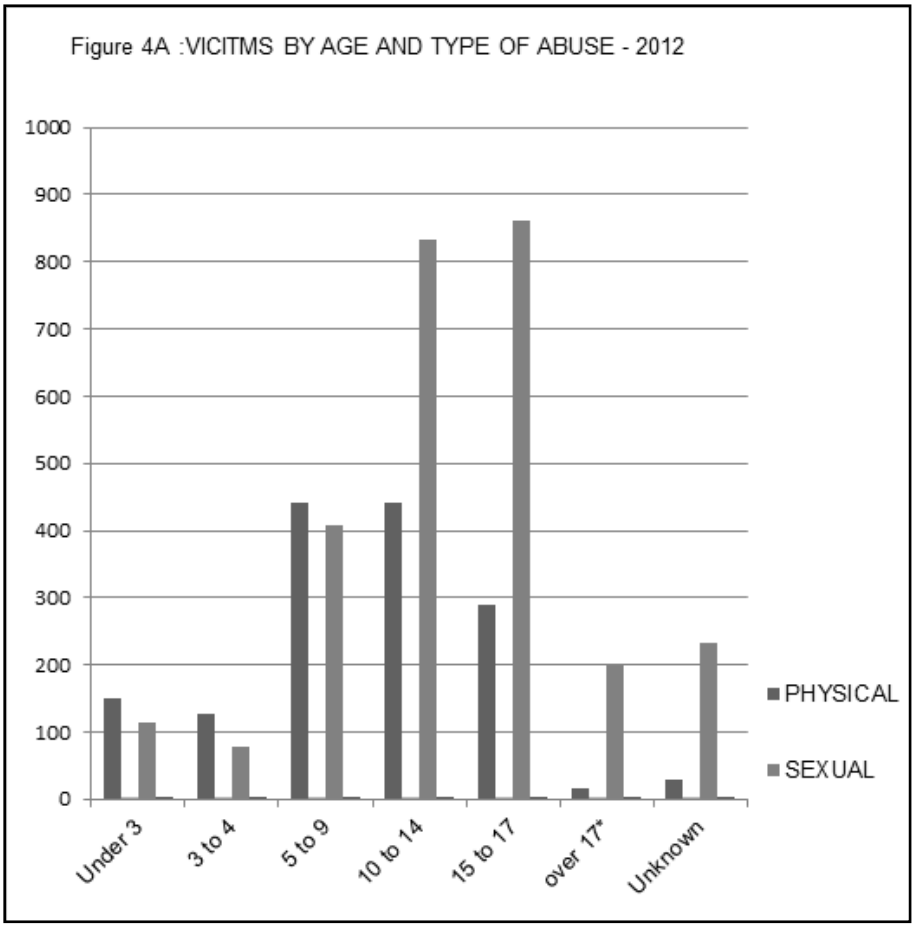


Figure 5

VICTIMS BY GENDER AND TYPE OF ABUSE - 2012

	PHYSICAL		SEXUAL	
Male	800	53.58%	482	17.70%
Female	676	45.28%	2,022	74.26%
Unknown	17	1.14%	219	8.04%
TOTAL	**1,493**	**100.00%**	**2,723**	**100.00%**

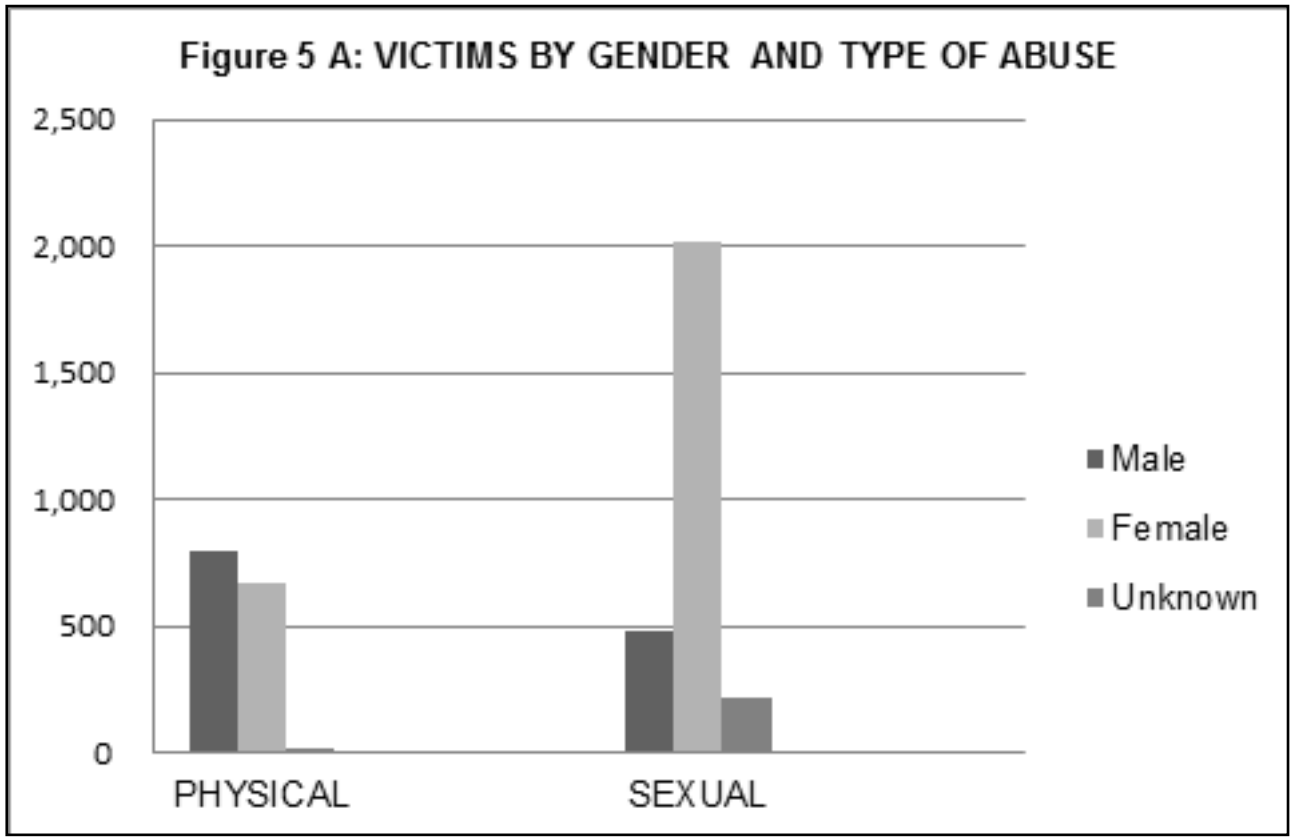


Figure 6

VICTIMS BY ETHNICITY AND TYPE OF ABUSE - 2012

ETHNICITY	PHYSICAL		SEXUAL	
All Others	21	1.41%	20	0.73%
American Indian	1	0.07%	4	0.15%
Asian	41	2.75%	35	1.29%
Black	344	23.04%	420	15.42%
Chinese	1	0.07%	0	0.00%
Filipino	3	0.20%	2	0.07%
Hispanic	767	51.37%	1,548	56.85%
Japanese	1	0.07%	2	0.07%
Multi-Ethnic	1	0.07%	1	0.04%
Pacific Islander	9	0.60%	12	0.44%
Unknown	35	2.34%	243	8.92%
White	269	18.02%	436	16.01%
TOTAL	**1,493**	**100.00%**	**2,723**	**100.00%**

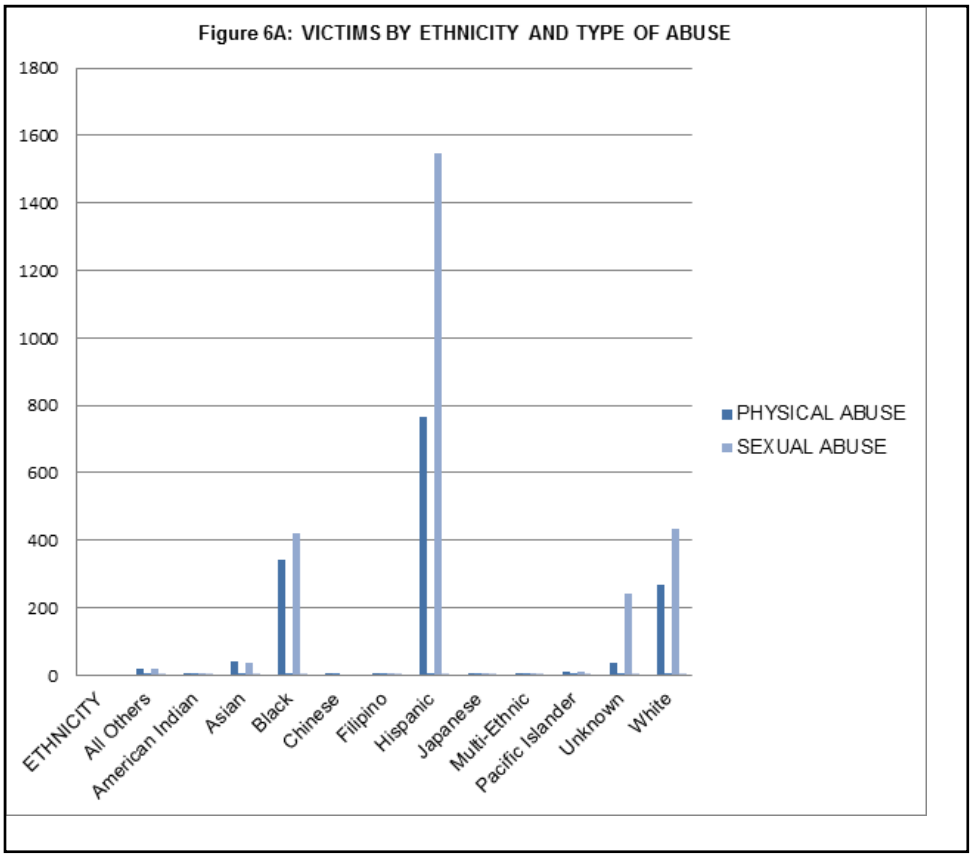


Figure 7

SUSPECTS BY AGE AND TYPE OF ABUSE - 2012

	PHYSICAL		SEXUAL	
Under 18	26	1.99%	503	18.96%
18 to 24	117	8.97%	544	20.51%
25 to 45	717	54.98%	758	28.57%
Over 45	228	17.48%	326	12.29%
Unknown	216	16.56%	522	19.68%
TOTAL	**1,304**	**100.00%**	**2,653**	**100.00%**

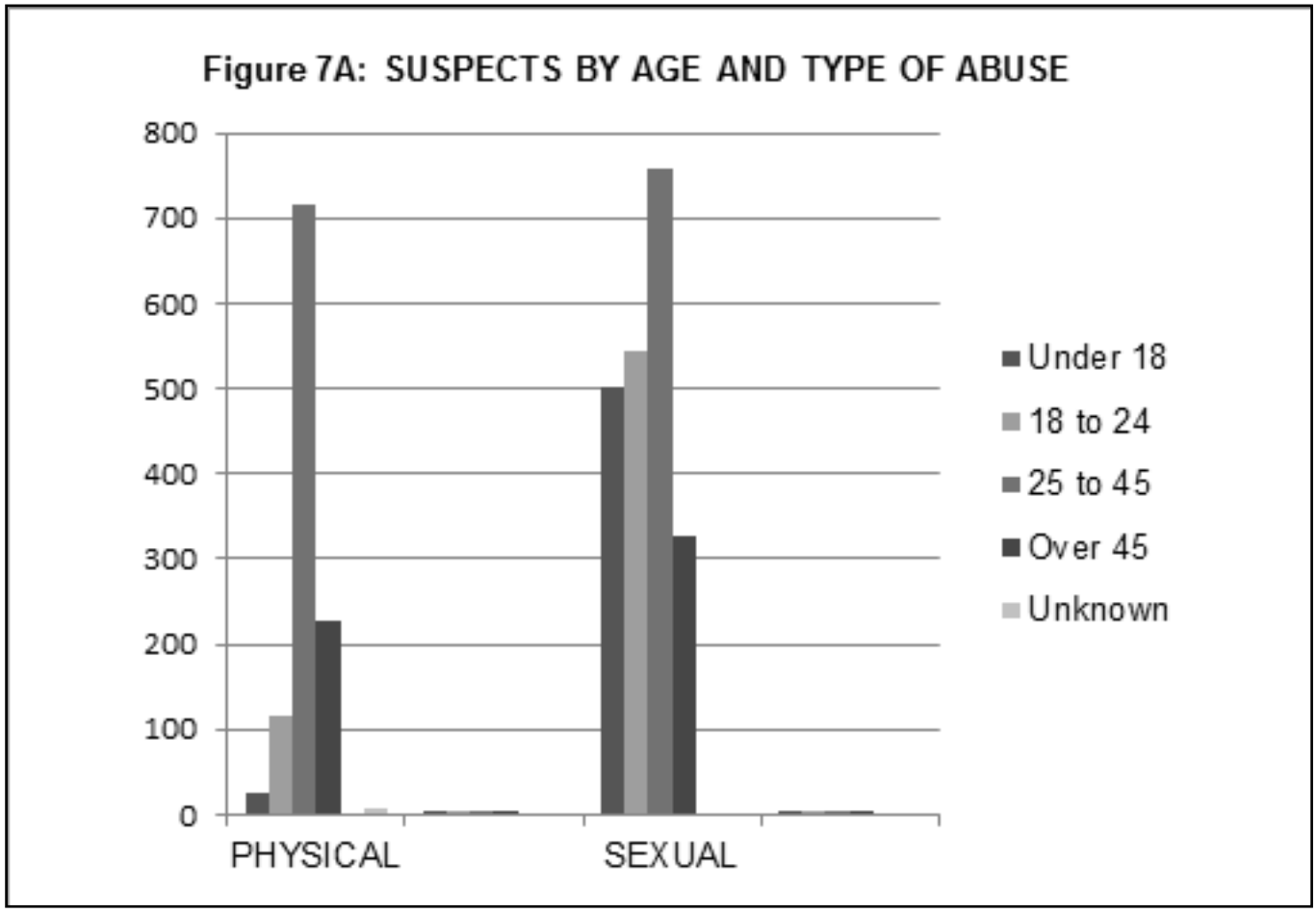
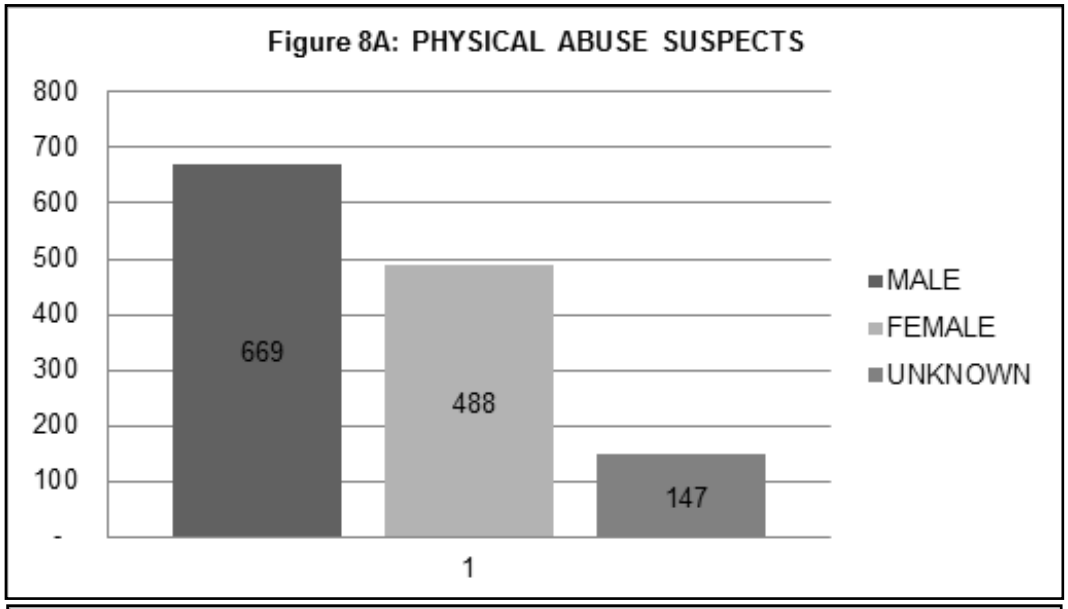


Figure 8

SUSPECTS BY GENDER AND TYPE OF ABUSE - 2012

PHYSICAL			SEXUAL		
Male	669	51.30%	**Male**	2,158	81.34%
Female	488	37.42%	**Female**	168	6.33%
Unknown	147	11.27%	**Unknown**	327	12.33%
TOTAL	**1,304**	**100.00%**	**TOTAL**	**2,653**	**100.00%**



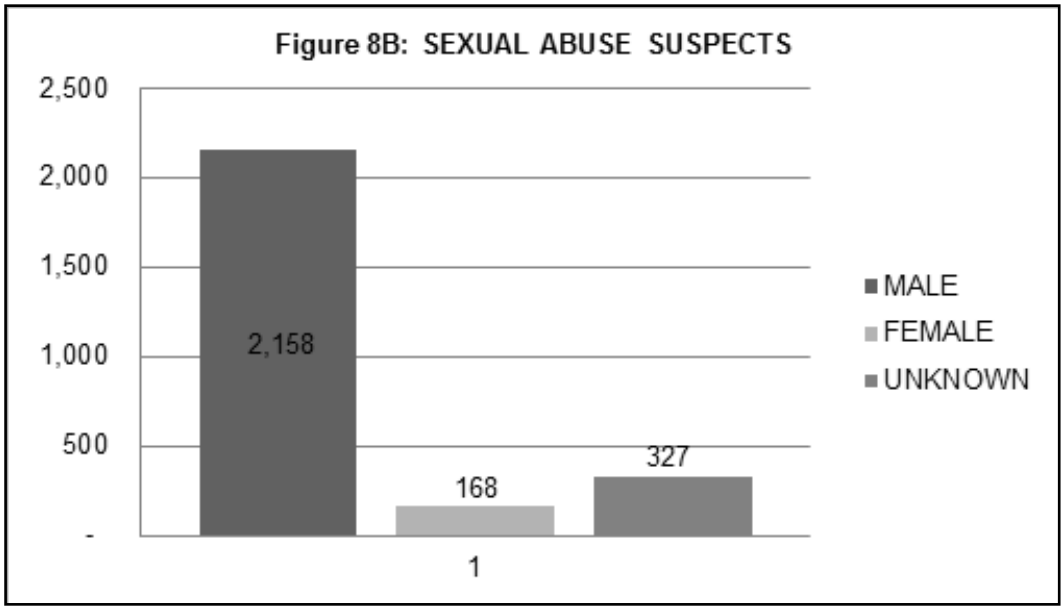


Figure 9

SUSPECTS BY ETHNICITY AND TYPE OF ABUSE - 2012

ETHNICITY	PHYSICAL		SEXUAL	
All Others	17	1.30%	22	0.83%
Asian	26	1.99%	22	0.83%
Black	286	21.93%	422	15.91%
Chinese	2	0.15%	0	0.00%
Filipino	1	0.08%	2	0.08%
Hispanic	546	41.87%	1389	52.36%
Japanese	1	0.08%	1	0.04%
Multi-Ethnic	1	0.08%	0	0.00%
Native American	0	0.00%	1	0.04%
Pacific Islander	4	0.31%	5	0.19%
Unknown	200	15.34%	426	16.06%
White	220	16.87%	363	13.68%
TOTAL	**1,304**	**100.00%**	**2,653**	**100.00%**

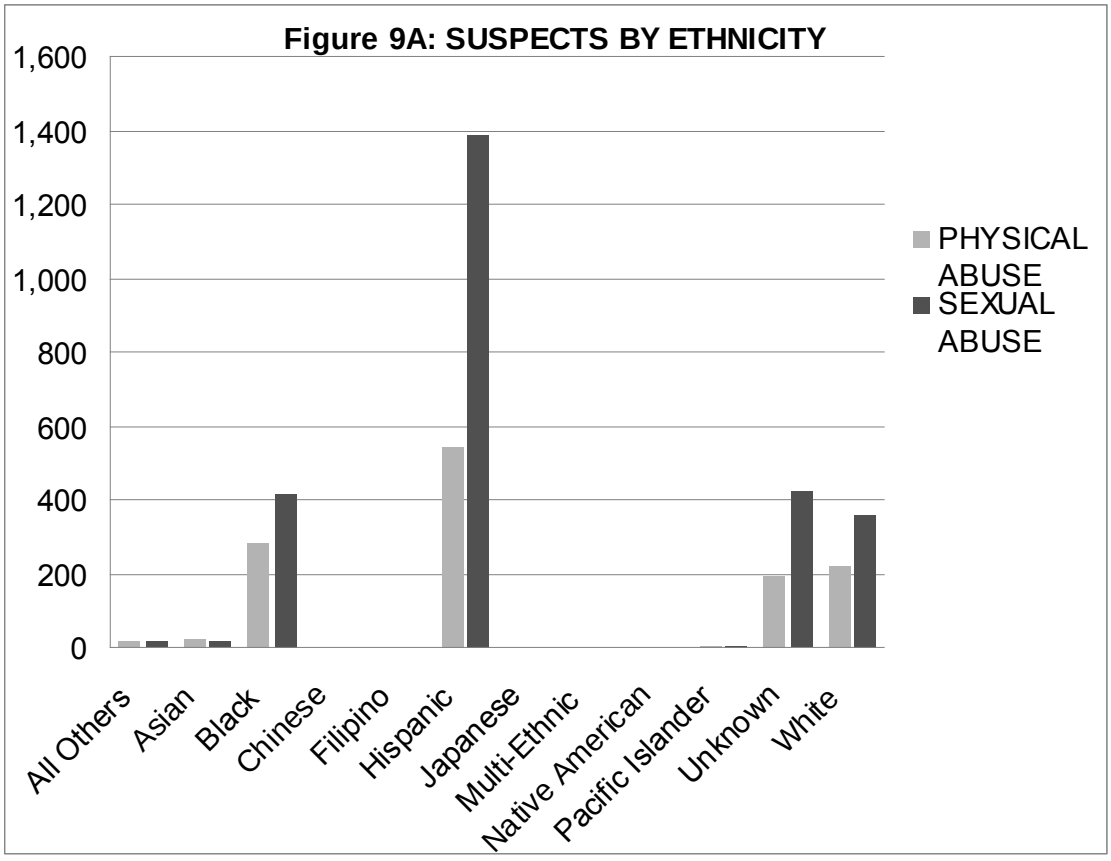
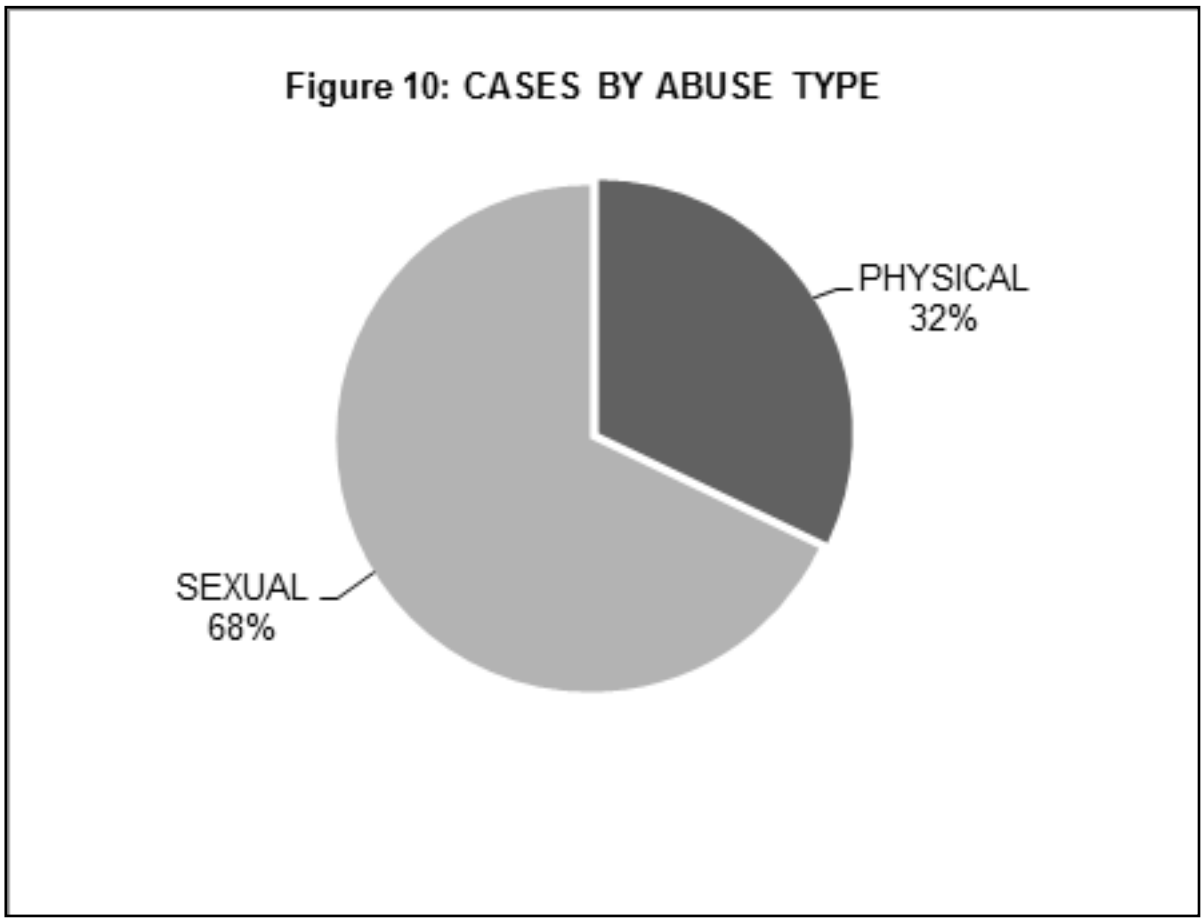


Figure 10

CASES REPORTED BY ABUSE TYPE - 2012

PHYSICAL	SEXUAL	TOTAL
1,221	2,580	3,801



GLOSSARY OF LAW ENFORCEMENT TERMS AND CHILD ABUSE RELATED LAWS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DISTRICT ATTORNEY'S OFFICE

INTRODUCTION

Continuing under the leadership of Jackie Lacey, District Attorney for Los Angeles County, the Los Angeles County District Attorney's Office (District Attorney's Office) operates with the clear mission of evaluating and prosecuting cases in a fair, evenhanded, and compassionate manner. The District Attorney's Office has demonstrated its commitment to justice for all citizens of the county and is dedicated to serving the special needs of child victims and witnesses

Every year in Los Angeles County, thousands of children are reported to law enforcement and child protective service agencies as victims of abuse and neglect. Dedicated professionals investigate allegations of sexual abuse, physical abuse, and severe neglect involving our most vulnerable citizens, our children. All too often, the perpetrators of these offenses are those in whom children place the greatest trust – parents, grandparents, foster parents, guardians, teachers, clergy members, coaches, and trusted family friends. The child victim is a primary concern of the District Attorney's Office throughout the prosecution process. Skilled prosecutors are assigned to handle these cases, and victim/witness advocates are readily available to assist the children. District attorney personnel have the best interests of the child victim or witness in mind. Protection of our children is, and will continue to be, one of the top priorities of the District Attorney's Office.

The District Attorney's Office becomes involved in child abuse cases after the cases are reported to and investigated by the police. Special divisions have been created in the District Attorney's Office to handle child abuse cases. Highly skilled prosecutors with special training in working with children and issues of abuse and neglect are assigned to these divisions. These prosecutors attempt to make the judicial process easier and less traumatic for the child victim and witness. Additionally, there are trained investigators from the District Attorney's Bureau of Investigation and skilled victim service representatives of the Victim/Witness Assistant Program who work with the prosecutors to ensure justice for the youngest victims of crime.

The District Attorney's Office prosecutes all felony crimes and all juvenile delinquency offenses committed in Los Angeles County, and misdemeanor crimes in the unincorporated areas of the county or in jurisdictions where cities have contracted for such service. Felonies are serious crimes for which the maximum punishment under the law is either state prison or death; misdemeanors are crimes for which the maximum punishment is a fine and/or county jail. Cases are referred by law enforcement agencies or by the Grand Jury. The District Attorney's Office is the largest local prosecuting agency in the nation with 1,996 permanent employees and 50 temporary employees. Of the permanent employees, 986 are full-time attorneys and 42 are part-time attorneys. In 2012, the District Attorney's Office reviewed 91,614 felony cases; 55,085 were filed and 36,529 were declined for filing. The District Attorney's Office reviewed 115,034 misdemeanor cases; 99,188 were filed and 15,846 were declined for filing.

THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

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

The vast majority of cases are initially presented to the District Attorney's Office by a local law enforcement agency. When these cases are subject to vertical prosecution under the above criteria, the detective presenting the case is directed to the appropriate DDA for initial review of the police reports. In cases where the child victim is available and it is anticipated that the child's testimony will be utilized at trial, it is strongly encouraged that a pre-filing interview is conducted involving the child, the assigned DDA, and the investigating officer because it is essential to establish rapport between the child and the DDA assigned to evaluate and prosecute the case. In cases alleging sexual abuse of a child, the interview is required absent unusual circumstances. The interview provides the child with an opportunity to get to know the prosecutor and allows the prosecutor the opportunity to assess the child's competency to testify. The court will only allow the testimony of a witness who can demonstrate that he or she has the ability to recollect and recall, and can understand and appreciate the importance of relating only the truth while on the witness stand. Ordinarily, this is established by taking an oath administered by the clerk of the court. The law recognizes that a child may not understand the language employed in the formal oath and thus provides that a child under the age of 10 may be required only to promise to tell the truth [Evidence Code (EC) §710]. The pre-filing interview affords the DDA an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie, knows

that there are consequences for telling a lie while in court, and can recall the incident accurately.

The pre-filing interview will also assist in establishing whether the child will cooperate with the criminal process and, if necessary, testify in court. The victim of a sexual assault (whether an adult or child) cannot be placed in custody for contempt for failing to testify [Code of Civil Procedure (CCP) §1219]. If the child who is the victim of sexual assault does not wish to speak with the deputy or is reluctant to commit to testifying in court and his or her testimony is required for a successful prosecution, then the child's decision will be respected.

In all cases involving a child victim, every effort will be made to offer support to the child through the presence of an advocate from the District Attorney's Office's Victim/Witness Assistance Program. The victim service representative will work closely with the child and the child's family (if appropriate) to ensure that they are informed of the options and services available to them, such as counseling or medical assistance. Victim Services Representatives are available for assistance and are specially trained to handle domestic abuse cases where the child is victimized. Such cases may involve domestic violence between teenagers or between an adult in a domestic relationship with a person under the age of 18. The victim cannot be placed in custody for failing to testify (CCP §1219). Instead, the District Attorney's Office will make every attempt to secure the victim's cooperation by utilizing all available resources in order to keep the victim safe. Resources include referrals from District Attorney's Office victim service representatives to domestic violence counselors or medical practitioners.

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

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

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

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

4. The prosecutor has considered the probability of conviction by an objective fact-finder and has determined that the admissible evidence is of such convincing force that it would warrant conviction of the crime charged by a reasonable and objective fact-finder after hearing all the evidence available to the prosecutor at the time of charging and after considering the most plausible, reasonably foreseeable defense inherent in the prosecution evidence. If a case does not meet the above criteria, the DDA will decline to prosecute the case and write the reasons for the declination on a designated form. The reasons can include, but are not limited to:

- A lack of proof regarding an element of the offense.
- A lack of sufficient evidence establishing that a crime occurred or that the accused is the perpetrator of the offense alleged.
- The victim is unavailable or declines to testify.
- The facts of the case do not rise to the level of felony conduct.

When the assessment determines that at most misdemeanor conduct has occurred, the case is either referred to the appropriate city prosecutor's office or, in jurisdictions where the District Attorney prosecutes misdemeanor crimes, the case is filed as a misdemeanor.

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

- Allow for reasonable breaks and relief from examination during which the child witness may leave the courtroom [PC §868.8(a)].
- Remove its robe if it is believed that such formal attire may intimidate the child [PC §868.8(b)].

- Relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness [PC §868.8(c)].
- Provide for testimony to be taken during the hours that the child would normally be attending school [PC §868.8(d)].

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

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

- The court may designate up to two persons of the child's own choosing for support, one of whom may accompany the child to the witness stand while the second person remains in the courtroom [PC §868.5(a)].
- Each county is encouraged to provide a room, located inside of, or within a reasonable distance from, the courthouse, for use by children under the age of 16 whose appearance has been subpoenaed by the court [PC §868.6(b)].
- The court may, upon a motion by the prosecution and under limited circumstances, permit a hearing closed to the public [PC §§868.7(a) and 859.1], or testimony on closed-circuit television or via videotape (PC §1347).
- The child must only be asked questions that are worded appropriately for his or her age and level of cognitive development [EC §765(b)].
- The child must have his or her age and level of cognitive development considered in the evaluation of credibility (PC §1127f); and the prosecutor may ask leading questions of the child witness on direct examination [EC §767(b)].

SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

DDAs who are assigned the challenge of prosecuting cases in which children are victimized receive special training throughout their assignment to enhance their ability to effectively prosecute these cases. These DDAs work very closely with victim service representatives from the Los Angeles County District Attorney's Victim/Witness Assistance Program and other agencies to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the criminal justice system.

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

SPECIAL DIVISIONS AND PROGRAMS

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

ABOLISH CHRONIC TRUANCY

The Abolish Chronic Truancy Program (ACT) is a District Attorney's Office crime prevention/intervention program that enforces compulsory education laws by focusing on parental responsibility and accountability. ACT targets the parents and guardians of elementary school-aged children who are habitually truant and those who are in danger of becoming chronically truant. By addressing the

problem early, during a stage of development when parents have greater control over the behavior of their children, the chances of students developing good attendance habits are increased. Likewise, the likelihood of truancy problems emerging in middle and high school years, a leading precursor to juvenile delinquency and later adult criminality, are decreased. Losing days of learning in elementary school years can cause children to fall behind in their education. It is often difficult for these truant students to catch up and compete academically with their peers. When successes for a student are few at school, attendance predictably drops, and the cycle of truancy becomes entrenched. This, in turn, drastically increases a student's likelihood of dropping out of high school.

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

ACT is now in partnership with approximately 350 schools in Los Angeles County. In addition, ACT personnel serve on School Attendance Review Boards and conduct truancy information meetings for parents and students at the high school level.

ACT contacted 3,434 students and their parents to intervene in the cycle of truancy from September of 2012 to June of 2013. An independent review of the program by the Rand Corporation shows that year after year the program reduces unexcused absences in program participants by eight days on average. Students who are in the ACT program have a greatly reduced chance of becoming a juvenile delinquent. Only 1% of students in the ACT program become delinquent during the time they are monitored by the program.

CHILD ABDUCTION SECTION

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

California civil law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction. The Child Abduction Section employs several District Attorney Investigators to recover children wrongfully taken and return them to their custodial parent(s). In addition, the Child Abduction Section handles all cases arising under the Hague Convention on the Civil Aspects of International Child Abduction. At least seventy-five signatory countries including the most recent, Japan, to this international treaty require that children be returned to their country of habitual residence under specified court procedures. The U.S. Department of State's website (www.travel.state.gov) maintains an updated list of signatories.

Services available to the public are explained on the District Attorney's Office's website (www.da.lacounty.gov). The questionnaire that must be completed to obtain Family Code services may be downloaded and filled out in the privacy of the home and then brought to our downtown office located at 320 W. Temple Street, Suite 780, Los Angeles, CA 90012.

At the end of 2012, the Child Abduction Section was pursuing abductors in 329 open criminal cases, including thirteen cases filed in 2012. During 2012, District Attorney Investigators initiated 180 new cases

under the Family Code, while closing 194 cases. At the conclusion of 2012, the Child Abduction Section was pursuing abductors on behalf of the Family Court in 69 open cases. During 2012, investigators recovered 61 children who had been wrongfully taken from a lawful parent or guardian.

Under the terms of the Hague Convention, the Child Abduction Section assisted in the location and recovery of children abducted from other countries and brought to Los Angeles County in 19 cases. The Child Abduction Section also assisted 25 county residents in recovering their children from other countries through the use of the treaty.

The Child Abduction Section conducted numerous training sessions throughout 2012 including: the Los Angeles Police Department, the Governor's Child Abduction Task Force, the Family Law Pro Per Service Providers, the California District Attorneys' Association, and other interested organizations. A key purpose of training law enforcement was to overturn the common misconception that a parent cannot be criminally prosecuted for abducting his or her own child. The training was designed to provide the necessary information to first responders and investigating officers in order to quickly get relevant information into local and national recovery systems, and to properly investigate and file these serious felony cases with the Child Abduction Section.

FAMILY VIOLENCE DIVISION

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

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

A significant portion of the work done by FVD staff involves the prosecution of felony child physical abuse/endangerment cases. Injuries inflicted upon the children include bruises, scarring, burns, broken bones, brain damage, and death. In many instances, the abuse was long-term; there are instances, however, wherein a single incident of abuse may result in a felony filing. At the conclusion of 2012, FVD was in the process of prosecuting 11 murder cases involving child victims and 22 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 known as E-SCARS. This collaborative database is an electronic system available to all primary law enforcement agencies in Los Angeles County, Department of Children and Family Services (DCFS) social workers, and prosecutors in both the District Attorney's Office and city prosecutor's officers. This state of the art system allows information to be shared quickly and securely with first responders in law enforcement and DCFS. The Los Angeles County Sheriff's Department (LASD) was the first law enforcement agency to be fully operational with this revolutionary tool. Specific information on current as well as prior allegations are given to patrol deputies at the time of dispatch so that officers in the field have the critical information needed as they investigate allegations of child abuse and neglect. E-SCARS

Expedites inter-agency response to these sensitive cases

- Consolidates reports from multiple reporters
- Allows agencies to search for prior history of abuse
- Enables case tracking between agencies
- Increases law enforcement and social worker safety
- Expedites criminal investigations
- Enhances prosecution
- Reduces agency and personal liability and
- Ultimately may save children's lives

Law enforcement personnel throughout the county have been trained on the system. The District Attorney's Office audits the use of the system to ensure that this vital tool is being used effectively and timely by law enforcement agencies and prosecutors.

FVD DDAs also request DCFS records to assist in the prosecution of child abuse and endangerment and child homicide cases.

In addition to the work done in the courtroom, the DDAs in the unit speak to various government agencies and community based organizations on the topic of mandated reporting. Under the Child Abuse and Neglect Reporting Act (PC §11164, et seq.), people in specified professions must report child abuse where they have reasonable objective suspicions that it is occurring. Failure of the mandated reporter to file the necessary report with law enforcement or the child protective agency may result in misdemeanor prosecution. The attorneys in FVD also train deputies in other units within the District Attorney's Office to ensure the uniform treatment of child abuse cases.

FVD deputies collaborate with multi-disciplinary teams to improve the understanding of child abuse and endangerment cases and child homicide cases. FVD deputies are active members of the following ICAN Committees:

- Child and Adolescent Suicide Review Team
- Child Death Review Team
- Child Sexual Exploitation
- Data/Information Sharing
- Family and Child Index (FCI)
- Guidelines to Effective Response to Domestic Abuse (GERDA)
- Infants at Risk
- Legal Issues
- Multi-Agency Identification and Investigation of Severe Nonfatal and Fatal Child Injury Guidelines
- Operations and Policy
- FVD members attend Domestic Violence Death Review Team meetings which often explore cases where children are victims or witnesses in intimate violent homicide cases

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

In 2010, FVD and the Sex Crimes Division reviewed and made recommendations on a significant number of bills aimed at protecting victims of intimate partner battering and child abuse and neglect. Previously, attorneys from the District Attorney's Office and the Los Angeles County Counsel's Office partnered to draft legislation regarding information sharing between certain government agencies; ICAN co-sponsored the legislation. AB 1687 amended Civil Code §56.10 by adding §56.103. The new law allows a healthcare provider to disclose medical information to a county social worker, probation officer, or any other person who is legally authorized to have custody or care of a minor for the purpose of coordinating healthcare services and medical treatment provided to the minor. In 2010, legislation

was proposed to reduce the number of people necessary to form a multi-disciplinary team so that critical information regarding child abuse and neglect may be shared with key people faster. The proposed legislation became law in 2011.

SEX CRIMES DIVISION

The Sex Crimes Division is comprised of three separate sections: the Sex Crimes Section, the Sexually Violent Predator (SVP) Section, and Stuart House.

SEX CRIMES SECTION

DDAs assigned to the Sex Crimes Section vertically prosecute all felony sexual assaults occurring in the Central Judicial District and may handle other serious cases in other districts throughout the County of Los Angeles. DDAs handle cases involving both adult and child victims. The DDAs work closely with a victim/witness advocate assigned to the Sex Crimes Section who has received specialized training in this difficult work. As previously indicated, in cases alleging sexual abuse of a child, a pre-filing interview is conducted with the child victim by the DDA assigned to the case and the detective assigned to the case from the law enforcement agency; frequently, a victim services representative is present. This interview is important both to build rapport with the child and to establish the number and types of charges that can be filed.

Since many cases of child sexual assault are committed by individuals in the child's home, DCFS and Dependency Court are often involved with a child who is the victim in the criminal prosecution. The DDA vertically prosecuting the criminal case is required to make contact with relevant individuals and obtain relevant records in connection with DCFS and Dependency Court proceedings. It is important that the criminal justice system and dependency system work together to minimize trauma to the child and arrive at a just result in criminal court as well as a safe and supportive placement for the child.

The DDA assigned to the case is responsible for making the filing decision and ensuring that the case is properly filed and arraigned. This DDA also conducts the preliminary hearing and appears at all stages of the case in Superior Court, including the jury trial. Contact with the victim and the victim's family is essential throughout this process. If there are discussions with the defense attorney regarding a possible case resolution before preliminary hearing or trial, the DDA will advise the child and the child's parents or guardian of the pending disposition to seek their input before formalizing the disposition in court. At the time of sentencing, the child and/or the child's parents or guardian are by law entitled to have an opportunity to address the court regarding the impact the defendant's crime has had on the child.

Sexual assault of a child under 14 is usually filed as a violation of PC §288, defined as lewd and lascivious acts. A probationary sentence may not be imposed for this offense unless and until the court obtains a report from a reputable psychiatrist or psychologist who evaluates the mental condition of the defendant pursuant to PC §288.1. If, in evaluating the report, the court and the DDA find that the interests of justice and the safety of the community are served by imposing a probationary sentence, the defendant will receive a suspended sentence which will include, but not be limited to, the following terms and conditions of probation for a five-year period: confinement for up to a year in county jail; counseling to address the defendant's psychological issues; an order from the court to stay away from the victim; a separate order not to be in the presence of minor children without the supervision of an adult; and restitution to the victim. If the defendant violates any of the terms and conditions of probation, a state prison sentence may then be imposed. In the alternative, depending on the nature of the offenses, a defendant may be sentenced directly to state prison. As part of any sentence, whether state prison or probation is initially imposed, the defendant is ordered to register as a sex offender upon release from custody with the local law enforcement agency in his area of residence. The registration, which must be updated annually, is a lifetime obligation placed upon the offender.

SEXUALLY VIOLENT PREDATOR SECTION

The Sexually Violent Predator (SVP) Section handles cases in which the District Attorney's Office seeks a civil commitment in a mental hospital for individuals who have been convicted of a sexually violent criminal act against an adult or child victim, and who also have a current diagnosed mental disorder that makes it likely that they will engage in sexually violent behavior if they are released into the community. A true finding by a jury under the SVP law results in the offender receiving an indeterminate commitment to a state hospital at which he or she will be given the opportunity to participate in a mental health program designed to confront and treat the disorder. The offender may periodically apply for release into the community. If it is determined that the offender presents a continued threat to the safety of the community, SVP commitment will continue. The SVP law authorizes conducting these proceedings without renewed testimony from the victims previously traumatized by the offender's prior predatory behavior.

STUART HOUSE

Stuart House is a multi-disciplinary center located in Santa Monica that responds to incidents of child sexual assault. It is considered a state-of-the-art center where the various disciplines involved in the response to an incident of child abuse are housed in one location. Stuart House staff includes DDAs, law enforcement officers, certified social workers, victim advocates, and therapists. Medical exams are performed by an expert in child sexual abuse at a hospital located only one block away. This model significantly reduces trauma to the child by reducing the number of interviews that a child must endure by allowing all necessary members of the multi-disciplinary team to observe one interview conducted by a selected member of the team. The presence of all team members at one location provides enhanced communication and coordination. As with cases in the Sex Crimes Division, all cases at Stuart House are vertically prosecuted.

BRANCH AND AREA OPERATIONS – VICTIM IMPACT PROGRAM

A majority of the DDAs assigned to vertically prosecute cases in which children are victimized are assigned directly to Branch Offices with a caseload that covers both adult and child victims. The Branch and Area Victim Impact Program (VIP) obtains justice for victims through vertical prosecution of cases involving domestic violence, sex crimes, stalking, elder abuse, hate crimes, and child physical abuse/endangerment. VIP represents a firm commitment of trained and qualified deputies to prosecute crimes against individuals often targeted as a result of their vulnerability. The goal of the program is to obtain justice for victims while holding offenders justly accountable for their criminal acts. Each of the 11 Branches designates an experienced DDA to act as the VIP Deputy-in-Charge (DIC). The DICs previously held the designation of coordinator, but the District Attorney recognized the importance of the program and elevated those who run it to have some management functions. The DIC works closely with the assigned DDAs to ensure that all cases are appropriately prepared and prosecuted. All VIP DDAs receive enhanced training designed to cover updated legal issues, potential defenses, and trial tactics.

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

The Victim Impact Program Advisory Working Group is comprised of subject matter experts on VIP related crimes. The group's goals are: (1) identify and resolve chain-of-command ambiguities; (2) formalize VIP case suitability criteria; (3) determine the appropriate VIP staffing for each branch; (4) develop expertise within VIP and disseminate that expertise to Line Operations; (5) implement VIP into juvenile; and (6) identify and advocate on behalf of the VIP community various emerging VIP related law enforcement/prosecution issues such as human trafficking.

There are nine subcommittees: (1) policies and procedures; (2) colleges; (3) VIP legislation; (4) DIC meetings/agendas; (5) databases and technology; (6) VIP manual; (7) PC §17(b)(4) referral policy; (8) courthouse therapy dogs (To support child and other vulnerable witnesses); and (9) abusive head trauma and its effects. The subcommittees are comprised of a chairperson and members with interest and expertise on various topics. The information gleaned and recommendations made from each subcommittee are presented to the working group and management staff to enhance the prosecution of VIP related cases.

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

MULTI-DISCIPLINARY CENTERS IN BRANCH AND AREA OPERATIONS

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

CENTER FOR ASSAULT TREATMENT SERVICES (CATS)

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 followup treatment and examination for victims and are court qualified experts who are available for consultations and court testimony. CATS is available 24 hours/ 7 daysperweek and is utilized by federal and local law enforcement.

VALLEY CARES – A 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 Valley CARES Family Justice Center opened its doors in the San Fernando Valley to help people who have experienced domestic violence, sexual assault and child abuse. Valley CARES is a non-profit multi-disciplinary program with a broad range of established relationships. The partners include law enforcement, CATS, public child protective services, the District Attorney's Office, the City Attorney's Office, Mental Health and post-trauma treatment agencies, and a legal assistance organization. Valley CARES 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 Valley CARES enter into a non-threatening comfortable environment where they can get help while their children play safely in the onsite child care center.

CHILDREN'S ADVOCACY CENTER FOR CHILD ABUSE ASSESSMENT AND TREATMENT

The Children's Advocacy Center for Child Abuse and Treatment (Children's Advocacy Center) provides an array of services for children who live in the Pomona and East San Gabriel Valleys. Professional forensic interviews are conducted at the Children's Advocacy Center of children who witness criminal acts and/or are victims of sexual or physical abuse. While these interviews are being conducted,

prosecutors from Pomona Branch's VIP Team, law enforcement officers, and child protective services workers sit behind a one-way mirror and provide input for followup questioning. This approach allows each agency to fulfill their respective mission, yet minimizes the number of times the child must be interviewed. The interviews are conducted in a child-friendly and culturally sensitive manner.

The forensic interviews are conducted by trained professionals and are digitally recorded. Research has shown that skillful, age-appropriate questioning improves the accuracy and truthful nature of child interviews. Besides prosecutors, other professionals in this multi-disciplinary team include forensic interviewers, law enforcement officers, mental health professionals, medical personnel, victim-advocates, and child protective services workers. In addition to attending the actual interview, prosecutors attend routine case review sessions. The Children's Advocacy Center's facilities have also been used to assist in the preparation and presentation of a Victim Impact Statement in court by young victims of child abuse.

Planning for the Children's Advocacy Center began in 2002 as a collaborative effort by local professionals working in the field of child abuse, including Los Angeles County DDAs. The Children's Advocacy Center was organized as a non-profit corporation and opened its doors in July 2004. By November 2007, it had achieved national accreditation from the National Children's Alliance. To date, it has provided services for over 600 children and their families. The vast majority of clients are girls under the age of 12.

HARBOR UCLA CHILD CRISIS CENTER

The Harbor UCLA Child Crisis Center (Crisis Center) opened as a model project of the Los Angeles County Board of Supervisors in 1986. The Crisis Center provides services to children from birth through age 17 who are victims of physical or sexual abuse. It is 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 not recorded.

There is an onsite DCFS CSW. DDAs and law enforcement are not housed at the facility but attend the forensic interviews for their assigned cases. Child victims receive referrals for psychological counseling. Additionally, the experts are available to consult on child physical and sexual abuse issues and often provide training in the community.

DOMESTIC VIOLENCE COURTS

In certain judicial districts, the presiding judge has mandated that courts designated as Domestic Violence Courts be instituted. The courtrooms are dedicated to handling strictly domestic violence related cases from arraignment through post-sentencing hearings. It is strongly encouraged that the DDAs assigned to these courts be experienced prosecutors with special training in the area of family violence.

JUVENILE DIVISION

The District Attorney's Juvenile Division is charged with the responsibility of petitioning the Superior Court of California, County of Los Angeles Juvenile Delinquency Court (Delinquency Court) for action concerning juvenile offenders who perpetrate crimes in Los Angeles County under Welfare and Institutions Code (WIC) §602. The Juvenile Division is under the auspices of the Bureau of Specialized Prosecutions. It is divided along geographical lines. Offices include Antelope Valley Juvenile, Eastlake Juvenile, Pasadena Juvenile, Pomona Juvenile, and Sylmar Juvenile. Other offices include Compton Juvenile, Inglewood Juvenile, Long Beach Juvenile, and Los Padrinos Juvenile. The Juvenile Division works with local schools, law enforcement, the Los Angeles County Probation Department (Probation), the Los Angeles County Public Defender's Office (Public Defender), and the Delinquency Court to

monitor and mentor youths who appear to be on the threshold of involvement in serious criminal activity.

SCHOOL ATTENDANCE REVIEW BOARD (SARB)

A minor's first contact with the juvenile justice system is often handled informally. For instance, the Hearing Officers and Deputy District Attorneys from the District Attorney's ACT, JOIN, SAGE and Truancy Mediation Program work with school districts' School Attendance Review Boards (SARBs) and School Attendance Review Teams (SARTs) to combat truancy. When students and/or their parents violate school attendance laws, the matters are often referred to the District Attorney's Office for a truancy mediation hearing. The goal of the mediation process is to return truants to school while holding them responsible for their actions. In lieu of immediate referral for prosecution, the student and parents are given an opportunity to enter into a District Attorney School Attendance Contract. By entering into the contract, students and parents agree to immediately cease unexcused absences and tardies, to correct behavioral problems, and to adhere to SARB directives and other hearing officer resolutions. Failure to adhere to the contract can result in formal prosecution against the minors and their parents.

JUVENILE OFFENDER INTERVENTION NETWORK (J.O.I.N.)

The District Attorney also recognizes the need for early intervention for first time juvenile offenders arrested for non-violent offenses. To that end, the District Attorney's Office has implemented the Juvenile Offender Intervention Network (J.O.I.N.). The plan is simple; divert young first time offenders from the juvenile court process into a program that would offer immediate intervention and accountability as an alternative to juvenile court prosecution. To participate in the program, parents and youthful offenders agree to the terms of a J.O.I.N. contract. In the contract, juvenile offenders acknowledge responsibility for their acts and agree to pay restitution, attend school regularly, maintain passing grades, remain arrest free, and perform community service. Parents agree to attend parenting classes, and families are referred to group counseling. Cases are closely monitored by the hearing officer for one year. If the minor commits another offense or fails to adhere to the J.O.I.N. contract, the original case is referred for prosecution.

J.O.I.N. is a highly effective program. It aims to address the root causes of the delinquent behavior. One example is J.O.I.N.'s partnership with the Society for the Prevention of Cruelty to Animals Los Angeles (spcaLA). The spcaLA, in collaboration with the District Attorney's Office and the Los Angeles County Superior Court, designed a specialized curriculum to instill compassion, build self-esteem and help break the cycle of violence.

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

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

J.O.I.N. offers intense supervision and monitoring of the juvenile, and metes out consequences for the crime often within two weeks of an arrest – rather than the 60 days it may take for Delinquency Court to hear a matter. In a three-year study, less than 5% of all youth who participated in J.O.I.N. reoffended.

Minors can also be placed on informal probation by the Probation Department prior to intervention by the court. After an arrest, a minor can be:

- Counseled and released
- Placed in informal programs through the school, law enforcement agency, or Probation
- Referred to the District Attorney's Office for filing consideration pursuant to WIC §626, or
- Referred by the District Attorney's Office to Probation for informal processing under WIC §652

In many instances, a deputy probation officer (DPO) assigned to review a referral from the District Attorney under WIC §652 will decide to continue to handle the matter informally and reserve resending 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
- If the minor has:
  a) Previously been placed on informal probation and has committed a new offense
  a) Is 14 or older and has been arrested for a felony or
  a) Is 13 or younger and has a previous felony arrest (WIC §§652 and 653.5)

WIC §241.1 DUAL STATUS PROTOCOL

In 2004, the Legislature passed AB 129 which permits counties to develop a system where a youth can simultaneously be under the formal jurisdiction of the Delinquency Court and of the Dependency Court provided there is agreement among the Probation Department, DCFS, and the Juvenile Court. In 2007, the County of Los Angeles drafted and implemented the WIC §241.1 Dual Status Protocol (Protocol) and initiated a pilot project in the Pasadena Delinquency Court. The Protocol targets 300 youth who sustain a first time arrest and a 602 petition is filed by the District Attorney's Office in the Pasadena Delinquency Court requesting the youth be made a ward of the Delinquency Court. Through the Protocol and pilot project, stakeholders in the Los Angeles juvenile justice system, including the District Attorney's Office, hope to:

- Enhance public safety by providing better services to dependent youth and their families.
- Reduce the number of dependent youths who become 602 wards of the Delinquency Court.
- Better serve those who do become 602 wards.
- Limit their time as 602 wards by maintaining Dependency Court jurisdiction where appropriate.

During 2010, the 241.1 Pilot Project was extended to Eastlake Delinquency Court. All nine delinquency court locations now have a single court dedicated to the 241.1 protocol process. As part of this expansion, the District Attorney's Office is also ensuring that 300 wards who are otherwise eligible for diversion consideration under the J.O.I.N. program are identified early and properly referred. In order to ensure their success in the J.O.I.N. program, DCFS has agreed to provide continued support of the diverted youth through the year-long J.O.I.N. program. This effort requires collaboration of the District Attorney's Office with other stakeholders in the juvenile justice system, including DCFS, Department of Mental Health, and the minor's dependency attorney. The J.O.I.N program has demonstrated real success with the graduation of 154 minors during 2011.

DELINQUENCY COURT PROCEEDINGS

If a minor is delivered by law enforcement to probation personnel at a juvenile hall facility, the DPO to whom the minor is presented determines whether the minor remains detained. There are three Juvenile Halls in Los Angeles County, all of which are under the supervision of the Probation Department. They are located in Sylmar (Barry J. Nidorf Juvenile Hall), East Los Angeles (Central Juvenile Hall), and Downey (Los Padrinos Juvenile Hall). If a minor 14 years of age or older is accused of personally using a firearm or having committed a serious or violent felony as listed under WIC §707(b), detention must continue until the minor is brought before a judicial officer. In all other instances, the DPO can only continue to detain the minor if one or more of the following is true:

- The minor lacks proper and effective parental care.
- The minor is destitute and lacking the necessities of home.
- The minor's home is unfit.
- It is a matter of immediate and urgent necessity for the protection of the minor or a reasonable necessity for the protection of the person or property of another.
- The minor is likely to flee.
- The minor has violated a court order.
- The minor is physically dangerous to the public because of a mental or physical deficiency, disorder, or abnormality (if the minor is in need of mental health treatment, the court must notify the Department of Mental Health).

If one or more of the above factors are present but the DPO deems that a 24-hour secure detention facility is not necessary, the minor may be placed on home supervision (WIC §628.1). Under this program, the minor is released to a parent, guardian, or responsible relative pursuant to a written agreement that sets forth terms and conditions relating to standards of behavior to be adhered to during the period of release. Conditions of release could include curfew, school attendance requirements, behavioral standards in the home, and any other term deemed to be in the best interest of the minor for his or her own protection or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the Delinquency Court at a detention hearing.

If the minor is detained, a Deputy District Attorney (DDA) must decide whether to file a petition within 48 hours of arrest (excluding weekends and holidays). A detention hearing must be held before a judicial officer within 24 hours of filing [WIC §§ 631(a) and 632]. When a minor appears before a judicial officer for a detention hearing, the Delinquency Court must consider the same criteria as previously weighed by the DPO in making the initial decision to detain the minor. There is a statutory preference for release if reasonably appropriate (WIC §§202 and 635). At the conclusion of the detention hearing, the court may release the minor to a parent or guardian, place the minor on home supervision, or detain the minor in a secure facility.

In 2000, the California electorate passed Proposition 21, the Gang Violence and Juvenile Crime Prevention Initiative, which expanded the list of crimes for which minors could be prosecuted as adults. The initiative became effective on March 8, 2000, and applies to prosecutions of crimes committed on or after that date. As amended, WIC §602(b) requires the prosecution to file the case directly in adult court if a minor, age 14 or older, is charged with one of the following offenses:

- A first degree murder (PC §187) with one or more special circumstances, if it is alleged that the minor personally killed the victim.
- Forcible sexual assaults, if the minor personally committed the offense and one or more circumstances enumerated in PC 667.61 (d) or (e) are alleged. Section 26 of Proposition 21 amended WIC §707(d) to give the prosecution the discretion to file specified crimes committed by minors directly in adult court. Under this discretionary direct file provision, a prosecutor may file directly in adult court if a minor age 14 years or older personally uses a firearm to commit any crime, commits a crime punishable by life in prison, or commits an offense listed in WIC §707(b) and one or more of the circumstances listed in WIC §707(d)2(C)ii applies.

In cases where direct filing against a minor in adult court is discretionary, the policy of the District Attorney's Office is to use this power selectively. If a minor is believed to be an unfit subject to remain in Delinquency Court, reliance upon the use of the traditional fitness hearing conducted under the provisions of WIC §707(a)-(c) is the preferred means of achieving this result. In those instances when a direct filing in adult court is deemed necessary for reasons of judicial economy or to ensure a successful prosecution of the case, the discretionary powers provided under WIC §707(d) will be employed.

Under WIC §707(a)-(c), the prosecution may petition the court to find a minor unfit for juvenile court and

send the case to adult court for prosecution. The court must consider each of the following factors in determining whether the minor's case should remain in juvenile court:

- The degree of criminal sophistication exhibited by the minor.
- Whether the minor can be rehabilitated prior to the expiration of the juvenile court's jurisdiction.
- The minor's previous delinquent history.
- The success of previous attempts by the juvenile court to rehabilitate the minor.
- The circumstances and gravity of the offense alleged to have been committed by the minor.

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

If a minor's case remains in juvenile court, the minor has a right to an adjudication. The adjudication is similar to a court trial. Minors do not have a right to a jury trial. The minor does have a right to counsel, to confront and crossexamine the witnesses against him or her, and the privilege against self-incrimination. The Delinquency Court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The DDA has the burden of proof in presenting evidence to the court. If the court has been convinced beyond a reasonable doubt of the allegations in the petition, the petition is found true. If the court is not convinced, the petition is found not true. There is no finding of "guilty" or "not guilty." If the minor is age 13 or younger, proof that the minor had the capacity to commit the crime must be presented by the DDA as such individuals are not presumed to know right from wrong. For example, if a 12-year-old is accused of a theft offense, it is not presumed that the minor knew it was wrong to steal. The DDA must present evidence that the minor knew the conduct committed was wrong. This burden can be met by calling a witness to establish that this minor knew that it was wrong to steal. The witness can be the minor's parent or a police officer or school official who can testify that the minor appreciated that it was wrong to steal.

If the petition is found true by the court, a disposition hearing is then held to determine the disposition consistent with the best interests of the minor and the interests of public safety. It may include punishment that is consistent with the rehabilitative objectives of WIC §202(b). Disposition alternatives available to the court include:

- Home on probation (HOP)
- Restitution
- A brief period of incarceration in juvenile hall as an alternative to a more serious commitment
- Drug testing
- Restrictions on the minor's driving privilege
- Suitable placement
- Placement in a camp supervised by the Probation Department
- Placement in the California Department of Corrections and Rehabilitation, Division of Juvenile Justice and
- Placement in the Border Project(available only to a minor who is a Mexican national)

Proposition 21 provided the possibility of deferred entry of judgment for minors 14 years of age or older who appear before the court as accused felons for the first time. Under the provisions established in WIC §790 and subsequent sections, a minor who has not previously been declared a ward of the court for commission of a felony; is not charged with a WIC §707(b) offense; has never had probation

revoked previously; and is at least 14 years of age at the time of the hearing is eligible for deferred entry of judgment. In order to enter the program, the minor must admit all allegations presented in the petition filed with the court. There are strict rules imposed by the court. The minor must participate in the program for no less than 12 months and must successfully complete the program within 36 months. If the program is successfully completed, the charges are dismissed against the minor, the arrest is deemed never to have occurred, and the record of the case is sealed.

MAJOR NARCOTICS DIVISION

Drug abuse damages all sectors of society. Drug abuse destroys individual lives, breaks families apart, and is very often the motivating factor behind crimes.

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

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

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

MND is also responsible for processing all state wiretaps for the Office. Wiretaps are a vital and effective law enforcement tool that is used to disrupt, dismantle and prosecute major narcotics trafficking operations. Motivated by high profits, these organizations distribute deadly drugs into our community that endangers residents and children. Division prosecutors regularly conduct POST certified wiretap training to law enforcement to ensure this invaluable tool is made available. MND deputies specialize in prosecuting narcotics trafficking organizations with ties to cartels, manufacturing and distribution of illicit narcotics, and clandestine laboratories that expose children to toxic chemicals and dangerous hazards.

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

DRUG ENDANGERED CHILDREN (DEC) RESPONSE TEAM

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

Although the number of clandestine methamphetamine and PCP labs has decreased in recent years, its presence continues to threaten the health and safety of neighborhoods and children exposed to them. Last year, LA IMPACT seized a

massive 130 gallons of PCP with an estimated value of $100 million from a Los Angeles and Culver City location. Also seized were assault weapons, $389,000 in cash, and chemicals that could be used to manufacture another 500 gallons of PCP. Authorities believe the arrested suspects were involved in a nationwide drug trafficking organization.

Recently, Los Angeles County has seen a disturbing number of butane "honey oil" extraction labs. These labs create a new and highly dangerous public health and safety risk for all. The butane is used to extract THC from marijuana in order to produce concentrated cannabis. Since butane is inexpensive, readily accessible and unregulated, it remains popular for use in chemical extractions. However, butane is highly flammable and has resulted in explosions and fires that have decimated structural property and caused serious injuries such as comas, third-degree burns and the amputation of a leg. Similar to methamphetamine and PCP labs, children and pets have been present at honey oil extraction sites. To date, MND has charged several child endangerment counts related to honey oil extraction.

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 filed. The District Attorney's Office published Gang Crime and Violence in Los Angeles County: Findings and Proposals from the District Attorney's Office in April 2008. The entire report and statistical data may be obtained at the District Attorney Office's website at www.da.lacounty.gov under "Top Documents." In addition to prosecuting gang members, the Office actively works to prevent or dissuade children from joining gangs.

THE CLEAR PROGRAM

In 1996, three year old Stephanie Kuhen was killed by gang members in northeast Los Angeles. Within a year, the multi-agency collaborative – Community Law Enforcement and Recovery (CLEAR) – was created to facilitate the recovery of ganginfested communities by decreasing the criminal activity of targeted gangs. Deputy district attorneys, deputy city attorneys, law enforcement personnel, deputy probation officers, and members of the Department of Corrections are co-located in specific areas where they can focus their attention on the most active gang members. CLEAR has been identified as a highly successful gang suppression and prevention program.

SAGE (STRATEGY AGAINST GANG ENVIRONMENT)

The SAGE Program is aimed at improving the quality of life in neighborhoods by placing experienced DDAs in cities or areas to work with established agencies to develop new programs aimed at crime prevention and crime reduction. The programs address issues such as drugs, graffiti, nuisances, juvenile truancy and delinquency and any other criminal conduct that negatively impacts the community. SAGE DDAs are active members of the communities in which they work, teaching residents how to recognize early signs of gang involvement in their children, how to divert their children from gangs, how to improve their neighborhoods, and how to effectively use the services provided by law enforcement. The program is tailored to each community in which it is activated.

Supervisor Gloria Molina's office initiated the development and funding for the Pico Rivera Task Force, a SAGE Team in the Whittier/Pico areas of the county, targeting graffiti and vandalism crimes. The team is comprised of a deputy district attorney, four LASD deputies, an LASD sergeant, and a probation officer. The team handles cases involving adults and minors. As of June 2008, over 600 juvenile and adult arrests have been made by the Pico Rivera Task Force.

EAST LOS ANGELES PARENT PROJECT

The goal of the East Los Angeles Parent Project, which is directed through the Los Angeles Parks and Recreation Department, is to reduce gang membership, drug usage, truancy, family conflict and other unwanted behavior by improving the parenting skills of those whose children are "at risk", out of control, or strong-willed. The East Los Angeles Parent Project Collaboration includes the District Attorney's Office, Los Angeles County Parks and Recreation Department, LASD, Supervisor Gloria Molina's office, the Los Angeles County Probation Department, and the Boys and Girls Club of East Los Angeles, and provides parenting classes at three parks in East Los Angeles.

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

The program has been extremely effective and it is hoped that it can be replicated in other parts of the county.

OFFICE WIDE UNITS

Victim-Witness ASSISTANCE PROGRAM

The Victim-Witness Assistance Program (VWAP) 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. VWAP advocates have received special training in state programs regarding restitution for victims of crime and advocacy and support for victims of violence. 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 advocate explains each person's role in the criminal justice process while working to establish a rapport with the child. The advocate is available to participate in the pre-filing interview to give emotional support for the child victim and to provide a friendly, nurturing sense of care. The advocate assists the nonoffending parents or guardians of the child victim to connect with appropriate counseling for children who either witness or are victims of violent crimes in order to promote the mental and emotional health of the child.

The advocate provides court accompaniment to the child victim and the victim's family and assists in explaining the court process. There are two essential tools that the advocate relies upon in explaining the criminal court process. The advocate uses an activity book for children produced by the Administrative Office of the Courts entitled, "What's Happening in Court?" and a short educational video that illustrates what happens in court, the roles of court personnel, the rules associated with court procedures, and how the child's role is important to the court process. By using these tools, the child's experience in court becomes more understandable. Whenever possible, the advocate will attempt to take the child and the child's family into an accessible courtroom. This opportunity will allow the child to visualize each person's role and where they are positioned in court. The child will have the opportunity to sit in the witness chair in order to become familiar with the courtroom setting and to ease any tensions and fears that may arise as a result of appearing in an unfamiliar setting. Other services offered by the advocate include but are not limited to the following:

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

- Assistance obtaining restitution from a convicted defendant
- Referrals and information to appropriate community agencies and resources
- Speaking engagements explaining the services provided through the Los Angeles County District Attorney's Office Victim-Witness Assistance Program.

DISTRICT ATTORNEY PUBLIC AFFAIRS DIVISION

The District Attorney's Office is committed to working with youths and their parents to keep young people in school, away from drugs and gangs, and on the path to a productive adulthood. The Public Affairs Division offers informational resources within the District Attorney's Office in the areas of crime prevention, public safety, and victim assistance.

PROJECT L.E.A.D. (LEGAL ENRICHMENT AND DECISIONMAKING)

Project L.E.A.D. is a law-related educational program, begun in 1993, that places prosecutors and other criminal justice professionals inside fifth-grade classrooms one hour a week for 20 weeks. Students follow a challenging curriculum designed to develop the knowledge, skills, understanding, and attitudes that will allow them to function as participating members of a democratic society. The program's curriculum focuses on issues involving drug abuse, gang violence, and hate crimes. It also provides social tools, such as conflict resolution and coping with peer pressure. During the 2012-2013 school year, 104 volunteers taught the curriculum to 1,575 students in 55 classrooms at 36 public schools throughout Los Angeles County. Participating schools are listed below:

Schools	Districts	Students
Centinela	Inglewood	34
Cleveland	Pasadena	25
Coliseum Street	Los Angeles	28
Daniel Freeman	Inglewood	41
Edison	Long Beach	113
Euclid Avenue	Los Angeles	55
Foshay Learning Center	Los Angeles	27
Foster Road	Norwalk-La Mirada	34
Gratts	Los Angeles	63
Harrison	Los Angeles	31
Huntington Drive	Los Angeles	29
Jefferson	Paramount	36
Jefferson	Pasadena	32
La Canada	La Canada	22
Leffingwell	East Whittier	74
Loren Miller	Los Angeles	58
Lorena Street	Los Angeles	27
Madison	Pomona	63
Mariposa	Lancaster	95
Mill School & Tech. A.	Whittier City	75
Murchison Street	Los Angeles	77
Nevin Avenue	Los Angeles	26
Old River	Downey	34
Palm Crest	La Canada	23
Panorama City	Los Angeles	30
Paradise Canyon	La Canada	26
Patrick Henry	Long Beach	80
Portrero Heights	Montebello	35
Rosa Parks	Lynwood	33
Rosecrans Elementary	Compton	32
Russell	Los Angeles	28
Thomas Jefferson	Bellflower	29
Utah Street	Los Angeles	26

ENVIRONMENTAL SCHOLARSHIP PROGRAM

A college scholarship fund was established at five Los Angeles County high schools as the result of the prosecution and settlement of a major environmental crime case. Graduating seniors at Bell Gardens, El Rancho, Montebello, Pioneer, and

Schurr high schools are eligible for the scholarships. They are awarded annually to students who have demonstrated a serious interest or commitment to environmental issues. In 2012, seven students received scholarships totaling $3,974. The District Attorney's Office has awarded 383 scholarships totaling $300,000 to local students since the fund was established in 1991.

PAMPHLETS

The District Attorney's Office produces a wide variety of pamphlets to inform the public of its programs and services for crime victims and the community. Topics include domestic violence, elder abuse, hate crimes, crime victims' rights, and a guide for navigating the criminal justice system. Pamphlets are available online at: da.lacounty.gov.

SPEAKERS BUREAU

Through its Speakers Bureau, the District Attorney's Office dispatches experts for presentations on a variety of criminal justice issues and victim services. Deputy district attorneys, investigators, and other professional staff members volunteer to speak to community groups, schools, and other organizations throughout Los Angeles County. Presentations are free and require a minimum of 25 attendees and two weeks advance notice. To request speaker, visit da.lacounty.gov/speakers.

DATA GATHERING AND ANALYSIS

In order to maximize accuracy in representing the work done by the District Attorney's Office in prosecuting cases involving child abuse and neglect, data is gathered based upon a case filing. When a case is filed, the case number represents one unit for data purposes. A case may, however, represent more than one defendant and more than one count; in cases where there is more than one count, more than one victim may be represented. This method was adopted to ensure that a single incident of criminal activity was not double counted. When a case is presented for filing to a prosecutor, it is submitted based upon the conduct of the perpetrator. If a single perpetrator has victimized more than one victim, all of the alleged criminal conduct is contained under one case number. If a victim has been victimized on more than one occasion by a single perpetrator, the separate incidents will be represented by multiple counts contained under a single case number. A single incident, however, also may be represented by multiple counts; such counts might be filed in the alternative for a variety of reasons but could not result in a separate sentence for the defendant due to statutory double jeopardy prohibitions. If multiple defendants were involved in victimizing either a single victim or multiple victims, this is represented by a single case number.

A priority list was established based upon seriousness of the offense (Figure 1) from which the data sought would be reflected under the most serious charge filed. In other words, if the most serious charge presented against the perpetrator was a homicide charge reflecting a child death but additional charges were also presented and filed alleging child physical abuse or endangerment, then the conduct would be reflected only under the statistics gathered using PC §187 in the category of total filings (Figure 2). If, at the conclusion of the case, the Murder (PC §187) charge was dismissed for some reason but the case resulted in a conviction on lesser charges (such as Assault Resulting in Death of a Child Under Age 8, PC §273ab), that statistic would be reflected as a conviction under the statistics compiled for the lesser charge (Figures 6 and 7).

In assessing cases that were either dismissed or declined for filing (Figures 3 and 4), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus; lack of sufficient evidence; inadmissible search and seizure; interest of justice; deferral for revocation of parole; a probation violation was filed in lieu of a new filing; or a referral for misdemeanor consideration to another agency) is the very important consideration of the victim being unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against a child or an adult, or domestic violence against a teenager or adults, the victim may decline to participate in a prosecution and not face the prospect of being incarcerated for contempt of court for failing to testify (CCP §1219). As a general principle, it is considered

essential to protect the child victim from additional harm; forcing a child to participate in the criminal justice process against his or her will would not meet these criteria. This deference to the greater goal of protection of the victim results in some cases which would ordinarily meet the filing criteria to be declined and others which have already been filed to be dismissed or settled for a compromise disposition.

A synopsis of the charges used to compile this report is included as an addendum to this narrative. Sentencing data is broken down to cover cases in which a defendant has received a life sentence, a state prison sentence, or a probationary sentence (Figures 7 and 8). A probationary sentence includes, in a vast majority of cases, a sentence to county jail for up to 1 year as a term and condition of probation under a 5year grant of supervised probation.

As it is not uncommon for minors to commit acts of abuse against children, juvenile delinquency statistics detailing the number of felony and misdemeanor petitions filed, dismissed, and declined are included (Figures 12, 13, 14, 15, and 16). It is important to note the fact that the perpetrator of the offense is under the age of 18 is not the sole determinative factor in making a decision as to whether the minor perpetrated a criminal act against a child. A schoolyard fight between peers would not be categorized as an incident of child abuse nor would consensual sexual conduct between underage peers be automatically categorized as child molestation; but an incident involving a 17 year old babysitter intentionally scalding a 6 year old child with hot water would be investigated as a child abuse and an incident in which a 16 year old cousin fondled the genitals of an 8 year old family member would be investigated as a child molestation. A 16 year old who punched his 16 year old girlfriend in the face would be investigated as intimate partner violence.

Statistics regarding the gender of defendants are also included. It is important when comparing the years of available statistics covering juvenile delinquency offenses to remember that Proposition 21, as discussed in the Juvenile Division section of this report, was in effect beginning in March of 2000. This factor may make any meaningful comparison between the statistics prior to the passage to those subsequent to the passage of Proposition 21 difficult. Adult and juvenile comparisons are provided as are comparisons among both groups for total cases filed by the District Attorney's Office compared to a gender breakdown for child abuse related offenses (Figures 18, 19, 20, and 21).

Information contained by Zip Code is provided as a means of determining how children in different areas of the county are impacted by these crimes. The majority of cases in the District Attorney's Office are filed in the jurisdiction where the crime occurred. The Zip Codes represent the address of the District Attorney's Office where the case was filed.

For the tenth year, the report contains data regarding the number of child abuse cases filed that also included the filing of a count of Spousal Abuse within the meaning of PC §273.5 (Figure 22). In all ten years, the percentage of cases in which these offenses are joined has been consistent. In 2003, this joinder occurred in 9% of the cases filed; in 2004, it occurred in 8% of the cases; in 2005, the joinder occurred in 9% of the cases. From 2006 through 2010, the joinder occurred in 7% of the cases. In 2011 and 2012, this joinder occurred in 8% of the cases.

SELECTED FINDINGS

A total of 5,897 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2012.

Of these, charges were filed in 41% (2,424) of the cases reviewed. Felony charges were filed in 53% (1,286) of these matters. Misdemeanor charges were filed in 47% (1138) of these matters.

Of those cases declined for filing (a total of 3,473 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 29% of the declinations (1,002).

In 79% of the adult cases filed involving child abuse, the gender of the defendant was male.

Convictions were achieved in 91% (2,206) of the cases filed against adult offenders. Defendants

received grants of probation in 71% (1,566) of these cases. State prison sentences were ordered in 24% (551) of the cases; with 1% (22) of the defendants receiving a life sentence in state prison.

A total of 622 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.

Of these, charges were filed in 51% (316) of the cases reviewed. Felony charges were filed in 89% (280) of these cases.

Of the filed cases, 47% (149) alleged a violation of PC §288(a). Of the declined cases (414 – both felonies and misdemeanors), 53% (223) alleged a violation of PC §288(a).

In 94% of the petitions filed involving child abuse, the gender of the minor was male.

Sustained petitions (256) were achieved in 81% of the juvenile cases.

CONCLUSION

The Los Angeles County District Attorney's Office is dedicated to providing justice to the children of this community. Efforts to enhance their safety through the vigorous prosecution of individuals who prey upon children are tempered with care and compassion for the needs of the children who have been victimized. This process is important to a prosecuting entity that has been sensitized to the special nature of these cases and assisted by active partnerships with other public and private entities in crime prevention efforts designed to enrich the lives of all children. Through these efforts, the Los Angeles County District Attorney's Office has established a leadership role in community efforts to battle child abuse and neglect.

RESPONSE TO RECOMMENDATIONS FROM 2010 REPORT

RECOMMENDATION ONE:

REPORTING OF DATA

The District Attorney's Office keeps data on several different categories including, but not limited to, the type of crime committed, jurisdiction or zip code where the case was filed for prosecution, the juvenile or adult status of offenders, and gender of the offender. The data categories are contained in this report. The Office does not keep data based on ethnicity, Service Planning Area, or zip code where the crime occurred.

RECOMMENDATION TWO:

USE OF SPATIAL DATA

The District Attorney's Office did not use GIS mapping techniques to report data in this report, but will consider using it in future reports.

Figure 1

LIST OF PRIORITIZED STATUTES FOR 2012

Code	Statute	Form No	Order	Code	Statute	Form No	Order
PC	187(A)		1	PC	288A(D)(3)	001	37
PC	273AB(A)		2	PC	289(A)(1)(B)		38
PC	273AB(B)		3	PC	289(A)(1)(C)		39
PC	273AB		4	PC	286(C)(1)		40
PC	288.7(A)		5	PC	286(C)	001	41
PC	288.7(B)		6	PC	288(B)(1)		42
PC	236.1(C)		7	PC	288(B)(2)		43
PC	236.1(C)(1)		8	PC	288(B)		44
PC	236.1(C)(2)		9	PC	288(A)		45
PC	269(A)(1)		10	PC	288A(C)(1)		46
PC	269(A)(2)		11	PC	288A(C)	001	47
PC	269(A)(3)		12	PC	289(J)		48
PC	269(A)(4)		13	PC	289(I)		49
PC	269(A)(5)		14	PC	289(H)		50
PC	664/187(A)		15	PC	273A(A)		51
PC	261(A)(2)	001	16	PC	273D(A)		52
PC	261(A)(2)	002	17	PC	278		53
PC	236.1(B)		18	PC	278.5		54
PC	236.1(A)		19	PC	278.5(A)		55
PC	264.1(B)(1)		20	PC	288(C)(1)		56
PC	264.1(B)(2)		21	PC	288(C)		57
PC	207(B)		22	PC	286(B)(2)		58
PC	207(C)	002	23	PC	286(B)(1)		59
PC	207(D)	002	24	PC	288A(B)(1)		60
PC	207(A)	002	25	PC	266J		61
PC	207(A)	003	26	PC	266H(B)		62
PC	208(B)		27	PC	266H(B)(1)		63
PC	288.5(A)		28	PC	266H(B)(2)		64
PC	288.5		29	PC	266I(B)		65
PC	286(C)(2)(B)		30	PC	266I(B)(1)		66
PC	286(C)(2)(C)		31	PC	266I(B)(2)		67
PC	286(D)(2)		32	PC	266		68
PC	286(D)(3)		33	PC	288A(B)(2)		69
PC	288A(C)(2)(B)		34	PC	12035(B)(1)		70
PC	288A(C)(2)(C)		35	PC	311.4(B)		71
PC	288A(D)(2)	001	36	PC	311.2(B)		72

Figure 1 (continued)

LIST OF PRIORITIZED STATUTES FOR 2012

Code	Statute	Form No	Order	Code	Statute	Form No	Order
PC	311.2(D)		73	PC	647.6(B)		93
PC	311.10		74	PC	647.6(A)(2)	002	94
PC	311.11(B)		75	PC	647.6(A)(2)	001	95
PC	288.3(A)		76	PC	647.6(A)(1)	002	96
PC	288.3(C)		77	PC	647.6(A)(1)	001	97
PC	288.4(B)		78	PC	261.5(C)	001	98
PC	261.5(D)		79	PC	647.6(A)	002	99
PC	261.5(C)	002	80	PC	647.6(A)	001	100
PC	288.4(A)(2)		81	PC	647.6		101
PC	311.1(A)		82	PC	261.5(B)		102
PC	311.4(C)		83	PC	261.5		103
PC	288.4(A)(1)		84	PC	273J(A)		104
PC	271A		85	PC	273A(B)		105
PC	12035(B)(2)		86	PC	273G		106
PC	12036(B)		87	PC	311.1		107
PC	12036(C)		88	PC	311.4(A)		108
PC	267		89	PC	311.11(A)		109
PC	288.2(A)		90	PC	311.3(A)		110
PC	288.2(B)		91	PC	273I(A)		111
PC	647.6(C)(2)		92	PC	273J(B)		112

Figure 2a:

Total Adult Filings By Charge for 2003 through 2007

	2003		2004		2005		2006		2007	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	3	0	0	0	0	0	0	1	1	1
PC12036(b)	0	1	0	0	0	0	0	0	0	0
PC12036(c)	0	0	0	0	0	0	0	0	0	0
PC187(a)	31	0	23	0	25	0	17	0	20	0
PC207(a)	20	0	13	0	19	0	11	0	18	0
PC207(b)	3	0	11	0	6	0	6	0	8	0
PC208(b)	3	0	1	0	1	0	1	0	0	0
PC 236.1(a)	0	0	0	0	0	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	0	0	1	0	1	1	1	1
PC261.5(b)	0	17	0	11	0	36	0	17	0	18
PC261.5(c)	101	48	87	57	80	43	72	37	86	46
PC261.5(d)	38	6	45	7	39	4	27	6	42	6
PC264.1(b)(2)	0	0	0	0	0	0	0	0	0	0
PC266	0	0	0	0	1	0	0	0	0	0
PC266h(b)	0	0	0	0	1	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	5	0	4	0	5	0
PC266h(b)(2)	0	0	0	0	0	0	6	0	2	0
PC266i(b)(1)	0	0	0	0	1	0	2	0	0	0
PC266i(b)(2)	0	0	0	0	1	0	1	0	0	0
PC266j	4	0	3	0	2	0	0	0	1	0
PC269	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	26	0	23	0	26	0	14	0	22	0
PC269(a)(2)	0	0	2	0	2	0	1	0	2	0
PC269(a)(3)	8	0	4	0	3	0	3	0	7	0
PC269(a)(4)	6	0	7	0	4	0	1	0	7	0
PC269(a)(5)	7	0	10	0	5	0	3	0	3	0
PC271a	6	6	1	1	3	2	2	3	1	6
PC273a(1)	0	0	0	0	1	0	0	0	0	1
PC273a(a)	446	108	411	111	432	117	374	123	399	123
PC273a(b)	1	550	1	581	0	591	0	475	1	557
PC273ab	1	0	0	0	5	0	1	0	0	0
PC273ab(a)	0	0	0	0	0	0	0	0	0	0
PC273ab(b)	0	0	0	0	0	0	0	0	0	0
PC273d(a)	31	75	37	66	24	69	41	55	45	50
PC273g	0	1	0	0	0	0	0	0	0	14
PC278	25	2	19	1	26	2	11	4	11	3

Figure 2a (continued):

Total Adult Filings By Charge for 2003 through 2007

	2003		2004		2005		2006		2007	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC278.5	15	0	4	1	4	3	4	2	1	1
PC278.5(a)	24	3	31	0	8	0	18	4	16	1
PC286(b)(1)	8	1	7	1	3	1	7	0	5	0
PC286(b)(2)	3	0	1	0	5	0	3	0	4	0
PC286(c)	2	0	0	0	0	0	0	0	1	0
PC286(c)(1)	8	0	5	0	4	0	8	0	8	0
PC286(c)(2)(c)	0	0	0	0	0	0	0	0	0	0
PC288(a)	437	0	476	1	350	0	410	0	382	0
PC288(b)	2	0	3	0	0	0	5	0	1	0
PC288(b)(1)	60	0	46	0	55	0	52	0	36	0
PC288(b)(2)	0	0	0	0	0	0	0	0	0	0
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	96	2	110	4	75	4	85	1	76	1
PC288.2(a)	0	0	0	0	0	0	0	0	0	0
PC288.3(a)	0	0	0	0	0	0	0	0	0	0
PC288.4(b)	0	0	0	0	0	0	0	0	0	0
PC288.5	12	0	6	0	2	0	4	0	3	0
PC288.5(a)	132	0	124	0	118	0	110	0	116	0
PC288.5(b)	0	0	18	2	0	0	0	0	0	0
PC288.7(a)	0	0	0	0	0	0	0	0	0	0
PC288.7(b)	0	0	0	0	0	0	0	0	0	0
PC288a(b)(1)	31	6	6	0	21	3	21	5	18	2
PC288a(b)(2)	17	0	0	0	12	0	4	0	4	0
PC288a(c)	0	0	0	0	0	0	0	0	1	0
PC288a(c)(1)	0	0	0	0	2	0	0	0	7	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)	15	2	17	1	15	3	13	3	19	2
PC289(i)	16	0	6	0	10	0	12	0	12	0
PC289(j)	0	0	0	0	0	0	1	0	1	0
PC311.1	0	0	0	0	1	0	0	0	0	0
PC311.10	1	0	3	0	2	0	2	0	0	0
PC311.1(a)	2	0	3	0	4	0	1	0	4	0
PC311.11(a)	0	11	0	19	0	9	2	17	20	5
PC311.11(b)	0	0	0	0	2	0	2	0	1	0
PC311.2(b)	0	0	0	0	2	0	0	0	2	0

Figure 2a (continued):

Total Adult Filings By Charge for 2003 through 2007

	2003		2004		2005		2006		2007	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC311.2(d)	0	0	0	0	0	0	1	0	1	0
PC311.3(a)	0	0	0	0	0	0	0	0	0	0
PC311.4(a)	0	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)	1	0	1	0	2	0	1	0	1	0
PC647.6	0	0	0	0	0	2	0	2	0	0
PC647.6(a)	6	0	9	0	3	140	4	107	0	13
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(c)(2)	0	0	0	0	0	0	0	0	0	0
PC647.6(b)	0	0	0	0	1	0	0	3	3	1
PC664/187(a)	12	0	9	0	19	0	11	0	15	0
TOTAL	**1,660**	**839**	**1,583**	**864**	**1,433**	**1,029**	**1,380**	**866**	**1,440**	**852**

Figure 2b:

Total Adult Filings By Charge for 2008 through 2012

	2008		2009		2010		2011		2012	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	0	0	1	0	0	0	2	0	0	2
PC12036(b)	0	0	0	0	0	0	0	0	0	0
PC12036(c)	0	1	0	0	0	0	0	0	0	0
PC187(a)	20	0	16	0	15	0	16	0	13	0
PC207(a)	23	0	14	0	11	0	17	0	12	0
PC207(b)	4	0	5	0	3	0	6	0	2	0
PC208(b)	0	0	1	0	0	0	0	0	1	0
PC 236.1(a)	0	0	0	0	0	0	0	0	14	0
PC261(a)(2)	0	0	0	0	2	0	4	0	10	0
PC261.5	2	0	0	0	0	0	1	0	0	0
PC261.5(b)	0	24	0	20	0	17	0	21	0	13
PC261.5(c)	83	74	92	62	68	58	57	42	39	32
PC261.5(d)	42	9	29	9	29	8	24	3	12	6
PC264.1(b)(2)	0	0	0	0	0	0	0	0	2	0
PC266	1	0	2	0	2	0	0	1	0	0
PC266h(b)	0	0	0	0	2	0	0	0	0	0
PC266h(b)(1)	8	0	10	0	8	0	6	0	14	0
PC266h(b)(2)	6	0	3	0	1	0	1	0	6	0

Figure 2b (continued):

Total Adult Filings By Charge for 2008 through 2012

	2008		2009		2010		2011		2012	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC266i(b)(1)	0	0	5	0	0	0	4	0	3	0
PC266i(b)(2)	0	0	0	0	0	0	1	0	1	0
PC266j	0	0	0	0	1	0	0	0	0	0
PC269	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	23	0	19	0	26	0	20	0	27	0
PC269(a)(2)	0	0	1	0	3	0	2	0	0	0
PC269(a)(3)	4	0	4	0	5	0	2	0	4	0
PC269(a)(4)	5	0	13	0	6	0	4	0	3	0
PC269(a)(5)	7	0	5	0	1	0	1	0	3	0
PC271a	0	2	0	2	0	2	1	0	1	3
PC273a(1)	0	0	0	0	0	0	0	0	0	0
PC273a(a)	429	112	389	113	391	114	375	115	332	102
PC273a(b)	4	613	1	595	1	692	0	746	0	786
PC273ab	4	0	1	0	0	0	0	0	0	0
PC273ab(a)	0	0	0	0	0	0	1	0	0	0
PC273ab(b)	0	0	0	0	0	0	3	0	3	0
PC273d(a)	38	70	32	73	42	75	43	73	41	50
PC273g	0	1	0	1	0	3	0	0	0	3
PC278	12	1	13	1	9	0	14	5	9	2
PC278.5	0	2	1	0	0	1	0	0	0	1
PC278.5(a)	15	2	8	4	11	2	8	3	10	2
PC286(b)(1)	7	0	5	0	10	0	6	1	6	2
PC286(b)(2)	4	0	3	0	1	0	3	0	2	0
PC286(c)	0	0	1	0	1	0	0	0	0	0
PC286(c)(1)	1	0	6	0	1	0	2	0	6	0
PC286(c)(2)(c)	0	0	0	0	0	0	4	0	3	0
PC288(a)	396	0	381	0	285	0	258	0	241	0
PC288(b)	2	0	1	0	4	0	1	0	4	0
PC288(b)(1)	47	0	60	0	42	0	45	0	33	1
PC288(b)(2)	0	0	0	0	1	0	0	0	0	0
PC288(c)	0	0	0	0	1	0	1	0	0	0
PC288(c)(1)	88	1	92	0	84	0	78	0	80	2
PC288.2(a)	0	0	0	0	0	0	0	0	6	2
PC288.3(a)	0	0	0	0	7	0	9	0	6	0
PC288.4(b)	0	0	0	0	12	0	5	0	7	0
PC288.5	5	0	5	0	5	0	2	0	1	0
PC288.5(a)	125	0	136	0	125	0	96	0	86	0

Figure 2b (continued):

Total Adult Filings By Charge for 2008 through 2012

	2008		2009		2010		2011		2012	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288.7(a)	0	0	0	0	40	0	45	0	40	0
PC288.7(b)	0	0	0	0	32	0	54	0	45	0
PC288a(b)(1)	17	8	9	3	23	4	29	1	18	7
PC288a(b)(2)	8	0	7	0	7	0	11	0	4	0
PC288a(c)	0	0	0	0	0	0	1	0	0	0
PC288a(c)(1)	1	0	2	0	0	0	1	0	1	0
PC288a(c)(2)(c)	0	0	0	0	0	0	5	0	0	0
PC289(a)(1)(b)	0	0	0	0	0	0	1	0	0	0
PC289(a)(1)(c)	0	0	0	0	0	0	1	0	1	0
PC289(h)	16	2	20	2	18	3	15	0	12	4
PC289(i)	15	0	19	0	7	0	15	0	11	0
PC289(j)	0	0	1	0	0	0	0	0	0	0
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	1	0	0	0	0	0	0	0
PC311.1(a)	9	0	12	0	14	1	15	0	37	1
PC311.11(a)	26	3	40	1	40	6	41	3	43	7
PC311.11(b)	1	0	0	0	3	0	5	0	6	0
PC311.2(b)	2	0	2	0	0	0	1	0	1	0
PC311.2(d)	1	0	0	0	0	0	0	0	0	0
PC311.3(a)	0	4	0	1	0	0	0	0	0	2
PC311.4(a)	0	0	0	0	1	0	0	0	1	0
PC311.4(b)	2	0	0	0	0	0	0	0	0	0
PC311.4(c)	1	0	1	0	1	0	2	0	3	0
PC647.6	0	0	0	0	1	0	0	2	0	1
PC647.6(a)	0	2	0	0	0	2	0	0	0	0
PC647.6(a)(1)	0	0	0	0	7	138	5	107	7	104
PC647.6(a)(2)	0	0	0	0	0	0	0	0	0	3
PC647.6(c)(2)	0	0	0	0	0	0	0	0	1	0
PC647.6(b)	3	0	1	1	6	0	1	0	0	0
PC664/187(a)	12	0	10	0	9	0	16	0	12	0
TOTAL	**1,519**	**931**	**1,480**	**888**	**1,425**	**1,126**	**1,387**	**1,123**	**1,286**	**1,138**

Figure 3a:

Total Adult Dismissals By Charge for 2003 through 2007

	2003		2004		2005		2006		2007	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	0	0	0	0	0	0	0	0	1	0
PC12036(c)	0	0	0	0	0	0	0	0	0	0
PC187(a)	0	0	0	0	1	0	1	0	0	0
PC207	2	0	0	0	0	0	0	0	0	0
PC207(a)	0	0	1	0	3	0	0	0	1	0
PC207(b)	0	0	1	0	1	0	0	0	1	0
PC208	0	0	0	0	0	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	0	0
PC236.1(a)	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	1	0	3	0	5	0	3	0	1
PC261.5(c)	5	9	9	7	2	2	5	3	8	3
PC261.5(d)	0	1	5	1	1	0	1	0	0	1
PC264.1(b)(2)	0	0	0	0	0	0	0	0	0	0
PC266h(b)	0	0	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	1	0	0	0
PC266h(b)(2)	0	0	0	0	0	0	0	0	1	0
PC266i(b)(1)	0	0	0	0	0	0	0	0	0	0
PC266j	0	0	0	0	1	0	0	0	0	0
PC269(a)(1)	1	0	2	0	1	0	0	0	2	0
PC269(a)(2)	0	0	0	0	1	0	0	0	0	0
PC269(a)(3)	0	0	0	0	0	0	0	0	1	0
PC269(a)(4)	0	0	1	0	1	0	0	0	0	0
PC269(a)(5)	0	0	1	0	0	0	0	0	0	0
PC271a	2	1	0	1	0	0	0	0	0	0
PC273a(a)	26	17	44	6	35	11	22	8	27	16
PC273a(b)	0	46	0	75	0	52	0	37	0	52
PC273d(a)	3	10	2	2	5	12	6	4	6	8
PC273g	0	0	0	0	0	0	0	0	0	4
PC278	5	2	2	0	4	1	0	1	0	2
PC278.5	3	0	0	1	0	0	1	0	1	0
PC278.5(a)	3	2	4	0	0	0	1	1	2	1
PC286(b)(1)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0	0	0
PC288(a)	37	0	36	0	26	0	16	0	6	0
PC288(b)(1)	5	0	3	0	4	0	2	0	1	0

Figure 3a (continued):

Total Adult Dismissals By Charge for 2003 through 2007

	2003		2004		2005		2006		2007	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	5	0	7	1	2	1	6	0	1	0
PC288.5	1	0	0	0	0	0	0	0	0	0
PC288.5(a)	7	0	6	0	7	0	3	0	3	0
PC288.7(a)	0	0	0	0	0	0	0	0	0	0
PC288.7(b)	0	0	0	0	0	0	0	0	0	0
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288a(b)(1)	2	1	0	0	1	0	2	0	1	0
PC288a(b)(2)	1	0	0	0	1	0	0	0	0	0
PC288a(c)	0	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	1	0	0	0	0	0
PC289(h)	1	0	1	0	2	0	0	0	1	0
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0	0	0
PC311.1(a)	0	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	0	0	0	0	0	1	0	1	1
PC311.11(b)	0	0	0	0	0	0	0	0	0	0
PC311.2	0	0	0	0	0	0	0	0	0	0
PC311.2(b)	0	0	0	0	0	0	0	0	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	1	0	1	7	0	5	0	1
PC647.6(a)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(b)	0	0	0	0	0	0	0	0	1	0
PC664/187(a)	1	0	0	0	1	0	0	0	1	0
TOTAL	110	90	126	97	102	91	68	62	67	90

Figure 3b:

Total Adult Dismissals By Charge for 2008 through 2012

	2008		2009		2010		2011		2012	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	0	0	0	0	0	0	0	0	0	2
PC12036(c)	0	1	0	0	0	0	0	0	0	0
PC187(a)	0	0	0	0	0	0	0	0	1	0
PC207	0	0	0	0	0	0	0	0	0	0
PC207(a)	3	0	1	0	0	0	0	0	1	0
PC207(b)	0	0	0	0	1	0	0	0	0	0
PC208	0	0	0	0	0	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	0	0
PC236.1(a)	0	0	0	0	0	0	0	0	1	0
PC261.5(b)	0	0	0	5	0	4	0	2	0	1
PC261.5(c)	4	4	3	6	3	5	3	3	1	1
PC261.5(d)	0	0	0	0	1	1	0	0	0	0
PC264.1(b)(2)	0	0	0	0	0	0	0	0	2	0
PC266h(b)	0	0	0	0	2	0	0	0	0	0
PC266h(b)(1)	2	0	3	0	0	0	3	0	6	0
PC266h(b)(2)	3	0	2	0	0	0	0	0	2	0
PC266i(b)(1)	0	0	2	0	0	0	0	0	0	0
PC266j	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	0	0	3	0	0	0	1	0	2	0
PC269(a)(2)	0	0	1	0	0	0	0	0	0	0
PC269(a)(3)	1	0	0	0	0	0	0	0	0	0
PC269(a)(4)	1	0	0	0	0	0	0	0	0	0
PC269(a)(5)	1	0	1	0	0	0	0	0	0	0
PC271a	0	0	0	0	0	0	0	0	0	0
PC273a(a)	30	8	24	5	35	10	18	10	17	12
PC273a(b)	0	62	0	74	0	68	0	76	0	75
PC273d(a)	4	11	4	11	1	7	3	9	1	3
PC273g	0	0	0	0	0	0	0	0	0	0
PC278	0	0	1	0	2	0	4	0	0	1
PC278.5	0	1	0	0	0	1	0	0	0	0
PC278.5(a)	1	1	2	2	1	0	0	0	0	0
PC286(b)(1)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0	1	0
PC288(a)	12	0	10	0	11	0	11	0	10	0
PC288(b)(1)	0	0	1	0	0	0	0	0	0	0

Figure 3b (continued):

Total Adult Dismissals By Charge for 2008 through 2012

	2008		2009		2010		2011		2012	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	0	0	2	0	5	0	4	0	1	0
PC288.5	0	0	1	0	0	0	0	0	0	0
PC288.5(a)	6	0	4	0	4	0	0	0	3	0
PC288.7(a)	0	0	0	0	2	0	2	0	1	0
PC288.7(b)	0	0	0	0	3	0	5	0	0	0
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288a(b)(1)	1	1	0	0	0	2	1	0	0	0
PC288a(b)(2)	0	0	0	0	0	0	0	0	0	0
PC288a(c)	0	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	0	0	0	0
PC289(h)	0	0	1	0	0	0	0	0	0	0
PC289(i)	2	0	1	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0	0	0
PC311.1(a)	1	0	2	0	1	0	0	0	1	0
PC311.11(a)	2	1	7	0	4	0	1	1	5	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)	1	0	1	0	0	0	0	0	0	0
PC311.3(a)	0	1	0	0	0	0	0	0	0	1
PC311.4(b)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)(1)	0	0	0	0	1	18	0	6	1	9
PC647.6(b)	0	0	0	0	0	0	0	0	0	0
PC664/187(a)	0	0	0	0	0	0	1	0	0	0
TOTAL	75	91	77	103	77	116	57	107	57	105

Figure 4 :

Total Adult Cases Declined for Filing for 2003 through 2012

	2003	2004	2005	2006	2007	2008	200 9	2010	2011	2012
Charge	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
PC12035(b)(1)	1	1	1	3	1	3	1	1	1	0
PC12035(b)(2)	0	0	0	0	0	0	0	0	0	2
PC12036(b)	0	0	0	0	2	0	0	1	0	0
PC12036(c)	0	0	0	1	0	0	0	0	0	0
PC187(a)	1	2	3	0	7	0	0	0	3	1
PC207	0	0	0	0	0	0	0	0	0	0
PC207(a)	0	2	2	1	5	1	0	3	0	7
PC207(b)	0	1	2	1	3	4	2	2	1	2
PC236.1(a)	0	0	0	0	0	0	0	0	0	3
PC208	0	0	0	0	0	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	0	0	18	22
PC208(b)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	11	0	1	2	3	8	2	1
PC261.5(a)	0	1	2	1	1	1	3	2	0	0
PC261.5(b)	80	94	142	156	127	133	166	111	101	70
PC261.5(c)	145	137	187	249	293	274	239	304	231	180
PC261.5(d)	92	81	70	29	32	38	49	41	52	42
PC264.1(b)(2)	0	0	0	0	0	0	0	1	0	0
PC266	0	0	0	0	2	1	0	1	0	0
PC266h(b)	1	0	1	1	0	6	0	1	0	2
PC266h(b)(1)	0	0	0	2	1	3	2	1	0	4
PC266h(b)(2)	0	0	0	1	5	3	2	4	0	5
PC266i(b)(1)	0	0	0	0	0	0	0	0	1	0
PC266i(b)(2)	0	0	0	0	0	0	1	2	0	1
PC266j	3	2	0	1	0	1	1	0	3	0
PC267	0	0	0	1	0	0	0	0	0	0
PC269(a)(1)	0	3	3	1	2	2	4	2	8	5
PC269(a)(2)	0	0	0	0	1	0	0	0	0	0
PC269(a)(3)	0	0	0	0	0	1	2	1	0	1
PC269(a)(4)	0	0	0	0	0	0	1	0	1	0
PC269(a)(5)	0	0	0	0	1	1	0	0	1	0
PC271a	8	8	5	3	3	3	6	9	3	4
PC273a	1	0	1	1	1	1	2	0	0	0
PC273a(2)	0	0	0	2	0	0	0	0	0	0
PC273a(a)	421	399	464	502	461	478	479	534	549	947

Figure 4 (continued) :

Total Adult Cases Declined for Filing for 2003 through 2012

	2003	2004	2005	2006	2007	2008	200 9	2010	2011	2012
Charge	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
PC273a(a)(1)	0	0	0	0	0	0	0	0	0	0
PC273a(b)	162	177	148	150	233	245	243	335	308	388
PC273ab	1	2	1	3	3	3	4	6	1	1
PC273ab(a)	0	0	0	0	0	0	0	0	0	2
PC273d(a)	139	133	103	127	139	144	116	161	131	250
PC273g	0	0	1	1	1	1	6	4	1	3
PC273i(a)	0	0	0	0	0	0	3	1	0	3
PC278	50	29	39	55	40	20	25	13	24	17
PC278.5	40	49	35	18	9	5	15	6	11	10
PC278.5(a)	115	58	48	55	57	37	47	39	39	31
PC286(b)(1)	11	13	9	18	6	5	8	8	14	14
PC286(b)(2)	0	5	0	4	2	2	0	4	7	2
PC286(c)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	5	9	0	2	3	1	8	6	2	1
PC286(c)(2)(c)	0	0	0	0	0	0	0	0	1	4
PC288(a)	986	1,013	1,094	1,116	950	975	989	970	1,002	985
PC288(b)	0	2	0	0	0	0	2	4	1	0
PC288(b)(1)	9	10	11	15	14	16	19	25	20	14
PC288(b)(2)	0	0	0	0	0	0	0	0	3	0
PC288(c)	1	0	0	0	1	0	3	2	1	0
PC288(c)(1)	88	83	98	90	72	81	95	115	98	92
PC288.2(a)	0	0	0	0	0	0	0	0	0	3
PC288.2(b)	0	0	0	0	0	0	0	0	0	1
PC288.3(a)	0	0	0	0	0	0	0	3	8	5
PC288.4(a)(2)	0	0	0	0	0	0	0	1	0	0
PC288.5	1	1	2	4	10	17	3	4	6	4
PC288.5(a)	34	46	35	35	37	85	78	90	104	101
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288.7(a)	0	0	0	0	0	0	0	24	21	18
PC288.7(b)	0	0	0	0	0	0	0	18	20	21
PC288a(b)(1)	31	22	21	27	9	17	18	25	22	35
PC288a(b)(2)	2	6	1	5	1	2	2	2	3	5
PC288a(c)	0	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	6	8	4	3	4	2	5	7	3	3
PC288a(c)(2)(b)	0	0	0	0	0	0	0	0	0	1

Figure 4 (continued):

Total Adult Cases Declined for Filing for 2003 through 2012

	2003	2004	2005	2006	2007	2008	200 9	2010	2011	2012
Charge	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
PC288a(c)(2)(c)	0	0	0	0	0	0	0	0	0	1
PC288(a)(1)(b)	0	0	0	0	0	0	0	0	0	2
PC289(a)(1)(c)	0	0	0	0	0	0	0	0	1	2
PC289(h)	5	2	8	5	8	5	6	10	13	6
PC289(i)	0	0	4	3	0	3	2	2	1	4
PC289(j)	0	1	2	1	0	0	0	1	2	4
PC311.1(a)	0	2	0	1	0	2	2	3	1	5
PC311.10	0	0	0	4	2	0	0	0	2	1
PC311.11(a)	3	6	0	0	7	8	9	12	27	20
PC311.11(b)	1	4	0	1	1	0	0	0	0	0
PC311.2(b)	0	0	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	1	0	0	2	0
PC311.3(a)	0	0	0	0	0	0	0	2	2	1
PC311.4(a)	0	1	0	1	0	0	1	0	1	2
PC311.4(b)	0	0	0	0	0	0	0	0	1	0
PC311.4(c)	0	0	0	0	0	1	0	0	0	1
PC647.6	0	0	0	1	0	0	2	1	0	0
PC647.6(a)	17	11	113	109	20	9	4	3	5	2
PC647.6(a)(1)	0	0	0	0	0	0	0	185	105	105
PC647.6(a)(2)	0	0	0	0	0	0	0	0	0	1
PC647.6(b)	6	9	10	4	2	2	4	2	5	3
PC664/187(a)	3	0	0	0	0	0	0	1	0	0
TOTAL:	**2,469**	**2,433**	**2,681**	**2,814**	**2,580**	**2,645**	**2,682**	**3,124**	**2,994**	**3,473**

Figure 5:

Filed/Declined (Adult) - Pie Chart

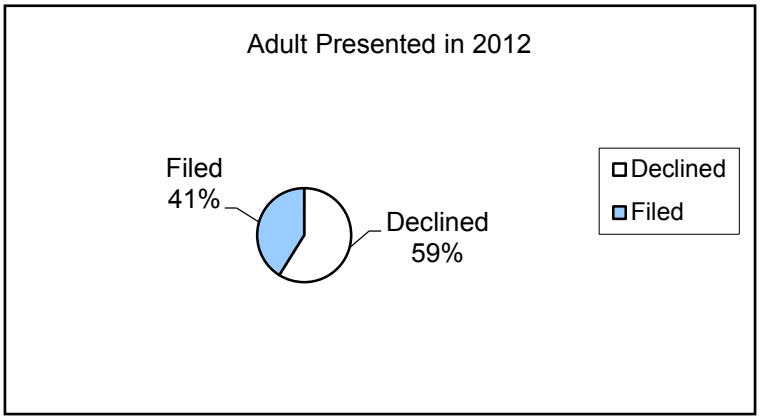


Figure 6:

Convicted/Acquitted/Dismissed (Adult) - Pie Chart

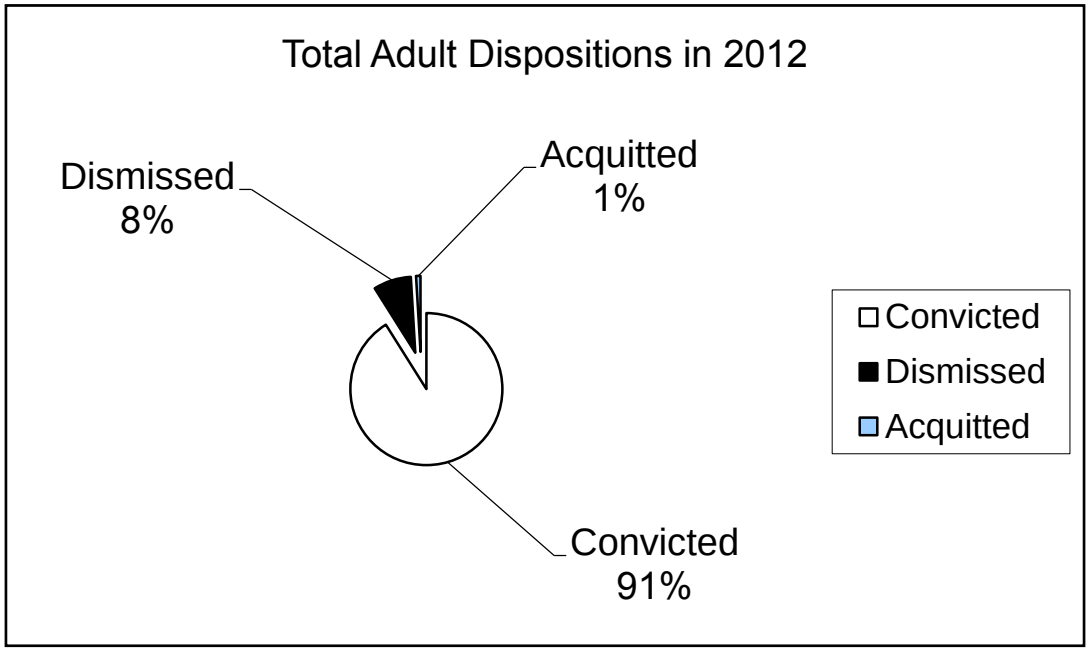


Figure 7:

Total Adult Cases Sentenced for 2003 through 2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Sentence Type	**Count**	**Count**	**Count**	**Count**	**Count**	**Count**	**Count**	**Count**	**Count**	**Count**
Life	23	13	8	6	9	12	15	23	19	22
State Prison	499	472	349	401	479	483	492	515	444	439
County Jail 1170(h)	0	0	0	0	0	0	0	0	28	38
Probation	1,411	1,284	1,113	1,077	1,144	1,277	1,149	1,290	1,229	1,262
Jail or Fine	n/a	n/a	42	43	16	16	36	54	52	36

Figure 8:

Sentencing (Adult) - Pie Chart

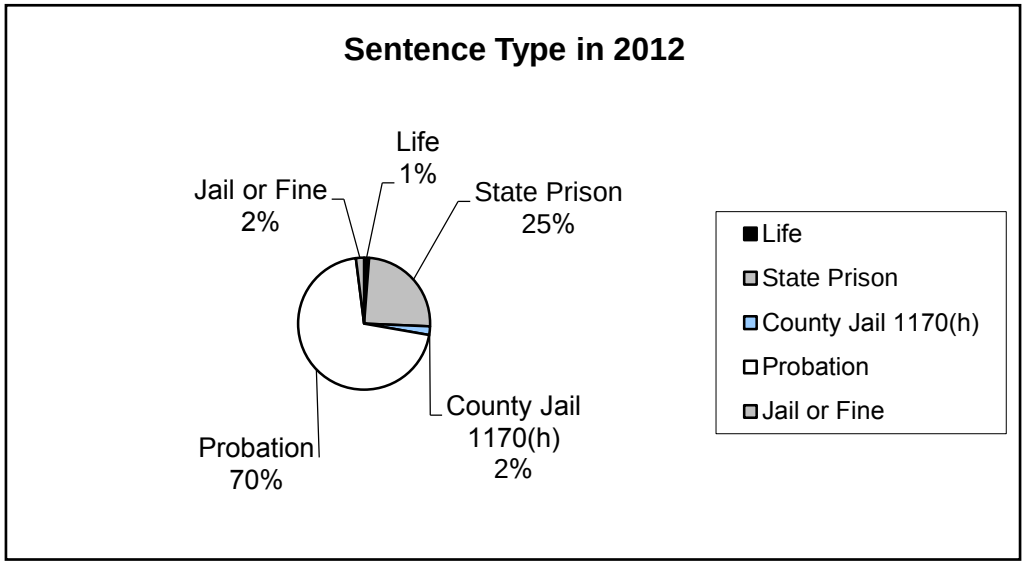


Figure 9:

Child Abduction Cases for 2003 through 2012

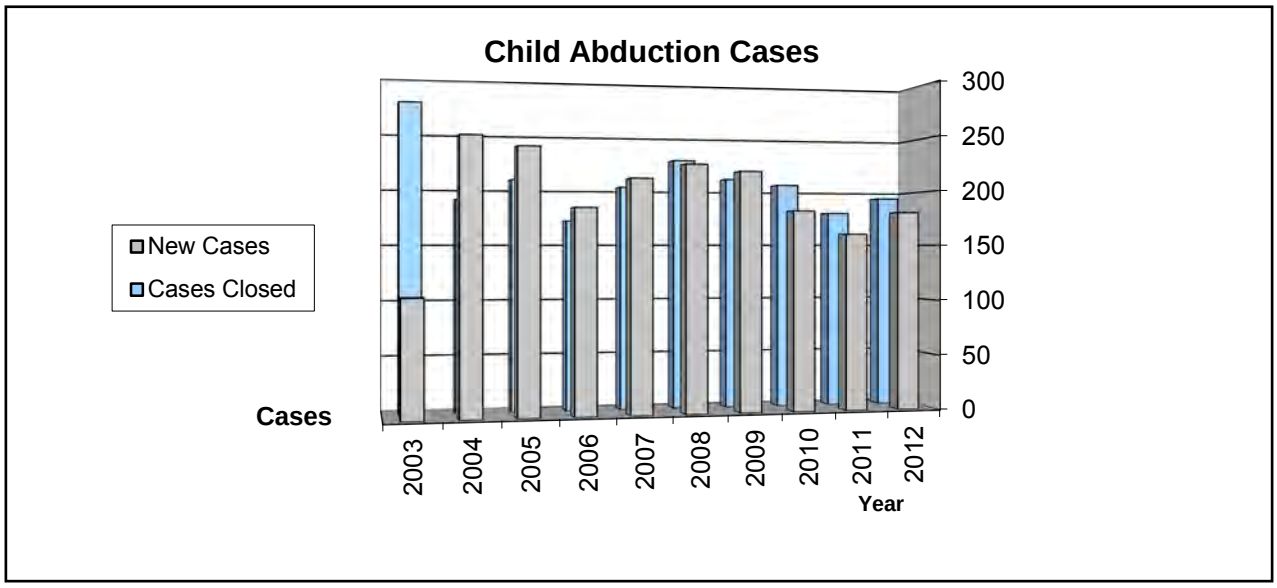


Figure 10:

Total Adult Cases Filed by Zip Code for 2003 through 2012

Zip Code	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
90007	18	19	52	17	34	41	45	49	45	59
90012	437	424	445	350	363	409	350	345	371	366
90022	39	38	40	35	30	50	42	69	62	81
90025	0	0	0	0	0	0	0	0	0	0
90045	84	118	103	75	57	65	73	75	88	57
90066	0	0	0	0	0	0	0	0	0	0
90210	8	2	4	13	12	7	5	12	8	6
90220	222	243	219	229	292	326	298	267	247	237
90231	0	0	0	0	0	0	0	0	0	0
90242	57	86	61	46	19	28	33	33	68	54
90255	58	47	0	0	0	0	0	0	0	0
90262	0	0	0	0	0	0	0	0	0	0
90265	14	7	13	3	3	5	9	7	9	15
90301	49	45	35	51	54	50	41	50	42	38
90401	0	0	0	0	0	0	0	0	0	0
90503	86	103	75	98	67	67	84	94	91	84
90602	58	64	62	50	63	75	68	42	70	67
90650	200	178	207	178	177	168	165	194	147	158
90703	0	0	0	0	0	0	0	1	0	3
90706	30	40	80	51	47	65	76	87	80	69
90802	141	131	110	130	83	64	69	74	100	104
91016	0	0	0	0	0	0	0	0	0	0
91101	88	68	77	55	88	78	63	75	79	71
91205	48	40	56	41	34	32	32	0	0	0
91206	0	0	0	0	0	0	0	36	54	53
91331	0	0	0	0	0	0	0	0	0	0
91340	91	86	65	86	89	94	96	87	118	110
91355	28	56	86	72	48	47	48	54	52	31
91401	74	93	49	81	94	122	80	81	56	81
91502	0	0	0	21	14	7	20	14	13	17
91731	88	66	81	63	79	65	72	63	74	61
91744	0	0	0	0	0	2	0	0	0	0
91766	268	203	171	166	181	206	214	241	242	226
91790	90	67	80	69	86	90	64	118	100	99
91801	53	50	69	53	40	61	68	86	82	68
93534	170	173	222	213	238	226	253	297	212	209

Figure 11:

Total Adult Presented for 2003 through 2012

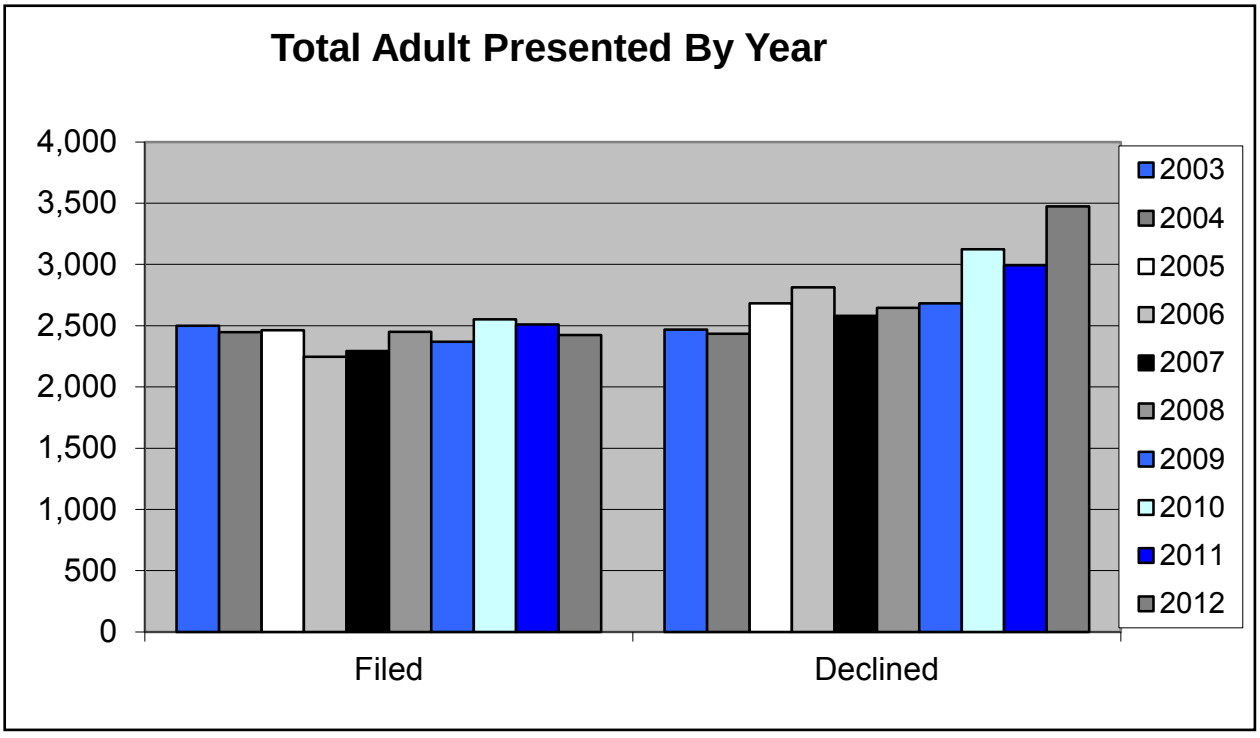


Figure 12a:

Total Juvenile Filings By Charge for 2003 through 2007

	2003		2004		2005		2006		2007	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12036(b)	0	0	0	0	0	0	0	0	0	1
PC187(a)	0	0	0	0	0	0	0	0	0	0
PC207(a)	3	0	0	0	2	0	0	0	0	0
PC207(b)	0	0	0	0	0	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	0	0	0	0	0	0	1	0
PC261.5(b)	0	9	0	5	0	6	0	4	0	7
PC261.5(c)	3	1	1	2	4	0	3	0	1	0
PC261.5(d)	0	0	0	0	0	0	0	0	1	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
PC266j	1	0	0	0	0	0	0	0	0	0
PC269(a)(3)	0	0	0	0	0	0	0	0	0	0
PC269(a)(4)	0	0	0	0	0	0	0	0	0	0
PC269(a)(5)	0	0	1	0	0	0	0	0	0	0
PC271a	0	0	0	0	0	0	0	0	0	0
PC273a(a)	8	0	9	0	14	0	7	0	7	0
PC273a(b)	0	5	0	8	0	4	0	2	0	8
PC273d(a)	2	0	0	0	3	0	2	0	2	0
PC273g	0	1	0	0	0	0	0	0	0	0
PC278	2	0	4	0	0	0	2	0	0	0
PC278.5	0	0	0	0	0	0	0	0	0	0
PC286(b)(1)	0	0	0	0	3	0	1	0	2	0
PC286(b)(2)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	2	0	0	0	1	0	1	0	2	0
PC286(c)(2)(b)	0	0	0	0	0	0	0	0	0	0
PC288(a)	177	0	175	0	182	0	176	0	183	0
PC288(b)	0	0	0	0	0	0	1	0	0	0
PC288(b)(1)	55	0	41	0	32	0	28	0	44	0
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	0	0	0	0	0	0	0	0	0	0
PC288.2(a)	0	0	0	0	0	0	0	0	0	0
PC288.5(a)	24	0	34	0	33	0	22	0	22	0
PC288.5(b)	0	0	0	0	0	0	0	0	0	0

Figure 12a (continued):

Total Juvenile Filings By Charge for 2003 through 2007

	2003		2004		2005		2006		2007	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288.7(b)	0	0	0	0	0	0	0	0	0	0
PC288a(b)(1)	4	0	3	0	1	0	0	0	0	0
PC288a(b)(2)	0	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	0	0	3	0
PC288a(c)(2)(b)	0	0	0	0	0	0	0	0	0	0
PC289(a)(1)(b)	0	0	0	0	0	0	0	0	0	0
PC289(a)(1)(c)	0	0	0	0	0	0	0	0	0	0
PC289(h)	6	0	5	0	1	0	2	0	0	0
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	1	0	0	0	0	0	1	0
PC311.1(a)	0	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	0	0	2	0	0	0	0	0	0
PC311.2(b)	0	0	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	2	0	2	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	0	1	0	0	5	0	6	0	0
PC647.6(a)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(b)	2	0	0	0	1	0	0	0	0	0
PC664/187(a)	0	0	0	0	0	0	0	0	0	0

Figure 12b:

Total Juvenile Filings By Charge for 2008 through 2012

	2008		2009		2010		2011		2012	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12036(b)	0	0	0	0	0	0	0	0	0	0
PC187(a)	0	0	0	0	0	0	0	0	0	0
PC207(a)	2	0	0	0	0	0	3	0	0	0
PC207(b)	0	0	0	0	1	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	3	0	12	0
PC261.5	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	10	0	7	0	5	1	6	0	11
PC261.5(c)	3	2	2	0	2	2	1	2	2	2
PC261.5(d)	0	0	0	0	0	0	0	0	0	0
PC266h(b)(1)	2	0	0	0	0	0	0	0	0	0
PC266i(b)(2)	0	0	0	0	0	0	0	0	0	0
PC266j	0	0	0	0	0	0	0	0	0	0
PC269(a)(3)	0	0	0	0	1	0	0	0	1	0
PC269(a)(4)	0	0	0	0	0	0	0	0	1	0
PC269(a)(5)	0	0	0	0	0	0	0	0	0	0
PC271a	0	0	0	0	0	0	0	0	0	0
PC273a(a)	12	0	13	0	7	0	4	0	12	0
PC273a(b)	0	7	0	5	0	4	0	2	0	12
PC273d(a)	0	0	2	0	4	0	3	0	1	0
PC273g	0	0	0	0	0	0	0	0	0	0
PC278	2	0	2	0	0	0	0	0	0	0
PC278.5	0	0	0	0	0	0	0	0	0	0
PC286(b)(1)	3	0	0	0	4	0	1	0	2	0
PC286(b)(2)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	3	0	0	0	4	0	1	0
PC286(c)(2)(b)	0	0	0	0	0	0	1	0	9	0
PC288(a)	189	0	189	0	149	1	149	0	149	0
PC288(b)	0	0	0	0	1	0	0	0	0	0
PC288(b)(1)	46	0	63	0	64	0	50	0	41	0
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	0	0	2	0	0	0	0	0	0	0
PC288.2(a)	0	0	0	0	0	0	0	0	1	0
PC288.5(a)	19	0	23	0	17	0	20	0	10	0
PC288.5(b)	0	0	0	0	0	0	0	0	0	0

Figure 12b (continued):

Total Juvenile Filings By Charge for 2008 through 2012

	2008		2009		2010		2011		2012	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288.7(b)	0	0	0	0	1	0	0	0	0	0
PC288a(b)(1)	3	0	1	0	3	0	3	0	1	0
PC288a(b)(2)	0	0	1	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	1	0	0	0	0	0	1	0
PC288a(c)(2)(b)	0	0	0	0	0	0	1	0	5	0
PC289(a)(1)(b)	0	0	0	0	0	0	0	0	6	0
PC289(a)(1)(c)	0	0	0	0	0	0	0	0	1	0
PC289(h)	3	0	1	0	1	0	1	0	0	1
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	0	0	2	0	0	0
PC311.1(a)	0	0	1	0	0	0	0	0	0	0
PC311.11(a)	3	0	1	0	4	1	8	0	2	0
PC311.2(b)	0	0	0	0	0	0	0	0	1	0
PC311.2(d)	0	0	0	0	0	0	1	0	0	0
PC311.4(c)	0	0	0	0	0	0	0	0	1	0
PC647.6	0	0	0	0	0	0	0	1	0	0
PC647.6(a)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)(1)	0	0	0	0	0	12	0	7	0	10
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

Figure 13a:

Total Juvenile Dismissals By Charge for 2003 through 2007

	2003		2004		2005		2006		2007	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(a)	1	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	4	0	0	0	3	0	0	0	1
PC261.5(c)	2	0	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	0	0	0	0
PC273a(a)	1	0	0	1	1	0	0	0	1	0
PC273a(b)	0	0	0	0	0	0	0	0	0	2
PC273d(a)	0	0	0	0	0	0	0	0	1	0
PC286(b)(1)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	1	0	0	0
PC288(a)	18	0	18	0	7	0	9	0	14	0
PC288(b)	0	0	0	0	0	0	0	0	0	0
PC288(b)(1)	7	0	7	0	2	0	4	0	4	0
PC288.5(a)	3	0	3	0	3	0	3	0	1	0
PC288a(b)(1)	1	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	0	0	0	0
PC289(h)	1	0	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	2	0	0	0	0	0
PC311.11(a)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	0	1	0	0	0	0
PC647.6(a)(1)	0	0	0	0	0	0	0	0	0	0

Figure 13b:

Total Juvenile Dismissals By Charge for 2008 through 2012

	2008		2009		2010		2011		2012	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(a)	1	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	2	0	0	0	0	0	1	0	4
PC261.5(c)	0	0	0	0	0	1	0	2	0	2
PC266h(b)(1)	1	0	0	0	0	0	0	0	0	0
PC273a(a)	0	0	1	0	1	0	1	0	2	0
PC273a(b)	0	1	0	1	0	0	0	0	0	2
PC273d(a)	0	0	0	0	0	0	0	0	0	0
PC286(b)(1)	1	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0	0	0
PC288(a)	12	0	19	0	11	1	9	0	19	0
PC288(b)	0	0	0	0	0	0	0	0	0	0
PC288(b)(1)	5	0	7	0	8	0	3	0	4	0
PC288.5(a)	2	0	3	0	0	0	0	0	2	0
PC288a(b)(1)	1	0	0	0	0	0	1	0	0	0
PC288a(c)(1)	0	0	1	0	0	0	0	0	0	0
PC289(h)	0	0	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	0	0	0	1	1	0	0	1	0
PC647.6(a)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)(1)	0	0	0	0	0	1	0	0	0	3

Figure 14a:

Total Juvenile Declinations By Charge for 2003 through 2007

	2003		2004		2005		2006		2007	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(b)	0	0	1	0	0	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	0	0	4	0	6	0	1	0
PC261.5(a)	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	23	0	18	0	13	0	26	0	13
PC261.5(c)	5	3	2	1	6	2	6	1	3	3
PC261.5(d)	1	0	0	0	0	0	0	0	0	1
PC264.1(b)(1)	0	0	0	0	0	0	0	0	0	0
PC266h(b)	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	0	0	0	0	0	0	0	0	0	0
PC269(a)(3)	0	0	0	0	0	0	0	0	0	0
PC271a	0	0	0	0	0	0	0	0	0	0
PC273a(a)	3	0	7	0	3	0	2	0	1	0
PC273a(b)	0	0	0	0	0	0	0	2	0	3
PC273ab	0	0	1	0	0	0	0	0	0	0
PC273d(a)	0	0	0	0	1	0	0	0	0	0
PC273i(a)	0	0	0	0	0	0	0	0	0	0
PC278	2	0	0	0	0	0	0	0	0	0
PC278.5(a)	0	0	0	0	0	0	0	0	1	0
PC286(b)(1)	4	0	0	0	0	0	1	0	1	0
PC286(b)(2)	1	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	2	0	0	0	1	0	0	0
PC286(c)(2)(b)	0	0	0	0	0	0	0	0	0	0
PC288(a)	177	0	156	0	165	0	182	0	119	0
PC288(b)(1)	10	0	3	0	8	0	8	0	9	0
PC288(c)(1)	0	0	0	0	2	0	0	0	1	0
PC288a(b)(1)	1	0	1	0	2	0	0	0	2	0
PC288a(b)(2)	1	0	0	0	1	0	0	0	2	0
PC288a(c)(1)	1	0	0	0	0	0	0	0	0	0
PC288.5(a)	0	0	1	0	1	0	1	0	0	0
PC288.7(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	0	0	2	0	0	0	0	1
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0	0	0

Figure 14a (continued):

Total Juvenile Declinations By Charge for 2003 through 2007

	2003		2004		2005		2006		2007	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.1(a)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	0	0	0	0	0	0	0	0	0
PC311.3(a)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	0	0	1	0	0	5	0	1	0	0
PC647.6(a)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(b)	0	0	0	0	1	0	0	0	0	0

Figure 14b:

Total Juvenile Declinations By Charge for 2008 through 2012

	2008		2009		2010		2011		2012	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(b)	0	0	0	0	0	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	3	0	5	0
PC261.5	0	3	0	7	0	1	0	1	5	0
PC261.5(a)	0	1	0	1	2	0	0	0	0	0
PC261.5(b)	0	44	0	46	0	61	0	75	0	89
PC261.5(c)	8	4	12	4	5	1	9	4	10	7
PC261.5(d)	0	0	1	1	0	0	0	0	1	0
PC264.1(b)(1)	0	0	0	0	0	0	0	0	2	0
PC266h(b)	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	0	0	1	0	1	0	0	0	0	0
PC269(a)(3)	0	0	1	0	0	0	0	0	0	0
PC271a	0	0	0	1	0	0	0	0	0	0
PC273a(a)	1	0	1	0	3	0	2	0	5	0
PC273a(b)	0	1	0	2	0	0	0	0	0	2
PC273ab	0	0	0	0	0	0	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	1	0	0
PC278	0	0	0	0	0	0	0	0	0	0
PC278.5(a)	1	0	0	0	0	0	0	0	0	0
PC286(b)(1)	5	0	0	0	6	0	8	0	8	0

Figure 14b (continued):

Total Juvenile Declinations By Charge for 2008 through 2012

	2008		2009		2010		2011		2012	
Charge	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC286(b)(2)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	1	0	0	0	0	0	2	0
PC286(c)(2)(b)	0	0	0	0	0	0	0	0	1	0
PC288(a)	156	0	202	0	183	0	162	0	223	1
PC288(b)(1)	9	0	5	0	11	0	7	0	19	0
PC288(c)(1)	0	0	0	0	1	0	0	0	2	0
PC288a(b)(1)	1	0	2	0	4	0	2	0	5	0
PC288a(b)(2)	0	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	1	0	2	0	0	0	0	0
PC288.5(a)	1	0	2	0	4	0	1	0	2	0
PC288.7(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)	0	0	1	0	1	1	1	0	0	0
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0	0	0
PC311.1	0	0	0	0	0	1	0	0	0	0
PC311.1(a)	0	0	0	0	1	0	0	0	0	0
PC311.10	0	0	0	0	0	0	1	0	4	0
PC311.11(a)	0	0	3	0	6	0	5	0	8	0
PC311.3(a)	1	2	0	0	0	2	0	7	1	0
PC647.6(a)	0	0	0	0	0	2	0	0	0	0
PC647.6(a)(1)	0	0	0	0	0	4	1	7	0	9
PC647.6(b)	0	0	2	0	0	0	0	0	0	0

Figure 15:

Filed/Declined (Juvenile) - Pie Chart

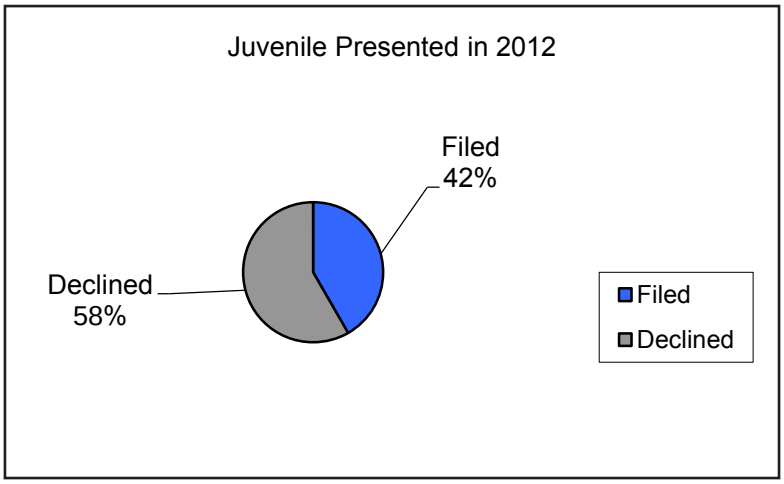


Figure 16:

Sustained or Not Sustained (Dismissed) - (Juvenile) - Pie Chart

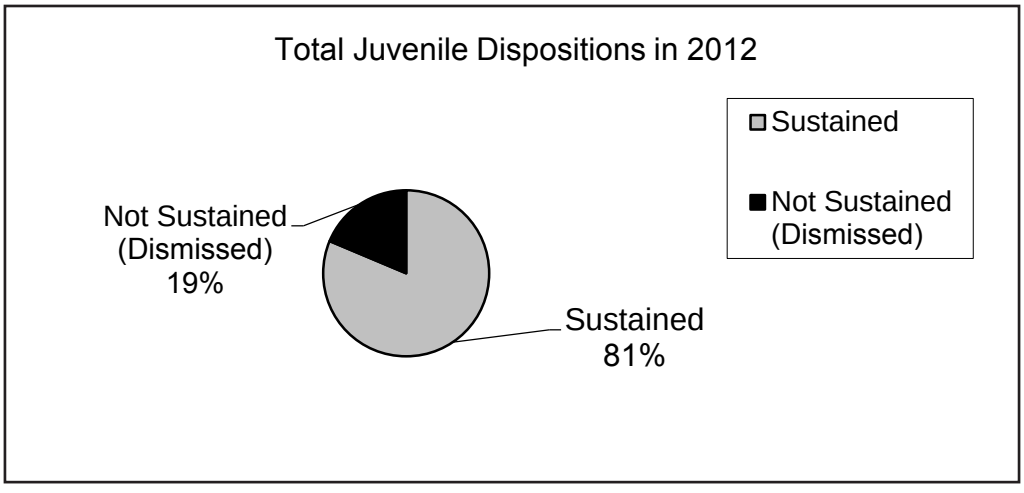


Figure 17:

Total Juvenile Cases Filed by Zip Code for 2003 through 2012

Zip Code	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
90001	23	23	18	19	28	34	19	20	22	31
90033	51	55	59	64	55	74	70	48	55	46
90220	27	35	29	18	24	29	23	20	25	27
90242	29	23	33	34	23	24	28	33	29	27
90301	23	20	26	13	25	20	13	23	21	21
90802	40	30	24	13	28	18	18	16	19	12
91101	21	14	24	17	14	22	20	15	21	26
91342	50	53	51	30	42	28	53	57	47	70
91766	41	36	24	46	32	34	49	33	20	22
93534	0	3	6	5	15	23	25	19	15	14

Figure 18a:

Total Filings by Gender (All Charges) for 2003 through 2005

	2003				2004				2005			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	3,720	18%	33,289	18%	3,740	18%	33,641	18%	4,191	19%	35,722	18%
Male	16,795	82%	150,343	82%	16,699	82%	154,994	82%	18,106	81%	157,849	82%
TOTAL	**20,515**		**183,632**		**20,439**		**188,635**		**22,297**		**193,571**	

Figure 18b:

Total Filings by Gender (All Charges) for 2006 through 2008

	2006				2007				2008			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4,188	18%	35,677	19%	4,438	19%	37,088	19%	4,226	18%	38,447	19%
Male	18,575	82%	155,992	81%	18,525	81%	160,042	81%	18,727	82%	163,295	81%
TOTAL	**22,763**		**191,669**		**22,963**		**197,130**		**22,953**		**201,742**	

Figure 18c:

Total Filings by Gender (All Charges) for 2009 through 2011

	2009				2010				2011			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	3,723	18%	37,876	20%	3,410	18%	39,656	21%	3,029	19%	36,315	22%
Male	17,455	82%	150,822	80%	15,469	82%	146,249	79%	13,080	81%	126,685	78%
TOTAL	**21,178**		**188,698**		**18,879**		**185,905**		**16,109**		**163,000**	

Figure 18d:

Total Filings by Gender (All Charges) for 2012

	2012			
Gender	Juvenile	%	Adult	%
Female	2,552	19%	34,646	22%
Male	10,577	81%	119,415	78%
TOTAL	**13,129**		**154,061**	

Figure 19a:

Child Abuse and Neglect Statutes Filings by Gender for 2003 through 2005

	2003				2004				2005			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	19	6%	544	22%	20	7%	522	21%	20	7%	535	22%
Male	286	94%	1,955	78%	272	93%	1,925	79%	274	93%	1,927	78%
TOTAL	**305**		**2,499**		**292**		**2,447**		**294**		**2,462**	

Figure 19b:

Child Abuse and Neglect Statutes Filings by Gender for 2006 through 2008

	2006				2007				2008			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	12	5%	392	17%	18	6%	464	20%	24	8%	536	22%
Male	247	95%	1,854	83%	268	94%	1,828	80%	282	92%	1,913	78%
TOTAL	**259**		**2,246**		**286**		**2,292**		**306**		**2,449**	

Figure 19c:

Child Abuse and Neglect Statutes Filings by Gender for 2009 through 2011

	2009				2010				2011			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	14	4%	452	19%	4	1%	550	22%	11	4%	552	22%
Male	304	96%	1,916	81%	280	99%	2,001	78%	263	96%	1,958	78%
TOTAL	**318**		**2,368**		**284**		**2,551**		**274**		**2,510**	

Figure 19d:

Child Abuse and Neglect Statutes Filings by Gender for 2012

	2012			
Gender	Juvenile	%	Adult	%
Female	18	6%	517	21%
Male	278	94%	1,907	79%
TOTAL	**296**		**2,424**	

Figure 20a:

Total Juvenile Filings by Gender for 2003 through 2005

	2003				2004				2005			
Gender	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	19	6%	3,720	18%	20	7%	3,740	18%	20	7%	4,191	19%
Male	286	94%	16,795	82%	272	93%	16,699	82%	274	93%	18,106	81%
TOTAL	**305**		**20,515**		**292**		**20,439**		**294**		**22,297**	

Figure 20b:

Total Juvenile Filings by Gender for 2006 through 2008

	2006				2007				2008			
Gender	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	12	5%	4,188	18%	18	6%	4,438	19%	24	8%	4,226	18%
Male	247	95%	18,575	82%	268	94%	18,525	81%	282	92%	18,727	82%
TOTAL	**259**		**22,763**		**286**		**22,963**		**306**		**22,953**	

Figure 20c:

Total Juvenile Filings by Gender for 2009 through 2011

	2009				2010				2011			
Gender	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	14	4%	3,723	18%	4	1%	3,410	18%	11	4%	3,029	19%
Male	304	96%	17,455	82%	280	99%	15,469	82%	263	96%	13,080	81%
TOTAL	**318**		**21,178**		**284**		**18,879**		**274**		**16,109**	

Figure 20d:

Total Juvenile Filings by Gender for 2012

	2012			
Gender	Child Abuse	%	All Charges	%
Female	18	6%	2,552	19%
Male	278	94%	10,577	81%
TOTAL	**296**		**13,129**	

Figure 21a:

Total Adult Filings by Gender for 2003 through 2005

	2003				2004				2005			
Gender	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	544	22%	33,289	18%	522	21%	33,641	18%	535	22%	35,722	18%
Male	1,955	78%	150,343	82%	1,925	79%	154,994	82%	1,927	78%	157,849	82%
TOTAL	**2,499**		**183,632**		**2,447**		**188,635**		**2,462**		**193,571**	

Figure 21b:

Total Adult Filings by Gender for 2006 through 2008

	2006				2007				2008			
Gender	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	392	17%	35,677	19%	464	20%	37,088	19%	536	22%	38,447	19%
Male	1,854	83%	155,992	81%	1,828	80%	160,042	81%	1,913	78%	163,295	81%
TOTAL	**2,246**		**191,669**		**2,292**		**197,130**		**2,449**		**201,742**	

Figure 21c:

Total Adult Filings by Gender for 2009 through 2011

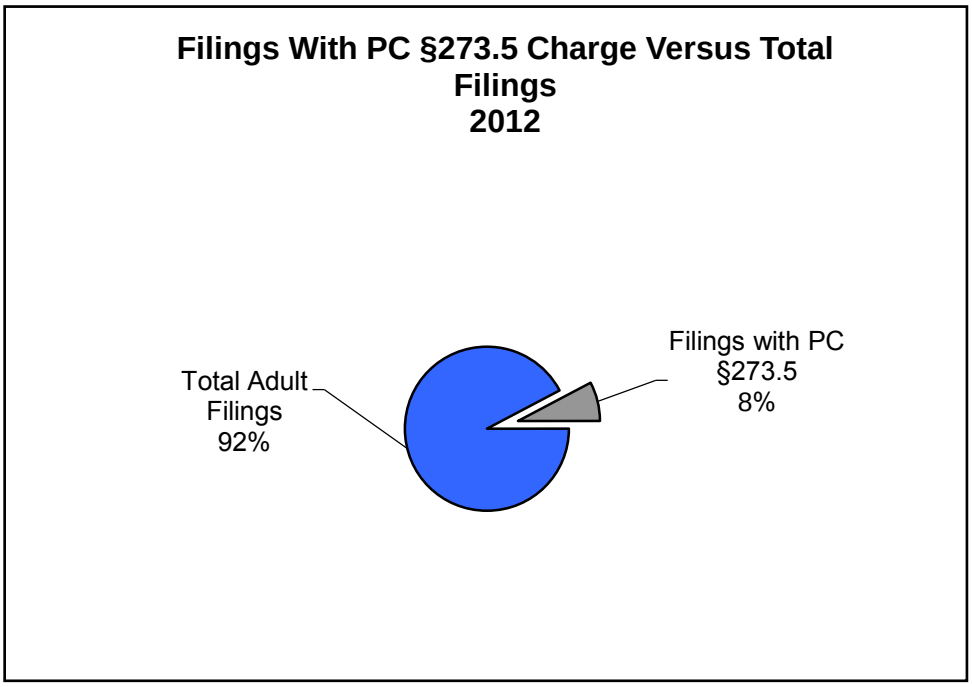
	2009				2010				2011			
Gender	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	452	19%	37,876	20%	550	22%	39,656	21%	552	22%	36,315	22%
Male	1,916	81%	150,822	80%	2,001	78%	146,249	79%	1,958	78%	126,685	78%
TOTAL	**2,368**		**188,698**		**2,551**		**185,905**		**2,510**		**163,000**	

Figure 21d:

Total Adult Filings by Gender for 2012

	2012			
Gender	Child Abuse	%	All Charges	%
Female	517	21%	34,646	22%
Male	1,907	79%	119,415	78%
TOTAL	**2,424**		**154,061**	

Figure 22:
Filings With PC §273.5 Charge Versus Total Filings (Adult) - Pie Chart



GLOSSARY OF TERMS

Accusatory Pleading - An indictment, infor-mation, 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 peti-tion filed on behalf of the minor in court is found to be true (sustained petition) or not true (dis-missed). As the purpose of a delinquency court proceeding is to determine the truth of the mat-ter alleged and, if sustained, develop a rehabili-tation 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 defend-ant.

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 cas-es, 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 evi-dence 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 rul-ing on the issue(s) being appealed.

Appellate Court - A court of review which de-termines whether or not the ruling and judg-ments 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 instru-ment, 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 pro-ceedings. The legal requirement for an arrest is probable cause.

Arrest Warrant – Authorization, issued only up-on 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 defend-ant 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.*

PUBLIC DEFENDER'S OFFICE

Under the leadership of Chief Public Defender Ronald L. Brown, the Public Defender's Office provides legal representation in the courts of Los Angeles County to indigent persons charged with criminal offenses. Established in 1914, the Los Angeles County Public Defender's Office is both the oldest and the largest full service local governmental defender in the United States, with offices in 35 separate locations throughout the County. For Fiscal Year 2012-13, the Public Defender's Office had 1,139 budgeted positions of which 712 were Deputy Public Defender I through IV attorney positions, in addition to 38 managing attorney budgeted positions. Integral to the collaborative team are Public Defender employed paralegals, psychiatric social workers, investigators, secretaries, and clerical staff.

The Public Defender represents clients:

1. Charged with felony and misdemeanor offenses
2. Charged in juvenile delinquency cases
3. Charged in sexually violent predator cases
4. Facing mental health commitments
5. Facing civil contempt matters
6. In pre-judgment appeals and writs
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 2012-13, the Public Defender represented clients in approximately 120,930 felony-related proceedings; 287,714 misdemeanor-related proceedings; and 47,947 clients in juvenile delinquency proceedings.

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

SPECIAL PROJECTS OF THE PUBLIC DEFENDER

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

Now in its 7th year, the Homeless Alternative to Living On the Streets Project (HALO) has gained national recognition as a successful form of collaborative justice. (See page 39 of the Brennan Center for Justice's Community Oriented Defense: Stronger Public Defenders.) In an effort to reduce recidivism, the HALO project is a pre-plea diversion program which provides an alternative to incarcerating homeless clients who are mentally ill, developmentally disabled and/or addicted to narcotics or other substances.

The eligibility screening process is commenced when deputy public defenders refer their misdemeanor clients--who are either homeless or are facing homelessness due to their criminal court involvement--to the deputy public defender assigned to the HALO project. During Fiscal Year 2012-2013, 73 clients were referred to the project while 31 were deemed eligible.

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

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

Clients who decline treatment when initially offered, or refuse to continue treatment, have the option

of either contesting the charges or accepting a traditional disposition. Clients who successfully complete their course of treatment receive a dismissal of their criminal case. Of the 31 clients initiated for HALO, 24 earned a dismissal of their case following the successful completion of treatment.

Once the case has been dismissed, the clients are eligible for supportive services. Each of the 73 clients received some form of linkage assistance in locating affordable housing or in pursuing an education goal.

WOMEN'S RE-ENTRY COURT

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

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

- A majority of women offenders have mental health disorders.
- Four in ten were physically or sexually abused before age 18.
- 64% of women imprisoned in California are mothers.
- Nearly one-third have children under the age of six.
- Half of these individuals were living with their children in the month prior to their arrest.

(Petersilia, Joan. (2006). Understanding California Corrections: A Policy Research Program Report. California Policy Research Center, 1-88.)

Few initiatives have focused specifically on treatment and services for women offenders. The Los Angeles County Public Defender has played a leadership role from concept to implementation of the Women's Re-entry Court (WRC). This first-in-California, second-in-the-country, prison-alternative pilot combines individually designed wraparound services in a residential facility with intensive judicial supervision for women parolees, including those with children, who face a subsequent felony charge and an imminent state prison commitment. The WRC is part of a long-term strategy to enhance public safety and promote individual accountability by addressing and treating underlying substance abuse and mental health issues; and providing education, parenting classes, job preparation and housing stability. Such a comprehensive approach promotes the successful return of formerly incarcerated individuals into local communities.

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

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

Angeles County partners:

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

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

The WRC women participants are chosen by members of the WRC Team, including representatives from the Public Defender, District Attorney, Probation, and CDCR's Division of Adult Parole Operations. The Honorable Michael Tynan, who presides over the WRC and utilizes a Drug Court model approach, must approve the client's admission to the program. This approach combines intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions, and court-supervised treatment to address the issues of addiction and criminal activity. The WRC also accepts non-parolee women facing an imminent state prison commitment, if slots from other existing funding streams are available.

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

- Women-focused, evidence-based substance abuse treatment
- Evidence-based trauma treatment
- Mental health care
- Health and wellness education
- Education and employment training/placement
- Legal services
- Mentorship programs
- Financial management support
- Child support and family reunification services where appropriate
- Domestic violence education and domestic violence/trauma counseling
- Transportation and child care
- Caseworker support

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

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

Project statistics from the start of the program in May 2007 through June 30, 2013, are as follows:

- 282 women have been formally admitted into the program.

- Of the 282 women formally admitted, only 50 women (17.7%) 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.
- 106 women have graduated from the program.
- Cost savings during a two year period were estimated at over $11 million based on projected incarceration cost savings less treatment costs.

PROJECT S.T.A.R. (STRIVING TOGETHER TO ACHIEVE RECOVERY)

In 2007, the Los Angeles County Domestic Violence Council created the Incarcerated Survivor Defendant Task Force, to address the needs of an underserved community of domestic violence victims/survivors, namely those who find themselves charged with and convicted of crimes often related to substance abuse and mental health disorders. The Public Defender's representative on the Domestic Violence Council chaired the Incarcerated Survivors Task Force.

In May 1991, the Los Angeles County Commission for Women, along with representatives from the Public Defender's Office, Superior Court, Sheriff's Department, Los Angeles Police Department, District Attorney's Office, Probation Department, Immigration and Naturalization Service, and community service providers conducted a survey and identified a correlation between the number of women engaged in prostitution who were also survivors of domestic abuse and/or child abuse. The study further found that the overwhelming number were mothers of dependent children, most of whom were either in foster care or otherwise funded by County dollars. Most of those women repeated their criminal behavior - with non-serious or non-violent felonies. In its Year 2000 report, the Commission recommended alternatives to incarceration for this population, including diverting eligible and suitable women out of the criminal justice system and into appropriate wraparound services in order to stop the cycle of violence for incarcerated survivors of domestic violence who had current charges or past convictions for prostitution. However, due to lack of funding, no programs were implemented.

The Incarcerated Survivors Task Force worked on a collaborative basis for over a year to create a program designed as a prison alternative for women arrested on a new felony who were recent victims of intimate partner battering and who had a background, either charged, uncharged, or self-reported, in prostitution. Such a focus was a policy shift acknowledging that unresolved trauma from domestic violence can lead to problematic behavior including self-medication that paves the way for criminal justice involvement including incarceration, which only exacerbates pre-existing trauma.

The Task Force attendees uniformly recognized that in addition to untreated trauma and substance abuse disorders, some domestic violence survivors also suffer from untreated or undiagnosed mental health disorders; thus, the population would often present with co-occurring disorders. The Task Force explored alternatives to prison, such as residential programs providing comprehensive treatment for trauma, domestic violence, substance abuse and mental health, and where appropriate, family reunification services.

On behalf of the Incarcerated Survivors Task Force, Prototypes, a community based service provider, applied for and received a five-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund Project S.T.A.R. (Striving Together to Achieve Recovery). The grant program operated from April 1, 2008 through March 29, 2013. With key involvement from the Public Defender, Project S.T.A.R. represented an innovative collaboration with Prototypes S.T.A.R. House and representatives from many county agencies and domestic violence service providers. S.T.A.R. House is a confidential battered women's shelter located in Hollywood that specifically serves domestic violence victims with co-occurring disorders. The residential program links women to comprehensive services, addressing domestic violence and trauma recovery, substance abuse, and mental health, including oversight by clinicians, such as psychiatrists, psychologists, licensed clinical social workers and case managers.

The Project originally required a past prostitution contact in order to be eligible, but the Task Force later unanimously agreed to jettison that requirement and focus on three key areas described below. The vast majority of candidates however, had some experience with prostitution. The following eligibility requirements had to be met for Project S.T.A.R. consideration:

- Non-violent felony charges and no prior strike convictions or violent felony convictions
- Recent victim of intimate partner battering (within the last 12 months)
- Facing an imminent prison sentence, or for felony probation candidates, facing a minimum of 180 days in county jail

Project S.T.A.R. provided eligible domestic violence survivors with early assessment of trauma, substance abuse and mental health disorders, and appropriate residential treatment and wraparound services. Women admitted to this voluntary program resided, along with up to two children ages eleven years of age or under, at Prototypes S.T.A.R. House for six months while participating in treatment for substance abuse, mental health, and/or domestic violence issues including parenting. The residential treatment component incorporated children's/family strengthening services with a special emphasis on family reunification and collaboration with DCFS, where appropriate. Former Los Angeles County Board of Supervisor Yvonne Brathwaite Burke donated $65,000 to the Project to secure a van to provide transportation to and from court and program appointments for Project S.T.A.R. participants.

This Project addressed the following emphasis areas:

Legal and criminal justice issues relating to family violence

- Substance abuse and family violence
- New approaches to intervention, prevention, and treatment for all aspects of family violence
- Other topics related to aspects of family violence and child abuse and neglect

The SAMHSA grant for Project S.T.A.R. funded up to 40 women annually for five years, as well as one Public Defender paralegal who assisted with screening for project amenability, and acted as a liaison with Prototypes to coordinate cases and court dates for Public Defender clients.

Upon formal acceptance into Project S.T.A.R.:

The participant was placed on formal probation for three years, and a jail or prison sentence was suspended;

The participant was conditionally released to Prototypes, where she, and where appropriate, up to two children ages eleven and under, resided at Project S.T.A.R. for six months, followed by 6-12 months of wraparound outpatient services which could include additional residential treatment services.

During Phase I, the participant was required to complete a minimum of six months at S.T.A.R. House, where she was randomly drug tested three times per week. Positive tests were reported immediately to the court, Probation Officer, and Public Defender. During Phase I, the participants attended weekly classes addressing relapse prevention, 12 step, personal therapy, seeking safety, job training, and parenting.

Clients who completed the 18-month program were eligible to request early termination of probation. Those who did not successfully complete the program due to program abandonment or termination due to non-compliance were ordered to serve out the originally suspended prison or jail term.

Between July 1, 2012 and March 29, 2013:

- Five women were admitted to the program.
- Nine women continue in the program (Prototypes has allowed these women to remain in the program and complete it with graduations slated for late 2013 and early 2014).

Prototypes retained the services of The Measurement Group, LLC to conduct an independent evaluation of Project S.T.A.R. as required by SAMHSA. The Project S.T.A.R. population included women from the criminal justice system and the community

at large for the grant and evaluation. In its Final Evaluation Report to SAMHSA, Prototypes noted that 119 women were admitted to the program from the start of the grant in March 2008, through March 29, 2013.

For purposes of the Program, evaluation procedures were conducted in accordance with funder requirements for performance assessment in response to Federal Government Performance and Results Act (FGPRA). Using Prototypes data through March 29, 2013, The Measurement Group reported:

- Among women no longer in the program, 28.7% have completed/ graduated or left having made satisfactory progress.
- Based on six-month follow-up data from a sample of 85 participants, 100% report positive outcomes in at least one of the domains targeted by this program:
  a) 94.1% have obtained or sustained stable housing.
  b) 97.6% have sustained sober living.
  c) 96.5% have no or reduced recidivism with the criminal justice system.
  d) 91.8% have been reunified with family or friends.
  e) 85.9% have made improvements in working towards employment or furthering their education.
  f) 96.8% report that they have reduced their sexual risk behaviors.
  g) 97.6% made changes to reduce their risk of intimate partner violence.
  h) 100% reported that they have improved their mental and/or physical health.
- Of the 119 enrolled clients to date, a range of specialized services have been available.
  a) At least 100% have participated in substance abuse treatment through Project S.TA.R.
  b) At least 50% have utilized mental health services.
  c) At least 80% have primary health care medical services.
  d) At least 80% have received assistance securing stable housing.
  e) At least 90% of the participants have utilized interpersonal socialization activities.
  f) At least 90% have used wrap-around services.

THE VETERANS COURT PILOT PROGRAM

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

Prior to admission, the candidate is carefully screened for eligibility and suitability by the Veterans Court team and the treatment provider identified by the VA. The program is only available to veterans currently charged with non-serious, nonviolent

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

Benefits

The program has demonstrated positive outcomes. Ninety-seven veterans have been accepted into the Veterans Court program since it began on September 13, 2010. Three graduations have been held since the program's inception through June 30, 2013 resulting in 20 veterans graduating the program. Only 10 or 10% of the 97 participants have been terminated from the program and sentenced to jail or prison.

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 Realignment.

Finally, Veterans Court takes advantage of already established federally funded treatment and service programs to reduce County costs. A review of participants in the program between April 1, 2011 and March 31, 2012, determined that Veterans Court participants received approximately 10,000 days of federally funded VA treatment and ancillary services rather than being incarcerated or provided treatment at County expense. Additionally, approximately 25,550 State and County custody bed days were avoided by veterans' participation in the program. This equates to cost avoidance of over $3,000,000.

CO-OCCURRING DISORDERS COURT

The Public Defender was a key collaborative partner in the creation of the Co-Occurring Disorders Court (CODC). Public Defender staff has attended Mental Health Services Act Delegate's Meetings since early 2005 and was instrumental in voicing the need for such a court. The Public Defender is represented on the CODC Standing Committee. The mission of the Los Angeles County CODC Program is to provide both mental health and substance abuse treatment to those who voluntarily choose to enter into a contract with a court-supervised co-occurring disorders treatment program. Participants must engage in all phases of treatment with the hope of improving their quality of life, clinical functioning and possibly further benefiting by the reduction and/or dismissal of criminal charges.

Co-Occurring Disorders Courts represent a non-traditional approach to criminal offenders who are addicted to drugs and suffer from mental illness. Rather than focusing only on the crimes they commit and the punishments they receive, Co-Occurring Disorders Courts also attempt to address some of their underlying problems. The Los Angeles County CODC, which held its first session in April 2007, is built upon a unique partnership between the criminal justice system, drug treatment community and the mental health community which structures treatment intervention around the authority and personal involvement of a single CODC Judge. CODCs are also dependent upon the creation of a non-adversarial courtroom atmosphere where a single bench officer and a dedicated team of court officers and staff work together toward the common goals of breaking the cycle of drug abuse and criminal behavior, and promoting the stabilization and functioning of mental health symptoms. CODC program capacity is 62 participants.

The Public Defender screens clients for legal criteria

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

Since formal operations launched in April 2007 through Fiscal Year 2012-13:

- 1,450 candidates have been screened for CODC.
- 235 have been admitted to CODC.
- 69 participants have graduated from the CODC.

As of June 30, 2013:

- 44 individuals are currently participating in the Community Full Service Partnerships component of the program.
- 5 additional individuals are currently in the Observation and Engagement phase of FSP.
- 10 individuals are currently participating in the Antelope Valley Rehabilitation Centers (AVRC) residential component.
- 2 CODC graduates continue to receive mental health services through Field Capable Clinical Services (FCCS).

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

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

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

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

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

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

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

Since May 2010 through June 30, 2013, 39 individuals have been accepted to CURE. Nineteen participants have graduated and seven participants

continue to work toward successful completion. Clients who decline CURE when initially offered or refuse to continue with the program, may accept a traditional disposition or proceed to trial. The CURE project is funded through CRCD grants that are essential to the continued success of misdemeanor offenders' transition from jail to the community.

PUBLIC INTEGRITY ASSURANCE SECTION AND INNOCENCE PROJECT

The Public Integrity Assurance Section (PIAS) of the Public Defender's Office focuses on the investigation and litigation of wrongful convictions primarily resulting from police misconduct. In the wake of the LAPD Rampart corruption scandal, PIAS was instrumental in successfully litigating numerous post-conviction Writs of Habeas Corpus and Motions to Vacate based on police misconduct and wrongful conviction of innocent clients. PIAS attorneys also handle post-conviction cases of former clients where the cases involved Intimate Partner Battery which was precluded as a defense at trial, Innocence Project cases where DNA could be used to exonerate clients, and cases involving misapplication of the Sexual Offender Registration statutes. In addition to post-conviction assistance, PIAS attorneys provide ongoing training and litigation support for deputy public defenders confronting issues of peace officer misconduct.

HOMELESS COURT

Homeless Court is a collaborative project between the Public Defender, District Attorney, Los Angeles County Superior Court, Los Angeles City Attorney, and Public Counsel. Homeless Court is a project whereby formerly homeless participants who complete a requisite program designed to address the issues contributing to their homelessness are able to secure dismissal of outstanding "quality of life" infraction and misdemeanor warrants. The purpose of this court is to avoid incarceration for old outstanding matters that might interfere with or erase the progress the participant has made. During fiscal year 2007-08, Homeless Court received funding from the Board of Supervisors and is now staffed by dedicated personnel from Public Counsel and the Los Angeles Superior Court. Transportation, housing, and food vouchers have been added to this program to provide more holistic services for the participants. During Fiscal Year 2012-2013, 635 citations were submitted for Homeless Court relief.

DRUG TREATMENT COURTS AND PROPOSITION 36 TREATMENT COURTS

The Public Defender was also a leader in creating Drug Court in 1994. Drug Court is a collaborative program involving the Superior Court, Public Defender, District Attorney, and drug treatment providers to allow drug offenders with minimal criminal records to participate in a closely supervised drug treatment program instead of jail. Because of the tremendous success of this program that began in downtown Los Angeles, 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. In Fiscal Year 2012-13, 105 participants were admitted to the program. Forty (40) participants graduated from the program in graduations held throughout the fiscal year.

Due to a budget shortfall and its impact on court operations, the Superior Court in 2009 integrated Proposition 36/Penal Code §1210 cases in regular calendar courts pursuant to the normal matrix. Additionally, since the Governor eliminated Offender Treatment Program funds in 2009 and Federal Stimulus funds expired on September 30, 2011, the County moved to a "fee for service" model for Proposition 36 treatment services on October 1, 2011. The County also revised its Services Matrix and created two levels of services based on risk level. Despite these challenges, Public Defender staff remains committed to accessing appropriate treatment services for all clients, including those qualifying under Proposition 36.

THE JUVENILE JUSTICE SYSTEM

The Los Angeles County Public Defender's Juvenile Division represents approximately 48,000 juvenile clients in juvenile delinquency proceedings each year. Many youth enter the juvenile justice system with serious, long-standing, and unaddressed educational and psychosocial problems that significantly contribute to their troublesome behavior. The underlying issues are mental health and substance abuse problems, cognitive learning disabilities, developmental disabilities, and the effects of sexual abuse, physical abuse and neglect.

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

According to the Juvenile Court Judges of California, 50% of all youth in the juvenile delinquency system have undetected learning disabilities. Learning disabilities affect cognitive systems related to perception, attention, language, and the symbolization abilities required to learn to read and/or carry out mathematical calculations in an automatic manner. Clearly, youth with disabilities are over represented in the juvenile justice system. One study from the National Center on Education, Disability, and Juvenile Justice noted that the prevalence of youth with disabilities is three to five times greater in juvenile corrections populations than in public school populations.

Accordingly, many youth in the juvenile justice system, including many of those detained in juvenile halls and camps, suffer from significant learning, developmental, emotional, and behavioral disabilities that impede their ability to fully benefit from mainstream educational services. Many of these youth are covered by state and federal special education laws that mandate a continuum of educational program options for special education students. Assembly Bill 490, effective January 1, 2004, seeks to ensure educational rights and stability for foster youth. Through AB 490, the Legislature declared its intent to ensure that all pupils in foster care and those who are homeless as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11301et seq.) have a meaningful opportunity to meet the same rigorous state pupil academic achievement standards to which all pupils are held. Similar to the approach already utilized by the Public Defender, AB 490 places high emphasis on promoting educational advancement and stability by holding specific agencies accountable to maintain stable school placements and to ensure that each pupil is placed in the least restrictive educational programs and has access to the academic resources, services, extracurricular and enrichment activities that are available to all pupils.

Unfortunately, many of these disabilities are not diagnosed until these youth appear in the juvenile justice system. and even then, all too often the juvenile delinquency system focuses only on the specific behavior or circumstances that bring delinquent children to the attention of law enforcement and the courts. For any number of reasons, the system fails to pay sufficient attention to the serious underlying issues that often lead youth into juvenile court charged with criminal or status offenses.

CLIENT ASSESSMENT RECOMMENDATION AND EVALUTION "CARE" PROJECT

Since its inception in 1999, the Juvenile Division of the Public Defender's Office has implemented its Client Assessment Recommendation and Evaluation (CARE) Project. The CARE Project focuses on early intervention with youth in delinquency court by addressing the cluster of underlying causes of delinquent behavior such as mental illness, intellectual disability, developmental disabilities,

learning disabilities, emotional disturbances, and trauma. It is an advocacy model that is non-traditional in its vision and approach. The CARE Project provides a model continuum of legal representation that incorporates attention to the unaddressed psychosocial and educational needs of youth in the juvenile justice system while also emphasizing early intervention and accountability of both the youth involved and the agencies responsible for safeguarding the youth's interests.

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

During Fiscal Year 2012-2013, the Public Defender CARE Project employed thirteen psychiatric social workers (11 psychiatric social workers and two supervising social workers) and six 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 provides needed services 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 2012 -2013, the Public Defender's Office provided regional center assistance in 225 cases through the CARE Project.

CARE Project resource attorneys ensure that children with educational difficulties have current Individual Education Programs (IEPs) which identify special education needs and define specific services to be provided. In addition, they facilitate special program referrals to agencies such as the Regional Center system which provides services for youth with developmental disabilities. Resource attorneys also garner Department of Mental Health entitlements for their juvenile clients and provide consultation for other Deputy Public Defenders on complicated cases involving children coming from the Dependency Court system.

The Public Defender's office recognizes that traditional representation for these clients similar to that normally provided to adult clients is no safeguard against recidivism if other resources are not channeled toward those youth to assist them in dealing with the many other challenges and obstacles they face outside of the courtroom. The Public Defender adheres to the philosophy that effective advocacy must encompass a holistic approach individually tailored to the particular needs of each unique client.

The Public Defender CARE Project, with partial funding from the Juvenile Accountability Block Grant (JABG), operates within all nine juvenile branches of the Los Angeles County Public Defender's Office. Deputy Public Defenders refer cases to the CARE Project. Referrals are for either Extended Services or Brief Services. Brief services are those which can be completed on the same day the request for services was made. Extended services extend beyond the date of the request for services. The referrals involve a variety of consultation services including: 1) Psychosocial and educational assessments; 2) early intervention to identify requisite services; 3) referrals to community resources which include substance abuse services (such as Alcoholics Anonymous–AA, Narcotics Anonymous-NA, after school activities such as the YMCA and parenting classes); 4) inter-agency advocacy that triggers Department of Mental

Health, Regional Center and special education assistance; 5) client and family support during the court process; and 6) recommendations to the court for disposition plans and conditions of probation in difficult cases.

Psychosocial assessments often help Deputy Public Defenders to determine whether the youth represents a risk to the community and constitutes the basis for effective treatment plans likely to reduce re-offending by addressing the issues that otherwise would put the youth at risk for further delinquent behavior. The psychiatric social workers interview the juvenile clients along with their family members and other involved parties such as school counselors, team coaches, social workers working in dependency courts, foster parents and therapists. At the discretion of the Deputy Public Defenders, CARE Project psychiatric social workers prepare reports for the Deputy Public Defenders to present to the court. The information developed by the psychiatric social workers plays a key role to individualize and humanize the perception of each youth by busy bench officers who otherwise would not have the advantage of in-depth evaluations and insight about each youth and awareness of services available to implement an effective treatment plan. Consequently, more appropriate services are rendered to youth and their families to reduce recidivism while continuing to hold minors accountable.

By referring clients for evaluation, identification and intervention at the pre-trial stage, the Public Defender's Office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. By beginning to design disposition plans at an early stage, members of the CARE Project team are able to provide the court with a better assessment of the youth's needs, present reasonable recommendations for appropriate conditions of probation and identify resources that will assist the child and his/her family to responsibly satisfy the conditions of probation. This approach enables the court to make orders that will foster accountability by both the youth and the system.

The current beneficiaries of the integrated components of these programs are the children, together with their families and communities, who receive services from attorneys, psychiatric social workers and resource attorneys. For example, children with special education needs are represented by Public Defender resource attorneys and psychiatric social workers at school district hearings, including IEP meetings. Advocacy by the Public Defender's Office on behalf of children entering the juvenile justice system has resulted in tremendous benefits for youth with disabilities and has provided them with a necessary continuum of educational program options in the school system that are mandated by state and federal law. Youth and their families also benefit from referrals to appropriate mental health residential and outpatient treatment programs, regional center services for youth with developmental and cognitive disabilities and referrals to other public and private service agencies.

Since the 1999 inception of the pre-adjudication component of the Public Defender CARE Project through June 2013, children have received project services in 18,519 cases. In Fiscal Year 2012-2013, 7,030 services were provided to clients in 1,241 cases. Additionally, in Fiscal Year 2012-13, the Public Defender provided special education assistance to 618 clients and DMH assistance in 200 cases. On average, each youth served received six services from the Project.

The referrals involved a variety of consultation services including psychosocial and educational assessments, early intervention to identify services, referrals to community resources (such as 12-step programs for alcohol and substance abuse, and after-school activities such as the YMCA and parenting classes), crisis intervention referrals during the court process, and recommendations for disposition plans and conditions of probation in difficult cases. A significant number of these dispositions were for placements that provided treatment for a problem identified in the assessment process or the minor was permitted to remain in the home while receiving treatment services in the community. Many of these youth are involved in both the Delinquency and Dependency court systems and are themselves victims of abuse and neglect.

Overall, for Fiscal Year 2012-13, the Los Angeles

County Juvenile Courts adopted 81% of the Public Defender disposition recommendations where CARE extended services were provided. Over the past eleven years, the court on average has adopted 82% of the disposition recommendations. Judicial officers have stated that the evaluations are invaluable in making the courts better equipped to identify those youth with emotional or developmental issues.

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

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

THE DEPARTMENT OF JUVENILE JUSTICE UNIT (THE DJJ UNIT)

The passage of Senate Bill 459, effective January 1, 2004 (Chapter 4, Statutes of 2003), gave the Juvenile Court continuing jurisdiction over minors sent to the Division of Juvenile Justice (DJJ). SB 459 was a legislative attempt to ensure that courts take an active role in supervising youth who are committed to DJJ by mandating the following:

1. Juvenile Courts are now required to set a maximum term of confinement (Welfare and Institutions Code §731).

2. DJJ is required to set an initial parole consideration date within 60 days of the commitment of a ward; (Welfare and Institutions Code §1731.8).

3. DJJ must prepare a treatment plan for each ward, provide these reports to the Juvenile Court and to the Probation Department, and provide written periodic reviews at least annually (Welfare and Institutions Code §1766).

The Public Defender now has the duty to monitor treatment provided at DJJ. Experienced attorneys are assigned to the Department's DJJ unit, which was created in the summer of 2004.

The current population of youth housed in DJJ facilities statewide has been significantly reduced from 1,400 to approximately 720. On February 22, 2010, the California Department of Corrections and Rehabilitation officially closed the doors of the Herman G. Stark Youth Correctional Facility located in Chino, which had been the state's largest DJJ facility for juvenile offenders. In December of 2011, the California Department of Corrections and Rehabilitation officially closed the doors of the Southern Youth Correctional Reception Center-Clinic located in Norwalk.

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

Through a combination of the recent legislative changes and our successful advocacy since 2004, the number of youth the DJJ unit assists has decreased. As of June 30, 2013, the Public Defender DJJ Unit continues to represent 46 youth in DJJ institutions throughout the state. During Fiscal Year 2012-13, additional Public Defender DJJ clients were paroled or released through successful WIC section 779 petitions. The DJJ Unit also represents clients in county re-entry hearings for those youth who are released from DJJ facilities to county probation instead of parole. All DJJ clients are visited by their Public Defender DJJ Unit attorneys.

They also may reach their lawyer by telephone. The attorneys develop working relationships with the clients' DJJ counselors, as well as with other staff at the institutions. They work to obtain their clients' prior mental health and education records, and they also review DJJ documents in order to assess current services. Even upon parole release, Public Defender staff remains involved with the client to assist with accessing services.

Advocacy within the institution may bring a change in the services provided to the client. The attorneys have participated in obtaining special education services for their clients inside DJJ and have attended IEP meetings on behalf of their institutionalized clients. They have ensured that clients were transferred to facilities where specialized counseling was available, thus enabling the clients to receive services necessary for them to successfully reintegrate into the community upon parole.

Public Defender DJJ Unit attorneys also research and prepare motions pursuant to WIC §731, requesting that the judge set a determinate term for the sentence. WIC §731, which states that minors may not be held in physical confinement for a period longer than the maximum adult sentence, has been amended. The additional language now states that "[a] minor committed to . . . the Youth Authority also may not be held in physical confinement for a period of time in excess of the maximum term of physical confinement set by the court based upon the facts and circumstances of the matter or matters which brought or continued the minor under the jurisdiction of the juvenile court, which may not exceed the maximum period of adult confinement as determined pursuant to this section."

The lawyers also pursue relief pursuant to WIC §779, which gives the juvenile court discretion to remove clients from DJJ institutions in cases where appropriate services are not being provided. While current law allowed the juvenile court to modify or set aside a DJJ commitment, WIC §779 has been amended to state that "[t]his section does not limit the authority of the court to change, modify, or set aside an order of commitment after a noticed hearing and upon a showing of good cause that the Youth Authority is unable to, or failing to provide treatment consistent with section 734." Courts have granted these motions after holding hearings and finding that DJJ services were inadequate. A number of clients have been moved from DJJ Youth Correctional Facilities to local suitable placements where their special needs can be addressed.

JUVENILE MENTAL HEALTH COURT

The Public Defender's Office also continues to be actively involved in Juvenile Mental Health Court (JMHC). JMHC, which began operating in October 2001, is a comprehensive, judicially-monitored program for juvenile offenders with diagnosed mental health disorders or learning disabilities and whose crimes demonstrate a link to the disorder or disability. A collaborative inter-agency team consisting of a judge, prosecutor, defense attorney, Department of Mental Health psychologist, and a Los Angeles County Office of Education liaison develops an individualized case plan for each eligible youth referred to JMHC. The plan includes home, family, therapeutic, educational and adult transition services. A deputy public defender with the assistance of psychiatric social workers advocates on behalf of the child to secure mental health services from all available community resources.

The deputy public defender works with the family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and DCFS to obtain for the 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, 2013, the JMHC has accepted 581 youth, and the Public Defender represented 487 of those youth. In Fiscal Year 2012-13, the JMHC accepted 29 new cases, 22 of which are serviced by the Public Defender's Office.

JUVENILE DRUG TREATMENT COURT

Juvenile Drug Treatment Court attempts to resolve underlying problems of drug and alcohol abuse and is built upon a unique partnership between the juvenile justice community and drug treatment advocates. The courtroom atmosphere is non-adversarial, with a dedicated team of court officers and staff, including deputy public defenders who strive together to break the cycle of drug abuse. The Los Angeles County Juvenile Drug Treatment Court Programs are supervised, comprehensive treatment programs for non-violent youth. The programs are comprised of youth in both pre-adjudication and post-adjudication stages as well as high-risk probationers who are sometimes first placed in a 26-week residential facility before being transitioned into outpatient treatment.

Youth participate in the program voluntarily. In the pre-adjudication program, charges are suspended during the youth's participation while minors in the post-adjudication program admit charges in the petition prior to participation. Most youth participating in the pre-adjudication program are charged with committing offenses involving possession of narcotics or being under the influence of drugs and/or alcohol. Youth are generally eligible to participate in the post-adjudication program regardless of the charges so long as they are not heavily gang-entrenched or have an extensive history with violence or firearms. Even minors with WIC 707(b) charges may be allowed to participate in Juvenile Drug Treatment Court when they are amendable to treatment and the interests of justice are served.

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

Failure or dismissal from the program will result in the reinstatement of criminal (delinquency) charges and subsequent prosecution on the pre-adjudicated charges or continuation on probation on the post-adjudication charges. Success in the Juvenile Drug Treatment Court Program is not solely measured by the number of graduates from the program, but rather whether the curriculum favorably impacted the youth to the extent that they are now considered drug-free.

Juvenile Drug Treatment Court providers direct participating youth through a 52-week curriculum which includes drug treatment, drug testing, frequent court appearances, and individual as well as group counseling. The programs are divided into three phases:

1. Phase one focuses on stabilization, orientation and assessment.
2. Phase two emphasizes intensive treatment.
3. Phase three focuses on transition back to the community.

A counselor or probation officer also assists with obtaining education and skills assessments. Referrals for vocational training or job placement services are also provided. Participants are required to attend school on a regular basis with enrollment in Independent Studies allowed only with the court's approval. The youth's parents and family members are encouraged to participate in appropriate treatment sessions. Deputy public defenders receive training regarding addiction, treatment, and related issues which constitute an ongoing part of the therapeutic environment fostered in the Juvenile Drug Treatment Court.

There are currently three Juvenile Drug Treatment Courts:

1. Sylmar (which began operations in 1998) handles both pre and post adjudication matters).
2. Eastlake (which began operations in 2001) handles post adjudication matters only.
3. Inglewood (which began operations in 2004) handles pre-adjudication matters only.

For Fiscal Year 2012-13:

- Sylmar Court accepted 37 new participants and graduated 15 participants.
- Eastlake Court accepted 56 participants and graduated 16 participants.
- Inglewood Court accepted 28 new participants and had 5 graduates.

PROBATION DEPARTMENT

The Los Angeles County Probation Department (Probation) was established in 1903 with the enactment of California's first probation laws. As a criminal justice agency, Probation has expanded to become the largest probation department in the world.

The Chief Probation Officer has jurisdiction over the entire county, including all of the cities within its borders. The legal provisions setting forth the Chief's office, duties, and responsibilities are found in the California Welfare and Institutions Code (WIC) and Penal Code (PC).

Currently funded by an appropriation of approximately $700 million, Probation provides an extensive range of services through the efforts of over 6,170 employees deployed in more than 50 locations throughout the County. Probation supervises approximately 62,000 adult and 20,000 juvenile probationers. Probation serves all the municipal and superior courts of the County. Its services to the community include recommending sanctions to the court, enforcing court orders, operating juvenile detention facilities and probation camps, assisting victims, and providing corrective assistance to individuals in conflict with the law.

Probation is among the leading departments in the correctional field with over two-thirds of its employees engaged in some professional aspect of probation work. This includes Deputy Probation Officers (DPO), Pretrial Release Investigators, and Detention Services Officers or Supervisors. Its employees staff over 50 work locations, including juvenile detention centers, residential treatment facilities, and field services offices.

Probation's vision is to rebuild lives and provide for healthier and safer communities. Its mission is to enhance public safety, ensure victims' rights and effect positive probationer behavioral change.

INVESTIGATION SERVICES

Both adults (age 18 and older) and juveniles (under age 18 at the time of commission of a crime) may be referred to Probation for investigation. Adults are referred by the criminal courts while juveniles are referred by the Superior Court of California, County of Los Angeles, law enforcement agencies, schools, parents, or other interested community sources. The DPO provides a court report with a recommendation supported by factors that include but are not limited to the offender's social history, prior record, analysis of the current living arrangements, and statements from the victim and other interested parties. Recommendations support the needs of the individual while considering the safety of the community and ensuring victims' rights.

If the court grants probation, the DPO enforces the terms and conditions ordered by the court, monitors the probationer's progress in treatment, and initiates appropriate corrective action if the conditions are violated.

If a child is under the jurisdiction of the Dependency Court, the DPO works cooperatively with the Children's Social Worker (CSW) from the Los Angeles County Department of Children and Family Services (DCFS) assigned to the case to ensure the child's safety and welfare. The DPO's assessment of the offender's response to court-ordered treatment may have a significant influence in determining the outcome of a child's placement.

ADULT FIELD SERVICES BUREAU

The Adult Field Services Bureau (AFSB) consists of the Pretrial Services Division (PTS), Adult Investigations, Adult Supervision and Special Services functions conducted at 19 field offices and more than 19 additional branch offices in court locations. PTS completes approximately 89,000 eligibility assessments/reports a year. Adult Investigations conducts approximately 72,000 investigations per year. Of these investigations, approximately 5,300 are misdemeanor cases and the remainder are felony cases. AFSB has under its supervision approximately 62,000 adult probationers, resulting in 92,000 supervision reports per year. Within PTS, Investigations, Supervision, and Special Services, there are a variety of service levels and specialized programs. Reserve DPOs, Retired DPOs, Student Professional Workers, Student Workers, and volunteers work within AFSB to enhance Probation services.

ADULT - SPECIALIZED SUPERVISION PROGRAMS

The AFSB manages several specialized caseloads addressing specific populations, needs and/or risk factors. The following specialized caseloads and designated units address child abuse in some capacity: Child Threat; Pre-Natal/Post-Natal Substance Abuse Recognition; Domestic Violence; Family Caseloads; High Risk Offenders; Domestic Violence and Child Abuse Monitoring; and Medi-Cal Administrative Activities. The descriptions of these programs are listed below.

Child Threat - Any case may be assigned to the Child Threat Unit when there is a reason to believe that the adult defendant's behavior poses a threat to a child because of a history of violence, drug abuse, sexual molestation, or cruel treatment, regardless of official charges or conditions of probation. Doing so promotes the safety of the child and the family. The DPO conducts home visits in every case in which the victim or other child under the age of 18 resides in the probationer's home. To provide ongoing assessments, all children in the home are routinely seen and may also be interviewed. Probationers in the Child Threat Unit must report to the DPO face-

to-face. Additionally, Child Threat cases may require coordination with the Department of Children and Family Services (DCFS), the court, and/or treatment providers. Indications of mistreatment of the victim or other child results in a referral to the court for further investigation or other appropriate action.

Domestic Violence - Domestic Violence caseloads provide specialized and intensive supervision for defendants who have victimized an adult family member, spouse, former spouse, or cohabitant and who have been ordered to participate in an approved 52-week Batterers' Treatment Program.

Family Caseloads - Adult Family caseloads provide intensive supervision to adult probationers by addressing their needs and risk factors. The goal is to ensure stability with the probationer and the household, so that the probationer can successfully complete probation. The risk of the children being removed from the home and placed into foster care is reduced or eliminated.

High Risk Offenders - These caseloads target offenders who pose a greater risk to the community and require a higher degree of supervision and monitoring. The High Risk Offender DPO supervises complex cases involving habitual and potentially dangerous offenders who may be resistant to services and are likely to violate the conditions of probation.

Domestic Violence and Child Abuse Monitoring Unit - The Domestic Violence and Child Abuse Monitoring Unit provides oversight for programs certified to provide domestic violence and child abuse counseling to ensure that they deliver effective service to probationers and their families and provide the court with timely reports regarding an individual's progress in counseling or lack thereof. Pursuant to PC§1203.097 programs providing domestic violence counseling are certified and monitored for compliance with established guidelines for program content and delivery of services to probationers and victims. Additionally, pursuant to PC§273.1 programs providing child abuse counseling are monitored for compliance with established guidelines for program content related to breaking the cycle of family violence.

Medi-Cal Administrative Activities Unit - (MAA) is the "marketing of Medi-Cal and Healthy Families/ Medi-Cal for Children" through the outreach efforts of Probation staff. By performing outreach activities for defendants/probationers, their families, and other interested parties such as victims, Probation will be able to serve persons in need of medical/mental health services. One of the critical elements of MAA is the ability to present information that describes what the Medi-Cal and Healthy Families/Medi-Cal for Children programs are, provide eligibility determination information, and make available the location or phone number where eligibility can be determined.

JUVENILE FIELD SERVICES BUREAU

The Juvenile Field Services Bureau (JFSB) provides investigation and supervision services to juvenile offenders and their families throughout Los Angeles County. These identified services/programs support Probation's mission to enhance public safety, ensure victims' rights and effect positive probationer behavioral change. Additionally, staff assigned to these programs serve as an arm of the Delinquency Court and recommend appropriate dispositions while preserving and enhancing the family unit, whenever possible. Additionally, Retired DPOs, Reserve DPOs, college and university interns, Student Professional Workers, Student Workers, and Volunteers In Service To Others (VISTO) volunteers work within JFSB to enhance our provision of services. The JFSB consists of staff assigned to 17 field offices and includes the following specialized programs: Community-Based Supervision; Drug Court; Dual Supervision; Juvenile Mental Health Court – Special Needs Court; Pregnant and Parenting Teens Program; and Teen Court. The descriptions of these programs are listed below.

Community-Based Supervision - DPOs supervise juveniles placed on community-based probation supervision. DPOs are assigned to designated communities and work with minors, families, schools, and other relevant resources to build on minor/family strengths, evaluate and make efforts to minimize risks, and monitor compliance with court orders. The case management services provided include conducting assessments, orientation meetings,

regular contact, service referrals, monitoring compliance with program participation, documenting violations, writing court reports, and other activities that support the minor in successfully completing probation and making the behavioral changes needed to prevent from re-offending.

Drug Court - Juvenile Drug Court is designed to provide an alternative to current juvenile justice proceedings by providing an integrated system of treatment for youth and parents to reduce substance abuse and criminal behavior by program participants and to assist youth in becoming productive members of the community, thus promoting public safety.

The Juvenile Drug Court Program - is a comprehensive treatment program for nonviolent minors. This voluntary program is comprised of minors in both pre- and post-adjudicated stages and high risk probationers, and includes regular court appearances before a designated Drug Court Judge and intensive supervision by the Probation Department and Treatment Provider. Drug testing, individual group counseling, and family counseling are furnished by the Juvenile Drug Court Treatment Provider. Juvenile Drug Court Teams consist of a Juvenile Drug Court Judge, Deputy District Attorney, Deputy Public Defender, DPO, School Liaison, and Drug Treatment Services Provider.

Dual Supervision - Welfare and Institutions Code (WIC) Section 241.1 (a) provides that whenever a minor appears to come within the description of both Section 300 and Section 601 or 602, the child protective services department and the probation department shall determine which status will best serve the interests of the minor and the protection of society pursuant to a jointly developed written protocol. A specialized investigation is conducted involving probation, the Department of Children and Family Services (DCFS), the Department of Mental Health, and dependency attorneys to determine the appropriate plan for services and treatment for the minor. The court may deem a minor suitable for supervision under both the Probation Department and DCFS.

The juvenile Dual Supervision Case Management Program supervises minors under legal jurisdiction of DCFS, through Dependency Court, who are placed on probation. Minors receive case supervision from both DCFS and Probation. DCFS is the lead agency responsible for planning and treatment and Probation monitors compliance with conditions of probation.

Probation Dual Supervision DPOs team with DCFS staff to provide enhanced communication, supervision, and monitoring of dual supervision youth. Probation reviews new cases, consults with the DCFS Children's Social Worker (CSW) to coordinate services, provide case management, including making field visits, gathering casework or related information, enforcing conditions of probation, consulting with the CSW relative to multi-disciplinary planning to meet the minor's needs, and preparing reports for court.

Juvenile Mental Health Court – Special Needs Court - Juvenile Mental Health Court – Special Needs Court is designated to initiate a comprehensive, judicially monitored program of individualized mental health treatment and rehabilitation services for minors who suffer from diagnosed mental illness (Axis I), organic brain impairment, or developmental disabilities.

Pregnant and Parenting Teens Program - Due to the need for female gender specific services, Probation created a pilot program of Pregnant and Parenting Teens caseloads (Kenyon Juvenile Justice Center and San Gabriel Valley Area Office) that address particular issues and problems affecting pregnant and/or parenting female juvenile offenders who are currently on probation. It is Probation's expectation that by offering an array of gender-specific services, the female minors will be able to successfully complete their conditions of probation.

Teen Court - Teen Court offers an alternative sanction in the form of a diversion program for first time juvenile offenders in lieu of delinquency proceedings. The court consists of a volunteer judicial officer, a court coordinator (either a DPO or a Reserve DPO), and a jury composed of six peers. Probation collaborates with the court, other law enforcement agencies, schools, attorneys, and community-based organizations in this program.

JUVENILE SPECIAL SERVICES BUREAU

The Juvenile Special Services Bureau provides protection and safety to the community by serving as an arm of the Superior Court. Juvenile probation officers provide investigation and supervision services for juvenile offenders on court-ordered probation or in specialized programs. In addition, they recommend appropriate dispositions for juvenile offenders while preserving and enhancing the family unit, whenever possible.

The Juvenile Special Services Bureau consists of programs which include: the 601 Intake Program; Specialized Gang Suppression Program; School Crime Suppression Program; Gang Alternative Prevention Program; Camp Community Transition Program; Community Law Enforcement and Recovery Program; Drug Enforcement Agency Task Force Probation/LAPD Crash Ride-Along; and the Specialized Warrant Intervention Program. The descriptions of these programs are listed below.

601 Intake Program - Intake Deputy Probation Officers (DPOs) are assigned to eight geographic areas that overlap existing field service area office boundaries. These are static positions with no workload yardstick. Intake DPOs are responsible for responding to referrals for minors exhibiting behavior problems such as incorrigibility, truancy, running away, and/or other pre-delinquent conduct. Referrals may be initiated by parents, schools, Probation, public, private, or community agencies.

Assessments will be made to determine the appropriate case needs and services to be provided. It is a goal of the program to connect families to resources that prevent the need for court action and removal of the minor from home. These may include crisis intervention, referrals to outside agencies, e.g., Schools, Community Based Organizations, Police, DCFS, referrals to OPS for supervision under 236 WIC or 654 WIC, or filing a 601a WIC petition for incorrigibility.

Specialized Gang Suppression Program - The Specialized Gang Suppression Program provides intensive supervision of gang-identified probationers and aims to protect the community by closely monitoring the probationer's compliance with the terms and conditions of probation.

School Crime Suppression Program - The School Crime Suppression Program (SCSP) provides services to delinquent minors and/or students on probation that require intensive supervision. SCSP officers are based on campuses around Los Angeles County, providing probationers with opportunities to succeed in a school environment. Services include: in-person probationer contacts, school attendance monitoring, juvenile and parental referral services, probation violation monitoring and reporting, and program development by partnering with schools and/or community-based organizations to enhance opportunities for minors to reduce school violence.

Gang Alternative Prevention Program -The Gang Alternative Prevention Program concentrates on pre-delinquent and marginal gang youth who live in neighborhoods characterized by a high crime rate, violent gang activity, and heavy drug use.

Camp Community Transition Program - The Community Camp Transition Program provides aftercare services beginning a few weeks prior to a minor's release from a probation camp to the community. Minors are intensively supervised to insure prompt school enrollment, community service, and participation in selected community-based organization programs. Transitional plans include an emphasis on family participation.

Community Law Enforcement and Recovery Program - The Community Law Enforcement and Recovery Program (CLEAR) targets the gangs in Los Angeles County utilizing a collaboration of agencies that involves the Los Angeles Police Department, Los Angeles County Sheriff's, District Attorney, and Probation. CLEAR DPOs participate in special operations to reduce the level of gang activity in targeted areas. They participate in sweeps, searches and seizures, and ride-alongs enforcing the terms and conditions of probation.

Drug Enforcement Agency Task Force - Drug Enforcement Agency Task Force allows the Department to work in a multi-agency task force to combat drug sales and trafficking.

Specialized Warrant Intervention Fugitive Team -

The Specialized Warrant Intervention Fugitive Team (SWIFT) devotes the majority of time working with the Sheriff's Department and other agencies to identify, locate, and arrest minors who have absconded from probation. Given the high-risk nature of warrant service, this activity is not attempted without police backup. DPOs also enforce the terms and conditions of probation as they observe probationers in the community who are in violation of their conditions. Supervision is designed to provide gang-suppression through enhanced monitoring of high-risk probation cases. SWIFT presently serves the Valinda Corridor and Basset area but will expand as resources become available.

RESIDENTIAL TREATMENT SERVICES BUREAU

Camp Community Placement provides intensive intervention in a residential treatment setting. Upon commitment by the court, a minor receives health, educational, and family assessments that allow treatment tailored to meet their individual needs. The goal of the program is to reunify the minor with their family, to reintegrate the minor into the community, and to assist the minor in achieving a productive crime free life. These Probation camps serve approximately 2,200 minors per day.

The camps provide structured work experience, vocational training, education, specialized tutoring, athletic activities, and various types of social enrichment. Each camp provides enhanced components tailored to its population and purpose. The fundamental objective of the Residential Treatment Service experience is to aid in reducing the incidence and impact of crime in the community. This is accomplished by providing each minor with a residential treatment experience geared toward developing effective life skills.

The camps provide a valuable and cost effective intermediate sanction alternative between probation in the community and incarceration in the California Department of Corrections and Rehabilitation, Division of Juvenile Justice (DJJ), formerly the California Youth Authority.

PLACEMENT SERVICES BUREAU

The Placement Services Bureau encompasses Central and Regional Placement, Emancipation Services, and Placement Quality Assurance. Each unit plays a vital role in the lives of minors with a Suitable Placement order. Most Suitable Placement minors are removed from their homes and placed in an environment which best addresses their needs. Minors can be placed in out-of-home care ranging from group homes and psychiatric hospitals to care with relatives and non-relatives.

Regional Placement - Suitable Placement provides a dispositional option for the Juvenile Court for minors whose delinquent behavior may be explained by a contributory family environment and/or emotional/psychiatric problems. Most Suitable Placement minors are removed from their homes and placed in a safe environment such as a group home, psychiatric hospital, etc. DPOs work with the minor and the family to identify needed services and prepare case plans to assist them with accessing the services. Through monitoring the minor's progress, the DPO is able to determine what long-term living arrangement would be in the best interest of the minor and develop/implement a plan (permanency plan) to return the minor to a safe and stable environment, e.g. reunification with their parents/guardians, emancipation, placement in a relative/non-relative home, or long term foster care.

Central Placement - Central Placement provides support for the Regional Placement program and consists of the following:

1. Consultant Unit: Consultants are responsible for monitoring group homes to insure compliance with their County contract, their program statement, and Title 22. Consultants investigate all serious incidents that occur in the group home and conduct relative/guardian home assessments.

2. Resource Control Unit: Resource Control is responsible for the placement of all new Suitable Placement minors and for finding appropriate facilities for all re-placements. The Suitable Placement AWOL Recovery Team investigates and apprehends AWOL minors and minors with

active warrants.

3. Mental Heath Unit: Mental Health provides consultants who are part of the Collaborative Assessment, Rehabilitation, and Education (CARE) unit which provides assessment and treatment for minors with serious mental health issues while in Juvenile Hall pending placement.

4. Probation Processing Unit (PPU): Upon placement, PPU collects and processes documents for submission to the Department of Children and Family Services (DCFS) to insure compliance with Title IV-E and the funding of group home services for placement minors.

Placement Quality Assurance Program - Placement Quality Assurance DPOs conduct case reviews on Suitable Placement cases, focusing on compliance with mandated foster care services (Title IV-E, AB 575, SB 933 and Division 31). Quality Assurance DPOs assess cases to determine if probation youth and their families have received mandated services. QA/DPOs assess compliance to mandates and standards by reviewing written records, files, and reports. Program monitoring results are utilized for policy development, staff training, and system improvement.

System of Care - The System of Care (SOC) program provides strength-based, family-centered care to high-end children, i.e., children with multiple, complex, and enduring mental health and behavioral needs in family settings. Children are placed and/or maintained in a permanent family. Families are able to care for their children with community-based services and supports. Institutional (e.g. group home, juvenile camp) care is avoided and/or length of stay is reduced. Each client has an individualized child and family team to organize, implement, and oversee a uniquely tailored Plan of Care for the enrolled child and family. Both formal and informal community resources are used to meet the children's needs. SOC serves children under the jurisdiction of the Department of Children Family Services, Department of Mental Health, and the Probation Department. Support and advocacy are central to the program.

Status Offender Detention Alternatives (SODA)/ Placement Alternative to Detention (PAD) - The Status Offender Detention Alternative (SODA) was initially conceived in 1975 by Probation as a pilot project to experiment with the non-secure detention of status offenders. Currently, the department utilizes four (4) foster homes that are used when offenders are referred by police agencies, the juvenile court, and deputy probation officers for temporary shelter. The minors are placed in SODA pending either return home, completion of the court process, or until they are placed in a more permanent placement such as a group home or foster home.

Placement Alternative to Detention (PAD) provides non-secure detention in licensed foster homes for minors whose primary reason for detention is the lack of a parent, guardian, or responsible relative able or willing to provide proper and effective care and control. Minors with non-serious offenses, no previous runaway attempts, and little delinquent activity are candidates for PAD.

Emancipation Program - The Emancipation Program provides services to current and former foster care youth between the ages of 14 and 21. Training and services are provided to prepare and assist emancipating youth to live successfully on their own. Services include assessing the needs of each youth and identifying the type of skills training required, providing counseling, vocational training, career development, housing assistance, job training and placement, mentoring, and conducting education services provided through a grant and other public and private partnerships.

Family Preservation - The Family Preservation Program is an integrated, comprehensive collaborative (in conjunction with the Departments of Mental Health and Children and Family Services) approach to providing services to families which enhance child safety while strengthening and preserving families who are experiencing problems in family functioning characterized by child abuse, neglect, school truancy, incorrigibility, and law violations. The program's goal is to assure the physical, emotional, social, educational, cultural, and spiritual development of children in a safe nurturing environment. This approach also reduces out of home placement. Probation supervision is

enhanced by day treatment and in-home services provided by community-based organizations.

Wraparound - The Wraparound approach provides an alternative to youth who may be placed in long term foster care. The approach is a family-centered, strength-based, needs-driven, and individualized service planning and implementation process. This model represents a fundamental change in the way services are designed and delivered. Wraparound is value-based and involves an unconditional commitment to create services on a "one child at a time" basis to support normalized and inclusive options for children and youth with complex and enduring needs as well as to support their families. At its core is a set of essential principles that support the provision of highly individualized services, on an unconditional basis to children and their families. Partnering with the Probation Department is the Department of Children and Family Services, Department of Public Social Services, Mental Health, Health Services, Los Angeles County Office of Education, Los Angeles Unified School District, and contract providers.

Placement Quality Assurance and Permanency Planning - The Placement Quality Assurance and Permanency Planning (PQA/PP) Unit assists the Placement deputies with locating family members and initiating and completing adoptions and legal guardianships for probation youth.

The PQA/PP Unit reviews all cases for permanency planning beginning at the time the minor was removed from his/her home. Each Reviewer/Permanency Planner identifies those probation youth who are at risk of remaining in foster care and who are unlikely to reunify with their parents. After searching for and identifying a relative/non-relative interested in becoming a permanent option for the youth, legal guardianship and adoption are explored with the potential caregiver. If they are in favor of either or both options, the Permanency Planner works with DCFS and County Counsel and completes extensive documents and reports to ensure that the proper procedures are implemented to bring the case to a permanent placement outcome.

Additionally, cases are reviewed at each judicial review. These reviews assist in identifying those probation youth who have been in the system 12 or more months and have a permanency plan of Long-Term Foster Care. Information gathered at the six-month judicial review assists in identifying probation youth whose likelihood of reunifying with their parents is minimal to none. Permanency planning and family finding efforts will begin as soon as these youths are identified. Making referrals to the Department's Independent Living Program's Mentoring Program to link probation youth to a lifetime connection is a key element of permanency planning for those youth that have no willing or able relatives that can become a permanent option for them.

Mentoring - As part of the Los Angeles County Mentoring Project, the Probation Department currently has six group homes serving probation youth who are participating in the Mentoring Program. At those six homes, Probation has youth participating in relationship mentoring (one on one) as well as in group mentoring programs. The programs are operating with part time personnel and are in stages of development.

EVIDENCE BASED PRACTICES

Consistent with Probation's mission to enhance public safety, ensure victim's rights, and effect positive probationer behavioral change, Probation is committed to implementing Evidence Based Practices (EBP). Nationwide, jurisdictions are beginning to implement EBP in the area of community corrections. EBP requires adherence to practices which are supported by empirical research. This model is currently being supported and promoted by the National Institute of Corrections (NIC), the nation's largest training and technical assistance provider for state and local correctional agencies.

The Department's Quality Assurance Services Bureau (QASB) has the responsibility to review all newly proposed and existing programs for fidelity with applicable performance-based standards and evidence-based policies and practices. The QASB monitors programs, services, and functions against established metrics, EBP, and national baselines. It is involved with the on-going vetting of new programs department wide, and the review

and audit of existing programs, services, and functions. Program evaluation provides evidence of how the organization is progressing toward the accomplishment of its objectives.

Recognizing the value of research and having the commitment to provide the best service delivery, the Probation Department's efforts to ensure its programs are consistent with Evidence Based Practices works towards its vision to rebuild lives and provide for healthier and safer communities.

SELECTED FINDINGS

The number of adult referrals for child abuse offenses decreased by 1.3% from the previous year. Within the last five years, the number of adult referrals for 2012 (529) was the lowest (Figures 1 and 2).

The number of juvenile referrals for child abuse offenses decreased by 21% from the previous year. Like the adult offenders, the number of juvenile referrals (347) was the lowest in the last five years (Figure 13).

SOURCE OF DATA

The data presented in this report reflects a comparison between the reporting year (2012) and the previous year (2011) using data collected from the Juvenile Automated Index (JAI) and the Probation Department's Adult Probation System (APS).

Figure 1

2012 DATA ADULT CASES CHILD ABUSE REFERRALS

TYPE OF ABUSE/NEGLECT	PERCENTAGE OF CHANGE		2011	2012
Caretaker Absence		No Change	1	1
Exploitation	200.0%	Increase	5	15
General Neglect	128.6%	Increase	7	16
Physical Abuse	50.0%	Decrease	4	2
Severe Neglect	37.5%	Increase	8	11
Sexual Abuse	5.2%	Decrease	511	484
Overall from 2011 to 2012	1.3%	Decrease	536	529

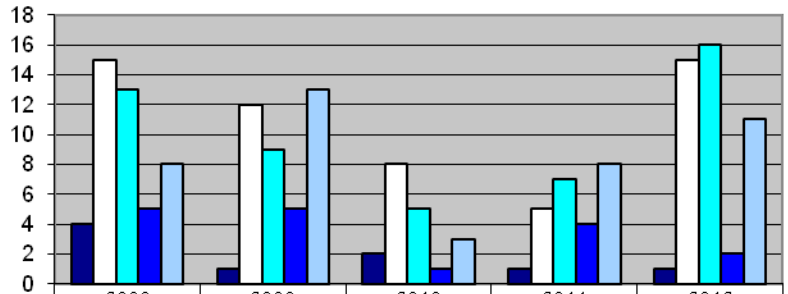
Figure 2

2012 DATA ADULT CASES CHILD ABUSE REFERRALS
January 1 - December 31

OFFENSE TYPE	2008	2009	2010	2011	2012
Caretaker Absence	4	1	2	1	1
Exploitation	15	12	8	5	15
General Neglect	13	9	5	7	16
Physical Abuse	5	5	1	4	2
Severe Neglect	8	13	3	8	11
Sexual Abuse	609	645	578	511	484
Overall Totals	654	685	597	536	529

Fig 2a

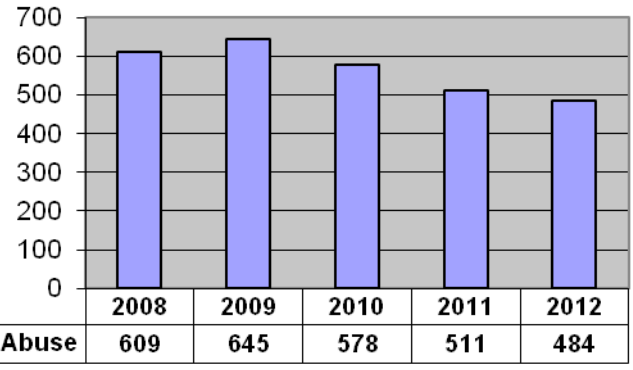
2012 DATA
ADULT REFERRALS



	2008	2009	2010	2011	2012
Caretaker Absence	4	1	2	1	1
Exploitation	15	12	8	5	15
General Neglect	13	9	5	7	16
Physical Abuse	5	5	1	4	2
Severe Neglect	8	13	3	8	11

Fig 2b

2012 DATA
ADULT REFERRALS



	2008	2009	2010	2011	2012
Sexual Abuse	**609**	**645**	**578**	**511**	**484**

Figure 3

2012 DATA ADULT CASES
Child Abuse Referrals of Offenders by Age

AGE OF ADULT OFFENDER	2011	2012	PERCENTAGE OF CHANGE	
under age 20	21	20	4.80%	Decrease
20-24	82	66	19.50%	Decrease
25-29	70	59	15.70%	Decrease
30-34	67	72	7.40%	Increase
35-39	69	72	4.30%	Increase
40-44	67	58	13.40%	Decrease
45-49	50	54	8.00%	Increase
50 and over	110	128	16.30%	Increase

Figure 4

2012 DATA ADULT CASES
Child Abuse Caseloads by Area Office

AREA OFFICE	2011	2012	PERCENTAGE OF CHANGE	
Antelope Valley	20	30	50.00%	Increase
Central Adult Investigations	167	145	13.10%	Decrease
East Los Angeles	4	11	175.00%	Increase
East San Fernando Valley	39	56	43.50%	Increase
Foothill	15	8	46.60%	Decrease
Harbor	35	43	22.80%	Increase
Long Beach	35	31	11.40%	Decrease
Rio Hondo	34	27	20.50%	Decrease
Pomona Valley	83	90	8.40%	Increase
San Gabriel Valley	23	23		No Change
Santa Monica	34	34		No Change
South Central	42	24	42.80%	Decrease
Valencia	5	7	40.00%	Increase

Figure 5

2012 DATA ADULT CASES
Child Abuse Referrals by Ethnicity

ETHNICITY	2011	2012	PERCENTAGE OF CHANGE	
African American	52	46	11.5%	Decrease
American Indian	1	0	100.0%	Decrease
Asian/Pacific Islander	11	1	90.9%	Decrease
Latino	356	354	0.5%	Decrease
White	60	77	28.3%	Increase
Other	56	51	8.9%	Decrease

Figure 6

2012 DATA ADULT CASES CHILD ABUSE OFFENSE REFERRALS
By Age and Ethnicity

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	TOTAL
African American	3	7	5	8	7	4	2	10	46
Asian/Pacific Islander	0	1	0	0	0	0	0	0	1
Latino	14	37	42	49	53	40	37	82	354
White	2	13	8	9	5	8	7	25	77
Other	1	8	4	6	7	6	8	11	51
TOTAL	**20**	**66**	**59**	**72**	**72**	**58**	**54**	**128**	**529**
PERCENT	**3.7%**	**12.4%**	**11.1%**	**13.6%**	**13.6%**	**10.9%**	**10.2%**	**24.2%**	**100.0%**

Figure 7

2012 DATA ADULT CASES CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2011 AND 2012
By Area Office and Gender

	2011		2012	
AREA OFFICE	MALE	FEMALE	MALE	FEMALE
Antelope Valley	17	3	28	2
Central Adult Investigation	158	9	136	9
East Los Angeles	4	0	10	1
East San Fernando Valley	39	0	54	2
Foothill	15	0	8	0
Harbor	35	0	43	0
Long Beach	35	0	30	1
Pomona Valley	79	4	88	2
Rio Hondo	34	0	27	0
San Gabriel Valley	23	0	23	0
Santa Monica	33	1	32	2
South Central	42	0	22	2
Valencia	5	0	7	0
TOTAL	**519**	**17**	**508**	**21**

Figure 8

2012 DATA ADULT AND JUVENILE CASES CHILD ABUSE OFFENSE REFERRALS

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	1	0.1%	-	-	1
Exploitation	15	2.8%	5		20
General Neglect	16	3.0%	1		17
Physical Abuse	2	0.3%	25		27
Severe Neglect	11	2.0%	30		41
Sexual Abuse	484	91.4%	286		770
TOTAL	**529**		**347**		**876**
PERCENT	**60.0%**		**40.0%**		**100%**

Figure 9

2012 DATA ADULT CASES
CHILD OFFENSE SUPERVISION CASES ACTIVE
By Age and Ethnicity

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	Total
African American	3	18	32	30	23	35	41	130	312
American Indian	0	0	0	0	0	0	0	1	1
Asian/Pacific Islander	0	2	4	2	2	6	5	10	31
Latino	4	63	72	49	55	46	44	139	472
White	2	22	21	35	34	42	43	146	345
Other	0	6	6	7	5	9	7	18	58
TOTAL	**9**	**111**	**135**	**123**	**119**	**138**	**140**	**444**	**1219**
PERCENT	**.7%**	**9.1%**	**11.0%**	**10.0%**	**9.7%**	**11.3%**	**11.4%**	**36.4%**	**100.0%**

Figure 10

2012 DATA ADULT CASES
CHILD OFFENSE SUPERVISION CASES ACTIVE
By Ethnicity

ETHNICITY	TOTAL	PERCENT
African American	312	25.5%
American Indian	1	.1%
Asian/Pacific Islander	31	2.5%
Latino	472	38.7%
White	345	28.3%
Other	58	4.7%
TOTAL	**1219**	**100.0%**

Figure 11

2012 DATA ADULT CHILD THREAT WORKLOAD WORKLOAD SIZE PER AREA OFFICE

AREA OFFICE	2008	2009	2010	2011	2012
Antelope Valley	84	83	87	84	83
Centinela	87	78	95	104	128
Crenshaw	134	136	166	163	156
East Los Angeles	31	40	42	40	46
East San Fernando Valley	106	113	120	136	143
Firestone	91	83	96	79	75
Foothill	56	58	80	75	62
Harbor	45	45	45	45	46
Long Beach	96	104	113	97	89
Pomona Valley	68	73	80	90	93
Rio Hondo	92	97	87	91	73
San Gabriel Valley	64	61	59	60	70
Santa Monica	48	57	58	60	61
South Central	77	98	80	67	62
Valencia	20	18	25	32	32
TOTALS	**1,099**	**1,144**	**1250**	**1223**	**1219**

Figure 12

2012 DATA ADULT AND JUVENILE CASES
CHILD ABUSE OFFENSE GRANTS OF PROBATION BY OFFICE
Adult and Juvenile

AREA OFFICE	ADULTS	JUVENILES	TOTALS
*Transition to Area Office	-	5	5
Antelope Valley	5	-	5
Camp Community Placement	-	2	2
Central Adult Investigation	4	-	4
Centinela	5	5	10
Crenshaw	7	9	16
East Los Angeles	2	7	9
East San Fernando Valley	16	7	23
Firestone	7	1	8
Foothill	5	4	9
Harbor	20	1	21
Kenyon Juvenile Justice Center	-	1	1
Long Beach	4	-	4
Northeast Juvenile Justice Center	-	5	5
Pomona Valley	9	2	11
Rio Hondo	10	1	11
San Gabriel Valley	6	4	10
Santa Monica	1	1	2
South Central	5	4	9
Valencia	1	-	1
TOTALS	**107**	**59**	**166**
PERCENT	**64.5%**	**35.5%**	**100%**

Of the 529 Child Abuse referrals received by the Adult Bureau in 2012, 107 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 347 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2012, 59 resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Department of Corrections & Rehabilitation, Division of Juvenile Justice (DJJ), found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.

Transition to Area Office refers to cases involving minors having completed a Camp Community Placement Program and transitioning to an Area Office for supervision (Home on Probation).

Figure 13

2012 DATA JUVENILE CASES
CHILD ABUSE REFERRALS

TYPE OF ABUSE/NEGLECT	2011	2012	PERCENTAGE OF CHANGE
Exploitation	15	5	67.0% Decrease
General Neglect	12	1	92.0% Decrease
Physical Abuse	55	25	55.0% Decrease
Severe Neglect	14	30	114.0% Increase
Sexual Abuse	343	286	17.0% Decrease
OVERALL FROM 2011 TO 2012	**439**	**347**	**20.9% Decrease**

Figure 14

2012 DATA JUVENILE CASES
CHILD ABUSE REFERRALS

	2008	2009	2010	2011	2012
Exploitation	4	5	12	15	5
General Neglect	4	0	1	12	1
Physical Abuse	256	138	88	55	25
Severe Neglect	61	38	31	14	30
Sexual Abuse	489	484	448	343	286
OVERALL TOTALS	**817**	**665**	**580**	**439**	**347**

Figure 15

2012 DATA JUVENILE CASES
CHILD ABUSE REFERRALS BY AGE

AGE OF JUVENILES	2011	2012	PERCENTAGE OF CHANGE	
under 11	75	4	94.60%	Decrease
11	4	5	25.00%	Increase
12	13	23	76.90%	Increase
13	42	49	16.60%	Increase
14	57	44	22.80%	Decrease
15	64	56	12.50%	Decrease
16	60	58	3.30%	Decrease
17	84	49	41.60%	Decrease
18+	40	59	47.50%	Increase

Figure 16

2012 DATA JUVENILE CASES
CHILD ABUSE REFERRALS BY ETHNICITY

ETHNICITY	2011	2012	PERCENTAGE OF CHANGE	
African American	89	73	17.90%	Decrease
Asian/Pac Islander	21	2	90.40%	Decrease
Latino	288	241	16.30%	Decrease
White	32	24	25.00%	Decrease
Other	9	7	22.20%	Decrease

Figure 17

2012 DATA JUVENILE CASES
CHILD ABUSE REFERRALS RECEIVED IN 2011 AND 2012
By Area Office and Gender

	2011		2012	
AREA OFFICE	MALE	FEMALE	MALE	FEMALE
Transitions to Area Office	57	4	73	8
Antelope Valley	11	1	8	0
Centinela	31	4	22	1
Crenshaw	51	13	39	4
East Los Angeles	14	0	13	1
Firestone	22	0	12	3
Foothill	17	6	12	1
Harbor	9	0	11	0
Kenyon Juvenile Justice Center	19	0	9	0
Long Beach	12	0	7	0
Northeast Juvenile Justice Center	16	6	23	2
Pomona Valley	23	2	18	1
Rio Hondo	19	1	15	3
San Gabriel Valley	37	9	18	1
Santa Monica	6	0	7	0
South Central	23	0	11	2
Valencia	6	0	3	0
Van Nuys	20	0	17	2
TOTALS	**393**	**46**	**318**	**29**

Figure 17 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2012. Transitions to Area Office primarily reflect referrals from probation camps.

Figure 18

2012 DATA JUVENILE CASES
CHILD ABUSE REFERRALS BY AGE AND ETHNICITY

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
African American	0	1	3	9	9	14	11	15	11	73
Latino	3	4	16	37	30	34	44	31	42	241
White	0	0	3	3	4	6	2	3	3	24
Other	1	0	1	0	1	2	1	0	3	9
TOTAL	**4**	**5**	**23**	**49**	**44**	**56**	**58**	**49**	**59**	**347**
PERCENT	**1.1**	**1.4**	**6.6**	**14.1**	**12.6**	**16.1**	**16.7**	**14.1**	**17.0**	**100%**

Figure 19

2012 DATA JUVENILE AND ADULT CASES
CHILD ABUSE REFERRALS

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	1	.1%	-	-	1
Exploitation	15	2.8%	-	-	15
General Neglect	16	3.0%	-	-	16
Physical Abuse	2	.3%	3	.5%	5
Severe Neglect	11	2.0%	8	1.3%	19
Sexual Abuse	484	91.4%	48	8.1%	532
TOTAL	**529**	**100.0%**	**59**	**100.0%**	**588**
PERCENT	**90.0%**		**10.0%**		**100.0%**

Figure 20

2012 DATA JUVENILE CASES
CHILD ABUSE OFFENSE SUPERVISION CASES
By Age and Ethnicity

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
African American	0	0	0	1	2	3	2	3	1	12
Latino	0	0	4	5	12	10	5	2	2	40
White	0	0	0	0	2	3	0	0	0	5
Other	0	0	1	0	0	1	0	0	0	2
TOTAL	**0**	**0**	**5**	**6**	**16**	**17**	**7**	**5**	**3**	**59**
PERCENT	**-**	**-**	**8.4%**	**10.1%**	**27.1%**	**28.8%**	**11.8%**	**8.4%**	**5.0%**	**100.0%**

Figure 21

2012 DATA JUVENILE CASES
CHILD ABUSE OFFENSE SUPERVISION CASES
By Ethnicity

ETHNICITY	TOTAL	PERCENT
African American	12	20.3%
Latino	40	67.8%
White	5	8.4%
Other	2	3.3%
TOTAL	**59**	**100.0%**

Figure 22

2012 DATA JUVENILE CASES
CHILD ABUSE OFFENSE SUPERVISION CASES
By Age and Offense

OFFENSE TYPE	Under 11	11	12	13	14	15	16	17	18+	TOTAL
Physical Abuse	0	0	0	0	0	2	1	0	0	3
Severe Neglect	0	0	0	0	1	1	2	3	1	8
Sexual Abuse	0	0	5	6	15	14	4	2	2	48
TOTAL	**0**	**0**	**5**	**6**	**16**	**17**	**7**	**5**	**3**	**59**
PERCENT	**-**	**-**	**8.4**	**10.1**	**27.1**	**28.8**	**11.8**	**8.4**	**5.0**	

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, inter-agency agreements, blended funding, and grant proposals to support new programs.
- Collaborates with the other public agencies, particularly the Department of Health Services (DHS), the Department of Children and Family Services (DCFS), the Probation Department, the County Office of Education (LACOE), and school districts (e.g., LAUSD).
- Promotes the development of county and statewide mental health policy and legislation to advance the well-being of children and families.

WHOM THE CSOC SERVES

The CSOC serves children who have a DSM-IV Axis I diagnosis and have symptoms or behaviors that cause impairment in functioning that can be ameliorated with treatment.

The priority target population that the Short-Doyle/ Medi-Cal community mental health providers serve are children with a DSM-IV Axis I diagnosis that have or will, without treatment, manifest in psychotic, suicidal or violent behavior, or long-term impairment of functioning in home, community, or school.

THE CSOC TREATMENT NETWORK

The CSOC provides mental health services through 20% directly-operated and 80% contracted service providers. The CSOC network links a range of programs, including long-term and acute psychiatric hospitals, outpatient clinics, specialized outpatient services, day treatment, case management, and outreach programs throughout the county.

CLIENTS AND PROGRAMS RELATED TO CHILD ABUSE AND NEGLECT

This report presents the characteristics of child and adolescent clients who are victims of, or are at risk of child abuse and neglect and are receiving psychological services in relevant programs provided by DMH.

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

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

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

Justice Camps; D-Rate Assessment Unit; Level 14 Group Homes; and Community Treatment Facilities.

CHILDREN'S SYSTEM OF CARE BUREAU
CHILD WELFARE DIVISION

Katie A. v. Bonta was a class action lawsuit that challenges the long-standing practice of confining abused and neglected children with mental health problems in costly hospitals and large group homes, or placed them in foster homes without sufficient care rather than providing services that would enable them to stay in their homes and communities. Los Angeles County entered into a Settlement Agreement in May 2003 to develop and implement strategies to provide the plaintiff class with care and services consistent with good child welfare and mental health practice. On March 14, 2006, federal Judge A. Howard Matz issued an injunction requiring that the County screen members of the plaintiff class to identify children and youth who may need individualized mental health services, and provide them with the Wraparound services and therapeutic foster care when appropriate.

The Child Welfare Division (CWD) of Los Angeles County DMH was created as part of the enhanced Specialized Foster Care (SFC) Mental Health Services Plan approved by the Board of Supervisors in October 2005. The division is a centralized DMH administrative structure to provide oversight and coordination of county-wide 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 county-wide as well as Service Area based implementation of program administration and co-locating staff. DMH SFC co-located staff are now working in all of the 19 DCFS Regional Offices and are a critical component of the Katie A. Strategic Plan. In FY 11-12, DMH was allocated two new Psychiatric Social Worker II positions to support the County's Foster Care program, bringing the total number of DMH staff staff devoted to supporting the Katie A. effort to 319. 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 also attends and participates in Team Decision-Making (TDM) meetings, and has an integral role in the Resource Management Process (RMP) that is applied in case planning.

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

RELATED MENTAL HEALTH SCREENING AND ASSESSMENT PROGRAMS

(1) Multi-disciplinary Assessment Team (MAT)

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

County-wide, 3,795 children had a MAT assessment completed in FY 11-12., compared with 3,731 in FY 10-11, and 3,417 in FY 09-10.

(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 DCFS case is given a mental health screening by a Children's Social Worker (CSW) using a brief checklist, the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Those screening positive are referred for assessment and possible mental health services. CSAT provides a Linkage Specialist (SLS) to assist CSWs in identifying suitable service linkages, and also monitors effective service delivery. Implemented in May 2009, CSAT initiated a monthly Referral and Tracking System (RTS) Summary Data Report that tracks rates of screenings and referrals. CSAT is primarily a DCFS process. DMH participates in CSAT via SFC co-located staff, D-Rate units, and Wraparound liaisons.

The cumulative RTS summary for the last nine months of FY 11-12 indicates that:

- 25,020 children required a screen
- 24,747 children were screened (98.9%)
- 278 screens (1.1%) are showing as pending
- 18,041 (72.9%) of those 25,025 children requiring a screen screened positive
- 6,706 (27.1%) of those 25,025 children requiring a screen screened negative
- Of the 18,041 who screened positive, .1% had acute needs, 2.3 had urgent needs, 94.6% had routine needs, and 3.1% did not have their acuity level determined
- 17,288 (98.9%) children were referred for mental health services
- Of the 17,288 children referred for mental health services, 16,878 (97.6%) began receiving assessment, treatment, case management and consultation
- There was an average of 6 days from opening a case and mental health screening
- There was an average of 4 days from receipt of a positive screen to a referral for mental health services
- There was an average of 2 days from referral to the start of mental health service activities

(3) Medical Hubs

Six Medical Hub clinics are operated by the Los Angeles County Department of Health Services (DHS), providing mental health, forensic and medical screenings for children under the care of DCFS or at risk of entering the foster care system.

Between October, 2011 and September, 2012, 86 percent of newly detained children received an Initial Medical Examination, including the CIMH/MHST mental health screening tool, at a Medical Hub clinic. Children and youth screening positive are reviewed for mental health assessment and linkage as needed. The County continues to report progress toward its goal that 100 percent of the newly detained children are referred to a Medical Hub for the initial Examination.

(4) Training and Coaching in FY 11-12

DCFS and DMH have developed curricula that encompass trainings to enhance the practice skills of CSWs, co-located DMH staff, and community mental health providers. Enhanced Skill-Based Training (ESBT) offers an overview and training towards Strengths-Needs Based Practice, Engagement and Teaming. To-date, ESBT has been given to 65 percent of line supervisors and 30 percent of CSWs. In addition, in collaboration with the Los Angeles Training Consortium, DCFS has implemented coaching for Emergency Response (ER) supervisors to implement the ESBT in all DCFS offices. In July and April, 2011, DMH completed the first of a 2-day Core Practice Model (CPM) training for children's mental health providers in Service Area 6. This four-module training uses a train-the-trainer approach and will be offered to mental health providers in the other SAs. This classroom training will then be augmented by a series of coaching calls and meetings to reinforce the use of the CPM. In addition, training was provided to Specialized Foster Care, MAT and Wraparound providers in the following key practice areas: Cultural Competency, Needs-Based Assessment, Family Engagement, Dual Diagnosis, Crisis Management, and mental health interventions for the birth-to-five population

and their families.

The training was completed county-wide in September 2011. 78 contract providers, 7 directly operated children's clinics, and 18 DMH SFC co-located sites were trained. A total of 382 supervisors and lead clinicians were trained county-wide.

During this FY, coaching was primarily provided by coaching support groups throughout the County. In February, the two departments focused their coaching efforts in a Compton Pilot project. A total of 18 coaches were available to meet with DMH and DCFS supervisors, staff and providers to focus on the strengths, underlying needs and teaming for families. This Pilot was completed in June, 2012.

(5) Family and Children's Index

The Family and Children's Index (FCI) system is a computerized inter-agency database designed to better identify children and families who are at risk of child abuse and neglect. FCI is a centralized database, which ties together basic allowable information about families and children that have had relevant contacts with public agencies and have been identified as at risk for abuse or neglect. It provides authorized provider agencies with minimal identifying information regarding a child and child's family as well as minimal information regarding another provider agency contact(s) with a child and child's family. FCI also contains the names of agency contact person for pursuing additional information. The data is imported into FCI from existing provider agency computer systems. FCI allows professionals trained in the prevention, identification, and treatment of child abuse and neglect, and qualified to provide a broad range of services related to child abuse and neglect, to know when other agencies may have pertinent information about a child or family with whom they are involved in order to form multi-disciplinary teams (MDT).

CWD completes FCI inquiries that it receives from other participating agencies that are seeking information about specific children and families that may have been served by DMH. During FY 11-12 CWD staff responded to 2,432 FCI inquiries.

KATIE A. TREATMENT PROGRAMS

(1) Intensive In-Home Mental Health Services (IIHMHS)

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

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

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

During FY 11-12, there were 631 cases receiving the following CCSP interventions: 160 received IY, 333 received TFCBT, and 138 received FFT.

(b) Intensive Treatment Foster Care (ITFC)

The ITFC program seeks to reduce placement instability and provide an alternative to congregate care settings. ITFC places DCFS foster children in foster homes in which the child is typically the only foster youth and where they will have a treatment program individualized according to their needs. ITFC foster parents receive additional training hours and have access to 24/7 support. Children are placed after efforts are made to match them with appropriate foster parents. Mental health clinicians are trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is provided if/when clinically appropriate. During FY 11-12, there were 48 ITFC placements, in addition to 2 ITFC placements who later transitioned to MTFC during the FY.

(c) Multidimensional Treatment Foster Care (MTFC)

MTFC is an evidence-based form of treatment foster care which is now serving youth, ages 6-17,

who have a parent or other identified caregiver, yet remain in out-of-home care because the caregiver is unable to manage the youth's difficult behaviors. The goal of the Multidimensional Treatment Foster Care (MTFC) program is to decrease problem behaviors of the youth while simultaneously enhancing the parenting skills of the permanent caregiver. Treatment is typically short-term, averaging 6-12 months, and is provided in a specially trained foster home environment. Each MTFC home has only one foster child who is provided with their own bedroom. Foster parents attend specialized training and participate in weekly meetings. With the guidance and 24/7 support of the program supervisor, foster parents provide youth with close supervision while implementing a behavioral management system tailored to each child's needs. A skills coach takes the youth into the community to practice their newly developing prosocial behaviors. Adolescent youth have an individual therapist who, along with the skills coach, works toward specific treatment goals as directed by the program supervisor. Meanwhile, the youth's permanent caregiver attends weekly sessions with the family therapist. These sessions are coordinated by the program supervisor and are designed to promote positive interactions during visits with the youth in preparation for successful reunification. Psychiatric consultations are also provided, when needed. Rigorous scientific studies have determined that MTFC outcomes are significantly efficacious with regard to safety, permanency and the well-being of youth. During FY 11-12, 14 youth were placed in MTFC homes, and there was one additional MTFC placement who later transitioned to ITFC during the FY.

(2) Wraparound

Wraparound is an inter-agency collaborative supported by DCFS, DMH and the Probation Department. There are currently 34 Wraparound agencies that provide multifaceted support, including mental health services. Tier I Wraparound is intended for children and youth who are currently placed or are at imminent risk of placement in a group home at a Rate Classification Level (RCL) 10 or above.

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

The Tier I Wraparound program serves children and youth ages 5-17.5 years of age who are under the jurisdiction of one or more County departments – DCFS, DMH or Probation and who are placed in, or at imminent risk of placement in a Rate Classification Level (RCL) 10-14 group home. The Tier II Wraparound program serves children and youth in the same age-range who have an open DCFS case, qualify for EPSDT and have an urgent and/or intensive mental health need which causes impairment at school, home or in the community. Any Probation client is eligible for Tier I Wraparound. Clients with dual supervision from DCFS and Probation are eligible for the Tier I Wraparound program and the Tier II Wraparound program.

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

The DCFS, DMH, or Probation Liaison receive referrals for possible acceptance into Wraparound from their respective caseworker/referral source and conduct a preliminary review. Completed referrals are then submitted to the Inter-agency Screening Committee (ISC). The ISC "core" team is a collaborative comprised of Liaisons from DCFS, DMH, Probation and a DMH Parent Advocate. The ISC must screen referrals within seven days of receipt. If a child/youth is accepted at the ISC, the Wraparound provider makes telephone contact with the family within 48 hours and face-to-face contact within seven days.

In order to define, implement and review the specific services that need to be provided to meet the child/family's needs, the Wraparound provider convenes a Child and Family Team (CFT) that meets weekly (or as needed) with each family. The CFT "does whatever it takes" to assist the family to meet agreed-upon goals that are developed by the team.

TIER I WRAPAROUND PROGRAM

During FY 11-12, there were 1,394 children and youth enrolled in the Tier I Wraparound program with an average age of 14.1. Their average length of stay was 12.3 months and their graduation rate was 52 percent.

For Tier I, placements in foster homes, group homes, and juvenile detention decreased from 29 percent at enrollment to 13 percent at graduation. In comparison, placements in homes of parents, relatives and legal guardians increased from 71 percent to 87 percent.

Figures 1, 2, 3 and 4 describe their gender, age-category, race/ethnicity, and Agency of Primary Responsibility. For clients with an identified agency of primary responsibility, DCFS referred the largest proportion of the Tier I Wraparound clients receiving mental health services while Probation referred the second largest proportion.

The DSM diagnoses for Tier I Wrap clients and reported substance use are displayed in Figures 5, 6 and 7. The most frequently assessed primary admission diagnoses were Other Diagnoses, Adjustment/ Conduct Disorder/ADHD, Major Depression, Anxiety Disorders and Bipolar Disorders. There were 52 clients (3.7%) with a primary or secondary diagnosis of Child Abuse and Neglect.

Substance use was reported for less than 1% of Tier II Wrap clients by means of the Dual Diagnosis substance use codes.

TIER II WRAPAROUND PROGRAM

During FY 11-12, 2,295 children and youth were enrolled in the Tier II Wraparound program with an average age of 12.0. This is notably younger than the average age of 14.5 observed for Tier I Wraparound clients. Their average length of stay was 11.8 months and their graduation rate was 74 percent.

For Tier II, placements in foster homes, group homes, and juvenile detention decreased from 26 percent at enrollment to 17 percent at graduation. Placements in homes of parents, relatives, and legal guardians increased from 74 percent to 83 percent.

Figures 8, 9, 10, and 11 describe their gender, age-category, race/ethnicity, and Agency of Primary Responsibility. For clients with an identified agency of primary responsibility, DCFS referred the largest proportion of Tier II Wraparound clients receiving mental health services while Probation referred the second largest proportion.

The DSM diagnoses of Tier II Wraparound clients and reported substance use are displayed in Figures 12, 13 and 14. The most common primary admission diagnoses were Adjustment/ Conduct Disorder/ ADHD, Other Diagnoses, Anxiety Disorders and Major Depression. For Tier II There were 120 Tier II Wraparound clients (5.2%) with a primary or secondary diagnosis of Child Abuse and Neglect.

Substance use was reported by means of the Dual Diagnosis substance use codes for less than one percent of Tier II Wraparound clients. However, DCFS reports that 426 (11.5%) of clients enrolled in a Tier I or Tier II Wraparound program had an active substance use issue in FY 11-12.

Impact of Wraparound on Placements

Program effectiveness is documented by the following analysis of out-of home placements and associated financial costs comparing Tier I Wraparound with the most recent residential care comparison group, that included the most intensive RCL 12-14 group-home placements. (Tier II Wraparound also showed positive outcomes, although there is not yet an equivalent RCL 12-14 comparison group with which to compare it.)

- Children who graduated from Wraparound were more likely to have their cases terminated within 12 months compared to children in RCL 12-14 (nearly 62% vs. 28%).

- 67% of the Wraparound graduates had no placement costs or subsequent out-of-home placement compared to 28% of the RCL 12-14 group.
- 33% of the Wraparound graduates had at least one placement during the 12 months after graduation compared to 72% of the RCL 12-14 group.
- Wraparound graduates spent fewer days in placement than did children from RCL 12-14 (98 vs. 197).
- Wraparound graduates were generally placed in less restrictive placements with relatives, FFA-certified, and guardian homes. For the Residential care group, the greatest reliance was on group, FFA-certified, and relative homes.
- Wraparound graduates had substantially lower average placement costs during the 12 months after Tier I graduation or Residential Care discharge ($5,043 vs. $23,424).

The Effect of Wraparound Participation on Clients' Functioning

Each Wrap client is monitored during participation in the program using the Child and Adolescent Functional Assessment Scale (CAFAS), which assesses the client's possible impairment in functioning due to emotional, behavioral, or psychiatric problems. The CAFAS is completed at intake, at every six months thereafter, and at the time of graduation or disenrollment.

In FY 11-12, the average county-wide CAFAS total problem severity score for Tier I and Tier II children who graduated from their Wraparound program showed significant improvement in their CAFAS scores from intake to graduation. Graduating Tier I clients showed the greatest improvement.. Their average problem score at enrollment was 115, and 45 at graduation. For Tier II, the average problem score at enrollment was 99, and 43 at graduation. The 70 point decrease from intake to graduation for Tier I was 70% of the enrollment score, and the decrease of 56 points from intake to graduation for Tier II was 55% of their enrollment score. For Tier I clients who did not graduate, the average score at disenrollment was 103. For Tier II clients who did not graduate, the average score at disenrollment was 95. Tier I clients who did not graduate decreased by 12 points in their average problem scores (10% of their intake scores) by disenrollment. Tier II clients who did not graduate showed a decrease of 4 points at disenrollment. Therefore, even clients who did not graduate appear to have benefitted slightly from Wraparound participation.

QUALITY SERVICE REVIEW (QSR)

The QSR is a case-based review protocol selected by the Departments of Mental Health and Children and Family Services to assess the effectiveness with which the underlying Core Practice Model (CPM) guiding treatment practice has been implemented by both departments. The QSR was also chosen as an instrument to measure the extent to which program improvements required by the Katie A. settlement agreement have been effectively implemented.

Each completed QSR provides a snapshot of what is working and what needs improvement in practice implementation. The QSR indicators contain components of the CPM. Performance indicators include: Engagement, Teamwork, and Planning, for example; and Child and Family Status indicators: Safety, Stability, and Permanence. Percentage criteria have been established defining the minimal acceptable QSR score that must be achieved over a series of review cycles. Eventually, the lawsuit will be met when each Service Area Regional office has achieved the required scores, and upon the following review, when the offices demonstrate they have maintained a consistent level. The QSR review process is likely to be continued and QSR results will be accessible on a dedicated website.

In FY 11-12, 107 randomly selected cases (47 males and 60 females) were evaluated with the QSR in Los Angeles County. An average of 9.9 persons was interviewed per case in cooperation with the Pomona, Glendora, El Monte, Pasadena. SFV, WSFV/Santa Clarita, Metro North, West LA and Torrance offices.

In FY 11-12, the core DMH QSR team in FY 11-12 consisted of 1 FTE Supervising Psychologist;

1 FTE Psychiatric Social Worker; and 1 Mental Health Services Coordinator II. The Team reviewed 35 cases. An additional 9 cases were reviewed by DMH Child Welfare Division managers and by other DMH Child Welfare Division staff. The remaining 63 reviews were completed by DCFS staff, with occasional participation by members of the Katie A. Panel.

RESIDENTIALLY BASED SERVICES (RBS) PROGRAM

Los Angeles County was selected, along with San Bernardino, Sacramento and San Francisco counties to implement an AB 1453 Residentially Based Services (RBS) demonstration project that seeks to shorten the time to establish a lasting placement in a family for children who are in residential placement. The RBS program is offered to clients under the jurisdiction of the Department of Children and Family Services (DCFS), at imminent risk of residential placement or who have been referred to an RCL 12 or 14 group home as determined by the County's Resource Management Process. The RBS program applies a Wraparound treatment model to initially facilitate each residential client's psychological stabilization. This initial phase is then followed by Wraparound-based supportive and therapeutic services combined with family-finding and development work in the community to establish a permanent family placement after discharge from RBS residential care. Having or not having family is not a criterion for admission to RBS. Bridge care (foster home, relative home) is sought if a permanent family placement is not ready.

By combining residential care with a treatment plan that is developed through applying the Wraparound approach, the Los Angeles RBS program tries to facilitate the eventual establishment of a permanent placement in a family. RBS starts with a residential placement for each client and then elicits, prioritizes and incorporates the child's and family perspectives into a plan of care that is then continuously monitored and guided by each client's child- and-family-team to expedite the effectiveness of the residential treatment phase and to plan for a transition into the community. The RBS program also continues to provide its services after clients transition back to the community.

In Los Angeles County, the RBS program was initiated in December, 2010 for boys ages 6-18 at Five Acres and Hathaway-Sycamores, and for boys and girls ages 6-18 at Hillsides Family Center.

During 2012, 136 youths were enrolled in the Los Angeles County RBS program. One hundred seventeen (86%) were male and nineteen (14%) female. The average age of clients was 13.4. The following ethnic distribution was found: 51 were African-American (38%), 46 Hispanic (34%), 34 Caucasian (25%), 4 Asian and 1 Native American.

The average length of stay in group home residential placement for Los Angeles County RBS was 10 months. The total average percentage for the three RBS provider agencies for youth that exceeded the agency target for average length of stay in RBS group home residential placementis 34% and exceeded the average length of stay by 106 days. For the three RBS service providers, an average of 35 youth, representing 45% of the RBS providers' youth population stepped down from group home residential care to a lower level of care, and six youth (17%) returned to group home residential care. Twenty percent of youth in the RBS program utilized crisis stabilization. Of these youth, the average number of episodes of crisis stabilization was 2.6 episodes per youth.

FAMILY PRESERVATION PROGRAM

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

private mental health agencies. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds also support this program. FP programs provide mental health services in every Service Planning Area (SPA).

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

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

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

During FY 11-12, there were 496 clients served by the 33 DMH service providers offering services to FP clients. Figures 15, 16, 17 and 18 describe the gender, age, ethnicity and agency of primary responsibility of the FP clients. The largest percentage of the FP clients were referred by DCFS, with smaller proportions of clients referred by Probation and by school districts.

The diagnoses for FP child and adolescent clients are presented in Figures 19 and 20. Their most frequent

primary admission diagnoses were Adjustment/ Conduct Disorder/ADHD, Other Diagnoses, Anxiety Disorders, and Major Depression. A primary or secondary diagnosis of Child Abuse and Neglect was given to 25 clients (5.0%). Figure 21 indicates an absence of reported substance use.

REUNIFICATION OF MISSING CHILDREN PROGRAM

The Reunification of Missing Children programs are part of the Reunification of Missing Children Task Force chaired by Find the Children, a non-profit corporation dedicated to the recovery of missing children, and the Inter-Agency Council on Child Abuse and Neglect (ICAN). Task force members include LAPD, LASD, DCFS, County Counsel, the FBI, the US Secret Service, the Mexican Consulate, and the District Attorney's Office. Find the Children works closely with the National Center for Missing and Exploited Children. It refers children and parents to the reunification programs in response to requests received from DCFS, Probation, the Department of Justice, the State Department, the FBI, local law enforcement agencies, and the Family Court judge.

Community outreach is used by the Family Reunification program to provide services to families with reunification issues. Outreach clients in need of mental health treatment and their families are provided with information about mental health resources near their residence. Families referred to the Family Reunification program receive family therapy, child therapy or group therapy and combinations of these interventions, as well as parenting classes. Outreach families who are not referred for mental health treatment do not present an Axis I diagnosis nor meet the medical necessity criteria for admission into DMH. They do,

nonetheless, receive interventions such as social skills training and parenting classes.

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

In FY 11-12, four of the DMH-contracted mental health providers, Los Angeles Child Guidance Clinic, Didi Hirsch, Foothill Family Services, and The Help Group provided culturally sensitive, multi-disciplinary crisis-oriented con-sultation, assessment and treatment immediately following the recovery of a child who has been abducted, often by a non-custodial parent.

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

The Clinic's collaboration with Find the Children began in 2006 when Karen Strickland, Executive Director of Find the Children, contacted the Clinic to find a quality children's mental health provider in the Central and South Los Angeles area. Children are referred to the Clinic's outpatient services by Ms. Strickland who contacts the division director of the Leimert Park office at the time of a child's recovery. Each child receives a thorough psychosocial assessment, utilizing the LACDMH's Child/ Adolescent Initial Assessment. The child has access to a treatment team which consists of a therapist and may also include a BA-level family advocate to provide rehabilitation and case management services and a psychiatrist when necessary. Therapist disciplines include one Mariage and Family Therapist (MFT), two MFT interns and two MSWs.

The team provides trauma informed services in a variety of modalities which may include individual and/or family therapy, targeted case management, individual rehabilitation and psychiatric services. The treatment team works with the concept that trauma disrupts attachment, interferes with children's ability to regulate emotions and delays the development of appropriate competencies. Consequently, the therapeutic work is focused on enhancing family and community relationships and developing connectedness as a path to recovery and building resiliency. The client and family are crucial to treatment planning and are considered active partners in goal setting. Therapists utilize play therapy, cognitive-behavioral and art interventions as well as traditional talk therapy to assist the client and family process the abduction as well as the recovery and/or reunification. 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 continued to provide services to abducted children during FY 11-12. The program is offered at one of their Child and Family Programs in the Los Angeles area, sites include: Mar Vista, Inglewood, Taper, Metro and Glendale. There were no cases opened at the Taper site during this reporting period.

In FY 11-12, Didi Hirsch received 13 referrals for Abduction Reunification services, up from the 5 referrals for the previous year. Of those, 11 were opened for services. Six of those referrals were for children ages birth to 5. The modality of therapy provided depended on the needs of the child and caregiver. However, the birth to age 5 referrals were new to Didi Hirsch's Abduction Reunification Program this fiscal year due to the expansion of the Child-Parent Psychotherapy model of treatment at the agency.

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

In FY 11-12, Foothill Family Services also provided

family reunification and community mental health services to children and Transitional Age Youth (TAY) referred by Find the Children. The program's goals are to assist in the child's recovery from child abduction; reduce the client's mental disability; enable clients to use their time meaningfully; live in safe environments; have a network of supportive social relationships; have timely access to help - including times of crisis - and maintain or improve physical health as it relates to mental health goals.

Foothill Family has expertise in specialized services to children ages 0-5; including extensive school-based services, conveniently located offices, in-home and community based services for underserved or 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 ages 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 child and TAY clients assists them in working toward recovering from their abduction, reduce their symptoms, make progress toward their goals and improve their community functioning.

Whenever possible, prior to termination, aftercare plans are developed with the client and family. Aftercare plans identify services needed to maintain the gains clients have made in treatment. If the client needs a higher level of care, Foothill Family refers the client to appropriate providers and continues services until a successful transition is made.

At the Help Group, clients referred by Find the Children are given priority reflecting its understanding of the urgency of linking those children to mental health services so that they may begin to process and cope with the trauma they have experienced. At weekly meetings, supervisors discuss clients who need to be assigned and their best therapeutic fit. Find the Children referrals are usually assigned within 7 days referral. During FY 11-12, eleven referrals were received and eight of these were served by this program.

Each therapist in the program is supervised by a licensed MFT or LCSW. The treatment plan of clients who have been abducted mainly relies on Field Capable Counseling Services, in which the therapist provides services that meet the client's and family's needs in the community. Treatment focuses on helping the client process the trauma and coping with recent events. To increase the possibility of successful reunification and involvement of family members, the treatment focuses on strengthening the parent-child relationship. The intervention includes helping clients become aware of the range of emotions associated with the trauma, strengthening coping skills, and helping work through associated thoughts and memories.

The length of treatment varies depending on where the client has been placed and whether the family members or foster family are able to participate in treatment at the child's pace. Psychological evaluations and case management assist the program's clinicians to link each child with additional resources that may be needed.

During FY 11-12, thirty three clients were served by the Family Reunification programs of LA Child Guidance Clinic, Didi Hirsch, Foothill Family Services, and the Help Group. Figures 22-28 show relevant attributes of Reunification Program clients served by these three providers.

Figures 22, 23, 24 and 25 show the gender, age, race/ethnicity, and agency of primary responsibility of the Family Reunification clinic clients. DCFS provided 60.6% of the referrals. The remaining 39.4% of referrals originated from Law Enforcement.

Diagnostic information is presented in Figures 26 and 27. Anxiety Disorders, Other Diagnoses, and Adjustment/Conduct Disorders/ADHD were the

most common primary admission diagnoses for Family Reunification clients. There were 4 Family Reunification clients that received a diagnosis of Child Abuse and Neglect.

Figure 28 documents the absence of substance use in this population.

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

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

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

AB 1733 authorizes state funding for child abuse prevention and intervention services offered by public and private non-profit agencies. AB 1733 requires a multi-disciplinary council to provide recommendations to the Board of Supervisors on funding priorities and processes.

In Los Angeles County, the designated council is the Inter-Agency Council on Child Abuse and Neglect (ICAN). To develop funding guidelines, ICAN convenes an AD Hoc AB 1733/AB 2994 Planning Committee with representatives from DCFS, DMH, DPSS, DHS, Dependency Court Legal Services and Probation to conduct a needs assessment for each funding cycle. The committee evaluates information gathered by the needs assessment survey to determine high need geographic areas for developing the funding guidelines and priorities. These recommended funding guidelines are then submitted to the Board of Supervisors for approval. DCFS monitors the agencies providing CAPIT services and their contracts. ICAN acts as the liaison to the Board of Supervisors to reach decisions on distributing funds among the programs. ICAN also acts as an information resource for agencies during the contract period.

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

The CAPIT program provides high-quality in-home services, including counseling and crisis response, as well as individual/family/group counseling in the clinic, case management services, parenting education, support groups, and 24-hour telephone availability for its clients. Since the children served are often suffering from unresolved loss, play therapy and family therapy are used to address attachment problems. Group therapy is particularly helpful in addressing shame, guilt, and stigma experienced by abused children and is often helpful in reducing delinquent or sexually reactive behaviors in these children.

CAPIT services are provided on a short-term basis with the goal, where possible, of encouraging family maintenance and preventing the need for out-of-home placement. Additionally, services are targeted to facilitate early family reunification, when appropriate, after out-of-home placement has occurred. Another goal of the CAPIT Program is the prevention of child abuse at the earliest possible stage by improving the family's ability to cope with daily stressors through education and support. The program objective is to increase child abuse services.

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

The majority of families served by CAPIT are referred by CSWs from DCFS. Other families are referred by community-based organizations or are self-referred.

The CAPIT providers provided mental health services to 351 children in FY 11-12. Figures 29, 30, and 31 present the gender, age, and ethnicity of the CAPIT participants. Figure 32 shows that the largest number of clients with an identified Agency of Primary Responsibility (APR) were referred by DCFS, followed by clients referred by Probation and by a school district.

Diagnostic information for CAPIT clients is displayed in Figures 33 and 34. The most prevalent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Other Diagnoses, Anxiety Disorders, and Major Depression. Also, thirty three clients (9.4%) received a primary or secondary admission DSM IV diagnosis of Child Abuse and Neglect. Figure 35 indicates an apparent absence of reported substance use.

JUVENILE COURT MENTAL HEALTH SERVICES (JCMHS)

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

JCMHS was involved in the Juvenile Court planning for implementation of AB 129, which allows for the joint jurisdiction of both Dependency and Delinquency Courts in the adjudication of certain juvenile cases. As a result, the pilot project developed with DCFS, Probation and DMH has expanded to provide county-wide service. JCMHS has hired five psychiatric social workers to serve as the DMH liaisons to this project.

Mental Health Review of Psychotropic Medication for Court Wards and Dependents

JCMHS has continued to monitor the authorizations for the administration of psychotropic medication to children under court jurisdiction. During FY 11-12, JCMHS reviewed all the requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judges. Of these, about 60% were received from DCFS for dependent children and 40% for delinquent children under the jurisdiction of Juvenile Court. Approximately 80% of these requests were approved. JCMHS continues to participate in the Court sponsored Psychotropic Medication Committee and is involved in the ongoing effort to update and improve the authorization form and protocol. JCMHS regularly participates in training and orientation of newly appointed bench officers with a special emphasis on psychotropic medication. JCMHS has assisted in developing a web-based psychotropic authorization program that is currently utilized within DMH to track psychotropic medication prescribing. Clerical staff are currently working to input authorizations into the system so that medications can be tracked.

Clinical Psychiatry Training

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

JUVENILE HALL MENTAL HEALTH UNITS

Each year, approximately 18,000 children and adolescents enter the Los Angeles County juvenile justice system through the County's three juvenile halls. Many of these youth exhibit a variety of mental health and substance abuse problems that require treatment. A study conducted jointly by DMH and the UCLA Health Services Research Program in 2000 and 2003 found that many of the newly admitted youth in the county's juvenile halls met the diagnostic criteria for various mental health and substance use disorders.

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

The mental health staff of the juvenile halls consists of Mental Health Clinical Program Heads (3), Psychiatrists (8), Senior Community Mental Health Psychologists (3), Clinical Psychologists (18), Supervising Psychiatric Social Workers (6), Psychiatric Social Workers (24), Mental Health Counselor Registered Nurses (3), Medical Case Workers (2), Recreation Therapists (1), Psychiatric Technicians (1), and Community Workers (1). Including clerical and administrative support staff, there are collectively more than 100 mental health staff in the three MHUs. There are also 12 community-based contract agencies providing care at satellite clinics serving the juvenile halls and assisting in linking the youth to services in the community.

In order to identify youth in need of mental health services who are entering the county juvenile halls, DMH screened all newly admitted minors including 24% who required a full assessment and had a clinical case opened for ongoing treatment during FY 11-12. The Massachusetts Youth Screening Inventory (MAYSI-2), developed specifically for this population, is used to conduct the screening. A computer reads the MAYSI-2 questions to the youth. Those minors with screening scores above the pre-selected cut-off points on this instrument receive a structured interview, the DMH Short-Form Assessment, to determine their need for further assessment and service. Youth who are not identified by the MAYSI-2 as needing mental health intervention may nonetheless be evaluated further and/or be referred for treatment based on the clinical judgment of the mental health professional. Further assessment using more in-depth clinical interviewing, psychological testing, consultation, and review of available DMH or Probation mental health history records are provided to those youth with more complex or enduring problems to assist in planning treatment.

In September, 2011, the Probation Electronic Medical Record System (PEMRS) was fully implemented. At this point in time, single contact forms were no longer used for negative screenings, and all youth were 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.

Also, during FY 11-12, enhanced identification and provision of services for Developmentally Disabled youth (or youth suspected of having a Developmental Disability) were implemented by Probation and DMH. Youth are screened by Probation during intake, and referred to Regional Center when appropriate. Probation and DMH complete multi-disciplinary/ multimodal assessment and develop individual habilitative treatment plans (IHTP) for youth during the time they are incarcerated.

In FY 11-12, 7,560 youth were screened and administered a full Juvenile Justice Assessment in the three County juvenile halls. They were 99% of all newly admitted youths. Of those, approximately 38% of the assessed youth were provided with on-going treatment in the three County juvenile halls. The numbers screened for Barry J. Nidorf, Central Juvenile Hall and Los Padrinos Juvenile Hall were: 1,553, 2,396, and 3,611, respectively, and the unique number treated at each of these three juvenile halls were 1,843, 2,727, and 2,830, respectively.

JCMHS uses the Brief Symptom Inventory (BSI) to track changes in clients' subjective distress over time in order to measure stabilization of a youth's mental health symptoms.

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

youth (i.e., three to five days) and others with more serious problems staying for months. Clients' ages range from 12 to 19. The average age is 16.

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

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

The increase in the number of multi-problem youth with serious mental health needs has necessitated the opening of both the CARE and Enhanced Supervision units to attempt to meet the needs of these youth.

For the three juvenile halls combined, 6,770 unduplicated clients received mental health services during FY 11-12. Figures 36, 37 and 38 summarize their gender, age and ethnicity. The large majority of the clients were Probation referrals, with smaller proportions referred by DCFS or from a school district (Figure 39).

Figure 40 indicates that, for the juvenile hall cluster, the most prevalent primary DSM diagnoses were Adjustment/Conduct Disorder/ADHD, Other Diagnoses, Anxiety Disorders, and Major Depression, with a smaller frequency of Bipolar Disorders. There were 22 clients with a primary DSM diagnosis of Drug-Induced Disorders or Dependence. In addition, combining primary and secondary admission diagnoses (Figure 41) identified 59 clients who received a diagnosis of Child Abuse and Neglect.

Substance use was an issue reported for 449 (6.6%) of the clients served at the three juvenile hall MHUs (Figure 42). Marijuana use, polysubstance use, and amphetamine use were most frequently reported, and a smaller percentage reported using cocaine.

DOROTHY KIRBY CENTER

Dorothy Kirby Center (DKC) is a Probation residential treatment facility located in SPA 7 which provides services to clients from the entire county. Its MHU consists of an intensive day treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The MHU functions under a Memorandum of Understanding between DMH and Probation. The staff of the mental health unit consisted of 2 licensed Psychologists (includes 1 Sr. Community Psychologist), 5 waivered Psychologists, 1 licensed Recreation Therapist, 1 Family Advocate, 1 LCSW (SPSW), 6 unlicensed Master's level staff (PSW/MFT), 1-1/2 Psychiatrists, 5 clerical staff (including 1 supervisor and 1 secretary), 1 Training Coordinator/QA Coordinator (LCSW), and 1 Substance Abuse Counselor. During FY 10-11, the total DKC MHU staff consisted of 24.5 Full-Time Equivalents (FTEs). FY 10-11 saw a significant increase in staff due to the involvement of the Department of Justice (DOJ) and the implementation of an action plan related to a DOJ settlement agreement and an integrated treatment model developed with Probation.

Dorothy Kirby's MHU is a secure (locked) residential treatment center serving adolescents between the ages of 14-17. All referred youth at Dorothy Kirby receive a mental health screening consisting of an interview with the youth in juvenile hall and a review of relevant records. A licensed clinician goes out to interview each referral in one of the juvenile halls. One hundred percent of these were assessed after screening. Approximately 41% of those assessed receive mental health services. The MHU serves up to 140 adolescents and receives an average of 24 referrals from the juvenile courts each month. About 100 children are treated each month. All referrals come through the Juvenile Court system. Its clients' ages range from 12-17 years, with an average age of 16 years. All clients are wards of the Juvenile Court, having had criminal petitions brought against them and sustained. In addition, most have extensive criminal arrest records. All have DSM IV diagnoses and functional impairment that qualify them for Medi-Cal reimbursement. At least 80% are deeply gang-involved, with a large majority from severely dysfunctional homes. Approximately 45% have had prior involvement with DCFS. Referrals to DKC are made by a judge or a deputy probation officer. A licensed/registered/wavered clinician interviews each referral in one of the Juvenile Halls. 100% of referrals are screened. Of those screened, 42% received mental health services at DKC. All of the Kirby population receives mental health services. The average length of stay in treatment is 212 days. An average of 85 children were treated at DKC by the MHU each month.

During FY 11-12, the Kirby MHU served 377 youths, providing individual, family and group therapies, crisis intervention, full Day Treatment Intensive services, and substance abuse counseling.

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.

Therapeutic Behavioral Services (TBS) are given by contracted DMH service providers. In addition, during FY 11-12, .20 FTE of a contracted staff person was added to expand substance abuse services.

The intensive day treatment program at DKC consists of a daily four and a half hour program comprised of four portions:

1. A special focus group. Themes dealt with in this group include anger management, substance abuse, sexual abuse survivors, self-esteem, self-soothing, and self-expression.

2. Recreation therapy: This group is run by a certified recreation therapist and teaches teamwork, impulse control, skill acquisition methods and goal-oriented behavior.

3. Process group: This group uses traditional group therapy techniques to deal with interpersonal and intrapsychic issues within the group context.

4. Social skills training: This group teaches basic social living skills and interpersonal communication skills. In addition, clients receive daily group treatment, weekly individual treatment, and bi-weekly family treatment.

Figures 43, 44, and 45 present gender, age, and ethnicity for the 377 FY 11-12 clients at Dorothy Kirby's MHU. Most clients were Probation referrals, followed by referrals from DCFS or a school district (Figure 46).

Figure 47 shows the most frequently observed primary admission diagnoses to be Other Diagnoses, Adjustment/Conduct Disorder/ADHD, Anxiety Disorders, Major Depression, and Bipolar Disorders.

JUVENILE JUSTICE CAMPS

During Fiscal Year 11-12, DMH provided mental health services at the thirteen Probation Camps and the Camp Assessment Center operated by the Probation Department located throughout Los Angeles County. The camps are located in Lancaster, Lake Hughes, Sylmar, Malibu, Calabasas and San Dimas. The Mental Health services at the Probation Camps were expanded as a result of the Mental Health Service Act, Community Services and Support Plan which provided additional staffing to the camp programs.

In October 2010, mental health staffing in the

camps was further expanded. As a result, there is access to mental health services at all camps and enhanced mental health services at specific camps, particularly those which house youth on psychotropic medications. The Camps have mental health staff on-site 7 days per week and into the evening hours. In addition, Camp Navigators facilitate linkage for youth to community mental health services upon release. Three (3) clinic drivers and one community worker coordinate bringing families to multi-agency team meetings and to family therapy sessions.

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

During FY 11-12, the mental health programs in the Probation Camps were organized under a Northern and a Southern Region. The Northern Camp Region includes the Challenger Camps, Munz-Mendenhall (Lake Hughes) and Scott-Scudder (Girls Camps in Saugus/SPA 2).

The Southern Camp Region includes Camps Miller, Kilpatrick and Gonzales (in the Malibu/ Calabasas area/ SPA 5); Camp Assessment Unit (in Sylmar/San Fernando/ SPA 2); and Camp Rockey, Afflerbaugh and Paige (in San Dimas/SPA 3). The Camp Assessment Unit is housed at Barry J. Nidorf Juvenile Hall. Mental Health, Probation and LACOE staff review youth with new camp orders to determine which camp can meet their needs. This review includes criminal risk, education and mental health factors.

Several camps have enhanced mental health services and house youth who require access to a Mental Health Psychiatrist, including Challenger, Rockey and Scott-Scudder. These camps have implemented the Integrated Treatment Model. As part of the model, Probation and Mental Health staff facilitate adapted Dialectical Behavior Therapy (DBT) groups to assist youth in learning skills to more effectively function in camp and in the community. All camps provide individual, family, group, collateral, and aftercare/linkage services. Overall, the unduplicated clients served by the Camp Mental Health Programs for FY 11-12 was 3,080.

Figures 50, 51, and 52 describe the gender, age, and ethnicity of the juvenile justice MHU clients. Most had Probation as their referring agency, with additional referrals from DCFS and school districts (Figure 53).

The most common primary admission diagnoses for the juvenile justice camp clients were Adjustment/ Conduct/Disorder/ ADHD, Other Diagnoses, Anxiety Disorders, Major Depression, Drug Induced Disorders or Dependence, and Bipolar Disorders (Figure 54). There were 6 children diagnosed with a primary or secondary (Figure 55) diagnosis of Child Abuse and Neglect at admission.

For 73 juvenile justice camp clients with reported substance use (Figure 56), marijuana was most often reported, followed by polysubstances, alcohol, amphetamines, and cocaine.

D-RATE ASSESSMENT/CASE MANAGEMENT UNIT

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

When a child is placed in a D-Rate foster home, a DCFS caseworker evaluates the child and then, if appropriate, refers the case to the DCFS D-Rate Unit to assess the child’s eligibility for D-Rate services.

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

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

During FY 11-12, an average of 79 DCFS children were evaluated in this manner each month. The completed assessment and recommendations are reviewed by the assigned DMH D-Rate Medical Case Worker and the DMH D-Rate Unit Supervisor and returned to the DCFS D-Rate Unit with recommendations regarding whether the client appears to meet D-Rate criteria and additional mental health and other social services that may be helpful to improve the client's level of functioning and alleviate mental health symptoms. The DCFS D-Rate Unit makes the final determination of the suitability of D-Rate placements.

During FY 11-12, 951 D-Rate assessments were carried out by DMH-contracted clinicians. The DMH D-Rate Unit Medical Case Workers followed up on 100% of the assessed cases to ensure linkage to appropriate mental health services. Approximately 90% of the assessed cases were linked with LA County contracted agencies, and the other cases were linked with non-county-contracted agencies. In addition to the services provided for these initial referrals, the DMH D-Rate Unit Medical Case Workers followed up on approximately 200 "recertification" D-Rate cases monthly. These cases are followed up by the Medical Case Worker to ensure thet necessary and appropriate linkage to mental health services has been provided.

RATE CERTIFICATION LEVEL (RCL) 14 GROUP HOMES

DMH funds mental health day treatment for severely emotionally disturbed children placed in RCL 14 Group Homes by DCFS, Probation, and Mental Health. Criteria for placement at the RCL 14 level of care include substantial functional impairment resulting from a mental disorder; past or anticipated persistent symptoms or out of home placement; severe behavioral/treatment history including psychotropic medication or substance abuse, DSM Axis I diagnosis during the past year; plus a Suitable Placement Order or an Individualized Education Plan (IEP). DCFS contracts with and funds the group homes. DMH certifies that the RCL 14 group homes and the children placed there meet the State-defined RCL 14 mental health criteria. During FY 11-12 there were 76 RCL 14 beds, 60 of which were designated for males and 16 for females. The following service providers offered RCL 14 facilities: Bayfront Youth & Family Services (SPA 8), Olive Crest (SPA 7), San Gabriel Children's Center (SPA 3), and Hathaway-Sycamores (SPA 3). In FY 11-12 DMH provided services to 116 minors in RCL-14 group homes. Of the 116 minors who resided in RCL-14 group homes 69 were newly certified in FY 11-12 and 47 were already residing in the RCL-14 in the previous Fiscal Year and remained in the group home into FY 11-12. The sources of referral for the 116 residents were approximately 59% from DCFS, 8% from DMH, and 33% from Probation. The purpose of these treatment programs is to provide stability for children in a group home setting in order to nurture their growth and development and to allow them to succeed in an educational setting.

COMMUNITY TREATMENT FACILITY (CTF)

The CTF is a relatively new State licensing category for residential placement of minors. It is a higher level of care than RCL 14 and was created as an alternative to the State Hospital. In FY 11-12 there were two CTF's with a total of 64 beds. Star View (SPA 8) offered 40 beds, 8 of which were designated for males and 32 for females. Vista del Mar (SPA 4) offered 24 CTF beds all for males. The criteria for placement at the CTF level of care include all of the criteria for RCL 14 placement plus an inability to

be served in a less restrictive setting, as evidenced by unsuccessful placements in open settings, denials of admission from RCL 14 Group Homes; high-risk aggressive, self-destructive, or substance use behaviors; and the motivation to benefit from treatment in a more restrictive treatment setting. In FY 11-12 DMH provided services to 135 minors in the CTF level of care. Of the 135 minors who resided in CTF level of care 76 were newly certified in FY 11-12 and 59 were already residing in the CTF in the previous Fiscal Year and remained into FY 11-12. The sources of referral for the 135 residents were approximately 72% from DCFS, 6% from DMH, and 22% from Probation.

CHILDREN'S INPATIENT CLINICAL CASE MANAGEMENT UNIT (CICCM) (CICCM)

The primary responsibility of the CICCM Unit is to participate in discharge planning teleconferences for DCFS and Probation minors who are being discharged from directly operated and county-contracted psychiatric hospitals. The teleconference includes one of the CICCM case managers, a representative from the hospital, the minor's CSW, and frequently, the minor's mental health provider or group home staff. Often, a representative of the minor's attorney participates as well. The goal of the teleconference is to develop an appropriate discharge plan for the minor. The DMH case manager collaborates with DCFS and mental health staff to determine what mental health services the minor needs to best reduce the chance of rehospitalization. Recommendations include referrals to intensive mental health programs such as Full Service Partnership, Wraparound, or Specialized foster care. Other recommendations include referring a minor for Therapeutic Behavioral Service (TBS), sending the minor to the RCL level 14 screening committee, or referring the minor to be assessed for Regional Center or AB3632 services. After each teleconference, a CICCM case manager provides the necessary follow up to ensure linkage to mental health services. This includes completing referrals or following up with CSW's or group home providers to verify linkage to appropriate services. During FY 11-12, 1,153 psychiatric hospital discharge planning teleconferences were completed for DCFS referrals, and 99 for Probation referrals.

Figure 1

TIER I WRAPAROUND PROGRAM

Gender	Count	Percent
Male	737	52.9%
Female	656	47.1%
Unknown	1	0.1%
TOTAL	1,394	100%

Figure 2

TIER I WRAPAROUND PROGRAM

Age (Group)	Count	Percent
0-5	5	0.4%
6-11	181	13.0%
12-17	949	68.1%
18-20	259	18.6%
TOTAL	1,394	100%

Figure 3

TIER I WRAPAROUND PROGRAM

Ethnicity	Count	Percent
Caucasian	163	11.7%
African American	562	40.3%
Hispanic	610	43.8%
American Native	4	0.3%
Asian/ Pacific Islander	20	1.4%
Other	17	1.2%
Unknown	18	1.3%
TOTAL	1,394	100%

Figure 4

TIER I WRAPAROUND PROGRAM

Responsible Agency	Count	Percent
DCFS	726	52.1%
Probation	238	17.1%
DCFS and School Dist	45	3.2%
Probation and School District	32	2.3%
School District (SEP Eligible)	25	1.8%
School District (Non-SEP Eligible)	6	0.4%
No Data	322	23.1%
TOTAL	1,394	100%

Figure 5

TIER I WRAPAROUND PROGRAM

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	1	0.1%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	11	0.8%
Bipolar Disorders	83	6.0%
Major Depression	140	10.0%
Anxiety Disorders	85	6.1%
Other Diagnoses	631	45.3%
Adjustment/Conduct Disorder/ADHD	433	31.1%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	10	0.7%
TOTAL	1,394	100%

Figure 6

TIER I WRAPAROUND PROGRAM

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	1	0.1%
Disorders Due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	12	0.9%
Major Depression	10	0.7%
Anxiety Disorders	28	2.0%
Other Diagnoses	1,125	80.7%
Adjustment/Conduct Disorder/ADHD	157	11.3%
Child Abuse and Neglect	52	3.7%
No Diagnosis or Diagnosis Deferred	8	0.6%
TOTAL	1,394	100%

Figure 7

TIER I WRAPAROUND PROGRAM

Admit Substance Abuse	Count	Percent
Alcohol	1	0.1%
Amphetamines	1	0.1%
Marijuana	5	0.4%
Cocaine	1	0.1%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	3	0.2%
No Substance Abuse	1,382	99.1%
Undetermined	1	0.1%
TOTAL	1,394	100%

Figure 8

TIER II WRAPAROUND PROGRAM

Gender	Count	Percent
Male	1188	51.8%
Female	1107	48.2%
TOTAL	2,295	100%

Figure 9

TIER II WRAPAROUND PROGRAM

Age (Group)	Count	Percent
0-5	33	1.4%
6-11	722	31.5%
12-17	1,383	60.3%
18-20	157	6.8%
TOTAL	2,295	100%

Figure 10

TIER II WRAPAROUND PROGRAM

Ethnicity	Count	Percent
Caucasian	157	6.8%
African American	589	25.7%
Hispanic	1,469	64.0%
American Native	1	0.0%
Asian/ Pacific Islander	25	1.1%
Other	21	0.9%
Unknown	33	1.4%
TOTAL	2,295	100%

Figure 11

TIER II WRAPAROUND PROGRAM

Responsible Agency	Count	Percent
DCFS	1,430	62.3%
Probation	110	4.8%
DCFS and School Dist	80	3.5%
Probation and School District	7	0.3%
School District (SEP Eligible)	19	0.8%
School District (Non-SEP Eligible)	8	0.3%
No Data	641	27.9%
TOTAL	2,295	100%

Figure 12

TIER II WRAPAROUND PROGRAM

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	2	0.1%
Schizophrenia/Psychosis	5	0.2%
Bipolar Disorders	38	1.7%
Major Depression	156	6.8%
Anxiety Disorders	172	7.5%
Other Diagnoses	921	40.1%
Adjustment/Conduct Disorder/ADHD	993	43.3%
Child Abuse and Neglect	1	0.0%
No Diagnosis or Diagnosis Deferred	7	0.3%
TOTAL	2,295	100%

Figure 13

TIER II WRAPAROUND PROGRAM

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	1	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	6	0.3%
Major Depression	17	0.7%
Anxiety Disorders	60	2.6%
Other Diagnoses	1,829	79.7%
Adjustment/Conduct Disorder/ADHD	252	11.0%
Child Abuse and Neglect	119	5.2%
No Diagnosis or Diagnosis Deferred	11	0.5%
TOTAL	2,295	100%

Figure 14

TIER II WRAPAROUND PROGRAM

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Marijuana	3	0.1%
Cocaine	0	0.0%
Hallucinogens	1	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	1	0.0%
No Substance Abuse	2,290	99.8%
TOTAL	2,295	100%

Figure 15

FAMILY PRESERVATION PROGRAM

Gender	Count	Percent
Male	238	48.0%
Female	258	52.0%
TOTAL	496	100%

Figure 16

FAMILY PRESERVATION PROGRAM

Age (Group)	Count	Percent
0-5	79	15.9%
6-11	179	36.1%
12-17	218	44.0%
18-20	20	4.0%
TOTAL	496	100%

Figure 17

FAMILY PRESERVATION PROGRAM

Ethnicity	Count	Percent
Caucasian	38	7.7%
African American	57	11.5%
Hispanic	382	77.0%
American Native	1	0.2%
Asian/ Pacific Islander	6	1.2%
Other	5	1.0%
Unknown	7	1.4%
TOTAL	496	100%

Figure 18

FAMILY PRESERVATION PROGRAM

Responsible Agency	Count	Percent
DCFS	303	61.1%
Probation	11	2.2%
DCFS and School Dist	8	1.6%
Probation and School District	2	0.4%
School District (SEP Eligible)	3	0.6%
School District (Non-SEP Eligible)	0	0.0%
No Data	169	34.1%
TOTAL	496	100%

Figure 19

FAMILY PRESERVATION 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	2	0.4%
Major Depression	19	3.8%
Anxiety Disorders	41	8.3%
Other Diagnoses	164	33.1%
Adjustment/Conduct Disorder/ ADHD	264	53.2%
Child Abuse and Neglect	1	0.2%
No Diagnosis or Diagnosis Deferred	5	1.0%
TOTAL	496	100%

Figure 20

FAMILY PRESERVATION 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	2	0.4%
Major Depression	1	0.2%
Anxiety Disorders	6	1.2%
Other Diagnoses	438	88.3%
Adjustment/Conduct Disorder/ ADHD	18	3.6%
Child Abuse and Neglect	24	4.8%
No Diagnosis or Diagnosis Deferred	7	1.4%
TOTAL	496	100%

Figure 21

FAMILY PRESERVATION 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	496	100.0%
TOTAL	496	100%

Figure 22

FAMILY REUNIFICATION PROGRAM

Gender	Count	Percent
Male	20	60.6%
Female	13	39.4%
TOTAL	33	100%

Figure 23

FAMILY REUNIFICATION PROGRAM

Age (Group)	Count	Percent
0-5	19	57.6%
6-11	13	39.4%
12-17	1	3.0%
18-20	0	0.0%
TOTAL	33	100%

Figure 24

FAMILY REUNIFICATION PROGRAM

Ethnicity	Count	Percent
Caucasian	3	9.1%
African American	16	48.5%
Hispanic	13	39.4%
American Native	0	0.0%
Asian/ Pacific Islander	0	0.0%
Other	0	0.0%
Unknown	1	3.0%
TOTAL	33	100%

Figure 25

FAMILY REUNIFICATION PROGRAM

Responsible Agency	Count	Percent
DCFS	20	60.6%
Probation	0	0.0%
DCFS and School Dist	0	0.0%
Probation and School District	0	0.0%
School District (SEP Eligible)	0	0.0%
School District (Non-SEP Eligible)	0	0.0%
Department of Justice	0	0.0%
Law Enforcement	13	39.4%
No Data	0	0.0%
TOTAL	33	100%

Figure 26

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	1	3.0%
Anxiety Disorders	12	36.5%
Other Diagnoses	8	24.2%
Adjustment/Conduct Disorder/ ADHD	6	18.2%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	4	12.1%
PTSD	2	6.0%
TOTAL	33	100%

Figure 27

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	3	9.1%
Other Diagnoses	6	18.2%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	4	12.1%
No Diagnosis or Diagnosis Deferred	20	60.6%
TOTAL	33	100%

Figure 28

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	33	0.0%
TOTAL	33	100%

Figure 29

CHILD ABUSE EARLY INTERVENTION/ PREVENTION PROGRAM

Gender	Count	Percent
Male	198	56.4%
Female	153	43.6%
TOTAL	351	100%

Figure 30

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Age (Group)	Count	Percent
0-5	23	6.6%
6-11	136	38.7%
12-17	174	49.6%
18-20	18	5.1%
TOTAL	351	100%

Figure 31

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Ethnicity	Count	Percent
Caucasian	46	13.1%
African American	32	9.1%
Hispanic	240	68.4%
American Native	2	0.6%
Asian/ Pacific Islander	12	3.4%
Other	5	1.4%
Unknown	14	4.0%
TOTAL	351	100%

Figure 32

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Responsible Agency	Count	Percent
DCFS	64	18.2%
Probation	14	4.0%
DCFS and School Dist	5	1.4%
Probation and School District	3	0.9%
School District (SEP Eligible)	5	1.4%
School District (Non-SEP Eligible)	8	2.3%
No Data	252	71.8%
TOTAL	351	100%

Figure 33

CHILD ABUSE EARLY INTERVENTION/PREVENTION 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	1	0.3%
Major Depression	28	8.0%
Anxiety Disorders	74	21.1%
Other Diagnoses	107	30.5%
Adjustment/Conduct Disorder/ADHD	140	39.9%
Child Abuse and Neglect	1	0.3%
No Diagnosis or Diagnosis Deferred	0	0.0%
TOTAL	351	100%

Figure 34

CHILD ABUSE EARLY INTERVENTION/PREVENTION 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	3	0.9%
Anxiety Disorders	12	3.4%
Other Diagnoses	280	79.8%
Adjustment/Conduct Disorder/ADHD	19	5.4%
Child Abuse and Neglect	32	9.1%
No Diagnosis or Diagnosis Deferred	5	1.4%
TOTAL	351	100%

Figure 35

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Marijuana	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	1	0.3%
No Substance Abuse	350	99.7%
TOTAL	351	100%

Figure 36

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Gender	Count	Percent
Male	5,407	79.9%
Female	1,363	20.1%
Unknown	0	0.0%
TOTAL	6,770	100.0%

Figure 37

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Age (Group)	Count	Percent
0-5	2	0.0%
6-11	26	0.4%
12-17	6,420	94.8%
18-20	283	4.2%
21-25	14	0.2%
Other	25	0.4%
TOTAL	6,770	100%

Figure 38

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Ethnicity	Count	Percent
Caucasian	418	6.2%
African American	2,037	30.1%
Hispanic	4,093	60.5%
American Native	8	0.1%
Asian/ Pacific Islander	73	1.1%
Other	80	1.2%
Unknown	61	0.9%
TOTAL	6,770	100%

Figure 39

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Responsible Agency	Count	Percent
DCFS	231	3.4%
Probation	4,055	59.9%
DCFS and School Dist	29	0.4%
Probation and School District	696	10.3%
School District (SEP Eligible)	66	1.0%
School District (Non-SEP Eligible)	9	0.1%
No Data	1,684	24.9%
TOTAL	6,770	100%

Figure 40

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	15	0.2%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	6	0.1%
Bipolar Disorders	40	0.6%
Major Depression	120	1.8%
Anxiety Disorders	262	3.9%
Other Diagnoses	2,934	43.3%
Adjustment/Conduct Disorder/ADHD	3,058	45.2%
Child Abuse and Neglect	4	0.1%
No Diagnosis or Diagnosis Deferred	330	4.9%
TOTAL	6,770	100%

Figure 41

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	7	0.1%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	8	0.1%
Major Depression	12	0.2%
Anxiety Disorders	46	0.7%
Other Diagnoses	5,814	85.9%
Adjustment/Conduct Disorder/ADHD	818	12.1%
Child Abuse and Neglect	54	0.8%
No Diagnosis or Diagnosis Deferred	11	0.2%
TOTAL	6,770	100%

Figure 42

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Admit Substance Abuse	Count	Percent
Alcohol	30	0.4%
Amphetamines	36	0.5%
Marijuana	331	4.9%
Cocaine	2	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	1	0.0%
Polysubstance Abuse	49	0.7%
No Substance Abuse	6,320	93.4%
Undetermined	1	0.0%
TOTAL	6,770	100%

Figure 43

DOROTHY KIRBY CENTER

Gender	Count	Percent
Male	257	68.2%
Female	120	31.8%
TOTAL	377	100%

Figure 44

DOROTHY KIRBY CENTER

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	370	98.1%
18-20	7	1.9%
TOTAL	377	100%

Figure 45

DOROTHY KIRBY CENTER

Ethnicity	Count	Percent
Caucasian	30	8.0%
African American	156	41.4%
Hispanic	186	49.3%
American Native	0	0.0%
Asian/ Pacific Islander	2	0.5%
Other	3	0.8%
Unknown	0	0.0%
TOTAL	377	100%

Figure 46

DOROTHY KIRBY CENTER

Responsible Agency	Count	Percent
DCFS	15	4.0%
Probation	237	62.9%
DCFS and School Dist	1	0.3%
Probation and School District	22	5.8%
School District (SEP Eligible)	6	1.6%
School District (Non-SEP Eligible)	0	0.0%
No Data	96	25.5%
TOTAL	377	100%

Figure 47

DOROTHY KIRBY CENTER

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	4	1.1%
Major Depression	5	1.3%
Anxiety Disorders	10	2.7%
Other Diagnoses	229	60.7%
Adjustment/Conduct Disorder/ ADHD	129	34.2%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	0	0.0%
TOTAL	377	100%

Figure 48

DOROTHY KIRBY CENTER

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	376	99.7%
Adjustment/Conduct Disorders/ ADHD	1	0.3%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	0	0.0%
TOTAL	377	100%

Figure 49

DOROTHY KIRBY CENTER

Admit Substance Abuse	Count	Percent
Alcohol	1	0.3%
Amphetamines	0	0.0%
Marijuana	2	0.5%
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	374	99.2%
TOTAL	377	100%

Figure 50

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Gender	Count	Percent
Male	2,714	88.1%
Female	366	11.9%
TOTAL	3,080	100.0%

Figure 51

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	2,774	90.0%
18-20	298	9.7%
21-25	8	0.3%
TOTAL	3,080	100%

Figure 52

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Ethnicity	Count	Percent
Caucasian	136	4.4%
African American	913	29.6%
Hispanic	1,962	63.7%
American Native	0	0.0%
Asian/ Pacific Islander	21	0.7%
Other	30	1.0%
Unknown	18	0.6%
TOTAL	3,080	100%

Figure 53

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Responsible Agency	Count	Percent
DCFS	58	1.9%
Probation	1,807	58.7%
DCFS and School Dist	17	0.6%
Probation and School District	285	9.3%
School District (SEP Eligible)	8	0.3%
School District (Non-SEP Eligible)	5	0.2%
No Data	900	29.2%
TOTAL	3,080	100%

Figure 54

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	6	0.2%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	1	0.0%
Bipolar Disorders	13	0.4%
Major Depression	57	1.9%
Anxiety Disorders	159	5.2%
Other Diagnoses	1,074	34.9%
Adjustment/Conduct Disorder/ ADHD	1,691	54.9%
Child Abuse and Neglect	1	0.0%
No Diagnosis or Diagnosis Deferred	78	2.5%
TOTAL	3,080	100%

Figure 55

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	5	0.2%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	1	0.0%
Major Depression	1	0.0%
Anxiety Disorders	23	0.7%
Other Diagnoses	2,662	86.4%
Adjustment/Conduct Disorder/ADHD	374	12.1%
Child Abuse and Neglect	5	0.2%
No Diagnosis or Diagnosis Deferred	9	0.3%
TOTAL	3,080	100%

Figure 56

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Admit Substance Abuse	Count	Percent
Alcohol	14	0.5%
Amphetamines	11	0.4%
Marijuana	47	1.5%
Cocaine	0	0.0%
Hallucinogens	1	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	20	0.6%
No Substance Abuse	2,987	97.0%
TOTAL	3,080	100%

SELECTED FINDINGS

DEPARTMENT OF MENTAL HEALTH

During FY 2011-2002, The Family Preservation (FP) program treated 496 clients. Family Reunification served 33 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 116, and Community Treatment Facilities (CTF) treated 135. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 351 individuals. Tier I Wraparound program services were given to 1,394. Tier II Wraparound program services were provided to 2,295. The three Juvenile Hall Mental Health Units (JHMHU) served 6,770. Dorothy Kirby Center provided mental health services to 377. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 3,080 children/youth received mental health services. A total of 15,047 children and adolescents, potentially at-risk for child abuse or neglect, were served by these mental health treatment programs.

Clients receiving mental health services in the Wraparound programs, CAPIT, Family Preservation, and Family Reunification programs were 30% of clients at the programs considered. Of these, 56% were identified as DCFS referrals.

Clients treated in RCL-14 or Community Treatment Facilities were 1% of the clients considered. DCFS referrals constituted 59% of the RCL-14 referrals and 72% of the CTF referrals.

Clients in the Mental Health Units of the three juvenile halls made up 50% of the clients considered. Of these, 3% were identified as DCFS referrals.

Clients in the Mental Health Units at the Challenger Youth Center/ Juvenile Justice Camps and Dorothy Kirby Youth Center were 68% of the clients at the programs reviewed. Of these, 3% were identified as DCFS referred.

Clients in Mental Health Units of the Youth Centers were distributed as follows: 96% in Challenger Youth Center/Juvenile Justice Camps, and 4% in Dorothy Kirby Center.

During FY 11-12, the Tier I Wraparound program served 52 clients diagnosed with either a primary or a secondary admission DSM diagnosis of Child Abuse and Neglect (CAN). This is 17% of the total of the 298 clients diagnosed with CAN in all programs in the FY. The comparable counts for Tier I clients diagnosed with CAN was 165 in FY 10-11, and 179 in FY 09-10.

During FY 11-12, the Tier II Wraparound program, served 120 clients diagnosed with CAN. This is 40% of the total of 298 clients diagnosed with CAN in all of the programs considered. The comparable counts for Tier II clients diagnosed with CAN was 278 in FY 10-11, and 207 in FY 09-10.

During FY 11-12, the CAPIT program served 33 clients with CAN. This is 11% of the total CAN diagnosed clients in all of the programs considered. In FY 10-11, CAPIT treated 38 clients with CAN, 75 in FY 09-10,

The Juvenile Hall Mental Health Units (JHMHUs) served 58 clients diagnosed with CAN during FY 11-12, which is 19% of the CAN clients in the programs considered. In FY 10-11, the JHMUs treated 129 CAN diagnosed clients, and 160 in FY 09-10.

The FP program served 25 clients diagnosed with CAN in FY 11-12. This is 8% of the total CAN clients in all of the programs considered. In FY 10-11 FP treated 31 clients diagnosed with CAN, and 75 clients with CAN in FY 09-10.

Combining the CAN counts for the CAPIT, the FP and the JHMHU mental health treatment programs permits longitudinal tracking of the total number of CAN cases treated in this cluster of programs. In FY 11-12, 116 CAN clients were treated in these programs. This was 39% of all clients diagnosed with CAN for that FY. In FY 10-11, 198 CAN clients were treated in these three programs. This was 30% of the CAN diagnoses. In FY 09-10, 285 CAN clients were treated in these programs. This was 40% of the CAN diagnoses for that FY.

Of the 298 children, at the treatment programs considered, that received a primary or secondary DSM diagnosis of Child Abuse and Neglect during FY 11-12, the Tier II Wraparound program diagnosed and treated the largest percentage (40%). The proportion of children with CANS in the latter program was followed by the JHMHUs (19%), the Tier I Wraparound program (17%), the CAPIT program (11%), Family Preservation (8%), the Challenger/ Juvenile Justice Camps (2%), and the Dorothy Kirby Center (2%). These findings indicate that, for the mental health treatment programs considered for FY 11-12, the Tier II Wraparound program, the Juvenile Hall Mental Health Units, and the Tier I Wraparound program made the largest contribution to identifying and treating children diagnosed with Child Abuse and Neglect.

The most frequent primary DSM admission diagnosis of clients in the programs considered in FY 11-12 was Adjustment/Conduct Disorder/ADHD, with a range of 18% to 54% of each program's clients receiving this diagnosis. Major Depression or Anxiety Disorders were consistently the second most frequent DSM diagnosis for Tier I Wraparound, Tier II Wraparound, Family Preservation, Family Reunification, CAPIT, the Juvenile Hall Mental Health units and Challenger. Bipolar Disorders and Anxiety Disorders were more frequently diagnosed than Anxiety Disorders at the Tier I Wraparound program. In the programs considered, the Tier I Wraparound program presented the largest percentage (6%) of clients receiving a diagnosis of Bipolar Disorders.

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 foci of Day Treatment are to address academic and behavioral needs of the individual, family, and/or foster family.

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition):

An official manual of mental health problems developed by the American Psychiatric Association.

This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

Emergency and Crisis Services:

A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

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.

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 inter-agency system of care. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

Transitional Services:

Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

Wraparound Services:

A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education.

DEPARTMENT OF PUBLIC HEALTH

MATERNAL CHILD & ADOLESCENT HEALTH PROGRAMS

Overview

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

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

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

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

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

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

Section 1. Health Promotion and Child Abuse Prevention within MCAH Programs

Black Infant Health Program (BIH)

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

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

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

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

potential child abuse and domestic violence cases.

Data for the most recent fiscal year shows that BIH Program subcontractors served 1,343 African-American mothers and their infants during the period July 1, 2012 through June 30, 2013. During this same period, 365 BIH clients graduated from Social Support and Empowerment classes.

Child and Adolescent Health Program & Policy (CAHPP)

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

CAHPP serves as the lead public health program in promoting awareness of child abuse and neglect, supporting proposed child abuse prevention legislation, providing professional training conferences, and serving as consultant for specific child abuse prevention matters.

During Fiscal Year 2012-2013 CAHPP coordinated, conducted, and participated in the following activities:

- Via the LAC-Adolescent Health Collaborative, conducted two conferences: "Invisible in Plain Sight: Promoting the Health of Youth and Young Adults Affected by Commercial Sexual Exploitation and Human Trafficking" and "The Impact of the Affordable Care Act on Adolescent and Young Adult Access to Medical and Behavioral Health Services". In addition, The LAC-Adolescent Health Collaborative disseminated information about child/adolescent health matters via weekly e-mail blasts to 1500 collaborating partners.
- In partnership with the Los Angeles Child Abuse Council Chairs, distributed over 1 million child abuse prevention incentive items (e.g., pens, pencils, note pads) throughout Los Angeles County for Child Abuse Prevention Month.
- Ensured 100,000 brochures were produced for the Los Angeles County Perinatal Depression Task Force. These brochures were provided to all women who delivered a baby in Los Angeles County.
- Distributed 200,000+ Child Abuse Prevention educational materials to community agencies, medical clinics, and WIC agencies in Los Angeles County.

Children's Health Outreach Initiatives Program (CHOI)

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

CHOI was established in 1997 to provide coordinated outreach to low-income children in order to enroll them in health insurance programs. Through this activity, CHOI hopes to reduce the number of uninsured children in Los Angeles County. CHOI administers a multi-million dollar outreach and enrollment project and receives funding from First 5 LA. DPH matches this funding by receiving Medi-Cal Administrative Activity (MAA) dollars for enrolling clients into Medi-Cal. With this funding, CHOI contracts with 19 community-based organizations, schools, local governments, and health clinics to provide direct client services. Organizations are encouraged to be holistic in their approach in helping families access low or no cost health coverage programs. Once a family is enrolled, the contracted organizations follow-up with them to ensure utilization and retention of health benefits. Additionally, contracted organizations also refer families to other health and social services. CHOI sponsors comprehensive training for agency staff and Certified Application Assistors (CAAs) in Los Angeles County on the full range of available coverage programs and best practices.

CHOI activities during FY 2012-2013 included:

1. Participation in many trainings, webinars and conferences in preparation for Health Care Reform implementation in Fall 2013. CHOI contracted agencies have been kept up-to-date on the latest changes with regard to the Healthy Families Transition to Medi-Cal, the Medi-Cal Expansion and the start of Covered California, California's Health Benefit Exchange Marketplace.

2. Providing active support for CHOI agencies as they sought to supplement outreach and enrollment funding. In part as a result of CHOI letters of support, references and data collection systems, CHOI contractors received additional outreach and enrollment grants from Covered California, the Federal Children's Health Insurance Program and Health and Human Services. During FY 2012-2013, 30,368 applications were submitted by the contracted agencies and 78% of CHOI's clients retained their coverage 14 months after enrollment.

Childhood Lead Poisoning Prevention Program (CLPPP)

Established in 1991, CLPPP continues to identify and manage lead exposure in children who live in Los Angeles County (age 0-21 years) through specific program activities such as elevated blood lead level surveillance; outreach and education to families and foster homes, care givers, primary care providers; and case management. Presently, CLPPP provides care for two patients who reside in foster care.

Blood lead levels (BLL) that meet state case criteria are identified and managed. Based on state and federal guidelines and recommendations, Public Health Nurses (PHNs) and Environmental Health Specialists (EHS) conduct case management activities including home visits and environmental investigations to:

- Identify source of lead exposure
- Eliminate lead hazards
- Reduce blood lead level
- Reduce or eliminate consequences of lead exposure

During fiscal year 2012-13, 71 children ages 0-21 years were newly identified as cases and were case managed by CLPPP PHNs and EHSs. As of June 30, 2013, CLPPP served 154 open cases over the preceding 12 months. In addition to these state defined cases, over 600 children had an elevated level (10 µg/dL or above), and over 6,700 children had blood lead levels between 4.5 and 9.5 µg/dL.

In January 2012, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Childhood Lead Poisoning Prevention (ACLPP) submitted a report, Low Level Exposure Harms Children: A Renewed Call for Primary Prevention. Based on a growing number of scientific studies that show that even low BLLs can cause adverse health effects, the report recommended that the CDC change its "blood lead level of concern," which was at 10 µg/dL. ACLPP recommended that BLLs should be linked to data from the National Health and Nutritional Examination Survey (NHANES) to identify children who are exposed to lead hazards. This new level is based on the population of children aged 1-5 years in the United States who are in the top 2.5% of children when tested for lead in their blood. Currently, that is 5 µg/dL of lead in blood which means that more children will be identified as having lead exposure earlier and action can be taken earlier.

Preventing lead exposure is the best way to protect children from lead poisoning. During fiscal year 2012-13, CLPPP provided a modified level of case management and environmental investigation services to 233 children who did not meet the state's case definition. Additionally, CLPPP continues efforts to decrease the prevalence of lead exposure to children by raising awareness of lead poisoning prevention to parents, doctors, and care givers, by providing materials, education, presentations, provider office visits, and 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 2012-2013, there were 425 certified CPSP providers in Los Angeles County. CPSP staff conducted 49 trainings on various topics including CPSP Program Overview, Breastfeeding, Intimate Partner Violence, and Perinatal Depression. CPSP staff also collaborated with March of Dimes in the Comenzando Bien training, a culturally appropriate curriculum that addresses the needs of Latino women and their families to reduce the incidence of premature births.

In addition to training, program staff conducted 180 quality assurance site visits and 54 onsite technical assistance visits with CPSP providers in an effort to promote quality care for pregnant women and newborns and in compliance with Title 22 CPSP regulations.

Fetal Infant Mortality Review Program (FIMR)

FIMR was implemented in 12 California counties in 1994 to address the problem of fetal and infant deaths in areas with high rates of prenatal mortality. The goal of the program is to enhance the health of infants and their mothers by examining factors that contribute to fetal, neonatal, and post-neonatal deaths and developing and implementing intervention strategies in response to identified needs.

Traditionally, the County conducted FIMR reviews on specifically selected cases of fetal and infant deaths. These reviews involved interviews of mothers by PHN's and the completion of case reviews of the medical and autopsy records. Following the review, a Technical Review Panel comprised of doctors, coroners, and public health professionals made recommendations for change to prevent similar fetal and infant deaths from occurring.

In 2003, the Los Angeles County DPH FIMR program began incorporating the Perinatal Periods of Risk (PPOR) framework into its scope of work. PPOR is a tool to prioritize and mobilize prevention efforts in the community. The revised FIMR project involves analyzing fetal and infant death cases county-wide and recommending appropriate policies and interventions for reducing the mortality rate.

During FY 2012-2013, the FIMR Program:

1. Maintained the Fetal-Infant Mortality Expanded Surveillance System (FIMESS) database and designed utilities for increased functionality.

2. In collaboration with the Research, Evaluation & Planning unit within MCAH Programs, the FIMR program continued to implement the county-wide 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, please visit our website at http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html.

3. 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. In 2013, ALC convened an interactive racism training led by the Applied Research Center. The training emphasized how to challenge institutional racial inequities and incorporate strategies in our work. Over 50

participants attended. In addition, ALC posted a training tool kit on the website for health care providers and community members to understand and identify the impact of racism on infant mortality. In addition, ALC is compiling a training tool kit for health care providers and community members to understand and identify the effects of racism on infant mortality. The tool kit will be posted on ALC website late 2013.

Newborn Screening Program (NBS)

The goal of the Newborn Screening Program is to prevent catastrophic health consequences and the emotional and financial burden for families caused by genetic and congenital disorders. Los Angeles County partners with two Area Service Centers at Harbor-UCLA and UCLA Medical Center to monitor births that occur outside of hospitals and result in missed screenings; to provide follow-up referrals for missed screenings; and to ensure that infants with positive screens are located and referred for appropriate services. In addition, the program provides outreach and education to the community on genetic disorders and resources to families affected by these conditions.

During FY 2012-2013, the Los Angeles County Newborn Screening Program:

1. Received 410 notices on out-of-hospital deliveries.

2. Received 21 referrals for missed or positive genetic screens. These babies were located and referred for follow-up.

Nurse Family Partnership (NFP)

NFP is an intensive nurse home visitation program that follows a national model developed by Dr. David Olds. The model, which has been empirically studied for over 35 years, targets low income, socially disadvantaged, first-time mothers and their children to help improve pregnancy outcomes, the quality of parenting, and positively impact child health and maternal life-course development.

Extensive research has shown that NFP can:

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

PHN's conduct home visits that begin before the mother's 24th week (often beginning on or before their 16th week) of pregnancy and continue until the child reaches his/her second birthday. Home visits focus on personal health, child health, discipline, childcare, maternal role development, maternal life-course development, and social support.

NFP-trained PHNs assess the needs of mothers and newborns and provide them with intervention services such as referrals, education, or counseling for any identified problems. When the infant is approximately 10 weeks old, PHN's and parents discuss the importance of nurturing children through physical and emotional security, trust, and respect. When the baby is approximately five months old nurse home visitors discuss topics with the parents such as sexual, emotional, and physical abuse. PHN's refer families for additional social and support services if risk factors for child abuse and neglect are observed.

Beginning with FY 2011-2012, NFP's 14 PHNs were joined by an additional 24 nurses with funding from the Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) program within the Department of Mental Health (DMH). One Mental Health Worker (MHW) was also hired and trained

in the NFP model to assist clients in their home who have severe mental health challenges, and NFP hopes to hire an additional MHW next fiscal year. NFP was expanded within Service Planning Areas 1, 4, 6 & 8, and county-wide for the deaf and hard of hearing community with MHSA funding. (Twenty (20) NFP nurses are currently enrolled in American Sign Language [ASL] classes in order to be culturally and linguistically competent to serve this special population.) The NFP partnership with DMH has helped to facilitate establishment of and access to quality resources for pregnant women with mental health needs. NFP also added additional staff using Patient Protection Affordable Care Act funding as part of the national Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. NFP can now serve 1,075 families with 43 nurses. Fiscal year data shows that NFP program outcomes continue to match or exceed the national and benchmark standards in many areas as set by Dr. Olds as well as those set in Healthy People 2020, such as having a 43% relative change in maternal alcohol use during pregnancy.

As of March 31, 2013, NFP has cumulatively enrolled 3,534 clients with a median age of 17 years (55% of them are 17 years old or younger) since expansion in FY 2000. During the last 13 years, NFP has had only 11 children removed from their mothers during infancy (0.4%) and 5 toddlers (0.2%) for abuse/neglect; a very low number when compared to outcomes to young mothers generally throughout the nation and Los Angeles. The majority of NFP referrals come from the Women-Infant-Child (WIC) Nutrition Program, although many special needs foster children are referred from the Department of Children & Families.

During 2012-2013, NFP continued participation in the Family and Children's Index (FCI) system used by direct-service County departments. In addition, NFP administration in collaboration with MCAH administration, began the "Home Visitation Consortium" (HV Consortium), consisting of a Policy, Operations and Community Advisory Board (CAB) Subcommittees, the HV Consortium is planning a "recruitment" kick-off for membership into its' CAB early next year. Initial HV Consortium subcommittee work is developing home visiting policies for Los Angeles, establishing a referral matrix to ensure matching the best programs to the client's needs, and identifying standardized data for collection among all home visiting programs serving pregnant women/youth or families with children 0-5 years old.

Sudden Infant Death Syndrome Program (SIDS)

In compliance with state mandates, the County coroner reports all presumptive Sudden Infant Death Syndrome (SIDS) cases to the California Department of Public Health and to the local SIDS Program. Subsequently, an assigned public health nurse provides grief and bereavement case management services to parents and family members, foster parents, and other child care providers. Program staff focus their outreach and training efforts on the importance of placing healthy infants to sleep on their backs; of providing a smoke-free, safe-sleep environment; and disseminating information about other identified risk factors and promoting American Academy of Pediatrics Guidelines.

During FY 2012-2013, the SIDS Program coordinated the following activities:

- Received and processed 41 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 7 healing grief support groups. More than 40 families who experienced fetal or infant loss were provided grief and bereavement support.
- Contacted 63 Los Angeles County birthing hospitals and 70 Comprehensive Perinatal Services Program (CPSP) by mail and email to provide educational links and materials about SIDS/Safe Infant Sleep.
- Trained 350 nurses at the 30th Annual Department of Public Health Practice Conference 2013.
- SIDS risk reduction poster presented at the Annual CityMatCH Urban Maternal and Child Health Leadership Conference 2013.

- Developed bed-sharing prevention video for Mark Ridley-Thomas' website "The Danger of Sleeping in Bed With Babies. http://ridley-thomas.lacounty.gov/index.php/safe-sleeping/
- Hospital nurses in Antelope Valley were trained about SIDS/Safe Infant Sleep in December 2012. Over 212 nurses completed the online Safe Infant Sleep Training in June 2013.
- Maintained SIDS training, education, and grief support materials on the Los Angeles County MCAH website for both the consumer and professional (http://publichealth.lacounty.gov/mch/sids/sids.htm).
- Distributed more than 6,800 infant safe sleep materials to hospitals, schools and other organizations.
- Developed grief and bereavement resources for each Service Planning Area (SPA) in Los Angeles County to support grieving families in their geographic specific location. Materials can be found at our SIDS website.
- Contacted 63 Los Angeles County birthing hospitals and 70 CPSP Providers by email to promote SIDS awareness for the month of October.
- Post in the Los Angeles County Paystub a link to October SIDS Awareness Month flyer to promote this event to the LA County employees.
- Outreach to over 230 churches in Los Angeles County to promote awareness of SIDS/safe infant sleep to the community. Efforts include safe infant sleep messages being distributed through their bulletins.

Los Angeles County Preconception Health Collaborative

The Los Angeles County Preconception Health Collaborative was one of three teams in the nation selected by the Centers for Disease Control and Prevention (CDC) and CityMatCH to serve as demonstration projects for the integration of preconception health into public health practice. The California Family Health Council (CFHC), LA Best Babies Network, Los Angeles County DPH, March of Dimes, and the PHFE WIC Program formed the collaborative in early 2007. The Perinatal Advisory Council/Leadership, Advocacy, and Consultation (PAC/LAC) joined in June 2008, and the Los Angeles Veteran's Administration Women Veterans Health Program joined in 2010.

The work of the collaborative aims to: implement activities that promote the use of existing resources in a connected system; help women reach their optimal health; and for those planning families, achieve healthy birth outcomes. The formal demonstration project ended in 2008, but the collaborative and its work continue.

During FY 12-13, activities included:

1. Planning and initial development of Los Angeles Managing Obesity in Moms (LA MOMs) by LAC DPH; Maternal, Child, and Adolescent Health Programs. LA MOMs is one of three coordinated projects of Reducing Early Childhood Obesity in Los Angeles County, a four-year initiative funded through First 5 LA. LA MOMs focuses on reducing postpartum obesity in LAC. Collaborative members serving on the Advisory Group provided recommendations for curriculum development and program implementation.

2. LAC DPH continued to incorporate preconception health into Maternal, Child, and Adolescent Health programmatic activities, such as perinatal depression screening trainings for Comprehensive Perinatal Services Program (CPSP) providers.

3. Community and conference presentations for the American College of Obstetricians and Gynecologists; Association of Maternal and Child Health Programs; CityMatCH; National Association of County and City Health Officials; National Hispanic Medical Association; National Preconception Health Summit; Perinatal Advisory Council/ Leadership, Advocacy, and Consultation; and the University of California, Los Angeles.

Section 2. Overview of LAC Infant and Child Death Data

(a) Death Rates and Causes of Death Among Infants

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

The overall infant mortality rate in Los Angeles County in 2011 was 4.8 infant deaths per 1,000 live births, and marks a slight increase from the rate of 4.6 the previous year. This very small fluctuation in rates reflects exactly 2 additional infant deaths in 2011 compared to 2010, among more than 600 infant deaths that occurred in each of those years. It is important to note that the infant mortality rate in Los Angeles County has remained well below the national target set by the U.S. Department of Health and Human Services in Healthy People 2020 throughout the past decade. Furthermore, the general trend in Los Angeles County over the last ten years has clearly been improving with infant mortality rates decreasing. (Figure 1).

Figure 2 shows infant mortality rates stratified by race/ethnicity in Los Angeles County for years 2003 through 2011. Although Hispanics comprised the highest number of infant deaths (a function of the much higher number of live births in this sub-population), African-Americans continue to experience disproportionately higher rates of infant mortality compared to other race/ethnic groups. In 2011, African-Americans experienced a rate of 10.7 infant deaths per 1,000 live births, more than twice as high as the next highest group, and this disparity has been fairly consistent during all the years displayed. Figure 3 presents similar data in tabular form, and includes the actual number of deaths and live births among the various race/ethnic groups for comparison as well as data for the entire population.

For purposes of health planning, Los Angeles County is divided into eight regional Service Planning Areas (SPAs). Within the DPH organizational structure, each SPA has an Area Health Officer who is responsible for public health planning and delivery of services according to the health needs of the local communities in the SPA. The bar graph in Figure 4 compares infant mortality by Service Planning Area in 2011, while Figure 5 presents the same statistics in tabular form for all years from 2003 through 2011. SPA 1 (Antelope Valley) had the highest infant mortality rate in 2011 (8.0 per 1000 live births) and has had the highest infant mortality rate for all SPAs during most of the years tabulated, followed by SPA 6 (South) with a rate of 6.0 in 2011. 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.

Figure 6 lists the five most common causes of infant deaths in Los Angeles County in 2011, along with their ordinal position in the previous year for comparison. The top four causes of death have not changed since last year. What is notable from this list is that four of the five causes relate directly to conditions arising either prenatally (during embryonic or fetal development) or perinatally (during the birthing process). Therefore, preventing these deaths, where possible, would require advances and improvements in preconception health, prenatal care, and medical care during the perinatal period. For example, appropriate intake of folic acid by all women of child-bearing age would significantly lower the risk of neural tube defects, which contributes to deaths in the first (largest) category. Other improvements in health promotion and prenatal care during the gestational period would impact the number of short gestation and low-birthweight infants, the second most common cause of death. SIDS is the only cause of death listed in the top five that is not directly linked to conditions arising in the prenatal or perinatal period. The number of deaths in this category could be positively impacted by better

promotion of safe sleep practices to all parents and caregivers, such as putting all babies to sleep on their back, and discouraging bed sharing with adults or older children.

Figure 7 shows data on infant deaths in Los Angeles County specifically attributed to child abuse and neglect for all years 2003 through 2011 stratified by gender, in both graphical and tabular form. The chart presents child abuse-related infant mortality rates, while the table also includes number of child abuse-related deaths and live births. The total number of infant deaths related to child abuse remain very small each year, thus the calculated death rate tends to be quite unstable as an annual change of only a few deaths will be responsible for a large percentage change in the corresponding rate. There were six infant deaths attributed to abuse in 2011 in the County. This is a higher number than we have seen in the previous eight years included in the time series. During the time span included in the figure, the range of abuse-related infant deaths per year varies between 1 and 6, with a median value of 4. Although any increase in the number of such cases is concerning, 6 is not a statistical aberration in this instance. 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 2003 through 2011. The rate of 15.9 deaths per 100,000 in 2011 is essentially unchanged from the previous year. The past few years may be demonstrating a plateau in the child death rate for the County after a number of years of steady decline.

Figure 9 shows child death rates for years 2003 through 2011 stratified by race/ethnicity. The child death rate shows consistent disparities similar to the infant mortality data (Figure 2), with African-Americans demonstrating the highest child death rate in the County (26.8 per 100,000 population), well above the other groups included in the figure. One promising aspect noted in the data is that a significant decrease in the disparity between African-Americans and the other three groups represented had occurred the previous year and this lessening of the gap was maintained in the 2011 data.

Figure 10 presents child death rates for each SPA in Los Angeles County in 2011 in graphical form and provides trend data in tabular form for years 2003 through 2011. In 2011, the child death rate was highest in SPA 6 (South) at 26.6 followed closely by SPA 1 (Antelope Valley) at 24.8 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. However, the most notable change in 2011 occurred in SPA 7 (East), which demonstrated a decrease in child deaths of more than 50%. In 2010, the child death rate in SPA 7 was 21.6, second highest in the County, while in 2011 it fell to 10.2 deaths per 100,000, the lowest SPA-specific rate in the County.

Figure 11 shows the five most common causes of child death in Los Angeles County in 2011 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 2011 and in the previous year. In theory, all accidents are preventable conditions and indicate the necessary role for primary prevention interventions at multiple levels of engagement.

Also notable are the leading causes of death for youth ages 13 to 19. Three of the top five causes are all related to injuries, whether intentional harm to another (homicide), unintentional injuries (accidents), or intentional self-harm (suicide), and therefore all theoretically preventable causes. Of the 275 deaths represented in the table for youth ages 13 to 19, 208 deaths (76%) are attributed to just those three causes. The top two causes alone, homicide and

accidents, are responsible for 168 deaths (61%); an area that remains ripe for intervention and the opportunity to make a significant impact on child death in the adolescent population is apparent.

Figure 12 shows death rates related to abuse and neglect among children ages 1 to 17 based on International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07, stratified by gender for the years 2003 through 2011, in both graphical and tabular form. There were 6 child deaths related to maltreatment in 2011. Numbers of deaths in this category are very small, ranging from a low of 2 (in 2007 and 2009) to a high of 8 (in 2003). The median and modal number of deaths in this time series is 3 per year.

Limitations of Data

Presenting information on child abuse outcomes and child death is at times limited by both the small numbers of cases in certain categories and the fact that age group reporting requirements are not standardized across agencies.

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

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

Summary of Key Findings

1. The crude infant mortality rate of 4.8 infant deaths per 1,000 live births in 2011 is a very small increase compared to the previous year. The overall trend in infant mortality rate in Los Angeles County over the past decade has been downward and has remained below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births since 1996.

2. African-Americans continue to have the highest infant mortality rate among race/ethnic groups, more than twice as high as the next highest group.

3. Region-specific infant mortality rates in 2011 were highest in SPA 1 (Antelope Valley and SPA 6 (South). This likely reflects the disproportionately high rate in African Americans and the concentration of African American residents in those regions of the County.

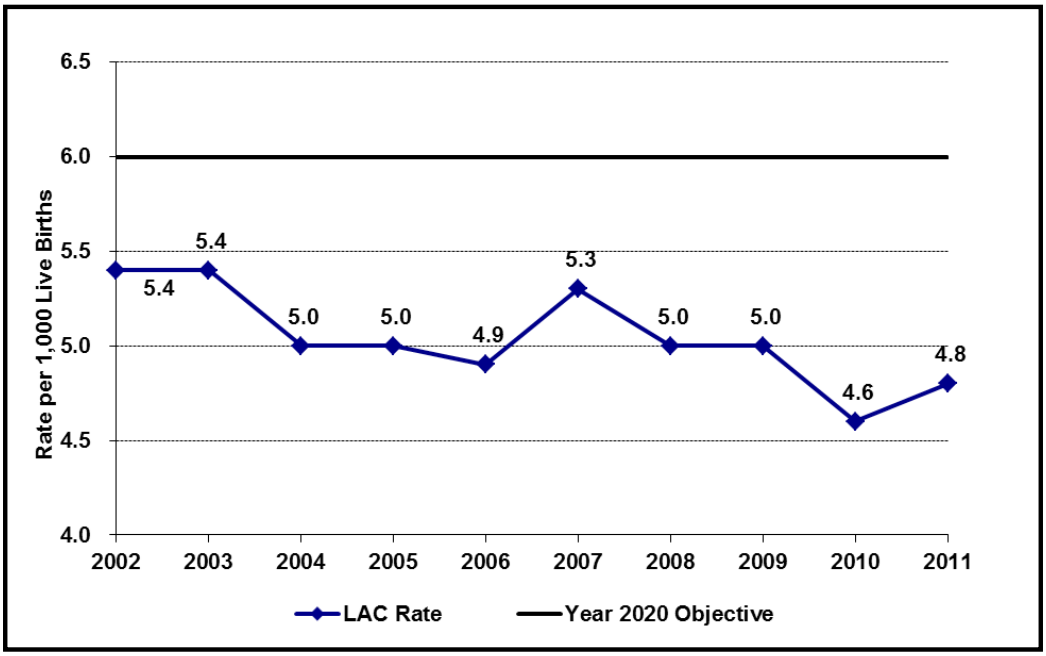
4. Most leading causes of infant death are related to conditions arising during the prenatal or perinatal periods and therefore need to be addressed during the preconception and gestational periods and/or with advances and improvements in medical care. SIDS, however, is a leading cause of infant death that can be addressed after birth by promoting safe sleep practices with parents and caregivers.

5. The death rate for children ages 1 to 17 in Los Angeles County had shown a consistent downward trend for several years and has been stable for the last two years. African-American children ages 1 to 17 had the highest death rate among the major race/ethnic groups represented, a consistent disparity; however, a significant decrease in the magnitude of that disparity first noted in 2010 was maintained in 2011. Among SPAs, SPA 6 (South) had the highest child death rate, followed closely by SPA 1 (Antelope Valley). SPA 7 (East) showed a very dramatic relative decrease in child death rate of 53% from the previous year, making it the SPA with the lowest child death rate in 2011.

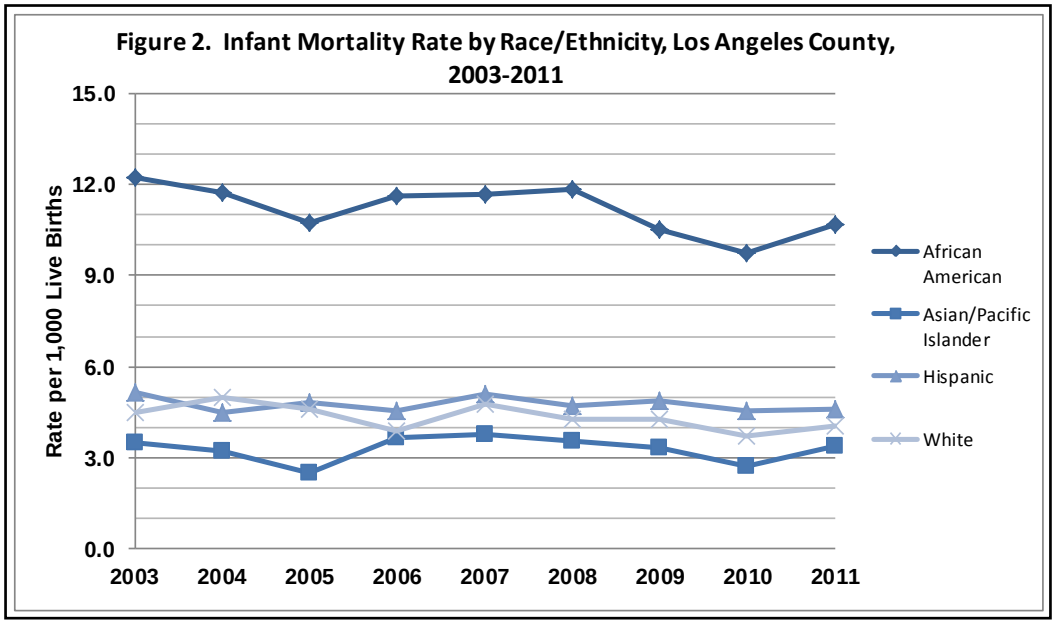
6. Three of the five leading causes of death among children (youth) ages 13-19 and responsible for a large majority of deaths in that age group all relate to injury: homicide, accident, and suicide; and are therefore all theoretically preventable deaths.

7. The number of deaths attributed to child abuse and neglect increased in 2011 for both infants and for children ages 1 to 17. However, the actual numbers remain very small year to year and random statistical fluctuations of the magnitude noted are very possible. That said, it is possible that the true number of deaths associated with abuse and neglect may be higher due to underreporting and challenges in post-mortem investigations.

Figure 1. Infant Mortality Rate, Los Angeles County, 2002-2011



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, 2002-2011



Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics, Section, 2003-2011

Figure 3

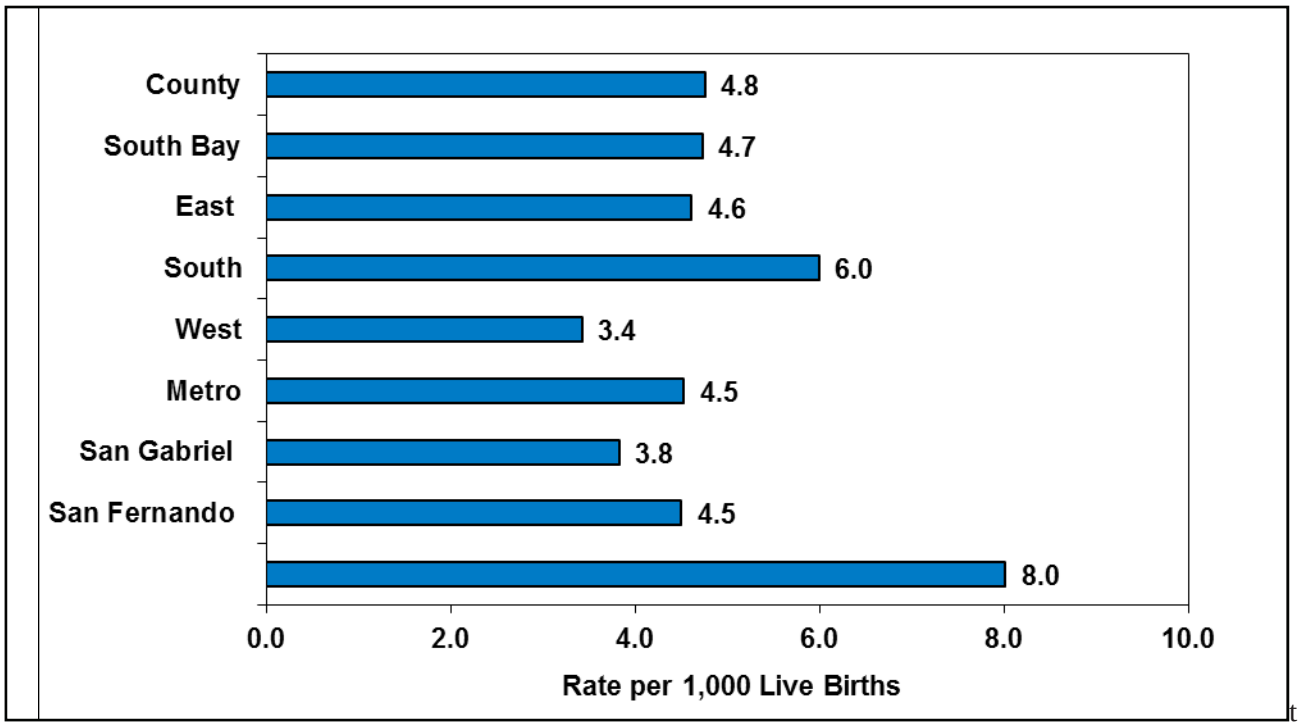
DEPARTMENT OF PUBLIC HEALTH

Infant Mortality Rate by Race/Ethnicity, Los Angeles County, 2003-2010

		2003	2004	2005	2006	2007	2008	2009	2010	2011
African American	Number of Deaths	145	136	123	134	133	136	116	101	110
	Number of Live Births	11,849	11,610	11,459	11,531	11,406	11,509	11,047	10,735	10,316
	Rate	12.2	11.7	10.7	11.6	11.7	11.8	10.5	9.8	10.7
Asian/ Pacific Islander	Number of Deaths	57	53	41	61	67	61	55	44	56
	Number of Live Births	16,326	16,611	16,453	16,665	17,769	17,129	16,577	15,949	16,538
	Rate	3.5	3.2	2.5	3.7	3.8	3.6	3.3	2.7	3.4
Hispanic	Number of Deaths	490	428	455	438	487	434	424	371	357
	Number of Live Births	95,070	94,894	94,780	96,490	95,686	92,643	86,642	81,372	77,993
	Rate	5.2	4.5	4.8	4.5	5.1	4.7	4.9	4.6	4.6
White	Number of Deaths	126	137	122	102	123	106	102	96	95
	Number of Live Births	28,060	27,439	26,569	26,279	25,758	24,910	23,902	23,633	23,466
	Rate	4.5	5.0	4.6	3.9	4.8	4.3	4.3	3.7	4.0
County	Number of Deaths	822	757	745	738	812	742	704	617	619
	Number of Live Births	152,192	151,504	150,377	151,837	151,813	147,684	139,679	133,160	130,313
	Rate	5.4	5.0	5.0	4.9	5.3	5.0	5.0	4.6	4.8

Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2011

Figure 4. Infant Mortality Rate by Service Planning Area (SPA), Los Angeles County, 2011



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.

Source California Department Of Public Health, Center For Health Statistics, OHIRr Vital Statistics Section, 2011

Figure 5

DEPARTMENT OF PUBLIC HEALTH

Infant Mortality Rate by Race/Ethnicity, Los Angeles County, 2003-2007

		Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay	County Total
2003	Infant Deaths	48	126	127	87	31	145	107	138	822
	Life Births	4,948	29,318	25,841	17,153	6,889	22,231	22,162	23,328	152,192
	Rate/1000	9.7	4.3	4.9	5.1	4.5	6.5	4.8	5.9	5.4
2004	Infant Deaths	29	162	111	76	29	135	92	116	757
	Life Births	5,210	28,930	25,786	17,173	6,894	22,418	22,038	22,802	151,504
	Rate/1000	5.6	5.6	4.3	4.4	4.2	6	4.2	5.1	5
2005	Infant Deaths	37	149	127	72	18	126	98	115	745
	Life Births	5,575	28,878	25,525	16,491	6,804	22,170	21,773	22,649	150,377
	Rate/1000	6.6	5.2	5	4.4	2.6	5.7	4.5	5.1	5
2006	Infant Deaths	46	121	120	79	27	122	100	114	738
	Life Births	6,140	29,369	25,702	16,759	6,855	22,546	21,299	22,791	151,837
	Rate/1000	7.5	4.1	4.7	4.7	3.9	5.4	4.7	5	4.9
2007	Infant Deaths	55	135	142	76	18	150	104	126	812
	Life Births	6,366	29,445	25,757	16,550	6,923	22,521	21,371	22,254	151,813
	Rate/1000	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
	Life Births	6,087	28,229	24,927	15,994	6,968	22,372	20,834	21,892	147,684
	Rate/1000	6.4	4.7	4.5	4.8	4.4	6	4.8	4.9	5
2009	Infant Deaths	44	141	102	62	22	123	88	121	704
	Life Births	5,820	26,896	23,469	15,167	6,915	20,743	19,390	20,911	139,679
	Rate/1000	7.6	5.2	4.3	4.1	3.2	5.9	4.5	5.8	5
2010	Infant Deaths	33	114	91	71	22	120	68	94	617
	Life Births	5,700	25,935	22,271	14,202	6,939	19,580	18,585	19,899	133,160
	Rate/1000	5.8	4.4	4.1	5	3.2	6.1	3.7	4.7	4.6
2011	Infant Deaths	45	114	85	63	23	113	83	91	619
	Life Births	5,618	25,341	22,237	13,928	6,730	18,864	18,023	19,265	130,313
	Rate/1000	8	4.5	3.8	4.5	3.4	6	4.6	4.7	4.8

Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.
Designation of SPA was based on zip codes (published in April 2010). Published SPA statistics based on other designation may differ
Sum of SPA totals do not add up to County total due to records that are not assignable to any SPAs.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2011

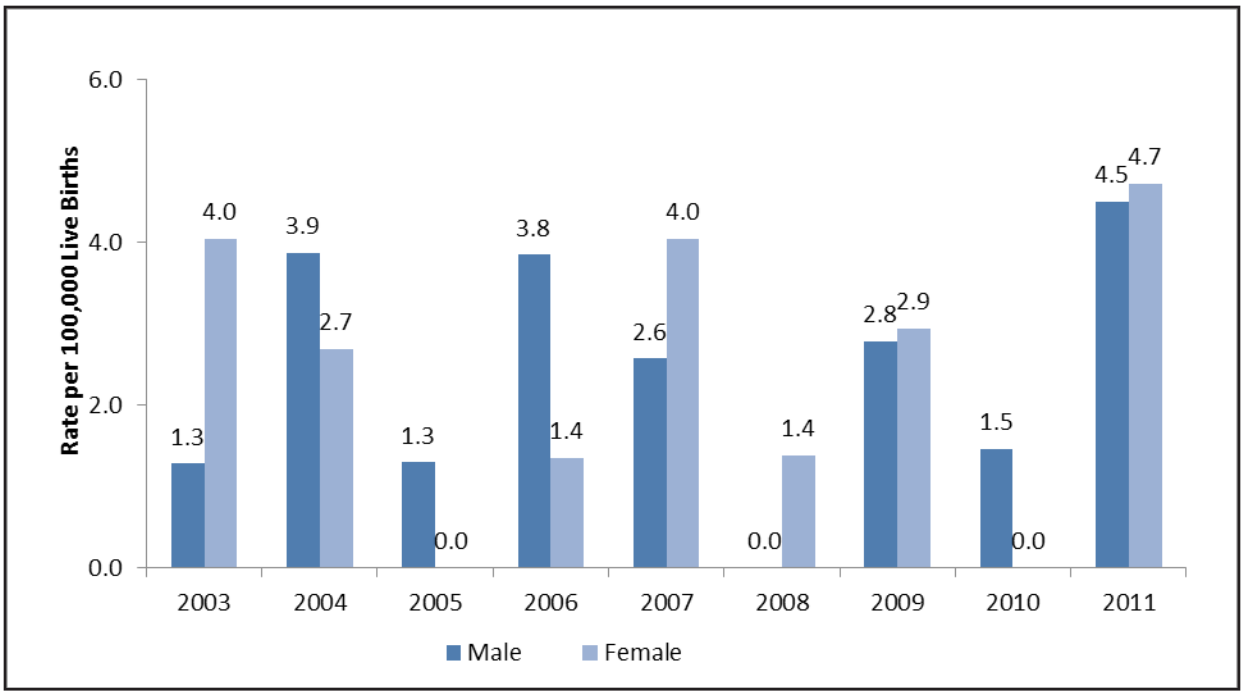
Figure 6

DEPARTMENT OF PUBLIC HEALTH
Leading Causes of Death among Infants, Los Angeles County, 2011

Rank	Children Less Than 1 Year Old	# of Deaths	2010 Rank
1	Congenital Malformations, Deformations & Chromosomal Abnormalities	148	1
2	Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified	118	2
3	Other Perinatal Conditions or Conditions Originating in the Perinatal Period	62	3
4	Sudden Infant Death Syndrome (SIDS)	43	4
5	Newborn Affected by Complications of Placenta, Cord, & Membranes	27	7

Note: 2010 rankings presented in this figure supersede those presented in last year's report.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2011

Figure 7. Child Abuse Related Infant Death Rates by Gender, Los Angeles 2003-2011



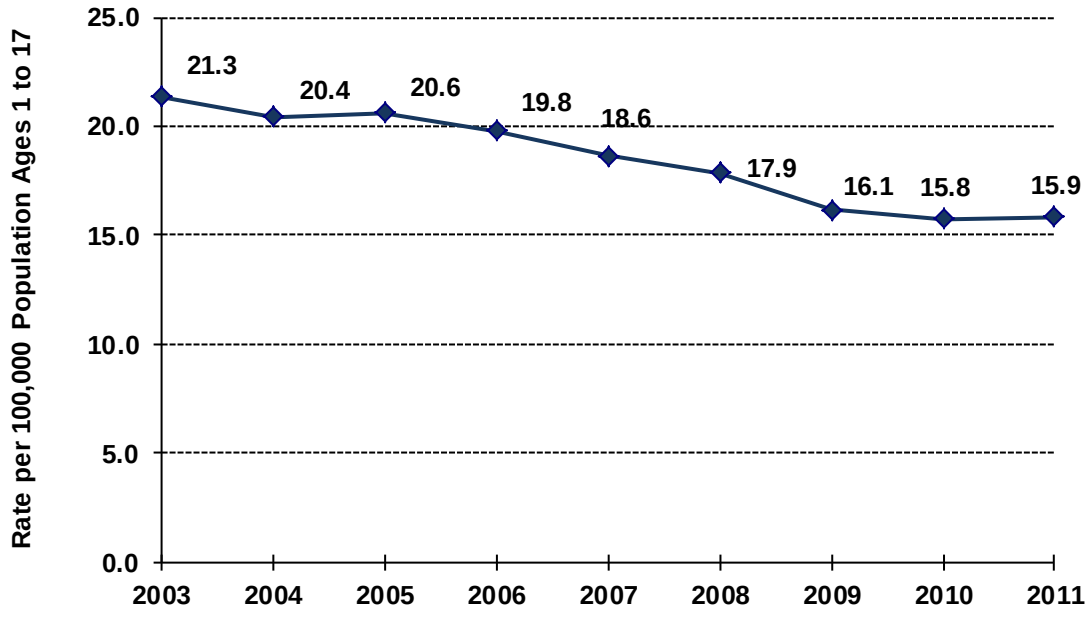
Notes: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07
Sum of gender totals may not add up to County total due to records that do not specify gender.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2011

Figure 7 (continued)

DEPARTMENT OF PUBLIC HEALTH
Child Abuse Related Infant Death Rates by Gender, Los Angeles 2003-2011

	Male			Female				Total	
	Number of Deaths	Number of Live Births	Death Rate	Number of deaths	Number of Live Births	Death Rate	Number of deaths	Number of Live Births	Death Rate
2003	1	77,947	1.3	3	74,241	4.0	4	152,192	2.6
2004	3	77,378	3.9	2	74,124	2.7	5	151,504	3.3
2005	1	76,959	1.3	0	73,416	0.0	1	150,377	0.7
2006	3	77,959	3.8	1	73,876	1.4	4	151,837	2.6
2007	2	77,646	2.6	3	74,162	4.0	5	151,813	3.3
2008	0	75,650	0.0	1	72,031	1.4	1	147,684	0.7
2009	2	71,797	2.8	2	67,879	2.9	4	139,679	2.9
2010	1	68,290	1.5	0	64,868	0.0	1	133,160	0.8
2011	3	66,708	4.5	3	63,602	4.7	6	130,313	4.6

Figure 8. Child Death Rate among Children Ages 1 to 17, Los Angeles County, 2003-20011



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, 2003-2011
Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

Figure 9. Child Death Rate among Children Ages 1 to 17 by Race/Ethnicity, 2003-2011

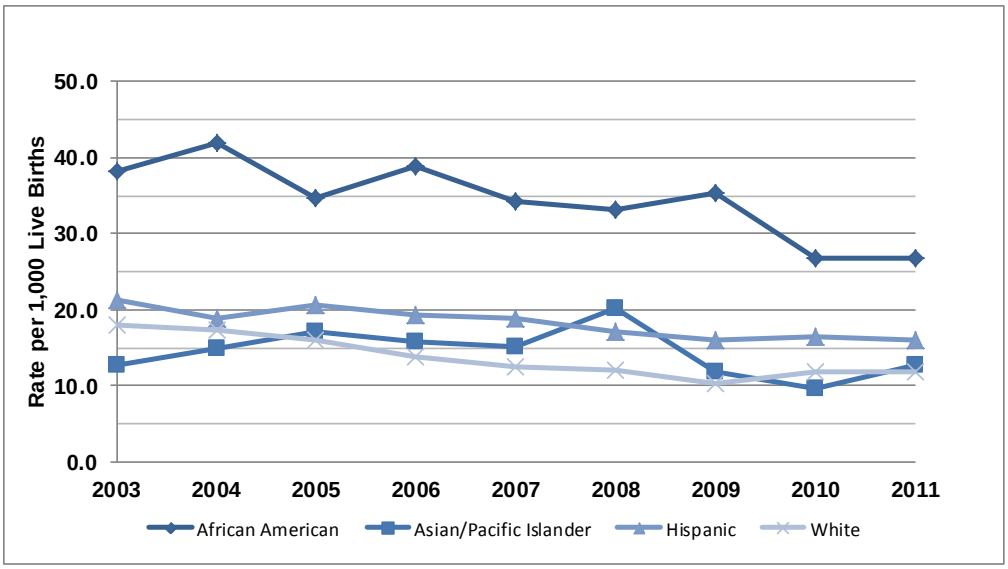


Figure 9

DEPARTMENT OF PUBLIC HEALTH

Child Death Rate among Children Ages 1 to 17 by Race/Ethnicity, 2003-2011

	African American			Asian/ Pacific Islander			Hispanic			White			County		
	# of Deaths	Population, 1-17	Rate	# of Deaths	Population, 1-17	Rate	# of Deaths	Population, 1-17	Rate	# of Deaths	Population, 1-17	Rate	# of Deaths	Population, 1-17	Rate
2003	97	254,191	38.2	33	261,274	12.6	333	1,566,443	21.3	97	535,884	18.1	560	2,624,400	21.3
2004	110	262,353	41.9	41	273,678	15	295	1,566,467	18.8	93	533,656	17.4	540	2,642,752	20.4
2005	88	253,573	34.7	45	263,772	17.1	327	1,592,499	20.5	85	529,861	16	546	2,646,298	20.6
2006	95	243,737	39	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	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	50	423,561	11.8	355	2,237,504	15.9

Note: Due to the updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable. 2010 population estimates were based on previous projections, not 2010 Census enumerations.

Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2011 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), 2011

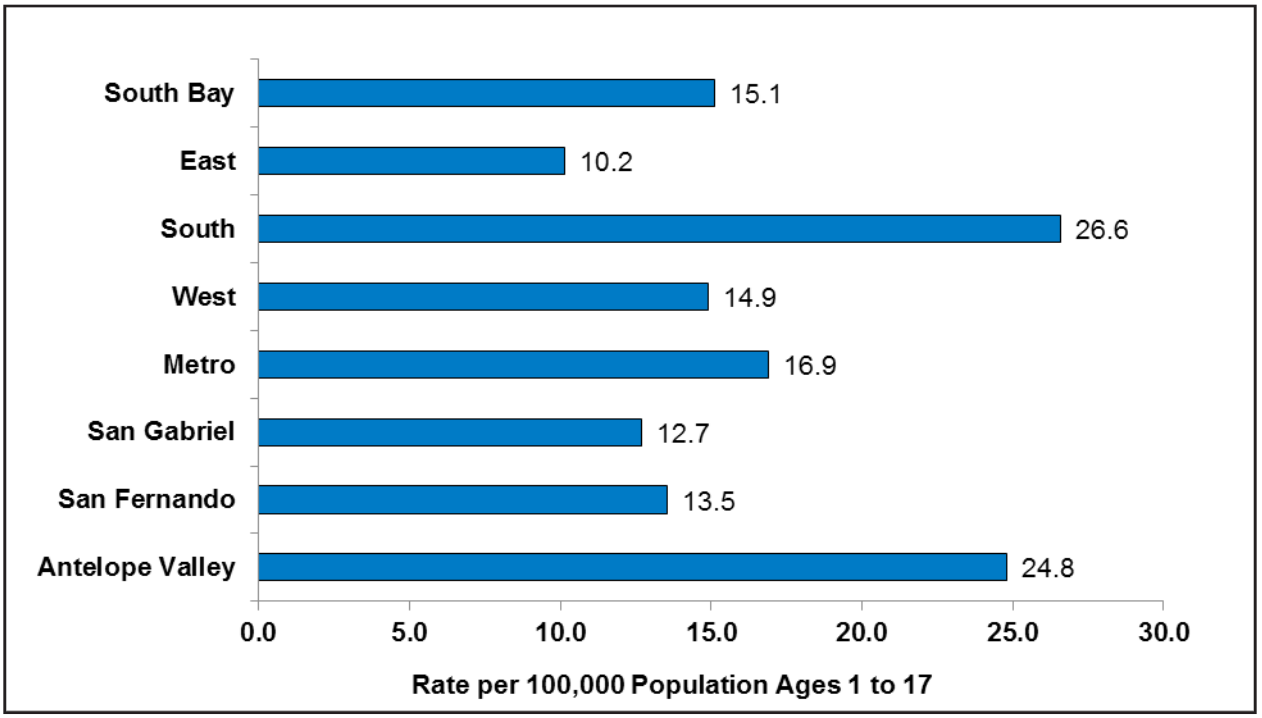


Figure 10

DEPARTMENT OF PUBLIC HEALTH
Child Death Rate among Children Ages 1 to 17 by Service Planning Area (SPA), 2003-2006

	2003			2004			2005			2006		
	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 – 17	Rate
Antelope Valley	33	101,032	32.7	28	100,562	27.8	28	100,183	27.9	38	101,691	37.4
San Fernando	96	520,198	18.5	106	522,609	20.3	107	526,687	20.3	70	528,877	13.2
San Gabriel	92	468,980	19.6	67	469,279	14.3	89	464,966	19.1	78	461,694	16.9
Metro	49	283,579	17.3	50	289,216	17.3	51	292,219	17.5	52	300,129	17.3
West	17	103,730	16.4	13	105,633	12.3	11	108,055	10.2	14	106,858	13.1
South	122	335,328	36.4	125	340,159	36.7	112	340,424	32.9	110	342,644	32.1
East	72	397,273	18.1	64	397,926	16.1	61	397,183	15.4	82	395,033	20.8
South Bay	64	414,280	15.4	66	417,368	15.8	84	416,581	20.2	74	417,138	17.7
COUNTY TOTAL	**560**	**2,624,400**	**21.3**	**540**	**2,642,752**	**20.4**	**546**	**2,646,298**	**20.6**	**525**	**2,654,064**	**19.8**

Figure 10 (continued)

DEPARTMENT OF PUBLIC HEALTH
Child Death Rate among Children Ages 1 to 17 by Service Planning Area (SPA), 2007-2011

	2007			2008			2009			2010			2011		
	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate
Antelope Valley	25	101,405	24.7	30	101,485	29.6	20	101,282	19.7	21	98,582	21.3	27	108,788	24.8
San Fernando	73	522,885	14.0	71	518,887	13.7	72	516,361	13.9	56	500,955	11.2	63	465,592	13.5
San Gabriel	83	454,718	18.3	77	447,183	17.2	63	438,278	14.4	65	426,677	15.2	49	386,462	12.7
Metro	41	297,396	13.8	39	295,849	13.2	48	282,443	17.0	27	278,705	9.7	35	207,344	16.9
West	10	108,534	9.2	16	108,695	14.7	12	109,834	10.9	11	110,029	10.0	14	94,037	14.9
South	94	339,162	27.7	93	336,494	27.6	77	330,138	23.3	78	326,797	23.9	77	289,695	26.6
East	75	386,726	19.4	68	379,781	17.9	55	372,410	14.8	78	360,484	21.6	34	334,620	10.2
South Bay	75	413,331	18.1	66	408,051	16.2	61	400,708	15.2	55	389,965	14.1	53	350,966	15.1
COUNTY TOTAL	**489**	**2,624,157**	**18.6**	**464**	**2,596,425**	**17.9**	**412**	**2,551,454**	**16.1**	**393**	**2,491,924**	**15.8**	**355**	**2,237,504**	**15.9**

Notes Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17.

Due to the updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable. 2010 population estimates were based on previous projections, not 2010 Census enumerations.

Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2011

Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

Figure 11

DEPARTMENT OF PUBLIC HEALTH
Leading Causes of Death for Children by Age Categories, Los Angeles County, 2011

Rank	Children Ages 1 to 4	# of Deaths	2009 Rank
1	Accidents (Unintentional Injuries)	24	1
1	Congenital Malformations, Deformations & Chromosomal Abnormalities	24	2
3	Assault (Homicide)	10	5
3	Diseases of the Nervous System System	10	7
5	Diseases of the Circulatory System	7	9
5	Diseases of the Respiratory System	7	4
	Children Ages 5 to 12		
1	Malignant Neoplasms	20	1
2	Accidents (Unintentional Injuries)	16	2
3	Congenital Malformations, Deformations & Chromosomal Abnormalities	12	3
4	Diseases of the Respiratory System	9	5
4	Diseases of the Nervous System	7	4
	Youth Ages 13 to 19		
1	Assault (Homicide)	100	1
2	Accidents (Unintentional Injuries)	68	2
3	Malignant Neoplasms	42	3
4	Intentional Self-Harm (Suicide)	40	4
5	Diseases of the Nervous System	25	5

Note: 2010 rankings presented in this figure supersede those presented in last year's report.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2011

Figure 12: Child Abuse Related Death Rate among Children Ages 1 to 17 by Gender, 2003 - 2011

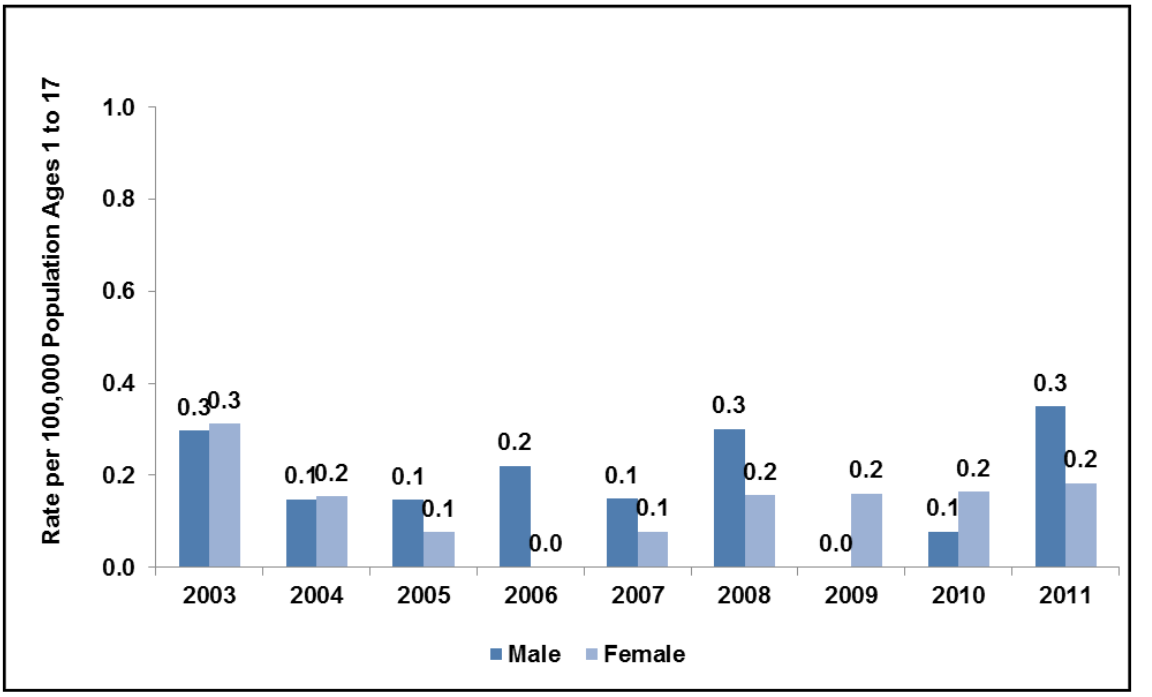


Figure 12

DEPARTMENT OF PUBLIC HEALTH
Child Death Rate among Children Ages 1 to 17 by Gender, 2003 – 2011

	Male			Female			Total		
	Number of Deaths	Population 1-17	Death Rate	Number of Deaths	Population 1-17	Death Rate	Number of Deaths	Population 1-17	Death Rate
2003	4	1,373,603	0.3	4	1,315,324	0.3	8	2,688,927	0.3
2004	2	1,386,340	0.1	2	1,327,900	0.2	4	2,714,240	0.2
2005	2	1,389,476	0.1	1	1,330,315	0.1	3	2,719,791	0.1
2006	3	1,384,085	0.2	0	1,325,076	0.0	3	2,709,161	0.1
2007	2	1,372,040	0.1	1	1,313,946	0.1	3	2,685,986	0.1
2008	4	1,354,716	0.3	2	1,297,648	0.2	6	2,652,364	0.2
2009	0	1,333,889	0.0	2	1,277,763	0.2	2	2,611,652	0.1
2010	1	1,276,732	0.1	2	1,215,192	0.2	3	2,491,924	0.1
2011	4	1,143,811	0.3	2	1,093,693	0.2	6	2,237,504	0.3

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.

Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2011
Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Department of Public Social Services (DPSS) has an operating budget of $3.59 billion and 13,541 employees for Fiscal Year (FY) 2012-2013. The primary responsibilities of DPSS, as mandated by public law, are:

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

DPSS MISSION

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

In 2004, DPSS adopted the following DPSS Mission and Philosophy: "To enrich lives through effective and caring service".

DPSS PHILOSOPHY

DPSS believes that it can help those it serves to enhance the quality of their lives, provide for themselves and their families, and make positive contributions to the community.

DPSS believes that to fulfill its mission, services must be provided in an environment that supports its staff's professional development and promotes shared leadership, teamwork, and individual responsibility.

DPSS believes that as it moves towards the future, it can serve as a catalyst for commitment and action within the community, resulting in expanded resources, innovative programs and services, and new public and private sector partnership.

DPSS PROGRAMS

The State and Federal assistance programs that DPSS administers include California Work Opportunity and Responsibility to Kids (CalWORKs), Refugee Resettlement Program (RRP), 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 2012, DPSS provided public assistance to a monthly average of 2.4 million individuals, including In-Home Supportive Services (IHSS).

Since January 1, 1998, the CalWORKs program continues to transition participants from Welfare-to-Work. To continue achieving the goal of Welfare Reform, DPSS has developed programs which help participants achieve self-sufficiency in a time-limited welfare environment. DPSS' Welfare-to-Work Programs currently provide the following services:

- Child Care
- Transportation
- Post-Employment Services
- Treatment programs for Substance Abuse, Domestic Violence, and Mental Health
- Ancillary Expenses

AIDED CASELOAD

As shown in the Persons Aided chart (Figure 2), using December 2011 and December 2012 as points in time for comparison, the number of CalWORKs aided individuals decreased by 2.38% (10,421 individuals less). The number of Medi-Cal Assistance Only aided individuals decreased from 1,695,805 in December 2011 to 1,686,556 in December 2012. This represents a .55% decrease (9,249 individuals).

In total, there was a .87% increase (21,119) in the number of individuals receiving assistance for all programs combined from December 2011 to December 2012.

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

CALWORKS

The number of participants receiving assistance through the CalWORKs program slowly declined from December 2003 through December 2007 (Figure 6). Although recent economic turmoil and a high level of unemployment rate had caused an increase in the number of people receiving CalWORKs since 2008, there was a slight decrease from 2011 to 2012. In December 2012, 428,294 individuals received cash assistance from CalWORKs. This represents a 2.38% decrease (-10,421 individuals) from 438,715 individuals aided in December 2011 (Figure 2).

CALFRESH

The CalFresh program has seen a steady increase in the number of participants since 2007. In December 2011, there were 1,064,647 individuals being aided. By December 2012, that number had risen to 1,130,714 individuals, which represent an increase of 6.21% (66,067 individuals), (Figure 2). Overall, since 2007, the CalFresh Program has seen an increase of 76.3% in the number of individuals receiving benefits.

MEDI-CAL ASSISTANCE ONLY (MAO)

In 2011, there were 1,695,805 individuals receiving Medi-Cal benefits. By December 2012, the number of individuals enrolled in Medi-Cal had decreased to 1,686,556. This represents a .55% decrease (9,249) in individuals served (Figure 2).

CAL-LEARN PROGRAM

In 2012, DPSS served a monthly average of 2,274 Cal-Learn participants. This represents a 7% decrease from a monthly average of 2,448 participants served during Calendar Year 2011 (Figure 4).

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

Figures 1 through 1.9 display the total number of individuals aided by citizenship status and ethnic origin, and the total number of cases aided by primary language for all programs by SPA.

CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS, AND STAFF TRAINING

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

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

During the training, staff is informed of the types of child abuse, indicators of such abuse, provisions of the reporting law, and DPSS employees' reporting responsibilities and procedures. The staff also reviews and discusses materials related to the indicators of child abuse.

Emphasized in the training program is violence between household members, which often endangers the child. The Los Angeles County Domestic Violence Council provides Domestic Violence training to all of DPSS public contact staff.

In 2012, DPSS made a total of 222 child abuse referrals to the Department of Children and Family Services. This represented a 96% increase from the 113 referrals made in 2011 (Figure 3).

Figure 1

DPSS CASELOAD CHARACTERISTICS DECEMBER 2012
Los Angeles County Totals

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	409,895	93,360	0	19	1,185,004	1,041,755	N/A
Legal Immigrants	17,968	7,680	672	5,553	190,090	88,179	N/A
Other	368	29	0	11	1,695	752	N/A
Undocumented Immigrants	63	2	0	1	309,767	28	N/A
TOTAL	**428,294**	**101,071**	**672**	**5,584**	**1,686,556**	**1,130,714**	**N/A**
Primary Language of Aided Cases							
Armenian	2,798	1,442	212	1,044	20,535	8,189	31,231
Cambodian	464	40	0	17	2,380	1,123	2,195
Chinese	362	128	35	161	23,683	3,581	14,261
English	110,349	93,007	78	377	337,710	355,171	68,915
Farsi	260	115	93	113	4,045	1,040	5,740
Korean	140	143	4	196	11,223	1,204	4,812
Russian	254	100	21	189	4,385	711	7,211
Spanish	60,714	5,223	71	2,653	300,269	166,366	37,292
Tagalog	35	43	2	101	5,212	465	4,293
Vietnamese	370	187	0	33	9,120	2,700	3,537
Other	346	75	70	126	4,663	1,100	2,927
TOTAL	**176,092**	**100,503**	**586**	**5,010**	**723,225**	**541,650**	**182,414**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	336	446	1	1	1,452	1,844	391
Asian	10,781	2,320	67	699	144,568	45,817	35,174
Black	87,329	42,117	24	72	118,670	209,782	31,881
Hispanic	282,490	30,946	77	2,966	1,196,735	716,674	51,774
White	32,755	16,502	484	1,647	152,207	108,860	63,194
Other	14,603	8,740	19	199	72,924	47,737	0
TOTAL	**428,294**	**101,071**	**672**	**5,584**	**1,686,556**	**1,130,714**	**182,414**

Figure 1.1

DPSS CASELOAD CHARACTERISTICS DECEMBER 2012
Service Planning Area 1

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	30,344	2,273	0	0	56,513	59,792	N/A
Legal Immigrants	541	106	9	81	5,063	2,523	N/A
Other	11	1	0	0	60	18	N/A
Undocumented Immigrants	1	0	0	0	8,099	1	N/A
TOTAL	**30,897**	**2,380**	**9**	**81**	**69,735**	**62,334**	**N/A**
Primary Language of Aided Cases							
Armenian	4	0	2	1	35	6	67
Cambodian	0	0		1	6	1	4
Chinese	0	0	2	0	21	6	9
English	10,100	2,261	0	8	17,108	19,189	5,366
Farsi	0	0	0	0	4	2	24
Korean	0	0	0	0	27	5	14
Russian	1	0	0	1	1	1	4
Spanish	1,575	91	3	54	7,974	4,392	1,101
Tagalog	1	0	1	2	41	2	103
Vietnamese	0	0		0	35	9	13
Other	8	0	1	3	62	16	106
TOTAL	**11,689**	**2,352**	**9**	**70**	**25,314**	**23,629**	**6,811**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	28	13	0	0	125	116	40
Asian	288	11	3	7	1,599	754	289
Black	11,917	910	0	0	12,035	19,323	2,753
Hispanic	13,272	655	3	64	42,963	30,183	1,841
White	4,651	714	3	8	10,546	10,339	1,888
Other	741	77	0	2	2,467	1,619	0
TOTAL	**30,897**	**2,380**	**9**	**81**	**69,735**	**62,334**	**6,811**

Figure 1.2

DPSS CASELOAD CHARACTERISTICS DECEMBER 2012
Service Planning Area 2

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	52,324	8,939		12	207,694	147,256	N/A
Legal Immigrants	7,474	1,778	412	1,766	43,974	25,249	N/A
Other	71	4		1	275	117	N/A
Undocumented Immigrants	7	1		1	53,945	5	N/A
TOTAL	**59,876**	**10,722**	**412**	**1,780**	**305,888**	**172,627**	**N/A**
Primary Language of Aided Cases							
Armenian	2,449	1,236	199	836	16,557	7,195	24,619
Cambodian	3	2			43	11	52
Chinese	3			4	324	25	159
English	12,438	8,519	9	108	63,697	45,902	9,090
Farsi	202	90	70	73	1,979	822	3,085
Korean	17	6		17	1,136	115	477
Russian	119	42	11	81	1,353	366	2,293
Spanish	8,705	614	14	389	53,227	26,322	5,995
Tagalog	10	8		27	1,397	133	1,128
Vietnamese	22	8		2	806	287	318
Other	119	19	41	32	1,442	395	1,223
TOTAL	**24,087**	**10,544**	**344**	**1,569**	**141,961**	**81,573**	**48,439**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	56	43			237	287	74
Asian	1,130	241	3	83	18,776	5,593	3,440
Black	4,238	1,816	4	5	7,545	11,832	1,506
Hispanic	38,342	3,647	16	449	196,502	104,551	7,607
White	14,316	4,639	387	1,181	69,548	44,647	35,812
Other	1,794	336	2	62	13,280	5,717	
TOTAL	**59,876**	**10,722**	**412**	**1,780**	**305,888**	**172,627**	**48,439**

Figure 1.3

DPSS CASELOAD CHARACTERISTICS DECEMBER 2012
Service Planning Area 3

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	51,800	11,200		2	190,138	143,650	N/A
Legal Immigrants	1,733	693	60	567	35,879	11,155	N/A
Other	29	5		1	246	78	N/A
Undocumented Immigrants	10				39,172	1	N/A
TOTAL	**53,572**	**11,898**	**60**	**570**	**265,435**	**154,884**	**N/A**
Primary Language of Aided Cases							
Armenian	38	13	3	19	642	92	1,328
Cambodian	31	2			229	79	199
Chinese	290	104	31	120	18,070	2,877	10,562
English	14,712	11,109	9	30	58,432	48,455	8,393
Farsi	4	1		2	81	12	126
Korean	4	3		19	676	90	241
Russian	5			3	32	7	54
Spanish	6,358	425	7	261	37,401	18,359	5,306
Tagalog	2	1		13	746	58	751
Vietnamese	276	150		15	6,148	1,973	2,373
Other	60	9	8	24	793	171	529
TOTAL	**21,780**	**11,817**	**58**	**506**	**123,250**	**72,173**	**29,862**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	61	73		1	281	302	45
Asian	2,590	531	35	213	57,899	16,308	15,360
Black	4,241	1,896		3	7,420	11,081	1,819
Hispanic	40,505	6,216	7	295	170,479	107,148	8,527
White	3,710	2,018	13	30	15,952	12,744	4,111
Other	2,465	1,164	5	28	13,404	7,301	
TOTAL	**53,572**	**11,898**	**60**	**570**	**265,435**	**154,884**	**29,862**

Figure 1.4

DPSS CASELOAD CHARACTERISTICS DECEMBER 2012
Service Planning Area 4

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	42,216	15,827		3	138,067	120,526	N/A
Legal Immigrants	2,112	1,911	70	1,180	27,961	13,451	N/A
Other	48	8		5	259	141	N/A
Undocumented Immigrants	8	1			49,269	4	N/A
TOTAL	**44,384**	**17,747**	**70**	**1,188**	**215,556**	**134,122**	**N/A**
Primary Language of Aided Cases							
Armenian	263	179	7	175	2,839	792	4,225
Cambodian	13	1		2	183	51	123
Chinese	58	14		20	3,212	534	2,362
English	8,646	15,809	16	80	32,562	39,869	5,980
Farsi	2	3	4	3	208	28	272
Korean	96	100	4	105	6,581	747	2,807
Russian	101	49	10	81	2,250	264	3,515
Spanish	10,076	1,457	14	573	45,591	28,967	6,037
Tagalog	15	25	1	38	1,757	197	1,115
Vietnamese	24	18		5	673	170	219
Other	29	21	9	18	736	167	219
TOTAL	**19,323**	**17,676**	**65**	**1,100**	**96,592**	**71,786**	**26,874**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	39	74			152	233	33
Asian	1,453	497	16	223	26,787	7,080	7,435
Black	3,301	5,860	5	11	5,703	13,439	1,779
Hispanic	37,058	7,483	16	613	161,221	100,183	7,666
White	2,081	2,541	33	315	15,959	9,761	9,961
Other	452	1,292		26	5,734	3,426	
TOTAL	**44,384**	**17,747**	**70**	**1,188**	**215,556**	**134,122**	**26,874**

Figure 1.5

DPSS Caseload Characteristics December 2012
Service Planning Area 5

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	5,424	6,098			26,511	23,135	N/A
Legal Immigrants	357	238	45	118	5,067	1,489	N/A
Other	6	2			32	16	N/A
Undocumented Immigrants	2				4,201		N/A
TOTAL	**5,789**	**6,338**	**45**	**118**	**35,811**	**24,640**	**N/A**
Primary Language of Aided Cases							
Armenian	1		1	1	30	4	27
Cambodian					1	1	1
Chinese	2	1	2	2	187	14	38
English	2,083	6,210	13	29	13,605	15,292	2,663
Farsi	42	17	15	27	1,497	150	1,928
Korean	2	3		1	134	12	31
Russian	20	6		13	552	51	1,089
Spanish	372	68	2	30	4,527	1,379	514
Tagalog		1		1	36	5	11
Vietnamese	1				33	5	10
Other	26	10	5	5	338	75	130
TOTAL	**2,549**	**6,316**	**38**	**109**	**20,940**	**16,988**	**6,442**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	17	67			60	141	11
Asian	118	89	7	13	2,349	631	336
Black	2,093	3,001	1	5	3,407	8,498	512
Hispanic	1,951	797	2	35	15,517	6,706	780
White	1,081	1,729	34	50	11,161	6,467	4,803
Other	529	655	1	15	3,317	2,197	
TOTAL	**5,789**	**6,338**	**45**	**118**	**35,811**	**24,640**	**6,442**

Figure 1.6

DPSS CASELOAD CHARACTERISTICS DECEMBER 2012
Service Planning Area 6

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	104,010	18,155			198,574	222,528	N/A
Legal Immigrants	2,145	1,250	9	601	22,651	13,254	N/A
Other	71	2		2	274	146	N/A
Undocumented Immigrants	17				66,933	12	N/A
TOTAL	**106,243**	**19,407**	**9**	**603**	**288,432**	**235,940**	**N/A**
Primary Language of Aided Cases							
Armenian	2	1			20	5	4
Cambodian	10			1	24	16	38
Chinese	2			1	39	7	23
English	27,534	18,178	5	30	42,517	69,083	16,173
Farsi					1		3
Korean	2	17		15	627	61	292
Russian	2			1	8	4	4
Spanish	16,534	1,154	3	485	58,043	39,259	4,953
Tagalog		1			45	3	30
Vietnamese	3			1	25	13	9
Other	23	5	1	12	147	58	74
TOTAL	**44,112**	**19,356**	**9**	**546**	**101,496**	**108,509**	**21,603**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	45	18			114	150	38
Asian	494	114		16	2,179	1,216	556
Black	37,392	11,752	4	28	44,602	76,282	14,653
Hispanic	64,411	3,580	3	538	230,638	144,385	5,956
White	752	423	2	4	1,801	1,980	400
Other	3,149	3,520		17	9,098	11,927	
TOTAL	**106,243**	**19,407**	**9**	**603**	**288,432**	**235,940**	**21,603**

Figure 1.7

DPSS CASELOAD CHARACTERISTICS DECEMBER 2012
Service Planning Area 7

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	54,092	2,936		1	171,302	131,119	N/A
Legal Immigrants	1,655	621	24	692	23,565	10,076	N/A
Other	58	2		2	221	108	N/A
Undocumented Immigrants	7				44,500	2	N/A
TOTAL	**55,812**	**3,559**	**24**	**695**	**239,588**	**141,305**	**N/A**
Primary Language of Aided Cases							
Armenian	8	1		7	103	18	465
Cambodian	23	1			263	68	259
Chinese	5	1		7	826	46	669
English	13,850	2,784	5	33	43,280	31,927	7,109
Farsi		1		1	14	1	23
Korean	6	3		22	852	69	314
Russian	2	1			16	6	30
Spanish	8,815	706	17	529	51,460	25,488	9,222
Tagalog	1	1		4	433	28	307
Vietnamese	3	3		3	284	34	148
Other	44	2	1	10	500	116	276
TOTAL	**22,757**	**3,504**	**23**	**616**	**98,031**	**57,801**	**18,822**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	43	22	1		224	189	67
Asian	818	76	1	47	9,440	2,637	2,413
Black	3,203	235	1	3	4,539	5,829	874
Hispanic	47,948	2,687	18	601	207,830	122,515	13,274
White	2,215	437	1	17	8,786	6,113	2,194
Other	1,585	102	2	27	8,769	4,022	
TOTAL	**55,812**	**3,559**	**24**	**695**	**239,588**	**141,305**	**18,822**

Figure 1.8

DPSS CASELOAD CHARACTERISTICS DECEMBER 2012
Service Planning Area 8

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	60,972	23,700		1	163,626	168,547	N/A
Legal Immigrants	1,664	946	33	433	21,626	9,556	N/A
Other	68	5			283	113	N/A
Undocumented Immigrants	10				37,304	3	N/A
TOTAL	**62,714**	**24,651**	**33**	**434**	**222,839**	**178,219**	**N/A**
Primary Language of Aided Cases							
Armenian	3			1	49	8	53
Cambodian	379	34		13	1,593	883	1,478
Chinese		3		4	433	16	214
English	18,596	23,906	16	52	53,980	73,815	12,448
Farsi	3	1	2	5	120	6	159
Korean	10	8		12	849	68	525
Russian		2		5	93	6	77
Spanish	7,131	614	8	266	35,318	19,397	3,287
Tagalog	6	4		15	634	34	771
Vietnamese	36	5		4	883	168	396
Other	27	7	4	16	512	80	321
TOTAL	**26,191**	**24,584**	**30**	**393**	**94,464**	**94,481**	**19,729**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	37	122			187	365	72
Asian	3,681	710	2	75	21,868	10,782	4,715
Black	19,049	14,316	7	16	29,080	56,740	7,209
Hispanic	33,334	4,957	9	300	143,818	86,770	4,846
White	3,084	3,119	8	26	13,147	13,257	2,887
Other	3,529	1,427	7	17	14,739	10,305	
TOTAL	**62,714**	**24,651**	**33**	**434**	**222,839**	**178,219**	**19,729**

Figure 1.9

DPSS CASELOAD CHARACTERISTICS DECEMBER 2012
Service Planning Area Unknown*

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	8,713	4,232			32,579	25,202	N/A
Legal Immigrants	287	137	10	115	4,304	1,426	N/A
Other	6				45	15	N/A
Undocumented Immigrants	1				6,344		N/A
TOTAL	**9,007**	**4,369**	**10**	**115**	**43,272**	**26,643**	**N/A**
Primary Language of Aided Cases							
Armenian	30	12		4	260	69	443
Cambodian	5				38	13	41
Chinese	2	5		3	571	56	225
English	2,390	4,231	5	7	12,529	11,639	1,693
Farsi	7	2	2	2	141	19	120
Korean	3	3		5	341	37	111
Russian	4			4	80	6	145
Spanish	1,148	94	3	66	6,728	2,803	877
Tagalog		2		1	123	5	77
Vietnamese	5	3		3	233	41	51
Other	10	2		6	133	22	49
TOTAL	**3,604**	**4,354**	**10**	**101**	**21,177**	**14,710**	**3,832**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	10	14			72	61	11
Asian	209	51		22	3,671	816	630
Black	1,895	2,331	2	1	4,339	6,758	776
Hispanic	5,669	924	3	71	27,767	14,233	1,277
White	865	882	3	16	5,307	3,552	1,138
Other	359	167	2	5	2,116	1,223	
TOTAL	**9,007**	**4,369**	**10**	**115**	**43,272**	**26,643**	**3,832**

* Unknown counts represent cases with addresses that cannot be geocoded for various reasons such as P.O. Box addresses, incomplete addresses, etc.

Figure 2

INDIVIDUALS AIDED - ALL AID PROGRAMS DECEMBER 2012
Compared to December 2011

Program	Dec. 2011	Dec. 2012	Change	% Change
CalWORKs	438,715	428,294	-10,421	-2.38%
General Relief	106,647	101,071	-5,576	-5.23%
CAPI	5,143	5,584	441	8.57%
Refugee	571	672	101	17.69%
Medical Assistance Only	1,695,805	1,686,556	-9,249	-0.55%
CalFresh	1,064,647	1,130,714	66,067	6.21%
IHSS	182,181	182,414	233	0.13%
Total All Programs *	2,429,214	2,450,333	21,119	0.87%

* 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 2002 - December 2012

Month	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	11/12 change	11/12 % change
Jan.	47	20	37	20	26	16	23	7	11	5	19	14	280%
Feb.	50	13	33	24	16	13	14	5	9	9	17	8	89%
Mar.	23	32	32	21	31	12	12	7	11	3	26	23	767%
Apr.	50	28	29	34	41	15	11	13	7	14	25	11	79%
May	43	31	27	15	29	13	17	13	3	11	24	13	118%
June	43	50	32	32	31	12	14	11	5	16	24	8	50%
July	32	38	43	36	26	13	9	14	10	11	23	12	109%
Aug.	28	48	38	36	34	15	12	8	8	12	15	3	25%
Sept.	34	45	35	20	21	20	7	6	4	5	12	7	140%
Oct.	31	35	17	26	27	22	20	9	14	6	13	7	117%
Nov.	21	28	23	24	14	17	3	13	6	8	15	7	88%
Dec.	21	28	19	17	3	7	4	12	3	13	9	-4	-31%
TOTAL	**423**	**396**	**365**	**305**	**299**	**175**	**146**	**118**	**91**	**113**	**222**	**109**	**96%**

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.

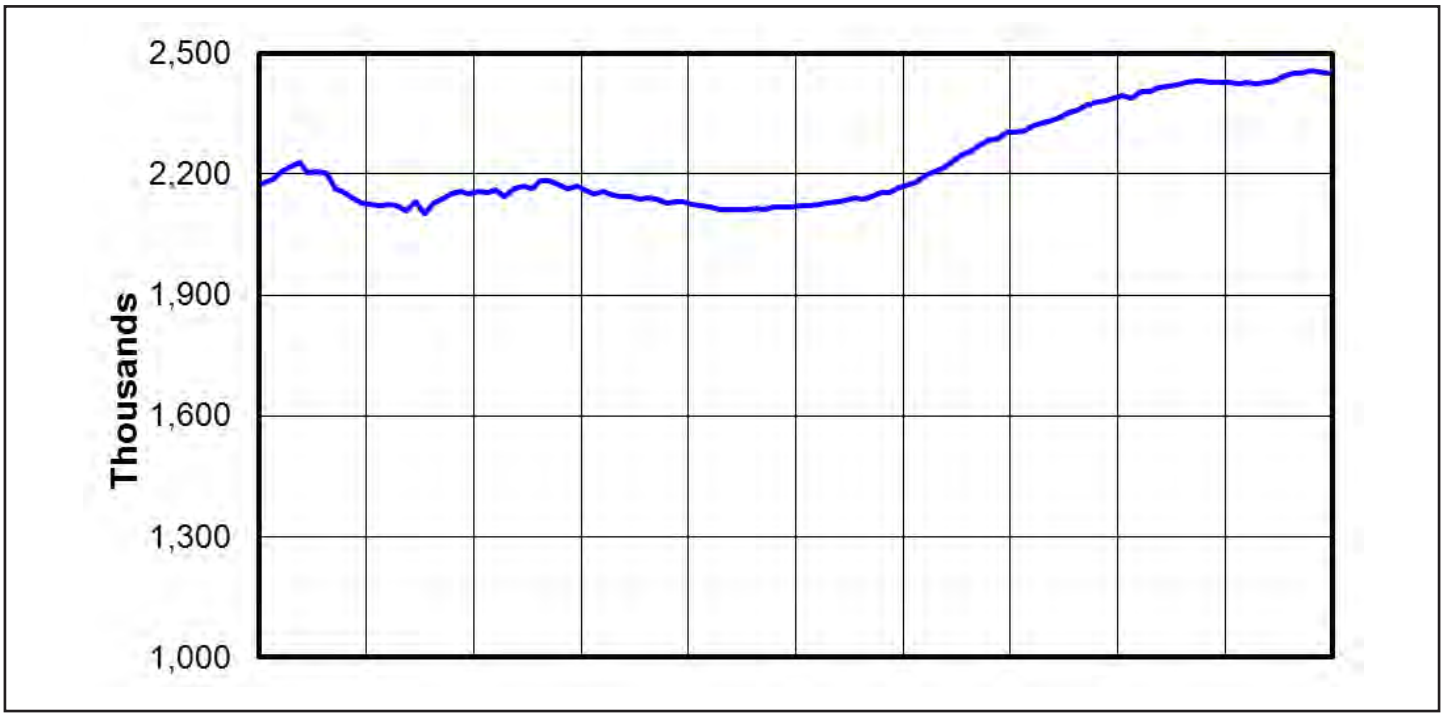
Figure 4

CAL-LEARN PARTICIPANTS SERVED
January 2005 - December 2012

Month	2005	2006	2007	2008	2009	2010	2011	2012	11/12 change	11/12 % change
Jan.	2,358	2,452	2,181	2,465	2,735	3,064	2,923	2,270	-1,169	-40%
Feb.	2,390	2,504	2,234	2,492	2,832	3,109	2,948	2,169	-1,224	-42%
Mar.	2,377	2,435	2,155	2,470	2,891	3,134	2,912	2,431	-1,128	-39%
Apr.	2,369	2,467	2,186	2,514	2,920	3,200	2,934	2,471	-1,118	-38%
May	2,430	2,339	2,270	2,586	2,982	3,235	2,741	2,370	-915	-33%
June	2,355	2,412	2,307	2,549	2,953	3,149	2,350	2,382	-563	-24%
July	2,371	2,410	2,250	2,474	2,870	2,932	2,115	2,211	-183	-9%
Aug.	2,456	2,442	2,292	2,493	2,862	2,960	1,836	2,181	417	24%
Sept.	2,344	2,414	2,305	2,535	2,888	2,992	2,134	2,182	152	7%
Oct.	2,424	2,366	2,408	2,556	3,009	3,030	2,057	2,265	273	14%
Nov.	2,400	2,412	2,450	2,650	3,077	3,014	2,208	2,167	-5	0%
Dec.	2,444	2,389	2,488	2,751	3,074	2,991	2,214	2,192	23	1%
AVERAGE	**2,393**	**2,420**	**2,294**	**2,545**	**2,924**	**3,068**	**2,448**	**2,274**	**-174**	**-7%**

Figure 5

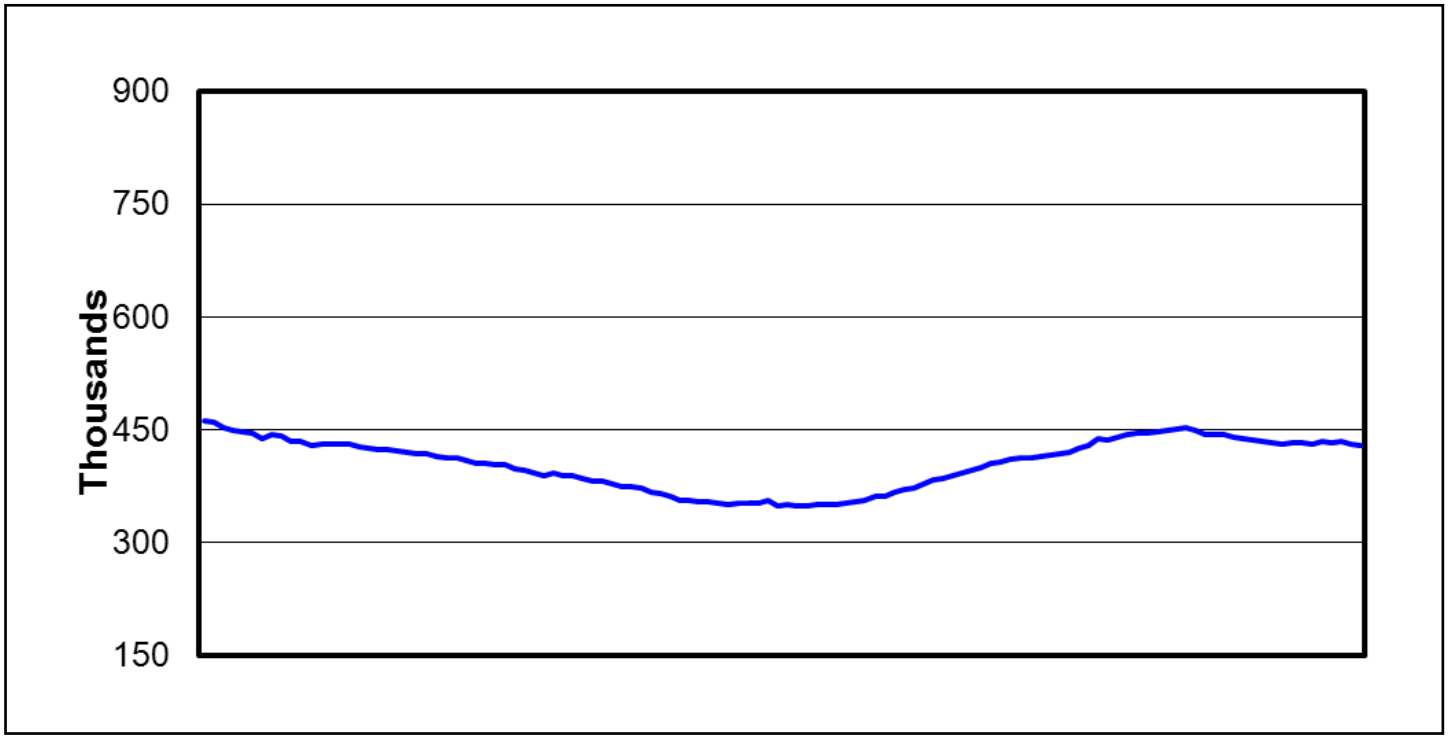
INDIVIDUALS AIDED – ALL AIDS COMBINED
January 2003 - December 2012



Month	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Jan.	2,176,029	2,125,174	2,157,416	2,159,561	2,125,532	2,120,743	2,174,614	2,303,749	2,394,585	2,426,501
Feb.	2,185,622	2,121,033	2,155,158	2,151,993	2,121,183	2,121,664	2,180,687	2,306,162	2,389,716	2,422,909
Mar.	2,205,706	2,126,252	2,160,504	2,156,830	2,118,608	2,126,084	2,195,497	2,321,333	2,403,761	2,426,841
Apr.	2,220,340	2,120,822	2,143,971	2,146,245	2,112,631	2,129,358	2,206,577	2,327,154	2,403,859	2,423,481
May	2,227,731	2,107,699	2,164,290	2,143,301	2,113,264	2,131,845	2,216,924	2,331,869	2,413,553	2,427,711
June	2,202,094	2,131,565	2,170,799	2,144,293	2,111,673	2,135,562	2,232,040	2,340,068	2,416,384	2,431,477
July	2,205,980	2,102,765	2,165,355	2,138,980	2,112,568	2,139,790	2,249,143	2,352,189	2,420,344	2,442,987
Aug.	2,203,801	2,127,918	2,184,371	2,140,548	2,116,434	2,138,281	2,256,283	2,360,927	2,426,295	2,451,696
Sep.	2,165,470	2,137,604	2,182,116	2,137,037	2,113,352	2,144,760	2,271,473	2,372,707	2,431,316	2,450,230
Oct.	2,154,853	2,151,665	2,174,983	2,129,048	2,118,831	2,155,204	2,283,036	2,379,568	2,429,646	2,457,086
Nov.	2,142,473	2,156,602	2,164,674	2,132,091	2,119,663	2,154,415	2,287,582	2,380,834	2,428,279	2,453,757
Dec.	2,128,450	2,152,193	2,170,366	2,130,380	2,118,174	2,167,776	2,302,924	2,389,268	2,429,214	2,450,333

Figure 6

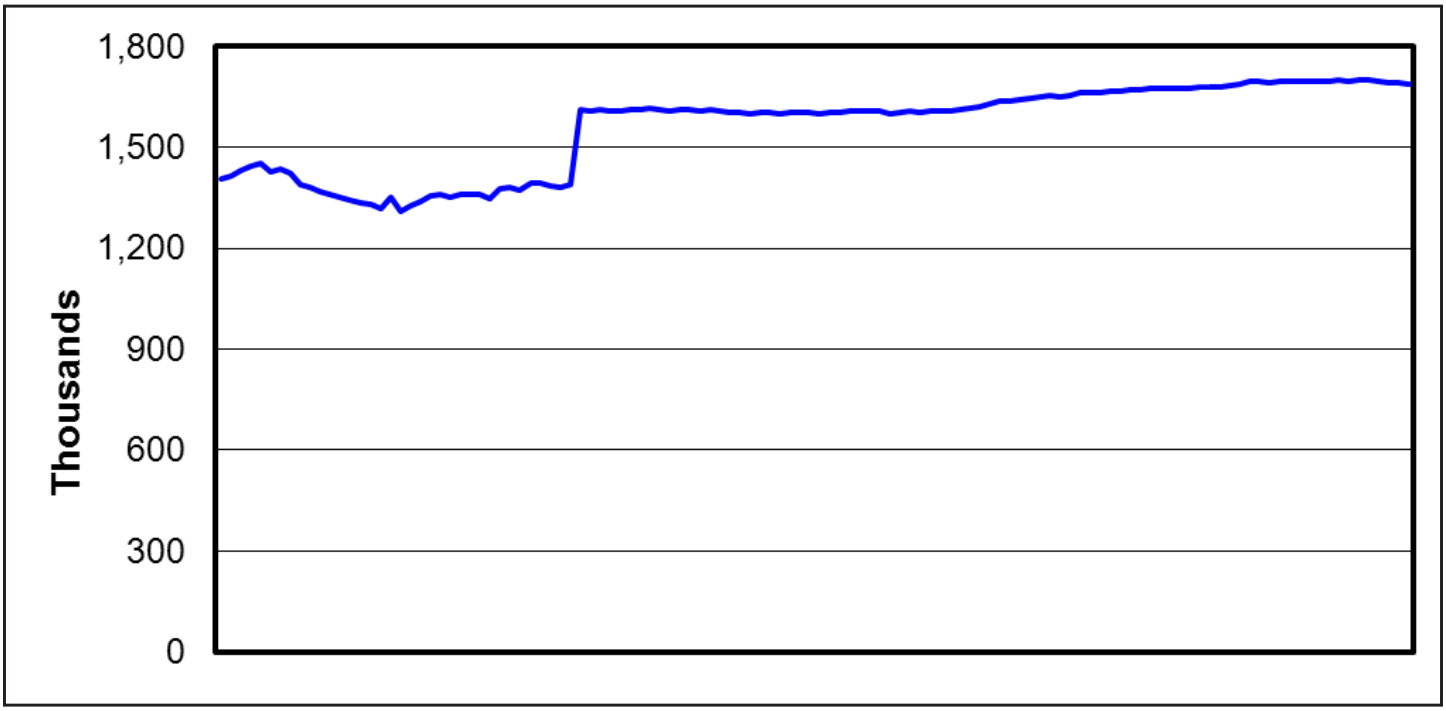
INDIVIDUALS AIDED - CalWORKs
January 2003- December 2012



Month	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Jan.	462,610	430,391	414,741	393,222	361,495	350,311	370,631	413,178	445,949	436,846
Feb.	459,815	430,449	411,996	389,308	357,170	349,868	373,398	412,969	445,154	434,536
Mar.	453,464	431,113	411,982	388,639	355,533	349,622	378,222	414,952	447,929	433,157
Apr.	450,140	430,219	409,394	384,683	354,031	350,448	382,959	415,809	449,363	431,619
May	448,322	426,729	405,720	382,422	353,662	350,578	385,883	418,101	451,770	432,124
June	445,039	426,184	405,630	381,675	353,094	350,570	389,509	419,613	453,164	432,684
July	438,361	424,338	403,975	378,299	351,664	352,835	392,490	426,282	449,303	431,612
Aug.	443,245	422,880	403,067	375,389	352,669	355,100	395,902	429,910	444,096	434,159
Sep.	441,248	421,714	397,342	374,190	351,816	357,008	400,534	437,714	444,308	432,602
Oct.	434,549	419,500	396,161	372,159	352,014	361,378	406,371	436,323	443,415	434,071
Nov.	433,899	417,371	392,509	368,084	355,989	362,652	406,992	439,859	440,023	431,092
Dec.	428,578	418,660	388,447	365,841	349,574	367,163	411,842	443,245	438,715	428,294

Figure 7

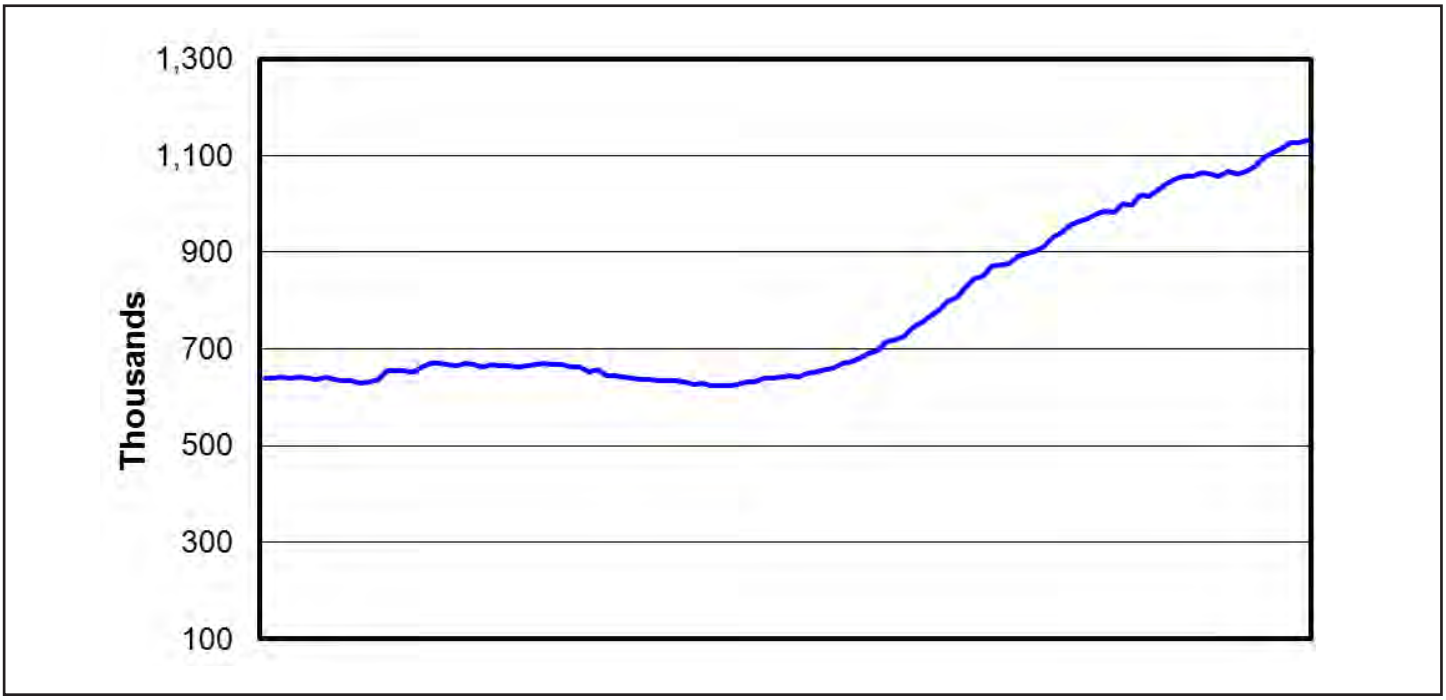
INDIVIDUALS AIDED – MEDICAL ASSISTANCE ONLY
January 2003 - December 2012



Month	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Jan.	1,406,522	1,353,228	1,358,470	1,610,580	1,610,495	1,601,826	1,608,284	1,652,545	1,677,657	1,695,530
Feb.	1,413,691	1,344,771	1,362,025	1,609,912	1,611,324	1,604,958	1,609,965	1,656,625	1,674,595	1,696,763
Mar.	1,433,380	1,336,927	1,361,840	1,612,873	1,606,981	1,605,420	1,612,871	1,664,015	1,681,467	1,698,376
Apr.	1,445,267	1,329,514	1,346,964	1,608,581	1,603,501	1,607,132	1,615,916	1,665,214	1,680,359	1,698,100
May	1,452,265	1,319,549	1,376,740	1,610,182	1,604,117	1,607,865	1,621,134	1,663,980	1,681,497	1,700,809
June	1,427,276	1,350,166	1,380,861	1,611,201	1,601,343	1,609,248	1,627,826	1,665,971	1,683,049	1,697,665
July	1,436,246	1,308,380	1,373,812	1,611,515	1,602,534	1,607,295	1,637,703	1,668,643	1,687,322	1,701,787
Aug.	1,423,220	1,328,548	1,392,970	1,615,820	1,603,846	1,602,051	1,639,215	1,669,561	1,694,711	1,701,649
Sep.	1,390,581	1,339,599	1,395,267	1,612,472	1,600,003	1,603,149	1,643,871	1,672,275	1,696,079	1,695,450
Oct.	1,382,429	1,356,053	1,387,259	1,607,194	1,603,238	1,607,896	1,646,630	1,677,012	1,693,154	1,693,886
Nov.	1,367,723	1,361,372	1,380,600	1,612,304	1,604,229	1,603,186	1,648,758	1,675,728	1,696,764	1,691,766
Dec.	1,361,270	1,351,417	1,389,196	1,612,219	1,602,354	1,607,228	1,655,341	1,677,283	1,695,805	1,686,556

Figure 8

INDIVIDUALS AIDED - CALFRESH
January 2003- December 2012



Month	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Jan.	640,239	632,052	668,997	661,664	631,850	644,368	719,388	873,906	983,972	1,061,099
Feb.	639,800	638,116	663,088	653,479	625,321	642,827	728,164	877,708	982,952	1,056,530
Mar.	641,417	656,154	667,068	657,003	629,729	650,233	745,955	893,254	999,836	1,067,474
Apr.	639,816	654,400	665,689	645,412	622,860	652,132	755,533	896,310	997,431	1,062,493
May	641,206	654,425	665,018	644,941	624,750	656,361	767,382	902,170	1,017,987	1,067,010
June	639,950	651,213	663,654	642,842	624,827	659,778	782,354	912,861	1,016,668	1,078,877
July	636,053	662,139	664,358	638,219	627,626	670,143	799,325	930,781	1,029,907	1,095,676
Aug.	642,295	671,442	667,652	637,972	631,525	673,922	807,965	941,140	1,042,754	1,106,581
Sep.	637,365	670,871	669,642	636,555	630,752	681,301	827,823	955,463	1,052,181	1,112,889
Oct.	634,616	667,536	667,981	635,344	638,796	690,571	844,497	963,522	1,058,355	1,127,190
Nov.	634,291	666,183	667,264	633,506	639,412	695,872	852,054	968,213	1,057,476	1,126,961
Dec.	629,613	671,176	661,703	634,763	641,215	713,748	870,368	978,920	1,064,647	1,130,714

GLOSSARY OF TERMS

DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS)

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

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS)

Provides temporary financial assistance, no-cost Medi-Cal, and employment-focused services to families with minor children who may or may not have income, and their property limit is below State maximum limits for their family size. In addition, the family must meet one of the following deprivations:

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

CASH ASSISTANCE PROGRAM TO IMMIGRANTS (CAPI)

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

CALFRESH

Is the cornerstone of the federal food assistance program. The purpose of this program is to promote and safeguard the health and well-being of low-income households by raising their levels of nutrition and increasing their food purchasing power.

GENERAL RELIEF (GR)

Is a County-funded program that provides cash aid to indigent adults who are ineligible for Federal or State programs.

IN-HOME SUPPORTIVE SERVICES (IHSS)

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

LEADER

Is an acronym for Los Angeles Eligibility, Automated Determination, Evaluation and Reporting System.

MEDI-CAL ASSISTANCE ONLY (MAO)

Provides comprehensive medical benefits to low-income families with children, pregnant women, blind or disabled individuals and adults over 65 years of age. Depending on their income and resource levels, individuals and families may be eligible for a no-cost or a share-of-cost Medi-Cal Program.

REFUGEE RESETTLEMENT PROGRAM (RRP)

Is made up of many program partners at the Federal, State, County, and community levels. Typically, refugees are eligible for the same assistance programs as citizens including CalWORKs, CalFresh, Medi-Cal, SSI/SSP, and General Relief. In addition, single adults or couples without children who are not eligible for other welfare assistance may receive Refugee Cash Assistance (RCA). Vital to the success of the California Refugee Program are the contributions made by Mutual Assistance Associations, and Community Based Organizations (CBOs) that provide culturally and linguistically appropriate services.

CAL-LEARN

Is a mandatory program for CalWORKs participants who are under 19 years of age, are pregnant or parenting, and have not yet completed their high school education. The Cal-Learn program is designed to address long-term welfare dependency

by encouraging and assisting teen parents on the CalWORKs program to remain in or return to school. Cal-Learn focuses on providing these youths with the following supportive services needed to complete their high school education or equivalent:

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

PUBLIC LIBRARY

NO-FAULT LIBRARY CARD FOR FOSTER CHILDREN

The County of Los Angeles Public Library reaches out to children in at-risk populations. While some foster children in Los Angeles County have caregivers who take on the financial responsibility necessary in securing a library card for their foster children, many of them are reluctant to take on that responsibility. In the event of a change in placement, the child may use the card irresponsibly and the original caregiver may be responsible for subsequent library fines or charges for lost library materials.

Since October 2002, the Public Library and the Department of Children and Family Services (DCFS) have worked together to provide a "no-fault" library card for foster children. DCFS is responsible for any fines or overdue materials and fees for lost materials checked out by foster children enrolled in the program. Currently, more than 1,058 children have received library cards through this program. There were 150 children who received the no-fault library card in Fiscal Year (FY) 2012-2013.

LIBRARY CARDS FOR PROBATION YOUTH

During FY 2012-2013 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 2012-2013, 2,649 library cards were issued. Many school based probation officers are regularly bringing their clients to County Libraries to learn about and use library books and resources. The Library and Probation Department are exploring on how to expand their partnership.

Total number of library cards issued through this program: 23,312.

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 495,741 times. In FY 2012–2013, more than 75,074 students used the service.

EARLY CHILDHOOD PROGRAMS

Family Place

Family Place is designed to assist families to strengthen their knowledge about support for their children's early childhood development and learning. The Public Library provides warm, welcoming spaces for parents and children to learn together. The Libraries provide parent/child workshops where parents are introduced to community resources that can assist them to answer questions and deal with issues of child rearing. In 2012-2013, the County Library expanded the programming from 40 sites to 49 sites, with 5 projected new Family Place sites next year. Over 41,962 children and caregivers were reached through the library programs and parent training as compared to 23,000 the previous fiscal year.

The County of Los Angeles Public Library also hosted for the fourth year the Family Place Training Institute at the West Coast Family Place Training Center, based out of the Carson Regional Library which was originally funded by the California State Library and First 5 Los Angeles. Librarians spent three days in April 2013 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.

SECTION IV:
ICAN ORGANIZATIONAL SUMMARY

ICAN Organizational Summary

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

Thirty-two County, City, State and Federal agency heads are members of the ICAN Policy Committee, along with UCLA, three private sector members appointed by the Board of Supervisors. ICAN's Policy Committee is comprised of the heads of each of the member agencies. The ICAN Operations Committee, which includes designated child abuse specialists from each member agency, carries out the activities of ICAN through its work as a committee and through various standing and ad hoc sub-committees. Twelve community based inter-disciplinary child abuse councils interface with ICAN and provide valuable information to ICAN regarding many child abuse related issues. ICAN Associates is a private non-profit corporation of volunteer business and 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

LIDIA ESCOBAR
ICAN Program Administrator

CATHY WALSH
ICAN Program Administrator

EAKITA WEST
Administrative Assistant

SABINA ALVAREZ
ICAN Secretary

LORRAINE ABASTA
ICAN Secretary

ICAN ASSOCIATES STAFF

PAUL CLICK
Technology Manager

KENNETH RIOS
Project Coordinator

LAURENCE KERR
IT Coordinator

DIANA GODINEZ
Office Assistant

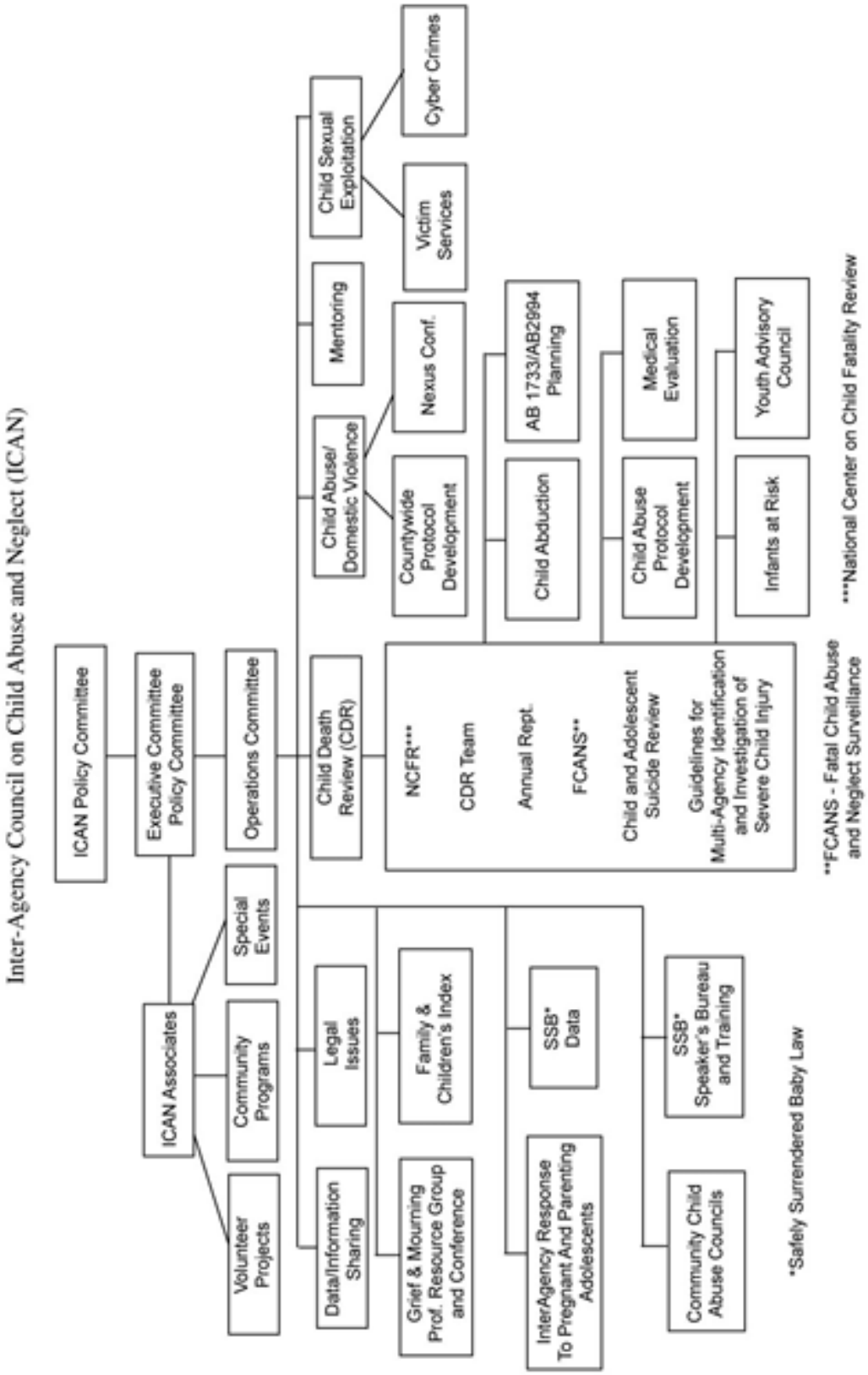
STEPHANIE INYAMA
Project Manager, Infant Safe Sleep Campaign

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


Inter-Agency Council on Child Abuse and Neglect (ICAN)
ICAN Policy Committee
Executive Committee Policy Committee
Operations Committee
ICAN Associates
Special Events
Community Programs
Volunteer Projects
Child Death Review (CDR)
Legal Issues
Data/Information Sharing
NCFR***
CDR Team
Annual Rept.
FCANS**
Child and Adolescent Suicide Review
Guidelines for Multi-Agency Identification and Investigation of Severe Child Injury
Child Abuse/ Domestic Violence
Countywide Protocol Development
Nexus Conf.
Child Abduction
AB 1733/AB2994 Planning
Child Abuse Protocol Development
Medical Evaluation
Infants at Risk
Youth Advisory Council
Mentoring
Victim Services
Child Sexual Exploitation
Cyber Crimes
Family & Children's Index
Grief & Mourning Prof. Resource Group and Conference
SSB* Data
InterAgency Response To Pregnant And Parenting Adolescents
SSB* Speaker's Bureau and Training
Community Child Abuse Councils
*Safely Surrendered Baby Law
**FCANS - Fatal Child Abuse and Neglect Surveillance
***National Center on Child Fatality Review

ICAN COMMITTEES

POLICY COMMITTEE

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

COUNTY EXECUTIVES POLICY COMMITTEE

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

OPERATIONS COMMITTEE

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

OPERATIONS EXECUTIVE COMMITTEE

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

ICAN ASSOCIATES

Private incorporated fundraising arm and support organization 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 as needed).

CHILD ABUSE COUNCILS

Provides interface of membership of 12 community child abuse councils involving hundreds of organizations and professionals with ICAN. Councils are interdisciplinary with open membership and organized geographically, culturally, and ethnically. Coordinates public awareness campaigns, provides networking and training for professionals, identifies public policy issues and opportunities for public/private, community-based projects. (Meets monthly).

CHILD ABUSE/DOMESTIC VIOLENCE

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

GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP AND CONFERENCE

A professional peer group which serves as a resource

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

FAMILY AND CHILDREN'S INDEX

Development and implementation of an inter-agency database to allow agencies access to information on whether other agencies had relevant previous contact with a child or family in order to form multi-disciplinary personnel teams to assure service needs are met or to intervene before a child is seriously or fatally injured. (Meets monthly).

CHILD ABDUCTION

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

AB 1733/AB 2994 PLANNING

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

Inter-agency RESPONSE TO PREGNANT AND PARENTING ADOLESCENTS

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

CHILD ABUSE PROTOCOL DEVELOPMENT

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

CHILD ABUSE EVALUATION REGIONALIZATION

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

NATIONAL CENTER ON CHILD FATALITY REVIEW (NCFR)

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

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 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.

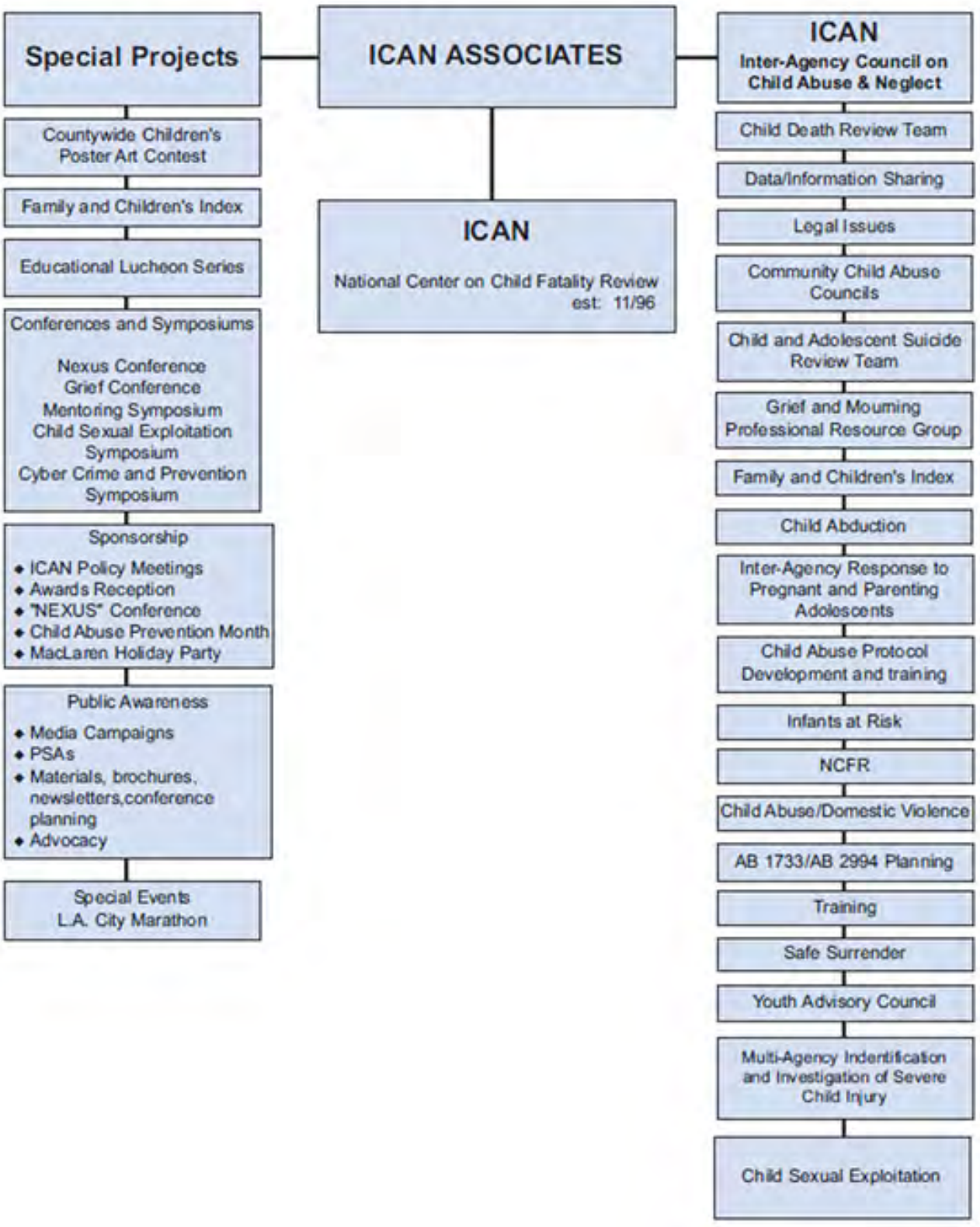
ICAN Associates has been extremely successful in securing funding through grants and corporate sponsorships:

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 2013, ICAN Associates sponsored "NEXUS XVIII Anniversary Year Conference" in conjunction with The Department of Children and Family Services (DCFS), community groups and ICAN agencies. The conference presented an opportunity to hear from local, state and national experts, about the impact of all forms of violence within the home on children as well as potential solutions. The information presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

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


Special Projects
ICAN ASSOCIATES
ICAN
Inter-Agency Council on Child Abuse & Neglect
Countywide Children's Poster Art Contest
Family and Children's Index
Educational Luncheon Series
Conferences and Symposiums
Nexus Conference
Grief Conference
Mentoring Symposium
Child Sexual Exploitation Symposium
Cyber Crime and Prevention Symposium
Sponsorship
ICAN Policy Meetings
Awards Reception
"NEXUS" Conference
Child Abuse Prevention Month
MacLaren Holiday Party
Public Awareness
Media Campaigns
PSAs
Materials, brochures, newsletters,conference planning
Advocacy
Special Events
L.A. City Marathon
ICAN
National Center on Child Fatality Review
est: 11/96
Child Death Review Team
Data/Information Sharing
Legal Issues
Community Child Abuse Councils
Child and Adolescent Suicide Review Team
Grief and Mourning Professional Resource Group
Family and Children's Index
Child Abduction
Inter-Agency Response to Pregnant and Parenting Adolescents
Child Abuse Protocol Development and training
Infants at Risk
NCFR
Child Abuse/Domestic Violence
AB 1733/AB 2994 Planning
Training
Safe Surrender
Youth Advisory Council
Multi-Agency Indentification and Investigation of Severe Child Injury
Child Sexual Exploitation

HONORARY CHAIRPERSON

LINDSAY WAGNER
Producer/Actor

President

KAY HOFFMAN

Vice President

JOHN HILL
Founder Cell Phone Dads

Secretary

STACEY SAVELLE
LA County Children and Family Services, Retired

Treasurer

ALISON WILCOX
UCLA Faculty, Retired

Members

ALAN LANDSBURG
The Landsburg Company

BEVERLY KURTZ
Los Angeles County Museum of Art Docent Council

NICHOLAS WINSLOW
Past President, Warner Bros. Entertainment

MONICA HYLANDE-LATTE
Clinical Psychologist

MICHELE JONDLE
CIC, Senior Vice President, Vicencia and Buckley Insurance Services Inc.

SHIRLEY IMPELLIZZERI
Clinical Psychologist

SALLIE PERKINS
Performing Artist

ELAINE TREBEK-KARES
CEO, IN-HOUSE Media & Entertainment

Founders

LADY SARAH CHURCHILL

SYBIL BRAND

CHRISTINA CRAWFORD

ELAINE TREBEK-KARES

FRANK VICENCIA, ESQ.

BOURNE MORRIS

Los Angeles County Child Abuse Coordination Project Members

The Los Angeles Community Child Abuse Councils consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect, and to raise public awareness of child abuse and family violence issues. The membership of the Councils is made up of professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the problems of child abuse and family violence. The Child Abuse Councils Coordination Project facilitates the joint projects of the 12 Community Councils. Since the child abuse councils are volunteer organizations, and most members have full time jobs apart from their involvement with the councils, it is important that our projects can be implemented easily and quickly. The Coordination Project also serves the councils by providing technical assistance and professional education, advocating for children issues, and networking with other councils and agencies on behalf of the Councils. The Coordination Project has been in existence since 1987, and has been a non-profit corporation since March 1998. The Coordination Project acts as contractor with the Los Angeles County Department of Children and Family Services and the Office of Child Abuse Prevention (OCAP) to provide services to benefit the 12 Child Abuse Councils in their efforts to prevent child abuse.

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

- The April Child Abuse Prevention Campaign
- Publication of The Children's Advocate Newsletter
- The Report Card Insert Project
- Coordination of Non-Profit Bulk Mailings 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.

Coordination Project Director
Monika Mccoy (818) 790-9448

COMMUNITY CHILD ABUSE COUNCILS

Advocacy Council For Abused Deaf Children
Jean Marie Hunter (626) 798-6793

Asian Pacific Child Abuse Council
Yasuko Sakamoto (213) 473-1602

Eastside Child Abuse Prevention Council
Connie C. Preciado (626) 442-1400 Ext. 209

Long Beach End Abuse
Paula Cohen (562) 435-3501 Ext.3842

Family, Children, Community Advisory Council
Sandra Guine (213) 639-6443

Foothill Child Abuse Domestic Violence Prevention Council
Erica Villalpando (626) 795-6907

Gay, Lesbian, Bisexual, And Transgender (Glbt) Child Abuse Prevention Council
Mark Abelson (323) 646-2419

San Fernando Valley Child Abuse Council
Deborah Davies (818) 988-4430

San Gabriel Valley Family Violence Council
Lydia Sandoval (626) 966-1755 Paula Jeppson (626) 967-7153

Service Planning Area 7 Child Abuse Council
Norma Yoquez (562) 777-1410 Ext 112

Westside Domestic Violence Network
Jennifer Chen Speckman (310) 264-0407

Yes2kids Antelope Valley Child Abuse Council
Bob Broyles (661) 538-1846

SECTION V:
APPENDIX

Categories of Abuse

A significant accomplishment of the Los Angeles Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Subcommittee in the 1980's was to provide Los Angeles area agencies with a common definition of child abuse to serve as a reporting guideline. One purpose of this effort was to achieve compatibility with reporting guidelines used by the State of California.

Additionally, it was hoped that a common definition would enhance our ability to better measure the extent of our progress and our problems, independent of the boundaries of particular organizations. As you read the reports in this document you will see that this hope is certainly being realized. Since their inception, the definitions have increasingly been applied by ICAN agencies with each annual report that has been published. This year's Data Analysis Report is no exception. This year, more than half of the reporting agencies have been able to apply them to their reports in one way or another.

The Data/Information Sharing Sub-committee hopes that as operational automated systems are implemented and enhanced by ICAN agencies, these classifications will be considered and more fully institutionalized. We believe that over time, their use will enable the agencies to achieve a more unified and effective focus on the issues. The seven reporting categories are defined as follows:

PHYSICAL ABUSE

A physical injury which is inflicted by other than accidental means on a child by another person. Physical abuse includes deliberate acts of cruelty, unjustifiable punishment, and violence towards the child such as striking, throwing, biting, burning, cutting, twisting limbs.

SEXUAL ABUSE

Any sexual activity between a child and an adult or person five years older than the child.

This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse.

SEVERE NEGLECT

The child's welfare has been risked or endangered or has been ignored to the degree that the child has failed to thrive, has been physically harmed or there is a very high probability that acts or omissions by the caregiver would lead to physical harm. This includes children who are malnourished, medically diagnosed nonorganic failure to thrive, or prenatally exposed to alcohol or other drugs.

GENERAL NEGLECT

The person responsible for the child's welfare has failed to provide adequate food, shelter, clothing, supervision, and/or medical or dental care. This category includes latchkey children when they are unable to properly care for themselves due to their age or level of maturity.

EMOTIONAL ABUSE

Emotional abuse means willful cruelty or unjustifiable inappropriate punishment of a child to the extent that the child suffers physical trauma and intense personal/public humiliation.

EXPLOITATION

Exploitation exists when a child is made to act in a way that is inconsistent with his/her age, skill level, or maturity. This includes sexual exploitation in the realm of child pornography and child prostitution. In addition, exploitation can be economic, forcing the child to enter the job market prematurely or inappropriately; or it can be social with the child expected to perform in the caretaker role, or it can be through technology through use of a computer, the telephone, or the internet.

CARETAKER ABSENCE/INCAPACITY

This refers to situations when the child is suffering either physically or emotionally, from the absence of the caretaker. This includes abandoned children, children left alone for prolonged periods of time without provision for their care, as well as children who lack proper parental care due to their parents' incapacity, whether physical or emotional.

The ICAN Data and Sharing Committee is comprised of representatives from the various State, County, City and non-profit agencies ICAN networks with for the prevention, identification and treatment of child abuse and neglect. This multi-disciplinary and inter-agency 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 thus giving visibility to data about child abuse and neglect in Los Angeles County.

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's mission is to coordinate the development of services for the prevention, identification and treatment of child abuse and neglect throughout Los Angeles County.

ICAN was established in 1977 by the Los Angeles County Board of Supervisors as the official county agency 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; and grief and loss issues for children in foster care and siblings of children who are victims of fatal child abuse.