



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

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

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



ICAN 2023

THE STATE OF CHILD ABUSE in Los Angeles County  
Compiled from 2022 Data

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# ICAN 2023

Inter-Agency Council on Child Abuse and Neglect

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

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**REPORT COMPILED FROM 2022 DATA**

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

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

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

Current Page Cover art by Maria Mkhitarian, ICAN Student Poster Art Contest  
Front Page Cover art by Avyan Kanani, Grand Prize Winner, ICAN Student Poster Art Contest  
Back Page Cover art by Alexander Robles-Magana, ICAN Student Poster Art Contest



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Every child has the potential to grow to his or her fullest if you nurture, love, and believe in them.

-I love you!  
-I believe in you!  
-You will succeed!

-I'm here for you!  
-You can do it!  
-You matter!  
-You will achieve your dreams!



Paul Child



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



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

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

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

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

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

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

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

This is the 37th annual State of Child Abuse in Los Angeles County Annual Report. This publication provides visibility to data about child abuse and neglect in our County, and the agencies that serve the children and families within the child protection system of care.

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

## DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Overall, there was a 9.9% increase in the number of children referred to DCFS during CY 2022, 136,427 compared to 124,105 in CY 2021. This is the third consecutive year of increased children referred since the Covid-19 pandemic. This trend is unlike the average 5% decrease from CY 2017- CY 2019 when there was an average of a 5% decrease in children referred to DCFS. However, between the CY's of 2019 and 2020, the decrease was 24%. Of all children referred to DCFS in CY 2022, the percentage of children requiring an in person investigation significantly increased by 11.1%. A total of 71.0% of children referred to DCFS in 2022 required an in person investigation.

While General Neglect has generally been the leading reported allegation among all Emergency Response referrals, there has been a slight downward trend from 39% in 2020, 38.1% in 2021, and 37.2% in 2022. Emotional Abuse represented 15.4% and Physical Abuse represented 15% of allegations reported in CY 2022.

The number of referrals that had an identified concern of domestic violence has consistently decreased in the last three calendar years from 9,647 in 2020, 9,044 in 2021, and 8,638 in 2022. This decrease is notable. The source of this data is the Structured Decision Making Database and CWS/ CMS Datamart. Based on this data source, referrals with an identified concern of domestic violence has not exceeded 8% of the total number of DCFS referrals in those 3 calendar years. 47% of children involved in domestic violence related referrals were 0-5 years of age. This was the same as the previous year.

Infants and toddlers are particularly vulnerable to maltreatment. Children ages 0–2 accounted for

just under 14.3% of all referred children. This age category also represented 18.2% of the total In-Home and Out-of-Home services caseload. These two percentages are greater than the group's overall percentage of the child population, 12.0%. The number of children ages 0 – 2 years old in a DCFS caseload has decreased in the last three calendar years from 7,318 in 2020, 5,956 in 2021, and 4996 in 2022.

There is evidence African American children and youth continue to be over represented in DCFS. In CY 2022, they accounted for 16.8% of all referred children and 23.7% of children and youth in an open case. Yet African American children and youth only represented 7.8% of the child population in 2021. Hispanic children accounted for the largest proportion of all referred children at 53.4% and represent the majority of the child population at 59.9%. White and Asian/Pacific Islander children were under-represented. White children accounted for 12.1% of all referred children and represent 19.9% of the child population. Asian/Pacific Islander children accounted for 3.3% of all referred children and represent 12.0% of the child population.

27,380 children received in-home and out-of-home services in 2022. This was yet another decrease of 14.2% decrease. There was a 17% decrease of these children between CY's 2020 and 2021. The breakdown of caseload by program type is as follows: 26.9% Family Maintenance; 24.4% Family Reunification; 38.5% Permanent Placement. Permanent Placement cases increased significantly by 4.9%. The remaining case types include: 2.7% Emergency Response; and, 7.5% Supportive Transition.

DCFS utilizes Resource Family Homes (RFH) for children and youth in out-of-home placements. In 2022, out-of-home placements decreased by 11.6% (17,834). Over half (51.3%) of these children and youth resided in a relative placement. Relative placement was the most frequently utilized in 2022. Between the months of October 2022 and December 2022, 8% of children and youth who exited out-of-home care re-entered within 12 months. This rate is higher than the 5.6% national performance.

Transition Aged Youth (TAY) is defined as youth ages 18-21. Many in this age group, especially transition aged youth with mental health challenges or disabilities, require special attention because they are not ready for self-sufficiency upon exiting the child welfare system. Research shows this

demographic faces serious life challenges and difficult life outcomes. This is why the Department invests in programs such as the Independent Living Program.

In 2022, a total of 1,326 TAY exited the child welfare system. The vast majority (83.3%) of TAY exited care at age 21 and 60.3% of these same youth were on a Supervised Independent Living Program (SILP) plan, a foster care placement type exclusively for 18-21 year olds that provides a greater selection of living options and a higher level of independence.

### CALIFORNIA DEPARTMENT OF JUSTICE

The Central Index recorded 663 child abuse reports from Los Angeles County in CY 2023. This represents approximately 13% of the state's total reports. This is a marked decrease from 2019 when 1444 cases, comprising 20% of the State's total came from Los Angeles County and 2020 when 1090 cases were reported.

The abuse determinations were as follows:

- a) 264 (17%) physical abuse
- b) 142 (18%) mental abuse
- c) 67 (5%) severe neglect
- d) 174 (15%) sexual abuse
- e) 16 (19%) willful harming and/or corporal punishment.

Statewide, authorized agencies submitted 5,101 reports to the DOJ for entry into the CAC in 2023, an increase of more than one thousand entries from 202 when 4,223 reports were submitted but still significantly less than the 6,115 submitted in 2020.

CACI data reflects only 7 child death reports statewide in 2023, significantly less than the 19 reported in 2022. Los Angeles County submitted 0 of the death reports.

The continuing low number of reports reflected in the state-wide numbers could be evidence of the high number of referrals for general neglect, unfounded or inconclusive allegations, or families being referred to alternative community program services. These would not be reported to the central index. The low number may also be related to law enforcement agencies again not reporting to CACI in 2023. The legislation that initially excluded law enforcement

from reporting to the index was enacted in 2012.

### COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

During CY 2023, the Coordinated Services Action Team (CSAT) coordinated screening and mental health assessments among 96% of children who were eligible (newly detained DCFS children, newly opened and non-detained, and existing DCFS cases). Approximately 99% of children screened (11,901) were positive, and 97% of those were referred to mental health services.

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

In FY 2022/2023, 2,764 children and youth had a MAT assessment completed. Of this sample, 1,547 (56%) were between the ages of 0 – 5 at the time of their initial detention.

Intensive Services Foster Care (ISFC) is an intensive mental health treatment program that seeks to reduce placement instability and provides an alternative to congregate care settings, characterized by many residents and professional staff. In FY 2022/23 there were 129 97 ISFC placements; 47% male, 51% female; 2/2% between ages 0-5, 64/49% between ages 6-12, 53/41% between ages 13-17, and just 10/8% ages 18-20.

During CY 2023, while the overall population of the juvenile halls decreased, the number of youths requiring mental health treatment increased substantially. Additionally, during 2023, all clinical staff were on site and delivering services 100% in person.

Beginning in July 2021, all youth who were previously sent to the California Department of Juvenile Justice (DJJ) were re-aligned back to the counties under SB 823. Youth are now sentenced to the Secure Youth Treatment Facility (SYTF) within Los Angeles County. DJJ officially and completely closed on June 30, 2023. Currently, SYTF youth are housed at BJNJH and Campus Kilpatrick. Female SYTF youth are housed at Dorothy Kirby Center.

## DISTRICT ATTORNEY'S OFFICE

In 2022, the total number of child abuse and neglect cases submitted for filing consideration against an adult was 4,625 and this represented a second consecutive year increase from 2021 when there was a first increase (5.25%/4,566) in 3 years. Of these, charges were filed in 41% (1,901) of the cases reviewed.

Felony charges were filed in 53% (1,004) of these matters. Misdemeanor charges were filed in 47% (897) of these matters. Of those cases declined for filing (a total of 2,724 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 24% of the declinations (654). In 75% of the adult cases filed involving child abuse, the gender of the defendant was male. Convictions were achieved in 63% of the case dispositions in 2022, involving adult offenders. Defendants received grants of probation in 66% (684) of these cases. State prison sentences were ordered in 31% (316) of the cases; with under 1% (3) of the defendants receiving a life sentence in state prison.

## DEPENDENCY COURT

In 2022, 11,217 children were before the Court with new WIC § 300 (dependency) petitions. This was a 20.2% decrease from the previous year and the third consecutive year of declining numbers as there were 14,057 in 2021 and 14,667 in 2020 that were brought into the juvenile court system under new WIC §300 petitions.

Since 2013, the number of WIC § 602 petitions continually, significantly decreased, but in 2022, the number increased. In 2021, there were 1,701 WIC § 602 petitions filed compared with 2,414 WIC § 602 petitions filed in 2022. The 2013-2021 drop in 602 filings was broadly attributed to continuing efforts to divert low-risk offenders from the juvenile justice system.

In 2022, the number of children exiting the system decreased by approximately 2,140 compared to the number of children exiting the system in 2021 (13,915).

In 2022, 1,632 children were adopted out of the system. This represented the third year in a row of an increase in children being adopted as there were 1,543 children adopted in 2021, and 669 children adopted during the pandemic year of 2020.

## LAW ENFORCEMENT

In 2022, the percentage of child abuse investigations conducted by LAPD, LASD, and Independent Law Enforcement Agencies increased. LAPD increased by 3.4%, LASD had a more significant increase at 15.7%, and Independent Law Enforcement Agencies increased by 8%. In 2022, sexual abuse, as in previous years, was the type of abuse investigated most frequently by both LASD and LAPD. The data collected does not reveal the most frequently investigated abuse type by Independent Law Enforcement Agencies.

### LAPD

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

LAPD investigated a total of 2,538 child abuse cases (up by 3.4% from 2021) in 2022 compared to 2,451 in 2021. 1,896 (74.7%) of those investigations involved sexual abuse.

### LASD

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

LASD conducted 4393 child abuse investigations in 2022 a 15.7% increase from the 3,701 child abuse investigations in 2021. There is an upward percentage trend in number of child abuse cases for LASD in the last 3 years. Of the 4,393 cases 1241 (28.2%) were for physical abuse, while 3152 (71.8%) were for sexual abuse.



## Independent Police Agencies

In 2022, the top five independent police agencies accounted for over 40.4% (5,235) of investigations of all Suspected Child Abuse Reports (SCARS). These agencies included Long Beach (2,486), Pomona (964), El Monte (640), Inglewood (593), and Downey (552). Long Beach PD, with the greatest number accounted for 19.2% of all the Independent Police Agency SCARS. The top 3 agencies have remained consistent in recent years with the 4th and 5th spots alternating between Hawthorne, Whittier, Downey, Pasadena, Inglewood, and others.

2022 marked the second consecutive year that the percentage of (8%) ESCARs increased compared to the 3 previous years from 2018-2020. Despite this 2-year increase, this figure, 12,947, remains significantly lower from the 15,246 generated back in 2017.

## PROBATION

Overall, the number of adult referrals decreased significantly from 2021 to 2022 (13.5%), from 399 to 345. The number of adult referrals had been dropping steadily since 2009, with the one exception being 2019, which saw an increase of 7% from the 381 in 2018.

Generally, the number of juvenile referrals for child abuse offenses is decreasing, (12%) from 202 in 2016 to 177 in 2020, however, this category is showing an increase in the last three years from 177 in 2020 to 183 in 2021 to 194 in 2022.

Consistent with prior years, sexual abuse again constituted the clear majority of child abuse referrals for both adults (86.96%) and juveniles (63.40%). In 2022, 341 300 of adult referrals and 133 123 juvenile referrals were for sex related offenses. Both adult and juvenile referrals in this category decreased. Adult sexual abuse referrals decreased by 12% and juvenile sexual abuse referrals decreased by 7.5%.

Juvenile physical abuse referrals (generally for murder/attempted murder of a child; and gang related) increased significantly by 24/48.9% from 2021 to 2022. This category was on an upward trend in prior years.

## LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE

The Public Defender's Office developed a once novel, holistic approach that has come to serve as a model

for public defender offices nationwide. For over 20 years, this holistic practice has been anchored by the Client Assessment Recommendation and Evaluation (CARE) Project, through which clients are matched with in-house social workers and resource attorneys who specialize in mental health and educational advocacy. A tailored strategy is developed for each youth based upon a variety of personal factors. During FY 2022-23, the Public Defender represented clients in 1,061 of these delinquency hearings.

The Public Defender's Office also facilitates the Juvenile Mental Health Court (JMHC), a comprehensive, judicially-monitored program for juvenile offenders with diagnosed mental health disorders and whose crimes demonstrate a link to the diagnosed disorder or disability with the goal of reducing recidivism among the mentally ill population. A collaborative inter-agency team consisting of a judge, prosecutor, defense attorney, child psychiatrist and a psychologist (both from UCLA), probation officers, and an educational liaison, develop an individualized case plan for each eligible youth referred to JMHC. The plan includes home, family, therapeutic, educational, and adult transition services. Since its inception in October 2001 through June 30, 2023, JMHC has accepted 831 cases. In FY 22-23, JMHC accepted 14 new cases, 12 of which were Public Defender clients.

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child psychiatrist and a psychologist (both from UCLA), probation officers, and an educational liaison, develop an individualized case plan for each eligible youth referred to JMHC. The plan includes home, family, therapeutic, educational, and adult transition services. Since its inception in October 2001 through June 30, 2023, JMHC has accepted 831 cases. In FY 22-23, JMHC accepted 14 new cases, 12 of which were Public Defender clients.

**LOS ANGELES CITY ATTORNEY**

The Hearing Program of the Office of the LACA is an innovative program that utilizes what may be the best approach to handling cases when a crime has occurred but criminal prosecution may not be best approach. This approach may include admonishment respondents and provision resources in order to prevent future child abuse or neglect. In 2022, 357 child abuse, neglect, sexual abuse, and exploitation matters were referred to the Hearing Program after review by an attorney for filing consideration.

The Victim Assistance Program assists victims of crime by providing state mandated services pursuant to Penal Code section 13835.5. These services include crisis intervention, court support, resource referrals and assistance to victims filing State of California Victims of Crime Compensation Applications. The program is funded by the State of California Restitution Fund. In 2022, there were 10,874 new victims referred to the program. Of the 10,874 new victims, there were 528 new victims of child sexual and physical abuse.

In 2022, the Office of the LACA reviewed child sexual abuse and exploitation investigations. Of the 163 criminal investigations presented for filing consideration, 40 cases were filed and prosecuted as misdemeanors and 39 were referred to the City Attorney Hearing Program. There was a disposition of 28 sexual abuse and exploitation cases. Of those 28 cases, 21 resulted in guilty pleas or convictions following jury trials.

In 2022, the Office reviewed 853 child abuse and neglect investigations. Of those 853 investigations, 32 cases were filed and prosecuted as misdemeanors, and 318 were referred to the City Attorney Hearing Program. There were dispositions in 56 child abuse and neglect cases. Of those 56 cases, 20 resulted in guilty pleas or convictions following jury trials.

**DEPARTMENT OF PUBLIC SOCIAL SERVICES**

In total, there was a 13.4% increase (283,671) in the number of individuals receiving assistance from DPSS for all programs combined, from December 2021 (4.1 million) to December 2022.

In December 2022 key Department of Public Social Services administered programs increased in participants. Calworks recipients increased significantly by 42,774/17.18%, CalFresh recipients increased by 187,274/13.74%, and Medi-Cal recipients increased by 230,667/(6.6%).

In 2022, DPSS made more (15.3%) suspected child abuse referrals to DCFS when compared to 2021; (52 and 44 respectively). The numbers were steadily decreasing previous to 2021. 2022 represents the second consecutive year of increase in suspected child abuse referrals since 2016.

**FIRE DEPARTMENT, EMS**

In 2023, the department provided 367,808 patients with emergency medical care (up 10.7% from 2022); 7% (22,482) were pediatric patients 17 years of age and younger, a slight decrease of 3% from the 23,198 in 2022. Pediatric patients receiving emergency medical care decreased for the first time in the last three years.

The LA County Fire were called to 179 incidents of abuse (physical, mental, and sexual, domestic violence, and neglect) in 2023. In the previous two years, there were 162 incidents in 2021 and 187 incidents in 2022, respectively. The leading abuse category among pediatric EMS patients was physical abuse (approximately 75 incidents) followed by domestic violence (approximately 50 incidents).

In 2023, among infants age 0-11 months, there were 34 incidents of non-traumatic cardiac arrests, 25 of which involved infant 6 months and younger. 8 of these 25 cases had documented unsafe sleep practices including use of blankets, pillows, and co-sleeping with parents.

In 2023, there were a total of 1020 cases of opioid calls involving the pediatric population. This was a slight decrease from the 1040 cases in 2022. Despite this decrease, opioid calls involving the pediatric population have increased dramatically in the last two years from the 920 cases in 2021. While past reports have attempted to dig deeper for, as an example, how many overdoses may have

been accidental vs. intentional, LA County Fire does not seek to do that in this report. The limitations in documentation fields do not adequately allow for this level of detail. The only way to search this out would be to query narrative data fields, with both automated and manual review and it is not feasible based on the volume of incidents the department responds to.

## **COMMUNITY CHILD ABUSE PREVENTION COUNCILS**

There are currently 12 community-based child abuse councils throughout Los Angeles County. It is estimated that in FY 2022-23, 10,813 adults and children (5,405 families) were involved with or impacted by the various projects and activities of the councils.

A primary function of the Los Angeles County Child Abuse Prevention Councils is to provide their communities with relevant and timely trainings/workshops. In the 2022-23 contract year, 9 of the 12 Councils were able to provide at least one training or workshop on a wide range of topics and in total 3,996 community members, parents, home visitors, mental health clinicians, social workers, care givers, resource parents, early childhood educators, students and other professionals working in the child welfare field received free or low-cost trainings.

## **MEDICAL EXAMINER-CORONER**

In calendar year 2022, 204 child death cases, based on the ICAN Child Death Review Team criteria, were referred to the team for tracking and follow-up; a decrease of 40 cases from 2021. This is the first decrease in the last three calendar years.

The total number of child homicides in 2022 were 40, up only 1 from 2021. 28 of these 40 cases were 3rd party homicides. 36 (85%) of the child homicide victims were male.

Children of African American and Hispanic ethnicities accounted for 97.5% of the 40 reported child homicides (32.5% and 65% respectively).

20% of child homicides were of children 0-5 years of age and 32.5% were of 17 years of age.

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

**Notable Themes and Agency Highlights**

The 2023 Annual State of Child Abuse Report in Los Angeles County is a compilation of mostly 2022 data that reflects a time in the County’s history when children continue to face risk related factors such as exposure to domestic violence, substance use, poverty, racial disparities, complex mental health issues, and isolation. Although there is evidence in the data that suggests improved outcomes for children, challenges remain. What follows are notable themes reflecting opportunities for further exploration and evidence of improved data outcomes. These opportunities and outcomes are categorized as follows: Child and Youth Deaths, Child and Youth Mental Health and Substance Use Issues, Child Abuse and Neglect Case Types and Outcomes, Child Abuse and Neglect Reporting in Los Angeles County, and Emergency Response Calls Related to Children and Youth. Data are drawn from the 2022 Calendar Year (CY) and 2021-2022 Fiscal Year (FY) data of the various agencies that contributed to this report.

**Child and Youth Deaths**

The District Attorney’s Office (DA) reported there were 21 murder cases that involved child victims in 2022. In their 2023 data, LA County Fire determined there is still evidence of unsafe sleep practices despite a significant decrease in this throughout the years. The Department of Public Health (DPH) reported that in 2022, suicide represented a large majority of all deaths for youth ages 13-19 at 67.5%. Despite these concerning outcomes, the Medical Examiner reported an overall decrease of 16.3% in child deaths in 2022 and Department of Public Health (DPH) reported an improvement in the infant mortality rate in LA County of 3.8 infant deaths per 1,000 live births.

**Child and Youth Mental Health and Substance Use Issues**

The Department of Mental Health (DMH) reported an overall increase in child welfare involved children screened for mental health and referred to medical hubs. LA County Fire determined that 15-17 year olds were most commonly found to either suffer from a traumatic injury incident by way of intentional use of a firearm or reported to have a behavioral health incident in 2023. Related to LA County Fire’s finding, the Medical Examiner reported gunshot wounds remained the most common cause of death. LA County Fire also reported an overall decrease in

opioid in 2023 but the dramatic increase remains significant when assessing opioid use in the past few years. Despite these outcomes, the Medical Examiner reported an overall decrease in deaths by suicide and fentanyl toxicity.

**Child Abuse and Neglect Case Types and Outcomes**

The DA reported an overall increase in cases related to child abuse and neglect submitted for filing consideration against adult defendants. The Probation Department reported, as in previous years, sexual abuse was the most frequent offense among adults and juveniles. The Department of Children and Family Services (DCFS) reported general neglect as the most frequently reported type of allegation. DCFS also reported an underperformance of outcome measure, Recurrence of Maltreatment, which is defined as any child who has previously been substantiated as a victim of child abuse or neglect and experiences another incident of substantiated maltreatment. In the Office of the County Counsel report, there was evidence that the majority of appellate cases occurred during the stage when determining and executing the permanency plan of children and youth. Finally, DCFS reported that it exceeded the national performance of outcome measure, Re-Entry Into Foster Care, as it reported a lower than expected number of children and youth entering foster care within one year of exiting. DCFS also expanded its Family Finding and Engagement program where more concerted efforts were made in locating relatives and adults familiar with a child when removal from home was necessary.

**Child Abuse and Neglect Reporting in Los Angeles County**

The DA, LAPD, LASD, and Independent Police Agencies all reported an overall increase in Electronic Suspected Child Abuse Report System (ESCARS) reports while DCFS reported an overall increase in children referred to their agency. LA County Fire reported they responded to 179 incidents of physical abuse, mental abuse, sexual abuse, domestic violence, and neglect of children. In 2023, The Department of Justice (DOJ) reported, statewide, authorized agencies submitted a total of 5,101 substantiated reports for entry into the Child Abuse Central Index (CACI) System. Los Angeles County submitted only 13% of these reports and of these reports and physical abuse was the most substantiated allegation. Of the 7 child deaths entered into the CACI system, Los Angeles County

reported 0, according to DOJ.

Despite the increase in volume reported by law enforcement and child welfare in LA County, the continuing low number of reports reflected in DOJ's state-wide numbers could be evidence of the high number of referrals for general neglect, unfounded or inconclusive allegations, or families being referred to alternative community program services. These would not be reported to the central index. The low number may also be related to law enforcement agencies again not reporting to the statewide CACI in 2023. The legislation that initially excluded law enforcement from reporting to the index was enacted in 2012.

### **Emergency Response Calls Related to Children and Youth**

According to LA County Fire, a high proportion of calls they responded to in 2023 were of infants, toddlers, and youth ages 0, 1, 16, and 17 year-olds. LA County Fire also found evidence parents most frequently called 911 for assistance during the first month of life of their infant and a majority of these responses ended with "no apparent injury or complaint".

### **Agency Highlights**

In this section, some of the ICAN Member Agencies highlight initiatives and efforts that benefitted children, youth, and families throughout Los Angeles County in 2022.

**The Office of the County Counsel** is happy to continue support of the LA County's "Breathe" Program which is a guaranteed-income program to provide financial stipends to more than 2,000 non-minor dependents in the foster care system.

**The Department of Public Social** has, since the Covid-19 pandemic, conducted more than 70 food drives throughout the County at the request of the LA County Board of Supervisors. This initiative stemmed as a result of the food insecurities in various County communities. These food drives have reached more than 1.5 million customers. In addition, DPSS runs a toy loan program to distribute toys, books, shoes, school supplies, and other items to encourage and support kids in the County.

**LA County Fire**, based on data, continues to research ways in which to advocate for various campaigns including safe sleep, educating the

parents of infants on what to look for in the event of an emergency involving their child, and harm reduction programs for opioid users.

**The Los Angeles County Superior Court** introduced and expanded the e-filing of Court reports in Adoptions in 2022. This reflects the Court's commitment to fostering an effective, efficient, and electronic environment for Court users. From September 2022 – October 2022, a total of 254,795 adoptions documents were e-filed.

**The Department of Mental Health (DMH)** continues to provide comprehensive mental health services for Los Angeles County's children/youth and their families/caregivers through directly operated and contracted programs. Services are provided across a continuum of care and include increased collaboration with County partners such as the Departments of Children and Family Services, Health Services and Public Health. In addition, DMH has enhanced internal collaboration by establishing a countywide network of Maternal Mental Health Champions, with at least one identified Maternal Mental Health Champion in each Service Area. Furthermore, DMH has broadened its outreach and engagement efforts of mental health services to include fathers, offering dedicated support through fatherhood support groups.

In summary, the data in this annual report reveals critical information about the state of child abuse and neglect in LA County from a multi-agency and multi-disciplinary perspective. It details the frequency of child abuse reporting and types of abuse and neglect cases of children and youth. Finally, this report highlights the various services and efforts that some of the ICAN Data Committee agencies are providing to children and youth in efforts to improve their well-being.

ICAN remains dedicated to the prevention, identification, and treatment of child abuse and neglect in LA County alongside the multiple agencies that contributed to this report. The creation of this report truly highlights the importance of information and data sharing among participating agencies, collaboration and communication among agencies, and continuance of the advancement in approaching child protection.

Figure 1

Law Enforcement Agencies on ESCARS (Indy Only) 2022 Summary Report (%)

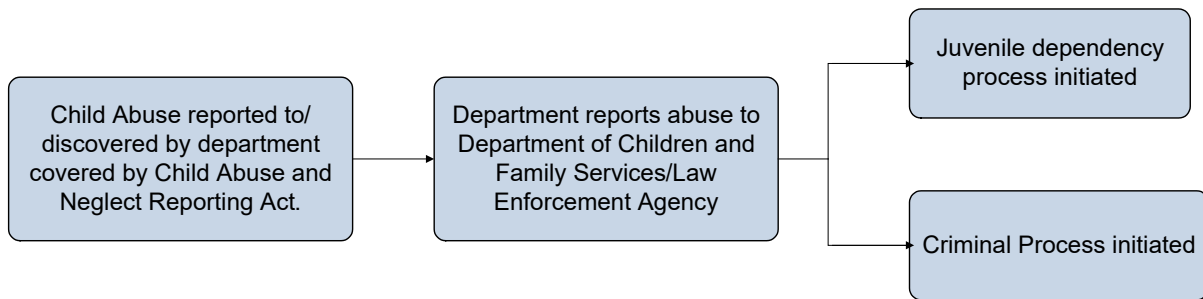
#	LEA	DCFS Generated	LEA Generated	Total SCARS	% Unopened	% Pending	% LEA Generated	% No Investigation	% Crime Suspected
1	Long Beach*	1698	788	2486	0	0	0	1	33
2	Pomona*	768	196	964	0	9	0	14	28
3	El Monte	428	212	640	0	0	0	0	54
4	Inglewood	481	112	593	0	0	0	8	25
5	Downey	401	151	552	0	3	0	4	20
6	South Gate	372	132	504	0	0	0	1	20
7	Whittier	380	119	499	0	5	0	3	18
8	Pasadena	356	130	486	0	0	0	6	28
9	Hawthorne	354	123	477	0	0	0	13	18
10	Torrance	330	106	436	0	0	0	7	20
11	West Covina*	303	116	419	0	0	0	7	26
12	Glendale*	254	108	362	0	0	0	1	20
13	Baldwin Park	235	98	333	0	1	3	0	17
14	Huntington Park	243	84	327	0	0	0	4	25
15	Montebello	202	79	281	0	0	0	7	27
16	Gardena*	192	65	257	0	0	0	5	10
17	Bell Gardens	174	78	253	0	1	0	2	15
18	Alhambra	163	84	247	0%	1%	0%	4%	16%
19	Burbank	163	82	245	0	31	0	0	9
20	Covina	177	67	244	0	0	0	18	21
21	Redondo Beach*	169	52	221	0	0	0	2	23
22	Santa Monica	171	39	210	0	0	0	5	12
23	Monterey Park	121	69	190	0	0	0	5	16
24	Glendora	123	51	174	0	1	2	6	24
25	Bell	128	40	168	0	0	0	16	23
26	Azusa*	136	26	162	0	0	0	2	17
27	Arcadia	97	41	138	0	2	0	1	19
28	San Fernando	85	42	127	0	0	0	3	33
29	La Verne*	96	23	119	0	0	0	1	36
30	Monrovia	84	33	117	0	0	0	2	14
31	Culver City*	79	20	99	0	0	0	0	23
32	San Gabriel	81	18	99	0	0	0	1	27
33	Claremont	69	22	91	0	0	0	1	47
34	Beverly Hills	57	21	78	0	0	0	1	16
35	Manhattan Beach	65	13	78	0	2	0	17	31
36	South Pasadena	44	15	59	0	2	0	7	12
37	El Segundo	36	16	52	2	6	0	8	15
38	Signal Hill	26	19	45	0	0	0	0	24
39	Hermosa Beach	32	7	39	0	0	0	5	5
40	San Marino	18	10	28	0	0	0	18	14
41	Sierra Madre	16	6	22	0	0	0	5	9
42	Palos Verdes Estates	13	4	17	0	0	0	12	6
43	Irwindale	4	1	5	0	20	0	0	40
44	Vernon	1	3	4	0	0	0	0	25
	<b>44 LEA TOTAL*</b>	9425	3521	12947	0	2	0	5	25

**Figure 1 (cont)**  
**Law Enforcement Agencies on ESCARS (Indy Only) 2022 Summary Report (%)**

#	LEA	% Crime Suspected Not Child Abuse	% No Crime Suspected
1	Long Beach*	29	37
2	Pomona*	5	44
3	El Monte	17	29
4	Inglewood	17	50
5	Downey	20	53
6	South Gate	18	61
7	Whittier	16	58
8	Pasadena	25	41
9	Hawthorne	20	49
10	Torrance	19	54
11	West Covina*	18	49
12	Glendale*	21	58
13	Baldwin Park	21	58
14	Huntington Park	17	54
15	Montebello	20	46
16	Gardena*	19	66
17	Bell Gardens	28	54
18	Alhambra	22%	57%
19	Burbank	27	33
20	Covina	21	40
21	Redondo Beach*	11	64
22	Santa Monica	17	66
23	Monterey Park	21	58
24	Glendora	14	53
25	Bell	22	45
26	Azusa*	4	77
27	Arcadia	25	53
28	San Fernando	25	39
29	La Verne*	6	57
30	Monrovia	23	61
31	Culver City*	17	60
32	San Gabriel	11	61
33	Claremont	8	44
34	Beverly Hills	14	69
35	Manhattan Beach	12	38
36	South Pasadena	3	76
37	El Segundo	19	50
38	Signal Hill	40	36
39	Hermosa Beach	5	85
40	San Marino	7	61
41	Sierra Madre	9	77
42	Palos Verdes Estates	41	41
43	Irwindale	0	40
44	Vernon	25	50
	<b>44 LEA TOTAL*</b>	20	48

Flow Chart I

**REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2020**

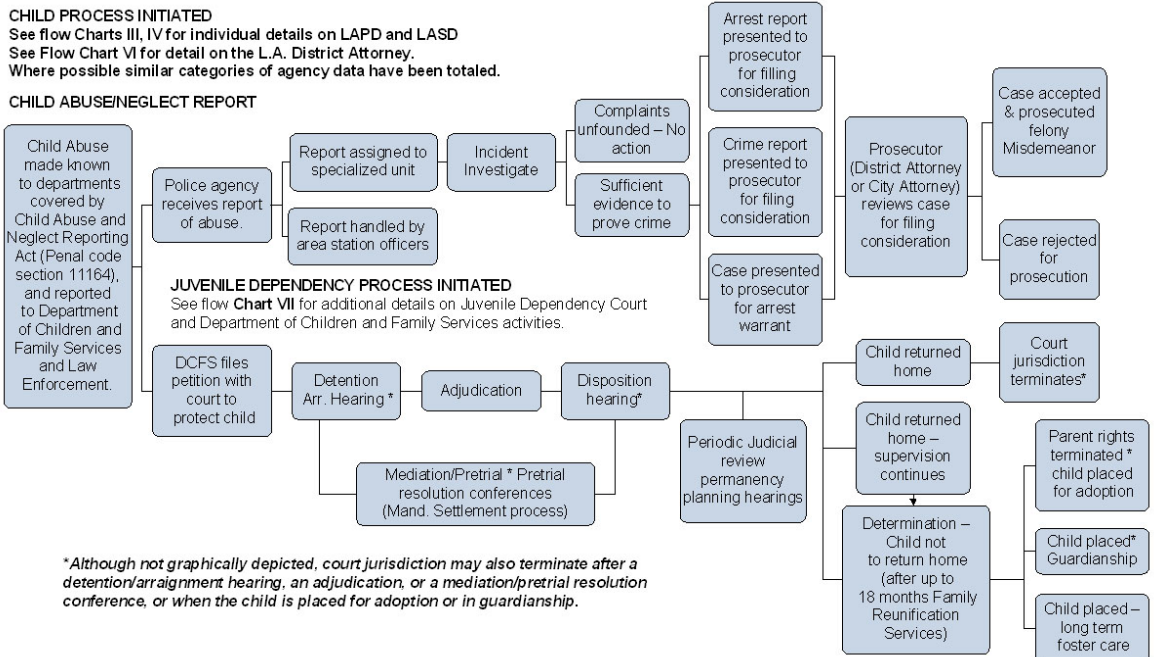


**REPORTING DEPARTMENTS WORKLOAD**

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

Flow Chart II

**ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES**

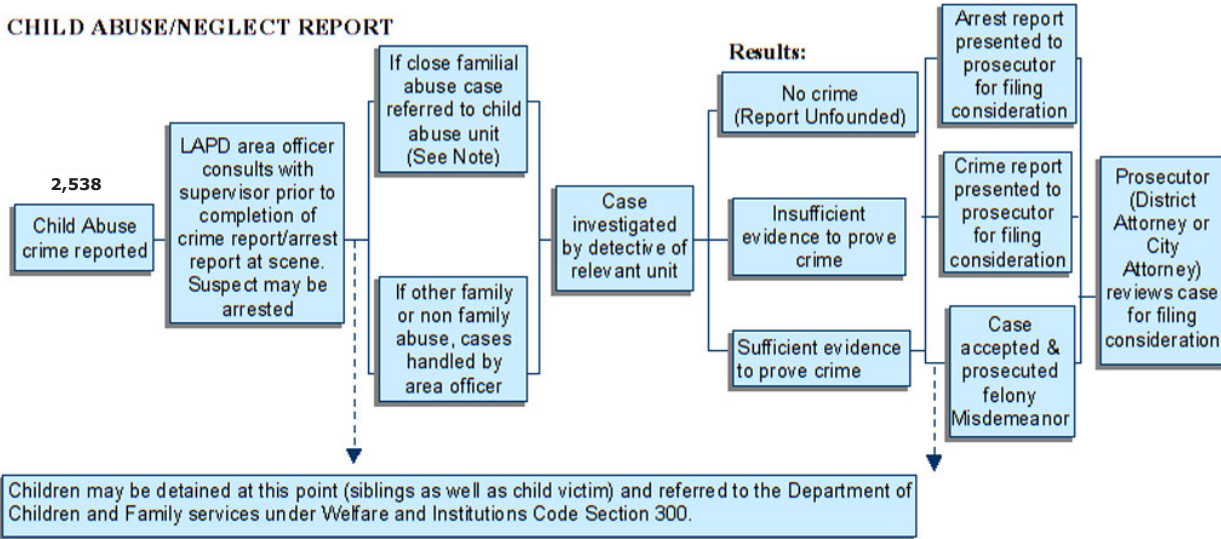




Flow Chart III

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

**CHILD ABUSE/NEGLECT REPORT**



**NOTE:**

**Case Count Definition**

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

**Abused Child Unit Responsibilities**

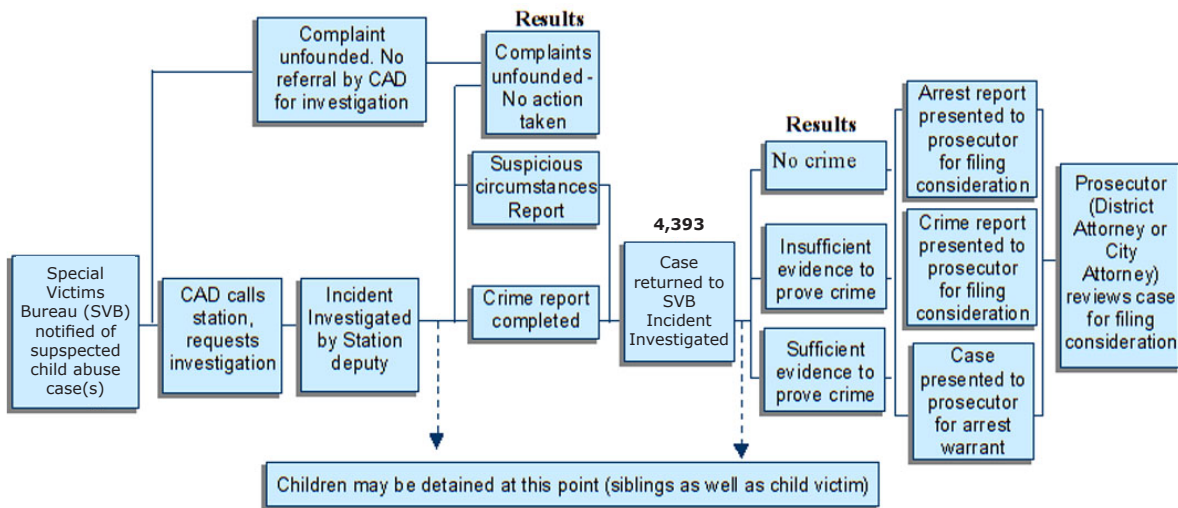
Abused Child Unit handles abuse involving parents, step parent, legal guardian, common law spouse.

**GEOGRAPHIC AREA RESPONSIBILITIES**

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

Flow Chart IV

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

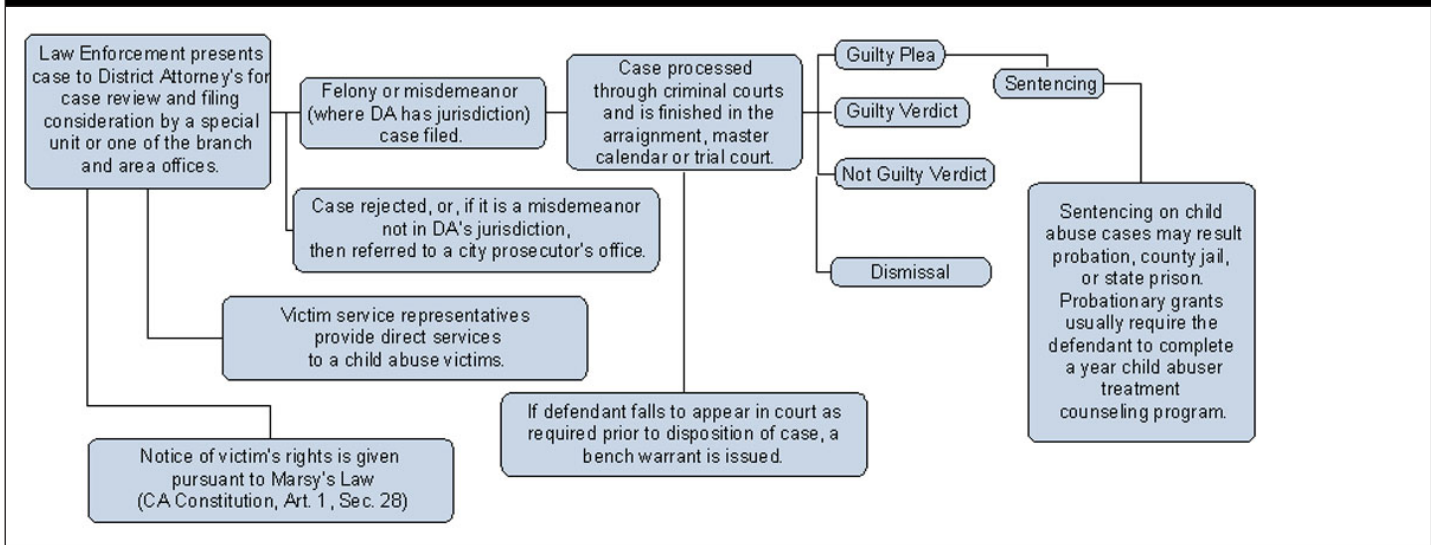


**Note: Case Count Definition**

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

Flow Chart V

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



Flow Chart VI

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

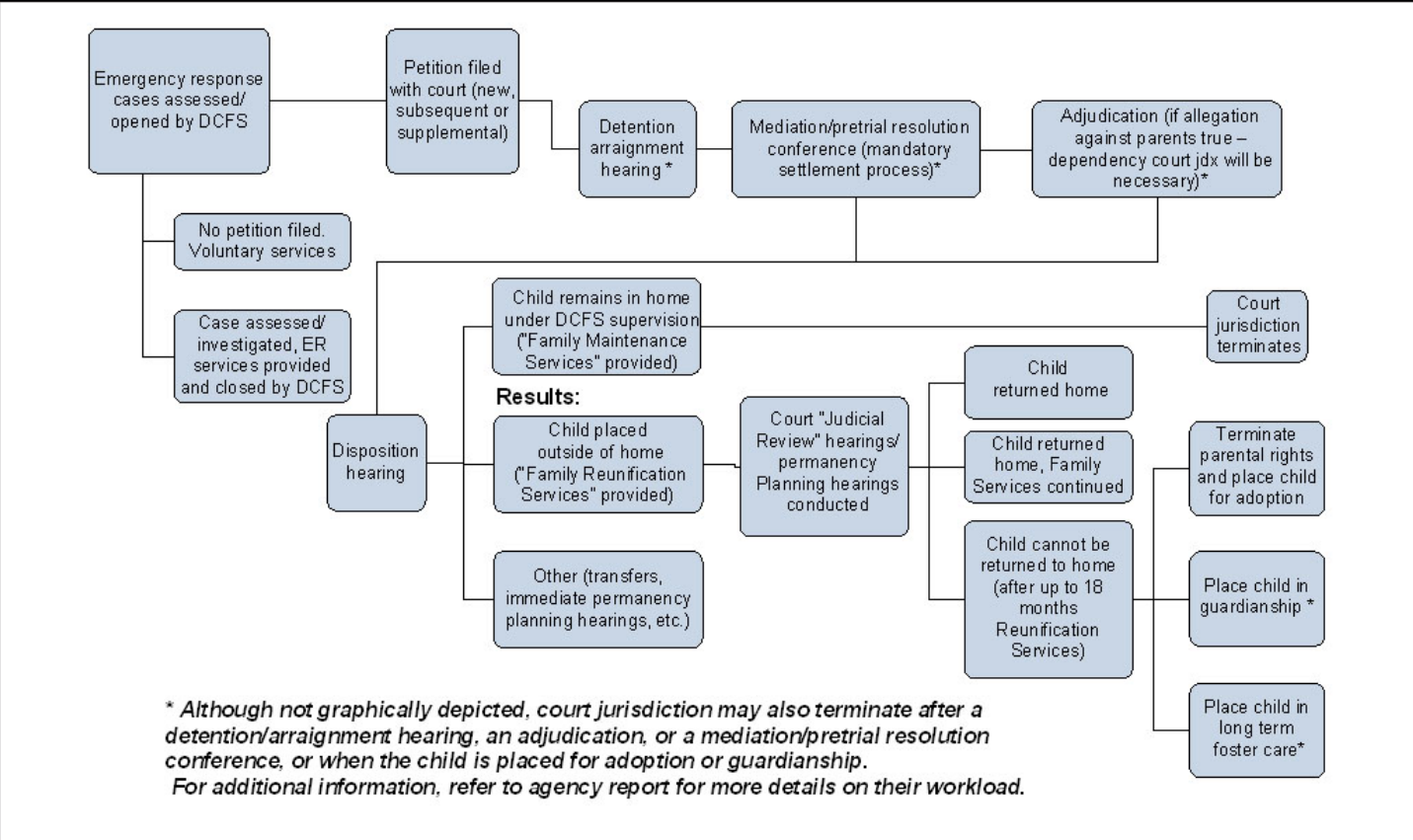


Figure 2

## CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

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

Figure 2 (continued)

**CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY**

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

**DEMOGRAPHICS**

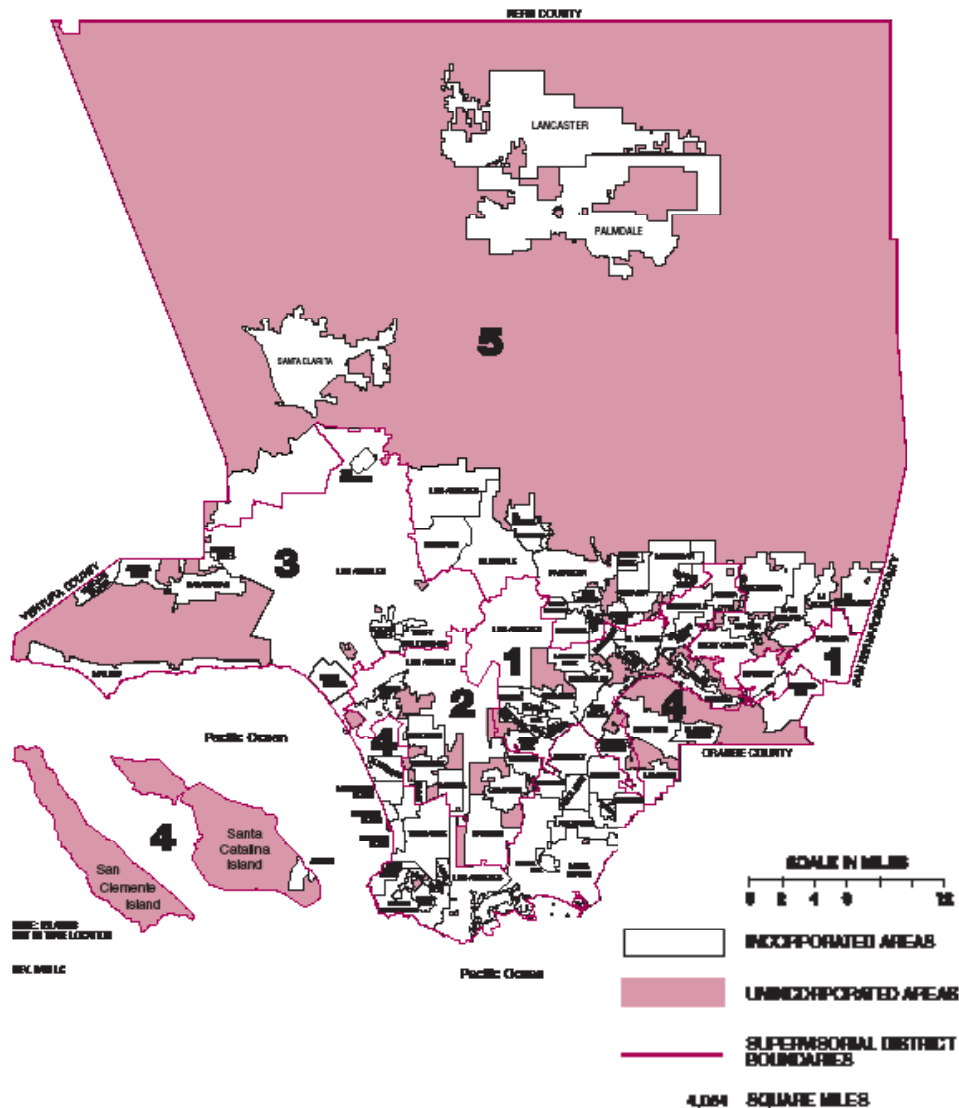
- Los Angeles County is 4,083 square miles in size and includes 88 incorporated cities.
- The total population for Los Angeles County is 9,663,345 (U.S. Census Bureau, 2023 Estimates). It is the most populous county in the United States.
- 0 – 17 years child population represent 20.2% of the population (1,951,996) (U.S. Census Bureau, 2023 Estimates)
- The median age for Los Angeles County is 37 years.
- There are 659,261 ([kidsdata.org](https://kidsdata.org)) children under 5 years of age.
- From the Lucile Packard Foundation for Children’s Health and [Kidsdata.org](https://kidsdata.org), the child

population (0-17) is 55.8% Hispanic/Latino, 20.1% Caucasian, 7.3% African American, 10.7% Asian, 3.4% Multiracial, 0.2% Native Hawaiian/Pacific Islander, and 0.2% American Indian/Alaskan Native.

- 106,450 live births were recorded (2021, Los Angeles Almanac).

**UNINCORPORATED AREAS**

- 120-125 cities and unincorporated areas; 2,638 square miles; represents two-thirds of the County’s land and one-tenth of its population.
- Approximately 65% of Los Angeles County is unincorporated, about one million people live in these areas.



Stop child abuse these are  
our future Leaders...



Paul Clark



# **SECTION II: SPECIAL REPORT**







# ICAN HOSPITAL NETWORK

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

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

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

### Sample Program Highlights

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

IDENTIFIED WELL BABY HOSPITALS

*Table 1*

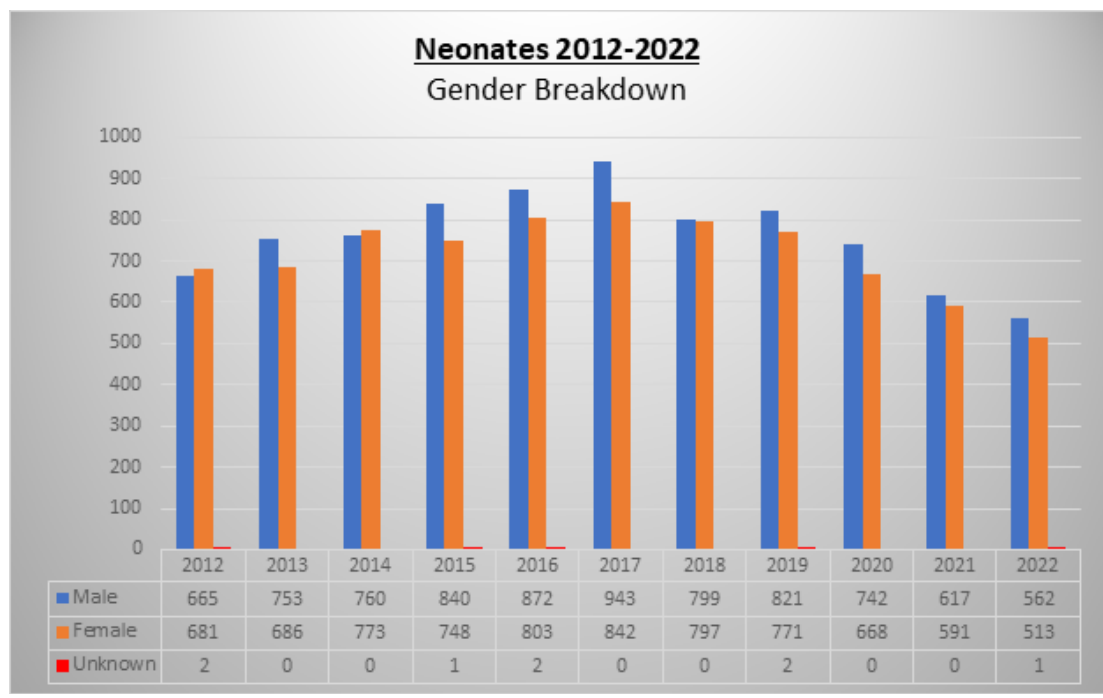
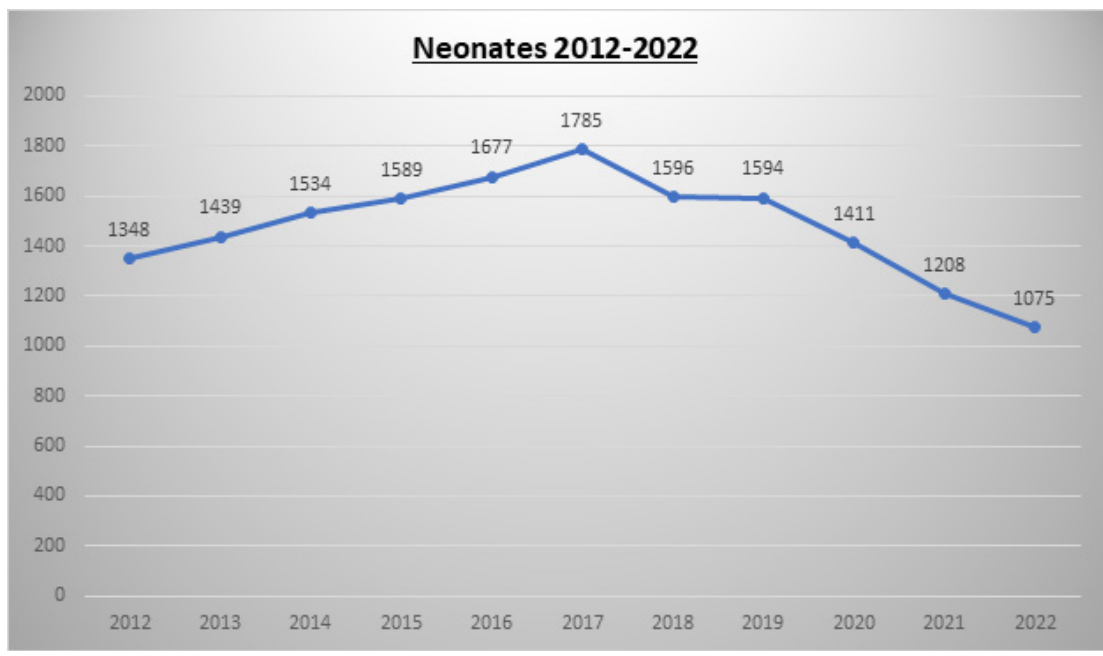
**SCAN, PICU, AND NICU HOSPITALS**

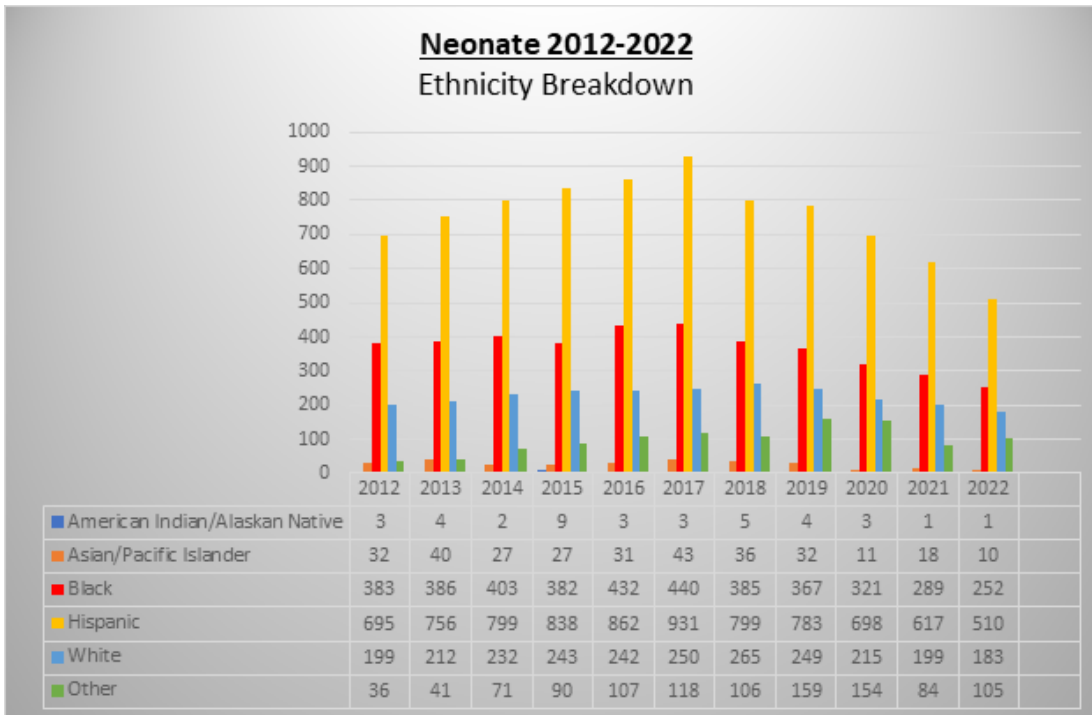
Hospital/Medical Center	SCAN Team	PICU	NICU
Antelope Valley Health Partners	No	Yes	No
Miller Children’s Women’s Hospital Long Beach	Yes	Yes	No
Los Angeles General Medical Center	Yes	Yes	Yes
St. Francis Medical Center	No	Yes	No
Queen of the Valley	-	-	-
California Hospital Medical Center	-	Yes	No
Centinela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

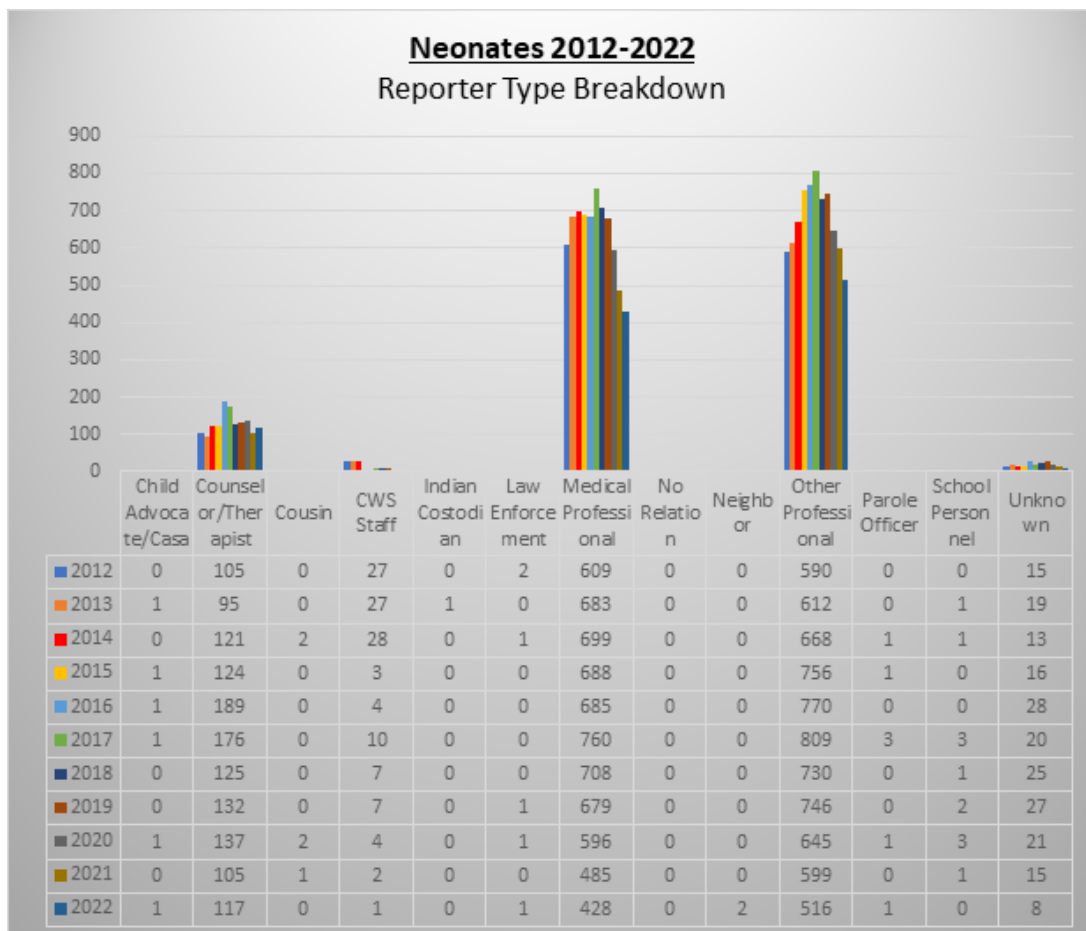
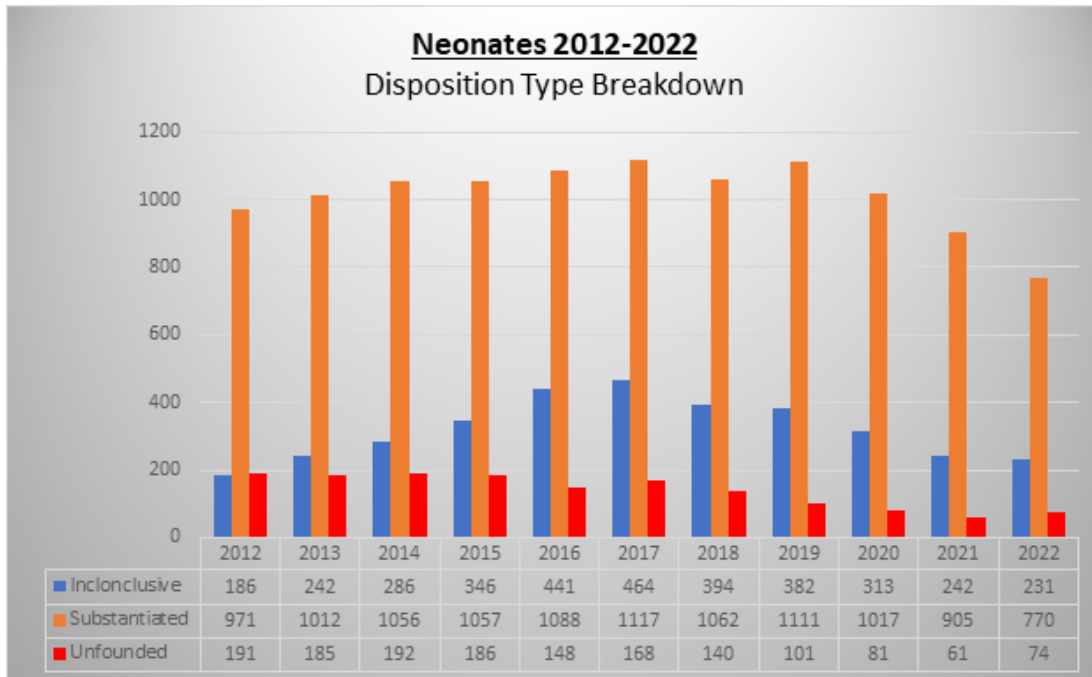
Note: Welcome Baby Hospital Hospitals are highlighted in green. County hospitals are highlighted in yellow and unknown is represented by a dash (-). Retrieved from: Interagency Council on Child Abuse and Neglect (2018) Hospital Data. Number of identified Scan Teams may vary.

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

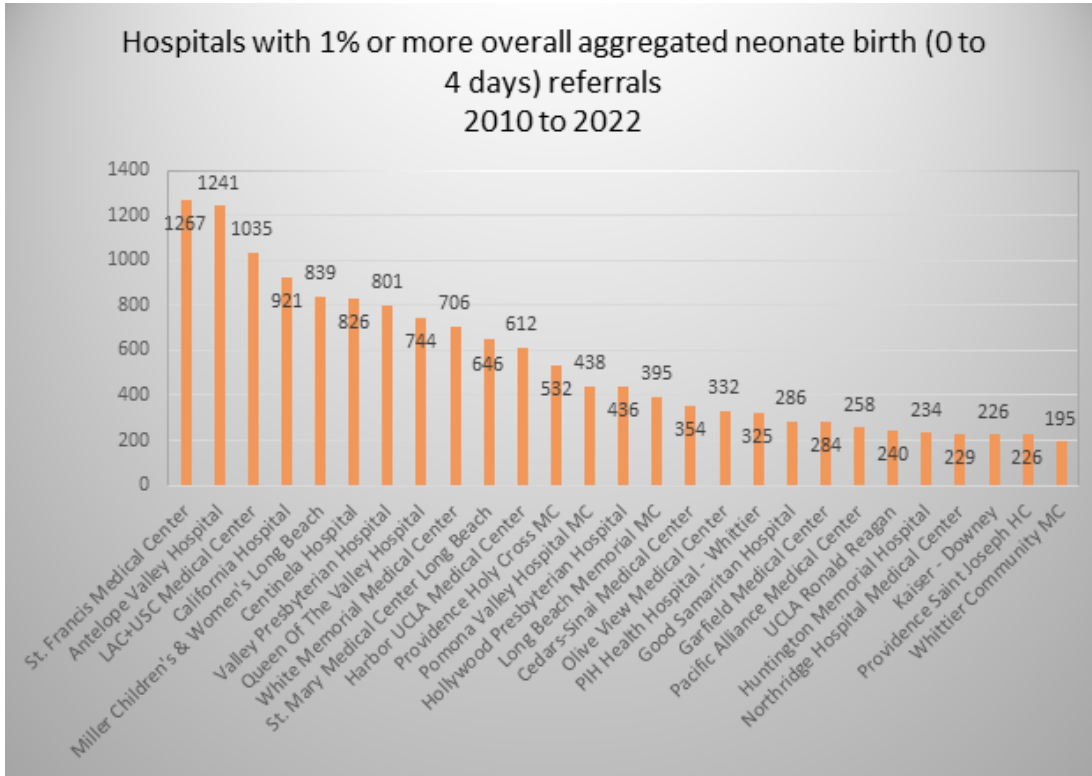
(The significant number of suspected abuse reports, made by hospitals, and subsequently evaluated out by DCFS, is generally attributed to positive toxicology screens for marijuana. These cases are routinely referred to Community Program Linkages (CPL) for services. Injuries occurring outside of the family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







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



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

**HN Workplan Moving Forward**

CONNECT HEALTH CARE TO THE CHILD PROTECTION SYSTEM

**1) ADD ADDITIONAL HEALTH CARE SYSTEMS TO THE NETWORK**

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

**2) RESPOND TO NEW AND EMERGING PROBLEMS**

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

- PREGNANCY IN ELEMENTARY SCHOOLS AND REGIONAL CENTERS; and
- PREGNANCY IN JAILS, PRISONS, PROBATION CAMPS

**3) CONNECT HOSPITALS TO AND CHILD PROTECTION**

- CPS WORKER VISIT SCAN TEAMS
- PROVIDE HOSPITALS [THEIR] REPORT DATA AND DATA SUMMARIES FOR ALL REPORTS
- HOSPITALS ATTEND AND PRESENT AT ICAN DEATH REVIEW (CDRT)
- REPRESENTATIVES TO ICAN HOSPITALS FROM COUNTY DHS AND PH AND PHN
- SURVEY OF SCAN TEAMS FOR LEVEL OF ACTIVITY (ALL)

**4) SPECIAL STUDIES AND TRAININGS**

- BURN AND PICU REPORTS
- PICU
- “EVALUATED OUT” BY PROGRAM/POSITION OF REPORTER, INCLUDING HOME VISITATION

**5) ICAN HOSPITAL PERINATAL PROGRAM**

- DEVELOP CONTACTS IN LOCAL AND STATE MCH PROGRAMS;

TARGETED TRAINING(S)

- PROVIDE HENRY KEMPE VIDEO TO BIRTH HOSPITALS
- HOSPITAL (ROUNDTABLE) WHEN BIRTH BECOMES A HOMICIDE
- INFANT RISK REPORTING
- IF AVAILABLE OBTAIN BIRTH HOSPITAL DATA FROM CORONER
- PROVIDE FOLLOW-UP WITH CORONER FOR BIRTH HOSPITALS WITH INFANT HOMICIDE 0-3

**6) OUTREACH; SHARE PROGRAM WITH OTHER JURISDICTIONS AND COUNTY, STATE AND NATIONAL COUNTERPARTS**

- CONNECT WITH MCH PROGRAMS IN OTHER COUNTIES AND STATES TO SHARE FINDINGS
- REGIONALIZE CALIFORNIA CONTACTS
- DPH INJURY PREVENTION

**7) BUILD AND MANAGE DATA STORAGE SYSTEM AND MAKE DATA AVAILABLE TO HOSPITALS**

- ANNUAL REPORT ON REFFERALS BY HOSPITALS
- IMPROVE DIRECTORY TO INCLUDE SCAN TEAM HOSPITALS, NICU’S, PICU’S, BURN UNITS
- CREATE MASTER STORAGE AND MAINTAIN INVENTORY OF ALL DATA SETS
- BIRTH DATA BY HOSPITAL AND INCLUDE AGE OF MOTHER IF POSSIBLE



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

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

**9) SPECIAL STUDIES FOR PRESENTATION OR PUBLISHING**

- INFANTS BORN AT RISK
- CPS VISITING SCAN TEAMS, HOSPITALS, AND DEATH REVIEW
- HOSPITAL NETWORK PROGRAM(S)
- ICAN 30 YEAR REPORT
- BURNS, BIRTHS AND PICU'S
- HOME VISITATION
- ICAN WEB PAGE CONTENT

**PERINATAL PROJECT**

- DATA AND PROGRAM INFO FOR [ANNUAL] REPORT ON RISK REPORTING OF NEWBORNS
- REVIEW OF RISK PROTOCOLS
- TRAINING ON RISK REPORTS OF NEWBORNS
- LOCATING AND ANALYZING PROTOCOLS FOR MANAGEMENT OF THESE CASES
- CONSIDERATION OF "BEST PRACTICES" STANDARDS FOR RISK REPORTS
- NETWORKING WITH PERINATAL PROGRAMS
- HOME VISITATION PROGRAMS - WHAT HAPPENS TO CASES AFTER REPORTED
- WHAT SERVICES ARE AVAILABLE IN JAILS, PROBATION CAMPS AND LINKS TO TEEN PREGNANCE AND DOMESTIC VIOLENCE

**FUTURE EXPANSION/MISCELLANEOUS GOALS**

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





# ICAN CHILD ABDUCTION TASK FORCE

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

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

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

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



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

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

The Task Force is coordinated by the Child Abduction Unit within the Los Angeles County Office of County Counsel, and emphasizes on recovery and staff support. In order to monitor and evaluate the progress of ongoing cases receiving services, the Task Force conducts monthly meetings and all cases are reviewed. The Task Force participants provide expertise, assess each case for further action, and identify training needs.

Figure 1 shows that in 2022 and 2023, there were a grand total of 13 children abducted from foster care. Of these 13 children, 9 were recovered and 4 remain at-large.



Figure 1: Juvenile Court Services Child Abduction Project – Child Abducted from Fostercare

2022				2023			
Month	Children Abducted from Foster Care	Children Recovered	Children who remain At-Large	Month	Children Abducted from Foster Care	Children Recovered	Children who remain At-Large
January	0	0	0	January	1	0	1
February	1	1	0	February	0	0	0
March	0	0	0	March	0	0	0
April	1	1	0	April	1	1	0
May	0	0	0	May	0	0	0
June	0	0	0	June	0	0	0
July	0	0	0	July	2	2	0
August	1	1	0	August	2	2	0
September	1	0	1	September	2	0	2
October	0	0	0	October	0	0	0
November	0	0	0	November	0	0	0
December	0	0	0	December	1	1	0
Total	4	3	1	Total	9	6	3

CHILDREN  
ARE OUR  
WORLD



Paul Clark





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







# CALIFORNIA DEPARTMENT OF JUSTICE

The following information is for the 2024 ICAN Report. The statistics used for this report are from the calendar year 2023.

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

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

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

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

Functioning as a pointer system, the CACI receives and stores reports of suspected child abuse, pointing citizens, and agencies to the original investigative files that are maintained by the submitting agency. It is the obligation of the requestor to obtain a copy of the original investigative report from the submitting agency and for drawing independent conclusions regarding the quality of the evidence disclosed and its relevance for making decisions regarding employment, licensing, or placement of a child. The CACI contains 663,099 incident records of child abuse and 619,459 individual suspect names.

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

## ***STATUTORILY MANDATED CACI FUNCTIONS***

### ***INVESTIGATORY***

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

All incoming child abuse reports are entered and searched against the CACI entries to identify any prior reports of child abuse that involve the identified suspect(s). Additionally, the DOJ provides information on an expedited basis to child protection agencies for emergency child placement and to law enforcement as a child abuse investigative tool. During calendar year 2023, the DOJ conducted 17,131 expedited search requests for investigatory purposes.



## REGULATORY

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

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

During calendar year 2023, the DOJ responded to 6,483 Adam Walsh Act out-of-state foster care and adoption requests, and 2,936 citizen inquiry requests. 198,183 CACI searches were performed as a result of an applicant background check request.

## DATA FACTS

- Authorized agencies submitted 5,101 reports to the DOJ for entry into the CACI (See Figure 1).
- Physical abuse is the most prevalent type of abuse. 1,569 reports were submitted representing 31% of the total reports entered into the CACI. The other types of abuse reported are as follows: mental abuse 804 (16%), sexual abuse 1,240 (24%), severe neglect 1,404 (28%) and willful harming and/or corporal punishment 84 (2%).
- Of the 5,101 child abuse reports submitted, there were 7 reported deaths of a child. Los Angeles County submitted zero (0) of the child death reports.
- During 2023, Los Angeles County submitted 663 (13%) of 5,101 statewide total. The abuse determinations are as follows:
  - a) 264 (17%) physical abuse
  - b) 142 (18%) mental abuse
  - c) 67 (5%) severe neglect
  - d) 174 (15%) sexual abuse
  - e) 16 (19%) willful harming and/or corporal punishment. (See Figure 2)

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

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



Figure 1

**2023 CHILD ABUSE SUMMARY REPORTS ENTERED IN THE  
CHILD ABUSE CENTRAL INDEX (CACI)  
FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2023**

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Alameda	71	21	27	9	14	0	0
Alpine	0	0	0	0	0	0	0
Amador	55	10	29	12	4	0	0
Butte	7	2	1	4	0	0	0
Calaveras	14	6	7	0	1	0	0
Colusa	1	0	1	0	0	0	0
Contra Costa	65	22	5	30	8	0	0
Del Norte	8	3	3	1	1	0	0
El Dorado	33	11	5	11	5	1	0
Fresno	227	91	19	53	64	0	0
Glenn	10	3	2	3	2	0	0
Humboldt	44	2	13	23	6	0	0
Imperial	15	2	1	4	8	0	0
Inyo	0	0	0	0	0	0	0
Kern	151	47	24	59	18	3	0
Kings	30	9	1	15	5	0	0
Lake	7	1	0	5	1	0	0
Lassen	17	5	7	5	0	0	0
Los Angeles	663	264	142	67	174	16	0
Madera	20	5	7	5	3	0	0
Marin	6	1	1	3	1	0	0
Mariposa	5	1	0	4	0	0	0
Mendocino	52	13	14	22	1	2	0
Merced	120	38	35	21	25	1	0
Modoc	2	1	1	0	0	0	0
Mono	3	0	3	0	0	0	0
Monterey	32	9	5	10	8	0	0
Napa	34	8	1	5	20	0	0
Nevada	8	2	3	2	1	0	0
Orange	859	225	50	347	237	0	0
Placer	60	17	11	24	7	1	0
Plumas	2	1	0	0	0	1	0
Riverside	330	99	37	48	113	33	1

Figure 1 (continued)

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

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Sacramento	185	82	18	41	32	12	2
San Benito	11	3	1	5	2	0	0
San Bernardino	602	218	93	120	168	3	0
San Diego	330	83	42	99	98	8	1
San Francisco	64	32	14	11	6	1	0
San Joaquin	148	38	15	39	56	0	0
San Luis Obispo	8	0	1	4	3	0	0
San Mateo	41	14	6	17	4	0	0
Santa Barbara	25	9	4	7	5	0	0
Santa Clara	50	24	6	10	10	0	0
Santa Cruz	28	7	6	13	1	1	0
Shasta	222	31	77	81	33	0	0
Sierra	0	0	0	0	0	0	0
Siskiyou	27	5	1	11	10	0	1
Solano	53	18	11	16	8	0	0
Sonoma	42	8	3	23	8	0	0
Stanislaus	100	16	5	45	34	0	1
Sutter	9	2	0	4	3	0	0
Tehama	17	4	3	7	3	0	0
Trinity	15	0	11	2	2	0	0
Tulare	32	16	6	7	3	0	0
Tuolumne	12	2	3	6	1	0	0
Ventura	72	24	7	28	13	0	0
Yolo	47	11	13	13	10	0	1
Yuba	10	3	3	3	0	1	0
<b>TOTALS</b>	<b>5,101</b>	<b>1,569</b>	<b>804</b>	<b>1,404</b>	<b>1,240</b>	<b>84</b>	<b>7</b>
<b>PERCENTAGE</b>	<b>100%</b>	<b>31%</b>	<b>16%</b>	<b>28%</b>	<b>24%</b>	<b>2%</b>	<b>0.14%</b>

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



Figure 2

**NUMBER OF CACI REPORTS SUBMITTED BY LOS ANGELES COUNTY  
JANUARY 1 - DECEMBER 31, 2023**

County	Number	%	Physical Abuse	%	Mental Abuse	%
Los Angeles	663	13%	264	17%	142	18%
STATEWIDE TOTAL	5,101		1,569		804	
County	Severe Neglect	%	Sexual Abuse	%	Harming/ Corporal	%
LOS ANGELES	67	5%	174	14%	16	19%
STATEWIDE TOTAL	1,404		1,240		84	

**Glossary of Terms**

**CACI:** Child Abuse Central Index.

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

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

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





# LOS ANGELES POLICE DEPARTMENT

## **ABUSED CHILD SECTION**

The Abused Child Section, Juvenile Division, was created to provide a high level of expertise to the investigation of child abuse cases. Juvenile Division has Citywide responsibility for follow-up investigations of all complaints involving physical and/or sexually abused children that meet the following criteria:

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

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

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



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

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

**The Abused Child Section is also responsible for the following:**

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

**INTERNET CRIMES AGAINST CHILDREN UNIT**

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

- Use of the Internet for the sexual exploitation of children;
- Who are 15 years of age or under; and,
- The children are under the age of 16; and
- Where there has been substantial, felony, sexual conduct; or,
- Violation of State or Federal Criminal Statute.

**The ICAC Unit is also responsible for:**

The investigation of child pornography websites, email spam, and Cyber Tips received from the National Center for Missing and Exploited Children (NCMEC);

- Managing the Los Angeles Regional Internet Crimes Against Children (LAICAC) Task Force;
- Conducting Internet safety presentations for children, parents, schools, and community groups; and

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

**GEOGRAPHIC AREAS**

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

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





Figure 1

LOS ANGELES POLICE DEPARTMENT 2022 CRIMES INVESTIGATED BY JUVENILE DIVISION		
TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes Simple and Aggravated Assault)	77	6.57%
Sexual Abuse	971	82.92%
Endangering	14	1.19%
Homicide	5	0.42%
Others	104	8.88%
<b>TOTALS</b>	<b>1,171</b>	<b>100%</b>

Figure 1: Indicates the number of crimes investigated by Juvenile Division in 2022.

Figure 2

LOS ANGELES POLICE DEPARTMENT 2022 CRIMES INVESTIGATED BY GEOGRAPHIC AREAS		
TYPE	NUMBER	% of TOTAL
Physical Abuse	159	11.63%
Sexual Abuse (Includes Child Annoying)	925	67.66%
Endangering (Includes Child Abandonment)	283	20.7%
Homicide	0	0%
<b>TOTALS</b>	<b>1,367</b>	<b>100%</b>

Figure 2: Indicates the number of crimes investigated by Geographic Areas in 2022.

Figure 3

LOS ANGELES POLICE DEPARTMENT 2022 OTHER REPORTS INVESTIGATED BY JUVENILE DIVISION		
TYPE	NUMBER	% of TOTAL
Injury	25	0.12%
Death	55	0.26%
Exploitation	1	0.0049%
Internet Crime	420	2.06%
SCAR Reports	19,875	97.54%
<b>TOTALS</b>	<b>20,376</b>	<b>100%</b>

Figure 3: Indicates the number of other investigations, of a child abuse nature, conducted by Juvenile Division in 2022.

Figure 4

LOS ANGELES POLICE DEPARTMENT ARRESTS CONDUCTED BY JUVENILE DIVISION IN 2022		
TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	2	2.56%
Child Molest (288 PC)	46	58.97%
Child Endangering (273a PC)	0	0%
Child Abuse (273d PC)	19	24.35%
Others	11	14.1%
<b>TOTALS</b>	<b>78</b>	<b>100%</b>

Figure 4: Indicates the number of arrests conducted by Juvenile Division in 2022.



Figure 5

**LOS ANGELES POLICE DEPARTMENT  
ARRESTS CONDUCTED BY GEOGRAPHIC AREAS IN 2022**

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0%
Child Molest (288 PC)	74	31.22%
Child Endangering (273a PC)	105	44.3%
Child Abuse (273d PC)	58	24.47%
Others	237	100%
<b>TOTALS</b>	<b>286</b>	<b>100%</b>

Figure 5: Indicates the number of arrests conducted by Geographic Areas in 2022.

Figure 6

**LOS ANGELES POLICE DEPARTMENT  
DEPENDENT CHILDREN TAKEN INTO PROTECTIVE CUSTODY BY JUVENILE DIVISION  
IN 2022**

TYPE	NUMBER	% of TOTAL
300 WIC (Welfare Institution Code)	124	100%
<b>TOTALS</b>	<b>124</b>	<b>100%</b>

Figure 6: Indicates number of dependent children taken into protective custody by Juvenile Division in 2022. 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  
2022**

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	171	46.09%
300 WIC (Sexual Abuse)	124	33.42%
300 WIC (Endangered/Neglect)	76	20.49%
<b>TOTALS</b>	<b>371</b>	<b>100%</b>

Figure 7: Indicates the number of dependent children taken into protective custody by Geographic Areas in 2022.

Figure 8

**LOS ANGELES POLICE DEPARTMENT - THE AGE CATEGORIES OF CHILDREN WHO  
WERE VICTIMS OF CHILD ABUSE IN 2022**

TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	TOTAL
Physical Abuse	28	32	45	41	146
Sexual Abuse	60	166	320	97	643
Endangering	131	72	48	27	278
<b>TOTALS</b>	<b>219</b>	<b>270</b>	<b>413</b>	<b>165</b>	<b>1067</b>

Figure 8: Indicates the age categories of children who were victims of child abuse in 2022.



*This is due to a minor administrative anomaly.*

**LOS ANGELES POLICE DEPARTMENT – 2019 CHILD ABUSE FINDINGS**

**Juvenile Division**

- The total investigations (crime and non-crime) conducted by the unit in 2022 (21,497) showed an increase of (9.14 percent) from the number of investigations conducted in 2021 (19,696).
- Adult arrests by the unit in 2022 (78) showed a decrease of (12.35 percent) from the number of arrests made in 2021 (89).
- The number of dependent children cases investigated by the unit in 2022 (124) showed an increase of (10.71 percent) from the number investigated in 2021 (112).

**GEOGRAPHIC AREAS**

- The total investigations conducted by the Areas in 2022 (1,367) showed an increase of (21.40 percent) from 2021 (1,126).
- Adult arrests made by the Areas in 2022 (237) showed a decrease of (14.44 percent) from 2021 (277).
- The number of dependent children handled by the Areas in 2022 (371) showed an increase of (25.34 percent) from the number handled in 2021 (296).

Figure 9

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

TYPE	2021	2022	% of CHANGE
Total Investigations	20,822	21547	+3.36%
Total Adult Arrests	366	315	-13.93%
Dependent Children	408	495	+21.32%

Figure 9: Indicates a comparison of 2021 and 2022 totals from Juvenile Division and Geographic Areas, and the percentage of change between the two years.

**ABUSED CHILD UNIT FIVE-YEAR TRENDS**

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

Figure 10: Crimes Investigated

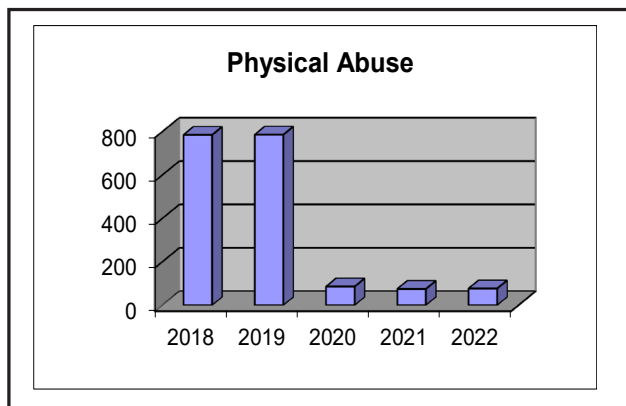


Figure 11: Crimes Investigated

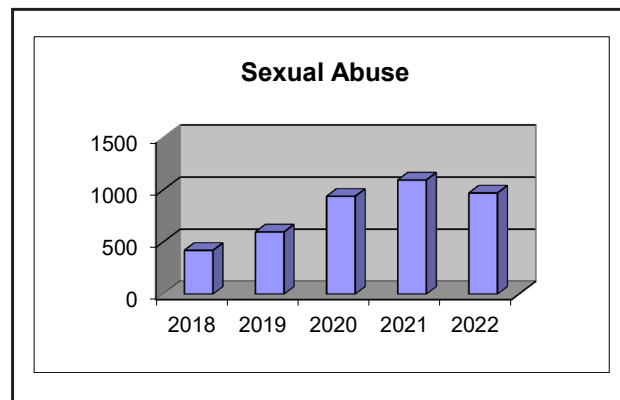




Figure 12: Crimes Investigated

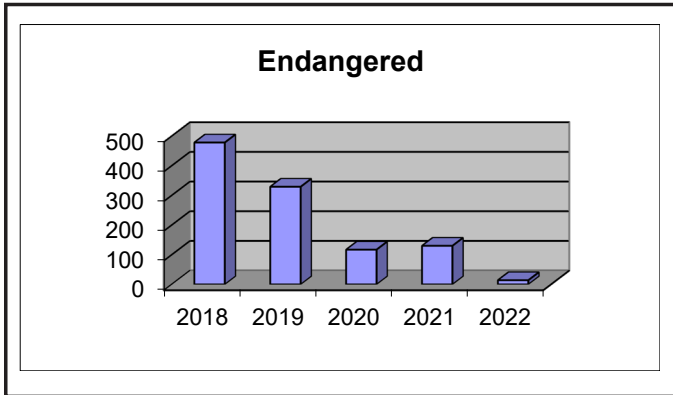


Figure 13: Crimes Investigated

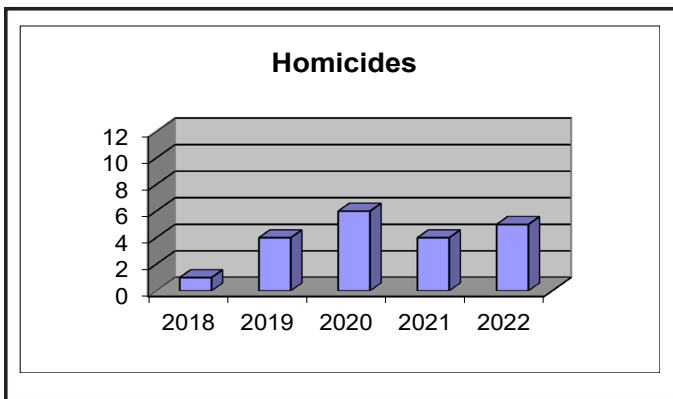


Figure 14: Other Investigations

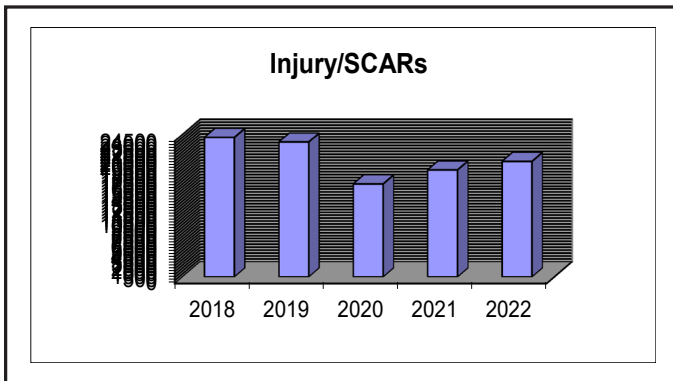


Figure 15: Other Investigations

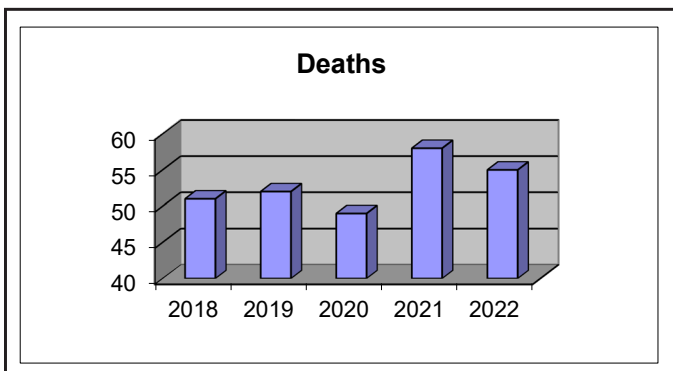
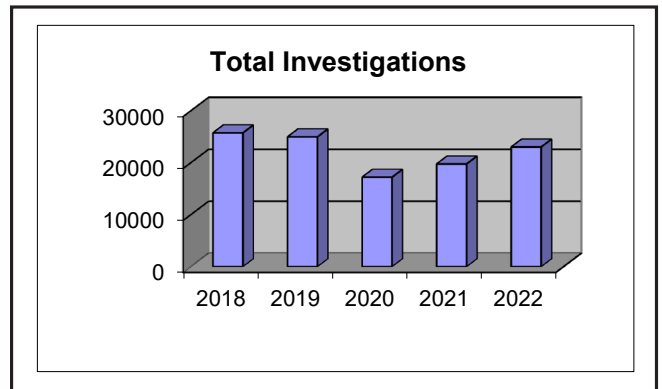


Figure 16: Total Investigations



GLOSSARY

ADW – Assault With a Deadly Weapon.

Child – A person under the age of 18 years.

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

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

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

Sexual Abuse – Any touching with a sexual context.

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



# COUNTY OF LOS ANGELES FIRE DEPARTMENT 2023 PEDIATRIC STATISTICS

## INTRODUCTION

The Los Angeles County Fire Department (LACoFD) provides Fire Protection Services and Emergency Medical Services (EMS) response to all unincorporated parts of Los Angeles County and 59 of the 88 cities in the county. In addition, LACoFD serves an additional city in Orange County (La Habra) and the Lifeguard Division serves 72 miles of the Los Angeles County coastline and Catalina Island. In all, LACoFD serves approximately 4.1 million of the 10.4 million residents of Los Angeles County.

In calendar year 2023 (CY2023), LACoFD responded on 367,808 EMS incidents, making LACoFD the fourth busiest fire department in the United States, behind only the Fire Department of New York, Chicago Fire Department, and the Los Angeles (city) Fire Department. The EMS system in Los Angeles County, including all 27 Fire Departments covering the 88 cities, represents the 2nd busiest EMS system in the United States, behind only New York City.

In and adjacent to Los Angeles County, there are 69 hospitals with emergency departments that accept EMS patients. Of the 69 hospitals, 37 hospitals are designated as Emergency Departments Approved for Pediatrics (EDAP). Of the 37, 8 are designated as Pediatric Medical Centers (PMC), which receive the most critically ill children. 7 of the 8 PMCs are designated as Pediatric Trauma Centers (PTC). For a listing of the hospitals, see Figure 1 below.

Of note, there has been an ongoing project to improve the care of acutely ill and injured children in the Emergency Departments (ED). This is known as the Los Angeles Pediatric Readiness Project ([www.LAPedsReady.org](http://www.LAPedsReady.org)) and is a collaboration between the Los Angeles County EMS Agency (LEMSA), the Los Angeles County Department of Health Services (DHS), the American Academy of Pediatrics (AAP), the American College of Emergency Physicians (ACEP), and the Emergency Nurses Association (ENA).



EDAP (37)	HOSPITAL	PMC (8)	PTC (7)
GWT	Adventist Health Glendale		
WMH	Adventist Health White Memorial		
AVH	Antelope Valley Medical Center		
CSM	Cedars-Sinai Medical Center	PMC	PTC
CNT	Centinela Hospital Medical Center		
CHH	Children's Hospital Los Angeles	PMC	PTC
CAL	Dignity Health-California Hospital Medical Center		
GMH	Dignity Health-Glendale Memorial Hospital and Health Center		
NRH	Dignity Health-Northridge Hospital Medical Center	PMC	PTC
SMM	Dignity Health-St. Mary Medical Center		
QVH	Emanate Health Queen of the Valley Hospital		
ENH	Encino Hospital Medical Center		
HGH	Harbor-UCLA Medical Center	PMC	PTC
HMN	Henry Mayo Newhall Hospital		
HMH	Huntington Hospital		
LPI	La Palma Intercommunity Hospital (Orange County)		
LGM	Los Angeles General Medical Center	PMC	PTC
LRR	Los Robles Regional Medical Center (Ventura County)		
LBM	MemorialCare Long Beach Medical Center	PMC	PTC
OVM	Olive View-UCLA Medical Center		
DCH	PIH Health Downey Hospital		
PIH	PIH Health Whittier Hospital		
PVC	Pomona Valley Hospital Medical Center		
TRM	Providence Cedars-Sinai Tarzana Medical Center		
HCH	Providence Holy Cross Medical Center		
SPP	Providence Little Company of Mary Medical Center-San Pedro		
LCM	Providence Little Company of Mary Medical Center-Torrance		
SJS	Providence Saint Joseph Medical Center		
UCL	Ronald Reagan UCLA Medical Center	PMC	PTC
SMH	Santa Monica-UCLA Medical Center		
SOC	Sherman Oaks Hospital		
SFM	St. Francis Medical Center		
TOR	Torrance Memorial Medical Center		
AMH	USC Arcadia Hospital		
VHH	USC Verdugo Hills Hospital		
VPH	Valley Presbyterian Hospital	PMC	
HWH	West Hills Hospital and Medical Center		

The EMS system documents in electronic patient care records (ePCR). This is the EMS equivalent of electronic medical records (EMR) or electronic health records (EHR) utilized by other segments of the healthcare system. LACoFD uses the ImageTrend® ePCR system for EMS documentation. All 27 Fire Departments in Los Angeles County are required to collect and submit ePCR data to the LEMSA.

The data fields are very specific and are defined by the National EMS Information System (NEMSIS). The NEMSIS fields collected by LACoFD on each of our ePCRs, including the options presented for a given data field, are defined by the Los Angeles County LEMSA. From there, all 27 Fire Departments' data is collated and communicated to the California EMS Information System (CEMSIS), and, from there, the data is collated from across the state and submitted to NEMSIS.

In CY2023, there were 404,157 ePCRs completed for EMS calls. This is greater than the number of EMS incidents (367,808). This occurs for a variety of reasons, including but not limited to:

- Multiple patients on a single incident.
- Duplicate records completed on a single patient.
- Non-EMS incident (public assist) that results in an EMS evaluation and ePCR.

Figure 2 demonstrates the breakdown of patient disposition for all 2023 LACoFD ePCR data. This includes all ages of patients, both adult and pediatric.

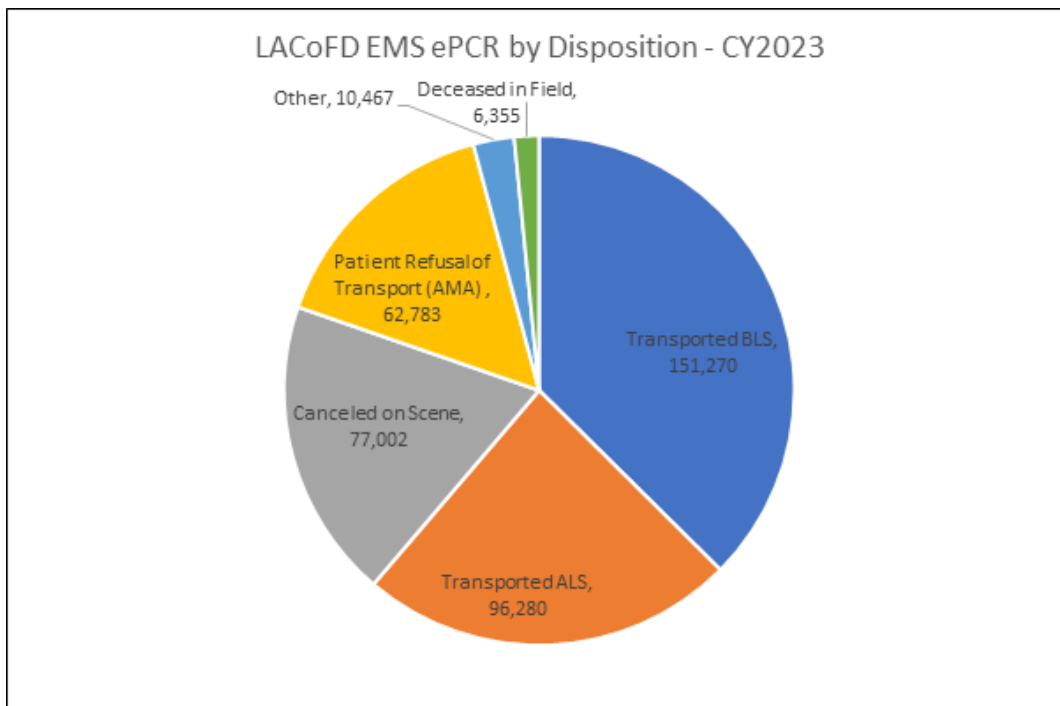


Figure 2 – Dispositions of all CY2023 LACoFD ePCRs (edisposition.12)

Of the 404,157 ePCRs in 2023, 22,482 were for pediatric patients (age<18 years). The Los Angeles County LEMSA defines pediatric as children as 14 years of age or younger. As the rest of the healthcare system often refers to pediatric patients as age<18 years, the data presented here will be adjusted to age<18 years. Figure 3, below, shows the breakdown of dispositions for pediatric patients care for by LACoFD in CY2023.

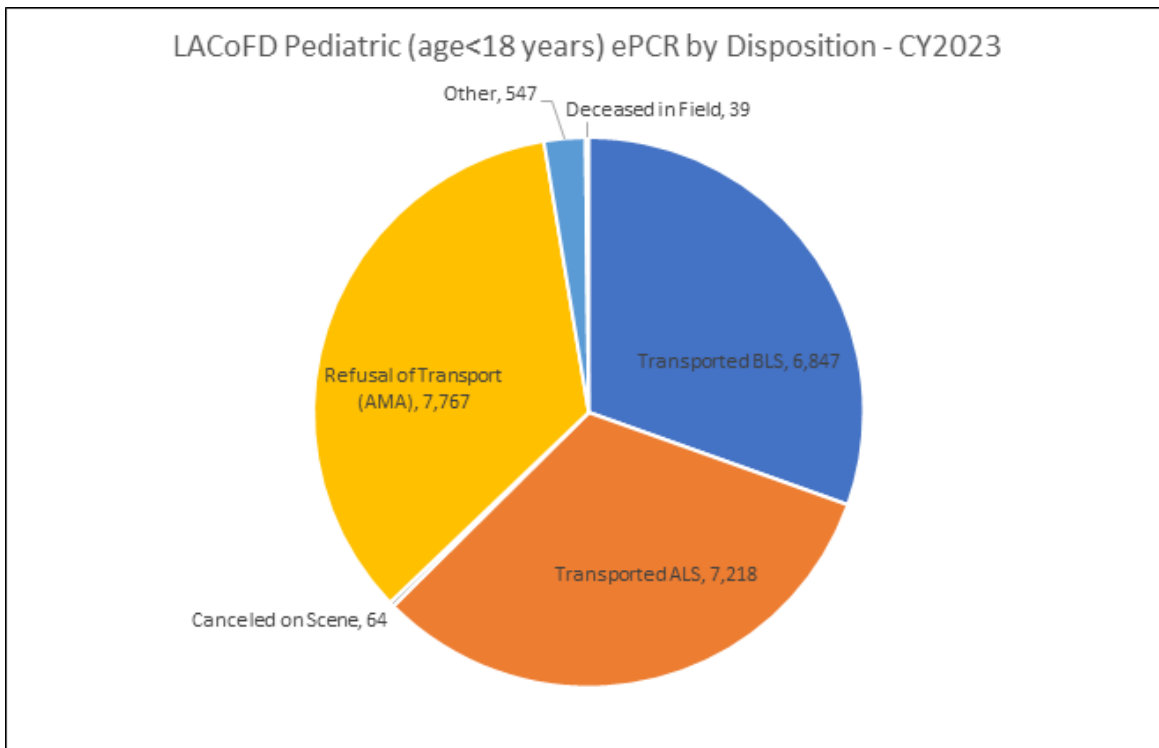


Figure 3 – Dispositions of all CY2023 LACoFD Pediatric ePCRs (edisposition.12)

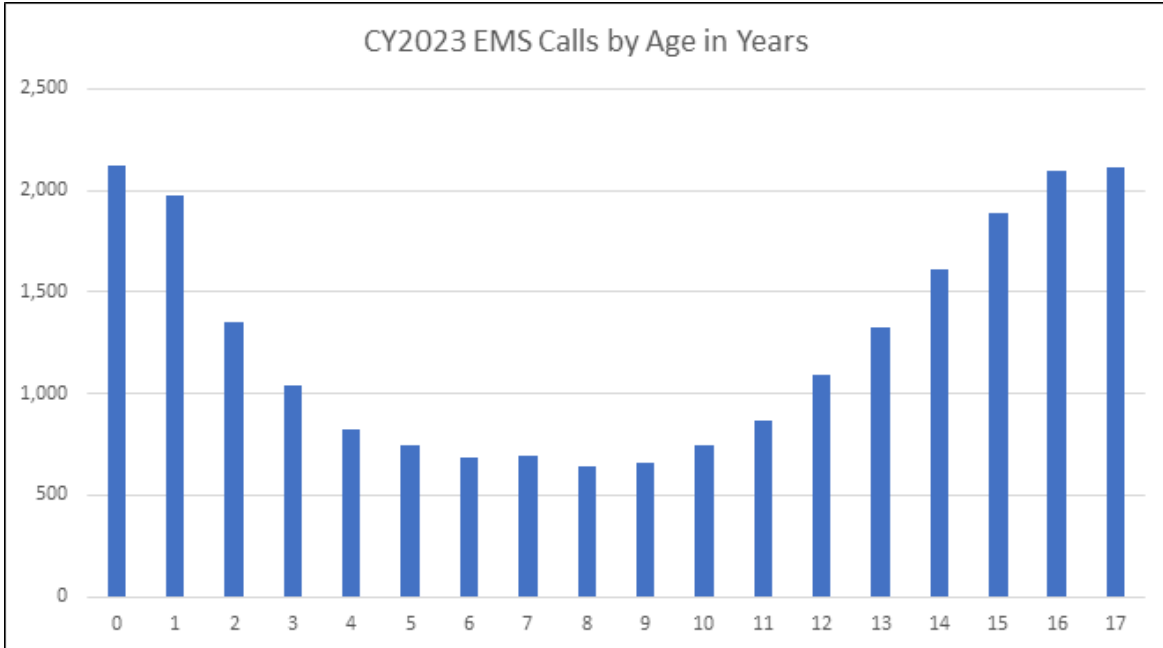


Figure 4 – 2023 EMS calls broken down by age (years)

Figure 4 demonstrates a bimodal distribution of EMS calls with the highest proportion of calls being in infancy and adolescence. The peak in infancy is reflective of the frequency of illness in the infant population and the relative discomfort of parents in assessing the severity of illness in young children. This is further broken down in Figure 5, which shows the frequency of EMS calls by age (months) within the first year of life. Figure 5 demonstrates that parents are about twice as likely to call 911 for their infants in their first month of life as in any other month in their first year of life. This represents a potential target for education of the parents of young infants. The frequency of EMS activation diminishes significantly by preschool and school ages and begins to rise by adolescence.

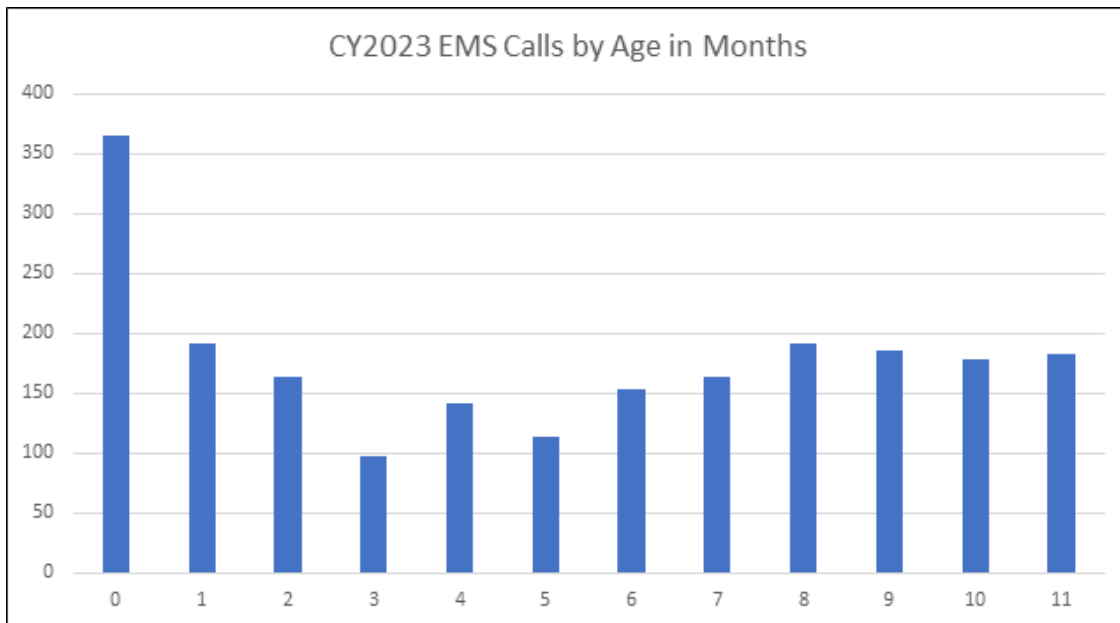


Figure 5 – 2023 EMS calls broken down by age (months) for children less than 1 year of age.





Figure 6 further breaks down the calls for infants (age<1 year) by provider impression, for the top 10 provider impressions. The most common, by far, is “no apparent injury or complaint.” It certainly is reassuring for a medical professional to assess an infant when there is a concern for their safety, but, again, this reflects an educational opportunity to reduce the need for utilizing the 911 system.

Figure 7 provides a similar breakdown for the other end of the bimodal distribution of pediatric EMS calls and displays the top 10 provider impressions for ages 15-17. As expected, the most common reason for contacting the 911 system, in this adolescent age group, is traumatic injury. Behavioral/psychiatric crises also become a significant contributor to the activation of the 911 system in this age group.

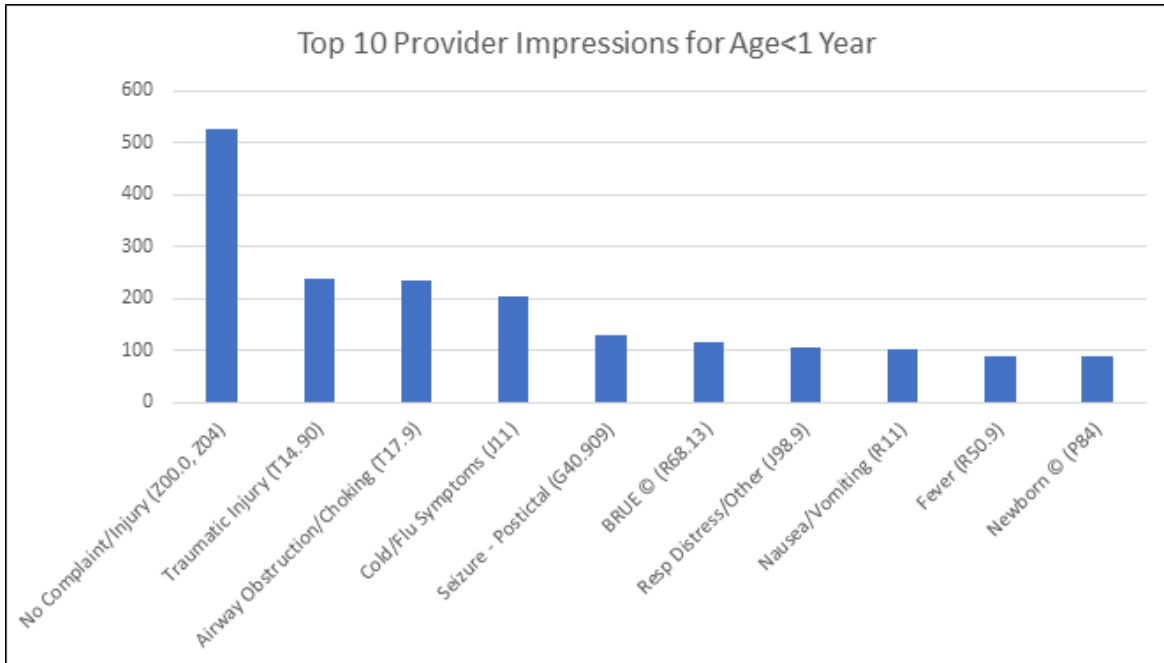


Figure 6 – Top 10 Provider Impressions for EMS calls for children<1 year of age.

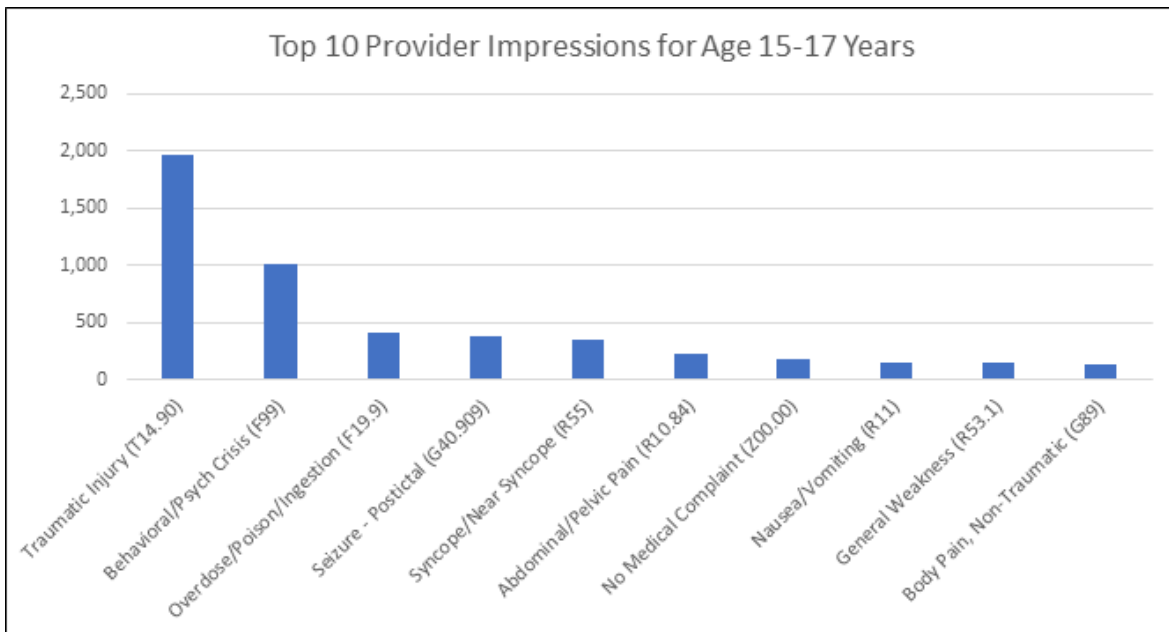


Figure 7 – Top 10 Provider Impressions for EMS calls for adolescents 15-17 years of age.



Amongst the pediatric patients with traumatic injuries, the top 10 mechanisms of injury are listed in Figure 8. While not in the top 10, other mechanisms of note and their frequency are listed in Figure 9. Specific to firearm injuries, an age breakdown is listed in Figure 10. Of the 78 total patients with gunshot wounds, 3 patients were pronounced deceased in the field.

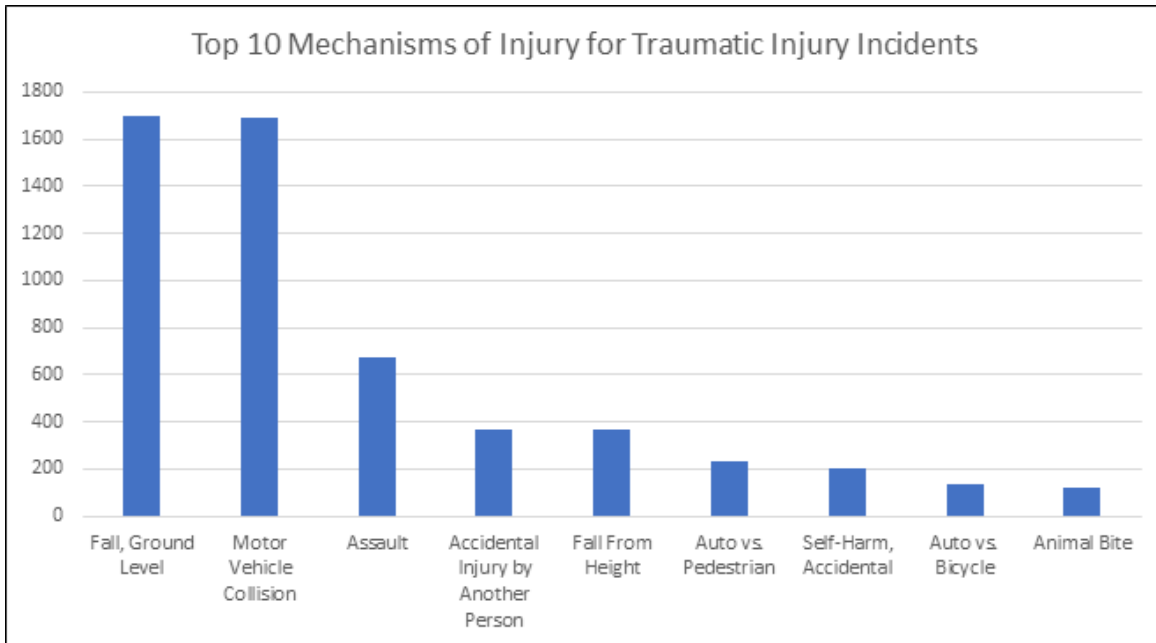


Figure 8 – Breakdown of top 10 mechanisms for provider impression of traumatic injury.

**Figure 9**  
**TABLE LISTING ADDITIONAL MECHANISMS OF INJURY FOR PEDIATRIC PATIENTS WITH TRAUMATIC INJURIES**

Mechanism of Injury	Incidents
Firearm, Intentional	69
Electric Scooter	29
Electric Bicycle	24
Stabbing, Cutting, Laceration (Assault)	24
Firearm, Accidental	9

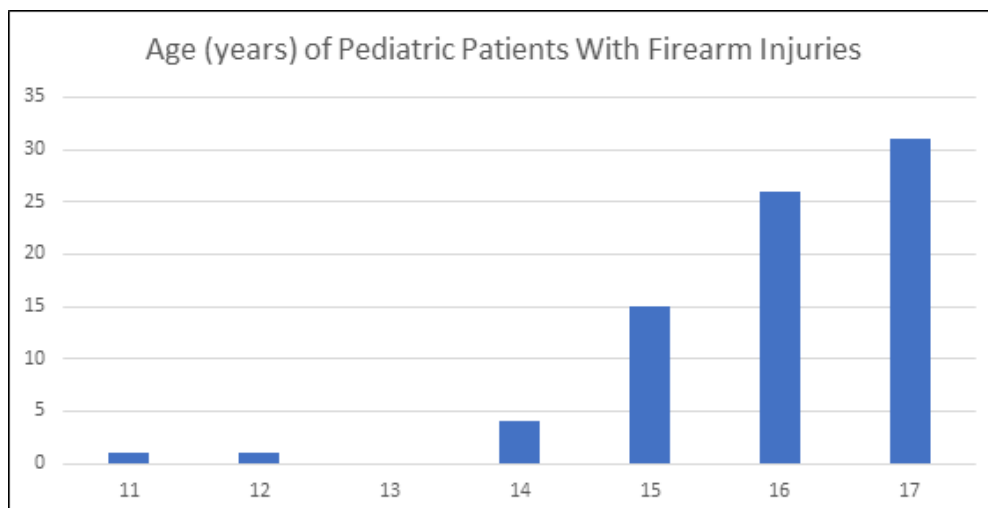


Figure 10 – Age breakdown of the pediatric patients with firearm injuries



Cardiac Arrest – In 2023, the Department responded on 98 pediatric patients with a provider impression of cardiac arrest. The breakdown of medical vs. blunt trauma vs. penetrating trauma is displayed in Figure 11. Figure 12 further breaks down non-traumatic cardiac arrest patients by age in years, and Figure 13 breaks down infant non-traumatic cardiac arrest by age in months.

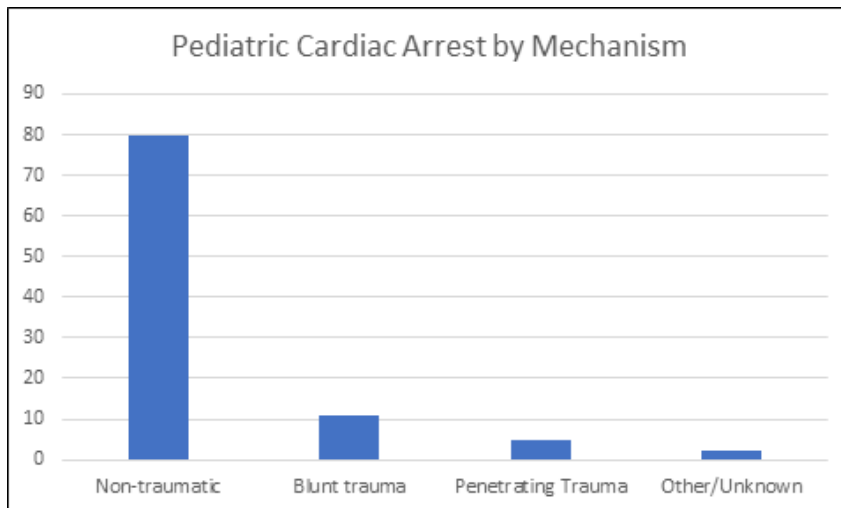


Figure 11 – Pediatric cardiac arrest by mechanism

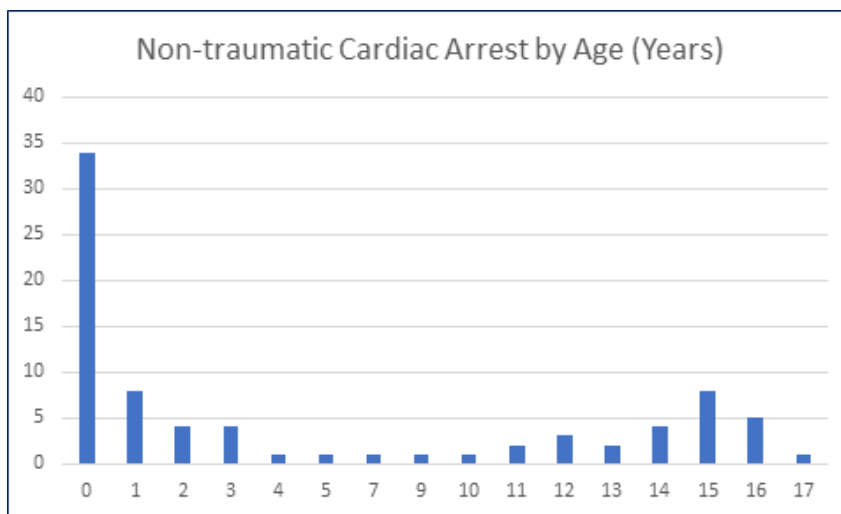


Figure 12 – Pediatric non-traumatic cardiac arrest broken down by age (years).

According to the World Health Organization (WHO), drowning accounts for approximately 236,000 deaths worldwide each year. Los Angeles County is blessed with a gorgeous coastline and weather that supports outdoor recreation. In addition, there are countless swimming pools and other water sources. In 2023, the Los Angeles County Fire Department responded on 8 incidents related to drowning, of which 4 were in pediatric patients. The ages were 6 months, 12 months, 4 years, and 10 years.

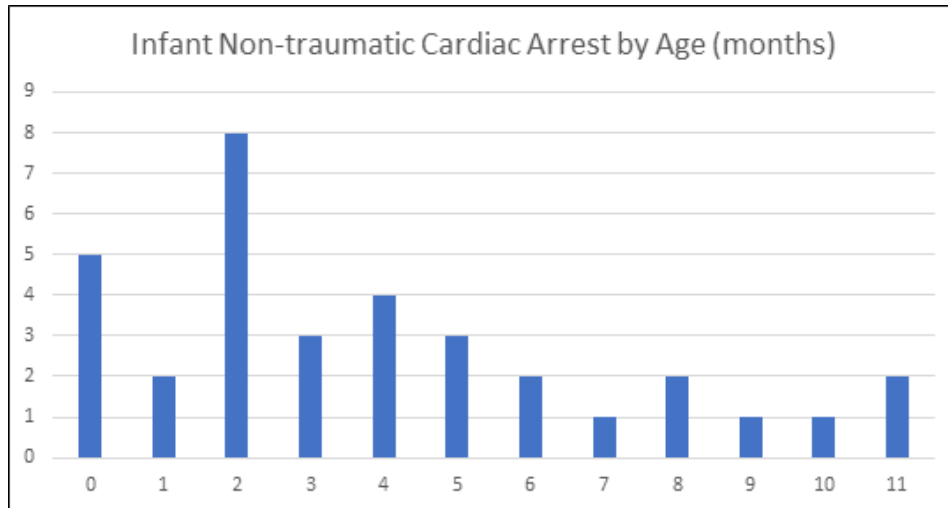


Figure 13 – Infantile non-traumatic cardiac arrest sorted by age (months).

Infant Safe Sleep Campaign – We reviewed all non-traumatic infant cardiac arrests with age less than 6 months, which is the highest risk period for accidental death due to unsafe practices. Overall, 25/34 occurred in infants less than 6 months. 8 of the 25 incidents had documented unsafe sleep practices including the use of blankets, the use of pillows, and co-sleeping with parents. Despite extensive advocacy efforts, co-sleeping continues to be pushed on social media and the National Public Radio (NPR) publication, “Is Sleeping With Your Baby As Dangerous As Doctors Say?” is still published on the internet.

Behavioral Health – There has been an increased focus on behavioral health in the community and the relative lack of resources devoted to this critical need; particularly for pediatric, adolescent, and geriatric psychiatric patients. The Fire Department’s overall call volume for mental health emergencies has been, relatively, static. As a percentage of the overall call volume of the Department, which has been rising, the behavioral health proportion has fallen slightly. The significance of that drop is not clear. While speculative, this may be related to additional mental health response teams from law enforcement, DMH, etc. operating in this space and mitigating what would otherwise be a rise in mental health call volume. As a percentage of mental health call volume, pediatric mental health incidents have increased from 6.8% in 2021 to 7.6% in 2022 and 7.7% in 2023. Again, the significance of this increase is not clear but will be followed over time to determine whether it continues to rise. As expected, when dividing behavioral health incidents by age (Figure 15), it demonstrates that the majority of incidents occur in the adolescent population. While we would like to dive deeper into the data regarding behavioral health incidents in order to quantify, for example, suicidality, this just is not possible.

Unfortunately, particularly in our sickest patients, whether an illness or injury is self-inflicted may not be known. For example, in an adolescent with a fentanyl overdose, there is no way for us to know if the overdose was accidental or intentional, and our priority, in the EMS setting, is resuscitation. Even when documented, our NEMSIS 3.5 data fields do not include the needed data points that would enable us to query our data on the scale necessary.

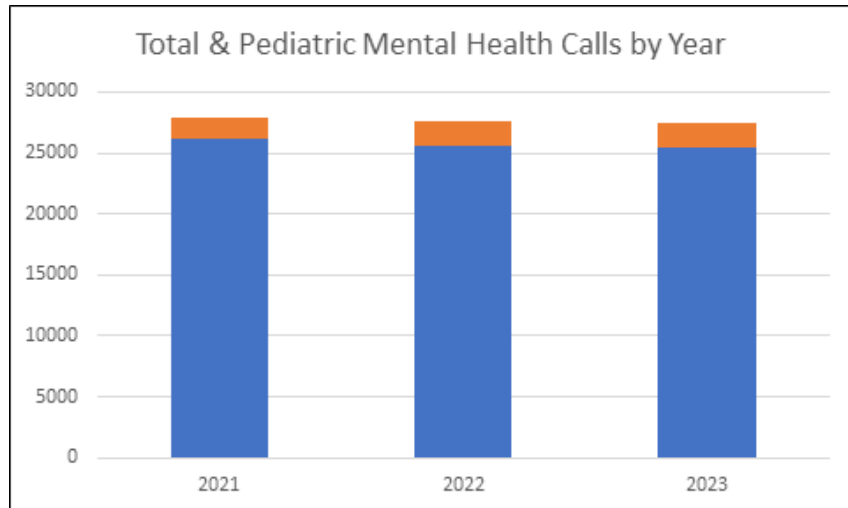


Figure 14 – Total and pediatric behavioral health patient totals for the past 3 years

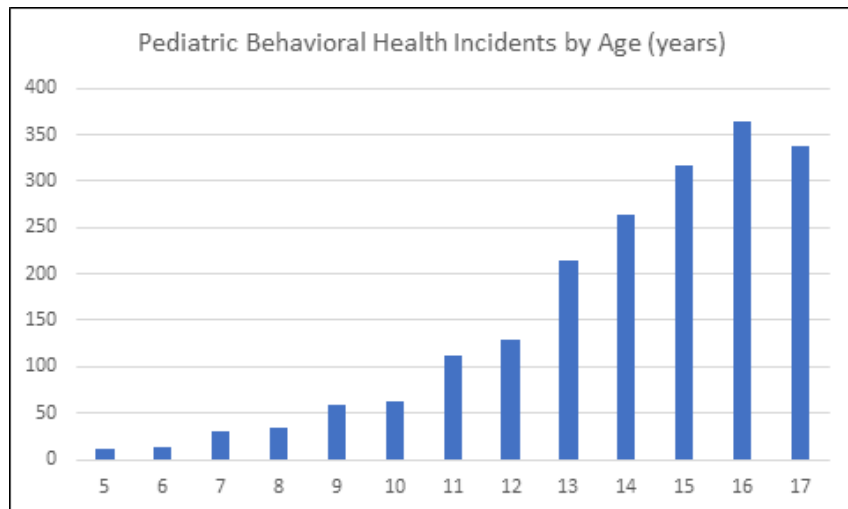


Figure 15 – Pediatric behavioral health incidents parsed by age (years)



Documented Cases of Abuse – In 2023, Department personnel documented 179 incidents involving pediatric patients with suspected abuse (physical, mental, sexual), domestic violence, and neglect. The breakdown of reports is included in Figure 16. Of note, the total in Figure 16 exceeds 179 because many cases involved documentation of multiple forms of abuse/neglect. In addition, we know that there is an underreporting of abuse/neglect in EMS documentation because of the very frequent co-response of multiple mandated reporters; particularly law enforcement. In Figure 17, we compare the number of reported incidents to previous years and find very statistically similar measurements.

Opioids – The Los Angeles County Fire Department has been working on the front lines of the opioid crisis in Los Angeles County since the very beginning. In order to quantify the effects of opioids, our data query includes many surrogate markers for opioid use, such as the administration of naloxone by EMS personnel. While past reports have attempted to dig deeper for, as an example, how many overdoses may have been accidental vs. intentional, we do not seek to do that in this report. Unfortunately, the NEMSIS 3.5 documentation fields do not adequately allow us to elucidate this level of detail. The only way to search this out would be to query narrative data fields, with both automated and manual review. However, given the volume of more than 400,000 ePCRs, this just is not possible. In addition, often the information that resides in the ePCR is speculative, at best. That stated, the number of calls suspected to involve opioids, in our pediatric patient population, has risen dramatically over the past 3 years, as is shown in Figure 18.

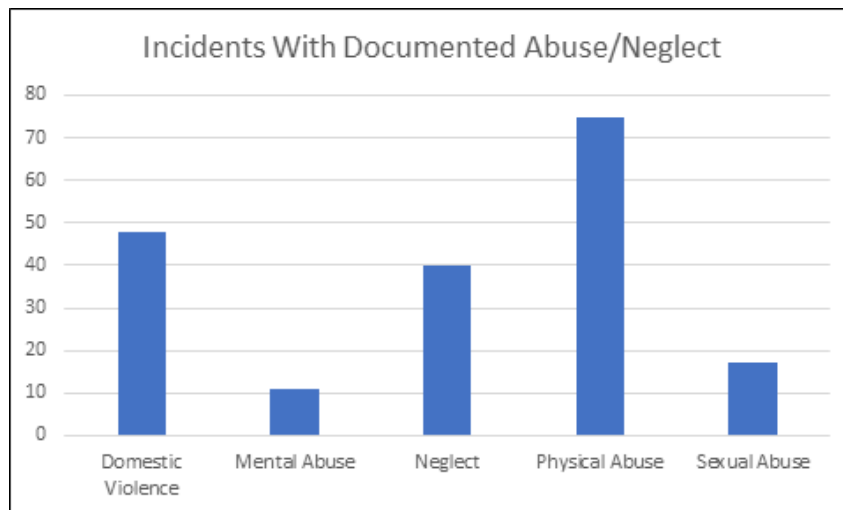


Figure 16 – Documented incidents with abuse by type in pediatric EMS patients.



**Figure 17**  
**COMPARING THE NUMBER OF DOCUMENTED INCIDENTS OF ABUSE/NEGLECT OVER TIME.**

Year	Incidents With Abuse Documented
2021	162
2022	187
2023	179

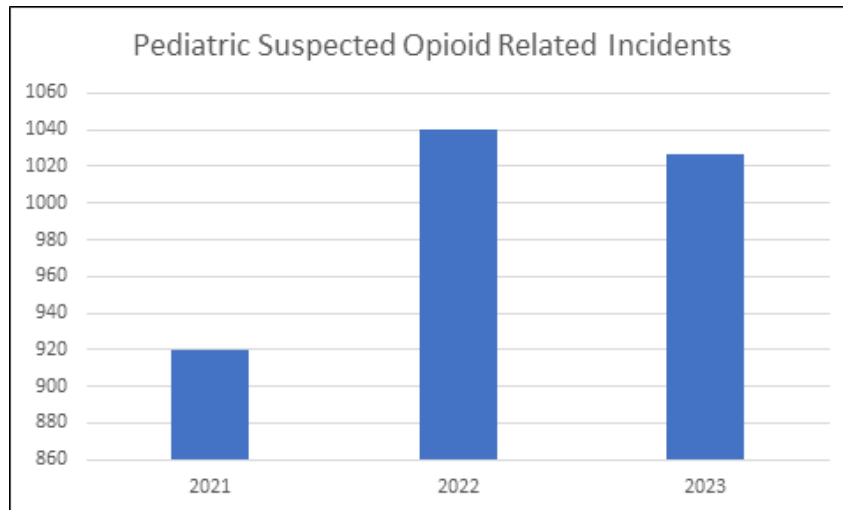


Figure 18 – Suspected opioid-related EMS calls in the pediatric patient population







# OFFICE OF COUNTY COUNSEL

## VISION

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

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

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

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

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

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

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

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



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

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

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

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

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

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

In fiscal year 2022, the Appeals Division filed approximately 800 appellate briefs and other pleadings.

Among the published decisions issued by the Court of Appeal in 2022 were:

***In re A.B. 79 Cal.App.5th 906 (Santa Cruz County)***

At a Welfare and Institutions Code section 366.26 hearing, a juvenile court selected legal guardianship as the subject child's permanent plan, denied the child's father any visitation with the child based on a detriment finding, and ordered the father to have no contact with the child. At a contested six-month post-permanency hearing, the court reaffirmed its detriment finding and again denied visitation to the father. Father renewed his request for visitation at the 12-month post-permanency review hearing. The child welfare department opposed this request and argued the father had to make an offer of proof to justify a second contested hearing on visitation. When ruling, the court denied father's request for a contested hearing, again denied visitation to the father, and relatedly reaffirmed its earlier detriment finding. Father appealed from this hearing, arguing that the court's decision to deny him a contested hearing as to visitation violated his statutory right to participate in the hearing and his constitutional right to due process.

The father did not have a statutory or a due process right to a contested post-permanency 12 month review hearing in regards to his visitation request, and the juvenile court did not err in requiring the father to make an offer of proof in support of his request for a contested hearing. The juvenile court did not deprive the father of his statutory rights under section 366.3 when it denied his request for a contested 12-month post-permanency review hearing. Section 366.3 does not provide a statutory right to a contested post-permanency review hearing when the selected permanent plan is legal guardianship. Rather section 366.3 only provides such a right when the selected permanent plan is long-term foster care. After legal guardianship was selected as the child's permanent plan at the section 366.26 hearing, the father no longer had a statutory right to contest hearings under section 366.3.

The juvenile court respected the procedural fairness of due process when it denied the father's request for a contested 12-month post-permanency review hearing. Due process is a flexible concept that



considers the phase of the dependency proceedings. Once the dependency proceedings are in the post-permanency stage, the focus shifts from family preservation to the needs of the child for permanency and stability. After the department recommended that the status quo of legal guardianship from the six-month post-permanency review hearing be maintained, the court did not violate due process when it considered the evidence that the father proposed to put forward at the subsequent hearing and rejected that offer of proof as inadequate.

***In re Abigail L. 75 Cal.App.5th 169 (Los Angeles County)***

Appellant, a prior foster caregiver, appealed the juvenile court's denial of her request for de facto parent status. The Court of Appeal reversed and remanded with directions to enter a new order granting appellant's request for de facto parent status. Where the child's prior caregiver had a strong bond with the child, assumed a parental role for a substantial period of time, attended court hearings, and possessed unique information about the child, de facto parent status should have been granted. The child's placement out of a caregiver's home does not make that caregiver's request for de facto parent status moot. California Rules of Court, rule 5.534(a) allows a juvenile court to recognize a child's "present or previous custodian" as a de facto parent so long as the factors for determining de facto parent status apply. A child welfare agency may file a noticed motion if a change of circumstances no longer supports de facto parent status. However, a de facto parent does not have standing to appeal the juvenile court's placement decision.

***In re A.C. 75 Cal.App.5th 1009 (San Joaquin County)***

A father appealed jurisdictional and dispositional orders following W&IC section 342 and 360 hearings, at which the court removed the subject child from parental custody and granted the parents family reunification services. The father's only argument on appeal was that DCFS's failure to ask extended family members about Indian ancestry was prejudicial and therefore required remand for ICWA compliance. The matter was remanded with directions that the juvenile court order DCFS to comply with W&IC section 224.2. The ICWA and related California law collectively impose obligations on the juvenile court and child welfare agencies to cull information from the parents and extended family members about potential Indian ancestry. These are mandatory duties commensurate

with the importance of the ICWA's remedial goals.

California law requires at the outset of a dependency case that the child welfare agency and juvenile court inquire into whether a child is, or may be an Indian child. The child welfare agency's initial duty of inquiry includes asking the child, parents, legal guardian, Indian custodian, extended family members, others who have an interest in the child, and the party reporting child abuse or neglect, whether the child is, or may be, an Indian child and where the child, the parents, or Indian custodian is domiciled. DCFS failed to comply with its obligation to make a meaningful effort to interview extended family members to obtain whatever information they may have as to the child's possible Indian status. The child was placed with the mother's extended family, but DCFS did not ask the maternal relatives about the child's potential Indian heritage. The father lived with his mother and brother, but DCFS did not ask either paternal relative about the child's potential Indian heritage. Early on, these relatives were readily available to consult regarding Indian ancestry. Additionally, the mother was a product of foster care and thus may not have known her cultural heritage, and one of the detention reports indicated the child might be an Indian child, with the record devoid of any follow-up on that representation. Here, the juvenile court merely relied on the parents' representations in their respective ICWA-020 forms that they had no Indian ancestry as far as they knew when finding that the child was not an Indian child. This ICWA form states that it is "not intended to constitute a complete inquiry into Indian heritage."

Here, the Court of Appeal could not conclude DCFS's failure to conduct any inquiry as to the parents' extended family members was not prejudicial based on the record. Unlike in other published cases, the record revealed readily obtainable information that was likely to bear meaningfully on whether the child was an Indian child.

In a detailed concurrence and dissent, Justice Crandall concurred with affirming the jurisdiction and disposition orders but dissented as to the remand for the purpose of ICWA compliance. Contrary to the majority's position, the justice believed the "better approach" as to these initial inquiry appeals "is to continue to place a burden on the appealing parent to make an affirmative representation of 'a reason to believe' that the child is an Indian child. Without some offer of proof from [the father] that a 'reason to believe' exists, the juvenile court's error was harmless, and remand is unwarranted."



***In re A.C. 86 Cal.App.5th 130 (Los Angeles County)***

A mother appealed from an order terminating her parental rights citing non-compliance with inquiry obligations under the ICWA. DCFS inquired only of the mother and the father regarding the child's possible Indian ancestry and failed to inquire of available extended paternal and maternal family members, and of the child's caregiver, a non-relative extended family member. No evidence indicated that the child was an Indian child and both parents denied Indian ancestry.

The Court of Appeal conditionally reversed and remanded to the juvenile court. Although the parties filed a joint application and stipulation for conditional affirmance and remand for ICWA compliance, the stipulation was accepted but a conditional reversal was entered with remand.

***A.C. v. Cortez 34 F.4th 783 (United States Court of Appeals Ninth Circuit)***

A group of minor-plaintiffs initially sued San Diego County and County social workers for allegedly violating their Fourth Amendment rights by interviewing them without a court order or parental consent during the course of a child-abuse investigation. During that investigation, the County created and maintained files related to the alleged child abuse. Attorneys defending the County reviewed the child-abuse investigation file without first obtaining a court order. Plaintiffs then brought a separate lawsuit, arguing the lawyers' inspection of the case files violated their privacy rights.

The Ninth Circuit found that federal constitutional law recognizes a right to informational privacy stemming from the individual interest in avoiding disclosure of personal matters. However, the right to privacy is not absolute; rather, it is a conditional right which may be infringed upon a showing of proper governmental interest. Assuming the plaintiffs were entitled to informational privacy regarding juvenile records, a five-factor balancing test showed the County's interest in defending litigation brought by the plaintiffs outweighed the plaintiffs' asserted privacy interest. Even assuming the social workers' records comprised sensitive medical and psychological records, there was no constitutional violation because the County's need to access the records was high. Plaintiffs initiated that need by filing a lawsuit against the County, and the professional obligations that lawyers owe their clients minimized the risk of misuse, harassment, or embarrassment.

***In re Adrian L. 86 Cal.App.5th 342 (Los Angeles County)***

A mother appealed from an order terminating her parental rights. The mother's sole argument for reversal was that the child welfare agency did not comply with its duty under section 224.2, subdivision (b) to inquire of extended family members regarding the child's potential status as an Indian child as defined in the ICWA. The child had not been detained when dependency proceedings were initiated, but was later detained after DCFS obtained a protective custody warrant pursuant to WIC section 340, subdivision (b). The parents later failed to reunify, and the juvenile court proceeded to terminate parental rights over the child.

The Court of Appeal affirmed. The parents' denials of Indian affiliation, as well as extensive efforts by the mother, the mother's counsel, extended family members, and minor's counsel to have the child placed with the extended family members, showed additional inquiry would not have yielded information that was likely to bear meaningfully on the question of whether the child was an Indian child. Therefore, any failure to inquire of extended family members was harmless.

***In re A.H. 84 Cal.App.5th 340 (Solano County)***

A biological, alleged father appealed from an order terminating his parental rights where he was never provided any formal notice of the dependency proceedings or informed of his right to participate, despite DCFS identifying at least one address for him, knowing he had some involvement in the child's life, and making telephonic contact with him on multiple occasions. The juvenile court repeatedly found notice was proper, did not appoint counsel for the father, and did not ensure the clerk mailed him notice of adverse findings against him or his right to appeal until parental rights were terminated.

The Court of Appeal reversed the order terminating parental rights and remanded with directions. The juvenile court had violated the alleged father's statutory and due process rights and the defects in notice to the alleged father were prejudicial. Among the errors, the juvenile court failed to determine parentage as required, failed to ensure the father received notice of the proceedings and was advised of his rights to establish paternity, and failed to ensure the father received statutorily required notice of



specific hearings. DCFS failed its constitutional duty to exercise reasonable diligence to locate the alleged father if his whereabouts were unknown so that could be given proper notice.

***Guardianship of A.H. 83 Cal.App.5th 155 (San Bernardino County)***

An appellant who, along with the respondent, had filed cross-petitions to be appointed guardians of two children appealed from the trial court's dismissal of the appellant's petition and its order granting the respondent's petition. The trial court had ordered both petitioners to exchange lists of the witnesses they intended to call, specifying that witnesses not on the lists would not be permitted to testify. The appellant failed to exchange a witness list. At trial, the appellant's counsel explained that her only witness was the appellant herself, and that counsel mistakenly believed the witness list did not require party witnesses to be listed.

The Court of Appeal reversed. The trial court abused its discretion by imposing a terminating sanction. The Court explained that in an appropriate case a trial court may exclude evidence as a sanction for the violation of an order to exchange witness lists, even when the exclusion amounts to a terminating sanction. However, in this case, five factors rendered the exclusion of the appellant's testimony an abuse of discretion: (1) It was the appellant's counsel who was at fault, not the appellant; (2) The appellant's counsel's conduct was not extreme or severe; (3) Any prejudice to the respondent was negligible; (4) Lesser sanctions were available; and (5) The trial court's form order did not allow for a lesser sanction.

***In re A.J. 77 Cal.App.5th 7 (San Joaquin County)***

A juvenile court held separate jurisdiction/disposition hearings for a mother and a father due to the incarcerated father's failure to be transported to court. The mother's jurisdiction hearing was held in January 2020, resulting in the court sustaining an amended petition that included factual allegations related to both the mother and the father. In June 2020, the juvenile court held a disposition hearing as to mother only. The court declared the child a dependent, removed him from parental custody, and ordered family reunification services to mother. The court continued the father's jurisdiction/disposition hearing and in the intervening period held a review hearing as to mother and extended her reunification services.

The father's continued jurisdiction/disposition hearing was eventually held in November 2020. Counsel for the father requested a continuance because the father was not transported for the proceedings. The court declined to continue the matter and said it had found the allegations true in the petition. The court bypassed the father for reunification services pursuant to WIC § 361.5, subdivisions (b)(12) and (e).

The father appealed the November 2020 orders. The father argued the juvenile court erred by denying his request for a continuance and proceeding with the disposition hearing in his absence. The Court of Appeal held that the practice of splitting jurisdiction, disposition, and/or review hearings is unauthorized and erroneous. Jurisdiction is taken over the child not over the parents. The orders are child-centric, not parent-centric, and cannot be split as to each parent. Splitting of review hearings is improper because review hearings are to be held within certain time frames and are based on the dates the child was initially removed, detained, or entered foster care.

The father's contention that the juvenile court should not have proceeded to disposition without first complying with Penal Code section 2625 is untimely. There is only one jurisdiction hearing and one disposition hearing. In this case the jurisdiction hearing took place in January 2020, and the disposition hearing took place in June 2020. Father failed to timely appeal from the June 2020 disposition hearing.

Even if the November 2020 hearing could be treated as a second or continued disposition hearing, the father cannot show the juvenile court erred in denying his request for a continuance of that hearing. A juvenile court may not grant a continuance that would cause the disposition hearing to be completed more than 60 days after the detention hearing, unless there are exceptional circumstances, and in no event may the disposition hearing be continued to a date more than six months after the detention. The "disposition hearing" held in November 2020, was several months beyond the statutory timeframe. The father's continuance request was a request to continue the disposition hearing even further beyond the prescribed time limits. Even if the November 2020 hearing could be treated as a disposition hearing, the court did not have the authority to grant a further continuance. The time requirements of WIC § 352, requiring the disposition hearing to be completed no more than six months after the detention hearing, take precedence over any arguable statutory right of an incarcerated parent to be present at the disposition hearing.



Regardless, the November 2020 hearing was not the disposition hearing. Penal Code section 2625 does not apply to each and every hearing in a dependency case. It applies only to hearings adjudicating a child a dependent of the court or hearings terminating parental rights. In any other hearing, the production of a prisoner is discretionary.

***In re A.L. 73 Cal.App.5th 1131 (Santa Clara County)***

A father appealed from the termination of his parental rights, challenging the juvenile court’s finding that the parental-benefit exception to adoption did not apply. The father claimed the juvenile court improperly focused on the consideration that father did not occupy a “parental role” in the child’s life.

The Court of appeal. Affirmed. The father established the first two elements of the exception - regular visitation and the existence of a beneficial relationship. The juvenile court’s findings that the child benefitted from the father’s attachment to her and that severing the relationship would be “a loss” to her constituted a finding that there was a beneficial relationship.

It was proper for the juvenile court to consider whether, and the extent to which, the father and the child’s current caregivers occupied parental roles with the child. Whether the parent has a parental role is part of assessing “the strength and quality of the natural parent/child relationship” in weighing detriment from losing that relationship. The California Supreme Court in *In re Caden C.* did not use the term “parental role” and its holding had nothing to do with consideration of whether an individual occupied a parental role.

The Supreme Court in *In re Caden C.* held that the proper test is not whether the parent is ready for the child’s return to the parent’s custody, or who would make the better custodial caregiver. In this case, the juvenile court did not base its decision upon the finding that the father was not ready to have the child returned to his custody. Here, the evidence showed the child was closely bonded with her caregivers and their family, she loved them, and she would be hurt if she were separated from them. She was happy in her stable and loving home. This was balanced against the loss of the child’s positive emotional attachment with the father. In considering the strength and quality of the relationship, the juvenile court had evidence that the father was not involved with the child’s medical care or education, he was not a parental figure in the child’s life, the child viewed him as a fun, friendly person to have visits

with, the child had no difficulty separating from him at the end of visits, and the child was not affected when scheduled video visits were missed.

In addition, the father’s non-credible testimony that his substance abuse had had no negative effects on the child, despite the evidence the child was negatively affected, was evidence that his substance abuse struggles could cause his interaction with the child to have a negative effect on the child. This factor was endorsed in *In re Caden C.* The juvenile court did not impermissibly base its detriment finding on the simple fact of the father’s substance abuse or assign blame or judgment to the father.

The juvenile court was also entitled to rely on the social worker’s testimony, who was qualified as an expert in assessing risk and permanent placement, that the benefit to the child of having visits with father did not outweigh the benefits of adoption.

***In re Allison B. 79 Cal.App.5th 214 (Los Angeles County)***

A mother appealed from the juvenile court’s September 2021 order terminating parental rights to three of her five children. The mother’s sole contention was that the juvenile court and the social services agency failed to comply with initial inquiry duty under California law and inquire whether the children were Indian children within the meaning of the ICWA. The agency filed a motion to dismiss the mother’s appeal based on mootness given its subsequent efforts to inquire of maternal and paternal relatives. The agency reported it spoke with the maternal grandparents and the paternal grandmother in January 2022 regarding any Indian ancestry. These extended relatives denied having any knowledge of Indian ancestry or having any Indian ancestry. The paternal grandmother said she did not have a telephone number for the children’s father and had no way of locating him, though he did sometimes come to visit her. The March 2022 minute orders stated that the juvenile court reviewed the agency’s efforts, the court had no reason to know or believe the children were Indian children as defined by ICWA, and the provisions of ICWA were not applicable to this case as to both parents. As requested by the agency, the reviewing court granted judicial notice of these documents.

The motion to dismiss was granted. Citing to Code of Civil Procedure section 909, the reviewing court concluded the mother’s appeal was moot based solely on the record and the agency’s reporting and not on



the juvenile court's findings in the March 2022 orders. The reviewing court observed that it addressed any due process concern raised by mother by considering her opposition to the noticed motion to dismiss and her supplemental brief, and by providing her, through her counsel, the opportunity for oral argument before the reviewing court, which she waived. The reviewing court also observed that the agency's reporting indicated, albeit belatedly, that the agency inquired of the maternal grandparents and the paternal grandmother as to whether the children were Indian children, rendering any prior failure of inquiry harmless. The agency was not required to investigate the father's reference to any unidentified "cousins" because the father's whereabouts were unknown and there was no reason to believe that such "cousins" were readily available to the agency to conduct the ICWA-related inquiry, and the agency was not required to attempt to contact the children's great-grandparents because ICWA's broad definition of "extended family member" does not include great-grandparents. (25 U.S.C. § 1903(2).)

***In re Antonio R. 76 Cal.App.5th 421 (Los Angeles County)***

A mother appealed from the juvenile court's order terminating parental rights. Her sole contention was that the juvenile court and the child welfare agency failed to comply with the inquiry and notice provisions of the Indian Child Welfare Act (ICWA) and related California law.

The Court of Appeal conditionally affirmed and remanded for the juvenile court and the child welfare agency to comply with the inquiry provisions of the ICWA and California law. The child welfare agency's inquiry pursuant to the ICWA and related California law was deficient despite the mother, father, and the child's paternal great-grandmother denying Indian ancestry because the child welfare agency failed to inquire of other available extended family members, including extended family members who had been present in court and designated as the child's prospective adoptive parents. The failure to make an adequate initial inquiry was prejudicial because the information derived from the extended family members would likely be meaningful in determining whether the child was an Indian child regardless of whether the information ultimately showed the child was or was not an Indian child. The reviewing court disagreed with recent case law that held similar error to be harmless.

***In re A.R. 77 Cal.App.5th 197 (Orange County)***

Mother stabbed the children's father to death, while the children, ages ten and eleven, were listening from a nearby room. Mother appealed from a judgment terminating her parental rights.

Mother argued the judgment had to be reversed because the Orange County Social Services Agency (SSA) failed to conduct an inquiry into whether the children had Native American ancestry. Neither the SSA nor the court conducted any ICWA inquiry. County Counsel conceded SSA erred by failing to comply with the ICWA but contended the judgment should be affirmed because Mother failed to show that the children might have Native American ancestry and, therefore, failed to demonstrate the error resulted in a manifest miscarriage of justice.

The Court of Appeal conditionally reversed and remanded with instructions that SSA conduct the required ICWA inquiry, and that the trial court resolve the issue. If the initial inquiry reveals no Native American heritage, then the judgment shall be reinstated. The law requires that an ICWA inquiry be conducted in every case. Failure to conduct the ICWA inquiry constituted a miscarriage of justice.

Native American tribes have a compelling, legally protected interest in the inquiry itself. Interests protected by the ICWA include the broad interest of Native American tribes in maintaining cultural connections with children of Native American ancestry. Tribes have no standing to intervene in a dependency case unless Native American ancestry is established, and cannot protect their tribal interests unless child welfare agencies comply with the ICWA and notify the appropriate tribe when the inquiry reveals Native American ancestry. The only way to protect the collective interests of the Native American tribes is to address the issue of Native American ancestry in every case.

Until a required ICWA inquiry is conducted, the interests of the Native American tribes are not adequately protected, and a judgment remains vulnerable to collateral attack.

***In re Baby Girl M. 83 Cal.App.5th 635 (Los Angeles County)***

A father appealed from a juvenile court's jurisdiction and disposition orders, contending that the juvenile court and the child welfare agency failed to comply with



the inquiry requirements of the ICWA. DCFS conceded error, and also presented post-judgment evidence of ongoing ICWA inquiry efforts in the juvenile court.

The Court of Appeal dismissed as moot. In an appeal from an order prior to the termination of parental rights, where there will necessarily be further dependency proceedings and a basis for a later appeal on ICWA grounds, the appeal may be dismissed as moot where the child welfare agency and the juvenile court are already working to fulfill their inquiry and notice obligations under ICWA. The Court of Appeal is not in a position to micromanage the ICWA inquiry and notice process in an appeal from a prior order.

***In re C.S. Cal.App.5th 631 (Los Angeles County)***

A mother appealed dispositional orders that terminated dependency jurisdiction over her child and granted her monitored visitation with the child in a therapeutic setting, to begin when the child’s therapist determined it would be safe. Mother argued the juvenile court abused its discretion when terminating its jurisdiction and granting the child’s father full custody without first providing her services that could help repair her relationship with the child. Mother also argued the juvenile court impermissibly delegated the authority to determine whether any visits occur to the child’s therapist.

The Court of Appeal affirmed. The juvenile court did not abuse its discretion in terminating its jurisdiction and awarding sole physical and legal custody to the child’s father without first providing services to attempt to repair the mother’s relationship with the child and did not unlawfully delegate authority over visitation to the child’s therapist.

The juvenile court did not abuse its discretion in terminating jurisdiction over the child without providing additional therapeutic services to the mother. When dependency jurisdiction is terminated with the child in custody of one of the parents, the court has the discretion to make orders regarding the noncustodial parent’s visitation and reunification services. Because the child remained with the father, the mother was not entitled to visitation or reunification services. Additionally, because there was no suggestion the visitation ordered by the court would not occur, any further issues regarding visitation could be addressed by the family court, which would have ongoing jurisdiction over custody and visitation matters once dependency jurisdiction was terminated.

The juvenile court did not impermissibly delegate authority over visitation to the child’s therapist. While a court may not authorize a third person to determine whether any visitation will occur, it may give a third person discretion as to when the visits may safely begin. The visitation order granting the mother visitation rights and expressly stating the frequency and duration of visits, while requiring the child’s therapist to approve the start of those visits, did not constitute an unlawful delegation of judicial authority.

***In re Christopher L. 12 Cal.5th 1063 (Supreme Court of California)***

A father appealed from a juvenile court’s order terminating his parental rights. The Court of Appeal held that the juvenile court’s error in proceeding with the combined jurisdiction/disposition hearing in the incarcerated father’s absence and without appointing counsel for him was harmless.

The question before the California Supreme Court was “whether it is structural error, and thus reversible per se, for a juvenile court to proceed with a jurisdiction and disposition hearing without an incarcerated parent’s presence and without appointing the parent an attorney.”

The Supreme Court affirmed. Although the juvenile court committed serious errors when it proceeded with the combined jurisdiction and disposition hearing without appointing counsel for the incarcerated father or ensuring his presence at the hearing, the prejudicial effects of such errors were not beyond the ability of the courts to assess. The California Supreme Court stated that this might not be true in all cases with such errors, but explained that the fact it was true in cases like this one led it to conclude that a rule of automatic reversal was unwarranted. In doing so, the California Supreme Court cited the critical interest dependent children have in avoiding unnecessary delays to their long-term placement.

***In re Darian R. 75 Cal.App.5th 502 (Los Angeles)***

A mother challenged a juvenile court’s order terminating parental rights. She argued only that the child welfare agency failed to comply with the Indian Child Welfare Act and related California statutes by not interviewing her extended family members about whether they had Indian ancestry, despite her denying any such ancestry. The Court of Appeal affirmed. Failure to ask extended family members about Indian ancestry is prejudicial if “the record indicates that there





was readily obtainable information that was likely to bear meaningfully upon whether the child is an Indian child.” Applying this definition of prejudice in the instant case, the reviewing court held the agency’s failure to ask extended family members about Indian ancestry was not prejudicial because further inquiry would not have shed meaningful light on whether the children were Indian children.

***David v. Kaulukukui 38 F.4th 792 (United States Court of Appeals Ninth Circuit)***

A mother (individually and on behalf of her minor child) sued several state officials under 42 U.S.C. § 1983 for violating the mother and child’s constitutional right to familial association. The mother’s lawsuit included allegations that a police department employee (1) assisted the child’s non-custodial father in obtaining a temporary restraining order that prevented the mother from having any contact with the child, and (2) conspired with the father and state officials to extract the child from school and place the child in the father’s custody without the mother’s knowledge or a court order. The employee moved to dismiss the allegations against her on qualified immunity grounds, which the district court denied. The employee’s appeal followed that dismissal order.

The federal court affirmed the denial of employee’s motion to dismiss. Qualified immunity shields public officials from civil liability unless their conduct violates a clearly established constitutional right. Generally, appellate courts lack jurisdiction to hear interlocutory appeals from denials of a motion to dismiss, but there is an exception for denials based on qualified immunity. This exception exists because qualified immunity functions not merely to shield an individual from liability, but from the lawsuit entirely, and such immunity would be effectively lost if a lawsuit were erroneously permitted to go to trial.

Case law has long recognized the interest of parents in the “care, custody, and control of their children” as a fundamental right, secured under both the Fourth and Fourteenth Amendments of the United States Constitution. Precedent further establishes that a state official violates that right when he or she removes a child from parental custody without consent, a court order, or reasonable suspicion that the child is in imminent danger.

In this case, the mother alleged the employee conspired with the child’s father (a fire department employee) to both remove the child from the mother’s

custody and then prevent the mother from contacting the child without the mother’s consent, a court order, or a reasonable belief that the child would be endangered should she be allowed to remain in the mother’s care. Specifically, the mother alleged the employee provided the father with advice on how to circumvent the existing custody order (which denied the father any custody or visitation rights) and enabled the father’s unlawful seizure and retention of the child. Based on these allegations, the employee violated the mother and child’s constitutional right to familial association by interfering with the mother’s lawful custody of the child through judicial deception. The employee was therefore not entitled to qualified immunity at this early stage in the proceedings, where the reviewing court must recognize all well-pleaded allegations as true.

***In re Dezi C. 79 Cal.App.5th 769 (Los Angeles County)***

A mother appealed from the termination of parental rights contending that remand was necessary because the child welfare agency failed to discharge its duty under California law to inquire of extended family members whether the children might be Indian children within the meaning of California’s broader version of the federal Indian Child Welfare Act (ICWA). The child welfare agency argued any error in failing to ask extended family members about Indian heritage was harmless. The Court of Appeal affirmed. The error in failing to inquire of extended family members was harmless. Although several extended family members were interviewed throughout the case and none were asked if the children had Indian heritage, both parents of the children repeatedly denied having any American Indian heritage, the parents were raised by their biological relatives, and there was nothing in the record to suggest any reason to believe that the parents’ knowledge of their heritage was incorrect or that the children at issue might have American Indian heritage.

In assessing harmlessness, the appellate court acknowledged recent ICWA-related case law, categorized it into three general approaches (the “automatic reversal” rule, the “presumptive affirmance” rule, and the “readily obtainable information” rule), and adopted a fourth rule: A child welfare agency’s failure to discharge its statutory duty of initial inquiry is harmless unless the record contains information suggesting a reason to believe that the child at issue may be an “Indian child,” in which case further inquiry may lead to a different ICWA finding by the juvenile court. The “record” means not only the record of proceedings



before the juvenile court but also any further proffer the appealing parent makes on appeal.

***In re Dominick D. 82 Cal.App.5th 560 (San Bernardino County)***

A mother appealed from a juvenile court’s dispositional findings and orders, challenging the juvenile court’s finding the ICWA did not apply to the proceedings. The mother contended that the juvenile court failed to ensure that the child welfare agency discharged its duty of initial inquiry into the child’s possible Indian ancestry under WIC section 224.2, subdivision (b).

The Court of Appeal affirmed in part, vacated in part, and remanded with directions. The juvenile court did fail to ensure that the child welfare agency discharged its duty of initial inquiry under WIC section 224.2, subdivision (b). However, reversing the juvenile court’s jurisdictional or dispositional findings and orders other than the ICWA finding was unwarranted. The reviewing court vacated the finding that the ICWA did not apply and remanded the matter for compliance with the ICWA. The reviewing court otherwise affirmed the dispositional findings and orders.

***In re D.P. 76 Cal.App.5th 153 (San Joaquin County, Certified for Partial Publication)***

A mother and father appealed from the juvenile court’s orders (1) denying the mother’s W&IC § 388 petitions to change the court’s order terminating her reunification services and (2) terminating parental rights as to the two youngest children. The Court of Appeal affirmed in part (unpublished portion), reversed and remanded in part (published portion). In the published portion of the opinion, the reviewing court reversed and remanded the order terminating parental rights.

The reviewing court held the juvenile court erred in finding the evidence inadequate to support the beneficial parental relationship exception under section 366.26, subdivision (c)(1)(B)(i) as to the parents’ younger children because both parents regularly visited, the children were happy to see the parents and sometimes got upset when they left, and the juvenile court might have considered improper factors such as the children’s bond with the caregivers. The juvenile court’s order had to be reversed in light of California Supreme Court case law, *In re Caden C.* (2021) 11 Cal.5th 614, clarifying

that courts should not compare the attributes of parents and caregivers.

***In re E.C. 85 Cal.App.5th 123 (Kern County)***

A mother appealed from an order terminating her parental rights. The mother argued the child welfare agency failed to comply with its duty of “further inquiry” under the ICWA after the mother informed the agency and the juvenile court that maternal great-grandmother and two maternal great-uncles were enrolled members of the Apache tribe.

The Court of Appeal conditionally reversed and remanded. A duty of “further inquiry” was triggered upon mother informing the agency and the court about the enrolled relatives. The juvenile court abused its discretion by finding, despite this information, there was no “reason to believe” E.C. was an Indian child and despite the agency’s failure to conduct a “further inquiry” and document the results.

***In re Eli B. 73 Cal.App.5th 1061 (Alameda County)***

The mother and father appealed an order terminating parental rights to their children Eli and A.B. The father contended the juvenile court erred by finding the beneficial parent-child relationship exception was not applicable with regard to Eli and the sibling relationship exception did not apply with regard to A.B. The mother contended the court erred by finding the beneficial parent-child relationship exception did not apply as to both children. On November 24, 2021, the Court filed an unpublished opinion affirming the order terminating parental rights. However, before the opinion became final, father’s counsel filed a motion notifying the Court that father died and requested that the Court dismiss the appeal, vacate the superior court’s judgment and remand the case with directions to abate all proceedings. The Court granted a rehearing on its own motion and decided the case on its merits.

The Court of Appeal affirmed. Abating a dependency proceeding is not the appropriate disposition when a parent dies pending an appeal of an order terminating their parental rights because it would leave the dependent child in legal limbo and it would dismiss the mother’s appeal, which was not moot. Father’s death mooted his appeal; however, because the parent-child relationship exception is of great public importance, the Court exercised its discretion and addressed father’s appeal on the merits.



The parent asserting the beneficial parent-child relationship exception must show, by a preponderance of the evidence, three things: regular visitation and contact with the child, taking into account the extent of visitation permitted; the child has a substantial, positive, emotional attachment to the parent—the kind of attachment implying that the child would benefit from continuing the relationship; and terminating that attachment would be detrimental to the child even when balanced against the countervailing benefit of a new, adoptive home.

Substantial evidence supported the juvenile court's adverse finding regarding the visitation prong of the exception where father's visitation throughout the years-long dependency proceeding was sporadic, entailed significant gaps, he was frequently late for visits, and his bonding expert acknowledged father struggled with consistently visiting, which was related to his drug use. Substantial evidence supported the finding that the father's failure to regularly visit adversely impacted Eli where, at the end of the reunification period, the children expressed worry about when they would see father again, Eli's foster parent reported the child's anger increased and he expressed anxiety, disappointment, and worry about both parents' inconsistency with visitation, father's bonding expert reported the father's lack of visitation had a negative impact on Eli, and about three months before parental rights were terminated, the agency reported that both children were still exhibiting stress over their parents' lack of consistent visitation. The father's contention regarding A.B. was rendered moot by the Court's affirmance of the order terminating parental rights to Eli.

The juvenile court found the mother's visits were consistent enough. Substantial evidence supported the juvenile court's finding that the mother did not prove the existence of a significant, positive emotional attachment to her by either child, where the children occasionally would not engage with mother favorably, her interactions with them sometimes had a negative impact, and during a visit occurring about two months before termination of parental rights, both children were again out of control, mother could not manage them, and Eli blurted out to mother, "I'm done with you", "I hate you," and tried to hit her with a jump rope. Regarding A.B., the child barely knew mother as a parental figure because she was detained at age two after having been abandoned by her parents five months earlier, and then spent nearly four years in foster care, and the child did

not remember living with mother. Mother also failed to show the juvenile court abused its discretion in concluding that the benefits of permanence outweighed the children's relationship with her where there was extensive evidence that both children were extremely anxious about not knowing where they would live permanently, their behaviors improved when in-person visitation was suspended due to the pandemic, the social worker testified that a permanent plan of legal guardianship would create continued "anxiety and worry" for them, and mother's instability and inability to control her aggression could potentially have a detrimental influence on Eli's and A.B.'s mental health and physical safety.

### ***In re E.V. 80 Cal.App.5th 691 (Orange County)***

A father appealed from the juvenile court's judgment terminating parental rights and argued the court and the Orange County Social Services Agency (SSA) failed to adequately inquire into the child's Indian ancestry under the Indian Child Welfare Act (ICWA). The Court of Appeal conditionally reversed and remanded for compliance with the ICWA. In cases of error involving the ICWA's inquiry provisions, the appellate court adopted a clear rule of reversal, finding it is the obligation of the government, not the parents in individual cases, to ensure the tribes' interests are considered and protected.

The appellate court rejected the SSA's argument that the father must show prejudice from the lack of initial inquiry and ruled the father's failure to make affirmative representation about possible Indian heritage does not render the error harmless.

The appellate court noted no ICWA-020 forms were in the record on appeal and that the reporter's transcript did not reflect the juvenile court asked the parties about the child's American Indian heritage. It held the juvenile court's failure to inquire could not be remedied by evidence the social worker inquired about the parents' heritage when interviewing them. The appellate court found no authority holding the court could delegate its statutory duty to a social worker. The court noted the father had indicated he was "not too sure" about his heritage and later asserted he had Apache heritage.

The appellate court denied the SSA's motion requesting it consider the SSA's additional efforts to comply with the ICWA's initial inquiry provision during the pendency of the appeal, noting the case involved errors by both the juvenile court and the SSA, and



that the question of whether the SSA complied with its inquiry duty under the ICWA should be considered by the juvenile court in the first instance.

***In re Ezequiel G. 81 Cal.App.5th 984 (Los Angeles County)***

A mother appealed from the termination of parental rights over her three children based solely on ICWA inquiry, contending that although she and the fathers denied having any Indian ancestry, the order terminating parental rights must be reversed as the child protection agency failed to inquire of three identified extended family members.

The Court of Appeal affirmed. The majority opinion set out another standard of review for determining an appeal from the termination of parental rights where the sole issue is ICWA inquiry: (1) reviewing for substantial evidence whether there is reason to know a child is an Indian child, (2) reviewing for abuse of discretion the finding that the child welfare agency exercised due diligence and conducted a proper and adequate ICWA inquiry, and (3) reversing only where the ICWA error was prejudicial, adopting the *In re Dezi C.* standard for prejudice. In doing so, the Court rejected the approach of automatic reversals and independent reviews in ICWA inquiry appeals from the termination of parental rights, finding it unnecessarily delayed permanency for children and was ineffective in fulfilling the purpose of the ICWA.

***Galvez v. Jaddou 52 F.4th 821 (United States Court of Appeals, Ninth Circuit)***

Plaintiffs challenged delays by United States Citizenship and Immigration Services in adjudicating petitions for Special Immigrant Juveniles (SIJ) status. The district court held that USCIS's delays were unlawful and issued a permanent injunction that required USCIS to adjudicate SIJ petitions within the 180-day deadline established by congress, while allowing the statutory deadline to be "tolled" if "the SIJ petitioner requests additional time to respond" to a request for information or a notice of intent to deny from USCIS. The Government did not challenge the holding that its delays were unlawful but did challenge the district court's issuance of the permanent injunction and the injunction's scope.

The Ninth Circuit affirmed the district court's issuance of a permanent injunction, vacated the provision of the injunction that permitted SIJ petitioners, but not USCIS, to "toll" the deadline for adjudicating

SIJ petitions, and remanded the matter back to the district court.

***Garrett Therolf v. Superior Court of Madera 80 Cal.App.5th 308 (Madera County)***

A journalist petitioned to obtain the juvenile case file of a deceased child under WIC section 827(a) (2). The County filed an objection to the disclosure, and the juvenile court denied the journalist's petition without allowing him to file a reply and without holding a hearing. Although the County conceded these errors, it argued the errors were harmless because the deceased child was not within the juvenile court's jurisdiction when she died.

The Court of Appeal ruled the child was within the juvenile court's jurisdiction when she died. The Court concurred with the decision in *In re Elijah S.* (2005) 125 Cal.App.4th 1532, which held that the juvenile court has exclusive authority to order release of a deceased child's juvenile record regardless of whether a dependency petition has been filed and a prior jurisdictional finding has been made.

The Court agreed that 1) nothing in the statute suggested the opposite; 2) the term "juvenile case file" in WIC section 827 covers a wide range of records, including documents available for disclosure without a court history; and 3) the legislative history, including the 2007 statutory amendments, indicate the Legislature's express intent to maximize public access to juvenile case files when a child died due to abuse or neglect.

WIC section 827 requires the release of juvenile case files pertaining to a deceased child within the juvenile court's jurisdiction unless the release of the files would be detrimental to another child who is connected to the juvenile case. The juvenile court is not required to make specific factual findings when making a detriment finding. The Court concurred with its decision in *Pack v. Kings County Human Services Agency* (2001) 89 Cal.App.4th 821, which explained that requiring such findings could result in the disclosure of confidential information.

The juvenile court's failure to preserve the in camera record for appellate review was prejudicial. The court reaffirmed *Pack*, which provided the procedures for determining whether to release records pursuant to a section WIC section 827(a)(2) petition. If the juvenile court decides to withhold any documents from the juvenile case file that it reviewed in camera, it must identify the withheld documents while maintaining



confidentiality.

***In re G.H. 84 Cal.App.5th 15 (Orange County)***

A mother and father appealed from a juvenile court's order terminating their parental rights to their son, arguing the juvenile court erred in failing to apply the statutory parent-child benefit exception to adoption set forth in WIC section 366.26, subdivision (c)(1)(B)(i), and the child welfare agency and the juvenile court did not meet their inquiry obligations under the ICWA, specifically WIC section 224.2.

The Court of Appeal conditionally reversed and remanded with instructions.

The reviewing court found the juvenile court did not err in declining to apply the statutory parent-child benefit exception to adoption.

The reviewing court found the child welfare agency's failure to conduct an adequate inquiry as to whether G.H. may be an Indian child was prejudicial. State law effectuating the ICWA places the burden on the child welfare agency to ask extended family members whether they know or have reason to know that the child is an Indian child. Here, the father told the juvenile court and the child welfare agency of the "word-of-mouth understanding in the maternal side of [his] family" that he had Cherokee heritage. The father identified the paternal grandmother as a source of information about his Indian heritage and told the juvenile court and the child welfare agency that he had successfully contacted her through a social media platform. However, there was no indication that the child welfare agency attempted to contact the paternal grandmother or asked the father for additional information on how to reach her.

***In re G.Z. 85 Cal.App.5th 857 (Los Angeles County)***

A mother appealed from the jurisdictional finding and dispositional order of the juvenile court finding the child to be dependent.

The Court of Appeal reversed and remanded with directions. Mother's appeal was not rendered moot by the juvenile court's subsequent finding that conditions that justified initial assumption of dependency jurisdiction no longer existed. There was no substantial evidence that the child's subdural hematomas were caused by abuse or neglect by mother or anyone else in mother's household. It

was not mother's burden to exclude non-accidental inflicted trauma as a possible cause of the child's injuries. Mother's evidence that the child's subdural hematomas were not the result of abuse or negligence rebutted the statutory presumption that the child was a dependent.

***In re H.V. 75 Cal.App.5th 433 (Los Angeles County)***

A mother appealed from the juvenile court's jurisdiction and disposition orders. She argued the juvenile court and child welfare agency (Agency) did not comply with their initial inquiry duties as set forth under the Indian Child Welfare Act (ICWA) and related state statutes in interviewing her but not interviewing extended family members, despite the mother denying that she had any Indian ancestry. The Court of Appeal conditionally affirmed and remanded with directions.

The majority held the Agency did not discharge its initial inquiry duty because it did not make diligent efforts to interview extended family members and this error was prejudicial and reversible. The directions on remand included the juvenile court ordering the Agency to: conduct an inquiry investigation into the child's Indian ancestry, including at least the mother, maternal great-grandmother, and maternal great-grandfather; make further inquiry if the Agency has reason to believe the child is an Indian child; send formal ICWA notices if there is reason to know the child is an Indian child; and document its interviews as well as any contact with tribes. Also, the juvenile court was ordered to conduct a noticed hearing to review the adequacy of the Agency's investigation and proceed in compliance with ICWA if it found the child was an Indian child.

A dissenting opinion found substantial evidence supported the juvenile court's determination that ICWA does not apply in this case. The dissent noted ICWA law was not straightforward and that child welfare agencies faced a lack of predictability in carrying out ICWA's mandates, which the majority's directions highlighted. The unpredictability also has real costs to the agency's core mission of keeping children healthy and safe, to appellate courts reviewing ICWA issues, and particularly to children who deserve permanence without undue delay.

***In re I.F. 77 Cal.App.5th 152 (Santa Clara County)***

A mother appealed a juvenile court's jurisdiction



and disposition orders pertaining to her children, claiming the court's finding that the Indian Child Welfare Act (ICWA) did not apply was not supported by substantial evidence because the child protective services agency (agency) failed to comply with its duty of further inquiry. The agency argued the information provided by the parents did not trigger the duty of further inquiry and that such further inquiry would have been futile.

The Court of Appeal found the agency's initial investigation into the children's Indian ancestry triggered the duty of further inquiry under state law. State law imposes on the juvenile court and agency a duty to make "further inquiry" regarding the possible Indian status of a child if there is "reason to believe that an Indian child is involved in a [dependency] proceeding." (W&IC§ 224.2, subd. (e).) The "reason to believe" standard is met "whenever the court [or] social worker [] has information suggesting that either the parent of the child or the child is a member or may be eligible for membership in an Indian tribe." (W&IC§ 224.2, subd. (e)(1).) "[I]nformation suggesting membership or eligibility for membership" includes "information that indicates, but does not establish, the existence of one or more of the grounds for reason to know." (Ibid.) California Rules of Court, rule 5.481(a)(4) also mandates further inquiry if a social worker "knows or has reason to know or believe that an Indian child is or may be involved" in a dependency proceeding.

As a matter of law, the mother's statements that she had been told by her paternal grandmother that she had Native American ancestry through her paternal grandfather, coupled with the maternal grandfather's statements that his father told him the family had Native American ancestry in Minnesota, established a reason to believe the children were Indian children and triggered the duty of further inquiry under California law.

California law requires that further inquiry be undertaken by the social worker (W&IC § 224.2, subd. (e)), and only after that further inquiry has concluded may the court find that ICWA does not apply to the proceedings (W&IC § 224.2, subd. (i) (2).) The proper focus is not on a continuing initial inquiry under subdivision (b), as the agency argued, but on the adequacy and results of further inquiry under subdivision (e), which the agency conceded did not occur. The maternal grandfather identified a specific geographic area of ancestry – the state of Minnesota – where there is a finite number of

federally recognized Indian tribes. It would not be futile for the agency to contact the Bureau of Indian Affairs or the tribes themselves to seek assistance regarding the children's possible tribal membership, citizenship status, or eligibility.

***In re J.C. 77 Cal.App.5th 70 (Los Angeles County)***

Appellant parents challenged a juvenile court order terminating their parental rights as to the subject child on two related grounds: DCFS did not comply with the Indian Child Welfare Act (ICWA) and related California law, and the juvenile court erred when finding the ICWA did not apply.

The termination of parental rights order was conditionally affirmed and the matter was remanded to the juvenile court with directions to ensure DCFS fully complied with the inquiry and, if necessary, notice provisions of the ICWA and related California law. According to the Court of Appeal, substantial evidence did not support the juvenile court's finding that the ICWA did not apply. DCFS violated the mandate in section 224.2, subdivision (b), that it interview extended family members as part of its inquiry duties, even where both parents denied Indian ancestry. The court also failed to ensure DCFS adequately fulfilled its duty of inquiry by not inquiring of DCFS's efforts. DCFS's failure to conduct an adequate inquiry made it impossible for the parents to show prejudice, requiring a remand for proper inquiry.

Section 224.2 creates three distinct duties regarding the ICWA in dependency proceedings: an initial duty to inquire about the child's possible Indian status (that continues throughout the proceedings), a duty to further inquire if there is reason to believe the child is an Indian child, and duty to provide formal notice if there is reason to know the child is an Indian child.

2. The juvenile court must determine whether proper notice was given under the ICWA and whether ICWA applies to the proceedings. If the court makes a finding that proper and adequate further inquiry and due diligence have been conducted and there is no reason to know whether the child is an Indian child, the court may make a finding that the ICWA does not apply to the proceedings, subject to reversal based on sufficiency of the evidence.

3. DCFS did not fulfill its duty to conduct an adequate inquiry into the whether the child may be an Indian child because it did not ask any extended family



members, some of whom were readily available, about this issue. These family members included child's paternal grandmother, who cared for the child throughout the dependency proceedings and maintained regular contact with the social worker, and the child's maternal grandparents, as the social worker was in contact with mother's stepfather and could have asked him or the maternal grandmother for relevant information. The juvenile court did not fulfill its duty of ensuring that DCFS adequately investigated whether the child may be an Indian child. There was no indication in the record that, after the detention hearing, the juvenile court gave the ICWA another thought in the almost three years of ensuing proceedings. The court did not ask DCFS whether the social worker had made relevant ICWA inquiry when she spoke with the paternal grandmother, the paternal grandmother's parents, or mother's stepfather. The court also did not ask DCFS to describe the efforts that it had made to ascertain the child's possible Indian ancestry. And as for those efforts, the record reflected that other than obtaining ICWA-020 forms from the parents and possibly asking Mother during her initial interview if she had any Indian ancestry, DCFS made no such efforts at all. This was all error.

***J.J. v. Superior Court 81 Cal.App.5th 447 (San Joaquin County)***

A mother filed a petition for extraordinary relief challenging the juvenile court's denial of family reunification services. The mother also argued that the child welfare agency failed to comply with the ICWA.

The Court of Appeal granted the petition. Substantial evidence did not support the juvenile court's finding to bypass the mother's family reunification services under WIC section 361.5(b)(5) and (b)(6) where it was unclear the mother was aware the father struck the older children with a belt. The reviewing court also found substantial evidence did not support the juvenile court's finding to bypass services under WIC section 361.5(b)(6) where it was speculative whether the mother's delay in getting medical care for her youngest child who had a skull fracture and subdural hematomas, a laceration, a contusion, and bruises worsened the child's medical outcome. The record also did not include substantial evidence to support a finding that the mother knew or should have known of parental abuse by the father to support bypassing services under WIC section 361.5(b)(5). Because the evidence did not support the bypassing of

services for the mother for the youngest victim child, then the juvenile court could not bypass services for the mother under WIC section 361.5(b)(7) for the two older children.

In regard to compliance with the ICWA, the mother's arguments were premature because the juvenile court had made no final ICWA ruling.

***In re J.R. 82 Cal.App.5th 569 (Los Angeles County)***

A father appealed from a juvenile court's order terminating parental rights, arguing that the child welfare agency violated the mother's due process rights.

The Court of Appeal conditionally reversed and remanded with instructions. The child welfare agency violated the mother's due process rights under the 14th Amendment of the US Constitution because it initiated dependency proceedings without attempting to locate the mother in El Salvador, even though the father told the agency at the outset of the proceedings that the mother resided there. Further, after the mother contacted the agency by telephone, disclosed her number and address in El Salvador, and provided the child's birth certificate, the agency did not use any of that contact information to afford the mother proper notice of the proceedings.

***In re J.W. 81 Cal.App.5th 384 (Los Angeles County)***

A mother appealed from the juvenile court's order terminating parental rights to her daughter, contending the juvenile court and the child welfare agency failed to comply with the initial inquiry requirement under the ICWA. The mother and the father each filed Parental Notification of Indian Status (ICWA-020) forms stating they had no known Indian ancestry. The juvenile court found it had no reason to know the child was an Indian child.

The Court of Appeal affirmed. Although DCFS failed to inquire of available maternal relatives, any error was harmless because the child was placed for adoption by the maternal grandmother, which the juvenile court approved. Placement with the grandmother would have been the first placement preference if the matter involved an Indian child and the ICWA applied.



***In re J.Y. 76 Cal.App.5th 473 (Los Angeles County)***

De facto parents and a child protective agency filed appeals challenging a juvenile court's order granting the request of out-of-state paternal relatives to place a child with them.

The Court of Appeal found the juvenile court abused its discretion by deciding, without any support in the record, that a child protective agency failed in its duty under W&IC § 361.3 to assess other relatives and by ordering removal of a child from his de facto parents although there was no evidence that removal was necessary or in the child's best interest. The paternal relatives only learned about the child after the juvenile court had terminated family reunification services and set a hearing to select a permanent plan. With no legal authority to do so, the juvenile court ordered the child uprooted from his stable and loving placement - after the juvenile court had declared adoption was the permanent plan, and the de facto parents wanted to adopt him - to place him with virtual strangers. The juvenile court's statements referencing the W&IC 361.3 factors were nothing more than perfunctory references.

***In re Katherine J. 75 Cal.App.5th 303 (Los Angeles County)***

The father appealed from an order terminating parental rights, contending the juvenile court erred by finding the beneficial parent-child relationship exception was not applicable. The father claimed that part of the court's analysis impermissibly criticized his absence as a "parental role" in the child's life, phraseology he asserted was errant in light of the California Supreme Court's ruling in *In re Caden C.* (2021) 11 Cal.5th 614, 640.

The appellate court held *In re Caden C.* prohibits juvenile courts from finding against a beneficial relationship solely because a parent has failed to surmount the issues that initially brought the child into dependency care. But it does not prohibit the juvenile court from determining, as it did in this case, that the negative impact of a parent's unresolved issues on the child were antithetical to the kind of beneficial parental relationship required by WIC § 366.26. The appellate court agreed that *In re Caden C.* requires juvenile courts to do more than summarily state that a parent has not occupied a parental role in the child's life, but it found the juvenile court in this case explained what it meant.

The appellate court noted that by the time of the WIC § 366.26 hearing, the father had abandoned any attempt at maintaining sobriety and had a DUI but refused to agree not to drive with the child. The father also stopped drug testing after having a positive test for cocaine. The record showed the father once became so angry with his mother that he pushed her to the ground, in public, while she was holding the child's hand. The juvenile court specifically cited this incident of recent violence as evidence that the father had "created a violent and contentious relationship between himself and his own parents."

The appellate court held the father's testimony regarding his relationship with the child was contradicted by recent evidence of the times the child told others that she was "afraid" of the father and that she did not want to speak to him following his violent assault of the paternal grandmother. The appellate court noted the father also adduced no expert testimony or current opinions (for example from social workers or therapists) who might have supported the strength of his relationship with the child.

The appellate court ruled there was substantial evidence in the record supporting the juvenile court's conclusion that the father's failure to resolve the substance abuse and violence issues that led to and existed throughout the child's five-year odyssey in dependency court diminished any benefits she derived from a continuing relationship with him, aside from the incidental benefit necessarily conferred by a parent's fun, playful interactions with the child.

***In re K.H. 84 Cal.App.5th 566 (Kern County)***

A father appealed from an order terminating his parental rights, arguing the juvenile court and the child welfare agency failed to satisfy their duties under the ICWA. The father asserted the child's extended maternal and paternal family members were not interviewed regarding whether the child may be an Indian child.

The Court of Appeal conditionally reversed and remanded. The child welfare agency and the juvenile court only inquired of the mother and the father regarding Indian ancestry despite having had contact with various maternal and paternal extended family members. The inquiry error was prejudicial because the child welfare agency failed to gather





information sufficient to ensure a reliable finding that the ICWA did not apply and a remand for adequate inquiry was necessary to safeguard the rights at issue. The relevant rights at issue under the ICWA belong to the tribes as the tribes have a statutory right to receive notice where an Indian child may be involved so that they can make a determination as to whether the child is an Indian child. The initial inquiry need only be reasonable and sufficient in scope to adequately safeguard the relevant rights, but once that goal is accomplished, reversal is not required simply because there are additional individuals who could have been or might be questioned.

***In re K.T. 76 Cal.App.5th 732 (San Bernardino)***

The mother and both fathers of the two children appealed from the juvenile court's order terminating parental rights. Their sole contention was the lack of compliance with inquiry and notice pursuant to the ICWA and its California counterpart. Specifically, the mother and one of the fathers each claimed possible Indian ancestry, including identifying specific tribes, and provided the names and contact information for relatives, but CPS failed to follow through with inquiring of the known relatives. CPS sent notices to the tribes that were incomplete. The juvenile court nonetheless found the ICWA did not apply as to each of the children. CPS conceded on appeal.

The Court of Appeal conditionally reversed and remanded. Citing to WI&C section 224.2, the Court of Appeal held it was reversible error where the parents had claimed Indian ancestry, each naming various tribes, and provided the names and contact information of maternal and paternal relatives, a couple of whom also attended court hearings. Although CPS sent out notices to the tribes, the notices were lacking information that could have been obtained and also were incomplete with the information it already had. As such, it was error for the juvenile court to find there was no reason to know the ICWA applied. "We publish our opinion not because the errors that occurred are novel but because they are too common."

***In re Leon E. 74 Cal.App.5th 222 (Contra Costa County)***

Leon E. appealed from the juvenile court's order terminating his status as a nonminor dependent. He contended that the court abused its discretion in finding he did not meet the eligibility requirements of the California Fostering Connections to Success Act

(AB 12), and that terminating dependency jurisdiction was not in his best interest. Leon also argued that it was premature to terminate jurisdiction as the child welfare agency failed to comply with its obligation under Welfare and Institutions Code section 391 to verify Leon had received the statutorily required information, documents and services. The Court of Appeal reversed and remanded. Leon turned 21 years old after filing the notice of appeal. The child welfare agency argued the appeal became moot when Leon turned 21 years old. The reviewing court concluded the appeal was not moot in light of Leon's claim that the child welfare agency failed to provide statutorily required information, documents, and services, and reversal could still afford Leon effective relief. The reviewing court found no abuse of discretion in the juvenile court's finding that Leon failed to maintain compliance with AB12 eligibility requirements. The court found that the juvenile court could reasonably determine that rewarding Leon with continued nonminor dependent status was not in his best interest. But, the reviewing court held that substantial evidence did not support the juvenile court's finding that Leon was provided with all the information, documents, and services required under 391, subdivisions (a)-(c), and (h), including critical documents such as his social security card, birth certificate, driver's license, Medi-Cal benefits identification card, and his completed 90-day transition plan. On appeal, the child welfare agency conceded "that only some of Probation's documents were filed . . ." The reviewing court found it unhelpful that the agency did not clarify which documents were provided, and therefore, the court could not say that Leon was not prejudiced.

The reviewing court noted that a completed 90-day transition plan was not attached to the probation department's section 391 report, and even though counsel for the probation department told the juvenile court that the plan had been "submitted," and that she had copies of it and the health and education summary in her possession, this did not satisfy the child welfare agency's obligation to "verify[]" Leon's receipt of these documents prior to the hearing, let alone 10 calendar days before the hearing. The court stated that the absence of that verification could not be deemed harmless. And there was no indication that the juvenile court received and reviewed the 90-day transition plan prior to issuing its decision to terminate jurisdiction or made findings regarding its sufficiency. The reviewing court found that the juvenile court's order terminating jurisdiction was premature.



***In re Malik T. 73 Cal.App.5th 1109 (Los Angeles County)***

Eighteen months after the juvenile court terminated her family reunification services and set the matter for a selection and implementation hearing, the mother filed a petition pursuant to Welfare and Institutions Code section 388 requesting an additional six months of reunification services. Although the juvenile court found the mother had demonstrated changed circumstances, the court stated it lacked authority to order additional reunification services for a parent whose time for reunification services had expired. The court then deemed the mother's section 388 petition a request for immediate return of the children to her care; determined return would not be in her children's best interest and denied her petition. The mother appealed. The Court of Appeal held that the denial of the mother's petition constituted an abuse of discretion because it was based on legal error. The reviewing court observed that the juvenile court mistakenly believed it was precluded from granting additional family reunification services to the mother because services authorized by section 361.5, had been exhausted. However, section 361.5 did not apply to post-permanency review hearings. Moreover, once the case had proceeded to post-permanency plan review under section 366.3, as here, subdivisions (e) and (f) of that section expressly authorized the provision of additional reunification services if, as here, parental rights had not been terminated and the provision of such services would be in the best interest of the child. The juvenile court's denial of the mother's petition, based as it was on an error of law, constituted an abuse of discretion. Additionally, the reviewing court found that the mother did not forfeit her challenge to the juvenile court's order by failing to argue the denial of her request constituted an abuse of discretion. She had petitioned for an order based on pertinent statutory authority and had argued in support of the request. Finally, the juvenile court's failure to evaluate the mother's request for reunification services was not harmless because the record showed the mother had achieved sobriety and had built a strong relationship with the children.

***In re M.B. 80 Cal.App.5th 617 (Los Angeles County)***

A mother appealed from the juvenile court's order terminating her parental rights, contending DCFS failed to adequately investigate her claim of Indian ancestry through interviews of maternal relatives.

The mother also argued that the notices sent to the Blackfeet Tribe failed to include birthdates for the maternal grandfather and maternal great-grandfather as required by the ICWA. While the appeal was pending, DCFS conducted further interviews with maternal relatives.

The Court of Appeal conditionally affirmed the order terminating parental rights and remanded with instructions to the juvenile court for full compliance with the ICWA. DCFS cannot remedy a defective ICWA investigation by conducting further interviews while the order terminating parental rights is being reviewed on appeal. Additional post-judgment evidence of ICWA compliance, by way of a motion to consider new evidence under Code of Civil Procedure section 909, does not render the appeal moot because the juvenile court lacked jurisdiction to rule on any collateral dispute of the termination order. Compliance with the ICWA is required before terminating parental rights.

***In re M.F. 74 Cal.App.5th 86 (Santa Clara County)***

Two children were taken into protective custody in July 2020 after a younger sibling suffered traumatic brain injuries while in the care of Father and ultimately died. During the dependency proceedings, numerous continuances due in part to the COVID-19 pandemic significantly delayed the jurisdiction and disposition hearings, which were respectively held in February and May 2021. At the disposition hearing, the juvenile court ordered the children removed from Mother's physical custody, ordered family reunification services for Mother, and bypassed such services for Father. Recognizing that the subsequent six-month review hearing would fall after the 12-month statutory deadline, the court granted the agency's unopposed request to combine the six-month and 12-month review hearings.

On appeal from the disposition order, Mother argued the setting of a combined review hearing deprived her of the full period for reunification as authorized by statute, reducing the maximum time for which she could receive family reunification services from 18 to only 12 months, and violating her due process rights. The agency countered that Mother's claim was either moot or not ripe for review based on the juvenile court subsequently returning the children to her custody at an 18-month review hearing and, in any event, the juvenile court did not err in setting the combined review hearing in compliance with statutory timelines.



The Court of Appeal upheld the trial court, ruling that Mother failed to establish error with respect to the challenged order combining the six-month and 12-month review hearings. Upon consideration of the statutory framework as to when review hearings must be held and the Supreme Court's reinforcement of the statutory time limits for review hearings, the juvenile court properly applied the statutory scheme to the timeline in this case when combining the review hearings. To the extent that Mother complained more broadly that despite the recent return of the children to her custody she faced the potential loss of a full and fair opportunity to reunify (in the event the children were removed again) due to the juvenile court's application of the statutory time limits, that claim was not yet ripe for review. Mother's claim challenging the setting of a combined review hearing was not moot. The subsequent order returning the children to her custody did not necessarily eliminate her potential future claim that strict application of the statutory timeline deprived her of reunification services to which she was entitled, should the children once more be removed from her custody.

***In re Oscar H. 84 Cal.App.5th 933 (Los Angeles County)***

A mother appealed from an order terminating her parental rights, contending failure of initial inquiry as mandated by the ICWA. The mother told the social worker her heritage was Mexican. The maternal grandmother, with whom the child was placed, said her family was from Guatemala. The father was homeless and had infrequent contact with the child-welfare agency. There was nothing in the record to suggest the social worker ever spoke to the father, whose whereabouts were unknown at the time of the termination of parental rights, concerning the ICWA.

The Court of Appeal conditionally reversed the order terminating parental rights and remanded the matter for the agency to inquire of the father, if he could be found, and paternal relatives regarding possible American Indian heritage. The juvenile court erred in finding the ICWA did not apply because no inquiry was made of the father. The error was not harmless because if the child were an Indian child as defined by the ICWA, the tribe would have a right to participate in the dependency proceedings, might object to the placement of the child with the maternal grandmother, and may have opposed the termination of parental rights.

The concurring opinion agreed that the failure to inquire of the paternal side of the family was error but stated the discussion about placement preferences was premature.

***In re Ricky R. 82 Cal.App.5th 671 (Riverside County)***

A mother appealed from an order terminating her parental rights, arguing that the Riverside County Department of Public Social Services (DPSS) failed to discharge its duty of initial inquiry under state law implementing the ICWA. DPSS did not dispute that it failed to discharge its duty of initial inquiry, but argued the error was harmless. DPSS also moved to dismiss the appeal as moot on the basis of additional inquiries and attempted inquiries made while the appeal was pending.

The Court of Appeal conditionally reversed the order terminating parental rights. DPSS erred by failing to comply with its duty of initial inquiry, and such error was prejudicial. Both parents and the maternal cousin with whom the children were placed denied any Indian ancestry.

However, DPSS did not ask the other available extended family members whether the children were or could be Indian children, and the juvenile court did not make another finding when it terminated parental rights.

***In re Raul V. 82 Cal.App.5th 290 (San Bernardino County)***

A mother appealed from a disposition hearing order denying her reunification services under WIC section 361.5(b)(5), after the juvenile court found by clear and convincing evidence that she had caused severe physical abuse of the child (WIC section 300(e)). The mother argued the court erred in failing to apply WIC section 361.5(c)(3), which provides that the court shall not order reunification services in any situation described in WIC section 361.5(b)(5) unless it finds that, based on competent evidence, those services are likely to prevent reabuse or continued neglect of the child.

The Court of Appeal affirmed. The mother mischaracterized the legal standard on appeal by arguing that the court's ruling was not supported by substantial evidence. The legal standard requires a showing that the evidence compels a favorable finding to the appellant as a matter of law.



The record was devoid of evidence that would compel a finding in the mother's favor as a matter of law. The mother's statements and the statements of the psychological evaluator whom she had retained did not square with the mother's professed gaps in memory regarding the series of events that led to the child's severe injuries, with the mother's varying explanations over time as to the cause of the injuries, and with the medical evidence indicating violent twisting or bending of the child's bones. Additionally, the mother had not admitted her role in the injuries despite the medical evidence pointing to non-accidental causation. The mother's participation in predisposition services therefore seemed to be for naught.

Additionally, the county welfare agency met its obligation to investigate and advise regarding the prospects of reunification by conducting multiple interviews of the parents, family members, law enforcement, and of medical personnel, and then recommending that the mother be denied reunification services based on her denial that physical abuse occurred and her inability to explain the child's injuries.

***Guardianship of Saul H. 13 Cal.5th 827 (Supreme Court of California)***

Saul, as a minor, appealed from an order of the probate court denying his special immigrant juvenile (SIJ) petition that would enable him to petition the United States Citizenship and Immigration Services to classify him as a SIJ under federal immigration law. The probate court had found Saul failed to produce substantial evidence of abandonment, neglect, or that reunification with one or both parents was not viable by reason of abandonment or neglect. The probate court further declined to find that it would not be in Saul's best interest to be returned to his home country because he would not be faced with the same hardships if forced to return because he was 18 and no longer a minor. The probate court also found Saul's petition for the appointment of a guardian was moot because the SIJ petition was denied.

The Court of Appeal had affirmed.

The Supreme Court of California granted review and reversed and remanded with directions. The relevant inquiry is not whether a child's parents are blameworthy. Instead, the inquiry should focus on whether returning the child to live with the parent

would be workable or practical under any state law definition of abuse, neglect, abandonment, or similar basis. The Supreme Court concluded returning Saul to live with his parents would not be workable or practical because he would face a substantial risk that he would suffer serious harm as a result of his parents' inability to protect him from gang violence while providing for his basic needs and education.

A court's focus in the best interest determination is not on the relationship between the child and the child's parent but on the effects of sending children back to live in their home countries. A court should make a holistic comparison between circumstances affecting the child's health, safety, and welfare in California and in the child's home country, giving special consideration, where appropriate, to the child's wishes. Comparing the uncontroverted evidence of Saul's circumstances in California to the circumstances to which he would return in El Salvador, the Supreme Court concluded Saul had established it would not be in his best interest to be returned to El Salvador.

***In re S.H. 82 Cal.App.5th 166 (San Francisco County)***

A mother appealed from a juvenile court's jurisdictional findings and dispositional orders, claiming that the child protective services agency did not conduct an adequate investigation into her child's possible Native American ancestry. The agency conceded that it did not fulfill its duty of initial inquiry under the ICWA because there were at least two maternal relatives it could have questioned.

The Court of Appeal affirmed. When an agency accepts its obligation to satisfy its inquiry obligations under the ICWA, a reversal of an early dependency order is not warranted simply because a parent has shown that these ongoing obligations had not yet been satisfied as of the time the parent appealed. Because the agency acknowledged its error and its duty to ask the maternal relatives about possible Native American ancestry, and because the juvenile court retains the power to reverse its finding that the ICWA did not apply if it subsequently receives information providing reason to believe that the child is an Indian child, the juvenile court's jurisdictional findings and dispositional orders did not need to be disturbed in order to direct the agency and the juvenile court to do something they recognize they must do anyway.



***In re S.S. 75 Cal.App.5th 575 (Los Angeles County)***

A mother appealed from the juvenile court's order terminating her parental rights. Her sole contention was that the juvenile court and the child welfare agency failed to comply with their duties of inquiry under the Indian Child Welfare Act and related California statutes. Specifically, the mother argued the child welfare agency failed to ask the maternal grandmother, an extended relative, about Indian ancestry as part of its duty of initial inquiry.

The Court of Appeal affirmed. The mother failed to show prejudice from the child welfare agency's failure to inquire of the maternal grandmother about Indian ancestry. Social workers have no duty under federal law to ask extended family members about possible tribal membership so any error is of state law. Under state law, the test for prejudicial error is whether it is reasonably probable that a more favorable result to the appealing party would have been reached in absence of the error, after examination of the entire cause. The Court found no prejudice to the mother. The maternal grandmother, the mother's counsel, and the child's counsel each requested the child's placement with the maternal grandmother and because they did not bring to the court's attention any facts suggesting the child was an Indian child, despite their strong incentive to do so, the maternal grandmother was impliedly unaware of such facts. Thus, requiring the social workers to now ask the maternal grandmother about Indian ancestry was "not 'likely to bear meaningfully upon whether the child is an Indian child.'"

***Thompson v. County of Los Angeles 85 Cal. App.5th 376 (Los Angeles County)***

A mother appealed after she sued the County of Los Angeles and other county defendants for removing her son, who had developmental delays and was nonverbal, from her care after he fell at his school playground and broke his arm. The County had investigated but did not talk to the child's doctor. A forensic expert testified that the child's broken arm could have been an accidental injury. The juvenile court dismissed the petition, and the child was released to his parents.

The County filed a demurrer in mother's lawsuit, arguing that County immunity barred the mother's lawsuit seeking to recover damages for DCFS wrongfully detaining her son pursuant to a dependency filing.

The trial court sustained the County's demurrer without leave to amend and subsequently denied the mother's motion to be relieved from paying the County's expert witness costs. The mother appealed from these rulings.

The Court of Appeal affirmed. The trial court correctly sustained the County's demurrer without leave to amend. The mother failed to allege a breach of a mandatory duty to establish an exception to the County's claim of immunity. The provision of Government Code section 815.6 presumably relied upon by the mother is discretionary and does not create a mandatory duty as a matter of law (DCFS has discretion to determine which "collateral contacts" are necessary and is never required to contact specific individuals.) The mother was required to pay County expert costs pursuant to Code of Civil Procedure section 998, subdivision (c)(1).

***In re Y.M. 82 Cal.App.5th 901 (San Diego County)***

A father appealed from a juvenile court's order terminating parental rights, arguing that the child protective services agency did not comply with its initial duty to inquire regarding his child's possible Indian ancestry. The agency conceded that it did not comply with its duty of initial inquiry, but argued its error was harmless.

The Court of Appeal affirmed. The agency's initial inquiry error was not prejudicial. The mother and the father denied any Indian ancestry. The father lived with the paternal grandmother and a paternal uncle. At one point during the dependency proceedings, the paternal grandfather requested placement of the child, was participating in its RFA process, and was visiting with the child. The father lived with the paternal grandmother during the dependency proceedings, he had a good relationship with her, and therefore presumably could have asked her at any time whether she knew of any possible Indian ancestry.

**THE PRACTICE OF DEPENDENCY LAW**

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

The purpose of Dependency Court, as embodied in the statutes that govern it, is to provide for the safety



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

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

**A. PRE-FILING PROCEDURES**

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

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

**B. INITIAL HEARING**

The purpose of the initial petition hearing is to advise parents of the allegations in the petition and to decide

detention issues. Based on prima facie evidence submitted in the CSW’s detention report, the court makes a determination whether (1) the child should remain detained and (2) if the child comes within the description of Welfare and Institutions Code (“WIC”) section 300 (a) - (j). County Counsel advocates on behalf of DCFS for continued detention if it appears necessary for the safety and protection of the child because of the following circumstances:

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

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

**C. JURISDICTION**

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

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

Alternatively, the matter may be set for Adjudication. If the child is detained from the parent’s home, the matter must be calendared within 15 court days. If



the child is released to a parent, the time for trial is 30 calendar days. At the Adjudication, County Counsel litigates the counts set forth in the petition to establish the legal basis for the court's assumption of jurisdiction. If it is necessary to call a child as a witness, County Counsel or the child's attorney may request that the court permit the child to testify out of the presence of the parents. The court will permit chambers testimony if the child is (1) intimidated by the courtroom setting, (2) afraid to testify in front of his or her parents, or (3) it is necessary to assure that the child tell the truth.

The social study report prepared by the CSW, attachments to the report, and hearsay statements in the report may be used as substantive evidence subject to specific objections. The CSW, as the preparer of the report, must be available for cross-examination.

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

#### **D. DISPOSITION**

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

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

home, community care facility, foster family agency, or group home. In addition, the court is required to develop and/or maintain sibling relationships whenever possible

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

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

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

- The whereabouts of the parent or guardian is



unknown;

- The parent or guardian is suffering from a mental illness and is incapable of benefiting from reunification services;
- A child or sibling has been physically or sexually abused as determined on two separate dependency petitions;
- The parent or guardian has caused the death of a child through abuse or neglect;
- The child is under 5 years old and has been severely physically abused;
- The child or the child's sibling has been severely sexually abused or severely physically harmed;
- The parent or guardian is not receiving reunification services for a sibling or half sibling pursuant to Welfare and Institutions Code section 361.5, subdivisions (b)(3), (5) or (6);
- The child has been conceived under Penal Code Sections 288 or 288.5 (rape);
- The child has been willfully abandoned which has caused serious danger to the child, or the child has been voluntarily surrendered;
- Reunification services have been terminated for a sibling after the sibling was removed from the home and the parent or guardian has not made a reasonable effort to treat the problem that led to the removal of the sibling;
- Parental rights were terminated on a sibling, and the parent or guardian has not made a reasonable effort to treat the problems that led to the removal of the sibling;
- The parent or guardian has been convicted of a violent felony as defined in Penal Code section 667.5;
- The parent or guardian is a chronic abuser of drugs or alcohol, and has resisted court ordered treatment;
- The parent or guardian has advised the court that he or she is not interested in receiving family reunification services or having the child placed in his or her custody;
- The parent or guardian has on one or more occasions abducted the child or the child's sibling;
- That the parent or guardian has been required by the court to be registered on a sex offender registry under the federal Adam Walsh Child Protection and Safety Act of 2006; or
- That the parent or guardian knowingly participated in, or permitted, the sexual exploitation of the child.

If the court has not ordered reunification services for the family, a hearing to select and implement

a permanent plan must be calendared within 120 days. If the parent's whereabouts are unknown, the selection and implementation hearing is not scheduled until after the initial six-month review hearing is held.

### E. REVIEW HEARINGS

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

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

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

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

(WIC section 366.22) The permanency hearing must occur within 18 months of the original detention of the child. If the child is not returned to the custody of his or her parents, the court must terminate reunification services and set the matter for a hearing at which a permanent plan of adoption, guardianship, or





long term foster care is selected. In rare instances, the court may continue the case for an additional six months if a parent was recently released from incarceration, is in a court-ordered in-patient drug program and is making significant and consistent progress, or was a minor or nonminor dependent parent at the time of detention and is making significant and consistent progress in establishing a safe home for the child's return, and the court finds that there is a substantial probability that the child will be safely returned and maintained in the home by the time of the next hearing. Particularly, the court must take into consideration the barriers of an incarcerated or institutionalized parent in determining whether to extend reunification services. The court also must determine, by clear and convincing evidence, that additional reunification services are in the child's best interest, and the parent is making significant and consistent progress, and there is a substantial probability that the child will be returned to the physical custody of his or her parent within the extended period.

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

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

- A relative caretaker is unwilling or unable to adopt because of circumstances that do not include an unwillingness to accept legal or financial responsibility for the child, and removal of the child from the relative would be detrimental to the child.
- Termination would be detrimental to the child because the parents have maintained regular visitation and contact with the child, the child will benefit from continuing the relationship, and the benefit from continuing the parental relationship

will outweigh the benefit derived from the permanence of an adoptive home.

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

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

## F. NON MINOR DEPENDENTS

"Nonminor dependent" means a foster child who is a current dependent child or ward of the juvenile court, or who is a nonminor under the transition jurisdiction of the juvenile court, has attained 18 years of age while under an order of foster care placement. The juvenile court may retain jurisdiction over these young adults until the age of 21. In certain circumstances, a child who is no longer a foster child can petition the court to reenter foster care after his 18th birthday.



## GLOSSARY

### **Brief**

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

### **Chambers**

The judge or hearing officer's office.

### **Command Post**

The DCFS office that handles after hour emergency detentions

### **Concession letter**

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

### **Detention hearing**

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

### **Direct Calendaring**

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

### **Disposition**

If the child is found to be a person described in Welfare and Institutions code section 300, a disposition hearing is held to determine the appropriate placement of the child and the case plan.

### **Family reunification**

Child welfare services provided to a child and the child's parents or guardians to facilitate reunification of the family.

### **Hearsay**

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

### **Indian Child Welfare Act**

Federal law enacted to protect and preserve American Indian Families

### **Initial hearing**

See detention hearing

### **Jurisdiction**

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

the juvenile court's jurisdiction.

### **Legal Guardianship**

Legal authority and responsibility for the care of a child.

### **Non-Related Extended Family Member**

An adult caregiver who has an established familial or mentoring relationship with the child.

### **Notice**

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

### **Planned Permanent Living Arrangement**

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

### **Preponderance of Evidence**

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

### **Pretrial Resolution Conference**

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

### **Prima Facie Evidence**

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

### **Review hearing**

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

### **Selection and Implementation hearing**

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

### **Social Study Report**

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



**Termination of Parental Rights (TPR)**

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

**Vertical Representation**

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





# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The Los Angeles County Department of Children and Family Services (DCFS) began operations on December 1, 1984. The Department's 9,000+ staff provides legally mandated Emergency Response, Family Maintenance, Family Reunification, Permanent Placement and Adoptions services to children and families in its 19 regional offices throughout the County.

## VISION

Safe children, healthy families, strong communities.

## MISSION

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

## GUIDING PRINCIPLES:

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

## Child Welfare Services/Case Management System Outcomes System

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



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

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

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

## CHILD WELFARE SERVICES

### Emergency Response

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

### Prevention Services

Child maltreatment results in serious lifelong physical

and mental health consequences for children<sup>1</sup>. It is critical to prevent child maltreatment before it occurs and to prevent a recurrence of child maltreatment. In this endeavor, DCFS provides prevention programs and services such as Prevention and Aftercare Program (P&A), Child Abuse Prevention, Intervention, and Treatment (CAPIT), Partnership for Families (PFF), and Incarcerated Parents Program (IPP) through community agencies contracted with DCFS.

The P&A program provides prevention services to any Los Angeles County family who is at risk of child abuse and/or neglect. P&A focuses on preventing child maltreatment and recurrence of child maltreatment by building and strengthening families' protective capacities. CAPIT is also available to any Los Angeles County family who is at risk of child abuse and/or neglect. CAPIT services include individual, family and group counseling, parent support/education, and in-home services. The PFF program provides home visitation to families with the following conditions: a child aged five or younger; a closed inconclusive or substantiated ER referral; and the referral is assessed as high or very high risk on the SDM tool. In partnership with the Friends Outside in Los Angeles County (FOLA) and the Los Angeles County Sheriff's Department, IPP works to decrease the emotional trauma experienced by children resulting from their parents' incarceration. The IPP creates opportunities for improved contact between parents and their children and works to ensure that these relationships are nurtured<sup>2</sup>.

### Family Maintenance

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

### Family Reunification

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

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

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



family.

### Permanent Placement

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

### REFERRALS RECEIVED

During Calendar Year 2022 (henceforth, all years refer to calendar years), the DCFS Child Abuse Hotline received a total of 72,401 referrals<sup>3</sup>, involving 136, 427 children for allegations of child abuse or neglect. The number of referred children, representing 6.4% of the child population (0 – 18 years old) in Los Angeles County<sup>4</sup>, is considerable given that it concerned only a single year. Nationally, the estimated total number of referrals that Child Protection Service agencies received during Federal Fiscal Year (FFY) 2022 was 4,276,000 involving 7,530,000 children for allegations of child abuse or neglect<sup>5</sup>.

The number of children who were referred to the DCFS Child Abuse Hotline in 2022 increased by 9.9% than the previous year (Figure 1). The number of referrals that were serious enough to be involved in an in-person investigation also increased. Compared to 2021, the number of referred children who had an in-person investigation significantly increased by 11.1% in 2022. Of all referred children in 2022, 71.0% were involved in an in-person investigation whereas 29.0% were closed without an investigation because they did not meet the criteria for an in-person response time<sup>6</sup>, termed “evaluated out” (Figure 2).

3. Data source: DCFS CWS/CMS Datamart database as of January 5, 2023 for referrals received from January 1, 2022 to December 31, 2022.

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

5. Child Maltreatment 2022. U.S. Department of Health & Human Services Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. Retrieved from This report is available on the Children’s Bureau website at Child Maltreatment 2022 | The Administration for Children and Families (hhs.gov)

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

Figure 3 shows the number of referred children by Service Planning Area (SPA) for the current reporting period<sup>7</sup>. SPA 6 had the highest number of referred children, followed by SPA 2. The Referral Map shows all referred children by DCFS office, which include in-person referrals and evaluated-out referrals. South County had the highest number of referrals, followed by Santa Fe Springs, Belvedere, Van Nuys, Metro North, and Torrance.

### Referrals by Allegation Type

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

Figure 4 shows the distribution by allegation type of all referrals in 2022. General Neglect continues to be the most reported allegation type, followed by At Risk, Sibling Abuse. General Neglect accounted for 37.2% of the children referred to DCFS in 2022, slightly decreasing from 38.2% in 2021. At Risk, Sibling Abuse accounted for 19.7%. Emotional Abuse and Physical Abuse accounted for 15.4% and 15.0% respectively. As the least reported allegation type, Exploitation accounted for 0.2%.

### Referrals by Race/Ethnicity and Age

African American children are over-represented in the child welfare system and exhibited the largest disproportionality. Figure 5 shows referrals by race/ethnicity and age. African American children accounted for 16.8% of all referred children while they represent only 7.8% of the child population (aged 0-18) in the county in 2021<sup>8</sup>. Hispanic children accounted for the largest proportion of all referred children at 53.4% and represent the majority of the child population at 59.9%. White and Asian/Pacific Islander children were under-represented. White children accounted for 12.1% of all referred children and represent 19.9% of the child population. Asian/Pacific Islander children accounted for 3.3% of all

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

8. County of Los Angeles, Internal Services Department, Social Services Systems Division, Estimated Census Tract-City Split Population for Children ages 0 to 18 within the County of Los Angeles, California



referred children and represent 12.0% of the child population.

Age is another characteristic to detect disproportionality. Infants and toddlers are particularly vulnerable to maltreatment. As shown in Figure 5, children aged 0-2 accounted for 14.3% of all referred children while they represent 12.7% of the child population. Children aged 3-15 accounted for 74.2% of all referred children while they represent 69.7% of the child population.

### Domestic Violence Related Referrals

The primary data source for domestic violence related referrals is the SDM database. Of referrals in 2022, a total of 8,638 referrals (6.3%) had an identified concern about domestic violence, which is smaller than in 2021 (9,044). As shown in Figure 6, by allegation type, more than half of the domestic violence-related referrals were for General Neglect (52.8%), followed by Emotional Abuse (30.8%). When broken down by age, 47.0% of children of domestic violence-related referrals were 0-5 years old and 26.9% of children were 6-10 years old (Figure 7). By reporter type, 58.8% of the domestic violence-related referrals were reported by Law Enforcement/ Probation Officer, and 24.2% were reported by Government Agency, CWS Staff, School Personnel, Counselor, and Other Professional (Figure 8).

### Recurrence of Maltreatment

It is concerning that a child is abused or neglected, but it is alarming when the same child repeatedly experiences abuse. Of the victims of a substantiated maltreatment during October - December 2022, 7.4% had a subsequent referral substantiated by DCFS within 12 months of the initial substantiation.<sup>9</sup> Although the figure is lower than the national performance of less than or equal to 9.7%<sup>10</sup>, DCFS is focused on reducing this number.

### IN-HOME AND OUT-OF-HOME SERVICES CASELOAD

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

9. If there is a subsequent report of maltreatment within 14 days of the earlier report, it is not counted as recurrent maltreatment. Youth aged 18 or more are excluded from the calculation of this indicator. Data source: DCFS Dashboard data as of April 10, 2024. DCFS BIS 01.27.16 (v3). Data-Driven Decision Making Dashboard- Methodology and FAQs

10. DCFS dashboard as of April 10, 2024

day of 2022, a total of 27,380 children received in-home and out-of-home services, which represents a 14.2% decrease from 2021 (Figure 9). Figure 9 shows the caseload breakdown by five child welfare service components: Emergency Response; Family Maintenance; Family Reunification; Permanent Placement, and Supportive Transition. By service component type, Permanent Placement showed the highest number of children (38.5%), followed by Family Maintenance (26.9%) and Family Reunification (24.4%).

Similar to the number of referrals by SPA, SPA 6 exhibited the largest caseload of both in-home and out-of-home services while SPA 5 the smallest (Figure 10). The Caseload Map shows in-home and out-of-home services caseload by office in 2022. South County had the highest number of cases, followed by Vermont Corridor, Belvedere, Metro North, and Lancaster.

### CHILD CHARACTERISTICS

Figure 11 exhibits the demographic data on children served by DCFS in 2022 by age group, race/ethnicity, and gender.

#### Age

- The most vulnerable DCFS clients are children ages 0 - 2 years old. Children in this age group accounted for 18.2% of the total caseload, which is much greater than the group's overall percentage of the child population, 12.0%.
- The number of children ages 0 – 2 years old decreased 16.1% from 5,956 in 2021 to 4,996 in 2022, which is related to the overall decrease in caseload.

#### Race/Ethnicity

- Children receiving DCFS services experience similar disproportionality as seen in referrals. African American children accounted for 23.7% of the DCFS caseload, which is much greater than the child population (7.8%). The percentage of their caseload is also greater than that of referrals (16.8%, Figure 5). This is indicative of African American children experiencing a serious disproportionality.
- As Hispanics are the majority of the child population, they also accounted for the majority of the caseload at 60.5%, but exhibited no disproportionality compared to the general





population. The number of Hispanic children decreased 12.1% from 18,833 in 2021 to 16,558 in 2022.

- White and Asian/Pacific Islander children accounted for 10.8% and 1.8% of the DCFS caseload respectively while they represent 19.9% and 12.0% of the child population.

### Gender

- In 2022, similar to the previous year, the number of female showed slightly higher than the number of male. Female accounted for 50.4% while male accounted for 49.6%.

### CHILDREN IN OUT-OF-HOME PLACEMENT

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

Figure 12 shows children in out-of-home placement by SPA. The total number of children in out-of-home placement decreased 11.6% from 17,834 in 2021 to 15,757 in 2022. As the reform progressed, more children were placed in Resource Family Homes. The most significant change was seen by children who were placed in a foster family home. The number of children in this category decreased 76.2% from 42 in 2021 to 10 in 2022. Many of the homes have been re-categorized to Resource Family Homes: Resource Family Home Non-Relative and Resource Family Home Relative. Overall, 51.3% of children were placed in a Resource Family Home Relative placement and 19.4% in a Resource Family Home Non-Relative placement.

### Re-entry to Foster Care

Ongoing safety and stability in the family after permanency is vital for child wellbeing and prevention of the recurrence of maltreatment. Of all children who entered foster care in a quarter (October – December 2022) and discharged within 12 months to reunification, living with a relative(s), or guardianship, 8.0% re-entered foster care within 12 months of their initial discharge<sup>11</sup>. This is higher than the national performance, 5.6%. Intervention efforts in collaboration with community partners are critical.

### Transition Age Youth

Transition age youth is defined as youth aged 18-21. Many in this age group, especially transition age youth with mental health challenges or disabilities, need special attention because they are not ready for self-sufficiency when they leave the child welfare system. Research shows that they may face serious challenges in life<sup>12</sup>. Thus, the department provides youth with services such as the Independent Living Program.

In 2022, a total of 1,326 transition age youth exited the child welfare system. As shown in Figure 13, 83.3% of the youth who exited the child welfare system were 21 years old, followed by youth aged 18 (7.6%). Of the transition age youth who exited the child welfare system, 60.3% lived in a Supervised Independent Living Placement, 14.5% lived in a Foster Family Agency Certified Home, 9.4% in a Resource Family Home, and 7.6% in a Guardian Home (Figure 14). Reaching the age of majority accounts for 57.5% of the transition age youth who left the child welfare system (Figure 15).

### PERMANENCY PARTNERS PROGRAM (P3)<sup>13</sup>

11. DCFS dashboard as of April 10, 2024. Children discharged to adoption, who re-enter within 12 months and children in foster care for less than 8 days or who enter or exit foster care at age 18 or more were excluded from the calculation of this indicator. Data source: DCFS BIS 01.27.16 (v3). Data-Driven Decision Making Dashboard- Methodology and FAQs, as of April 10, 2024.

12. Shogren, K. A., & Wittenburg, D. (2020). Improving Outcomes of Transition-Age Youth With Disabilities: A Life Course Perspective. *Career Development and Transition for Exceptional Individuals*, 43(1), 18-28. <https://doi.org/10.1177/2165143419887853>

13. Data source: Permanency Partners Program as of January 26, 2024.



The Family Finding and Engagement Program (FFEP), formerly known as the Permanency Partners Program (P3), was created in 2004 to provide family finding services to youth in long-term foster care in need of permanent connections. DCFS has expanded family finding efforts, and the FFEP is now comprised of both retired and part-time Children's Social Workers (CSWs) as well as full-time CSWs. Retired and part-time CSWs work with children whose cases have been open under P3, while full-time CSWs work with children immediately after detention under the Upfront Family Finding (UFF) Program. Both full-time and retired/part-time CSWs are assigned as secondary with a focus on searching for relatives and Non-Related Extended Family Members (NREFM) who can provide support, placement, or permanency. The FFEP CSWs utilize a variety of search techniques including online investigative platforms and social media to locate family members/NREFMs, providing opportunities for them to connect with children through visits or phone calls, and assists the primary CSW with placement paperwork.

FFEP services focus on providing permanency to children, which includes reunification with parents, identifying relatives and other adults to provide legal guardianship or adoption and lifelong connections.

In 2022, the P3 CSWs provided services for 524 children, with 510 of those cases continuing under DCFS supervision upon P3's end of their assignment to the case. The court terminated jurisdiction on the remaining 14 cases with an identified permanency outcome, as indicated below:

During 2022, the court closed 14 children's cases with the following outcomes:

- 7 (50%) were returned to home of parent
- 1 (8%) were closed to Kin-Gap
- 3 (21%) were adopted

Additionally, three (21%) had a lifelong connection at time of closure.

In May 2016, the County of Los Angeles Board of Supervisors enacted a motion instructing FFEP to implement a protocol to provide family finding efforts to children as close to the time of detention as possible. In October 2016, the UFF program commenced in the Glendora and Santa Fe Springs offices to provide family finding services to children

within days of detention. In January 2018, UFF was implemented in the West Los Angeles and Vermont Corridor offices, and in 2019 expanded to the South County, Belvedere, Santa Clarita, West San Fernando Valley, Hawthorne, and Wateridge offices. In 2021, the Pomona office began receiving UFF services. In 2022, the program was implemented in the Lancaster, Palmdale, Metro North, and Van Nuys offices. As of June 2023, the UFF program was implemented countywide.

In 2022, the UFF CSWs provided upfront family finding services to 1,091 children; 1,040 of those cases continue under DCFS supervision. The remaining 51 cases have closed. Of those, 50 children (98%) returned home to parent and one (2%) had a lifelong connection.

### ADOPTION PLANNING

Figures 16 and 17 show the number of children placed in adoptive homes from CY 1992 through CY 2022. During CY 2022, there were 1,170 children placed in adoptive homes compared to 1,301 placements in CY 2021. This represents a 10.1% decrease.

Figure 18 exhibits the demographic data on children in adoptive homes in 2022 by age group, race/ethnicity, and gender.

- By age group, the 5-9 years old group showed the highest number of children (34.1%) placed in adoptive homes, followed by the 3-4 year old group (28.1%).
- By race/ethnicity, Hispanic showed the highest number of children (64.6%), followed by African American (21.6%).
- By gender, the number of male showed higher than female. Male accounted for 51.6% while female accounted for 48.4%.

### 241.1 HEARINGS

Figure 19<sup>14</sup> represents data on youth referred for 241.1 Joint Assessment Hearings by either Dependency Court or Delinquency Court. Children under the jurisdiction of Dependency Court account for 0.6% of the youth referred, and Delinquency Court accounts for 99.4% of youth referred. The

14. Figure 19 represents DCFS data. The 241.1 application disposition data was maintained by both DCFS and Probation Department. However, the effort to enter such data in the 241.1 application by Probation Department ended after year 2020.



number of children who were referred to Dependency Court decreased from 14 in 2021 to 2 in 2022. The number of children referred to Delinquency Court decreased by 17.2% between 2021 and 2022. Of all youth referred for 241.1 Joint Assessment Hearings in 2022, more than half (59.7%) were incarcerated at the time of 241.1 referrals.

## GLOSSARY

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

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

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

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

**California Department of Social Services (CDSS):** The state agency in California responsible for aiding, servicing and protecting needy children and adults. At the same time, the Department strives to strengthen and encourage individual

responsibility and independence for families. By managing and funding its programs, the objectives of the Department are carried out through the 4,200 employees located in 51 offices throughout the state, the 58 county welfare departments, offices and a host of community-based organizations.

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

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

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

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

**Emancipation:** Free from the custody and control of the person's parents, guardians, the social service agency, and the juvenile court.

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

**Emergency Shelter Care:** A temporary placement service, providing 24-hour care for a child who must be immediately removed from his or her own



home or current foster placement and who cannot be returned to his or her own home or foster care placement. In the context of funding, emergency shelter care shall not exceed 30 calendar days in any one-placement episode.

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

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

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

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

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

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

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

(A) Recruiting, certifying, approving, and training of,

and providing professional support to, foster parents and resource families.

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

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

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

**Foster Family Agency Certified Resource Family:** A resource family means an individual or family that has successfully met both the home environment assessment and the permanency assessment criteria necessary for providing care for a child placed by a public or private child placement agency by court order or voluntarily placed by a parent or legal guardian. A foster family agency certified resource family refers to such a family certified by a licensed foster family agency and issued a certificate of approval by that agency as meeting licensing standards, and used by that foster family agency for placements.

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

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

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

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

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

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

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

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

**Permanency Planning:** The services provided to achieve legal permanence for a child when efforts to reunify have failed until the court terminates Family

Reunification. These services include identifying permanency alternatives, e.g., adoption, legal guardianship and long-term foster care. Depending on the identified plan, the following activities may be provided: inform parents about adoptive planning and relinquishment; locate potential relative caregivers and provide them with information about permanent plans (e.g., adoption, legal guardianship); and refer the caregiver to the Adoptions Division for an adoptive home study, etc.

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

**Physical Abuse:** 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 a "placement episode."

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

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



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

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

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

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

**Sexual Abuse:** Victimization of a child by sexual activities, including, but not limited to, those activities defined in Penal Code § 11165.1(a)(b)(c). See “sexual assault” and “sexual exploitation.”

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

**Sexual Exploitation:** Conduct involving matter depicting a minor engaged in obscene acts in violation of Penal Code § 311.2 (preparing, selling, or distributing obscene matter) or subdivision (a) of § 311.4 (employment of minor to perform obscene acts). Any person who knowingly promotes, aids or assists, employs, uses, persuades, induces or coerces a child, or any person responsible for a child’s welfare who knowingly permits or encourages a child to engage in, or assist others to engage in, prostitution or a live performance involving obscene sexual conduct or to either pose or model alone or with others for the purpose of preparing a film, photograph, negative, slide, drawing, painting or other pictorial depiction involving obscene sexual conduct. “Person responsible for a child’s welfare” means a parent, guardian, foster parent, or a licensed administrator, or employee of a public or private residential home, residential school, or other residential institution.

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

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



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

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

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

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

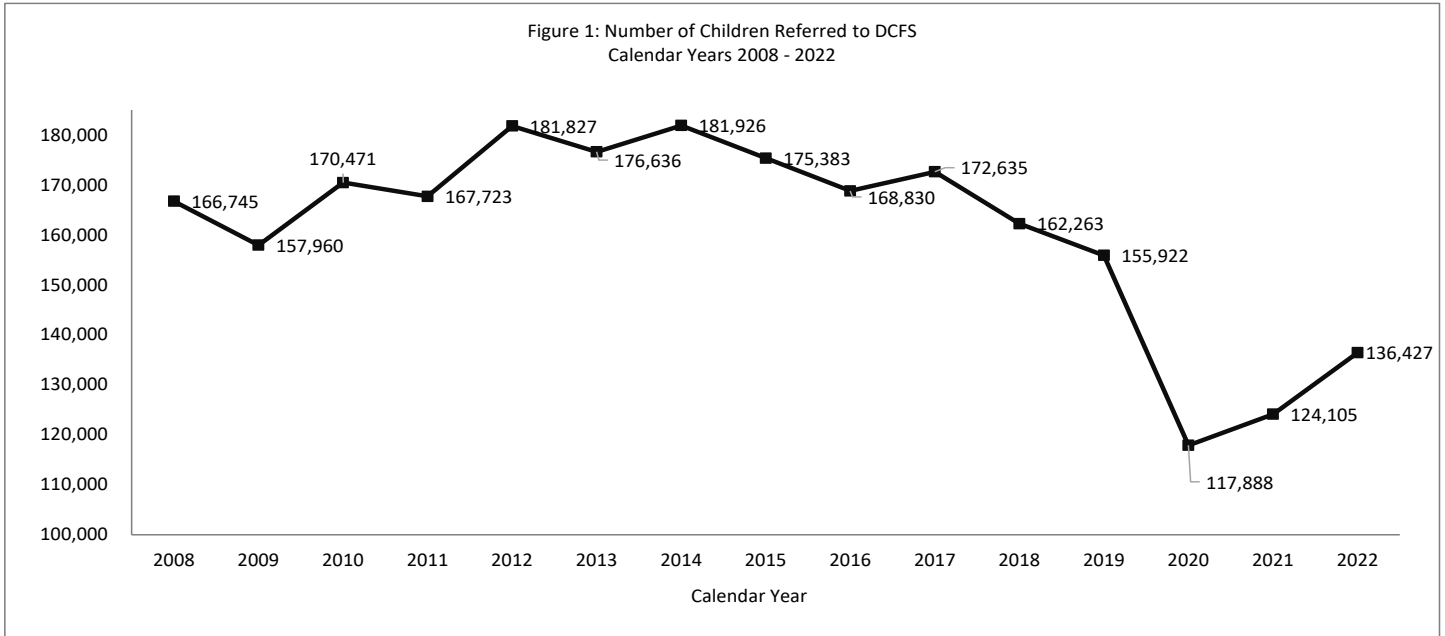
**Supervised Independent Living Placement:** A supervised and approved placement that is part of the Extended Foster Care program. SILP is flexible and the least restrictive placement setting. It can include: an apartment (alone or with roommates); shared living situations; room and board arrangements;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

**Supportive transition:** Extended foster care services provided to AB 12 non-minor dependents.

**Transition Age Youth:** Youth aged 18-21.

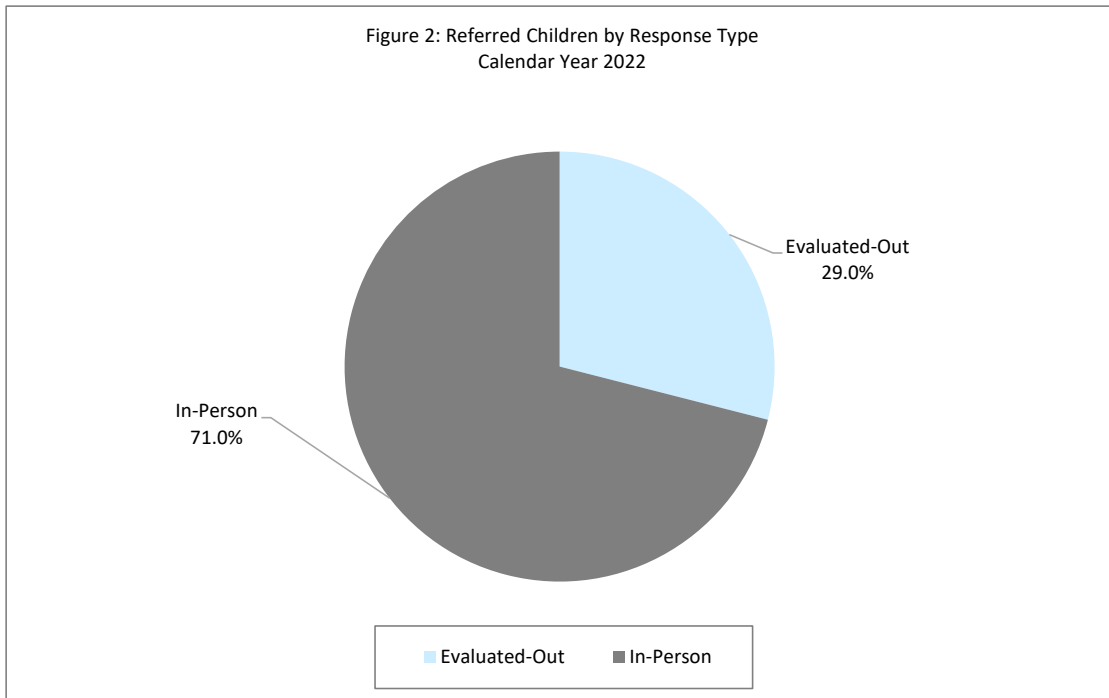
**Unfounded:** An allegation is unfounded if it is determined to be false, inherently improbable, involved accidental injury or does not meet the definition of child abuse.

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



Notes:

- Beginning with CY 2014, data on children referred to DCFS are from CWS/CMS Datamart, an up-to-date DCFS database which offers a more complete and definitive number of children referred to DCFS. Please note that the total number of referred children is higher than the number reported in the DCFS Fact Sheet.
- Data for CY 2022 are as of 1/5/2023.



Source: CWS/CMS Datamart - Data as of 1/6/23





Figure 3

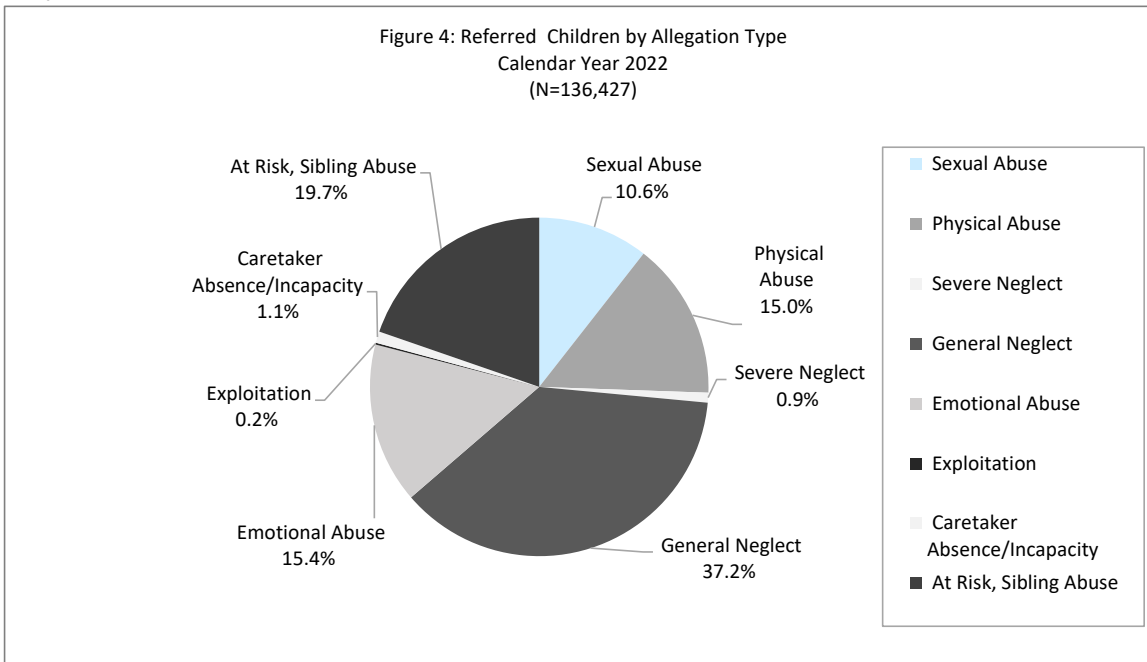
**REFERRED CHILDREN BY SERVICE PLANNING AREA  
CALENDAR YEAR 2022**

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN RECEIVED
SPA 1	2,199	8,085	10,284
SPA 2	7,009	16,706	23,715
SPA 3	5,012	12,832	17,844
SPA 4	3,868	8,474	12,342
SPA 5	959	1,919	2,878
SPA 6	6,299	16,842	23,141
SPA 7	4,309	12,279	16,588
SPA 8	5,120	13,610	18,730
Out of LA County	1,090	762	1,852
Invalid Address	3,671	5,382	9,053
<b>TOTAL</b>	<b>39,536</b>	<b>96,891</b>	<b>136,427</b>

Source: CWS/CMS Datamart - Data as of 1/5/2023

Note:

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



Source: CWS/CMS Datamart - Data as of 1/5/2023

"Notes:

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



Figure 5

**REFERRED CHILDREN BY AGE AND RACE/ETHNICITY  
CALENDAR YEAR 2022**

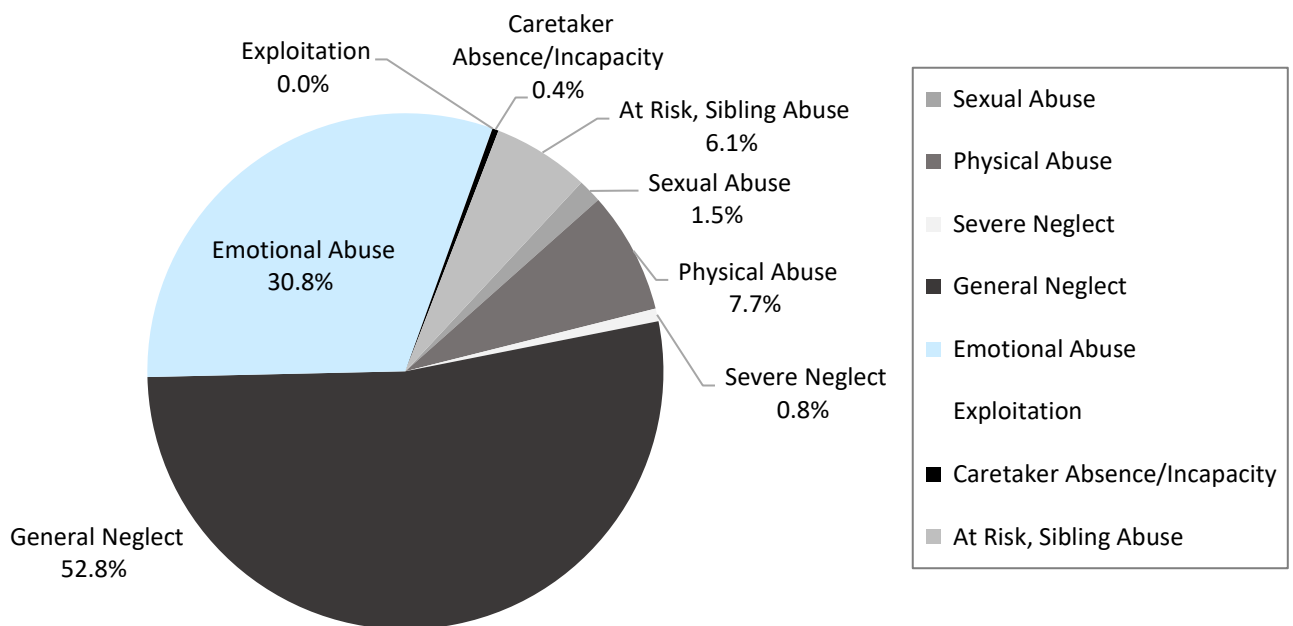
Ethnicity	Age Group							Total
	Birth-2 Yrs	3 - 4 Yrs	5 - 9 Yrs	10 - 13 Yrs	14 - 15 Yrs	16 - 17 Yrs	18+ Yrs	
White	2,240	1,544	4,506	4,057	2,104	2,070	7	16,528
Hispanic/Latino	9,147	6,181	20,033	18,808	10,039	8,658	30	72,896
African American	3,921	2,363	6,587	5,024	2,607	2,422	14	22,938
Asian/Pacific Islander	459	364	1,248	1,133	712	523	4	4,443
American Indian/Alaskan Native	19	15	57	64	27	29	0	211
Other	3,748	2,211	5,475	4,020	2,062	1,881	14	19,411
<b>GRAND TOTAL</b>	<b>19,534</b>	<b>12,678</b>	<b>37,906</b>	<b>33,106</b>	<b>17,551</b>	<b>15,583</b>	<b>69</b>	<b>136,427</b>

Source: CWS/CMS Datamart - Data as of 1/5/2023

Notes:

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

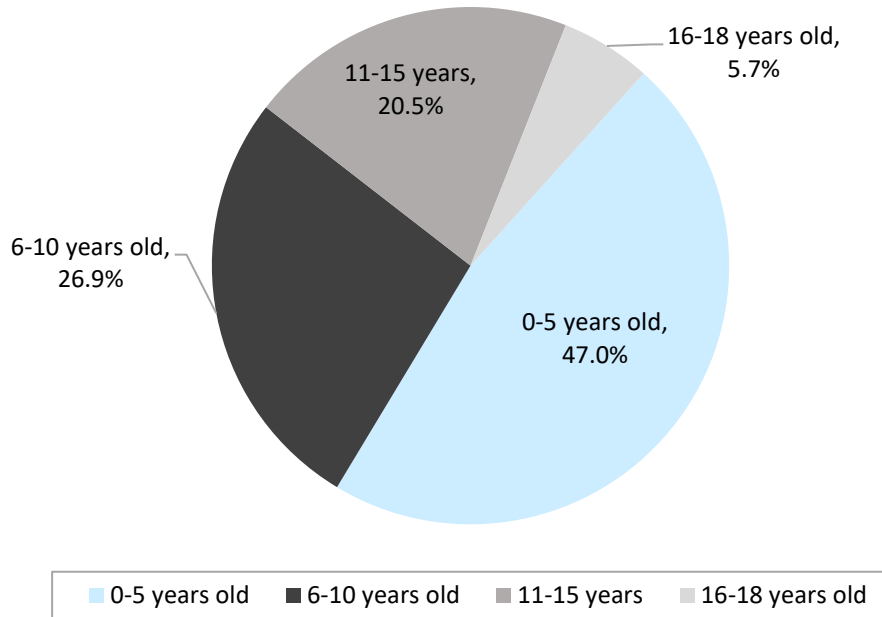
Figure 6: Domestic Violence Related Referrals by Allegation Type  
Calendar Year 2022  
(N=8,638)



Sources: SDM database and CWS/CMS Datamart - Data as of 3/6/2024  
Note: Percentages may not add up to 100 percent due to rounding.

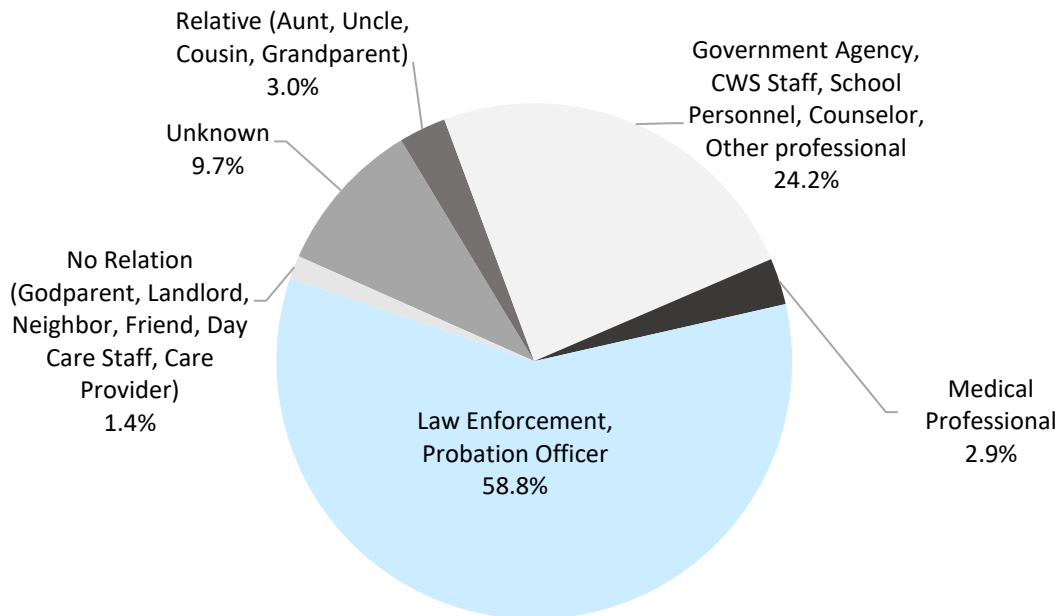


Figure 7: Domestic Violence Related Referrals by Age Group  
Calendar Year 2022  
(N=8,638)



Sources: SDM database and CWS/CMS Datamart - Data as of on 3/6/2024  
Note: Percentages may not add up to 100 percent due to rounding.

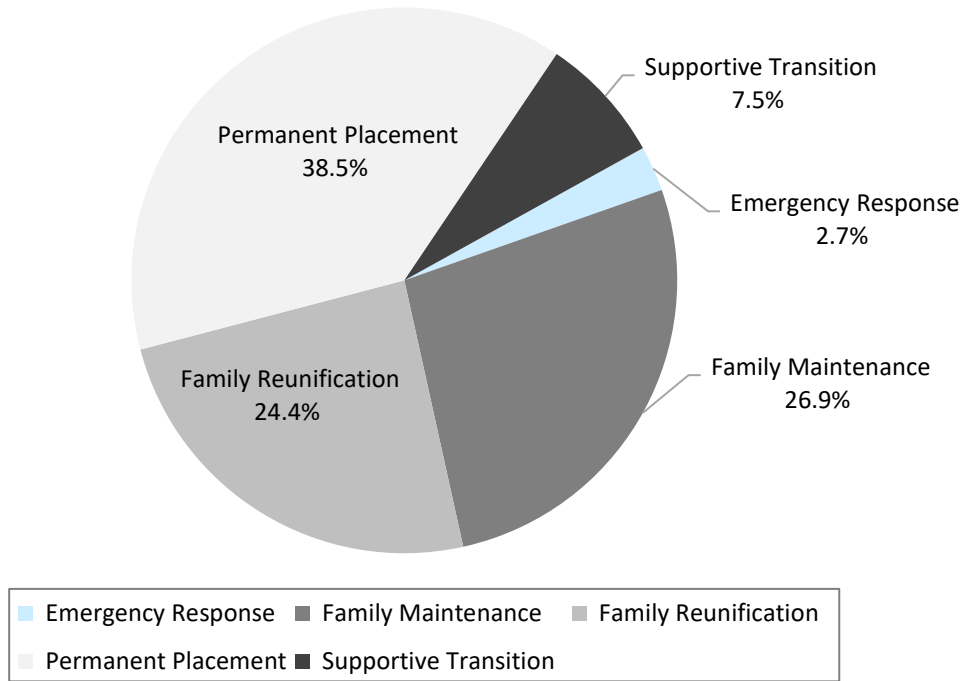
Figure 8: Domestic Violence Related Referrals by Reporter Type  
Calendar Year 2022  
(N=8,638)



Sources: SDM database and CWS/CMS Datamart - Data as of 3/6/2024  
Note: Percentages may not add up to 100 percent due to rounding.



Figure 9: In-Home and Out-of-Home Services Caseload  
As of December 31, 2022  
(N=27,380)



Source: CWS/CMS Datamart - Data as of 1/5/2023  
Note: Percentages may not add up to 100 percent due to rounding.



**Figure 10**  
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**IN-HOME AND OUT-OF-HOME SERVICES CASELOAD BY SERVICE PLANNING AREA**  
**AS OF DECEMBER 31, 2022**

SPA	In-Home	Out-of-Home Care										In-Home and Out-of-Home Placement Total					
		Relative/NREFM Home	Foster Family Home	Foster Family Agency Certified Home	Foster Family Agency Certified Resource Family Home	Small Family Home	Group Home	Supervised Independent Living Placement	Resource Family Home Non-Relative	Resource Family Home Relative	Short Term Residential Therapeutic Program		Other				
1	887	6	2	39	465	0	0	100	884	942	18	3	2,459	1	115	134	3,596
2	1,293	1	0	76	253	0	1	107	265	929	10	5	1,647	51	108	80	3,179
3	1,017	4	0	72	229	8	3	109	246	856	107	3	1,637	31	126	107	2,918
4	890	0	1	46	76	0	0	70	60	463	17	2	735	9	60	35	1,729
5	104	0	0	0	23	0	12	19	29	71	12	0	166	1	7	14	292
6	1,861	3	0	35	202	1	9	163	591	1,348	51	9	2,412	12	154	211	4,650
7	1,237	0	1	40	286	1	1	106	268	981	0	3	1,687	13	136	100	3,173
8	973	4	0	67	205	0	9	119	423	942	41	3	1,813	23	141	188	3,138
Out-of-LA County	632	8	6	47	657	3	1	378	292	1,542	27	227	3,188	23	320	94	4,257
Invalid Address	428	0	0	0	0	0	0	4	0	8	0	1	13	4	3	0	448
<b>TOTAL</b>	<b>9,322</b>	<b>26</b>	<b>10</b>	<b>422</b>	<b>2,396</b>	<b>13</b>	<b>36</b>	<b>1,175</b>	<b>3,058</b>	<b>8,082</b>	<b>283</b>	<b>256</b>	<b>15,757</b>	<b>168</b>	<b>1,170</b>	<b>963</b>	<b>27,380</b>

"Source: CWS/CMS Datamart - Data as of 1/5/2023  
 Notes:  
 (1) SPA information is based on child's placement address.  
 (2) NREFM - Non-Relative Extended Family Member  
 (3) Invalid Address reflects addresses with erroneous, incomplete, unknown, P.O. Box, or empty address fields that could not be successfully matched to the Thomas Bros. Street Network Database."



**Figure 11**  
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**IN-HOME AND OUT-OF-HOME SERVICES**  
**CASELOAD CHILD CHARACTERISTICS AS OF DECEMBER 31, 2022**

AGE GROUP	CHILDREN	PERCENTAGE
Birth - 2 Years	4,996	18.2
3 - 4 Years	3,482	12.7
5 - 9 Years	6,826	24.9
10 - 13 Years	4,604	16.8
14 - 15 Years	2,403	8.8
16 - 17 Years	2,498	9.1
18 Years & Older	2,571	9.4
<b>TOTAL</b>	<b>27,380</b>	<b>100.0</b>
ETHNICITY		
White	2,968	10.8
Hispanic	16,558	60.5
African-American	6,482	23.7
Asian/Pacific Islander	502	1.8
American Indian/Alaskan Native	65	0.2
Other	805	2.9
<b>TOTAL</b>	<b>27,380</b>	<b>100.0</b>
GENDER		
Male	13,580	49.6
Female	13,790	50.4
Unknown	10	0.0
<b>TOTAL</b>	<b>27,380</b>	<b>100.0</b>

Source: CWS/CMS History Database snapshot total caseload as of 1/5/2023.  
 Note: Percentages may not add up to 100 percent due to rounding.



**Figure 12**  
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**CHILDREN IN OUT-OF-HOME PLACEMENT BY SERVICE PLANNING AREA**  
**(NON FOSTER CARE, ADOPTIVE HOME, AND GUARDIAN HOME PLACEMENTS EXCLUDED)**  
**AS OF DECEMBER 31, 2022**

SERVICE PLANNING AREA (SPA)	RELATIVE/NREFM HOME	FOSTER FAMILY HOME	FOSTER FAMILY AGENCY CERTIFIED HOME	FOSTER FAMILY AGENCY CERTIFIED RESOURCE FAMILY HOME	SMALL FAMILY HOME	GROUP HOME	SUPERVISED INDEPENDENT LIVING PLACEMENT	RESOURCE FAMILY HOME NON-RELATIVE	RESOURCE FAMILY HOME RELATIVE	SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAM	OTHER	TOTAL
SPA 1	6	2	39	465	0	0	100	884	942	18	3	2,459
SPA 2	1	0	76	253	0	1	107	265	929	10	5	1,647
SPA 3	4	0	72	229	8	3	109	246	856	107	3	1,637
SPA 4	0	1	46	76	0	0	70	60	463	17	2	735
SPA 5	0	0	0	23	0	12	19	29	71	12	0	166
SPA 6	3	0	35	202	1	9	163	591	1,348	51	9	2,412
SPA 7	0	1	40	286	1	1	106	268	981	0	3	1,687
SPA 8	4	0	67	205	0	9	119	423	942	41	3	1,813
Out-of-LA County Invalid Address	8	6	47	657	3	1	378	292	1,542	27	227	3,188
TOTAL	26	10	422	2,396	13	36	1,175	3,058	8,082	283	256	15,757

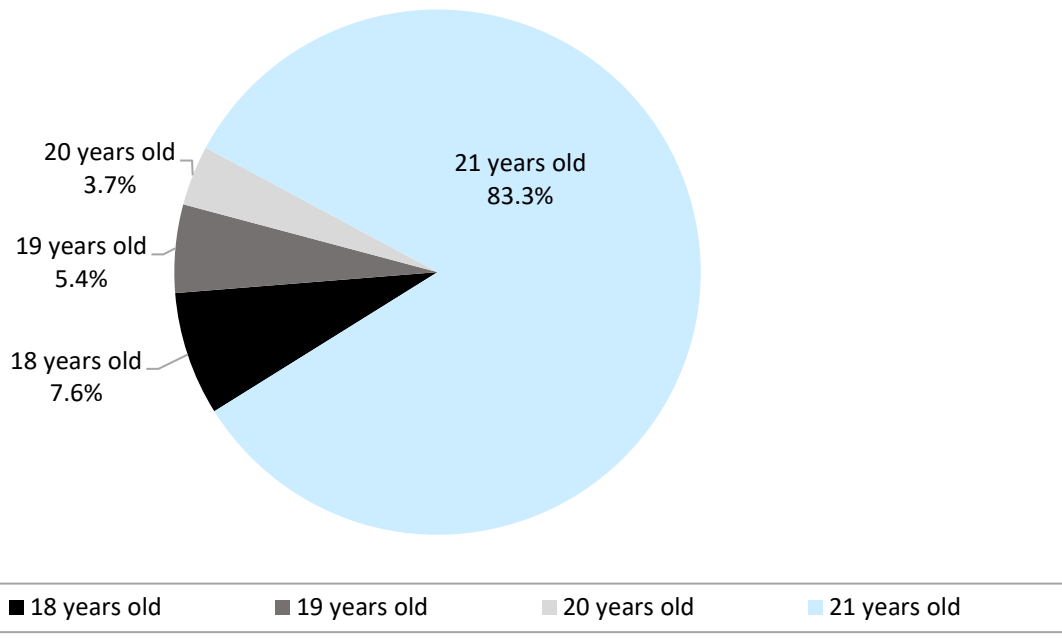
Source: CWS/CMS History Database snapshot total caseload as of 1/5/2023.

Notes:

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



Figure 13: Age of Transition Age Youth Who Exited  
Calendar Year 2022  
(N=1,326)



Source: CWS/CMS Datamart as of 2/1/2024

Notes: Transition Age Youth is defined as:

1. The child's Exit Date is between January 1, 2022 and December 31, 2022.
2. The child's age at the time of exit is greater than or equal to 16.

Youth ages over 21 are included in Figure 13. During Covid, the federal regulations allowed for agency supervision of youth ages up to 23.





Figure 14

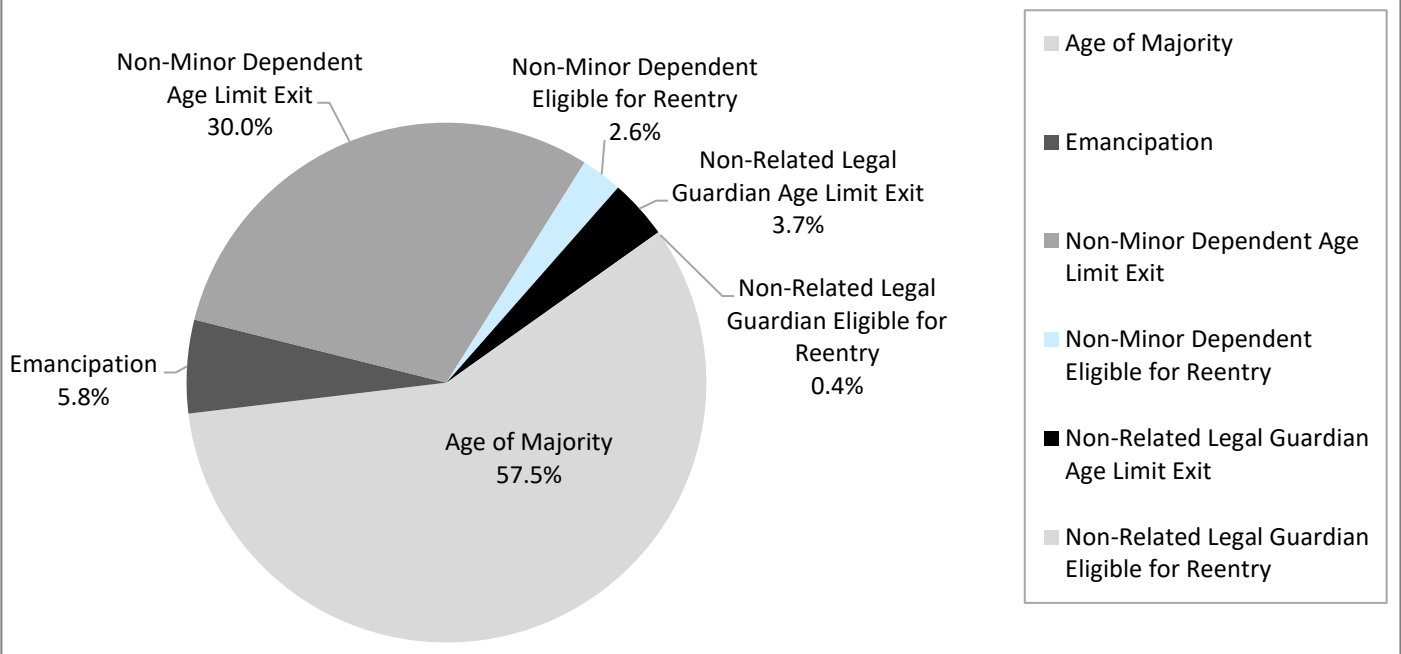
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN  
TRANSITION AGED YOUTH BY FACILITY TYPE  
CALENDAR YEAR 2022**

FACILITY TYPE	NUMBER	PERCENTAGE
Supervised Independent Living Placement	799	60.3
Guardian Home	192	14.5
Resource Family Home	125	9.4
Short Term Residential Therapeutic Prgm	101	7.6
Foster Family Agency Certified Home	42	3.2
Foster Family Agency Certified Resource Family Home	34	2.6
Court Specified Home	10	0.8
Relative/NREFM Home	9	0.7
Group Home	8	0.6
Foster Family Home	4	0.3
County Shelter	1	0.1
Temporary Shelter Care Facility	1	0.1
<b>TOTAL</b>	<b>1,326</b>	<b>100.0</b>

Source: CWS/CMS Datamart as of 2/1/2024



Figure 15: Transition Age Youth by Exit Reason  
Calendar Year 2022  
(N=1,326)



Source: CWS/CMS Datamart as of 2/1/2024



Figure 16

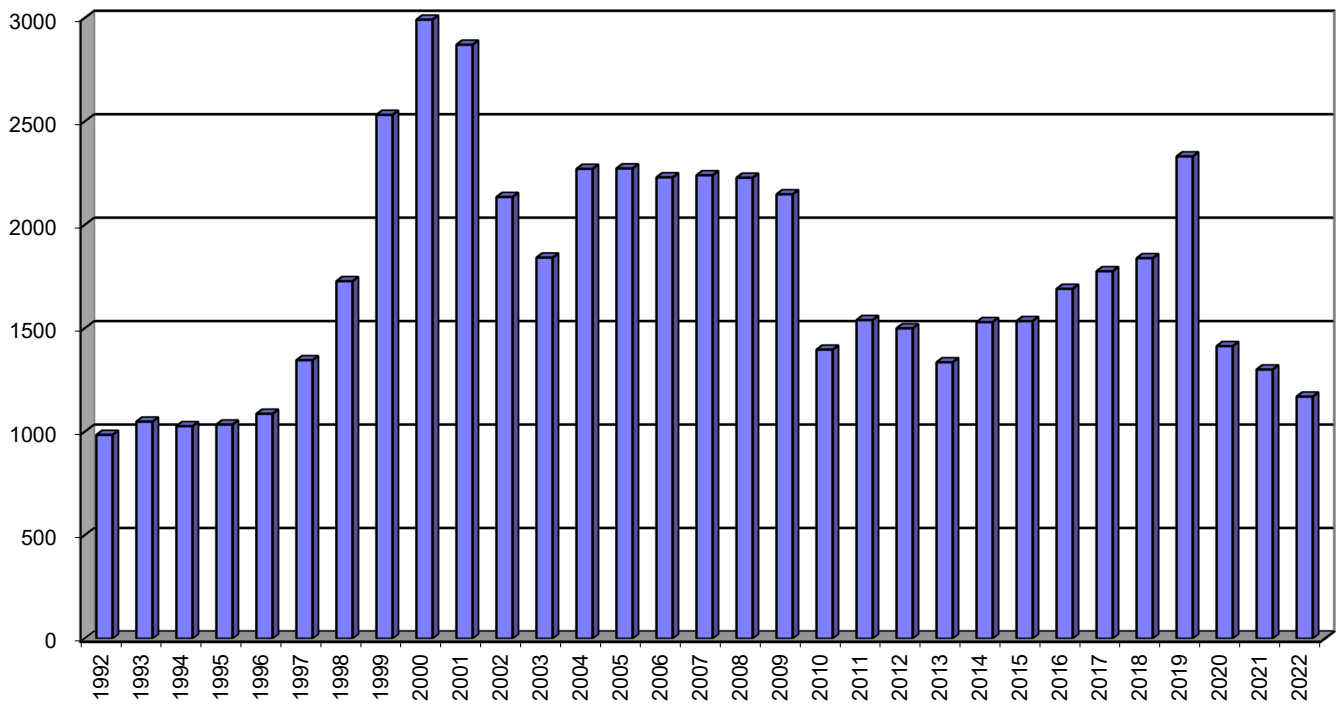
**ADOPTIONS PERMANENCY PLANNING CASELOAD CHILDREN  
PLACED IN ADOPTIVE HOMES DURING THE YEAR  
CALENDAR YEARS 1986 THROUGH 2022**

CALENDAR YEAR	CHILDREN
1992	985
1993	1,049
1994	1,027
1995	1,035
1996	1,087
1997	1,346
1998	1,728
1999	2,532
2000	2,992
2001	2,871
2002	2,135
2003	1,842
2004	2,271
2005	2,273
2006	2,230
2007	2,240
2008	2,228
2009	2,148
2010	1,397
2011	1,540
2012	1,500
2013	1,336
2014	1,530
2015	1,535
2016	1,691
2017	1,776
2018	1,839
2019	2,331
2020	1,414
2021	1,301
2022	1,170
2017	1,776
2018	1,839
2019	2,331
2020	1,414

Note: Counts subjected to changes due to system update.



**Figure 17: CHILDREN PLACED IN ADOPTIVE HOMES**  
Calendar Years 1992 Through 2022





**Figure 18**  
**CHILDREN IN ADOPTIVE PLACEMENT - CHILD CHARACTERISTICS**  
**As of December 31, 2022**

CATEGORY	CHILDREN	PERCENTAGE
<b>AGE GROUP</b>		
Birth - 2 Years	161	13.8
3 - 4 Years	329	28.1
5 - 9 Years	399	34.1
10 - 13 Years	172	14.7
14 - 15 Years	58	5.0
16 - 17 Years	44	3.8
18 Years & Older	7	0.6
<b>TOTAL</b>	<b>1,170</b>	<b>100.0</b>
<b>RACE/ETHNICITY</b>		
White	110	9.4
Hispanic	756	64.6
AFRICAN AMERICAN	253	21.6
ASIAN/PACIFIC ISLANDER	21	1.8
AMERICAN INDIAN/ALASKAN NATIVE	4	0.3
OTHER	26	2.2
<b>TOTAL</b>	<b>1,170</b>	<b>100.0</b>
<b>GENDER</b>		
MALE	604	51.6
FEMALE	566	48.4
<b>TOTAL</b>	<b>1,170</b>	<b>100.0</b>

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



**Figure 19**  
**CHILDREN REFERRED FOR 241.1 JOINT ASSESSMENT HEARINGS CY 2022**

REFERRALS FOR 241.1 JOINT ASSESSMENTS RECEIVED	Children
<b>Referrals Categorized by Court of Origin</b>	
Referrals Generated from Dependency Court	2
Referrals Generated from Delinquency Court	328
Number of Youth Incarcerated at time of 241.1 Referral	197
<b>Referrals Categorized by Type</b>	
Reversal (Returns from 600 to 300)	
Reversal (New 300 After 602)	
All Other 241.1 Referrals--Not Reversals from Delinquency	
Inappropriate 241.1 Referrals Evaluated Out	53
<b>DELINQUENCY COURT 241.1 HEARING DISPOSITIONS</b>	
<b>Dispositions Categorized By Type</b>	
602 Dispo (Wards of Court)	
Reversal/New 300 Requested and Denied--Child remains a 602	
725A (Joint Supervision)	
654 (Joint Supervision)	
790 DEJ (Joint Supervision)	
300/602 WIC (SP)	
300/602 WIC (HOP)	
300/602 WIC (CCP)	
Other	
Dismissal	
Termination (Both Dependency and Delinquency)	
Termination (By Delinquency) Open Dep Jurisdiction	
Delinq Court Jurisdiction Termed	
Delinq Court Jurisdiction Termed Due to Reversal from 600 to 300	
Reversal/New 300 Requested and Denied--Jurisdiction Termed without a 300 Pet	
Delinq Court Dismissal of Pet.	
Transfer: MDT Program/Out of County	
601 (Truancy)	
<b>DEPENDENCY COURT 241.1 HEARING DISPOSITIONS</b>	
Total Number of Dispositions	2
<b>Dispositions Categorized By Type</b>	
Dependency Court Petition Dismissal (child remaining a 602)	1
Dependency Court J/T before Delinq. Court Petition Dispo	0
Dependency Court Jurisdiction Termed (due to child remaining a 602)	0
Child Remains a 300/No Delinquency Court Jurisdiction	0
Child Remains a 300 Under Joint Supervision	0
New 300/Joint Supervision	0
725(a) WIC	0
602 WIC	0
300/602 WIC	1
Delinq Court Jurisdiction Termed/NEW 300	0
Dismissal	0
Other	0
<b>TOTAL NO. OF DELINQUENCY AND DEPENDENCY COURT DISPO HEARINGS</b>	
<b>DISPOSITIONS BY PERCENTAGE</b>	
TOTAL NO.OF 602S AS A % OF TOTAL NO. OF CASES DISPOED	
TOTAL NO. OF CASES UNDER JOINT SUPERVISION AS A % OF TOTAL NO. OF CASES DISPOED	
TOTAL NO. OF ALL OTHER CASES AS A % OF TOTAL NO. OF CASES DISPOED	



**SPA ZIP LIST**

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



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





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



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



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

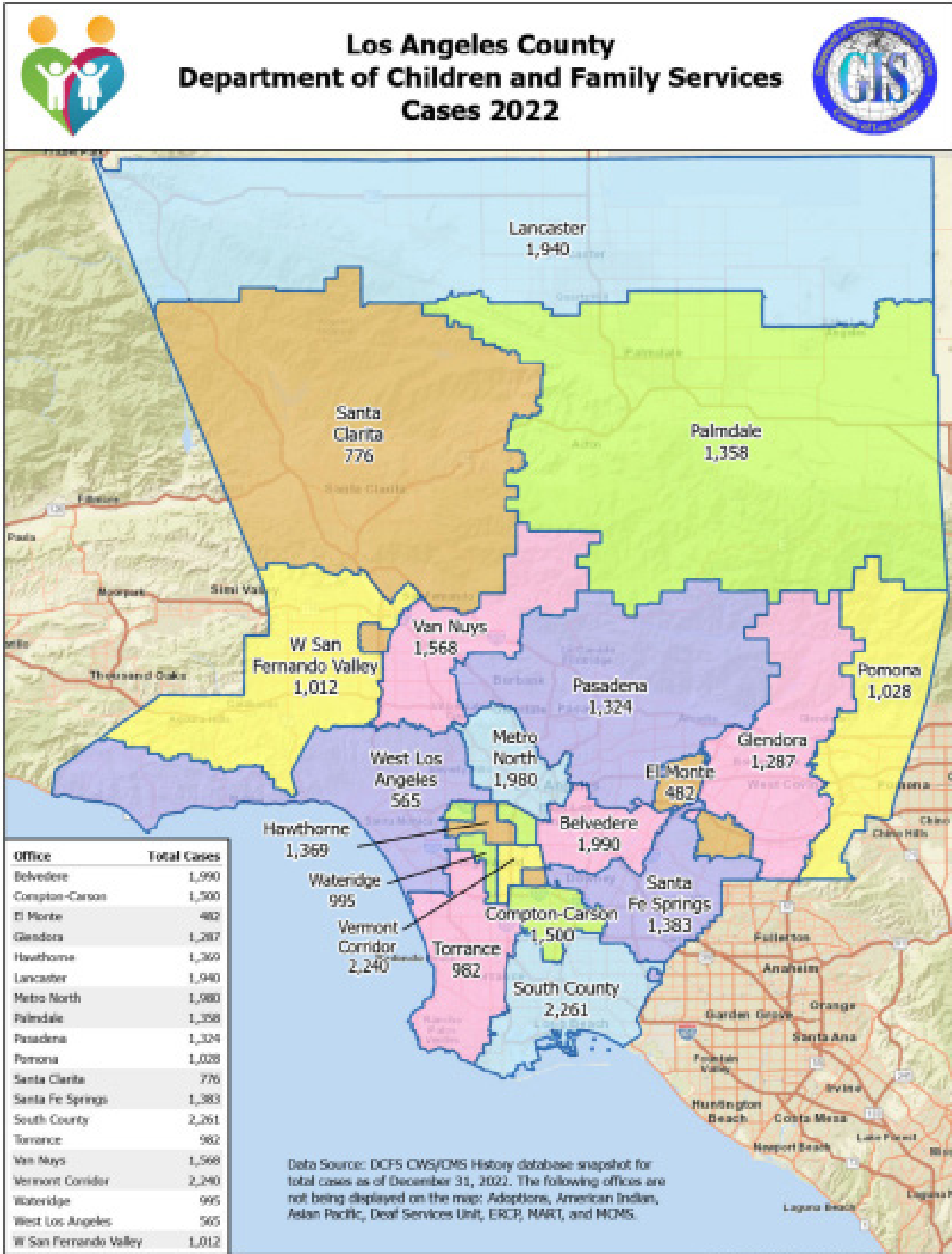


SPA 7	Santa Fe Springs	90241	Downey
SPA 7	Santa Fe Springs	90242	Downey
SPA 7	Santa Fe Springs	90280	South Gate
SPA 7	Santa Fe Springs	90601	Whittier
SPA 7	Santa Fe Springs	90602	Whittier
SPA 7	Santa Fe Springs	90603	Whittier
SPA 7	Santa Fe Springs	90604	Whittier
SPA 7	Santa Fe Springs	90605	Whittier/South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



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











# DEPARTMENT OF MEDICAL EXAMINER-CORONER

## ***INTRODUCTION***

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

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

## ***FORENSIC MEDICINE DIVISION***

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

## ***FORENSIC SCIENCE LABORATORIES DIVISION***

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

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



### **HISTOLOGY LABORATORY**

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

### **TOXICOLOGY LABORATORY**

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

### **SCANNING ELECTRON MICROSCOPY LABORATORY**

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

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

### **OPERATIONS BUREAU**

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

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

Under state law, all ME 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 is a California Peace Officer Standards and Training (POST) `10. Many of the Investigators are certified by the American Board of Medicolegal Investigators (AMBDI).

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

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

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

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

### **ADMINISTRATIVE SERVICES BUREAU**

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

### **PUBLIC SERVICES DIVISION**

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



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

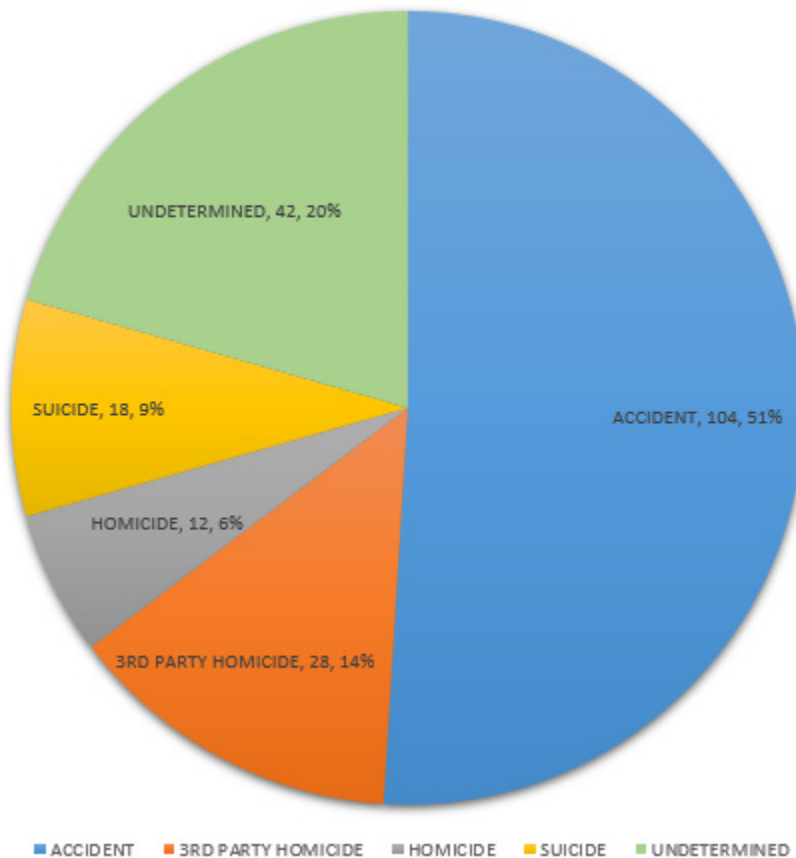
### **STATISTICAL SUMMARY**

In calendar year 2021, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect (ICAN) for tracking and follow-up was 244. In the calendar year 2022, the number referred to ICAN was 204, a decrease of 40 cases.

The Medical Examiner 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, other family member or a third party are referred to ICAN.



204 Reportable ICAN Cases



DEPARTMENT OF MEDICAL EXAMINER-CORONER SELECTED FINDINGS			
By Cause of Death	2021	2022	Difference
Abandoned newborn	0	0	0
Bathtub drowning	1	2	1
Falling television sets	0	0	0
Traffic Accident age less than or equal 5 years old	6	8	2
Swimming pool drowning, age less than 5 years old	8	4	-4



Figure 1

2022 DEATH STATISTICS Case Comparison by Mode of Death & Gender (Total ICAN cases: 204)					
By Mode of Death	2021 Total Cases	2021 % of Total	2022 Total Cases	2022 % of Total	Total Difference
Accident	137	56.15%	104	50.98%	-33
Homicide	39	15.98%	40	19.61%	1
Suicide	23	9.43%	18	8.82%	-5
Undetermined	45	18.44%	42	20.59%	-3
<b>TOTAL</b>	<b>244</b>	<b>100%</b>	<b>204</b>	<b>100%</b>	
By Gender	2021 Total Cases	2021 % of Total	2022 Total Cases	2022 % of Total	Total Difference
Female	85	34.84%	79	38.73%	-6
Male	157	64.34%	123	60.29%	-34
Undetermined	2	0.82%	2	0.98%	0
<b>TOTAL</b>	<b>244</b>	<b>100%</b>	<b>204</b>	<b>100%</b>	

Figure 2

2022 DEATH STATISTICS Case Comparison by Mode of Ethnicity & Age (Total ICAN Cases: 204)					
By Ethnicity	Total Cases	% of Total	By Age	Total Cases	% of Total
Asian	8	3.92%	Stillborn	20	9.80%
Black	45	22.06%	1 day – 30 days	9	4.41%
Caucasian	37	18.14%	1 – 5 months	34	16.67%
Middle Eastern	0	0%	6 months – 1 year	15	7.35%
Hispanic/Latin American	105	51.47%	1 year	6	2.94%
Unknown	9	4.41%	2	6	2.94%
<b>TOTAL</b>	<b>204</b>	<b>100%</b>	3	8	3.92%
			4	3	1.47%
			5	1	0.49%
			6	4	1.96%
			7	1	0.49%
			8	4	1.96%
			9	1	0.49%
			10	2	0.98%
			11	0	0%
			12	6	2.94%
			13	6	2.94%
			14	7	3.43%
			15	13	6.38%
			16	24	11.77%
			17	34	16.67%
			<b>TOTAL</b>	<b>204</b>	<b>100%</b>



Figure 3

**2022 MODE OF DEATH: ACCIDENTS  
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 104)**

Accidents by Gender	Total Cases	% of Total	Accidents by Age	Total Cases	% of Total
Female	48	46.15%	Stillborn	16	15.38%
Male	55	52.88%	1 day – 30 days	3	2.89%
Unknown	1	0.97%	1 month – 5 months	6	5.77%
<b>TOTAL</b>	<b>104</b>	<b>100%</b>	6 months – 1 year	7	6.73%
			1 years	3	2.89%
			2 years	6	5.77%
			3 years	8	7.69%
			4 years	3	2.89%
			5 years	0	0%
			6 years	2	1.92%
			7 years	1	0.96%
			8 years	3	2.89%
			9 years	1	0.96%
			10 years	0	0%
			11 years	0	0%
			12 years	2	1.92%
			13 years	2	1.92%
			14 years	6	5.77%
			15 YEARS	7	6.73%
			16 YEARS	10	9.62%
			17 YEARS	18	17.30%
			<b>TOTAL</b>	<b>104</b>	<b>100%</b>

Accidents by Ethnicity	Total Cases	% of Total
Unknown	2	1.92%
American Indian	3	2.89%
Asian	15	14.42%
Black	26	25.00%
Caucasian	0	0%
Hispanic/Latin American	53	50.96%
(Blank)	5	4.81%
<b>TOTAL</b>	<b>104</b>	<b>100%</b>

Figure 4

**2021 MODE OF DEATH: ACCIDENTS  
by Cause of Death (Total ICAN Cases: 104)**

Accidents By Cause of Death	Total Cases	% of Total
Asphyxia	10	9.62%
Drowning	8	7.69%
Fentanyl Toxicity	10	9.62%
Gunshot Wound	1	0.96%
Intrauterine Fetal Demise	15	14.42%
Blunt Trauma	41	39.42%
Unspecified Drug-Accident	0	0%
Other	19	18.27%
<b>TOTAL</b>	<b>104</b>	<b>100%</b>



**Figure 5**  
**2022 MODE OF DEATH: HOMICIDE**  
**BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 40)**

Homicides by Gender	Total Cases	% of Total	Homicides by Age	Total Cases	% of Total
Female	6	15%	1 month – 5 months	2	5.00%
Male	36	85%	6 months – 1 year	3	7.50%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>	1 years	2	5.00%
			5 years	1	2.50%
			6 years	2	5.00%
			8 years	1	2.50%
			10 years	2	5.00%
			12 years	2	5.00%
			14 years	1	2.50%
			15 years	3	7.50%
			16 years	8	20.00%
			17 years	13	32.50%
			<b>TOTAL</b>	<b>40</b>	<b>100%</b>

Homicides by Ethnicity	Total Cases	% of Total
Black	13	32.50%
Caucasian	1	2.50%
Hispanic/Latin American	26	65.00%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>

**Figure 6**  
**2022 MODE OF DEATH: HOMICIDE**  
**BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 40)**

Homicides By Cause of Death	Total Cases	% of Total
ASSAULT BY BLUNT OBJECT	4	10.00%
ASSAULT BY ASPHYXIATION	5	12.50%
ASSAULT BY SHARP OBJECT	2	5.00%
ASSAULT BY UNSPECIFIED MEANS	5	12.50%
GUNSHOT WOUND	24	60.00%
<b>TOTAL</b>	<b>40</b>	<b>100%</b>



Figure 7

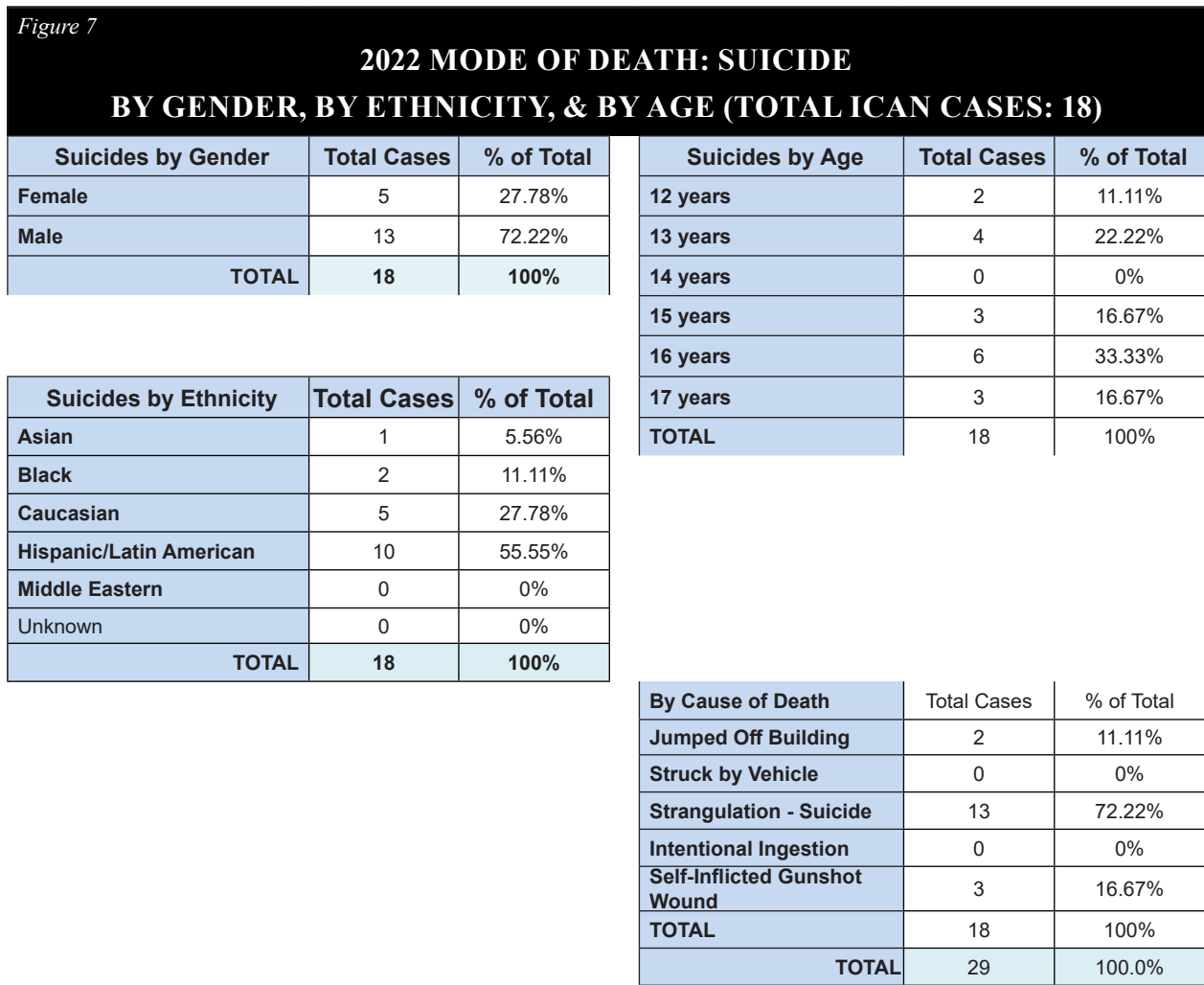
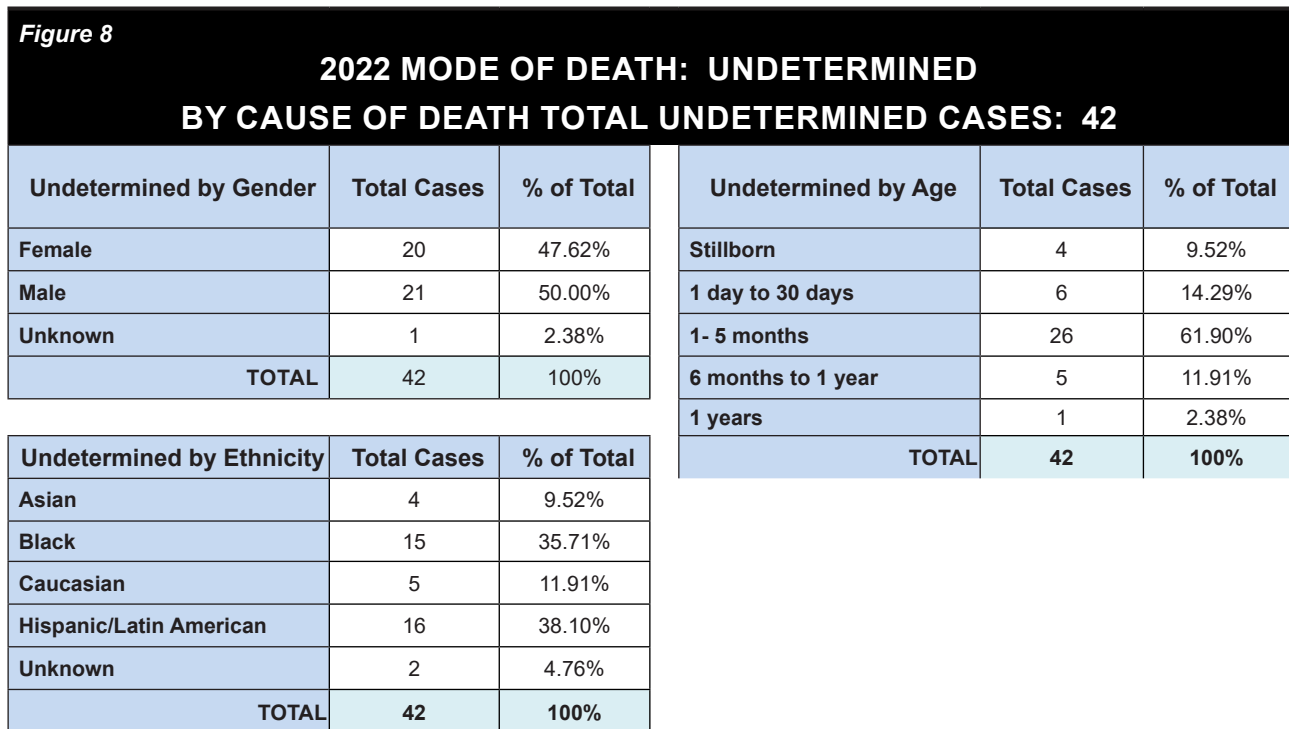


Figure 8







**Figure 9**

**MODE OF DEATH: UNDETERMINED  
BY CAUSE OF DEATH (TOTAL CASES 42)**

Undetermined By Cause of Death	Total Cases	% of Total
Sudden Infant Death (SIDS)	36	85.71%
Other	2	4.76%
Unknown	4	9.53%
<b>TOTAL</b>	<b>42</b>	<b>100%</b>

**GLOSSARY OF TERMS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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





# SHERIFF'S DEPARTMENT

## ***SPECIAL VICTIMS BUREAU OVERVIEW***

The Special Victims Bureau (SVB) operates as one of the seven highly specialized bureaus within the LASD's Detective Division, tasked with investigating allegations of physical and sexual abuse involving children under the age of 18 within the LASD jurisdiction. On September 1, 2012, SVB also took on the investigative duties for all adult felony sexual assaults. Moreover, on June 2, 2019, the LASD's Human Trafficking Task Force (HTTF), which included the Sexual Assault Felony Enforcement (SAFE) Team Program, merged with SVB. This collaboration broadened the scope of SVB's investigations to include reports of sex and labor trafficking, with a primary focus on minors. The SAFE Team's responsibilities extend to assisting LASD patrol stations with sex offender registration compliance, overseeing the registration program, and investigating cases of child abuse and exploitation involving prior sex registrants. Additionally, the SAFE Team handles cases related to child pornography production, internet-based sexual exploitation, sextortion, and online enticement of minors for sexual purposes.

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

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

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

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

SVB detectives and sergeants provide in-service training in child abuse laws and child abuse investigations to Department personnel and occasionally to police officers at other law enforcement agencies. Similar



training is also offered to social service providers, foster family agencies, schools, parents, and civic groups. In addition, there has been cross-training between DCFS and the Sheriff's Department, which includes the training of new social workers. This collaborative effort has created transparency and has forged a strong partnership between the two departments to continue providing quality service to the people of Los Angeles County.

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

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

- Shaken Baby Syndrome.
- The victim was taken to hospital with serious injuries from physical or sexual abuse.
- Significant felony related to SVB crimes.
- A crime scene with possible evidence collection.
- The suspect is arrested and may bond out prior to the next business day.
- Significant workable information is available to apprehend a dangerous suspect related to SVB crimes.
- The station commander makes a specific request.
- Serious domestic violence with child victimization is suspected.
- Incidents of Commercial Sexual Exploitation of Children (CSEC).
- Any significant Human Trafficking incident.

In 2022, SVB which now included HTTF and the SAFE Team, had 84 budgeted detectives, 10 sergeants, six lieutenants, and one captain. SVB was comprised of six investigative regional teams. Each team was assigned one sergeant to oversee

the detectives on the respective teams. There were two field lieutenants, who each supervised three regional teams. HTTF was comprised of two investigative teams. Each team was assigned one sergeant and one lieutenant to oversee the detectives on the respective teams. The SAFE Team was comprised of one investigative team. The team was assigned one sergeant and one lieutenant to oversee the detectives on the team. The Bureau had one operations lieutenant and one captain who oversaw all the entities within SVB.

### **HUMAN TRAFFICKING TASK FORCE AND SAFE TEAM OVERVIEW**

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

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

The SAFE Teams Program mission, pursuant to California Penal Code (PC) 13887-13887.5, shall be to reduce violent sexual assault offenses in the County through proactive surveillance and arrest of habitual sexual offenders and strict enforcement of registration requirements for sex offenders pursuant to PC section 290.

### **CHILD ABUSE INVESTIGATION PROCEDURES FOR LAW ENFORCEMENT**

A First Responder, when a law enforcement agency receives a report of a child abuse incident, has a duty and responsibility to protect the child from further abuse and to investigate the incident as quickly, thoroughly, and completely as possible.

Law enforcement agencies receive reports of child abuse or suspected child abuse directly from either a concerned person, a mandated reporter, or by DCFS. When a report of child abuse is received by a law enforcement agency from someone other than DCFS, that agency cross-reports the information to DCFS immediately. DCFS sends its Suspected Child Abuse Report (SCAR) electronically to the

law enforcement agency that has jurisdiction over the incident. Even though many of these suspected child abuse incidents may not rise to the level for a criminal report to be written, each reported incident shall always be thoroughly investigated.

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

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

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

The electronic SCAR (E-SCAR) system was implemented on April 13, 2009, at all Sheriff's stations. This new E-SCAR system is a refinement of the old SCAR system, which was first operational in September 2003. The new system has revolutionized the methodology of cross-reporting between the Sheriff's Department and DCFS, has improved patrol response times to these calls, and has mitigated potentially further abuse or neglect of children.

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

In 2022, the Sheriff's Department received approximately 14359 E-SCARs from DCFS.

From 2021 to 2022, the Sheriff's Department saw an increase of 928 E-SCARs received from DCFS and an increase of 692 SVB-related criminal reports.

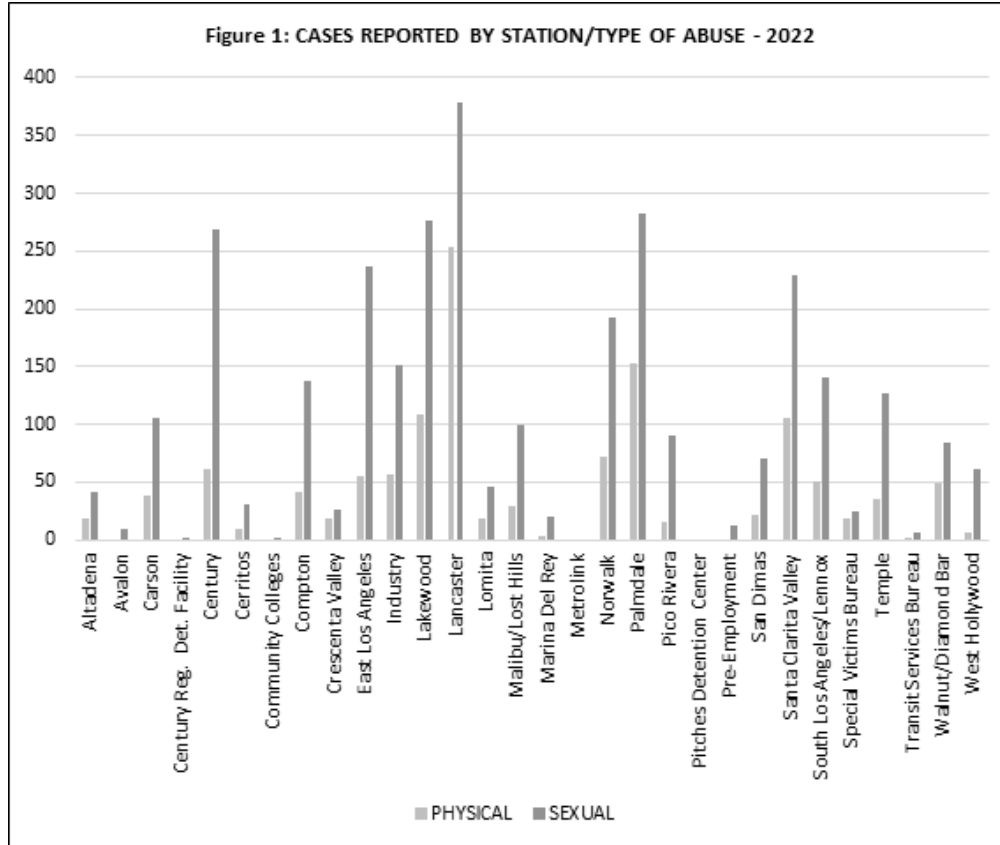


The data contained in the following tables and figures was obtained from LASD's Child Abuse Referral Entry System (CARES).

**Table 1**

**CASES REPORTED BY STATION AND TYPE OF ABUSE 2022**

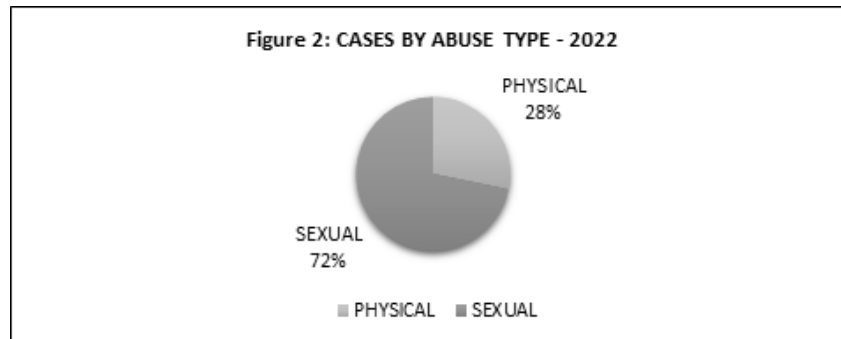
STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	18	41	59
Avalon	0	9	9
Carson	38	106	144
Century Reg. Det. Facility	0	1	1
Century	62	268	330
Cerritos	9	31	40
Community Colleges	0	1	1
Compton	42	138	180
Crescenta Valley	18	26	44
East Los Angeles	55	237	292
Industry	56	152	208
Lakewood	109	276	385
Lancaster	254	379	633
Lomita	18	46	64
Malibu/Lost Hills	29	99	128
Marina Del Rey	3	20	23
Metrolink	0	0	0
Norwalk	72	193	265
Palmdale	153	283	436
Pico Rivera	16	91	107
Pitches Detention Center	0	0	0
Pre-Employment	0	12	12
San Dimas	21	70	91
Santa Clarita Valley	106	229	335
South Los Angeles/ Lennox	51	141	192
Special Victims Bureau	19	24	43
Temple	35	127	162
Transit Services Bureau	1	7	8
Walnut/Diamond Bar	49	84	133
West Hollywood	7	61	68
<b>TOTAL</b>	<b>1241</b>	<b>3152</b>	<b>4393</b>



**Table 2**

**CASES BY ABUSE TYPE 2022**

PHYSICAL	SEXUAL	TOTAL
1241	3152	4393





**Table 3**  
**COMPARISON OF PHYSICAL/SEXUAL CASES REPORTED**  
**BETWEEN 2018-2022**

STATION	2018	2019	2020	2021	2022
Altadena	72	62	57	48	59
Avalon	8	16	12	11	9
Carson	151	127	110	88	144
Century Regional Detention Facility	0	0	0	0	1
Century	291	293	268	266	330
Cerritos	62	49	38	50	40
Community Colleges	5	7	1	2	1
Compton	190	201	219	155	180
County Services Bureau	0	0	0	0	0
Crescenta Valley	34	31	33	24	44
East Los Angeles	311	286	244	253	292
Industry	239	219	199	181	208
Lakewood	361	341	328	330	385
Lancaster	649	644	450	463	633
Lomita	53	41	54	43	64
Malibu/Lost Hills	121	109	90	121	128
Major Crimes	1	0	0	0	0
Marina Del Rey	23	27	23	24	23
Metrolink	0	0	0	1	0
Narcotics Bureau	0	0	0	0	0
North County Correctional Facility	0	0	0	0	0
Norwalk	317	283	223	226	265
Palmdale	398	434	376	442	436
Parks Bureau	0	0	0	0	0
Pico Rivera	120	123	103	106	107
Pitchess Detention Facility - North	0	1	0	0	0
Pre-Employment	1	8	2	1	12
San Dimas	91	107	71	79	91
Santa Clarita Valley	301	305	274	317	335
South Los Angeles/Lennox	162	135	129	110	192
Special Victims Bureau	48	32	28	16	43
Temple	173	186	148	165	162
Transit Services	6	12	5	7	8
Walnut/Diamond Bar	117	129	77	123	133
West Hollywood	72	50	35	49	68
<b>TOTAL</b>	<b>4377</b>	<b>4258</b>	<b>3597</b>	<b>3701</b>	<b>4393</b>





Table 4

**VICTIMS BY AGE AND TYPE OF ABUSE  
2022**

	PHYSICAL		SEXUAL	
Under 3	135	8.5%	27	0.8%
3 to 4	120	7.5%	98	2.8%
5 to 9	461	28.9%	296	8.3%
10 to 14	504	31.6%	998	28.0%
15 to 17	295	18.5%	981	27.5%
Over 18	82	5.1%	1162	32.6%
<b>TOTAL</b>	<b>1597</b>	<b>100.0%</b>	<b>3562</b>	<b>100.0%</b>

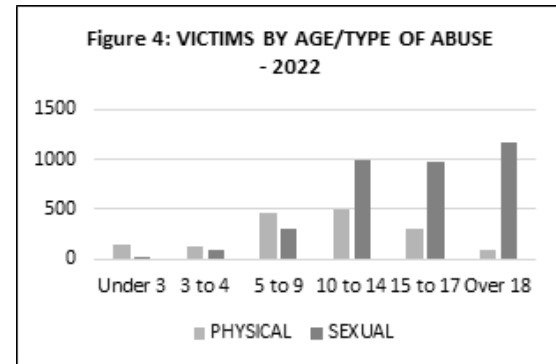


Table 5

**VICTIMS BY GENDER AND TYPE OF ABUSE  
2022**

	PHYSICAL		SEXUAL	
Female	803	50.3%	2948	82.8%
Male	779	48.8%	585	16.4%
Unknown	15	0.9%	29	0.8%
<b>Total</b>	<b>1597</b>	<b>100.0%</b>	<b>3562</b>	<b>100.0%</b>

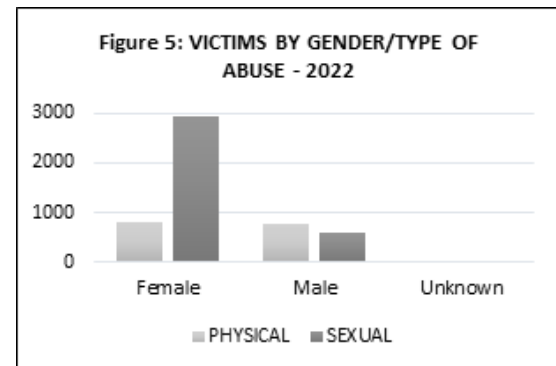
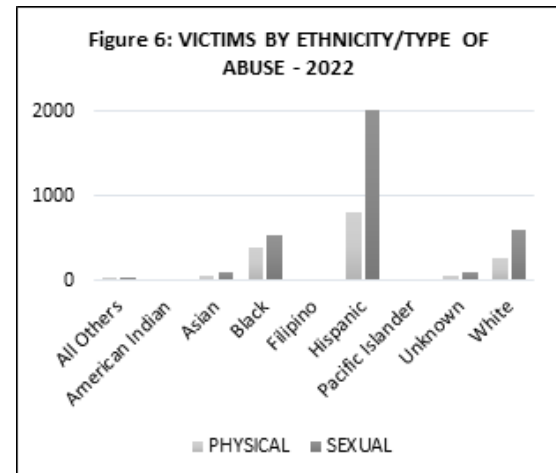


Table 6

**VICTIMS BY ETHNICITY AND TYPE OF ABUSE  
2022**

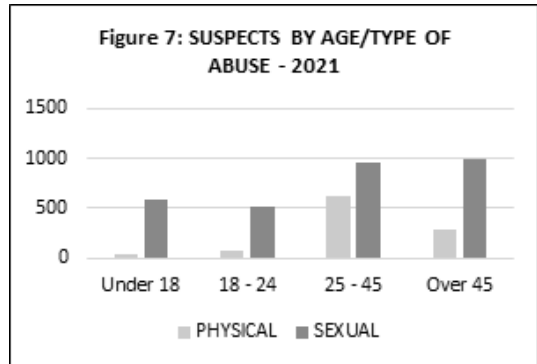
	PHYSICAL		SEXUAL	
All Others	28	1.8%	40	1.1%
American Indian	2	0.1%	6	0.2%
Asian	61	3.8%	92	2.6%
Black	390	24.4%	538	15.1%
Filipino	2	0.1%	2	0.1%
Hispanic	803	50.3%	2195	61.6%
Pacific Islander	1	0.1%	3	0.1%
Unknown	44	2.8%	94	2.6%
White	266	16.7%	592	16.6%
<b>TOTAL</b>	<b>1597</b>	<b>100.0%</b>	<b>3562</b>	<b>100.0%</b>





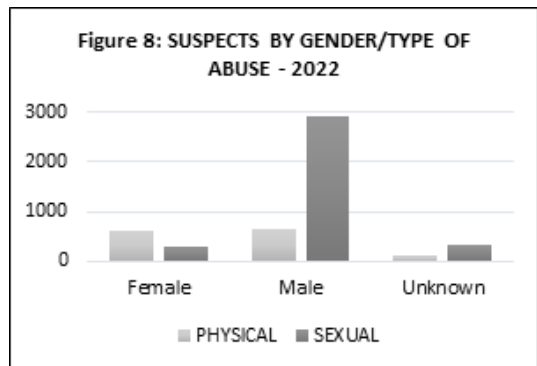
**Table 7**  
**SUSPECTS BY AGE AND TYPE OF ABUSE**  
**2022**

	PHYSICAL		SEXUAL	
Under 18	46	3.3%	697	19.7%
18 - 24	97	7.0%	531	15.0%
25 - 45	781	56.0%	1020	28.8%
Over 45	471	33.8%	1289	36.4%
<b>TOTAL</b>	<b>1395</b>	<b>100.0%</b>	<b>3537</b>	<b>100.0%</b>



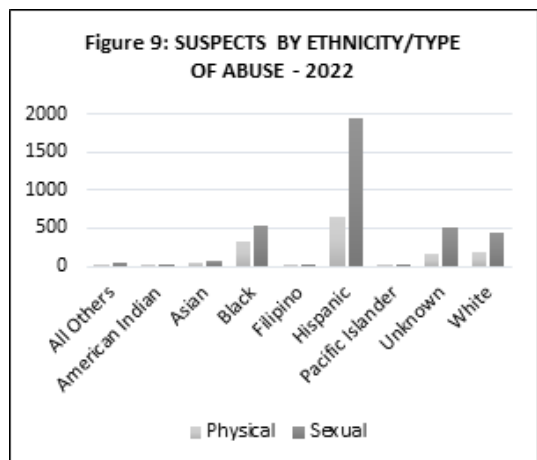
**Table 8**  
**SUSPECTS BY GENDER AND TYPE OF ABUSE**  
**2022**

	PHYSICAL		SEXUAL	
Female	610	43.7%	311	8.8%
Male	659	47.2%	2901	82.0%
Unknown	127	9.1%	326	9.2%
<b>TOTAL</b>	<b>1396</b>	<b>100.0%</b>	<b>3538</b>	<b>100.0%</b>



**Table 9**  
**SUSPECTS BY ETHNICITY AND TYPE OF ABUSE**  
**2022**

	PHYSICAL		SEXUAL	
All Others	27	1.9%	38	1.1%
American Indian	2	0.1%	3	0.1%
Asian	52	3.7%	73	2.1%
Black	313	22.4%	525	14.8%
Filipino	2	0.1%	3	0.1%
Hispanic	642	46.0%	1936	54.7%
Pacific Islander	2	0.1%	2	0.1%
Unknown	172	12.3%	519	14.7%
White	184	13.2%	439	12.4%
<b>TOTAL</b>	<b>1396</b>	<b>100.0%</b>	<b>3538</b>	<b>100.0%</b>





The data contained in the following tables were obtained from LASD's Human Trafficking Task Force (HTTF) and Sexual Assault Felony Enforcement (SAFE) Team Supervisors.

Table 10

**RESCUES - 2022**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>CSEC</b>	3	2	1	2	0	5	0	1	1	1	0	0	16
<b>Adult</b>	0	2	0	1	1	0	1	0	0	3	0	0	8
<b>TOTAL</b>	3	4	1	3	1	5	1	1	1	4	0	0	24

Table 11

**ARRESTS - 2022**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>Male Sex Buyers</b>	0	22	5	2	11	18	12	0	0	0	1	0	71
<b>Human Trafficking Related*</b>	1	5	2	4	2	0	4	2	3	2	4	5	34
<b>Internet Crimes Against Children</b>	2	3	5	7	8	4	4	6	12	4	4	1	60
<b>Arrested for Other Crimes</b>	1	1	1	1	0	0	1	0	1	1	1	2	10
<b>TOTAL</b>	4	31	13	14	21	22	21	8	16	7	10	8	175

Table 11A

**HUMAN TRAFFICKING RELATED ARRESTS\* - 2022**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>Female Adult Commercial Sex Workers</b>	0	3	1	1	1	0	0	1	2	1	1	2	13
<b>Pimps/Traffickers</b>	1	2	1	3	1	0	4	1	1	1	3	3	21
<b>TOTAL</b>	1	5	2	4	2	0	4	2	3	2	4	5	34



Table 12

**SEARCH WARRANTS - 2022**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>Search Warrants</b>	98	104	85	40	53	37	49	41	49	46	51	43	696

Table 13

**FEDERAL CASES FILED - 2022**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
<b>Federal Cases Filed</b>	0	0	0	0	0	0	0	0	0	0	0	0	0



**GLOSSARY OF LAW ENFORCEMENT TERMS RELATED TO CHILD ABUSE, ADULT FELONY SEXUAL ASSAULTS, AND HUMAN TRAFFICKING**

**Active Rescues** – When one directly inserts themselves into a situation to separate the exploiter and victim.

**Battery** – Any willful and unlawful use of force or violence upon the person of another.

**Child Abuse** – Any physical injury inflicted on a child by another person, sexual abuse, or emotional abuse.

**Child Physical Abuse** – Any bodily injury inflicted by other than accidental means on a child, including willful cruelty, unjustifiable punishment, or corporal punishment.

**Child Sexual Abuse** – The victimization of a child by sexual activities, including molestation, indecent exposure, fondling, rape, and incest.

**Commercial Sex** – Any sex act on account of which anything of value is given to or received by any person.

**Commercial Sexual Exploitation of Children (CSEC)** – Refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value given or received by any person.

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

**Forced Labor** – It is when individuals are compelled to provide work or service using force, fraud, or coercion.

**Incident Reports** – These reports are used to report crimes, arrests, or non-criminal activities (also known as original or first reports).

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

**Minor** – A person under the age of 18.

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

**Passive Rescues** – When one surreptitiously contacts the victim(s) and encourages them to escape, providing

them with information, and other valuable resources.

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

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

**Pimp** – A person who controls prostitutes and arranges clients for them, taking part of their earnings in return.

**Prostitute** – A person who engages in sexual activity for payment.

**Protective Custody** – Any peace officer may, without a warrant, take into temporary custody a minor, when the officer has reasonable cause to believe the safety and welfare of a child are at stake.

**Rape** – The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.

**Sextortion** – A crime that occurs when someone threatens to distribute your private and sensitive material if you do not provide them with images of a sexual nature, sexual favors, or money.

**Sexual Abuse (Misdemeanor)** – An act wherein the punishment is incarceration in a county jail.

**Sexual Abuse (Felony)** – Any lewd or lascivious act wherein the punishment includes the possibility of incarceration in a state prison.

**Sexual Battery** – The touching of an intimate part (sexual organ, anus, groin, or buttocks of any person, and the breast of a female) of another person and the touching is against the will of the person touched, and the touching is for the purpose of sexual arousal, sexual gratification, or sexual abuse.

**Shaken Baby Syndrome** – A form of child abuse that causes severe brain damage.

**Statutory Laws** – In California, the age of consent for lawful sexual relationships is 18 years old.

**Traffickers (Human)** – A person who buys or sells people or makes money from the work people are forced to do, such as sex and/or forced labor.





# DISTRICT ATTORNEY'S OFFICE

## *INTRODUCTION*

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

Every year in Los Angeles County, thousands of children are reported to law enforcement and child protective service agencies as victims of abuse and neglect. Dedicated professionals investigate allegations of sexual abuse, physical abuse, and severe neglect involving our most vulnerable population: our children. All too often, the perpetrators of these offenses are those in whom children place the greatest trust – parents, grandparents, foster parents, guardians, teachers, clergy members, coaches, and trusted family friends. The child victim is a primary concern of the District Attorney's Office throughout the prosecution process. Skilled prosecutors are assigned to handle these cases, and victim/witness advocates are readily available to assist the children. District Attorney personnel have the best interests of the child victim/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/witness. Additionally, there are trained investigators from the District Attorney's Bureau of Investigation and skilled Victim Services Representatives from the Bureau of Victim Services who work with the prosecutors to ensure justice for the youngest victims of crime.

The District Attorney's Office prosecutes all felony crimes and all juvenile delinquency offenses committed in Los Angeles County, as well as 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 1,865 permanent employees and 23 temporary employees in 2022. Of the permanent employees, 812 are full-time attorneys and 9 are part-time attorneys. In 2022, the District Attorney's Office reviewed 67,145 felony cases; 35,002 were filed and 32,143 were declined for filing. The District Attorney's Office reviewed 78,747 misdemeanor



cases; 36,530 were filed and 42,217 were declined for filing.

### THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

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

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

the language employed in the formal oath and thus provides that a child under the age of 10 may be required only to promise to tell the truth (Evidence Code (EC) §710). The pre-filing interview affords the DDA an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie, to know that there are consequences for telling a lie while in court, and to recall the incident accurately.

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

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

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

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





2. There is legally sufficient, admissible evidence of the basic elements of the crime to be charged;
3. There is legally sufficient, admissible evidence of the accused's identity as the perpetrator of the crime charged; and
4. The prosecutor has considered the probability of conviction by an objective fact-finder and has determined that the admissible evidence is of such convincing force that it would warrant conviction of the crime charged by a reasonable and objective fact-finder after hearing all the evidence available to the prosecutor at the time of charging and after considering the most plausible, reasonably foreseeable defense inherent in the prosecution evidence.

If a case does not meet the above criteria, the DDA will decline to prosecute the case and write the reasons for the declination on a designated form. The reasons can include, but are not limited to:

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

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

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

- Allow for reasonable breaks and relief from examination during which the child witness may leave the courtroom (Penal Code (PC) §868.8(a));
- Remove its robe if it is believed that such formal attire may intimidate the child (PC §868.8(b));
- Relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness (PC §868.8(c));

or

- Provide for testimony to be taken during the hours that the child would normally be attending school (PC §868.8(d)).

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

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

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

### **SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM**

DDAs who are assigned the challenge of prosecuting cases in which children are victimized receive special training throughout their assignment to enhance their ability to effectively prosecute these cases. These DDAs work very closely with Victim Services Representatives from the Bureau of Victim Services and other agencies to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the



criminal justice system.

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

### **SPECIAL DIVISIONS AND PROGRAMS**

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

### **TRUANCY PROGRAM**

The Truancy Program is a District Attorney's Office crime prevention/intervention program run by the Complex Litigation Unit (CLU). This program is designed to assist families and students comply with compulsory education laws by focusing on parental responsibility and accountability. The program works with the parents and guardians of elementary and middle school-aged children who are habitually truant and those who are in danger of becoming chronically truant. By addressing the problem early, during a stage of development when parents have greater control over the behavior of their children, the chances of students developing good attendance habits are increased. Likewise, the likelihood of truancy problems emerging in middle and high school years, a leading precursor to juvenile delinquency and later adult criminality, is decreased. Losing days of learning in elementary school years can cause children to fall behind in their education. It is often difficult for these truant students to catch up and compete academically with their peers. When successes for a student are few at school, attendance predictably drops, and the cycle of truancy becomes entrenched. This, in turn, drastically increases a student's likelihood of dropping out of high school.

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

The truancy program is now in partnership with approximately 315 schools in Los Angeles County. The truancy program personally contacted the parents of 4,017 students to intervene in the cycle of truancy in 2022. Office statistics showed a reduction of unexcused absences in program participants by eight days on average for the 2021-2022 academic year. Students who are in the truancy program have a greatly reduced chance of becoming a juvenile delinquent.

Truancy program personnel serve on School Attendance Review Boards. In 2022, truancy program personnel attended 184 School Attendance Review Board meetings. The program also conducts truancy information meetings for parents and students at the high school level and for parents of kindergarten students.

### **TRUANCY MEDIATION PROGRAM**

Truancy mediation is an interim statutorily authorized step to avoid prosecution when parents or students older than 13 fail to adhere to the law through repeated unexcused absences, following strong intervention at the school site level. This program is run by the CLU.

The goal of mediation is to prevent further truancy and to restore the student to improved school attendance. At the end of the mediation, parents will sign a contract with CLU where they agree to specific terms that will address their student's unique barriers of school attendance and if needed, participate in diversion programs.

The Truancy Mediation Program received 124 referrals for mediation in 2022.



## CHILD ABDUCTION SECTION

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

California civil law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction. The Child Abduction Section employs several District Attorney Investigators (DAIs) to recover children wrongfully taken and return them to their custodial parent(s). In addition, the Child Abduction Section handles all cases arising under the Hague Convention on the Civil Aspects of International Child Abduction. There are now 83 signatory countries and territories with respect to the Hague Convention on the Civil Aspects of International Child Abduction.

Services available to the public are explained on the District Attorney's Office's website ([da.lacounty.gov](http://da.lacounty.gov)). The questionnaire that must be completed to obtain Family Code services may be downloaded and filled out in the privacy of the home and then brought to our downtown office located at the Hall of Justice, 211 W. Temple Street, Suite 300, Los Angeles, CA 90012.

In 2022, the Child Abduction Section filed 41 new criminal cases. As of the end of 2022, there were 27 pending cases. In 2022, Child Abduction Section LADA Investigators initiated 84 new cases under the Family Code and closed 75 cases. In 2022, the Child Abduction Section LADA Investigators successfully recovered 51 children. In addition, the Child Abduction Section assisted with 13 cases litigated under the terms of the Hague Convention, resulting in the recovery of 21 children.

The Child Abduction Section continues to conduct

numerous training sessions with the Los Angeles Police Department, the Los Angeles Sheriff's Department, other law enforcement agencies, the Family Law Court, the California District Attorneys Association, and other interested organizations. This training is critical because we are still finding agencies, or members of these agencies, operating under a misconception that a parent cannot be criminally prosecuted for abducting their own child. The training is designed to provide the necessary information to first responders and investigating officers in order to quickly get relevant information into local and national recovery systems, and to properly investigate and file these serious felony cases with the Child Abduction Section.

## FAMILY VIOLENCE DIVISION

The Family Violence Division (FVD) was established in July 1994. In 2022, the FVD was responsible for the vertical prosecution of felony domestic violence as well as child physical abuse and endangerment cases in the Central Judicial District. At times, FVD deputies travelled to different courthouses within Los Angeles County to vertically prosecute intimate partner and child homicide cases. Allocating special resources to abate serious spousal abuse in Los Angeles County was prompted by the 1993 Department of Justice report which found that one-third of the domestic violence calls in the State of California came from Los Angeles County. Children living in homes where domestic violence occurs are often subjected to physical abuse as well as the inherent emotional trauma that results from an environment of violence in the home. FVD's staff includes Deputy District Attorneys, District Attorney Investigators, paralegals, Victim Services Representatives, witness assistants, and clerical support staff. All of the staff are specially trained to deal sensitively with family violence victims. The goal is to make certain that the victims are protected and that their abusers are held justly accountable in a court of law for the crimes they commit.

FVD specializes in prosecuting intimate partner and child homicides and attempted homicides, child abuse, and intimate partner sex cases. It also handles cases involving serious and recidivist family violence offenders who commit crimes such as intimate partner corporal injury, criminal threats, stalking, etc. FVD's staff is actively involved in legislative advocacy and many inter-agency prevention, intervention, and educational efforts throughout the county. Consistent with its mission,



FVD brings a commitment to appreciating the seriousness of the cases and respecting the victims in the prosecution of family violence cases. This is needed for the criminal justice system to do its part in stopping the cycle of violence bred from domestic violence and child abuse.

A significant portion of the work done by FVD staff involves the prosecution of felony child physical abuse/ endangerment cases. The harm to children ranges from injuries such as bruises, scarring, burns, broken bones, and brain damage to death. In many instances, the abuse is long-term; however, there are instances, wherein a single incident of abuse results in a felony filing. At the conclusion of 2022, FVD was in the process of prosecuting 21 murder cases involving child victims. When a murder charge under PC §187 is filed involving a child victim under the age of eight and the death is due to abuse of the child, a second charge of assault resulting in death of a child under eight, a violation of PC §273ab, is also filed in most instances. It can be extremely difficult to convict a parent of murdering their child because jurors must find that the parent acted with malice and intended to kill their child. In cases alleging abuse of a child under eight leading to death, the jury need not find that the parent intended to kill the child. It is sufficient for the jury to find that the parent intended or permitted the abuse that led to the death of the child in order to convict. The punishment for violating PC §273ab is a sentence of 25 years to life in state prison – the same punishment as a conviction of first-degree murder.

In child abuse or homicide cases where one parent, guardian, or caregiver abuses or kills a child, the law provides that the passive parent, guardian, or caregiver may also be held criminally liable. The passive parent is one who has a duty of care for the child, knows he or she has that duty of care, and intentionally fails to perform that duty of care. In 2008, the appellate court upheld the verdict in a case filed by FVD against the passive parent, solidifying case law in support of such charges (*People v. Rolon* (2008) 160 Cal. App.4th 1206). The premise used in *Rolon* continues to be used by FVD prosecutors today. In 2017, the mother of a two-year-old child was charged with second-degree murder after she left the child in the care of her abusive boyfriend. When she came home and discovered the badly injured child, she initially failed to take the child to the hospital, and when she finally did, she tried to hide the abuse, by applying make-up to his injuries. She was convicted of second-degree murder for her

failure to act to help her child.

Additionally, FVD attorneys prosecute intimate partner homicide cases where children have observed one parent killing another. Forensic interviewers are utilized to determine what a child witness saw. When children must testify, FVD attorneys ensure that support persons are present in the courtroom. In addition, the District Attorney's Office now has two facility dogs who are able to attend court proceedings with victims to provide emotional support while testifying. These services are available to the child witness before and after court proceedings to help deal with the trauma associated with witnessing the crime and appearing in court to testify against the parent accused of committing the crime. During and at the conclusion of court proceedings, Victim Services Representatives provide the child witness and guardians with referrals for counseling, relocation, and victims of crime financial assistance.

FVD deputies also collaborate with multidisciplinary teams to improve the understanding of child abuse and endangerment cases and child homicide cases. FVD deputies are active members of numerous Inter-Agency Council on Child Abuse and Neglect (ICAN) Committees. The FVD Head Deputy co-chairs the monthly Death Review meetings.

Additionally, the District Attorney's Office coordinates monthly meetings of the Domestic Violence Death Review Team, which often explore cases where children are victims or witnesses in intimate partner homicide cases. The FVD Head Deputy also co-chairs these monthly Death Review meetings.

The District Attorney's Office is also instrumental in proposing and reviewing new legislation. As part of the 2021-22 Legislative Session, the District Attorney's Office sponsored AB 1281. AB 1281 amended Penal Code sections 1203.4, 1203.4a, 1203.4b, and 1203.425, commonly known as the "expungement" sections, to specify that a case dismissal under these sections will not result in the dismissal of any unexpired 10-year protective order issued in cases such as domestic violence, elder abuse, and stalking. AB 1281 was signed into law in September of 2021. In 2017, the District Attorney's Office proposed legislation to amend PC §1202.4(f) (3)(F) to add PC §§ 288.5 and 288.7 to the list of crimes that allow child sexual assault victims to collect restitution for non-economic losses.

The District Attorney's Office also drafted legislation



regarding the issuance of domestic violence protective orders to close a loophole in the law and help ensure protection for children. Before the legislative amendment in 2014, existing law allowed criminal courts to issue protective orders for up to 10 years in domestic violence cases to protect the named victim in the case but failed to take into account the children who were present during the incident. The amendment expanded the judge's authority to issue protective orders that included children who were present during the domestic violence.

The majority of a FVD deputy's duties involves the vertical prosecution of criminal cases. In the course of their work, FVD deputies utilize a number of tools available to them including the Family and Children's Index (FCI) to determine what, if any, contacts the child victim or his or her family has had with other Los Angeles County agencies. FCI is a pointer system developed with ICAN and other county partners to ensure that critical information may be shared as deemed appropriate by each respective agency with other agencies to ensure child safety.

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

DDAs who handle crimes with children as victims or witnesses also access the Electronic Suspected Child Abuse Report System (ESCARS).

#### ESCARS Unit

In 2015, the District Attorney's Office committed to the importance of the Electronic Suspected Child Abuse Report System (ESCARS) with the creation of the ESCARS Unit. The ESCARS Unit is a specialized unit within the Family Violence Division; consisting of four paralegals and a Deputy-in-Charge. With this expansion, the District Attorney's Office was better able to universally audit ESCARS compliance by law enforcement, DDAs, and the Department of Children and Family Services (DCFS). The creation of the

ESCARS Unit enabled the District Attorney's Office to increase by 30 percent, its capacity to review/audit Suspected Child Abuse Reports (SCARs).

The Unit is responsible for training law enforcement and DDAs on the system throughout Los Angeles County. In 2022, there were 47,168 SCARs uploaded to ESCARS; 12,566 were law enforcement generated. The total number of SCARs generated in 2022, was slightly higher than the previous two years, but still lower than the years prior to the Covid-19 Pandemic. The District Attorney's Office audits the use of the system to ensure that this innovative tool is being used effectively and in a timely manner by law enforcement agencies and prosecutors. The formation of the unit not only facilitated the expansion of the auditing process, but also enabled the District Attorney's Office to recognize where data-sharing could be further improved.

In a continuing effort to shape ESCARS into an integrated investigative tool, 2022 brought the launch of the Investigative Alert to the system. The concept and design of the Investigative Alert was a collaborative effort between law enforcement, DCFS and the District Attorney's Office. This enhancement warns other law enforcement agencies of an investigation initiated by the alert-setting agency, should the suspect cross jurisdictional lines within Los Angeles County. The alert also cautions other law enforcement agencies of an ongoing investigation and assists with fostering lines of communication between agencies.

ESCARS is a collaborative database and an electronic system available to all law enforcement agencies in Los Angeles County, DCFS social workers, DDAs, as well as city prosecutors.

#### COMPLEX CHILD ABUSE SECTION

In September 2016, the Complex Child Abuse Section (CCAS) of the Family Violence Division was created to enable prosecutors to better protect children who are at risk, prosecute those who abuse them, and safeguard the integrity of the convictions obtained. The section was the natural outgrowth of increased recognition that abusive head trauma cases and cases involving severe abuse and neglect causing death, pose many challenges. In these cases, the cause of death or catastrophic injuries are extraordinarily complicated. Such challenges require prosecutors to handle an array of medical and legal issues and adeptly respond to the mounting defense



attacks in court.

CCAS handles all cases involving suspected abusive head trauma - whether the victim survives or dies from the injuries. The section also handles any death of a child under the age of eight involving medically complex causes of death, or time of death issues.

CCAS prosecutors receive specialized training in abusive head trauma and child abuse homicides. They utilize a multidisciplinary team approach, working closely with detectives, child abuse pediatricians, and social workers from the beginning of an investigation to the end of a criminal proceeding. The potential for maximizing positive outcomes in these cases is greatly enhanced when team members share facts of the case and medical findings to address and resolve any issues in real time in a confidential setting.

Since its formation, CCAS has fielded hundreds of calls for assistance from law enforcement and child abuse pediatricians on new cases in the initial stages of an investigation. The section also reviews, files, declines, resolves, and takes complex child abuses cases to jury trial. CCAS prosecutors have provided training on child physical abuse, abusive head trauma, and child homicides to law enforcement and prosecutors locally, nationally, and internationally. They have also collaborated in presentations with child abuse pediatricians, law enforcement, and social workers at various child abuse conferences. They regularly attend, present cases, and contribute valuable insight at ICAN Child Death Review Team meetings and Suspected Child Abuse and Neglect team meetings at hospitals throughout the county.

**SEX CRIMES DIVISION**

The Sex Crimes Division is comprised of four separate sections: the Sex Crimes Section, the Sexually Violent Predator Unit, Stuart House, and the Human Sex Trafficking Section.

**Sex Crimes Section**

DDAs assigned to the Sex Crimes Section vertically prosecute all felony sexual assaults that occur in the Central Judicial District. DDAs handle cases involving both child and adult victims and work closely with victim advocates from our Bureau of Victim Services who are specially trained to work with sexual assault victims.

In cases alleging sexual abuse of a child, forensic interviews are often conducted and videotaped. The DDA and investigating officer watch the interview through a one-way window and are able to monitor the interview and provide input to the forensic interviewer. This method reduces both the number of people present in the interview as well as the number of times the minor victim has to be interviewed. In cases where a forensic interview is not conducted, the assigned DDA will interview the victim prior to a filing decision being made. This interview is important to both build rapport with the child as well as establish the number and types of charges that will be filed.

Since many cases of child sexual abuse are committed by individuals in the child's home, DCFS and Dependency Court are often involved with a child who is a named victim in a criminal prosecution. The DDA vertically prosecuting the criminal case obtains relevant DCFS records and often keeps the social worker apprised of the status of the criminal proceedings.

The DDA assigned to the case is responsible for making the filing decision and makes all court appearances, from arraignment through jury trial. Contact between the DDA and the victim is maintained throughout the proceedings and any potential settlement of the case is discussed with the victim's parent or guardian and the victim herself or himself, depending upon age. At the time of sentencing, the victim and/or the victim's parents or guardian are entitled by law to address the court regarding the impact the defendant's crimes have had on the child.

**Sexually Violent Predator Unit**

The Sexually Violent Predator (SVP) Unit handles cases in which the District Attorney's Office seeks a civil commitment to a mental hospital for individuals who have been convicted of a delineated sexually violent crime against an adult or child victim, and who also have a current diagnosed mental disorder that makes it likely that they will engage in sexually violent predatory behavior if they are released into the community.

A true finding by a jury under SVP law results in the offender receiving an indeterminate commitment to a state hospital where he or she will be given the opportunity to participate in a mental health program



designed to confront and treat the disorder. The offender is evaluated annually for release into the community. If it is determined that the offender presents a continued threat to the community, the SVP commitment will continue.

### Stuart House

Stuart House is a state-of-the-art multidisciplinary center located on the UCLA Santa Monica Medical Center Campus. Its staff includes a Deputy-in-Charge and four DDAs as well as law enforcement officers, certified social workers, child advocates, therapists, and forensic interviewers. Stuart House handles cases involving sexual assaults committed on children under the age of 18. Each case is vertically prosecuted by the assigned DDA. Sexual assault examinations are performed at the neighboring Santa Monica Rape Treatment Center. The Stuart House model significantly reduces trauma to the child by utilizing forensic interviewing and a team approach for investigation and prosecution of the case and wrap around services for the victim, including counseling on the premises. Additional facility features include a mock courtroom, where child victims can attend "court school" before they testify in criminal proceedings, and special rooms for group, play and art therapy. The presence of all team members at one location provides enhanced communication and coordination to ensure less trauma to these very young victims.

#### Human Sex Trafficking Section

Any person who actually or attempts to cause, induce or persuade a minor to engage in a commercial sex act is guilty of human sex trafficking of a minor. The commercial sexual exploitation of children is a multi-billion-dollar-a-year criminal enterprise. These children are recruited from all over Los Angeles County, the State, and the country, especially from bus and train stations, schools, group homes, and through social media. Many are runaways and have gone through the dependency system.

The District Attorney's Office remains committed to a comprehensive approach to combating human sex trafficking. This includes not only prosecuting the trafficker to the fullest extent of the law, but also holding those accountable who purchase sex from children. To address the prevalence of human sex trafficking in Los Angeles County, the District Attorney's Office created the Human Trafficking Unit in 2014, which was expanded after further funding was secured in October 2016 and renamed the Human Sex Trafficking Section (HSTS). The

HSTS consists of a Deputy-in-Charge and three trial deputies who are all specially trained in prosecuting sex trafficking cases. To further target and prevent human sex trafficking, a DAI serves on the Los Angeles Regional Human Trafficking Task Force that investigates human trafficking cases and seeks to rescue and recover victims of exploitation and trafficking. (Human labor trafficking is prosecuted by the Organized Crime Division of the District Attorney's Office.) The District Attorney's Office also has dedicated victim-witness assistance advocates who have specialized training to support human trafficking victims.

All human sex trafficking cases are vertically prosecuted. This allows for the most effective and efficient prosecution while minimizing further trauma to victims. Vertical prosecution allows a specially-trained and experienced prosecutor to handle all aspects of a case from filing to sentencing. This is a best practice approach followed by the District Attorney's Office in cases involving vulnerable victims.

The District Attorney's Office maintains its commitment to collaborate with our law enforcement partners and other county agencies in order to better serve the needs of commercially sexually exploited children. A Deputy District Attorney from the HSTS is assigned to the Los Angeles Regional Human Trafficking Task Force. The HSTS works closely with our law enforcement partners to identify, rescue, and support victims of human trafficking while focusing on prosecuting and convicting their exploiters and traffickers in an effort to protect both current and future victims. The District Attorney's Office continues to work with other agencies to facilitate providing mental health and medical services, counseling, and other support to victims of sexual exploitation and trafficking.

The HSTS also conducts trainings for law enforcement, prosecutors, advocates, and the general public about human sex trafficking. Training helps to promote an understanding of what human sex trafficking in Los Angeles County truly looks like so that victims can be recovered and not return to the life of commercial sexual exploitation and trafficking.

There is a human trafficking database which tracks the human trafficking cases filed in Los Angeles County.



**BRANCH AND AREA OPERATIONS  
VICTIM IMPACT PROGRAM**

A majority of the DDAs assigned to vertically prosecute cases in which children are victimized are assigned directly to Branch Offices with a caseload that covers both adult and child victims. The Branch and Area Victim Impact Program (VIP) obtains justice for victims through vertical prosecution of VIP category cases, which include family violence; sex crimes; stalking; elder and dependent adult physical and mental abuse, endangerment, and financial abuse; hate crimes; human sex trafficking; and child physical and mental abuse and endangerment. VIP represents a firm commitment to ensure well-trained and qualified deputies are assigned to vertically prosecute crimes against individuals, often targeted as a result of their vulnerability. The goal of the program is to obtain justice for victims while holding offenders justly accountable for their criminal acts. At each of the 10 Branch Offices, the District Attorney appoints an experienced DDA as the VIP Deputy-in-Charge (DIC) to manage the DDAs assigned to VIP. The VIP DIC works closely with the assigned DDAs to ensure that all cases are appropriately prepared and prosecuted. All VIP DDAs receive enhanced training in the investigation and prosecution of VIP category crimes, current legal issues, forensic evidence, potential defenses, and trial tactics. DDAs assigned to VIP in the Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, San Fernando, Van Nuys, Torrance, Pomona, and Airport Branch Offices also specialize in the prosecution of cases involving child victims as part of multidisciplinary teams.

The VIP DICs and Victim Impact Program Advisory Working Group (VIP Advisory Working Group) meet every other month to discuss trends in the prosecution of VIP category cases, new laws, and best practices. Training is provided on developments in the law and topical subjects. The VIP Advisory Working Group is comprised of subject matter experts on VIP category crimes. Head deputies, assistant head deputies from the Family Violence Division and the Sex Crimes Division, as well as deputies-in-charge from VIP, the Human Sex Trafficking Section, Complex Child Abuse Section, ESCARS Unit, Elder Abuse Section, Stalking and Threat Assessment Team, and the Juvenile Division participate in the meetings and share their expertise on pertinent topics. The VIP Advisory Working Group's goals are:

- 1. Review, recommend, and implement office

- 2. policies and procedures, and best practices for VIP category cases;
- 2. Analyze VIP case suitability criteria;
- 3. Review VIP statistics and staffing for each branch office;
- 4. Develop expertise within VIP and disseminate that expertise to Line Operations; and
- 5. Identify and advocate on behalf of the VIP community various emerging VIP category crime-related law enforcement/prosecution issues such as human sex trafficking.

The VIP Advisory Working Group has eight committees:

- 1. Policies and Procedures;
- 2. Colleges;
- 3. VIP Legislation;
- 4. DIC Meetings/Agendas;
- 5. VIP Manual;
- 6. Human Sex Trafficking;
- 7. Child Abuse Multidisciplinary Team Coordination; and
- 8. Elder/Dependent Adult Abuse Case Reporting System.

The committees are comprised of a chairperson and members with interest and expertise on various topics. The information gleaned and recommendations made from each committee are presented to the working group members and executive management staff to enhance the prosecution of VIP category cases.

**MULTIDISCIPLINARY CENTERS IN LOS ANGELES COUNTY**

Best practice for cases involving child victims is to pursue a multidisciplinary team (MDT) approach to the investigation as well as any interview of a child. A multidisciplinary response to child abuse allegations typically includes representation from law enforcement, DCFS, the District Attorney's Office (both prosecution and the Bureau of Victim Services), and mental health and medical professionals. The purpose of MDT and interagency collaboration is to coordinate intervention and share information that optimizes results and reduces potential trauma to children and their families. The District Attorney's Office is an active participant in the MDTs detailed below:

- Children's Advocacy Centers (CAC) as defined in Penal Code §11166.4
- Family Justice Centers (FJC) as defined in Penal





- Code §13750(c)
- Sexual Assault Response Teams (SART) as defined in Penal Code §13898
- Suspected Child Abuse and Neglect (SCAN) Teams as defined in Penal Code §11167.5(b)(7)
- Child Death Review Teams as defined in Penal Code §11174.32.

### Children's Advocacy Centers (CAC)

Children's Advocacy Centers offer a child-friendly environment for forensic interviews of child victims and witnesses as well as many other services. CACs provide a coordinated, evidence-based response by MDT members to investigate abuse, help children heal from abuse, and hold offenders accountable. A CAC's mission is to protect the child, provide justice, and promote healing. The National Children's Alliance is the national association and accrediting body for CACs. Currently, there are seven child forensic interview centers in nine different locations throughout Los Angeles County:

- Strength United Family Justice Center/Center for Assault Treatment Services (CATS) in Van Nuys
- The Children's Advocacy Center for Child Abuse Assessment and Treatment in Covina and Los Alamitos
- Harbor-UCLA Medical Center K.I.D.S. Hub Clinic in Torrance
- Inner Circle Children's Advocacy Center in Lancaster and Monterey Park
- Martin Luther King, Jr. Pediatric Hub CAC in Los Angeles
- Stuart House Rape Treatment Center Santa Monica UCLA Medical Center
- USC Gould School of Law Child Interviewing Lab in Monterey Park.

### Center for Assault Treatment Services

The Center for Assault Treatment Services (CATS) is operated out of the Northridge Hospital Medical Center and is the only designated Sexual Assault Response Team in the San Fernando and Santa Clarita Valleys. CATS' mission is to provide compassionate, comprehensive care to adult and child victims of sexual abuse in a supportive and comfortable environment through a coordinated, collaborative effort. Results obtained from specialized forensic interviews and evidence collection conducted by nurses and nurse practitioners with advanced training as Sexual Assault Examiners are shared with MDT members.

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

### Children's Advocacy Center for Child Abuse Assessment and Treatment

The Children's Advocacy Center for Child Abuse and Treatment in the City of Covina (CAC Covina) opened its doors in 2004 and is accredited by the National Children's Alliance. The Los Alamitos satellite center opened in 2018. The CAC Covina is a multidisciplinary, non-profit agency that provides forensic interviews of children who witness criminal acts and/or are victims of sexual or physical abuse. While these interviews are being conducted, prosecutors, law enforcement officers, and DCFS watch via closed-circuit TV and provide input for follow-up questioning. This MDT approach allows each agency to fulfill its respective roles, yet minimizes the number of times the child must be interviewed.

The forensic interviews are conducted in a child-friendly and culturally sensitive manner by trained professionals and are digitally recorded. In addition to attending the actual interview, prosecutors attend routine case review sessions. The CAC Covina facilities have been used to assist in preparing and presenting victim impact statements in court by young victims of child abuse.

To minimize trauma to children, the CAC Covina also uses therapy dogs to greet and wait with children and their families. Therapy dogs not only provide emotional support, but also empower victims.

#### Harbor-UCLA Medical Center K.I.D.S. Hub

The Harbor-UCLA Child Crisis Center, now known as the K.I.D.S. Hub, opened as a model project of the Los Angeles County Board of Supervisors in 1986. It is designed to serve residents of the 22 cities within the South Bay area of Los Angeles County but will assist any county resident. It provides services to children from birth through age 18 who are victims of physical, sexual, or emotional abuse.

The K.I.D.S. Hub provides state-of-the-art expert assessment while reducing trauma to child victims and their families. Expert medical evaluation for children involved with DCFS, acute sexual assault



examinations, forensic examinations for physical abuse, and non-acute sexual abuse examinations are offered. Experienced professional forensic interviewers with specialized training interview the victims in a non-threatening, child-friendly environment, enabling the investigating officer, assigned DDA, and social workers to observe the entire interview behind a one-way mirror. The forensic interviews are video recorded.

There is an on-site DCFS Children's Social Worker and a Department of Mental Health therapist. DDAs and law enforcement are not housed at the facility but attend the forensic interviews for their assigned cases. Child victims receive a mental health screening and linkage by mental health therapists. Additionally, child abuse pediatricians are available to consult on child physical and sexual abuse issues and often provide training in the community.

### **Family Justice Center (FJC)**

A Family Justice Center is a multiagency and multidisciplinary service center that provides services to victims of domestic violence, sexual assault, elder or dependent adult abuse, or human trafficking in one location in order to reduce the number of times victims must tell their story, reduce the number of places victims must go for help, and increase access to services and support for victims and their children. The core concept is to provide one place where victims can talk to an advocate, plan for their safety, have police interviews, meet with a prosecutor, receive medical assistance, receive information on shelters, and get help with transportation.

In 2009, the District Attorney's Office collaborated to establish the first FJC in Los Angeles County in San Fernando. The FJC helps people who have experienced domestic violence, sexual assault, and child abuse. Victims who visit the FJC receive crisis intervention in a one-stop-shop, non-threatening, comfortable, safe environment which is welcoming to them and their children. FJC MDT partners include law enforcement, CATS, DCFS, the District Attorney's Office, the City Attorney's Office, the Department of Mental Health and post-trauma treatment agencies, and a legal assistance organization.

In 2018, the FJC Central Bureau opened its doors to offer similar services to victims of domestic violence and sexual assault. It is located near the Los Angeles County USC Medical Center downtown campus.

### **Sexual Assault Response Teams (SART)**

A Sexual Assault Response Team is a coordinated interdisciplinary intervention model between law enforcement; crime lab; prosecution; and medical and advocacy experts to meet the forensic needs of the criminal justice system and the medical and emotional needs of sexual assault victims, including children. SART provides forensic medical exams to children. The mission of SART is to assist victims of sexual assault by offering them a sensitive and competent multidisciplinary response, to support efforts to restore the well-being of the victims, and to bring perpetrators to justice.

There are 11 SART sites in Los Angeles County. Some are co-located at a CAC or FJC. Each site houses different MDT members. The components of a SART exam include obtaining a detailed history of events, documenting physical injury, forensic evidence collection (including DNA and trace evidence), healthcare treatment and referrals, and crisis intervention, as well as referrals. SARTs meet regularly for case review. DDAs often participate in these meetings. The Los Angeles County Department of Health has developed SART center standards.

Suspected Child Abuse and Neglect (SCAN) Teams Suspected Child Abuse and Neglect team members include child abuse medical experts, hospital social workers, children social workers, law enforcement, prosecutors, local child advocacy groups, and other service providers. SCAN teams meet at hospitals on a regular basis to discuss suspected child abuse and neglect cases. Medical professionals provide expert opinions on the causes of injuries and treatment; social workers provide family history and dependency proceeding status; law enforcement provides investigation updates; prosecutors provide information about legal issues, and advocates discuss service options. One of the objectives for reviewing the cases is to establish best practices regarding identification, assessment, and treatment of child abuse and neglect. The team also examines ways to prevent any additional abuse or neglect of the child and siblings in the home. DDAs regularly participate in SCAN meetings hosted by child abuse pediatricians in hospitals throughout the county.

### **JUVENILE DIVISION**

The District Attorney's Juvenile Division is charged with the responsibility of petitioning the Delinquency Court for action concerning juvenile offenders who perpetrate crimes in Los Angeles County. This



mandate falls under Welfare and Institutions Code (WIC) §602. The Juvenile Division is under the auspices of the Bureau of Specialized Prosecutions. It is divided into seven geographical areas. The offices include Antelope Valley Juvenile, Eastlake Juvenile, Pomona Juvenile, Sylmar Juvenile, Compton Juvenile, Inglewood Juvenile, and Long Beach Juvenile. The Juvenile Division works with local schools, law enforcement, the Los Angeles County Probation Department (Probation), the Los Angeles County Public Defender's Office, and the Delinquency Court to monitor and mentor youths who appear to be on the threshold of involvement in serious criminal activity.

### School Attendance Review Board

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

### Informal Probation

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

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

In many instances, a deputy probation officer (DPO)

assigned to review a case will decide to continue to handle the matter informally and reserve sending the referral to the District Attorney's Office for filing consideration. If the minor complies with the terms of informal supervision, the case does not come to the attention of the District Attorney's Office or the Delinquency Court; if the minor fails to comply, the DPO could then decide to refer the case for filing consideration.

A minor is ineligible for informal probation with the Probation Department if he or she was arrested for:

- Sale or possession for sale of a controlled substance;
- Possession of narcotics on school grounds;
- Assault with a deadly weapon upon a school employee;
- Possession of a firearm or weapon at school;
- A crime listed in WIC §707(b);
- An offense involving gang activity or requiring restitution in excess of \$1,000; or
- If the minor has:
  - o Previously been placed on informal probation and has committed a new offense;
  - o Is 14 or older and has been arrested for a felony; or
  - o Is 13 or younger and has a previous felony arrest (WIC §§652 and 653.5).

### WIC §241.1 Dual Status Protocol

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

- Enhance public safety by providing better services to dependent youth and their families;
- Reduce the number of dependent youths who become 602 wards of the Delinquency Court;



- Better serve those who do become 602 wards; and
- Limit their time as 602 wards by maintaining Dependency Court jurisdiction where appropriate.

During 2010, the 241.1 Pilot Project was extended to Eastlake Delinquency Court. Currently, all seven delinquency court locations handle 241.1 protocol cases. As part of this expansion, the District Attorney's Office is also ensuring that 300 wards who are otherwise eligible for diversion consideration are identified early and properly referred.

### Delinquency Court Proceedings

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

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

If one or more of the above factors are present but the DPO deems that a 24-hour secure detention facility is not necessary, the minor may be placed on home supervision (WIC §628.1). Under this program, the minor is released to a parent, guardian, or

responsible relative pursuant to a written agreement that sets forth terms and conditions relating to standards of behavior to be adhered to during the period of release. Conditions of release could include curfew, school attendance requirements, behavioral standards in the home, and any other term deemed to be in the best interest of the minor for his or her own protection or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the Delinquency Court at a detention hearing.

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

In November 2016, the California Electorate enacted Proposition 57, which eliminated direct filing of a minor's case in adult court. A minor may only be transferred to adult court jurisdiction after a petition is filed and a motion to transfer to adult court is heard by the juvenile court having jurisdiction over the minor. In 2018, Senate Bill 1391 amended WIC §707 by removing the court's authority to transfer minors who commit crimes at the ages of 14 or 15 to adult court jurisdiction. The law became effective January 1, 2019. WIC §707 subparagraph (a) now governs the types of cases and the burden of proof in motions to transfer to adult court.

If a minor's case remains in juvenile court, the minor has a right to an adjudication. The adjudication is similar to a court trial in adult court. Minors do not have a right to a jury trial. The minor does have a right to counsel, to confront and cross-examine the witnesses against him or her, and the privilege against self-incrimination. The Delinquency Court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The DDA has the burden of proof in presenting evidence to the court. If the court has



been convinced beyond a reasonable doubt of the allegations in the petition, the petition is found true. If the court is not convinced, the petition is found not true. There is no finding of "guilty" or "not guilty." If the minor is age 13 or younger, proof that the minor had the capacity to commit the crime must be presented by the DDA as such individuals are not presumed to know right from wrong. For example, if a 12-year-old is accused of a theft offense, it is not presumed that the minor knew it was wrong to steal. The DDA must present evidence that the minor knew the conduct committed was wrong. This burden can be met by calling a witness to establish that this minor knew that it was wrong to steal. The witness can be the minor's parent or a police officer or school official who can testify that the minor appreciated that it was wrong to steal.

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

- Home on probation (HOP)
- Restitution
- A brief period of incarceration in juvenile hall as an alternative to a more serious commitment
- Drug testing
- Restrictions on the minor's driving privilege
- Suitable placement
- Placement in a camp supervised by the Probation Department
- Placement in a Secure Youth Treatment Facility (SYTF) run by the Probation Department

In 2018, Senate Bill 439 amended WIC §601 and §602 to prohibit the prosecution of minors under the age of 12 unless the minor commits murder or certain forcible sex crimes. The amendments became operative January 1, 2019.

### **Secured Youth Treatment Facilities**

Historically, juveniles who committed violent or serious felonies were sentenced to the Department of Juvenile Justice (DJJ). However, Senate Bill 823 was signed into law in September of 2020 and closed all State DJJ facilities making local counties responsible for housing and treating this population in a Secured Youth Treatment Facility (SYTF). SYTF is run by the Los Angeles County Probation

Department and they collaborate with other county agencies and community-based organizations to make sure the appropriate services and staffing are in place. Now, youth who are committed to a SYTF sentence for serious or violent felonies are sent to SYTF for their programming where they can be housed until they are 25 years old.

Under Welfare and Institutions Code Section 875(e) (1), the juvenile court will hold a progress hearing every six months to review the youth's progress in rehabilitation and determine if a reduction in their commitment time is appropriate. Using its discretion, the court can consider the recommendations of counsel, the probation department, and any specialist with information relevant to the youth's progress and grant up to six months off the youth's original commitment time for showing significant progress in their individual rehabilitation plan (IRP). This IRP is a unique plan created at the beginning of the youth's SYTF commitment by a multidisciplinary team consisting of multiple local agencies such as the Department of Health, Department of Education, the Los Angeles Public Defender's Office, Alternate Public Defender's Office, District Attorney's Office and Probation Department. Additionally, under Welfare and Institution Code section 875(f), the youth can petition the court to be stepped down to a less restrictive program where they will continue with their SYTF IRP outside of a SYTF custodial setting. Attorneys in the Complex Litigation Unit will closely monitor SYTF youth; their IRP progress; provide recommendations to the court on whether a reduction in commitment time, a step-down to a less restrictive program or other action is appropriate; and comply with their Marsy's Law obligations by communicating with victims and or their families.

### **MAJOR NARCOTICS DIVISION**

In order to disrupt and dismantle cartels and drug trafficking organizations in Los Angeles County, the District Attorney's Office created the Major Narcotics Division (MND). The division is comprised of specially-trained prosecutors who vertically prosecute significant narcotics trafficking operations in collaboration with federal, state, and local law enforcement agencies and task forces.

MND attorneys investigate, prosecute, and resolve significant narcotics trafficking cases using a variety of tools, including wiretaps. Wiretaps are a vital and effective tool against organized crime and cartel-related activities. MND deputies train



Southern California peace officers with P.O.S.T. certified wiretap trainings to ensure compliance with laws. MND is responsible for processing all state-authorized wiretaps for the District Attorney's Office, including non-narcotics wiretaps to investigate crimes such as murder, human trafficking, and kidnapping for ransom. MND also serves as a resource for other sophisticated electronic surveillance methods. Drug cartels traffic thousands of kilograms of narcotics into Los Angeles County and billions of dollars of narcotics proceeds out of Los Angeles County every year. These deadly drugs find their way into residential neighborhoods where children and adults are endangered. Not only are children and families at risk from the hazards relating to the use and abuse of illegal narcotics, but also from the violence associated with narcotics transactions where weapons are often involved. MND deputies lecture on a variety of topics to attorneys, judges and law enforcement.

**More Drug Deaths Than Vietnam War Casualties**  
In September 2017, CNN reported that more American lives have been lost to drugs than the 58,000 U.S. military casualties during the Vietnam War. Drug overdose deaths reached an all-time high of 100,306 in April 2021, an increase of 28.5 percent from the previous year. In 2019, approximately 10.1 million Americans misused opioids.

Opioids include prescription drugs, such as hydrocodone and oxycodone, as well as illegal drugs, such as heroin and fentanyl. The number of heroin-involved overdose deaths was nearly seven times higher in 2020 than in 1999. In 2020, heroin-involved overdose death rates decreased nearly 7 percent from 2019 to 2020. However, more than 13,000 people died from a drug overdose involving heroin in the United States. Nearly 20 percent of all opioid deaths involved heroin.

### **Prescription Drug Overdoses and Deaths**

In response to epidemic prescription drug overdoses and deaths throughout the United States, the District Attorney's Office previously had a team of MND prosecutors to investigate and prosecute doctors and prescription providers who diverted prescription drugs and endangered the lives of others in order to hold them accountable for their actions. In October 2015, this team of MND prosecutors convicted a Rowland Heights doctor of three counts of second-degree murder and 24 prescription-related felonies for her involvement in prescribing high levels of

narcotics to young men, which caused numerous overdoses and deaths. This landmark case received national attention and was the first such conviction of its kind in the United States. Currently, the majority of overdose death cases are investigated by the Drug Enforcement Administration's Opioid Task Force and prosecuted by the U.S. Attorney's Office.

The number of opioid prescriptions dropped after the U.S. Center on Disease Control and Prevention (CDC) issued opioid prescribing guidelines in early 2016. This resulted in doctors prescribing fewer opioids as well as insurers providing less coverage for opioids. Many experts have pointed to the overprescribing of painkillers as the root of the U.S. opioid crisis, which has evolved into a heroin and fentanyl crisis.

### **Illicit Opioids Such as Fentanyl**

Fentanyl is a synthetic opioid which is 50 times more potent than heroin, and 100 times more potent than morphine. A medical dose of fentanyl is about one microgram, which is equivalent to one millionth of a gram – similar to a few grains of table salt. However, fentanyl is also sold illegally for its euphoric effect, and has been used to lace controlled substances such as heroin, cocaine, and methamphetamine.

In 2018, the District Attorney's Office proposed legislation (AB 1948) to add fentanyl to the list of controlled substances for which a wiretap can be obtained. This legislation went into effect on January 1, 2019.

In 2020, 1,506 people died of opioid-related overdoses in Los Angeles County, an 85 percent increase from 2019. This increase was driven primarily by the continued surge in deaths involving synthetic opioids. As of May 2021, there have been 567 deaths in Los Angeles County related to fentanyl, an increase of 57 percent from the first five months of 2020.

In August 2018, the Washington Post released an article entitled "Record overdose deaths in U.S. show danger of fentanyl, other synthetic drugs." The article stated, "For years, much of the focus has been on curbing the supply of illicit opioid painkillers from doctors and pharmacies to people who abuse the drugs. Now, there is some evidence that battle may be succeeding. The Centers for Disease Control and Prevention (CDC) indicated that deaths involving hydrocodone and oxycodone appear to have flattened out, offering possible hope that painkiller



deaths might have peaked.” However, during that same month and year, the New York Times reported that preliminary CDC data indicated that nearly 30,000 deaths in 2017 involved synthetic opioids. This is an increase of more than 9,000 deaths from the prior year.

The Orange County Register wrote an article entitled “Users need to know that killer chemical lurks everywhere, say parents whose kids died from fentanyl.” Synthetic opioid deaths are not accidental overdoses but poisonings. According to CDC, there are three waves of opioid overdose deaths. “The first wave began in the 1990s, with increased prescribing of opioids. Deaths from natural and semi-synthetic opioids have been increasing since at least 1999. The second wave began in 2010, with rapid increases in overdose deaths involving heroin. The third wave began in 2013, with significant increases in overdose deaths involving synthetic opioids, particularly those involving illicitly manufactured fentanyl. The market for illicit fentanyl continues to evolve, the CDC said, and the drug can now be found combined with heroin, counterfeit pills, cocaine and marijuana. The carnage is clearly related: All opioid-involved death rates decreased by 2% between 2017 and 2018. Prescription opioid-involved death rates decreased by 13.5%. Heroin-involved death rates decreased by 4%. However, synthetic opioid-involved death rates – fentanyl and its cousins – increased by 10%. All told, nearly a half-million people died from opioid overdoses between 1999 and 2018, the CDC said.”

The District Attorney’s Office has a web-based portal on its website to enable the public to submit complaints related to opioid trafficking and overprescribing. This web-based portal is intended to aid the community by holding drug dealers, pharmacies, doctors, and others accountable for their actions and hopefully save lives in the process.

Due to the prevalence of illegal cannabis activities throughout Los Angeles County, MND vertically prosecutes cannabis extraction laboratories that utilize volatile chemicals in the manufacturing process. The most common type of volatile extraction is flammable butane honey oil (BHO) laboratories that manufacture concentrated cannabis. Volatile cannabis extraction is generally simple to perform, cheap to execute, and likely to have a high profit margin. Because of this, it has become increasingly popular. In recent years extraction labs have become significantly larger and more sophisticated. While traditional BHO labs are still common, large-scale

extraction using chemicals like hexane and heptane are becoming more prevalent. The increases in the size and sophistication of extraction laboratories have resulted in significant increases in the scale of injury and destruction when fires and/or explosions occur.

BHO cases involve decimated homes and buildings, severe injuries, and deaths. The majority of fires and explosions occur in residential neighborhoods, putting children, pets, and adults at risk. Child endangerment and animal cruelty charges are filed when applicable in these cases.

The Los Angeles High Intensity Drug Trafficking Area (LA IMPACT) Southern CA Drug Task Force (SCDTF) is a multi-agency enforcement initiative composed of criminal investigators assigned by participating federal, state and local law enforcement agencies in Los Angeles, Orange, San Bernardino and Riverside counties. Group 12 is the designated Clandestine Laboratory Response Team for LA IMPACT/SCDTF. In 2019, over 85 percent of all clandestine lab investigations by Group 12 were related to BHO labs. In September 2019, Group 12 investigated a deadly explosion and fire involving a sophisticated high production BHO lab that killed a lab worker. MND filed murder charges against the owner of the BHO lab. It was the first BHO-related lab explosion and death filed as a murder in Los Angeles County. MND is currently prosecuting two separate murder cases involving deaths at BHO labs.

## **OFFICE WIDE UNITS THE BUREAU OF VICTIM SERVICES**

The Bureau of Victim Services (BVS) has Victim Services Representatives who work as governmental victim advocates assisting victims of crimes of violence and threats of violence throughout the criminal justice process. The advocate’s primary responsibility is to provide support to the victim. BVS advocates have received special training in state programs regarding restitution for victims of crime and advocacy and support for victims of violence. BVS advocates also have specialized training in assisting victims of child physical and sexual abuse, and assisting child victims of human trafficking. The assistance advocates provide is essential in cases with a child victim. Often, the advocate will be the first person associated with the District Attorney’s Office with whom the child will meet.



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

The advocate explains each person's role in the criminal justice process while working to establish a rapport with the child. The advocate is available to participate in the pre-filing interview to give emotional support for the child victim and to provide a friendly, nurturing sense of care. The advocate assists the non-offending parents or guardians of the child victim to connect with appropriate counseling for children who either witness or are victims of violent crimes in order to promote the mental and emotional health of the child.

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

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

### DISTRICT ATTORNEY PUBLIC AFFAIRS DIVISION

The Public Affairs Division offers resources within the District Attorney's Office in the areas of crime prevention and community engagement.

### PROJECT LEAD

Project LEAD is an effective law-related education program for fifth-graders in public schools. Established in 1993, the 20-week curriculum places prosecutors and other criminal justice system professionals inside the classroom for one hour a week to help students gain an understanding of the legal system and the reasons behind laws. The curriculum is designed to teach students techniques for resolving conflict and resisting peer pressure. Other lessons promote tolerance and respect for diversity. Project LEAD students gain important protective factors, which help them develop the skills and experience to evaluate challenging situations and make good decisions.

During the 2022-2023 school year, 83 facilitators taught the Project LEAD curriculum to approximately 1,402 students in 47 classrooms at 26 public schools throughout Los Angeles County.

Schools	Districts	Students
Alcott	Pomona	64
Breed Street	Los Angeles	31
Carr	Torrance	55
Castelar	Los Angeles	51
Coliseum Street	Los Angeles	35
Desert View	Lancaster	97
Gratts	Los Angeles	85
Highland Oaks	Arcadia	96
Huntington Drive	Los Angeles	25
Jackie Robinson	Long Beach	60
Jefferson	Redondo Beach	68
Lorena Street	Los Angeles	28
Lupin Hill	Las Virgenes	34
Marlton School	Los Angeles	10
Monterey Hills	South Pasadena	30
Patrick Henry	Long Beach	140
Prisk	Long Beach	66
Sumac L-STEM	Las Virgenes	30
Telfair Avenue	Los Angeles	26
Thomas Edison	Long Beach	70
Tibby	Compton	68





Union Avenue	Los Angeles	27
Victor	Torrance	26
Walnut	Walnut Valley	35
Walteria	Torrance	120
Weigand Avenue	Los Angeles	25
<b>Total Number of Students:</b>	<b>1,402</b>	

**INFORMATIONAL MATERIALS**

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

**DATA GATHERING AND ANALYSIS**

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

A priority list was established based upon seriousness of the offense (Figure 1) from which the data sought would be reflected under the most serious charge filed. In other words, if the most serious charge presented against the perpetrator was a homicide

charge reflecting a child death, but additional charges were also presented and filed alleging child physical abuse or endangerment, then the conduct would be reflected only under the statistics gathered using PC §187 in the category of total filings (Figure 2). If, at the conclusion of the case, the Murder (PC §187) charge was dismissed for some reason but the case resulted in a conviction on a lesser or different charge (such as Assault Resulting in Death of a Child Under Age 8, PC §273ab), that statistic would be reflected as a conviction under the statistics compiled for the lesser or different charge (Figures 6 and 7).

In assessing cases that were either dismissed or declined for filing (Figures 3, 4, 5 and 11), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus delicti, lack of sufficient evidence, inadmissible search and seizure, interest of justice, deferral for revocation of parole, a probation violation was filed in lieu of a new filing, or a referral for misdemeanor consideration to another agency) a key factor may be that the victim is unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against a child or an adult, or domestic violence against a teenager or adults, the victim may decline to participate in a prosecution and not face the prospect of being incarcerated for contempt of court for failing to testify (CCP §1219). As a general principle, it is considered essential to protect the child victim from additional harm; forcing a child to participate in the criminal justice process against his or her will would not meet these criteria. This deference to the greater goal of protection of the victim results in some cases which would ordinarily meet the filing criteria to be declined and others which have already been filed to be dismissed or settled for a compromise disposition.

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

Statistics reflecting the Child Abduction Section are reflected in one chart (Figure 9). It is important to note that the raw data contained in this Figure is also reflected in the overall numbers reported in Figures



2, 3 and 4. This chart is provided as a sample of the types of cases handled by a special unit and the numbers of cases prosecuted by specially trained, grant-funded deputies.

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

Statistics regarding the gender of defendants are also included. It is important when comparing the years of available statistics covering juvenile delinquency offenses to remember that Proposition 21, which took effect March 8, 2000, is no longer the law after Proposition 57 was passed in November 2016. This factor may make any meaningful comparisons between the statistics during the 16-year period Proposition 21 was in effect and the periods before Proposition 21 was enacted and after Proposition 57 was passed difficult. Adult and juvenile comparisons are provided, as are comparisons among both groups for total cases filed by the District Attorney's Office compared to a gender breakdown for child abuse related offenses (Figures 18, 19, 20, and 21).

Information contained by zip code is provided as a means of determining how children in different areas of the county are impacted by these crimes (Figures 10 and 17). The majority of cases in the District Attorney's Office are filed in the jurisdiction where the crime occurred. The zip codes represent the address of the District Attorney's Office where the case was filed.

For the sixteenth year, the report contains data regarding the number of child abuse cases filed that

also included the filing of a count of Spousal Abuse within the meaning of PC §273.5 (Figure 22). The percentage of cases in which these offenses are joined has been consistent. From 2013 and 2014, this joinder occurred in 8% of the cases filed. In 2015, 2016, 2017, 2018, and 2021, 9% of the cases reflected this joinder. In 2019, this joinder occurred in 10% of the cases filed, in 2020, this joinder occurred in 11% of the cases filed, and in 2022, this joinder occurred in 8% of the cases filed.

**SELECTED FINDINGS**

- A total of 4,625 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2022.
- Of these, charges were filed in 41% (1,901) of the cases reviewed. Felony charges were filed in 53% (1,004) of these matters. Misdemeanor charges were filed in 47% (897) of these matters.
- Of those cases declined for filing (a total of 2,724 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 24% of the declinations (654).
- In 75% of the adult cases filed involving child abuse, the gender of the defendant was male.
- Convictions were achieved in 63% of the case dispositions in 2022 involving adult offenders. Defendants received grants of probation in 66% (684) of these cases. State prison sentences were ordered in 31% (316) of the cases; with under 1% (3) of the defendants receiving a life sentence in state prison.
- A total of 140 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.
- Of these, charges were filed in 51% (71) of the cases reviewed. Felony charges were filed in 92% (65) of these cases.
- Of the filed cases, 49% (32) alleged a violation of PC §288(a). Of the declined cases (69 – both felonies and misdemeanors), 45% (31) alleged a violation of PC §288(a).
- In 99% of the petitions filed involving child abuse, the gender of the minor was male.
- Sustained petitions (39) were achieved in 80% of the juvenile case dispositions in 2022.

**CONCLUSION**

The District Attorney's Office is dedicated to providing justice to the children of this community. Efforts to enhance their safety through the vigorous prosecution of individuals who prey upon children are



tempered with care and compassion for the needs of the children who have been victimized. This process is important to a prosecuting entity that has been sensitized to the special nature of these cases and assisted by active partnerships with other public and private entities in crime prevention efforts designed to enrich the lives of all children. Through these efforts, the District Attorney's Office has established a leadership role in community efforts to battle child abuse and neglect.



# Inter-Agency Council on Child Abuse and Neglect (ICAN)

Between Calendar Years 2013 and 2022



ICAN CHARGE	TOTAL ADULT FILED BY CHARGES																							
	2013 (2,486)		2014 (2,899)		2015 (2,564)		2016 (2,441)		2017 (2,476)		2018 (2,425)		2019 (2,297)		2020 (1,946)		2021 (1,963)		2022 (1,901)					
	Felony (1,327)	Misd (1,159)	Felony (1,424)	Misd (1,475)	Felony (1,261)	Misd (1,303)	Felony (1,208)	Misd (1,233)	Felony (1,206)	Misd (1,270)	Felony (1,248)	Misd (1,177)	Felony (1,204)	Misd (1,093)	Felony (1,196)	Misd (750)	Felony (1,200)	Misd (763)	Felony (1,004)	Misd (897)				
PC 18670(a)	12	0	12	0	16	0	11	0	29	0	11	0	13	0	19	0	17	0	21	0				
PC 2070(a)	23	0	15	0	22	0	16	0	21	0	20	0	14	0	25	0	28	0	25	0				
PC 2070(b)	3	0	4	0	0	0	2	0	0	0	1	0	0	0	1	0	0	0	1	0				
PC 236.5(a)	2	0	12	0	7	0	8	0	0	0	3	0	3	0	1	0	2	0	0	0				
PC 236.5(b)	3	0	19	0	14	0	20	0	13	0	17	0	12	0	16	0	12	0	4	0				
PC 236.5(c)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0				
PC 236.5(d)(1)	13	0	39	0	40	0	38	0	83	0	39	0	37	0	29	0	32	0	17	0				
PC 236.5(d)(2)	6	0	3	0	11	0	1	0	8	0	4	0	6	0	6	0	6	0	1	0				
PC 25100(a)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0	1	0				
PC 25100(b)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 26100(a)	33	0	24	0	16	0	18	0	33	0	37	0	37	0	12	0	37	0	26	0				
PC 261.5	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 261.5(b)	0	15	0	25	0	15	0	11	0	13	0	4	0	0	12	0	0	0	2	0				
PC 261.5(c)	36	31	32	37	38	19	31	37	23	38	15	31	20	7	11	9	11	7	14	7				
PC 261.5(d)	11	4	15	3	11	1	4	4	12	0	8	1	6	0	4	0	5	1	4	0				
PC 264.5(b)(2)	8	0	0	0	3	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0				
PC 266	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 266(b)(1)	2	0	2	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0				
PC 266(b)(2)	4	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0				
PC 266(b)(3)	0	0	0	0	1	0	1	0	5	0	2	0	1	0	1	0	0	0	0	0				
PC 266(b)(4)	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0				
PC 266(b)(5)	31	0	24	0	13	0	11	0	9	0	6	0	4	0	8	0	10	0	12	0				
PC 266(b)(6)	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0				
PC 266(b)(7)	3	0	4	0	3	0	2	0	0	0	1	0	1	0	0	0	0	0	0	0				
PC 266(b)(8)	11	0	4	0	5	0	2	0	2	0	0	0	3	0	1	0	3	0	5	0				
PC 266(b)(9)	1	0	3	0	2	0	1	0	1	0	1	0	3	0	1	0	2	0	3	0				
PC 271A	0	1	0	5	0	1	1	1	0	1	0	2	0	1	0	1	0	0	0	1				
PC 270(b)(1)	0	0	0	0	0	0	0	75	0	49	0	46	0	37	0	23	0	13	0	27				
PC 275(a)	326	87	373	78	366	84	323	84	332	84	353	135	344	380	375	146	270	182	283	208				
PC 275(b)	1	751	1	605	0	880	0	820	0	869	0	816	1	739	0	619	0	675	1	523				
PC 275(b)(4)	0	0	0	0	0	0	0	0	3	0	0	0	0	2	0	0	0	0	0	0				
PC 275(b)(5)	2	0	4	0	6	0	0	0	1	0	1	0	0	1	0	0	4	0	1	0				



**Inter-Agency Council on Child Abuse and Neglect (ICAN)**

Between Calendar Years 2013 and 2022



	35	58	24	58	38	34	60	68	37	63	64	26	37	65	15	57	35	58	15	52
PC 270(a)(4)	0	3	0	1	0	1	0	1	0	2	0	1	0	0	1	0	0	3	0	1
PC 270(a)	13	3	6	3	10	1	12	3	15	0	12	4	16	2	19	2	13	3	16	4
PC 270.5	5	0	0	0	1	0	3	0	29	1	7	2	0	0	0	0	0	0	0	0
PC 270.5(A)	13	1	4	0	3	6	6	1	5	3	2	3	5	2	10	3	6	3	9	2
PC 280(a)(1)	2	2	5	2	5	1	4	0	4	1	5	0	5	2	3	0	5	0	0	0
PC 280(a)(2)	1	0	2	0	0	0	0	0	5	0	2	0	4	0	0	0	2	0	0	0
PC 280(c)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 280(d)(1)	2	0	3	0	4	0	3	0	1	0	0	0	1	0	4	0	0	0	1	0
PC 280(d)(2)	1	0	0	0	2	0	0	0	1	0	1	0	1	0	1	0	1	0	0	0
PC 280(d)(3)	0	0	3	0	1	0	3	0	5	0	2	0	0	0	1	0	0	0	4	0
PC 280(d)(4)	231	1	116	0	200	0	172	0	176	0	154	0	166	0	133	0	101	0	180	0
PC 280(e)	2	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0
PC 280(f)(1)	33	0	24	0	23	0	21	1	18	0	18	0	19	0	12	0	16	0	25	0
PC 280(f)(2)	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0
PC 280(f)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 280(h)(1)	64	5	72	4	69	1	69	1	64	1	56	0	33	0	26	0	34	1	28	1
PC 280.5(A)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 280.5(A)	30	0	12	1	9	0	14	0	11	0	12	0	11	0	11	0	11	0	21	0
PC 280.5(A)(1)	0	2	1	2	0	0	0	1	0	3	0	9	0	0	0	2	0	1	0	1
PC 280.5(A)(2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
PC 280.5(B)	5	0	89	0	3	1	15	0	39	0	27	0	15	0	17	0	13	0	26	0
PC 280.5	4	0	2	0	1	0	3	0	2	0	4	0	1	0	1	0	0	0	0	0
PC 280.5(A)	63	0	85	0	101	0	78	0	63	0	55	0	72	0	73	0	74	0	52	0
PC 280.5(A)	49	0	42	0	63	0	47	0	63	0	67	0	64	0	60	0	64	0	58	0
PC 280.5(B)	54	0	60	0	64	0	47	0	68	0	61	0	65	0	55	0	65	0	55	0
PC 280.5(C)	10	5	23	1	16	4	15	3	16	2	15	3	1	0	0	1	1	0	1	1
PC 280.5(D)	7	0	3	0	5	0	4	0	6	0	1	0	0	0	0	0	0	0	0	0
PC 280.5(E)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
PC 280.5(F)	2	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0	1	0	0	0
PC 280.5(G)(1)	1	0	1	0	0	0	2	0	2	0	1	0	0	0	0	0	0	0	0	0
PC 280.5(G)(2)	2	0	4	0	1	0	6	0	3	0	5	0	0	0	0	0	0	0	1	0
PC 280.5(G)(3)	1	0	1	0	1	0	3	0	0	0	3	0	2	0	3	0	1	0	3	0
PC 280.5(G)(4)	2	0	1	0	5	0	3	0	3	0	4	0	7	0	4	0	2	0	1	0
PC 280(H)	8	1	13	3	17	4	16	3	14	1	10	2	9	0	7	1	9	2	1	1
PC 280(I)	9	0	20	0	12	0	13	0	19	0	9	0	8	0	7	0	7	0	6	0
PC 280(J)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0







# Inter-Agency Council on Child Abuse and Neglect (ICAN)

Between Calendar Years 2013 and 2022



ICAN CHARGE	TOTAL ADULT DECLINED BY CHARGES																							
	2013 (3,251)		2014 (2,912)		2015 (2,749)		2016 (2,599)		2017 (2,629)		2018 (2,428)		2019 (2,521)		2020 (2,399)		2021 (2,604)		2022 (2,734)					
	Felony (2,596)	Misd (655)	Felony (2,341)	Misd (571)	Felony (2,130)	Misd (619)	Felony (1,982)	Misd (617)	Felony (1,917)	Misd (712)	Felony (1,831)	Misd (597)	Felony (1,846)	Misd (675)	Felony (1,801)	Misd (598)	Felony (1,720)	Misd (888)	Felony (1,600)	Misd (1004)	Felony (1,520)	Misd (1174)		
PC 186(A)	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 207(A)	1	0	5	0	1	0	4	0	0	0	8	0	1	0	0	0	0	0	0	0	0	0		
PC 207(B)	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 236.1(A)	11	0	11	0	9	0	9	0	6	0	1	0	3	0	2	0	0	0	0	0	0	0		
PC 236.1(B)	0	0	1	0	7	0	9	0	14	0	17	0	13	0	23	0	31	0	31	0	14	0		
PC 236.1(C)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 236.1(C)(1)	2	0	6	0	6	0	14	0	21	0	19	0	18	0	21	0	17	0	17	0	16	0		
PC 236.1(C)(2)	0	0	0	0	1	0	2	0	7	0	1	0	3	0	2	0	2	0	2	0	1	0		
PC 236.1(C)(4)	0	0	0	0	1	0	2	0	0	0	0	0	2	0	1	0	3	0	0	0	1	0		
PC 231.001(B)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 232.001(A)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 261(A)(2)	51	0	45	0	48	0	49	0	40	0	33	0	34	0	34	0	35	0	35	0	25	0		
PC 261.5	1	0	0	0	0	0	4	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0		
PC 261.691	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 261.7(C)	127	19	117	30	131	26	90	26	103	26	66	21	94	6	77	4	78	2	51	2	51	2		
PC 261.8(B)	18	5	20	4	28	5	16	4	26	5	14	1	16	1	10	0	7	0	11	0	0	0		
PC 264.1(B)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 264.1(B)(2)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 264.1(B)(1)	2	0	2	0	3	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 264.1(B)(2)	3	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 264.1(B)(1)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 264.1(B)(2)	7	0	3	0	2	0	4	0	3	0	1	0	1	0	4	0	2	0	1	0	1	0		
PC 264.1(B)(1)	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 264.1(B)(2)	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 264.1(B)(4)	0	0	0	0	2	0	0	0	0	0	2	0	2	0	2	0	1	0	0	0	0	0		
PC 264.1(B)(3)	1	0	1	0	1	0	0	0	2	0	0	0	2	0	0	0	0	0	0	0	0	0		
PC 271A	1	2	2	4	0	0	1	5	1	1	0	0	3	0	1	0	1	1	1	1	0	0		
PC 271A(B)(1)	0	0	0	0	0	0	22	0	13	0	13	0	15	0	14	0	7	0	0	0	0	0		
PC 271A(A)	325	11	348	38	346	36	514	41	502	41	413	69	362	61	404	36	488	62	618	52	618	52		
PC 271A(B)	1	197	0	371	0	389	1	390	1	490	0	459	0	492	0	393	0	391	1	490	1	490		
PC 271A(B)(4)	3	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 271A(B)(1)	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0		
PC 271B(4)	377	8	184	39	99	23	66	24	89	21	93	20	134	39	138	32	107	25	115	32	115	32		











**Inter-Agency Council on Child Abuse and Neglect (ICAN)**

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ICAN CHARGE	2013 (208)		2014 (209)		2015 (210)		2016 (211)		2017 (212)		2018 (213)		2019 (214)		2020 (215)		2021 (216)		2022 (217)	
	Felony (208)	Misd (207)	Felony (209)	Misd (208)	Felony (210)	Misd (209)	Felony (211)	Misd (210)	Felony (212)	Misd (211)	Felony (213)	Misd (212)	Felony (214)	Misd (213)	Felony (215)	Misd (214)	Felony (216)	Misd (215)	Felony (217)	Misd (216)
PC 267(A)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 267(A)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 268(A)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
PC 268(A)(1)	0	0	1	0	2	0	0	0	2	0	1	0	0	0	1	0	0	0	0	0
PC 268(A)(2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 268(A)(2)	2	0	5	0	6	0	7	0	9	0	5	0	20	0	0	5	0	7	0	0
PC 268.5(B)	0	14	0	8	0	5	0	2	0	0	0	0	0	2	0	1	0	0	0	0
PC 268.5(C)	3	1	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0
PC 268.6(B)(1)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 268.6(B)(1)	0	0	3	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0
PC 268.6(B)(1)	1	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 268.6(B)(1)	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	1	0	0
PC 268.6(B)(1)	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
PC 272(A)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
PC 273(A)	8	0	2	0	4	0	3	0	2	0	3	0	7	0	1	0	0	1	0	0
PC 273(A)(1)	0	9	0	4	0	2	0	3	0	6	0	2	0	2	0	2	0	0	0	0
PC 273(A)(1)	2	0	1	1	2	0	1	0	0	0	0	0	1	0	1	0	1	0	1	0
PC 278	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 286(B)(1)	1	0	0	0	1	0	2	0	2	0	1	0	1	0	1	0	1	0	0	0
PC 286(B)(2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
PC 286(C)(1)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 286(C)(1)(b)	6	0	3	0	1	0	4	0	3	0	4	0	6	0	0	3	0	4	0	0
PC 286(C)(1)(c)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
PC 286(D)(1)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288(A)	143	0	99	0	89	0	67	0	52	0	54	0	56	0	32	0	32	0	32	0
PC 288(B)(1)	47	0	26	0	22	0	10	0	12	0	4	0	9	0	7	0	4	0	8	0
PC 288(C)(1)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
PC 288.2(A)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 288.5(A)	0	0	3	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0
PC 288.5(A)	17	0	8	0	11	0	9	0	16	0	12	0	22	0	12	0	4	0	6	0
PC 288.7(A)	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0

TOTAL YOUTH FILED BY CHARGES





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ICAN CHARGE	TOTAL YOUTH DECLINED BY CHARGES																					
	2013 (1394)		2014 (1516)		2015 (1552)		2016 (1626)		2017 (1682)		2018 (1590)		2019 (1442)		2020 (923)		2021 (701)		2022 (85)			
	Felony (278)	Misd (116)	Felony (233)	Misd (125)	Felony (225)	Misd (130)	Felony (202)	Misd (122)	Felony (238)	Misd (164)	Felony (133)	Misd (57)	Felony (99)	Misd (43)	Felony (67)	Misd (26)	Felony (62)	Misd (8)	Felony (55)	Misd (14)		
PC 236.1(C)(1)	0	0	0	0	2	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0		
PC 236.1(C)(2)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 261(A)(2)	9	0	8	0	7	0	7	0	17	0	11	0	12	0	6	0	5	0	3	0		
PC 261.5	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 261.5(B)	0	106	0	97	0	98	0	85	0	92	0	52	0	37	0	26	0	8	0	12		
PC 261.5(C)	8	3	0	13	5	13	3	22	2	4	4	1	0	0	1	0	0	0	0	0		
PC 261.5(D)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 264.1(B)(2)	0	0	1	0	0	0	0	0	0	0	13	0	0	0	0	0	0	0	0	0		
PC 269(A)(3)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0		
PC 269(A)(4)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 270(A)(3)	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 278(A)	1	0	2	0	2	0	1	0	1	0	1	0	0	0	0	0	1	0	0	0		
PC 278(B)	0	0	0	2	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0		
PC 278(A)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 278	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 286(B)(3)	1	0	4	0	3	0	1	0	3	0	8	0	1	0	2	0	8	0	0	0		
PC 286(B)(2)	0	0	0	0	1	0	1	0	1	0	3	0	1	0	0	0	0	0	1	0		
PC 286(C)(1)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 286(C)(2)(B)	1	0	2	0	1	0	0	0	1	0	0	0	1	0	0	0	1	0	1	0		
PC 286(C)(2)(C)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 286(D)(3)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 286(A)	213	0	171	0	183	0	145	0	133	1	68	0	58	0	40	0	41	0	31	0		
PC 288(B)	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 288(B)(3)	20	0	12	0	7	0	7	0	6	0	1	0	4	0	3	0	3	0	1	0		
PC 288(C)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		
PC 288.1(B)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 288.1(A)	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 288.5	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		
PC 288.5(A)	4	0	2	0	5	0	2	0	7	0	39	0	8	0	1	0	0	0	3	0		
PC 288.7(B)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		



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	7	0	9	0	7	1	25	3	10	6	7	6	4	6	26	62	8	55	14
PC 2688A(B)(1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 2688A(B)(2)	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0
PC 2688A(C)(1)	0	0	0	0	1	0	1	0	4	0	0	0	0	0	0	0	1	0	0
PC 2688A(C)(1)(B)	1	0	1	0	0	0	0	0	3	0	0	0	1	0	0	0	0	0	0
PC 2688A(C)(2)(C)	0	0	0	0	1	0	1	0	3	0	2	0	1	0	0	0	0	0	0
PC 2688A(H)(1)(B)	2	0	1	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0
PC 2688A(H)(3)(C)	0	0	0	0	0	0	1	0	1	0	0	0	1	0	0	1	0	0	0
PC 2688(H)	0	1	1	1	0	3	1	0	10	0	0	0	3	0	0	0	0	0	0
PC 2689(F)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
PC 311.3(A)	1	2	0	0	0	0	0	0	0	0	0	0	4	1	0	0	0	0	0
PC 311.3(B)	1	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.3(A)	3	0	4	0	10	1	6	1	14	0	5	0	3	0	4	0	2	0	0
PC 311.3(A)	0	0	0	0	0	2	0	1	0	3	0	2	0	0	0	0	0	0	0
PC 311.3(B)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.3(C)	0	0	0	0	1	0	2	0	0	0	1	0	0	0	0	1	0	0	1
PC 311.3(D)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.3(A)	0	0	0	0	0	1	0	4	1	0	1	0	0	0	0	0	0	0	0
PC 311.4(A)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 311.4(C)	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
PC 667.6(A)(1)	0	4	0	12	0	10	0	3	0	3	0	1	0	1	0	0	0	0	1
PC 667.6(B)	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664(76)(A)(2)	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0
PC 664(288)(B)(1)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664(288)(C)(B)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
PC 664(288)(C)(1)(C)	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PC 664(288)(A)	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
PC 664(288)(B)(1)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
PC 664(288)(C)(2)(B)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
PC 664(647.6)(A)(2)	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL	378	116	311	125	325	190	302	122	238	504	133	57	90	43	26	62	8	55	14



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ICAN CHARGE	TOTAL ADULT DISMISSALS BY CHARGES																			
	2013 (1320)		2014 (1341)		2015 (1358)		2016 (1353)		2017 (1355)		2018 (1353)		2019 (1372)		2020 (1354)		2021 (1352)		2022 (1357)	
	Felony (51)	Misc (69)	Felony (49)	Misc (133)	Felony (62)	Misc (128)	Felony (62)	Misc (111)	Felony (51)	Misc (114)	Felony (62)	Misc (131)	Felony (135)	Misc (131)	Felony (53)	Misc (131)	Felony (29)	Misc (131)	Felony (137)	Misc (130)
PC 187(A)	0	0	0	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	0	
PC 207(A)	0	0	1	0	1	0	0	0	2	0	0	0	0	0	2	0	3	0	0	
PC 256.31(A)	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 256.31(B)	1	0	1	0	2	0	0	0	1	0	0	0	0	0	1	0	1	0	0	
PC 256.31(C)(1)	2	0	1	0	7	0	0	0	1	0	0	0	0	0	1	0	8	0	0	
PC 256.31(C)(2)	2	0	1	0	1	0	0	0	0	0	1	0	1	0	1	0	0	0	0	
PC 361(A)(2)	2	0	2	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	
PC 361.51(B)	0	0	0	3	0	2	1	0	0	0	0	0	0	1	0	0	1	0	0	
PC 361.51(C)	0	2	1	4	1	4	1	0	2	0	2	0	1	1	0	0	0	0	1	
PC 361.51(D)	0	0	0	0	1	0	1	0	1	0	0	0	2	0	0	0	0	0	0	
PC 368.1(B)(2)	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 368.4(B)(1)	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
PC 368.4(B)(4)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 271A	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	
PC 271(A)(3)	0	0	0	0	0	12	0	17	0	3	0	0	0	0	0	0	4	0	0	
PC 275(A)	15	5	36	4	20	4	16	5	16	6	23	19	30	9	5	10	12	29	19	
PC 275(A)(6)	0	48	0	88	0	82	0	75	0	81	0	64	0	0	0	83	0	88	0	
PC 275(A)(9)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 275(A)(1)	1	4	1	16	3	7	0	5	3	10	5	3	2	25	1	15	2	15	2	
PC 275C	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	
PC 278	0	0	0	0	0	0	0	0	4	0	1	0	2	0	1	1	0	0	2	
PC 278.5	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
PC 278.5(A)	0	0	0	0	0	1	0	0	1	2	0	1	1	0	2	1	1	1	2	
PC 268(B)(1)	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	
PC 268(A)	5	0	6	0	8	0	3	0	4	0	6	0	5	0	5	0	4	0	3	
PC 268(B)(1)	2	0	2	0	4	0	1	0	0	0	0	0	1	0	1	0	0	0	0	
PC 268(C)(1)	2	0	1	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	
PC 268.31(A)	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1	
PC 268.4(A)(1)	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	1	0	
PC 268.4(B)	0	0	2	0	0	0	0	0	2	0	4	0	0	0	1	0	0	0	1	







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ICAN CHARGE	TOTAL YOUTH DISMISSALS BY CHARGES																							
	2013 (14)		2014 (15)		2015 (37)		2016 (21)		2017 (31)		2018 (23)		2019 (25)		2020 (27)		2021 (8)		2022 (10)					
	Feb/13 (10)	Misc/13 (4)	Feb/14 (7)	Misc/14 (2)	Feb/15 (33)	Misc/15 (4)	Feb/16 (18)	Misc/16 (3)	Feb/17 (27)	Misc/17 (4)	Feb/18 (21)	Misc/18 (2)	Feb/19 (24)	Misc/19 (1)	Feb/20 (22)	Misc/20 (5)	Feb/21 (5)	Misc/21 (3)	Feb/22 (10)	Misc/22 (0)				
PC 207(A)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 208.3(C)(1)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0				
PC 261(A)(2)	0	0	0	0	0	0	0	0	1	0	2	0	1	0	2	0	0	0	0	0				
PC 261.5(B)	0	3	0	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 261.5(C)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 266(B)(2)	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 269(A)(4)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0				
PC 269(A)(5)	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0				
PC 275(A)	0	0	0	0	1	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0				
PC 275(A)(5)	0	0	0	0	0	0	0	1	0	0	0	2	0	1	0	1	0	0	0	0				
PC 275(A)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	0				
PC 288(B)(1)	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0				
PC 288(C)(2)(B)	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0				
PC 288(C)(2)(C)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 288(A)	5	0	11	0	21	0	12	0	14	0	11	0	13	0	12	0	4	0	5	0				
PC 288(B)(1)	2	0	2	0	4	0	0	0	2	0	0	0	1	0	1	0	0	0	2	0				
PC 288.3(A)	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 288.5(A)	2	0	1	0	1	0	1	0	2	0	1	0	3	0	3	0	0	0	0	0				
PC 288(A)(2)	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0				
PC 288(A)(3)	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0				
PC 288(A)(2)(B)	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0				
PC 289(A)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 311.1	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	0	0	0	0	0				
PC 311.10	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 311.13(A)	0	0	1	0	1	2	3	1	3	0	1	1	2	0	1	2	0	2	0	0				
PC 311.2(A)	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	1	0	0	0	0				
PC 311.2(C)	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0				
PC 311.210	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0				
PC 311.4(C)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0				



**Inter-Agency Council on Child Abuse and Neglect (ICAN)**

Between Calendar Years 2013 and 2022



PC 261(A)(1)	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 261(A)(2)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
PC 261(B)(1)	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
<b>TOTAL</b>	<b>10</b>	<b>4</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



### Inter-Agency Council on Child Abuse and Neglect (ICAN)

Between Calendar Years 2013 and 2022

ZIP CODE	TOTAL ADULT FILED BY ZIP CODE											
	2013 (2,430)	2014 (2,439)	2015 (2,566)	2016 (2,441)	2017 (2,475)	2018 (2,415)	2019 (2,207)	2020 (1,946)	2021 (1,962)	2022 (1,903)		
90007	61	41	32	38	32	34	20	2	5	3		
90012	406	468	483	460	523	513	460	409	389	335		
90022	76	59	34	47	59	39	34	21	12	19		
90045	56	66	50	50	46	56	63	34	53	58		
90210	4	0	0	0	0	0	0	0	0	0		
90229	129	240	267	267	243	240	232	201	150	143		
90242	71	82	115	115	146	130	142	139	129	84		
90301	43	47	39	44	46	46	46	31	37	33		
90404	0	0	0	0	0	0	0	0	0	0		
90503	58	85	76	67	70	61	47	31	43	34		
90502	27	0	0	0	1	1	0	1	0	0		
90600	135	160	113	93	89	71	89	71	71	70		
90703	0	3	0	1	0	0	0	0	0	0		
90706	60	88	111	116	138	111	117	69	80	100		
90802	81	78	109	99	70	67	82	76	68	95		
91101	64	58	50	40	60	56	40	28	44	28		
91204	59	32	49	46	53	41	42	21	31	61		
91340	115	80	94	104	105	82	100	86	92	99		
91355	21	21	28	46	42	33	35	35	33	23		
91401	82	105	114	80	82	78	56	50	60	77		
91602	12	5	13	9	1	3	5	2	0	4		
91711	77	102	84	68	80	94	72	79	91	113		
91766	216	193	286	178	213	248	249	243	262	179		
91790	92	113	117	127	97	94	92	72	80	86		
91801	72	112	77	85	77	81	48	48	38	36		
93534	311	413	275	343	311	314	323	302	156	189		
<b>TOTAL</b>	<b>2,430</b>	<b>2,439</b>	<b>2,566</b>	<b>2,441</b>	<b>2,475</b>	<b>2,415</b>	<b>2,207</b>	<b>1,946</b>	<b>1,962</b>	<b>1,903</b>		





### Inter-Agency Council on Child Abuse and Neglect (ICAN)

Between Calendar Years 2013 and 2022

ZIP CODE	TOTAL YOUTH FILED BY ZIP CODE										
	2013 (206)	2014 (288)	2015 (283)	2016 (129)	2017 (181)	2018 (225)	2019 (153)	2020 (90)	2021 (54)	2022 (71)	
90001	8	0	0	0	0	0	0	0	0	0	
90011	48	27	22	38	43	24	32	27	20	12	
90028	59	87	29	21	15	12	19	12	7	12	
90042	17	17	23	10	10	16	8	0	0	0	
90091	17	21	7	18	12	17	21	14	4	10	
90092	14	16	26	10	9	6	8	4	4	3	
91101	25	18	11	3	0	0	0	0	0	0	
91042	50	20	34	22	17	18	28	13	10	12	
91766	23	19	25	14	16	18	25	13	7	16	
91773	0	0	1	0	0	0	0	0	0	0	
93534	15	13	14	8	9	14	12	7	2	6	
<b>TOTAL</b>	<b>286</b>	<b>188</b>	<b>181</b>	<b>139</b>	<b>131</b>	<b>125</b>	<b>153</b>	<b>90</b>	<b>54</b>	<b>71</b>	



### Inter-Agency Council on Child Abuse and Neglect (ICAN)

Between Calendar Years 2013 and 2022



**TOTAL FILED BY GENDER AND CASE TYPE FOR ALL CHARGES**

GENDER	2013 (157,881)		2014 (133,427)		2015 (133,895)		2016 (138,453)		2017 (133,444)		2018 (136,150)		2019 (139,729)		2020 (141,940)		2021 (171,164)		2022 (171,896)	
	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH
MALE	134,878	8,304	114,540	6,839	114,200	5,109	104,136	4,342	102,453	3,821	104,494	3,829	107,113	3,020	104,852	1,870	97,511	1,170	96,880	1,505
	78%	81%	78%	82%	78%	82%	78%	82%	78%	82%	78%	80%	79%	82%	76%	84%	82%	85%	83%	88%
FEMALE	51,201	1,208	32,543	1,535	32,492	1,121	27,533	944	26,545	625	28,889	949	28,892	622	18,929	359	12,494	125	11,040	211
	33%	19%	32%	18%	22%	18%	21%	18%	21%	18%	24%	21%	17%	13%	12%	16%	18%	9%	13%	12%
TOTAL	147,879	10,202	147,083	8,384	146,687	6,310	131,669	5,286	129,000	4,446	131,383	4,787	136,017	3,712	123,711	2,229	110,005	1,295	107,920	1,716

**TOTAL CHILD ABUSE AND NEGLECT STATUTES FILED BY GENDER AND CASE TYPE**

GENDER	2013 (2,716)		2014 (2,827)		2015 (2,747)		2016 (2,579)		2017 (2,604)		2018 (2,540)		2019 (2,450)		2020 (2,036)		2021 (2,015)		2022 (1,973)	
	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH	ADULT	YOUTH
MALE	1,883	272	2,052	184	1,965	168	1,815	127	1,937	126	1,836	120	1,731	143	1,474	84	1,498	52	1,432	70
	77%	95%	78%	98%	77%	93%	74%	91%	78%	96%	76%	96%	75%	93%	76%	93%	76%	96%	75%	99%
FEMALE	547	14	587	4	601	13	625	12	536	5	579	5	566	10	472	6	463	2	470	1
	23%	5%	22%	2%	23%	7%	26%	9%	22%	4%	24%	4%	25%	7%	24%	7%	24%	4%	25%	1%
TOTAL	2,430	286	2,639	188	2,566	181	2,440	139	2,473	131	2,415	125	2,297	153	1,946	90	1,961	54	1,902	71

**TOTAL CHILD ABUSE AND NEGLECT STATUTES FILED BY GENDER - ADULT**

GENDER	2013		2014		2015		2016		2017		2018		2019		2020		2021		2022	
	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES
MALE	1,883	114,878	2,052	114,540	1,965	114,200	1,815	104,136	1,937	102,453	1,836	104,494	1,731	107,125	1,474	28,892	1,498	57,511	1,432	56,880
	77%	78%	78%	78%	77%	78%	74%	79%	78%	79%	76%	80%	75%	79%	76%	88%	76%	82%	75%	81%
FEMALE	547	32,801	587	32,543	601	32,492	625	27,533	536	26,545	579	26,889	566	28,892	472	3,819	463	12,494	470	13,040
	23%	22%	22%	22%	23%	22%	26%	21%	22%	21%	24%	20%	25%	21%	24%	12%	24%	18%	25%	19%
TOTAL	2,430	147,679	2,639	147,083	2,566	146,692	2,440	131,669	2,473	129,000	2,415	131,383	2,297	136,017	1,946	32,711	1,961	70,005	1,902	69,920

**TOTAL CHILD ABUSE AND NEGLECT STATUTES FILED BY GENDER - YOUTH**

GENDER	2013		2014		2015		2016		2017		2018		2019		2020		2021		2022	
	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES	CHILD ABUSE	ALL CHARGES
MALE	272	8,304	184	6,839	168	5,109	127	4,342	126	3,821	120	3,819	143	3,020	84	1,870	52	1,176	70	1,505
	95%	81%	98%	83%	93%	82%	91%	82%	96%	83%	96%	80%	93%	93%	93%	84%	96%	91%	99%	88%
FEMALE	14	1,898	4	1,535	13	1,121	12	944	5	825	5	948	10	622	6	359	2	123	1	211
	5%	19%	2%	18%	7%	18%	9%	18%	4%	18%	4%	20%	7%	17%	7%	16%	4%	9%	1%	12%
TOTAL	286	10,202	188	8,384	181	6,310	139	5,286	131	4,646	125	4,767	153	3,712	90	2,229	54	1,299	71	1,716



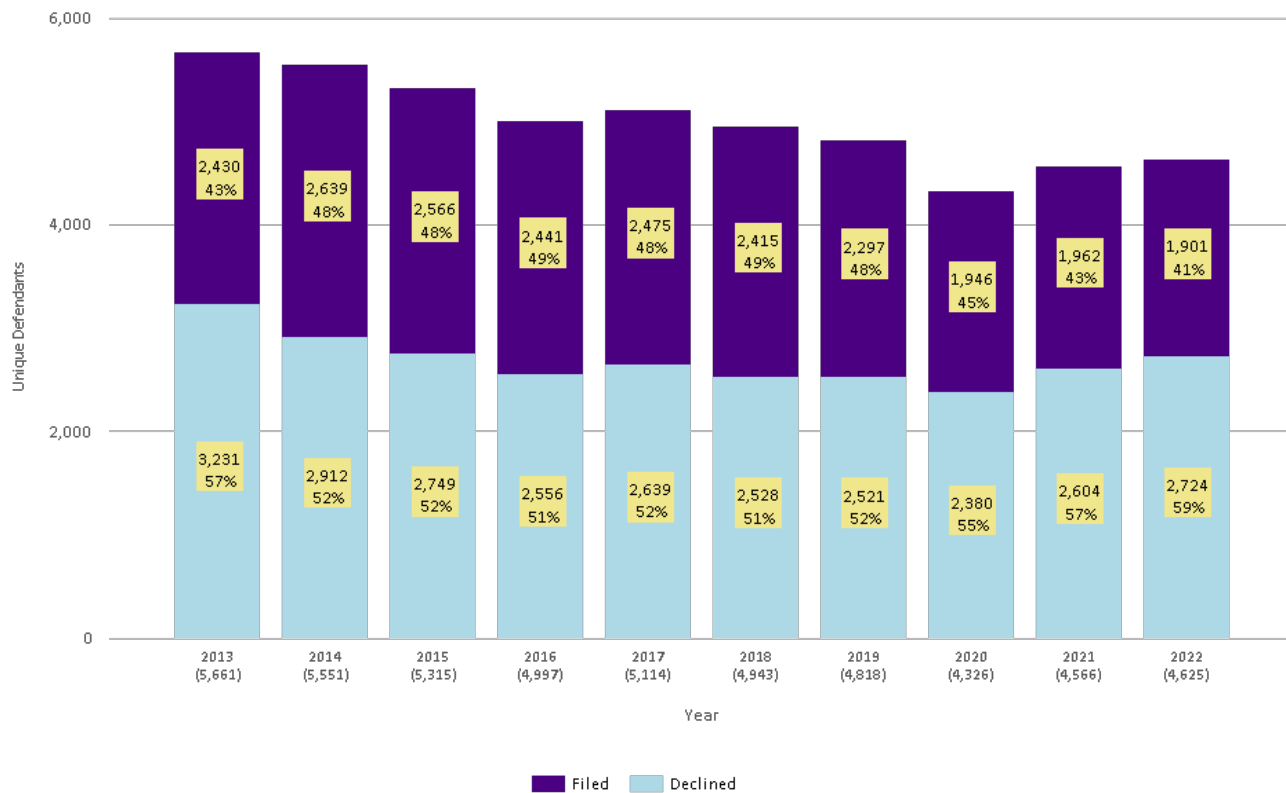
### Inter-Agency Council on Child Abuse and Neglect (ICAN)

Between Calendar Years 2013 and 2022

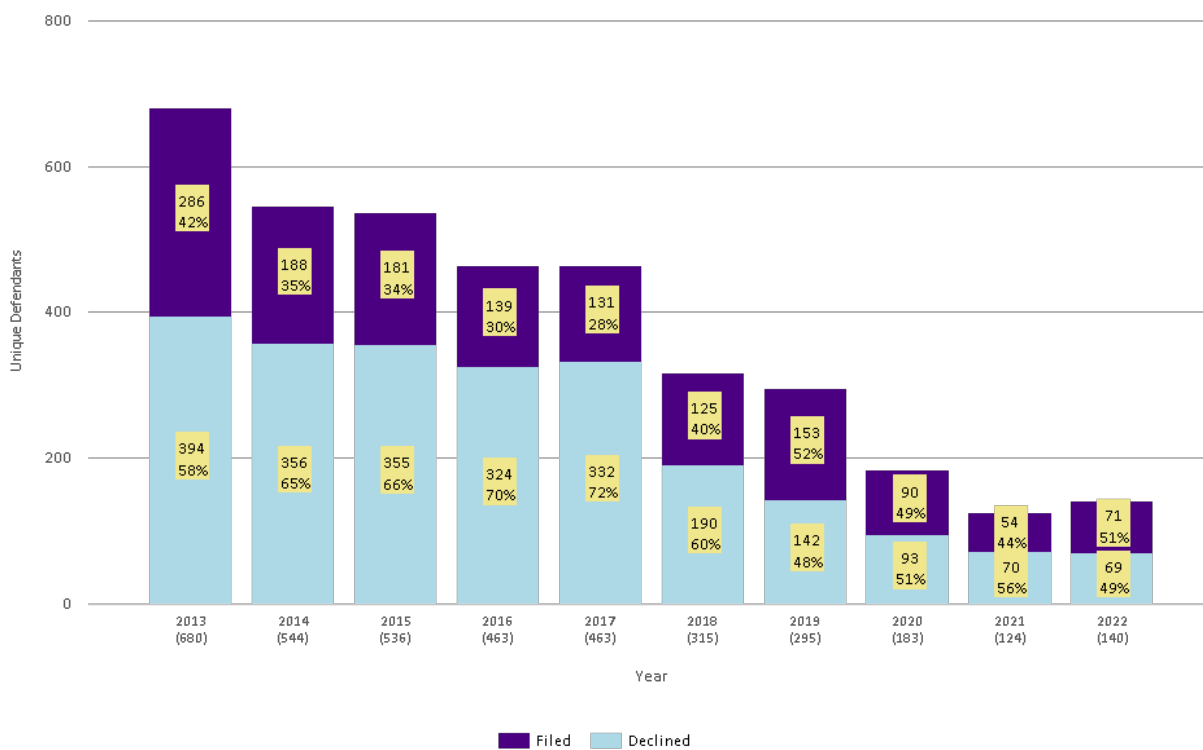
SENTENCE TYPE	TOTAL ADULT CASES SENTENCED											
	2013 (1,711)	2014 (1,850)	2015 (1,863)	2016 (1,724)	2017 (1,712)	2018 (1,602)	2019 (1,317)	2020 (948)	2021 (935)	2022 (1,033)		
COUNTY JAIL 1170(H)	31 1.81%	40 2.16%	30 1.61%	32 1.86%	36 2.10%	32 2.00%	28 2.13%	5 0.53%	7 0.75%	7 0.68%		
JAIL OR FINE	33 1.93%	21 1.14%	26 1.40%	29 1.68%	27 1.58%	27 1.69%	24 1.82%	19 2.00%	25 2.67%	23 2.23%		
LIFE	16 0.94%	16 0.86%	16 0.86%	12 0.70%	16 0.93%	10 0.62%	6 0.46%	6 0.63%	2 0.21%	3 0.29%		
PROBATION	1,193 69.73%	1,300 70.27%	1,265 67.90%	1,217 70.59%	1,189 69.45%	1,110 69.29%	896 68.03%	689 72.68%	652 69.73%	684 66.21%		
STATE PRISON	438 25.60%	473 25.57%	526 28.23%	434 25.17%	444 25.93%	423 26.40%	363 27.56%	229 24.16%	249 26.63%	316 30.59%		
<b>TOTAL</b>	<b>1,711</b>	<b>1,850</b>	<b>1,863</b>	<b>1,724</b>	<b>1,712</b>	<b>1,602</b>	<b>1,317</b>	<b>948</b>	<b>935</b>	<b>1,033</b>		



ICAN TOTAL ADULT PRESENTATIONS BY YEAR



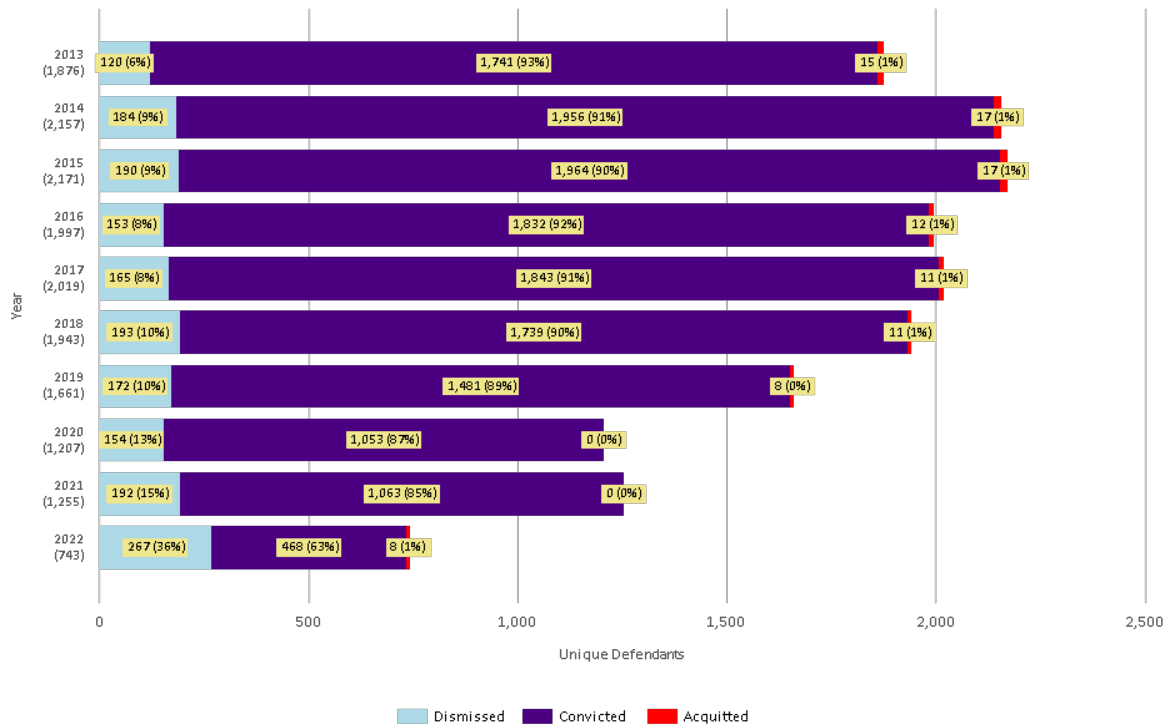
ICAN TOTAL YOUTH PRESENTATIONS BY YEAR



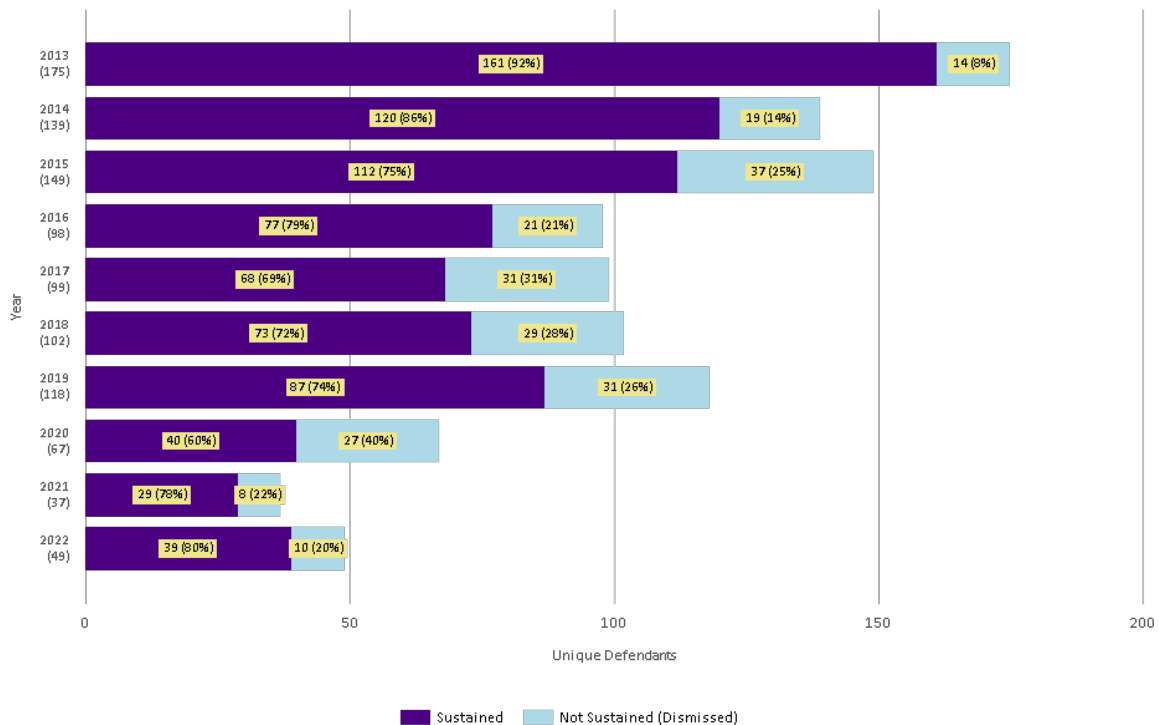




ICAN TOTAL ADULT DISPOSITIONS BY YEAR

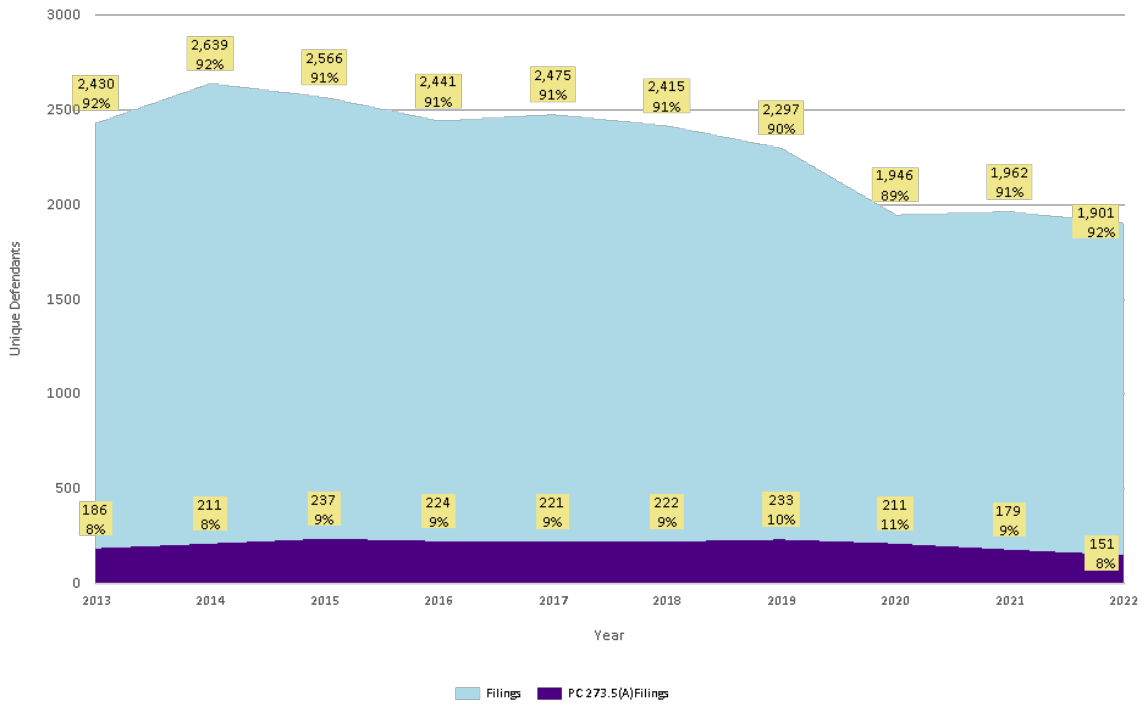


ICAN TOTAL YOUTH DISPOSITIONS BY YEAR

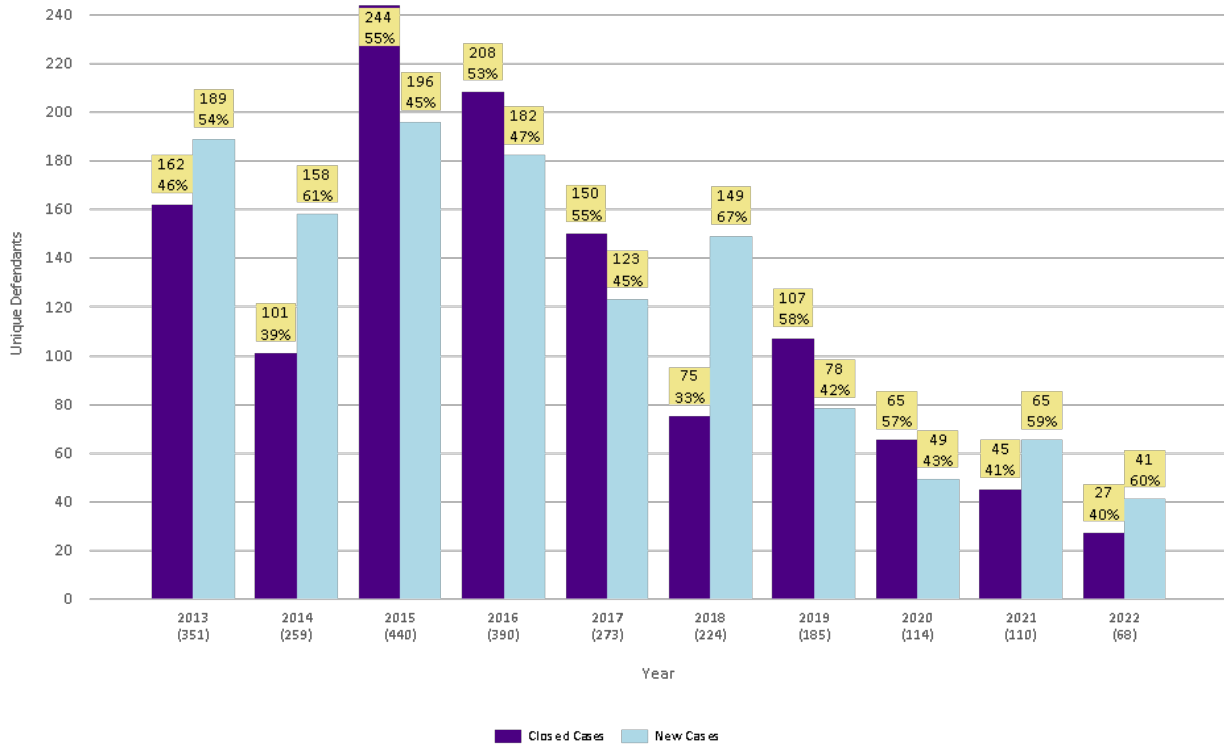




ADULT FILINGS WITH PC 273.5(A) VS TOTAL ADULT FILINGS



CHILD ABDUCTION CASES





**Inter-Agency Council on Child Abuse and Neglect (ICAN)**  
Between Calendar Years 2013 and 2022



LIST OF PRIORITIZED STATUTES														
CODE	STATUS	ATTEMPT	FORM #	ORDER	CODE	STATUS	ATTEMPT	FORM #	ORDER	CODE	STATUS	ATTEMPT	FORM #	ORDER
PC	187(A)			001	PC	288A(C)(2)(B)			034	PC	288A(B)(2)			069
PC	273AB(A)			002	PC	288A(C)(2)(C)			035	PC	25100(A)			070
PC	273AB(B)			003	PC	288A(D)(2)		001	036	PC	311.4(B)			071
PC	273AB			004	PC	288A(D)(3)		001	037	PC	311.2(A)			072
PC	288.7(A)			005	PC	289(A)(1)(B)			038	PC	311.2(C)			073
PC	288.7(B)			006	PC	289(A)(1)(C)			039	PC	311.10			074
PC	236.1(C)			007	PC	286(C)(1)			040	PC	311.11(B)			075
PC	236.1(C)(1)			008	PC	286(C)			041	PC	288.3(A)			076
PC	236.1(C)(2)			009	PC	288(B)(1)			042	PC	288.3(A)			076.1
PC	269(A)(1)			010	PC	288(B)(2)			043	PC	288.3(C)			077
PC	269(A)(2)			011	PC	288(B)			044	PC	288.4(B)			078
PC	269(A)(3)			012	PC	288(A)			045	PC	288.2(A)			079
PC	269(A)(4)			013	PC	288(A)		Yes	045.1	PC	261.5(D)			080
PC	269(A)(5)			014	PC	288A(C)(1)			046	PC	261.5(C)		002	081
PC	187(A)	Yes		015	PC	288A(C)			047	PC	288.4(A)(2)			082
PC	261(A)(2)		001	016	PC	288(C)(1)		Yes	047.1	PC	647.6(C)(1)			083
PC	261(A)(2)	Yes		016.1	PC	289(F)			048	PC	311.1(A)			084
PC	261(A)(2)		002	017	PC	289(F)			049	PC	311.4(C)			085
PC	261(A)(2)	Yes		002	PC	289(F)			050	PC	288.4(A)(1)			086
PC	236.1(B)			018	PC	273A(A)			051	PC	271A			087
PC	236.1(A)			019	PC	273D(A)			052	PC	25100(B)			088
PC	264.1(B)(1)			020	PC	278			053	PC	25200(A)			089
PC	264.1(B)(2)			021	PC	278.5			054	PC	25200(B)			090
PC	207(B)			022	PC	278.5(A)			055	PC	267			091
PC	207(C)		002	023	PC	288(C)(1)			056	PC	288.2(B)			092
PC	207(D)		002	024	PC	288(C)			057	PC	647.6(C)(2)			093
PC	207(A)		002	025	PC	286(B)(2)			058	PC	647.6(B)			094
PC	207(A)	Yes		002	PC	286(B)(1)			059	PC	647.6(A)(2)		002	095
PC	207(A)		003	026	PC	288A(B)(1)			060	PC	647.6(A)(2)		001	096
PC	207(A)	Yes		003	PC	266J			061	PC	647.6(A)(1)		002	097
PC	208(B)			027	PC	266H(B)			062	PC	647.6(A)(1)		001	098
PC	288.5(A)			028	PC	266H(B)(1)			063	PC	261.5(C)		001	099
PC	288.5			029	PC	266H(B)(2)			064	PC	647.6(A)		002	100
PC	286(C)(2)(B)			030	PC	266(B)			065	PC	647.6(A)		001	101
PC	286(C)(2)(C)			031	PC	266(B)(1)			066	PC	261.5(B)			103
PC	286(D)(2)			032	PC	266(B)(2)			067	PC	261.5			104
PC	286(D)(3)			033	PC	266			068	PC	273(A)			105



## GLOSSARY OF TERMS

**Accusatory Pleading** - An indictment, information, or complaint by which the government begins a criminal prosecution.\*

**Acknowledgment of Discovery** - A form signed by the defense attorney acknowledging the receipt or inspection of specified documents relating to the court case.

**Adjudication** - The legal process of resolving a dispute; the process of judicially deciding a case.\* In criminal court, this term generally means a determination of guilty or not guilty. When used to describe a proceeding in juvenile delinquency court, it describes the trial process under which the judge hears evidence as the trier of fact in order to determine whether a petition filed on behalf of the minor in court is found to be true (sustained petition) or not true (dismissed). As the purpose of a delinquency court proceeding is to determine the truth of the matter alleged and, if sustained, develop a rehabilitation plan on behalf of the minor, a true finding by the court resulting from an adjudication does not have the same consequences as a conviction for a similarly charged adult defendant.

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

**Amend a Complaint or Information** - One amends a complaint or information by adding or deleting from it. This must be approved by the court if objected to. It can be done either by interlineation or by submitting a new document containing the charges. Generally, a complaint or information is amended based on newly discovered evidence or to conform to proof presented at a court hearing.

**Appeal** - A proceeding undertaken to have a decision reconsidered by a higher authority; especially, the submission of a lower court's or agency's decision to a higher court for review and possible reversal.\* The appellate court may refuse to hear the case, affirm the lower court's ruling, or reverse or overturn the lower court ruling on the issue(s) being appealed.

**Appellate Court** - A court of review which determines whether or not the ruling and judgments of the lower court were correct.

**Arraignment** - The initial step in a criminal prosecution whereby the defendant is brought before the court to hear the charges and enter a plea.\* The defendant is given a copy of the complaint, petition, or other accusatory instrument, and informed of his or her constitutional rights.

**Arrest** - The physical taking of a person into custody for violating the law, the purpose of which is to restrain the accused until he can be held accountable for the offense at court proceedings. The legal requirement for an arrest is probable cause.

**Arrest Warrant** - A warrant issued by a disinterested magistrate after a showing of probable cause, directing a law-enforcement officer to arrest and take a person into custody.\*

**Bail** - A monetary or other form of security given to ensure the appearance of the defendant at every stage of the proceedings in lieu of actual physical confinement in jail.

**Bench Warrant** - A writ issued directly by a judge to a law-enforcement officer, especially for the arrest of a person who has been held in contempt, has been indicted, has disobeyed a subpoena, or has failed to appear for a hearing or trial.\*

**Beyond a Reasonable Doubt** - The burden of proof in a criminal trial. The California jury instruction defines reasonable doubt as: It is not a mere possible doubt; because everything relating to human affairs is open to some possible or imaginary doubt. It is that state of the case which, after the entire comparison and consideration of all of the evidence, leaves the minds of the jurors in that condition that they cannot say they feel an abiding conviction of the truth of the charge.

**Booking** - An administrative record of an arrest made in police stations listing the offender's name, address, physical description, date of birth, employer, time of arrest, offense, and the name of arresting officer. Photographing and fingerprinting the offender are also part of the booking process.

**Burden of Proof** - A party's duty to prove a disputed assertion or charge.\*

**Case Law** - Law derived from previous court decisions, as opposed to statutory law which is passed by legislature.

**Certified Plea** - Occurs when a defendant pleads



guilty or no contest to a felony charge.

**Change of Venue** - Moving the trial away from the responsible judicial jurisdiction to another to obtain an impartial jury (usually done when pre-trial publicity prevents the selection of an impartial jury in the court of original jurisdiction).

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

**Charging Document** - Generic term used in place of complaint, information, or grand jury indictment. The document lists the date of the crime and the code section which defines the crime.

**City Attorney** - Prosecutor for a city. City Attorneys represent the people of a city and prosecute infractions and misdemeanors occurring within that city.

**Classification of Crime** - Crimes are designated as felonies or misdemeanors. Some crimes, called wobblers, can be designated as misdemeanors or felonies, by order of the court (PC §17(b)(5)) or request of the prosecutor (PC §17(b)(4)).

**Complaint** - A sworn allegation made in writing to a court or judge that an individual has committed one or more public offenses.

**Consolidation** - The combination of two or more charges documents into one. The charging documents can be for one or more defendants.

**Continuance** - The postponement of a court proceeding to a future date, with a time waiver.

**Conviction** - A judgment of guilt; this occurs as a result of a verdict by a jury, a plea by a defendant, or a judgment by a court that the accused is guilty as charged.

**Corpus Delicti** - The material substance on which a crime has been committed; the physical evidence of a crime.\*

**Count** - The part of a charging instrument alleging that the suspect has committed a distinct offense.\* In law enforcement, this is the number of offenses with which a suspect has been charged. For instance, one count of PC §211 (robbery) and two counts of PC §244 (assault with a caustic substance). In other criminal justice agencies (District Attorney's Office, courts, etc.) this is the sequence number identifying a charge on the

accusatory pleading document. For instance, Count 1 is for PC §211, Count 2 is for PC §244, and Count 3 is for PC §244.

**Court Calendar** - A list of matters scheduled for trial or hearing.

**Court Case** - A case that has been identified, numbered, and is recognized by the court system. Not to be confused with a District Attorney case (see below).

**Credit** - Time in days that reduces an inmate's sentence term. Credits are typically issued for "good time and work time" or time in custody already served by a defendant.

**Crime** - Any act that lawmakers designated as forbidden and subject to punishment imposed by the courts.

**De Novo Hearing** - In juvenile court proceedings, the rehearing where the judgment in the initial hearing is set aside and the new hearing takes place before a judge as if the first hearing never occurred. The de novo hearing may occur when the first hearing was held before a referee.

**Defendant** - The accused in criminal proceedings.

**Demurrer** - A written document filed (or plea entered) by a defendant that attacks the accusatory pleading for failing to state sufficient facts to constitute a public offense.

**Dennis H. Hearing** - An optional juvenile detention hearing requested by the defense to attack the sufficiency of the evidence presented by the District Attorney's Office that the minor has committed a crime or crimes which require the continued detention of the minor.

**Detention Hearing** - In delinquency court, a hearing held by a juvenile court to determine whether a juvenile accused of delinquent conduct should be detained, continued in confinement, or released pending an adjudicatory hearing.\*

**Determinate Sentence** - A jail term of a specified duration.\*

**Diagnostic** - In appropriate juvenile cases, the court has the power to order a diagnostic report from the California Department of Corrections and Rehabilitation, Division of Juvenile Justice regarding whether the juvenile would benefit from any of the



programs offered by the Department of Corrections and Rehabilitation, Juvenile Division. In adult cases, the court can refer a convicted defendant to the California Department of Corrections and Rehabilitation pursuant to PC §1203.03 for a 90-day period and a diagnostic report recommending whether the defendant should be committed to state prison.

**Discovery** - Procedure whereby one party to an action gains information held by another party.

**Dismiss a Case** - To terminate a case without a trial or conviction.

**Disposition** - For juvenile offenders, the equivalent of sentencing for adult offenders. Possible dispositions are dismissal of the case, release of the juvenile to parental custody, place the juvenile on probation, or send juvenile to a county institution or state correctional institution.

**District Attorney Case** - When crimes are committed, law enforcement conducts an investigation, then submits its reports to the District Attorney's Office for filing consideration. If sufficient evidence exists to prove the case beyond a reasonable doubt, the reviewing Deputy District Attorney will file the appropriate charges. The charging document, police reports, attorneys' work product, and other evidence constitute the District Attorney case. A case may represent more than one defendant and more than one count. Both adult and juvenile District Attorney's cases have an internal number as well as the official case number issued by the Superior Court. The cases may be tracked in the District Attorney's Office internal computer system, PIMS (Prosecutor's Information Management System).

**Diversion Program** - A pretrial program that refers certain criminal defendants, especially youth offenders and first-time offenders, to rehabilitative community programs, the charges being placed on hold until, and ultimately reduced or dismissed after, benchmarks such as counseling for mental health, drug abuse, or employment are met.\*

**Docket** - A formal record in which a judge or court clerk briefly notes all the proceedings and filings in a court case.\*

**Double Jeopardy** - The fact of being prosecuted or sentenced twice for substantially the same offense. Double jeopardy is prohibited by the Fifth Amendment.\*

**Edsel P. Hearing** - A juvenile court hearing to determine if there is sufficient prima facie evidence to substantiate that a WIC §707b offense (which gives rise to the presumption that the juvenile is not fit to be tried as a juvenile) has been committed.

**Enhancement/Allegation** - Statutes that increase the punishment for a crime.

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

**Evidence** - Something (including testimony, documents, and tangible objects) that tends to prove or disprove the existence of an alleged fact.\*

**Expert Witness** - A witness qualified by knowledge, skill, experience, training, or education to provide a scientific, technical, or other specialized opinion about the evidence or a fact issue.\*

**Expungement of Record** - The removal of a conviction from a person's criminal record.\*

**Family and Children's Index (FCI)** - An application and database accessible by various county and city agencies that highlights, by date, victim, or address, an agency's prior contact, based upon the agency's "at risk" definition.

**Felony** - A serious crime usually punishable by imprisonment for more than one year or by death.\*

**Filing** - In the District Attorney's Office, this is the process where the prosecutor reviews the facts and evidence presented by law enforcement to make a determination as to whether crimes may be charged, and if so, what the appropriate charges are. The prosecutor evaluates the case to determine not only whether all of the legal elements of the crimes are present but also whether it is reasonably likely that the trier of fact could find the accused guilty beyond a reasonable doubt. Once the charging document is prepared in the District Attorney's Office, it is then filed in Superior Court.

**Fitness Hearing** - A hearing to determine if a juvenile should be tried as an adult rather than remain in the juvenile system.

**Grand Jury** - A group of citizens (usually 23 in



number) that investigates wrongdoing and that, after hearing evidence submitted by the prosecutor, decide by majority vote whether to indict defendants. Grand jury proceedings are conducted in secret and without the presence of the accused or his attorney.

**Habeas Corpus Proceeding** - A hearing to determine the legality of a person's confinement.

**Hearing** - A judicial session, usually open to the public, held for the purpose of deciding issues of fact or of law, sometimes with witnesses testifying.\*

**Held to Answer** - In felony cases, a magistrate decides at the preliminary hearing whether there is sufficient cause to believe the defendant is guilty of felony charges.

**Home on Probation** - A juvenile delinquency court disposition which allows a minor to remain in his home while complying with the terms and conditions of probation.

**Home Supervision Program (HSP)** - A program in which persons who would otherwise be detained in the juvenile hall are permitted to remain in their homes pending court disposition of their cases, under the supervision of a probation officer.

**Hung Jury** - A jury that is unable to reach agreement about whether a defendant is guilty or not guilty. This allows the prosecution to retry the case if it chooses unless the trial judge decides otherwise and dismisses the case.

**In Lieu of Filing** - A procedure where a probation violation petition is filed pertaining to the facts of a new crime instead of filing a new criminal complaint on those same facts.

**Indeterminate Sentence** - An open-ended sentence, such as from 25 to life, that gives correctional authorities the right to determine the amount of time actually served within the prescribed limits.

**Indictment** - A written accusation returned by a grand jury charging an individual with a specified crime after determining probable cause.

**Informal Probation** - Supervised probation of a juvenile offender. This status may be granted by a probation officer (in lieu of requesting the filing of a petition) or by the court (suspending the delinquency proceedings) prior to adjudication. This is similar to diversion in the

adult system.

**Information** - Like the complaint or indictment, a formal charging document.

**Infraction** - A crime that is not punishable by imprisonment.

**In Propria Persona (also known as In Pro Per, or Pro Per)** - Refers to a defendant who represents his or herself in a legal action. The defendant has a legal right to counsel but also has the right to self-representation. Before the court may accept a waiver to the right to counsel, it must satisfy itself that the defendant is making a knowing and intelligent waiver of that right. For capital (death penalty) cases in California, the court is statutorily obligated to appoint defense counsel even if the defendant asks to act as his or her own attorney.

**Interlineation** - The changing of a charging document, with court approval, by all parties writing the change on their copy of the charging document.

**Jeopardy** - The risk of conviction and punishment that a criminal defendant faces at trial. Jeopardy attaches in a jury trial when the jury is empaneled, and in a bench trial when the first witness is sworn.\*

**Joinder** - The joining of several offenses into one charging document which either arise from the same factual incident or are offenses of the same nature.

**Jurisdiction** - The type (e.g., territorial, subject matter, appellate, personal, etc.) or range of a court's or law enforcement agency's authority.

**Jury** - A group of citizens, randomly selected from the community, chosen to hear evidence and decide questions of fact in a trial.

**Juvenile Court Jurisdiction** - Under WIC §602, any person under the age of 18 years when he or she violates any law of California or the United States, or any city or county of California defining crime (other than an ordinance establishing curfew based solely on age), is within the jurisdiction of the juvenile court, which may adjudge such person to be a ward of the court, except in those circumstances where the offense provides that the juvenile may be tried as an adult.

**Law Enforcement Agency** - Agency with the responsibility of enforcing the laws and preserving the peace of its jurisdiction.



**Lawful Custody** - As used in reference to the Safe-Surrender law in PC §271.5, Health and Safety Code §1255.7 defines "lawful custody" as physical custody of a minor 72 hours old or younger accepted by a person from a parent of the minor, who the person believes in good faith is the parent of the minor, with the specific intent and promise of effecting the safe surrender of the minor.

**Minor** - Someone who has not reached full legal age; a child or juvenile.\*

**Minute Order** - An order recorded in the minutes of the court rather than directly on a case docket.\*

**Misdemeanor** - A crime that is less serious than a felony and is usually punishable by fine, penalty, forfeiture, or confinement in a place other than prison.\*

**Mistrial** - A trial that a judge brings to an end, without a determination on the merits, because of a procedural error or serious misconduct occurring during the proceedings,\* or due to a hung jury.

**Motion** - A written or oral application requesting a court to make a specified ruling or order.

**Motion to Dismiss Pursuant to PC §995** - A motion made in superior court to dismiss a case on one or more counts based on insufficient evidence produced at the preliminary hearing.

**Obscene Matter** - Pursuant to PC §311(a), this means matter, taken as a whole, that to an average person, applying contemporary statewide standards, appeals to the prurient interest, that taken as a whole, depicts or describes sexual conduct in a patently offensive way, and that, taken as a whole, lacks serious literary, artistic, political, or scientific value.

**Office Hearing** - The District Attorney's Office handles certain criminal situations in a non-courtroom setting with the objective of solving problems before they become more serious. These criminal matters are minor in nature. The hearing officer speaks to both parties and attempts to resolve the matter. If that fails, a decision is made whether to file, seek additional information, or not file a complaint.

**Petition** - A formal written request presented to a court or other official body.\* In juvenile court, the Probation Department requests the District Attorney's Office to file a petition for a juvenile. The charging document is called a petition in juvenile court, while the charging

document is called an indictment, information, or complaint in adult court.

**Petition (WIC §601)** - Juvenile charging document prepared by the District Attorney's Office (and occasionally the probation officer) for those offenses (typically matters involving incorrigibility) that are not violations of the law if committed by an adult.

**Petition (WIC §602)** - Juvenile charging document prepared by the District Attorney's Office for those offenses that are violations of the law if committed by an adult.

**Petition (WIC §777)** - Juvenile charging document prepared by the District Attorney's Office for those offenses that constitute a violation of probation (making it necessary to modify the previous orders of the court).

**Plea** - An answer to formal charges by an accused. Possible pleas include guilty, nolo contendere or no contest, not guilty, and not guilty by reason of insanity.

**Plea Bargaining** - The process whereby the accused and the prosecutor negotiate a mutually satisfactory disposition of the case. This is also known as a case settlement or negotiated plea.

**Preliminary Hearing** - A criminal hearing to determine whether probable cause exists to prosecute an accused person. If sufficient evidence exists, the case will be held to answer and an information will be filed. At the hearing, the prosecution must establish a prima facie case, that is, show that a felony occurred and to raise strong suspicion that the defendant committed it.

**Preponderance of Evidence** - The standard of proof in a civil trial. It is less than required in a criminal trial (i.e., beyond a reasonable doubt). Specifically, the weight of evidence for guilt is deemed greater than the weight of evidence for innocence.

**Pre-Sentence Report** - A report by a probation officer made prior to sentencing that diagnoses offenders, predicts their chance of being rehabilitated, recommends to the court that specific sentence elements be imposed upon the defendant, and addresses the danger they pose to society.

**Pre-Trial Hearing** - The pre-trial hearing is held to facilitate case settlement prior to the trial. Various motions may also be heard at the pretrial.





**Prima Facie** - A term that usually refers to the strength of evidence of a criminal charge. Prima facie evidence is sufficient to establish a fact or raise a presumption unless disproved or rebutted; based on what seems to be true on first examination, even though it may later be proved to be untrue.\*

**Probable Cause** - A reasonable ground to suspect that a person has committed or is committing a crime or that a place contains specific items connected with a crime.\* The evidentiary criterion necessary to sustain an arrest or the issuance of an arrest or search warrant; less than an absolute certainty or "beyond a reasonable doubt" but greater than mere suspicion or "hunch."

**Probation** - A procedure whereby a convicted defendant is not punished by incarceration alone but is released for a designated period of time subject to conditions imposed by the court. One of the conditions of probation can be a period of incarceration in local (county) institutions.

**Probation Violation** - When a person does not abide by one or more of the conditions of his probation.

**Probation/Sentencing Hearing** - A hearing after a defendant has been found guilty or pled guilty where the sentence is imposed.

**Register of Action** - A formal record of the events that have occurred in a superior court case maintained by the court clerk.

**Registration** - Pursuant to PC §290, persons convicted of certain sexual offenses must give all pertinent identifying information to the law enforcement agency in the area where they live and, if applicable, where they attend a university, college, or community college within a certain time period. This requirement is often for life.

**Safe-Surrender Site** - As defined in Health and Safety Code §1255.7, (a) a location designated by the board of supervisors of a county to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5 and (b) a location within a public or private hospital that is designated by that hospital to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5.

**Sealing of Records** - The act or practice of officially preventing access to particular records, in the absence of a court order.\*

**Search Warrant** - A judge's written order authorizing a law enforcement officer to conduct a search of a specified place and to seize evidence.\*

**Sentence** - The criminal sanction imposed by the court upon a convicted defendant. When there are multiple charges, the court may sentence concurrently or consecutively. If the sentences are concurrent, they begin the same day and sentence is completed after the longest term has been served. If the sentence is to be served consecutive to another charge, the defendant must complete the first sentence before the other term of incarceration begins. Within one court case, sentences for charges can be consecutive and if the defendant has more than one court case, sentences for each court case can be consecutive.

**Severance** - Can involve the separating of two or more defendants named in the same charging document. Also, can involve the separating of two or more charges against a defendant into multiple cases.

**Stay** - A judicial order whereby some action is forbidden or held in abeyance until some event occurs or the court rescinds its order.

**Submission on Transcript (SOT)** - If the defendant waives his right to a jury trial and the right to confront and cross-examine witnesses, and the Deputy District Attorney concurs, the case may be submitted to the judge on the preliminary hearing transcript.

**Subpoena** - A court order directing a person to attend a court proceeding.

**Subpoena Duces Tecum (SDT)** - A court order directing a witness to bring to court documents that are under the witness' control.

**Sustain the Petition** - The judicial finding in a juvenile delinquency case. If the court finds the allegations to be true, it sustains the petition; this is functionally equivalent to a guilty verdict. If the petition is not sustained, the court will find the petition not true; this is functionally equivalent to a not guilty verdict.

**Trier of Fact (also known as the Fact Finder)** - Hears testimony and reviews evidence to rule on a factual issue. In a preliminary hearing, a magistrate is the trier of fact. In a jury trial, jurors are the triers of fact. In a



court trial, the judge is the trier of fact. In all instances, the court rules on the law.

**Venue** - The place designated for trial.

**Vertical Prosecution** - The prosecution of a defendant whereby a specific prosecutor is assigned for the duration of the case.

**Witness** - One who gives evidence in a cause before a court and who attests or swears to facts or gives or bears testimony under oath.

**Wobbler** - A criminal offense that is punishable as either a felony or a misdemeanor.

**Writ** - An appellate remedy seeking an order from a higher court either to mandate or prohibit action in the lower court where the criminal case is pending.

*\*Definition from Black's Law Dictionary, (10th ed. 2014)*



# PUBLIC DEFENDER'S OFFICE

The Public Defender's Office provides legal representation to indigent individuals in the adult and juvenile delinquency courts of Los Angeles County as well as in state and federal appellate courts. Celebrating 100 years in 2014, the Los Angeles County Public Defender's Office is the first and largest full service local governmental defender in the United States. During Fiscal Year 2022-23, the Office was led by Public Defender Ricardo D. García, Justine Esack as Chief Deputy, and Ruben Marquez as our Chief of Staff.

## VISION AND MISSION STATEMENTS

### Vision:

The Los Angeles County Public Defender's Office is the finest client-centered criminal defense firm in the nation, providing a beacon for evolutionary and revolutionary changes in the justice system.

### Mission:

By 2025, measurably reduce incarceration and the collateral consequences of contact with the criminal justice system in Los Angeles County.

### Values:

*Advocacy:* We are zealous Defenders, working relentlessly to meet the needs of our clients.

*Compassion:* We listen to our clients, respect their life experience, and tell their story.

*Dedication:* We are passionate about indigent defense.

*Collaboration:* We work with County and community stakeholders to achieve our clients' goals.

The Department strives to defend the liberties of indigent clients, protect their rights, and advocate for clients' access to resources in order to be productive members of the community.

With offices in 33 separate locations throughout the County, in Fiscal Year 2022-23, the Public Defender's Office had 1,231 budgeted positions. There were 719 Deputy Public Defender I through IV attorney positions in addition to 38 managing attorney positions. Integral to the collaborative team are Public Defender-employed paralegals, psychiatric social workers, investigators, information technology specialists, administrative staff, secretaries, and clerical staff.

The Public Defender represents clients:

1. Charged with felony and misdemeanor offenses;
2. Charged in juvenile delinquency cases;



3. In sexually violent predator cases;
4. Facing mental health commitments;
5. Facing civil contempt matters;
6. In pre-judgment appeals and writs; and
7. In post-conviction matters including but not limited to areas of police misconduct, intimate partner battering and its effects, claims involving factual innocence based on DNA, Senate Bill 1437 hearings, non-citizen client support, Franklin hearings, and Assembly Bill 109 revocation hearings.

During FY 2022-23, Public Defender staff assisted on the following:

Felony Representation:

- 33,498: Number of felony cases assigned to the Public Defender by the courts (number of cases assigned is a measure of unique cases that are assigned to the Public Defender by the courts).
- 56,879: Number of attorney case assignments allocated to felony cases (Public Defender regularly assigns distinct specialized attorneys to a case at different stages of a case. This number represents how many times attorneys are assigned to cases).
- 370,924: Number of court hearings in which the Public Defender represented an individual.

Misdemeanor Representation:

- 69,345: Number of misdemeanor cases assigned to the Public Defender by the courts (number of cases assigned is a measure of unique cases that are assigned to the Public Defender by the courts).
- 106,559: Number of attorney case assignments allocated to misdemeanor cases (Public Defender regularly assigns distinct specialized attorneys to a case at different stages of a case. This number represents how many times attorneys are assigned to cases) – 106,559.
- Number of court hearings in which the Public Defender represented an individual.

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 facilitating broad justice system improvements for all its clients. This includes programs and initiatives designed to produce positive lifestyle outcomes for children, their families, and the communities in which they reside.

The Public Defender actively participates, often in a leadership role, in numerous criminal justice inter-agency committees and projects designed to focus on the issues faced by communities at risk. Such inter-agency collaborations craft creative solutions to effectively resolve those issues by addressing the root causes of criminal behavior. The Public Defender recognizes that effective advocacy can only occur in the context of understanding the unique needs of the individual client, including the developmental, educational, psychological, and sociological history of everyone represented.

**THE JUVENILE JUSTICE SYSTEM**

During fiscal year 2022-23, the Los Angeles County Public Defender's Juvenile Division represented clients in 19,850 delinquency hearings, with 2,604 unique cases. Our Office developed a once novel holistic defense approach that has come to serve as a model for public defender offices nationwide. For over twenty years, this holistic practice has been anchored by the Client Assessment Recommendation and Evaluation (CARE) Project through which clients are matched with in-house social workers and resource attorneys who specialize in mental health and educational advocacy. A tailored strategy is developed for each youth based upon a variety of personal factors. These strategies often lead to predisposition placements or inform a court's disposition.

Many youths enter the juvenile legal system with serious long-standing undiagnosed or unaddressed educational and/or psychosocial problems that significantly contribute to their troublesome behavior. The underlying issues are:

- mental health disorders
- substance abuse problems
- cognitive learning disabilities
- developmental disabilities
- psychologic effects of sexual and/or physical abuse and neglect.

**MENTAL HEALTH ISSUES**

The prevalence of mental health disorders among youth in the juvenile legal system is two to three times higher than among youth in the general population, according to the National Center for Mental Health and Juvenile Justice. Two-thirds of youth in the legal system have co-occurring disorders which compound challenges in diagnoses and treatment.



According to Mental Health in the Juvenile Justice System, a report by Physicians for Human Rights, 50-to-75% of incarcerated youth have diagnosable mental health disorders and nearly half have substance abuse problems. The report also indicates multiple studies have associated substance abuse with conduct disorder and/or attention deficit hyperactivity disorder. Research suggests the mental health disorder precedes the addictive disorder in more than 80% of these cases.

## EDUCATIONAL ISSUES

According to the Juvenile Court Judges of California, 50% of all youth in the juvenile delinquency system have undetected learning disabilities. A study from the National Center on Education, Disability, and Juvenile Justice notes that youth in juvenile corrections exhibit learning disabilities at a rate three to five times higher than in public school populations.

State and federal special education laws mandate a continuum of educational program options for eligible students. Our attorneys and staff leverage available laws, including those that protect at-risk communities such as youth in foster care and those who are homeless, so juvenile clients have a meaningful opportunity to meet the same rigorous state academic achievement standards to which all pupils are held. One of the Department's key strategies is to promote educational advancement and stability by holding agencies, including school districts, accountable for providing students with access to academic resources, services, and extracurricular activities available to all pupils.

## CLIENT ASSESSMENT RECOMMENDATION AND EVALUATION (CARE) PROJECT

In 1999, the Juvenile Division of the Public Defender's Office implemented its Client Assessment Recommendation and Evaluation (CARE) Project, one of the nation's first holistic advocacy programs. Since inception through June 2023, children have received CARE Project services in 30,841 cases. In FY 2022-23, 1061 youth were served through the CARE Project.

The Public Defender adheres to the philosophy that effective advocacy must encompass a holistic approach individually tailored to the particular needs of each unique client. The CARE Project focuses on early intervention with youth in delinquency court by addressing the cluster of underlying causes

of delinquent behavior such as mental illness, intellectual disability, developmental disabilities, learning disabilities, emotional disturbances, and trauma. By referring clients for evaluation, identification, and intervention at the pre-trial stage, the Public Defender focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. Members of the CARE Project team are able to provide the court with a better assessment of the youth's needs, present tailored recommendations for appropriate conditions of care, and identify resources that will assist the child and family. This approach enables the court to make orders that will foster accountability of both the youth and the juvenile delinquency system.

Resource Attorneys and Psychiatric Social Workers CARE operates within all seven juvenile branches of the Los Angeles County Public Defender's Office. During FY 2022-23, 10 resource attorneys, 13 psychiatric social workers, and two supervising social workers were devoted to CARE.

Psychiatric social workers assess a juvenile client's abilities and deficits to determine the youth's special needs whether developmental, emotional, or psychological. Thereafter, a Deputy Public Defender may share the psychosocial assessment with the court. The information plays a key role in individualizing and humanizing each youth for busy bench officers who may not otherwise be provided insight of such depth. Based on the assessment, an individualized treatment plan – whether formal or informal – is created to address the issues that put the youth at risk for delinquent behavior with the aim of significantly reducing the likelihood of recidivism. The psychiatric social workers also provide consultation services which include early intervention to identify needed services, referrals to community resources, client support during the court process, advocating for youth in their school systems, and recommendations for disposition plans in difficult cases. Social workers may also appear alongside resource attorneys at meetings and hearings in court, school districts, and at Regional Centers.

Resource attorneys advocate on behalf of juvenile clients to assure accountability by various outside agencies that are legally obligated to provide services addressing the youth's educational and mental health needs. For example, our resource attorneys appear at Individual Education Plan meetings, handle enrollment issues, expulsion proceedings,



and a myriad of administrative hearings at schools to ensure youth receive appropriate special education services. Resource attorneys advocate at Regional Centers for eligibility and services, including handling all stages of the appeal proceedings.

Resource attorneys also garner Department of Mental Health entitlements for their juvenile clients and provide consultation for other Deputy Public Defenders on complicated cases involving children coming from the Dependency Court system.

A 2017 Resource Development Associates report found: (1) CARE clients who received extended services have significantly less subsequent contact with the juvenile justice system, and (2) CARE services appear to successfully help clients obtain desired dispositional outcomes. Over the past decade, the court has adopted 77% of the disposition recommendations. Judicial officers have stated that the evaluations are invaluable in better equipping the courts to identify youth with emotional or developmental issues. Channeling select resources to at-risk youth has proven effective in assisting them to deal with challenges faced outside the courtroom and beyond detention, ultimately reducing recidivism.

CARE – Awards and Recognitions

- 2006: California Council on Mentally Ill Offenders Best Practices Award; the only non-mental health court program that received the award.
- 2016-17: Resource Development Associates evaluated the CARE Project and found it to be a “highly effective approach to defense that results in reduced negative contact with the juvenile justice system and improved dispositional outcomes for clients.”
- 2017-2023: Grant funded by the Juvenile Justice Coordinating Council under the Juvenile Justice Crime Prevention Act to hire six additional psychiatric social workers. The grant was renewed in 2019 and extended to provide a Mental Health Clinical Supervisor; the grant was renewed again in 2020 and 2021. In 2022, the grant was renewed with an additional position for a resource attorney.
- 2018: Mega Million Dollar Award from the Los Angeles Board of Supervisors’ Chief Executive Office’s Quality and Productivity Commission. Bestowed for collaborating with key justice system stakeholders to provide youth with critical linkages to treatment and services in an

innovative and cost-effective approach.

**THE DIVISION OF JUVENILE JUSTICE (DJJ) UNIT/  
SECURE YOUTH TRACK FACILITIES (SYTF)**

An experienced attorney and two part-time social workers are assigned to the Department’s DJJ/SYTF Unit.

In September of 2020, Governor Newsom signed Senate Bill (SB) 823, ordering the closure of California Department of Corrections and Rehabilitation (CDCR)’s Division of Juvenile Justice (DJJ). Shortly afterwards, SB 92 passed and was signed into law in May 2021. The companion bills closed new commitments to DJJ except in very limited instances and announced a firm closure date of DJJ in its entirety by June 2023. Effective July 1, 2021, a youth could only be committed to DJJ if they were subject to a transfer hearing. Youth under the age of 16 could not be committed to DJJ, since they were no longer subject to being transferred to criminal (adult) court pursuant to SB 1391.

SB 92 created local Secure Youth Treatment Facilities (SYTF) to house, treat, and rehabilitate youth with the most serious offenses and the highest needs. SYTF are available for long-term commitments but only if the court deems that the youth is eligible, suitable, and for whom no less restrictive disposition is appropriate pursuant to Welfare and Institutions Code (WIC) Section 875(a). The County of Los Angeles has developed SYTF. The majority of the SYTF population is housed at Barry J. Nidorf Juvenile Hall, with an additional 20 youth housed at Campus Kilpatrick. The female and gender non-conforming youth are housed at the Dorothy Kirby Center.

In preparation for the closure, the DJJ/SYTF attorney conducted 27 jurisdiction transfer hearings between February and June of 2023, litigating the most appropriate placement for youth returning to the county from DJJ. Youth were either committed to the SYTF, ordered to less restrictive community-based housing or placed on DJJ Re-entry Probation in the community.

Prior to the closure of DJJ in June of 2023, the DJJ/SYTF team monitored the care, confinement, and treatment provided to Public Defender youth at DJJ institutions, prepared youth for appearances at the Board of Juvenile Hearings (BJH) and represented realigned youth when released to the county for re-entry supervision, including participating in the



development of re-entry plans prior to release. The comprehensive re-entry plans included housing, counseling, and work-force development training.

As of June 30, 2023, the DJJ/SYTF Unit represented approximately 36 clients in SYTF and approximately 42 re-entry clients on supervised release (after completing a DJJ commitment or placed in a less restrictive placement in the community).

#### Advocacy at DJJ, Prior to Closure

The DJJ Unit maintained contact with their clients through in-person visits and phone calls. However, due to the COVID-19 pandemic, on April 8, 2020, DJJ temporarily suspended legal visitation at their four correctional facilities: Ventura, O.H. Close and Chaderjian in Stockton, and at Pine Grove Conservation Camp. During that time, DJJ Unit personnel vigilantly maintained communications, including videoconference “visits” and meeting in person, when permitted.

In addition to client contact, the DJJ Unit developed working relationships with clients’ DJJ counselors and other staff at the institutions. They reviewed DJJ documents to assess treatment plans and attended Individualized Educational Program (IEP) meetings to advocate for vital special education services. If necessary, they worked to ensure clients were transferred to a different DJJ facility to receive the most appropriate counseling and services, thus enabling clients to receive the best-available rehabilitative treatment plans.

The DJJ Unit also pursued law and motion work seeking relief under the WIC, which required judges to set a maximum term for sentences that was no longer than necessary for rehabilitation (Section 731(c)), providing the juvenile court discretion to remove clients from DJJ institutions in cases where appropriate services were not being provided (Section 779). Specifically, during both COVID and the DJJ closure, the DJJ attorney litigated Section 779 motions to allow clients who no longer required commitment to be returned to community-based transitional housing. Courts granted these motions after holding hearings and finding DJJ services were no longer necessary.

#### Advocacy While Client is in SYTF

While in SYTF or the DJJ Re-entry programs, the Unit maintains contact with clients through in-person

visits and phone calls. In addition, the attorney develops working relationships with the clients’ SYTF counselors and other staff at the institutions and the Community-Based Organizations (CBOs) providing programming or serving as Credible Messengers. The attorney reviews documents to assess current treatment plans, attend IEP meetings, and advocate for vital services. If necessary, they work to ensure that clients are transferred to a different SYTF to receive the most appropriate counseling and services, thus enabling their clients to receive the best-available rehabilitative treatment plan.

The attorney also pursues law and motion work seeking relief under WIC, which requires judges to release the client to a Less Restrictive Placement (Section 875(f)) when the client has substantially completed their Individual Rehabilitation Plan and the goals of community safety are satisfied. This also provides the juvenile court discretion to remove clients from SYTF in cases where appropriate services are not being provided (Section 779.5). Courts have granted these motions after holding hearings and finding SYTF services were inadequate or no longer necessary.

#### Advocacy When Client is Released to the County

The attorney assists re-entry youth in forming relapse prevention plans, locating CBOs that provide treatment and housing, and finding an array of other services needed to successfully reintegrate the youth back into the community. Further, the attorney represents the youth in subsequent hearings where their liberty is at stake, such as in proceedings pursuant to WIC 875(e)(2)(4).

The Unit also provides post-conviction relief by working with former clients to reduce collateral consequences that impede successful reentry. The attorney files motions to dismiss and seal charges pursuant to WIC Sections 782 and 781. AB 2629 amended WIC 782, permitting a court to dismiss any petition at any time following an evidentiary hearing. If the court makes a finding of rehabilitation, the presence of mental health illness at the time of the offense or that trauma played a significant role in the youth’s life, the court is to give great weight to the presumption of the dismissal. The absence of such factors still allows the court to dismiss but under a different standard. Once dismissed, any petition can be sealed and clients will be relieved of the consequences of strike priors, sex offender registration, gang registration and restrictions on firearm possession. AB 2169 vacates convictions



for victims of human trafficking by modifying the evidentiary elements necessary for vacatur that were previously required.

#### Working with Justice Stakeholders

The Unit has actively participated with justice partners to promote favorable legislation. For instance, our attorney was appointed as a member of the Judicial Counsel Family and Juvenile Law Advisory Committee's Secure Youth Treatment Facility Offense-Based Classification Matrix Working Group, by the Chief Justice of the California Supreme Court. Our attorney also served on the DJJ Transition Team Task Force, a group formed by the Los Angeles County Board of Supervisors to help create a local SYTF to meet the goals and needs articulated in both SBs 823 and 92, while supporting the intent of the Board's Youth Justice Reimagined Initiative. Our attorney also worked with the Amity Foundation, the Anti-Recidivism Coalition and the California Conservation Corps to create non-carceral options for SYTF youth.

#### **JUVENILE MENTAL HEALTH COURT**

The Public Defender's Office was integrally involved in the creation of the Juvenile Mental Health Court (JMHC), which began operating in October 2001 as a comprehensive, judicially-monitored program for juvenile offenders with diagnosed mental health disorders and whose crimes demonstrate a link to the diagnosed disorder or disability with the goal of reducing recidivism among the mentally ill population. A collaborative inter-agency team consisting of a judge, prosecutor, defense attorney, child psychiatrist and a psychologist (both from UCLA), probation officers, and an educational liaison, develop an individualized case plan for each eligible youth referred to JMHC. The plan includes home, family, therapeutic, educational, and adult transition services.

A Deputy Public Defender and psychiatric social worker work with the client's family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and the Department of Children and Family Services to obtain every benefit to which the youth is legally entitled. Implementation of the plan is monitored intensively on an ongoing basis for two years or as long as the youth remains on probation.

Since its inception in October 2001 through June 30,

2023, JMHC has accepted 831 cases. In FY 22-23, JMHC accepted 14 new cases, 12 of which were Public Defender clients.

#### Succeeding Through Achievement and Resilience (STAR) Court

Federal law mandates that any person under the age of 18 who performs a commercial sex act is to be considered a human trafficking victim, not a prostitute. STAR is a collaborative, post-adjudication court whose goal is to provide a holistic approach to addressing the trauma and unique issues of trafficked youth. Counseling, suitable placement, if needed, and education are top priorities. The resource attorney and others staffing STAR Court are specially trained regarding commercial sexual exploitation of children issues and providing trauma-informed care.

STAR Court receives referrals from every juvenile court in Los Angeles County. The participants are identified by defense attorneys, deputy district attorneys, and juvenile bench officers. 12 cases is the average monthly caseload. The Public Defender resource attorney handles the majority of the caseload with the remaining cases going outside our office.

Along with the Public Defender resource attorney, STAR Court is staffed by a deputy district attorney, probation officers, liaisons from the Department of Children and Family Services, Department of Mental Health, Department of Public Health, Los Angeles County Office of Education, as well as educational consultants from Public Counsel and Healthy Minds Consulting. Youth may also have mentors from community-based organizations such as Saving Innocence and ZOE International.

Weekly Multi-Disciplinary Team (MDT) meetings are held to coordinate services for STAR Court participants and to negotiate dispositions for new referrals and probation violations. In preparation for the MDT meeting, each minor is contacted along with their parents or guardians, wrap-around teams, suitable placement counselors, DCFS social workers, and dependency attorneys. This preparation is conducted to ensure that the resource attorney possesses a good understanding of the minor's needs. This approach is what makes STAR Court successful.

STAR Court has received national attention and is





viewed as a model program. Probation and advocacy groups from across the country have interviewed STAR Court professionals with the goal of starting a STAR Court in their respective jurisdictions.

## THE TRAINING DIVISION

Continuous training is a cornerstone of ensuring excellent client representation. The Training Division is tasked with preparing our diverse workforce for success in their careers through education, group training, one-on-one case consultations, homicide and misdemeanor roundtables, and other learning opportunities. The objectives of the Training Division are to strengthen existing defense skills, introduce new skills and Best Practices, and implement defense delivery system enhancements through the development of comprehensive training programs for all job classification levels.

Training sessions cover a range of relevant topics so all attorneys, paralegals, and social workers can meet their professional minimum continuing legal education or licensing requirements. Between July 2022 and June 2023, the Training Division produced 319 training sessions for 16,105 participants. Various staff were in training for 19,348 hours throughout the fiscal year.

The Training Division includes a team of attorney trainers who are dedicated solely to educating and mentoring newly hired Deputy Public Defenders. The first two weeks for incoming attorneys include instruction on preliminary hearings, discovery, preparing for trial, voir dire, and other pertinent areas of law. Intense training of those attorneys continues throughout the first year to ensure they are well prepared to best advocate for their clients at all stages of a criminal case.

In addition, all attorneys working in the Juvenile Division receive a minimum of 12 hours of training pursuant to California Rules of Court, Rule 5.664. Topics covered include child and adolescent brain development, special education, competence, and mental health issues.

The Training Division also coordinates a two-day Capital Defense Seminar every October open to all indigent defense counsel practicing in Los Angeles. Other trainings include a two-day DNA Bootcamp as well as an annual one-day Juvenile Delinquency Law Training Seminar. Defense advocates at these

conferences come from across California.

## SPECIAL PROJECTS OF THE PUBLIC DEFENDER

### Rapid Diversion Program

Los Angeles County operates the largest jail system in the United States, holding more than 14,000 people daily on average in 2020, nearly 38% of which have a serious mental health disorder. Residents of color are disproportionately incarcerated, with Black residents accounting for only 8% of the total County population but 30% of those imprisoned. Over 44% of all people in the jail system are held pretrial before any conviction, with a median length of stay of six days. This means that some of LA County's most vulnerable individuals are cycling in and out of jails without receiving the meaningful care or the services they need. And during the COVID-19 pandemic, some prisons' infection rates were 40% or higher than average— with inmates not afforded social distancing protocols. To reduce the virus's spread, the County reduced inmates by 20%. However, jails still house many nonviolent offenders and those whose age or preexisting conditions make them especially vulnerable to the virus. These shocking numbers reflect the broader history of the intersections between race, health, and incarceration across not just LA County, but also the entire United States.

Over the past few decades, Los Angeles County, like much of the United States, has seen steady increases in the arrest and incarceration of individuals with serious mental health issues, a phenomenon also known as the “criminalization of mental illness.” To assist this vulnerable population, our Department, along with the Alternate Public Defender's Office, developed the Rapid Diversion Program (RDP), with technical assistance from the Center for Court Innovation and with support from the MacArthur Foundation's Safety + Justice Challenge grant. Since 2019, the RDP has diverted individuals with behavioral health diagnoses out of the criminal legal system and into treatment and services. In 2020, the County launched its Alternatives to Incarceration Initiative (ATI) - now the Justice, Care & Opportunities Department (JCOD) - and enveloped RDP's growth in its reach.

RDP was designed to quickly identify and link services to those accused of misdemeanors and felonies, who are eligible and suitable for mental health diversion pursuant to Penal Code section 1001.36.



Operating in the Downtown, Airport, Long Beach, Van Nuys, Lancaster, Compton, and Pasadena courthouses, RDP's greatest benefits are the broad pool of candidates for whom it can provide services, the speed in which it assesses and links eligible candidates to treatment, its approach of providing each individual with a case manager, and its ability to avoid lengthy court hearings by seeking consensus from all stakeholders on eligible and suitable cases. At each participating courthouse, RDP is overseen by an attorney coordinator and consists of a clinical team comprised of a clinician, service navigator, case manager, and a driver. RDP candidates are referred for same-day evaluations by the clinician, who will determine if the candidate meets the statutory requirements for mental health diversion and identify needed services. Candidates are then referred to the navigator, who identifies programming, which may include inpatient and outpatient treatment, psychiatric care, medication support, therapy, housing, transportation, and benefits assistance. Candidates are then referred to the prosecutor for approval, and then to the court with a joint recommendation for diversion.

Since inception, RDP has successfully diverted 2,400 individuals, with a current success rate of 91% among graduates (no new cases since graduation).

### The Bail Project

The Bail Project, the first national non-profit organization designed to combat mass incarceration by challenging the money bail system, post bonds on behalf of indigent individuals detained pretrial, and then provides court reminders and transportation to ensure attendance at set court dates. The Public Defender's Office began its collaboration with The Bail Project (TBP) in 2018 as a pilot program at the Compton courthouse, with UCLA law students writing and filing bail reduction requests. The pilot was so successful that it expanded in 2019 to the Van Nuys courthouse and in July 2020, began offering its services at every courthouse countywide. In addition to helping disrupt the cash bail system, TBP also refers people to supportive services including housing, drug counseling, childcare, and much more. Since assisting Los Angeles County pretrial detainees, TBP has posted 634 bonds. Ninety-six percent of the individuals have returned for their court appearances.

The Bail Project National Revolving Bail Fund is a critical tool to prevent incarceration and combat racial and economic disparities in the bail system.

It provides free bail assistance to low-income individuals who are legally presumed innocent, and whom a judge has deemed eligible for release before trial contingent on posting bail. Clients return home to their families and communities while awaiting their future court dates.

The Bail Project ceased bail-out operations in Los Angeles in February 2023 due to their need to apply their limited resources to the sustainability of their national operations.

### Partners For Justice

In July of 2021, the Public Defender began its two-year, grant-funded pilot with Partners for Justice (PFJ). This collaboration, made possible with a Productivity Investment Fund grant by Los Angeles County's Quality and Productivity Commission, increases the Public Defender's capacity to provide holistic representation to and assist clients with the underlying needs or challenges driving their legal system involvement.

PFJ Client Advocates (Advocates) are recruited and trained by PFJ and receive ongoing skill-development, support, and education as well as supervision from both public defender and PFJ staff. Advocates provide case and legal system navigation support, coordinated referrals to mental health and/or substance use treatment, housing stabilization referrals/ interventions, connections to and troubleshooting around employment and education, licensing, medical treatment and/or health insurance, and enrollment in social service benefits. Advocates also contribute to mitigation memos to support public defender staff in advocating for non-carceral case outcomes as well as reduced charges and/or sentences.

Since September of 2021, Advocates have provided holistic, wrap-around support to stabilize clients, promote wellness, and reduce days of incarceration at two branch offices: Compton and East Los Angeles.

One significant accomplishment of the project is the impressive amount of jail time saved for clients who had Advocate assistance. From the project's inception through August 2022, the Advocate program was able to save at least 7,773 jail days for clients in East Los Angeles and Compton, for a potential savings of \$1.3 million. Perhaps one of the biggest successes stemming from this project is



that the original seed funding provided for East Los Angeles and Compton catalyzed a broader service expansion across the County. Since opening the first two sites, four additional sites were launched in 2022: Downey, Pasadena, San Fernando, and Van Nuys. This change expanded the number of advocates from six to eighteen.

With the expansion to additional sites, a total of 2,160 clients were referred to Advocates across the County from inception to June 30, 2023. Advocates average two service needs per client. Service needs break down as follows: 17% housing-related services; 8% employment-related services; 11% benefits-related services; 13% health-related services; 4% family-related services; 2% financial-related services; 40% criminal legal case-related services; and 6% additional/other services (including state identification, property retrieval, and employment license-related issues).

The myriad of successes Advocates secure daily for clients across the County are perhaps best illuminated through a few case examples: One Advocate put together a 200-page mitigation packet that convinced a judge to grant probation to a client facing two to six years in prison for possession of a weapon. Another succeeded in obtaining an extension of a client's housing voucher execution date. This was invaluable to the client, as waitlists for housing vouchers in LA County can exceed ten years and, had her voucher lapsed, she would have gone back to the bottom of the waitlist. A third Advocate convinced a provider of DUI classes to accept clients at a rate of \$5 per month for those who meet the low-income threshold. These are a few examples of the stellar work Advocates do for clients in LA County.

Video of Advocates from the PFJ program explaining examples of their work is available here: <https://www.youtube.com/watch?v=83fJLIQat0>

### Proposition 47/Expungement Legal Clinics

In November 2014, California voters passed legislation (Penal Code section 1170.18) which gave individuals convicted of specific felony offenses (e.g. drug possession, grand theft, second degree burglary, writing bad checks, petty theft with a prior, etc.) the opportunity to apply or petition for a reduction of a felony conviction to a misdemeanor conviction. Originally, the State law mandated a three-year sunset date for filing petitions and applications. However, in 2016, the California Legislature

extended the filing deadline until November 4, 2022. The Los Angeles County Public Defender's Office identified approximately 800,000 cases, and possibly 500,000 individuals, potentially eligible for relief under the law. To create awareness among the population impacted by the law, the Department sent letters to those convicted in Los Angeles County courts, informing them of the new law and its benefits. As of February 2022, the Department has reviewed almost 75,321 cases and filed an estimated 50,008 Prop 47 petitions.

As part of its commitment to reaching out to communities, the Public Defender conducts legal clinics in neighborhood settings where PD employees replicate a good deal of the post-conviction work usually done in their offices. Attorneys and paralegals review court information to determine whether clients are eligible for post-conviction relief (e.g. Prop 47, expungement, Certificate of Rehabilitation, etc.) and assist them with completing the necessary court documents. Department representatives file the documents with the court and provide required notice to prosecuting agencies, thus saving clients the time and expense of doing so themselves.

Since 2015, the Department has participated in approximately 464 Expungement Legal Clinics and community events, serving 3,698 clients. Through this work, the Public Defender has built collaborative and productive relationships with community, labor groups, community colleges, and County departments. or visit one of our Public Defender offices for assistance.

### Criminal Record Clearing Project

The Homeless Mobile Unit of the Los Angeles County Public Defender was launched in January 2018 with Measure H funds as part of an effort to improve the lives of individuals and families experiencing homelessness in Los Angeles County. The unit is made up of 13 team members who bring the function of a law firm into the community to provide information about clearing warrants as well as reducing, dismissing, and expunging criminal records in order to clear a path for justice-involved individuals to obtain homes, services, and employment. The team collaborates with city and county agencies and community and faith-based organizations to provide effective and compassionate service to a vulnerable population. Service areas include community events, county offices which serve the homeless population, as well as riverbanks and encampments. Since 2018, the



team has helped over 3,500 clients seek redemption from their criminal records to further their goals of re-entering society as productive citizens. The Criminal Record Clearing Project received a 2019 Quality & Productivity Commission Special Merit Award.

### Law Enforcement Accountability Unit

In the late 1990's, in the wake of LAPD's Rampart scandal, PD created the Public Integrity Assurance Section (PIAS). The initial purpose of the unit was to investigate and review LAPD's corrupt CRASH anti-gang unit that for years had waged in its own war against the people of Los Angeles—beating and shooting unarmed people, planting drugs and guns, stealing narcotics and cash, and falsely accusing hundreds, if not thousands, of individuals, and these were just a few of LAPD's transgressions. PIAS had to fight against a District Attorney's Office and Los Angeles City Attorney's office that turned a blind eye to the corruption and pursued criminal cases even when they knew their witness officers were perjurers. After Rampart, PIAS expanded its reach to include all state and local law enforcement agencies in Los Angeles County – agencies which are insular, averse to oversight, and unwilling to investigate their own even though evidence of official misconduct is readily observable and all-too-frequently denied. PIAS sought to assure conviction integrity – a very difficult task in the face of law enforcement and prosecutorial resistance.

The Law Enforcement Accountability Unit (LEAU) is the successor to PIAS. It is the Public Defender's internal law enforcement civilian oversight unit. Its breadth of oversight is much broader than just the Los Angeles Sheriff's Department: nearly 100 law enforcement agencies have some law enforcement role in Los Angeles County's cities, schools, universities, colleges, buses, trains, ports, railroads, and highways. One might expect in the 20-plus years since Rampart that law enforcement would have learned from the past and changed, yet the LEAU is more needed than ever. Surveillance videos – including police body-worn and dash cameras – have shown that police reports cannot be trusted and that the "official" version of police/civilian interactions simply cannot be counted upon to be true. The Public Defender's LEAU has prosecution and conviction integrity as one of its primary goals. This is a goal that can only be achieved with the application of sufficient resources to investigate, catalog, and report officer misconduct to prosecutors and the courts so that justice can

actually be accomplished.

Defenders across the county regularly report to LEAU evidence that emerges from courtroom testimony about LASD deputy gangs, false reports, lying under oath, use of excessive force, racist patterns of policing, and unconstitutional searches and seizures. With additional LEAU staff, instances of misconduct could be identified faster, and appropriate actions sought through personnel complaints, referrals to the Office of Inspector General (OIG) (both LASD and LAPD have one) and to prosecutors. It is LEAU's goal to hold law enforcement accountable for lies and misconduct revealed in court, to impeach them with prior bad acts, and to make it obvious to all agencies that it would behoove the department to take these deputies and officers off patrol assignments and away from interactions with the public. Appropriate referrals also allow disciplinary actions to be timely taken to correct risky or unlawful activity.

When misconduct is uncovered by Deputy Public Defenders, either by reviewing discovery or in court hearings, LEAU writes personnel complaints, sends them to captains, chiefs, or internal affairs bureaus and copies OIG (LAPD and LASD both have an Inspector General), Sheriff's Civilian Oversight Commission, Alternate Public Defender, the District Attorney's Office, and bar panel attorneys. Because these discoveries happen in public forums, the conduct and its commission are not confidential under the Public Safety Officers' Procedural Bill of Rights. In a perfect world we would count upon law enforcement to police its own. But that is not reality. Concerted efforts by LEAU to follow badly behaving officers and to bring their misconduct to the attention of prosecutors and courts will make everyone safer and the legal system fairer.

### Jail Mental Health Liaison

The Jail Mental Health Liaison (JMHL) program is a collaborative project with the Sheriff's Department, the Department of Health Services, and the Department of Mental Health to improve services to incarcerated mentally ill and developmentally disabled clients throughout the criminal legal process. This pilot program commenced in 2015 with grant funding. The JMHL program consists of a Public Defender Psychiatric Social Worker (PSW) who is co-located in the jail. The PSW works with clients who have cases in the Airport and Van Nuys courts.



The PSW has direct access to Public Defender clients throughout the jail. Conversations between the PSW and client are protected under attorney-client privilege. The PSW promptly conveys critical mental health information to the clients' attorneys. The program's PSW works closely with the attorney to develop disposition plans linking the client to mental health services. Case resolutions are tailored to meet clients' mental health needs, thus leading to better outcomes.

The PSW also collaborates with the Sheriff, Department of Health Services, and the Department of Mental Health to ensure that clients with mental health problems receive appropriate in-custody and post-release services and programming. Sheriff jail staff notifies the PSW about clients who need assistance and attention. At the request of the Sheriff, the PSW may intervene when a client refuses to go to court or take medication. Consequently, problems are addressed immediately.

Since 2016, the Jail Mental Health Liaison Program has served over 2559 clients, and 924 forcible cell extractions were prevented. In 2017, the Public Defender's Jail Mental Health Liaison Program was awarded the Silver Eagle Award from the LA County Quality and Productivity Commission.

### Collaborative Courts

The Collaborative Courts program (CC) is designed to provide treatment to the most vulnerable populations in the criminal legal system. Persons accepted into the CC include those suffering from mental illness and substance use disorder, veterans, victims of sex trafficking, and at-risk transitional age youth. Most of these persons are charged with felony offenses or facing pending felony probation violations. For many of these persons, the CC is the final alternative to prison. Most Collaborative Courts are available as a treatment alternative to incarceration pre-plea via Mental Health Diversion. Substance Use Disorder is recognized as a mental health condition and can be utilized, along with other qualifying health conditions, as a basis for mental health diversion.

If a person is accepted into the CC, the person is placed on probation for two to five years and then supervised by the Probation Department for the term of probation or placed on Mental Health Diversion for a period of up to two years pursuant to Penal Code Section 1001.36. The CC's criminal justice partners will agree on a treatment program that is tailored to

meet the person's needs. The person's participation in the treatment program is a condition of their probation or Mental Health Diversion. Programming can include residential treatment, sober living with out-patient treatment, and community after-care. For those with mental illness, the Department of Mental Health may place the person in a residential mental health program or into a Full-Service Partnership if the person has out-patient status. The person may earn a dismissal under Penal Code section 1203.4 or Penal Code Section 1001.36 upon successful completion of the CC.

The CC started in December 2015. It currently is in operation in five courthouses: Central, Van Nuys, Compton, East Los Angeles and Long Beach.

### Women's Re-Entry Court

Many women cycle daily through the doors of the Los Angeles County criminal legal 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 legal system, and over 60 percent face non-violent drug and property crimes. This rapid influx of women into the criminal legal system has resulted in an increased demand for appropriate evidence-based, gender-responsive programs for women in lieu of incarceration and/or upon parole. These programs are designed to break the cycle of substance abuse and crime and to positively impact the children of women offenders who are at high risk of continuing the intergenerational patterns of drug abuse, criminal behaviors, and neglectful parenting.

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

- Most women offenders have mental health disorders;
- Four in ten were physically or sexually abused before age 18;
- 64% of women imprisoned in California are mothers;
- Nearly one-third have children under the age of six; and
- Half of these individuals were living with their children in the month prior to their arrest.



(Petersilia, Joan (2006) Understanding California Corrections: A Policy Research Program Report. California Policy Research Center, 1-88).

Few initiatives have focused specifically on treatment and services for women offenders. The Los Angeles County Public Defender has played a leadership role from concept to implementation of the Women's Re-entry Court (WRC). This first-in-California, second-in-the-country, alternative sentencing program combines individually designed wrap-around services in a residential facility with intensive judicial supervision for women defendants, including those with children, who face felony charges and an imminent jail or state prison commitment. The WRC is part of a long-term strategy to enhance public safety and promote individual accountability by addressing and treating underlying substance abuse and mental health issues through education, parenting classes, job preparation, and housing stability. Such a comprehensive approach promotes the successful return of formerly incarcerated individuals into local communities.

The WRC program is voluntary, and only candidates facing a sentence in jail or prison are considered for the program. The WRC model contemplates programming of up to two years, starting with residential treatment of at least 60 to 180 days at Prototypes Women's Center in Pomona, followed by intensive outpatient programming at Prototypes of up to a year, with an additional six months of aftercare. The WRC court actively monitors the women's program progress and orders them to court for regular updates and to address any issues of concern.

The WRC alternative sentencing drug court represents a multi-agency collaborative effort of the following Los Angeles County partners:

- Countywide Criminal Justice Coordinating Committee
- Department of Mental Health
- Los Angeles Superior Court
- Public Defender's Office
- Alternate Public Defender's Office
- District Attorney's Office
- Probation Department
- Sheriff's Department
- Los Angeles City Attorney's Office
- Prototypes
- Drug Medical and Substance Abuse Prevention and Control (SAPC), under the auspices of the

Los Angeles County Department of Public Health

The WRC women participants are chosen by members of the WRC Team, including their lawyers from the Public Defender and Alternate Public Defender, the District Attorney, and the bench officer who presides over the WRC. The drug court model combines intensive supervision, mandatory drug testing, mental health treatment where needed, positive reinforcement, appropriate sanctions, and court-supervised treatment to address the issues of addiction and criminal activity.

Following acceptance into the WRC, Prototypes conducts an in-depth, needs-based assessment and designs specific and appropriate wrap-around services including:

- Women-focused, evidence-based substance abuse treatment
- Evidence-based trauma treatment
- Mental health care
- Health and wellness education
- Education & employment training/placement
- Legal services
- Mentorship programs
- Financial management support
- Child support & family reunification services, where appropriate
- Domestic violence education & domestic violence/trauma counseling
- Transportation and child-care
- Case worker support

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

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



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

Prior to admission, the candidate is carefully screened for eligibility and suitability by the Veterans Court team and the treatment provider identified by the VA. The program is available to veterans who are currently charged with felonies or felony probation violations. Veterans who are facing serious or violent felony charges, and/or have prior "strike" convictions, are reviewed on a case-by-case basis. Treatment is selected by the VA and approved by the Veterans Court judge. VA benefits cover all expenses of the selected program. Once accepted into the Veterans Court program, the VA provides close supervision of the veteran and presents regular progress reports to the Veterans Court. The Veterans Court judge then orders the veteran to participate in the treatment program and comply with any other terms and conditions of probation which the Court imposes. Court appearances to monitor the Veteran's progress are scheduled by the judge as appropriate to meet each individual veteran's needs and ensure compliance with the goals of the program.

The Veterans Court creates options within the criminal legal system that tailor effective and appropriate responses for veteran offenders with post-service issues. It reduces recidivism, protects public safety, and reintegrates veteran offenders

back into their communities by providing access to intensive treatment services and case management while minimizing incarceration. Not only does incarceration fail to address the veteran's military related disorders, but it is also costly and adds to the problem of jail overcrowding which has become even more critical due to AB109 Public Safety Realignment.

Finally, Veterans Court takes advantage of established federally funded treatment and service programs to reduce County costs. A review of the Veteran's Court program between July 1, 2016, and June 30, 2017, determined that participants received approximately 27,000 days of federally funded VA treatment and ancillary services, rather than incarceration or treatment at County expense. This participation equates to avoidance of State and County incarceration costs of over \$5,000,000.

#### Co-Occurring Disorders Court

The Public Defender was a key collaborative partner in the creation of the Co-Occurring Disorders Court (CODC). Public Defender staff attended Mental Health Services Act Delegate's Meetings and was instrumental in voicing the need for such a court. The Public Defender is represented on the CODC Standing Committee. The mission of the Los Angeles County CODC Program is to provide both mental health and substance abuse treatment to those who voluntarily choose to enter into a contract with a court-supervised co-occurring disorders treatment program. Participants must engage in all phases of treatment with the hope of improving their quality of life, clinical functioning, and possibly further benefiting by the reduction and/or dismissal of criminal charges.

The Co-Occurring Disorders Court utilizes a non-traditional approach to case resolution for those who suffer from mental illness and addiction. Rather than focusing only on the crimes they commit and the punishments they receive, Co-Occurring Disorders Court also attempts to address some of their underlying problems. The Los Angeles County CODC, which held its first session in April 2007, is built upon a unique partnership between the criminal legal system, drug treatment community, and the mental health community which structures treatment intervention around the authority and personal involvement of a single CODC judge. CODC is also dependent upon the creation of a non-adversarial courtroom atmosphere where a single bench officer



and a dedicated team of court officers and staff work together toward the common goals of breaking the cycle of drug abuse and criminal behavior, promoting the stabilization of mental health symptoms.

The Public Defender screens clients for legal criteria eligibility while the Department of Mental Health screens for the clinical criteria. Candidates who are either not eligible or suitable for CODC are reconnected to other programs.

#### Sentenced Offender Drug Court

The Sentenced Offender Drug Court (SODC) is a substance use disorder treatment program that is available as an alternative to prison. SODC is designed for clients suffering from substance use disorder who have a sincere desire to become clean and sober. Once accepted into SODC, the participant is generally placed on felony probation for two years, unless the particular charge falls under an exception [i.e., violent offenses; DUI's, etc.]. The participant is then placed in residential treatment for 90 days, followed by out-patient treatment. Upon the completion of SODC, the participant will earn a charge reduction and/or dismissal.

#### LGBTQ+ Court

The newest addition within the Collaborative Courts at Clara Shortridge Foltz Criminal Justice Center (CSFCJC) to provide alternatives to incarceration is the LGBTQ+ Court. This program provides treatment in a similar length and modality as the Women's Re-Entry Court with culturally competent services for members of the LGBTQ+ community and does not exclude applicants based on charge. The establishment of this program is the first of its kind in Los Angeles County

#### Mental Health Court

The Public Defender represents thousands of individuals annually in the Mental Health Court who are subject to criminal and/or civil mental health commitments throughout the county. Attorneys, psychiatric social workers, and paralegals provide a holistic team approach to advance the interests and well-being of our mentally ill client population. Advocacy for clients in programs and processes in the Mental Health Court include:

#### Conservatorships: LPS and "Murphy"

The Public Defender represents thousands of individuals, including minors, who, because of a mental disorder, cannot take care of their food, shelter or clothing needs, and the Public Guardian has petitioned the court to place on a conservatorship. Assisted Outpatient Treatment

Assisted Outpatient Treatment is a program authorized by the Legislature to allow court-ordered outpatient treatment for adults with serious mental illness and a history of treatment noncompliance who are at substantial risk for deterioration and/or involuntary hospitalization or incarceration. Many of these individuals are homeless. This is a civil proceeding.

#### Not guilty by reason of insanity (NGI)

An individual who was found NGI in the criminal proceeding is represented by the Public Defender in the Mental Health court in proceedings to determine whether the individual's commitment for treatment should be extended, or the individual should be released.

#### Involuntary Psychiatric Commitments

The Public Defender provides counsel for those individuals who seek immediate release from an involuntarily commitment to a psychiatric hospital as a result of the extension of a Welfare and Institution Code section 5150 hold.

Parole hold extensions – Penal Code Section 2970  
If an individual with a mental illness is eligible to be released from a state prison but the mental health treating team is of the opinion the person remains a danger to themselves or others as a result of mental illness, the state may file a petition to prohibit the release and continue custodial mental health treatment. The Public Defender is appointed to represent these inmates/patients.

#### Guiding Re-Entry of Women

Guiding Re-Entry of Women (GROW) delivers needs assessments and treatment service referrals to divert women from state prison to alternative and appropriate community-based dispositions. Grant-funded by the California Department of Corrections and Rehabilitation (CDCR), GROW is a Los Angeles County psychiatric social worker collaborative program between the Countywide Criminal Justice Coordination Committee (CCJCC) and the





Offices of the Public Defender (PD) and Alternate Public Defender (APD). GROW was developed in response to recent evidence that could not be ignored: 74% of incarcerated women have been determined to be fitting candidates for community treatment alternatives in lieu of prison sentences. Utilizing three dedicated psychiatric social workers (PSWs), GROW aims to uplift as many women as possible by assessing each of their specific needs and connecting them to suitable mental health and substance use disorder services in our communities. In just thirty-six months, GROW assisted 329 women, diverted 150 away from state prison, avoided nearly 1409 years of confinement time and avoided roughly \$114 million in custodial costs.

Other program benefits include, reuniting families, repairing communities, and various other financial benefits to the County, state, and local taxpayers.

The launching of GROW in September 2020 was an innovative expansion of the historical partnership between CDCR and CCJCC that began with the creation of the Women's Reentry Court (WRC) in 2007. A multi-agency collaborative program, WRC continues to this day to help reduce the number of custody sentences imposed and offers successful treatment for women charged with crimes, many of whom suffer mental illness, substance abuse and extensive trauma history. GROW expands the partnership's innovative efforts by employing PSWs to develop social histories on female clients facing state prison sentences. The social histories developed by the PSWs may be considered for alternative dispositions during the court process. The availability of a woman's social history encourages a holistic approach to her case and can be a supporting factor for diversion outcomes. Research has found that holistic defense models help reduce the imposition of a custodial sentence by 16% and sentence length by 24% ("Evaluating the Effect of Holistic Indigent Defense on Criminal Justice Outcomes," 2018 RAND Justice Policy report).

GROW psychiatric social workers perform the following holistic defense services:

- Collaborate with attorneys to identify the psychosocial needs of each client;
- Meet with clients, in or out of custody, to conduct psychosocial assessments, develop and review treatment and disposition plans;
- Interview family members and/or other relevant individuals for purposes of assisting with

disposition recommendations/reports and memos;

- Request and review records in order to develop clinical recommendations;
- Provide all necessary services including wellness checks on clients in custody, client and family support, advocacy, consultation, linkage to services and referrals;
- Speak informally and/or formally on behalf of clients at court proceedings; and
- Collaborate with the primary mental health/substance use providers and all stakeholders.

GROW's objective is to reduce recidivism by providing a resource for diverting women to alternative dispositions and tracking the outcomes of the rehabilitative efforts. Data collection is crucial and an integral portion of this collaborative program as it will inform our County's overall goal of reducing the population of women behind bars. Plans with CCJCC to fund an independent research entity to measure the impact of GROW is underway. The impacts to be measured, at a minimum, include: the number of state prison sentences and their length, recidivism outcomes, and an estimate of cost savings/cost avoidance. Data collection also includes race/ethnicity information as well as sexual orientation and gender identity. Other vulnerability factors are tracked, such as childhood trauma, experiences of homelessness, and struggles with mental health stability or substance use. Data will allow analysts to ascertain whether certain subpopulations of women disproportionately experience housing instability, for example, whether there are inequities in service gaps, and how we can best serve women at the fringe and envelope them into the fold.

In May of 2022, GROW was recognized by the National Association of Counties (NACo) for its innovative approach with an Achievement Award. NACo is an organization dedicated to advancing excellence in public service across the nation. Each year, NACo hosts the Achievement Awards program, designed to recognize new, innovative and commendable county government programs across the nation.

In October of 2022, GROW was recognized by Los Angeles County's Quality and Productivity Commission as a "Top 10" Award winner. The award winners embodied the theme-Adapt, Create, Achieve-and showcased how the County is focused on equity and assistance to underserved populations.



### Regional Social Worker Program

In January 2021, our Department launched the Regional Social Worker Program, comprised of four dedicated social workers to assist men specifically facing prison sentences. The program operates in similar fashion as to the GROW program, detailed above, and is offered at every Public Defender branch office.

### Dual-Supervision Program

The Dual Supervision Program (DSP) launched in February 2022. The DSP is a department-wide program that completes comprehensive assessments that address multiple grants of supervision. The program serves all people and helps to divert them away from state prison and connects them to clinically appropriate, culturally competent, community-based alternatives to incarceration.

### Neurocognitive Disorders Team

The Neurocognitive Disorders Team (NDT) enhances representation of justice-involved adults who are suspected of having cognitive disorders such as Intellectual Disability, Autism, Brain Injuries, and Dementias. Individuals with these conditions are vastly overrepresented within the Justice system but often slip through unnoticed with devastating consequences since these individuals are prone to making repeated mistakes when not offered the necessary supports. The NDT is built on three foundational goals – to improve Public Defender advocacy for impacted individuals, to increase awareness within the justice system to create better understanding of the needs of these individuals, and to enhance Justice Partner connections to treatment providers, which has historically been overlooked. To do this, the NDT established a team-based model composed of an attorney, paralegal, and social worker who work with individual clients and consult with all 1,200+ Public Defender employees. A cooperative effort with educational institutions is underway where graduate-level students are screening clients. The NDT has provided trainings to PD staff and Justice Partners and established relationships with community and other treatment providers.

Since its inception in November of 2021, the Neurocognitive Disorders Team (NDT) has reimagined how the Public Defender represents clients who have cognitive disorders. The 2023

California Public Defender Association's Defender Program of the Year Award recipient, NDT has sought to improve how the Public Defender works with clients who have cognitive disorders - such as Developmental Disabilities that start earlier in life including Intellectual Disability and Autism or acquired conditions that frequently occur later in life such as brain injuries, and dementias - since these clients often have unique needs, go unidentified, and are not successful without appropriate treatment and supports.

This issue is understudied but emerging data point to a considerable number of justice-involved people who suffer from these conditions, including one study finding that 10% of the state prison population suffers from Intellectual Disability versus 1-2% of the general population, another suggesting that 44% of prisoners over age 55 may have a dementia condition, and a third suggested that up to a whopping 80% of the justice population has suffered a Traumatic Brain Injury. These conditions can cause profound impacts in every aspect of life but are often masked by fears of stigma or a lack of understanding within a justice system that has historically been rigid.

Recognizing, that these specific disorders impede learning and behavioral consistency, which translates into the disproportionate justice-involvement reflected by the above statistics, while meanwhile needing unique methods of productive communication, the NDT established a team of Attorneys, Paralegals, and Social Workers who have advanced training in working with clients who have cognitive disorders, the applicable laws, and diagnostic and treatment methods. These individuals also foster relationships with experts in the field and treatment providers in order to streamline the process from diagnosis to treatment.

In order to more rapidly identify clients who suffer from cognitive disorders, the NDT worked with a UCLA Neuropsychologist to create a standardized screening tool that can be administered within 10-15 minutes by a non-mental health professional that includes psychometric properties (quantitative methods).

The NDT has fostered relationships with local Regional Centers that assess eligibility and provide treatment for individuals suffering from Developmental Disabilities while also learning how to work within strict eligibility criteria from other providers that often deny access to those with later



occurring conditions in order to develop connections to treatment for conditions across the spectrum of cognitive disorders.

The NDT represents its own cases composed of adult clients who are accused of high level, felony charges and has procured life-altering outcomes for those clients including: procuring appropriate treatment for at least 15 clients directly represented by NDT attorneys who were granted Mental Health and Regional Center Diversion on charges ranging from Vandalism to Attempted Murder, successfully applying 7 clients for lifetime treatment with Regional Centers who had not previously been properly diagnosed, and developing practical treatment for people who experienced severe brain damaging events such as strokes and serious car injuries that influenced their criminal conduct.

In order to expand its zone of influence the NDT harnessed the Public Defender's revolutionary new digital file management system, CCMS, in order to allow all Public Defender staff to request consultation on cases where other Public Defender employees have questions related to their own clients. Since March of 2022 when this feature was added, the NDT has received over 350 requests for consultation almost entirely on unique clients. These requests are often very intensive requiring review of hundreds of records, collaboration with expert witnesses, and strategizing about legal defense options. The NDT offers a dedicated hour every Tuesday as an open forum for consultation requests and regularly schedules 10-12 meetings weekly for additional consultation needs, aided by the use virtual meeting technology in order to consult with attorneys around the county including those stationed in courthouses at Long Beach, Lancaster, Pomona, and LAX.

#### Office of Diversion and Re-Entry

The Office of Diversion and Re-Entry (ODR) was created by the Board of Supervisors in September 2015. ODR has developed community-based programs which serve to reduce the number of incarcerated individuals in the LA County jail who suffer from mental health disorders by diverting them from the jail to the community through various court interventions while providing community-based treatment and housing. In collaboration with the Public Defender, Alternate Public Defender, District Attorney, and the Court, two ODR "Hub" courts have been established in the county and are located at the Clara Shortridge Foltz Criminal Justice Center

(CJC) and the Airport court. Each hub court serves clients in the hub courthouse, and from designated referring Branch/District courts. The Public Defender received a 2019 Quality & Productivity Commission Special Merit Award for participation in the ODR program.

The CJC ODR Hub court opened in 2016 for clients referred from CJC, and the El Monte, Pomona, West Covina, Burbank, Alhambra and Pasadena courts. The CJC ODR Hub hosts the ODR Post-Conviction Probation and Housing program, pretrial Mental Health Diversion (1001.36), and a Maternal Health program.

The Airport ODR Hub court opened April 2019. Referring courts include the Airport court, and the Compton, Long Beach, Norwalk, and Torrance courts. The Airport ODR Hub represents clients in the post-conviction ODR Probation and Housing program.

The Van Nuys ODR Hub opened March 2020 and received client referrals from the Van Nuys and San Fernando courthouses for the ODR Probation and Housing programs. In January 2022, the Van Nuys ODR Hub was subsumed by the CJC ODR Hub.

#### ODR Post-Conviction Probation and Housing

This program is for individuals who are incarcerated, have a mental health disorder, and are homeless. The ODR Post-Conviction Probation program attempts to resolve criminal felony cases early and divert individuals into ODR Housing and treatment with a grant of probation. The community intervention consists of three components: pre-release jail in-reach services, enhanced treatment efforts (additional clinical assessments and immediate initiation of medications, as indicated), and immediate interim housing upon release from jail in anticipation of permanent supportive housing. Clients on ODR Probation are assigned an Intensive Case Management Services provider who works with the client as they transition from custody to the community. The Intensive Case Management Services providers serve as the core point of contact for the client's medical, mental health, and other supportive services, such as addiction specialists, drug treatment, and assistance with public benefits. ODR mental health diversion

With the enactment of AB 1810 (PC 1001.36), ODR initiated a Mental Health (MH) Diversion program at



the direction of the Board of Supervisors. Clients countywide are referred to the CJC ODR Hub for the MH Diversion program which targets individuals who are in jail, charged with a felony, have a qualifying major mental illness diagnosis, and experience homelessness. ODR provides supportive community-based housing, intensive case management, and clinical services to participants, with the goal of permanent supportive housing. The Probation Department provides pre-trial supervision. Upon completion of the MH Diversion program, a client's criminal case will be dismissed and sealed.

### Maternal Health Program

Pregnant women in custody are 'diverted' by the court from the jail to the community with supportive services and housing through ODR. Most pregnant women served by ODR reside in specialized interim housing settings that allow women to remain with their children until they can move into permanent supportive housing. Women are placed into housing specific for their pre/post-partum needs and support for their babies, with the expectation they will remain with their child/children. ODR has access to numerous residential drug treatment sites for pregnant women as well. Each client is assigned a team which is generally comprised of a case manager, clinician, and an addiction specialist if needed. The team works closely with the Maternal Health Court, as well as with DCFS to effectuate reunification if there is an open case relating to other children of the mother. Clients are referred countywide to this program which is hosted in the CJC ODR Hub.

### ODR MIST/FIST community-based restoration

In 2016, ODR initiated the Community Based Restoration program for individuals in custody who were found to be incompetent to stand trial. Misdemeanor Incompetent to Stand Trial (MIST) and Felony Incompetent to Stand Trial (FIST) clients are released from the jail and into the community for mental health treatment to restore their competency to stand trial. The goal is to connect clients to services which will continue beyond the criminal case as we scale up our efforts to end recidivism and incarceration of the mentally ill.

### Drug Treatment Courts and Proposition 36

The Public Defender was also a leader in creating and implementing the Drug Court Program in 1994. Drug Court is a collaborative program involving the

Superior Court, Public Defender, District Attorney, and drug treatment providers to allow drug offenders with minimal criminal records to participate in a closely supervised drug treatment program instead of jail. Because of the tremendous success of this program that began in downtown Los Angeles, twelve adult Drug Courts and four Juvenile Drug Courts now operate in Los Angeles County. Additionally, in 1998, a second collaborative effort resulted in the creation of the Sentenced Offender's Drug Court, a highly successful program involving more intensive and jail based therapeutic treatment as an alternative to prison for drug addicted offenders including parolees subsequently charged with new crimes.

Due to a budget shortfall and its impact on court operations, in 2009 the Superior Court integrated Proposition 36/ Penal Code section 1210 cases in regular calendar courts pursuant to the normal matrix. Additionally, since the Governor eliminated Offender Treatment Program funds in 2009, and Federal Stimulus funds expired on September 30, 2011, Los Angeles County moved to a "fee for service" model for Proposition 36 treatment services on October 1, 2011. The County also revised its Services Matrix and created two levels of services based on risk level. Despite these challenges, Public Defender staff remain committed to accessing appropriate treatment services for all clients, including those qualifying under Proposition 36.

### Community Uniting for Resolution and Empowerment (CURE)

For the past 12 years, the Public Defender's Office has been collaborating with the Los Angeles City Attorney's Office, the Alternate Public Defender's Office, and the Coalition for Responsible Community Development (CRCD) in the successful operation of a formal gang diversion court program for individuals charged with committing misdemeanor gang-related offenses. Community Uniting for Resolution and Empowerment, also known as CURE, has gained local recognition as a successful form of collaborative justice.

The program was formed with the common goal of reducing the rates of incarceration and recidivism among young adults aged 18-25 charged with non-violent gang-related misdemeanors in the City of Los Angeles.

CURE aims to impact young people that exhibit risk factors predictive of gang membership. In lieu of jail time and informal probation conditions,



participants agree to complete an eighteen-month, supervised program after they enter a no contest plea. Successful participants receive education, vocational skills and job readiness training to earn a reduction of the original charge(s) or a dismissal of their criminal case upon completion of the program and, in applicable cases, are encouraged to petition for removal from enforcement of the City's civil gang injunctions.

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

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

Since May 2010, 147 individuals have been accepted to the program. Of those, 95 graduated from the program. This program was previously funded through CRCD grants and ended in December 2023.

### Immigration Unit

As the first and largest public defender office in the nation, the Los Angeles County Public Defender sets the statewide, and perhaps nationwide, standard of protecting the legal rights of vulnerable non-citizen residents from the immigration policies and operations of the U.S. Immigration and Customs Enforcement (ICE). The Public Defender stands with immigrants as part of its commitment to the legal representation of members of vulnerable populations. True to this commitment, the Immigration Unit strengthens the capacity to preserve not just the liberty of clients, but also the homes, the jobs, and the integrity of the families of non-citizen clients.

To support non-citizen clients by fulfilling the Public Defender's Sixth Amendment obligation to advise all non-citizen clients of adverse immigration consequences triggered by involvement in the criminal legal system, the Office formed the Immigration Unit. From 2016 to December 2018, the Unit consisted of two lawyers and a paralegal. Currently, the Unit has a dedicated head deputy, five attorneys and four paralegals.

The Immigration Unit's main responsibilities include 1) keeping the Office compliant with its constitutional mandate under *Padilla v. Kentucky* (2010) 559 U.S. 356, by providing immigration advisements on pending cases and by training the Office's over-650 attorneys about the immigration consequences of involvement with the criminal legal system; 2) pursuing and providing support on post-conviction matters; 3) monitoring ICE's detainer requests to the Los Angeles County Sheriff's Department (LASD); 4) engaging in appellate litigation related to criminal-immigration matters; and 5) preparation for future contract--based representation of non-citizen clients in removal proceedings.

1. Padilla advisements, immigration status screenings, and training

"Padilla advisement" is shorthand for an analysis of the immigration consequences of involvement with the criminal legal system that can trigger an adverse immigration consequence, which includes conviction of a crime, the sustainment of a juvenile delinquency petition, participation in a diversionary program, and even a single arrest. These advisements are not discretionary. Each attorney is mandated by U.S. Supreme Court and California precedents as well as by California statute to provide a Padilla advisement to every non-citizen client. Failure to do so can constitute ineffective assistance of counsel.

The Immigration Unit strives not only to meet the minimum duty mandated by the law, but to exceed it with a comprehensive analysis of immigration ramifications so that clients can make the most educated decisions possible. The Unit goes beyond advice on deportability and inadmissibility, to analyze and strategize eligibility for relief from removal (e.g., removal defenses and waivers under the Immigration and Nationalization Act (INA), and post-conviction relief options under California law), as well as preservation of protections under the California Trust Act and the California Racial Justice Act.



The complexity of Padilla advisements ranges from simple to convoluted. A client's prior convictions and penalties, date of entry or admission, familial relations, and immigration status must be considered relative to the client's life priorities. To give accurate advice, the Immigration Unit maintains a command of the intersections between immigration and criminal law by monitoring changes in state criminal law as well as changes in federal immigration precedential and statutory law. Notably, a complete Padilla advisement is not just a list of adverse consequences but also includes realistic alternatives and strategies to secure an immigration-safe disposition. In 2019, the Immigration Unit broadened its capacity to provide technical support to our trial attorneys and to ensure that non-citizen clients receive the highest quality of representation. Given the recent changes in immigration law and the implications of the current presidential administration's position on immigration (e.g., Deferred Action for Childhood Arrivals (DACA), Temporary Protected Status (TPS), Special Immigrant Juvenile Status (SIJS), Public Charge, and Asylum), the Unit's advisements have become ever-increasingly complex. A nuanced analysis of each non-citizen's situation is required to preserve their eligibility, or to re-qualify them for the forms of immigration status or relief that remain viable. In this dynamic legal and policy environment, the Unit lawyers also strive to identify, to evaluate and then to factor into training and advisements possible forthcoming changes in consequences and relief. Thereby, the Immigration Unit fulfills its predominant responsibility of providing line public defenders with Padilla advisements, as well as the additional service of screening non-citizen clients for affirmative immigration and post-conviction relief.

Presently, the Immigration Unit is based in the Hall of Records, with four attorneys (including the head deputy) housed there. Two attorneys are housed offsite, one in Long Beach and one in Whittier. Each attorney consults on immigration inquiries from deputy public defenders and the public via telephone calls, emails, CCMS, and text messages. Each Immigration Unit attorney is generally assigned one week of lunch duty per month. In this way, an Immigration Unit attorney is always available for consultation during business hours. In the past fiscal year, the Immigration Unit has provided over 5,000 Padilla consults for Public Defenders.

To further equip the deputy public defenders in meeting their Padilla duty, the Immigration Unit has

hosted numerous trainings, including a mandatory new attorney trainings and periodic office-wide trainings, including trainings with other public defender and contracted independent counsel offices, and has produced webinars on various immigration issues. Members of the Unit have written articles and practice guides on various immigration topics including "All the Questions You have About Immigration but Were Afraid to Ask," "Two DUIs, a Roadblock to Lawful Status," and an article about Special Immigrant Juvenile Status eligibility. Future plans include producing more webinars and publications. The Immigration Unit has also taken roadshow presentations to the branches, trainings that not only reinforce proper Padilla advisements but also address specific immigration issues that a branch is facing.

### 2. Post-conviction relief for current and former public defender non-citizen clients

Many current and former clients are at risk of being deported but are eligible for post-conviction relief that protects them from being deported or losing their eligibility to adjust status. Accordingly, every Immigration Unit attorney is assigned post-conviction matters. Post-conviction relief advocacy encompasses motions under Penal Code sections 17(b), 1203.43, 1018, 1016.5, and 1473.7, and bringing motions under Proposition 47 and AB 1050. Additionally, the Immigration Unit frequently is asked by nonprofit organizations and private immigration attorneys serving non-citizens who are in removal proceedings to locate, to collect, or to copy documents relating to a non-citizen's prior criminal case, often including the public defender's file. Sometimes, individuals will request the Immigration Unit's help to obtain a certificate clarifying that they have no criminal record, which they need for their naturalization application. The Immigration Unit promotes its offering of these services through multiple avenues, such as by outreaching at public events, often in collaboration with the Criminal Record Clearing Project serving the homeless population, by encouraging the Office's attorneys to bring these post-conviction vehicles to our clients' attention, by coordinating between immigration and criminal counsel, by participation in consular events attended by non-citizens, and by participating on list serves and conference calls with leading members of the immigration bar.

The Immigration Unit also seeks to help non-citizen clients obtain legal representation in immigration



proceedings and in filing applications for affirmative immigration relief. The Immigration Unit, for instance, refers clients and members of the public to the most appropriate immigration organizations under the Los Angeles Justice Fund. The Immigration Unit has been involved in meeting with various working groups to create a more efficient referral system for the LA Justice Fund. The immigration attorneys have expressed that they are unfamiliar with the criminal legal system, impairing their ability to efficiently screen clients with criminal convictions for appropriate immigration relief. Ultimately, in order to ensure that former clients can secure legal representation for their immigration cases, which dramatically increases their likelihood of success, the Immigration Unit must match needful former clients with the agency that has the appropriate funding mandate and expertise. This, in turn, requires the Unit to complete in depth screenings to determine the national background of the former clients, the immigration history and status of relatives and spouse, and the current immigration posture, and then to determine what forms of relief may be available to him or her or them.

### 3. Overseeing Los Angeles County Sheriff's Department ("LASD") response to detainer requests

Immigration and Customs Enforcement (ICE) sends detainer requests to local law enforcement agencies asking the law enforcement agency to inform ICE when an inmate will be released or asking that the law enforcement agency transfer custody of an inmate to ICE custody. Because many inmates are or were clients, the detainer requests that are sent to LASD are forwarded by LASD to the Immigration Unit. Under the California Values Act, and the Los Angeles County Board of Supervisors' directive limiting cooperation with immigration enforcement authorities, LASD is barred from turning non-citizens over to ICE unless certain enumerated exceptions apply. It is imperative that the Office know what happens to clients while they are in LASD custody and while they are in courthouses in order to advise clients accurately; and that we can appropriately tailor case-specific strategies. If in-custody, or in danger of being remanded into custody, clients must know their rights under the Trust Act. Accordingly, the Immigration Unit prepares and, through the assigned deputy public defender, disseminates to clients a one-sheet rights primer, available in many languages. In order to ensure compliance with the California Values Act by law enforcement, the Immigration Unit monitors its implementation

countywide, and advises Office leadership on ICE detainers and law enforcement response so that we can ensure that clients' rights under the Trust Act are honored. Consultations and training also ensure that line public defenders factor Trust Act protections into their immigration strategy.

In 2020, the United States District Court in *Gonzalez v. Immigration and Customs Enforcement* (CV-13-04416), issued a final judgment ruling that before issuing a detainer for an individual who has not been ordered removed and is not in removal proceedings, ICE must confirm the subject individual's identity through a biometric match, unless the individual has been interviewed by ICE; that all detainers issued before the court's ruling are void, and must be rescinded by ICE; that ICE may not issue a detainer to law enforcement in states that lack a state law permitting state and local law enforcement agencies to make civil immigration arrests; that ICE may never issue detainers based solely on database searches that reveal sufficient indicia of reliability for a probable cause determination for removal; and certain orders relating to the transfer of individuals to a location outside the Central District of California.

In support of the litigation leading to the *Gonzalez* decision, the Immigration Unit submitted its findings to the district court through a declaration and compared its findings with those of the Los Angeles County Inspector General. Since the ruling, the Immigration Unit has monitored compliance by local law enforcement and ICE.

### 4. Appellate litigation

The Immigration Unit has been involved in filing letters and amicus briefs on important cases involving immigration consequences as a result of criminal convictions. We have filed letters in the Court of Appeal and the California Supreme Court in support of a petition for review of a decision on a matter related to the intersection of immigration and criminal law.

### 5. Removal defense

In the future, we look forward to incorporating a removal defense practice into our unit. The removal defense team will consist of two attorneys, a paralegal and a law fellow, who will work to advocate and fight for public defender clients facing removal. Client Case Management System  
On October 29, 2020, the Public Defender went



live with its first ever use of a consolidated Client Case Management System (CCMS). CCMS is a historic technological advancement for the office and our practice—it is the first and the most extensive, client-centric, case management system designed from the ground up by public defenders for public defenders. CCMS is a person-centric case management system that focuses not only on case management but also on all individuals involved in the legal system, including clients, witnesses, experts, law-enforcement officers, prosecutors, and judges. CCMS creates a digital twin of case files and seamlessly links related information together, providing a 360-degree view of clients' information, securely accessible through the web from any device, anywhere.

Our Department undertook a huge project to shift the entire office to digital data. Over 8.2 million case records and 6.7 million documents from multiple independent legacy systems were migrated into a consolidated, unified, federated, people-centric modern platform resulting in significant cost-savings and benefits. CCMS provides user-friendly preparation tools that enable staff to work up cases and answer questions related to a person, charge, event, and disposition. CCMS allows staff to provide real-time statistics through report building and dashboards to ensure equitable distribution of work and also enables users to maintain and access a virtual file cabinet storing all case-related documents and video/audio digitally.

The volume and nature of evidence has grown vastly more complex in recent years, now including more audio and video files, bodycam footage, and other elements that make case file management more critical than ever. By integrating CCMS with Box and Azure Video Analyzer for Media, PD staff can store all digital materials related to a case and various digital media. A case can have over 20 videos and 100 or more human faces in images. Azure's Artificial Intelligence algorithm allows Public Defender Staff to detect, recognize and analyze critical, informative video related to a case.

With built-in tools, CCMS has enabled collaboration among staff/teams and court-appointed experts and also has the capability for one- or two-way integration with other departments such as the Alternate Public Defender, and District Attorney. Lastly, with a flexible, scalable architecture and readily available plug-ins, CCMS's functionality can be seamlessly extended to accommodate new legislation, future challenges,

and on-demand business needs.





# PROBATION DEPARTMENT

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

**Detention Services** - Intake and Detention Control (IDC) - IDC is responsible for screening youth for admittance into Juvenile Hall in accordance with established procedures and legal requirements for detention. Juvenile Hall serves as an institutional setting that temporarily houses youth for primarily two reasons: 1) prior to their court dates and/or after their court disposition, and 2) pending transition to out of home care. Los Padrinos is the sole juvenile hall in Los Angeles County. It is located in the city of Downey and houses more than 300 youth. Detention services is a mandated program pursuant to WIC 850.

**Juvenile Hall Programs:** Probation developed programs to address specific needs of youth in its care and custody. These programs include the following: The Advot Project (Theater), Arts for Healing and Justice Network; Jail Guitar Doors (Music: Songwriting/Recording), Arts for Healing and Justice Network: The Actor's Gang (Theatre), Arts for Healing and Justice Network: WriteGirl (Creative Writing), Arts for Healing and Justice Network: Returning Home Healing Arts/ Reentry, Arts for Healing and Justice Network (Versa Style Dance), Boyle Heights Arts Conservatory (Media Arts/Music Production Mural), Center for Empowerment of Families (Mentorship and Arts), Department of Library Services (Library/Literacy Services), Helpline Youth Center (Cognitive Behavioral Therapy Groups (ART); Mentoring/Life Skills Training, Homeboy Art Academy (Visual Arts), Hoops 4 Justice (Recreation/Leadership Training), InsideOut Writers (Creative Writing/Mentoring), Los Angeles County Office of Education In-School Arts integration - Boyle Heights Arts Conservatory (In-School Arts Engagement), Men of Color Action Network (Leadership Training/ Mentoring), Peace Over Violence (Emotional Support Services Related to Sexual Abuse and Victim Advocate Services), Strength United (Emotional Support Services Related to Sexual Abuse and Victim Advocate Services), Studentnest (Education; College/High School Graduate), Swan Within (Gender specific Female/Mentoring Skill Building – Arts & Crafts)

**Community Detention Program** – The Community Detention Program (CDP) provides electronically supported supervision for adjudicated and pre-adjudicated youths as a viable alternative to detention in a juvenile hall setting or from being removed from the community. DPOs hold participants accountable to pre-approved schedules of sanctioned activities, with their mobility confined to specific approved locations. Non-compliance with the stated provisions of CDP may result in the youth's return to secure detention, pending an appearance in court.

**Community-Based Supervision** - DPOs are assigned to designated communities and provide case management and supervision for youth placed on informal/formal probation. The supervision model is grounded in the emerging scientific knowledge about adolescent development (Casual Model of Delinquency and the Healthy Youth Development research). These approaches emphasize the need for sustaining and engaging the social, familial, and academic supports within the youth's natural ecology, utilizing promising practices to improve cognitive development and problem-solving skills. DPOs are informed by individualized



assessment data and case planning efforts are driven through the voice and choice of the youth and their families/caregivers. The Supervision model promotes a multi-disciplinary approach designed to target multiple settings and systems which youth are embedded to increase family strengths, to promote academic success, while enhancing community protective factors.

**Dual Supervision** – WIC 241.1 (a) provides that whenever a youth appears to come within the description of both WIC Section 300 and Section 601 or 602, the child protective services department and the probation department shall determine which status will best serve the interests of the youth and the protection of society pursuant to a jointly developed written protocol. For youth who are placed under the Dual Jurisdiction of Delinquency and Dependency Courts, the Dual Supervision Unit provides targeted supervision in coordination with the Department of Children and Family Services to ensure coordination across systems for case planning, treatment services planning/delivery and case management. These efforts support enhanced access to appropriate services and placements with an emphasis on increasing access to lower levels of care and decreasing crossover to sole delinquency wardship.

**Juvenile Mental Health Court** – Special Needs Court - Juvenile Mental Health Court – Special Needs Court is designated to initiate a comprehensive, judicially monitored program of individualized mental health treatment and rehabilitation services for youths who suffer from diagnosed mental disorders and/or developmental disabilities. The focus is on the assessment and facilitation of treatment for youth through a Multi-Disciplinary Team (MDT) approach (Juvenile Court, Probation, Mental Health, Regional Center, School Liaison, and youth's counsel).

**Teen Court** - Teen Court offers an alternative in the form of a diversion program for first time youthful offenders in lieu of delinquency court proceedings. Teen court, overseen by Superior Court, consists of a volunteer judicial officer, a court coordinator (either a DPO or a Reserve DPO), and a jury composed of at least six peers. Probation collaborates with the court, other law enforcement agencies, schools, attorneys, and community-based organizations in this program.

**Drug Court** - Juvenile Drug Court is designed to provide an integrated system of treatment for youth and parents through a Team approach (Juvenile

Court, District Attorney, youth's counsel, School Liaison, and Treatment provider) aimed at reducing the youth's substance abuse and delinquent behavior. It includes regular court appearances before a designated Drug Court Judge and intensive supervision by Probation and the Treatment Provider. **Intensive Gang Supervision Program** - This program provides intensive supervision to identified, high-risk gang affiliated probation youth, who actively participate in gang conflict, violence, and crime. The program supervises youth in order to develop/implement case planning and the delivery of treatment services, enforce accountability to court orders and collaborate with law enforcement, schools, and community-based agencies to reduce recidivism and protect the community.

**School-Based Supervision** - School-Based Supervision consists of programs at identified High School sites across the County of Los Angeles, within the five Supervisorial Districts. The programs and services are designed to provide a full spectrum of community-based services to probation youth and their families. The school-based program consists of DPOs who provide supervision and services that include individualized assessment, Strength Based/Family-Centered case planning and management, educational advocacy, mediation (youth, family, and school), mentoring, attendance (daily and academic monitoring, family support and engagement). They work closely with parents/guardians and school officials in monitoring regular school attendance, behavior, and school performance as well as with all other terms of probation. The primary objective of these services is to increase the opportunity for probationers to achieve academic success, and to empower and support parents to become the primary change agent for their children.

**Early Intervention and Diversion Program** - (EIDP) DPOs work through a collaborative partnership with the Department of Mental Health's contracted Community-Based Organizations (CBOs) to provide services to first time youthful offenders and their families countywide; this Program was recently identified as a "Promising" Program through the Office of Juvenile Justice and Delinquency Prevention/National Institute of Justice.

**Juvenile Day Reporting Centers (JDRC)** The Program provides educational and supportive services to Probation youth at higher risk of out of home placement and/or probation violations, who could benefit from supportive intervention and



enrichment programs.

**Developmental Disability** - DPOs provides administrative support for the Juvenile Field Developmental Disabilities protocols, designed to support service delivery to youth identified or suspected of having a developmental disability, detained in Juvenile Hall and/or residing in the community.

Juvenile Competency Program - DPOs provide remediation services based on Superior Court's protocol and submits supplemental reports to court for youth involved in Competency hearing proceedings.

**Camp Community Transition Program (CCTP)**

– CCTP provides after-care services for youth transitioning from camp back into their own communities. The services begin once Camp is ordered by the Court and followed by a supervised transition period to ensure prompt school enrollment, community service and participation in selected supportive services programs provided by CBOs. Transitional plans include on-going support for family engagement and participation.

**Division of Juvenile Justice (DJJ) Secure Youth Treatment Facility (SYTF) Transition Supervision Program**

- This Program serves high risk probationers transitioning from DJJ and SYTF to Probation supervision, under Delinquency Court jurisdiction. The Program focuses on transition services designed to support stabilization (includes possible housing, mental health and substance abuse treatment, job search/ placement, continued education/vocational training, etc.) and self-sufficiency in the community.

Juvenile Record Sealing Program - The program is designed to provide assistance to former youth who were on probation who request to seal their juvenile records and provides administrative support to the Delinquency record sealing process as mandated by law. (amended in 2018 by AB 529) under Welfare and Institutions (WIC) Sections 781, 786, 786.5, and 793(c).

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

- This unit serves as the single point of contact for DPOs to clear all out-of-home placement recommendations prior to the submission of the report to the court. Additionally, staff assist DPOs with receipt and processing of referrals for community-based services (in lieu of out-of-home placement)

such as Functional Family Therapy, Multi-Systemic Therapy, Family Preservation and Functional Family Probation.

**RESIDENTIAL TREATMENT SERVICES**

**Camp Community Placement (CCP)** provides intensive intervention in a residential treatment setting. The goal of the program is to reunify the youth with their family, to reintegrate the youth into the community, and to assist the youth in achieving a productive crime free life. Probation camps provide structured work experience, vocational training, education, specialized tutoring, athletic activities, and various types of social enrichment. Additional programming is provided by CBOs and varies by camp as each camp is tailored to its population and purpose. There are three (3) male camps, and one (1) co-ed camp that houses approximately 200 youth. Camp youth range in age between 13-18 years, with an average stay of seven months and the average age of 17 years. Juvenile camps are a non-mandated, discretionary program pursuant to WIC 881.

**PLACEMENT SERVICES**

**Probation's Placement Services Bureau (PSB)**

serves juvenile probationers whom the delinquency court has made a foster care order to remove youth from their home and suitably placed in either Short Term Residential Therapeutic Programs (STRTPs), or in relative or non-relative care. Generally, youth receive this type of dispositional order after less restrictive court sanctions have been considered but have not resolved the identified issues. Youth are placed in open settings considered best suited to meet their needs. Such settings may include a smaller 6 to 8 bed setting, a larger foster home facility, or a small family home. In 2022, there were approximately 420 Probation youth in suitable placement environments, either in STRTPs (formerly known as group homes) or with Resource Parents (formerly known as foster parents). Another 250 youth received housing services as nonminor Dependents. PSB is comprised of the following units: Placement Administrative Services (PAS) – Placement Administrative Services provides administrative support services. PAS is critical in the initial placement of youth in foster care. PAS ensures appropriate processing of all necessary documentation to provide funding and services to youth from the time they are ordered to placement until the time the order is terminated, or the youth



completes the placement program, or the youth is reunited with their family.

**Residential-Based Services (RBS)** – Placement DPOs are responsible for case management and monitoring the youth while suitably placed. They work with the youth and their families to identify areas of strength and risk to develop appropriate case plans to ensure prompt reunification and/or permanency. The work performed by RBS is mandated in large part through state and federal regulations, such as Division 31 of California Department of Social Services (CDSS).

**Placement to Community Transition Services (PCTS)** – PCTS supports families as youth transition from out-of-home care settings and provides intensive in-home supervision and treatment services. PCTS also provides these services to youth ordered “Home on Probation” to prevent eventual out of home placement.

Youth Development Services (YDS) - DPOs coordinate Independent Living Plans (ILP) Services for eligible youth and assist with connecting ILP-eligible youth with services, resources and support systems that emphasize independence and self-sufficiency through education and experiential learning.

**Transitional Jurisdiction/ Extended Foster Care (AB12)** - DPOs provide support to postprobation non-minor dependents by providing extended foster care access to housing and resources. The DPOs coordinate employment and educational assistance, pro-social and life skill classes. Youth who are on a suitable placement order at the time they turn 18 years old and who complete their probation may remain in foster care until the age of 21 under a new jurisdiction known as Transition Jurisdiction pursuant to WIC 450.

**Placement Permanency and Quality Assurance (PPQA)** – This unit monitors PSB systems, including STRTPs to ensure the safety and stability of the youth while in an out-of-home care setting. PPQA is also responsible for permanency planning through Family Finding, Adoptions, and the Legal Guardianship processes.

### Child Trafficking Unit

Probation is at the forefront of addressing a population not previously viewed as victims. The

development of the Child Trafficking Unit (CTU) program demonstrates Probation’s understanding and commitment to girls and boys who have been sexually exploited. In the past, law enforcement and other government agencies have viewed most of this population of commercially sexually exploited youth as teens who have independently made the choice to engage in the criminal act of prostitution. Probation has been working collaboratively with various committees, the courts, law enforcement, social service agencies, etc. to develop an effective prevention/ intervention strategy for rehabilitative services for DCFS and Probation youth who are at risk or have been victims of sexual exploitation. Probation has had a paradigm shift in practice and mindset to view these children, not as criminals, but rather as victims.

### SELECTED FINDINGS (JUVENILE):

The number of juvenile child abuse referrals increased from 2021 to 2022 by 6.01%, 183 to 194. The increases were reflected in the referrals for physical abuse, and sexual abuse. Referrals for sexual abuse increased by 5.12%, from 117 to 123; physical abuse increased by 28.9% from 38 to 49. There was a decrease in referrals for exploitation and general neglect. Exploitation decreased by 21.73%, from 23 to 18; general neglect decreased 100%; from 1 to 0. (Figure 11). The number of juvenile child abuse offenses by age depict a significant increase of 42.42% referrals from the age group of 17-year-olds and increases in the age groups of 14 and 16 as well (Figure 12). Juvenile child abuse offense referrals by ethnicity reveal that Hispanic youth made up most of the referrals in 2021 and 2022 (Figure 13). Juvenile child abuse referrals by area office and gender indicate that from 2021 to 2022, there was an increase in male youth referrals from 180 to 182 and in female youth referrals from 3 to 12 (Figure 14). The number of juvenile child abuse referrals by age and ethnicity, reveal that 18-year-old Hispanic youth make up 40 of the 194 referrals, 24.75% of the total amount (Figure 15). In 2022, there was a total of 11 cases of youth being supervised for child abuse offenses (Figure 16). The number of youths supervised for child abuse offenses indicate that Hispanic youth make up the majority (91%) of youth being supervised, 10 of the 11 cases (Figure 17). Lastly, the data reveals that 17-year-olds have the largest amount of youth under supervision and make up 4 of the 11 juvenile supervision cases: 36.37% (Figure 18). Furthermore, sexual abuse continues to be the number one child abuse offense for juvenile



referrals: 123 of 194, or 63.4% of total cases referred to Probation (Figure 6).

### SELECTED FINDINGS (ADULT):

The data presented for adults were collected from Los Angeles County Probation Department, Adult Probation System (APS). It should be noted that the findings below are for a specific type of referral activity (DT, ID, IT, PA, PO, PS, PT) for designated caseload types: SRG (PC290 Penal Code 290 (Sex Offender Registration Act), CTH (Child Threat), FAM (Family Violence), and does not represent the entire referral activity for the Los Angeles County Probation Department. Information reported in the figures reflect specific child abuse related activity for the select offense types only: physical abuse, sexual abuse, exploitation, general neglect, caretaker absence, and severe neglect.

In 2022, there were 345 total adult referrals for the designated child-related offenses identified by the ICAN committee (Figure 1). Exploitation-related offenses saw a sharp 72% decrease from 2021 to 2022. However, there was a significant increase in physical abuse cases (100%) and severe neglect instances (18%) (Figure 1). In review of the 2021 ICAN APS reporting data, sexual abuse remained the top offense for adult referrals, accounting for 300 of the 345 cases, or 87% of total referrals to Probation (Figure 1). It should be noted that there was a 12% decrease in overall reporting in 2022, indicating a positive trend.

With regards to offender age, those 50 and older represented 31% (n=107) of the population. However, there was a decrease of 21% in referral totals for this population from 2021 to 2022 (Figure 2). Overall adult referrals decreased by 13% from 2021 to 2022 (Figure 2). Most noteworthy is the 30% decrease in the total referrals for the 30-34 age group. The 20-24 age group saw a 23% decrease from 31 to 24 referrals (Figure 2).

Regarding ethnicity, Hispanics represented the majority of the offenders (n=274), however, there total number decreased by 4.5% from 2021 to 2022. The only ethnic group that reported an increase in 2022 was the Asian/Pacific Islanders, who increased doubled (Figure 3).

Males represented 91% of the referrals (n=315) and females represented 9% (n=30). Of the total referrals in 2022, most of the referrals came from

CAI (n=82) and the East San Fernando Valley Area Office (n=56) (Figure 5).

Figure 6 is a shared table of Adult and Juvenile referral activity by offense type. In both jurisdictions, sexual abuse offenses were the largest percentage of all offenses, 86.9% (n=300) for adults and 63.4% (n=123) for juveniles.

There is a distinction to be made between referrals and active adult supervision. Figures 7 and 8 reflect supervision activity for those offenders on designated child related supervision caseloads (SRG, CTH, FAM). There were 835 offenders reported in 2022, with Hispanics representing 53.8% (n=450) of this population (Figure 8). With regards to the age of this population, 27% (n=224) of the offenders were 50 or older (Figure 7).

The data analyzed child threat activity by location, focusing on the reporting area office. The Crenshaw Area Office reported the highest case totals in 2022 (n=109) and 2021 (n=110). The second highest reporting area office in 2022 was San Gabriel Valley (n=101) (Figure 9).



**Figure 1**

**ADULT FELONY AND MISDEMEANOR  
REFERRALS BY OFFENSE  
2021 - 2022**

OFFENSE TYPE	2021	2022	PERCENTAGE OF CHANGE 2021-22	
CARETAKER ABSENCE	1	0	Decrease	100.00%
EXPLOITATION	22	6	Decrease	72.73%
GENERAL NEGLECT	18	18	Unchanged	0.00%
SEVERE NEGLECT	17	20	Increase	17.65%
PHYSICAL ABUSE	0	1	Increase	100.00%
SEXUAL ABUSE	341	300	Decrease	12.02%
<b>TOTAL</b>	<b>399</b>	<b>345</b>	<b>Decrease</b>	<b>13.53%</b>

**Figure 2**

**ADULT FELONY AND MISDEMEANOR  
REFERRALS BY AGE  
2021 - 2022**

AGE OF ADULT OFFENDER	2021	2022	PERCENTAGE OF CHANGE 2021-22	
18 - 19	4	3	Decrease	25.00%
20 - 24	31	24	Decrease	22.58%
25 - 29	44	44	Unchanged	0.00%
30 - 34	53	37	Decrease	30.19%
35 - 39	57	56	Decrease	1.75%
40 - 44	42	41	Decrease	2.38%
45 - 49	33	33	Unchanged	0.00%
50 +	135	107	Decrease	20.74%
<b>TOTAL</b>	<b>399</b>	<b>345</b>	<b>Decrease</b>	<b>13.53%</b>

**Figure 3**

**ADULT FELONY AND MISDEMEANOR  
REFERRALS BY ETHNICITY  
2021 - 2022**

ETHNICITY	2021	2022	PERCENTAGE OF CHANGE 2021-22	
AFRICAN AMERICAN	40	23	Decrease	42.50%
AMERICAN INDIAN	0	0	Unchanged	0.00%
ASIAN / PACIFIC ISLANDER	4	8	Increase	100.00%
HISPANIC	287	274	Decrease	4.53%
WHITE	38	28	Decrease	26.32%
OTHER	17	9	Decrease	47.06%
UNKNOWN	3	3	Unchanged	0.00%
<b>TOTAL</b>	<b>389</b>	<b>345</b>		<b>734</b>
<b>PERCENTAGE BY GENDER</b>	<b>53%</b>	<b>47%</b>		<b>100.00%</b>



Figure 4

**ADULT FELONY AND MISDEMEANOR  
REFERRALS BY AGE & ETHNICITY  
2022**

ETHNICITY	< 20	20-24	25-29	30-34	35-39	40-44	45-49	50+	TOTAL
AFRICAN AMERICAN	0	3	3	4	4	4	1	4	23
AMERICAN INDIAN	0	0	0	0	0	0	0	0	0
ASIAN /PACIFIC ISLANDER	0	0	1	1	0	0	1	5	8
HISPANIC	1	19	33	30	41	35	30	85	274
WHITE	1	0	5	2	5	1	1	13	28
OTHER	1	1	1	0	5	1	0	0	9
UNKNOWN	0	1	1	0	1	0	0	0	3
<b>TOTAL</b>	<b>3</b>	<b>24</b>	<b>44</b>	<b>37</b>	<b>56</b>	<b>41</b>	<b>33</b>	<b>107</b>	<b>345</b>
<b>PERCENTAGE BY AGE GROUP</b>	<b>0.87%</b>	<b>6.96%</b>	<b>12.75%</b>	<b>10.72%</b>	<b>16.23%</b>	<b>11.88%</b>	<b>9.57%</b>	<b>31.01%</b>	<b>100.00%</b>

Figure 5

**ADULT FELONY AND MISDEMEANOR  
REFERRALS BY AREA OFFICE & GENDER  
2021 - 2022**

AREA OFFICE	2021		2022	
	MALE	FEMALE	MALE	FEMALE
Antelope Valley	28	1	20	2
Central Adult Investigations (CAI)	106	11	67	15
East San Feranando Valley	62	3	55	1
Foothill	10	0	2	0
Harbor	21	0	21	4
Long Beach	12	1	18	1
Pomona Valley	61	2	47	2
Pretrial	1	0	1	0
Rio Hondo	37	3	38	1
San Gabriel Valley	6	0	10	2
Santa Monica	13	0	12	0
South Central	17	4	24	2
<b>SUBTOTAL</b>	<b>374</b>	<b>25</b>	<b>315</b>	<b>30</b>
<b>TOTAL</b>	<b>399</b>		<b>345</b>	



**Figure 6**

**ADULT AND JUVENILE REFERRALS BY OFFENSE  
2022**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
CARETAKER ABSENCE	0	0.00%	0	0.00%	0
EXPLOITATION	6	1.74%	18	9.28%	24
GENERAL NEGLECT	18	5.22%	0	0.00%	18
SEVERE NEGLECT	20	5.80%	4	2.06%	24
PHYSICAL ABUSE	1	0.29%	49	25.26%	50
SEXUAL ABUSE	300	86.96%	123	63.40%	423
<b>TOTAL</b>	<b>345</b>		<b>194</b>		<b>539</b>
<b>PERCENT</b>		<b>100.00%</b>		<b>100.00%</b>	

**Figure 7**

**ACTIVE ADULT SUPERVISION BY AGE & ETHNICITY  
2022**

ETHNICITY	< 20	20-24	25-29	30-34	35-39	40-44	45-49	50+	TOTAL
AFRICAN AMERICAN	1	7	21	23	20	12	20	68	172
AMERICAN INDIAN	0	0	0	0	0	0	0	0	0
ASIAN /PACIFIC ISLANDER	0	1	5	3	4	1	0	4	18
HISPANIC	2	51	87	60	52	60	49	89	450
WHITE	0	7	18	19	21	17	22	53	157
OTHER	0	1	1	7	4	2	4	8	27
UNKNOWN	0	2	1	2	0	2	2	2	11
<b>TOTAL</b>	<b>3</b>	<b>69</b>	<b>133</b>	<b>114</b>	<b>101</b>	<b>94</b>	<b>97</b>	<b>224</b>	<b>835</b>
<b>PERCENTAGE BY AGE GROUP</b>	<b>0%</b>	<b>8%</b>	<b>16%</b>	<b>14%</b>	<b>12%</b>	<b>11%</b>	<b>12%</b>	<b>27%</b>	<b>100%</b>

**Figure 8**

**ACTIVE ADULT SUPERVISION BY ETHNICITY  
2022**

ETHNICITY	TOTAL	PERCENT
AFRICAN AMERICAN	172	20.60%
AMERICAN INDIAN	0	0.00%
ASIAN /PACIFIC ISLANDER	18	2.16%
HISPANIC	450	53.89%
WHITE	157	18.80%
OTHER	27	3.23%
UNKNOWN	11	1.32%
<b>TOTAL</b>	<b>835</b>	<b>100.00%</b>





Figure 9

**ADULT SUPERVISION CHILD THREAT  
CASES BY AREA OFFICE  
2021 - 2022**

AREA OFFICE	2019	2020
ANTELOPE VALLEY	67	44
CENTINELA	78	56
"CRENSHAW / REENTRY OPPORTUNITY CENTER"	110	109
EAST LOS ANGELES	42	39
EAST SAN FERNANDO VALLEY	92	93
FIRESTONE	72	56
FOOTHILL	58	35
HARBOR	20	21
LONG BEACH	60	66
POMONA VALLEY	49	39
RIO HONDO	67	61
RIVERVIEW	0	0
SAN GABRIEL VALLEY	106	101
SANTA MONICA	35	30
SOUTH CENTRAL	61	57
VALENCIA	17	19
<b>TOTAL</b>	<b>934</b>	<b>826</b>

Figure 10

**ADULT AND JUVENILE REFERRALS RESULTING  
IN GRANTS OF PROBATION  
2022**

AREA OFFICE	ADULTS	JUVENILES	TOTALS
Antelope Valley	2	0	2
CENTRAL ADULT INVESTIGATION (CAI) CRENSHAW/ RE-ENTRY OPPORTUNITY CENTER	2	0	2
CENTINELA	1	0	1
CENTINELA	0	2	2
EAST LOS ANGELES	0	2	2
EAST SAN FERNANDO VALLEY	1	0	1
FIRESTONE	4	0	4
FOOTHILL	1	0	1
HARBOR	1	0	1
LONG BEACH	1	0	1
POMONA VALLEY RESIDENTIAL TREATMENT SERVICES BUREAU (RTSB)	3	0	3
SOUTH CENTRAL	0	2	2
SOUTH CENTRAL	1	2	3
SAN GABRIEL VALLEY	3	1	4
SANTA MONICA	1	0	1
VALENCIA	0	1	1
VAN NUYS	0	1	1
<b>TOTAL</b>	<b>21</b>	<b>11</b>	<b>32</b>
<b>PERCENT</b>	<b>65.63%</b>	<b>34.38%</b>	<b>100.00%</b>
SOUTH CENTRAL	1	0	1
VALENCIA	0	0	0
VAN NUYS	0	4	4
<b>TOTALS</b>	<b>26</b>	<b>21</b>	<b>47</b>
<b>PERCENT</b>	<b>55.32%</b>	<b>44.68%</b>	<b>100.00%</b>



**Figure 11**

**JUVENILE CHILD ABUSE  
REFERRALS BY OFFENSE  
2021 - 2022**

OFFENSE TYPE	2021	2022	PERCENTAGE OF CHANGE 2021-22	
CARETAKER ABSENSE	0	0	Unchanged	0.00%
EXPLOITATION	23	18	Decrease	21.73%
GENERAL NEGLECT	1	0	Decrease	100.00%
SEVERE NEGLECT	4	4	Unchanged	0.00%
PHYSICAL ABUSE	38	49	Increase	28.94%
SEXUAL ABUSE	117	123	Increase	5.12%
<b>TOTAL</b>	<b>183</b>	<b>194</b>	<b>Increase</b>	<b>6.01%</b>

**Figure 12**

**JUVENILE CHILD ABUSE  
REFERRALS BY AGE  
2021 - 2022**

AGE OF JUVENILE	2021	2022	PERCENTAGE OF CHANGE 2021-22	
UNDER 11	1	0	Decrease	100.00%
11	2	2	Unchanged	0.00%
12	6	6	Unchanged	0.00%
13	20	15	Decrease	25.00%
14	16	19	Increase	18.75%
15	29	27	Decrease	6.90%
16	26	30	Increase	15.38%
17	33	47	Increase	42.42%
18+	50	48	Decrease	4.00%
<b>TOTAL</b>	<b>183</b>	<b>194</b>	<b>Increase</b>	<b>6.01%</b>

**Figure 13**

**JUVENILE CHILD ABUSE OFFENSE  
REFERRALS BY ETHNICITY  
2021 - 2022**

ETHNICITY	2021	2022
AFRICAN AMERICAN	25	28
ASIAN / PACIFIC ISLANDER	0	0
ASIAN OTHER	2	1
CHINESE	0	1
FILIPINO	0	0
HAWAIIAN	0	0
HISPANIC	132	142
JAPANESE	0	0
WHITE	19	16
OTHER	4	5
UNKNOWN	1	1
<b>TOTAL</b>	<b>183</b>	<b>194</b>



**Figure 14**  
**JUVENILE CHILD ABUSE OFFENSE**  
**REFERRALS BY AREA OFFICE AND GENDER**  
**2021 - 2022**

AREA OFFICE	2021		2022	
	MALE	FEMALE	MALE	FEMALE
Antelope Valley	6	0	21	2
Centinela	11	0	14	3
Crenshaw / Re-Entry Opportunity Center	9	0	5	0
East Los Angeles	8	1	9	0
Firestone	7	0	13	0
Foothill	6	0	10	0
Harbor	5	0	6	1
Long Beach	4	1	8	0
"Northeast Juvenile Justice Center"	18	0	7	0
Placement Headquarters	0	0	0	0
Pomona Valley	23	0	9	0
Residential Treatment Service Bureau (Rtsb)	3	0	5	0
Rio Hondo	16	0	16	3
San Gabriel Valley	36	0	22	2
Santa Monica	5	1	5	0
South Central	8	0	13	0
Valencia	2	0	4	1
Van Nuys	13	0	15	0
VAN NUYS	18	0	14	1
<b>TOTAL</b>	<b>180</b>	<b>3</b>	<b>182</b>	<b>12</b>



Figure 15

**JUVENILE CHILD ABUSE OFFENSE REFERRALS BY AGE & ETHNICITY 2022**

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMERICAN	0	2	3	3	1	4	4	8	3	28
ASIAN/PACIFIC ISLANDER	0	0	0	0	0	0	0	0	0	0
ASIAN OTHER	0	0	0	0	0	0	0	1	0	1
CHINESE	0	0	0	0	0	0	0	0	1	1
FILIPINO	0	0	0	0	0	0	0	0	0	0
HAWAIIAN	0	0	0	0	0	0	0	0	0	0
HISPANIC	0	0	3	11	13	19	24	32	40	142
JAPANESE	0	0	0	0	0	0	0	0	0	0
WHITE	0	0	0	1	4	2	2	4	3	16
OTHER	0	0	0	0	1	1	0	2	1	5
UNKNOWN	0	0	0	0	0	1	0	0	0	1
<b>TOTAL</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>15</b>	<b>19</b>	<b>27</b>	<b>30</b>	<b>47</b>	<b>48</b>	<b>194</b>
<b>PERCENTAGE BY AGE GROUP</b>	<b>0.00%</b>	<b>1.03%</b>	<b>3.09%</b>	<b>7.73%</b>	<b>9.79%</b>	<b>13.92%</b>	<b>15.46%</b>	<b>24.23%</b>	<b>24.74%</b>	<b>100.00%</b>

Figure 16

**CHILD ABUSE OFFENSES ON JUVENILE SUPERVISION BY AGE AND ETHNICITY 2022**

ETHNICITY	UNDER 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMERICAN	0	0	0	0	0	0	0	0	1	1
ASIAN/PACIFIC ISLANDER	0	0	0	0	0	0	0	0	0	0
ASIAN OTHER	0	0	0	0	0	0	0	0	0	0
CHINESE	0	0	0	0	0	0	0	0	0	0
FILIPINO	0	0	0	0	0	0	0	0	0	0
HAWAIIAN	0	0	0	0	0	0	0	0	0	0
HISPANIC	0	0	0	1	2	0	1	4	2	10
JAPANESE	0	0	0	0	0	0	0	0	0	0
WHITE	0	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0	0
UNKNOWN	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>11</b>
<b>PERCENTAGE BY AGE GROUP</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>9.09%</b>	<b>18.18%</b>	<b>0.00%</b>	<b>9.09%</b>	<b>36.37%</b>	<b>27.27%</b>	<b>100.00%</b>



**Figure 17**

**CHILD ABUSE OFFENSES ON JUVENILE SUPERVISION BY ETHNICITY 2022**

ETHNICITY	TOTAL	PERCENT
AFRICAN AMERICAN	1	9.09%
ASIAN/PACIFIC ISLANDER	0	0.00%
ASIAN OTHER	0	0.00%
CHINESE	0	0.00%
FILIPINO	0	0.00%
HAWAIIAN	0	0.00%
HISPANIC	10	90.91%
JAPANESE	0	0.00%
WHITE	0	0.00%
<b>OTHER</b>	<b>0</b>	<b>0.00%</b>
<b>TOTAL</b>	<b>11</b>	<b>100.00%</b>

**Figure 18**

**CHILD ABUSE OFFENSES ON JUVENILE SUPERVISION BY AGE & OFFENSE 2022**

ETHNICITY	UNDER 11	11	12	13	14	15	16	17	18+	TOTAL
CARETAKER ABSENSE	0	0	0	0	0	0	0	0	0	0
EXPLOITATION	0	0	0	0	0	0	0	0	0	0
GENERAL NEGLIGENCE	0	0	0	0	0	0	0	0	0	0
SEVERE NEGLIGENCE	0	0	0	0	0	0	0	0	0	0
PHYSICAL ABUSE	0	0	0	1	0	0	0	3	1	5
SEXUAL ABUSE	0	0	0	0	2	0	1	1	2	6
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>11</b>
<b>PERCENTAGE BY AGE GROUP</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>9.09%</b>	<b>18.18%</b>	<b>0.00%</b>	<b>9.09%</b>	<b>36.37%</b>	<b>27.27%</b>	<b>100.00%</b>



**GLOSSARY OF TERMS (ADDED TERMS):**

1. **Referral type included in the 2022 report** (DT, ID, IT, PA, PO, PS, PT) acronyms are as follows: DT= Diversion Investigation, ID=Diversion Investigation, IT=True Summary Investigation PA=County Parole, PO=Post Sentence, PP=Pre-Preliminary, PS=Probation and Sentencing Investigation, PT= 131.3 CCP (Pre-plea reports)
2. **Designated Child Threat Case** refers to cases that include any criminal activity with a minor. These cases would be assigned to a 'Family violence caseload.'
3. **Child Threat Defendant** is an adult probationer on active supervision for a specific designated child related offense type (caretaker absence, exploitation, general neglect, severe neglect, physical abuse, and sexual abuse)
4. **Sex Registrant** - Probationers assigned to this level of supervision are required to register with local law enforcement pursuant to Penal Code section 290, regardless of whether the current offense is a sex offense or not. The probationers report to the area office once a month for a face-to-face meeting with their probation officer. They will be seen once a month in the community by their probation officer. All eligible probationers assigned to the sex registrant caseload are required to be supervised in accordance with the Containment Model for Sex Offenders.
5. **Containment Model** - is a comprehensive strategy to manage offenders in a systematic and thorough manner. The central goal of the Containment Model is supporting community and victim safety by holding sex offenders responsible for the harm they inflict and helping them recognize and redirect the inappropriate thoughts and feelings that form the pathways to their crimes. The model recognizes multiple entities play important roles in the community management of sex offenders and emphasizes the importance of open collaboration between these key players. In accordance with state law, all high risk sex offenders are placed on Global Positioning Satellite (GPS) monitoring for the duration of their felony probation supervision.
6. **Family Violence Caseloads** - Probationers assigned to this caseload were convicted of specific crimes related to domestic violence, child abuse and endangerment, or elder abuse.

Participants are required to participate in state mandated programs for Batterers Intervention and Child Abuse. Probation Officers assigned to supervise these caseloads receive special training in the application of domestic violence assessments and child abuse and elder abuse recognition.



# DEPARTMENT OF MENTAL HEALTH

The Department of Mental Health (DMH) administers, develops, coordinates, monitors, and evaluates a continuum of mental health services for children and youth.

## MISSION STATEMENT

To assist children and youth with emotional disorders in developing their ability to function within their families, schools, and communities.

To enable children and youth with emotional and behavioral disorders involved with the Department of Children and Family Services (DCFS), and children and youth at risk of out-of-home placement to remain at home, succeed in school, and avoid involvement with the juvenile justice system.

Department of Mental Health (DMH) fulfills its mission by:

- Managing a diverse continuum of programs that provide mental health care for children, youth, and families.
- Promoting the expansion of services through innovative projects, interagency agreements, blended funding, and grant proposals to support new programs.
- Collaborating with other public agencies, particularly the Department of Health Services (DHS), the DCFS, the Probation Department, the Los Angeles County Office of Education (LACOE), and school districts across all the Supervisorial Districts (e.g., Los Angeles Unified School District (LAUSD)).
- Promoting the development of County and Statewide mental health policy and legislation to advance the well-being of children/youth, and families/caregivers.

## PROGRAMS RELATED TO CHILD ABUSE AND NEGLECT

This report presents the characteristics of children and youth who are victims of, or are at risk of, child abuse and neglect and are receiving mental health services in programs provided by DMH.

Among such programs are those that serve young children who are in, or at risk of, entering the child welfare system. These include:

- Mental Health Services Act (MHSA) Full-Service Partnership (FSP) program is an intensive treatment program for children.
- DMH directly operated programs, which include Ties for Families, Young Mothers and Well Babies, and DMH Contract Provider outpatient programs serving children ages zero (0) – five (5).
- DMH providers participate in First 5 LA's Partnership for Families initiative.

Collectively, these programs provide a continuum of screening, assessment, and treatment, serving children's mental health and developmental needs from birth to five (5) years of age. They are a critical component



of prevention and early intervention strategies that support comprehensive infant and early childhood mental health systems of care.

In addition, this report covers other programs for children and youth at risk for abuse or neglect. These programs include the following: Multidisciplinary Assessment Team (MAT); Wraparound; Family Preservation (FP); Family Reunification; Intensive Field Capable Clinical Services (IFCCS); Juvenile Court Mental Health Services (JCMHS); Dorothy Kirby Center; Juvenile Justice Camps; Short Term Residential Therapeutic Programs (STRTPs); and Community Treatment Facilities (CTFs).

**CHILD WELFARE DIVISION**

Katie A. v. Bonta was a class action lawsuit that challenged the long-standing practice of confining abused and neglected children and youth with mental health problems in costly hospitals and large group homes or foster homes instead of providing services that would enable them to stay in their homes and communities. Los Angeles County entered a settlement agreement in May 2003 to develop and implement strategies to provide the plaintiff class with care and services consistent with effective child welfare and mental health practice. On March 14, 2006, Federal Judge A. Howard Matz issued an injunction requiring that the County screen members of the plaintiff class to identify children and youth who may need individualized mental health services.

Los Angeles County DMH created the Child Welfare Division (CWD) as part of the Katie A. Settlement Agreement. CWD is a centralized DMH administrative structure that provides oversight and coordination of countywide activities related to mental health services for children and youth in the County’s child welfare system. CWD works closely with DCFS, County Counsel, and other County departments to comply with the Katie A. Settlement Agreement.

DMH Specialized Foster Care (SFC) is a mental health countywide program. DMH SFC mental health professionals are assigned to all DCFS Regional Offices. They are a critical component to improving access for children and youth involved in the child welfare system and provide mental health screening, assessment, crisis intervention, initial treatment, and linkage to ongoing mental health treatment in the community. In addition, the SFC professionals participate in Child and Family Team (CFT) meetings.

**CHILD WELFARE PROCESSES AND PROGRAMS**

**COORDINATED SERVICES ACTION TEAM (CSAT)**

The Coordinated Services Action Team (CSAT) is an administrative network in each DCFS regional office that coordinates screening and assessment of: (a) newly detained, (b) newly opened and non-detained, and (c) existing DCFS cases. Every child or youth under DCFS supervision is given a mental health screening by a Children’s Social Worker (CSW) using a brief checklist known as the Mental Health Referral form (MHR), in addition to the Child and Adolescent Needs and Strengths tool (CANS). All screenings are referred for assessment and possible mental health services. CSAT provides a Services Linkage Specialist (SLS) to assist CSWs in identifying suitable service linkages. Implemented in May 2009, CSAT initiated a monthly Referral and Tracking System (RTS) Summary Data Report that tracks rates of screenings and referrals. CSAT is primarily a DCFS process.

On April 30, 2015, the Board approved annual reports summarizing progress of all Service Planning Areas (SPA) for screenings and referrals for the twelve months of each Calendar Year (CY). A summary of screening/referral data issued by DCFS for CY 2022, January 1, 2022, through December 31, 2022, has been included below.

- 11,977 children/youth were screened for mental health needs.

**MULTIDISCIPLINARY ASSESSMENT TEAM (MAT)**

Multidisciplinary Assessment Team (MAT) is a collaborative assessment process offered through DCFS and DMH. Newly detained children and youth in the child welfare system with full-scope Medi-Cal and in out-of-home placement qualify for a MAT assessment. Each child and youth can receive a comprehensive assessment of their medical, dental, educational, caregiver, and mental health needs. Within 45 days of receiving the referral, the DMH MAT provider conducts an age-appropriate assessment – Infancy, Childhood and Relationship Enrichment Initial Assessment (ICARE) or the Child/Adolescent Full Assessment – and completes a MAT Summary of Findings Report. The report is discussed with the child/youth’s Child and Family Team (CFT), incorporated into the child/youth’s DCFS Case Plan, and then shared with the court.





MAT staff link children/youth and their families/caregivers to required services based on the findings and recommendations of the team.

Throughout the County, DMH ensured 2764 children and youth had a MAT assessment in Fiscal Year (FY) 2022-2023. Of this sample, 1,547 children (56%) were between the ages of zero (0) to five (5) at the time of their assessment.

### **DMH SERVICES AT THE COUNTYWIDE MEDICAL HUBS**

DMH provides mental health services through its co-located mental health staff with DHS Medical Hubs (Hubs). The Hubs are DHS facilities that include Jacqueline Avant Medical Center, Olive View Medical Center, Harbor-UCLA Medical Center, and High Desert Regional Health Center. DMH provides mental health services at the Hubs in an integrated and collaborative service delivery model in collaboration with the Department of Public Health (DPH), DHS, and DCFS. The goal of co-locating services is to improve access to health and mental health care for DCFS-involved youth who are detained or under a child welfare investigation. DMH staff at the Hubs provide services that include but are not limited to the identification, screening, consultation, crisis intervention, and linkage to Specialty Mental Health Services (SMHS).

DMH staff prioritize children ages birth to five (5), Commercially Sexually Exploited Children and Youth (CSEC), children/youth discharged from psychiatric hospitals, and those in need of immediate crisis intervention.

During the FY 2022-2023, the Medical Hubs served over 19,000 children.

### **FAMILY AND CHILDREN'S INDEX (FCI)**

Family and Children's Index (FCI) is the name given to the Los Angeles County customized application authorized by California Welfare and Institutions Code (WIC) section 18961.5. The statute allows children services, health services, law enforcement, mental health services, probation, schools, and social services agencies within counties to share specific information about families who have had relevant contacts with these agencies and who have been identified as being at risk for child abuse or neglect. The statute requires that each county develop their own "at-risk" definition. As a "pointer" system, FCI directs authorized users of participating

agencies to other participating agencies who have had contact with the family, subject to an initial search match made through the application. Once users are pointed to other agencies, the statute requires that confidential, substantive information about a family be shared through the formation of Multi-Disciplinary Teams (MDTs), unless some other legally permissible way to share that information already exists. The application can only store specific information as allowed by WIC 18961.5. It does so by receiving data from participating agency databases using a set of agency-specific at-risk indicators (filters) that conform to the County's at-risk definition. Once these records are identified using those filters, allowable information is electronically imported into the FCI database.

During FY 2022-2023, DMH provided information in response to 7,526 FCI Inquiries.

### **WRAPAROUND**

In calendar year (CY) 2022, there were 45 Wraparound Legal Entities throughout Los Angeles County. The Wraparound program served an average of 2,106 children and youth each month. Wraparound is an integrated, community-based, intensive mental health services program. It builds upon children/youth, and families/caregiver's strengths to preserve family integrity and minimize the need for higher levels of care. Wraparound serves children and youth between the ages of 0-21 who are Medi-Cal eligible and have an open DCFS or Probation case or are in an adoptive placement or have finalized an adoption and may benefit from intensive services.

Wraparound services are individualized, comprehensive, and intensive, meeting the children, youth, and families in their communities, emphasizing utilizing their strengths to promote long-term success through skills building and increasing their support network. Services incorporate Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) to support the underlying needs identified by CFT. Additionally, to increase support and stability for families served contracted Legal Entities can utilize Case Rate Services and Supports (CRSS), funds allocated to address the individual needs of each child or youth and family. These services are intended to support Wraparound's goals of prevention and/or decrease in placement disruptions, psychiatric hospitalizations, and/or juvenile detentions, ultimately helping children and youth to thrive in a safe, stable, and permanent



environment.

The California Wraparound Standards and the Integrated Core Practice Model (ICPM) are the framework that identifies shared values, core components, and standards of practice that ensure Wraparound services are culturally relevant and trauma-informed. In 2022, Wraparound began the initial phase of aligning with High-Fidelity Wraparound. High Fidelity Wraparound is defined by building continuity in practice and improving reasonable safety, well-being, and permanency outcomes for children/youth, and their families/caregivers. Through upholding the California Wraparound Standards, Wraparound aims to ensure continuity in practice and improve the safety, well-being, and permanency of the children, youth, and families/caregivers served.

Wraparound has emphasized the importance of ongoing training regarding the facilitation of CFTs, being culturally responsive and trauma-informed, and the engagement of formal and informal supports. Training continued to be offered to DMH staff and Legal Entities to support them in this process. Also, the DMH Wraparound Centralized Teams provide oversight to contracted Legal Entities' service delivery through a recently standardized qualitative review process, ensuring timely access to services, meaningful collaboration, and quality service delivery.

**INTENSIVE FIELD CAPABLE CLINICAL SERVICES (IFCCS)**

Intensive Field Capable Clinical Services (IFCCS) are an array of services firmly grounded in the ICPM and intended to expedite ICC and IHBS access. IFCCS is an intensive mental health program that provides field-based, trauma-sensitive services to children and youth with an open child welfare case. IFCCS is designed to foster relationships built upon strengths of the children/youth, and their families/caregivers, with the goal to minimize psychiatric hospitalizations and promote placement stability.

The IFCCS team follows the child or youth regardless of placement to ensure continuity of care. It can offer a full range of mental health services, including individual and family therapy, ICC, and IHBS. These services are coordinated and organized through the CFT process.

During FY 2022-2023, 644 children/youth were served, of which 353 (55%) were female and 291

(45%) were male.

**INTENSIVE SERVICES FOSTER CARE (ISFC)**

The Intensive Services Foster Care (ISFC) program is an intensive mental health treatment program that seeks to reduce placement instability and provides an alternative to congregate care settings with many residents and professional staff. ISFC places children/youth in foster homes in which the child/youth is typically the only foster child/youth. The ISFC client is assigned a treatment team, including a Foster Family Agency (FFA) social worker, an In-Home Support Counselor (IHSC), a therapist, and, when needed, a psychiatrist. This treatment team provides the child/youth with individualized mental health services and supports while coordinating with other needed service programs. ISFC resource parents receive additional training hours, have access to 24/7 support, and are active participants in the child/youth's treatment. Children/youth are placed after their needs are matched with the unique strengths and skills of the ISFC resource parents. During Fiscal Year 2022-2023, there were 129 ISFC placements. Of these placements, 61 (47%) were male, and 66 (51%) were female, and two (2) (2%) were binary. Broken down by age, two (2) (2%) were between the ages of birth to five (5), 64 (49%) were between the ages of six (6) to 12, 53 (41%) were between the ages of 13-17, and 10 (8%) were between the ages of 18-20.

**DMH SUPPORT TO STAFF AND PROVIDERS**

**Training and Coaching**

During FY 2022-2023, DMH Training and Coaching, in partnership with the University of California, Los Angeles (UCLA) Prevention Center of Excellence, delivered over 281 trainings on an ongoing basis to support learning and skill development for DMH staff, DCFS staff, Probation staff, mental health contracted providers, and resource parents delivering mental health services to children and youth. These continuous learning opportunities promoted the effective application of the core values, guiding principles, and practice behaviors defined by the Integrated Core Practice Model (ICPM) to help improve the lives of children and youth in the child welfare system. Training continued to be delivered virtually via live web broadcast, and several pieces of training were recorded for on-demand access. Through coaching, the goal is to assist staff in reflecting upon and improving their practice by helping them utilize a cultural lens and a trauma-



responsive approach to uncover underlying needs and recognize the unique strengths of children, youth, and families. Understanding the underlying needs of children and youth allows for developing individualized and uniquely developed plans and services.

### **ADDITIONAL MENTAL HEALTH PROGRAMS FOR CHILDREN INVOLVED WITH PROBATION AND CHILD WELFARE**

#### **SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAMS (STRTP)**

Short Term Residential Therapeutic Programs (STRTPs) were established beginning January 1, 2017, by Assembly Bill 403 (Chapter 773) to reduce reliance on group residential care as a long-term placement setting. Continuum of Care Reform (CCR) transformed the group home system and replaced it with the STRTP licensing category, to create facilities that provide a higher level of intensive services and supports than group homes traditionally offered.

STRTP is the highest level of residential placement and treatment outside of a locked Community Treatment Facility (CTF) or psychiatric hospitalization. STRTPs are required to provide specialized and intensive care, supervision, services, supports, treatment, short-term 24-hour care and supervision to children, youth, and non-minor dependents (NMDs) whose needs cannot be safely met in a family setting.

The recommendation to place a child/youth in an STRTP shall come from the CFT, if available, following an assessment by the Qualified Individual (QI) and screening by the Interagency Placement Committee (IPC). A designated QI shall conduct and complete an assessment 30 calendar days from the date of the QI referral or from the date of placement into an STRTP, whichever comes first, to determine whether the child, youth, or NMD Dependent's needs can instead be met in a less restrictive, family-based setting. The goal is to ensure that children and youth are placed in the most appropriate and least restrictive setting to meet their needs. The evaluation utilizes screening tools, assessment reports, evaluation instruments, previous placement outcomes, treatment experiences, and other relevant information provided by the Child and Family Teams.

All services in the STRTP are expected to be culturally relevant, developmentally appropriate, and trauma informed. STRTPs must obtain a mental health contract, a Mental Health Program Approval

(MHPA), and be Medi-Cal certified within one (1) year of receiving their STRTP license. The MHPA helps to ensure that the mental health services provided in the STRTPs are in compliance with State regulations and meet the intensive needs of the children and youth. The STRTP providers must directly provide Specialty Mental Health Services (SMHS) to the youth in their care.

In addition, STRTPs must provide the following core services and supports:

- Transition Support Services.
- Education and physical, behavioral, and mental health supports, including extracurricular activities and social supports.
- Activities designed to support achieving a successful adulthood.
- Services to achieve permanent placement.
- STRTPs are required to obtain national accreditation from one (1) of the following entities:

- o The Commission on Accreditation of Rehabilitation Facilities (CARF)

- o The Council on Accreditation (COA)

- o The Joint Commission (JC)

In FY 2022-2023, there were 25 Legal Entity Providers with 59 licensed STRTPs serving 1,252 children and youth, including 402 (32%) females, 832 (66%) males and 18 (1%) transgender youth, 84 (7%) children ages 0-12 and 1,168 (93%) youth ages 13-18 plus.

#### **COMMUNITY TREATMENT FACILITY (CTF)**

The Community Treatment Facility (CTF) is a state licensing category for residential treatment placement of minors. It is a higher level of care than the Short-Term Residential Treatment Programs (STRTPs) and was created as an alternative to the State Hospital. In FY 2022-2023, there were two (2) CTFs with 66 beds. Star View offered 42 beds, 22 designated for males and 20 for females. Vista del Mar offered 24 CTF beds, 16 designated for females and eight (8) for males. Star View and Vista del Mar had flexibility in designating beds for females and males based on demand or need.



The criteria for placement at the CTF level of care include all the criteria for STRTPs plus an inability to be served in a less restrictive setting, as evidenced by unsuccessful placements in open settings; denials of admission from STRTPs; high-risk aggressive, self-destructive, or substance use behaviors; and the motivation to benefit from treatment in a more restrictive treatment setting. In FY 2021-2022, DMH delivered services to 101 Los Angeles County minors in the CTF level of care. All 82 residents were referred exclusively (100%) from DCFS. Of the 101 total residents, 21 (21%) were male, 77 (76%) were female, and three (3) (3%) were transgender youth. There were four (4) (4%) ages 0-12 and 97 (96%) ages 13-18 plus.

**FAMILY PRESERVATION PROGRAM**

Family Preservation (FP) is a collaborative effort between DMH, DCFS, Probation, and the community to reduce out-of-home placement for children or youth at risk of abuse, neglect, and delinquent behavior. The program’s model is a community-based collaborative approach that focuses on preserving families experiencing challenges related to child abuse, neglect, and/or child exploitation. These support services are designed to keep children or youth and their families together. DCFS allocates funds to DMH to provide FP mental health services to uninsured individuals. FP programs offer mental health services in every Service Area (SA).

Mental health services are one (1) of the many services offered by the FP program. The mental health component is provided as a linkage service identified at, or before, the Multi-Disciplinary Case Planning Committee (MCPC) meeting. Mental health services through DMH focus on improving the functioning of the most serious or chronically emotionally dysregulated children, youth, and adults. This successful strategy allows for an integrated treatment approach by providing therapeutic interventions that improve child, youth, and family functioning. In addition, the FP program aims at developing effective parental coping skills, which reduce the risk of child abuse, neglect, and delinquent behaviors.

Mental health services offered included: assessment and evaluation; individual, group, and family therapy/ rehabilitation; collateral services; medication support; crisis intervention; Intensive Care Coordination; Intensive Home-Based Services; and targeted case management provided in the child’s community, school, and home.

During FY 2022-2023, the FP agencies referred 835 individuals to FP Mental Health Services. DMH FP service providers served 635 of the FP consumers referred, of which 158 (25%) were uninsured (indigent), and 477 (75%) had Medi-Cal. Most indigent FP consumers were adults, 127 (80%).

**SPECIALIZED LINKAGE SERVICES UNIT (SLSU)**

The SLSU participated in discharge planning teleconferences for DCFS and Probation involved minors who were being discharged from DHS directly operated and Los Angeles County-contracted psychiatric hospitals. Issues discussed on each call included the child/youth’s presentation during hospitalization, placement plan upon discharge, status, and efficacy of existing mental health services, and educational or regional center concerns. Also included was a discussion of psychotropic medication including medication type, dosage, side effects, adverse effects, prescriptions, and court authorizations. The SLSU Case Manager assisted in identifying appropriate services for the youth, completed the appropriate referrals and confirmed active participation in services through consultation with the treatment provider and DCFS/Probation. During FY 2022-2023, 646 discharge planning teleconferences were completed.

The SLSU also monitored the psychiatric hospital admissions of Medi-Cal-eligible children and youth in Los Angeles County. Case managers liaised with hospital staff and regularly consulted on shared cases. The SLSU engaged in follow-up, discharge aftercare, and case coordination with the following Los Angeles and Orange County hospitals regularly: Aurora-Charter Oak Hospital (Covina); BHC-Alhambra Hospital (Rosemead); Gateways Hospital (Los Angeles); UCLA-Resnick Neuropsychiatric Hospital (Los Angeles); LAC/USC Inpatient Services - Augustus F. Hawkins (Los Angeles); Kedren Community Hospital (Los Angeles); College Hospital (Cerritos); College Hospital (Costa Mesa); and Del Amo Hospital (Torrance).

**JUVENILE JUSTICE**

**JUVENILE COURT MENTAL HEALTH SERVICES (JCMHS)**

In Los Angeles County, there are over 25,000 children and youth under the jurisdiction of the Juvenile Court. Many of these children and youth have significant needs for mental health services, and approximately 10% are being treated with



psychotropic medications. Juvenile Court judicial officers must make decisions regarding the mental health of children and youth under their jurisdiction. To optimally interface with the mental health provider system, it is vital for the Juvenile Court to have timely access to mental health consultation and liaison services. JCMHS serves this function.

The mission of JCMHS is to optimize mental health care for children and youth who are under the jurisdiction of the Juvenile Court. JCMHS accomplishes this goal through facilitation of effective Court decisions by helping all Court personnel obtain and interpret relevant mental health information and promoting collaboration between the various agencies in making and implementing plans to meet children's mental health needs.

When a child or youth is referred to JCMHS, mental health information regarding the child/youth is obtained by various means including direct clinical evaluation, speaking to others who are significant sources of information, and reviewing clinical and other records. JCMHS consults with judges, attorneys, CSWs, probation officers, child and youth advocates, family members and others, and serves as a liaison between them and members of the mental health provider system. This service facilitates the Court's understanding of children and youth's mental health problems and needs for services and enables the Court and related agencies to effectively access mental health resources on behalf of the child and youth. JCMHS also provides a portal through which the mental health system is able to communicate with the Court system.

The mental health needs of Juvenile Court dependents and wards are often complex, and understanding these complexities may best be accomplished by a multi-disciplinary approach. Recognizing this, JCMHS functions may be performed by clinicians of different disciplines working as a team.

Functions of JCMHS fall into three (3) main categories:

General Mental Health Consultation and Liaising with Dependency Courts

Upon request by Juvenile Court personnel, JCMHS staff perform the following functions:

- Assessing a child/youth's mental health needs, whether they are benefiting from existing services, and if not, what new services should

be provided, by JCMHS.

- Assisting the Court to determine when mental health evaluations would be useful in each case and what types of evaluations to order.
- Assisting the Court in understanding and interpreting the results of evaluations.
- Facilitating the obtainment of information and services from the mental health system.
- Providing information about mental health placement and treatment resources.
- Facilitating multi-agency collaboration to meet mental health treatment goals.
- Organizing case conferences to achieve collaboration in difficult or unusual cases.

These functions may be provided by any of the clinical staff (i.e., Psychiatric Social Workers (PSWs), Mental Health Registered Nurses (RNs), and/or Child and Adolescent Psychiatrists).

#### Participation in the Crossover Youth Project

Pursuant to the Juvenile Court WIC 241.1 protocol, multi-agency (DCFS, Probation, and DMH) evaluation of children and youth who appear to fall under both WIC 300 and 600 sections is performed. The product of this process is a report to the Court recommending which branch of the Juvenile Court (dependency and/or delinquency) should have jurisdiction. The role of JCMHS is to make mental health recommendations to the judicial officers to best meet the mental health needs of the minor.

JCMHS clinicians collaborate with the CSW and Deputy Probation Officer (DPO) to:

- Collect existing mental health information.
- Obtain or perform new assessments if permitted by the minor's attorneys.
- Determine the extent and nature of a child/youth's need for mental health services.
- Recommendations are documented in a written JCMHS report, which is incorporated in the overall multi-agency report.
- Participate in multi-disciplinary team meetings to discuss findings and recommendations and appear in juvenile court hearings as requested.



- Consult with DMH SFC staff to share information regarding any mental health issues, services, and needs of these children and youth to assist SFC staff with linking minors to available and appropriate services.
- WIC section 241.1 activities are primarily performed by Psychiatric Social Workers.

Psychotropic Medication Treatment Monitoring and Quality Improvement

Pursuant to the Juvenile Court Psychotropic Medication Authorization Protocol, J C M H S medical staff (Clinical Pharmacist or Child and Adolescent Psychiatrist) review all requests to the Juvenile Court for authorization to administer psychotropic medication to children and youth under Court jurisdiction and make recommendations to the Court as to the propriety of the proposed treatment. This enables the Court to obtain and properly interpret information relevant to decision making regarding such authorization. Approximately 10,000 requests for Court authorization to administer psychotropic medication are reviewed each year.

Pursuant to a request from children and youth’s judges or attorneys, JCMHS medical staff perform assessments of children or youth’s need for treatment with psychotropic medication, response to treatment, presence of adverse effects, etc., and consult with their attorneys and judges regarding authorization for treatment and/or intervention by the Court to make changes in treatment.

Participation in the Competency Remediation Process for Juveniles

JCMHS has also been involved in the creation and delivery of educational services for delinquency involved youth who have been found incompetent to assist in their legal proceedings. Youth, who have been found incompetent for reasons of mental health or developmental immaturity, are referred for an eight-week program that attempts to explain the juvenile court system, all the relevant people in that system and the possible outcomes of the proceedings.

**JUVENILE HALL MENTAL HEALTH UNITS**

To identify youth in need of mental health services in the two (2) Los Angeles County juvenile halls, all newly admitted youth are screened and assessed by a mental health professional as part of a systematic

process. Each youth is individually assessed upon admission. Youth identified during the screening and assessment process as needing on-going care are assigned to a DMH treating clinician. DMH continues to administer the Commercial Sexual Exploitation Identification Tool (CSE-IT) to all newly admitted youth. The CSE-IT helps to identify youth who may be involved in, or at high risk of, being victims of trafficking. In addition, DMH collaborated with Probation on the development of the Detention Interagency Identification and Response Protocol for CSEC youth.

During 2023, the average daily number of open mental health cases at Barry J. Nidorf Juvenile Hall (BJNJH) and Central Juvenile Hall were 99 and 183, respectively, and the average daily number of youths on psychotropic medication were 50 and 74, respectively. On July 15, 2023, Central Juvenile Hall closed and all pre-disposition youth from both

Barry J. Nidorf Juvenile Hall and Central Juvenile Hall were re-located to Los Padrinos Juvenile Hall which had been closed since 2019.

During 2023, while the overall population of the juvenile halls decreased, the number of youths requiring mental health treatment increased substantially. Additionally, during 2023, all clinical staff were on site and delivering services 100% in person.

Beginning in July 2021, all youth who were previously sent to the California Department of Juvenile Justice (DJJ) were re-aligned back to the counties under SB 823. Youth are now sentenced to the Secure Youth Treatment Facility (SYTF) within Los Angeles County. DJJ officially and completely closed on June 30, 2023. Currently, SYTF youth are housed at BJNJH and Campus Kilpatrick. Female SYTF youth are housed at the Dorothy Kirby Center.

To meet the complex needs of youth, several specialized units were developed to provide enhanced services for youth with high needs, including mental health needs. These units included the following: Girl’s and Boy’s CARE Units, Girl’s and Boy’s Enhanced Supervision Units, and the Developmentally Disabled Unit. Probation screened all newly admitted youth for potential developmental disabilities and referred any youth who screened positive to the Regional Center. DMH, LACOE, and Probation completed multidisciplinary/multimodal assessments for these youth and developed Individual Habilitative Treatment Plans (IHTP) for

each youth during the time they were incarcerated.

DMH staff were available in all juvenile halls seven (7) days per week, extended hours (including evenings and weekends) to screen, assess, provide treatment, and respond to crises that arise. In all the juvenile halls, DMH staff were co-located on the living units to be readily available to youth and Probation staff. In addition, confidential Access to Care boxes were available in every living unit so that youth could anonymously request services. DMH staff checked these boxes seven (7) days a week.

DMH has multi-disciplinary staff, including psychiatrists, psychologists, licensed clinical social workers (LCSW), marriage and family counselors, and case managers. High quality psychiatric services are available at all three juvenile halls. There is a 24-hour on-call psychiatrist schedule, which is widely distributed throughout the system in case there are emergencies after hours. Within the juvenile justice programs, DMH uses the Probation Electronic Medical Record System (PEMRS), which is a combined medical and mental health record system. PEMRS allows staff to access clinical work that has been done in any of the facilities.

### **DOROTHY KIRBY CENTER**

Dorothy Kirby Center (DKC) is a probation residential treatment facility located in SA 7, which provides services to children and youth from the entire county. Its Mental Health Unit (MHU) consists of a treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The mental health unit functions under a Memorandum of Understanding between DMH and Probation.

The staff of the mental health unit consists of a Mental Health Clinical Program Manager II (MHCPM II), Mental Health Clinical Supervisors (MHCS), LCSWs, Master of Social Work (MSWs), Licensed Marriage and Family Therapist (LMFTs), licensed psychologists, psychiatrists, substance abuse counselor, licensed recreational therapist, Community Worker/Family Advocate, secretary, Staff Assistant, and clerical/support staff.

Dorothy Kirby's MHU is a secure (locked) residential treatment center serving adolescent males and females between the ages of 13-18. All youth referred to Dorothy Kirby receive a screening consisting of an interview with the youth, caretaker and or relevant other parties, and a review of relevant records. A

licensed clinician interviews each youth in one of the juvenile halls. Every single youth undergoes assessment following a face-to-face screening, ensuring a 100% assessment rate. Youth are referred to the Screening Committee comprised by Probation and DMH administrative clinical staff. The Dorothy Kirby Center has the capacity to house a total of 100 youth.

All referrals come through the Juvenile Court system. All clients are wards of the Juvenile Court, having had criminal petitions brought against them and sustained. In addition, many have extensive criminal arrest records. All have an ICD-10-CM diagnosis and functional impairment. A high percentage of youth are diagnosed with substance abuse, heavily entrenched in gang activities, and a large majority come from dysfunctional homes. Many of the youth have had prior involvement with DCFS. Referrals to DKC are made by a judge or a deputy probation officer. During the stay at DKC all the youth receive an array of mental health services.

Adolescents admitted to DKC have exhibited maladaptive and delinquent behaviors that have been influenced by an identifiable mental disorder, such as PTSD, substance abuse, and severe symptoms of trauma, depression, anxiety, ADHD, to name a few. In addition, many of the female youth are high risk and or have been identified as CSEC. DKC operates as an Intensive Outpatient Services (IOP) program. The IOP program includes individual and family therapy, groups, medication support services, and crisis intervention. Group therapies include Dialectical Behavior Therapy (DBT) groups, Seeking Safety, and substance abuse groups.

In 2023, the average daily number of open mental health cases at DKC was 60 and the average daily number of youths on psychotropic medications was 45.

### **JUVENILE JUSTICE CAMPS**

During 2023, DMH provided mental health services at Probation Camps and the Camp Assessment Center operated by the Probation Department located throughout Los Angeles County. The Probation Camps are in Malibu, La Verne, and San Dimas. In 2023, Campus Kilpatrick became a SYTF step-down facility.

The Probation Camps have mental health staff on-site seven (7) days per week, including evenings and holidays. In addition, Camp Navigators facilitate



linkage for youth to community mental health services upon release. From the clinic, the staff (i.e., three drivers and one Community Worker) also coordinate to bring families to multi-agency team meetings and to family therapy sessions.

The Camp Assessment Unit was housed at Barry J. Nidorf Juvenile Hall until pre-disposition youth were transferred to Los Padrinos in July 2023. Staff at BJN-SYTF continue to conduct a review of youth with new camp orders to determine which camp can best meet their needs. This review includes criminal risk, education, and mental health factors.

The rebuilt Campus Kilpatrick opened in July of 2017. The new campus has a home-like design with smaller living units. The Probation Department, DMH, Juvenile Court Health Services, the Arts Commission, and various advocacy groups participated in planning meetings to design the LA Model for the new facility. In July 2020, Campus Kilpatrick returned to the Malibu facility following evacuation during the Woolsey fire. Currently, Campus Kilpatrick houses youth in the SYTF.

These Probation camps practice an integrated treatment model. As part of the model, Probation and Mental Health staff co-facilitate adapted DBT groups to assist youth with learning skills to function more effectively at camp and in the community. All camps provide individual, family, group, collateral, and aftercare/linkage services. Medication services are available at all open camps; this ensures that youth on psychotropic medications can go to any camp.

During FY 2022-2023, based upon the average daily population of the camps, DMH clinical staff treated close to 100% of the total population. In addition, DMH designed and implemented a 10-week Co-Occurring Disorder group series across the entire camp system. These groups were modeled on the Substance Abuse and Mental Health Services Administration (SAMHSA) programs, which combined Cognitive Behavioral Treatment (CBT) interventions with motivational interviewing techniques. A five-week psychoeducational group series was also provided to youth who did not have a substance use/abuse diagnosis. Youth in these groups were administered pre-tests and post-tests which demonstrated a significant reduction in their motivation to use drugs and alcohol. DMH also conducted Seeking Safety and Mindfulness Based Substance Abuse groups throughout the camps.

Across the camp programs, there was a Multi-Disciplinary Team (MDT) process wherein youth participated in MDTs that included DMH, Probation, LACOE, parents, outside school districts, among other key players. The MDTs occurred within 10 days of admission to the camp (initial MDT), as needed during their incarceration to address a range of issues (as needed MDT), and 30-45 days prior to release from camp (transitional MDT). This process greatly enhanced the coordination and case planning for each youth during their camp stay, and upon release to their communities and families.

The Juvenile Justice Transitional Outpatient Services (JJ-TOTS) program was implemented to serve as a bridge program for youth re-entering the community. Psychiatric and other appointments are scheduled before the youth leaves from camp to reduce the chance that youth will discontinue treatment post-release. Services continue until a solidified linkage is accomplished.





# DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Department of Public Social Services (DPSS) had an operating budget of \$5.461 billion and 14,332 full-time equivalent positions in Fiscal Year (FY) 2022-2023. We served over 4.2 million customers, which included 1.1 million children. The primary responsibilities of DPSS are:

- To provide assistance to low-income residents of Los Angeles County;
- To promote economic mobility; and
- To refer a child to protective services whenever it is suspected that the child is being abused, neglected, or exploited.

## DPSS MISSION

Together we connect individuals and families to social services that promote lasting economic mobility and well-being.

## DPSS VALUES

**Collaboration:** We work with our colleagues as a team, valuing differences in perspective and opinion. We believe that when we embrace our diversity, innovative and sustainable solutions emerge.

We work with our customers to ensure they have the support necessary to achieve their goals and long-term well-being.

We work with our communities to build structures that support and sustain our customers' growth.

We work with our social service partners to ensure our common goals are achieved in an efficient, effective, and sustainable manner.

**Accountability:** When discrepancies between our values and our actions arise, we address and resolve them.

We honor the public's trust through ethical and data-driven decision-making and transparent reporting to ensure fairness and consistency.

**Responsiveness:** We count on one another to respond to requests and challenges in a timely and supportive manner. We are committed to refining our internal processes and procedures.

We are agile in our response to the diverse needs of our customers, eliminating barriers and providing consistent, fair, and effective solutions.

**Empathy:** We appreciate and celebrate differences, treat our colleagues with respect, and go the extra mile

to support one another.

We meet our customers where they are, see them in their full humanity, treat them with dignity, and tailor solutions to meet their unique needs.

**DPSS PROGRAMS**

The State and federal assistance programs that DPSS administers include California Work Opportunity and Responsibility to Kids (CaWORKs), CalFresh, and Medi Cal. DPSS also administers the following programs: Cal-Learn for CaWORKs eligible pregnant/parenting teens under the age of 19 working toward completing their high school education; In-Home Supportive Services (IHSS); General Relief (GR) for the County's indigent adult population; Greater Avenues for Independence (GAIN) and Skills & Training To Achieve Readiness for Tomorrow (START) programs for the CaWORKs and GR employable populations; Cash Assistance Program for Immigrants (CAPI), a portion of the Refugee Resettlement program; and Refugee Cash Assistance (RCA) and Refugee Social Services. The goal of these programs is to provide the essentials of food, clothing, shelter, and medical care to eligible families and individuals. In 2022, DPSS provided public assistance to a monthly average of 4.1 million individuals, including IHSS.

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

Figures 1.a through 1.9 display the total number of individuals aided by citizenship status and ethnic origin, and the total number of cases aided broken down by primary language for all programs by SPA.

**AIDED CASELOAD**

In total, there was a 7.1% increase (283,671) in the number of individuals receiving assistance for all programs combined from December 2021 to December 2022 (Figure 2).

The following DPSS programs provide services where children are most likely to receive aid:

**CaWORKs**

Since January 2022, the number of individuals receiving CaWORKs steadily increased. The number of individuals receiving CaWORKs in December 2022 was 291,723, which represents a 17.18% increase

(42,774 individuals) compared to 248,949 individuals aided in December 2021 (Figure 2).

**CalFresh**

The CalFresh program has experienced a significant increase in the number of participants since the last report period. In December 2021, there were 1,362,579 aided individuals. By December 2022, that number had increased to 1,549,853 individuals, which represents an increase of 13.74% (187,274 individuals) (Figure 2). Detailed annual data can be found in Figure 8.

**Medi-Cal**

In December 2021, there were 3,464,050 individuals receiving Medi-Cal benefits. By December 2022, the number of individuals enrolled in Medi-Cal had increased to 3,694,717. This represents a 6.66% increase (230,667) in individuals served (Figure 2). Detailed annual data can be found in Figure 7.

**Cal-Learn**

In 2022, DPSS served a monthly average of 388 Cal Learn participants. This represents a 2% decrease from a monthly average of 396 participants served during Calendar Year 2021 (Figure 4).

**CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS, AND STAFF TRAINING**

A major focus of DPSS is to ensure that all its employees are active participants in child abuse prevention. The DPSS Training Academy implemented a web-based training (WBT) to provide departmental staff with an understanding of their legal obligations as a mandated reporter of child, elder, and dependent adult abuse. The primary purpose of this training is to inform DPSS employees about the seriousness of child abuse in Los Angeles County and the employees' mandated reporting responsibilities. The WBT is available on demand on the Learning Management System.

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, DPSS requires for newly hired/appointed employees to complete the WBT. The WBT informs staff of the types of child abuse, indicators of such abuse, provisions of the reporting law, and DPSS employees' reporting responsibilities and procedures. Staff are required to pass a quiz

at the conclusion of the WBT. The quiz includes questions related to the indicators of child abuse and reporting procedures. Additionally, the CalWORKs program training curriculum reinforces the procedures for initiating a protective services referral.

Violence between household members, which often endangers children, is emphasized in the Supportive Services training course. This course is provided to all employees who attend General Induction training at the DPSS Academy.

In 2022, DPSS made a total of 52 child abuse referrals to the Department of Children and Family Services. This represented a 18% increase from the 44 referrals made in 2021 (Figure 3).

### Linkages

The Linkages Partnership is an interdepartmental service coordination partnership between the Department of Children and Family Services (DCFS) and DPSS to address common barriers that limit parents' ability to parent and their ability to work.

Linkages serves families by ensuring DCFS families who are not currently connected to DPSS services, but could be, are provided an expedited method to access needed services. Those families involved in both DCFS and DPSS maximize available services and resources, and engage in coordinated case planning to assist parents with creating a safe and stable home for their children while working toward economic self-sufficiency.

Los Angeles County's Linkages protocols are part of case work practice to enhance service delivery, strengthen families through economic self-sufficiency and focus on child safety.

- Collocation of Linkages GAIN Social Workers (LGSWs) at the 19 DCFS Regional Offices: LGSWs integrate CalWORKs expertise into DCFS Child and Family Team (CFT) meetings, and case consultations outside of CFT meetings, and initiate applicable referrals for mutual families in need of service coordination.
- DCFS 5122 Screening Tool: Form used by DCFS staff and LGSWs to screen and refer families/individuals with potential eligibility to CalWORKs, GR, CalFresh, and Medi-Cal benefits.
- Family Preservation: Service coordination for CalWORKs families with a DCFS Family Preservation (FP) plan. DPSS expertise is integrated into DCFS FP Multi-Disciplinary Case

Planning Committee family meetings to provide GAIN services and include DCFS FP activities in participants' Welfare-to-Work (WtW) plans.

- Family Reunification: Service coordination for former CalWORKs participants who had all their children removed by DCFS and placed in out of home care. Allows for ongoing WtW GAIN services for six months to participants with a DCFS Family Reunification Plan in place and who volunteer to participate in GAIN.

Effective March 3, 2020, in collaboration with DCFS and County Counsel, DPSS implemented a protocol countywide, DCFS–DPSS Information Line, to streamline urgent requests for information from DCFS and law enforcement to provide critical information, and facilitate the search for abducted or at-large/missing children.

Qualified members from each department/agency were identified and trained in the Multi-Disciplinary Personnel Team (MDT) process for sharing DPSS information. Due to confidentiality rules, only designated staff participate in the sharing of specified data elements that may lead to or assist in locating the missing child(ren). Designated DPSS Customer Service Center (CSC) Eligibility Workers, CSC Supervisors, collocated LGSWs, Linkages GAIN Services Supervisors (LGSS), Government Inquiry and Response (GIR) section designees, managers, and program staff receive and respond to requests for client information from participating agencies via a designated phone line or in writing. In 2022, staff provided DPSS information to DCFS and/or law enforcement by participating in 153 MDTs.

DPSS Linkages program continues to work in coordination with DCFS to bring awareness of the protocol by sharing with staff and partners at DCFS and the Inter-Agency Council on Child Abuse and Neglect (ICAN) Child Abduction Task Force meetings.

### DPSS Technology Brief

The evolution of DPSS health and human services depends on continually leveraging and adopting technological advancement, Robotic Process Automation (RPA), analytics visualization, and other opportunities for innovation. DPSS has implemented leading technological solutions in CSCs, mission-critical systems, and core & ancillary applications. DPSS actively collaborates with our federal/State sponsors, local agencies, systems integrators, service providers, and vendors to migrate datasets and data

storage from multiple federal, State, and local data sources to our secure Cloud ecosystem. This collaborative effort has also led to the expansion of the LEADER Replacement System (LRS) into the California Statewide Automated Welfare System (CalSAWS), a significant step towards unifying health and human services agencies of all 58 counties under a single SAWS system during the Calendar Year 2023.

In the current and upcoming Fiscal Years, DPSS has implemented (shall implement) state-of-the-art Business Intelligence (BI), Analytics, Data Science, Enterprise Data Warehouse (EDW), RPA, and Machine Learning/Artificial Intelligence (ML/AI) technologies to build intelligent knowledgebases, machine learning capabilities, robotic/mechanical business process automation, and scalable data lakes and schemas to process large volumes of data (“Big Data”), connect complex relationships across heterogeneous (diverse) datasets, render real-time visual analytics, and enable live feeds to social media platforms and other multimedia channels.

## GLOSSARY OF TERMS

**CalFresh:** The purpose of this program is to promote and safeguard the health and well-being of low income households by raising their levels of nutrition and increasing their food purchasing power.

**California Statewide Automated Welfare System (CalSAWS):** Is the automated system, which provides the primary case management for the programs administered by DPSS.

**California Work Opportunity and Responsibility to Kids (CalWORKs):** Provides temporary financial assistance, no-cost Medi-Cal, and employment-focused services to families with minor children who may or may not have income, and their property limit is below State maximum limits for their family size. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food, and other necessary expenses. In addition, the family must meet one of the following deprivations:

- Either parent is deceased;
- Either parent is physically or mentally incapacitated;
- Either parent is continually absent from the home in which the child is living; or
- When both parents are in the home, the Principal Wage Earner worked less than 100 hours in the four-week period before applying for CalWORKs cash aid.

Since January 1, 1998, the CalWORKs program has continued to transition participants from WtW. 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’ WtW programs currently provide an array of work supports and barrier removal services.

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

- Intensive case management services, including the Parents as Teachers (PAT) home visiting model;
- Payments for child care, transportation, and school expenses;
- \$100 bonuses up to four times a year for satisfactory school progress; and a
- \$500 one-time-only bonus for receiving a high school diploma or its equivalent.

**Cash Assistance Program for Immigrants (CAPI):**

Provides cash to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (SSI/SSP) solely due to their immigration status. CAPI participants may be eligible for Medi-Cal, IHSS, and/or CalFresh benefits. Individuals requesting such benefits must file an appropriate application for each program.

**Department of Public Social Services (DPSS):**

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

**Greater Avenues for Independence (GAIN) / Skills & Training to Achieve Readiness for Tomorrow (START):**

These programs provide employment-related services to CalWORKs or GR participants to help them find employment, stay employed, and move on to higher paying jobs, which will ultimately lead to self-sufficiency and independence.

**General Relief (GR):** Is a County-funded program that provides cash aid to indigent adults who are ineligible for federal or State programs.

**In-Home Supportive Services (IHSS):** Helps pay for services provided to eligible persons who are 65 years of age or over, legally blind, or disabled adults and children, so they can remain safely in their own homes. IHSS is considered an alternative to out of home care such as nursing homes or board and care facilities. The types of services which can be authorized through IHSS are house cleaning, meal preparation, laundry, grocery shopping, personal care (such as bowel and bladder care, bathing, grooming and paramedical services), accompaniment to medical appointments, and protective supervision for the mentally impaired.

**Refugee Employment Program (REP):** REP provides employment-related services, case management, training, and acculturation to the United States (U.S.). REP is available to refugees during their first five years in the U.S. and to asylees during the first five years they are granted asylum. Additional populations served are Cuban and Haitian Entrants, certain Amerasians, federally certified human trafficking victims, domestic violence and other serious crime victims, Iraqi and Afghan Special Immigrant Visa holders, and Afghan and Ukrainian humanitarian parolees, as instructed by the State. REP is administered by DPSS.

**Refugee Resettlement Program (RRP):** RRP is made up of many program partners at the federal, State, County, and community levels. Typically, refugees and asylees are eligible for the same assistance programs as citizens including CalWORKs, CalFresh, Medi-Cal, SSI/SSP, and GR. In addition, refugees/asylees who are single adults or a couple without children who are not eligible for other welfare assistance may receive RCA. In addition, refugees/asylees with children who are not eligible to CalWORKs may receive 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.

**Medi-Cal:** Provides comprehensive health care coverage to eligible single individuals, adults with children, children, pregnant persons, and disabled individuals. The Affordable Care Act (ACA) expands Medi-Cal benefits for low-income, childless adults between the ages of 19 and 64 who are not disabled. CalWORKs families receive free Medi-Cal as part of their ongoing CalWORKs case. Individuals can enroll in Medi-Cal during any time of the year.

Figure 1a:

**DPSS CASELOAD CHARACTERISTICS - DECEMBER 2022**  
**LOS ANGELES COUNTY TOTALS**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services	
<b>Total Aided</b>								
Cases*	113,226	114,797	2,083	7,247	2,137,423	940,857	248,175	
Persons**	291,723	115,135	2,355	7,247	3,694,717	1,549,853	248,175	
<b>Age Of Aided Persons</b>								
Under 1	8,480	0	0	0	33,058	20,922	19	
1-2	21,830	0	0	0	87,392	53,756	254	
3-5	35,423	0	0	1	148,595	84,124	1,827	
6-12	87,825	0	0	15	383,578	208,982	8,985	
13-15	38,512	0	0	8	183,085	93,020	4,102	
16-17	22,356	0	1	3	120,987	54,785	2,601	
18	2,067	885	34	3	66,752	22,466	1,233	
19	504	1,310	38	1	66,530	18,583	1,190	
20	698	1,436	51	3	65,512	17,501	1,173	
21-24	6,497	8,068	279	25	240,543	69,325	4,686	
24-59	66,985	92,392	1,597	803	1,699,766	539,780	49,354	
60-65	464	9,593	176	846	211,089	105,410	26,442	
Over 65	82	1,451	179	5,539	387,830	261,199	146,309	
<b>TOTAL</b>	<b>291,723</b>	<b>115,135</b>	<b>2,355</b>	<b>7,247</b>	<b>3,694,717</b>	<b>1,549,853</b>	<b>248,175</b>	
<b>Average Age of Aided Adults</b>								
<b>AVERAGE AGE</b>	<b>34</b>	<b>41</b>	<b>40</b>	<b>72</b>	<b>44</b>	<b>49</b>	<b>68</b>	
<b>Gender Of Aided Persons</b>								
Adult	Male	14,664	77,150	1,154	2,551	1,232,156	435,371	88,721
	Female	62,633	37,985	1,200	4,669	1,505,866	598,893	141,666
Children	Male	107,632	0	1	18	487,743	262,116	12,405
	Female	106,794	0	0	9	468,952	253,473	5,383
<b>TOTAL</b>	<b>291,723</b>	<b>115,135</b>	<b>2,355</b>	<b>7,247</b>	<b>3,694,717</b>	<b>1,549,853</b>	<b>248,175</b>	

\*Cases are defined as an Assistance Unit of one or more person.

\*\* Persons are defined as being separate individuals.

Figure 1b:

<b>DPSS CASELOAD CHARACTERISTICS - DECEMBER 2022</b> <b>LOS ANGELES COUNTY TOTALS</b>							
	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	275562	109,138	3	48	2,699,170	1,429,804	186,626
Documented Individual	15,923	5,975	2,336	6,688	416,773	119,447	28,058
Undocumented Individual	136	1	11	476	565,201	327	778
Other	102	21	5	35	13,573	275	32,713
<b>TOTAL</b>	<b>291,723</b>	<b>115,135</b>	<b>2,355</b>	<b>7,247</b>	<b>3,694,717</b>	<b>1,549,853</b>	<b>248,175</b>
<b>Primary Language of Aided Cases</b>							
Armenian	2,504	650	215	2,095	40,895	31,006	37,562
Cambodian	75	62	0	54	3,738	2,676	2,891
Chinese	126	66	3	324	54,079	19,150	15,565
English	79,716	109,332	236	773	1,348,298	666,749	103,163
Farsi	205	108	55	209	8,016	4,457	6,774
Korean	56	67	1	222	20,222	12,366	8,442
Russian	1,040	101	969	225	11,251	7,370	6,785
Spanish	29,052	4,181	572	3,104	623,077	184,204	55,481
Tagalog	21	24	0	53	4,815	2,331	3,944
Vietnamese	108	67	0	59	14,696	6,643	3,828
Other	323	139	32	129	8,336	3,905	3,740
<b>TOTAL</b>	<b>113,226</b>	<b>114,797</b>	<b>2,083</b>	<b>7,247</b>	<b>2,137,423</b>	<b>940,857</b>	<b>248,175</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian/Alaska Native	411	459	0	1	5,482	2,657	403
Asian/Asian American	4,310	2,304	12	943	364,797	125,375	44,270
Black/African/African American	68,635	39,984	4	69	307,096	261,040	40,826
Hispanic/Latino/a/x Chicano/a/x	141,891	30,091	583	2,938	1,972,929	662,517	81,872
Native Hawaiian/Pacific Islander	696	318	0	4	6,853	3,400	247
White/European/European American	28,628	22,225	1,390	2,696	490,834	244,029	74,263
Two or More Races/Ethnicities	30,560	11,875	46	340	329,918	139,310	0
Other	16,592	7,879	320	256	216,808	111,525	6,294
<b>TOTAL</b>	<b>291,723</b>	<b>115,135</b>	<b>2,355</b>	<b>7,247</b>	<b>3,694,717</b>	<b>1,549,853</b>	<b>248,175</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.1:

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2022**  
**SERVICE PLANNING AREA 1**

	CalWORKs	General Relief	Refugee	CAPI	Medi-cal Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	29,310	8,559	0	1	156,424	101,744	9,863
Documented Individual	320	188	27	116	13,775	4,181	970
Undocumented Individual	13	0	0	4	17,276	16	22
Other	4	0	0	1	369	12	2,267
<b>TOTAL</b>	<b>29,647</b>	<b>8,747</b>	<b>27</b>	<b>122</b>	<b>187,844</b>	<b>105,953</b>	<b>13,122</b>
<b>Primary Language of Aided Cases</b>							
Armenian	9	1	0	8	170	126	170
Cambodian	0	0	0	0	25	6	9
Chinese	0	1	0	1	68	12	9
English	9,452	8,563	1	12	77,043	48,740	9,824
Farsi	1	0	0	2	30	21	25
Korean	0	0	0	0	70	34	17
Russian	4	0	3	1	36	21	10
Spanish	1,080	158	17	96	22,607	7,674	2,814
Tagalog	0	2	0	0	92	61	107
Vietnamese	2	0	0	0	114	34	10
Other	19	4	4	2	264	202	127
<b>TOTAL</b>	<b>10,567</b>	<b>8,729</b>	<b>25</b>	<b>122</b>	<b>100,519</b>	<b>56,931</b>	<b>13,122</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian/Alaska Native	60	24	0	0	322	232	58
Asian/Asian American	141	59	0	7	4,442	1,568	409
Black/African/African American	12,385	3,941	0	0	31,769	32,523	5,066
Hispanic/Latino/a/x Chicano/a/x	9,949	1,794	18	95	97,937	39,929	4,669
Native Hawaiian/Pacific Islander	31	14	0	0	195	118	9
White/European/European American	2,803	1,904	4	14	27,472	16,360	2,487
Two or More Races/Ethnicities	2,609	724	0	4	16,521	8,783	0
Other	1,669	287	5	2	9,186	6,440	424
<b>TOTAL</b>	<b>29,647</b>	<b>8,747</b>	<b>27</b>	<b>122</b>	<b>187,844</b>	<b>105,953</b>	<b>13,122</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.



Figure 1.2

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2022  
SERVICE PLANNING AREA 2**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	35,117	12,237	0	33	535,487	255,315	55,331
Documented Individual	9,412	1,257	1,212	2,569	98,607	34,192	9,335
Undocumented Individual	49	1	2	264	120,333	76	343
Other	53	7	1	14	3,363	75	6,112
<b>TOTAL</b>	<b>44,631</b>	<b>13,502</b>	<b>1,215</b>	<b>2,880</b>	<b>757,790</b>	<b>289,658</b>	<b>71,121</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	2,373	568	207	1,856	36,307	27,018	32,135
Cambodian	0	1	0	2	88	36	61
Chinese	0	0	0	6	593	141	197
English	9,136	12,086	119	305	266,415	110,263	17,578
Farsi	159	64	45	134	5,207	2,967	4,048
Korean	1	2	0	13	2,184	1,003	830
Russian	716	59	562	115	5,425	3,514	2,838
Spanish	4,151	572	96	382	118,850	31,596	10,128
Tagalog	6	3	0	13	1,302	634	1,229
Vietnamese	6	5	0	0	1,727	631	466
Other	90	30	18	54	2,448	1,160	1,611
<b>TOTAL</b>	<b>16,638</b>	<b>13,390</b>	<b>1,047</b>	<b>2,880</b>	<b>440,546</b>	<b>178,963</b>	<b>71,121</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/Alaska Native	42	57	0	0	745	365	81
Asian/Asian American	593	284	4	105	53,572	16,427	5,453
Black/African/African American	3,365	2,009	0	7	27,390	17,390	2,224
Hispanic/Latino/a/x Chicano/a/x	19,185	3,670	101	364	356,531	104,167	13,956
Native Hawaiian/Pacific Islander	35	15	0	0	574	219	16
White/European/European American	14,750	5,164	923	2,212	215,291	108,835	47,460
Two or More Races/Ethnicities	4,116	1,408	11	60	58,605	21,986	0
Other	2,545	895	176	132	45,082	20,269	1,931
<b>TOTAL</b>	<b>44,631</b>	<b>13,502</b>	<b>1,215</b>	<b>2,880</b>	<b>757,790</b>	<b>289,658</b>	<b>71,121</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.3

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2022  
SERVICE PLANNING AREA 3**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	33,314	13,935	0	2	449,734	208,465	28,929
Documented Individual	1,018	648	201	835	85,933	16,580	4,629
Undocumented Individual	8	0	6	12	67,964	25	64
Other	7	1	3	1	2,391	16	5,954
<b>TOTAL</b>	<b>34,347</b>	<b>14,584</b>	<b>210</b>	<b>850</b>	<b>606,022</b>	<b>225,086</b>	<b>39,576</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	16	13	2	36	887	752	1,481
Cambodian	4	5	0	2	443	233	256
Chinese	98	55	2	241	46,189	15,175	11,941
English	9,942	13,973	14	75	216,039	92,542	13,461
Farsi	6	5	3	5	197	105	92
Korean	2	2	0	17	1,741	682	516
Russian	25	7	47	1	179	112	50
Spanish	2,999	417	125	407	73,222	20,671	7,873
Tagalog	3	3	0	8	714	323	671
Vietnamese	78	44	0	47	10,049	4,660	2,564
Other	54	21	3	11	1,369	627	671
<b>TOTAL</b>	<b>13,227</b>	<b>14,545</b>	<b>196</b>	<b>850</b>	<b>351,029</b>	<b>135,882</b>	<b>39,576</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/Alaska Native	51	58	0	0	663	352	56
Asian/Asian American	1,164	479	2	363	159,388	47,487	18,161
Black/African/African American	3,175	2,329	0	2	19,425	14,295	2,044
Hispanic/Latino/a/x Chicano/a/x	20,123	5,325	121	381	277,691	97,241	13,699
Native Hawaiian/Pacific Islander	38	27	0	0	571	234	14
White/European/European American	2,918	3,172	51	50	53,632	25,939	4,788
Two or More Races/Ethnicities	4,552	2,261	13	38	57,552	23,656	0
Other	2,326	933	23	16	37,100	15,882	814
<b>TOTAL</b>	<b>34,347</b>	<b>14,584</b>	<b>210</b>	<b>850</b>	<b>606,022</b>	<b>225,086</b>	<b>39,576</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.4

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2022  
SERVICE PLANNING AREA 4**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	25,699	18,634	2	8	306,153	171,119	21,939
Documented Individual	1,628	1,226	383	1,141	53,589	17,157	3,553
Undocumented Individual	16	0	0	104	90,399	31	77
Other	14	6	0	13	2,318	58	2,885
<b>TOTAL</b>	<b>27,357</b>	<b>19,866</b>	<b>385</b>	<b>1,266</b>	<b>452,459</b>	<b>188,365</b>	<b>28,454</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	101	64	5	179	3,177	2,885	3,209
Cambodian	2	1	0	8	250	139	175
Chinese	18	4	0	48	4,005	2,523	2,069
English	6,483	18,790	52	140	170,475	83,812	7,729
Farsi	14	10	0	14	366	203	280
Korean	44	45	1	129	10,885	7,067	4,179
Russian	190	18	224	89	3,951	2,635	2,205
Spanish	4,383	867	53	625	92,313	29,126	7,445
Tagalog	2	3	0	16	1,191	549	776
Vietnamese	7	5	0	4	640	333	166
Other	34	23	4	14	1,355	548	221
<b>TOTAL</b>	<b>11,278</b>	<b>19,830</b>	<b>339</b>	<b>1,266</b>	<b>288,608</b>	<b>129,820</b>	<b>28,454</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/Alaska Native	48	92	0	0	931	401	36
Asian/Asian American	631	515	3	247	55,555	23,847	8,438
Black/African/African American	3,531	5,795	1	12	28,075	22,735	2,281
Hispanic/Latino/a/x Chicano/a/x	16,654	6,050	59	584	244,210	82,961	9,845
Native Hawaiian/Pacific Islander	24	24	0	2	313	135	9
White/European/European American	1,905	3,790	255	296	59,671	28,973	7,370
Two or More Races/Ethnicities	3,074	2,171	9	88	38,579	15,926	0
Other	1,490	1,429	58	37	25,125	13,387	475
<b>TOTAL</b>	<b>27,357</b>	<b>19,866</b>	<b>385</b>	<b>1,266</b>	<b>452,459</b>	<b>188,365</b>	<b>28,454</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.5

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2022  
SERVICE PLANNING AREA 5**

	CaWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	5,975	6,997	0	2	88,083	47,603	5,634
Documented Individual	321	274	125	121	10,471	2,782	604
Undocumented Individual	1	0	0	4	8,988	9	15
Other	3	1	0	0	644	11	533
<b>TOTAL</b>	<b>6,300</b>	<b>7,272</b>	<b>125</b>	<b>127</b>	<b>108,186</b>	<b>50,405</b>	<b>6,786</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	0	2	0	3	43	29	32
Cambodian	0	0	0	0	4	5	3
Chinese	3	3	0	5	312	71	53
English	2,303	7,111	17	41	65,202	34,246	3,148
Farsi	13	23	5	37	1,828	1,008	1,878
Korean	0	1	0	0	268	113	59
Russian	62	14	80	9	1,119	821	860
Spanish	199	77	9	24	8,078	1,995	552
Tagalog	0	1	0	0	58	22	21
Vietnamese	1	1	0	2	47	19	16
Other	13	16	2	6	569	204	164
<b>TOTAL</b>	<b>2,594</b>	<b>7,249</b>	<b>113</b>	<b>127</b>	<b>77,528</b>	<b>38,533</b>	<b>6,786</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/Alaska Native	16	36	0	0	538	147	10
Asian/Asian American	111	110	1	13	7,917	3,072	425
Black/African/African American	2,949	2,500	0	3	14,006	10,880	618
Hispanic/Latino/a/x Chicano/a/x	1,249	778	9	25	26,183	8,581	921
Native Hawaiian/Pacific Islander	10	19	0	0	150	84	0
White/European/European American	798	2,415	93	64	36,536	16,253	4,486
Two or More Races/Ethnicities	519	491	1	4	8,007	3,210	0
Other	648	923	21	18	14,849	8,178	326
<b>TOTAL</b>	<b>6,300</b>	<b>7,272</b>	<b>125</b>	<b>127</b>	<b>108,186</b>	<b>50,405</b>	<b>6,786</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.6

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2022  
SERVICE PLANNING AREA 6**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	72,126	18,551	0	1	391,492	257,906	25,743
Documented Individual	1,358	969	63	647	53,170	16,684	2,971
Undocumented Individual	16	0	1	49	119,075	66	91
Other	14	2	0	4	1,531	52	5,324
<b>TOTAL</b>	<b>73,514</b>	<b>19,522</b>	<b>64</b>	<b>701</b>	<b>565,268</b>	<b>274,708</b>	<b>34,129</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	0	0	0	0	6	3	109
Cambodian	1	0	0	0	44	22	39
Chinese	1	1	0	2	110	46	321
English	20,110	18,504	6	74	167,958	112,015	21,935
Farsi	1	3	0	4	43	20	278
Korean	1	7	0	23	1,173	1,106	1,225
Russian	9	1	14	0	134	55	680
Spanish	8,846	958	41	589	132,192	41,025	9,303
Tagalog	1	0	0	1	63	27	67
Vietnamese	1	0	0	0	34	19	41
Other	32	12	1	8	383	303	131
<b>TOTAL</b>	<b>29,003</b>	<b>19,486</b>	<b>62</b>	<b>701</b>	<b>302,140</b>	<b>154,641</b>	<b>34,129</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/Alaska Native	92	62	0	1	834	421	40
Asian/Asian American	214	127	0	33	5,728	3,572	1,960
Black/African/African American	25,802	10,850	0	26	91,161	89,117	17,124
Hispanic/Latino/a/x Chicano/a/x	36,196	4,503	43	560	382,677	134,668	12,174
Native Hawaiian/Pacific Islander	155	33	0	0	849	518	42
White/European/European American	1,393	1,371	13	12	15,621	9,378	2,077
Two or More Races/Ethnicities	6,356	1,448	2	53	46,350	21,710	0
Other	3,306	1,128	6	16	22,048	15,324	712
<b>TOTAL</b>	<b>73,514</b>	<b>19,522</b>	<b>64</b>	<b>701</b>	<b>565,268</b>	<b>274,708</b>	<b>34,129</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.7

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2022  
SERVICE PLANNING AREA 7**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	35,676	3,895	0	1	361,719	169,011	16,412
Documented Individual	830	376	195	769	50,013	14,193	3,405
Undocumented Individual	18	0	0	24	74,168	49	94
Other	3	0	1	1	1,206	19	4,560
<b>TOTAL</b>	<b>36,527</b>	<b>4,271</b>	<b>196</b>	<b>795</b>	<b>487,106</b>	<b>183,272</b>	<b>24,471</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	3	2	0	13	177	167	374
Cambodian	5	8	0	11	567	348	373
Chinese	4	1	1	19	1,682	891	706
English	10,172	3,788	2	46	151,897	64,035	10,146
Farsi	1	0	0	1	36	17	16
Korean	3	5	0	23	1,870	1,114	618
Russian	3	0	3	2	67	33	25
Spanish	4,033	429	176	660	100,482	31,249	11,425
Tagalog	3	4	0	2	512	263	320
Vietnamese	1	2	0	3	503	249	149
Other	28	10	0	15	763	343	319
<b>TOTAL</b>	<b>14,256</b>	<b>4,249</b>	<b>182</b>	<b>795</b>	<b>258,556</b>	<b>98,709</b>	<b>24,471</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/Alaska Native	36	23	0	0	498	246	49
Asian/Asian American	330	102	2	77	27,693	9,740	3,118
Black/African/African American	5,340	495	0	3	13,131	12,162	1,267
Hispanic/Latino/a/x Chicano/a/x	22,006	2,117	179	623	335,089	112,487	17,475
Native Hawaiian/Pacific Islander	70	15	0	1	864	387	47
White/European/European American	1,934	601	4	22	29,660	14,438	2,012
Two or More Races/Ethnicities	5,022	680	7	53	56,978	22,989	0
Other	1,789	238	4	16	23,193	10,823	503
<b>TOTAL</b>	<b>36,527</b>	<b>4,271</b>	<b>196</b>	<b>795</b>	<b>487,106</b>	<b>183,272</b>	<b>24,471</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.8

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2022  
SERVICE PLANNING AREA 8**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	38,345	26,329	1	0	410,078	218,635	22,775
Documented Individual	1,036	1,037	130	490	51,215	13,678	2,591
Undocumented Individual	15	0	2	15	66,998	55	72
Other	4	4	0	1	1,751	32	5,078
<b>TOTAL</b>	<b>39,400</b>	<b>27,370</b>	<b>133</b>	<b>506</b>	<b>530,042</b>	<b>232,400</b>	<b>30,516</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	2	0	1	0	128	26	52
Cambodian	63	47	0	31	2,317	1,887	1,975
Chinese	2	1	0	2	1,120	291	269
English	12,118	26,516	25	80	233,269	121,094	19,342
Farsi	10	3	2	12	309	116	157
Korean	5	5	0	17	2,031	1,247	998
Russian	31	2	36	8	340	179	117
Spanish	3,361	703	55	321	75,333	20,868	5,941
Tagalog	6	8	0	13	883	452	753
Vietnamese	12	10	0	3	1,582	698	416
Other	53	23	0	19	1,185	518	496
<b>TOTAL</b>	<b>15,663</b>	<b>27,318</b>	<b>119</b>	<b>506</b>	<b>318,497</b>	<b>147,376</b>	<b>30,516</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/Alaska Native	66	107	0	0	951	493	73
Asian/Asian American	1,126	628	0	98	50,502	19,662	6,306
Black/African/African American	12,088	12,065	3	16	82,139	61,936	10,202
Hispanic/Latino/a/x Chicano/a/x	16,529	5,854	53	306	252,611	82,480	9,133
Native Hawaiian/Pacific Islander	333	171	0	1	3,337	1,704	110
White/European/European American	2,127	3,807	47	26	52,951	23,853	3,583
Two or More Races/Ethnicities	4,312	2,692	3	40	47,326	21,050	0
Other	2,819	2,046	27	19	40,225	21,222	1,109
<b>TOTAL</b>	<b>39,400</b>	<b>27,370</b>	<b>133</b>	<b>506</b>	<b>530,042</b>	<b>232,400</b>	<b>30,516</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.9

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2022  
SERVICE PLANNING AREA UNKNOWN\***

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	0	1	0	0	0	6	0
Documented Individual	0	0	0	0	0	0	0
Undocumented Individual	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>
<b>Primary Language of Aided Cases</b>							
Armenian	0	0	0	0	0	0	0
Cambodian	0	0	0	0	0	0	0
Chinese	0	0	0	0	0	0	0
English	0	1	0	0	0	2	0
Farsi	0	0	0	0	0	0	0
Korean	0	0	0	0	0	0	0
Russian	0	0	0	0	0	0	0
Spanish	0	0	0	0	0	0	0
Tagalog	0	0	0	0	0	0	0
Vietnamese	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian/Alaska Native	0	0	0	0	0	0	0
Asian/Asian American	0	0	0	0	0	0	0
Black/African/African American	0	0	0	0	0	2	0
Hispanic/Latino/a/x Chicano/a/x	0	0	0	0	0	3	0
Native Hawaiian/Pacific Islander	0	0	0	0	0	1	0
White/European/European American	0	1	0	0	0	0	0
Two or More Races/Ethnicities	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>

\* Unknown counts represent cases with addresses that cannot be geocoded for various reasons such as P.O. Box addresses, incomplete addresses, etc.

N/A = This data is not tracked by the Case Management, Information and Payrolling System.



Figure 2

**INDIVIDUALS AIDED - ALL AID PROGRAMS DECEMBER 2022  
COMPARED TO DECEMBER 2021**

PROGRAM	DEC. 2021	DEC. 2022	CHANGE	% CHANGE
CalWORKs	248,949	291,723	42,774	17.18%
General Relief	100,370	115,135	14,765	14.71%
CAPI	7,106	2,355	-4,751	-66.86%
Refugee	82	7,247	7,165	8737.80%
Medi-Cal Assistance	3,464,050	3,694,717	230,667	6.66%
CalFresh	1,362,579	1,549,853	187,274	13.74%
IHSS	241,404	248,175	6,771	2.80%
<b>TOTAL ALL PROGRAMS*</b>	<b>3,992,749</b>	<b>4,276,420</b>	<b>283,671</b>	<b>7.10%</b>

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

Figure 3

**CHILD ABUSE REFERRALS  
JANUARY 2010 - DECEMBER 2022**

MONTH	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	21/22 change	21/22 % change
Jan.	11	5	19	14	27	28	16	22	8	4	5	1	4	3	300%
Feb.	9	9	17	28	15	24	12	15	5	6	4	1	8	7	700%
Mar.	11	3	26	8	27	17	18	19	7	14	7	1	5	4	400%
Apr.	7	14	25	17	26	23	8	12	11	5	0	4	0	-4	-100%
May	3	11	24	16	28	13	14	15	4	2	3	4	1	-3	-75%
June	5	16	24	21	28	15	24	13	6	1	4	3	2	-1	-33%
July	10	11	23	35	25	34	15	14	4	3	0	3	3	0	0%
Aug.	8	12	15	27	28	42	38	9	6	0	0	4	19	15	375%
Sept.	4	5	12	24	33	49	29	11	15	6	2	2	2	0	0%
Oct.	14	6	13	30	35	31	21	9	3	7	2	5	1	-4	-80%
Nov.	6	8	15	29	27	21	19	11	3	3	2	13	2	-11	-85%
Dec.	3	13	9	17	10	17	18	2	2	2	3	3	5	2	67%
<b>TOTAL</b>	<b>91</b>	<b>113</b>	<b>222</b>	<b>266</b>	<b>309</b>	<b>314</b>	<b>232</b>	<b>152</b>	<b>74</b>	<b>53</b>	<b>32</b>	<b>44</b>	<b>52</b>	<b>8</b>	<b>18%</b>

Some of the referrals may have been for the same children.

Referral counts are from two sources:

- DPSS employees observing incidents which indicate abuse/neglect and making referrals to the Departmental of Children and Family Services
- Data collated from reports received from DPSS Welfare Fraud Prevention & Investigation Section.

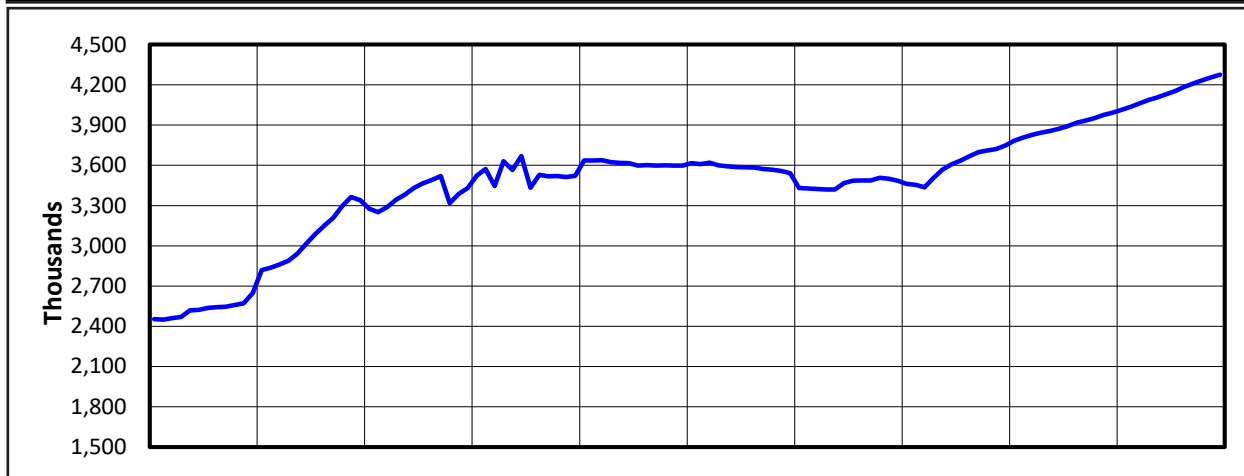
Figure 4

**CAL-LEARN PARTICIPANTS SERVED  
JANUARY 2010 - DECEMBER 2022**

MONTH	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	21/22 CHANGE	21/22 % CHANGE
Jan.	3,064	2,923	2,270	2,104	1,931	1,640	1,279	1,093	1,000	773	637	420	381	-39	-9%
Feb.	3,109	2,948	2,169	2,125	1,893	1,574	1,386	1,068	987	766	621	434	383	-51	-12%
Mar.	3,134	2,912	2,431	2,100	1,929	1,576	1,300	1,087	969	755	631	448	394	-54	-12%
Apr.	3,200	2,934	2,471	2,114	1,947	1,450	1,220	1,085	945	752	606	417	397	-20	-5%
May	3,235	2,741	2,370	1,851	1,996	1,524	1,264	1,090	957	761	585	400	406	6	2%
June	3,149	2,350	2,382	2,158	1,961	1,571	1,325	1,105	949	750	596	389	408	19	5%
July	2,932	2,115	2,211	2,111	1,862	1,456	1,281	1,031	897	723	553	382	398	16	4%
Aug.	2,960	1,836	2,181	2,110	1,785	1,384	1,281	1,003	850	696	513	388	395	7	2%
Sept.	2,992	2,134	2,182	2,019	1,826	1,377	1,200	974	812	691	491	366	385	19	5%
Oct.	3,030	2,057	2,265	2,017	1,726	1,400	1,167	1,003	820	655	463	369	376	7	2%
Nov.	3,014	2,208	2,167	1,924	1,681	1,301	1,105	966	825	653	411	370	380	10	3%
Dec.	2,991	2,214	2,192	1,966	1,707	1,341	1,106	980	787	634	382	368	356	-12	-3%
AVERAGE	3,068	2,448	2,274	2,050	1,854	1,466	1,243	1,040	900	717	541	396	388	-8	-2%

Figure 5

**INDIVIDUALS AIDED – ALL AIDS COMBINED  
JANUARY 2013 - DECEMBER 2022**

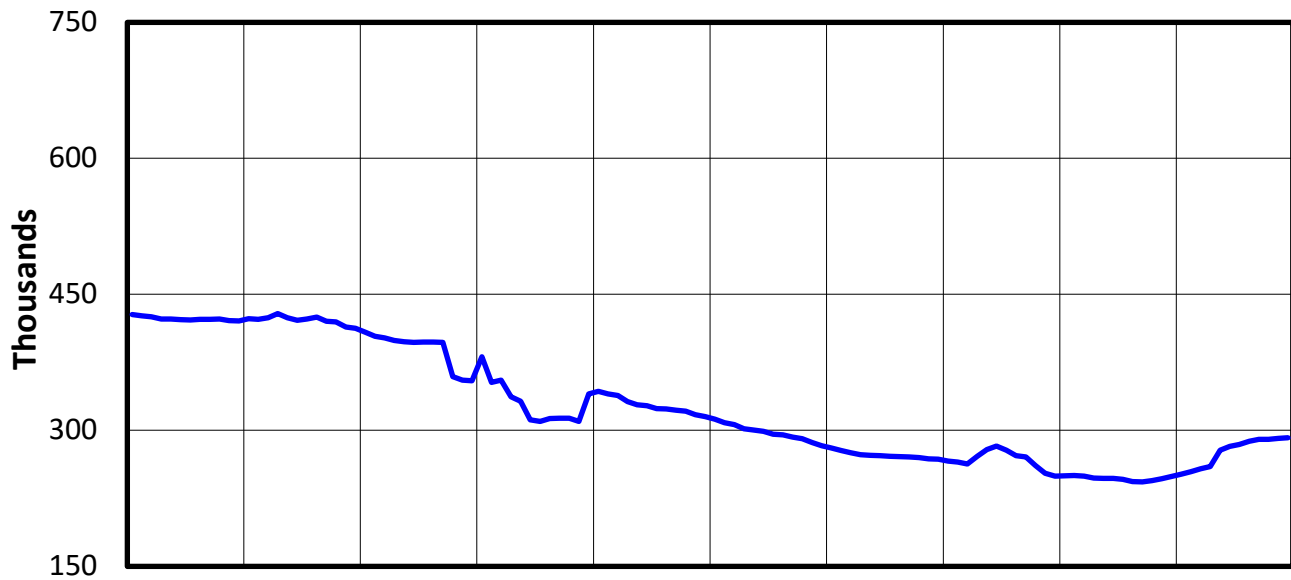


Month	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Jan.	2,453,083	2,819,136	3,276,776	3,521,223	3,636,266	3,616,846	3,431,417	3,461,088	3,782,935	4,013,806
Feb.	2,450,013	2,836,009	3,251,645	3,571,953	3,636,166	3,608,334	3,427,569	3,453,563	3,806,511	4,035,538
Mar.	2,461,628	2,859,833	3,287,979	3,445,798	3,637,284	3,619,281	3,423,885	3,437,197	3,827,132	4,061,508
Apr.	2,470,580	2,889,876	3,343,995	3,629,884	3,623,256	3,600,035	3,419,158	3,504,442	3,843,208	4,085,849
May	2,519,023	2,941,694	3,382,329	3,565,747	3,617,792	3,592,637	3,419,183	3,566,422	3,855,442	4,106,979
June	2,523,361	3,016,511	3,430,119	3,668,179	3,615,427	3,587,662	3,466,474	3,607,224	3,871,538	4,129,677
July	2,536,910	3,088,345	3,466,141	3,432,513	3,598,312	3,585,714	3,485,440	3,634,783	3,891,578	4,154,210
Aug.	2,542,506	3,151,339	3,490,545	3,528,925	3,600,783	3,584,325	3,486,715	3,667,895	3,917,544	4,184,102
Sep.	2,546,656	3,208,954	3,519,627	3,517,353	3,598,481	3,572,253	3,486,715	3,697,871	3,933,291	4,209,813
Oct.	2,558,888	3,296,854	3,318,533	3,520,528	3,599,094	3,566,306	3,507,418	3,709,981	3,953,006	4,234,292
Nov.	2,571,969	3,363,249	3,387,795	3,512,738	3,598,421	3,557,259	3,500,145	3,721,893	3,975,621	4,255,573
Dec.	2,647,528	3,339,390	3,430,557	3,521,509	3,597,185	3,541,548	3,485,057	3,747,145	3,992,749	4,276,420

\*2015 4th quarter data submitted after the LRS implementation.

Figure 6

**INDIVIDUALS AIDED - CALWORKS  
JANUARY 2013 - DECEMBER 2022**

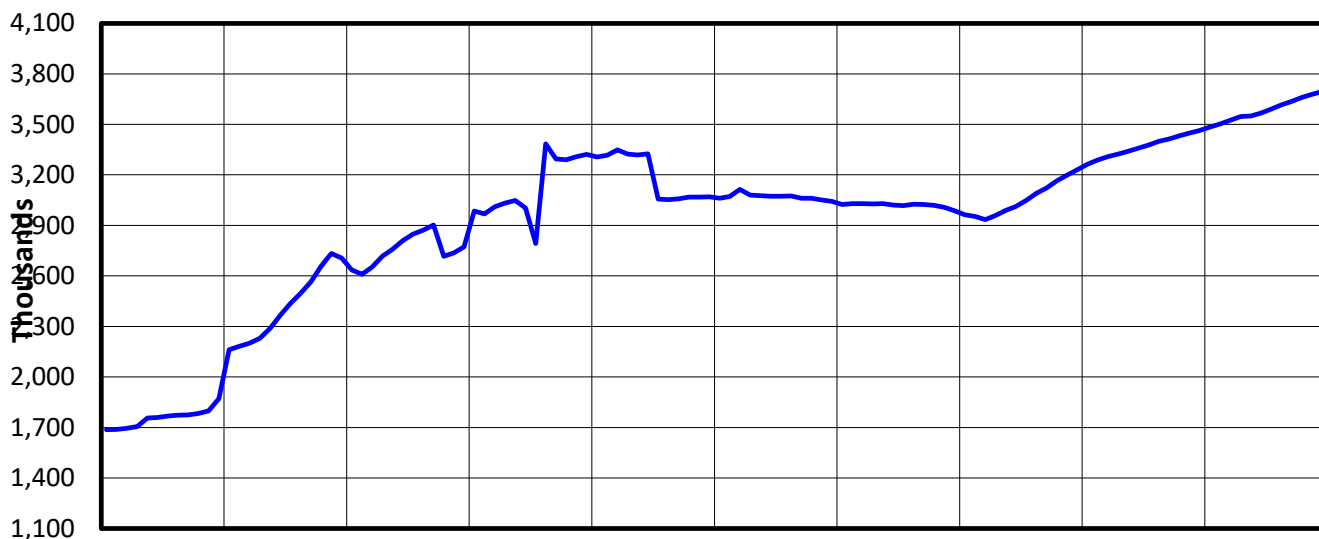


Month	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Jan.	427,728	422,896	408,172	380,972	342,943	312,025	280,422	266,093	249,563	251,470
Feb.	426,054	422,249	403,662	352,957	340,075	308,384	277,577	264,923	249,969	254,429
Mar.	425,255	424,066	401,779	355,241	338,187	306,177	275,258	262,926	249,499	257,520
Apr.	422,502	428,680	399,015	336,865	331,598	301,758	273,044	271,413	247,111	260,058
May	422,504	423,974	397,553	332,131	328,216	300,277	272,303	278,521	246,949	278,121
June	421,889	421,206	397,045	311,555	326,948	298,686	271,800	282,666	246,939	282,255
July	421,707	422,817	397,353	309,655	323,778	295,455	271,359	277,849	245,750	284,419
Aug.	422,294	424,883	397,157	313,020	323,419	294,988	270,799	272,136	243,484	287,891
Sep.	422,137	420,169	396,945	313,272	322,207	292,344	270,579	270,431	243,030	290,089
Oct.	422,511	419,533	359,021	313,368	321,178	290,629	269,763	260,956	244,317	290,115
Nov.	420,873	413,804	355,275	309,553	317,225	286,579	268,354	252,437	246,645	290,951
Dec.	420,513	412,365	354,376	339,974	315,071	282,814	268,167	249,529	248,949	291,723

\*2015 4th quarter data submitted after the LRS implementation.

Figure 7

**INDIVIDUALS AIDED – MEDI-CAL ASSISTANCE  
JANUARY 2013 - DECEMBER 2022**

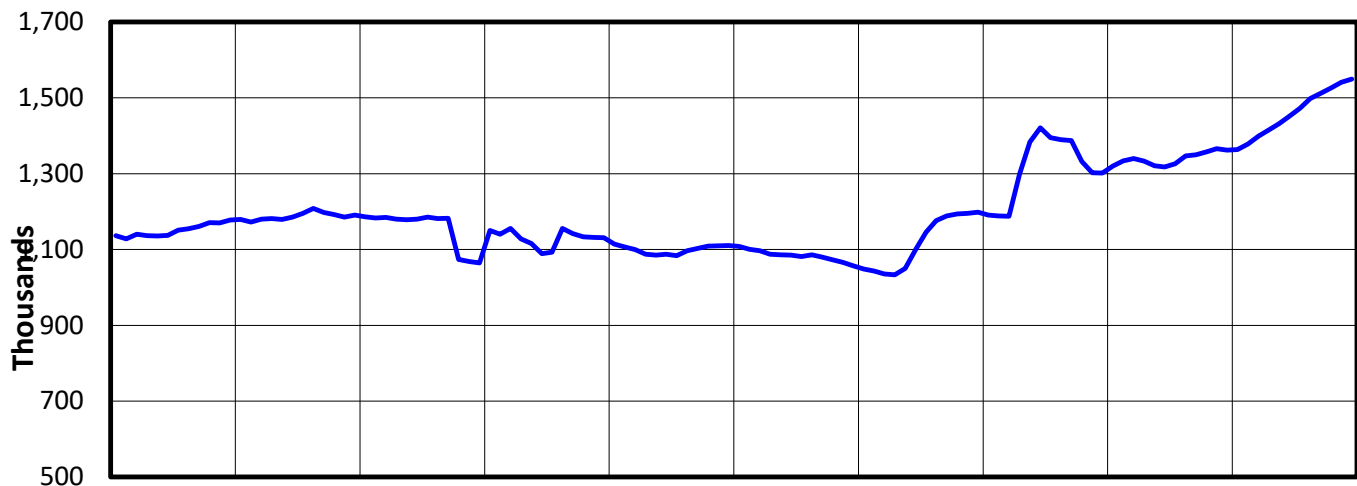


Month	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Jan.	1,686,728	2,162,087	2,635,084	2,985,013	3,307,201	3,060,958	3,024,386	2,964,021	3,262,409	3,484,178
Feb.	1,688,211	2,181,648	2,609,119	2,968,570	3,316,921	3,071,528	3,029,667	2,953,712	3,287,124	3,503,064
Mar.	1,695,285	2,200,120	2,652,143	3,010,138	3,349,365	3,113,170	3,029,862	2,934,904	3,308,791	3,524,797
Apr.	1,704,905	2,229,067	2,716,127	3,031,869	3,322,548	3,079,837	3,027,123	2,957,554	3,323,044	3,546,572
May	1,755,996	2,288,191	2,758,728	3,048,192	3,317,709	3,075,916	3,029,639	2,988,670	3,340,823	3,549,637
June	1,759,649	2,364,689	2,809,686	3,003,444	3,325,148	3,072,660	3,020,011	3,012,747	3,359,622	3,566,030
July	1,768,550	2,436,427	2,847,792	2,792,108	3,057,055	3,073,923	3,018,021	3,048,200	3,377,706	3,589,737
Aug.	1,773,011	2,496,469	2,872,428	3,384,397	3,053,283	3,074,912	3,025,332	3,089,904	3,398,907	3,615,817
Sep.	1,775,355	2,564,799	2,901,798	3,294,583	3,058,186	3,061,530	3,023,641	3,122,441	3,413,212	3,635,285
Oct.	1,783,230	2,657,203	2,716,683	3,289,591	3,068,041	3,061,971	3,019,046	3,164,889	3,430,936	3,659,833
Nov.	1,797,981	2,732,673	2,736,803	3,307,710	3,068,299	3,050,818	3,006,706	3,197,993	3,449,035	3,677,654
Dec.	1,870,380	2,705,644	2,771,706	3,321,456	3,069,071	3,042,822	2,992,029	3,230,584	3,464,050	3,694,717

\*2015 4th quarter data submitted after the LRS implementation.

Figure 8

**INDIVIDUALS AIDED - CALFRESH  
JANUARY 2013 - DECEMBER 2022**



Month	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Jan.	1,136,598	1,179,471	1,186,689	1,150,095	1,114,113	1,108,414	1,048,882	1,190,826	1,320,530	1,363,980
Feb.	1,128,269	1,172,986	1,183,204	1,140,474	1,106,457	1,100,344	1,043,319	1,188,862	1,334,353	1,378,000
Mar.	1,140,185	1,179,917	1,184,511	1,155,876	1,099,615	1,096,854	1,035,942	1,188,025	1,339,951	1,399,033
Apr.	1,136,567	1,181,939	1,180,608	1,128,110	1,087,449	1,087,679	1,033,153	1,298,092	1,333,103	1,414,914
May	1,135,966	1,179,271	1,178,959	1,115,784	1,085,333	1,086,290	1,050,176	1,383,858	1,320,755	1,431,950
June	1,137,764	1,185,357	1,180,615	1,089,288	1,087,512	1,085,736	1,099,911	1,421,334	1,318,036	1,451,954
July	1,150,909	1,195,491	1,185,244	1,092,816	1,083,889	1,081,974	1,145,884	1,395,523	1,326,118	1,472,467
Aug.	1,154,695	1,208,242	1,181,789	1,155,558	1,096,976	1,086,361	1,176,222	1,389,651	1,346,778	1,498,261
Sep.	1,161,054	1,197,541	1,182,726	1,142,246	1,102,956	1,079,915	1,188,384	1,387,377	1,349,717	1,512,469
Oct.	1,171,438	1,192,513	1,073,836	1,133,735	1,109,216	1,072,928	1,193,681	1,332,441	1,357,339	1,526,107
Nov.	1,170,317	1,185,306	1,068,797	1,132,088	1,110,217	1,066,019	1,195,875	1,302,395	1,366,351	1,541,285
Dec.	1,177,740	1,191,285	1,064,892	1,131,596	1,110,758	1,057,193	1,198,751	1,302,106	1,362,579	1,549,853

\*2015 4th quarter data submitted after the LRS implementation.



# DEPARTMENT OF PUBLIC HEALTH

## OVERVIEW

Child maltreatment, whether in the form of physical, sexual, emotional abuse, and/or neglect, adversely affects the developing child and increases the risks for emotional, behavioral, social, and physical problems throughout the child's life. Experiences of abuse or neglect occurring as early as the first year of life may lead to symptoms of poor psychological well-being, such as depression, anxiety, or difficulties in forming and developing healthy relationships. It also increases the likelihood of developing negative behavioral consequences such as future alcohol and substance abuse, eating disorders, and violence. These high-risk behaviors may lead to serious long-term health problems for the individual, as well as significant social and economic costs for the community.<sup>1</sup>

The mission of the Los Angeles County Department of Public Health (DPH) is to protect health, prevent disease and injury, and promote health and well-being for everyone in Los Angeles County. DPH recognizes the significant physical, emotional, and psychosocial impacts of child abuse and neglect on child development and makes every effort to prevent these adverse outcomes through primary prevention efforts that focus on healthy child development, family resiliency, and economic self-sufficiency. DPH seeks to achieve this by partnering with communities to mitigate risk factors for child abuse such as poverty, lack of social support and services, and limited access to healthcare. Our programs are committed to improving community conditions that impact health, making communities safer, increasing healthcare access for low-income households, providing support to expectant and parenting families, and empowering youth.

This agency report is divided into three sections. The first section provides background on selected DPH programming units and highlights their activities related to health and well-being of children and support for family strengthening and stability, along with relevant statistics that illustrate the reach and impact of their respective programs. The second section presents a comprehensive data review of infant and child deaths in Los Angeles County using the most recent mortality data currently available from the State of California, with comparative trends going back as far as ten years. The third section summarizes relevant survey data from the California Health Interview Survey and the California Healthy Kids Survey related to both adverse and positive childhood experiences, which represent risk and protective factors for child abuse and neglect, as well as data related to certain youth stressors, depression, and suicidal ideation.

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1. Child Welfare Information Gateway. (2013). Long-term consequences of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from [https://www.childwelfare.gov/pubs/factsheets/long\\_term\\_consequences.pdf](https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf)



**SECTION 1. CHILD WELLNESS AND FAMILY STRENGTHENING WITHIN THE DEPARTMENT OF PUBLIC HEALTH**

**SUBSECTION A. BUREAU OF HEALTH PROMOTION**

**DIVISION OF CHILDREN’S MEDICAL SERVICES**

The mission of Children’s Medical Services (CMS) is to ensure that children and youth with special health care needs and those from low-income families have access to health services and family assistance that maximize their physical, mental, and social health, their overall development, and their well-being.

CMS provides a broad array of health care services including preventive screening, diagnosis, treatment, rehabilitation and care coordination/case management for Los Angeles County’s most vulnerable children and youth, including those with serious, life-threatening or chronic conditions, low-income and indigent children and youth, and children and youth involved in the child welfare system.

CMS administers California Children’s Services, the Medical Therapy Program, the Child Health and Disability Program, Child Welfare Public Health Nursing Program (which includes the Health Care Program for Children in Foster Care and the CWPHN General Program) and the Edelman Children’s Court Pediatric Program.

**California Children’s Services**

California Children’s Services (CCS) provides diagnostic, treatment, rehabilitative and care coordination/case management services for Los Angeles County children and youth under 21 years of age with special health care needs. Examples of CCS-eligible conditions include chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major complications.

CCS has an active annual caseload exceeding 47,000 children and youth in the County. During Calendar Year (CY) 2023, CCS reviewed and processed over 168,000 requests for medical care and related services. CCS Service requests were most frequently related to the following diagnostic categories: (1) Hearing Loss; (2) Diabetes Mellitus (Types I and II); (3) Cerebral Palsy and related encephalopathies; (4) Respiratory Distress

Syndrome (related to prematurity); (5) Congenital Cardiac Anomalies; (6) Clefts of Palate and Lip; (7) Epilepsy and Seizure Disorders; and (8) Leukemia.

In addition to the care coordination work of the CCS nurse case managers, during CY 2023 the CCS medical team provided over 5,000 written consultations including medical consultations, audiology consults, formal dental consults, and case notes.

**Medical Therapy Program**

The Medical Therapy Program (MTP) was established in 1945 in cooperation with the Department of Education to serve children and young adults under the age of 21 with certain eligible physical disabilities. The MTP provides medical case conferences, and physical and occupational therapy services to children and youth at 22 Medical Therapy Units (MTUs) located in school settings throughout Los Angeles County.

The MTP provides medically necessary physical therapy (PT) and occupational therapy (OT) services for eligible patients and coordinates with local school districts and regional centers in providing care. The MTP works together with patients and their families on therapy goals focusing on self-care and mobility skills, visits homes or schools to assess specific equipment needs, and participates in Individualized Education Plan (IEP) meetings.

During CY 2023, the MTP provided services to 4,048 clients. The major diagnostic categories of children and youth served by the MTP differ from those of the CCS program. Cerebral palsy and related encephalopathies affect approximately half of the patients served (49.7%); followed by Neuropathies and other disorders of the peripheral nervous system (22.4%); spinal cord injury/disease, including spina bifida (8.4%); and arthritis and other arthropathies (3.6%). During CY 2023, the MTP provided 41,925 occupational therapy visits and 56,550 physical therapy visits.

MTP care is provided using a team approach. The team, in addition to the patient and their family, may include an orthopedic surgeon, pediatrician, occupational therapist, physical therapist, nurse, social worker, nutritionist, orthotist, outside agencies, and school personnel who specialize in the care of children and young adults with special health care needs. The MTP also provides non-medical therapy in group settings to provide treatment in a manner





that is relevant to the child, engages their family, and encourages participation in community activities. These therapy groups focus on life after high school, community transportation, and recreational activities.

### Child Health and Disability Prevention Program

The Child Health and Disability Prevention Program (CHDP) supports the provision of preventive services and health assessments for children and youth (up to age 21 for Medi-Cal members and up to age 19 for the uninsured) with family incomes up to 266% of the federal poverty level (FPL) regardless of immigration status. Services are provided through participating private physicians, local health departments, community clinics, and some school districts. There are approximately 2,000 CHDP health assessors at 758 CHDP provider sites.

During CY 2023 CHDP:

- Conducted vision screening, audiometric screening, fluoride varnish, CHDP Overview, American Academy of Pediatrics (AAP) Bright Futures Guidelines, Developmental Screening, and Nutrition/Body Mass Index (BMI) trainings for CHDP providers. The number of trainings and participating attendees at each provider site during CY 2023 are provided in the table below.

Trainings for CHDP Provider Sites 1/1/23-12/31/23			
	Trainings	Sites	Attendees
Vision	178	167	594
Audiometric	162	156	539
Fluoride Varnish	11	10	61
CHDP Overview	5	5	23
AAP Bright Futures	5	5	70
Developmental Screening	1	1	6
Nutrition <sup>1</sup>	35	35	207

1. WHO Growth Charts & BMI

- Conducted site reviews for, and approved/reapproved, more than 196 CHDP provider sites.

Senate Bill (SB) 184 authorized the Department of Health Care Services (DHCS) to transition the Child Health and Disability Prevention (CHDP) Program effective July 1, 2024. The transition of the CHDP Program reflects the continuing shift of Medi-Cal into a managed care (versus fee-for-service) system. As part of the transition, the CHDP Gateway was rebranded as the Children’s Presumptive Eligibility (CPE) Program Portal. All qualified providers enrolled in the CHDP Program as of June 30, 2024, were automatically enrolled as providers under CPE on July 1, 2024.

### Child Welfare Public Health Nursing (CWPHN) Program

Children and youth in foster care have significant health care needs. Since they have been removed from the care of their parents or guardians due to concern of previous or ongoing abuse and neglect, these children may be at the highest risk of having experienced physical, mental, and/or emotional harm. Almost nine in ten young children entering the foster care system (87%) have physical health problems; with 55% having two or more chronic conditions<sup>2</sup>. Almost a quarter of children entering foster care have three or more chronic conditions<sup>3</sup>. More than one-third (35%) of children and adolescents enter foster care with significant dental and oral health problems.<sup>4</sup> This vulnerable population has long been recognized as requiring rapid, comprehensive health assessment and coordinated case management.<sup>5</sup>

The CWPHN Program is designed to provide Public Health Nursing (PHN) expertise to meet the medical, dental, mental health, and developmental needs of children and youth in the Los Angeles County’s child welfare system administered by the Department of Children and Family Services (DCFS). This expertise is provided primarily through case-by-

2. L. K. Leslie, J. N. Gordon, L. Meneken, K. Premji, K. L. Michelmore, and W. Ganger. “The Physical, Developmental, and Mental Health Needs of Young Children in Child Welfare by Initial Placement Type.” *Journal of Developmental & Behavioral Pediatrics*, June 2005, v26 i3 p 177(9).

3. K. Allen. Medicaid Managed Care for Children in Child Welfare. Center for Health Care Strategies. April 2008. Available at [www.chcs.org](http://www.chcs.org).

4. American Academy of Pediatrics, Healthy Foster Care America Initiative. Accessed April 30, 2014 at [http://www2.aap.org/fostercare/dental\\_health.html](http://www2.aap.org/fostercare/dental_health.html)

5. American Academy of Pediatrics, Committee on Early Childhood, Adoption, and Dependent Care. “Health Care of Young Children in Foster Care”. *Pediatrics* Vol. 109 No. 3 March 1, 2002 pp. 536 -541. Accessed April 30, 2014



case PHN consultations to DCFS Children Social Workers (CSWs). The CWPHN Program has two components:

**Health Care Program for Children in Foster Care (HCPCFC)** focuses on children and youth in the child welfare system who have been placed in foster care or under the custody of the Probation Department.

The Health Care Program for Children in Foster Care (HCPCFC) is a public health nursing program located in county child welfare service agencies and probation departments to provide PHN expertise in meeting the medical, dental, mental health and developmental needs of children and youth in foster care. Los Angeles County’s HCPCFC serves approximately 16,000 children annually.

The services provided by HCPCFC PHNs include:

- Coordination of medical, dental, and mental health care;
- Coordination of health services for children in out-of-county and out-of-state placements;
- Expediting referrals for medical, dental, mental health and developmental services;
- Providing medical education and training for foster care team members, probation officers, judges, school nurses and caregivers on the special health care needs of children and youth in foster care;
- Assisting children’s social workers in interpreting medical report and medical findings; and
- Assisting foster caregivers in obtaining timely comprehensive health assessments and dental examinations.

During CY 2023, HCPHFC PHNs provided 47,320 consultations, coordinated 17,618 physical exams, coordinated 12,174 dental exams, coordinated/verified medical homes<sup>6</sup> for 37,718 children and youth, coordinated/verified 40,322 immunizations, and conducted 10,355 reviews of psychotropic medication as well as 273 home visits.

The HCPCFC also works with the Probation

6. The medical home, also known as the patient-centered medical home (PCMH), is a team-based health care delivery model led by a health care provider to provide comprehensive and continuous medical care to patients with a goal to obtain maximal health outcomes.

Department to provide consultation for juvenile Probation cases. During CY 2023 PHNs provided consultation on 391 youth impacted by commercial sexual exploitation of children.

The CWPHN General Program focuses on children and youth involved in the child welfare system living with a biological parent or a legal guardian who is a familial relative and includes voluntary family maintenance and family reunification programs, emergency referrals and investigations, case management for medically fragile children, and children and youth seen in the Los Angeles County Department of Health Services (DHS) Medical Hubs.

During CY 2023, CWPHN General Program PHNs provided 36,226 consultations. The CWPHN General Program conducts home visits for children/youth. During CY 2023 the PHNs conducted 2,530 home visits. Although most of these visits were joint home visits conducted with CSWs (82%), the remaining visits were provided in DCFS offices, hospitals (including post-hospitalization home visits), schools, or virtually.

#### CMS Edelman Children’s Court Pediatric Program

The Children’s Medical Services (CMS) Court Pediatric Program (CPP) was originally established by the Juvenile Courts with the mission of optimizing health care for children with complex medical conditions who are under Court jurisdiction. The CPP is a part of CMS and the California Children’s Services (CCS) program within the Los Angeles County Department of Public Health and consists of experienced board-certified pediatricians (“Court Pediatricians”), public health nurses (“Court PHNs”), and clerical staff.

The CPP serves to both provide medical oversight for CCS-eligible children under Court supervision and as a health care consultation service and liaison to the Juvenile Dependency and Delinquency Courts for children with complex medical conditions. The CPP facilitates the Juvenile Court’s understanding of a minor’s health concerns and needs for both diagnostic and therapeutic services and crucially, also enables the Court and related agencies to effectively access health resources on behalf of the child. Because the health system is a vast and complicated entity, the fact that the CPP is a part of CMS and within the CCS program allows the CPP unprecedented access to the health system, including specialty and subspecialty care providers at all major children’s hospitals. In this way, the



CPP also provides a portal through which the Court system can access and communicate with the health system on behalf of its dependent children.

The CPP caseload continues to grow; during the 2023 calendar year, the CMS Court Pediatricians conducted 227 in-depth consultations. In addition to Court consultations, the Court Pediatricians and the CPP team serve to coordinate optimal care for children with medically-complex conditions with specialty and subspecialty medical providers and to facilitate multi-agency collaboration by interfacing with Juvenile Court judicial officers, minor's counsel, DCFS staff, and other stakeholders (such as ICAN). The Court Pediatricians also provide education on topics related to children's health and well-being and provide guidance on bioethical concerns for children under Court jurisdiction. The Court Pediatricians have also been regular participants in the Coroner's Interagency Child Death Review Conference and the quarterly Medical Hub Directors meeting which has led to improved collaboration with DCFS, DHS Medical Hub Clinics, Department of Mental Health (DMH), and others.

## **DIVISION OF CHRONIC DISEASE AND INJURY PREVENTION (CDIP)**

CDIP implements a wide variety of programs aimed at optimizing the health of Los Angeles County residents at all ages and stages of life. For the purposes of this report, we focus on a CDIP program that promotes safety and prevents injuries among young children.

### **Child Passenger Safety Program**

The Child Passenger Safety (CPS) program was legislatively created in 1991 and mandated through California Vehicle Code 27360 to prevent injuries and deaths to children ages 0-16 by increasing the use and correcting the misuse of child safety seats, booster seats, and seat belts.

Through the years the CPS program has evolved from its health education base to its current structure, which is designed to maximize car seat education and distribution while building community capacity to implement key safety services. The programmatic shift in strategy has led to the expanded training of community members to become CPS technicians so they can provide culturally sensitive tailored workshop presentations to their own program clients. CPS program activities include:

- Workshops in English & Spanish through our community collaborators:
  - o Antelope Valley Wellness Community (Lancaster)
  - o East Valley Community Health Center (Pomona/West Covina)
  - o Santa Clarita Public Health Office (Santa Clarita)
  - o To Help Everyone Health & Wellness Centers (South Los Angeles)
  - o Venice Family Clinic (Santa Monica, West Los Angeles)
  - o The Whole Child (Whittier)
- Hosting three annual four-day child passenger safety technician certification workshops to recruit more technicians across Los Angeles County,
- Hosting six community car seat checkups throughout the County,
- Maintaining an active pool of CPS technicians by organizing conferences and events for technicians to attend, and
- Creating free multi-lingual CPS brochures (in collaboration with the Southern California Automobile Club).

In addition to the workshops being held throughout the County, CPS staff partner with DCFS to train their social workers on car seat safety and perform car seat audits in their regional offices to maintain quality control in transporting children throughout the County.

During COVID-19 recovery, the program continued its work through virtual workshops and a hybrid mix of virtual presentations with in-person installation events during 2023. In total, the program held 235 workshops with 1,305 participants and distributed 772 car seats.

## **DIVISION OF MATERNAL CHILD AND ADOLESCENT HEALTH**

The mission of the Maternal, Child and Adolescent Health (MCAH) Division is to maximize the health and quality of life for all pregnant individuals, infants, children, adolescents, and their families in Los Angeles County. MCAH implements several programs that contribute to stable and safe home



environments which lower the risk of child harm and neglect. During 2023, such programs included:

- African American Infant and Maternal Mortality Prevention Initiative (AAIMM)
- Black Infant Health Program
- Community Health Outreach Initiatives
- Childhood Lead Poisoning Prevention Program
- Comprehensive Perinatal Services Program
- Help Me Grow – Los Angeles
- Home Visiting Programs
- Sudden Infant Death Syndrome Program

**African American Infant and Maternal Mortality Prevention Initiative (AAIMM – [www.blackinfantsandfamilies.org](http://www.blackinfantsandfamilies.org))**

AAIMM is DPH’s response to the stark disparities in infant and maternal mortality seen in Los Angeles County. Black infants die at three times the rate compared to other races, across the county; similarly outsized rates of death are seen in Black pregnant and postpartum individuals. Data demonstrate that the disparity is explained by the impact on the body of living in a racist society, an effect known as “weathering.”

AAIMM activities leading up to and including Fiscal Year (FY) 2022-2023 included:

- DPH and First 5 Los Angeles jointly provide infrastructure support for AAIMM while fostering stakeholder autonomy within and between a countywide AAIMM steering committee, four Community Action Teams (CATs), and their own agencies.
- Monthly countywide Steering Committee convenings since 2019.
- Four AAIMM CATs that inform, raise awareness, and grow champions through community and provider engagement. As community-government partnerships, the CATs uplift community voices in decision-making and advocacy regarding persistent inequities in health and social services. They host community events throughout the year: clinical and organizational development trainings, documentary screenings, expecting dads and maternal mental health

support groups, baby showers and giveaways, and strategic and policy planning sessions. CATs ensure that AAIMM’s work reflects and responds to specific regional needs and communities.

- To fund its structure and activities, AAIMM has multiple state and local grants, a pooled fund for philanthropic investors, as well as private programmatic investments.
- For the past five years, the Los Angeles County Board of Supervisors has proclaimed April 11-17 as Black Maternal Health Week to bring attention to the national maternal health care crisis in the Black community.
- Cherished Futures for Black Moms & Babies, which sunset in 2023, united key decision makers from local birth facilities, public health, community-based organizations, and advocates to implement systems-change interventions at three levels: clinical, institutional, and community.
- The AAIMM Village Fund reinforces the broad goals of the AAIMM initiative by resourcing community-led efforts to support the physical and mental well-being of Black families before, during, and after birth. Organizations, networks, coalitions, individual service providers, micro-enterprises, and small businesses are eligible to apply for grants of up to \$30,000, with priority consideration given to Black-led entities.
- AAIMM works with hospitals, health plans, policy makers, and government agencies to disaggregate patient/member/resident data by race to identify disparities and hold institutions accountable for change.
- Charles R. Drew University launched Group Prenatal Care at multiple partner facilities of its Black Maternal Health Center of Excellence. Their model of care continues to be interdisciplinary, holistic, and culturally/racially concordant.
- Since 2019, the AAIMM Doula Program has been supporting 200+ pregnant and postpartum clients annually. The AAIMM Doula Program provides free, culturally congruent doula support to Black/African American pregnant people countywide. Clients receive educational, emotional, and physical support to reduce medical interventions, improve mental health, increase satisfaction with the birth experience, and increase breastfeeding success. The AAIMM Doula Program expanded



to serve incarcerated pregnant individuals in 2023.

- The AAIMM Fatherhood Program launched in 2021 to promote the importance of having fathers/partners engaged in and navigating pregnancy alongside their partner, which bolsters mental and physical health throughout the perinatal period. The program includes culturally congruent social support in a group atmosphere and technical assistance to service- and medical-providers to best serve African American fathers from pregnancy through the postpartum period.
- AAIMM launched the Los Angeles County chapter of the Abundant Birth Program, a Guaranteed Basic Income Pilot to provide 18 months of funding to eligible and randomly selected pregnant and parenting women/birthing people to support safer/healthier birthing for women/birthing folks who face the most disparate pregnancy and birthing outcomes.
- AAIMM maintains a Policy & Advocacy Countywide Workgroup which is expanding to include a MotherBoard, a 21-member lived experience advisory board to ensure that new moms are engaged and able to be an equitable part of influencing countywide infant and maternal health programs and policy.
- AAIMM has a robust year-round public awareness media strategy, with four anchor campaigns: Black Maternal Health Week, Fatherhood, Black Breastfeeding Week, and Prematurity Awareness.

### **Black Infant Health Program (BIH)**

BIH was established by the California Department of Public Health (CDPH) in 1989 in response to the alarmingly and disproportionately high infant mortality rate experienced by the African American community. This community-based program addresses the problem of poor birth outcomes and health disparities affecting African American women and their infants.

Experts believe that social and economic stressors and racism play important roles in poor birth outcomes for African American women. With these factors in mind, the BIH Program centers around a group experience that builds social support to buffer the negative effects of stress, and that empowers participants to make positive choices for their lives.

MCAH has contract agreements with three community-based organizations to implement BIH services: The Children's Collective Inc., Children's Bureau of Southern California, and City of Pasadena Public Health.

Within a culturally affirming environment that honors the unique history of African American women, BIH aims to support healthy births and infants. Participants learn proven strategies to reduce stress and to further develop life skills. This is accomplished as participants attend an empowerment-focused prenatal and/or postpartum group and engage in complementary case management services. Weekly group sessions help participants build social support, access their strengths, and set health-promoting goals. Participants are encouraged to commit to the full 20-week group intervention (10-week prenatal; 10-week postpartum); all services are free.

Individuals are eligible for program services if they are an African American pregnant person (18 years or older), currently 30 weeks or less gestation and live in a designated target area.

BIH ensures clients gain access to a variety of medical and social services by maintaining working relationships with a cross-section of collaborators throughout the County. These collaborators include: AAIMM; Healthy African American Families; iDREAM for Racial Health Equity; First 5 Los Angeles; Women, Infants, and Children (WIC) programs; faith/religious community partners; and obstetrical/gynecological and pediatric providers.

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

Data for Fiscal Year 2023-24 shows that 365 African American pregnant and postpartum individuals received perinatal services from the BIH Program.

### **Community Health Outreach Initiatives (CHOI)**

CHOI was established in 1997 to provide coordinated health care insurance outreach, enrollment, and navigation to children and families. Through



this activity, CHOI aims to reduce the number of uninsured and improve utilization of health care in Los Angeles County. Family stress related to difficulty obtaining health care services, whether caused by lack of health insurance or challenges navigating and accessing covered services, can add to other existing family dysfunction and increase the risk of family violence and harm to children. This is especially true when children or other family members are facing ongoing special health care needs. The services offered by CHOI help to relieve this source of stress on families and contribute to a more stable and safer home environment.

CHOI administers a multimillion-dollar health care outreach, enrollment, utilization, and retention program funded by the California State Department of Health Care Services (DHCS). Currently CHOI provides Medi-Cal navigation services through 18 contracts with community-based organizations, cities, and schools to expand health coverage for uninsured children and their families throughout the County’s eight Service Planning Areas (SPAs). These contracted agencies ensure comprehensive outreach, enrollment, utilization, and retention services for Medi-Cal health coverage programs. CHOI agencies offer targeted enrollment assistance to clients experiencing mental health disorders, substance use disorders, and homelessness. Most critical are the supports CHOI agencies provide for troubleshooting challenges and assisting clients with navigating California’s complex healthcare system. Clients are helped at every step along the way, from enrollment, utilization of benefits, and redetermination, to ensure utilization of benefits and continuous coverage.

Broadly, the priority population for CHOI services includes individuals and families that are eligible for Medi-Cal, or those that were previously enrolled into Medi-Cal and need assistance with utilizing available services. In alignment with DHCS priorities, CHOI contractors focus on providing services to the following groups: Persons with Mental Health Disorders; Persons with Substance Use Disorders; Persons with Disabilities; Aged Persons; Persons experiencing Homelessness; Young People of Color; Immigrants & Families of Mixed Immigration Status; Persons with Limited English Proficiency; Low-Wage Workers, their families, and dependents; Uninsured Children or Youth Formerly Enrolled in Medi-Cal; and Individuals affected by Medi-Cal eligibility expansion.

In 2023, CHOI contractors:

- Provided comprehensive health coverage outreach, enrollment, utilization and retention services, funded by DHCS;
- Conducted outreach to 118,975 LA County residents and supported the submission of 14,331 applications for healthcare coverage; provided 22,881 instances of support for access and utilization of health care services; provided 42,001 instances of troubleshooting help; and provided 17,009 instances of support for redetermination;
- Provided training on the Medi-Cal Program and ongoing Medi-Cal updates to internal partners and to other County staff involved in coverage enrollment; and
- Provided troubleshooting assistance and referrals to clients who were facing obstacles in obtaining, accessing, and maintaining a variety of related social services including CalFresh, WIC, mental health, legal services for housing and domestic violence, dental/oral health, immigration, assistance with COVID-19 vaccination appointments, Regional Center Support, and Individual Education Plans (IEPs).

**Childhood Lead Poisoning Prevention Program (CLPPP)**

Established in 1991, CLPPP continues to identify and manage lead exposure in children and youth who live in Los Angeles County (age 0-21 years) through specific program activities such as elevated blood lead level surveillance; outreach and education to families and foster homes, juvenile detention, care givers, primary care providers, students; and case management.

In 1995 lead poisoning became the first noninfectious condition to be notifiable at the national level and a CDC surveillance system was established. In 1997 CDC recommended focused (not universal) screening based on age of housing and sociodemographic risk factors.

Lead toxicity can contribute to multi-organ system dysfunction. In the young developing child, the most serious effects relate to problems with neurodevelopment and can result in permanent deficits if not adequately addressed. The incidence of child lead poisoning correlates closely with families



living in older housing and neighborhoods where other social determinants of health create increased risks for health disparities, for example, lower income neighborhoods and proximity to industrial and commercial transit zones. Raising children with special health care needs or who are facing increased health care utilization can contribute to further destabilization of an already stressed family dynamic and increase the risk of child injury or harm. Case management provided by CLPPP helps to alleviate some of that stress on the families who find themselves dealing with lead toxicity in one or more of their children.

During year 2023 to May 2024, CLPPP received approximately 92 defined cases, two emergency cases (Blood lead levels greater than or equal to 69.5mcg/dL), 33 patients with blood lead levels (BLL) greater than or equal to 14.5mcg/dL, 223 BLLs 9.5mcg/dl-14.4mcg/dL and 1,393 BLLs 3.5mcg/dL-9.4mcg/dL(single elevated blood lead levels).

BLL that meet state case criteria are identified and managed based on state and federal guidelines and recommendations.

Since the last ICAN update, the Centers for Disease Control and Prevention (CDC) in 2021 further lowered the blood lead Reference Level from 4.5 mcg/dL to 3.5mcg/dL and eliminated the 30 days waiting period, for blood lead levels 9.5mcg/dl -14.4mcg/dL before the second blood level can be drawn, to define a case. CDC also requested for the single elevated BLL to receive partial or limited care as resources allow. Single elevated BLLs can be subject to home inspection upon parent/caregiver or primary provider's request.

Patients who qualify are referred to community resources. During FY 23-24, Approximately 21 cases were referred to California Children Services and 8 patients were referred to California Occupational Lead Poisoning Prevention Program.

For a case to be closed, the last venous blood level must be 3.5mcg/dL or less, BLLs must be trending downwards (below 9.4mcg/dL) for 365 days and all planned objectives must be met. CLPPP continues to implement these changes in FY 2023-2024 to comply with CDC's recommended reference lead value.

For fiscal year 2023-2024, CLPPP will continue to focus on keeping the community informed about lead poisoning, collaboration with and forming partnership

with stakeholders and other health disciplines in the prevention of lead poisoning in children. CLPPP continues to collaborate with California Children Services, California Occupational Lead Poisoning Prevention Program and Juvenile Hall facilities. Outreach activities included presentations to 72 Nursing students and visits to 47 doctors' offices during FY 23-24.

Preventing lead exposure is the best way to protect children from lead poisoning. CLPPP continued efforts to decrease the prevalence of lead exposure to children by raising awareness of lead poisoning prevention to parents, schools, doctors, students, and care givers, through lead poisoning prevention education presentations and materials, provider office visits, and lead consultation throughout Los Angeles County.

### **Comprehensive Perinatal Services Program (CPSP)**

CPSP was established to reduce maternal morbidity and mortality and increase maternal health equity among low-income pregnant women/people 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/people.

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 2023, there were 400 approved CPSP providers in Los Angeles County. CPSP staff conducted provider trainings and site visits with CPSP providers in an effort to promote quality care for pregnant women/people and newborns and to ensure compliance with regulations as stipulated in Title 22. CPSP providers were educated on the transition of the program from CDPH to DHCS, the new role of the Perinatal Service Coordinators, pre-eclampsia, congenital syphilis, Medi-Cal doulas, pregnancy associated mood disorders, and the importance of providing Tdap vaccination during the third trimester of each pregnancy.

### **Help Me Grow – Los Angeles (HMG-LA)**



Help Me Grow LA (HMG LA) aims to alleviate challenges faced by families with a child experiencing developmental concerns. The program offers both emotional and practical support by providing health and social service system navigation from Family Partners (FPs), who are peer staff with the lived experience of having raised children with developmental or complicated health issues. HMG LA FPs answer calls from the public on a dedicated phone line, during which they collect pertinent information and guide clients through the system of care. Parents are empowered to make informed decisions and to advocate for their children. Child age-appropriate and parent-friendly tools and resources are made available on the program website, HelpMeGrowLA.org. Additionally, staff collaborate with strategic partners to advocate for systemic changes focusing on enhancing services for families with children and youth with special health care needs (CYSHCN).

HMG LA FPs are strategically housed within DPH's Regional Health Office/Public Health Wellness Communities (WCs). Each WC serves a particular Service Planning Area (SPA). WC teams have spent years building trust with the communities they serve, providing an opportunity for HMG LA FPs to leverage existing relationships and maximize their outreach to community groups and providers. FPs partner with local coalitions who are mission aligned to amplify the reach, scale, and impact of the project.

In addition to supporting the families directly, the FPs formulate meaningful connections with service agencies to provide additional support to parents and caregivers of CYSHCN. When FPs are invited to the table to address barriers in service and to work towards similar goals of closing service gaps, families can better access the resources they need, thereby strengthening the triangle of trust between families, WC staff, and FPs.

In 2023, Help Me Grow LA:

- Developed a parent-driven approach to service delivery led by Family Partners, staff with lived experience in raising children with complicated health issues.
- Maintained its call center and website, where families and providers can access information and referrals to child development resources, assisting approximately 400 clients.

- Supported the Community and Family Engagement Council and System Synergy Council to ensure the family and community voice remains at the center of all HMG-LA work.
- Engaged with its Health Equity Workgroup, to focus efforts on historically vulnerable communities as a means of elevating services for all children and families.
- Expanded its email Listserv to include personal stories from clients in addition to promoting child development resources, reaching more than 6,000 subscribers.

### Home Visiting Programs (HVP)

FY 22-23 marked the 4th year of expanded prenatal and early childhood home visiting program services in Los Angeles County which started in FY 2018 - 2019 as a response to the Board of Supervisors' (BOS) instructions to the Department of Public Health (DPH), in collaboration with First 5 Los Angeles (F5LA), the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium (LACPECHVC), the Office of Child Protection (OCP), Children's Data Network (CDN), and the Departments of Health Services, Mental Health, Public Social Services, Children and Family Services, and Probation. Public Health's Division of Maternal, Child, and Adolescent Health (MCAH) led the development and implementation of a plan that coordinated, enhanced, expanded, and advocated for high quality home visiting programs to serve more expectant and parenting families so that children are healthy, safe, and ready to learn in the county.

To date, MCAH Home Visiting Programs (HVP) continues to implement three evidence-based practice (EBP) models to provide home visiting services countywide. It was in 1997 when Public Health piloted Nurse-Family Partnership (NFP), then added Parents As Teachers (PAT) and Healthy Families America (HFA) in 2018 as part of expansion efforts.

All EBP models work collaboratively to provide the best-fit home visiting service to families and avoid duplication of services for the parenting and pregnant populations. In doing this, more families are being served and home visitation is implemented more effectively through corresponding linkages and interventions, and adequately addressing needs and risks based on regular interaction and assessments during home visits.





In the last two decades that Public Health has been delivering home visiting services, mental health has been one of the highest needs assessed and expressed from the families, parents, and caregivers. One of the ways that MCAH has combated this public health priority is through home visiting programs with home visitors and mental health clinical social workers who work collaboratively to provide services to expectant and parenting families who are at risk of adverse physical and mental health or negative system involvement. Timely, person-centered mental health support delivered through a collaborative model of NFP nurse home visitors, HFA family support specialists, and PAT parent educators working with mental health clinicians is a promising approach to supporting pregnant and post-partum individuals and their families and offers a solution in addressing the maternal mental health crisis.

Data shows one in every five birthing people in Los Angeles County experiences perinatal depression. Perinatal depression rates are even higher in Black communities – affecting 3 in four individuals. A client's connection to HVP yielded an increase of successful linkages and referrals to mental health services. Specifically, there was an average quarterly increase of 59% in referrals and 44% in successful linkages from baseline. PHQ-9 scores also decreased from 5.32 to 3.76 (below clinical threshold) among clients who received mental health services. The PHQ-9 (Patient Health Questionnaire) is a nine-item self-administered tool that assesses for the presence and severity of depressive symptoms. Intentional collaboration between home visitors and CSWs was key to the success of the mental health intervention. Looking ahead, securing sustainable funding for these efforts will be essential in addressing mental illness in the county.

**Nurse-Family Partnership (NFP)** is an evidence-based home visitation program that enrolls low income, socially disadvantaged, first-time mothers and their children to help improve pregnancy outcomes, the quality of parenting, child health and development and maternal life-course. While the model is an EBP for first-time pregnancies, Los Angeles County Public Health is one of the pilot implementations of the NFP Expanded Eligibility Initiative wherein multiparous pregnancies and late registrants (those beyond 28 weeks gestational age) can be enrolled in NFP services.

Public Health Nurses (PHNs) conduct home visits that begin before the mother's 28th week (preferably

before their 16th week) of pregnancy and continue until the child reaches his/her second birthday. During home visits, PHNs work with clients to address their personal health, child health, discipline, childcare, maternal role development, maternal life-course development, and social support.

NFP-trained PHNs assess the needs of mothers and newborns and provide them with support, education, and referrals to needed services. When the infant is approximately 10 weeks old, PHNs and parents discuss the importance of nurturing children through physical and emotional security, trust, and respect. Because being pregnant or parenting is challenging, nurse home visitors educate and increase the awareness of harmful behavior such as sexual, emotional, and physical abuse. PHNs refer families for additional social and support services if risk factors for child abuse and neglect are observed.

In FY 22-23 NFP nurses served 701 clients countywide, including 387 new enrollments (58% enrollment rate). The median age for NFP clients is 24 years old.

- Among clients who reported race, 1% self-identified as American Indian or Alaska Native; 3% as Asian, 24% as Black or African American, <1% as Native Hawaiian or other Pacific Islander; 64% as White; and 8% as Other. With respect to ethnicity, 64% of clients identified as Hispanic or Latina.
- The top three referral sources were health care providers and clinics (26%), government agencies (including health/human services – 24%), and other home visiting providers (22%).
- 19% of the NFP clients reported having serious chronic medical conditions. 42% reported having mental health conditions during enrollment intake.
- To better serve high risk clients, NFP continues to receive enrollment exceptions for clients referred from DCFS, the Alliance for Children's Rights, Public Counsel, and Children's Law Center who were beyond 28 weeks of pregnancy.
- Of those who reported at intake: 25% (160) of NFP clients had not completed high school, nor received their GED. 43% (284) of NFP clients reported an annual household income of less than \$6,000; an additional 34% (225) reported an annual household income of less than \$20,000;



and an additional 6% (41) reported an annual household income of less than \$30,000.

NFP continued to participate and utilize the Family and Children's Index (FCI) system used by direct-service County departments to further identify multi-agency involved clients who are most at risk for child abuse and neglect. In addition, NFP is an active member of the Los Angeles County Perinatal and Early Childhood Home Visitation (HV) Consortium with overall emphasis in policy, referrals, data, and best practices. The goal of the HV Consortium is to develop generalized home visiting policies for Los Angeles, establish a referral matrix to ensure matching the best programs to the client's needs, and identify standardized data for collection among all home visiting programs serving pregnant women/youth or families with children 0-5 years old. Facilitators for this group have been hired through First 5 Los Angeles.

**Healthy Families America (HFA)** is a family support program that embodies an infant mental health approach, with the belief that early, nurturing relationships are the foundation for life-long, healthy development. Home visitors are called Family Support Workers or Specialists who provide one-on-one support and information to help families be the best parents they can be. HFA's services are available prenatally until a child is three, or five years old (depending on agency capability and/or capacity). Enrollment must happen before the child turns three months old.

**CalWORKs HVP HFA.** Throughout the fiscal year 2022-2023, HFA home visiting services funded through CalWORKs dedicated their efforts to increasing client enrollments and conducting home visits. Staff conducted extensive outreach efforts, including setting up tables at Department of Public Social Services (DPSS) district offices, maternal clinics, using radio announcements for marketing, and collaborating with other service providers, resulting in 232 new family enrollments from the 346 referrals received (66% enrollment rate). Additionally, during this fiscal year, they committed to surveying participating families to assess program improvements and family needs. Families received much-needed resources, such as diapers, household items, children's clothing, and school supplies.

Moving forward, CalWORKs HVP HFA's commitment remains strong to enhancing outreach efforts and increasing family enrollments. To support subcontractors and partners in the community,

the program manager and research analyst are conducting technical assistance (TA) activities: tailoring program goals to the needs of each site, reviewing data results, assessing staff capacity, and analyzing enrollment rates. Recognizing that the HFA enrollment criteria (prenatal and within 90 days of birth) provide further challenges, special review has been given to refining referral processes, and how to further engage families as they enter the program.

HFA home visiting services funded under the CalWORKs Home Visiting Program served 533 total families (6,289 visits) during FY 22-23.

- Data were collected on HFA client age categories: 2% were < 15 years old; 28% were between the ages of 16-21; 43% were between 22-25 years of age; 22% were between 26-35 years of age; 6% were ≥ 36 years old.
- Self-reported race and ethnicity data were also collected from clients: <1% identified as Asian, 17% as Black or African American; 3% as White, and 80% selected Other. In terms of ethnicity, 28% of clients identified as Mexican/Mexican American/Chicano, 19% as Central American, 5% as Other Hispanic or Latino, and 42% as "Other". The remaining 6% of clients identified as Puerto Rican, Chinese, Filipino, Korean, Middle Eastern, or declined to answer.
- The top three referral sources were agency referrals, which includes outreach efforts (HFA - 16%, PAT - 14%), LA County Departments (DPSS, DCFS, DPH - 58%) and other home visitation programs (5%). The remaining 7% were from healthcare providers/clinics, community-based organizations, schools, or were self-initiated.
- 23% of clients reported homelessness at intake and 40% reported at least one chronic medical condition.
- There were 28 infant births among HFA clients in FY 22-23, of which three (11%) were premature births and three (11%) were complicated by low birth weight. 92 mothers (40%) of the HFA client population reported breast milk feeding initiation at birth. 52 and 41 mothers (22% and 18%) reported continuation of breastfeeding at 6 and 12 months, respectively.
- Ages and Stages Questionnaire (ASQ) results:



160 children (86%) eligible for ASQ-3 were assessed, and of that number, 19 children (12%) scored close or below the cutoff scores in at least one of the five areas of communication, gross motor, fine motor, problem-solving, and personal-social. 93 children (86.9%) eligible for ASQ-SE2 were assessed. 0 children (0%) scored above the cut-off at the various timelines. The ASQ survey instruments assess for child developmental milestones in the categories identified above.

**American Rescue Plan (ARP) HV HFA.** The HFA implementation using ARP funds revived the defunded HFA services under the Department of Mental Health (DMH)'s Prevention and Early Intervention (PEI) program. It was late fall 2022 when subcontracted HFA services came into agreements with Public Health and services ramped up implementation in December to early 3rd quarter of FY 22-23. The HFA agencies subcontracted under this grant reported focused hiring for Program Supervisors and home visitors. Agency Program Managers provided support for onboarding HFA Home Visitors with training and assisting in developing the skills needed to deliver HFA home visiting services. This included identifying families' protective factors, risk factors, and building relationships with clients and caseload capacity. Some agencies mentioned that experienced home visitors were helpful in mentoring new home visitors. One agency reported that the ARP Project was beneficial due to its inclusive eligibility criteria. Agencies also worked on collaborating with other funding streams, such as the HFA/DPSS program, to provide services to families seeking home visiting that would not otherwise have qualified. Agencies engaged in community outreach by partnering with organizations and attending local events to build caseloads. For example, Antelope Valley Partners for Health (SPA 1) partnered with a birthing hospital in the Antelope Valley to provide onsite outreach and referral support. The Children's Clinic (TCC – SPA 5/8) also collaborated with their onsite Comprehensive Perinatal Service Program (CPSP) to create a collaborative pathway of referrals so that patients naturally flow from CPSP to HFA to continue their care. TCC home visitors also connected patients quickly to internal agency resources such as behavioral health services and health coverage enrollment support. Home visitors at Foothill Family Services (SPA 3) utilized their resourcefulness to connect families with a grant called Patti's Way. This grant provided both families with \$850 gift cards for transportation and basic needs to address their

needs and support their children. The agencies also organized family socialization events throughout the fiscal year, for example one agency hosted an infant massage class to provide a safe space for learning. At the end of FY 22-23, ARP HFA had 11 out of 20 contracted HFA home visitors hired, and 8 out of the 11 hired HFA home visitors were available to see clients.

There were 94 total clients served during FY 22-23 in ARP-funded HVP HFA, with 94 new enrollments in that year from the 165 referrals received (57% enrollment rate).

- Data were collected on HFA client age categories: 14% were between the ages of 16-21; 17% were between 22-25 years of age; 47% were between 26-35 years of age; 22% were > 35 years old.
- Self-reported race and ethnicity data were also collected from clients. Among clients who reported race: 2% of clients identified as Asian, 6% as Black or African American, 3% as white, and 88% selected Other. In terms of ethnicity, 83% of clients identified as Hispanic or Latino.
- The top three referral sources were government agencies (including health/human services –14%), other home visitation programs (7%). And healthcare providers and clinics (2%). 78% of referrals came from other community referral sources not falling under the categories of WIC, school, and other home visiting programs.
- 4% of clients reported homelessness at intake and 7% reported a chronic medical condition.
- There were 24 infant births among HFA clients in FY 22-23, of which three (13%) were premature births and two (8%) were complicated by low birth weight. 29 mothers of the HFA client population reported breast milk feeding initiation at birth. 3 and 7 mothers reported continuation of breastfeeding at 3 and 6 months, respectively.
- Ages and Stages Questionnaire (ASQ): 12 children (75%) eligible for ASQ-3 were assessed, and of that number, 1 child scored close or below the cutoff scores in at least one of the five areas of communication, gross motor, fine motor, problem-solving, and personal-social. 2 children (66%) eligible for ASQ-SE2 were assessed.
- There were no reported DCFS involvement or referrals with the HFA clients in FY 22-23. There



were 27 referrals and five (5) successful linkages made for mental health services. There were three (3) referrals and one (1) successful linkage made for early childhood education.

**Parents As Teachers (PAT)** is a program that serves pregnant mothers and parents of children ages 0-5 years with parenting support and information on child development. Home visitors are called Parent Educators and provide personalized support, screenings, resource networks, referrals to community resources, and group connections to help parents and caregivers become their children’s “best first teacher.”

In FY 22 - 23, the EBP model of PAT was funded under the CalWORKs HVP and the California Home Visiting Program (CHVP) using CDPH State General Funds (SGF).

**CalWORKs HVP PAT.** Throughout FY 22-23, the dedicated efforts in the PAT program under CalWORKs HVP resulted in significant progress in client enrollments and home visits. The program successfully provided support to 538 families, conducting a remarkable 4,477 home visits. Their innovative outreach methods, including setting up outreach tables at DPSS district offices, utilizing radio announcements, and collaborating with other service providers, led to the enrollment of 204 new families. In addition, during FY 22-23, sites committed to fatherhood engagement by hosting group connections focusing on the importance of fathers for the social and emotional well-being of children.

To further support subcontractors, the program manager and research analyst also conducted technical assistance (TA) activities tailored to the specific needs of each site. They focused on refining program goals, analyzing data results, and increasing staff capacity and enrollment rates. Site feedback indicates that personalized meetings have been instrumental in driving program growth.

There were 538 total clients served during FY 22-23 in CalWORKs-funded HVP PAT, with 204 new enrollments in that year from the 397 referrals received (51% enrollment rate).

- Age data were collected from PAT participants: 7% were between the ages of 16-21; 24% were between 22-25 years of age; 46% were between 26-35 years of age, and 23% were >35 years old.

- Among clients who reported race, the breakdown was 1% American Indian or Alaska Native; 9% Asian, 14% Black or African American, <1% Native Hawaiian or other Pacific Islander; 16% white, and 57% Other. In terms of ethnicity, 58% of clients identified as Hispanic or Latina.
- The top three referral sources for PAT were government agencies (including health/human services – 45%), self-referrals (12%), and other home visitation programs (7%). 43 referrals (35%) came from other community referral sources not falling under the categories of WIC, school, and healthcare providers/clinics.
- The top referral sources were agency referrals, which includes outreach efforts (HFA - 16%, PAT – 14%), LA County Departments (DPSS, DCFS, DPH - 66%), self-referrals (4%) and other home visitation programs (1%). 17 referrals (5%) were from healthcare providers/clinics, community-based organizations, schools, or were self-initiated.
- 37% of PAT clients reported a chronic medical condition and 5% reported homelessness at intake.
- Under CalWORKs HVP PAT, there were 10 infant births that took place in FY 22-23. 109 PAT clients reported breast milk feeding initiation at birth. Of the mothers who reported breastfeeding initiation, 43 (39%) and 29 (27%) mothers reported continued breastfeeding at 6 and 12 months, respectively.
- Ages and Stages Questionnaire (ASQ): 137 children were eligible for ASQ-3 and 84 of them were assessed (61%). Of 84 children who were assessed, 3 children (4%) scored close or below the cutoff scores in at least one of the five areas of communication, gross motor, fine motor, problem-solving, and personal-social. 100 children (43% of total) eligible for ASQ-SE2 were assessed.

**California Home Visiting Program (CHVP) SGF PAT.** During FY 22-23, CHVP PAT enrolled 325 clients and 527 families were served. 5,145 home visits were completed. Sites utilized community resources such as Baby2Baby and Good+ foundation to provide families much needed items such as diapers, wipes, clothing, and other basic needs. Agencies leveraged community resources to get families connected with mental health support,



rental assistance, Christmas gifts, Thanksgiving meals, and Dodger tickets.

The biggest challenges for FY 22-23 were the staffing attrition challenges and meeting enrollment capacity. To address the gaps, collaborative forums were incorporated to share best practice amongst sites; topics included: outreach strategies, client and staff retention. Outreach plans were developed with agencies to help identify opportunities for community referrals. Technical Assistance activities were implemented for FY 23-24 to address ongoing quality improvement focuses based on data prepared by our evaluation analyst and strengths and barriers that are brought forward by the individual agencies on a quarterly basis.

There were 527 total clients served during FY 22-23 in CalWORKs-funded HVP PAT, with 325 new enrollments in that year from the 439 referrals received (35% enrollment rate).

- Age data were collected from PAT participants: 4% were between the ages of 16-21; 9% were between 22-24 years of age; 50% were between 25-34 years of age, and 37% were >35 years old.
- Among clients who reported race, the breakdown was <1% American Indian or Alaska Native; 2% Asian, 7% Black or African American, <1% Native Hawaiian or Pacific Islander; 42% White, and 49% Other. In terms of ethnicity, 77% of clients identified as Hispanic or Latino.
- The top three referral sources for PAT were self-referrals (22%), government agencies (including health/human services – 15%), and other home visitation programs (13%). 154 referrals (36%) came from other community referral sources that did not fall under our other categories of WIC, healthcare provider, and school.
- 11% of PAT clients reported a mental health condition. 16% were uninsured. 22% reported they had not received a high school diploma, nor received their GED. 71% reported a household income of less than \$30,000 per year. 29% reported being unemployed.

### **Sudden Infant Death Syndrome (SIDS) Program**

In compliance with state mandates, the County Coroner reports all presumptive Sudden Infant

Death Syndrome (SIDS) cases to the California Department of Public Health, and to the local SIDS Program. Subsequently, an assigned PHN provides grief and bereavement case management services to affected parents and family members, foster parents, and other child care providers. Program staff focus their outreach and training efforts on the importance of placing infants to sleep on their backs; of providing a smoke-free, safe-sleep environment; and disseminating information about other identified risk factors and promoting American Academy of Pediatrics guidelines.

SIDS as a cause of death is closely related to Sudden Unexpected Infant Death (SUID). The latter cause is often assigned by the coroner when the mode of death (e.g. natural, accident, homicide) is unclear and signals that further forensic investigation may be appropriate. For these reasons, family and household conditions are sometimes considered before a final cause of death of SIDS (a natural death) is assigned. For these reasons, the work of the SIDS program can overlap and coincide with efforts by ICAN and allied agencies to improve family stability and decrease risk of child neglect or abuse.

During FY 2022-2023, the SIDS Program coordinated the following activities:

- Received and processed 25 presumptive Sudden Infant Death Syndrome (SIDS) referrals from the Coroner's Office.
- Contacted 25 parents/caregivers who experienced a presumed SIDS death to offer grief and bereavement support services and materials.
- Referred 25 clients to healing grief support groups.
- Provided financial assistance for funeral costs to 10 families.
- Provided safe to sleep education/presentation to 27 students at Paramount City High School.
- Provided safe to sleep education/presentation to 24 pregnant mothers at Paramount Community Center.
- Provided safe sleep education to 20 nursing students.
- Provided safe sleep materials to 35 perinatal care providers (via collaboration with DPH's



CPSP program). Over 1,190 perinatal providers email subscribers received AAP guidance 2022 for SIDS/safe sleep recommendations.

- Contacted 7 LAC birthing hospitals who had the highest number of SIDS cases. Shared the SIDS data pertaining to their facility to highlight practices that may need more training and improvement. Provided resources available online (Safe Infant Sleep video and print materials).
- Collaborated with Black Infant Health (BIH) programs during October SIDS Awareness Month and Winter Months.
- 33 Women, Infant and Children (WIC) educators received safe sleep education including written and visual materials.
- Partnered with childcare providers from SPA 6 and conducted trainings to 60 staff members. Provided SIDS packets with educational resources. Encouraged safe sleeping environment for all infants both home-based and in childcare settings.
- Promoted SIDS Safe Infant Sleep messaging through Social Media platforms: promoted SIDS/ Safe Infant Sleep awareness messaging through Los Angeles County (LAC) homepage banner (LACountyHelps.org), LAC Facebook, Twitter and Instagram accounts, and through partners' Social Media platforms (English and Spanish).
- More than 2,000 Safe Infant Sleep brochures and flyers in English and Spanish have been distributed to hospitals, colleges/universities, Community Based Organizations and Faith Based Organizations. Also, a Safe Infant Sleep DVD has been distributed to different organizations to be played in their waiting areas.

### LOS ANGELES COUNTY DOMESTIC VIOLENCE COUNCIL (DVC)

The Los Angeles County Domestic Violence Council (DVC) provides leadership in the creation and support of a victim-/survivor-centered, countywide, and coordinated approach to educate, prevent, and respond to domestic/intimate partner violence.

The DVC's main goal is to reduce incidents of domestic/intimate partner violence in Los Angeles County by:

- Establishing and coordinating systems and

procedures to provide a working forum for interaction and the exchange of information between public, private, and non-profit agencies providing services, resources, support, and education to individuals to end domestic/intimate partner violence.

- Identifying and analyzing prevention, intervention, and treatment techniques related to domestic violence/intimate partner violence.
- Sharing critical analysis of current and proposed legislation and policies to the DVC membership, the Los Angeles County Board of Supervisors (BOS), and other interested parties.
- Creating a repository of domestic/intimate partner violence related data and resources for use by the DVC members, public, private, and non-profit agencies, the media, educational resources, and other interested parties.

### General Membership

The DVC was established as a permanent Council by order of the Board in 1979 and is composed of approximately 70 member agencies. Members include public, private, and nonprofit organizations that provide services specific to domestic/intimate partner violence. These services include direct services for victims/survivors, legal services, advocacy, systems review, public education, training, self-help, and education services for perpetrators/potential perpetrators.

### Committees

Currently, there are 6 (six) Standing Committees:

- **Committee on Systems Improvement (CSI).** CSI implements domestic violence laws and policies, provides resources and support to community partners, and address emerging issues that impact victims of domestic violence.
- **Health Committee.** The Health Committee promotes collaboration between the healthcare and domestic violence advocacy fields to improve and develop policy and systems change.
- **Interfaith and Domestic Violence (DV) Issues Committee (InterFaith).** InterFaith informs, educates, and support the faith community in the prevention and response to domestic violence, inclusive of all religions.



- **LA Regional Policy Committee (LARP).** LARP works to evaluate and recommend appropriate legislation to its membership and the Board.
- **LGBTQI+ Issues Committee (LGBTQI+).** The LGBTQI+ Committee engages communities, brings visibility, and raises awareness of the high rates of domestic violence and multiple forms of violence impacting LGBTQI+ communities. The Committee also works to educate service providers about the barriers that the LGBTQI+ community faces when trying to access services.
- **Shelter Directors Committee.** The Shelter Directors Committee works to strengthen domestic violence shelters and to provide comprehensive support to survivors.

The DVC holds monthly General Membership meetings, with the exceptions of August and December. The General Membership meetings are venues for sharing updates, addressing new/emerging/critical issues to the region, and learning about best and promising practices to address domestic/intimate partner violence. Committees also meeting regularly; Some convene monthly, while others are every other month.

### Intersection of Domestic Violence and Child Welfare

Domestic/intimate partner violence intersects with several social health issues, including but not limited to sexual violence, human trafficking, mental health, chemical dependency, homelessness, and child abuse.

In December 2022, the LA County Domestic Violence Council released the report, *The Interconnection Between Domestic Violence and Child Welfare in Los Angeles County: An Examination of Data, Training, and Policy*. A full copy of the report can be found here: <http://publichealth.lacounty.gov/dvcouncil/minutes/2023/01/DVChildWelfareReportDVC-Jan23.pdf>

The report was a collaborative effort among LA County Domestic Violence Council, LA County Dept. of Public Health, LA County Dept. of Children and Family Services, and Inter-Agency Council on Child Abuse and Neglect.

Page numbers or other references to “the Report” in the rest of this section on the DVC refer to the *Interconnection Between Domestic Violence and*

Child Welfare report mentioned above.

For people working in the domestic violence and child welfare spheres in Los Angeles County, the general link between these two systems may be evident. However, for those outside of these fields, the connections, and seemingly conflicting responses to domestic violence by these two entities, may be less understood.

In 2020, the last complete year of available data, almost 57,000 referrals were made to the Los Angeles County Department of Children and Family Services’ Child Protection Hotline due to suspected abuse and/or neglect. Of those referrals, 24.1% contained allegations of domestic violence. Furthermore, of the hotline referrals that contained reports of domestic violence, 96.3% were “screened in” (meaning the report made in the referral meets the requirements to begin a child abuse investigation). This is compared to 72.3% of referrals that did not contain concerns of domestic violence that led to an investigation. Moreover, of the hotline referrals involving domestic violence that resulted in investigations, 27.1% had at least one allegation that was substantiated (meaning that upon investigation, child welfare services determined that it was more likely than not the child abuse or neglect had occurred). For the investigations that did not contain allegations of domestic violence during the hotline referral, the number of investigations considered that had at least one substantiated allegation was 23.9%. Of screened in hotline referrals that reported domestic violence, 8.4% resulted in a placement within 60 days (placement is defined as the child being relocated outside of the home due to safety concerns). For cases that did not initially include reports of domestic violence in the hotline referral, this occurred 10.5% of the time.

It is important to note that this is data from the year the COVID-19 pandemic started. As such, there were fewer referrals made to the Child Protection Hotline overall. This is thought to be because children were not physically in school, and school staff make the biggest percentage of child welfare referrals. Due to the pandemic, other factors (such as the percentage of referrals made by different groups of mandated reporters) were different during this time, which may have affected the general trends in substantiated investigations and opened placements. Lastly, it is important to note that the data presented were based on a single binary question during the hotline screening regarding whether domestic violence was



a concern or not for the family/household. Therefore, these numbers do not represent cases in which concerns of domestic violence were encountered at any other point during the child welfare process (such as during investigations or open, non-placement cases) nor for the possibility that domestic violence might have been alleged during a hotline referral, but upon further evaluation, this was deemed as unlikely to have occurred.

Even with these limitations and caveats, these statistics highlight the fact that allegations of domestic violence make up a considerable percentage of child welfare hotline referrals, investigations, and cases. Even though this has been a recently documented pattern at the national and state levels, determining and implementing the best response in families with children in which domestic violence occurs is complex. In these circumstances, there are multiple survivors of domestic violence: the child or children who are exposed to violence and the adult survivor, who is the direct survivor of the violence.

In Los Angeles County, like many jurisdictions throughout the country, different systems are designed to prioritize and provide services to different survivors. The child welfare system emphasizes the protection of the child, while those providing support in the domestic violence field underscore the protection of the harmed partner. Many times, these two systems have different views about what is best for their client (the client being the child for the child welfare system, and the harmed partner for the domestic violence system) and may have conflicting ideas about what is best for the family overall. For example, the child welfare system may consider that it is in the best interest of the child and the family for the perpetrating parent to move out while this person completes their case plan (which may include domestic violence classes). However, in this same situation, a domestic violence advocate may consider that this puts the non-perpetrating parent and the child at risk for future violence, given the increased economic stressors of an additional rent or mortgage payment, which may cause the perpetrating parent to further blame the separation on the survivor. Additionally, each system may place responsibility onto different people, such as the domestic violence field placing responsibility on the perpetrator and the child welfare field placing responsibility on both the perpetrating parent and the harmed parent (the charge for the non-perpetrating

parent is called “failure to protect”, please see page 46 in Appendix A of the Domestic Violence and Child Welfare report for more information).

Given these different perspectives on solutions and responsibilities, as well as for other reasons discussed in the Report, the child welfare system and the domestic violence system often find it difficult to collaborate. The Report addresses the systemic barriers that prevent the child welfare system and the domestic violence system from offering families impacted by domestic violence the services and support that they need. The Report also offers recommendations for systems improvement for improving response and outcomes for individuals and families.

### **Summary of Recommendations and Findings in the Report**

Below are key themes which crossed all three key areas of the Report: Data, Training, and Policy. These common recommendations address holistic system improvements.

- **Survivors’ voices:** Survivors, both those who have been impacted by domestic violence and those who have been impacted by the child welfare system, must be included in all discussions about how the two systems operate.
- **Implicit and explicit bias:** The need to address and acknowledge the existence, and impact, of explicit and implicit bias in child welfare and domestic violence systems was raised by all subcommittees. In our domestic violence and child welfare systems, there are numerous moments in which decisions are made, and are influenced by, the bias of the decision maker(s). The result is action that unfairly impacts families of color, particularly Black and Indigenous American families. Addressing bias requires a multi-tiered response that includes training, policy review and policy development, starting with a careful review of the language we use to describe clients and situations in these fields.

Cross-training and knowledge of training gaps: Although one subcommittee focused exclusively on training, all three groups recognized the need for additional training. A common theme across all three groups regarding training, was the importance of fostering a climate across agencies that supported, and encouraged, acknowledgement of gaps in information and expertise.





## Assessing and Responding to LA County DV Needs and Gaps

One of the key priorities for the DVC in 2023 was collecting data from the DV community to: (a) identify new, critical, and emerging issues for the community related to DV, (b) assess the quality of services that the DVC provides to the community as a leader of DV response for LA County, and (c) identify opportunities for partnership, and systems improvement to increase access and response for survivors and providers.

During the reporting period, the DVC collected this data via: (a) key stakeholder interviews to assess the quality of services provided by the DVC, areas for improvement, and opportunities for partnership; (b) listening sessions to identify key needs and gaps for victims/survivors of LA County; and (c) a survey to assess potential risks/impact due to impending reduction in federal funding for victims of crime.

Results from these engagements shaped DVC's priorities for 2024, which includes the need to highlight survivors' experiences, address the disproportionate impact of domestic violence in LA County's Black/African American community, and the need to improve support for survivors and families who access both the DV and child welfare systems.

In response, the DVC created two new ad hoc committees in 2024: The DVC – African American Caucus, and the DV and Child Maltreatment Workgroup. These committees meet monthly to create and carry out workplans to improve systems response for survivors. In June 2024, DVC stood up a third ad hoc committee, the Lived Experience Advisory Peer (LEAP) Group. This group's priority is to integrate survivors' voices in all DVC's work.

The DVC continues to actively engage and partner with community. From June 2024 through December 2024, the DVC is focused on developing the 2025-2026 strategic plan. The process includes geographic and systems mapping of existing resources, services, and areas for improved partnership, coordination, and collaboration across LA County and within LA County Supervisorial Districts. The draft plan will be completed by January 2025

## OFFICE FOR THE ADVANCEMENT OF EARLY CARE AND EDUCATION (OAECE)

The Office for the Advancement of Early Care and

Education (OAECE) envisions a high-quality early care and education system accessible to all families that nurtures children's healthy growth and early learning, fosters protective factors in families, and strengthens communities. OAECE implements various strategies to strengthen early care and education practice, policies, and systems including:

- Child Care Planning Committee - Local Child Care and Development Planning Council
- Policy Roundtable for Child Care and Development
- Point Committee on Legislation
- Workforce Pathways LA
- LA County Employee Child Development Centers
- Early Care and Education – Birth Through Three

**Child Care Planning Committee - Local Child Care and Development Planning Council (Planning Committee)** engages parents, early educators, community organizations, and public agencies in collaborative planning efforts to improve the early care and education infrastructure of LA County, including the quality, affordability, and accessibility of child care and development services for all families. In FY 23-24, the Planning Committee accomplished several key milestones.

- Created a plan to integrate the ECE mixed delivery system into Universal Pre-Kindergarten (UPK).
- Convened Ad hoc meetings to support both access/family engagement for UPK and the preschool workforce.
- Engaged over 76 leaders from 28 local education agencies and 8 child care Resource and Referral agencies at a UPK Bridge Building Breakfast.
- Stewarded 2 temporary transfers of funds between LA County subsidized early education programs.

Policy Roundtable for Child Care and Development (Roundtable) strengthens the early care and education network by providing recommendations to the Board of Supervisors on policy, systems, and infrastructure improvement. Program highlights for FY 23-24 include:

- Developed three pursuits of positions on State



issues that were approved by the LA County Board of Supervisors for advocacy; including ending a pause to increase subsidized early care and education spaces; eliminating renewal restrictions for the Associate Teacher Child Development Permit; and increasing the early care and education reimbursement rate for State contractors.

- Implemented strategy to inform Board of Supervisors about early care and education issues through 6 informational meetings with LA County Children’s and Health Deputies.

**Joint Committee on Legislation** is a workgroup of the Planning Committee and Policy Roundtable that identifies and tracks numerous bills each cycle, analyzes and makes recommendations to the DPH Policy and Legislative Office, the CEO Legislative Affairs, and the Board of Supervisors. Over the FY 23-24 program year, OAECE:

- Identified and monitored 36 early education bills during the 2024 legislative season.
- Developed three pursuits of positions that were approved for action by both the Child Care Planning Committee and the Policy Roundtable for Child Care and Development.
- Reviewed the early care and education policy platform to inform LA County early childhood agenda and policy positions.

**Workforce Pathways LA** (AB 212) increases the qualifications of early educators working in child development centers and family child care homes in which most children are subsidized by the California Department of Education. During FY 23-24, OAECE successfully:

- Distributed \$1,347,750 in financial incentives to 979 early educators: 374 for completing 21 hours of professional development, 485 for completing college coursework, 31 for obtaining their first child development permit, and 89 for achieving their associate’s degree or bachelor’s degree.
- Expanded college and career advisement for 300 early educators in collaboration with ECE advocacy partners PEACH (Partnerships for Education, Articulation, and Coordination through Higher Education) and the Child Care Alliance of Los Angeles.
- Distributed \$12,300 in financial incentives to

32 Family, Friends and Neighbors (FFNs) for completing core training or obtaining their family child care license in partnership with the Child Care Alliance of LA.

**Los Angeles County Employee Child Development Centers** are provided technical assistance and advisement from OAECE. In addition, OAECE manages the contract for Van Nuys Child Development Center. In FY 23-24, OAECE:

- Developed quality improvement grant program and distributed \$120,018 to support 14 Child Development Centers on County property.
- Obtained proprietorship of Van Nuys Child Development centers to ensure that the program receives timely maintenance support.
- Coordinated 1 community of practice for Employee Child Development Centers staff.

**ECE – Birth to Three** is an initiative focused on fortifying the LA County infant/toddler care system by increasing licensed capacity and strengthening the skills of early educators who care for infants and toddlers. In FY 23-24, OAECE:

- Coordinated 8 infant/toddler focused trainings for 639 early educators.
- Convened 792 participants in 6 trainings focused on expanding ECE services for infants and toddlers.
- Developed and released the Early Care and Education Blueprint for Infant/Toddler Care which included 20 recommendations to fortify the infant/toddler ECE system.
- Established fee waivers for child care providers to construct or renovate ECE facilities serving infants and toddlers.
- Created and released “Child Care for All: Information for Child Care Providers on Expanding Infant and Toddler Care in Los Angeles County.

**OFFICE OF VIOLENCE PREVENTION**

**The Los Angeles County Office of Violence Prevention (OVP)**, housed within the Department of Public Health, works to strengthen coordination, capacity, and partnerships to address the root causes of violence; to advance policies and practices



that are grounded in race equity; to prevent all forms of violence; and to promote healing across all communities in Los Angeles County. OVP monitors the trends and circumstances of violent deaths affecting Los Angeles County to inform decision makers and program planners about ways to prevent and intervene on violence in the community, at home and in the workplace. There is strong overlap between the work of OVP and other domestic and family violence prevention work in other DPH divisions, as well as other County agencies including ICAN that focus more specifically on child welfare and abuse prevention.

The Board of Supervisors established OVP in 2019 to assure coordination of violence prevention, intervention, and healing efforts countywide that use a trauma informed and public health approach. Foundational to our work is the establishment of a shared, countywide understanding of violence as predictable and preventable and support for local community efforts to address violence and promote healing.

The OVP Strategic Plan has five overarching goals:

- Safe and Healthy Children, Youth & Families;
- Safe and Thriving Neighborhoods;
- Building a Culture of Peace;
- Healing Informed & Equitable Systems and Policies; and
- Community Relevant Accessible Data & Evaluation Support.

To advance these five goals OVP prioritizes work in six key areas:

1. Supporting Regional Violence Prevention Coalitions
2. Increasing Access to Data and Supporting Evaluation
3. Implementing a Crisis Response Program
4. Expanding the Trauma Prevention Initiative
5. Building Trauma-Informed Systems of Care
6. Shifting the Public Narrative on violence and trauma

### The Gun Violence Prevention Platform

In the immediate aftermath of mass shootings in Monterey Park, California, Buffalo, New York and Uvalde, Texas, and with the rise in the County homicide rate, the Los Angeles County Office of Violence Prevention, convened community and faith leaders, health care and mental health experts, public safety agencies, social service providers, public health professionals, and others as a Gun Violence Prevention Task Force (Task Force) to develop the Gun Violence Prevention Platform (GVPP). Gun violence continues to be a leading cause of injury and death among Los Angeles County children and youth.

The Task Force identified four priorities as critical first steps towards making Los Angeles County safe and secure for all. Those four priority areas include:

1. **Legislation:** Legislation is a way of defining social norms and shaping the environment that contributes to or averts gun violence. The Task Force recognized the need for enhanced safety legislation including a reinstatement of the federal ban on assault weapons and large capacity magazines; deterrents to illegal guns, gun trafficking and ghost guns; and policies to improve gun safe storage. We need a system to track progress towards the enactment and implementation of such legislation.
2. **Social Connection and Healing Services:** Communities with the greatest exposure to gun violence need mental health care and services for loss, grief and trauma, and programs that foster social connection and healing.
3. **Gun Violence Restraining Orders (GVROs):** CA has laws that allow for citizens to pursue gun violence restraining orders to stop someone who poses a risk to themselves and others from possessing a gun. GVROs are not used as often as they could be due to a lack of awareness and confidence in the process. The Task Force recognized the need to build public awareness of GVROs, educate the public on the GVRO process, and collect data to better understand the use of GVROs as an effective tool to prevent gun violence.
4. **School Safety and Services.** School communities across the country are rethinking their strategies for providing safe and supportive learning environments. We need to assure that every school, not just those in the wealthiest communities, have the programs and services



that youth need to make it through adolescence with positive views of themselves, healthy relationships, a sense of self-worth, and a safe and supportive environment for learning.

**OFFICE OF WOMEN’S HEALTH (OWH)**

The Office of Women’s Health was established in 1998 to protect, preserve, and advance the health of women in Los Angeles County by promoting health equity; providing education; and promoting resources, programs, and policies that are responsive to women, lesbian, bisexual, queer (LBQ) women and transgender, gender non-conforming/ non-binary, intersex (TGI) people. The mission is to utilize a gender lens, and increase health equity by changing systems through education, community engagement and partnerships and the use of data.

A few of these programs include the Abortion Safe Haven, Domestic Violence Shelter and Supportive Services and a Survivor Advocacy program for individuals experiencing human trafficking. Further descriptions of these programs are provided below.

**Abortion Safe Haven**

In anticipation of the overturning of Roe vs Wade, on January 25, 2022, the Board of Supervisors unanimously passed the motion, Preserving Reproductive Health Access on the Anniversary of Roe v. Wade by Supervisors Mitchell and Kuehl to ensure women’s access to quality reproductive health care services. This commitment led to the creation of the Los Angeles County Abortion Safe Haven Project.

The Abortion Safe Haven Project consists of a network of county agencies; nonprofit, academic, and business partners; reproductive health, rights, and justice advocates; and health care providers committed to ensuring safe access to reproductive care for everyone with the capacity for pregnancy in Los Angeles County and those coming to LA County, especially those most under-resourced and marginalized.

OWH has developed curricula and informational resources to educate and train public health professionals about abortion, with the aims to normalize abortion as a common pregnancy outcome, decrease stigma, dispel misinformation, increase staff comfort around reproductive health conversations with clients, promote professional ethics, and encourage prompt, appropriate

referrals for abortion care as indicated. The current landscape of misinformation spreads confusion and fear, particularly among immigrants and other vulnerable residents, especially in communities of color, LGBTQI+, and those with the least resources. We have created the Abortion & Family Planning Services in LA County Resource Guide and Contraceptive and Abortion Health Care for Teens Guide to facilitate this process. OWH is also creating a specific tool for DV advocates, that will introduce the concept of Reproductive Coercion, with the partnership of USC, and our DVC partners.

OWH has established an Abortion Safe Haven website (<http://publichealth.lacounty.gov/owh/Abortion/index.htm>) of resources for the community and advocates.

Metrics for Website:

Month	Page Views	Unique page views
22-Nov	180	114
22-Dec	292	210
23-Jan	438	299
23-Feb	457	314
23-Mar	361	295
23-Apr	759	574
23-May	496	391
23-Jun	324	273

**Domestic Violence Housing and Supportive Services Unit (DVHSS)**

OWH’s Domestic Violence Housing and Support Services (DVHSS) Unit administers contracts to a network of providers who provide critical shelter, legal, counseling, and support services essential to facilitating safety, addressing trauma, and working towards long-term stability for DV survivors. These programs provide support to DV survivors who face numerous barriers to safety and stability, which are further impacted by the power and control dynamics of intimate partner abuse. Working with agencies that



provide services that recognize these complexities, are culturally responsive and trauma informed DVHSS aims to ensure they serve to empower DV survivors and our communities.

- **Supportive Services Contracts:** The purpose of the Domestic Violence Supportive Services Program (DVSS) is to provide supportive services to CalWORKs, General Relief (GR), and General Relief Opportunities for Work (GROW) participants that are experiencing or have experienced domestic violence. During FY 2022 – 2023, this included 43 contracts that served 71 sites. In that time period, DVSS served 3,572 Case Management clients and 1,331 Legal Services clients.
- **Shelter Based Services Contracts:** The purpose of the Domestic Violence Shelter-Based Services Program (DVSBP) is to provide shelter and supportive services to domestic violence survivors and their dependent children. During FY 2022 – 2023, this included 18 contracts that served 29 sites. In that time period, a total of 2,517 clients (1,062 adults and 1,455 children) were served.
- **Shelter and Supportive Services Project – American Rescue Plan:** The purpose of the American Rescue Plan (ARP) for Domestic Violence Shelter and Supportive Services Program is to respond to the economic and social harm domestic violence survivors have experienced resulting from or exacerbated by the COVID-19 pandemic.

## **SUBSECTION B. BUREAU OF SUBSTANCE ABUSE PREVENTION AND CONTROL**

The Substance Abuse Prevention and Control (SAPC) Bureau's mission is to lead and facilitate the delivery of a comprehensive continuum of innovative, equitable, and quality-focused substance use prevention, harm reduction, treatment and recovery services that effectively engage and support individuals and communities to prevent and minimize harms associated with substance use disorders (SUDs).

This is achieved through partnerships with over 160 contracted community-based agencies operating more than 400 unique sites countywide dedicated to delivering outcome-based care for youth, young adults, and adults, including those who are experiencing homelessness, or involved in the

criminal justice or family service systems.

A core SAPC strategic priority is to maximize opportunities available under the Drug Medi-Cal-Organized Delivery System (DMC-ODS) and California Advancing and Innovating Medi-Cal (CalAIM). DMC-ODS has transformed DPH-SAPC into a managed care plan with a specialty SUD services network that has:

- Integrated physical and mental health service needs into SUD services;
- Raised quality standards to improve health outcomes;
- Established processes to offer services at the right time, in the right setting, for the right duration;
- Established a single benefit package for publicly funded SUD services regardless of referral source or insurance plan;
- Solidified SUD as a chronic health condition rather than an acute condition; and
- Prioritized quality services that match their individualized needs and preferences, and to improve health and social outcomes.

Among SAPC's key programs that integrate SUD services with mental and physical health systems aimed at youth or parents/guardians are:

- California Work Opportunity and Responsibility to Kids (CalWORKs)
- Family Dependency Drug Court (FDDC)
- Substance Use Disorder – Trauma-Informed Parent Support (SUD-TIPS)
- Women and Children's Residential Treatment Services (WCRTS)
- Pregnant and Parenting Women (PPW)
- Youth Services (YS)

## **CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS**

CalWORKs is a time-limited Department of Public Social Services program in partnership with SAPC and other Los Angeles County agencies. The program provides financial assistance to eligible



needy expectant or parenting families to help pay for housing, food, utilities, clothing, medical care, and other necessary expenses. CalWORKs recipients must participate in Welfare-to-Work activities, which include employment, job search, assessment, education and training, community service, SUD treatment, mental health services, and domestic violence counseling. In FY 22-23, a total of 182 CalWORKs participants were screened and referred into SUD treatment services.

**FAMILY DEPENDENCY DRUG COURT**

FDDC is a partnership between DCFS and SAPC. Eligible populations are adult male/female parents (age 18 and older) who have children under the supervision of DCFS and the Juvenile Dependency Court and are experiencing a SUD that appears to be a significant barrier to family reunification. Treatment services are provided based on medical necessity and are made available to parents with active DCFS cases focusing on family reunification. Parents enter the program on a voluntary basis and are under court supervision for the duration of treatment. In FY22-23, 10 patients entered the FDDC program.

**SUBSTANCE USE DISORDER – TRAUMA-INFORMED PARENT SUPPORT**

The SUD-TIPS program provides access to SUD screenings and referrals to treatment for parents/guardians with an open DCFS case. The DCFS Social Worker completes the SUD-TIPS referral form and sends it, via email, to their aligned Client Engagement and Navigation Services (CENS) Area office.

Once the referral is received, the CENS SUD Counselor reaches out to the parent to schedule an appointment to provide an SUD screening and referral to treatment (if needed).

These services are intended to link DCFS-involved families with timely responsive support services to address any substance use needs.

In FY 22-23, a total of 323 patients were screened and 283 elected to engage in SUD services.

**SEXUAL AND REPRODUCTIVE HEALTH**

Sexual and reproductive health (SRH) is essential for individual, family, and community health and well-being. Bodily autonomy and the ability to make personal and intimate decisions about one’s health

are fundamental rights, and should be a standard component of primary care, as well as within SUD treatment settings. In partnership with DHS Women’s Health Programs and Innovations unit, pregnant and parenting individuals in SUD treatment receive comprehensive SRH education classes in family planning, pregnancy intention counseling, and STI/HIV. Those attendees interested in receiving SRH services are referred to DHS MAMA’s perinatal support program, their primary doctor, or any neighborhood health care center of their choosing, for ongoing SRH services.

In Fiscal Year 2022-2023, 641 unduplicated individuals attended SRH education classes. Of those, 193 requested follow-up SRH services and engagement with medical professionals.

**Sexual and Reproductive Health Specialist Project**

To improve timely access to SRH services for individuals in SUD treatment, the SRH Specialist Project was created to integrate on-demand SRH services for those in treatment. SRH Specialists are contracted SUD Treatment staff trained in the basic overview of SRH, women’s health, and the ability to explore with participants and their partners their desire to become pregnant. Currently, there are 18 SRH Specialists co-located on-site at 26 locations within 15 PPW Treatment Agencies.

**WOMEN AND CHILDREN’S RESIDENTIAL TREATMENT SERVICES**

WCRTS was originally funded through a five-year grant from the Federal Center for Substance Abuse Treatment, a division of the U.S. Department of Health and Human Services and is now legislated through the California Health and Safety Code (HSC) Section 11757.65. The program pursues several key goals and outcomes in support of pregnant women and women with children in residential SUD treatment settings. These goals and outcomes include, but are not limited to, the following:

1. Demonstrate that SUD treatment services improve outcomes for women, children, and the family unit as a whole;
2. Provide services to promote safe and healthy pregnancies and perinatal outcomes; and
3. Free women and their families from substance abuse.

In Fiscal Year 2021-2022, a total of 1,820 patients



engaged in SUD treatment services through WCRTS.

## PREGNANT AND PARENTING WOMEN

Pregnant and Parenting Women (PPW) network is a SAPC program for pregnant and parenting women with SUDs, including pregnant women, women with dependent children, women attempting to regain custody of their children, postpartum women and their children, or women with substance exposed infants. SAPC-contracted agencies provide women-centered services for treatment and recovery from alcohol and other substances, along with diverse supportive services for women and their children. Perinatal programs must meet the requirements set forth in the California DHCS Perinatal Service Network Guidelines.

## YOUTH SERVICES

Youth Services is a SAPC program aimed at improving and enhancing the infrastructure and capacity of youth-specific SUD treatment programs. With the launch of the Drug Medi-Cal Waiver in Fiscal Year 2017-2018, covered levels of care for youth ages 17 and under were expanded to include the following:

- Early Intervention
- Outpatient
- Intensive Outpatient
- Residential
- Withdrawal Management
- Medication for Addiction Treatment

Moreover, additional services have been incorporated within the youth benefit package, including:

- Family Therapy
- Care Coordination
- Recovery Services
- Field-Based Services

In Fiscal Year 2022-2023 a total of 1,350 youth patients engaged in SUD treatment services. Youth admitted to treatment had the following characteristics:

- 17 years old (30%)
- Male (61%)
- Latinx (80%)
- Using Marijuana (84%)
- Admitted to Outpatient Treatment (76%)

## SECTION 2. OVERVIEW OF LOS ANGELES COUNTY INFANT AND CHILD DEATH DATA

The tables and figures described in this section use data from vital statistics (birth and death records) and child population estimates to calculate countywide infant and child mortality rates by race/ethnicity and geographic region. For the purposes of this report, we have chosen to present the most common causes of deaths for infant and children. Although we have not included information specific to child abuse and neglect other than numbers and rates, we hope that the data presented identify areas of disparities and disproportionality that may be utilized to uncover gaps in service and promote protective factors to prevent child abuse and neglect.

### *a. Death Rates and Causes of Death Among Infants*

Infant mortality is one of the most important indicators of a population's health. Defined as the death of an infant before one year of age, it reflects the health status of mothers, the quality of and access to medical care, and the underlying social and economic conditions that powerfully influence health outcomes in communities. In the United States, infant mortality rates have declined steadily since the beginning of the 20th century. This progress can be attributed to better living conditions, increased access to care, and advances in medicine and public health.

The infant mortality rate in Los Angeles County in 2022 was 3.8 infant deaths per 1,000 live births, which is similar to the 2021 rate. (Figure 1). The overall infant mortality rate in Los Angeles County has consistently remained well below the national target set by the U.S. Department of Health and Human Services in Healthy People 2030 (5.0 deaths per 1,000 live births). However, racial, ethnic, and regional disparities continue to persist. Figure 2 shows infant mortality rates by race/ethnicity in Los Angeles County from 2013 through 2022. Figure 3 includes the same data in tabular form. Hispanics comprise the highest number of infant deaths, while also comprising a larger number of live births in the



county; Hispanics have higher infant mortality rates than Whites and Asians. African Americans continue to experience a disproportionately higher rate of infant mortality compared to all other racial/ethnic groups. Although the causes for this consistent and alarming disparity may be multifactorial, the role of historic and persistent systemic racism and the resulting social, economic, environmental, and health inequities must be considered as a significant causal factor.

Figure 4 lists the five most common causes of infant deaths in Los Angeles County in 2022, along with their ordinal position in the previous year for comparison. Notably, four of the five causes relate directly to conditions arising either prenatally (during embryonic or fetal development) or perinatally (during the birthing process). Therefore, the possibility of preventing these deaths may require access to and improvements in preconception health, prenatal care, and medical care during the perinatal period. For example, appropriate intake of folic acid by all women of child-bearing age would lower the risk of neural tube defects, which contributes to deaths in the first (largest) category. Health promotion and quality prenatal care services and support during the gestational period to improve conditions where pregnant families are in, could impact the number of short gestation and low-birthweight infants, the third most common cause of death. Although SIDS/SUID is the only cause of death listed in the top five that is not directly linked to conditions arising in the prenatal or perinatal period, the number of deaths in this category could be positively impacted by identifying more innovative and effective methods for understanding and preventing internal and external factors that cause and/or contribute to these deaths.

For the purposes of health planning, Los Angeles County is divided into eight regional Service Planning Areas (SPAs). The bar graph in Figure 5 compares infant mortality by Service Planning Area in 2022, while Figure 6 presents trend data for all years from 2013 through 2022. Although SPAs 1 and 6 (Antelope Valley & South) continued to experience one of highest infant mortality rates in 2022 (5.0 per 1000 live births), it is encouraging that we are seeing improvement in infant mortality rates by SPA.

Figure 7 presents the number of live births, and Medi-Cal paid deliveries to Los Angeles County residents by hospital in 2022. The percent Medi-Cal deliveries of total live births for each hospital may point to where those who most need financial and/or

social/emotional support may be delivering.

DPH has been addressing this inequity with interventions including the Black Infant Health Program and home visiting services such as Los Angeles County DPH Home Visitation Programs (LACDPH HVP). The LACDPH HVP implements three evidenced-based home visitation models: Nurse Family Partnership, Healthy Family America and Parents As Teachers. (see program descriptions in Section 1). Several years ago, DPH launched the Center for Health Equity and the objectives and goals of the African American Infant and Maternal Mortality Prevention initiative (AAIMM) remain one of its priorities. AAIMM develops and implements strategies to address some of the systemic and structural causes that have facilitated and/or otherwise allowed health inequities to persist in Los Angeles County.

### **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 years per 100,000 children, for all causes, and explicitly excludes infant deaths. Figure 8 presents the crude death rate for this age group in Los Angeles County for years 2019 through 2022, which includes the height of the COVID pandemic. Although not statistically significant, the rate of 15.8 deaths per 100,000 in 2022, was lower than the year before (16.4 per 100,000 in 2021).

Figures 9 and 10 show child death rates for years 2019 through 2022 by race/ethnicity. In 2022, though not statistically significant, the child death rate was highest among African American (25.2 per 100,000), followed by Latinx (15.5 per 100,000) children, with Asians having statistically significant lower child death rate, (6.3 per 100,000).

Figure 11 presents child death rates by SPA in Los Angeles County in graphical form and Figure 12 provides trend data in tabular form for years 2019 through 2022. Although not statistically significant, SPA 6-South experienced the highest child death rate in 2022, (21.5 per 100,000) followed by SPA 1-Antelope Valley (19.8 per 100,000) with SPA 5-West experiencing the lowest child death rate. (9.2 per 100,000)

Figure 13 shows the five most common causes of child deaths in Los Angeles County in 2022 for three different age categories (ages 1 to 4 years, 5 to 12





years and 13 to 19 years). Their ordinal position from the prior year is included for comparison. The causes of deaths are based on the International Classification of Diseases, 10th Revision (ICD 10) codes. The leading five causes contribute to at least two-thirds of all deaths in each age group. For age group 1 to 4 years, and age group 5 to 12 years, malignant neoplasm, congenital malformation, deformation and chromosomal abnormalities, and accidents continue to be among the five leading causes of deaths for 2022. It's noteworthy that the three leading causes of deaths for youths aged 13 to 19 years are injury-related: unintentional injuries, assaults, and intentional self-harm (suicide). Of the 262 deaths represented in the table for youths aged 13 to 19 years in 2022, 67.5% (177 deaths) were due to these three causes. These causes demonstrate to the continued needs for strategies such as positive youth development to be incorporated into the injury and violence prevention and intervention and presents an opportunity to make a significant impact in the lives of adolescent and young adults in Los Angeles County.

Information presented in Section 3 (Child and Adolescent Health Indicators from Survey Data) may elucidate potential prevention and health promotion strategies in reducing child deaths.

### **SECTION 3. SELECTED CHILD AND ADOLESCENT HEALTH INDICATORS FROM SURVEY DATA**

Adverse Childhood Experiences (ACEs) are abuse, neglect and other traumatic experiences that affect individuals under age 18 years. ACEs may have lasting impacts on a child's developmental trajectory, and have been linked to risky health behavior, chronic health conditions, unfavorable life potential and premature deaths in adulthood. Research has shown that adverse childhood experiences affect early childhood development and psychosocial well-being and may have lasting impact well into adulthood. However, the presence of ACEs does not mean that a child is destined to experience poor outcomes. A child's positive experiences or protective factors can prevent the child from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred. These factors may include decreased parental/caregiver stress, greater parent/caregiver competence in managing stress and coping with anger; parents/caregivers are free of issues that negatively impact parenting, including

substance abuse, symptoms of depression, and domestic violence; parents demonstrate efficacy, including the capacity to seek help; and parents are connected to community social institutions, services, and supports.

Figures 14 to 17 present ACEs and Positive Child Experiences (PCEs) among teens and adults by race/ethnicity. We hope to elevate the importance of implementing trauma-informed care and building protective factors in program planning and service delivery, particularly for children in and youth aging out of the foster care system.

Figures 14 and 15 present estimated counts and percentages of teens and adults in Los Angeles County who ever experienced an ACE by race/ethnicity from the California Health Interview Survey based on 2021 and 2022 pooled data. Though not statistically significant, teens who identified themselves as Latino or Two or More Races reported higher rates of ever experienced ACEs. (50.4% and 50.3% respectively) as compared to other groups. Though not statistically significant, adults who identified as non-Latino Black or African American and Non-Latino Two or More Races reported having experienced at least one ACE (72.8% and 78.9% respectively) at higher rates than respondents in other groups.

Figures 16 and 17 present the estimated numbers and percentages of teens and adults by race/ethnicity by the number of Positive Childhood Experiences (PCEs) that they had before age 18 years in Los Angeles County. PCEs include the following: was able to talk to family about feelings, felt family stood by during difficult times; felt safe and protected by an adult at home; had at least two non-parents who took genuine interest; felt supported by friends; felt a sense of belonging at high school; and enjoyed participating in community traditions. It's worth noting that about one third of teens and adults reported having 6 to 7 PCEs. (37.4% and 29.7% respectively). This was different from last year's report based on unstable single year estimates. Building PCEs and promoting positive youth development during teenage years, will support teens transition into adulthood, and hopefully prepare for many joyous and challenging moments ahead.

Figures 18 to 21 present data by race/ethnicity that may elucidate strategies to prevent unintentional/assaultive injuries and intentional self-harm – leading causes of death and injury among youth ages 13 to 19 years.



As shown in Figure 18, data pooled from the 2021 and 2022 California Health Interview Survey demonstrates that about half of all teens (42.4%) in Los Angeles County reported that they had ever worried about being shot by a firearm in the past month. When analyzed by race/ethnicity, 55.1% of African American youth, followed by 53.4% of youth who identified as Two or More Races and 49.3% of Asian youth reported that they had ever worried about being shot by a firearm in the past month.

Figures 19 to 21 present data from the California Healthy Kids Survey, 2017-2019 reported by teens in grades 7, 9, and 11 by race/ethnicity. Depending on a student's race/ethnicity, the likelihood of a youth in grades 7, 9, 11, or non-traditional program reporting some bullying or harassment at school for any reason in the previous year (Figure 19) ranged from about 1 in 4 to 1 in 3. Similarly, about one in four to one in three teens reported feeling so sad or hopeless almost every day for two weeks or more that they stopped doing usual activities in the previous years. (Figure 20) About one in seven to one in five youths reported that they seriously considered attempting suicide in the previous year. (Figure 21)

**SECTION 4. OVERVIEW OF LOCAL MCAH TITLE V NEEDS ASSESSMENT PROCESS AND TOP THREE PRIORITIES**

In May, 2024, the LACDPH MCAH conducted a local needs assessment as a beginning of the Statewide Title V Five-Year Planning. The purpose of the needs assessment is to identify MCAH priorities in local health jurisdiction and work with the California State Department of Public Health, MCAH to develop a five-year plan.

There are five domains: Women, Perinatal health/ Infant health, Child Health, Adolescent Health, and Children with Special Health Needs. Each domain includes a list of prospective priorities.

Each local health jurisdiction will submit the top three priorities within each population domain to the State MCAH Division. The information and the processes of deriving these top priorities will be compiled and incorporated into the State's Title V Five-Year Plan to HRSA, the federal source of Title V funding that is administered by each state.

To that end, the LACDPH MCAH designed an online survey to capture the local responses and feedback with a health equity framework and consideration. In addition to selecting the top three priorities,

the survey also included questions about basic demographics, geographic location of work and residence, and why the participants selected the priorities as they did. Open-ended responses were also available for participants to include more in-depth feedback for any missing priorities, or any comments that they wished to include. The survey tool and data collection processes were designed and implemented to ensure the needs of women, children, adolescents, and their families are elevated and equitably addressed.

Lists of priority needs by population domain are included in the Glossary section.

Within one month, nearly 300 responses were gathered from internal program and departmental staff, inter-agency departmental meetings, and community partner gatherings.

The following are the top three priorities in each domain with number of responses in each priority needs selection:

**Women/Maternal Health Domain**

- Mental Health (101)
- Access to Care/Health Insurance (96)
- Housing Security/Homelessness (90)

**Perinatal/Infant Health Domain**

- Economic Family Supports (could include Infant Child Care) (117)
- Access to Care/Health Insurance (80)
- Parenting Resources (80)

**Child Health Domain**

- Economic Family Supports (could include Child Care) (91)
- Child Trauma/Abuse/Neglect (79)
- Developmental Screening (76)

**Adolescent Health Domain**

- Mental Health (121)
- Educational and Career Opportunities (67)
- Adolescent Trauma/Abuse/Neglect (56)



Children with Special Health Care Needs Domain

- Access to Early Intervention (146)
- Community Inclusion and Social Supports for the Family and their Child (127)
- Mental Health and Respite Care for the Family/Parent/Caregiver (101)

**SUMMARY OF KEY COUNTY FINDINGS**

- The countywide infant mortality rate of 3.8 infant deaths per 1,000 live births in 2022 remains similar to 2021 (3.9 per 1,000). The overall trend in the infant mortality rate in Los Angeles County over the past decade has been downward and has remained below the national Healthy People 2030 target of 5.0 infant deaths per 1,000. With concerted efforts of MCAH programming and collaboration with community partners, we are seeing improvement of bridging the racial/ethnic and regional inequities.
- In 2022, though not statistically significant, the child death rate was highest among African American (25.2 per 100,000), followed by Latinx (15.5 per 100,000), with Asian having statistically significant lower child death rate, (6.3 per 100,000).
- Although not statistically significant, SPA 6-South experienced the highest child death rate in 2022, (21.5 per 100,000) followed by SPA 1-Antelope Valley (19.8 per 100,000) with SPA 5-West experiencing the lowest child death rate. (9.2 per 100,000).
- The three leading causes of deaths for youth ages 13 to 19 years in 2022 are injury related. Unintentional injuries, assault, or intentional self-harm (suicide) represented a large majority of all deaths for youth ages 13 to 19 (67.5%). These deaths are all considered preventable.
- Nearly one in two teens reported that they had ever experienced ACEs (44.1%) and nearly two in three adults reported that they experienced at least one ACE (65.1%).
- About one third of teens (37.4%) reported having 6 to 7 PCEs, while just under one third of adults reported (29.7%) having 6 to 7 PCEs.
- About one in four to one in three youth (percentage varied by race/ethnicity) in grades 7, 9 and 11,

and non-traditional programs reported being bullied or harassed at school for any reason in the previous year.

- About one in four to one in three teens (percentage varied by race/ethnicity) in grades 7, 9 and 11, and non-traditional programs reported feeling so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities in the previous year.
- About one in seven to one in five youths (percentage varied by race/ethnicity) in grades 7, 9 and 11, and non-traditional programs reported that they seriously considered attempting suicide in the previous year.

**GLOSSARY**

**Lists of Needs by Population Group Women/Maternal Health**

- Access to Care/Health Insurance
- Abortion Access
- Chronic Disease
- Community/Social Connectedness
- Economic Family Supports
- Emergency Preparedness
- Food/Nutrition Security
- Gestational Diabetes
- Gun Violence Prevention
- Health Literacy and Identifying Misinformation
- Healthy Coping Skills
- History of Childhood Trauma
- Housing Security/Homelessness
- Intimate Partner Violence
- Maternal Morbidity
- Maternal Mortality
- Maternal Oral Health



Mental Health  
Navigating Complex Health Care Systems  
Physical Activity/Nutrition/Healthy Weight  
Postpartum Care  
Preconception/Interconception Health  
Prenatal Care  
Racism/Discrimination/Health Equity  
Reproductive Health/Contraception  
Respectful Maternal Health Care  
Sexually Transmitted Infections  
Social/Emotional Health  
Substance Use  
Suicide Prevention  
Well Woman Visits/Immunizations  
Emerging Issue/Other  
**Perinatal/Infant Health**  
Access to Care/Health Insurance  
Breastfeeding  
Caregiver Bonding/Healthy Attachment  
Developmental Screening  
Economic Family Supports (could include Infant Childcare)  
Food/Nutrition Security  
Gun Violence Prevention  
Infant Feeding  
Infant Injury Prevention  
Infant Mental Health  
Infant Mortality  
Infant Oral Health  
Infant Trauma/Abuse/Neglect  
Navigating Complex Health Care Systems

Neonatal Abstinence Syndrome  
NICU Transition to Home  
Parenting Resources  
Prematurity/Low Birth Weight  
Racism/Discrimination/Health Equity  
Sudden Infant Death Syndrome (SIDS)/Sudden Unexpected Infant Death (SUID)  
Well Baby Visits/Immunizations  
Emerging Issue/Other  
**Child Health**  
Access to Care/Health Insurance  
Child Injury Prevention  
Child Oral Health  
Child Trauma/Abuse/Neglect  
Community/Social Connectedness  
Developmental Screening  
Economic Family Supports (could include Childcare)  
Food/Nutrition Security  
Gun Violence Prevention  
Health Literacy and Identifying Misinformation  
Healthy Coping Skills  
Mental Health  
Parenting Resources  
Physical Activity/Nutrition/Healthy Weight  
Racism/Discrimination/Health Equity  
School Readiness/Academic Achievement/COVID Catch-Up  
School Safety/Bullying  
Social Media Safety  
Social/Emotional Health  
Suicide Prevention

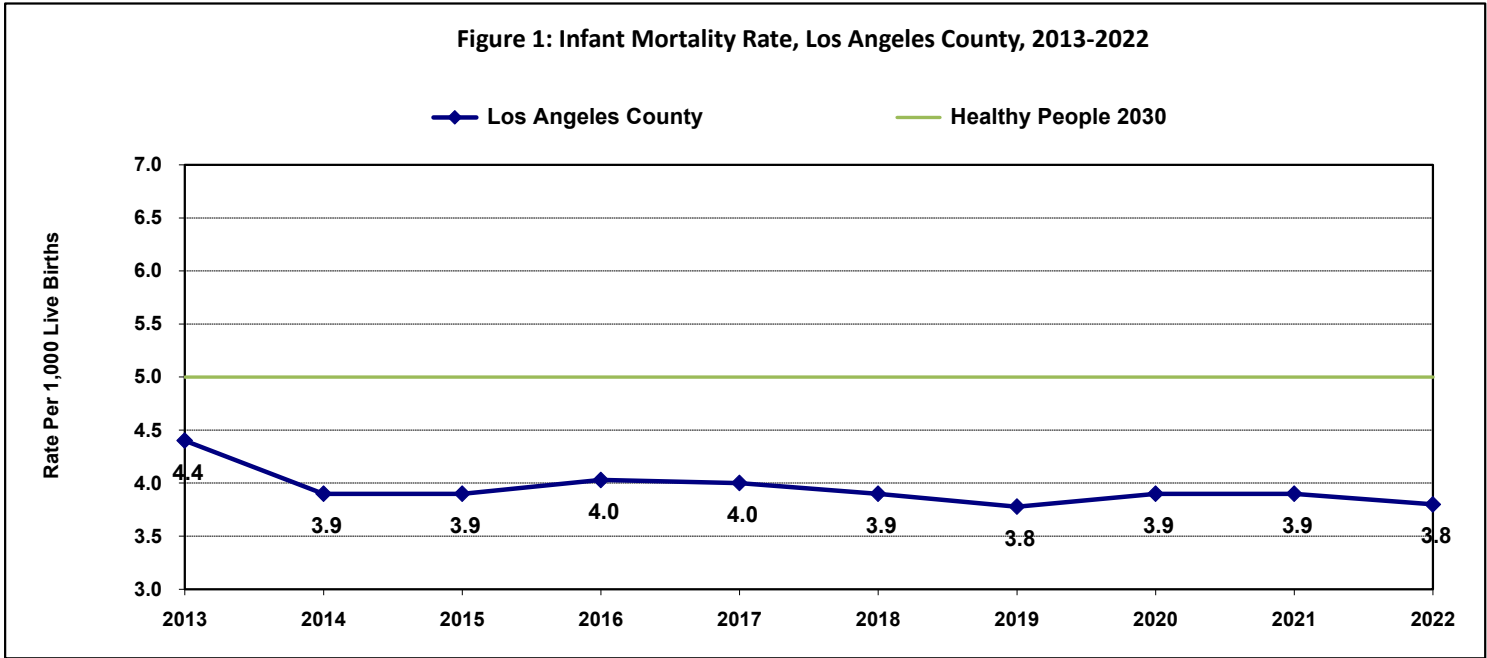


- Well Child Visits/Immunizations
- Emerging Issue/Other
- Adolescent Health**
- Access to Care/Health Insurance
- Access to Confidential Services
- Abortion Access
- Adolescent Trauma/Abuse/Neglect
- Community/Social Connectedness
- Early Parenthood
- Early Unplanned Pregnancy
- Economic Family Supports
- Educational and Career Opportunities
- Food/Nutrition Security
- Gun Violence Prevention
- Health Literacy and Identifying Misinformation
- Healthy Coping Skills
- Healthy Relationships
- Intimate Partner Violence
- Mental Health
- Positive Body Image/Eating Disorder Prevention
- Positive Youth Development
- Racism/Discrimination/Health Equity
- School Safety/Bullying
- Sexual and Reproductive Health Education
- Sexual and Reproductive Health Services
- Social Media Safety
- Social/Emotional Health
- Suicide Prevention
- Well Adolescent Visits/Immunizations
- Emerging Issue/Other

- Children and Youth with Special Health Care Needs**
- Access to Care/Health Insurance
- Access to Early Intervention
- Access to School-Based Services
- Access/Availability of Specialty Providers Including Dentists
- Case Management/Navigating Complex Health Care Systems and Related Services
- Community Inclusion and Social Supports for the Family and their Child
- Establishment of a Medical Home
- Family Engagement
- Family Violence Prevention
- Mental Health and Respite Care for the Family/Parent/Caregiver
- Mental Health of Child/Youth with Special Health Care Needs
- Racism/Discrimination/Health Equity
- Sexual and Reproductive Health
- Transition from Pediatric Care to Adult Care
- Emerging Issue/Other



Figure 1: Infant Mortality Rate, Los Angeles County, 2013-2022



HP2030 Target: Reduce infant mortality to no more than 5.0 infant deaths per 1,000 live births (information available at <https://www.healthypeople.gov/2030>)

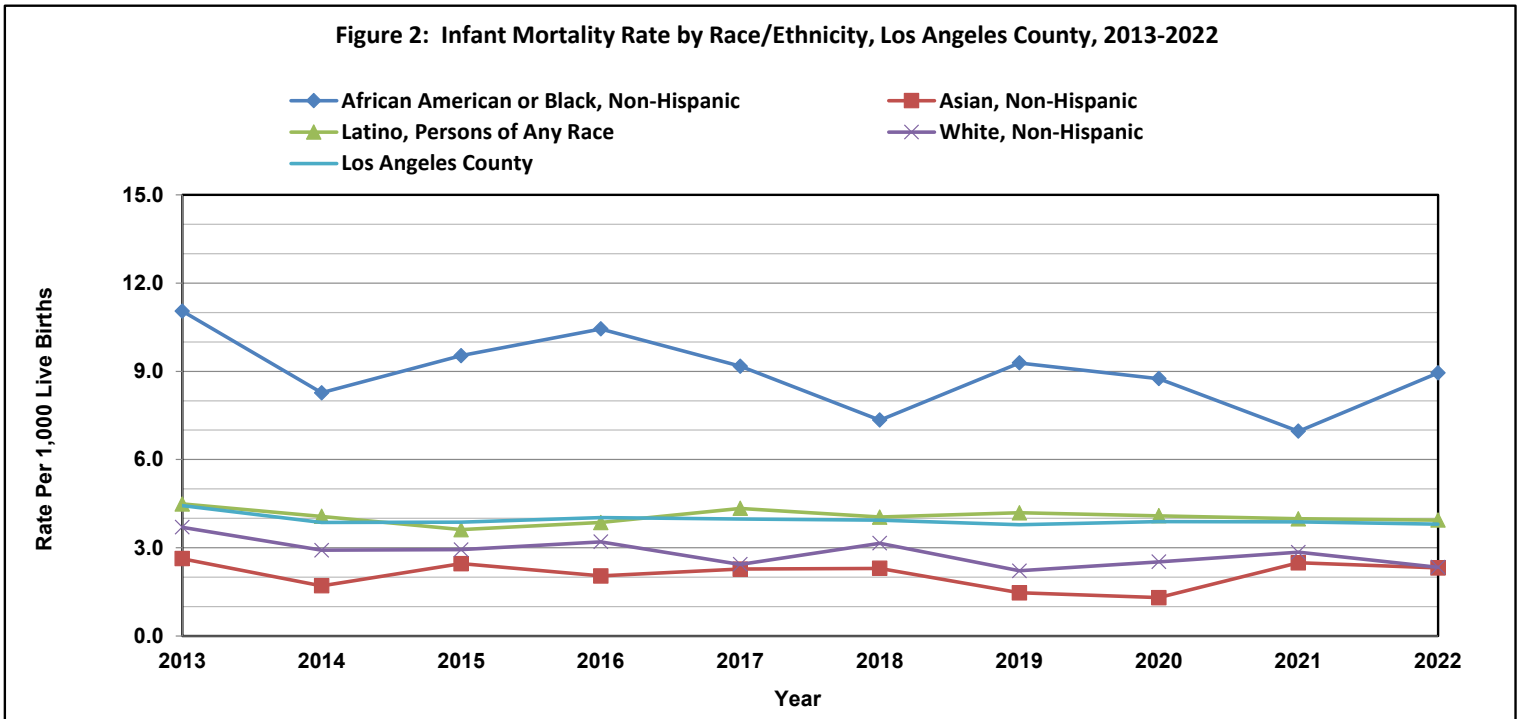
Notes: "Infant mortality rate" is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.

Sources: Los Angeles County Annual (Provisional) Death file, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, 2022

California Integrated Vital Records System, 2018-2021

California Department of Public Health, Death Statistical Master File, 2013-2017

Figure 2: Infant Mortality Rate by Race/Ethnicity, Los Angeles County, 2013-2022





**Figure 3**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Infant Mortality Rate by Race/Ethnicity\*, Los Angeles County, 2013-2022**

		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
<b>African American or Black, Non-Hispanic</b>	<i>Deaths</i>	103	75	81	88	74	57	70	62	49	57
	<i>Live Births</i>	9,319	9,069	8,497	8,425	8,064	7,761	7,539	7,085	7,039	6,373
	<i>Rate</i>	11.1	8.3	9.5	10.4	9.2	7.3	9.3	8.8	7.0	8.9
<b>Asian, Non-Hispanic</b>	<i>Deaths</i>	51	38	47	40	42	38	24	17	29	26
	<i>Live Births</i>	19,398	22,287	19,113	19,608	18,490	16,532	16,359	13,062	11,670	11,250
	<i>Rate</i>	2.6	1.7	2.5	2.0	2.3	2.3	1.5	1.3	2.5	2.3
<b>Latino, Persons of Any Race</b>	<i>Deaths</i>	326	291	252	261	278	243	241	219	210	209
	<i>Live Births</i>	72,645	71,566	69,724	67,666	64,091	60,133	57,561	53,604	52,733	53,070
	<i>Rate</i>	4.5	4.1	3.6	3.9	4.3	4.0	4.2	4.1	4.0	3.9
<b>White, Non-Hispanic</b>	<i>Deaths</i>	85	68	68	73	54	68	48	51	58	45
	<i>Live Births</i>	23,002	23,327	23,169	22,808	22,185	21,581	21,679	20,222	20,393	19,262
	<i>Rate</i>	3.7	2.9	2.9	3.2	2.4	3.2	2.2	2.5	2.8	2.3
<b>Los Angeles County</b>	<i>Deaths</i>	570	502	482	495	465	433	405	381	373	362
	<i>Live Births</i>	128,526	130,150	124,442	122,941	116,850	109,893	107,202	98,021	96,230	95,313
	<i>Rate</i>	4.4	3.9	3.9	4.0	4.0	3.9	3.8	3.9	3.9	3.8

HP2030 Target: 5.0 infant deaths per 1,000 live births (available at <https://www.healthypeople.gov/2030>)

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

The rate for years 2013 to 2016 for the "Asian" category include Pacific Islanders.

Sum of race/ethnicity groups do not add up to LA County total as not all groups are represented in this data table.

Sources: Los Angeles County Annual (Provisional) Death file, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, 2022 California Integrated Vital Records System, 2018-2021  
 California Department of Public Health Death Statistical Master File, 2013-2017



**Figure 4**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Leading Causes of Infant Mortality (ICD-10 codes), Los Angeles County, 2022**

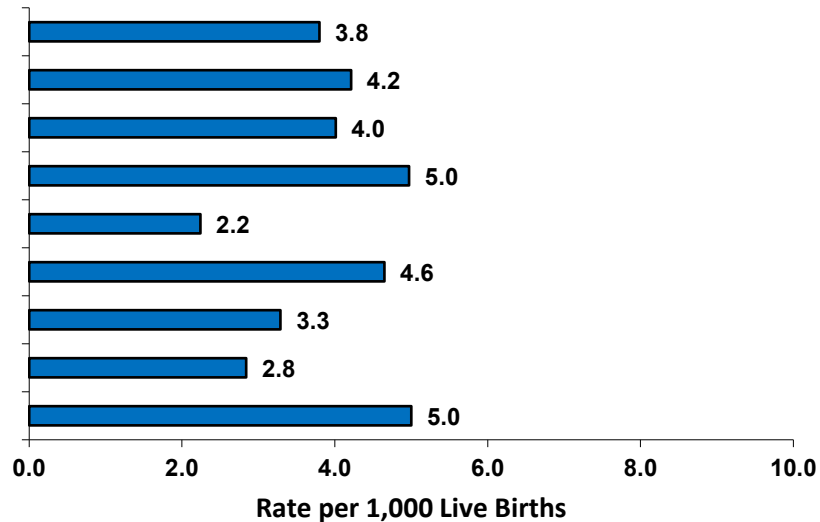
Rank (2022)	Children Less Than Age 1	# of Deaths (2022)	2021 Rank
1	Congenital malformation, deformations, and chromosomal abnormalities(Q00-Q99)	82	1
2	Other and unspecified conditions originating In the perinatal period (P05, P08, P29, P50-P96)	67	2
3	Disorders related to short gestation and low birth weight, not elsewhere classified (P07)	57	3
4	Newborn affected by maternal factors and by complications of pregnancy, labor and delivery (P00-P04)	27	4
5	Sudden Infant Death Syndrome (SIDS)	21	5

Notes: Causes of deaths are based on International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10); ranking of leading causes of deaths may differ from other published data due to difference in grouping the causes of deaths.

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

Sources: Los Angeles County Annual (Provisional) Death File, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, 2022 (provisional)

**Figure 5: Infant Mortality Rate by SPA, Los Angeles County, 2022**







**Figure 6**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Infant Mortality Rate by Service Planning Area (SPA), Los Angeles County, 2013-2022**

	2013			2014			2015			2016			2017		
	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000	"Live Births"	Infant Deaths	Rate/ 1,000
SPA 1 - Antelope Valley	5,613	38	6.8	5,473	33	6.0	5,539	32	6.0	5,555	36	5.8	5,246	37	7.1
SPA 2 - San Fernando	24,443	123	5.0	24,923	86	3.5	24,296	94	3.5	24,165	74	3.9	23,004	70	3.0
SPA 3 - San Gabriel	24,888	78	3.1	27,203	69	2.5	23,672	64	2.5	24,048	96	2.7	22,593	86	3.8
SPA 4 - Metro	12,942	55	4.2	12,732	45	3.5	12,489	41	3.5	11,789	43	3.3	11,370	40	3.5
SPA 5 - West	6,908	17	2.5	6,898	18	2.6	6,665	22	2.6	6,678	16	3.3	6,423	22	3.4
SPA 6 - South	17,742	113	6.4	17,504	91	5.2	16,958	84	5.2	16,786	119	5.0	15,905	101	6.4
SPA 7 - East	17,076	66	3.9	16,410	78	4.8	16,515	59	4.8	15,941	52	3.6	15,240	52	3.4
SPA 8 - South Bay	18,388	76	4.1	18,397	81	4.4	17,737	82	4.4	17,420	58	4.6	16,594	52	3.1
Los Angeles County	128,526	567	4.4	130,150	502	3.9	124,442	482	3.9	122,941	495	3.9	116,850	465	4.0

**Figure 6 Continued**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Infant Mortality Rate by Service Planning Area (SPA), Los Angeles County, 2013-2022**

	2018			2019			2020			2021			2022		
	Live Births	Infant Deaths	Rate/ 1,000	"Live Births"	Infant Deaths	Rate/ 1,000	Live Births	Infant Deaths	Rate/ 1,000	"Live Births"	Infant Deaths	Rate/1,000	Live Births	Infant Deaths	Rate/ 1,000
SPA 1 - Antelope Valley	5,327	27	5.1	5,172	31	6.0	4,965	28	5.6	4,937	33	6.7	4,999	25	5.0
SPA 2 - San Fernando	22,305	69	3.1	21,679	71	3.3	20,366	80	3.9	20,910	66	3.2	21,118	60	2.8
SPA 3 - San Gabriel	20,259	80	3.9	19,862	64	3.2	16,314	54	3.3	15,568	52	3.3	15,501	51	3.3
SPA 4 - Metro	10,558	35	3.3	10,297	43	4.2	9,454	36	3.8	9,125	46	5.0	9,248	43	4.6
SPA 5 - West	6,449	27	4.2	6,057	<11	NA	5,800	<11	NA	5,609	13	2.3	5,352	12	2.2
SPA 6 - South	14,826	81	5.5	14,185	65	4.6	13,181	56	4.2	12,497	56	4.5	11,665	58	5.0
SPA 7 - East	14,268	56	3.9	13,910	61	4.4	12,872	52	4.0	12,678	44	3.5	12,714	51	4.0
SPA 8 - South Bay	15,847	55	3.5	15,276	58	3.8	14,472	61	4.2	14,329	61	4.3	14,716	62	4.2
Los Angeles County	109,893	433	3.9	107,202	405	3.8	98,021	381	3.9	96,230	373	3.9	95,313	362	3.8

HP2020 Objective: Reduce infant mortality to no more than 6.0 infant deaths per 1,000 live births (information available at <https://www.healthypeople.gov/2020>)  
 HP2030 Objective: Reduce infant mortality to no more than 5.0 infant deaths per 1,000 live births (information available at <https://www.healthypeople.gov/2030>)  
 Note: "Infant mortality rate" is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.

Sources: Los Angeles County Annual (Provisional) Death File, assembled from California Department of Public Health Vital Records Data, Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, 2022  
 California Integrated Vital Records System, 2018-2021  
 California Department of Public Health Death Statistical Master File, 2013-2017

Figure 7

DEPARTMENT OF PUBLIC HEALTH

Number Live Birth and Medi-Cal Paid deliveries to Los Angeles County Residents by Hospital, 2022

Delivery Hospital	Total Live Births	Medi-Cal Paid Delivery	Percent of Medi-Cal Deliveries
ANAHEIM REGIONAL MEDICAL CENTER	130	66	50.8
ANTELOPE VALLEY HOSPITAL	2728	1464	53.7
BEVERLY HOSPITAL	392	306	78.1
CALIFORNIA HOSPITAL MEDICAL CENTER	2552	2458	96.3
CEDARS SINAI MEDICAL CENTER	5958	295	5.0
CENTINELA HOSPITAL MEDICAL CENTER	723	670	92.7
CITRUS VALLEY MEDICAL CENTER-QV CAMPUS	2957	2232	75.5
EAST LOS ANGELES DOCTORS HOSPITAL	353	328	92.9
FOUNTAIN VALLEY REGIONAL HOSPITAL	68	28	41.2
GARFIELD MEDICAL CENTER	1123	753	67.1
GLENDALE ADVENTIST MEDICAL CENTER	1458	781	53.6
GLENDALE MEMORIAL HOSPITAL	1248	1092	87.5
HENRY MAYO NEWHALL MEMORIAL HOSPITAL	1428	135	9.5
HOAG MEMORIAL HOSPITAL	368	17	4.6
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	3630	3126	86.1
HUNTINGTON MEMORIAL HOSPITAL	2814	433	15.4
KAISER DOWNEY MEDICAL CENTER	3813	515	13.5
KAISER FOUNDATION HOSPITAL	114	<11	N/C
KAISER FOUNDATION HOSPITAL - ANAHEIM	448	<11	N/C
KAISER FOUNDATION HOSPITAL - IRVINE	109	<11	N/C
KAISER HOSPITAL: BALDWIN PARK	3007	<11	N/C
KAISER HOSPITAL: LOS ANGELES, CADILLAC	1883	262	N/C
KAISER HOSPITAL: LOS ANGELES, SUNSET	2550	392	15.4
KAISER HOSPITAL: PANORAMA CITY	2308	505	21.9
KAISER HOSPITAL: SOUTH BAY	2302	341	14.8
KAISER HOSPITAL: WOODLAND HILLS	1361	42	3.1
LAC HARBOR UCLA MEDICAL CENTER	1027	1023	99.6
LOS ANGELES GENERAL MEDICAL CENTER	1184	1128	95.3
LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL	67	27	40.3
LONG BEACH MEMORIAL MEDICAL CENTER	5372	3387	63.0
LOS ROBLES HOSPITAL AND MEDICAL CENTER	245	14	5.7
MARTIN LUTHER KING JR HARBOR HOSPITAL	509	461	90.6
METHODIST HOSPITAL OF SOUTHERN CALIF	1057	62	5.9
MONTCLAIR HOSPITAL MEDICAL CENTER	71	53	74.6
NORTHRIDGE HOSPITAL MEDICAL CENTER	798	337	42.2
OLIVE VIEW MEDICAL CENTER	901	861	95.6
ONTARIO MEDICAL CENTER	262	<11	N/C
ORANGE COAST MEMORIAL MEDICAL CENTER	296	15	5.1
PALMDALE REGIONAL MEDICAL CENTER	717	602	84.0
PIH HOSPITAL - WHITTIER	1750	548	31.3
PIH - GOOD SAMARITAN HOSPITAL	1506	1005	66.7
POMONA VALLEY HOSPITAL MEDICAL CENTER	1395	1015	72.8



PROVIDENCE HOLY CROSS MEDICAL CENTER	2721	1665	61.2
PROVIDENCE LCM - TORRANCE	2604	691	26.5
PROVIDENCE ST. JOHN'S HEALTH CENTER	2015	62	3.1
PROVIDENCE ST. JOSEPH MEDICAL CENTER	2006	929	46.3
PROVIDENCE ST. MARY MEDICAL CENTER	1284	1191	92.8
PROVIDENCE TARZANA MEDICAL CENTER	2266	595	26.3
RONALD REAGAN UCLA HEALTH SYSTEM	1532	351	22.9
SAN ANTONIO REGIONAL HOSPITAL	130	28	21.5
SAN DIMAS COMMUNITY HOSPITAL	210	100	47.6
SAN GABRIEL VALLEY MEDICAL CENTER	916	482	52.6
SANTA MONICA UCLA MEDICAL CENTER	1365	78	5.7
ST. FRANCIS MEDICAL CENTER	2685	680	25.3
ST. JOSEPH HOSPITAL	185	42	22.7
ST. JUDE MEDICAL CENTER	463	37	8.0
TORRANCE MEMORIAL MEDICAL CENTER	2173	232	10.7
UCI MEDICAL CENTER	111	44	39.6
USC VERDUGO HILLS HOSPITAL	617	12	1.9
VALLEY PRESBYTERIAN HOSPITAL	2374	2302	97.0
WHITE MEMORIAL MEDICAL CENTER	3757	3303	87.9
WHITTIER HOSPITAL MEDICAL CENTER	855	693	81.1
<b>Total Live Births in Los Angeles County, 2022</b>	<b>95,313</b>	<b>40,725</b>	<b>42.7</b>

Notes: Hospitals with less than 50 total live births were excluded from analysis.

Hospital names may have changed since the compilation of this data.

Only mothers who resided in Los Angeles County at the time of delivery were selected for analysis.

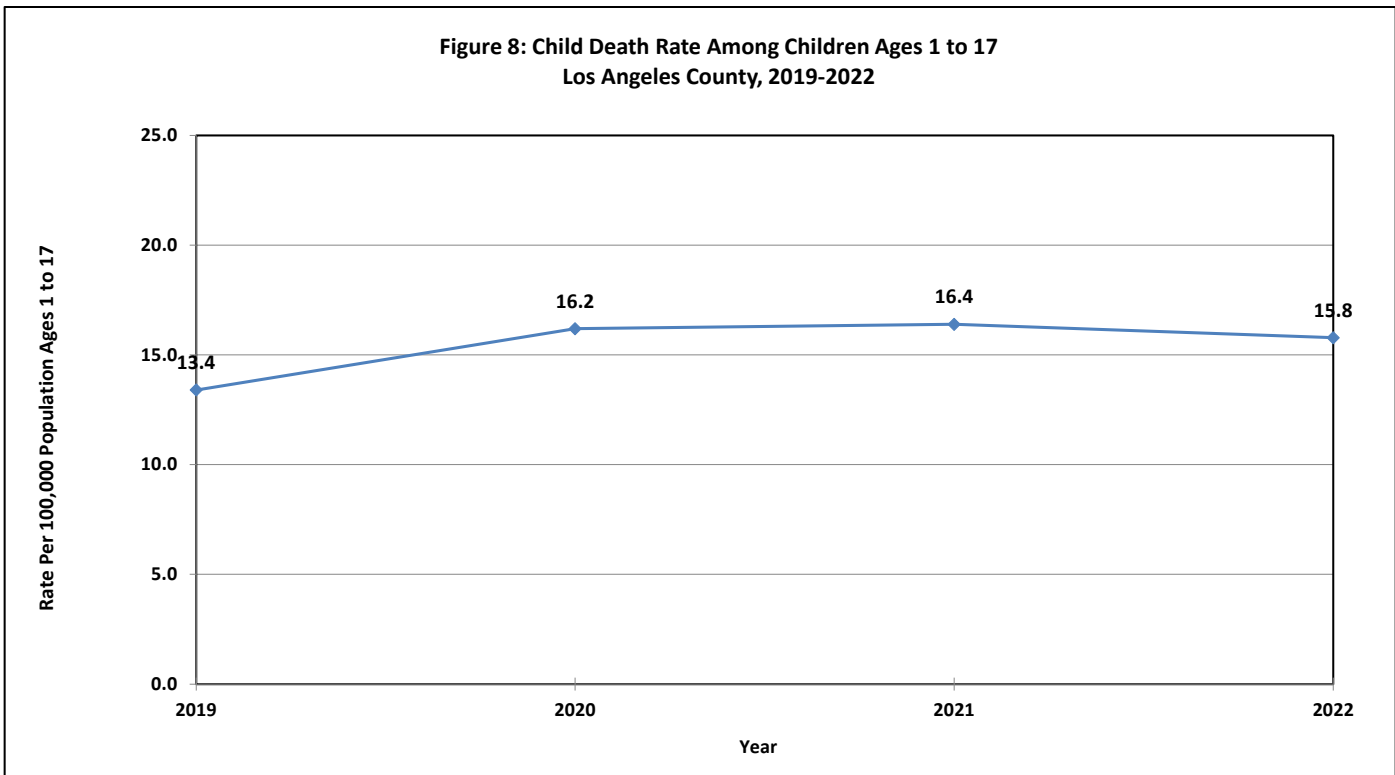
This analysis excludes non-hospital births, births in birth centers not listed in the birth record documentation, births in clinics, births in doctor's offices, births in transit, births in unclassifiable locations, and out-of-state hospital births.

Numbers fewer than 11 are shown as "<11". Rates are not calculated (N/C) if number is fewer than 11.

Source: Los Angeles County Annual Birth File, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, 2022

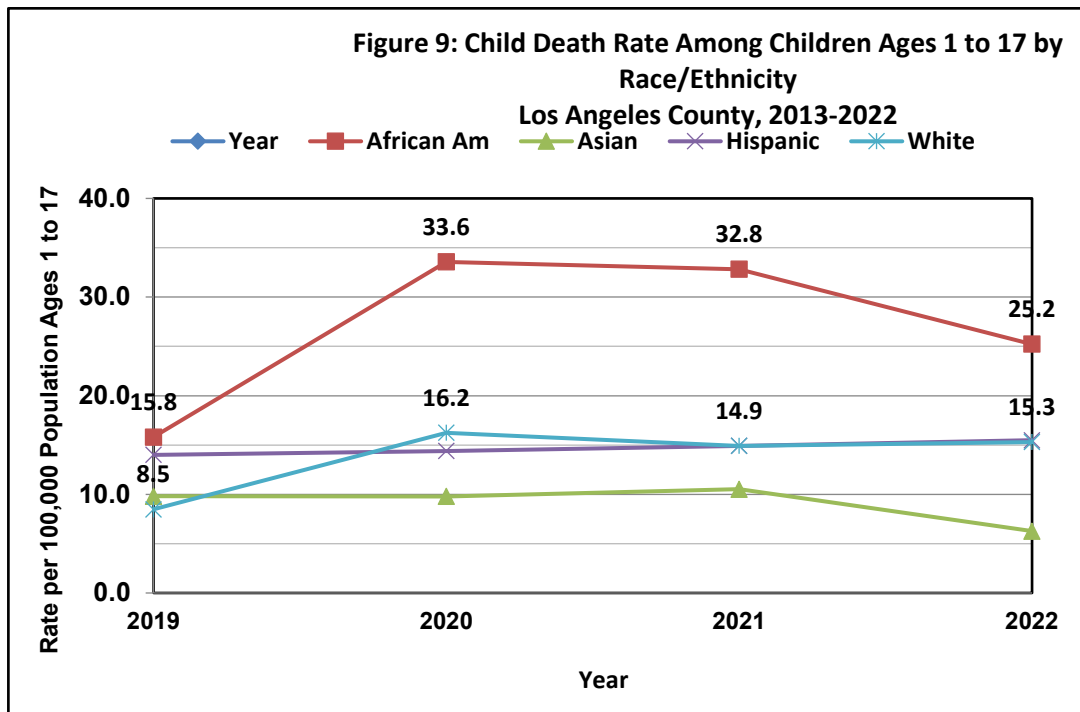


Figure 8: Child Death Rate Among Children Ages 1 to 17  
Los Angeles County, 2019-2022



Notes: "Child death rate" is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17. Due to updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.  
 Sources: Los Angeles County Annual (Provisional) Death File, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, 2019-2021, 2022 (provisional) July 1, 2019 to 2022 Population Estimates (8 races including other and two+races) , prepared by Hedderson Demographic Services for Los Angeles County Internal Services Department;

Figure 9: Child Death Rate Among Children Ages 1 to 17 by  
Race/Ethnicity  
Los Angeles County, 2013-2022



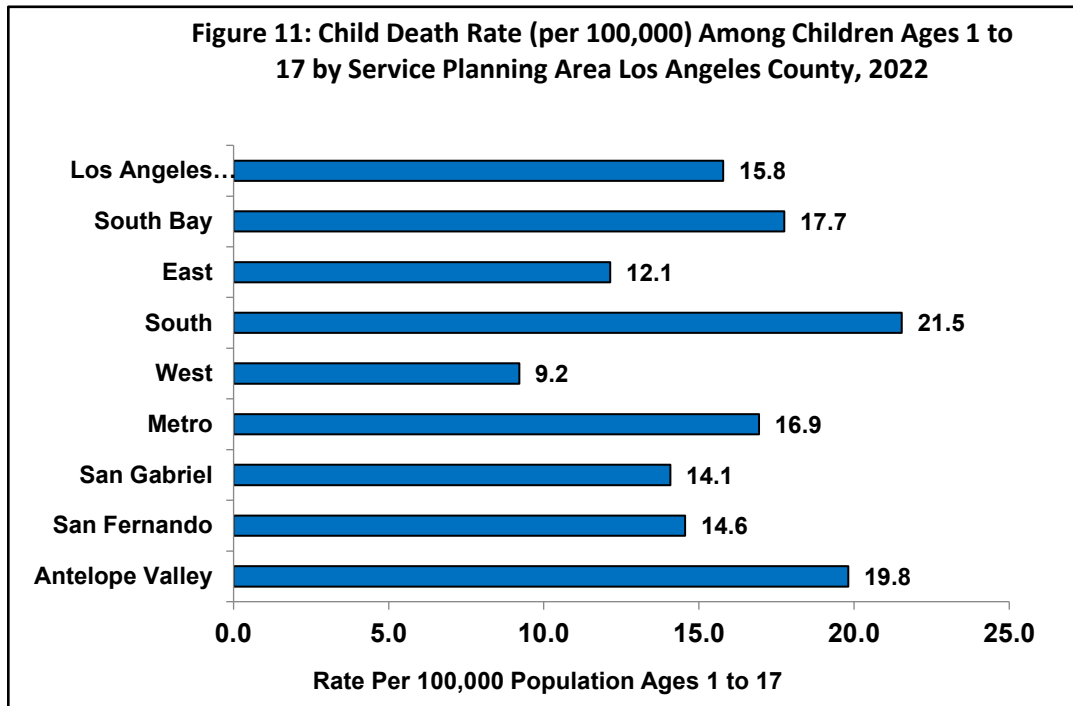


**Figure 10**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Child Death Rate (per 100,000) by Race/Ethnicity, Los Angeles County, 2018-2022**

		2019	2020	2021	2022
<b>African American or Black, Non-Hispanic</b>	<i>Number of Deaths</i>	24	45	43	32
	<i>Population, 1-17</i>	151,877	134,071	130,986	126,795
	<i>Rate</i>	15.8	33.6	32.8	25.2
	<i>95% CI</i>	9.5 - 22.1	23.8 - 43.4	23.0 - 42.6	16.5 - 34.0
<b>Asian, Non-Hispanic</b>	<i>Number of Deaths</i>	20	20	21	12
	<i>Population, 1-17</i>	204,031	204,231	199,499	191,136
	<i>Rate</i>	9.8	9.8	10.5	6.3
	<i>95% CI</i>	5.5 - 14.1	5.5 - 14.1	6.0 - 15.0	2.7 - 9.8
<b>Latino, Persons of Any Race</b>	<i>Number of Deaths</i>	178	171	172	172
	<i>Population, 1-17</i>	1,270,126	1,187,117	1,153,045	1,110,967
	<i>Rate</i>	14.0	14.4	14.9	15.5
	<i>95%CI</i>	12.0 - 16.1	12.2 - 16.6	12.7 - 17.1	13.2 - 17.8
<b>White, Non-Hispanic</b>	<i>Number of Deaths</i>	31	52	47	47
	<i>Population, 1-17</i>	365,525	320,108	315,178	307,104
	<i>Rate</i>	8.5	16.2	14.9	15.3
	<i>95%CI</i>	5.5 - 11.5	11.8 - 20.7	10.6 - 19.2	10.9 - 19.7
<b>Los Angeles County</b>	<i>Number of Deaths</i>	268	300	296	275
	<i>Population, 1-17</i>	2,000,014	1,852,263	1,805,195	1,742,270
	<i>Rate</i>	13.4	16.2	16.4	15.8
	<i>95%CI</i>	11.8 - 15	14.4 - 18	14.5 - 18.3	13.9 - 17.6

Notes: Sum of race/ethnicity groups do not add up to LA County total as not all groups are represented in this data table.  
 "Child death rate" is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17.  
 95% CI = 95% Confidence Interval

Due to updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.  
 Sources: Los Angeles County Annual (Provisional) Death File, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, 2019-2021, 2022 (provisional)  
 July 1, 2019 to 2022 Population Estimates (8 races including other and two+races) , prepared by Hedderson Demographic Services for Los Angeles County Internal Services Department;



**Figure 12  
DEPARTMENT OF PUBLIC HEALTH  
Child Death Rate by Service Planning Area, Los Angeles County, 2019-2022**

Service Planning Area	2019				2020			
	Child Deaths	Population Ages 1-17	Rate	95% CI	Child Deaths	Population Ages 1-17	Rate	95% CI
SPA 1 - Antelope Valley	15	88,349	17.0	8.4 - 25.6	21	101,264	20.7	11.9 - 29.6
SPA 2 - San Fernando	46	414,749	11.1	7.9 - 14.3	41	397,642	10.3	7.2 - 13.5
SPA 3 - San Gabriel	49	335,028	14.6	10.5 - 18.7	47	316,224	14.9	10.6 - 19.1
SPA 4 - Metro	17	208,494	8.2	4.3 - 12	26	156,956	16.6	10.2 - 22.9
SPA 5 - West	<11	93,917	NA	NA	12	78,993	15.2	6.6 - 23.8
SPA 6 - South	52	263,495	19.7	14.4 - 25.1	50	243,027	20.6	14.9 - 26.3
SPA 7 - East	40	291,034	13.7	9.5 - 18	48	271,917	17.7	12.7 - 22.6
SPA 8 - South Bay	41	304,948	13.4	9.3 - 17.6	55	286,240	19.2	14.1 - 24.3
Los Angeles County Total	268	2,000,014	13.4	11.8 - 15	300	1,852,263	16.2	14.4 - 18.0



<b>Figure 12 Continued</b> <b>DEPARTMENT OF PUBLIC HEALTH</b> <b>Child Death Rate by Service Planning Area, Los Angeles County, 2019-2022</b>								
Service Planning Area	2021				2022			
	Child Deaths	Population Ages 1-17	Rate		Child Deaths	Population Ages 1-17	Rate	95% CI
SPA 1 - Antelope Valley	29	98,772	29.4	18.7 - 40	19	95,919	19.8	10.9 - 28.7
SPA 2 - San Fernando	56	386,224	14.5	10.7 - 18.3	54	371,039	14.6	10.7 - 18.4
SPA 3 - San Gabriel	39	308,557	12.6	8.7 - 16.6	42	298,338	14.1	9.8 - 18.3
SPA 4 - Metro	26	152,573	17.0	10.5 - 23.6	25	147,662	16.9	10.3 - 23.6
SPA 5 - West	11	76,919	14.3	5.9 - 22.8	<11	76,028	NA	NA
SPA 6 - South	46	236,894	19.4	13.8 - 25	49	227,512	21.5	15.5 - 27.6
SPA 7 - East	46	265,550	17.3	12.3 - 22.3	31	255,289	12.1	7.9 - 16.4
SPA 8 - South Bay	43	279,706	15.4	10.8 - 20	48	270,483	17.7	12.7 - 22.8
Los Angeles County Total	296	1,805,195	16.4	14.5 - 18.3	275	1,742,270	15.8	13.9 - 17.6

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

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

95%CI = 95% Confidence Interval

Sources: Los Angeles County Annual Death Files, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, 2018-2021, 2022 (provisional)

July 1, 2019 to 2022 Population Estimates, prepared by Hedderson Demographic Services for Los Angeles County Internal Services Department



**Figure 13**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Leading Causes of Child Death (ICD-10 codes) by Age Category, Los Angeles County, 2022**

Rank	Children Less Than Age 1	# of Deaths	2020 Rank
1	Accidents (unintentional injuries) (V01-X59, Y85-Y86)	17	1
2	Congenital malformations, deformations, and chromosomal abnormalitie (Q00-Q99)	13	2
3	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)	<11	3
4	Malignant Neoplasm (C00-C97)	<11	4
5	Diseases of the circulatory system (I00-I99)	<11	9
<b>Children Ages 5 to 12</b>			
1	Malignant Neoplasm (C00-C97)	20	1
2	Congenital malformations, deformations, and chromosomal abnormalitie (Q00-Q99)	14	4
3	Accidents (unintentional injuries) (V01-X59, Y85-Y86)	12	2
4	Assault (homicide) (U01-U02, X85-Y09, Y87.1)	<11	6
5	Diseases of the circulatory system (I00-I99)	<11	5
<b>Youth Ages 13 to 19</b>			
1	Accidents (unintentional injuries) (V01-X59, Y85-Y86)	99	1
2	Assault (homicide) (U01-U02, X85-Y09, Y87.1)	49	2
3	Intentional self-harm (suicide) (U03, X60-X84, Y87.0)	29	3
4	Malignant Neoplasm (C00-C97)	22	4
5	Diseases of the nervous system (G00-G98)	13	5

Note: Causes of deaths are based on International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10); ranking of leading causes of deaths may differ from other published data due to difference in grouping the causes of deaths.

Sources: Los Angeles County Annual Death File, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health, 2021&2022 (provisional)





**Figure 14**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Teens Who Reported Ever Experiencing Adverse Childhood Experiences (ACEs), 2021**

**Definition: Estimated percentage of teenagers who reported they has had adverse childhood experiences, by race/ethnicity, Los Angeles County, 2021-2022**

Race/Ethnicity	Estimated Population of Teens Who Reported Experienced One or More ACEs	Percent of Teenagers Who Reported Experienced One or More ACEs	95% Confidence Levels
Black or African American (non-latino)	20,000	48.2%	35.6 - 60.8
Asian (non-latino)	18,000	23.3%	16.6 - 29.9
Hispanic/Latino	230,000	50.3%	45.7 - 55.0
White (non-latino)	42,000	33.1%	25.5 - 40.8
Two or More Races (non-latino)	17,000	50.4%	35.4 - 65.4
Los Angeles County	326,000	44.1%	40.4 - 47.8

Source: 2021, 2022 California Health Interview Survey, UCLA Center for Health Policy Research. Accessed at: <https://healthpolicy.ucla.edu/chis>

**Figure 15**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Adults Who Reported Ever Experiencing Adverse Childhood Experiences (ACEs), 2021-2022 (pooled)**

**Definition: Estimated percentage of adults who reported they experienced one or more adverse childhood experiences, by race/ethnicity, Los Angeles County, 2021-2022**

Race/Ethnicity	Estimated Population of Teens Who Reported Experienced One or More ACEs	Percent of Teenagers Who Reported Experienced One or More ACEs	95% Confidence Levels
Black or African American (non-latino)	447,000	72.8%	69.7 - 75.9
Asian (non-latino)	538,000	49.7%	47.5 - 51.8
Latino	2,489,000	67.5%	66.1 - 68.9
White (non-latino)	1,380,000	65.4%	63.7 - 67.1
Two or More Races (non-latino)	104,000	78.9%	74.7 - 83.1
Los Angeles County	4,987,000	65.1%	64.2 - 66.0

Source: 2021, 2022 California Health Interview Survey, UCLA Center for Health Policy Research. Accessed at: <https://healthpolicy.ucla.edu/chis>



<b>Figure 16</b> <b>DEPARTMENT OF PUBLIC HEALTH</b> <b>Number of Positive Childhood Experiences (PCEs), Teens, by Race/Ethnicity,</b> <b>2021-2022 (pooled)</b>						
Definition: Estimated percentage of teenagers who reported that they experienced 0 to 7 positive childhood experiences (PCEs), by race/ethnicity, Los Angeles County, 2021-2022						
Race/Ethnicity						
	Black or African American (non-latino)	Asian (non-latino)	Latino	White (non-latino)	Two or More Races (non-latino)	Los Angeles County
0 to 2 PCEs						
Estimated population	N/A	20,000	116,000	21,000	8,000	171,000
Percent	N/A	26.9%	25.0%	17.2%	25.8%	23.0%
95% Confidence Level	N/A	20.1 - 33.7	19.9 - 30.1	10.1 - 24.4	13.7 - 37.8	19.2 - 26.8
3 to 5 PCEs						
Estimated population	19,000	35,000	184,000	46,000	8,000	292,000
Percent	61.0%	41.9%	40.3%	35.8%	25.5%	39.7%
95% Confidence Level	49.3 - 72.8	33.9 - 49.8	35.2 - 45.3	27.7 - 43.9	13.1 - 38.0	36.1 - 43.3
6 to 7 PCEs						
Estimated population	12,000	26,000	159,000	61,000	16,000	275,000
Percent	26.1%*	31.3%	34.7%	47.0%	48.70%	37.4%
95% Confidence Level	17.1 - 35.2	22.9 - 39.6	29.9 - 39.6	38.8 - 55.1	35.1 - 62.3	33.6 - 41.1

Note: \* = statistically unstable

Note: N/A = data not available

Source: 2021-2022 California Health Interview Survey, UCLA Center for Health Policy Research. Accessed at: <https://healthpolicy.ucla.edu/chis> <https://healthpolicy.ucla.edu/chis>



<b>Figure 17 DEPARTMENT OF PUBLIC HEALTH Number of Positive Childhood Experiences (PCEs), Adults, by Race/Ethnicity, 2021-2022 (pooled)</b>						
<b>Definition: Estimated percentage of adults who reported that they experienced 0 to 7 positive childhood experiences (PCEs), by race/ethnicity, Los Angeles County, 2021-2022</b>						
<b>Race/Ethnicity</b>						
	<b>Black or African American (non-latino)</b>	<b>Asian (non-latino)</b>	<b>Latino</b>	<b>White (non-latino)</b>	<b>Two or More Races (non-latino)</b>	<b>Los Angeles County</b>
<b>0 to 2 PCEs</b>						
<b>Estimated population</b>	131,000	258,000	1,205,000	493,000	37,000	2,144,000
<b>Percent</b>	21.4%	23.8%	32.7%	23.4%	28.3%	28.0%
<b>95% Confidence Level</b>	18.5 - 24.4	21.9 - 25.7	31.2 - 34.1	22.0 - 24.7	23.3 - 33.2	27.1 - 28.9
<b>3 to 5 PCEs</b>						
<b>Estimated population</b>	267,000	470,000	1,535,000	899,000	62,000	3,240,000
<b>Percent</b>	43.5%	43.4%	41.7%	42.6%	47.6%	42.3%
<b>95% Confidence Level</b>	40.1 - 46.8	41.2 - 45.6	40.2 - 43.1	40.9 - 44.3	40.7 - 54.5	40.7 - 54.5
<b>6 to 7 PCEs</b>						
<b>Estimated population</b>	215,000	354,000	947,000	717,000	32,000	2,274,000
<b>Percent</b>	35.1%	32.7%	25.7%	34.0%	24.20%	29.7%
<b>95% Confidence Level</b>	32.0 - 38.2	30.6 - 34.9	24.4 - 27.0	32.4 - 35.6	16.9 - 31.4	28.8 - 30.5

Note: \* = statistically unstable

Note: N/A = data not available

Source: 2021-2022 California Health Interview Survey, UCLA Center for Health Policy Research. Accessed at: <https://healthpolicy.ucla.edu/chis> <https://healthpolicy.ucla.edu/chis>



**Figure 18**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Ever Worried About Being Shot by Firearm, Teens Ages 13-19, by Race/Ethnicity, 2021-2022 (pooled)**

Race/Ethnicity	Estimated Population of Teenagers	Percent of Teenagers Who Reported "Yes"	95% Confidence Levels
Black or African American (non-latino)	22,000	55.1%	42.1 - 68.1
Asian (non-latino)	39,000	49.3%	40.3 - 58.2
Latino	198,000	43.1%	38.1 - 48.1
White (non-latino)	36,000	29.0%	21.5 - 36.4
Two or More Races (non-latino)	18,000	53.4%	40.1 - 66.7
Los Angeles County	313,000	42.4%	38.8 - 45.9

Note: \* = statistically unstable

Source: 2021,2022 California Health Interview Survey, UCLA Center for Health Policy Research. Accessed at: <https://healthpolicy.ucla.edu/chis>

**Figure 19**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Experienced Bullying or Harassment in the Previous Year; Grades 7, 9, and 11; by Race/Ethnicity; Los Angeles County; 2017-2019**

**Definition: Estimated percentage of Los Angeles County public school students in grades 7, 9, 11, and non-traditional programs, who were bullied or harassed at school for any reason in the previous year, by race/ethnicity, 2017-2019**

Race/Ethnicity	Percent of Students Who Reported "Some"
African American/Black	29.0%
Asian	33.3%
Hispanic/Latino	24.3%
White	31.7%
Multiracial	35.1%
Native Hawaiian/Pacific Islander	33.9%
American Indian/Alaska Native	25.5%

Source: kidsdata.org, WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Department of Education (August, 2020). Accessed at: <https://www.kidsdata.org>



**Figure 20**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Depression-Related Feelings - Grades 7, 9, and 11, by Race/Ethnicity, Los Angeles County, 2017-2019**

**Definition: Estimated percentage of Los Angeles County public school students in grades 7, 9, 11, and non-traditional programs, who in the previous year felt so sad or hopeless almost every day for two weeks or more that they stopped doing some usual activities, by race/ethnicity, 2017-2019**

Race/Ethnicity	Percent of Students Who Reported "Yes"
African American/Black	24.7%
Asian	29.3%
Hispanic/Latino	33.4%
White	28.1%
Multiracial	32.5%
Native Hawaiian/Pacific Islander	35.4%
American Indian/Alaska Native	24.2%

Source: kidsdata.org, WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Department of Education (August, 2020). Accessed at: <https://www.kidsdata.org>

**Figure 21**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Suicidal Ideation (Student-Reported); Grades 7, 9, and 11; by Race/Ethnicity; Los Angeles County; 2017-2019**

**Definition: Estimated percentage of Los Angeles County public school students in grades 9, 11, and non-traditional programs, who seriously considered attempting suicide in the previous year, by race/ethnicity, 2017-2019**

Race/Ethnicity	Percent of Students Who Reported "Yes"
African American/Black	13.5%
Asian	15.6%
Hispanic/Latino	15.5%
White	15.1%
Multiracial	18.5%
Native Hawaiian/Pacific Islander	19.2%
American Indian/Alaska Native	15.6%

Source: kidsdata.org, WestEd, California Healthy Kids Survey (CHKS) & Biennial State CHKS. California Department of Education (August, 2020). Accessed at: <https://www.kidsdata.org>





# 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 ensure 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 ensured, 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 their family are provided reunification services whenever the Juvenile Court determines removal is necessary.

The Los Angeles County Superior Court Juvenile Division is headed by the Presiding Judge of the Juvenile Court and encompasses courts that adjudicate Dependency, Adoption, Juvenile Justice, Status Offenses, and Non-Minor Dependent cases. The continued use of WebEx to conduct hearings has enhanced access to justice through the fair, timely and efficient resolution of all cases. WebEx provides a safe and convenient alternative to in-person appearances. This technology allows parties to appear in court via video. There were over 15,000 families who appeared via WebEx in 2022. Remote hearings have significantly increased access to parents and children who can attend hearings without missing work and school, respectively.

In 2020, the Court mandated electronic filing (efiling) for all non-adoptions documents filed in Juvenile Dependency by litigants and/or agencies represented by attorneys. (California Rules of Court (CRC, rule 2.253(b) and rule 5.522(b) and WIC section 212.5(s)) Efiling allows individuals to submit documents for filing to the Court any time of day, from any location, saving the time and expense of driving to a courthouse, standing in line and filing documents during the Court's business hours. From May 2020 – October 2022, a total of 3,279,987 dependency documents were efiled.

The introduction and expansion of efile in Adoptions in 2022 reflects the Court's commitment to fostering an effective, efficient, and electronic environment for court users. From September 2022 – October 2022, a total of 254,795 adoptions documents were efiled.

Juvenile Justice proceedings involve children under the age of 18 who are alleged to have committed a delinquent act (conduct that would be criminal if committed by an adult) (WIC § 602). Status offense proceedings involve children, between the ages of 12 years and 17 years, who are alleged to be habitually disobedient, truant or beyond the control of the parent or guardian (engaging in non-criminal behavior that may be harmful



to themselves) (WIC § 601). Pursuant to WIC § 450 and Assembly Bill 12, youth are eligible to receive the benefits of being granted non-minor dependent status and participating in extended foster care. These youth have successfully completed probation and their juvenile justice case has been terminated. The youth are no longer on probation, are no longer subject to conditions of probation, and cannot be found in violation of probation along with the threat of incarceration.

There were four types of specialized Juvenile Justice Courts in operation: The Juvenile Mental Health Court, the Juvenile Drug Courts, the 241.1 Crossover Court, and the Succeeding Through Achievement and

Resilience (STAR) Court. The Juvenile Mental Health Court, located at Eastlake Juvenile Court, treated juvenile offenders who suffered from diagnosed mental disorders and mental disabilities. The Juvenile Drug Courts, located at the Eastlake, Inglewood, and Sylmar Juvenile Courts, provided voluntary comprehensive treatment programs for children who committed drug or alcohol-related offenses or demonstrated delinquent behavior and had a history of drug use. The STAR Court program identified and supported victims of sex trafficking who were under-age and referred them to specialized help.

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

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

There are 29 Dependency Courts in the Los Angeles Court system. Twenty-five are located in the Edmund D. Edelman Children's Court in Monterey Park, three are located in the Alfred J. McCourtney Juvenile Justice Center in Lancaster where they serve families and children residing in the Antelope Valley and one is located in the Pomona South Courthouse, where children and families in eastern areas of LA County have better access to local services. Two of the courtrooms at the Edelman Children's Court have been designated for private and agency adoptions. Another courtroom hears matters that fall within the Indian Child Welfare Act (25 U.S.C. § 1901 et. seq., CRC Rule 5.480). Another courtroom hears matters involving the hearing-impaired. There is also one Dependency Courtroom dedicated to utilizing the Drug Court Parent Protocol; and all Dependency Courts are following the Drug Court Dependency Youth Protocol. The Court opened specialized courtrooms for AB 12, and Commercially Sexually Exploited Children (CSEC) in 2016.

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

The Juvenile Court continuously strives to expand court services provided to the community. In January 2022, a community dependency courtroom opened at the Pomona South Courthouse, providing convenient community-based services to parents and children in the East District.

### THE COURT PROCESS

The fundamental goal of the Juvenile Dependency system is to ensure the safety and protection of the child while acting in the child's best interest, which is achieved when a child is protected from abuse, feels secure and nurtured within a stable and 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 if the child's safety can be ensured. 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 is 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 they appear in court or not (WIC § 317). DCFS is represented by County Counsel.

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

Before a parent can be required to participate in these services, the Court must find that facts have been presented which prove the assertion of parental abuse, neglect, or the risk of abuse or neglect as stated in the petition filed by DCFS. Findings of abuse or neglect are made at the Jurisdiction and/or Disposition hearing and may result in the Court declaring the child a dependent and the parents and child subject to the jurisdiction of the Court. Family Maintenance and Reunification services for the family are delineated in the disposition case plan, which is tailored by the Court to the requirements of each family and provided to them under the management 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 outline all the services deemed reasonable and necessary to ensure 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 ensured when a child can 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 ensure that concurrent planning occurs in a manner that will provide stability for the child, periodic reviews of each case are set by the Court. When a child is removed from the care of a parent and suitably placed in foster care under the custody of DCFS, the Court will order six months of reunification services for children under the age of three, including sibling groups with a child under that age. For all other children, the reunification period is 12 months. If the Court finds compliance with the case plan at each and every six-month Judicial Review hearing, the Court may continue services to a date 18 months from the date of removal. To extend Reunification services to the 12- or 18- month date, the Court, based upon its evaluation of the history of the case, must find a substantial likelihood of the child's return to the parent or guardian on or before the permanency planning hearing at the 18-month date (WIC § 366.21, et. seq.).

If Reunification services are terminated without the return of the child to the parent or guardian, the Court must establish a Permanent Plan for the child. Termination of Reunification services without



the return of the child to the parent is equivalent 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 and set a Permanency Planning Hearing to consider the most appropriate plan for the child. The Code provides circumstances under which the Court may in its discretion order no reunification services for a parent (WIC § 361.5). Examples are when a parent has inflicted serious physical abuse upon a child; has a period of incarceration that exceeds the time period set for reunification; has inflicted sexual abuse upon a child; etc.

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

1. The adoption of the child following a hearing where Dependency Court has terminated parental rights. Adoption is the preferred plan as it provides the most stability and permanence for the child.
2. The appointment of a Legal Guardian for the child. Legal Guardians have the same responsibilities as a parent to care for and supervise a child. However, legal guardianship provides less permanence, as a guardianship may be terminated by Court order or by operation of law when the child reaches the age of 18.
3. The Planned Permanent Living Arrangement (formerly Long-Term Foster Care) is the least stable plan for the child because the child has not been provided a home environment in which the individual(s) will commit to parent him or her into adulthood while providing the legal relationship of parent and child.

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

## SUBSEQUENT AND SUPPLEMENTAL PETITIONS

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

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 procedural requirements for the original petition.

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

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

## CASELOAD OVERVIEW

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



Disposition Hearing; 6-, 12- and 18-month review hearings; Selection and Implementation Hearing), the Court, acting in the best interest of the child, must often schedule hearings to receive progress reports if it is determined that court-ordered services may be lacking. Interim hearings may be scheduled to handle matters that have not been or cannot be resolved without court intervention. Cases that are transferred from other counties must be set on the Court's calendar within 10 court days. All courts hear adoption hearings, so that permanency occurs without delay.

## ANALYSIS

The number of WIC § 602 (juvenile justice) petitions filed in 2022 increased by 713 petitions compared to those filed in 2021. In 2021, there were 1,701 WIC § 602 petitions filed compared with 2,414 WIC § 602 petitions filed in 2022. (Figure 1)

In 2022, new, subsequent, and supplemental petitions (dependency) were filed involving 19,122 children; of these, 11,217 children were before the Court with new WIC § 300 (dependency) petitions. Supplemental and/or subsequent petitions accounted for 7,905 of these petitions. New filings were down by 770 compared with 2021 filings. (Figure 2)

Since 2013 there had been a downward trend in the number of WIC § 300 petitions filed. In 2017 the number began to increase. However, in 2021 the number of filings decreased significantly compared with 2019. In 2022 the number of filings continued to decline.

## EXITING THE DEPENDENCY COURT SYSTEM

The data indicates in 2022, 11,217 children were the subject of new Dependency court petitions, and 11,776 children had their cases dismissed or jurisdiction terminated. In 2022, the number of children exiting the system decreased by approximately 2,140 compared to the number of children exiting the system in 2021. (Figure 3)

The data indicates that of the children who had their cases terminated in 2022, 1,632 children were adopted out of the system, which is an increase of 89 children adopted in 2021. (Figure 4)

## SELECTED FINDINGS

- Since 2013, the number of WIC § 602 petitions continually, significantly decreased, but in 2022, the number increased. In 2021,

- there were 1,701 WIC § 602 petitions filed compared with 2,414 WIC § 602 petitions filed in 2022.
- The number of dependency filings has fluctuated since 2013.
- In 2022, 11,217 children entered the Dependency system as a result of new petitions being filed, and 11,776 children exited the system.
- In 2022, 1,632 children were adopted out of the dependency system, compared to 1,543 children in 2021.
- In 2022, 15,035 families appeared via WebEx technology.

## GLOSSARY

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

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

**Disposition:** The hearing in which the Court assumes jurisdiction of the child. The Court will order Family Maintenance or Family Reunification services. The Court may also calendar a Permanency Planning Hearing. Permanency Planning Hearing (PPH): A post-disposition hearing to determine the permanent plan of the child. This hearing may be held at the 6-, 12- or 18-month date.

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

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

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

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



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

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

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

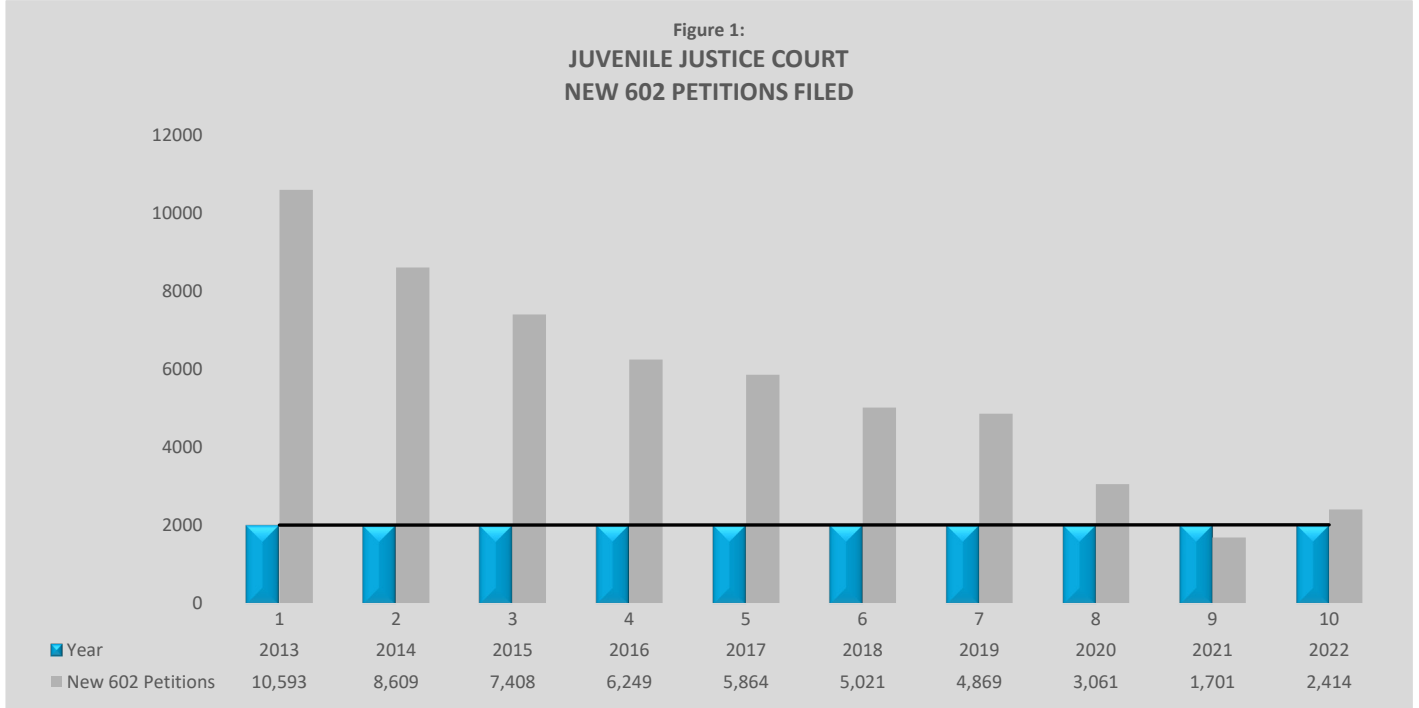
**WIC § 388 Petition:** A petition filed by any party to change, modify, or set aside a previous court order.

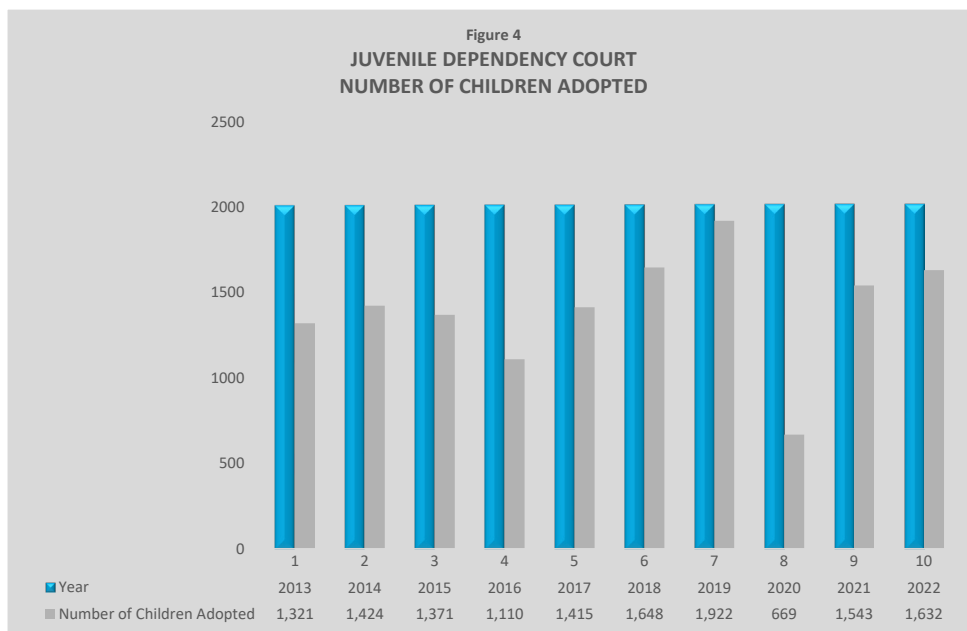
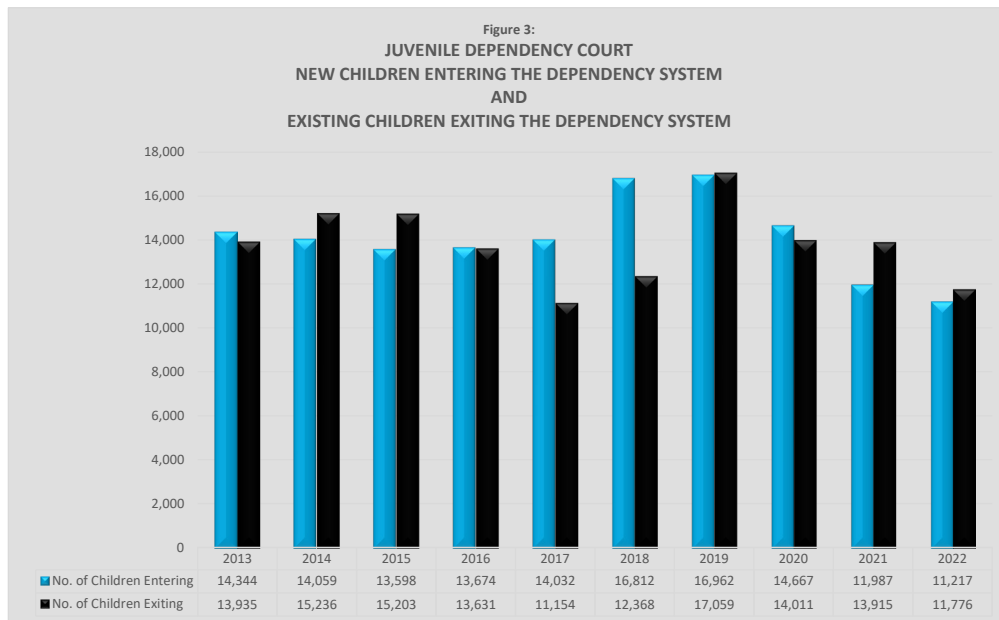
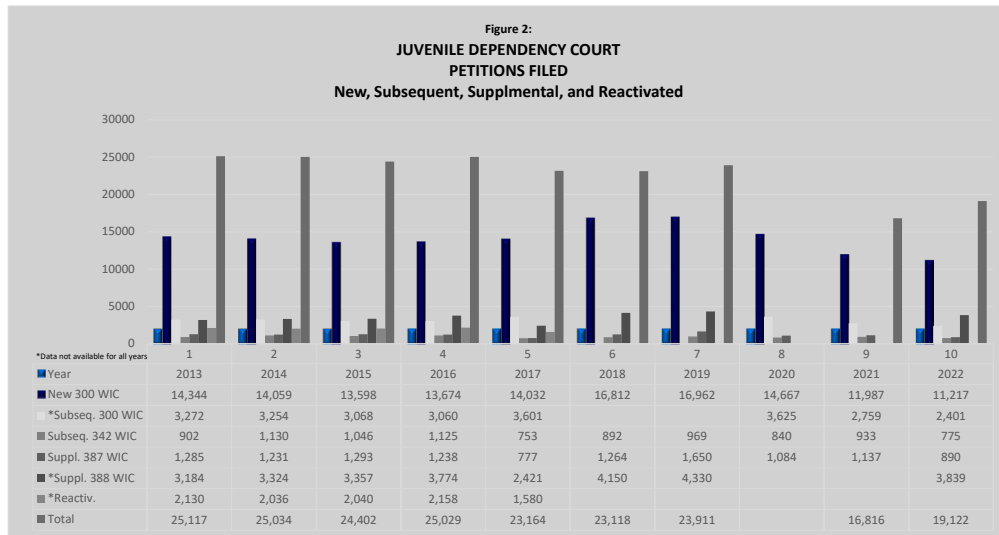
**WIC § 450 Petition:** A minor or non-minor who satisfies all criteria within the code section is within the transition jurisdiction of the juvenile court.

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

**WIC § 602 Petition:** Except as provided in Section 707, any person who is under 18 years of age when he or she violates any law of this state or of the United States or any ordinance of any city or county of this state defining crime other than an ordinance establishing a curfew based solely on age, is within the jurisdiction of the juvenile court, which may adjudge such person to be a ward of the court.

Figure 1:  
JUVENILE JUSTICE COURT  
NEW 602 PETITIONS FILED









# OFFICE OF THE LOS ANGELES CITY ATTORNEY

## INTRODUCTION

The Office of the City Attorney is responsible for providing advice and legal opinions to every officer, department head, board, commission or other unit of the City and preparing and signing off on all contracts and other legal relationships of the City of Los Angeles. The City Attorney interprets federal, state, county and municipal laws for Los Angeles, drafts City ordinances and is responsible for the application, implementation, and enforcement of all laws within the jurisdiction, and defending the City and its charter. In addition, the City Attorney approves and documents all transactions to which the City is a party, oversees all litigation and other proceedings in which Los Angeles is involved and is responsible for civil and criminal misdemeanor enforcement actions. As the City's chief prosecutor, Hydee Feldstein Soto oversees the prosecution of misdemeanors and the administration of criminal justice, including alternatives to incarceration. Her team of nearly 1,000 legal professionals, including 500+ attorneys, carries out the City's legal work at her direction and under her supervision.

## MISSION AND OVERVIEW OF THE CITY ATTORNEY'S OFFICE

The mission of the Los Angeles City Attorney's Office is to serve the City by providing the highest caliber legal services, with clarity and consistency, promoting public safety, pursuing justice and equity in the City's criminal justice system, protecting the City's interests and protecting its people and communities from unlawful and unfair practices, and helping the City serve its constituents with integrity, accountability, efficiency and transparency.

The Office consists of the following Branches: Municipal Branch; Civil Litigation Branch; Criminal Branch; Real Estate Branch and Public Rights Branch.

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. Staffing six courthouses spanning the City, the Office prosecutes a wide range of criminal activity, including vehicular, property, domestic violence, child abuse and exploitation, and violent gang crimes.

The initial step in prosecuting misdemeanor offenses consists of 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 court locations.



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

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's Office takes all crimes against children, elder abuse, stalking, and domestic violence cases extremely seriously. Efforts are multi-faceted, including vertical prosecution, multi-agency state and federal task force participation, victim support services, legislative initiatives, law enforcement training, and community outreach as described below.

### **CHILD SEXUAL ABUSE, INTERNET CRIMES AGAINST CHILDREN AND COMMERCIAL SEXUALLY EXPLOITED CHILDREN**

The City Attorney's Office handles child sexual abuse with extra care, in that experienced prosecutors vertically prosecute all cases of sexual violence against children. In addition, the Office works with DCFS Human Trafficking Division and multiple non-profit agencies to offer housing and support to children who are rescued from the streets after being trafficked. Cases that come to the City Attorney's Office can include:

**Intrafamilial or In-home Abuse:** These cases can range from catching the abuse early during the grooming phase all the way to long term abuse including charges such as child annoying, sexual battery, lewd act on a minor who is 14 or 15, sodomy with a minor, oral copulation with a minor, and penetration with a foreign object.

**Teachers, Priests, Coaches and others in position of authority:** The Office also handles cases involving those in positions of authority and access to children. The Office often handles multi-victim cases involving these types of perpetrators.

**Strangers and CSEC Customers:** The Office prosecutes indecent exposure to children and other

stranger-child sexual abuse cases, including those who engage in commercial sexual exploitation of children, such as soliciting and/or engaging in a sex act with a minor who is being trafficked.

**Child Pornography.** This category includes cases where there are hard copy or digital images/videos on a camera, video recorder, cell phone, computer or any other digital recording or storage device depicting children engaged in sexual conduct or showing a child's genital, pubic, or rectal areas. In certain circumstances, 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 those offenses involving the use of technology to sexually exploit children. It includes the use of any photographic or video device, cell phone, computer, telephone, electronic communication or the Internet, and any attempt to record or transmit sexual images of children.

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

### **PARTNERSHIP WITH STUART HOUSE and THE CENTER FOR ASSAULT TREATMENT SERVICES (CATS) CHILD SEXUAL ABUSE CASES**

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



abuse at both locations.

Currently, the Los Angeles Police Department has 6 full-time detectives housed and working on cases at Stuart House. The District Attorney has five full-time prosecutors assigned to handle felony child sexual abuse cases at Stuart House, and the City Attorney's Office has a dedicated child sexual abuse position for a prosecutor from our office to work at Stuart House full time.

In addition, DCFS currently has two full-time social workers assigned who work at Stuart House to handle the child protection aspect of the cases. Trained advocates from Stuart House and CATS work with the victims and their families to help them through the court process. The advocates from the Multidisciplinary Teams and advocates from the City Attorney's Office work with prosecutors to provide support to child victims, witnesses, and their families. Their combined efforts ensure better conviction rates and stricter sentencing, while providing needed resources and aid to victims of child abuse.

## **CHILDREN EXPOSED TO VIOLENCE INITIATIVE**

The City Attorney launched an important initiative to address the issue of children in our community who are exposed to community and domestic violence. Children Exposed To Violence is a comprehensive initiative, aimed at assuring that the professionals of the criminal justice system are trauma-informed, and thus better able to recognize and properly address children who are exposed to trauma as a result of their exposure to violence.

Law enforcement and prosecutors have frequent encounters with traumatized children. Many of these children encounter the criminal justice system as direct victims or witnesses to violence, and some as perpetrators. It's important that law enforcement and the criminal justice system recognize these children as survivors of trauma, in order to intervene and reduce the potential negative impact (re-traumatization) of the system on them.

We continue to have ongoing trainings to help staff understand the effect of exposure to violence and the impact of violence on child victims and witnesses. This helps to achieve the goal of a systemic change and ensure that all members of the criminal justice system, including law enforcement officers, social workers, prosecutors and relevant staff, work in a trauma informed manner.

In 2022 the Director of Child Abuse Policy and Prevention continued trainings to educate law enforcement about Children Exposed to Violence. She also spoke to public health and social work classes at UCLA, Loyola University and Cal State Los Angeles about children exposed to violence and trauma, and our Office's commitment to making children a priority.

## **CHILDREN EXPOSED TO VIOLENCE The REACH Team**

In the Fall of 2018, and through all of 2019, the City Attorney launched the Children Exposed to Gun Violence (CEGV) project in the community of Watts, in South Los Angeles. In partnership with the Los Angeles Police Department and the non-profit Children's Institute, we put together a crisis response team called the REACH Team, aimed to ensure children and families exposed to gun violence receive appropriate and timely crisis intervention and support services through the Children's Institute and partner organizations. In 2020, the CEGV project expanded geographically from Watts to all of Southeast Division of the Los Angeles Police Department. In 2021 the Program expanded into part of 77th Division and in 2022 the Program expanded into all of 77th Division and South Park and the Pueblo Del Rio Housing Development in Newton Division. The City Attorney's Office also recognized the need for an expansion because exposure to any violence, not only gun violence, is traumatic. The team has grown from one care coordinator and a part-time therapist to a supervising therapist, five care coordinators and a total of three full-time therapists. The REACH Team was able to increase our capacity to help more children and families exposed to gun violence.

As a part of the program, the City Attorney's Office and Children's Institute will regularly conduct community outreach within Southeast Los Angeles schools, housing developments, community organizations and non-profits. Children and families who have been exposed to violence in the past can also reach out for support through an 800 number.

The REACH Team also provides care packages, and trauma therapy for up to six sessions. Children who need long term services are referred to Children's Institute. The families are also assisted with other needs through resources and referrals.

## **HEARING PROGRAM**

The Los Angeles City Attorney's Hearing Program offers



an innovative approach to handling matters in which a crime has occurred, but criminal prosecution may not be the best way to address the problem. In some minor child abuse and neglect matters, cases are assigned to hearing officers who 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 2022, there were 357 child abuse, neglect, sexual abuse and exploitation matters referred to the City Attorney’s Office Hearing Program, after review by an attorney for filing consideration. Also in 2022, the Hearing Program made 64 Children Exposed to Violence victim referrals to Strength United. In addition, the Hearing Program made 31 parenting class referrals to respondents.

**VICTIM ASSISTANCE PROGRAM**

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

There are 23 Victim Service Coordinators located in branch offices throughout the City of Los Angeles. Of the 23 Victim Service Coordinators, 19 are located directly in Los Angeles Police Department Divisions.

In 2022, the Los Angeles City Attorney’s Office Victim Assistance Program assisted 10,874 new victims of crime and assisted in the collection of \$172,742.57 in medical and wage losses, mental health counseling expenses, and funeral/burial expenses, relocation, home security, support loss, home modification, dental and crime scene clean-up.

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

Additionally, the program assists family members of homicide victims.

In 2022, there were 10,874 new victims referred to the program. Of the 10,874 new victims, there were 528 new victims of child sexual and physical abuse.

**STATISTICS**

In 2022, this Office reviewed a total of 53,703 matters and filed 19,251 cases. Of all reviewed cases, 1,016 involved ICAN-related matters. Of the reviewed cases, 72 were filed and 357 were referred to the City Attorney Hearing Program. 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.

**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 Office.

**SEXUAL ABUSE AND EXPLOITATION**

In 2022, the Office reviewed child sexual abuse and exploitation investigations regarding violations of the following California Penal Code sections:

Code Section	Description
261.5(a)	Unlawful sexual intercourse with a minor, who is a under the age of 18 years
261.5(b-d)	Engages in an act of unlawful sexual intercourse with a minor, who is not more than three years older or three years younger than the perpetrator
288a(b)(1)	Oral Copulation with a Person Under 18
288(c)1	Lewd Acts with a Child Under 15/10 Year Age Difference
288.2(a)(1)	Sending harmful matter to a minor
288.2(a)(2)	Sending harmful matter to a minor (non-sexual)
288.4(a)(1)	Arranging a meeting with a minor to expose oneself
289(h)	Sexual Penetration with Person Under 18



311.3(a)	Sexual Exploitation of a Child
311.11(a)	Possession of Child Pornography
647.6(a)(1)	Annoying or Molesting a Child under the age of 18 years
647.6(a)(2)	Engaging in conduct with an adult whom they believe to be a child when motivated by an abnormal sexual interest in a child

Of the 163 criminal investigations presented for filing consideration, 40 cases were filed and prosecuted as misdemeanors and 39 were referred to the City Attorney Hearing Program. There was a disposition of 28 sexual abuse and exploitation cases. Of those 28 cases, 21 resulted in guilty pleas or convictions following jury trials.

### CHILD ABUSE AND NEGLECT

In 2022, the Office reviewed 853 child abuse and neglect investigations involving violations of the California Penal Code sections listed below:

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

Of those 853 investigations, 32 cases were filed and prosecuted as misdemeanors, and 318 were referred to the City Attorney Hearing Program. There were dispositions in 56 child abuse and neglect cases. Of those 56 cases, 20 resulted in guilty pleas or convictions following jury trials.

### CONCLUSION

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

children have the opportunity for a safe and bright future.





# LOS ANGELES COUNTY COMMUNITY CHILD ABUSE COUNCILS

## OVERVIEW

The Los Angeles County Child Abuse Prevention Councils (LAC-CAPCs) consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect and educate the public about child abuse and family violence issues ([www.lachildabusecouncils.org](http://www.lachildabusecouncils.org)).

The membership of the Councils consists of child abuse prevention advocates, professionals working in the fields of child welfare, education, law enforcement, health and mental health, as well as parents and anyone concerned about the issues surrounding child abuse and family violence.

In Fiscal Year (FY) 2022-2023, the Children's Bureau of Southern California ([www.all4kids.org](http://www.all4kids.org)) continued to support the Department of Children and Family Services' (DCFS) Los Angeles County Child Abuse Prevention Councils Coordination Services Grant (\$100,000 each year). Children's Bureau provided technical assistance and administrative oversight to the 12 Child Abuse Prevention Councils with the Council Coordinator bringing all Chair Members together monthly to align the joint service activities of the group and meet collective goals. Furthermore, the Council Coordinator interfaced with several ICAN committees on a regular basis (Child Death Review, Child & Adolescent Suicide Review, and Operations) to cross-share information and provide a community-based perspective with regard to preventing child abuse.



### **WHO ARE THE COUNCILS?**

#### **Geographically Based Councils**

- ACTION for KIDS AV (Antelope Valley Child Abuse Prevention Council)
- Eastside Child Abuse Prevention Council (El Monte)
- End Abuse Long Beach
- Foothill Child Abuse and Domestic Violence Prevention Council
- Council for Child Abuse Prevention – Serving the San Fernando and Santa Clarita Valleys (SPA 2)
- San Gabriel Valley Child Abuse Prevention Council
- Service Planning Area 7 Child Abuse Council
- Westside Anti-Violence Alliance (WAVA)

#### **Population Specific/Countywide Councils**

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

#### **The Los Angeles Child Abuse Prevention Councils are involved in the following joint projects:**

- The Blue-Ribbon Child Abuse Prevention Campaign (held in April for Child Abuse Prevention and Awareness Month);
- Publication of The Children's Advocate Newsletter;
- The Report Card Insert Project;
- Establishment and Maintenance of the Los Angeles County Child Abuse Prevention Council website;
- Training and Technical Assistance to the Community Relating to Child Abuse and Family Violence Issues;
- Monthly Meetings of the Council Chairs; and
- Special Projects for Individual Councils.

### **FISCAL YEAR 2022-2023 SPECIAL PROJECTS**

Between December 2022 and March 2023, each of the Child Abuse Prevention Councils prepared and presented their Annual Project Applications to both their peers and DCFS. Each presentation illustrated how the Council intended to use their allotted funds to support child abuse prevention activities within their respective communities and/or for their target populations. The types of activities varied by Council and included many creative, resourceful and impactful primary prevention projects.

Examples of past special projects include:

- Trauma Informed Care; Domestic Violence (DV) and Intimate Partner Violence (IPV) and its impacts on Children and Teens; Healthy vs. Toxic Relationships; Consent; Sexual Violence Prevention
- African American Families Resilience and Strength

- Knowledge of Parenting & Child Development; Parent Empowerment
- Teaching Youth to Overcome Obstacles
- Increasing Knowledge and Awareness of the Needs of LGBTQ+ Youth and Families;

### **Empowering Social Service and Mental Health Professionals to Support the LGBTQ+ Community**

- Family Behaviors That Increase Your LGBTQ+ Child's Health and Well Being
- Monthly trainings to service providers (Continuing Education Units often available) on topics such as Racial Justice Values, Family Law and Immigration Rights, Social-Emotional Lessons Learned during a Global Pandemic, and Increasing Wellness in the Workplace
- Art Therapy

In FY 2022-2023, the Councils each had \$4,000 to spend on their special projects and most were implemented in April during Child Abuse Awareness Month. The following illustrates a brief description of each Councils' activities during the year; however, most are implemented during the months of March and April.

### **SUCCESS STORIES FROM THE 2022-23 PROGRAM YEAR**

#### **Action for Kids AV (Antelope Valley Child Abuse Prevention Council)**

The Action for Kids AV Council held a family friendly comedy show and tea event, which focused on the misdiagnosis of mental health disorders due to unhealed trauma. The comedy show was hosted at a local church, which reached full capacity. Many participants at the tea event had parties of five to eight people, showing great family/friend interest and engagement. One art focused school brought their entire student body to the interactive comedy show and there was high youth engagement. The outcome of the comedy show highlighted the importance of laughing as one of the best medicines, bringing joy to the heart and positive engagement and interaction between families in the community. Increasing social connections for children and families helps to prevent negative and violent thoughts/actions.

#### **Advocacy Council and Allies for Deaf Children (ACADC)**

The Council's priority in 2022-23 was to host an in-person workshop in order to build a stronger connection and peer support within the Deaf and Hard of Hearing (DHH) community of Los Angeles. We secured a prominent Deaf leader in the DHH Community as our speaker at California State University, Northridge which has a Deaf Studies department and the National Center on Deafness on campus. We had 19 registered attendees through Eventbrite, however participation was limited. Rain and difficulty locating the event on campus likely contributed to low numbers.

#### **Asian and Pacific Islander Children, Youth and Family Council (API-CYFC)**

Funds provided to the API-CYFC supported the expansion of their Opening Doors parenting workshops, which is an evidence-based comprehensive training program for Tagalog-speaking families. The program/project assisted various participants in fulfilling child services/court ordered programs for family reunification; enhanced parents' understanding of child development for children between 0-5 years old; and parents appreciated the concept of social learning, through which they shared their ideas, cultural and family values, and barriers to raising children.

#### **Eastside Child Abuse Prevention Council (El Monte)**

In 2022-23, the Eastside Council was successful in hosting a virtual workshop for parents in English and Spanish on "Internet Safety for Children and Parents," which was well received. Parents shared the resources in the training were informative, relevant, and comprehensive. They also shared this was new material and

they needed help in managing the constant changes in technology. Parents felt more knowledgeable on how to report internet crime and how to talk to their children/teens and school officials about the issue. One parent shared she would be speaking to her children - providing a safe and welcoming space, building trust and rapport, asking them questions, and discussing a safety plan if any issues should arise. Another parent learned new terminology such as “grooming” and how that concept is used to lure children/teens into online situations by taking advantage of their vulnerability and innocence. The parent was grateful for the resources on how to prevent such crimes from occurring as well as ways to seek help and support if needed.

### **End Abuse Long Beach (EALB)**

The most successful aspect of the 2022-23 EALB trainings were the consistency with which they were offered, the accessibility, and relevant content provided by the speakers. Council members highlighted helpful information about API communities, cultural differences and impacts of domestic violence, gender inclusive and affirming information, and inclusive language in the presentations. Below are some testimonials from participants:

- “This was a wonderful presentation with great information about the API communities.”
- “It was a very thorough and informational training. Keep up the great work!”
- “Very informative and eye opening to cultural differences and how it impacts domestic violence.”
- “This was the most gender inclusive and affirming presentation on perinatal mental health/pregnancy/birthing I have been to! As someone who is part of the trans/non-binary community, it is rare to find such intentional and inclusive material on these topics. It was deeply impactful for me to attend as someone from the community, and also impactful to know that this is information that will help continue to guide the work of service providers.”
- “Speaker was a true expert on the subject presented.”

### **Foothill Child Abuse and Family Violence Prevention Council**

Many of the efforts of the Foothill Council this year focused on providing concrete supports to families in need.

The following represents quotes received from families:

- “I can’t tell you how much joy and excitement this has brought to my child! It has also helped me immensely. Thank you to the organization. A great deal of good will come from my child having some new clothes to feel comfortable and confident in!”
- “I already went shopping for groceries and went to Target to buy household items. And one dress for me. I really appreciate you.”
- “Please thank the Council on behalf of the client’s family. That is awesome that they can help to uplift a family when they are struggling.”

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

All projects of the LAC-FCCAC were successfully implemented with incredible support and collaboration received from Council Board Members, LA County and the State of California’s Black Infant Health Directors, the owner of EsoWon Books, and the publishers of several infant/children’s books which were distributed by the Council in collaboration with the Black Infant Health Program. Additionally, LAC-FCCAC hosted an in-person luncheon, where many members were happy to see one another and reconnect. Furthermore, the Council partnered with Elevate Your G.A.M.E. (A Teen Mentoring Support Program) to support their year-end program for up to 300 students. The program had 4 final sessions at the following high schools: Compton High, Compton Dominguez High, Long Beach Poly High, Long Beach Wilson High, and Centennial High in Compton. At graduation, gifts were given to the Seniors for their hard work and participation in the program. Many youths spoke about their improvements in school, how they learned to communicate better with their friends, family members, and football team members as a result of receiving mentorship through Elevate Your G.A.M.E.



## LGBT Child Abuse Prevention Council

The LGBT Council was able to use their funds to purchase admission tickets for approximately 20 youth to attend the West Hollywood Pride, LA Pride, Long Beach Pride, and DTLA Proud. Since many of these youth come from low-income neighborhoods with limited resources and are often priced out from the big Pride festivals, the Council was able to let them experience these fun and empowering community activities stress-free.

## San Gabriel Valley Child Abuse Prevention Council (SGV)

This year, the SGV Council (in partnership with Parents' Place), hosted a community resource fair for children/families with special needs. The families in attendance were very grateful that the event was in-person and provided many resources from 67 vendors. They were also excited about the many opportunities to build social connections. One mom stated that she really enjoyed the Daily Acts of Kindness Towards Children calendar from the LAC-CAPCs with resources and contacts on the back page for support. This mom shared that she hung it up on her fridge and used it with her children daily, which helped strengthen their family bond.

## SPA 2 Council for Child Abuse Prevention

For the SPA 2 Council, the most successful part of the annual project was parent leaders guiding conversation sessions with other parents which had a great impact on the attendees. Participants were left feeling connected to others, heard, and understood. A positive story that stood out involved a 70-year-old woman raising her two grandchildren. She stated that these conversations helped her not to feel alone, to know that she is doing well, and that wounds can heal. Many parents recognized that times have changed and that the education they received is not the same as the education for their children, which creates challenges. However, the parents shared what they have learned from their children, such as recognizing that some of their older methods of parenting may not have been the best and trying to better understand the youth's needs and interests, are invaluable. For example, several parents shared that although their children sometimes talk back, they realized through conversation that they are raising children who are not afraid to speak up. Many of these parents grew up when speaking up or expressing their emotions was not accepted. As a result of this event, many parents shared they had a better understanding of the importance of lifting children's voices. What they say matters and should be validated. Below are quotes from participants regarding the most important thing they learned from attending the community gatherings:

- "Learning from wounds & scars from the past."
- "It is important to talk even if we are ashamed of some aspects of our lives."
- "Do not repeat the mistakes of my upbringing with my son."
- "That communication is essential in family relationships."
- "It's good to talk & listen to other people, you learn a lot from that, from others' experiences."
- "We have to listen to our children and try to understand them, go at their pace."
- "That children are individuals with personalities, criteria different from those of parents."
- "That we never stop learning about raising our children."
- "That my son is teaching me more than I could have ever imagined."
- "That I am a mother, but I am also other things."



**SPA 7 Child Abuse Prevention Council**

The success of both conferences that the SPA 7 Council hosted were a result of on-going collaborations with community partners such as Rio Hondo College, Hispanic Outreach Task Force (HOT), local High Schools, Human Services Association, East Los Angeles Women’s Center, Boys and Girls Club, Penny Lane, Somos Lea, Whittier School District, Rancho School District, and parents.

**Westside Anti-Violence Alliance (WAVA)**

WAVA held its first in-person training in several years, with world-renowned author and speaker Dr. Jackson Katz. Despite heavy rainfall that day, many people attended the event. The Council received very positive feedback including that they appreciated the training being in-person and that the speakers’ activities for participants were informative and helpful.

**TOTAL PEOPLE, CHILDREN & FAMILIES INVOLVED OR IMPACTED**

The Child Abuse Councils were asked to provide their best estimates with regards to the number of children, families, and total adults that were involved or impacted by the activities performed in the 2022-23 contract year throughout Los Angeles County. The following chart illustrates their combined responses:

	Children	Families	Total Adults
<b>Number of people involved or impacted by the projects:</b>	10,009	5,405	8,804

**TRAININGS/WORKSHOPS**

A primary function of the Los Angeles County Child Abuse Prevention Councils is to provide their communities with relevant and timely trainings/workshops. In the 2022-23 contract year, 9 of the 12 Councils were able to provide at least one training or workshop on a wide range of topics and in total 3,996 community members, parents, home visitors, mental health clinicians, social workers, care givers, resource parents, early childhood educators, students and other professionals working in the child welfare field received free or low-cost trainings. Similar to the last few years, this contract year was also a bit different due to the COVID-19 pandemic.

**DISTRIBUTED PRINTED PREVENTION MATERIALS**

The Councils create and distribute a variety of community friendly child abuse prevention materials in numerous languages. In the 2022-23 year, many materials were distributed virtually. Materials available include:

- “Daily Acts of Kindness Towards Children” Calendars (Languages: English, Spanish, Khmer, Tagalog, Korean, Vietnamese, traditional Chinese)
- “Guide to Positive Parenting” (Languages: English & Spanish)
- “It only takes a minute to brighten a child’s life” Bookmarks (Language: English)
- “Together We stand Up Against Bullying!” pamphlet (Languages: English, Spanish, traditional Chinese)
- “Resources for Families and Friends After a Suicide, Suicide Attempt or Threat” wallet cards (Languages: English & Spanish)

- “5 things to know” LGBT resource card (Languages: English & Spanish)
- “Safe Zone” stickers, created by the LGBT Council (Language: English)

In the 2022-23 contract year, the LAC-CAPCs distributed an estimated 17,775 printed prevention materials to community partners, parents, community residents and service providers to name a few within all SPA's (1-8) within Los Angeles County.

Supported

Safe

Care for your kid. Keep your kid loved. Stop hurting your kid. Love them.

You are my kid and I am

your mum but

We are

together

One



Keep your kid safe. Love them. Cared. Loved.



# **SECTION IV: ICAN ORGANIZATIONAL SUMMARY**



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

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

This strong multi-level, multi-disciplinary and community network provides a framework through which ICAN is able to identify those issues critical to the well-being of children and families. ICAN is then able to advise the members, the Board and the public on relevant issues and to develop strategies to implement programs that will improve the community's collective ability to meet the needs of abused and at-risk children with the limited resources available.

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

**ICAN STAFF**

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**EDIE SHULMAN**

Assistant Director

**PETER SABADO**

Program Administrator

**JOYCE TAJUNA**

Program Administrator

**SUSANA MONTANEZ**

Program Administrator

**TOAI GRIFFIN**

Program Administrator

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Administrative Assistant

**SABINA ALVAREZ**

Senior Secretary IV

**JEREMY HUANG**

Senior Secretary III

**ICAN ASSOCIATES STAFF & CONSULTANTS**

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Technology Manager

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**MICHAEL DURFEE, MD**

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Email: [ican@lacounty.gov](mailto:ican@lacounty.gov)

## **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 conferences, 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 No-Hit and Safe Sleep Campaigns and the county wide Children's Poster Art Contest. Promotes projects developed by ICAN (e.g., Family and Children's Index). (Meets as needed).

### ***CHILD DEATH REVIEW TEAM***

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

### ***DATA/INFORMATION SHARING***

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

## ***LEGAL ISSUES***

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

### ***TRAINING***

Provides and facilitates intra and inter agency training. (Meets monthly).

### ***CHILD ABUSE COUNCILS***

Provides interface of membership of 12 community child abuse councils involving hundreds of organizations and professionals with ICAN. Councils are interdisciplinary with open membership and organized geographically, culturally, and ethnically. Coordinates public awareness campaigns, provides networking and training for professionals, identifies public policy issues and opportunities for public/private, community-based projects. (Meets monthly).

### ***CHILD ABUSE/DOMESTIC VIOLENCE***

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

### ***GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP AND CONFERENCE***

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

### ***FAMILY AND CHILDREN'S INDEX***

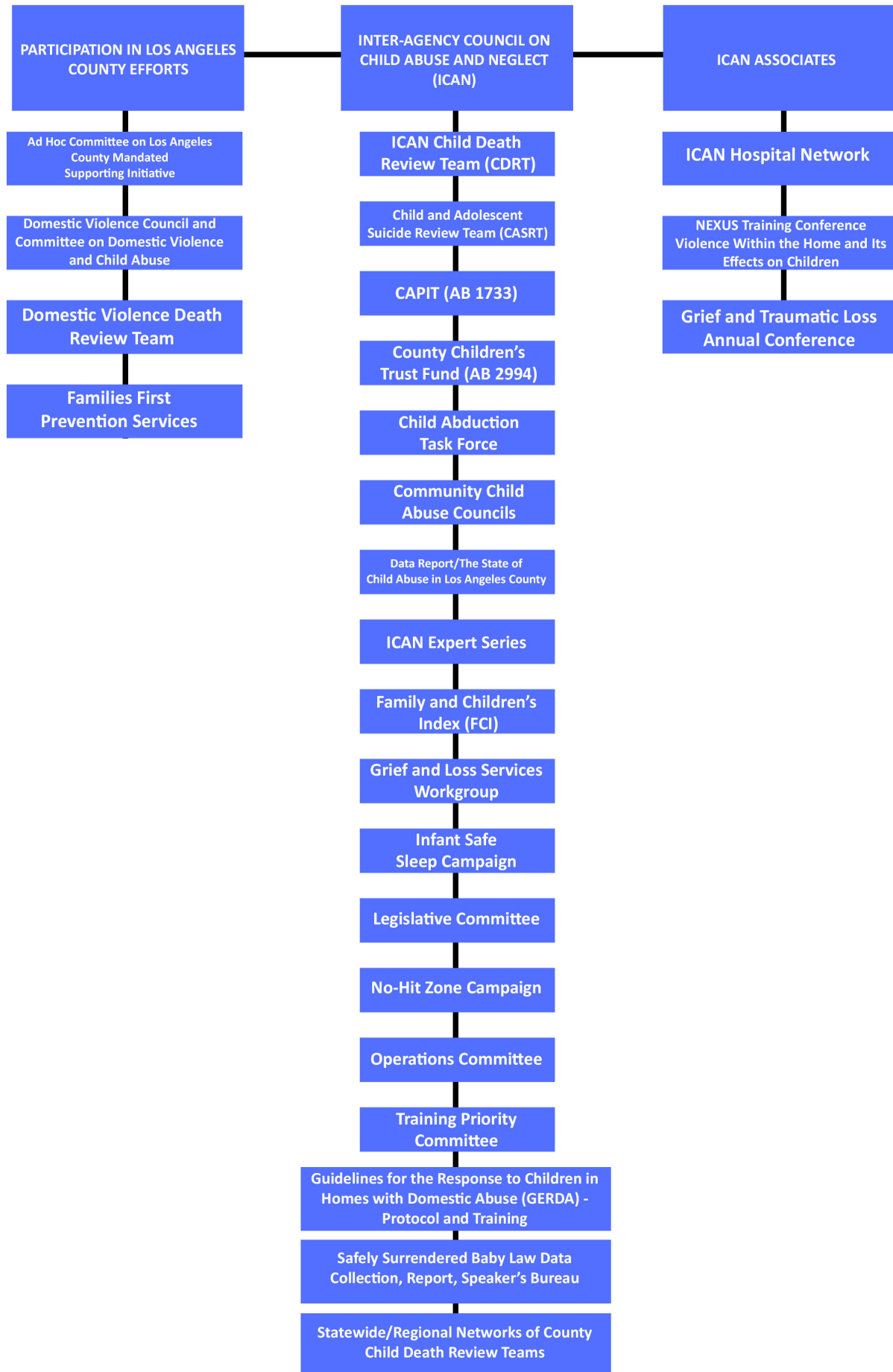
Development and implementation of an inter-agency database to allow agencies access to information on whether other agencies had relevant previous contact with a child or family in order to form multi-disciplinary personnel teams to assure service needs are met or to intervene before a child is seriously or fatally injured. (Meets monthly).

### ***CHILD ABDUCTION***

Public/private partnership to respond to needs of



# ICAN Organizational Chart



Art by Soyeon Kim, ICAN Student Poster Art Contest



STOP

Why were you born?

Can't you do anything?  
Useless.

When can you mature?

CHILD

Grow up.

ABUSE

Be better.

I wish you were never my son.

THE BRUISES  
WILL GO AWAY BUT  
THE PAIN WILL  
REMAIN.

Paul Click

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

**AB 1733/AB 2994 PLANNING**

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

**INTER-AGENCY RESPONSE TO PREGNANT AND PARENTING ADOLESCENTS**

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

**CHILD ABUSE PROTOCOL DEVELOPMENT**

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

**CHILD ABUSE EVALUATION REGIONALIZATION**

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

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

In November 1996, ICAN was designated as the NCFR and serves as a national resource to state and local child death review teams. NCFR resources are available at <http://ican4kids.org>.

**CHILD AND ADOLESCENT SUICIDE REVIEW TEAM**

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

**INFANTS AT RISK**

Works with hospitals, DCFS and community agencies regarding the reporting of infants at risk of abuse/neglect due to perinatal substance exposure. (Meets monthly).

**CHILD SEXUAL EXPLOITATION COMMITTEE (CSEC)**

Focuses on Internet Crimes Against Children, Child Prostitution, and Human Trafficking of Children through the coordination of local, state, and federal agencies and service providers. The goal is to improve the effectiveness of the prevention, identification, investigation, prosecution and provision of services for victims of these crimes. To best meet these goals, a separate subcommittee on Cyber Crime Prevention was formed to develop prevention efforts leaving the CSEC Committee to focus on victim services.

**MULTI-AGENCY IDENTIFICATION AND INVESTIGATION OF SEVERE AND FATAL CHILD INJURY**

With the support of a grant from the Office of Emergency Services (OES), ICAN updated the LA County SCAN team registers, collected existing SCAN and Child Death Review protocols, and surveyed literature for trends and standards, surveyed data systems among agencies to assist in information sharing.

**SAFELY SURRENDER BABY LAW (SSBL)**

Responsible for notifying the Board of Supervisors, Chief Administrative Office, and others of safe surrenders and abandonments, as well as collecting and analyzing data on these cases and preparing an annual written report to the Board of Supervisors. ICAN maintains a Speakers’ Bureau, which has trained nearly a thousand individuals in the public and private sectors. ICAN also is responsible for maintaining the County of Los Angeles Safely Surrendered Baby Law website known as BabySafeLA and responding to the various inquires for information and public information material.

**NEXUS PLANNING COMMITTEE**

Develops and plans ICAN’s annual NEXUS conference; a large multi-disciplinary conference addressing “Violence in the Home and It’s Effects on Children.” (Meets periodically during planning months)

## ICAN ASSOCIATES

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

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

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

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

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

ICAN Associates sponsors the Annual NEXUS Conference, in conjunction with The Department of Children and Family Services (DCFS), community groups and ICAN agencies. The conference presented an opportunity to hear from local, state and national experts, about the impact of all forms of violence within the home on children as well as potential solutions. The information presented will

inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

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



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**FRANK VICENCIA, ESQ.**

**SALLIE PERKINS**

The Los Angeles Community Child Abuse Councils consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect, and to raise public awareness of child abuse and family violence issues. The membership of the Councils is made up of professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the problems of child abuse and family violence. The Child Abuse Councils Coordination Project facilitates the joint projects of the 12 Community Councils. Since the child abuse councils are volunteer organizations, and most members have full time jobs apart from their involvement with the councils, it is important that our projects can be implemented easily and quickly. The Coordination Project also serves the councils by providing technical assistance and professional education, advocating for children issues, and networking with other councils and agencies on behalf of the Councils. The Coordination Project has been in existence since 1987, and has been a non-profit corporation since March 1998. The Coordination Project acts as contractor with the Los Angeles County Department of Children and Family Services and the Office of Child Abuse Prevention (OCAP) to provide services to benefit the 12 Child Abuse Councils in their efforts to prevent child abuse.

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

- The Blue Ribbon Child Abuse Prevention Campaign (Held in April for the Child Abuse Prevention and Awareness Month)
- Publication of the Children's Advocate Newsletter
- Report Card Insert Project
- Establishment and Maintenance of the Los Angeles County Child Abuse Prevention Council Website
- Training and Technical Assistance to the Community Relating to Child Abuse and Family Violence
- Monthly Meetings of the Council Chairs
- Special Projects for Individual Councils

For further information about the Los Angeles Community Child Abuse Councils contact Sare LaCroix, at (818) 790-9448 or visit our website at [lchildabusecouncils.org](http://lchildabusecouncils.org).

## COMMUNITY CHILD ABUSE COUNCILS

### **Director:**

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### **Manager:**

Catherine Rose Grimes, MSW – [catherinerosegrimes@all4kids.org](mailto:catherinerosegrimes@all4kids.org); 714-785-9363

### **Council Chairs:**

#### **LGBTQ+**

- Mark Abelsson - [abelsson@earthlink.net](mailto:abelsson@earthlink.net)

#### **Advocacy Council for Abused Deaf Children (ACADC)**

- Cody Hanable - [chanable@5acres.org](mailto:chanable@5acres.org)

#### **LAC-Family, Children, Community Advisory Council (LAC-FCCAC)**

- Sandra Guine - [siguine@lacfccac.org](mailto:siguine@lacfccac.org); [siguine@gmail.com](mailto:siguine@gmail.com)

#### **SPA 2**

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- Celina Pacheco - [pacheca@dcsf.lacounty.gov](mailto:pacheca@dcsf.lacounty.gov)

#### **Foothill**

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#### **SPA 7**

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- Daisy Rojas - [daisyr@spiritt.org](mailto:daisyr@spiritt.org)

#### **Asian Pacific Islander – Children, Youth, and Family Council (API-CYFC)**

- Nayon Kang - [nkang@kycccla.org](mailto:nkang@kycccla.org)
- Jackie Ango - [jango@cscla.org](mailto:jango@cscla.org)
- Nina Yuen - [nyuen@cscla.org](mailto:nyuen@cscla.org)

#### **ACTION for KIDS - Antelope Valley**

- Rosie Mainella - [affirm1av@gmail.com](mailto:affirm1av@gmail.com)
- Maria Teresa - [touchoflove44@gmail.com](mailto:touchoflove44@gmail.com)
- Marlene Mainella - [marleneisntabelle@gmail.com](mailto:marleneisntabelle@gmail.com)

#### **Westside Anti-Violence Authority (WAVA) \*In the process of updating council name**

- Tiernan Hebron - [thebron@thepeopleconcern.org](mailto:thebron@thepeopleconcern.org)
- Gabriela Tapia - [gtapia@thepeopleconcern.org](mailto:gtapia@thepeopleconcern.org)

#### **End Abuse Long Beach**

- Kathryn Miles - [president@endabuselb.org](mailto:president@endabuselb.org)

It's  
always  
the  
Small  
Pieces



that  
makes  
a big  
difference  
in a child's life

*Paul Clark*



# **SECTION V: APPENDIX**

A significant accomplishment of the Los Angeles Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Subcommittee in the 1980's was to provide Los Angeles area agencies with a common definition of child abuse to serve as a reporting guideline. One purpose of this effort was to achieve compatibility with reporting guidelines used by the State of California.

Additionally, it was hoped that a common definition would enhance our ability to better measure the extent of our progress and our problems, independent of the boundaries of particular organizations. As you read the reports in this document you will see that this hope is certainly being realized. Since their inception, the definitions have increasingly been applied by ICAN agencies with each annual report that has been published. This year's Data Analysis Report is no exception. This year, more than half of the reporting agencies have been able to apply them to their reports in one way or another.

The Data/Information Sharing Sub-committee hopes that as operational automated systems are implemented and enhanced by ICAN agencies, these classifications will be considered and more fully institutionalized. We believe that over time, their use will enable the agencies to achieve a more unified and effective focus on the issues. The seven reporting categories are defined as follows:

### **PHYSICAL ABUSE**

A physical injury which is inflicted by other than accidental means on a child by another person. Physical abuse includes deliberate acts of cruelty, unjustifiable punishment, and violence towards the child such as striking, throwing, biting, burning, cutting, twisting limbs.

### **SEXUAL ABUSE**

Any sexual activity between a child and an adult or person five years older than the child.

This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse.

### **SEVERE NEGLECT**

The child's welfare has been risked or endangered or has been ignored to the degree that the child has failed to thrive, has been physically harmed or there is a very high probability that acts or omissions by the caregiver would lead to physical harm. This includes children who are malnourished, medically diagnosed nonorganic failure to thrive, or prenatally exposed to alcohol or other drugs.

### **GENERAL NEGLECT**

The person responsible for the child's welfare has failed to provide adequate food, shelter, clothing, supervision, and/or medical or dental care. This category includes latchkey children when they are unable to properly care for themselves due to their age or level of maturity.

### **EMOTIONAL ABUSE**

Emotional abuse means willful cruelty or unjustifiable inappropriate punishment of a child to the extent that the child suffers physical trauma and intense personal/public humiliation.

### **EXPLOITATION**

Exploitation exists when a child is made to act in a way that is inconsistent with his/her age, skill level, or maturity. This includes sexual exploitation in the realm of child pornography and child prostitution. In addition, exploitation can be economic, forcing the child to enter the job market prematurely or inappropriately; or it can be social with the child expected to perform in the caretaker role, or it can be through technology through use of a computer, the telephone, or the internet.

### **CARETAKER ABSENCE/INCAPACITY**

This refers to situations when the child is suffering either physically or emotionally, from the absence of the caretaker. This includes abandoned children, children left alone for prolonged periods of time without provision for their care, as well as children who lack proper parental care due to their parents' incapacity, whether physical or emotional.



