ICAN 2002

Inter-Agency Council on Child Abuse and Neglect

Los Angeles County ❖ ICAN Data/Information Sharing Subcommittee
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Report Compiled From 2001 Data

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY

ICAN

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Photographs were selected from commercially available sources and are not of children in the child protective services system. Children's names in case examples have been changed to ensure confidentiality.

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This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Committee, features data from ICAN agencies about activities for 2001, or 2000/2001 for some agencies. The report includes some information about programs, but is intended primarily to provide visibility to data about child abuse in Los Angeles County and information drawn from that data. Much of the report assumes the reader has a basic knowledge of the functions and organization of ICAN and its member agencies. The Appendix describes ICAN's organizational structure.

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

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

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

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

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

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

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

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

This strong multi-level, multi-disciplinary and community network provides a framework through which ICAN is able to identify those issues critical to the well-being of children and families. The Council is then able to advise the members, the Board and the public on relevant issues and to develop strategies to implement programs that will improve the community's collective ability to meet the needs of abused and at-risk children with the limited resources available.

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

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POLICY COMMITTEE

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

COUNTY EXECUTIVES POLICY COMMITTEE

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

OPERATIONS COMMITTEE

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

OPERATIONS EXECUTIVE COMMITTEE

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

ICAN ASSOCIATES

Private incorporated fundraising arm and support organization or ICAN. Sponsors special events, hosts ICANPolicy meetings and receptions, promotes public awareness and raises funds for specific ICAN projects. Maintains volunteer program, conducts media campaigns, issues newsletter and provides support and in-kind donations to community programs, supports special projects such as Roxie Roker Memorial Fund, L.A. City Marathon fundraiser, MacLaren Holiday Party and countywide Children's Poster Art Contest. Promotes projects developed by ICAN (e.g., Family and Children's Index). (Meets as needed).

CHILD DEATH REVIEW TEAM

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

DATA/INFORMATION SHARING

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

LEGAL ISSUES

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

TRAINING

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

CHILD ABUSE COUNCILS

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

CHILD ABUSE/DOMESTIC VIOLENCE

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

CHILDREN'S BURNS

This committee reviews issues surrounding children's burn injuries that result from parental abuse or neglect. (Meets monthly at Grossman Burn Center).

GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP

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

FAMILY AND CHILDREN'S INDEX

Development and implementation of an inter-agency database to allow agencies access to information on whether other agencies had relevant previous contact with a child or family in order to form multidisciplinary personnel teams to assure service needs are met or to intervene before a child is seriously or fatally injured. (Meets monthly).

CHILD ABDUCTION

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

AB 1733/AB 2994 PLANNING

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

INTERAGENCY RESPONSE TO PREGNANT AND PARENTING ADOLESCENTS

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

CHILD ABUSE PROTOCOL DEVELOPMENT

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

CHILD ABUSE EVALUATION REGIONALIZATION

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

NATIONAL CENTER ON CHILD FATALITY REVIEW (NCFR)

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

CHILD AND ADOLESCENT SUICIDE REVIEW TEAM

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

PRENATALLY ALCOHOL/DRUG EXPOSED CHILDREN

Works to improve the system rendering services to drug/exposed children and their families. Provides training on evaluating needs of prenatally substance exposed infants and their families; assists indeveloping and identifying resources to serve drug impacted families (Meets every 2Nd Tuesday, 10:00 a.m., White Memorial Medical Center, L.A.).

EARLY CHILDHOOD COMMITTEE

Focuses on early childhood issues and issues of prenatal health. (Meets monthly).

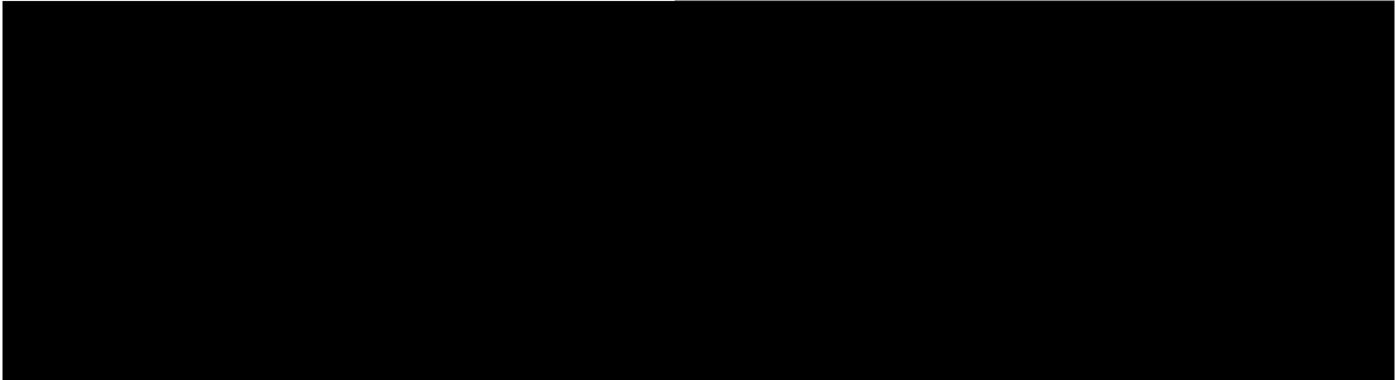
YOUTH ADVISORY COUNCIL

Committee comprised of youth ages 15 - 24 dedicated to working on projects aimed at reducing

family violence. Council also helps to advise the work of other ICAN committees to ensure that a youth perspective is included. (Meets monthly).

YOUTH DEMOGRAPHICS • FINDINGS • RECOMMENDATIONS

ANALYSIS



This year, we are again pleased to have data on overall youth demographics for Los Angeles County. These figures are provided by the State of California, Department of Finance. The data are presented here to give the reader a baseline of youth age from which to draw comparisons when examining other data presented by the various agencies represented in this book.

Figure 1

POPULATION ESTIMATE BY AGE

Los Angeles County, 1992 - 2000

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

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

2000 Source: US Census 2000, SF 1 California file.

Figure 2

POPULATION ESTIMATE BY AGE
Los Angeles County, 1992 - 2000

Age	1992	1993	1994	1995	1996	1997	1998	1999	2000
0	8.00%	7.35%	7.01%	6.56%	6.29%	6.15%	6.04%	5.91%	5.57%
1	7.95%	7.75%	7.13%	6.82%	6.39%	6.13%	6.01%	5.92%	5.36%
2	6.82%	7.73%	7.54%	6.95%	6.66%	6.25%	6.02%	5.91%	5.44%
3	6.25%	6.62%	7.52%	7.37%	6.80%	6.52%	6.14%	5.92%	5.62%
4	5.87%	5.99%	6.07%	6.45%	7.36%	7.22%	6.66%	6.04%	5.84%
5	5.67%	5.83%	5.91%	6.30%	7.21%	7.07%	6.55%	6.31%	5.94%
6	5.64%	5.52%	5.67%	5.77%	6.17%	7.07%	6.95%	6.46%	5.89%
7	5.35%	5.48%	5.37%	5.55%	5.66%	6.05%	6.95%	6.85%	6.03%
8	5.18%	5.20%	5.34%	5.25%	5.43%	5.54%	5.95%	6.84%	6.08%
9	5.19%	5.03%	5.06%	5.22%	5.14%	5.32%	5.45%	5.86%	6.10%
10	4.90%	5.05%	4.90%	4.95%	5.11%	5.03%	5.22%	5.36%	5.89%
11	5.11%	4.76%	4.91%	4.79%	4.84%	5.00%	4.94%	5.14%	5.52%
12	4.92%	4.96%	4.63%	4.80%	4.68%	4.74%	4.91%	4.86%	5.39%
13	4.62%	4.78%	4.83%	4.52%	4.70%	4.59%	4.66%	4.84%	5.16%
14	4.58%	4.49%	4.65%	4.72%	4.42%	4.60%	4.51%	4.59%	5.15%
15	4.59%	4.46%	4.38%	4.55%	4.63%	4.34%	4.53%	4.45%	5.02%
16	4.58%	4.46%	4.34%	4.28%	4.45%	4.55%	4.28%	4.48%	4.98%
17	4.67%	4.45%	4.35%	4.24%	4.18%	4.38%	4.49%	4.24%	5.15%
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Source: State of California, Department of Finance, 1970-2040 Race/Ethnic Population Projections for Counties with Age and Gender Details.

Figure 3

POPULATION ESTIMATE BY RACE/ETHNICITY FOR YOUTH AGES 17 AND UNDER
Los Angeles County, 1992 - 2000

Race/Ethnicity	1992	1993	1994	1995	1996	1997	1998	1999
White	652,724	641,917	633,642	620,405	606,767	608,459	602,300	594,967
Hispanic	1,314,690	1,363,442	1,414,459	1,459,623	1,505,046	1,563,792	1,615,545	1,665,177
African American	283,261	284,676	286,885	286,864	286,368	282,585	277,669	272,279
Asian	262,117	269,818	278,454	285,481	292,621	297,354	302,330	307,052
Native American	6,550	6,296	6,100	5,913	5,795	5,818	5,801	5,730
Total	**2,519,342**	**2,566,149**	**2,619,540**	**2,658,286**	**2,696,597**	**2,758,008**	**2,803,645**	**2,845,205**

Source: State of California, Department of Finance, 1970-2040 Race/Ethnic Population Projections for Counties with Age and Gender Details.

Figure 4

POPULATION ESTIMATE BY RACE/ETHNICITY FOR YOUTH AGES 17 AND UNDER
Los Angeles County, 1992 - 2000

Race/Ethnicity	*1992*	*1993*	*1994*	*1995*	*1996*	*1997*	*1998*	*1999*
White	25.91%	25.01%	24.19%	23.34%	22.50%	22.06%	21.48%	20.91%
Hispanic	52.18%	53.13%	54.00%	54.91%	55.81%	56.70%	57.62%	58.53%
African American	11.24%	11.09%	10.95%	10.79%	10.62%	10.25%	9.90%	9.57%
Asian	10.40%	10.51%	10.63%	10.74%	10.85%	10.78%	10.78%	10.79%
Native American	0.26%	0.25%	0.23%	0.22%	0.21%	0.21%	0.21%	0.20%
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Source: State of California, Department of Finance, 1970-2040 Race/Ethnic Population Projections for Counties with Age and Gender Details.

California Department of Justice -
Child Abuse Program

- In 2001, a total of 5,399 Los Angeles County reports of child abuse and neglect investigations were entered in the Child Abuse Central Index (CACI), compared with 6,146 reports entered in CACI in 2000, a decline of 12%. Los Angeles County reports accounted for 14.9% of the State total of 36,169 during 2001.
- 50.7% of Los Angeles County's 2001 CACI entries were for physical abuse, 29.5% were for sexual abuse, and the rest (19.8%) were for neglect and emotional abuse. Two child deaths from Los Angeles County were entered in CACI in 2001, down 50% from 4 deaths entered in 2000.

Child Abuse and Disabilities

- Statewide reports of abuse of children with identified developmental disabilities dropped from 163 in 2000, to 135 in 2001, a decrease of 17%.
- Nearly 60% of all reports of children with identified disabilities are for children eleven years of age or younger.
- Physical abuse continues to be the most frequently reported type of abuse (43%). This is a decrease from the year 2000 when 53% of the reports were for physical abuse.

Community Care Licensing

- The California Department of Social Services Community Care Licensing Division (CCL) licensed 22,085 children's facilities in Los Angeles County with a total capacity of 292,921 as of December 2001 compared to 17,125 facilities with 277,993 children as of December 2000. This is a 29% increase in the number of licensed facilities from the year 2000.
- The CCL Legal Office closed 188 cases in Los Angeles County involving allegations of abuse, severe neglect or child death in 2001, compared with 168 cases closed in 2000. This is a 12% increase in the number of closed cases from the year 2000.

Department of Children and Family Services

- ER Referrals Received reflects a 2.5% decrease from 151,108 during CY 2000 to 147,352 during CY 2001.
- General Neglect continues to be the first leading reason for ER services. This allegation category accounts for 26.8% of the total reasons for ER services in CY 2001.
- Emotional Abuse (16.9%), which was third in CY 2000, became the second leading reason for ER services in CY 2001.
- Physical Abuse, which dropped from second in CY 2000 and became the third leading reason for ER services in CY 2001, accounts for 14.8% of the total reasons for ER services.
- The number of children in placement with relatives (15,214) exhibits a 16.9% decrease from 18,308 at the end of December 2000. This child population accounts for 45.3% of the total children in out-of-home placement at the end of December 2001. This decrease is mainly due to a program, Kinship Guardianship Assistance Payment (Kin-GAP), which was established by the California Department of Social Services and implemented effective January 1, 2000. The Kin-GAP program provides financial assistance for children placed in out-of-home care with relative caregivers, who are granted legal guardianship and Juvenile Dependency Court jurisdiction is terminated.

Department of Health Services

- The Child Abuse Prevention Program (CAPP) received a total of 494 reports from 26 hospitals for this period. This represented a 5% increase in the number of reports compared to 2000 (470 reports), after a 100% increase between 1999 and 2000. In 2001, LAC USC Medical Center reported the greatest number of cases (n=117) followed by Saint Francis Medical Center (n=65) and LAC Harbor UCLA Medical Center (n=45). This marked the first time where a non-County hospital ranked in the top three reporting hospitals.
- During Fiscal Year 2001-2002, CAPP embarked on an effort to follow individuals who participated in the "Child Abuse and the Internet" and/or "Legal Issues of Child Abuse" conferences. Over 90% of the respondents for both trainings indicated that the information obtained was useful, and that the training increased their knowledge and sensitivity to the conference topics personally and professionally.

- Approximately 80% of respondents indicated that they were able to use the information obtained from the conference in their practice or workplace.
- Overall infant mortality rates for Los Angeles County have declined from 8.0 per 1,000 live births in 1990 to 4.9 per 1,000 live births in 2000 representing a 38.8% decrease in rates.
- Between 1990 and 2000, the percents of low birth weight increased from 6.02% to 6.40%. This increase was primarily due to the increase in multiple births.
- African American children age 4 and under have the highest rate of hospitalization due to head injuries; however, Hispanic children comprise more than half of all head injury hospitalizations for children age 4 and under.
- Deaths due to homicide, motor vehicle crashes and suicide accounted for nearly three quarters of all causes of death among adolescents age 15 to 19 in 2000.
- Los Angeles County has shown a steady decrease in teen birth rates in the past decade for all age groups (<15, 15 to 17 and 18 to 19). The birth rate to adolescent females aged 15 to 19 years old declined by 30.5% from 77.3 per 1,000 in 1990 to 53.7 per 1,000 in 2000.
- Based on the 1999-2000 LA Health Survey, African Americans have the highest childhood asthma prevalence (16%) compared to other racial/ethnic groups. Asthma hospitalizations increase for children who do not receive adequate prevention and acute primary care. African American children have a much higher hospitalization rate compared to other races/ethnicities, while Hispanic children comprised nearly half of all asthma hospitalizations among children under 14 years of age. This speaks to the need for more asthma prevention and management among these communities.
- Hispanic children comprised the largest portion of reported cases with elevated lead blood levels (3,401 cases or 73.1%) in Los Angeles County. To understand the extent of the problem, more information is needed to determine the percentage of children 1 to 6 years of age who are screened for lead poisoning. However, screening only finds children after they are poisoned. Additional data are needed to determine the number of lead-contaminated houses and facilities in Los Angeles County.
- African American children had the lowest rates of immunization rates compared to children from other racial/ethnic groups in 1996 and 1999.
- Based on the results of a Los Angeles County Health Survey, although the number of uninsured children decreased by approximately one fifth between 1997 to 1999-2000, 20% of children were still uninsured. When examining uninsured rates by poverty level, over 80% of uninsured children were living below 200% of the Federal Poverty Level.

Department of Mental Health

- During FY 2000-01, the Violence Intervention Program (VIP) served 58 clients. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program served 1,169 clients. Family Preservation mental health services were provided to 1,028 clients. Start Taking Action Responsibly Today (START) program services were given to 253 clients. The Reunification of Missing Children program served 39 clients. The KidStep program was offered to 43 clients. In addition, the Mental Health Units of the Juvenile Halls treated 2,629 clients, and the Mental Health Units of the Children's Centers treated 1,904 clients. A total of 7,123 clients were served by these programs.
- Clients receiving mental health services in the VIP, CAPIT, Family Preservation, START, Reunification of Missing Children, and KidStep programs constituted 36.4% of the at-risk clients of the programs considered. Of these, 55.6% were identified as DCFS referrals. Males constituted 54.2% and females 45.8%. Their ethnicities were: 12.4% Caucasian, 37.9% African American, 41.2% Hispanic, 6.5% Asian/Pacific Islander, with 2.0% of Unknown/Other ethnicity.
- Clients in the Mental Health Units of the three Juvenile Halls and in the three Children's Centers made up 63.6% of the at-risk clients of the programs considered. Of these, 21.8% were identified as DCFS referrals. Males constituted 68.6% and females 31.4%. Their ethnicities were: 16.0% Caucasian, 36.4% African

American, 33.0% Hispanic, 1.2% Asian/Pacific Islander, with 13.4% of Unknown/Other ethnicity.

- Clients in the Mental Health Units of the Juvenile Halls were distributed as follows: 43.7% in Barry Nidorf Juvenile Hall, 35.4% in Los Padrinos Juvenile Hall and 20.9% in Central Juvenile Hall.
- Clients in the Mental Health Units of the Children's Centers were distributed as follows: 57.6% in MacLaren Children's Center, 27.7% in Challenger Memorial Youth Center, and 14.7% in Dorothy Kirby Center.
- The number of Mental Health Unit clients under the supervision of the juvenile justice system in FY 2000-01 was 4,533. This represents a decrease of 6.4% relative to FY 1999-00.
- The CAPIT program served 287 clients who received a primary or secondary admission DSM IV diagnosis of child abuse and neglect. The count for this DSM diagnosis was 73 at MacLaren Children's Center Mental Health Unit, 31 for the VIP program, 31 for Family Preservation mental health services, 17 for the Juvenile Justice Mental Health Units, 5 for the START program, 5 at Dorothy Kirby Center, and 1 at the KidStep program.
- During FY 2000-01, the DMH Psychological Test Authorization Unit (TAU) received 4,755 requests for psychological testing and approved 3,595 (75.6%). Most of these requests and approvals were for children referred to Fee-For-Service mental health treatment by DCFS. The TAU also provided more than 2000 additional telephone consultations with DCFS Children's Social Workers to help to determine the service needs of individual children.
- Juvenile Court Mental Health Services reviewed 13,190 requests for authorization of psychotropic medication in FY 2000-01. Of these, 10,344 were received from DCFS for dependent children, and 1,846 for delinquents under the jurisdiction of Juvenile Court. Over 90% of the requests were approved.

Los Angeles City Attorney's Office

- There were 1,023 child abuse/endangerment case prosecutions which were completed during Calendar Year 2001. This is an increase of 21 cases (or 2.10%) over the 1,002 prosecutions that took place during Calendar Year 2000.
- There were 626 child abuse/endangerment cases referred to the City Attorney's Office Hearing Program during Calendar Year 2001. This represents an increase of 63 cases (or 11.19%) over the 563 hearings that were referred to the Hearing Program during Calendar Year 2000.
- There were 1,159 child victims of crime who received services from the Victim Assistance Program Services Coordinators during Calendar Year 2001. This is an increase of 440 victims (or 61.2%) over the 719 child victims who received assistance during Calendar Year 2000.

Los Angeles County District Attorney's Office

- Following a 9% decline in the total number of child abuse and neglect cases submitted to the District Attorney's Office from 1999 (74%) to 2000 (65%) resulting in a felony filing, these numbers stabilized in 2001 (65%).
- In 2001, 53% of the child abuse and neglect cases filed by the District Attorney's Office involved allegations of physical abuse while 46% involved allegations of sexual abuse. In 2000, 59% involved allegations of physical abuse while 41% involved allegations of sexual abuse.
- The percentage of submitted 288(a)PC cases filed in adult matters dropped 24% from 2000 to 2001 (from 57% to 33%). Overall, the total percentage of child abuse and neglect cases filed as either a felony or misdemeanor in 2001 was 54% of those submitted.
- The percentage of submitted 273(a)PC cases filed as either a felony or a misdemeanor rose from 57% in 2000 to 59% in 2001. Of the cases submitted for filing, 45% were filed as felonies while 14% were filed as misdemeanors.
- In 2001, 66% of the child abuse and neglect cases submitted for a juvenile filing involved allegations of 288(a)PC. A total of 58% of the cases submitted under this section were filed while 42% were filed as misdemeanors.
- A total of 2,162 child abuse and neglect cases were completed in 2001. Convictions were obtained in 92% of the cases. Less than 1% (.7%) of the cases resulted in an acquittal following a jury trial.

Los Angeles County Sheriff's Department
*Family Crimes Bureau (FCB)***

- FCB investigated 3,329 cases (a 6% increase from 2000) involving 4,023 alleged victims of child abuse in 2001, up from 3,901 alleged victims investigated in 2000 (a 3.1% increase).
- 2,729 of the alleged victims were female (67.8%). 1,567 (38.9%) of the total victims were age 9 years or younger.
- 2,011 (60.4%) of all the FCB case investigations were for sexual abuse, while 1,318 (39.6%) were for physical abuse.
- Of the sexual abuse cases investigated, 81.5% of the victims were female and 93.6% of the suspects were male. 84.8% of the suspects had a known relationship to the victim.
- 1,944 cases (58.4% of all year 2001 cases investigated) were submitted to the District Attorney's Office for review, with 48.6% filed and 51.4% rejected.

** *The FCB investigates cases of physical and sexual abuse, as well as failure to thrive. Other forms of child maltreatment are investigated by the local patrol stations. The FCB is divided among four teams in the North, South, East and West regions of the county. Referrals are reports of possible child abuse that are received, but not necessarily investigated. Cases are referrals on which investigations are conducted.*

Los Angeles County Superior Court -
Juvenile Dependency Court

- New WIC section 300 petitions decreased from 1995 to 2000 (from 13,123 to 8,015, or 38.9% over the five-year period), but 2001 saw new petitions slightly increase over the previous year (from 8,015 to 8,285).
- Filings for WIC section 300/342 subsequent petitions increased modestly (from 4,141 to 4,325) over the same five-year period (an increase of 4.4%), but dropped to 3,453 filings in 2001.
- WIC section 387/388 supplemental petitions have increased over the five-year period, from 3,174 to 3,799 (a 19% increase).
- The Court conducted 7,197 Disposition Hearings in calendar year 2001, an increase of 233 (3.3%) from 2000 (6,964).

Los Angeles Police Department***
Abused Child Unit

- The total investigations (crime and non-crime) conducted by the unit in 2001 (3,194) showed a fractional increase (.06%) over the number of investigations in 2000 (3,192).
- Adult arrests by the unit in 2001 (271) showed no change in the number of arrests made in 2000 (271).
- The number of dependent children handled by the unit in 2001 (1,506) showed a decrease of 10.4% from the number handled in 2000 (1,681).

Geographic Areas

- The total investigations conducted by the Areas in 2001 (1,975) showed a decrease of 47.2% from 2000 (2,907).
- Adult arrests made by the Areas in 2001 (416) showed a decrease of 39.9% from 2000 (582).
- The number of dependent children handled by the Areas in 2001 (1,540) was an increase of 6.9% over the number handled in 2000 (1,433).

****The Abused Child Unit investigates severe neglect/endangerment, physical abuse, sexual abuse and homicide when the victim is under 11 years of age and conducts follow-up investigations of undetermined deaths involving victims under the age of eleven.*

LAPD is divided into 18 geographic areas. Each geographic area station is responsible for investigation of unfit homes, child endangering and dependent children cases, as well as cases in which the perpetrator is not a parent, stepparent, legal guardian, or common-law spouse. Geographic area stations also investigate cases in which the child receives an injury but is not the primary object of the attack. Cases which do not meet the established criteria of the Abused Child Unit are also investigated by the geographic area stations.

Los Angeles Unified School District
Current Year Findings

- In the 2000-01 school year (7-1-00 through 6-30-01), 4,918 reports of suspected child abuse were filed on behalf of district students. Of this total, approximately 60% were for physical maltreatment, about 18% were for neglect and about 15% were for suspected sexual abuse.
- The school level or category was known for 99% of the reports with 65% filed for children enrolled in elementary schools, 20% for middle school students and about 12% for high school enrollees.

Comparison to Prior Years

- Comparisons with prior year data show that the total number of reports decreased about 7%, 381

fewer reports. By gender, there were 12% fewer reports for males and 2% for females.

- A review of reports by ethnicity shows decreases for all groups with the highest percentage occurring for Asians (28%) and Caucasians (22%). Additionally, reports of maltreatment for Black students decreased by 10% and Hispanics had 4% fewer reports.
- Analysis of the incidence of suspected abuse at various school levels indicated that fewer reports were filed at the elementary and middle schools, 10% and 7% respectively, whereas at the high school level, reports increased by 5%.
- At each school level, with the exception of the elementary grades and special education, there was a sizable percentage increase in the number of neglect reports. At middle schools, it was 23% and at high schools, 15%.
- Reports of physical abuse decreased for all ethnicities. The greatest percentage decreases occurred for Caucasian students (23%) and Asians (28%).
- Sexual abuse data showed a sizable decrease for all ethnicities and for all school levels.

Trends

- Trend analysis shows that distribution of reports across maltreatment types and school levels is consistent with trends noted in prior years. Over the last 12 years, physical abuse reports have generally accounted for between 60% of all reports made, sexual abuse about 16%, and general neglect approximately 15%.

Probation Department

- The adult child abuse referrals continue to decline; they decreased 1.2% from 826 in 2000 to 816 in 2001.
- Juveniles referred for child abuse offenses decreased 27.5% from 738 in 2000 to 535 in 2001.
- 552 juveniles were under supervision for child abuse offenses in 2001 compared to 784 in 2000, a decrease of 29.5%.
- The majority of adults and juveniles referred to Probation for child abuse offenses were for sexual abuse - 1,179 of 1,351 total referrals (87%).

A mixture of increases and decreases in child abuse/child welfare-related data among agencies in Los Angeles County occurred during 2001. A selected summary of increases and decreases noted during 2001 includes:

Increases Reported:

Community Care Licensing

- The California Department of Social Services Community Care Licensing Division (CCL) licensed 22,085 facilities with a total capacity of 292,921 children during 2001, compared with 17,125 facilities with a capacity of 277,993 children during 2000. This is a 29% increase in the number of licensed facilities from the year 2000.
- The CCL Legal Office closed 188 cases in Los Angeles County involving allegations of abuse, severe neglect or child death in 2001, compared with 168 cases closed in 2000. This is a 12% increase in the number of closed cases from the year 2000.

Department of Health Services

- The Child Abuse Prevention Program (CAPP) received a total of 494 reports from 26 hospitals for this period. This represented a 5% increase in the number of reports compared to 2000 (470 reports), after a 100% increase between 1999 and 2000.
- Between 1990 and 2000, the percents of low birth weight births increased from 6.02% to 6.40%. This increase was primarily due to the increase in multiple births.

Los Angeles City Attorney's Office

- There were 1,023 child abuse/endangerment case prosecutions, which were completed during Calendar Year 2001. This is an increase of 21 cases (or 2.10%) over the 1,002 prosecutions that took place during Calendar Year 2000.
- There were 626 child abuse/endangerment cases referred to the City Attorney's Office Hearing Program during Calendar Year 2001. This represents an increase of 63 cases (or 11.19%) over the 563 hearings that were referred to the Hearing Program during Calendar Year 2000.
- There were 1,159 child victims of crime who received services from the Victim Assistance Program Services Coordinators during Calendar Year 2001. This is an increase of 440 victims (or 61.2%) over the 719 child victims who received assistance during Calendar Year 2000.

Los Angeles County District Attorney's Office

- The percentage of submitted 273(a)PC cases filed as either a felony or a misdemeanor rose from 57% in 2000 to 59% in 2001. Of the cases submitted for filing, 45% were filed as felonies while 14% were filed as misdemeanors.

Los Angeles County Sheriff's Department - ***Family Crimes Bureau (FCB)***

- FCB investigated 3,329 cases (a 6% increase from 2000) involving 4,023 alleged victims of child abuse in 2001, up from 3,901 alleged victims investigated in 2000 (a 3.1% increase).

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Juvenile Dependency Court

- New WIC section 300 petitions slightly increased in 2001 compared to 2000 (from 8,015 to 8,285).
- WIC section 387/388 supplemental petitions have increased over the five-year period 1995 to 2000, from 3,174 to 3,799 (a 19% increase).
- The Court conducted 7,197 Disposition Hearings in calendar year 2001, an increase of 233 (3.3%) from 2000 (6,964).

Los Angeles Police Department

- The total investigations (crime and non-crime) conducted by the Abused Child Unit in 2001 (3,194) showed a fractional increase (.06%) over the number of investigations in 2000 (3,192).
- The number of dependent children handled by the LAPD geographic area stations in 2001 (1,540) was an increase of 6.9% over the number handled in 2000 (1,433).

Los Angeles Unified School District

- Analysis of the incidence of suspected abuse at various school levels indicated that at the high school level, reports increased by 5%.
- At each school level, with the exception of the elementary grades and special education, there was a sizable percentage increase in the number of neglect reports. At middle schools, it was 23% and at high schools, 15%.

Decreases Reported:

California Department of Justice -
Child Abuse Program

- In 2001, a total of 5,399 Los Angeles County reports of child abuse and neglect investigations were entered in the Child Abuse Central Index (CACI), compared with 6,146 reports entered in CACI in 2000, a decline of 12%.

Child Abuse and Disabilities

- Statewide reports of abuse of children with identified developmental disabilities dropped from 163 in 2000, to 135 in 2001, a decrease of 17%.
- Physical abuse continues to be the most frequently reported type of abuse (43%). This is a decrease from the year 2000 when 53% of the reports were for physical abuse.

Department of Children and Family Services

- ER Referrals Received reflects a 2.5% decrease from 151,108 during CY 2000 to 147,352 during CY 2001.
- The number of children in placement with relatives (15,214) exhibits a 16.9% decrease from 18,308 at the end of December 2000. This child population accounts for 45.3% of the total children in out-of-home placement at the end of December 2001.

Department of Health Services

- Overall infant mortality rates for Los Angeles County have declined from 8.0 per 1,000 live births in 1990 to 4.9 per 1,000 live births in 2000 representing a 38.8% decrease in rates.
- Los Angeles County has shown a steady decrease in teen birth rates in the past decade for all age groups (<15, 15 to 17 and 18 to 19). The birth rate to adolescent females aged 15 to 19 years old declined by 30.5% from 77.3 per 1,000 in 1990 to 53.7 per 1,000 in 2000.
- Based on the results of a Los Angeles County Health Survey, although the number of uninsured children decreased by approximately one fifth between 1997 to 1999-2000, 20% of children were still uninsured. When examining uninsured rates by poverty level, over 80% of uninsured children were living below 200% of the Federal Poverty Level.

Department of Mental Health

- The number of Mental Health Unit clients under the supervision of the juvenile justice system in FY 2000-01 was 4,533. This represents a decrease of 6.4% relative to FY 1999-00.

Los Angeles County District Attorney's Office

- The percentage of submitted 288(a)PC cases filed in adult matters dropped 24% from 2000 to 2001 (from 57% to 33%). Overall, the total percentage of child abuse and neglect cases filed as either a felony or misdemeanor in 2001 was 54% of those submitted.

Los Angeles County Superior Court -
Juvenile Dependency Court

- Filings for WIC section 300/342 subsequent petitions decreased from 4,325 in 2000 to 3,453 filings in 2001.

Los Angeles Police Department

- The number of dependent children handled by the Abused Child Unit in 2001 (1,506) showed a decrease of 10.4% from the number handled in 2000 (1,681).
- The total investigations conducted by the LAPD geographic area stations in 2001 (1,975) showed a decrease of 47.2% from 2000 (2,907).
- Adult arrests made by the geographic area stations in 2001 (416) showed a decrease of 39.9% from 2000 (582).

Los Angeles Unified School District

- Comparisons with prior year data show that the total number of reports decreased about 7%, 381 fewer reports. By gender, there were 12% fewer reports for males and 2% for females.
- A review of reports by ethnicity shows decreases for all groups with the highest percentage occurring for Asians (28%) and Caucasians (22%). Additionally, reports of maltreatment for Black students decreased by 10% and Hispanics had 4% fewer reports.
- Analysis of the incidence of suspected abuse at various school levels indicated that fewer reports were filed at the elementary and middle schools, 10% and 7% respectively.
- Reports of physical abuse decreased for all ethnicities. The greatest percentage decreases occurred for Caucasian students (23%) and Asians (28%).

- Sexual abuse data showed a sizable decrease for all ethnicities and for all school levels.

Probation Department

- The adult child abuse referrals continue to decline; they decreased 1.2% from 826 in 2000 to 816 in 2001.
- Juveniles referred for child abuse offenses decreased 27.5% from 738 in 2000 to 535 in 2001.
- 552 juveniles were under supervision for child abuse offenses in 2001 compared to 784 in 2000, a decrease of 29.5%.

RECOMMENDATION ONE:
Agency Data Report Definitions

Agency data statements contained in the annual Data and Information Sharing Committee Report, *The State of Child Abuse in Los Angeles County*, should include a glossary explaining the meanings of acronyms and terms used in the agency's report.

Rationale:

In recognition of the fact that contributive agencies come from a wide variety of systems that have a different focus of their core mission, like terms used from report to report may not mean the same thing. For example, the word "case" may mean a person on probation, a person accused of committing a crime, a child alleged to have been abused or neglected, or a family receiving services. Inclusion of a glossary of terms will help clarify the nuances among these various agency data reports.

RECOMMENDATIONS TWO:
Required Agency Data Report Elements

Agency data statements contained in the annual Data and Information Sharing Committee Report, *The State of Child Abuse in Los Angeles County*, should include trends and selected findings supported by their report. Trend means increases and decreases in each agency's data from year to year. Selected findings refer to any data that the agency would like to highlight in their report.

Rationale:

It is important for agencies to include information on trends and findings to allow for the forming of future recommendations regarding child welfare initiatives and program development.

RECOMMENDATION THREE:

ICAN agencies identified in any recommendation contained in the annual Data and Information Sharing Report, ***The State of Child Abuse in Los Angeles County***, are again requested to provide a summary of their follow-up actions to those recommendations. That summary should be included in their agency's data statement for the following year's report.

Rationale:

Recommendations regarding child welfare, data or countywide/statewide initiatives or programs are made in ICAN's annual report, The State of Child Abuse in Los Angeles County. Annual reporting on implementation by the identified agencies would allow the ICAN Policy Committee to assess progress and identify additional needed actions.

An analysis of Inter-Agency Data Collection

ANALYSIS

There is limited information available from individual agencies which can be linked with other agency data to portray the child victim's route through the criminal justice and juvenile dependency systems. Information in the *2002 State of Child Abuse in Los Angeles County* report presents data unique to each agency which may include the type of abuse/neglect involved, detailed information on the victim, or the extent of the agency's work. This special inter-agency section of the report attempts to show the data connections which exist between agencies and information areas which could be expanded.

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

6. All ICAN agencies review their current practices of data collection to ensure that the total number of reports or cases processed by the agencies, irrespective of reason, are submitted in their data reports.

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

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

I. List of Child Abuse and Neglect Sections

Figures 1 and 2 list criminal offense code sections, identifying relevant child abuse offenses which permit ICAN agencies to verify and consistently report the offenses which should be included as child abuse offenses. The breakdown of these sections into seven child abuse and neglect categories permits consistency in the quantification of child abuse activity completed by the agencies, particularly the law enforcement agencies that use these criminal offense code sections. Use of this list may uncover offenses which were not counted in the past and therefore maximize the number of child abuse cases counted by each agency.

II. Flow Charts

Flow Charts were developed to:

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

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

Figure 1

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

AbuseType	Section	Felony/Misd	Description
Physical Abuse	187PC	F	Murder of a Child
Physical Abuse	273abPC	F	Assault on a Child Under 8/Death
Physical Abuse	192PC	F	Manslaughter of a Child
Physical Abuse	664/187PC	F	Attempted Murder of a Child
Physical Abuse	207(b)PC	F	Kidnap Child Under 14
Physical Abuse	207{208(b)}PC	F	Kidnap Child Under 14
Physical Abuse	273aPC	F/M	Child Endangerment
Physical Abuse	273dPC	F/M	Corporal Injury to Child
Sexual Abuse	269(a)PC	F	Aggravated Sexual Assault of Child Under 14
Sexual Abuse	288.5PC	F	Continuous Sexual Abuse of Child Under 14
Sexual Abuse	286(C)PC	F	Sodomy of Child Under 14
Sexual Abuse	286(b)(2)PC	F	Sodomy of a Child Under 16
Sexual Abuse	286(b)(1)PC	F/M	Sodomy of a Child Under 18
Sexual Abuse	288(b)PC	F	Forcible Lewd Act on a Child Under 14
Sexual Abuse	288(a)PC	F	Lewd Act on a Child Under 14
Sexual Abuse	288a(c)PC	F	Oral Copulation of a Child Under 14
Sexual Abuse	288a(b)PC	F/M	Oral Copulation of a Child Under 18
Sexual Abuse	289(j)PC	F	Forcible Sexual Penetration of Child Under 14
Sexual Abuse	289(h)PC	F	Forcible Sexual Penetration of Child Under 18
Sexual Abuse	288(c)PC	F/M	Lewd Act on a 14 or 15 year old
Sexual Abuse	266jPC	F	Procurement of a Child Under 16
Sexual Abuse	266h(b)PC	F	Pimping of a Child Under 18
Sexual Abuse	266i(b)PC	F	Pandering of a Child Under 18
Sexual Abuse	261.5PC	F/M	Unlawful Sexual Intercourse with a Child
Sexual Abuse	285PC	F	Incest
Sexual Abuse	647.6PC	F/M	Annoying or Molesting a Child Under 18
Sexual Abuse	288.2PC	F/M	Providing Lewd Material to Child

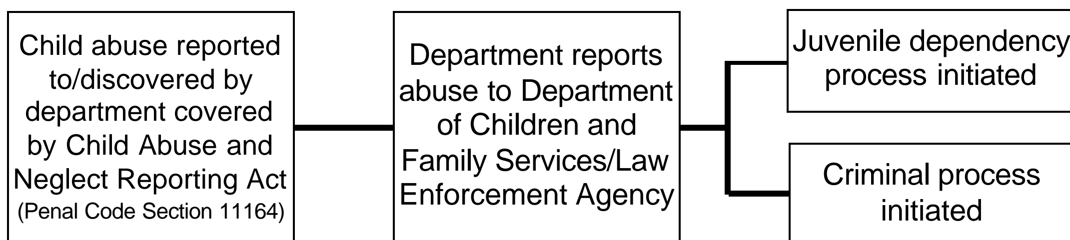
Figure 1 (cont.)

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

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

Flow Chart 1

REPORTING DEPARTMENTS
Involvement in Child Abuse Cases • 2001



Reporting Departments Workload

Department	Workload
Chief Medical Examiner Coroner	264
L. A. County Probation Department	816
L. A. County Office of Education	7,807
Dept. of Public Social Services	556
Los Angeles Police Department	5,169
L.A. County Sheriff's Dept. FCB	3,329
Dept. of Children & Family Services	145,199

Child Process Initiated

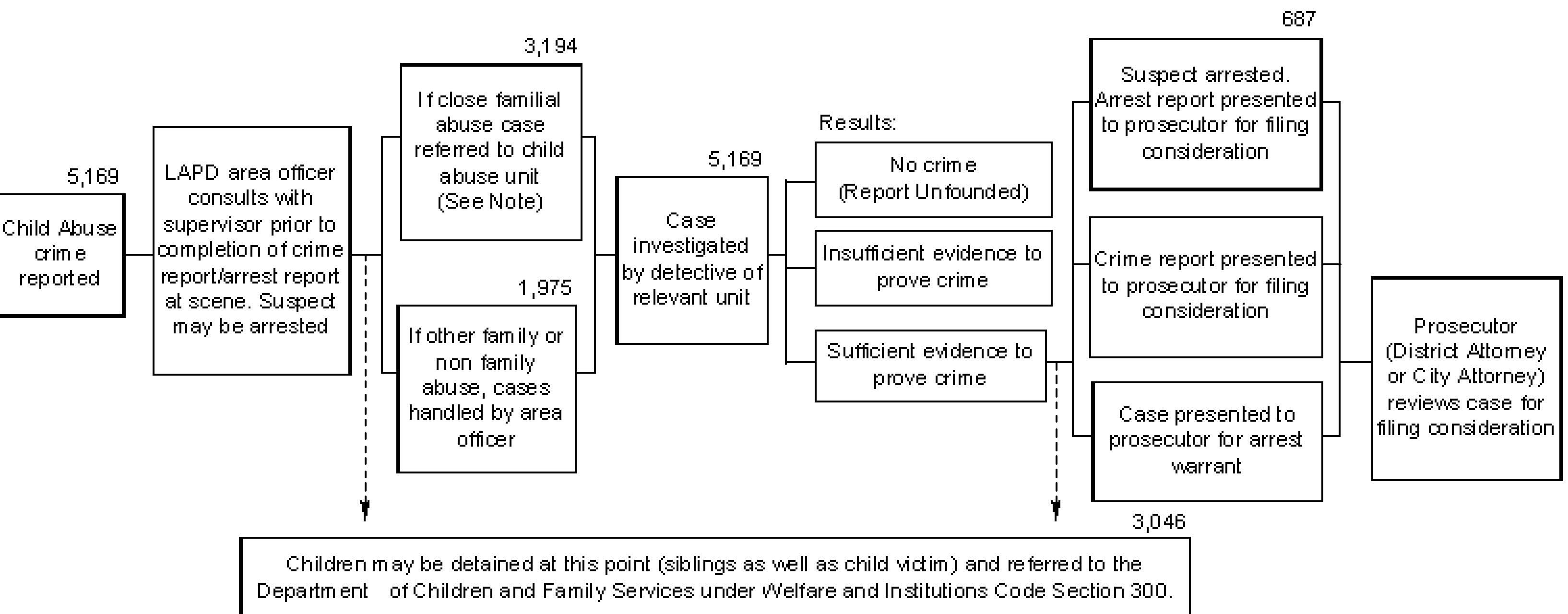
See flow Charts III, IV for individual detail on LAPD and LASD . See Flow Chart VI for detail on the L.A. District Attorney. Where possible similar categories of agency data have been totalled.

Child Abuse/Neglect Report

Juvenile Dependency Process Initiated

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

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



Note:

Case Count Definition

Endangering cases:

Multiple victims in same family = 1 report (case)

All other cases:

Each victim = 1 report (case)

Child Abuse Unit Responsibilities

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

Geographic Area Responsibilities

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

See the LAPD Report for more details on their workload.

Child Abuse Detail (CAD) notified of suspected child abuse case(s)

Complaint unfounded. No referral by CAD for investigation

CAD calls station, requests investigation

Incident investigated by Station Deputy

Results:

Complaint unfounded, no action taken

Suspicious circumstances Report

Crime report completed

3,329

Case returned to CAD, incident investigated

Results:

No crime

Insufficient evidence to prove crime

Sufficient evidence to prove crime

Arrest report presented to prosecutor for filing consideration

1,944

Crime report presented to prosecutor for filing consideration

Case presented to prosecutor for arrest warrant

Prosecutor (District Attorney or City Attorney) reviews case for filing consideration

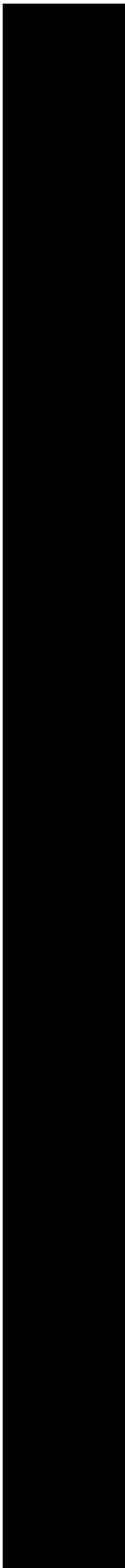
Children may be detained at this point (siblings as well as child victim)

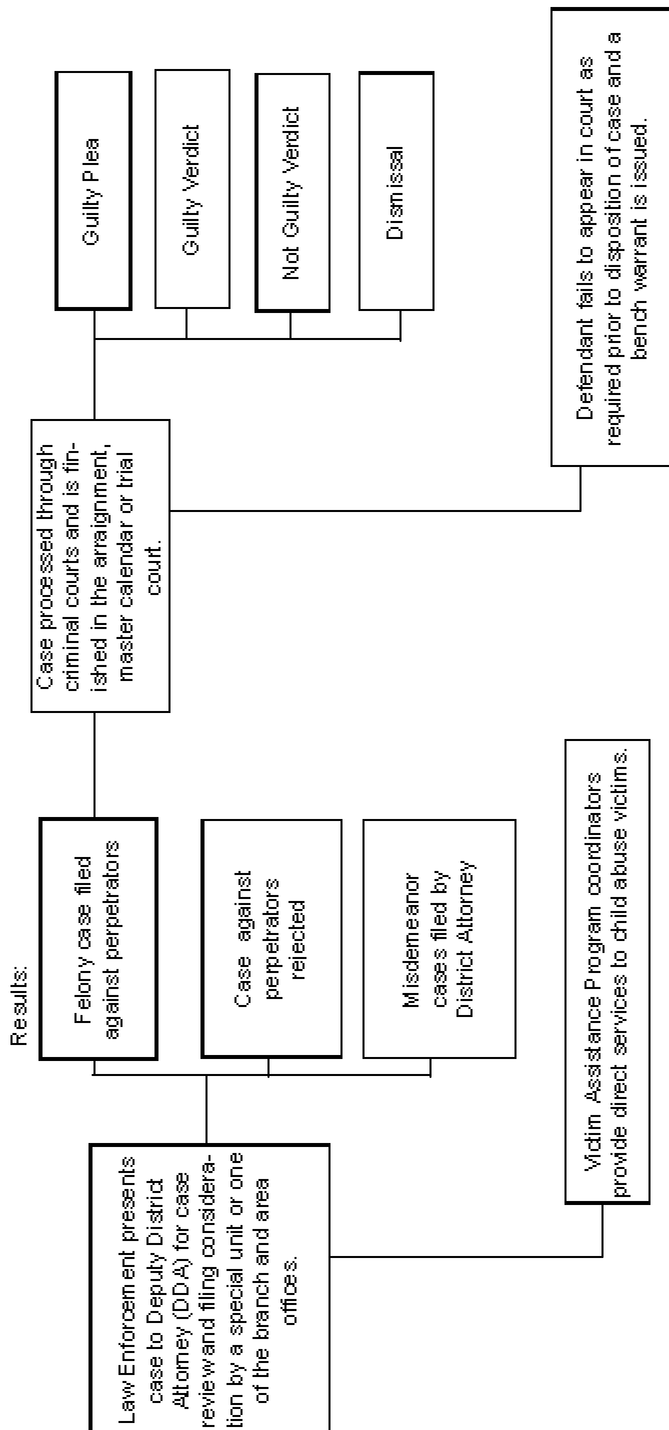
Note:

Case Count Definition

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

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



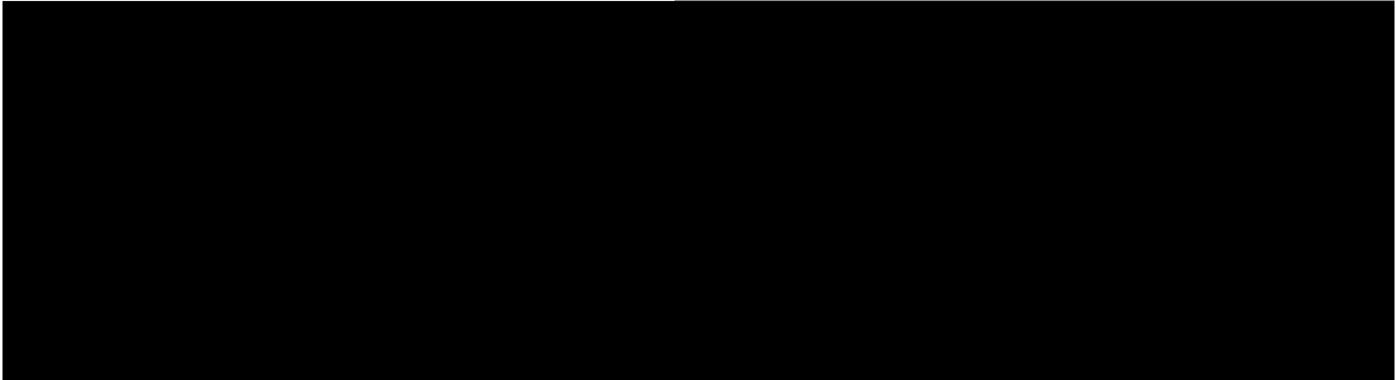

Law Enforcement presents case to Deputy District Attorney (DDA) for case review and filing considera-tion by a special unit or one of the branch and area offices.
Results:
Felony case filed against perpetrators
Case against perpetrators rejected
Misdemeanor cases filed by District Attorney
Case processed through criminal courts and is fin-ished in the arraignment, master calendar or trial court.
Guilty Plea
Guilty Verdict
Not Guilty Verdict
Dismissal
Defendant fails to appear in court as required prior to disposition of case and a bench warrant is issued.
Victim Assistance Program coordinators provide direct services to child abuse victims.

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

AGENCY	TOTAL POPULATION	CHILD POPULATION	2001 INVESTIGATIONS	2001 ARRESTS	CHILDREN PLACED IN PROTECTIVE CUSTODY
Alhambra	85,804*	21,377*	unavailable	unavailable	5
Arcadia	53,054	12,354	46	6	o
Baldwin Park	75,837	26,467	34	16	unavailable
Bell Gardens	44,054	17,401	7	6	unavailable
Covina	46,837	13,146	30	6	5
Downey	107,323	unavailable	80	41	unavailable
El Segundo	16,033	3,918	671	1,840	3
Glendora	50,000	13,700	36	9	unavailable
Hermosa Beach	18,600	2,100	1	0	0
Huntington Park	61,348	24,242	119	8	unavailabe
Inglewood	115,580	37,448	78	32	12
Irwindale	2,500	800	9	0	1
La Verne	32,332	7,975	31	7	unavailable
Long Beach	461,522	149,119*	799	121	222
Manhattan Beach	33,852	7,877	376	267	12
Monrovia	36,929	10,977	77	17	unavailable
Montebello	62,150	19,515	4,231	2,411	44
Monterey Park	60,051	14,124	101	10	8
Pomona	151,800	unavailable	125	81	unavailable
Redondo Beach	63,261	10,107	36	18	unavailable
San Fernando	23,564	8,884	156	3	1
San Gabriel	39,804	10,326	78	4	unavailable
San Marino	14,500	8,700	1	0	0
Sierra Madre	11,000	1,128	11	3	1
South Pasadena	25,000	6,016	45	3	3
West Covina	106,000	30,000	68	35	17
Whittier	83,680	23,667	60	17	19

ICAN ASSOCIATES

SPECIAL REPORT



ICAN Associates is a private/non-profit organization which supports the 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 has been extremely successful in securing funding through grants and corporate sponsorships:

- In November 1996, ICAN/ICAN Associates launched the ICAN National Center on Child Fatality Review (ICAN/NCFR) at a news conference held in connection with the United States Department of Justice and United States Department of Health and Human Services. Funding for this major national project was facilitated through the efforts of ICAN Associates. Generous support was secured through the United States Department of Justice, Office of Juvenile Justice and Deliquency Prevention; Times Mirror Foundation and the family of Chief Medical Examiner Lakshmanan Sathyavagiswaran. The NCFR web site is at www.ICAN-NCFR.org.
- ICAN/ICAN Associates continues to provide statewide Child Death Review Team Training designed to address a range of issues to benefit the overall development and functioning of Child Death Review Teams throughout the State. The training curriculum is funded through grants from the Governor's Office of Criminal Justice Planning (OCJP) and the California Department of Social Services (CDSS).
- The Times Mirror Company continues to assist ICAN Associates with their challenge grant to help fund the work of ICAN and its critically needed services for abused and neglected children.
- In November 2001, ICAN Associates sponsored "NEXUS V" in conjunction with California Department of Social Services (CDSS), Office of Criminal Justice Planning (OCJP); community groups and ICAN agencies. The Westin Bonaventure Hotel and Suites in Los Angeles provided the exquisite setting and was the principal sponsor of the conference. The conference presented an opportunity to hear from local, state and national experts, about the impact of all forms of violence within the home on children as well as potential solutions. It is hoped that the information presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.
- ICAN Associates again sponsored the Annual Child Abuse Prevention Month Children's Poster Art Contest which raises awareness about child abuse in schools throughout Los Angeles County. Children in the 4th, 5th and 6th grades and in special education classes participate in this contest. The children's artwork is displayed at the California Department of Social Services in Sacramento, Edmund D. Edelman Children's Court, L. A. County Office of Education, District Attorney's Office, Hollywood Library and in numerous national publications.
- ICAN Associates was honored to serve as one of the official charities of the XVI Los Angeles Marathon. Funds raised from this event are used to assist in various projects for abused and neglected children.
- For the past 13 years, the Annual Fernandes Golf Tournament has raised funds for ICAN Associates. This event is a result of the efforts of individuals and businesses in the city of Chino and surrounding communities and is held in memory of Bob, Gary and Tony Fernandes.
- ICAN Associates hosted its 24th Annual MacLaren Children's Center Holiday Party for children in protective custody. ICAN Associates

also continues to help eight ICAN neighborhood family centers and a number of other non-profit agencies that provide services to abused and neglected children and their families with their holiday festivities.

- ICAN Associates continues to expand the scope of its mission and is welcoming "It's Time For Kids" headed by Kendall Wolf with Landmark Entertainment. This program enables abused, neglected and abandoned children in foster care to enjoy visits to theme parks, sporting events and other entertainment most children take for granted.

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

ICAN ASSOCIATES

Special Projects

- Countywide Children's Poster Art Contest
- Family and Children's Index
- Centers of Excellence
- Educational Lucheon Series
- Neighborhood Family Center
- David Wofford Educational Fund
- Roxie Roker Memorial Fund
- How Quietly We Cry
- Sponsorship
  - ICAN Policy Meetings
  - Awards Reception
  - "NEXUS" Conference
  - Child AbusePrevention Month
  - Abuse of Disabled Children Conference
- Public Awareness
  - Media Campaigns
  - PSAs
  - Materials, brochures, newsletters,conference planning
  - Advocacy
- Special Events
  - MacLaren Children's Center Special Needs & Holiday Party
  - L.A. City Marathon
  - Fernandes Golf Tournament

ICAN

National Center on Child Fatality Review
est: 11/96

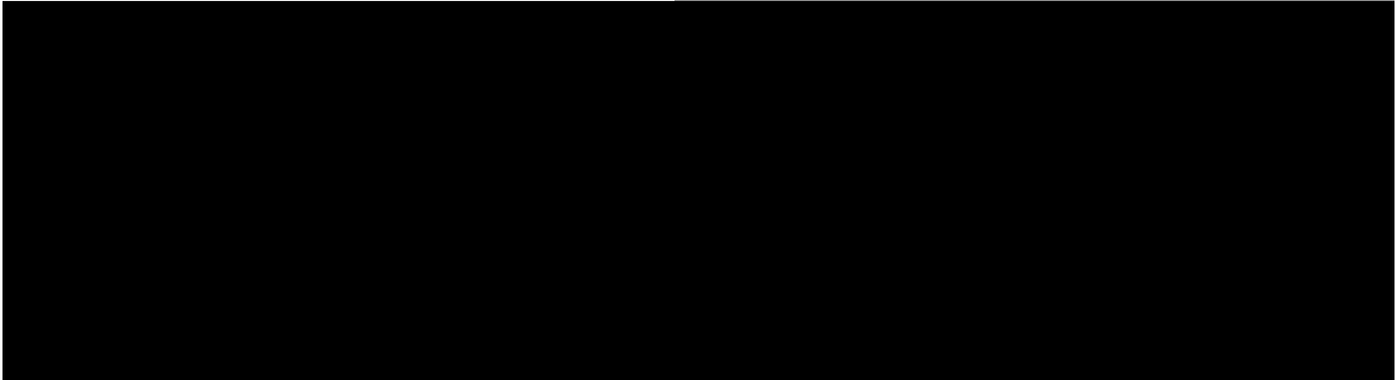
ICAN

Inter-Agency Council on Child Abuse & Neglect

- Child Death Review Team
- Data/Information Sharing
- Legal Issues
- Community Child Abuse Councils
- Prenatally Alcohol/Drug Exposed Children
- Grief and Mourning Professional Resource Group
- Family and Children's Index
- Child Abduction
- Inter-Agency Response to Pregnant and Parenting Adolescents
- Child Abuse Protocol Development
- Group Home Task Force
- NCFR
- Child Abuse/Domestic Violence
- AB 1733/AB 2994 Planning
- Training
- Early Childhood
- Youth Advisory Council

ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM

SPECIAL REPORT



The ICAN Multi-Agency Child Death Review Team was formed in 1978 to review child deaths in which a caregiver was suspected of causing the death. Over the past 23 years, the activities of the Team have expanded to included review and statistical analysis of accidental deaths, undetermined deaths, child and adolescent suicides and fetal deaths.

The Team is comprised of representatives of the Department of Coroner, Los Angeles Police and Sheriff's Departments, District Attorney's Office, Los Angeles City Attorney's Office, Office of County Counsel, Department of Children and Family Services, Department of Health Services, County Office of Education, Department of Mental Health, California Department of Social Services and representatives from the medical community.

TEAM PROCEDURES

California law requires that all suspicious or violent deaths and those deaths in which a physician did not see the decedent in the 20 days prior to the death be reported to the Department of Coroner. The Coroner is responsible for determining the cause of death to be listed on the death certificate as either: homicide, accident, natural, undetermined or suicide.

The Office of Coroner refers all cases it has received for children age seventeen (17) and under to ICAN and ICAN staff reviews these cases to determine which cases meet Team protocol. This process first involves the exclusion of all natural deaths. Thereafter, cases that meet at least one of the following criteria are selected for review:

- Homicide by caregiver, parent or other family member (Note: homicides of children age 14 and under which were *not* perpetrated by a caregiver, parent or other family member are briefly discussed in the Team report but are not reviewed in as detailed a fashion as other child deaths that meet Team protocol.)
- Suicide
- Accidental death *age 14 or under*, with the exception of drowning deaths through age 17
- Undetermined death age *14 or under*
- Fetal deaths (unborn child over 20 weeks gestation)

Once a case has been identified as meeting Team protocol, case-specific clearances are secured by Team representatives from the Department of Children and Family Services, District Attorney's Office, Los Angeles Police Department, Los Angeles County Sheriff's Department and Department of Health Services. Members check their agency records for contacts with the child and/or family and provide their findings to ICAN for compilation and analysis. All cases meeting Team protocol receive this level of review.

Specific cases are identified for in-depth review in the Team meeting setting by the Team; such cases are most often high profile in nature and/or cases for which a Team member has requested the Team's multi-disciplinary perspective. Generally, three to five cases are reviewed at each month's Team meeting. Due to the high volume of cases that meet Team protocol, not all deaths receive this detailed review by the entire Team, which often requires several hours of Team time per case. Cases that do not receive in-depth Team review are reviewed in the annual *ICAN Child Death Review Team Report*.

Information from the Department of Coroner is located in the "ICAN Agency Reports" Section of this report which details the 263 year 2001 child deaths reviewed by the Team. A more detailed, separate report, the ICAN *Child Death Review Team Report for 2002*, which will available from the ICAN office, will provide analysis of the multiple agency records for these children and their families, case summaries of some of these deaths, and conclusions and recommendations made by the Team. It should be noted that at this time one of the 263 year 2001 cases remains final mode pending and is not included in the statistical breakdown by mode (i.e., homicide, suicide, accidental, undetermined or fetal death). Additionally, on some cases, the Coroner's Office utilizes a separate classification system than ICAN and there may be minor discrep-

ancies in figures provided in the Coroner's Section with this report. ICAN is working with the Coroner to align classification systems and rectify discrepancies.

MULTI-YEAR TRENDS

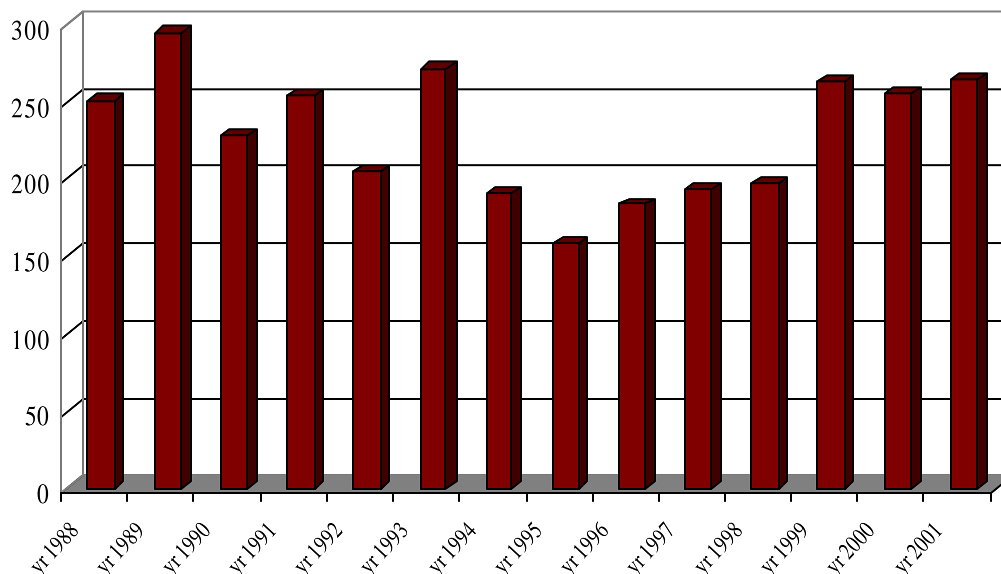
Figure 1 illustrates the total number of deaths from years 1988 through 2001 that were reviewed by the Team. As seen in Figure 1, there was a steady increase in the number of cases that were referred for Team review until 1990 when there was a decrease in total referrals. This decline reflected modifications in reporting procedures within the Department of Coroner to ensure that cases were not prematurely reported to the Team prior to the finalization of the mode of death. In 1998, review of accidental, undetermined and homicides by other than parent/caretaker/family member was expanded; the age of inclusion was raised from ten to twelve (with the exception of accidental drowning deaths that has been reviewed through age 17 since 1997). In 1999, the number of cases reviewed by the Team also rose, in part, as the Team's protocol expanded to include accidental automobile deaths. In 2000, the number of cases reviewed by the Team decreased slightly although the age of review for accidental, undetermined and homicide deaths by other than parent/caretaker/family member was increases from age twelve to age fourteen.

In 2001, there was a 4% increase in the number of deaths reported over 2000. The number of homicides (n=35) and accidental deaths (n=137) remained constant from 2000 to 2001. Rather, the increase in total 2001 deaths is reflected in a 17% increase in the number of child and adolescent suicides reported from 2000 and a 6% increase in the number of undetermined deaths reported in 2000. There was also a 13% decrease in the number of fetal deaths reported from 2000.

Figure 2 displays the numbers of child homicides perpetrated by parent/caregiver/ family member for years 1989 through 2001. There were 35 child homicides by parent/caregiver/family member in 2001, a figure that remained identical to the 35 such homicides committed in 2000. The average number of homicides by parents/caregivers/family members reported over the past 13 years is 45 per year. The number of homicides of children 12 years old and younger that were perpetrated by strangers and others outside of the family is very small compared to the number that are perpetrated by parents/care-

Figure 1

TOTAL CASES REFERRED
To ICAN Child Review Team by Coroner •1988 - 2001



givers and other family members. On the other hand, homicides of children age 13 and 14 are primarily perpetrated by strangers and others outside of the family.

In 2001, there were 63 undetermined deaths, a slight increase over the 59 cases reported in 2000. Figure 3 displays the number of undetermined child deaths since 1989. The number of undetermined deaths has averaged 22 per year over the past 13-year period. This low average can be explained by the low number of referrals made in earlier years (1989 - 1996). There has been a steady increase in the number of undetermined deaths referred by the Coroner that meet Team protocol since 1989 with a low of 3 cases referred in 1989 and this year's high of 63.

Data on accidental deaths have been expanded over the decade that the Team has collected data on suspicious deaths. Figure 4 provides detail on the number of accidental deaths that have met Team protocol for the past 13 years. The number of accidental deaths remained constant at 137 accidental deaths reported in both 2000 and 2001. Autopedestrian accidents were the leading cause of accidental death in 2001, followed by automobile accidents, drowning and deaths associated with maternal substance abuse.

Data on adolescent suicides have been collected by the Team since late 1987. Figure 5 illustrates the number of suicides referred to the Team over the past 14 years. In 2001, 27 adolescent suicides were reviewed by the Child Death Review Team. It should be noted that in 2000, a separate Child and Adolescent Suicide Review Team began to review suicide cases; it is the goal of the Child and Adolescent Suicide Review Team to provide each suicide with an in-depth multi-disciplinary review. The age of adolescent suicides decreased through 1999 when the youngest reported suicide victim was 10 years old. However, in 2000, suicide victims were most often older teens, predominantly age 16 or 17 years old; there were no 15-year olds, one 14-year old and one 13-year old. There were no suicides of children younger than age 13 in 2000. In 2001, the age of suicide victims again decreased significantly, and for the first time since ICAN began collecting the age data, there was a 9-year old suicide victim. In addition, while the majority of the victims were age 16 (n=16) and 17 (n=13) in 2001, there were also three 11-year old victims and one

Figure 2

HOMICIDES DEATH
1988 - 2001

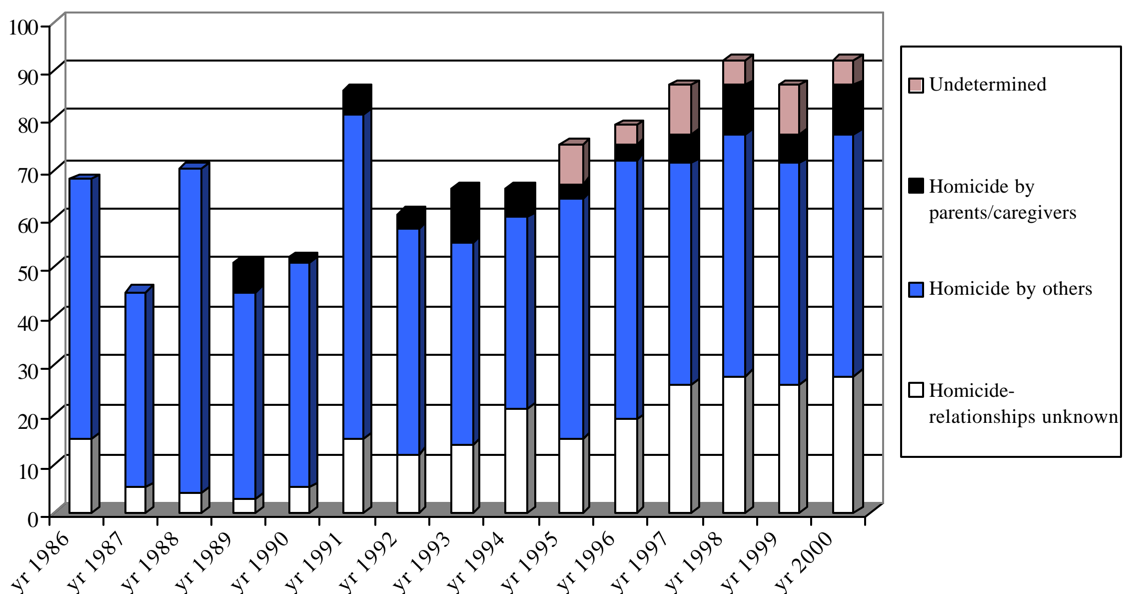


Figure 3

UNDETERMINED DEATH
1988 - 2001

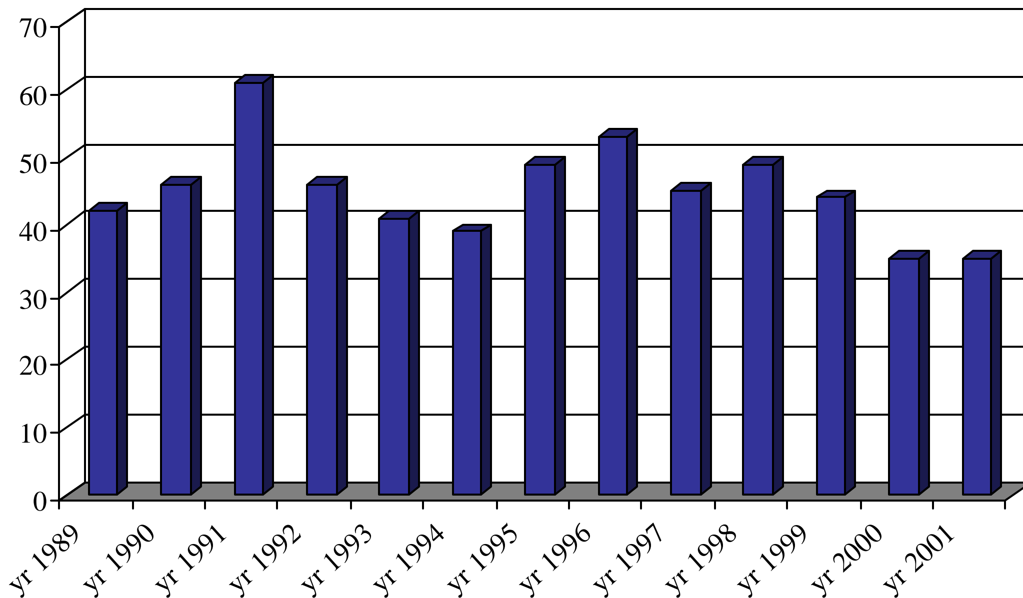
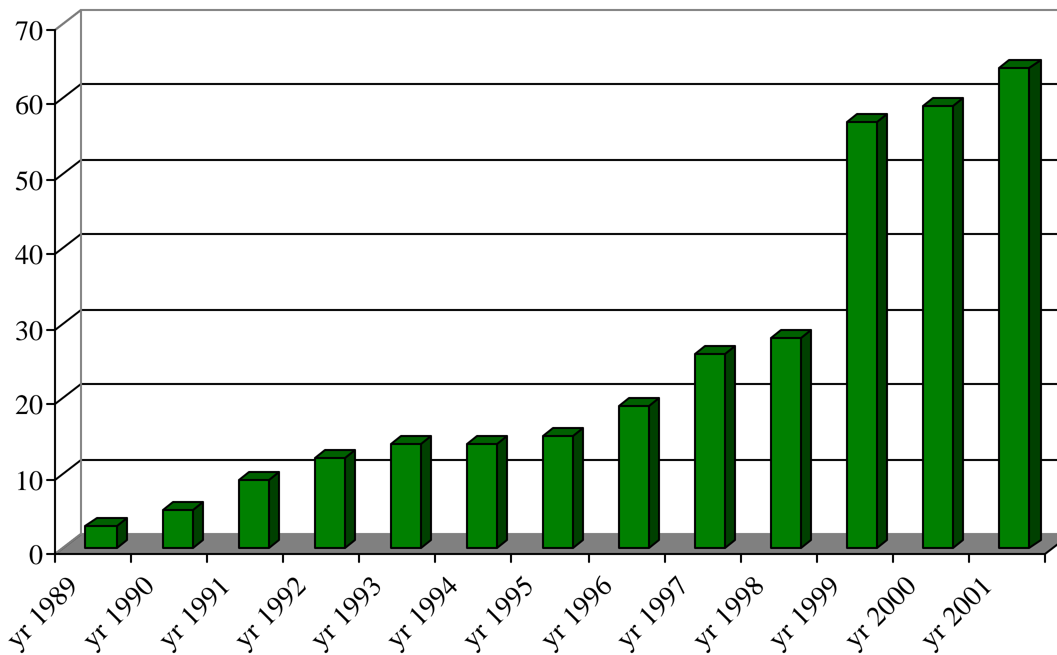


Figure 4

ACCIDENTAL CHILD DEATH
1988 - 2001



suicide each for 12, 13, 14 and 15-year olds in 2001.

The Team has been receiving reports of fetal deaths since 1987. Figure 6 provides a summary of the number of fetal deaths received over the past 13 years. In 2001, 26 fetal deaths that met Team protocol were referred by the Coroner, a 13% increase from the number of fetal deaths reported in 2000. The number of fetal deaths referred to the Team fluctuates from year to year. These deaths are predominantly due to intrauterine fetal demise, most frequently with a notation of maternal drug abuse and/or fetal tissues that were positive for drugs at the time of autopsy. In 2001, fetal deaths associated with maternal drug abuse represented the fourth leading cause of accidental child death. Generally, a small number of fetal deaths, 2 to 4 per year, are ruled homicide; fetal deaths are most frequently the result of an assault against the mother. In 2001, no fetal homicides were reported to the Team.

Figure 5

TEEN SUICIDES
1988 - 2001

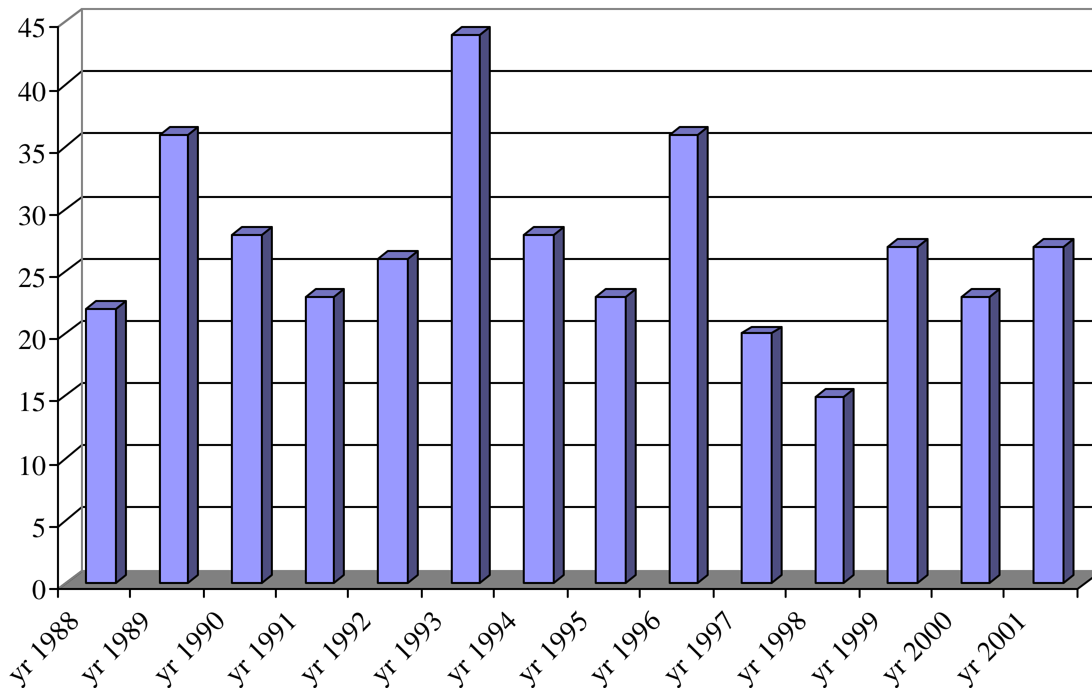
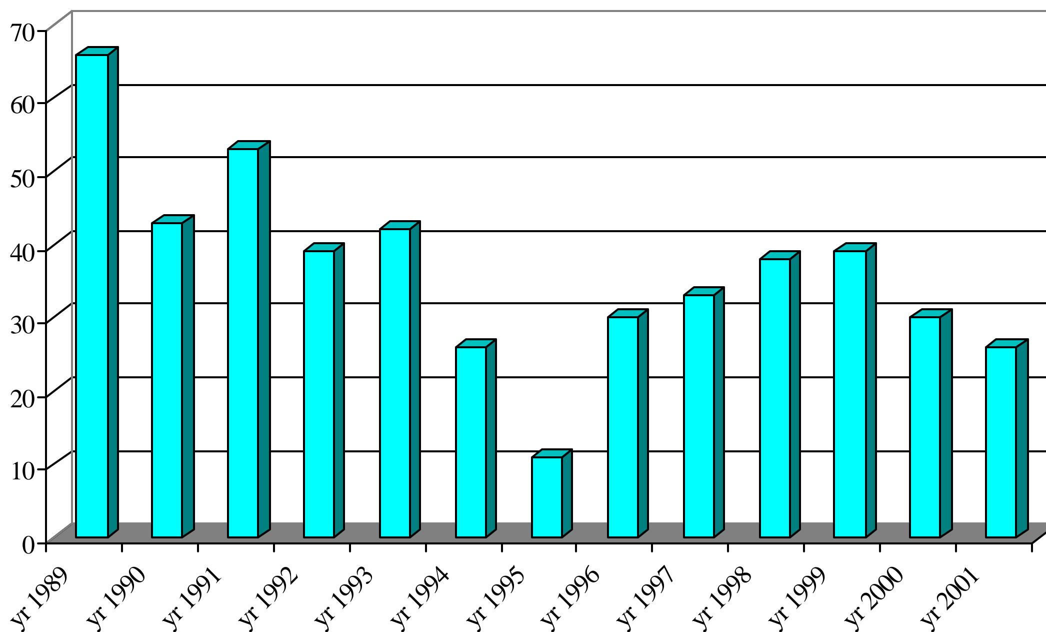


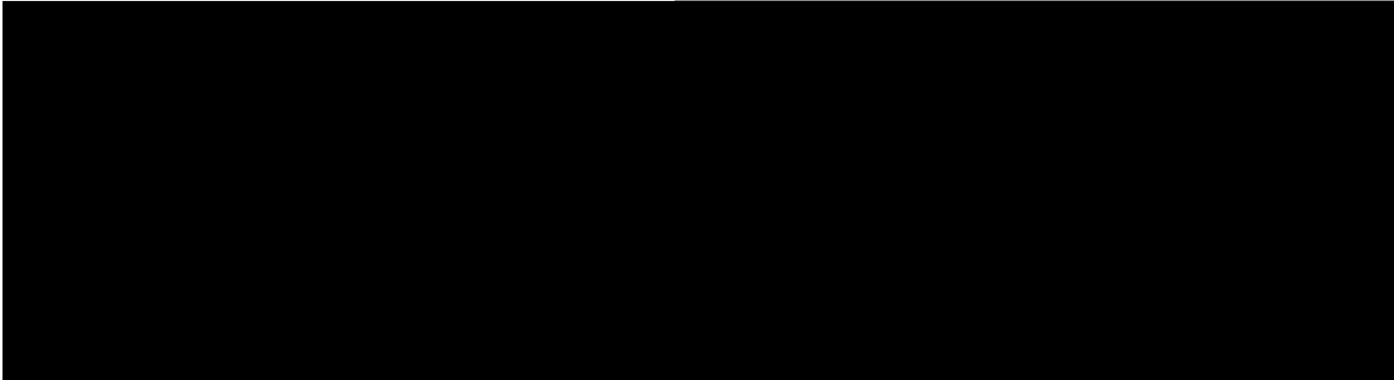
Figure 6

UNDETERMINED DEATH
1988 - 2001



ICAN CHILD ABDUCTION TASK FORCE

SPECIAL REPORT



Reunification of Missing Children Program

Each year it is estimated that thousands of children are abducted by parents in Los Angeles County. Numerous children are abducted each year by strangers. Thanks in part to local law enforcement, Los Angeles District Attorney Child Abduction Unit Investigators, FBI, Department of Children and Family Services social workers, many of these children are recovered and reunified with their custodial or foster parents. While the trauma of abduction is obvious, the 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 the issues, ICAN formed the Child Abduction Task Force in July 1990. As a result of the Task Force's efforts, in September, 1991, the Reunification of Missing Children Project was initiated. The initial project encompassed an area in West Los Angeles consisting of LAPD's West Los Angeles and Pacific Divisions; Sheriff's Marina Del Rey, Malibu/Lost Hills, West Hollywood and Lennox station areas; and the Culver City Police Department.

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

Current Task Force participants include: Find the Children, Los Angeles Police Department, Los Angeles Sheriff's Department, Didi Hirsch Community Mental Health Center, The HELP Group, Los Angeles County Department of Children and Family Services, Los Angeles District Attorney Child Abduction Unit, Los Angeles Legal Aid Foundation, Los Angeles County Office of County Counsel, Mexican Consulate, United States Secret Service, and FBI.

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

The Task Force is coordinated by Find the Children. Find the Children places a strong emphasis on preventative education through community outreach programs such as their Elementary Schools and Parent Presentations Programs. The goal of such programs is to educate the public on the issue of child abduction and abuse and to present measures that should be taken in order to help insure the safety of all children. These preventative-based programs are also intended to help support the efforts of the Task Force.

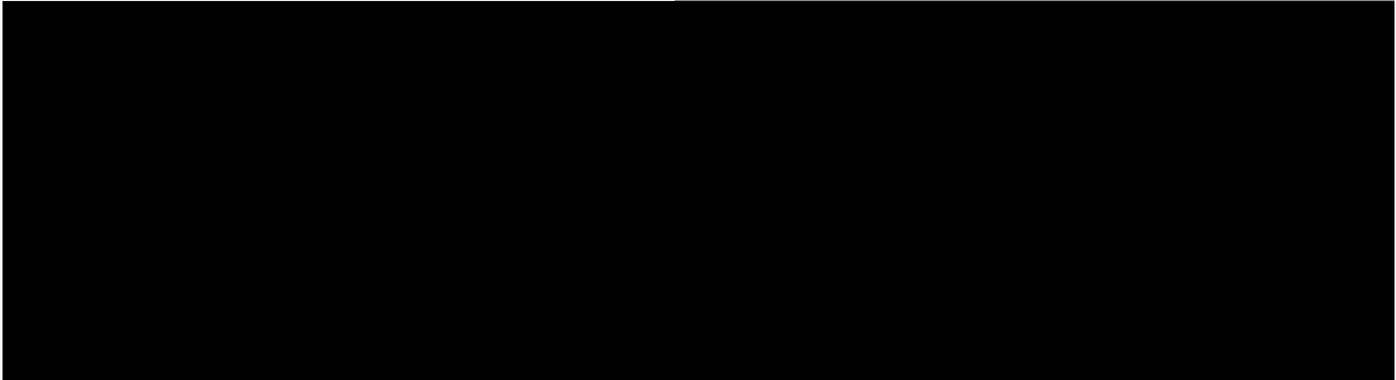
In order to monitor and evaluate the progress of cases receiving services, Find the Children holds monthly meetings where all cases are reviewed. The Task Force participants provide expertise and assess each case for further action.

In 2001, the program served 87 children in 85 cases. This is approximately a 9.6% decrease in caseload and a 13% decrease in the number of children from the previous year. One possible explanation for this decrease can be attributed to the Department of Children and Family Services placing more children outside the Find the Children service area.

Of the 87 children served by the program in 2001: 23% were Caucasion, 23% were Hispanic 21% were African American and 5% were other. (28% of the children did not have any race denoted). 23 % of the children served were age 5 or younger, 46% were age 6 to 10 and 26% were age 11 or older. 69% of the children served were under the jurisdiction of the Department of Children and Family Services.

COMMUNITY CARE LICENSING

SPECIAL REPORT



ABUSE IN LICENSED CARE

The California Department of Social Services Community Care Licensing Division (CCLD) is a regulatory enforcement program. The ultimate responsibility of the program is to protect the health and safety of children and adults that reside or spend a portion of their time in out-of- home care.

The program can be best described by looking at the three distinct functions of a regulatory enforcement program:

PREVENTION

Our first objective is to reduce predictable harm by screening out unqualified applicants through the application phase of the program. Examples are:

- Fingerprinting and obtaining criminal records of applicants and other individuals to provide some assurance that their contact with clients will not pose a risk to clients' health and safety.
- Obtaining fire clearances prior to licensure to ensure the facilities meet all necessary fire safety requirements.
- Obtaining health screening reports from physicians to verify that the applicant and facility personnel are in good health and physically, mentally and occupationally capable of performing assigned tasks.
- Obtaining a financial plan of operation and other financial information to determine if the facility has sufficient funds to meet ongoing operating costs.
- Conducting prelicensing visits to ensure that the facility is in compliance with CCL laws and regulations and ready to begin operation.

The application serves as a contract or promise by the applicant that they understand and will operate their facility in compliance with licensing regulations found in the Health and Safety Code. It is important to remember that by agreeing to comply with regulations, the applicant is giving permission to do something OTHERWISE PROHIBITED BY LAW - they are given permission (issued a license) to operate an out-of-home care facility.

COMPLIANCE

Once the application process is complete and a license is issued, the licensee has a vested right to operate the facility as long as the facility is operated in compliance with regulations as promised when the licensee signed the application. The compliance part of the regulatory enforcement program allows the State to visually inspect the operation to make sure that the operation is in compliance. A Licensing Program Analyst (LPA) completes the visual inspection. If the facility is out of compliance, the deficiency is noted and the operator or facility administrator and LPA agree on a plan of correction to correct the deficiency (ies). During the compliance phase of the process, the LPA is often involved in consultation to assist the operator in understanding how she/he can come into compliance and remain in compliance with regulations. The critical part of the compliance phase is to provide enough information and assistance to the licensee to enhance his/her ability to stay in compliance. If not, the safety of the clients in care is jeopardized and the third part of the program must be utilized.

ENFORCEMENT

When a facility fails to protect the health and safety of people in care or has a chronic problem in meeting requirements, corrective actions must be taken by CCLD. This enforcement takes many forms, based on the severity of the violation. As a general statement, anytime a person is sexually or physically abused by a licensee or there is insufficient supervision leading to client endangerment, the enforcement action will be closure of the facility. Other violations, unless chronic, will usually result in corrective action ranging in severity from plans of correction and civil penalties fines, to informal conferences. If still not corrected, revocation of the license is still a possibility. Enforcement is an essential component to any regulatory enforcement program and is only utilized when a licensee "fails to live up to" the promise he/she made when he/she signed the application - the promise to comply with regulations and the Health and Safety Code.

ORGANIZATIONAL STRUCTURE

District Offices

CCLD maintains four Region Offices serving children in Los Angeles County:

- Los Angeles and Tri-Coastal Counties Children's Residential Office
- Los Angeles Metro and Valley Children's Residential Office
- Los Angeles East Child Care Office
- Los Angeles Northwest Child Care Office

Staff assigned to these offices monitor facilities for compliance with CCL regulations by conducting group orientations for potential applicants; issuing or denying licenses; investigating complaints against facilities; initiating or recommending enforcement actions against facilities, including referrals or legal action; meeting with facility industry representatives, advocate groups, the general public, private organizations and government agencies to develop and promote close working relationships; and performing mandated on-site facility visits.

Program Office

In Los Angeles County, CCL maintains a small support staff and two Investigation Sections in the Children's Residential Program Office in Culver City. One Investigation Section is program specific to the Child Care Program Office in Sacramento. The other Section is composed of two units serving the Children's Residential Program headquartered in Culver City. The Investigation Section is responsible for the more serious complaints in community care facilities.

Supervising Special Investigators are responsible for the planning, organizing and directing of the Investigation Sections and report to Program Administrators of the Children's Residential or Child Care Programs.

Central Operations Branch (COB)

COB is located in Sacramento, performs all program and policy development functions and coordinates the administrative support activities for CCLD.

Legal Division

The Legal Division, located in Sacramento, provides legal counsel to all the programs administered by the State Department of Social Services. The attorneys in the Legal Division provide consultation on administrative actions and problem facilities to both the Regional and District Offices throughout the state. The attorneys represent the Department in hearings to revoke or deny licenses of community care facility operators.

Licensure Categories

CCLD licenses facilities for adults and children who require out-of-home care or day care. For the purposes of this report, only those categories which serve children are listed. Placement agencies that serve children in out-of-home facilities may include, but are not limited to, Los Angeles County Department of Children and Family Services, Probation Department, or one of the State contracted Regional Centers.

CHILDREN'S RESIDENTIAL PROGRAM:

Foster Family Homes

Foster Family Homes provide 24-hour care and supervision in a family setting in the licensees' family residence for no more than 6 children. Care is provided to children who are mentally disordered, developmentally disabled or physically handicapped, children who have been removed from their home because of neglect and or abuse, and children who require special health care needs and supervision as a result of such disabilities.

Transitional Housing Placement Program (THPP)

THPP serves as a bridge to ensure foster youth (17 to 18 years old) are trained and have affordable housing arrangements to integrate into the community when emancipated from the foster care system.

Group Homes

Group homes are facilities of any capacity and provide 24-hour non-medical care and supervision to children in a structured environment. Group Homes provide social, psychological and behavioral programs for troubled youths.

Community Treatment Facilities (CTF)

CTF provide mental health services to children in a group home setting. These homes have the capacity to provide secure containment for children and are subject to program standards developed and enforced by the State Department of Mental Health..

Small Family Homes

Small Family Homes provide care 24-hours a day in the licensee's family residence 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.

Adoption & Foster Family Agencies (Certified Foster Homes)

Adoption and Foster Family Agencies provide placement of children in certified Foster Family Homes and assist families in the adoption process. Most foster family agencies serve sub-offices to better serve communities.

CHILD CARE PROGRAM:

Family Child Care Homes

Family Child Care Homes provide child day care in the licensees' own homes for periods of less than 24 hours per day while the parents or guardians of the children are away. Family Child Care homes have a licensed capacity of six or fewer children, or with an assistant, a maximum of 12 children.

Day Care Centers

Day Care Centers are facilities of any capacity in which less than a 24-hour per day non-medical care and supervision is provided for children in a group setting.

Day Care Center For Mildly-ill Children

Any facility of any capacity, other than a family day care home, in which less than 24-hour per day care and supervision are provided for children without life endangering illnesses in a group setting.

Infant Care Center

Any facility or part of a facility where less than 24-hour per day, non-medical care and supervision are provided to infants in a group setting.

School Age Child Care Day Care Centers

Figure 1

CDSS - CCLD L.A. COUNTY
Licensed Facilities as of 12/01

Type of Facility	Total Capacity	Number of Facilities
Adoption Agency	0	23
Day Care Center	149,694	2,627
Day Care - Ill	25	3
Family Child Care	92,275	9,744
Foster Family Agency	0	74
Foster Family Agency - sub	0	48
Certified Foster Family Home	0	5,362
Foster Family Home	7,020	2,774
Group Home	4,259	358
Infant Center	7,525	351
School Age DC	31,385	591
Small Family Home	535	121
Transitional Housing Place Program	203	9
Total	**292,921**	**22,085**

Figure 1 provides data on the total number of licensed facilities that provided out-of-home care for children in Los Angeles County in calendar year 2001.

Any facility or part of a facility of any capacity where less than 24-hour, non-medical care and supervision are provided in a group setting to school-age children.

INVESTIGATIVE SERVICE REQUEST PRIORITY CRITERIA

A. Priority I (Mandatory Referral)

1. Complaints of sexual abuse that involve the penetration of the genitals, anus, or mouth of any persons involved (including, but not limited to rape, oral copulation, sodomy, use of a foreign object) when:
   a. The victim is a client or the alleged sexual conduct poses a potential health and safety risk for clients
   b. The suspect may or may not be associated with the facility (for example: licensee, staff, relatives of licensee, unknown perpetrator)
   c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.

2. Complaints of physical abuse that involve acts resulting in great bodily injury such as broken bones, severe cuts, head injuries, burns, when:
   a. The victim is a client or the alleged physical abuse poses a potential health and safety risk for clients.
   b. The suspect may or may not be associated with the facility (for example: licensee, staff, relatives of licensee, unknown perpetrator).
   c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.
3. Complaints involving suspicious circumstances regarding the death of client, either in or out of the facility.
4. Complaints of lack of care and supervision which result in Priority I sexual or physical abuse to a client. Also included, but not limited to, stage three and four dermal ulcers, malnutrition, dehydration, hypothermia, etc.
5. Complaints of abuse that involve acts such as assault and/or battery, that if successful, would result in death or great bodily injury (for example: licensee/staff firing a weapon at a client, use of an object/weapon on a client that could inflict death or great bodily injury).
6. Complaints of unlicensed operation where a temporary suspension order is in effect or the license has been revoked. Complaints of unlicensed care that involve Priority I allegations such as, physical abuse, sexual abuse, death or lack of care.
7. Complaints of licensee, staff, others residing or present at the facility providing, using, selling or manufacturing drugs that may result in felony offenses (for example: methamphetamine, cocaine, heroin, psychedelics, LSD<PCP).

B. Priority II (Mandatory Referrals)

1. Complaints of sexual abuse that involve sexual behavior (not penetration) such as voyeurism, masturbation, exhibitionism, exploitation, inappropriate sexual touching, and/or fondling, when:
   a. The victim is a client or the alleged sexual conduct poses a potential health and safety risk for clients.
   b. The suspect may or may not be associated with the facility (for example: licensee, staff, relative of licensee, unknown perpetrator).
   c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.
2. Complaints of physical abuse that involve acts resulting in minor injuries or bruises, when:
   a. The victim is a client or the alleged physical abuse poses a potential health and safety risk for clients.
   b. The suspect may or may not be associated with the facility (for example: licensee, staff, relatives of licensee, unknown perpetrator).
   c. The abuse is alleged to have occurred in the facility or while the client was under the care and supervision of the licensee/staff.
3. Complaints of actions by a facility operator, the licensee, a facility employee, volunteer, another client, or unidentified suspect that may result in felony offenses (for example: robbery, arson, grand theft, chemical restraint).
4. Complaints of unlicensed facilities where entry has been denied to Community Care Licensing Division staff. Complaints of unlicensed operation that involve Priority II allegations.
5. Complaints of licensee, staff, others residing or present in the facility using, or selling illegal drugs other than "felony" drugs (for example: marijuana, alcohol provided to minors).

C. Priority III (Optional Referral)

1. Complaints of physical abuse that involve acts such assault and/or battery, shoving, pushing with no injuries or bruises.
2. Complaints of actions by a licensee, facility employee, volunteer, other clients, or unidentified suspect of misdemeanor offenses including, but are not limited to, neglect, or lack of supervision.

D. Priority IV (District Office Responsibility)

1. Complaints of physical punishment/corporal punishment to clients defined as spanking
   (using the hand), lack of supervision that did not result in any abuse or injury, unsanitary conditions and other regulatory violations.
2. Includes complaints of client on client conduct that does not meet Priority I, II, or III criteria.

Definitions

A. Sexual Abuse: any activity performed for the sexual gratification of one of the parties involved when one is a victim or in a position of trust. (eg., rape, unlawful sexual intercourse, oral copulation, sodomy, voyeurism, masturbation, exhibitionism, bondage, pornography, and child molestation).

B. Physical Abuse: a physical injury which is inflicted by other than accidental means. Includes acts of physical abuse done at the direction of the licensee, a facility employee and/or unknown suspect resulting in serious injuries.

C. Deaths: death of a client in a care facility, from unknown causes, or due to licensee, employee, or others contributing to the client's death.

D. Unlicensed Facility: providing care and supervision without the required license when the facility is not exempt from licensure under law.

Figure 2

ALLEGATIONS OF ABUSE/SEVERE NEGLECT/DEATH CASES

By LOS ANGELES REGIONAL INVESTIGATION SECTION (LRIS) OF CDSS-CCLD IN 2001

Type of Facility	Physical Abuse	Sexual Abuse	Severe Neglect	Questionable Death
RETURNED TO DISTRICT OFFICE FOR INVESTIGATION BY ANALYST	51	28	18	0
FULL INVESTIGATION BY LRIS INVESTIGATOR	381	212	81	21
PRELIMINARY INVESTIGATION BY LRIS INVESTIGATOR	1	4	0	0
ASSIGNMENT/TASK BY LRIS INVESTIGATOR	184	4	0	0
UNLICENSED BY LRIS INVESTIGATOR	0	0	0	0

Figure 2 provides data on the number of allegations of abuse/severe neglect and death cases received by the Los Angeles Regional Investigation Section in calendar year 2000. The number of cases represent individual, separate allegations sent for investigation and ***includes adult facilities.***

Figure 3

ABUSE/SEVERE NEGLECT/DEATH VIOLATIONS RECEIVED BY CCLD LEGAL DIVISION IN 2001

Type of Facility	Cases Received
Family Child Care	32
Day Care Center	0
Foster Family Home	27
Certified Foster Family Home	70
Small Family Home	0
Group Home	5
Foster Family Agency	0
Foster Family Agency - sub	0
Adoption Agency	0
Day Care Center- Ill	0
Infant Center	6
School Age Day Care	0
Total	**140**

Figure 3 provides data on the number of cases of abuse, severe neglect and deaths received by CDSS Legal Division in calendar year 2001. The number of violations do not represent individual, separate cases sent for Legal action. Each case may have up to 5 violations each.

Figure 4

ABUSE/SEVERE NEGLECT/DEATH VIOLATIONS SERVED BY CDSS LEGAL DIVISION 2001

Type of Facility	Cases Received
Family Child Care	24
Day Care Center	22
Foster Family Home	29
Certified Foster Family Home	44
Small Family Home	0
Group Home	10
Foster Family Agency	16
Foster Family Agency - sub	0
Adoption Agency	0
Day Care Center- Ill	0
Infant Center	0
School Age Day Care	0
Total	**145**

Figure 4 provides data on the number of cases of abuse, severe neglect and death in Los Angeles County served by CCLD Legal Division in calendar year 2000. The number of violations do not represent individual, separate cases sent for legal action. Each case may have up to 5 violations each.

Figure 5

VIOLATIONS OF ABUSE/SEVERE NEGLECT/DEATHCLOSED BY CDSS - CCLD LEGAL OFFICE IN 2001

Type of Facility	Physical Abuse	Sexual Abuse	Severe Neglect	Questionable Death	Total
Family Child Care	18	15	31	0	64
Day Care Center	0	0	0	0	0
Foster Family Home	23	0	66	0	89
Small Family Home	0	0	0	0	0
Group Home	0	0	0	0	0
Foster Family Agency	7	0	0	0	7
Foster Family Agency *(Suboffice)*	0	0	0	0	0
Certified Foster Home	22	6	0	0	28
Adoption Agency	0	0	0	0	0
Day Care Center - Ill	0	0	0	0	0
Infant Center	0	0	0	0	0
School Age Day Care	0	0	0	0	0
Total	**70**	**21**	**97**	**0**	**188**

Figure 5 provides data on the number of cases of abuse, severe neglect and death in L.A. County closed by CDSS Legal Division in calendar year 2001.
Due to the complexity of the legal process, it is entirely possible that a case may be received and not served, served and not closed in the same year. There are a variety of circumstances that determine how quickly a legal case can be resolved.

SELECTED FINDINGS

- The California Department of Social Services Community Care Licensing Division (CCL) licensed 22,085 children's facilities in Los Angeles County with a total cappacity of 292,921 as of December 2001 compared to 17,125 facilities with 277,993 children as of December 2000. This is a 29% increase in the number of licensed facilities from the year 2000.
- The CCL Legal Office closed 188 cases in Los Angeles County involving allegations of abuse, severe neglect or child death in 2001, compared with 168 cases closed in 2000. This is a 12% increase in the number of closed cases from the year 2000.

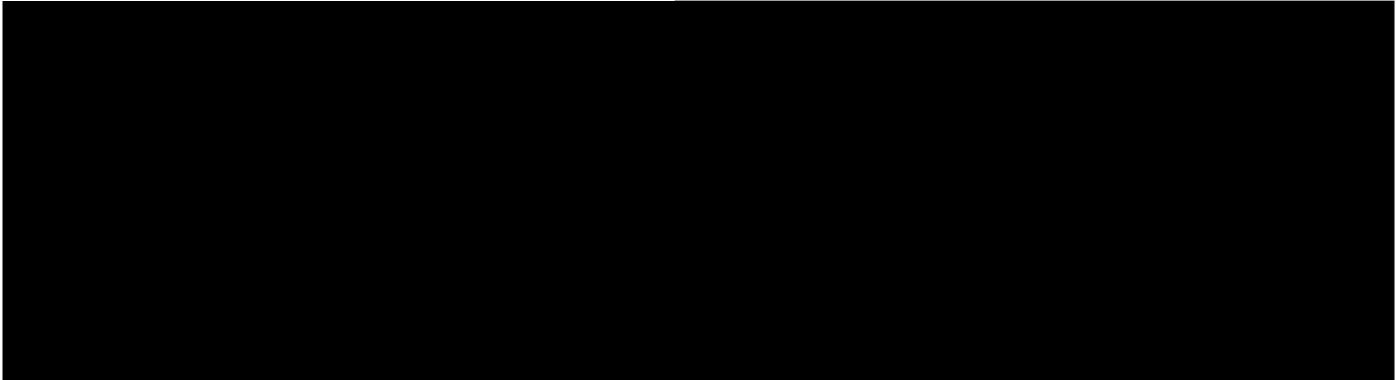
RECOMMENDATION FOLLOW-UP

Recommendation Four:

CCL collects and reports program performance outcome data reflecting improvements in services to children or caregivers. This is accomplished by measuring performance of CCL staff delivery and customer service.

CHILD ABUSE AND DEVELOPMENTAL DISABILITIES

SPECIAL REPORT



Introduction

This report utilizes data obtained by the State Department of Justice (DOJ) during calendar year 2001. It includes data from 1991 through 2001 for comparison purposes. The data set used has this caveat, "This data reflects all 2001 child abuse investigation reports received by the Department of Justice from January 1, 2001 to December 31, 2001. There is a caveat, that the number of reports may not reflect the number of victims, as there may be multiple victimization categories into which a child may fall."

The data used is collected from the mandatory reports submitted on the Child Abuse Investigator's Report form (SS8583 Rev 3/91). This form asks if the suspected abuse victim has a developmental disability, as defined by California State law (WIC 4500 et seq.) It should be noted that DOJ may not receive all Child Abuse reports, although procedures are in place for this to occur, problems remain.

In this report the terms "developmental disabilities" and "disabilities" are used when referring to DOJ data. Only developmental disabilities are asked to be identified on the form. (Please refer to the report from the Department of Justice to ICAN 1995 for further discussion on the source of their data.)

Definitions: A person is identified by California Law as having a developmental disability as follows:

"Developmental disability means a disability which originates before an individual attains age 18, continues, or can be expected to continue indefinitely, and constitutes a substantial handicap for such individual...this term shall include mental retardation, cerebral palsy, epilepsy, autism...and [other] handicapping conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature." (WIC Sec. 4512 Div 4.5).

The Problem: Children and adults with disabilities are known to be highly vulnerable to abuse and neglect and are estimated to be abused at rates much higher than generic children. Sexual abuse has been estimated to occur in this population of children with developmental disabilities at rates approximately 7 times that of the generic population. Physical and emotional abuse are also estimated to be grossly over-represented.

In a report published by the National Academy Press in May 2001, the results of an extensive research project led by Patricia Sullivan and others at Boystown in Omaha, Nebraska were described. This included their findings that children with disabilities were victims of abuse at rates 3.4 times that of generic children, and were four times more likely than generic children to be victims of neglect. (P19)

The study completed by the National Center on Child Abuse and Neglect (NCCAN) reviewed child abuse reports from 1991 from 36 CPS agencies across the country and found an overall representation of abused children with disabilities to be approximately twice that of children without disabilities (depending on type of abuse). The overall rate of abuse was 1.7 times that of the general child population. NCAAN is a subsidiary of the Department of Health and Human Services and has since been renamed as OCAN, the Office of Child Abuse and Neglect..

Abuse and neglect are known to cause disabilities. Recent research indicates that 25% of all persons with developmental disabilities acquired the disability as a direct result of child abuse. Severe neglect alone leaves more than 50% of its survivors with permanent disabilities, primarily brain damage. Nationally, approximately 18,000 children become disabled each year as a direct result of abuse.

Since 1991 there has been no national data collection system, effort, or research on the incidence of maltreatment of children with disabilities. The collection of data by the Department of Justice used for this report is the only Statewide data collection system.

Purpose of This Report: The purpose of this report is to present the data from the Child Abuse Investigator's Report Forms for 2001, and compare the data to the findings of the previous years, focusing on Los Angeles County. In addition to Los

Angeles County, the Counties of San Diego, Orange and Ventura which are comparable in population and are geographically close are examined. Further, information from additional counties are reported for significant data that may have emanated from their districts. This year only 27 of the 58 counties (50%) in California filed reports of children with disabilities, compared to 31 in 2000's report of substantiated cases, and 35 in 1999. These idiosyncratic fluctuations are reflected, it appears, in the actual data. With only half of the counties documenting abuse of children with disabilities, our information base is obviously lacking. While the State continues to work towards enhanced data collection, we work with the data that has been provided.

FINDINGS

A. STATEWIDE COMPARISON OF TOTAL ABUSE REPORTS AND REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES 1991-2001 (Table 1)

Comparing the total number of child abuse reports for children with and without disabilities, the reports for children with disabilities decreased significantly while the number of reports for generic children only decreased slightly. The data this year continues the steady decline in reports that began in 1997. Although generic reports began a decrease in 1994 then increased in 1999 then again decreased yearly, the reports for children with developmental disabilities continued it's decline from 1997. This year's data represents an 18 % decrease in number of reports for children with disabilities, compared to an decrease for the generic population of 11%. There is no explanation for the disparity in these numbers, as there has not been a significant downward change in the proportion of children with disabilities in the population, but rather an increase.

The data do not reflect the hoped for increase in reports that may have occurred as a result of increased awareness of reporting responsibilities as a result of training programs that have proliferated during the past year.

B. 2001 STATEWIDE COMPILATION OF REPORTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES (Table 2)

1. Fourteen percent of all reports are for children 5 years of age or younger, 37% under 8 years of age, and 57% under 11. Reporting peaks at age cohort 6-8. Twenty percent of reports are for children between 15-17 years of age, fully 42% ages 12 and over. This represents a shift from prior years, but as the numbers are still so small, it is difficult to make a reasonable interpretation of these data. In total only 135 reports were filed statewide. With nearly 60% of all child abuse reports for children 11 years of age or younger, there are clear implications for the need for intervention services for this young age group.
2. Physical abuse is the most frequently reported type of abuse (43%) whereas last year the percentage was 53%. Most cases are reported at ages 6-8 (12%) followed by ages 9-11 (9%) and 12-14 (9%). More cases of physical abuse are reported during the child's school years (over 6 years of age) than prior to entering school. This may be due to improved reporting from the schools, yet the sources for the reports remains unstudied. It may also signal that many cases of physical abuse that occur prior to age 6 are not being reported.
3. Sexual abuse reports (42% of all reports) is nearly equal to those for physical abuse. Reports are highest for ages 12-14 and 15-17 (31% each) with the next largest reporting age group being 9-11, an alarming finding at 21%. No reports were made for children 5 and under, same as last year.
4. Mental abuse reporting was next in reporting frequency, representing 10% of all reports. Statewide only 11 reports were made, thus meaningful inferences cannot be made. Interestingly, 45% were in the 9-11 age group . The rest were equally distributed in all age groups.
5. Severe neglect is least frequently reported (5% of all reports). Reports are double from last year (6 last year) returning to about the 1999 level. Statewide, as with mental abuse, present data shows that most neglected children with disabilities are between 0-8 (100%). None were over 8 years of age, and 50% were under age 5. Sixty-seven percent of neglect reports were for children under age 2.

C. COMPARING COUNTY WITH STATEWIDE FINDINGS FOR 2001 (Tables 3, 4 and 5)

1. Table 3 provides comparative data of all generic abuse reports and those for children with disabilities for the 5 counties of Los Angeles, Orange, San Diego, Sacramento and San Bernardino Counties from 1991 to 2001 Each county has a different reporting pattern over the years including idiosyncratic fluctuations. This year 2 Counties show a decrease from last year, Orange County stays the same, and two counties show an increase. San Bernardino county had the greatest drop from 21 to 11 reports.
2. Only Los Angeles reported 20 or more cases compared to 2 counties last year. Only 9 reported 6 or more cases, down from 10 in 1999 (See Table 4.) This year only 4 counties reported abuse of children in the 0-2 year cohort as was the case last year, compared with 8 counties in 1997. Statewide, only 8 cases were reported in this age group and 11 cases between 3-5 years of age, making 19 total cases reported for the State under age 5, as was the case in 2000.

   NOTE: This data is extremely disappointing as well as surprising considering the growing interest and activity in improving data collection and reporting systems in general. The small numbers as well as the decreases in reporting for children with disabilities is not mirrored in the reports for generic children, and may indicate that data collection and output systems changes must be made, if Los Angeles and the State of California wish to demonstrate an interest in attending to the needs of these children. In contrast, increased attention to the very young children as a result of the efforts of the Child Death Review Team has caused a surge in information about their deaths as well as data on the number and ages of children murdered through abuse. The Child Death Review Team Data reports, and the U.S. Advisory Board on Child Abuse and Neglect report of 1995 both indicate that the majority of fatal child abuse occurs before the age of 2 years. The increase for this age range may reflect increased awareness, and pending inclusion of children with disabilities in Child Death Review Team agendas, information on their status may be improved from this perspective and activity. The fact that only 19 reports on children with disabilities under age 5 were made this year may signal a need for additional training in data documentation or a revamping of the data collection or management system or program.

3. After Los Angeles, Riverside then Bute report the most child abuse cases overall (Table 4). Total numbers of reports from Riverside are lower by more than nearly 1/2 of Los Angeles. But it appears the comparative numbers differ substantially, in that of 5,399 cases, Los Angeles reports 33 as having a disability, while of only 1,988, Riverside reports 12, reflecting a higher reporting rate, which is also true for the other counties.
4. The relative percentages of abuse types changed significantly from last year with the decrease in physical abuse (from 60% - 43%), significant increase in sexual abuse (from 25% - 42%).

	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse
1996	60	6	7	27
1997	64	2	8	26
1998	54	5	4	37
1999	44	12	6	38
2000	60	12.5	2.5	25
2001	43	10	5	42

D. LOS ANGELES COUNTY (Tables 5 and 6)

1. The total number of children reported decreased from 40 in 2000 to 33 this year. This can be compared to 59 in 1999 and 118 reports made in 1997. What could be causing the steady and significant decline in reports? From 2000 there are 17% fewer reports and a decrease of 33% from the year 1999 to 2000.
2. Children with developmental disabilities in all age categories over age 3 were identified as victims of abuse. There were no reports in Los Angeles County in the year 2000 of children in the 0-2 year age group.
3. Most children reported for abuse were in the 9-11 year age category (33%), and 24% were between 6-8 years old, representing fully 57% of all cases between ages 6 and 11 years of age.
4. The largest number of reports were for physical abuse (49%). Of these most children reported were in the 9-11 year age category (38%). The others were equally distributed at the other reported age groups. Fully 69% were 11 years of age or younger.
5. Sexual abuse accounts for 39 percent of all reports, a significant increase from 25% last year.

Reporting peaks at the age category of 6-8 (38%) followed by 31% ages 9-11. Overall, 69% of reported sexual abuse victims were between ages 6- 11. There are no reports of sexual abuse in the 0-5 age group as was the case last year.

6. Reporting for severe neglect declined to zero this year. There are no reported cases in this category by 5 of the 9 counties reporting the most cases of abuse of children with developmental disabilities.
7. Reporting of mental abuse varies only slightly to 4 from 5 last year, compared to 10 in 1999. All reported cases are for children older than three years. The fact that reports begin after age 3 may reflect that pre-school professionals may be reporting more frequently than before. It is widely acknowledged in the disability and child development field that children are teased, ridiculed and humiliated, and in greater numbers if they have any type of disability or other significant distinction. It seems unlikely that these few reports are a true reflection of the amount of mental suffering inflicted upon children with disabilities.

E.Contiguous or Comparable County Comparisons (Table 7)

This table is presented to provide the reader with a quick view of the raw data for each of the 9 top reporting counties (plus Orange) by age and type of abuse. Including the top nine counties, there is a total of six reports of mental abuse for 2001. There are only 7 reported cases of Severe Neglect for children with disabilities.

F. Overall Comparison of Selected Counties to State Totals for Generic Reports (Table 8)

This table is presented for the avid reader/researcher to compare total reports by county and type of abuse to those for children with disabilities.

CONCLUSIONS

Identification of child abuse victims with developmental disabilities is inconsistent with their representation in the population (3-5%). Great fluctuations in reporting over time and across abuse types do not mirror findings in research studies directed toward this particular population. The disproportionally low identification of children with disabilities among abused children indicates a great need for improved identification, reporting, intervention and service for these children, since it is recognized that abuse is a significant problem for children with disabilities. Additionally, the discrepancies between counties may indicate a need for improvement in reporting, training, data collection, or other factor. Particularly the differences among the data of all prior years in which data has been collected (from 1991) and this year (2001) indicate that there are continuing problems in the data collection procedures.

RECOMMENDATIONS:

The small numbers reported across counties and in comparison with prior years should be taken seriously by the agencies charged with data collection and in turn providing risk reduction, identification and intervention services.

STATE:

The State Department of Social Services should work together with the Department of Developmental Services and the Department of Justice to uniformly collect, disseminate and utilize data regarding the abuse of children with disabilities served by these entities providing services to children in the State of California.

The State Departments that have responsibility for children with disabilities who may become victims of abuse should work together in an Inter-Departmental collaboration to assure data collection. A mechanism for such a collaboration was identified and begun in October 1997 at the Statewide Think Tank on Abuse and Disability in Los Angeles, attended by these agencies. This mechanism is an ACTION PLAN, that identifies immediate needs and how to address them. This can be assisted with OCJP and the Children's Justice Act through coordination with the CAN/DO Project (Child Abuse & Neglect/Disability Outreach Project) through Arc Riverside. The Think Tank met for the third time in June 2001, and renewed energy has been directed toward achievement of these goals by the members of the Think Tank.

LOS ANGELES COUNTY:

Each agency contributing data to this ICAN report should include information on child abuse victims with disabilities, as represented in their jurisdictions.

The recommendations made in the 1994 ICAN report should receive official attention. A Task Force should be developed including DCFS, DOJ and appropriate law enforcement agencies including the Victim's Assistance Program and assigned to monitor progress on those recommendations to assure that they are considered by the appropriate officials and agencies. These are restated below.

DCFS should engage with Regional Centers and State Developmental Centers to collect and utilize data regarding the abuse of children served by these entities providing services to children within Los Angeles County.

The Area Board X on Developmental Disabilities that serves all children with developmental disabilities in Los Angeles County should form a liaison with DCFS to assure appropriate data collection and utilization systems. (NOTE: The Area Board already has a written plan to address abuse that could be implemented.)

The following are the Recommendations carried over from the 1994 Report:

Modify or monitor procedures so that all reports that should be forwarded to DOJ are in fact forwarded. In this way, the problem of the failure of all Child Abuse and Neglect reports being forwarded to DOJ can be foreclosed.

The disability status of the child should be indicated on the DCFS form that is used to indicate substantiation status of the case. This data should be collected and made available for the annual report, and should clarify intervention procedures. All types of disability should be identified, defined and included.

All child protection workers who are required to complete the forms should receive training in how to use the identifier for disabilities, and the importance of completing this item.

All child protection workers should have clarification as to their personal liability to civil suit when indicating the child has a disability. Legal counsel can assist; perhaps an indication that the child is "possibly" or "may be" a child with a disability would relieve any possibility of the civil suits the workers state that they fear. An opinion from the Attorney General should be requested by DCFS.

DOJ and DCS should develop an easy way for workers to correctly identify children with developmental and other disabilities. DCFS could call upon experts in the field to assist with this. DOJ could do the same, seek assistance and consultation, as well as training. The Child Abuse & Neglect/Disability Outreach Project (CAN/DO) of Arc Riverside could be contacted by these agencies for consultation.

The disability status of the child should be identified by the Hot Line staff and documented on the initial intake form, with the data entered into the information management system and forwarded to each person who will interact with the child and the family.

*Collaborators on the development of this report include primary author Nora J. Baladerian, Director of the CAN/DO Project with the support of Martha Cook at the State Department of Justice who provides the data for this report.

CAN/DO (Child Abuse & Neglect/Disability Outreach) is a project of Arc Riverside, funded by the Governor's Office of Criminal Justice Planning. One of the tasks of the Project is to collect and disseminate information on data on child abuse and disability. This report is one of the products of the project. This report is completed each year for ICAN and is one in a series of research papers on abuse of children with disabilities. To contact us please call: Dr. Nora Baladerian, CAN/DO Project 2100 Sawtelle Blvd. #303 Los Angeles, CA 90025. Office: 310 473 6768. TDD 310 478 0588. FAX 310 996 5585 Email: nora@disability-abuse.com. Website: www.disability-abuse.com/cando.

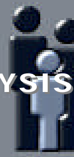


Figure 1

COMPARISON OF TOTAL CHILD ABUSE REPORTS WITH REPORTS

Comparison of Total Child Abuse Reports with Reports on Children with Developmental Disabilities Statewide

YEAR:	TOTAL NUMBER OF ABUSE REPORTS	ABUSE REPORTS FOR CHILDREN CHILDREN WITH DEVELOPMENTAL DISABILITIES
1991	54,128	350
1992	58,653	363
1993	57,063	240
1994	56,583	333
1995	48,316	423
1996	47,819	636
1997	42,831	416
1998	40,664	186
1999	43,639	175
2000	40,728	163
2001	36,169	135

Figure 2

DEPARTMENT OF JUSTICE

2001 Statewide Child Abuse Reports of Children with Developmental Disabilities
All Counties Combined by Type of Abuse and Age of Child

Child	Total		Physical		Mental		Neglect		Sexual	
Age	Reports	%	n	%	n	%	n	%	n	%
0-2	8	6	3	2	1	1	4	3	0	0
3-5	11	8	7	5	2	2	2	1	0	0
6-8	32	23	17	12	1	1	2	1	12	9
9-11	28	20	13	9	5	4	0	0	10	7
12-14	30	22	12	9	1	1	0	0	17	13
15-17	27	20	8	6	1	1	0	0	17	13
TOTAL	**135**		**60**		**11**		**8**		**56**	
Percentages		**100**		**43**		**10**		**5**		**42**

	Total # Abuse Reports (DOJ Report) L .A .COUNTY	Total # Reports Abuse/Disability (DOJ Data) Reports L.A. COUNTY	TOTAL # ORANGE COUNTY	DISABLED ORANGE COUNTY	TOTAL # SAN DIEGO	DISABLED SAN DIEGO	TOTAL # SACRAMENTO	DISABLED SACRAMENTO	TOTAL # SAN BERNARDINO	DISABLED SAN BERNARDINO
1991	10,939	84	7,809	23	6,936	15				
1992	12,300	83	8,343	44	6,614	10				
1993	12,647	62	8,252	15	8,075	5				
1994	12,479	86	9,370	45	7,464	5	2,877	36	3,694	30
1995	11,614	113	7,894	24	6,055	2		36		38
1996	10,962	179	7,612	51	7,366	11				
1997	9,905	118	7,819	46	5,165	12	2,559	44	2,431	25
1998	8,049	1266	7,134	622	7.734	248	2,276	452	1,975	404
1999	8,100	59	7,299	7	8,404	7	2,322	6	2,279	15
2000	6,146	40	7,864	2	6,167	6	2,746	6	2,449	21
2001	5,399	33	6,842	2	5,221	8	2,409	9	2,370	11

County	Total Cases Generic	Total Cases with Disabilities	Largest Category by Age	Predominant Type of Abuse	Rank in State by Number of All Reports	Ranking on # of Reports Children with Disabilities
Los Angeles	5,399	33	9-11	Phy/sex	2	1
Riverside	1.988	12	0-2	Sex	6	2
San Bernardino	2,370	11	6-8	Phys/Sex	5	3 (a)
Butte	545	11	6-8	Sex	---	4 (3b)
Sacramento	2,409	9	6-8	Phys	4	5
San Diego	5,221	8	15-17	Phys/Sex	3	6
Santa Clara	665	7	6-14	Sex	11	7
Alameda	872	6	12-14	Sex	10	8
Ventura	896	6	12-14	Phys/Sex	9	9
Orange	6,842	2	6-11	Ment/Sex	1	10

Note: Orange County is mentioned only due to being contiguous to Los Angeles County.

AGE	TOTAL REPORTS							
Year	94	95	96	97	98	99	00	01
0-2	4	2	10	5	4	4	1	0
3-5	13	17	29	16	4	3	3	4
6-8	26	24	40	21	15	16	21	8
9-11	15	24	49	20	10	13	9	11
12-14	17	25	28	26	6	16	2	6
15-17	11	21	23	30	15	7	4	4
UK				2		0		
TTL	86	113	179	118	54	59	40	33

AGE	PHYSICAL							
Year	94	95	96	97	98	99	00	01
0-2	2	1	5	4	4	4	0	0
3-5	7	10	18	7	1	1	2	2
6-8	15	19	27	13	10	10	13	3
9-11	8	20	33	10	5	9	6	6
12-14	9	10	14	19	2	6	2	3
15-17	4	14	10	22	8	2	1	2
UK								
TTL	45	74	107	75	30	32	24	16

AGE	MENTAL							
Year	94	95	96	97	98	99	00	01
0-2	0	0	0	0	0	0	0	0
3-5	0	2	2	0	0	0	1	2
6-8	2	0	1	1	1	2	3	0
9-11	0	0	3	0	0	1	0	1
12-14	0	0	1	0	0	5	0	0
15-17	0	1	3	1	0	2	1	1
UK			0					
TTL	2	3	10	2	1	10	5	4

AGE	NEGLECT							
Year	94	95	96	97	98	99	00	01
0-2	2	1	4	1	0	0	1	0
3-5	3	1	2	3	1	0	0	0
6-8	1	1	3	3	0	0	0	0
9-11	0	0	5	1	1	1	0	0
12-14	0	1	0	1	0	0	0	0
15-17	1	2	0	1	1	0	0	0
UK								
TTL	7	6	14	10	3	1	1	0

AGE	SEXUAL							
Year	94	95	96	97	98	99	00	01
0-2	0	0	1	0	0	0	0	0
3-5	3	4	7	6	2	2	0	0
6-8	8	4	9	4	4	4	5	5
9-11	7	4	8	9	4	2	3	4
12-14	8	14	13	6	4	5	0	3
15-17	6	4	10	6	6	3	2	1
UK								
TTL	32	30	48	31	20	16	10	13

Figure 6

LOS ANGELES COUNTY TOTAL NUMBER OF REPORTS BY AGE AND TYPE OF ABUSE

Age Group	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse	Total
0-2	0	0	0	0	0
3-5	4	4	4	0	0
6-8	8	3	0	0	5
9-11	11	6	1	0	4
12-14	6	3	0	0	3
15-17	4	2	1	0	1
TOTAL	33	16	4	0	13

Figure 7

2001 COMPARATIVE CHART OF ABUSE BY AGE AND TYPE

2001	LOS ANGELES					ORANGE					SAN DIEGO					VENTURA				
	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL
0-2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0
3-5	2	2	0	0	4	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
6-8	3	0	0	5	8	0	0		1	1	1	0	0	0	1	1	0	0	0	1
9-11	6	1	0	4	11	0	1	0	0	1	1	0	0	0	1	0	0	0	0	0
12-14	3	0	0	3	6	0	0	0	0	0	0	0	0	1	1	3	0	0	0	3
15-17	2	1	0	1	4	0	0	0	0	0	1	0	0	2	3	0	0	0	2	2
TTL	16	4	0	13	33	0	0	0	0	2	0	0	0	0	8	0	0	0	0	6

2001	Riverside					San Bernadino					Butte				
	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL
0-2	0	1	4	0	5	0	0	0	0	0	0	0	0	0	0
3-5	1	0	0	0	1	1	0	1	0	2	0	0	0	0	0
6-8	1	0	0	0	1	2	0	0	2	4	2	1	1	1	5
9-11	0	0	0	1	1	1	0	0	0	1	0	0	0	0	0
12-14	0	0	0	2	2	1	0	0	1	2	1	0	0	3	4
15-17	0	0	0	2	2	0	0	0	2	2	1	0	0	1	2
TTL	2	1	4	5	12	5	0	1	5	11	4	1	1	5	11

2001	Sacramento					Santa Clara					Alameda				
	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL
0-2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3-5	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
6-8	4	0	1	1	6	1	0	0	1	2	0	0	0	0	0
9-11	0	0	0	1	1	0	0	0	2	2	1	0	0	0	1
12-14	1	0	0	0	1	0	0	0	2	2	0	0	0	3	3
15-17	0	0	0	0	0	0	0	0	1	1	1	0	0	1	2
TTL	6	0	1	2	9	1	0	0	6	7	2	0	0	4	6

PA=Physical Abuse MA=Mental Abuse SN=Severe Neglect SA=Sexual Abuse

Figure 8

COMPARISON OF GENERIC REPORTS BY TYPE OF ABUSE BY SELECTED COUNTIES AND STATE TOTALS

	TOTAL REPORTS of Child Abuse	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse
State of California	36,169	16,867	9,286	1,435	8,581
Los Angeles	5,399	2,741	906	160	1,592
Orange	6,842	2,523	2,950	164	1,205
San Diego	5,221	1,877	2,551	90	703
San Bernardino	2,370	1,170	202	162	836
Riverside	1,988	1,002	376	134	476
Ventura	896	491	141	7	257

Figure 9

STATE OF CALIFORNIA YEAR 2001

List by County: Reports of Generic and Child Abuse Victims with Disabilities (31 of 58 Counties)

COUNTY	TOTAL GENERIC CASES	TOTAL CASES WITH DISABILITY	PHYSICAL		MENTAL		NEGLECT		SEXUAL		DEATHS
			Generic	Disability	Generic	Disability	Generic	Disability	Generic	Disability	
Alameda	870	**6**	442	**5**	21		15		284	**3**	2
Butte	545	**11**	328	**4**	112	**1**	11		167	**1**	
Contra Costa	542	**1**	331	**1**	93		38		106		3
Humboldt	185	**1**	174	**2**	26	**1**	2		67	**1**	0
Lake		**1**	32		30		7		14	**1**	0
Kern	925	**4**	662	**1**	138		41		180	**1**	2
Los Angeles	5399	**33**	3276	**24**	876	**5**	147	**1**	1847	**10**	4
Madera	238	**1**	174	**3**	65		13		62		0
Marin	24	**0**	39	**1**	8		1		22		0
Mendocino	199	**2**	174		63		12	**1**	46	**1**	0
Merced	204	**2**	84	**2**	19		9		66		0
Monterey	309	**1**	165	**1**	32	**1**	1		95	**2**	1
Orange	6842	**2**	2957	**1**	3346		165		1396	**1**	3
Plumas		**1**	165		151		19		47	**1**	1
Riverside	1988	**12**	1069	**1**	350		155	**1**	485	**1**	1
Sacramento	2409	**9**	1579	**4**	384		175		608	**2**	1
San Benito	105	**0**	93		25		1		20	**2**	0
San Bernardino	2370	**11**	1195	**6**	261	**2**	173	**3**	820	**10**	4
San Diego	5221	**8**	2431	**3**	2704	**1**	143		889	**2**	5
San Francisco	154	**3**	86	**1**	7		2		63		0
Santa Cruz		**1**	2971	**1**	38		22		130	**1**	0
San Luis Obispo	224	**1**	155	**3**	110	**1**	12		67		0
San Mateo	375	**3**	209	**1**	41		12		118	**1**	0
Santa Clara	665	**7**	338	**5**	81	**1**	32		236	**4**	0
Solano	377	**3**	180	**2**	16	**1**	13		116	**1**	1
Sonoma	378	**1**	255	**3**	49		17		148	**1**	0
Stanislaus	367	**3**	183	**1**	13		12		173	**1**	1
Tulare	266	**1**	102	**1**	11		8		91		2
Ventura	896	**6**	822	**7**	246	**5**	23		295	**1**	3
Yolo	47	**0**	61	**1**	6		5		38	**2**	0
Yuba	54	**0**	65	**1**	10		1		38	**1**	0

Figure 10

COUNTIES NOT RECORDING ANY CASES OF ABUSE INVOLVING CHILDREN WITH DEVELOPMENTAL DISABILITIES - 2001

(24 Counties of 58)

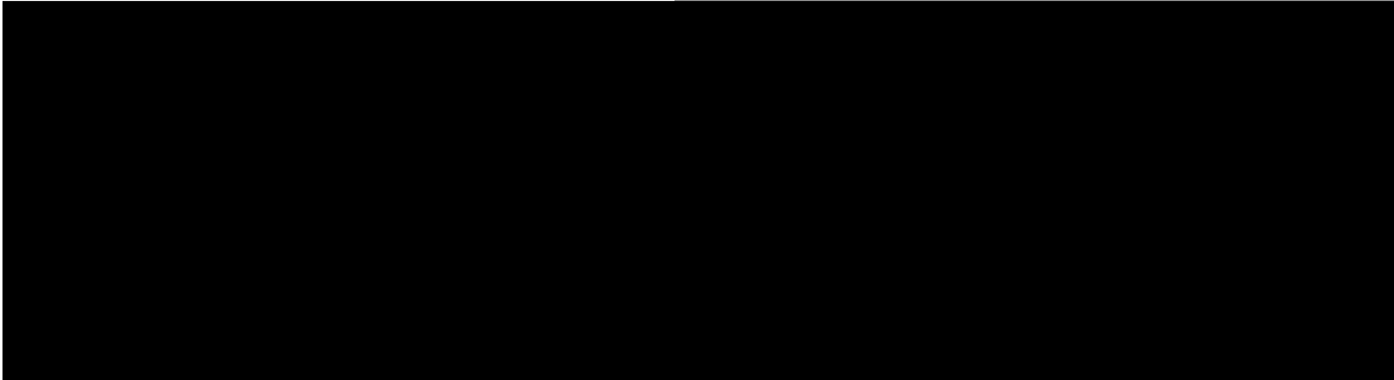
COUNTY	TOTAL NUMBER OF ABUSE REPORTS
Alpine	1
Amador	4
Calaveras	32
Colusa	1
Del Norte	63
El Dorado	98
Fresno	527
Glenn	89
Imperial	113
Kings	200
Lake	66
Lassen	44
Mariposa	7
Modoc	20
Mono	11
Napa	145
Nevada	73
Plumas	63
Santa Barbara	828
Santa Cruz	239
Shasta	392
Sierra	1
Siskiyou	46
Tehama	13
Trinity	3
Tuolumne	126

Note for independently distributed copies of this report:

"ICAN" is the Los Angeles County Inter-Agency Council on Child Abuse and Neglect. The Council includes all Los Angeles County departments that address children's concerns, including education, physical and mental health, law enforcement, housing, etc. Each year for the past several years, ICAN has requested each member department to provide information on the status of child abuse reporting and intervention within their department. In addition, special reports have been included, in particular reports on child abuse fatalities and reports on children with developmental disabilities. If you wish information for your county that is not included in this report, please feel free to contact the author.

Children's Planning Council Scorecard

SPECIAL REPORT



What the Children's ScoreCard Tells Us

The Children's ScoreCard, produced by the Los Angeles County Children's Planning Council, is an important tool for monitoring the well-being of children in Los Angeles County. While indicators never tell the whole story, they do provide valuable snapshots that capture the reality of children's lives. Indicators can give direction to our efforts to improve children's lives. Collecting and analyzing indicators data is not simply about pointing out needed changes however; the data can also act as a catalyst in the building of powerful, collaborative efforts focused on improving conditions and outcomes for children.

Because the Children's ScoreCard is produced every other year, the following examples are based on data from last year's report. The selected indicators represent areas of improvement and continued challenge for each outcome of child well-being: Good Health, Safety and Survival, Economic Well-Being, Social and Emotional Well-Being, and Education and Workforce Readiness.

The commitment to the ScoreCard and data development in Los Angeles County is strong; the commitment to translate the data into action must be equally resolute. We believe that leveraging and using resources more wisely, ensuring greater accountability from the public and private sectors, building stronger commitments to outcomes, and encouraging and supporting community engagement efforts will yield better results for children and families. In this sense, the ScoreCard provides not only data and direction, but also a mechanism to facilitate improvement in the lives of children.

Good Health

Lack of health insurance has been identified as the single most important barrier to health care services for children in the U.S. Although there was a 6% improvement in the proportion of children with health insurance between 1997 and 1999, one of every five children in Los Angeles County (20%) were still without health insurance in 1999. The County's uninsured rate was higher than both the state and national levels. Latino children, in particular, were disproportionately represented among uninsured children. Regional disparities in uninsured children were also apparent among the SPAs.

Figure 1

CHILDREN WITHOUT HEALTH INSURANCE COVERAGE

Los Angeles County Trends, 1997-99

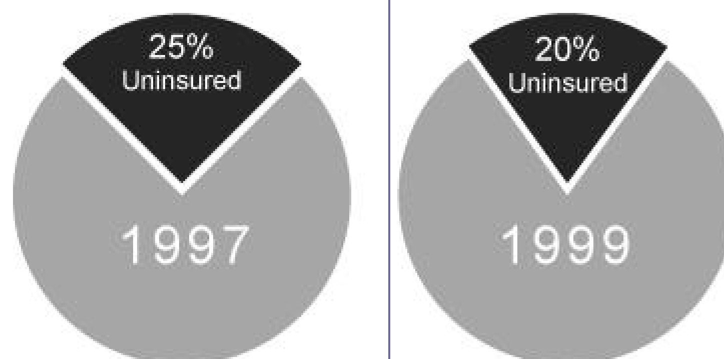
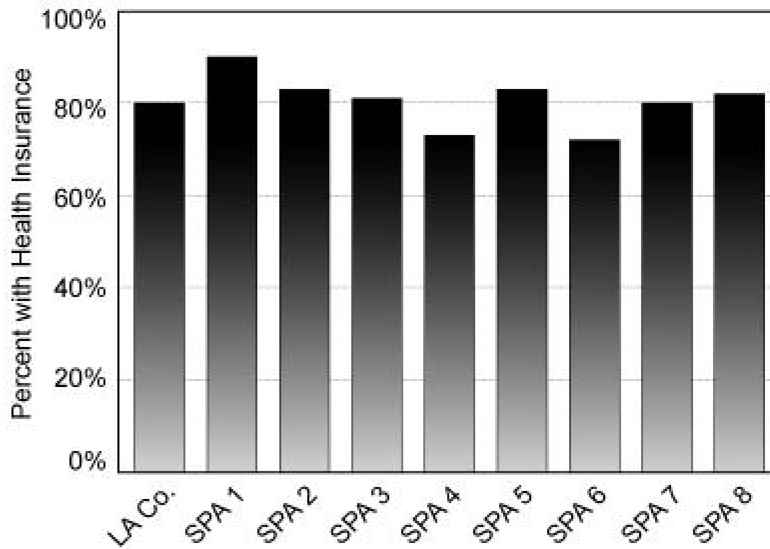


Figure 2

CHILDREN WITH HEALTH INSURANCE COVERAGE, 1999

By Service Planning Area



Safety and Survival

The number of child abuse and neglect cases opened by Los Angeles County Department of Children and Family Services declined substantially (by 21%) between 1995 and 1999. Domestic violence arrests and domestic violence-related calls for assistance also decreased significantly during this time period (14% and 21% respectively). While the numbers illustrate improvement, they also highlight the challenges inherent to identifying and investigating cases of abuse and neglect among the County's children - far too many of who still live in desperate conditions.

Economic Well-Being

With the help of a strong economy, the proportion of children living in poverty between 1995 and 1999 declined by 21%. Even so, almost one-third (767,279) of children in the County continued to live in extreme poverty (at or below the Federal Poverty Threshhold) in 1999. And, only half of these children received outside support from CalWORKs, California's primary welfare aid program. Nearly 90% of all poor children were Latino or African American, and nearly 40% lived in SPAs 4 and 6. Also troubling is the fact that more than half (54%) of the children in Los Angeles County teetered on the edge financially in 1999, living in "low-income" families. These statistics support the need for policies that boost wages and strengthen our social safety net.

Figure 3

CHILD ABUSE CASES OPENED

Los Angeles County Trends, 1995-99

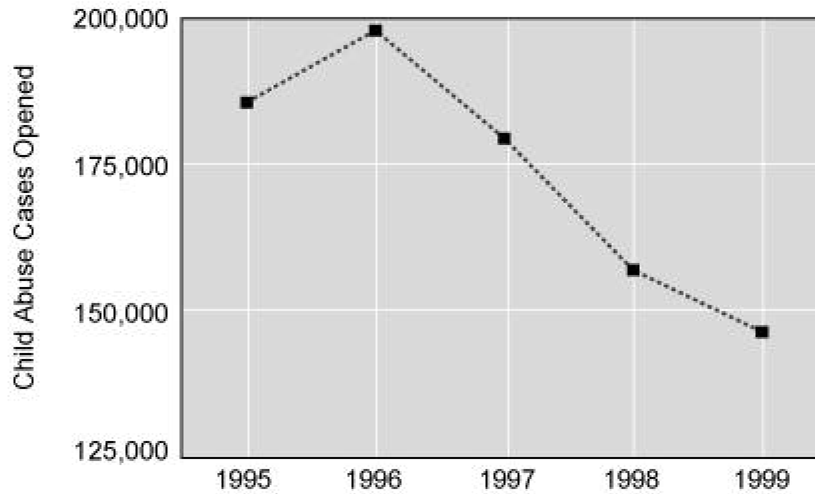


Figure 4

CHILDREN LIVING IN POVERTY

Los Angeles County Trends, 1995-99

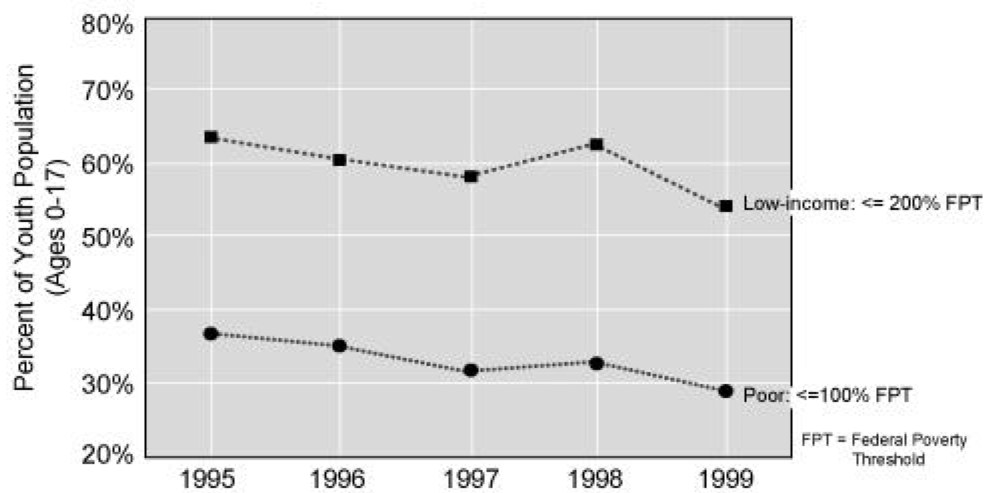
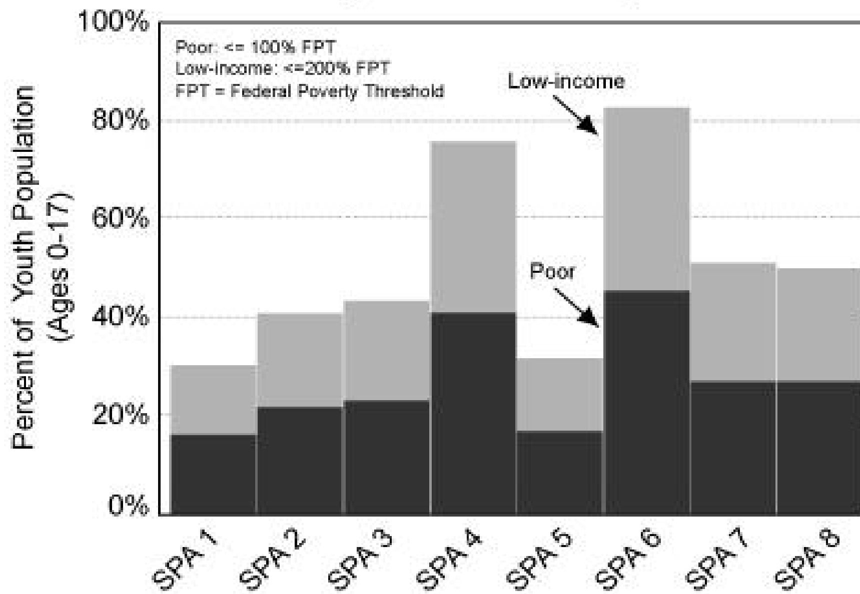


Figure 5

CHILDREN LIVING IN POVERTY, 1999

By Service Planning Area



Social and Emotional Well-Being

One predictor of a child's social and emotional well-being can be associated with teen births. Children born to teen mothers are significantly more likely to be victims abuse or neglect. Between 1995 and 1999, there was a steady decline of 25% in the teen birth rate in Los Angeles County, with less children being born to teen mothers as well. This positive downward trend encourages us that we can "turn the curve" on conditions of well-being when there is commitment, collaborative efforts, and dedicated resources toward a common goal.

Education and Workforce Readiness

Given that third grade is a pivotal time for the development of basic academic skills, how well children are performing in math and reading at this grade level is critical. Between 1998 and 1999, the percent of students reading at grade level improved by 7%, and math performance improved by 17% across the County. Even so, only 31% of third graders were reading at grade level, and fewer than half (41%) were performing at grade level in math. The scores also reveal great disparities across the SPAs.

Figure 6

TEEN BIRTH RATES

Los Angeles County Trends, 1995-99

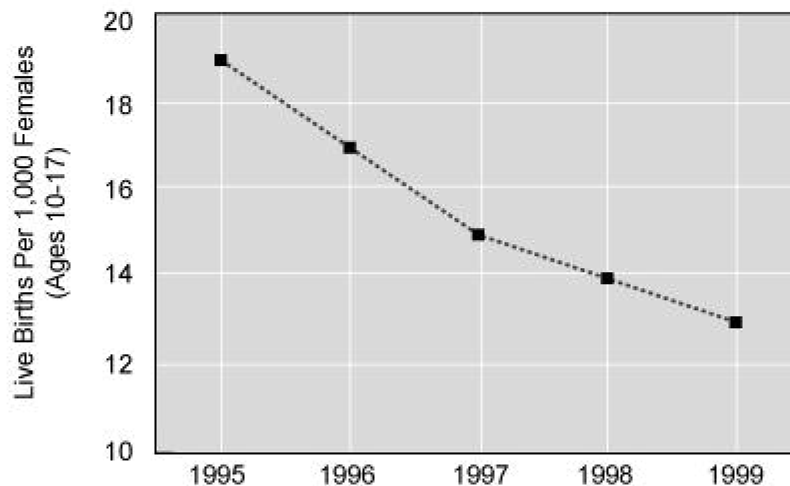
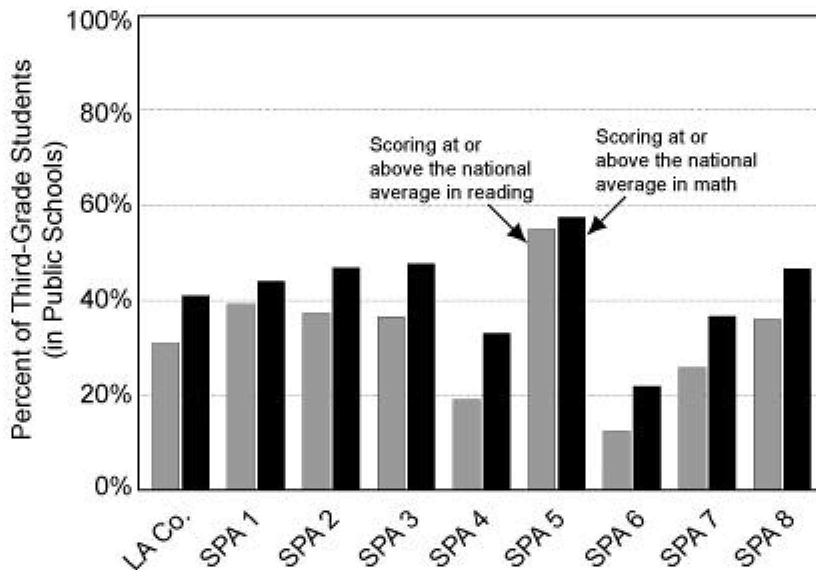


Figure 7

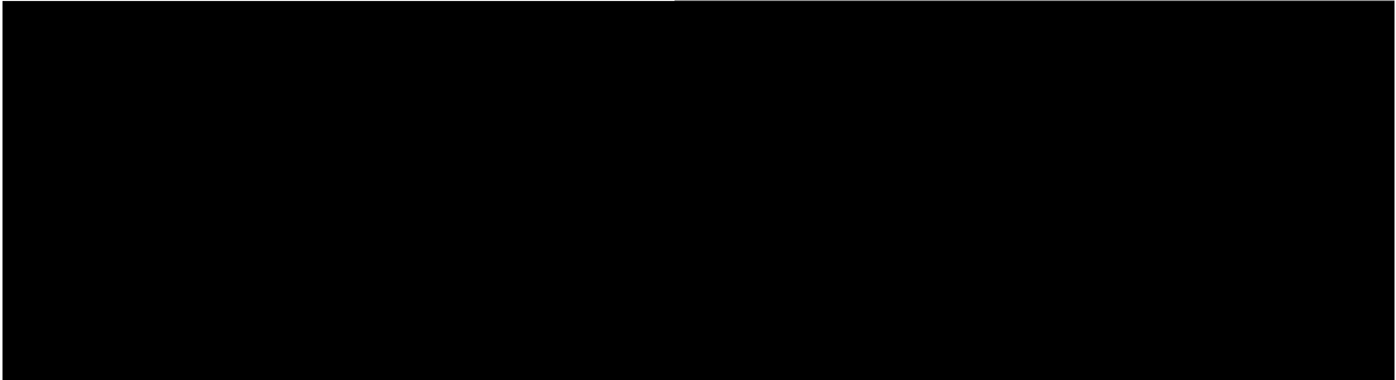
STUDENT ACHIEVEMENT IN THIRD GRADE, 1999

By Service Planning Area



DEPARTMENT OF PUBLIC SOCIAL SERVICES

AGENCY REPORT



STATE AND FEDERAL ASSISTANCE

The Department of Public Social Services (DPSS) has an operating budget of $3.39 billion and 14,678 employees for FY 2001-2002. The Department's primary responsibilities, as mandated by public law, are:

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

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

In November 1998, the Department adopted the following new "DPSS Mission and Philosophy":

OUR MISSION

To provide effective services to individuals and families in need, which both alleviate hardship and promote personal responsibility and economic independence. To focus on positive outcomes, quality, innovation and leadership. To maintain a high standard of excellence Department-wide.

OUR PHILOSOPHY

DPSS believes that they can help those they serve to enhance the quality of their lives, provide for themselves and their families, and make positive contributions to the community.

DPSS believes that to fulfill their mission, services must be provided in an environment that supports their staff's professional development and promotes shared leadership, teamwork and individual responsibility.

DPSS believes that as they move towards the future, they can serve as a catalyst for commitment and action within the community, resulting in expanded resources, innovative programs and services, and new public and private sector partnerships.

DPSS PROGRAMS

The federal and State assistance programs that DPSS administers include California Work Opportunity and Responsibility to Kids (CalWORKs), the Refugee Resettlement Program (RRP), Food Stamps, and Medical Assistance Only (MAO). DPSS also administers the General Relief (GR) Program for the County's indigent population and the Cash Assistance Program for Immigrants (CAPI). The goal of these programs is to provide the basic essentials of food, clothing, shelter, and medical care to eligible families and individuals. In calendar year 2001, DPSS provided financial aid to a monthly average of 1.87 million persons, including In-Home Supportive Services (IHSS).

As a result of Welfare Reform, the California Work Opportunity and Responsibility to Kids (CalWORKs) Program replaced the AFDC program effective January 1, 1998. The CalWORKs Program is designed to transition participants from Welfare-to-Work. To achieve the goal of Welfare Reform, DPSS is developing programs which will help participants achieve self-sufficiency in a time-limited welfare environment. The Department's Welfare-to-Work programs currently provide the following services: Child Care, Transportation, Post Employment Services, and treatment programs for Substance Abuse, Domestic Violence and Mental Health.

AIDED CASELOAD

As shown in Figure 1, using December 2000 and 2001 as points in time for comparison, the aided persons receiving CalWORKs cash assistance increased by 2.9% (14,861 persons) while Food Stamps also increased by 2.9% (19,608 persons). During calendar year 2001, Medical Assistance Only aided persons counts increased steadily from 908,567 in January to 1,142,324 in December. This is a 25.7% increase from December 2000. During

this time, the Department employed extensive outreach efforts to the potentially eligible population.

In total, there was a dramatic 19% (321,614 persons) increase in the number of persons receiving assistance for all aids combined from December 2000 to December 2001.

The following Programs represent caseload changes where children are most likely to receive aid:

CalWORKs

During the last decade, the number receiving assistance through the CalWORKs Program (previously known as AFDC, or Aid to Families With Dependent Children) peaked in the first half of 1995 when the number of persons aided reached a high of 892,563. This count has slowly leveled out and has been in the low 500 thousands throughout 2001. In December 2001, 525,443 persons received cash assistance for CalWORKs.

FOOD STAMPS

As with the cash assistance program for families, the number of persons receiving Food Stamps peaked in 1995. This population climbed to 697,889 in December 2001 from 678,281 in December 2000, representing an increase of 2.9% (19,608).

MEDICAL ASSISTANCE ONLY (MAO)

The number of persons receiving MAO continues to rise steadily. The number of aided Medical persons continued to climb in 2001 to 1,142,324 in December 2001. This is a record high for this last decade since 1992. The increase in MAO aided counts are a result of the Child Medi-Cal Enrollment Project (CMEP) and the Medi-Cal outreach efforts to address the unmet health care needs of uninsured children in Los Angeles County.

ETHNIC ORIGIN AND PRIMARY LANGUAGE CHARACTERISTICS

Figure 6 displays the percentages of cases by ethnic origin and the primary language of the head of the household. This information is based on December 2001 Ethnic Origin and Primary Language Characteristics for the entire department.

CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS AND STAFF TRAINING

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

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

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

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

In calendar year 2001, a total of 556 child abuse referrals were made to the Department of Children & Family Services. This represented a 26% decrease from the number of referrals made in 2000.

For more information about our programs and services we provide, search our website at www.co.la.ca.us/dpss.

GLOSSARY

Department of Public Social Services (DPSS) administers programs that provide services to individuals and families in need. These programs are designed to both alleviate hardship and promote family health, personal responsibility, and economic independence. Most DPSS programs are mandated by federal and State laws.

California Work Opportunity and Responsibility to Kids (CalWORKs) provides temporary financial assistance and employment focused services to families with minor children who have income and property below State maximum limits for their family size. Types of Assistance Units include:

- **Two Parent Families** - include two non-disabled, natural or adoptive parents of the same aided or SSI/SSP minor child (living in the home), unless both parents are minors and neither is the head-of-household.
- **ZeroParent Families** - when the parent(s) or caretagiver(s) is excluded from or ineligible for aid.
- **All Other Families** - those that have not been identified as either a two parent or a zero parent family.

Cash Assistance Program to Immigrants (CAPI) provides cash to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (SSI/SSP) due to their immigration status. CAPI participants may be eligible for Medi-Cal, In-Home Supportive Services (IHSS), and/or Food Stamp benefits.

Food Stamps help eligible low-income households meet their basic nutritional needs. Individuals residing in room and board arrangements, homeless individuals in shelters, and temporary residents of a shelter for battered women and children, may also be eligible to receive Food Stamps.

General Relief (GR) is a County-funded program that provides temporary cash aid to indigent adults and certain sponsored legal immigrant families who are ineligible for Federal or State programs.

In-Home Supportive Services (IHSS) enables low-income elderly, disabled or blind individuals to remain safely at home by providing funds for in-home personal care and domestic services.

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

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

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

Figure 1

PERSONS AIDED - ALL AID PROGRAMS

December 2000 as Compared to December 2001

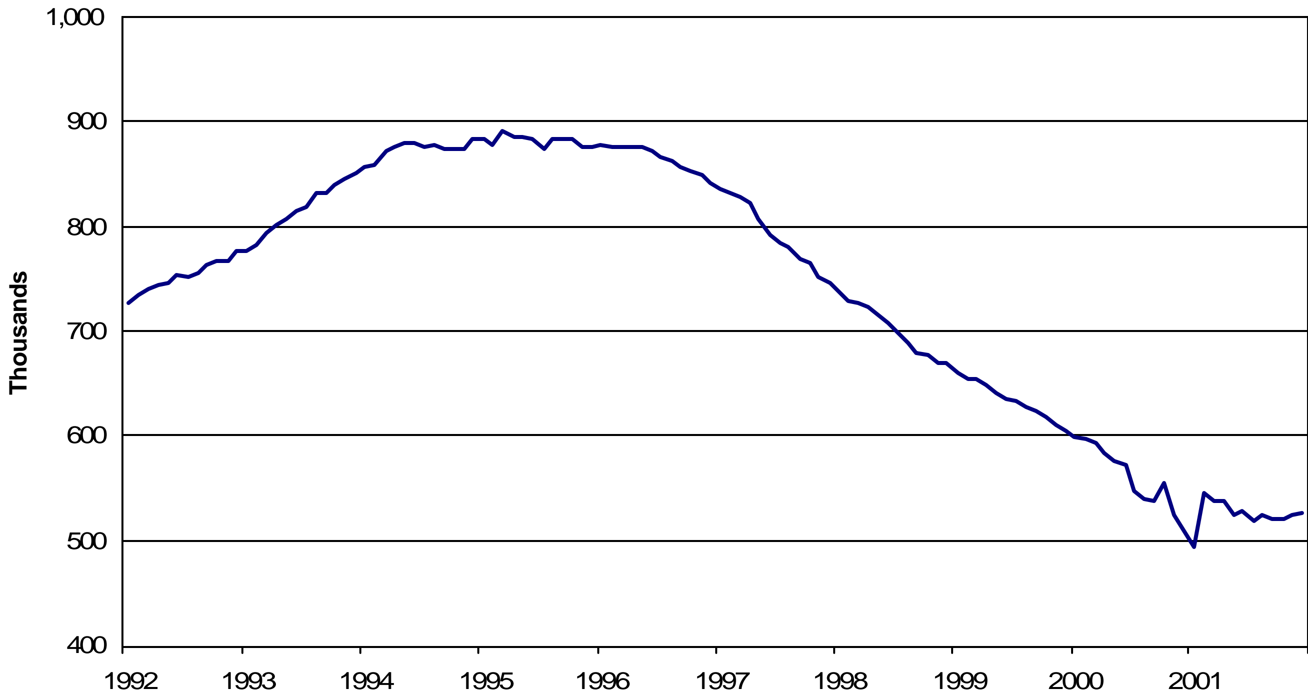
Cash Assistance Programs	December 2000	December 2001	Change	Percent Change
CalWORKs Total	510,582	525,443	14,861	2.9%
Zero Parent	142,774	131,880	-10,894	-7.6%
Two Parent	60,626	69,857	9,231	15.2%
All Other Families	307,182	323,706	16,524	5.4%
General Relief	58,658	67,207	8,549	14.6%
CAPI	6,046	5,583	-463	-7.7%
Refugee	786	1,147	361	45.9%
Supplemental Programs				
Medical Assistance Only	908,567	1,142,324	233,757	25.7%
Food Stamps	678,281	697,889	19,608	2.9%
IHSS	105,010	115,145	10,135	9.7%
Total All Programs *	**1,680,884**	**2,002,498**	321,614	19.1%

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

Figure 2

PERSONS AIDED - CALWORKS

January 1992 - December 2001

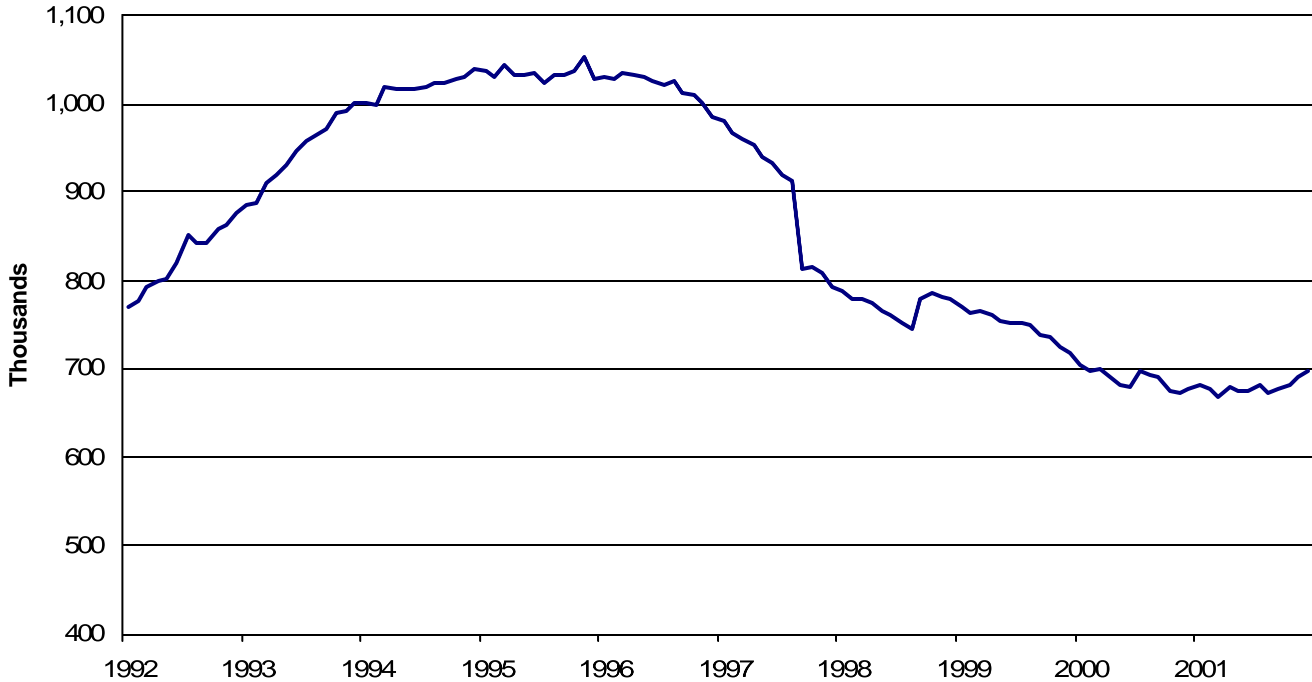


	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Jan	727,450	777,151	858,428	885,463	876,717	837,106	738,794	661,221	599,169	493,919
Feb	734,773	783,601	858,971	877,880	875,076	831,976	727,891	654,160	596,444	546,415
Mar	740,702	794,919	871,423	892,563	876,611	827,414	727,230	653,703	593,048	538,982
Apr	744,393	802,025	875,974	886,282	876,223	822,043	722,847	648,935	583,782	537,586
May	745,960	806,223	878,414	885,656	875,998	809,107	715,096	641,760	575,411	524,665
Jun	752,805	814,531	879,217	884,621	871,490	791,775	709,102	636,322	572,814	530,180
Jul	751,778	818,453	875,698	874,787	866,657	785,641	697,893	635,161	547,261	519,300
Aug	757,106	830,694	877,759	884,618	863,096	779,043	689,690	626,604	540,582	523,951
Sep	763,121	831,870	874,176	883,989	856,701	768,549	680,358	623,957	538,382	521,095
Oct	767,469	840,699	873,546	883,488	853,097	765,190	676,982	618,375	556,985	520,694
Nov	767,072	845,964	874,260	876,501	849,270	751,081	670,044	610,687	524,966	524,578
Dec	776,170	851,715	883,771	875,918	841,154	746,926	669,088	606,237	510,582	525,443

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

Figure 3

PERSONS AIDED - FOOD STAMPS
January 1992 - December 2001

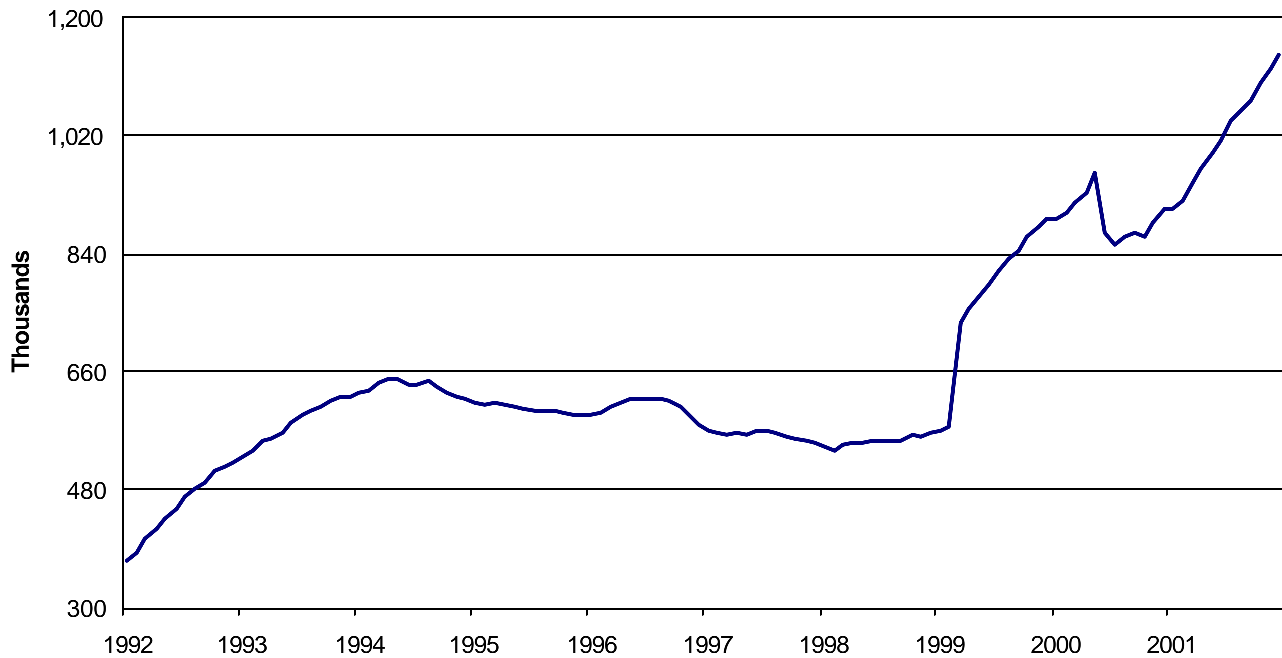


	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Jan	769,740	884,921	1,001,190	1,036,049	1,030,083	979,260	789,311	769,511	703,778	681,715
Feb	777,074	888,536	998,236	1,029,634	1,027,816	967,730	777,831	763,230	698,505	676,542
Mar	793,908	909,910	1,020,018	1,043,366	1,035,169	960,920	777,828	765,154	700,194	669,461
Apr	799,140	918,877	1,015,983	1,033,515	1,032,099	952,582	773,173	762,544	691,058	679,643
May	801,534	930,220	1,016,372	1,031,994	1,030,812	939,209	765,220	756,139	680,875	674,655
Jun	819,990	946,349	1,016,745	1,034,976	1,027,171	933,708	761,220	752,897	680,184	676,184
Jul	852,375	957,611	1,018,767	1,024,636	1,022,791	918,708	753,633	751,832	699,125	681,200
Aug	841,042	966,183	1,023,362	1,032,824	1,025,404	912,005	744,266	748,143	692,766	673,463
Sep	843,675	971,990	1,024,787	1,033,356	1,011,628	811,670	779,386	738,767	690,494	676,885
Oct	857,537	988,104	1,029,394	1,036,427	1,010,180	816,725	787,472	735,529	676,173	681,588
Nov	862,138	992,022	1,030,813	1,054,240	1,001,164	808,432	782,681	726,838	673,829	690,221
Dec	877,796	1,000,267	1,038,716	1,028,565	985,425	793,864	777,464	716,673	678,281	697,889

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

Figure 4

PERSONS AIDED - MEDI-CAL ONLY
January 1992 - December 2001



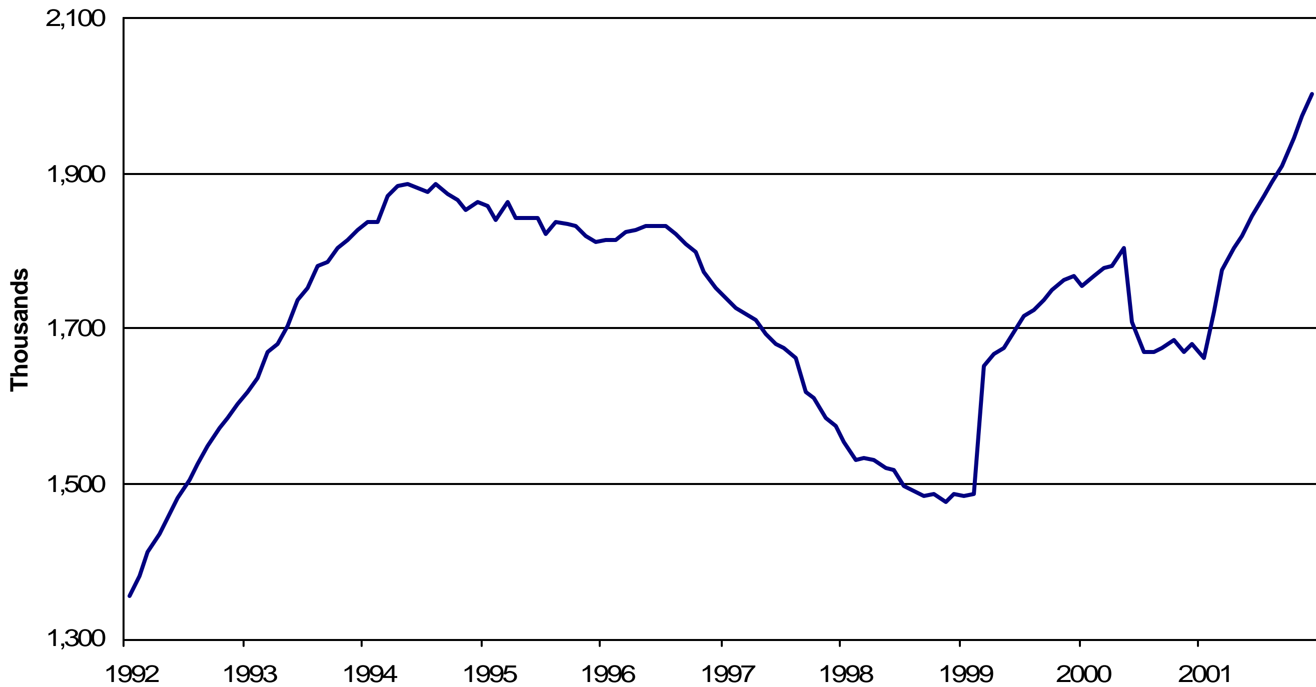
	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Jan	371,013	530,107	628,241	611,805	596,484	570,327	545,557	571,007	889,755	906,938
Feb	385,421	539,877	630,038	607,762	597,735	564,166	541,932	577,075	902,304	921,546
Mar	403,519	554,940	641,434	611,831	606,724	563,039	547,734	736,143	914,589	945,297
Apr	421,464	558,232	648,740	608,059	611,286	564,277	551,182	754,584	931,347	968,075
May	437,053	568,970	648,310	606,154	616,143	563,326	551,338	773,607	961,482	990,852
Jun	449,904	583,067	639,771	604,854	616,606	570,008	553,940	792,953	870,789	1,011,611
Jul	468,592	593,173	639,518	599,987	618,514	571,714	554,563	814,968	853,517	1,040,397
Aug	479,311	602,109	643,344	602,215	617,597	568,862	555,691	829,576	865,679	1,054,721
Sep	491,317	605,398	635,820	601,480	614,457	559,167	555,105	844,984	871,567	1,070,178
Oct	506,651	614,201	628,729	599,205	605,973	558,273	561,363	862,429	863,525	1,099,190
Nov	514,869	619,183	622,231	595,753	592,418	554,113	559,878	879,336	886,356	1,119,379
Dec	521,957	623,521	617,687	594,630	578,977	552,039	565,886	892,420	908,567	1,142,324

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

Figure 5

PERSONS AIDED - ALL AIDS COMBINED

January 1992 - December 2001



	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Jan	1,355,763	1,618,696	1,838,536	1,856,959	1,815,720	1,739,691	1,553,899	1,483,869	1,756,212	1,661,803
Feb	1,382,085	1,635,868	1,837,625	1,840,912	1,813,789	1,726,450	1,530,151	1,486,946	1,766,419	1,722,174
Mar	1,412,368	1,669,406	1,871,302	1,863,833	1,825,136	1,720,143	1,534,206	1,652,199	1,778,684	1,777,189
Apr	1,436,061	1,681,585	1,883,571	1,844,758	1,826,820	1,712,033	1,530,926	1,665,832	1,781,558	1,801,891
May	1,456,294	1,703,818	1,886,793	1,843,275	1,831,350	1,693,943	1,521,529	1,676,300	1,803,096	1,820,217
Jun	1,482,726	1,735,982	1,881,832	1,843,183	1,831,991	1,679,816	1,517,219	1,694,090	1,710,715	1,846,217
Jul	1,506,330	1,753,476	1,877,714	1,821,202	1,830,611	1,675,458	1,496,928	1,716,905	1,667,884	1,871,520
Aug	1,525,569	1,780,514	1,886,676	1,836,626	1,822,112	1,662,085	1,490,182	1,724,536	1,671,997	1,890,253
Sep	1,549,004	1,786,347	1,875,197	1,833,234	1,811,154	1,619,097	1,484,360	1,737,460	1,676,433	1,911,380
Oct	1,573,829	1,805,626	1,864,484	1,832,172	1,799,175	1,612,337	1,487,282	1,751,308	1,685,273	1,947,269
Nov	1,583,850	1,813,953	1,854,080	1,819,413	1,775,240	1,583,948	1,476,617	1,761,779	1,671,996	1,975,315
Dec	1,605,328	1,826,169	1,862,424	1,813,271	1,753,156	1,575,466	1,487,157	1,768,072	1,680,884	2,002,498

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

Figure 6

PERSONS AIDED - ALL AID PROGRAMS
by Ethnic Origin and Primary Language - December 2001

Aid Program	CalWORKs		GeneralRelief		CAPI		Food Stamps		MAO		IHSS	
ETHNIC ORIGIN												
Asian	11,644	6.0%	2,647	4.0%	3,824	68.5%	13,696	4.8%	47,123	9.4%	43,794	15.6%
Black	50,844	26.2%	34,543	52.2%	34	0.6%	81,033	28.4%	48,125	9.6%	49,128	17.5%
Hispanic	107,512	55.4%	16,081	24.3%	888	15.9%	144,091	50.5%	326,351	65.1%	63,165	22.5%
White	22,511	11.6%	11,978	18.1%	787	14.1%	42,228	14.8%	74,193	14.8%	123,241	43.9%
Other	1,552	0.8%	926	1.4%	50	0.9%	4,280	1.5%	5,514	1.1%	1,404	0.5%
Total Cases	194,063	100%	66,175	100%	5,583	100%	285,328	100%	501,306	100%	280,732	100%
PRIMARY LANGUAGE												
Armenian	6,210	3.2%	1,654	2.5%	346	6.2%	8,274	2.9%	6,016	1.2%	18,809	6.7%
Cambodian	2,717	1.4%	66	0.1%	17	0.3%	2,568	0.9%	1,003	0.2%	2,526	0.9%
Chinese	1,747	0.9%	265	0.4%	1,736	31.1%	2,283	0.8%	11,530	2.3%	12,914	4.6%
English	108,481	55.9%	56,514	85.4%	296	5.3%	169,485	59.4%	219,572	43.8%	161,140	57.4%
Farsi	582	0.3%	66	0.1%	184	3.3%	856	0.3%	1,504	0.3%	5,334	1.9%
Korean	194	0.1%	596	0.9%	653	11.7%	856	0.3%	5,514	1.1%	2,807	1.0%
Russian	776	0.4%	265	0.4%	89	1.6%	1,141	0.4%	2,005	0.4%	13,756	4.9%
Spanish	68,116	35.1%	4,897	7.4%	1,111	19.9%	91,020	31.9%	243,635	48.6%	39,864	14.2%
Vietnamese	3,105	1.6%	397	0.6%	290	5.2%	3,995	1.4%	4,010	0.8%	7,580	2.7%
Other	2,135	1.1%	1,455	2.2%	861	15.4%	4,850	1.7%	6,517	1.3%	16,002	5.7%
Total Cases	194,063	100%	66,175	100%	5,583	100%	285,328	100%	501,306	100%	280,732	100%

KEY TO ACRONYMS

CalWORKS	California Work Opportunity and Responsibility to Kids
CAPI:	Cash Assistance Program for Immigrants
MAO:	Medi-Cal Assistance Only
IHSS:	In-Home Supportive Services

**Based on the ethnic origin and primary language of the applicant on the case.*

Figure 7

CHILD ABUSE REFERRALS
December 2000 as Compared to December 2001

Month	1997	1998	1999	2000	2001	2000/2001 Change	2000/2001 Percent
Jan	120	80	78	59	56	-3	-5.1%
Feb	110	86	41	42	39	-3	-7.1%
Mar	101	88	70	64	41	-23	-35.9%
Apr	110	104	49	64	42	-22	-34.4%
May	89	73	67	87	51	-36	-41.4%
Jun	93	88	54	78	43	-35	-44.9%
Jul	121	99	49	65	51	-14	-21.5%
Aug	113	98	85	61	47	-14	-23.0%
Sep	111	75	69	58	46	-12	-20.7%
Oct	85	71	65	59	60	1	1.7%
Nov	80	17	53	53	42	-11	-20.8%
Dec	58	40	30	61	38	-23	-37.7%
TOTAL	**1,191**	**919**	**710**	**751**	**556**	**-195**	**-26.0%**

Some of the referrals may have been for the same children. Referral counts are from two sources:
1) *By DPSS employees observing incidents which indicate abuse/neglect and making referrals to the Department of Children and Family Services*
2) *Data collected from reports received from the DPSS fraud reporting hotline*

Recommendation Follow-up

Recommendation Two - Protocol for Responding to Domestic Violence:

DPSS will participate as needed with this Task Force.

Recommendation Four - Program Performance Outcome Data:

DPSS does not track data on child abuse statistics other than the manual reports collected on Child Abuse referrals which are forwarded to the Department of Children and Family Services.

Recommendation Five - Identification of Children with Disabilities:

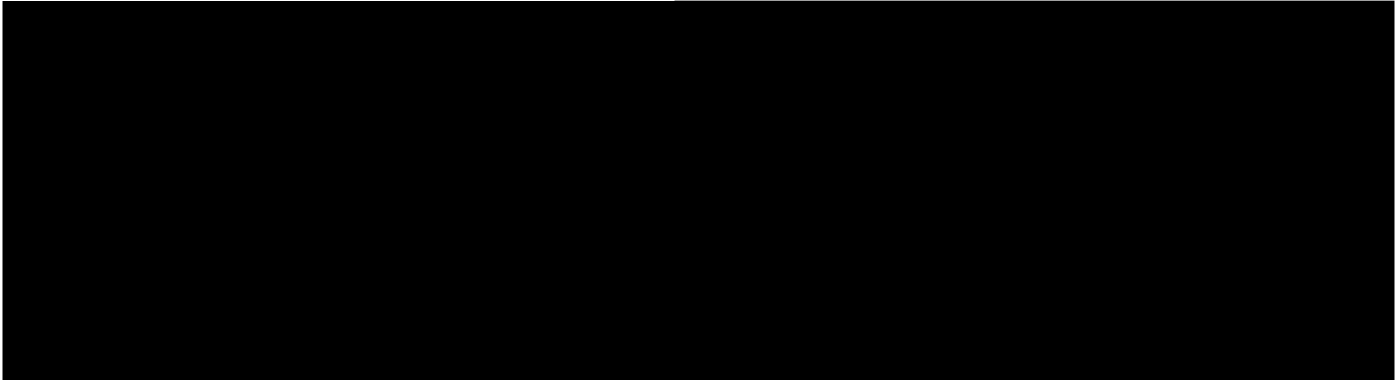
To the extent possible, DPSS will include information on the presence of all types of disabilities among child abuse victims.

Recommendation Seven - Follow-up:

There is no new data collection development in progress other than the information that will be provided for the 2002 ICAN Report, which will reflect comparative caseload data with prior years.

LOS ANGELES COUNTY OFFICE OF EDUCATION

AGENCY REPORT



2001-2002 LOS ANGELES COUNTY CHILD ABUSE REPORT

The highest number of child abuse incidents for the year 2001-2002 in Los Angeles County was of a physical nature. They were 4852 physical child abuse incidents, that is 62.2% of all child abuse incidents, before general neglect with 1453 incidents (or 18.6%), sexual abuse with 1076 incidents (or 13.8%) and finally emotional abuse with 426 incidents (or 5.5%).

Figure 1 below displays the percentages of types of child abuse for the year 2001-2002 in Los Angeles County:

Elementary schools seem to have the highest number of child abuse incidents overall with 4979 incidents or 63.8% of all child abuse incidents.

Figure 2 displays counts and percentages of child abuse incidents by type of schools.

Finally, Hispanic students seem to be more at risk for being a victim of child abuse in the Los Angeles County schools.

Figure 3 below shows the number and percentages of victims of child abuse by ethnicity.

Figure 1

**2001-2002 LOS ANGELES COUNTY CHILD ABUSE REPORT
PERCENTAGES OF TYPES OF ABUSE**

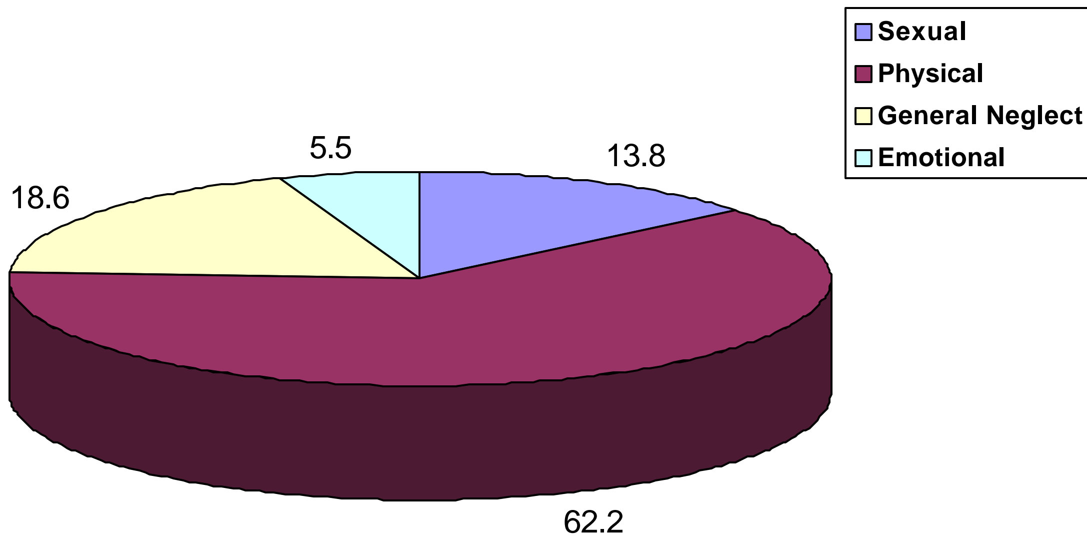


Figure 2

TYPE OF CHILD ABUSE BY TYPE OF SCHOOL 2000-2001

	Sexual		Physical		General Neglect		Emotional		By Type of School	
Type of School	**#**	**%**	**#**	**%**	**#**	**%**	**#**	**%**	**Total**	**%**
Children's Center	25	2.32	76	1.57	11	0.76	3	0.70	**115**	1.5
Head Start	24	2.23	43	0.89	12	0.83	11	2.58	**90**	1.2
Elem School	583	54.18	3101	63.91	1069	73.57	226	53.05	**4979**	63.8
Junior High	211	19.61	926	19.08	209	14.38	65	15.26	**1411**	18.1
High School	220	20.45	664	13.69	134	9.22	116	27.23	**1134**	14.5
Special Ed	7	0.65	26	0.54	14	0.96	2	0.47	**49**	0.6
Other Site	6	0.56	16	0.33	4	0.28	3	0.70	**29**	0.4
Total	**1076**	100.0	**4852**	100.0	**1453**	100.0	**426**	100.0	**7807**	
Percentage of Total Abuse		**13.78**		**62.15**		**18.61**		**5.46**		

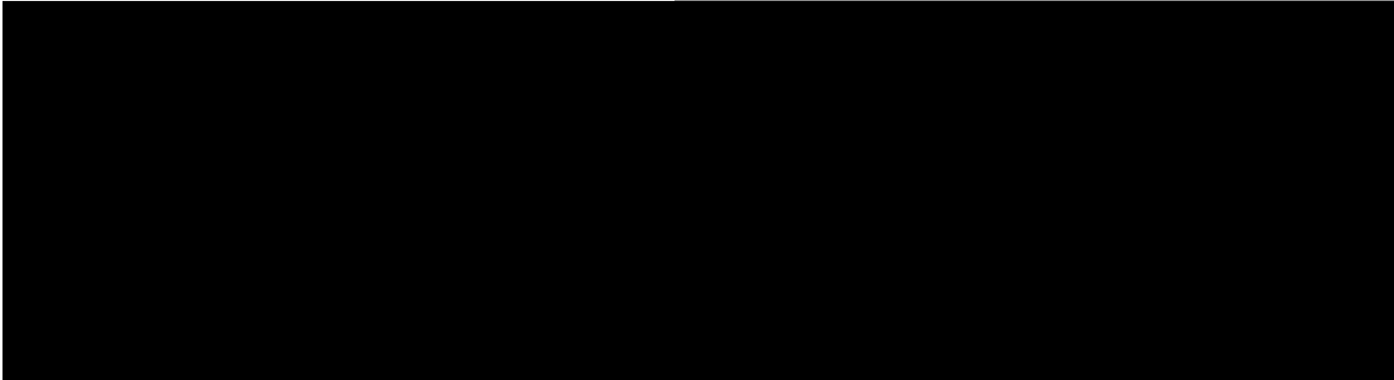
Figure 3

VICTIMS OF CHILD ABUSE BY ETHNICITY

Ethnicity	Count	%
African American	1057	15.33
American Indian	4	0.06
Asian	268	3.89
Filipino	16	0.23
Hispanic	4196	60.85
Pacific Islander	13	0.19
White	1099	15.94
Other	243	3.52
Total	6896	100.0

DEPARTMENT OF HEALTH SERVICES

AGENCY REPORT



Child abuse and neglect has been recognized as a serious public health issue in recent years. It is one of the risk factors that can adversely impact a child's development. Early childhood development presents itself as an investment opportunity to assure that each child reaches his or her productive and creative potential. Child abuse impacts the developing child, increasing risk for emotional, behavioral, social and physical problems throughout life. While physical abuse is probably the most noticeable, emotional and mental trauma are also detrimental. Experiences of trauma or abuse even during the first year of life can result in the following: extreme anxiety, depression, inability to form healthy attachments to others and a significantly higher propensity for violence later in life .

The Los Angeles County Department of Health Services whose mission is to improve the health of Los Angeles County residents recognizes the significant health, emotional and psychosocial impact of child abuse and neglect on child development. The Department continues to prevent the adverse effects of child abuse by focusing on healthy child development.

Child abuse impacts the developing child, increasing risk for emotional, behavioral, social and physical problems throughout life.

The goal of the Child Abuse Prevention Program is to protect the safety and welfare of all children.

Program Specific Information Related to Child Abuse

Child Abuse Prevention Program (CAPP) established within Maternal, Child and Adolescent Health Programs (MCAH) serves as the lead agency in the Department of Health Services (DHS) to prevent and reduce the occurrences of child abuse in Los Angeles County. The goal of the program is to protect the safety and welfare of all children. CAPP reaches its goal by raising awareness of child abuse/neglect issues through trainings and conferences; improving child abuse reporting in health care professionals by developing protocols and administering appropriate trainings; disseminating health education materials and other pertinent information such as parenting tips; and conducting needs assessment by gathering pertinent data. CAPP works closely with the Interagency Council of Child Abuse Neglect (ICAN), The Children's Planning Council, community based organizations, the Federal government, the State departments, programs within DHS such as the Injury and Violence Prevention Program, and other county departments such as the Department of Children and Family Services (DCFS), the Sheriff's Department and the District Attorney to address issues of child abuse and neglect. The following describes the publications available at CAPP and their distribution:

- **The Child Abuse Directory of Health Professionals** was first developed by CAPP as a resource tool to help professionals accessing the SCAN (Suspected Child Abuse Neglect) & CART (Child Abuse Resource Team) teams in the public and private hospitals. By using the Directory, professionals spend less time finding the appropriate individuals who could provide needed services for their clients. The updated Directory is currently being developed to be posted on the MCAH website.

- **The Professionals Guide Back to Basics about Child Abuse** is an invaluable resource tool and functions as an immediate reference guide for professionals. Copies are distributed at all in-services and conferences conducted by CAPP. During Fiscal Year 01-02, approximately 500 copies were distributed.
- The **Parenting Tips** is a tool developed to address child development needs, and discipline techniques. With the assistance from the Los Angeles Unified School District, this publication has been translated into Armenian, Cambodian, Korean, Chinese, Spanish and Vietnamese. Currently, approximately 50 copies are distributed per week to community agencies, professionals and other individuals. CAPP staff is currently developing child age-specific parenting tips.

The following describes outreach and education activities of CAPP during Fiscal Year 01-02:

- CAPP sponsored two conferences entitled "Child Abuse and the Internet". One was held in SPA 2 and the other SPA 3. In addition, CAPP sponsored three half-day conferences entitled "Legal Issues of Child Abuse" through out the County.
- During April, the Child Abuse Prevention Month, CAPP distributed 500,000 child abuse prevention bookmarks, 1,000 child abuse prevention posters, 50,000 buttons and 100,000 blue ribbons.
- During the Child Abuse Prevention Month, CAPP co-sponsored five open community forums with the Family, Children, Community Advisory Council on the relationship between child abuse and positive parenting. The topics included (1) Substance Abuse & Neonates, (2) Basic Issues of Child Abuse, (3) What is Sexual Abuse in Children, (4) Step by Step Procedures for Empowering Parents Involved with the System, and (5) Teaching Parents to Help Children Problem Solve.
- In collaboration with Violence Prevention Coalition of Greater Los Angeles, People Who Care Youth Center, Hand Gun Control agencies, Cedars Sinai Hospital and UCLA Medical Center, CAPP conducted two events for at risk boys and girls. These were the countywide basketball tournaments and the Dance For Peace Competition. The purpose of these events were to promote peace and alternatives to violence.
- CAPP staff provides ongoing consultation and training to professionals, community groups, churches, business groups, managed health care units and staff from other city, county, and state departments. These consultations include new and present legislation, policy development, case management, child development, grief and mourning, child death, reporting laws and the interrelationships among child abuse, family violence, and community violence.

The mission of the Maternal, Child and Adolescent Health Programs is to provide leadership, and coordination of programs which are designed to ensure optimal maternal and fetal outcome of childhood and adolescent development, and related reproductive health.

CAPP Program Data

The Child Abuse and Neglect Reporting Act (CANRA) mandates that health practitioners report known or reasonably suspected child abuse to a child protective agency. Any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child. Figures 1 and 2 present the numbers of reported Los Angeles County substance exposed newborns assessed at risk of endangerment by hospital and by types of substance for calendar year 2001. CAPP received a total of 494 reports from 26 hospitals for this period. This represented a 5% increase in the number of reports compared to 2000 (470 reports), after a 100% increase between 1999 and 2000. In 2001, LAC USC Medical Center reported the greatest number of cases (n=117) followed by San Francis Medical Center (n=65) and LAC Harbor UCLA Medical Center (n=45). This marked the first time where a non-County hospital ranked in the top three reporting hospitals. The most often reported substance use/abused by mothers was cocaine/crack (n=208) followed by amphetamine (n=76) and marijuana (n=71).

During Fiscal Year 2001-2002, CAPP embarked on an effort to follow individuals who participated in the "Child Abuse and the Internet" and/or "Legal Issues of Child Abuse" Conferences. The purposes was to determine the usefulness of the information and whether the participants were able to incorporate the knowledge in their personal as well as professional lives. A short survey was developed and mailed to the conference attendees. The survey included questions regarding helpfulness of the information, used any of the information from the

conference, increase in their knowledge or sensitivity regarding a specific child abuse topic, interests in attending future conferences, and future CAPP training topics to be addressed. Figure 3 presents the results of the survey.

Of the 257 participants of the "Legal Issues of Child Abuse" conference, 47 responded to the survey representing a 17% response rate. Of the 179 participants of the "Child Abuse and the Internet" conference, 44 responded to the survey representing a 25% response rate. Over 90% of the respondents for both trainings indicated that the information obtained was useful, and that the training increased their knowledge and sensitivity to the conference topics personally and professionally. Approximately 80% of respondents indicated that they were able to use the information obtained from the conference in their practice or workplace. In the future, CAPP will continue to conduct post-training evaluation surveys, and improve strategies to increase the number of respondents.

The MCAH Program mission is to provide leadership, and coordination of programs which are designed to ensure optimal maternal and fetal outcome of childhood and adolescent development, and related reproductive health. Within MCAH Programs in DHS, several programs conduct activities and interventions designed to minimize violence and child abuse/neglect in the homes of high risk families as well as to ensure the overall well being of children residing in Los Angeles County. The rationale is that many problems emerging early in the life cycle of a child may be prevented by improving maternal health habits, parental behavior, and physical and psychological context in which the family functions, as well as a child's access to care. These programs include the Nurse Family Partnership Program, the Prenatal Care Guidance Program, the Perinatal Outreach and Education Program, and the Black Infant Health Program, Comprehensive Perinatal Services Program, Fetal Infant Mortality Review Project, Sudden Infant Death Syndrome Program, Child Health Initiatives and Child Health Outreach Initiatives units.

The Maternal, Child and Adolescent Health Programs within Los Angeles County Department of Health Services seek to minimize violence and child abuse/ neglect in the homes of high risk families as well as to ensure overall well being of children residing in Los Angeles County.

Nurse Family Partnership (NFP) is an intensive home visitation program that employs the Dr. David Olds "Prenatal and Early Childhood Nurse Home Visitation" model. The model has been empirically studied for over 22 years, and targets low-income, socially disadvantaged, first-time mothers and their children to help improve pregnancy outcomes, qualities of parental caregiving, and associated child health and maternal life-course development.

This NFP Program is replicating the Old's Model to improve the following outcomes among the program participants: 1) increasing the number of normal weight infants delivered; 2) decreasing the number of mothers who smoke; 3) decreasing the number of substantiated reports of child abuse or neglect; 4) decreasing the number of emergency room and urgent care encounters for injuries or ingestion of poisons among infants and toddlers; 5) increasing the number of mothers in the labor force; 6) increasing the number of mothers who are enrolled in school or a GED program; 7) reducing the number who use alcohol during pregnancy; and, 8) delaying subsequent pregnancies.

PHNs conducts home visits during the mother's pregnancy, and continues through the second year of the child's life. Home visits focus on personal health, environmental health, maternal role development, maternal-life course development, and social support. The PHNs assess mother's and newborn's needs and provide them with intervention services (e.g., referrals, education or counseling) for problems identified.

As of July 2002, NFP was serving 631 clients that were enrolled into the program.

Prenatal Care Guidance Program (PCG) provides ongoing case management services to pregnant and postpartum women which may continue through the infant's first birthday. Emphasis is given to access to care, improving maternal and fetal outcomes, parenting skills and overall quality of family life. Referrals are received from the California Toll Free Hotline (1-800-4-BABY-N-U), schools, juvenile health facilities, County health clinics, and community based organizations. All referrals are screened for possible eligibility into the program. Eligibility criteria include women of childbearing age, pregnancy, possible pregnancy, and high risk conditions (medical, educational and psychosocial). High risk conditions include, but are not limited to: poverty, under 16 or over 35 years of age, substance abuse (tobacco, drug and alcohol), high risk behaviors (gang involvement, multiple sexual partners), homelessness, lack of social support system, and previous delivery of a low birth weight infant.

During Fiscal Year 01-02, PCG and NFP merged into one in order to integrate Public Health Nurse Home Visitation Programs, as well as provide more coordinated home visitation services to clients. Currently, a referral form has been developed and implemented for DHS Public Health Nurse home visitation programs.

As an effort to identify high risk pregnant women and provide appropriate intervention, PCG has collaborated with the Sheriff Department and its Community Assessment Unit to develop protocols to begin providing prenatal education to incarcerated pregnant women, and facilitate referral for continued case management following discharge. In addition, four pilot sites have been identified as a result of collaborating with Adult Services Probation Department for Deputy Probation Officers to refer pregnant parolees to PCG. Furthermore, PCG continues to work with Juvenile Court Health Services to assess pregnant teens in juvenile hall with NFP joining the efforts.

During Fiscal Year 01-02, the PCG doubled the number of incoming referrals following 86 outreach contacts and program presentation. Two hundred forty four families have been served, and over 100 babies have been born as a result of 1,514 home visits. Forty three incarcerated teens were assessed at the juvenile hall facilities followed with appropriate intervention.

Perinatal Outreach and Education Program (POE) provides care coordination, patient advocacy, and extended access to services for low income pregnant and postpartum women, and women of childbearing age. Pregnant women who meet the POE specific criteria are eligible to receive services. These criteria include, but are not limited to, substance abusers, pregnant teens, women affected by domestic violence, women without social support, those at risk of HIV and AIDS, homeless families, families with severe socioeconomic difficulties, and clients with gestational diabetes and asthma. Program activities include outreach and referral services, health education and case management. Services are provided through non-profit, community-based agencies located countywide. The POE case management component consists of careful assessment of pregnant and postpartum clients' physical and emotional well being. Emphasis is placed on health education, moral support and encouragement, ultimately giving the client the opportunity to make well-informed choices about her health care needs. The health education component consists of topics including tobacco, alcohol and drug awareness, parenting, infant safety, family planning, self-esteem, STD/HIV, breastfeeding, newborn care and nutrition. The outreach component includes individual assessment with clients throughout the County to assess their needs and refer them to appropriate agencies and/or services.

During Fiscal Year 01-02, a total of 411 clients and families were case managed by the POE subcontractors. The number of home visits to clients were based on POE case managers' professional discretion of need. All clients were seen face-to-face at least once each month. A total of 579 health education sessions were conducted. Over 9,000 participants attended the health education classes. Four thousand five hundred and ninety seven outreach

assessments were conducted during this year. The number of clients contacted through outreach decreased significantly compared to the previous years. However, this is the result of greater efforts to follow up clients for an extended period (up to 4 months) to ensure that the clients have initiated and received necessary services.

Black Infant Health Program (BIH), targets African American women aged 19 to 45, their children and their families. It is built upon individualized, community-oriented strategies in response to the disparate infant mortality rate where African American babies were dying at nearly three times the rate of white babies. The program is designed to identify "at risk" pregnant and parenting African American women, to provide them with assistance in accessing and maintaining health care, and receiving other family support services. In Los Angeles County, BIH program activities are provided by subcontractors utilizing two model interventions designed by the State of California: the Social Support and Empowerment Model and the Prenatal Care Outreach Model. The Social Support and Empowerment Model addresses social factors and provides a framework to teach specific personal and parenting skills, and the Prenatal Care Outreach Model links women to early and continuous prenatal care and related support services.

During Fiscal Year 01-02, BIH expanded its existing service area (26 identified high risk zip codes) to three new zip codes through contracting with three new providers. The new zip codes include SPAs 1, 2, and 3 (Antelope Valley, San Fernando and San Gabriel). The program expansion will greatly facilitate access to and coordination of care for African American pregnant women, their children and families in these communities. In addition, BIH coordinated a community media campaign which strategically placed billboards in the original BIH service areas, and collaborated with CPSP providers (see below), local news media and others to promote the awareness of fetal movement monitoring.

Comprehensive Perinatal Services Program (CPSP) provides enhanced, comprehensive services to pregnant women through certified public and private obstetrical providers. In addition to basic medical care, providers are required to provide multidisciplinary (nutrition, health education and psychosocial) assessments, reassessments, individualized care plans and coordination from initial entry into prenatal care through the postpartum period. Health habits including the use of tobacco, alcohol and other drugs are part of the assessment and client education focus through out pregnancy. The CPSP office staff provides assistance to prospective providers through the State CPSP provider certification process as well as provide training, consultation and technical assistance related to protocol development, reimbursement of services, and other programmatic/clinic implementation issues to the certified providers. In addition, the CPSP program staff collaborates with Medi-Cal Managed Care plans to ensure the implementation of CPSP services as the standard for prenatal care.

In Fiscal Year 01-02, there were 511 CPSP certified providers presenting a 6% increase. It is noteworthy that the number of CPSP certified providers represents over one third of those in California. In response to a Fetal Infant Mortality Review project recommendation, the CPSP Program collaborated with the BIH and PCG Programs to increase the awareness of the importance of fetal movement monitoring to prevent fetal and infant deaths. CPSP and PCG staff delivered education packets to 57 CPSP providers in the BIH service area. The education packet included posters, instructions for fetal kick counting and a notepad for women to record fetal movement. The public awareness/targeted education campaign was evaluated through a survey. Approximately 50% of the participating CPSP providers responded to the survey. Over 95% of the responses indicated improved knowledge regarding the importance of kick counting as well as increased knowledge among clients that they serve.

In response to the increasing need to address maternal depression, CPSP sponsored a Provider

Connection training on this topic. This is an important topic as maternal depression is associated with child abuse, neglect and abandonment. The purpose of the training was to enable providers to identify at risk women through assessment and to provide appropriate intervention during prenatal as well as post-natal period. The training was well attended by approximately 100 professionals, paraprofessionals and home visitors.

Fetal Infant Mortality Review (FIMR) Project is one of the 12 California county programs implemented in 1994 to address the problem of fetal and infant death in areas with high rates of perinatal mortality. The goal of the project is to enhance the health of Los Angeles County infants and their mothers by examining local factors contributing to fetal, neonatal, and post-neonatal deaths; and developing and implementing interventions in response to identified needs. FIMR Project activities include reviewing perinatal death certificate and hospital medical record of African American and Black immigrants in 15 targeted zip codes demonstrating high perinatal mortality rates as well as conducting home visits to identify additional risk factors. The FIMR staff then presents case summaries to the Technical Review Panel (TRP) for identification of preventable factors. TRP is a team of multi-disciplinary health professionals. The TRP recommendations are compiled and presented to Community Advisory Group (CAG) for developing implementation strategies to improve fetal and infant health. In addition, FIMR provides referrals to grief support and interventions to affected families.

Sudden Infant Deaths Syndrome (SIDS) Program was established as SIDS was one of the leading causes of neonatal deaths and that African American babies had the highest rates of SIDS compared to other racial/ethnic groups. The Program provides mandated follow-up and support services by public health nurses and social workers of the Los Angeles County Department of Health Services. Program services include but are not limited to developing and disseminating information about SIDS, and community resources for coping with infant loss for the entire family (both adults and children) and burial support. SIDS education and prevention efforts include coordinating outreach campaign to educate parents on how to reduce the risk of SIDS (e.g. sleep on back, avoid tobacco smoke, and avoid overheated bedrooms), and trainings for SIDS families to assist and counsel other SIDS families dealing with grief. In addition, SIDS coordinates trainings for hospital staff, public health nurses, emergency responders, coroners, and the general public on SIDS facts and dealing with the emotional impact. Furthermore, SIDS compiles and disseminates information to the public on the latest research concerning SIDS and its potential causes, and maintains epidemiological data of Los Angeles County SIDS and other sudden, unexpected infant deaths.

Child Health Initiatives (CHI) Unit was created within the MCAH Programs to serve as a policy and planning "think tank" on children's health issues and to serve as a liaison with other DHS programs and external agencies to address children's health issues. This involves developing a cohesive and coordinated departmental approach for delivering services and maximizing funding, establishing Department-wide policies and procedures, advocating County, State and federal legislative changes and collaborating with other County departments, the private sector and the community to affect a seamless system of child health related services. Specifically, CHI provides ongoing technical assistance to other units within the MCAH Programs, such as the Children's Health Outreach Initiatives unit. Assistance is also provided to other DHS programs on children's health-related planning, program development, and grant writing.

Current health issues addressed by the unit include but are not limited to early childhood development, obesity, physical fitness, asthma, health insurance, access to care, immunizations, breastfeeding, sudden infant death syndrome, and tobacco use. In 2002, the unit provided staff support to a Blue Ribbon Task Force on Children and Youth Physical Fitness, established by the Board of Supervisors to address the growing national epidem-

ic of child obesity.

Child Health Outreach Initiatives (CHOI) was established to provide a mechanism for reducing the number of uninsured children through a coordinated health insurance outreach effort targeted at low-income children.

Approximately one in four children in Los Angeles County are uninsured. Lack of adequate health insurance is the most important barrier impacting children's access to health services. Children without health insurance are more likely to lack a regular source of care compared to those who are insured. As a results, they are more likely to receive fewer immunizations and other well-child care services, be without medical attention for acute and chronic health conditions such as ear infections, throat infections, and asthma, and to rely on emergency rooms for their regular source of care. The goal of CHOI is to increase health access and care for children and their families in Los Angeles County through Medi-Cal/Healthy Families and other no or low-cost health program promotion, enrollment, and retention services.

Because of various programs and different eligibility prerequisites, it is important to inform the public about these services as well as train personnel from other County departments and community agencies to serve uninsured clients. The outreach services are contracted with community providers as well as the Cities of Long Beach and Pasadena. The services provides training as well as informing small business employers who are unable to provide insurance to their employees or their families about the availability of low-cost programs. This includes conducting presentations to employees as well as facilitating enrollment of eligible family members at the business site.

Overall infant mortality rates for Los Angeles County have declined from 8.0 per 1,000 live births in 1990 to 4.9 per 1,000 live births in 2000 representing a 38.8 percent decrease in rates.

Between 1990 and 2000, the percents of low birth weight increased from 6.02% to 6.40%. This increase was primary due to the increase in multiple births.

Countywide Indicators Related to Child and Adolescent Morbidity and Mortality

Figure 4 presents deaths among children and youth aged 21 and under by age and gender for Los Angeles County in 2000. The total number of deaths among children and youth aged 21 and under was 1,826 in 2000, a 2.2% decrease in numbers compared to 1,868 in 1999. It is noteworthy that deaths occurring at age less than 1 year old comprise 42.6% of all deaths under age 21, and 53.1% of all deaths under age 18. The majorities of infant deaths were due to certain conditions originating from the perinatal period or caused by congenital abnormality as presented in Figure 5. Unintentional injuries (accidents) were one of the leading causes of deaths for toddlers and young children in 2000. Homicides were the number one cause of deaths among adolescents aged 13 to 19 years.

Infant mortality rate is defined as the number of infant deaths occurring at less than 365 days per 1,000 live births. Since the beginning of the 20th century, infant mortality rates have been declining rapidly. This progress can be attributed primarily to the advancement in health status due to modern medical technology, better living conditions and access to care. Risk factors for infant mortality include, but are not limited to, race/ethnicity, pre-maturity, low birth weight, maternal substance (ex. alcohol, tobacco and illicit drug) use or abuse, inadequate prenatal care, maternal medical complications during pregnancy, short inter-pregnancy interval, injury and infection. Overall infant mortality rates for Los Angeles County declined from 8.0 per 1,000 live births in 1990 to 4.9 per 1,000 live births in 2000 representing a 38.8% decrease in rates (Figure 6). The total number of infant deaths in 2000 was 777, a 7.6% decrease from 841 in 1999. African American infant mortality rate increased from 10.5 per 1,000 live

births to 12.8 per 1,000 in 2000 representing a 21.9% increase in rates. The number increased from 144 deaths in 1999 to 172 in 2000. African American infant deaths comprised 19.4% of all infant deaths in 2000. Hispanics experienced lowest infant mortality rate (4.4 per 1,000 live births) with the highest number of infant deaths (n=430), representing 55.3% of all infant deaths.

Between 1991 and 2000, rates of sudden infant death syndrome decreased from 1.0 per 1,000 live births in 1991 to 0.3 per 1,000 live births in 2000 representing a 70.0% decrease in rate. The numbers decreased from 208 in 1991 to 34 in 2000.

Birth weight has been demonstrated as one of the most important factors for predicting the health status of newborns. Low birth weight is defined as weight less than 2,500 grams at birth, and very low birth weight is defined as weight less than 1,500 grams at birth. The United States Healthy People 2010 Objectives aim to reduce low birth weight to an incidence of no more than 5 percent of live births and very low birth weight to no more than 0.9 percent. Various factors including plurality, length of gestation, birth order, child's gender, mother's age, mother's marital status, mother's race/ethnicity, mother's education, onset of prenatal care, and maternal substance use during pregnancy have been shown to be associated with low and very low birth weight. Although some of these factors cannot be changed, early, regular and adequate prenatal care may reduce the incidence of low and very low birth weight infants. In addition to these factors, other factors associated with access to prenatal care, and therefore indirectly related to the incidence of very low and low birth weight, include but are not limited to poverty, lack of transportation, low self-esteem, immigration status, fear of authority, language barriers and domestic violence. These factors, albeit not contained in this analysis, deserve more attention, and need to be studied and addressed.

African American children aged 4 and under have the highest rate of hospitalization due to head injuries; however, Hispanic children comprise more than half of all head injury hospitalizations for children ages 4 and under. Deaths due to homicide, motor vehicle crashes and suicide accounted for nearly three quarters of all causes of deaths among adolescent aged 15 to 19 in 2000.

Figure 8 shows the percent of low birth weight and very low birth weight for California and Los Angeles County from 1990 to 2000. Between 1990 and 2000, the percent of low birth weight live births in Los Angeles County increased from 6.02% to 6.40%. This increase was primarily due to the increase in multiple births (i.e. twin, triplet, and etc.). Between 1990 and 2000, the proportions of multiple births among low birth weight infants increased from 16.75% to 21.88%. When adjusting for birth type (singleton v.s. multiple births), the percent of low birth weight for singletons increased slightly from 5.12% in 1990 to 5.14% in 2000. However, the numbers of low birth weight infants decreased from 10,225 in 1990 to 7,874 in 2000. The percent of low birth weight for multiple births increased from 48.63% in 1990 to 52.97% in 2000, and the numbers increased from 2,058 in 1990 to 2,206 in 2000. The same phenomenon holds true for very low birth weight.

Figure 9 depicts the trend of low birth weight and very low birth weight percent by race/ethnicity for Los Angeles County in 2000. African Americans experienced the highest percent of low birth weight and very low birth weight. African American low birth weight and very low birth weight live births comprised 16.0% and 20.8% of the total low birth weight and very low birth weight live births respectively. It is worth noting that African American low birth weight percent was approximately twice compared to the general population. While the Hispanic population experienced a lower percent of low birth weight, they comprised the largest number of low birth weight babies, 54.3% of all low birth weight infants in 2000.

Figure 10 shows the number and rate of hospitalizations due to head injury for children ages 4 and under by selected demographic factors in Los

Angeles County, 2000. A hospitalization was categorized as attributable to head injury if any of the specific diagnostic classifications applying to head injury were included in any of the reason for admission identifiers. It is not unreasonable to speculate that a portion of these head injuries may be attributable to child abuse. Four hundred and thirty three hospitalizations resulted from injuries to the head in 2000, a 40.7% decrease from 730 in 1994. African American children have the highest rate of hospitalization due to head injuries; however, Hispanic children comprise more than half of all head injury hospitalizations for children ages 4 and under. Male children are more likely to be hospitalized for head injuries as compared to females. Infants have a higher rate of being hospitalized for head injuries as compared to toddlers.

Figure 11 presents deaths among adolescents aged 15 to 19 by selected causes of injuries in Los Angeles County between 1990 and 2000. Homicide rates were the highest between 1990 and 2000 compared to mortality rates due to motor vehicle crashes and suicide. Nevertheless, the rates of homicide among adolescents aged 15 to 19 decreased from a peak of 63.2 per 100,000 adolescent population aged 15 to 19 in 1995 to 30.9 per 100,000 in 2000 representing a 51.1% decrease in rates. In general, mortality rates due to motor vehicle crashes among adolescents in Los Angeles County have been decreasing over time. The rates decreased from 23.4 per 100,000 adolescents aged 15 to 19 in 1990 to 10.1 per 100,000 in 2000, representing a 56.8% decrease in rates. Suicide rates among adolescents aged 15 to 19 decreased from 8.0 per 100,000 adolescents aged 15 to 19 in 1990 to 6.1 per 100,000 in 2000, representing a 23.8% decrease. It is noteworthy that deaths due to homicide, motor vehicle crashes and suicide accounted for nearly three-quarters of all causes of deaths among adolescent aged 15 to 19 in 2000. It is important to realize that the causes of suicide among adolescents are very different from those among adults. Youth intervention and prevention programs for adolescent deaths due to homicide, motor vehicle crashes and suicide need to focus at a macro level involving a network of individuals and agencies from schools, mental health, health services, media, families, faith community and other entities which impact adolescent development.

Teen Pregnancy

Los Angeles County has shown a steady decrease in teen birth rates in the past decade for all age groups (<15, 15 to 17 and 18 to 19) as seen in Figure 12. The birth rate to adolescent females aged 15 to 19 years old declined by 30.5% from 77.3 per 1,000 in 1990 to 53.7 per 1,000 in 2000. Given that approximately half of all teen pregnancies result in births, the estimated teen pregnancy rate for adolescent females 15 to 19 years old in 2000 can be as high as 107.4 per 1,000. The estimated teen pregnancy rate for females aged 15 to 17 may be as high as 61.6 per 1,000 almost twice compared to the Healthy People 2010 Objective: to reduce teen pregnancy to no more than 43 per 1,000 adolescent girls aged 15 to 17 years old. Risk factors associated with teen pregnancy include, but are not limited to, alcohol and drug abuse, history of violence and delinquency, failing or dropping out of school, and early initiation of sexual activities.

Los Angeles County has shown a steady decrease in teen birth rates in the past decade for all age groups (<15, 15 to 17 and 18 to 19).

The birth rate to adolescent females aged 15 to 19 years old declined by 30.5% from 77.3 per 1,000 in 1990 to 53.7 per 1,000 in 2000.

Figure 13 shows the distribution of repeat teen live births to mothers aged 15 to 19 by race/ethnicity from 1990 to 2000. Repeat teen birth is defined as the number of births to teen mothers who already have one or more children. Between 1990 and 2000, Hispanic and African American teens continued to experience highest percents of repeat teen births compared to White and Asian Pacific Islander teens. The overall percent of repeat teen births to mothers 15 to 19 years of age in Los Angeles County between 1990 and 2000 remained essentially steady,

ranging from 21 to 23 percent. Over 80% of these births occur to mothers aged 18 to 19 years.

Figure 14 shows the percent of live births to mothers 19 and under by father's age for Los Angeles County, 2000. The majority of live births to teen mothers were fathered by males less than 20, or 20 to 24 years of age. However, it is noteworthy that significant proportions of the births to the youngest mothers (<15, 15 and 16) were fathered by males whose ages were unknown (51.5%, 30.4% and 24.6% respectively). This may be attributed to unwillingness to disclose such information for fear of prosecution for statutory rape. This may also be attributed to teen mother's unrealistic expectation of her future with the father of the child. Both can have serious emotional and psychological repercussions.

Figure 15 shows the percent of live births to mothers 17 years and under by mother's age and race/ethnicity. For Los Angeles County in 2000, Hispanic teen births (aged 12-17), as a percentage of all births in each individual teen age group, ranged from 74% to 85%; for African Americans, the ranges were between 10% to 29%. However, the percentages of total Hispanic and African American live births to mothers of all ages in Los Angeles County for the same were 62% and 9% respectively. Therefore, the percentages of Hispanic and African American teen mothers among all teen births are higher than the percentages of Hispanic and African-American live births to mothers of all ages.

Lack of adequate health insurance is the most important barrier impacting children's access to health services. Children without health insurance are more to receive fewer immunizations and other well-child care services, be without medical attention for acute and chronic health conditions.

Other Indicators Related to Children's Access to Care

Figure 16 shows the prevalence of asthma among children by race/ethnicity for Los Angeles County, 1999-2000 from the LA Health Survey. African Americans have the highest childhood asthma prevalence (16%) compared to other racial/ethnic groups. Asthma hospitalizations increase for children who do not receive adequate prevention and acute primary care. Figure 17 presents the asthma hospitalizations among children ages 14 and under by race/ethnicity. African American children have a much higher hospitalization rate compared to other race/ethnicity while Hispanic children comprised nearly half over all asthma hospitalizations among children under 14 years of age. The rates for African American children were 791.2 per 100,000 for ages 0-4, and 679.9 per 100,000 for ages 5-14. This speaks to the needs for more asthma prevention and management among these communities.

Figure 18 presents reported cases with elevated blood lead (EBL) triggering the case by EBL between 1991 through 2000. The number of reported cases decreased from a peak of 805 in 1994 to 251 in 2000 representing a 68.8% decrease. Hispanic children comprised the largest portion of reported cases (3,401 cases or 73.1%) in Los Angeles County (Figure 19). To understand the extent of the problem, more information is needed to determine the percentage of children 1 to 6 years of age who are screened for lead poisoning. However, screening only finds children after they are poisoned. Additional data are needed to determine the number of lead-contaminated houses and facilities in Los Angeles County. Current lead poisoning prevention involves collaborating with county housing departments, real estate industry and housing code inspection to help eliminating the sources.

Childhood Immunization rates are a measure of population health and a broad indicator of children's access to health care. The national HP 2010 objective is an immunization completion rate of 90% for children between 19 and 35 months. In 1996, 40% of the kindergarten students received who received 4DTP, 3 OPV and MMR by 24 months of age according to the Expanded Kindergarten Retrospective Survey conducted by the LACDHS

Immunization Programs. In 1999, the rate increased to 55 percent. It is noteworthy that African American children had the lowest rates of immunization rates compared to children from other racial/ethnic groups in 1996 and 1999. (Figure 20)

Lack of adequate health insurance is a significant barrier to health care services for children. Based on the results of Los Angeles County Health Survey, although the number of uninsured children decreased by approximately one fifth between 1997 to 1999-2000, 20% of children were still uninsured. Latino children had the highest uninsured rates in 1997 and in 1999-2000 (29% and 33% respectively). (Figure 21) When examining uninsured rates by poverty level, over 80% of uninsured children were living below 200% of the Federal Poverty Level. (Figure 22)

Figure 1

DEPARTMENT OF HEALTH SERVICES

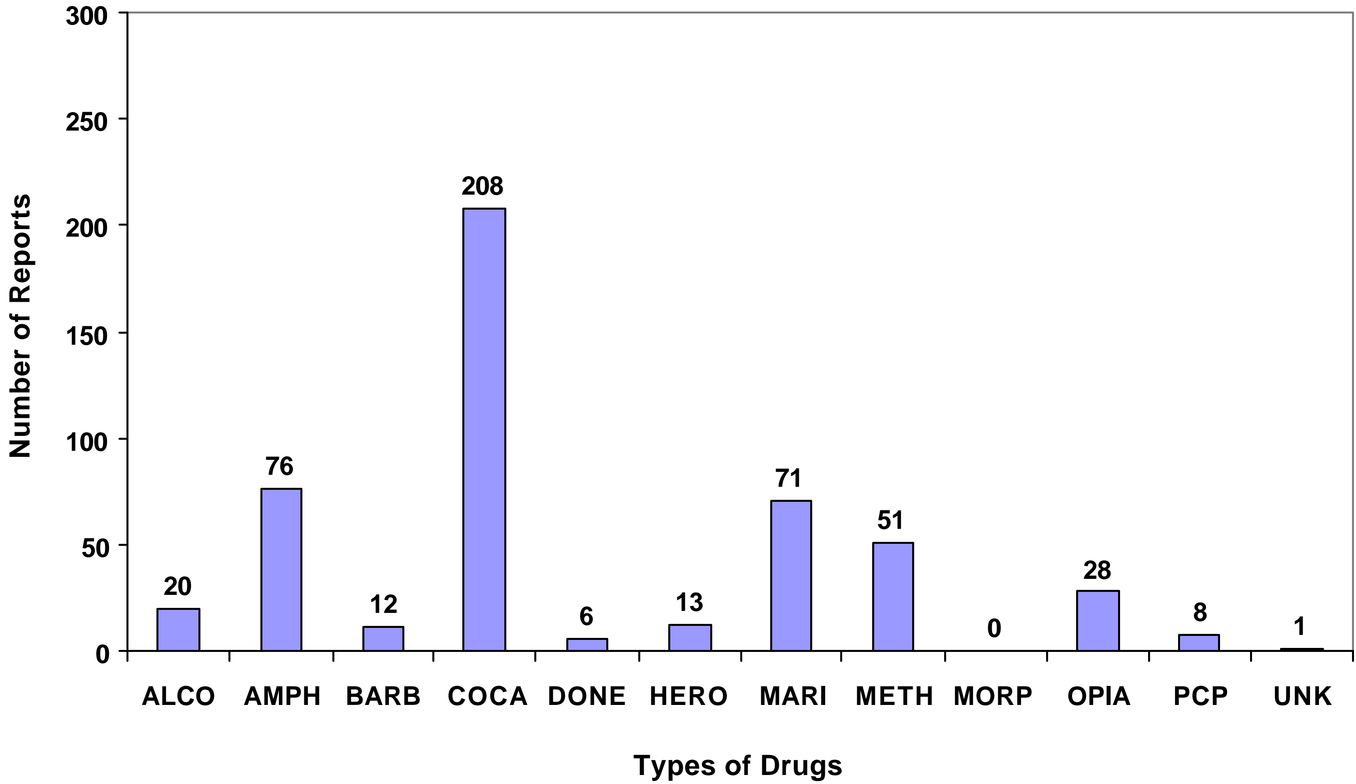
Reported Substance Exposed Newborns Assessed At Risk of Endangerment for Calendar Year 2001

Reporting Hospital	Number of Reports
LAC USC Medical Center	117
St. Francis Medical Center	65
LAC Harbor UCLA Medical Center	45
LAC Martin Luther King Medical Center	34
LAC Olive View Medical Center	32
California Medical Center	24
Cedars Sinai Medical Center	24
Whittier Hospital	24
Kaiser Hospital - Bellflower	19
Suburban Medical Center	15
Good Samaritan Hospital - LA	12
Garfield Medical Center	10
Torrance Memorial Medical Center	9
West Hills	9
Lakewood Regional Medical Center	8
Presbyterian Intercommunity Hospital	8
Memorial Hospital of Gardena	7
Kaiser Hospital - Sunset	6
Valley Presbyterian Hospital	6
LA Metropolitan Medical Center	5
Kaiser Hospital - Harbor City	4
San Gabriel Valley Medical Center	4
Little Company of Mary Hospital	3
Daniel Freeman Hospital	2
Kaiser Hospital - Cadillac	1
Pacific Alliance Medical Center	1
Total	**494**

Figure 2

DEPARTMENT OF HEALTH SERVICES

Reported Substance Exposed Newborns Assessed at Risk of Endangerment for Calendar Year 2001 by Type of Substance



ALCO = Alcohol
AMPH = Amphetamine
BARB = Barbituate
COCA = Cocaine/Crack
DONE = Methadone
HERO = Heroin
MARI = Marijuana
METH = Methamphetamine
MORP = Morphine
OPIA = Opiate
PCP = PCP
Unk = Unknown

Child Abuse Prevention Program, DHS

Figure 3

DEPARTMENT OF HEALTH SERVICES

Survey Results of CAPP Sponsored Conferences during Fiscal Year 2001-2002

	Legal Issue of Child Abuse	Child Abuse and the Internet
Number of participants	257	179
Number of respondents	47	44
Response rates	18.3%	24.6%
Was the information obtained the conference helpful in your practice?		
Yes	93.6%	95.5%
No	4.3%	2.3%
No response	2.1%	2.3%
Have you been able to use any of the information obtained from the conference in your practice/workplace?		
Yes	80.9%	79.5%
No	19.1%	18.2%
No response		2.3%
Did the information obtained from the conference increase your knowledge/sensitivity and awareness in some of the legal issues involved in child abuse reporting/to issues regarding child abuse and the internet personally or professionally?		
Yes	93.6%	95.5%
No	6.4%	4.6%
No response		
Would you be interested in attending future conferences presented by CAPP?		
Yes	97.9%	95.5%
No	2.1%	2.3%
No response		2.3%
If yes, what topic would you like CAPP to address in the future?		
Relationship of Child Abuse and Family Violence	47.8%	78.6%
Teen Dating Violence	58.7%	59.2%
Law and Ethics Regarding Family Violence	63.0%	63.6%
Other	30.4%	45.2%

Figure 4

DEPARTMENT OF HEALTH SERVICES

Deaths Among Children and Youth Ages 0 - 21 by Age and Gender, Los Angeles County 2000

	GENDER								
	MALE			FEMALE			TOTAL		
Age	Number of Deaths	Population	Rate	Number of Deaths	Population	Rate	Number of Deaths	Population	Rate
Less Than 1*	422	80,595	523.6	355	76,794	462.3	777	157,391	493.7
1	41	85,556	47.9	28	81,951	34.2	69	167,507	41.2
2	31	85,978	36.1	19	82,299	23.1	50	168,277	29.7
3	17	85,934	19.8	10	82,199	12.2	27	168,133	16.1
4	12	86,115	13.9	15	82,391	18.2	27	168,506	16.0
5	12	88,075	13.6	7	84,004	8.3	19	172,079	11.0
6	14	91,921	15.2	8	87,907	9.1	22	179,828	12.2
7	17	94,238	18.0	6	89,581	6.7	23	183,819	12.5
8	10	99,874	10.0	4	95,098	4.2	14	194,972	7.2
9	5	99,474	5.0	12	95,324	12.6	17	194,798	8.7
10	13	85,244	15.3	10	81,397	12.3	23	166,641	13.8
11	9	78,097	11.5	10	74,398	13.4	19	152,495	12.5
12	14	74,851	18.7	5	71,435	7.0	19	146,286	13.0
13	19	70,564	26.9	11	67,802	16.2	30	138,366	21.7
14	22	70,542	31.2	11	67,248	16.4	33	137,790	23.9
15	30	67,022	44.8	7	63,897	11.0	37	130,919	28.3
16	49	65,173	75.2	17	61,917	27.5	66	127,090	51.9
17	75	65,755	114.1	18	62,334	28.9	93	128,089	72.6
18	82	62,224	131.8	17	59,212	28.7	99	121,436	81.5
19	94	65,705	143.1	21	61,908	33.9	115	127,613	90.1
20	95	63,852	148.8	23	59,733	38.5	118	123,585	95.5
21	101	60,301	167.5	28	56,419	49.6	129	116,720	110.5
Total	1,184			642			1,826		

Note: *Death rate to children less than 1 is redefined as the number of deaths occurring at less than 365 days of age per 100,000 live births to ensure comparability with death rates in other ages. Death rates for other groups are calculated as the number of deaths occurring at the specific age interval per 100,000 age-specific population

Source: 2000 birth and death records from the California Department of Health Services, Center for Health Statistics State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Gender Details, 1970-2020, Sacramento, California, December, 1998

Figure 5

DEPARTMENT OF HEALTH SERVICES
Leading Causes of Death for Children Ages 12 and Under by Residence
Los Angeles County, 1999

Children Less Than 1 Year Old

Certain Conditions Originating from the Perinatal Period
Congenital Abnormality
Sudden Infant Death Syndrome
Diseases of Respiratory System
Diseases of Circulatory System

Children Ages 1 to 4

Unintentional Injuries (Accidents)
Congenital Abnormality
Malignant Neoplasm
Disease of Respiratory System
Homicide

Children Ages 5 to 12

Unintentional Injuries (Accidents)
Malignant Neoplasm
Congenital Abnormality
Disease of Nervous System
Disease of Circulatory System

Youth Ages 13 to 19

Homicide
Unintentional Injuries (Accidents)
Neoplasm
Suicide
Disease of Circulatory System

Source: 2000 death records from the California Department of Health Services, Center for Health Statistics

Figure 6

DEPARTMENT OF HEALTH SERVICES
Infant Mortality Rate
Los Angeles County, 2000

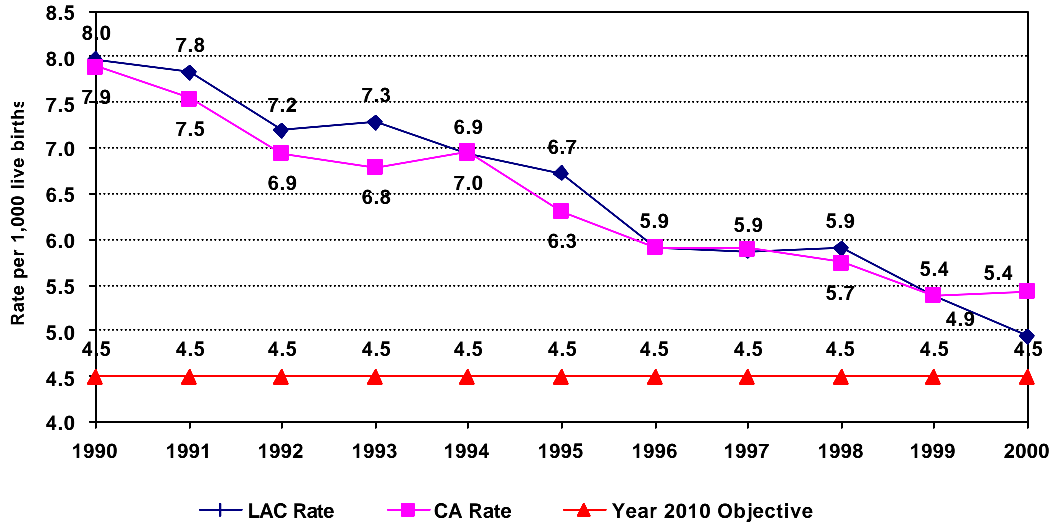


Figure 7

DEPARTMENT OF HEALTH SERVICES
Infant Deaths by Race/Ethnicity
Los Angeles County, 2000

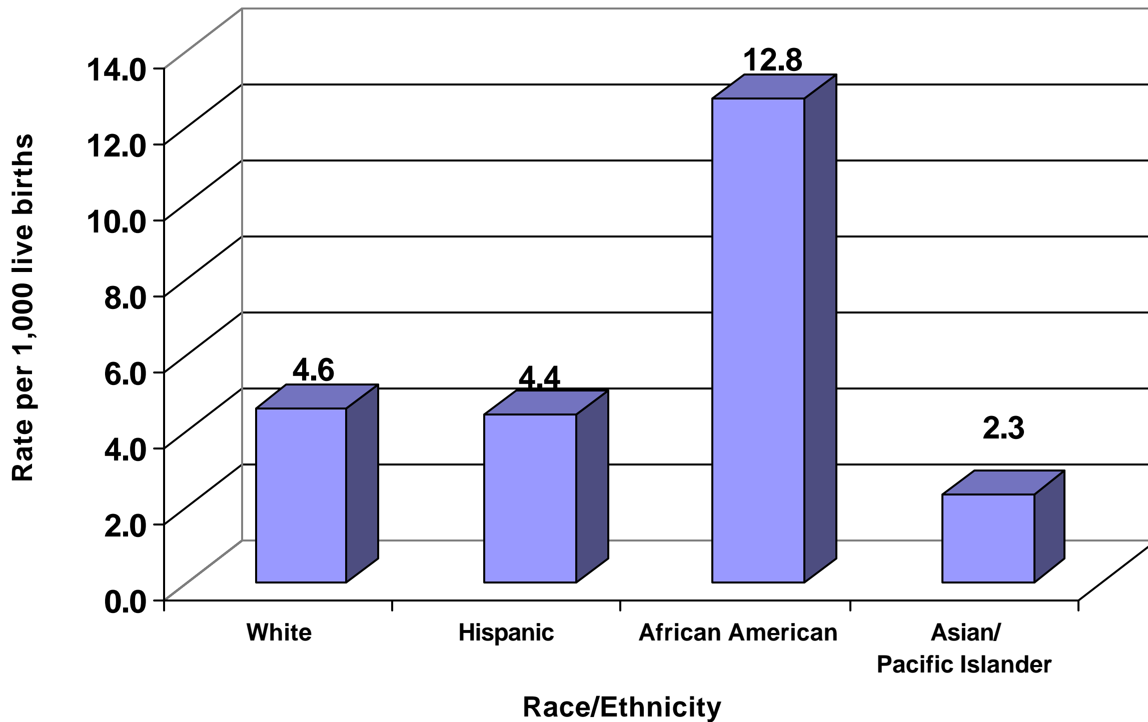


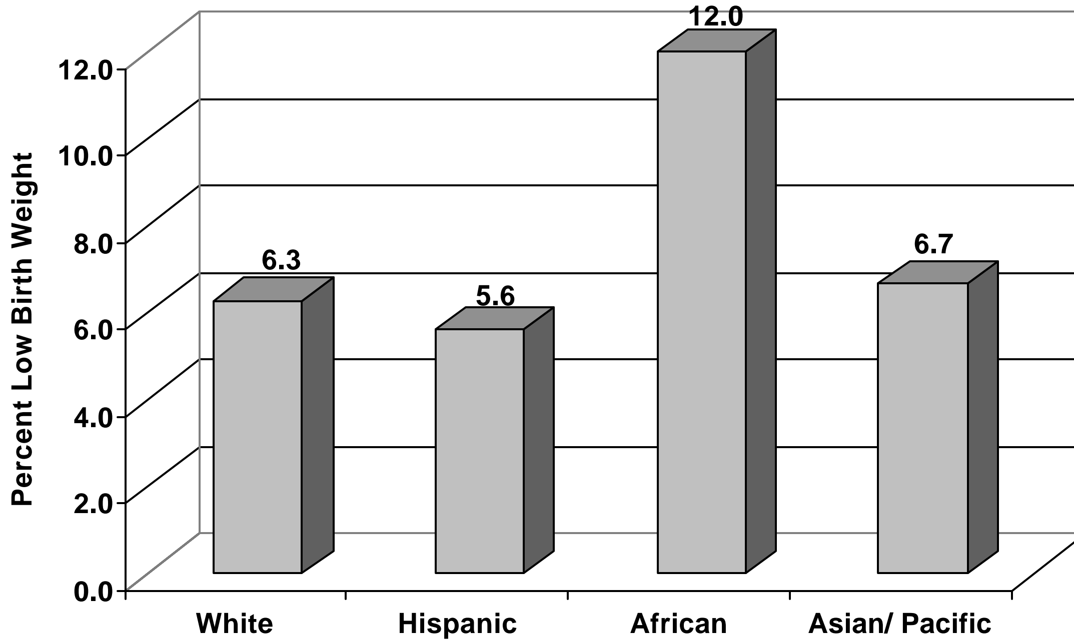
Figure 8

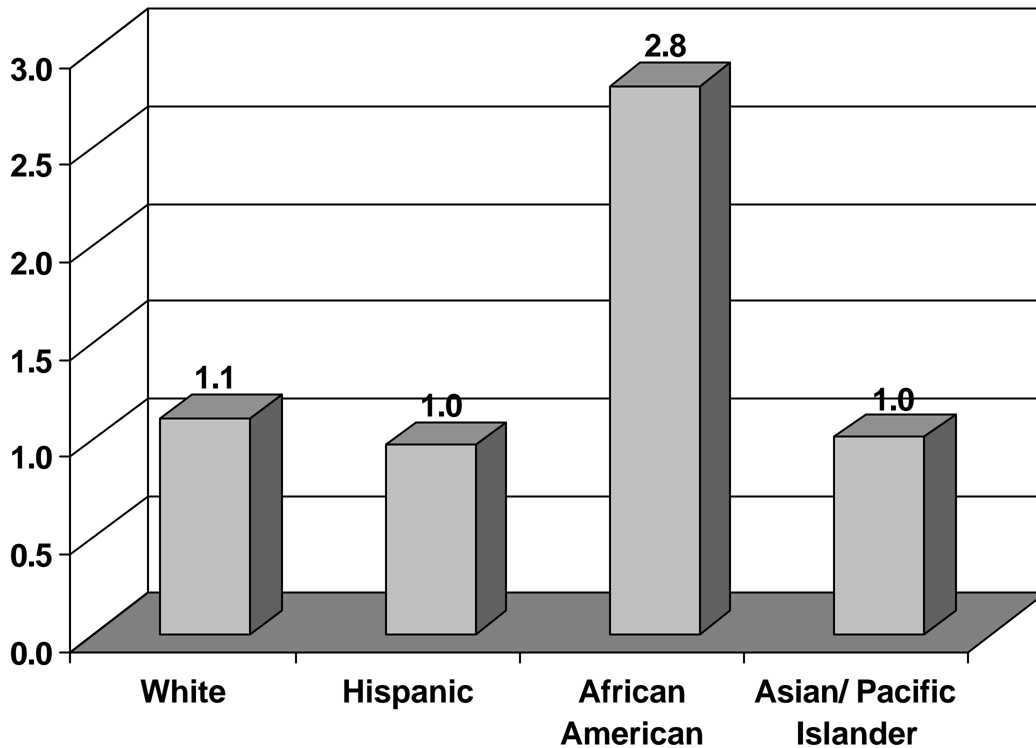
DEPARTMENT OF HEALTH SERVICES

Percent Low Birthweight and Percent Very Low Birthweight
California vs. Los Angeles County, 1990 - 2000

Figure 9

DEPARTMENT OF HEALTH SERVICES
Low Birth Weight by Mother's Race/Ethnicity
Los Angeles County, 2000





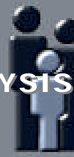
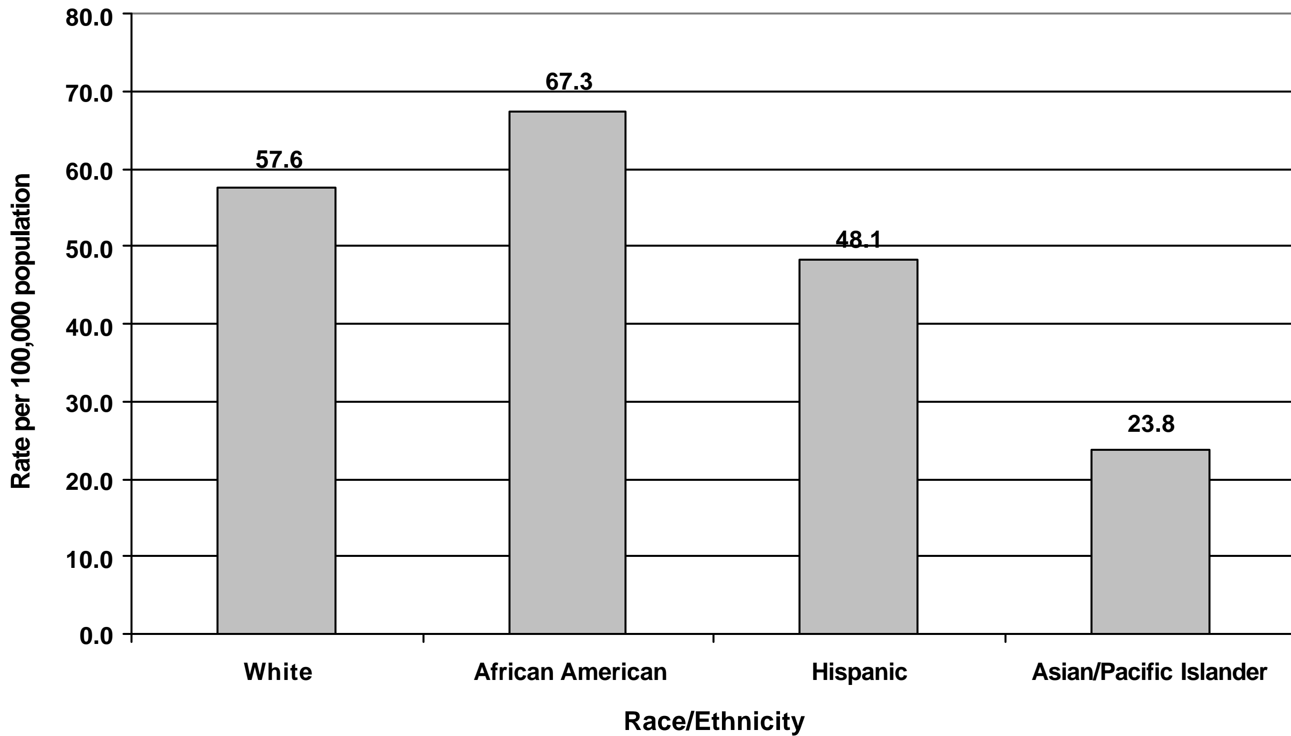


Figure 10a1

DEPARTMENT OF HEALTH SERVICES

Hospitalization Due to Head Injuries for Children Ages 4 and Under By Race/Ethnicity
Los Angeles County, 2000



White		African American		Hispanic		Asian/Pacific Islander	
Number	Rate	Number	Rate	Number	Rate	Number	Rate
85	57.6	46	67.3	259	48.1	20	23.8

Note: Head injury diagnoses include ICD9 codes 800 - 804 and 850 - 854. A hospitalization due to head injury is considered if the above ICD9 codes are included in any diagnoses. Rate is calculated as hospital discharges per 100,000 age-specific population

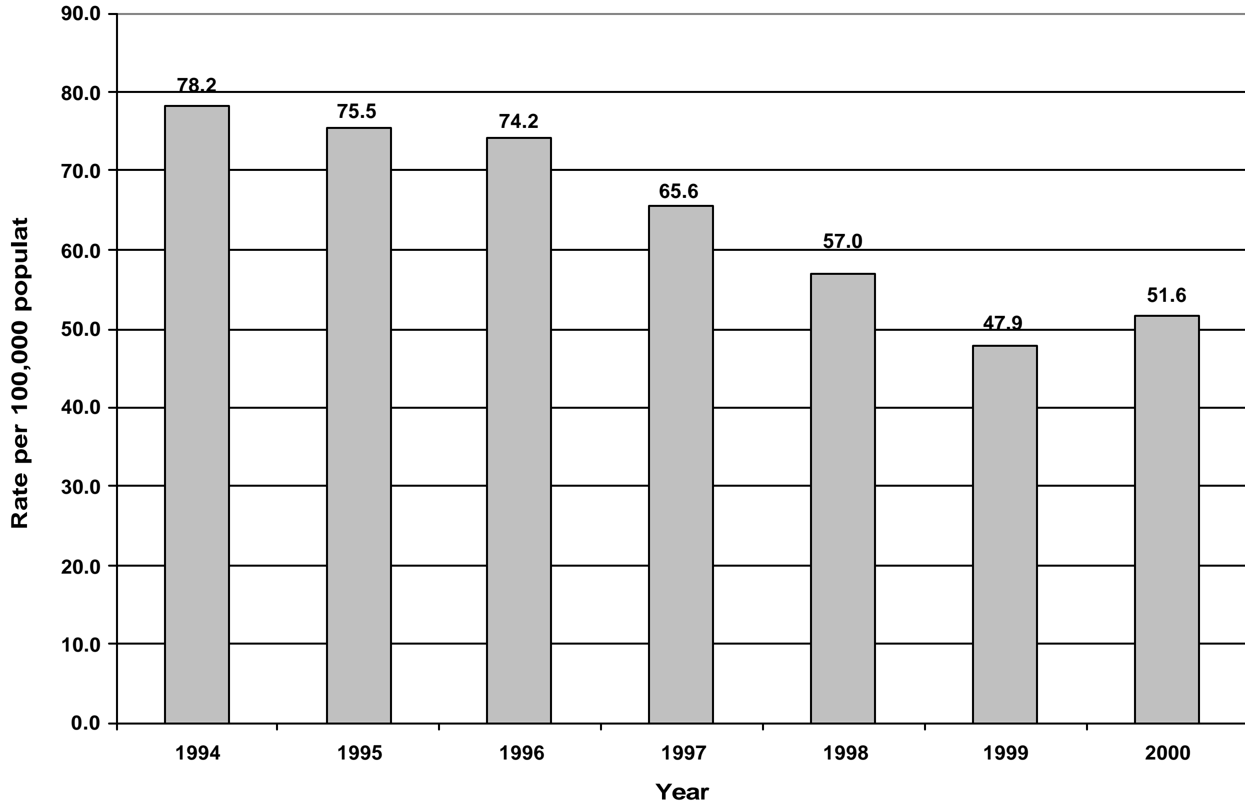
Source: 1994 - 1998 Hospital Discharge Data from the Office of Statewide Health Planning and Development State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details, 1970-2040, Sacramento, California, December, 1998

Figure 10a2

DEPARTMENT OF HEALTH SERVICES

Hospitalization Due to Head Injuries for Children Ages 4 and Under

Los Angeles County, 1994 - 2000



	1994		1995		1996		1997		1998		1999		2000	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Ages 4 and Unde	730	78.2	704	75.5	668	74.2	574	65.6	489	57.0	405	47.9	433	51.6

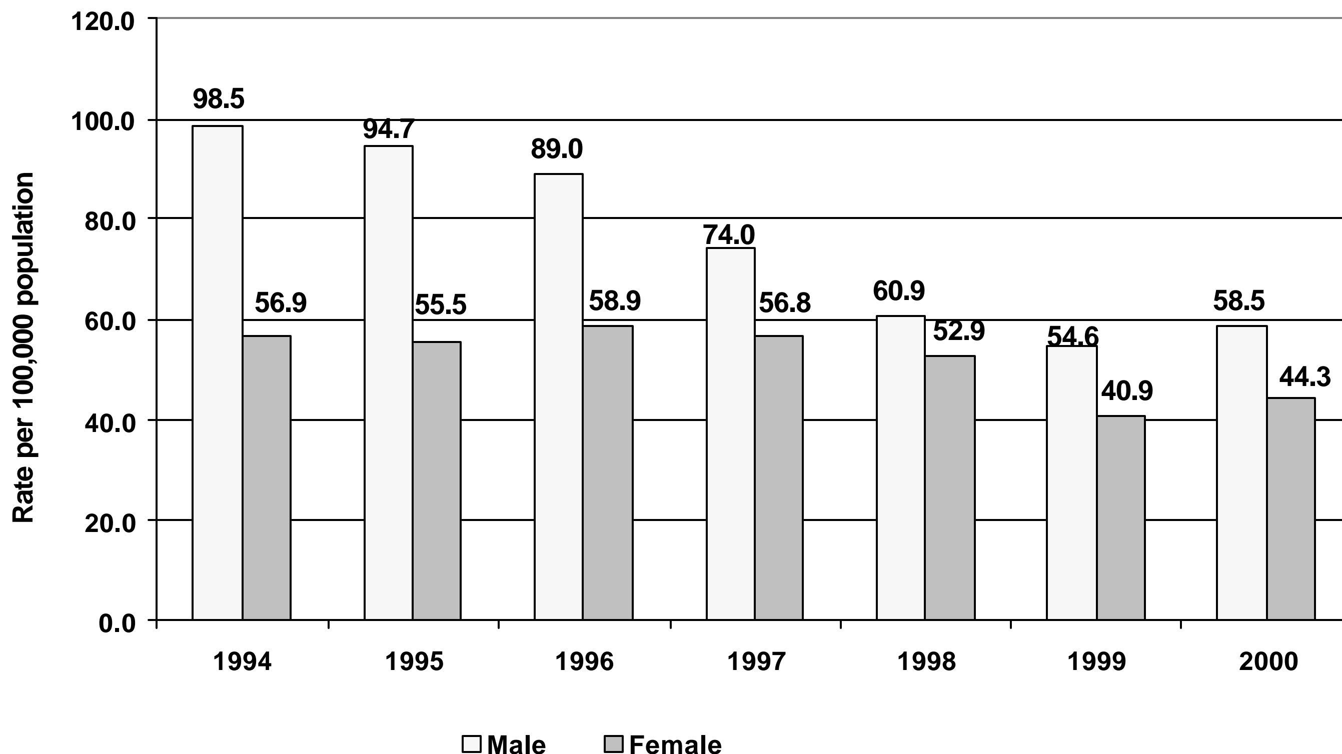
Note: Head injury diagnoses include ICD9 codes 800 - 804 and 850 - 854. A hospitalization due to head injury is considered if the above ICD9 codes are included in any diagnoses. Rate is calculated as hospital discharges per 100,000 age-specific population

Source: 1994 - 1998 Hospital Discharge Data from the Office of Statewide Health Planning and Development State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details, 1970-2040, Sacramento, California, December, 1998

Figure 10b1

DEPARTMENT OF HEALTH SERVICES

Hospitalizations Due to Head Injuries for Children Ages 4 and Under by Gender
Los Angeles County, 1994 - 2000



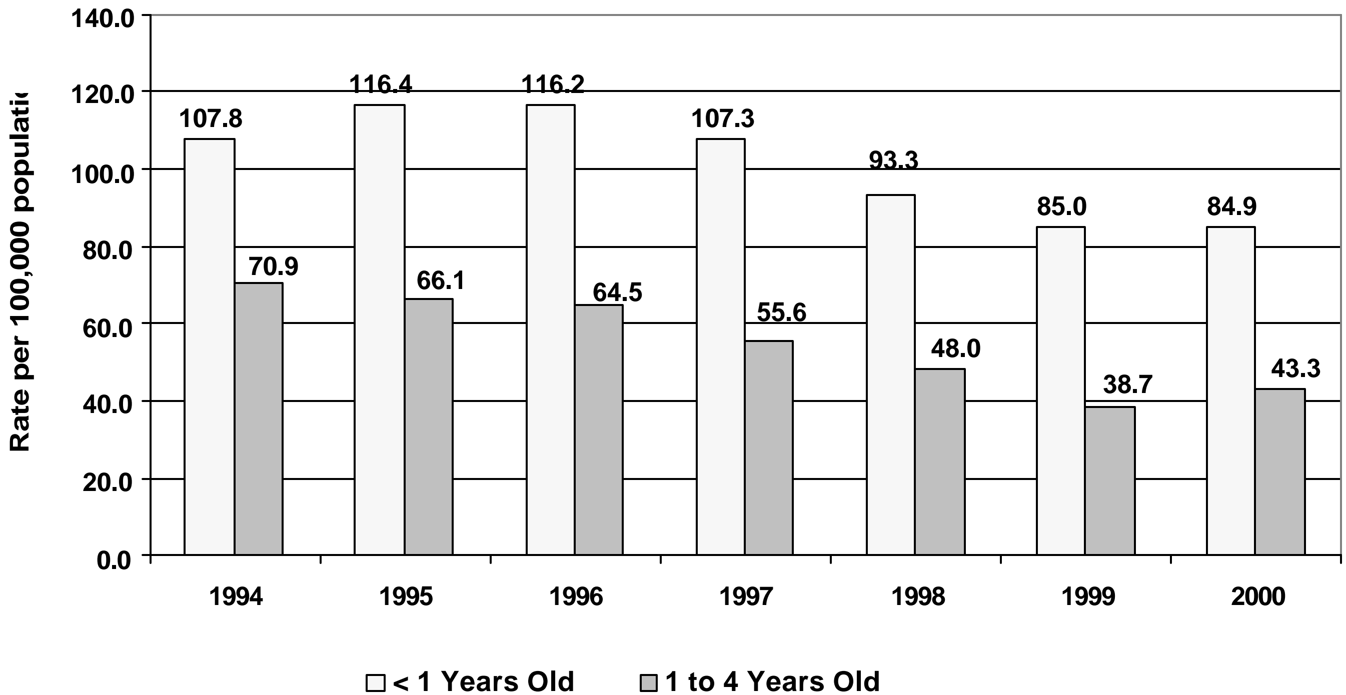
		1994		1995		1996		1997		1998		1999		2000	
		Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Male		470	98.5	451	94.7	409	89.0	331	74.0	267	60.9	236	54.6	251	58.5
Female		260	56.9	253	55.5	259	58.9	243	56.8	222	52.9	169	40.9	182	44.3

Note: Head injury diagnoses include ICD9 codes 800 - 804 and 850 - 854. A hospitalization due to head injury is considered if the above ICD9 codes are included in any diagnoses. Rate is calculated as hospital discharges per 100,000 age-specific population

Source: 1994 - 1998 Hospital Discharge Data from the Office of Statewide Health Planning and Development State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details, 1970-2040, Sacramento, California, December, 1998

Figure 10b2

DEPARTMENT OF HEALTH SERVICES
Rate of Hopitalizations Due to Head Injuries for Children 0 to 4 years old
Los Angeles County, 1994 - 2000



	1994		1995		1996		1997		1998		1999		2000	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
<1 Year Old	198	107.8	203	116.4	197	116.2	182	107.3	158	93.3	143	85.0	142	84.9
1 to 4 Year Old	532	70.9	501	66.1	471	64.5	392	55.6	331	48.0	262	38.7	291	43.3

Note: Head injury diagnoses include ICD9 codes 800 - 804 and 850 - 854. A hospitalization due to head injury is considered if the above ICD9 codes are included in any diagnoses. Rate is calculated as hospital discharges per 100,000 age-specific population

Source:1994 - 1998 Hospital Discharge Data from the Office of Statewide Health Planning and Development State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details, 1970-2040, Sacramento, California, December, 1998

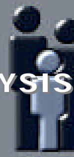


Figure 11

DEPARTMENT OF HEALTH SERVICES
Deaths due to Suicide to Youths Ages 15 to 19
Los Angeles County, 1994 - 2000

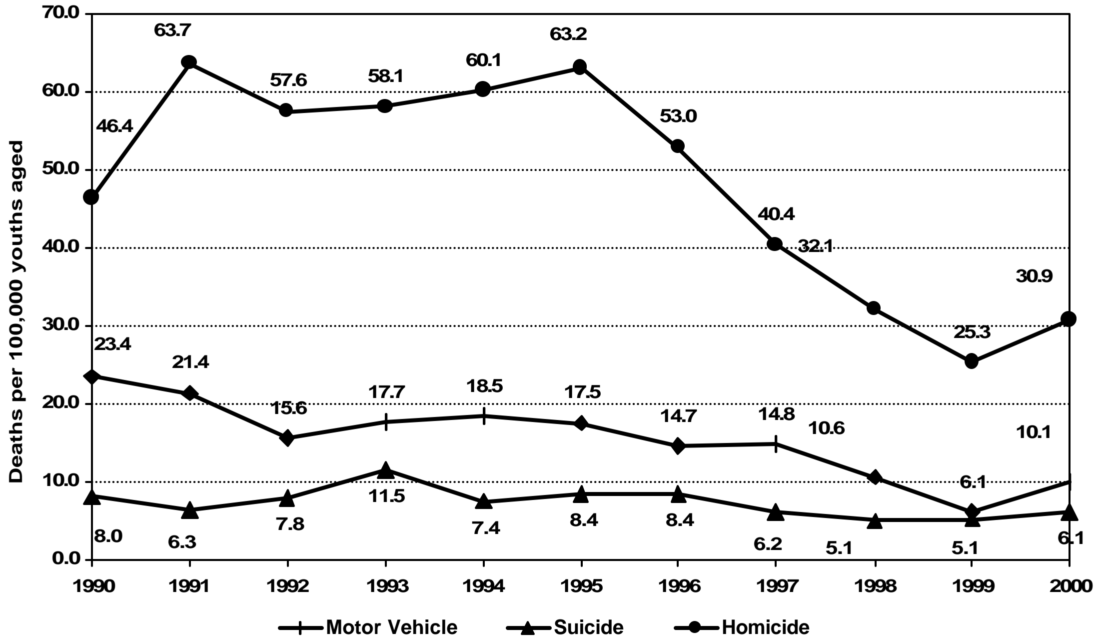


Figure 12

DEPARTMENT OF HEALTH SERVICES
Teen Birth Rates to Mothers ages <15, 15-17, 18-19
Los Angeles County, 1994 - 2000

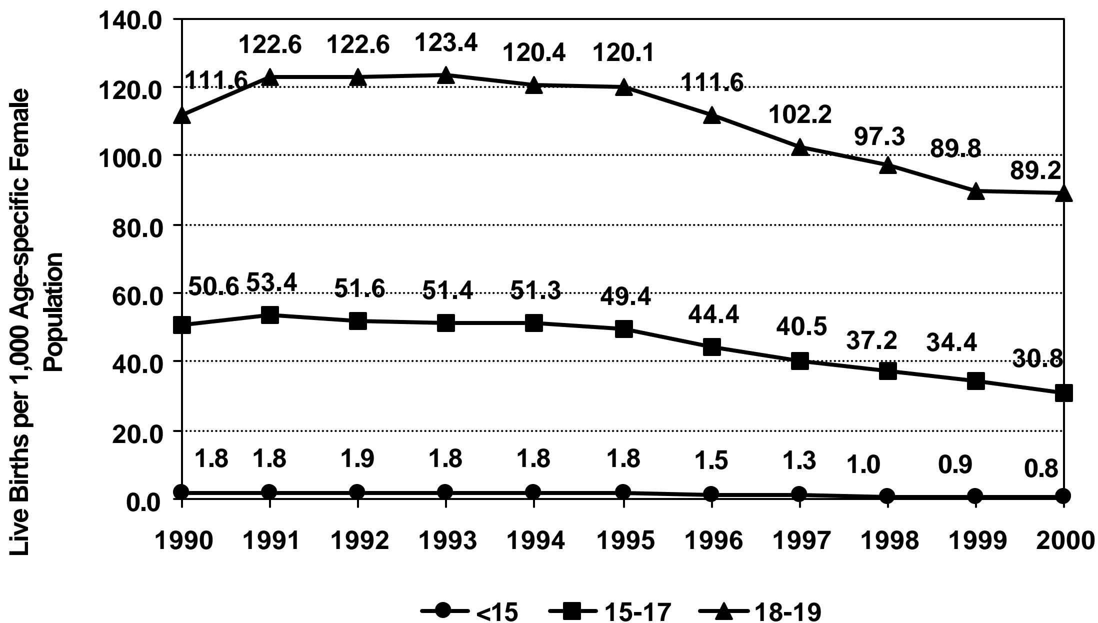


Figure 13

DEPARTMENT OF HEALTH SERVICES

Repeat Teen Live Births to Mothers Ages 15 to 19 by Mother's Race/Ethnicity
Los Angeles County, 1990 - 2000

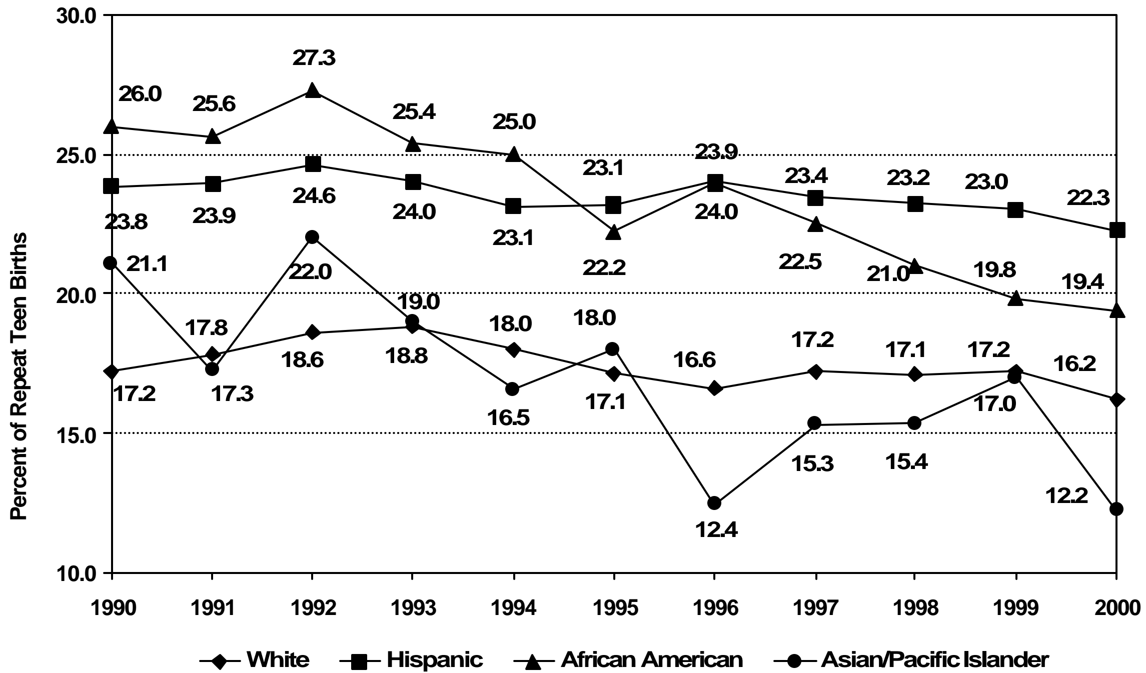
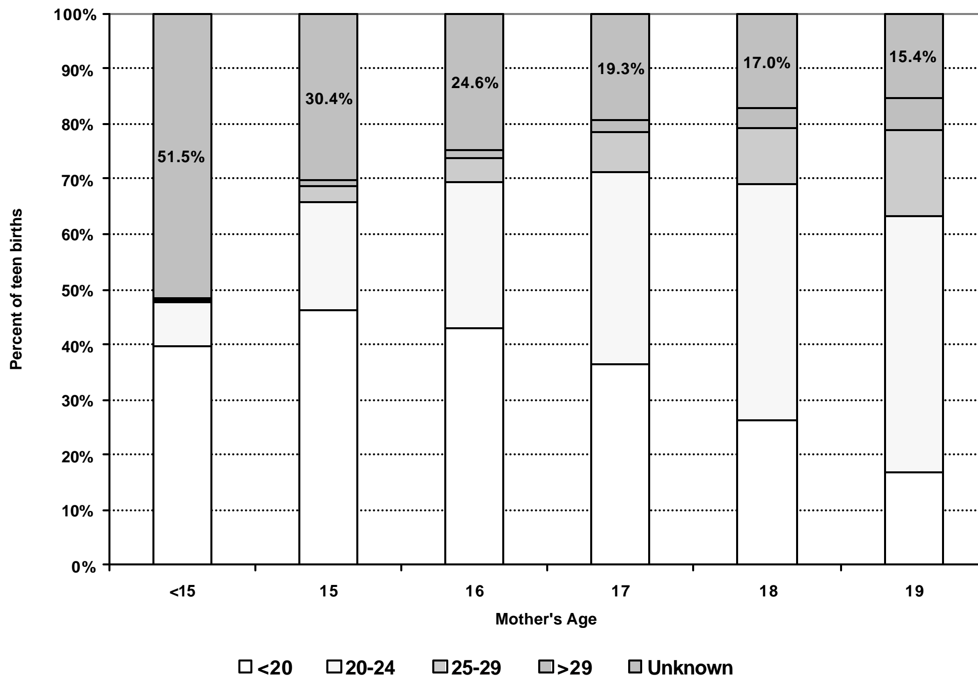


Figure 14

DEPARTMENT OF HEALTH SERVICES

Percent of Teen Births by Mother's Age and Father's Age
Los Angeles County, 2000



Source: 2000 birth records from California Department of Health Services, Center for Health Statistics

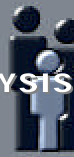
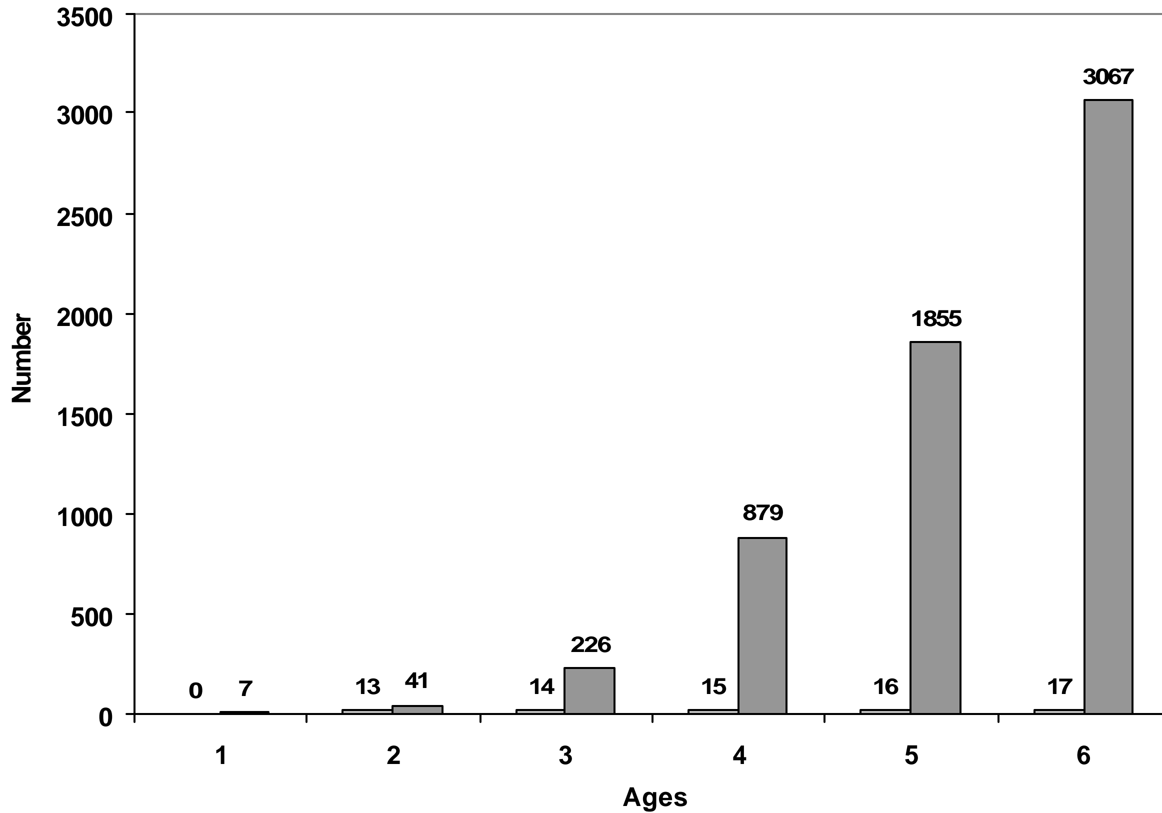


Figure 15

DEPARTMENT OF HEALTH SERVICES

Live Births to Mothers 17 and Under

Los Angeles County, 2000



Mother's Race/ Ethnicity	<13	13	14	15	16	17
White	0.0%	0.0%	2.2%	4.8%	5.0%	4.9%
Hispanic	71.4%	85.4%	81.9%	81.5%	82.6%	82.0%
African American	28.6%	14.6%	14.2%	11.4%	10.2%	10.8%
Asian	0.0%	0.0%	1.3%	1.9%	1.7%	1.9%
Native American	0.0%	0.0%	0.0%	0.3%	0.3%	0.1%
Other/ Unknown	0.0%	0.0%	0.4%	0.1%	0.2%	0.3%
Total	100.0%	100.0%	100.0%	100.0%	100.1%	100.0%

Note: Total number of live births in Los Angeles County, 2000 = 157,391

** Calculated as a percent of total live births*

Source: 2000 birth records from the California Department of Health Services, Center for Health Statistics

Figure 16

DEPARTMENT OF HEALTH SERVICES
Prevalence of Asthma
Los Angeles County, 2000

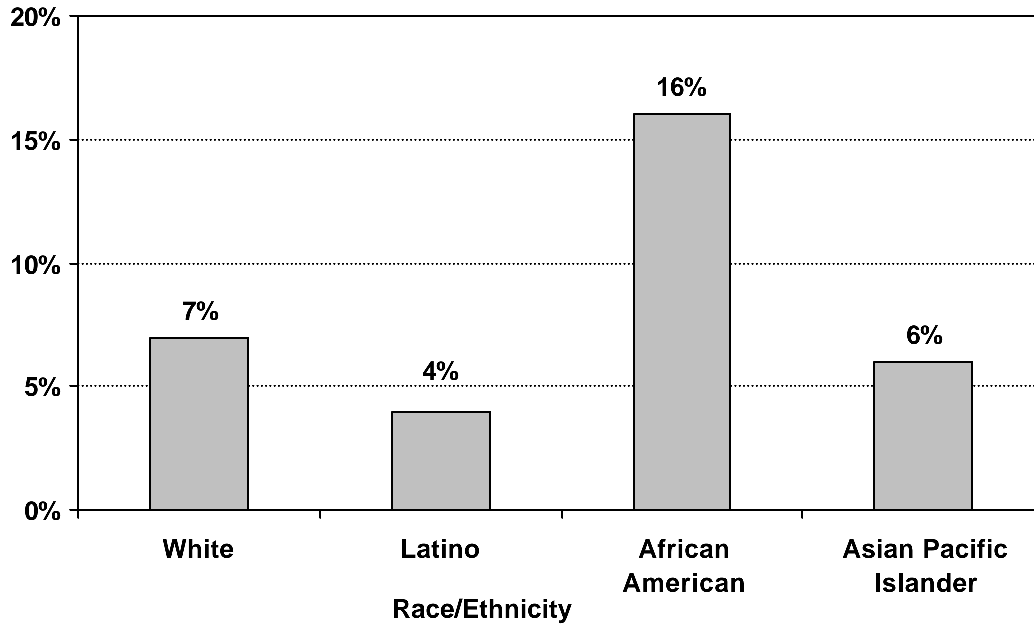


Figure 19

DEPARTMENT OF HEALTH SERVICES
Number of Reported Cases by Race/Ethnicity
Los Angeles County, 2000

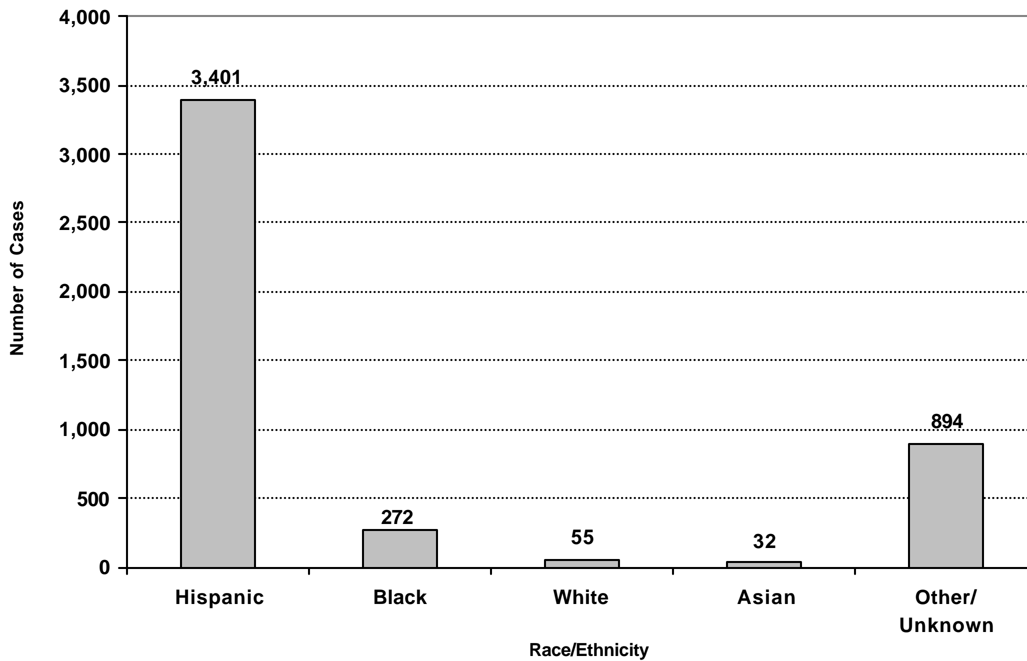


Figure 21

DEPARTMENT OF HEALTH SERVICES

Prevalence of Children Who Were Uninsured by Race/Ethnicity, 1997 and 1999-2000

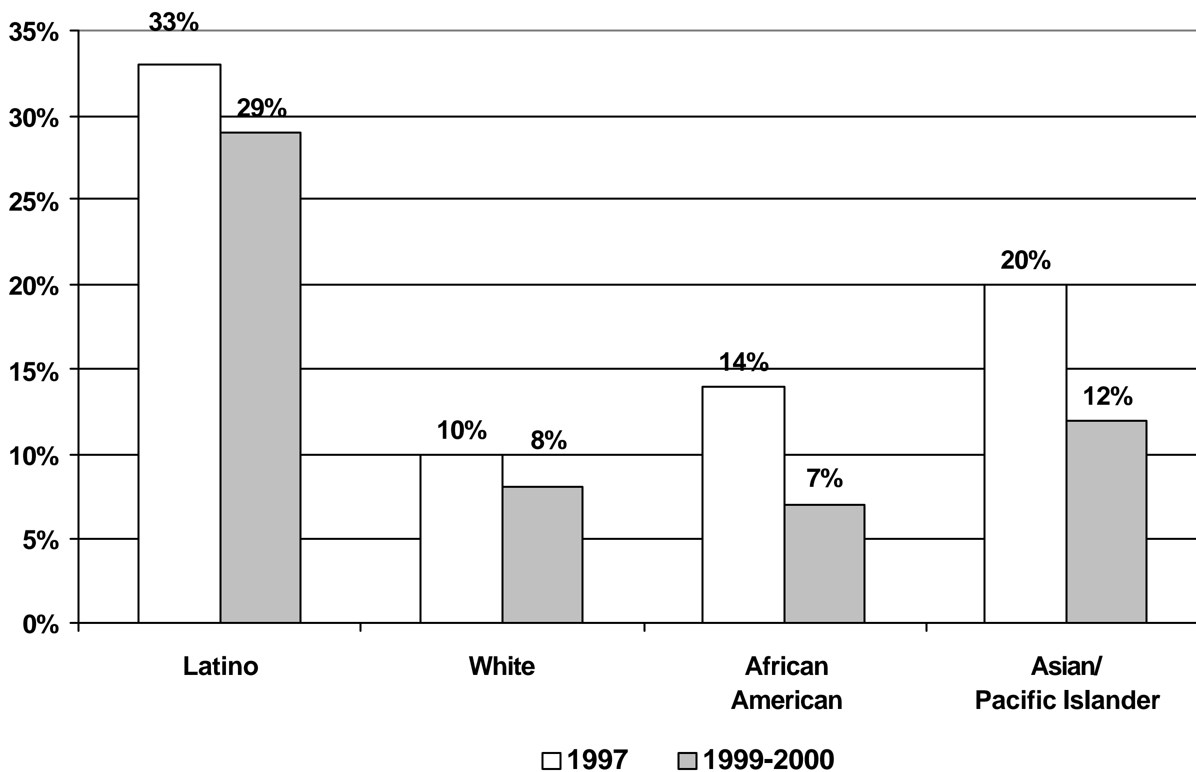
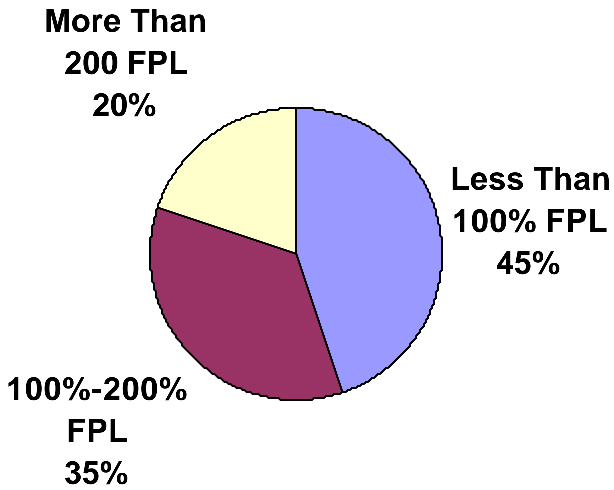
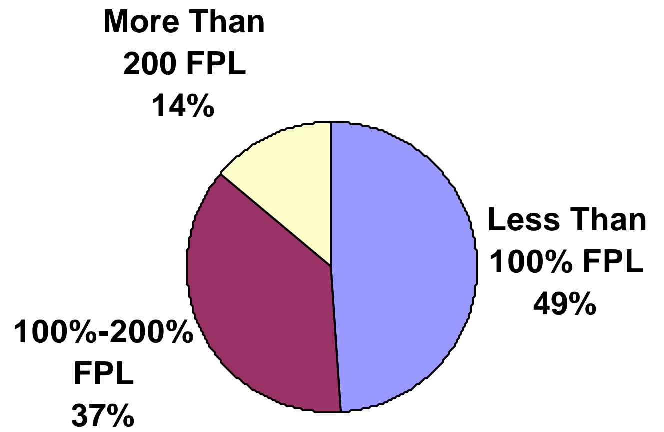


Figure 22

DEPARTMENT OF HEALTH SERVICES
Uninsured Children by Poverty Level
1997 and 1999-2000





Recommendation Follow-up

Recommendation One - Certain agencies to collect information on families with children and domestic violence.

DHS is not listed for this recommendation.

Recommendation Two- Protocols for response to Domestic Violence when children reside in the home.

The Department of Health Services will play address, 1) health professional reporting,

2) Development of a draft policy and departmental plan for DHS and 3) Seek Domestic Violence Professionals who work primarily with children and who can help others understand those children's special needs.

Recommendation Three - Reporting on Recidivsm

Action: DHS is not listed in this item

Recommendation Four - Outcome data (Neonates)

The Department of Heath Services, DHS, has a system to collect copies of neonatal reports from public and private hospitals countywide. Work has begun to make hospital neonatal reports more predictable and competent. DHS working with the Department of Children and Family Services, DCFS, created a new data model that can monitor and track neonates through the DCFS and Dependency Court System. The process could improve case management, integrate multi-agency action and provide outcome data for system planning and prevention programs. A model of this data collection system could be in place by the April ICAN Policy Meeting.

Recommendation Five - Each Agency Members of the ICAN Data committee collect data on disabled children.

Action - DHS will explore the possible data collection from reports made on children who were already noted as disabled.

Recommendation Six - Data on children with disabilities.

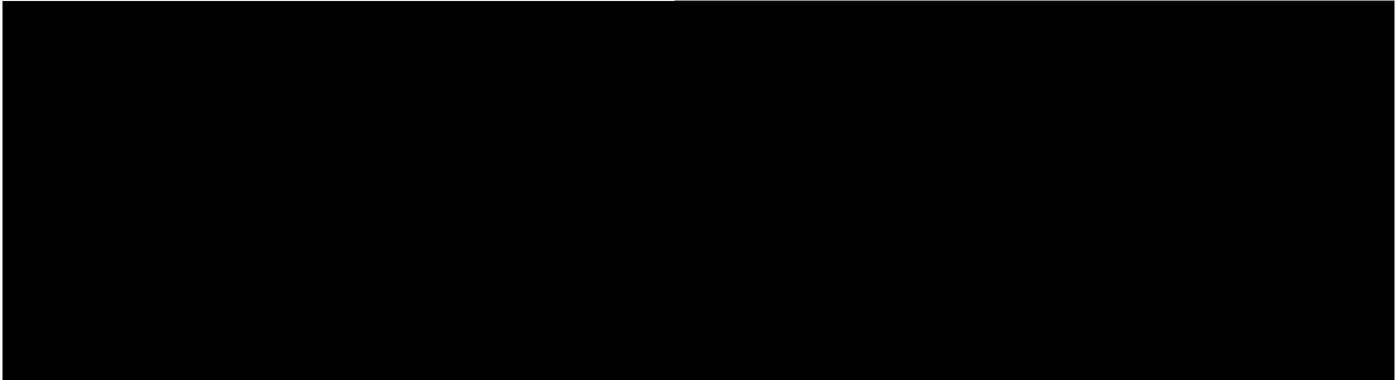
Action - DHS works with disabled children in hospitals, clinics, and special programs. DHS will work with the Regional Center for Disabilities and others to develop this program.

Recommendation Seven - Follow up for action items.

DHS will report follow up on action items.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

AGENCY REPORT



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

OUR VISION

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

OUR MISSION

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

CHILD WELFARE SERVICES

Emergency Response (ER) Services

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

Family Maintenance (FM) Services

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

Family Reunification (FR) Services

Family Reunification 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.

Figure 1

EMERGENCY RESPONSE REFERRALS - CHILD CASES ASSESSED/OPENED

Calendar Years 1984 Through 2001

CALENDAR YEAR	CHILDREN
1984	74,992
1985	79,655
1986	103,116
1987	104,886
1988	114,597
1989	111,799
1990	108,088
1991	120,358
1992	139,106
1993	171,922
1994	169,638
1995	185,550
1996	197,784
1997	179,436
1998	157,062
1999	146,583
2000	151,108
2001	147,352

Permanent Placement (PP) Services

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

PROTECTIVE SERVICES - EMERGENCY RESPONSE

During Calendar Year (CY) 2001, DCFS received an average of 12,279 Emergency Response (ER) Referrals per month. Of these, an average of 10,803 referrals (88.0%) required an in-person investigation. As shown in Figure 1, there were 147,352 ER Referrals received during CY 2001 compared to 151,108 in CY 2000. Between CY 2000 and CY 2001, there was a 2.5% decrease in total ER Referrals received.

Emergency Response Referrals Received - Reasons for Service

As shown in Figure 2 and Figure 3, ER Referrals received are categorized by seven reporting reasons, and they are ranked by order of severity of abuse, as defined by the California Department of Social Services. Please refer to the seven Definitions of Abuse found in the Glossary at the end of this report. Figure 2 and Figure 3 also include categories "At Risk, Sibling Abuse" and "Substantial Risk", which were added with the implementation of Child Welfare Services/Case Management System (CWS/CMS) for at risk siblings in referrals received.

- General Neglect continues to be the leading reporting reasons. This allegation category accounts for 26.8% of the total reasons for ER services in CY 2001.
- Emotional Abuse (16.9%), which was third in CY 2000, became the second leading reason for ER services in CY 2001.
- Physical Abuse, which dropped from second and became the third leading reason, accounts for 14.8% of the total reasons for ER services.
- Caretaker Absence/Incapacity (9.5%), Sexual Abuse (7.2%), Severe Neglect (2.0%) and Exploitation (0.3%) are ranked fourth through seventh, respectively.
- When Severe Neglect, General Neglect and Caretaker Absence/Incapacity are combined into a single category of Neglect, they represent 38.3% of the total ER reasons for services to children.
- Children in the category At Risk, Sibling Abuse account for 12.2%, and children in the category Substantial Risk account for 10.3% of the total reasons for ER protective services.

Emergency Response Dispositions - Terminations and Transfers

ER Dispositions (145,199) in Figure 4 include children whose protective services referrals or cases were assessed, investigated and closed, or further FM, FR, or PP services were provided by DCFS, or cases were transferred to other jurisdictions.

- ER services provided to 134,385 children resulted in referral or case termination, accounting for 92.5% of the total ER Dispositions. This count includes 18,322 children for whom an in-person response by a Children's Social Worker was not necessary. It also includes 78,906 children for whom an in-person investigation was made by a Children's Social Worker and no further services were required; and 37,157 children for whom a case was closed after ER services were provided.
- 5,665 (3.9%) children were transferred to Family Maintenance (FM) for ongoing services.
- Of the first four categories, a total of 140,050 (96.5%) children remained in the home of their parent(s) or primary caretaker(s).
- 5,053 (3.5%) children were placed in out-of-home care, receiving Family Reunification (FR) services to reunite them with their families, or Permanent Placement (PP) services through Adoption, Guardianship or Long-Term Foster Care.
- Cases for 96 children were transferred to other counties or jurisdictions, accounting for 0.1% of total ER children served in CY 2001.

Figure 2

EMERGENCY RESPONSE REFERRALS RECEIVED - REASONS FOR SERVICE
Calendar Year 2001

REASONS FOR SERVICE	CHILDREN	PERCENTAGE
Sexual Abuse	10,614	7.2
Physical Abuse	21,852	14.8
Severe Neglect	2,918	2.0
General Neglect	39,545	26.8
Emotional Abuse	24,964	16.9
Exploitation	371	0.3
Caretaker Absence/Incapacity	13,926	9.5
At Risk, Sibling Abuse	17,958	12.2
Substantial Risk	15,204	10.3
TOTAL	**147,352**	**100.0**

Figure 3

EMERGENCY RESPONSE REFERRALS RECEIVED - REASONS FOR SERVICE
Calendar Year 2001

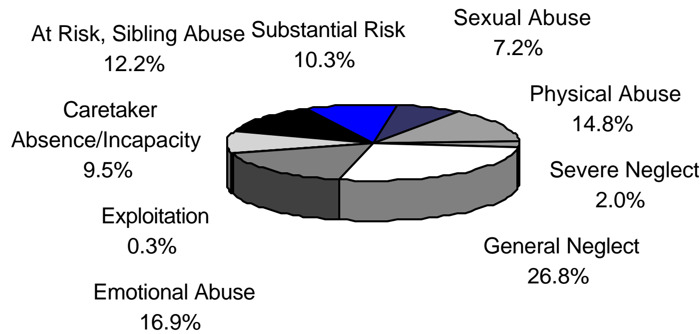


Figure 4

EMERGENCY RESPONSE DISPOSITIONS - CHILD PROTECTIVE SERVICES

Calendar Year 2001

DISPOSITION TYPE	CHILDREN	PERCENTAGE	REMARKS
Emergency Response Assessed Referrals Closed (No in-person response)	**18,322**	**12.6**	Unfounded Referrals - Referrals were evaluated by the Child Protection Hotline (CPH) and determined not to require an in-person response. Some referrals assigned to the regions by the CPH were evaluated out by the regions.
Emergency Response Referrals In-person Response Closed (No further services required)	**78,906**	**54.3**	Unfounded or Unsubstantiated Referrals - Referrals that required in-person investigations, and were determined to be unfounded or inconclusive and closed.
Emergency Response In-person Response Cases Closed, Emergency Response Services provided	**37,157**	**25.6**	Substantiated - Emergency Response Cases were opened - referrals were determined to be substantiated. Emergency Response Services were provided, and cases were closed.
Transferred to Family Maintenance	**5,665**	**3.9**	Substantiated - Cases were transferred to receive ongoing Family Maintenance Services.
Transferred to Family Reunification/ Permanent Placement	**5,053**	**3.5**	Substantiated - Cases were transferred to receive ongoing Family Reunification or Permanent Placement Services.
Transferred to Other Jurisdictions	**96**	**0.1**	Substantiated - Cases were transferred to Other Counties/Jurisdictions for continuing Child Welfare Services.
TOTAL	**145,199**	**100.0**	

TOTAL CHILD WELFARE SERVICES CASELOAD

Figure 5 and Figure 6 depict the total caseload of children receiving child welfare services from DCFS as of December 31, 2001. These data reflect a caseload breakdown by the four child welfare service components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement. The total DCFS child caseload as of December 31, 2001 (49,675) reflects a decrease of 9.1% from the December 2000 caseload of 54,651.

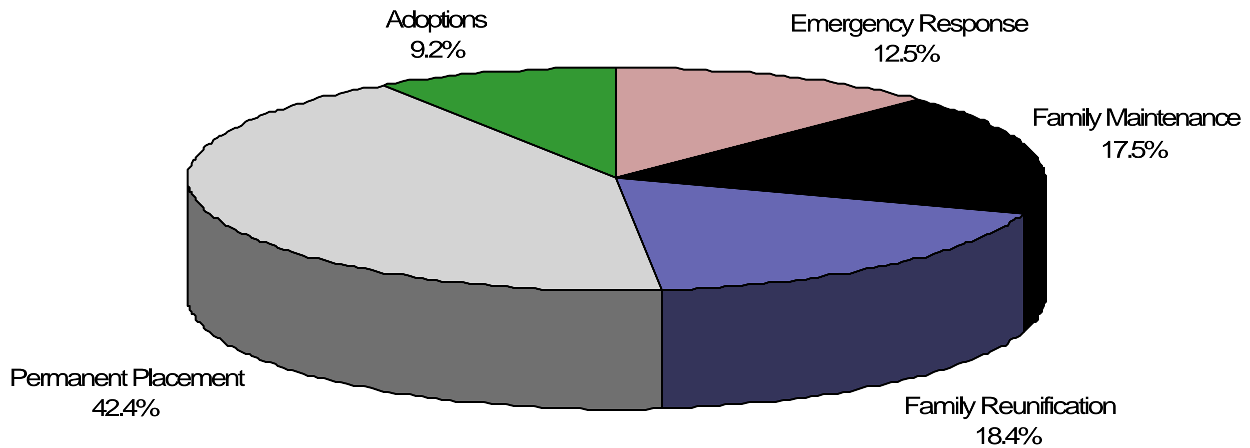
Figure 5

TOTAL CHILD WELFARE SERVICES CASELOAD
As of December 31, 2001

SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	6,235	12.5
Family Maintenance	8,715	17.5
Family Reunification	9,119	18.4
Permanent Placement	21,055	42.4
Adoptions	4,551	9.2
TOTAL	49,675*	100.0

Figure 6

TOTAL CHILD WELFARE SERVICES CASELOAD
As of December 31, 2001



* *CY 2001 Total Caseload includes 1,910 children in adoptive homes pending Final Decree of Adoption.*

CHILD CHARACTERISTICS

Figure 7, Figure 8, Figure 9, and Figure 10 reflect data on characteristics of children receiving child welfare services from DCFS as of December 31, 2001, by age group, ethnicity and gender. Due to a decrease in the DCFS total child caseload, most characteristic categories reflect relative decreases from the December 31, 2000, data.

- Children in the most vulnerable age group, "Birth - 2 Years" (6,584), reflect a 6.8% decrease from 7,061 at the end of December 2000. This child population accounts for 13.3% of the total child population.
- Children in the age group "3 - 4 Years", accounting for 9.6% of the total child population at the end of December 2001, reflect a 15.1% decrease to 4,748 from 5,595 at the end of December 2000.
- Children in the age groups "5 - 9 Years" and "10 - 13 Years" account for 28.0% and 24.5% of the total child population, respectively. Together these age groups account for over half of total child population. The "5 - 9 Years" child population (13,900) reflects a 14.3% decrease from 16,222 at the end of December 2000, and the "10 - 13 Years" child population reflects a 6.0% decrease from 12,922 to 12,147.
- The number of children in the age group "14 - 15 Years" reflects a 6.0% decrease from 5,939 at the end of December 2000 to 5,581. The children in this age group account for 11.2% of the total child population.
- The child population for the age group "16 - 17 Years" (4,989) reflects a 1.7% decrease from 5,074 at the end of December 2000. This population accounts for 10.0% of the total child population.
- Children in the age group "18 Years & Older" exhibit a 6.1% decrease from 1,838 at the end of CY 2000 to 1,726 for CY 2001, and account for 3.5% of the total child population.
- Overall, children at age 13 and under account for 75.2% and children age 14 and older account for 24.8% of the total child population.
- Children in all ethnic categories, except Filipino, reflect decreases in volume relatively due to a decrease in the total children at the end of CY 2001. Nevertheless, the Hispanic child population reflects an increase in percentage to the total DCFS child population, from 39.1% at the end of CY 2000 to 40.9% at the end of CY 2001. African-American child population reflects a decrease from 40.2% to 39.5%. The White child population also reflects a decrease from 16.1% of the total DCFS children at the end of CY 2000 to 15.0%. The American Indian/Alaskan Native child population remains at 0.5%. No significant changes in percentage to the total DCFS child population were observed for the ethnic categories of Asian/Pacific Islander, Filipino, and Other.
- Both genders of children receiving child welfare services exhibit relative decreases in volume, based on an overall decline in the number of children receiving DCFS services at the end of December 2001. Child populations for both genders are almost equally in percentage to the total DCFS children.

CHILDREN IN OUT-OF-HOME PLACEMENT

Figure 11 and Figure 12 identify children who are in out-of-home placement, by facility type, as of December 31, 2001. The total number of children in out-of-home placement reflects a 12.2% decrease from 38,273 at the end of December 2000 to 33,591 at the end of December 2001. This decrease results from an overall decline in the number of children served by DCFS.

The number of children in placement with Relatives (15,214) exhibits a 16.9% decrease from 18,308 at the end of December 2000. This decrease is mainly due to a program, Kinship Guardianship Assistance Payment (Kin-GAP), which was established by the California Department of Social Services and implemented effective January 1, 2000. The Kin-GAP program provides financial assistance for children placed in out-of-home care with relative caregivers, who are granted legal guardianship and

Figure 7

TOTAL CHILD WELFARE SERVICES CASELOAD - CHILD CHARACTERISTICS

As of December 31, 2001

CATEGORY	CHILDREN	PERCENTAGE
AGE GROUP		
Birth - 2 Years	6,584	13.3
3 - 4 Years	4,748	9.6
5 - 9 Years	13,900	28.0
10 - 13 Years	12,147	24.5
14 - 15 Years	5,581	11.2
16 - 17 Years	4,989	10.0
18 Years & Older	1,726	3.5
TOTAL	49,675	100.0
ETHNICITY		
White	7,476	15.0
Hispanic	20,293	40.9
African-American	19,641	39.5
Asian/Pacific Islander	1,289	2.6
American Indian/Alaskan Native	227	0.5
Filipino	260	0.5
Other	489	1.0
TOTAL	49,675	100.0
GENDER		
Male	24,769	49.9
Female	24,906	50.1
TOTAL	49,675	100.0

Figure 8

TOTAL CHILD WELFARE SERVICES CASELOAD - BY AGE GROUP
As of December 31, 2001

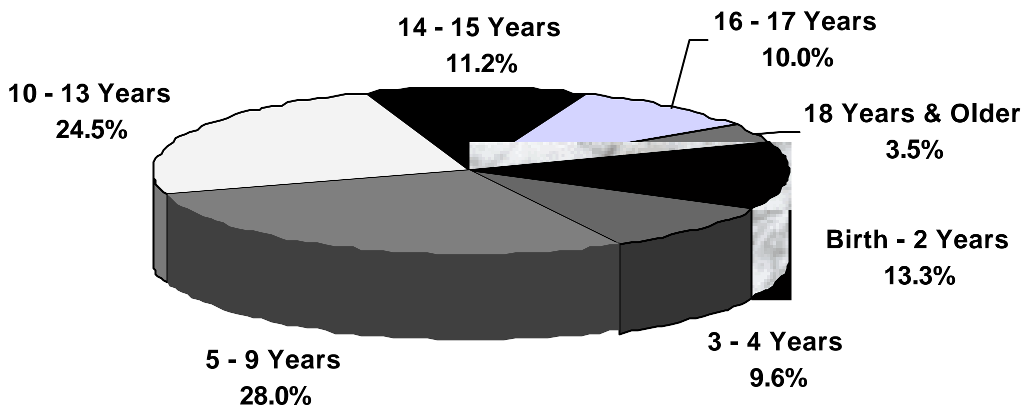


Figure 9

TOTAL CHILD WELFARE SERVICES CASELOAD - BY ETHNICITY
As of December 31, 2001

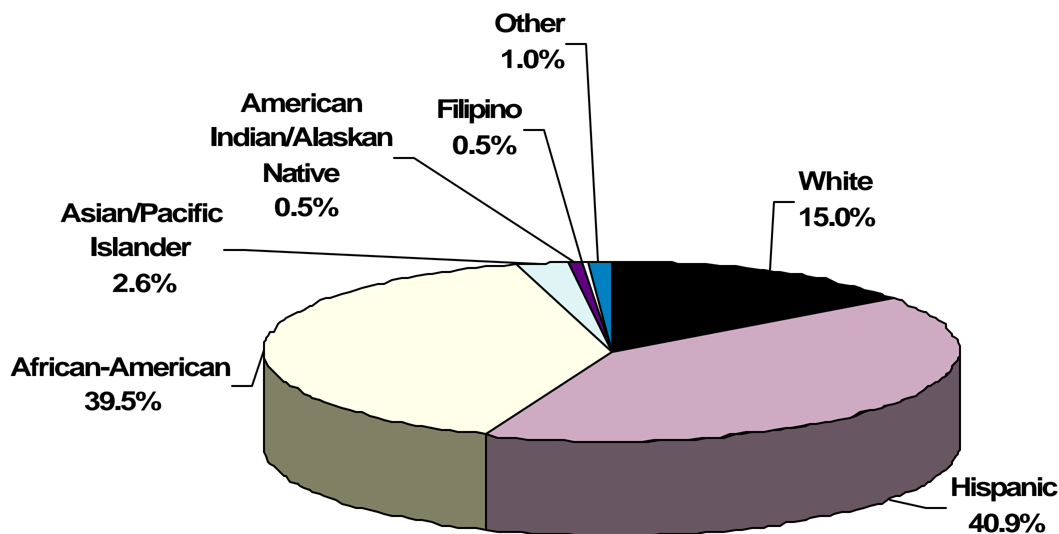


Figure 10

TOTAL CHILD WELFARE SERVICES CASELOAD - BY GENDER
As of December 31, 2001

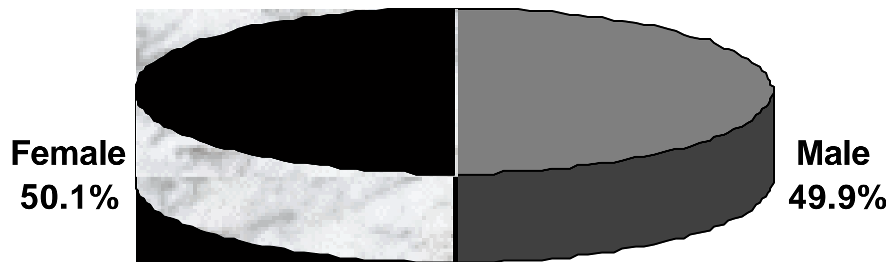


Figure 11

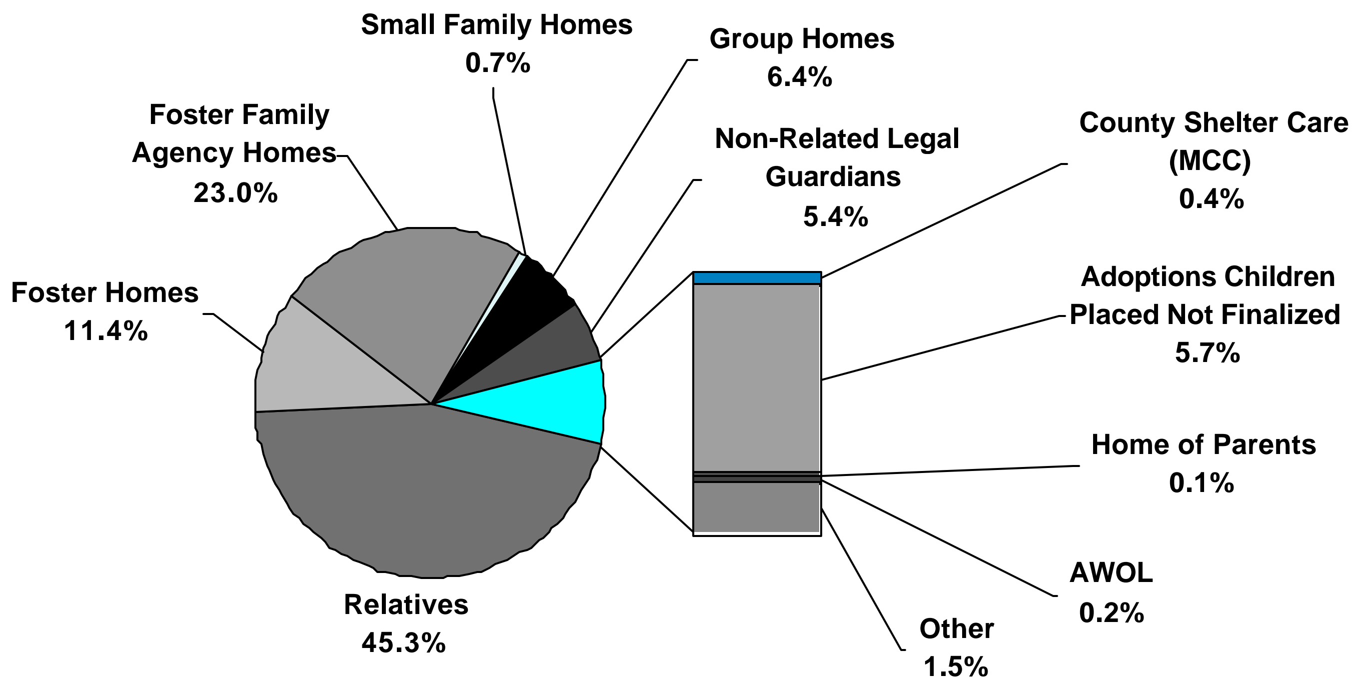
CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD
As of December 31, 2001

FACILITY TYPE	CHILDREN	PERCENTAGE
Relatives	15,214	45.3
Foster Homes	3,819	11.4
Foster Family Agency Homes	7,720	23.0
Small Family Homes	231	0.7
Group Homes	2,167	6.4
Non-Related Legal Guardians	1,800	5.4
County Shelter Care (MacLaren Children's Center)	131	0.4
Adoptions Children Placed Not Finalized	1,910	5.7
Home of Parents	32	0.1
AWOL (Absence Without Leave)	53	0.2
Other (Tribal, Medical Facility, Court Specified Homes)	514	1.5
TOTAL	**33,591**	**100.0**

Figure 12

CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD

As of December 31, 2001



Juvenile Dependency Court jurisdiction is terminated. This child population accounts for 45.3% of the total children in out-of-home placement at the end of December 2001, which was at 47.8% at the end of December 2000.

While the children in most out-of-home placement facility types exhibit decreases in volume due to a decrease in the total number of children in out-of-home placement, the children in Foster Family Agency Homes, Group Homes, homes of Non-Related Legal Guardians, and Other facility reflect increases over CY 2000. The child population in the homes of Non-Related Legal Guardians reflects an 11.2% increase, from 1,618 at the end of December 2000 to 1,800 at the end of December 2001. This child population accounts for 5.4% of the total children in out-of-home placement. Children in Foster Family Agency Homes, who accounted for 23.0% of the total children in out-of-home placement, reflect a 3.4% increase from 7,465 to 7,720. An increase of 1.6% is reflected from the child population in the Group Homes, which accounted for 6.4% of the total children in out-of-home placement.

The total children (13,937) in Foster Homes, Foster Family Agency Homes, Small Family Homes, and Group Homes account for 41.5% of the total children in out-of-home placement, an increase from 36.3% at the end of December 2000. A small number of children, who are temporarily in County Shelter Care at MacLaren Children's Center, remains at 0.4%.

Children in Home of Parents, under the Court Ordered visit, account for 0.1% of the out-of-home caseload. Runaway children (AWOL) from out-of-home placement account for 0.2%, and children in facility types that were categorized as Other, account for 1.5%.

Included in the out-of-home placement caseload are children who live in homes with their adoptive parents pending Final Adoption Decree. This child population reflects a 47.9% decrease from 3,666 at the end of December 2000 to 1,910 at the end of December 2001 and accounts for 5.7% of the total children in out-of-home placement.

ADOPTION PLANNING

Figure 13, Figure 14, and Figure 15 reflect comparative data on children referred for adoption permanency planning. Referrals of children for permanency planning through adoption are referred from DCFS child protective services caseloads or directly from the community to the DCFS Adoptions Division.

The number of children placed in adoptive homes in CY 2001 statistically reflects no significant change over CY 2000. A comparison of children placed in adoptive homes during CY 2001 to CY 1996 reflect a 164.1% increase.

DCFS PUBLIC WEB SITE

The public may access the DCFS Data Statement as part of the CY 2001 ICAN report at the following Web Site address:

http:\\dcfs.co.la.ca.us

Questions regarding the DCFS Data Statement may be directed to Elizabeth D. Stephens at (213) 351-5650.

Figure 13

ADOPTIONS PERMANENCY PLANNING CASELOAD

Calendar Years 1984 Through 2001

CALENDAR YEAR	CHILDREN TOTAL OPENED	PLACED IN ADOPTIVE HOMES
1984	1,198	558
1985	1,674	524
1986	1,606	617
1987	1,815	541
1988	1,576	698
1989	1,484	696
1990	1,340	824
1991	1,186	1,000
1992	1,110	985
1993	1,134	1,049
1994	1,511	1,027
1995	1,709	1,035
1996	1,659	1,087
1997	3,518	1,346
1998	6,410	1,728
1999	1,951	2,532
2000	1,888	2,874
2001	1,852	2,871

Figure 14

ADOPTIONS CASES OPENED
Calendar Years 1984 Through 2001

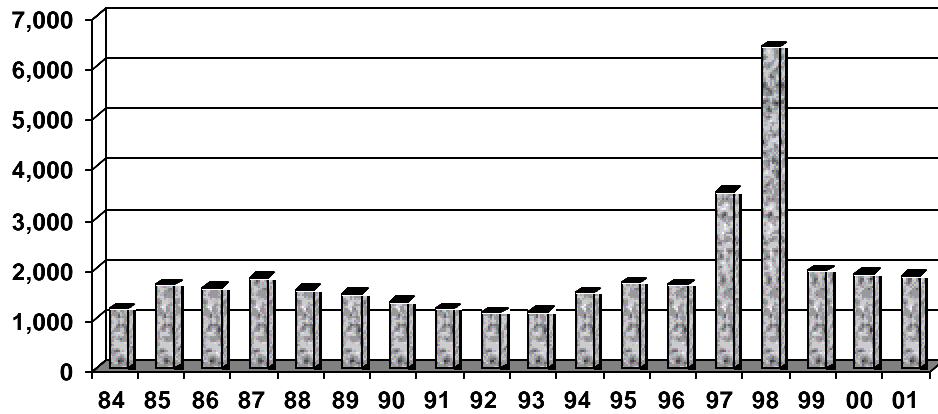
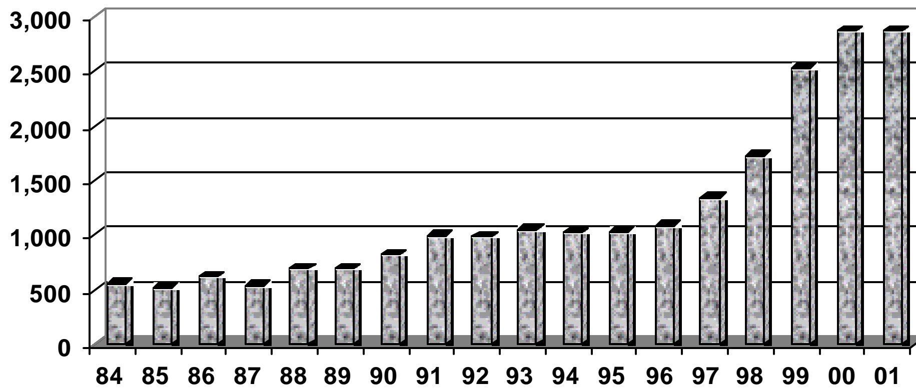


Figure 15

CHILDREN PLACED IN ADOPTIVE HOMES
Calendar Years 1984 Through 2001



GLOSSARY

Absence Without Official Leave (AWOL). Children who run away from out-of-home placement/the residence of their primary caretakers

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). A public social services agency that standardizes and regulates all county social services agencies within the State of California.

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

Caretaker Absence/Incapacity. This refers to situations when the child is suffering, either physically or emotionally, due to 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.

Child Welfare Services/Case Management System (CWS/CMS). A statewide child tracking database of the State of California.

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

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

Emotional Abuse. 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.

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

Family Reunification (FR). 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 Care. The 24-hour out-of-home 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. Foster care providers include relative caregivers, Foster Family Homes (FFH), Small Family Homes (SFH), Group Homes (GH), family homes certified by a Foster Family Agency (FFA) and family homes with DCFS Certified License Pending.

Foster Caregiver/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.

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

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

Foster Parent. The person whose home is licensed as FFH or SFH or certified for 24-hour care of children, and persons to whom the responsibility for the provision of foster care is delegated by the licensee.

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.

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.

Home of Parents (HOP). A placement status, when the child is returned to the home of his/her parent(s) on a 60-day trial visit in planning for reunification of the child with his family.

MacLaren Children's Center (MCC). The County of Los Angeles emergency shelter care facility, managed by a consortium including the Chief Administrative Office, DCFS, Department of Mental Health, Department of Health Services, Department of Probation, and the Los Angeles County Office of Education.

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

Out-of-Home Care. 24-hour care provided to children whose own families [parent(s)/guardian(s)] are unable or unwilling to care for them in their own home.

Permanent Placement (PP). 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. 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, and twisting limbs.

Referral. A report of suspected child abuse, neglect or exploitation or alleged violation of California Community Care Licensing Division Standards.

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.

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 caretaker would lead to physical harm. This includes children who are malnourished, medically diagnosed non-organic failure to thrive, or prenatally exposed to alcohol or other drugs.

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.

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

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

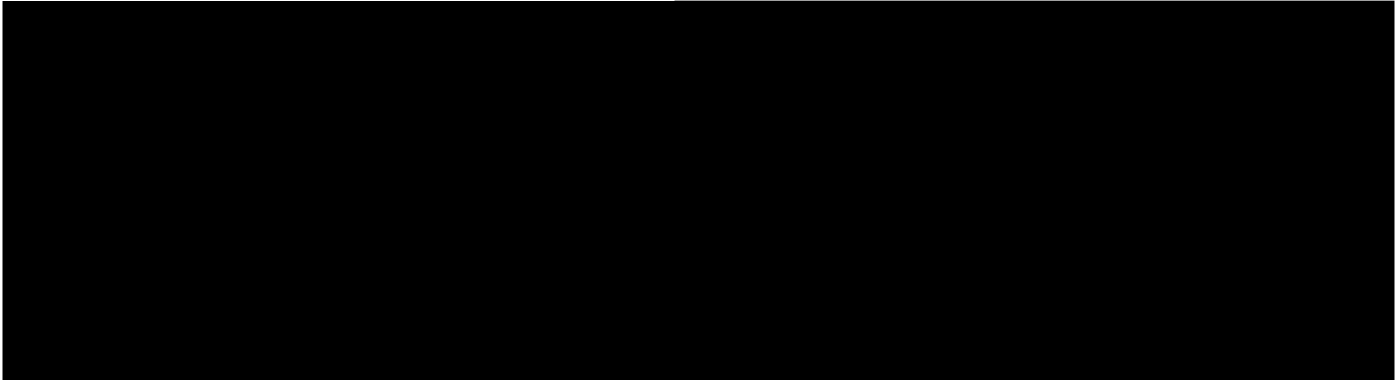
Substantiated. An allegation is substantiated, i.e., founded, if it is determined, based upon credible evidence, to constitute child abuse, neglect or exploitation as defined by Penal Code Section 11165. 6.

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

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

Los Angeles Superior Court

AGENCY REPORT



JUVENILE DEPENDENCY COURT OVERVIEW

The Los Angeles Superior Court Juvenile Division is divided into three component parts: the Juvenile Delinquency Court, the Juvenile Dependency Court, and the Informal Juvenile and Traffic Court. The Dependency Court handles those cases involving allegations of child abuse and neglect.

Currently, there are nineteen full time Dependency courts located at the Edmund D. Edelman Children's Court (plus one court handling independent and agency adoptions, as well as Dependency matters), and one full-time Dependency court located at the Lancaster Courthouse. The Lancaster court serves families and children residing in the Antelope Valley.

Most reports of child abuse or neglect do not result in any court action. In many situations, the child can be protected without court intervention. In some, reports may be false or faulty. Still others may lack sufficient information to adequately support legal action. On the other hand, some may involve complicated and often confusing procedures and hearings in the Juvenile Dependency Court, the Criminal Court, the Family Law Court, or all three.

THE COURT PROCESS

The most common court action resulting from a report of child abuse occurs in the Juvenile Dependency Court. The incidents of abuse and neglect which are assessed as actually or imminently dangerous to children are referred to this court. This legal process is intended to protect children through the use of the Court's authority. It is initiated by the filing of a petition by the Department of Children and Family Services under Welfare and Institutions Code Section 300.

During the pendency of a Section 300 WIC proceeding, a child may be detained or may remain in the custody of a parent. The child's situation may be serious enough to warrant court action, but not pose immediate danger to the child. In such a case the child can remain safely at home while an investigation and the court hearings proceed. If the safety of the child cannot be assured at home, the child can be removed from the parents' custody and placed in protective custody.

If a child is detained by the Department of Children and Family Services and not released, the Court will hold an ARRAIGNMENT/DETENTION hearing within 72 hours (not including weekends and holidays) to decide whether the child should be returned home. At this hearing the court will also rule on the parents' right to visit the child and attorneys will be appointed for the parties, including the child.

A large percentage of the cases then proceed to an alternative dispute resolution phase, either through a PRETRIAL RESOLUTION CONFERENCE (PRC) or through a settlement process by referral to the Dependency Court Mediation Services Program. If a PRC or Mediation is scheduled, the Court will order DCFS to prepare a social study, which will fully discuss the facts and circumstances of the case. The Court may also propose a plan for the settlement of the case and assistance to the family.

All other cases are set for ADJUDICATION (trial). If the Court finds after a PRC, Mediation or at the Adjudication hearing that the allegations contained in the petition are true, jurisdiction is acquired and the Court will continue to make decisions and orders regarding the family and the child as long as jurisdiction is maintained.

At the next phase of the case, the DISPOSITION hearing, the Court decides whether the child may remain safely in the parents' home under Department of Children and Family Services (DCFS) supervision (i.e. Home of Parent order), or must be suitably placed outside the home. The family may be ordered to participate in programs to help overcome the problems which brought the family before the court. DCFS is ordered to provide these services which are referred to as "Family Maintenance Services" if the child remains at home or "Family Reunification Services" if the child is placed out of the home.

If a child is removed from the parents' physical custody, the Court in most cases will order that "Family Reunification Services" be provided. Services may include referrals to counseling, drug or alcohol testing, visits to a social worker, and assistance in developing a visitation schedule with the child. In some cases Family Maintenance Services will be ordered for the custodial parent and Family Reunification Services for the non-custodial parent.

If the Court determines that Family Reunification Services and placement of the child in the home of the parent is not in the best interest of the child, it may terminate Family Reunification Services and set a Selection and Implementation Hearing to decide on a permanent plan of adoption, legal guardianship, or long term foster care.

REVIEW HEARINGS

Any case under the jurisdiction of the court must be reviewed by the Court at least every six months until jurisdiction is terminated. If the child is placed out of the home, the Court must conduct a hearing to establish a Permanent Placement Plan within six months to twelve months, depending on the age of the child at the time of removal from the parents' home. The purpose of this hearing is to determine whether or not the child can be returned home or if there is a substantial probability that the child can be returned with an additional six months of reunification services. If so, the Court will continue the matter to a Permanent Placement Hearing (PPH) no more than six months into the future. Depending upon the permanent plan chosen, the court may continue jurisdiction and hold a review of permanent plan (RPP) hearing every six months.

If it is determined that the child cannot be returned to the parent, the Court must decide on the most stable permanent plan for the child. The Court may consider terminating parental rights and proceeding to adoption, or proceed to guardianship or long term foster care without terminating parental rights.

SUBSEQUENT AND SUPPLEMENTAL PETITIONS

A subsequent petition under WIC section 342 may be filed to allege new facts or circumstances, other than those under which the original petition was sustained. A subsequent petition under WIC section 300 may add facts or circumstances to a petition, which has been previously filed. A supplemental petition under WIC section 387 is filed to change or modify a previous order to remove a child from the physical custody of a parent, guardian, relative, or friend and direct placement in a foster home, or commitment to a private or county institution. Such a supplemental petition must state facts sufficient to support the conclusion that the previous order has not been effective in the rehabilitation or protection of the child.

A supplemental petition under WIC section 388 allows any parent, other person having an interest in a child, or the child to state facts sufficient to support that a change of circumstance or new evidence exists which would require a change of a previous order and that modifying the order is in the child's best interest. Most WIC 388 petitions are filed by the parents to request changes in placement or visitation orders.

CASELOAD OVERVIEW

A total of 16,122 new, subsequent and supplemental Dependency petitions were filed in calendar year 2001. The 2001 filings are virtually unchanged when compared to 16,119 petitions filed in 2000. The workload of the Dependency Courts, including the petitions filed and the review of permanency planning hearings (RPP) is detailed in Figure 1 for calendar years 1991 through 2001. Petitions filed include new filings and all supplemental and subsequent petitions filed on existing cases.

The breakdown of petitions filed in calendar year 2001 was 8,285 new WIC section 300 petitions; 3,453 subsequent WIC section 300 and 342 petitions; and 4,384 supplemental WIC section 387/388 petitions. In calendar year 2000 the breakdown was 8,015 new WIC section 300 petitions; 4,325 subsequent WIC section 300 and 342 petitions; and 3,779 WIC section 387/388 petitions.

In 2001, the filing of new petitions increased by 3.3% (270); subsequent WIC section 300 / 342 petitions decreased by 20.1% (872); and supplemental WIC section 387/388 petitions increased by 16.0% (605).

Figure 1

DEPENDENCY COURT WORKLOAD

Calendar Year	Total Petitions Filed	Reviews/Permanent Plan, Review of Plan	Total Petitions and Reviews
1991	15,626	52,877	68,503
1992	16,360	52,336	68,696
1993	17,970	51,415	69,385
1994	18,761	55,322	74,083
1995	20,438	56,749	77,187
1996	22,423	76,691	99,114
1997	22,645	94,289	116,934
1998	18,520	105,291	123,811
1999	18,296	158,715	177,011
2000	16,119	165,187	181,306
2001	16,122	157,369	173,491

ANALYSIS

An analysis of dependency petition filings for calendar years 1987 through 2001 shows the following:

CALENDAR YEAR 2001

(1) A comparison of the 1987 filings (15,626) to those of 2001 (16,122) reflects an increase of 3.0% for the fifteen-year period (+496).

(2) The total calendar year filings for 2001 (16,122) represents no change statistically from calendar year 2000 (16,119).

(3) Subsequent petitions filed pursuant to WIC section 300 / 342 have increased since 1991, with the exception of 1993, 1998, 2000 and now calendar year 2001. Supplemental petitions filed pursuant to WIC sections 387 and 388 have increased since 1991, with the exception of 1992, and calendar year 2000.

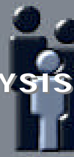


Figure 2

JUVENILE DEPENDENCY COURT

Dependency Filings, Reviews, PPH and RPP Hearings

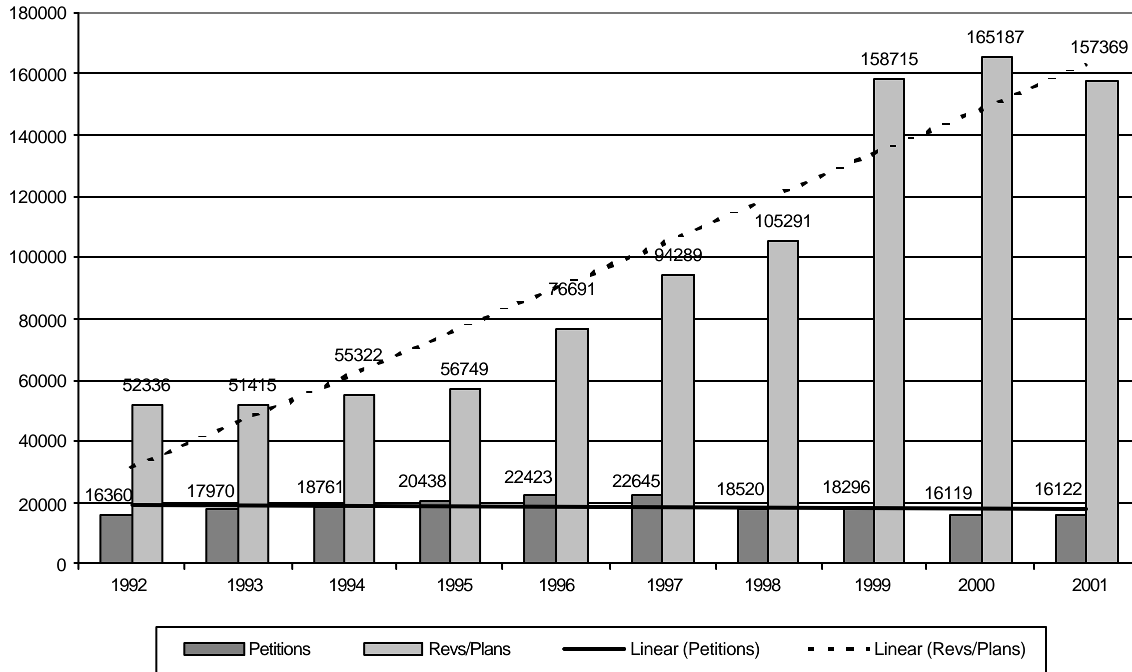
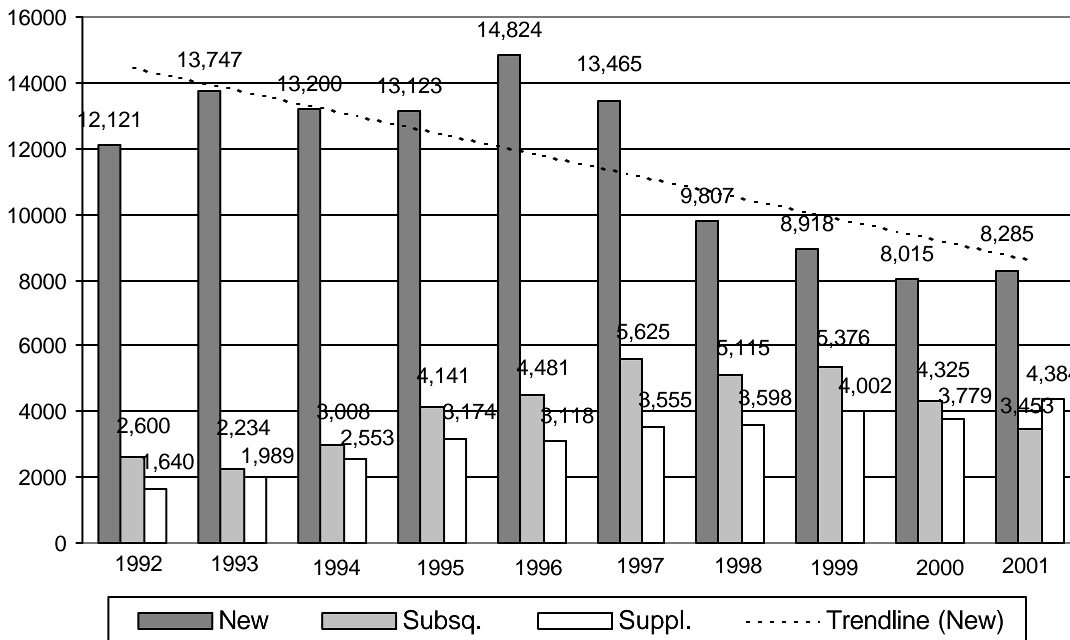
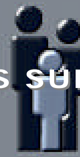


Figure 3

DEPENDENCY PETITIONS FILED NEW, SUBSEQUENT AND SUPPLEMENTAL





A comparison of new petitions filed for 2000 (8,015) and 2001 (8,285) indicates an increase of 3.3%, reversing a trend begun in 1998 when new filings decreased 27.19% from 1997 (13,465 to 9,807).

A total of 3,453 WIC section 300 / 342 subsequent petitions were filed in 2001, and represent a decrease of 20.1% (872) from 2000 (4,325). A total of 4,384 WIC section 387/388 supplemental petitions were filed in 2001, an increase of 605 (16%) from 2000 (3,779). The increase in WIC 388 petition filings accounts for most of the growth.

Using the data contained in Figure 1 a software generated trend line was developed based on data from 1991 through 2001. The trend line is graphically depicted in Figure 5.

Figure 4

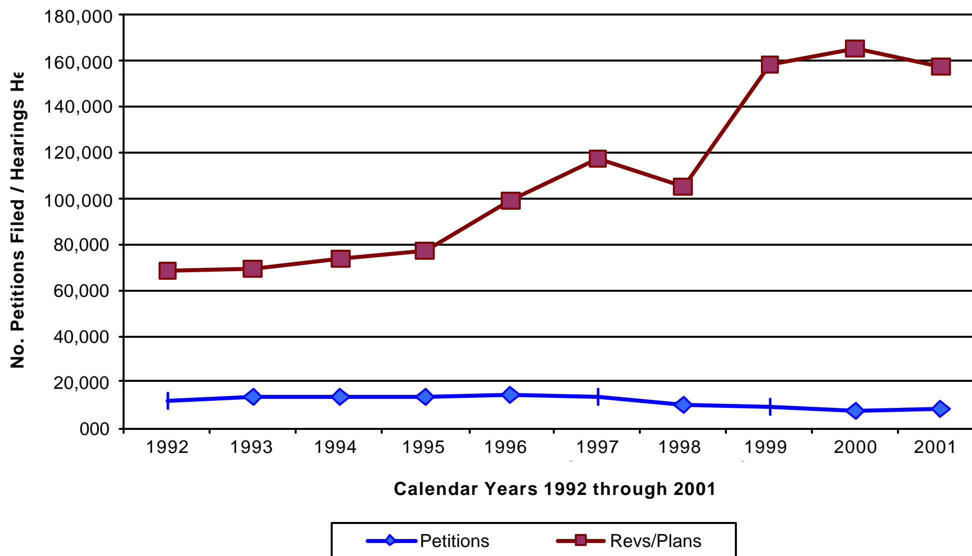
JUVENILE DEPENDENCY COURT

Dependency Filings, Reviews, PPH and RPP Hearings

	New	Subsequent 300 Petitions	Subsequent 342 Petitions	Supplemental 387 Petitions	Supplemental 388 Petitions	Total
1991	11,496	2,215	261	1,463	191	15,626
1992	12,121	2,364	236	1,461	178	16,360
1993	13,747	1,889	345	1,649	340	17,970
1994	13,200	2,519	489	1,918	635	18,761
1995	13,123	3,621	520	2,261	913	20,438
1996	14,824	3,847	634	2,502	616	22,423
1997	13,465	4,765	860	2,540	1,015	22,645
1998	9,807	4,245	870	2,503	1,095	18,520
1999	8,918	4,748	628	2,541	1,461	18,296
2000	8,015	3,896	429	2,412	1,367	16,119
2001	8,285	2,873	580	2,148	2,236	16,122

Figure 5

NEW PETITIONS vs. REVIEWS, PPH'S AND RPPH'S HELD



TREND

Based on data from 1993 through 2001, the projected trend through 2002 indicates a flattening of petitions filed and a slight decrease in the number of judicial reviews, permanent plan and review of permanent plan hearings. This latter trend reflects the decline in cases filed over the past five years.

New WIC section 300 petitions decreased from 1995 to 2000 (from 13,123 to 8,015, or 38.9% over the five year period), but 2001 saw new petitions slightly increase over the previous year (from 8,015 to 8,285). This modest increase in new 300 petitions filings may mark a reversal of the declining filing rate of the previous five years.

Filings for WIC section 300 / 342 subsequent petitions increased modestly (from 4,141 to 4,325) over the same five-year period (an increase of 4.4%), but dropped to 3,453 filings in 2001.

WIC section 387 / 388 supplemental petitions have increased over the five-year period, from 3,174 to 3,779 (a 19% increase). This trend continued in 2001 with an increase to 4,384 supplemental petitions filed (an increase of 38.1%).

Historically, WIC 300 petitions filed on siblings born subsequent to an original WIC 300 petition filing and WIC 342 petitions together have been referred to as subsequent petitions. However, there is a distinction between the two petitions. An unsustained WIC 300 petition may be amended by adding new facts or circumstances. The court will dismiss the original 300 petition and sustain the amended petition. A WIC 342 petition alleges new facts and circumstances and is filed if these come to light after the original 300 petition is sustained.

This distinction is important because while the general trend since 1999 has been a declining one, in 2001 a bifurcation occurred. WIC 300 petitions continued to decline from 3,896 in 2000 to 2,873 in 2001, a 26% reduction in filings. This is due in large part to Dependency Court policy changes, which more narrowly define when a subsequent 300 petition may be filed.

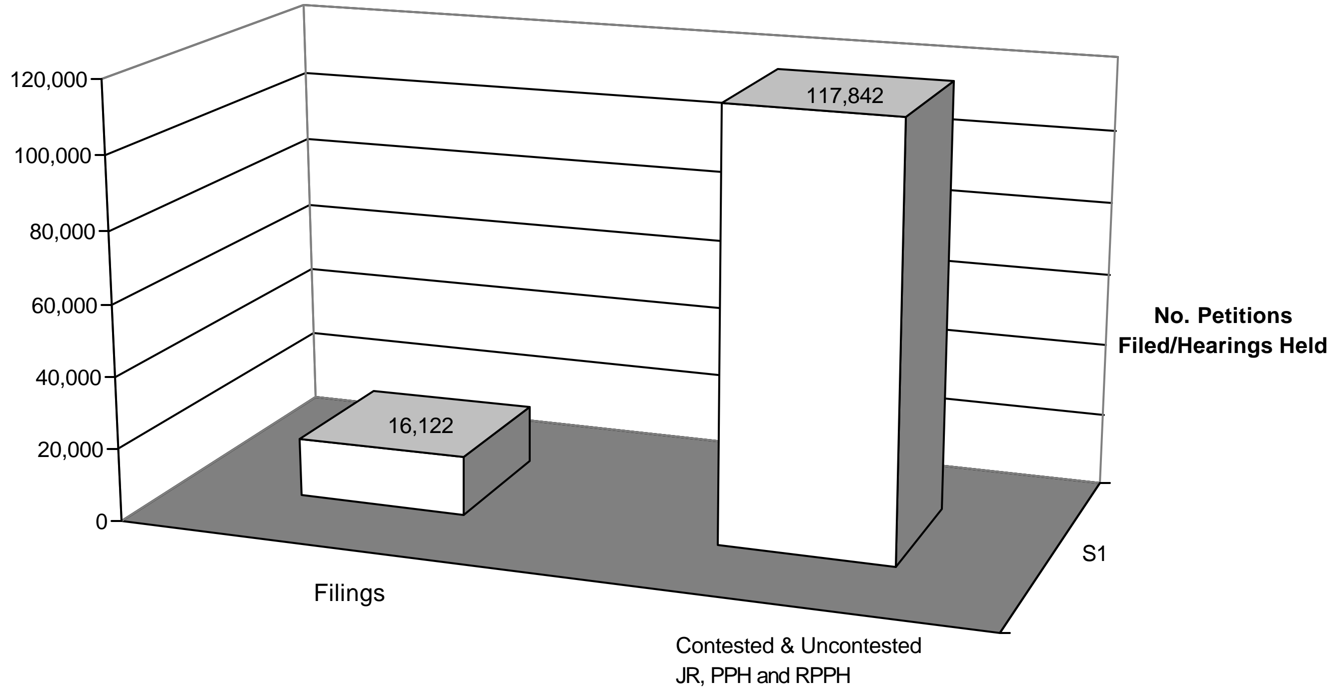
WIC 342 petitions also declined from 1999 to 2000 (from 628 to 429, a drop of 31.6% but increased to 580 (a 35.1% increase) in 2001. When dealing with such small numbers as those represented by WIC 342 filings, small changes in absolute numbers translate into large percentage swings. Hence, suggesting a major trend is developing in regards to WIC 342 petition filings would not be justified.

The modest increase in new filings for 2001 is not reflected in referrals to DCFS during the same year.

It may take many years before a child exits the Dependency Court system. Review Hearings are mandated every six months and Permanent Plan Hearings are legally mandated at specific intervals while the child is a dependent of the Court. These hearings are directly linked to filings. There has been a declining trend for dependency filings for the past five years, so that one may anticipate a decline in the future for Review and Permanent Plan Hearings, despite the trend line in figure 2. The trend lines calculated indicate a particular movement in filings and review and permanent plan hearings which the year 2001 numbers and past experience would seem to contradict.

Figure 6

FILINGS, REVIEWS AND PPH HEARINGS
Year 2001



DISPOSITION HEARING DATA

The Court conducted 7,197 Disposition Hearings in calendar year 2001, an increase of 233 (3.3%) from 2000 (6,964). At these hearings in 2001, children were placed in the home of the parent in 1,942 cases (27%) and were ordered suitably placed out of the home in 5,255 cases (73%).

Figure 7 reflects the type of placements made and the number of children placed in each type for the calendar years 1987 through 2001. Since 1994, the average percentage of children returning home at Disposition Hearings has been approximately 30%, while those placed with relatives or in other placements has remained at approximately 70%. These percentages changed slightly in calendar year 2001, with 27% of children returning home and 73% being placed with relatives or other placements.

Figure 8 reflects the number of children entering and exiting the Dependency Court system for the calendar years 1991 through 2001.

CASES DISMISSED OR JURISDICTION TERMINATED

Of the 16,122 petitions (new, subsequent, and supplemental) filed in calendar year 2001, 8,285 were new filings, i.e., the filing of a petition when a new child enters the system. However, a total of 14,111 children had their cases dismissed or jurisdiction terminated in 2001, which is 3,408 less than in 2000. When compared to the new petition filings (minus the subsequent or supplemental petitions), 5,826 more children exited the court system in 2001 than entered, maintaining the decline of children in the system from the previous year. In 1998, 2,240 children exited the system. The number of children exiting the court system has increased since then, to the current figure of 5,826 in 2001. The increasing number of children exiting the dependency courts is reflective of higher new petition filings in the mid-1990's (or, minors entering the system). However, the decrease in new petition filings beginning in 1997 suggests fewer minors will exit the dependency system in the next few years.

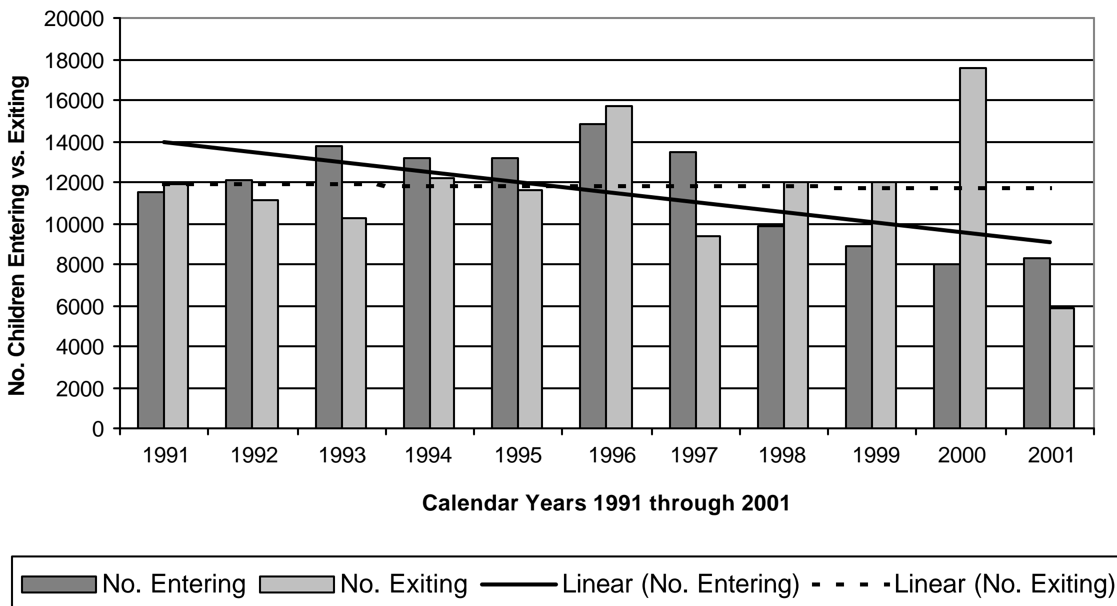
Figure 7

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

YEAR	TOTAL DISPO	HOME OF PARENT	SUITABLE PLACEMENT	OTHER
1987	8,863	3,414 (38.5%)	4,667 (53%)	782 (9.0%)
1988	7,206	2,435 (34%)	4,524 (63%)	247 (3.0%)
1989	9,765	3,094 (32%)	6,540 (66%)	221 (2.0%)
1990	10,761	3,747 (35%)	6,776 (63%)	238 (2.0%)
1991	10,076	3,274 (32%)	6,540 (65%)	262 (3.0%)
1992	10,910	3,386 (31%)	7,295 (67%)	229 (2.0%)
1993	9,593	2,941 (31%)	6,540 (68%)	112 (1.0%)
1994	11,736	3,492 (30%)	8,188 (70%)	56 (0.5%)
1995	13,689	3,750 (27%)	9,857 (72%)	82 (0.6%)
1996	14,374	4,312 (30%)	9,976 (69%)	86 (0.5%)
1997	8,224	2,399 (29%)	5,723 (70%)	102 (0.7%)
1998	7,550	2,445 (32%)	5,066 (67%)	39 (0.5%)
1999	6,964	2,164 (31%)	4,618 (66%)	182 (2.6%)
2000	6,964	2,088 (30%)	4,640 (67%)	236 (3.5%)
2001	7,197	1,942 (27%)	5,010 (69.9%)	245 (3.4%)

Figure 8

NEW CHILDREN ENTERING vs. EXISTING CHILDREN EXITING THE DEPENDENCY SYSTEM



Glossary

WIC section 300 Petition:
The initial petition that subjects a child to dependency court supervision. The child may be adjudged a dependent of the court if they fall within the purview of WIC300 subdivisions (a) through (j).

WIC section 342 Petition:
A subsequent petition which alleges new facts or circumstances, other than those under the original petition where a child has been found to be a person described by WIC section 300.

WIC section 387 Petition:
A petition that changes or modifies a previous order to remove a child from their physical environment.

WIC section 388 Petition:
A petition that seeks to change, modify or set aside a previous order of the Court or to terminate the jurisdiction of the Court.

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

DCFS:
Department of Children and Family Services

Family Maintenance Services:
When the child remains in the home of parent or guardian and the family is ordered to participate in a case plan that will help them overcome the problems that brought them into Court.

Family Reunification Services:
When the child does not remain in the home of parent or guardian and the family is ordered to participate in a case plan that will help them overcome the problems that brought them to court.

PPH:
Permanency Planning Hearing - A post-disposition hearing to determine the future permanent status of the child.

PRC:
Pretrial Resolution Conference - A hearing prior to adjudication in which all of the issues alleged are attempted to be resolved without the need for an evidentiary hearing.

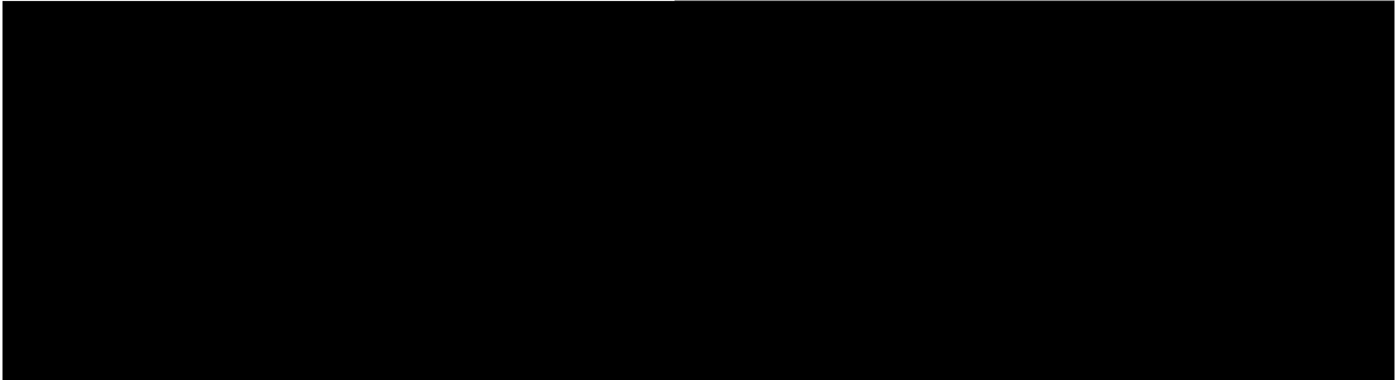
RPP:
Review of Permanency Planning Hearing - A hearing subsequent to the permanency planning hearing to review orders made at the PPH and the status of the case.

Selection and Implementation Hearing:
When the court decides on a permanent plan of adoption, legal guardianship or long-term foster care for the child pursuant to WIC 366.26.

WIC:
Welfare and Institutions Code

LOS ANGELES COUNTY COUNSEL

AGENCY REPORT



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

The Children's Services Division of County Counsel, located at the Edmund D. Edelman Children's Court in Monterey Park, is comprised of three decisions: the Litigation and Training Division, the Advice and Litigation Division, and the Appellate Division. The attorneys in the Children's Services Division provide legal services and advice to the Los Angeles County Department of Children and Family Services (DCFS) and represent DCFS in dependency proceedings filed under section 300 of the Welfare and Institutions Code.

The practice of dependency law provides an opportunity for members of the Childen's Services Division to be part of the County team with DCFS to protect abused and neglected children, to preserve families where possible, and to provide permanency for children.

The purpose of Dependency Court and the statutes that govern it is to provide for safety and protection of each child under its jurisdiction and to preserve and strengthen the child's family ties whenever possible. A child is removed from parental custody only if it is necessary to protect the child from harm. When the court determines that removal of a child is necessary, reunification of the child with his or her family is the primary objective of the court.

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

To encourage non-adversarial case resolution, the Dependency Mediation Program was established. Two County Counsel attorneys work with the mediators and social workers to assist the trial attorneys in resolving legal issues, assuring appropriate case resolution, reviewing case plans, and reaching meaningful agreements with the parents and children through their respective counsel and with DCFS.

DCFS is invested with the responsibility of investigating allegations of child abuse and neglect and determining whether a petition alleging that a child comes within the jurisdiction of the Dependency Court should be filed. The children's social worker submits the petition request to the Intake and Detention Control Section of DCFS located at the Edmund D. Edelman Children's Court. County Counsel staffs Intake and Detention Control with an attorney who reviews the petition to assure it is legally sufficient. In addition, the Intake and Detention Control attorney gives legal advice on detention and filing issues and provides summaries of child death cases. In 2002, 11,385 new petitions were filed.

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

INITIAL DETENTION

At the iniital detention hearing, the court makes a determination whether (1) the child should remain detained and (2) the child comes within the description of Welfare and Institutions Code section 300 (a) - (j). The County Counsel attorney advocates for continued detention if it appears necessary to the safety and protection of the child because:

- There is a substantial danger to the physical health of the child or the child is suffering severe emotional damage and there is no reasonable means by which the child's emotional or physical health can be protected without removing the child from the custody of the parents or guardian;
- There is substantial evidence that a parent, guardian, or custodian of the child is likely to flee

the jurisdiction of the court;

- The child has left a placement in which he or she was placed by the Dependency Court; or
- The child indicates an unwillingness to return home and has been physically or sexual abused by a person residing in the home

JURISDICTION

At the jurisdiction hearing, the County Counsel attorney has the burden of establishing 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.

(a) The parties may set a matter for mediation or for a pretrial resolution conference prior to the adjudication.

(b) Alternatively, the matter may be set for an adjudication. At the adjudication, the County Counsel litigates the matters at the issue and establishes the legal basis for the court's assumption of jurisdiction. If it is necessary to call a child as a witness, the County Counsel 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 intimidated by the courtroom setting, afraid to testify in front of his or her parents, or it is necessary to assure that the child tell the truth.

DISPOSITION

If the child is found by the court to be a person described by Welfare and Institutions code section(s) 300 (a) - (j), a disposition hearing is held to determine the proper plan for the child. If DCFS recommends that the child be removed from parental custody, the County Counsel attorney must establish by clear and convincing evidence that return of the child to his or her parents would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child, and there are no reasonable means by which to protect the child.

If a child is removed from parental custody, the court may order family reunification services. If, however, DCFS has determined that it would not be in the best interests of the child to reunify with his or her parent(s), the County Counsel attorney must demonstrate to the court that the specific statutory criteria have been met on which the court may base a non-reunification order.

If the court has not ordered reunification services for the family, a Selection and Implementation hearing must be calendared within 120 days.

REVIEW

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 conditions no longer exist which brought the child within the court's jurisdiction, the child is safe in the home, and jurisdiction may be terminated.

(1) If the court has ordered suitable placement for the child and family reunification services, 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 clear and convincing evidence that return would be detrimental. 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.

(2) The six month review is the permanency hearing if the child is under three years of age. The 12 month review is the permanency hearing if the child is over three years of age. If the child is not returned to the custody of his or her parents, the court must terminate reunification efforts and set the matter for a hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected. The County Counsel attorney represents DCFS at each of the review hearings and at the selection and implementation hearing and bears the burden of proof not only to establish detriment if the child is returned home but also to prove by clear and convincing evidence that a child is adoptable if DCFS is seeking to terminate parental rights to free the child for adoption.

APPELLATE DIVISION

Parties have a right to seek appellate relief throughout each stage of the dependency process, whether by writ or by appeal. The Children's Services Appellate Division, staffed by 13 attorneys, reviews and prepares cases for writ and appeals and responds to writs and appeals initiated by the parents or the children.

LITIGATION AND TRAINING DIVISION

The Litigation and Training Division oversees outside litigation relating to foster care licensing, MacLaren Children's Center, and civil procedures relating to juvenile court policies and procedures. The Division offers many training programs to County Counsel attorneys and DCFS staff. Approximately 2200 attorney hours were spent during the year on social worker training programs. At the Children's Social Worker Training Academy, County Counsel presented a Dependency Overview and Testifying in Court trainings. For the County-wide Five Day Investigator's Academy, County Counsel presented three programs: Social

Workers Legal Authority; Report Writing, and Search Warrants, County Counsel designed six programs to train supervisors in each DCFS region. The day long trainings covered legal sufficiency, reasonable efforts, case review, permanency issues, legal inability, and search warrants. An interactive social worker testifying program was continued using a Children's Court courtroom as a classroom where children's social workers were cross-examined by County counsel attorneys in a mock trial setting. Ongoing training has been provided to children's social workers by both County Counsel attorneys and children's attorneys to assist them in carrying out their responsibility to notify the child's attorney of significant events affecting a child.

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

County Counsel attorneys are active participants in various ICAN, court, and other committees. They work with groups such as Find the Children to facilitate the return of abducted children and the Juvenile Justice Task Force and provide advice to DCFS legislative forums.

ADVICE AND LITIGATION DIVISION

The Advice and Litigation Division has developed and implemented a program to staff a County Counsel attorney in each of the DCFS regional offices. The attorney will provide legal advice and training to children's social workers and assist the workers by reviewing:

- the legal sufficiency of court reports,
- Group home placement policies,
- Warrant requests for an "AWOL" child,
- Cases not filed in dependency court - i.e. voluntary maintenance contracts and/or voluntary placement contracts,
- Confidentiality issues, and
- Notices

Out-station attorneys hold office hours to answer social worker questions on an individual basis and provide training in all areas of Dependency practice.

The Advice & Litigation Division reviews DCFS contracts, handles issues of confidentiality, and provides legal advice to DCFS, the Children's Consortium, and to the Los Angeles County Commission on Children and Families.

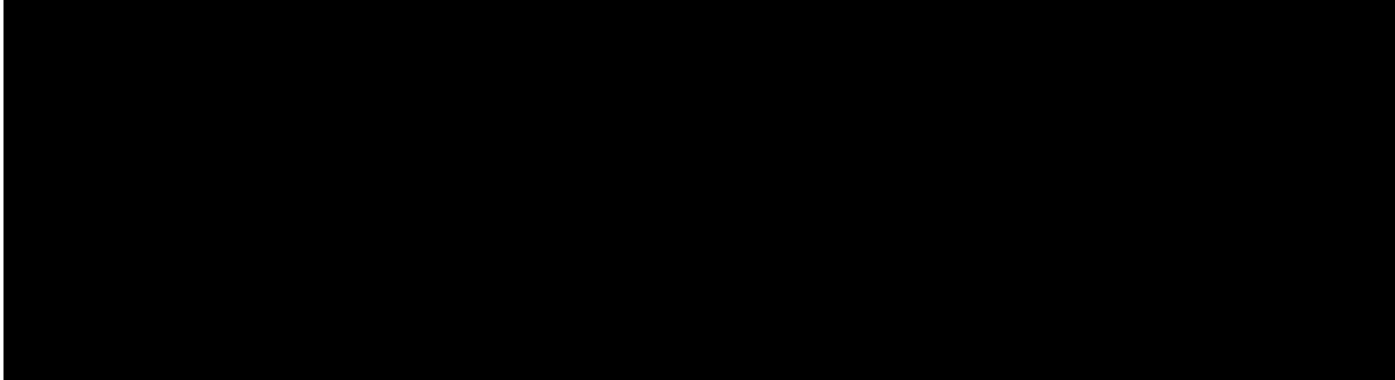
Recommendation Follow-up:

Recommendation Number Four:

The Office of the County Counsel will participate as needed on the ICAN Task Force to develop a protocol to respond to domestic violence in situations where children are residing in the home.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

AGENCY REPORT



FAMILY CRIMES BUREAU

The Los Angeles County Sheriff's Department is the largest of its kind in the nation, serving more than 2.7 million people in contract cities and unincorporated area. The Family Crimes Bureau (FCB) is responsible for the special investigation of child abuse, both physical and sexual, involving victims within the Sheriff's jurisdiction. The Family Crimes Bureau consists of the Child Abuse Detail and the Domestic Violence Detail, S.T.O.P. (Safety Through Our Perseverance). Detectives assigned at the various stations investigate cases of endangerment or neglect in which no physical harm occurs, as well as emotional abuse.

The history of the FCB began with the formation of the Youth Services Bureau (YSB) in 1972 and was comprised of units handling juvenile diversions and petition control. In 1975, the Child Abuse Detail became a separate unit apart from the other juvenile units. Previously, station detectives handled child abuse cases, but it was realized that specialized units were needed to lend expertise to these cases. Many were not thoroughly investigated and prosecutors were constantly losing cases in court. The YSB gave way to the Juvenile Operations Bureau that had the added responsibility of juvenile gang activity. Juvenile Investigations Bureau was formed in 1986 and separated child abuse from gangs, and in October 1999, the Bureau was renamed to its present designation with the intent of one day investigating cases of not only child abuse but domestic violence and elder abuse as well.

FCB detectives are selected through a process that includes an application, written product exemplar, an oral interview and background investigation. Upon acceptance, a new detective receives training in forty-hour courses on child abuse and sexual assault investigations and interview techniques, in addition to various seminars in associated fields of study. New detectives are initially paired with experienced training detectives to continue learning the techniques necessary to conduct child abuse investigations. Investigators are also in contact, often daily, with members of the Department of Children and Family Services (DCFS), the District Attorney's Office and other agencies and individuals offering additional training.

The Bureau also provides training in child abuse statutes and investigations to Sheriff's Academy Recruits, Advanced Officer Training to more experienced Department members and participating law enforcement agencies, social service and foster family agencies, schools and many civic groups. Beginning in January and continuing until August, the Bureau provided weekly training to the DCFS personnel in an Inter-Agency Investigators Academy. The classes were comprised of Emergency Response social workers, Dependency Investigators, supervisors and administrators, utilizing detectives to provide insight into the role of law enforcement in child abuse investigations and effective collaboration with the DCFS. In November, the classes were re-instated on a quarterly basis and evaluations have been very positive.

The Child Abuse Detail is made up of four teams investigating cases generated in the north, east, west and south areas of the County. The number of investigators assigned to each team is dependent upon the caseload created by the stations served. The Bureau consists of a captain, two lieutenants, five sergeants and forty detectives. A lieutenant, sergeant and eleven deputies staff the S.T.O.P. Detail. The responsibility of S.T.O.P. is to assist patrol deputies with the investigations of domestic violence incidents.

The Department is also represented by two detectives from FCB on the Southern California Regional Sexual Assault Felony Enforcement (SAFE) Team, a federally funded task force comprised of several law enforcement agencies.

The team investigates child pornography and the sexual exploitation of children, especially those cases involving the use of the Internet.

Because of the number of cases coming into FCB for investigation, detectives investigate their assigned cases individually (without partners) but they will request assistance from a team member if a situation warrants more than one investigator.

Some cases require several investigators to conduct multiple victim/ witness interviews and in these instances the Bureau is able to mobilize quickly.

A project nearing completion is the utilization of the Sheriff's Data Network (SDN) as a "hub" to archive and route Suspected Child Abuse Reports (SCAR) sent by the DCFS Child Protection Hotline, with the ability to automatically "route" the SCAR to the appropriate law enforcement agency for immediate notification. With a combined effort of the Bureau along with the DCFS and the District Attorney's Office during the year, there has been significant progress towards a conclusion. Once in place, the Suspected Child Abuse Reporting System (SCARS) should make notification quicker and result in fewer delays of a law enforcement response, theoretically resulting in more children being protected sooner and more offenders being apprehended.

LAW ENFORCEMENT PROCEDURES IN CHILD ABUSE INVESTIGATIONS

Once it is determined a crime has been committed, the primary roles of law enforcement in child abuse investigations are to protect the child victim and apprehend the suspect and successfully prosecute that individual. The process begins with a report made to either law enforcement, in this case the Sheriff's Department, or the DCFS. Each agency is mandated to cross-report any suspected child abuse to the other. Many criminal reports generated by the Sheriff's Department are initiated as a result of suspected child abuse reports from the DCFS. The majority of reports begin as a call to the Department from the victim or the victim's family. A report of a suspected abuse to either the DCFS or the Sheriff's Department does not necessarily mean that a criminal report is written or that an investigation has begun, as not all allegations are criminal in nature and some do not require law enforcement intervention.

When information is made available to the Sheriff's Department that results in the initiation of a criminal report, a field Deputy Sheriff assigned to a patrol station usually completes this report. Upon completion, the report is forwarded to a supervisor who reviews and approves the report. It is then sent immediately, or as soon as possible (generally within 24 hours), to the Family Crimes Bureau where the information is entered into FCB's internal database (CARES) and then referred to the appropriate team Sergeant for assignment to a detective. A copy of the referral generated at FCB is also faxed to the Child Protection Hotline (CPHL). The investigator is then responsible for making contact with all appropriate persons involved in the case and determining if there is sufficient evidence to proceed by having the District Attorney's Office review the case for possible prosecution. If the case is presented to a Deputy District Attorney (DDA), the DDA will make the determination if charges can be filed against the perpetrator and prosecution is possible. At times, there is insufficient evidence or other circumstances wherein the DDA cannot proceed and prosecution does not take place. In the event a case is not presented to the District Attorney, the investigator will ascertain the most appropriate disposition of the case. At some point during the investigation, the detective may also contact the CPHL to cross-report or make contact with the regional DCFS office and the assigned caseworker.

SIGNIFICANT FINDINGS

This year, the caseload at FCB rose for the second consecutive year, more than 6%. One reason for this increase included the first full year of providing police services to the City of Compton. Also, twelve stations saw an increase in the number of cases generated averaging twenty-eight additional reports of abuse per station. Another significant statistic is the number of juvenile offenders rose slightly more than two percent from 2000.

Figure 1

CASES INVESTIGATED BY STATION AND TYPE OF ABUSE- 2001

STATION	PHYSICAL	SEXUAL	TOTAL	+/- CHG. FROM 2000
Altadena[1]	21	19	40	*
Avalon	7	10	17	+9
Carson	51	83	134	-9
Century	98	142	240	-30
Cerritos	12	21	33	+13
Compton[2]	88	126	214	+148
Court Services- Hill St.[3]	0	1	1	NA
Crescenta Valley	13	18	31	*
East Los Angeles	63	129	192	-30
Family Crimes Bureau	4	13	17	-3
Homicide Bureau[4]	1	0	1	NA
Industry	83	147	230	+2
Lakewood	143	197	340	+62
Lancaster	123	198	321	-28
Lennox	69	110	179	+20
Lomita	22	22	44	+3
Lost Hills/ Malibu	18	31	49	-13
Marina del Rey	10	19	29	+8
Norwalk	106	165	271	+26
Palmdale	125	149	274	-10
Pico Rivera	36	67	103	-2
San Dimas	39	53	92	-9
Santa Clarita Valley	83	131	214	+19
Temple	69	99	168	+20
Transit Services Bureau	0	3	3	0
Walnut/ Diamond Bar	30	54	84	+8
West Hollywood	4	4	8	-1
Total	**1,318**	**2,011**	**3,329**	**193**

This figure highlights the breakdown of cases, by station and type of abuse, and the difference in the number of cases from 2000 to 2001.

1 *On July 1, 2001, Altadena became a fully operational station separate from Crescenta Valley Station; the statistics for these stations are for the full year and no change is shown due to this division.*
2 *Compton Station became operational on September 16, 2000, so the statistics for 2001 reflect the first full year of cases.*
3 *Hill St. Court had not submitted any child abuse reports prior to this year.*
4 *Homicide Bureau had not submitted any child abuse reports prior to this year.*

Figure 2

CASES INVESTIGATED BY STATION

FIVE YEAR COMPARISON OF CASES FROM 1997- 2001

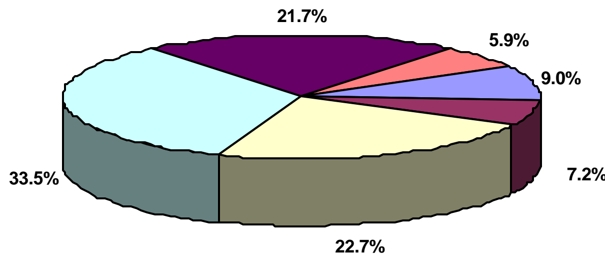
Station	1997	1998	1999	2000	2001
Altadena[1]	NA	NA	NA	NA	40
Avalon	5	7	9	8	17
Carson	146	158	143	143	134
Century	250	280	297	270	240
Cerritos[2]	NA	NA	NA	20	33
Compton[3]	NA	NA	NA	66	214
Court Services- Hill St.[4]	0	0	0	0	1
Crescenta Valley	86	67	67	82	31
East Los Angeles	185	185	192	222	192
Family Crimes Bureau	NA	NA	14	20	17
Homicide[5]	0	0	0	0	1
Industry	162	162	169	228	230
Lakewood	367	356	312	278	340
Lancaster	656	603	356	349	321
Lennox	168	169	160	159	179
Lomita	51	53	52	41	44
Lost Hills/ Malibu	62	43	41	62	49
Marina del Rey	22	27	26	21	29
NCCF[6]	0	0	0	1	0
Norwalk	286	241	213	245	271
Palmdale[7]	NA	NA	274	284	274
Pico Rivera	116	87	82	105	103
San Dimas[8]	NA	NA	NA	101	92
Santa Clarita Valley	182	171	194	195	214
Temple	166	159	170	148	168
Transit Services Bureau	0	0	3	3	3
Walnut/ Diamond Bar	219	175	165	76	84
West Hollywood	19	21	18	9	8
Total	**3,200**	**2,964**	**2,957**	**3,136**	**3,329**

1 Altadena was a satellite station of Crescenta Valley until 7-1-01.
2 Cerritos Station became operational in January 2000.
3 The Department began police services in the City of Compton in September 2000.
4 Hill St. Court had not reported any child abuse cases until this year.
5 Homicide Bureau had not submitted any child abuse reports prior to this year.
6 NCCF, North County Correctional Facility, submitted a report regarding a child visitor injured by a family member.
7 Palmdale Station had been included in Lancaster Station totals prior to 1999 when it became a separate station.
8 San Dimas separated from Walnut/ Diamond Bar Station in 2000.

Figure 3

VICTIMS BY AGE- 2001

Victim's Age	Total of Victims	PCT.
Under 3 years	362	9.0%
3-4 years	290	7.2%
5-9 years	915	22.7%
10-14 years	1,346	33.5%
15-17 years	874	21.7%
Over 17 years	236	5.9%
Total	**4,023**	**100.0%**

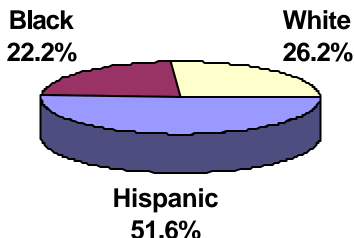


This figure presents a graphic representing the age breakdown of all victims in all cases investigated by the Family Crimes Bureau. The total number of victims (4,023) exceeds the number of cases investigated (3,329) because many cases have multiple victims.

The number of school-aged victims between 5 and 17 (3,135, 77.9%) is notable when compared to those child victims that are not of school age (652, 16.2%) or over 17 and possibly not in school (236, 5.9%).

Figure 4

VICTIMS BY ETHNICITY- 2001

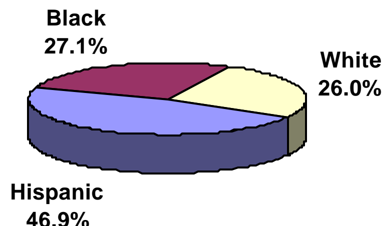


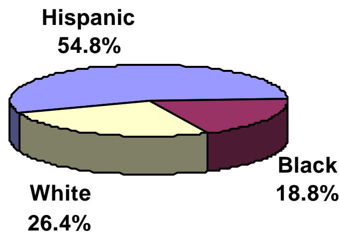
Number of victims in cases investigated: 4,023

Number of victims identified by ethnicity: 3,769 (93.7%)
Hispanic: 1,945 (51.6% of identified/ 48.3% of all victims)
Black: 836 (22.2% of identified/ 20.8% of all victims)
White: 988 (26.2% of identified/ 24.6% of all victims)
Other/ Unknown: 254 (6.3% of all victims)

Physical Abuse victims: 1,672*

Hispanic: 717 (46.9% identified/ 42.9% of phys. abuse victs.)
Black: 414 (27.1% identified/ 24.8% of phys. abuse victs.)
White: 397 (26.0% identified/ 23.7% of phys. abuse victs.)
Total 1,528 Known ethnicity
Other/ Unknown: 144 (8.6% of all physical abuse victims)





Sexual Abuse victims: 2,351*

Hispanic: 1,228 (54.8% of identified/ 52.2% of sexual abuse victs.)
Black: 422 (18.8% of identified/ 18.0% of sexual abuse victs.)
White: 591 (26.4% of identified/ 25.1% of sexual abuse victs.)
Total 2,241 Known ethnicity
Other/ Unknown: 110 (4.7% of all victims)

**Total of victims, known and unknown ethnicity. These are the only ethnicity statistics captured by the Family Crimes Bureau database.*

Figure 5

VICTIMS BY GENDER AND TYPE OF ABUSE- 2001

Number of victims in cases investigated:

Male:	1,294	(32.2%)
Female:	2,729	(67.8%)
Total:	**4,023**	

Victims-

Physical Abuse (Cases- 1,318/ 39.6% of all cases)

Male	858	(51.3% of phys. Victims)
Female	814	(48.7% of phys. Victims)
Total:	**1,672**	(41.6% of all Victims)

Victims-

Sexual Abuse (Cases- 2,011/ 60.4% of all cases)

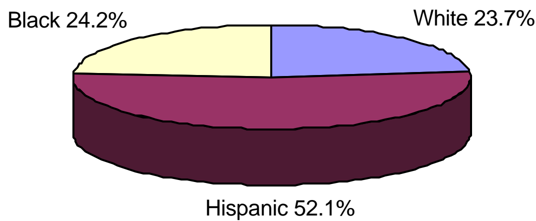
Male	436	(18.5% of sex Victims)
Female	1,915	(81.5% of sex Victims)
Total:	**2,351**	(58.4% of all Victims)

Figure 6

SUSPECTS BY ETHNICITY AND AGE- 2001

Number of Suspects in cases investigated: 3,692
Known ethnicity: 3,236 (87.6%)

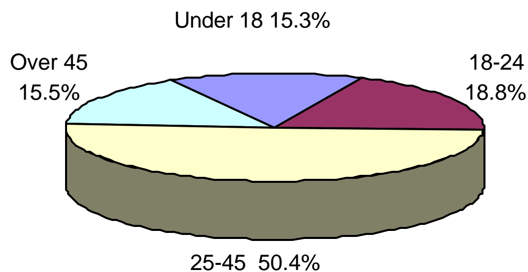
Suspects by Ethnicity



Hispanic	1,685	(52.1% of identified/ 45.6% of all suspects)
Black	783	(24.2% of identified/ 21.2% of all suspects)
White	768	(23.7% of identified/ 20.9% of all suspects)

Suspects by known/identified age: 2,731 (74%)
Unknown age: 961 (26%)

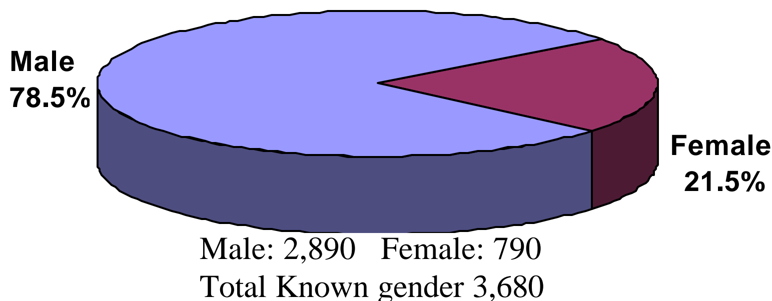
Suspects by Age



Under 18 years	418	(15.3% age known/ 11.3% of all suspects)
18-24 years	514	(18.8% age known/ 13.9% of all suspects)
25-45 years	1,377	(50.4% age known/ 37.3% of all suspects)
Over 45 years	422	(15.5% age known/ 11.4% of all suspects)
Total	**2,731**	
Unknown age	961	(26%)

Figure 7

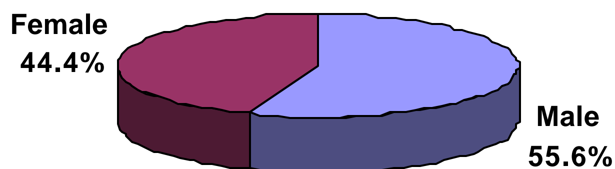
SUSPECTS BY GENDER AND TYPE OF ABUSE- 2001



Male: 2,890 Female: 790
Total Known gender 3,680

Number of suspects in cases investigated: 3,692
Number of cases investigated: 3,329

Physical Abuse	1,318	(41.6%)
Male suspects	810	(55.6%)
Female suspects	647	(44.4%)



Sexual Abuse	2,011	(60.4%)
Male suspects	2,080	(93.6%)
Female suspects	143	(6.4%)

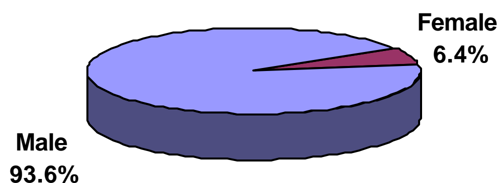


Figure 8

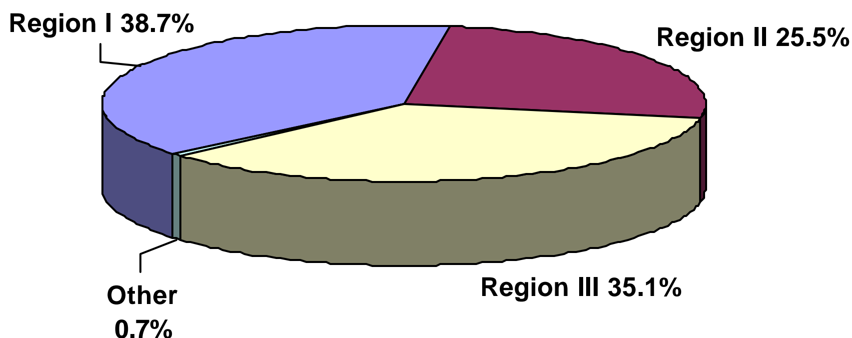
SUSPECT'S RELATIONSHIP TO VICTIM- 2001

RELATIONSHIP	PHYSICAL ABUSE	SEXUAL ABUSE	TOTAL
Aunt	20	2	22
Babysitter	20	13	33
Brother	15	59	74
Brother-in-law	0	9	9
Casual Acquaintance	4	59	63
Child care facility	6	7	13
Church associate	2	4	6
Clergy	1	0	1
Co-habitant (F)	2	5	7
Co-habitant (M)	6	31	37
Cousin	10	97	107
Family friend	13	116	129
Father	453	175	628
Father’s girlfriend	2	1	3
Foster parent	23	4	27
Foster sibling	1	5	6
Friend of victim	95	95	95
Girlfriend	4	6	10
Grandfather	9	47	56
Grandmother	21	4	25
Guardian	3	0	3
Half brother	0	10	10
Institutional staff	15	6	21
Mother’s boyfriend	67	79	146
Mother	398	17	415
Neighbor	8	105	113
Other	63	336	399
Poss. family member	8	43	62
School employee	8	10	18
School/ classmate	2	72	74
Sister	20	3	23
Sister-in-law	1	0	1
Stepbrother	1	17	18
Stepsister	0	1	1
Stepfather	63	101	164
Stepmother	19	3	19
Teacher	37	26	63
Uncle	21	123	144
Unknown	76	345	421
Victim’s boyfriend	6	217	223
Victim’s girlfriend	0	2	2
Total	**1,426**	**2,266**	**3,692**

According to these 2001 statistics, 84.8% of suspects had a known relationship to the victim in sexual abuse cases. Only 15.2% of the suspects were categorized as "Unknown." Over all, 70% of the suspects were known and 30% were either "Unknown" or in the "Other" category where no other relationship was identifiable in sexual abuse cases.
** "Other" and "Unknown" relationships occur most often: when the victim is too young to identify a suspect; there is no category that identifies the suspect; or in cases when the suspect is actually unknown.*

Figure 9

CASES INVESTIGATED BY REGIONAL AREA- 2001



Sheriff's Department patrol stations are divided into three Field Operations Regions. The chart above indicates the caseload of child abuse cases investigated by region, and the table below indicates the stations in each region. The population served in each Region is also listed below.

REGION I	REGION II	REGION III
Altadena	Carson	Avalon
Crescenta Valley	Century	Cerritos
East Los Angeles	Compton	Industry
Lancaster	Lennox	Lakewood
Lost Hills/ Malibu	Lomita	Norwalk
Palmdale	Marina del Rey	Pico Rivera
Santa Clarita Valley	West Hollywood	San Dimas
Temple City		Walnut/ Diamond Bar

	Incorp. cities	Unincorp. Area	Total Pop.	Cases by Region
Region I	637,325	435,400 est.	1,072,725	1,289
Region II	391,233	279,850 est.	671,083	848
Region III	675,595	335,220 est.	1,010,815	1,170

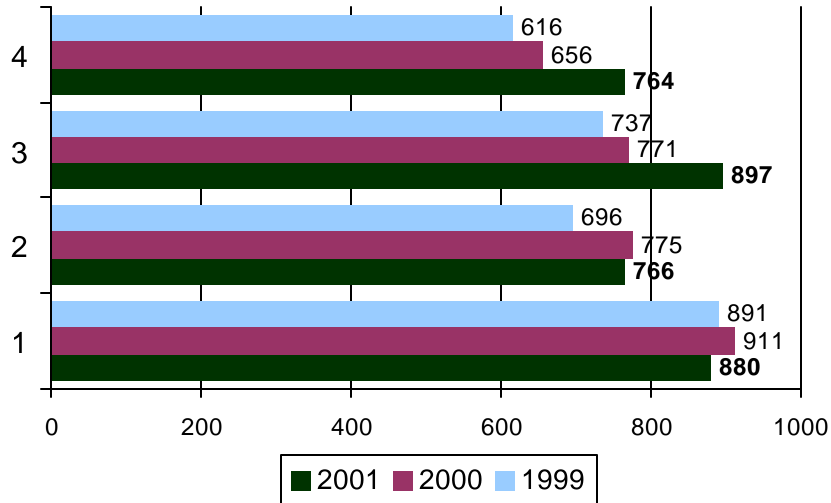
Total Population, LASD Jurisdiction 2,754,623

** "Other" in the pie chart above refers to cases generated by the Family Crimes Bureau, Transit Services Bureau and the Homicide Bureau.*

The population figures for incorporated cities are based on the 2000 United States Census; the unincorporated area population data is based on 2000 data compiled by the Department.

Figure 10

CASES INVESTIGATED BY TEAM ASSIGNMENT- 2001



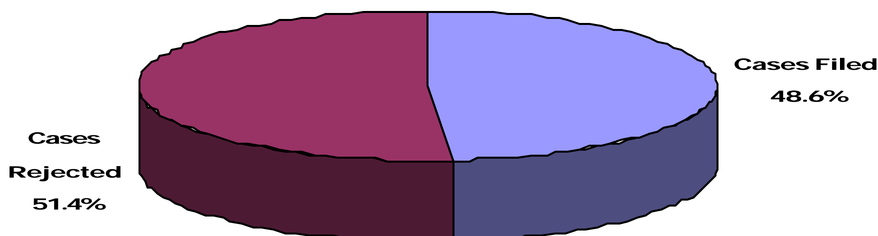
Cases investigated: **3,329**

Team	Stations
1) North Team **880**	Altadena Crescenta Valley Lancaster Palmdale Santa Clarita Valley
2) East Team **766**	East Los Angeles Industry San Dimas Temple Walnut/ Diamond Bar
(3) West Team **897**	Carson Century Compton Lennox Lomita Lost Hills/ Malibu Marina del Rey
(4) South Team **764**	Avalon Cerritos Lakewood Norwalk Pico Rivera

The number of cases investigated, if added by team assignment (3,307), differs from the total number of cases investigated (3,329) due to cases generated by the FCB, Transit Services Bureau, Homicide Bureau and Hill St. Court not included in team totals.

Figure 11

CASE DISPOSITIONS - 2001



Cases investigated: **3,329**

Cases presented to
District Attorney's Office: **1,944** (58.4% of all cases investigated)

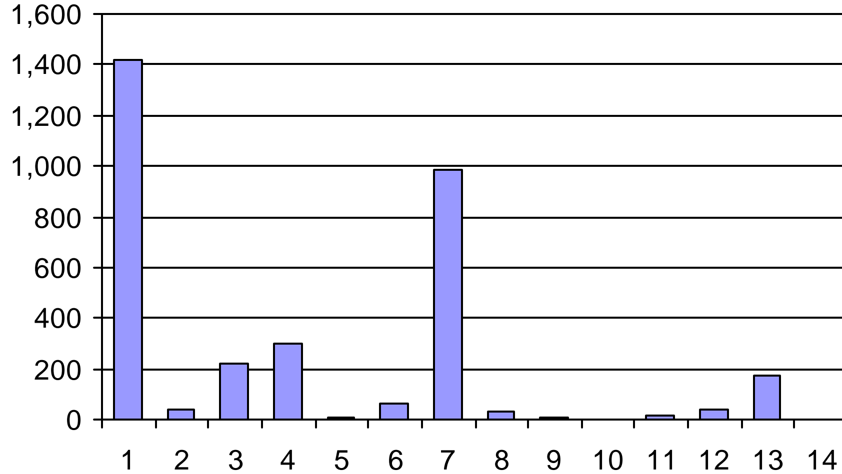
Cases filed: **945** (48.6% of submissions)
(Felonies, misdemeanors, warrants, 602 juvenile petitions, DA office conferences.)

Cases rejected: **999** (51.4% of submissions)
(Cases are not filed for various reasons, such as a lack of or insufficient evidence, unknown suspect(s) or victim(s), or a victim unwilling to prosecute or unable to qualify to testify.)

Cases not presented to
District Attorney's Office: **1,385** (41.6% of all cases investigated)
(Cases not presented to the District Attorney are those determined to lack legal elements of the crime, lack sufficient evidence for prosecution, referred to DCFS for service, or the involved parties are counseled and advised by the investigating detective.)

Figure 12

REPORTING PARTY CLASSIFICATIONS - 2001



The following list indicates the type and number of informants in cases reported to Family Crimes Bureau. The number of informants differs from the number of cases because one informant may report more than one case.

Family members and victims account for 72.8% of the informants in cases reported to the Sheriff's Department and investigated by the Bureau.

No.		
1	Family member	1,417
2	Victim	987
3*	School personnel	300
4*	DCFS	217
5	Other	177
6*	Hospital/ Doctor	65
7*	Law enforcement	42
8*	LASD	37
9	Neighbor	31
10*	Psych./ Therapist	13
11	Anonymous	10
12**	Babysitter	6
13	We Tip	2
14*	Shelter	1
Total		**3,305**

** Indicates a mandated reporter of child abuse pursuant to the California Penal Code.*
*** A babysitter is a mandated reporter if an administrator of or employed by a licensed child care facility.*

S.T.O.P. (Safety Through Our Perseverance) is a program consisting of intervention teams and is the detail responsible for assisting patrol deputies with the investigation of domestic violence and spousal assaults. The program was conceived in 1997 and now operates at nine Sheriff Stations. The intervention teams are made up of a deputy trained in domestic violence intervention/ investigation and a civilian advocate. These "partners" contact and assist victims of an assault, either in response to a patrol deputy's request for assistance or they may be the first responder. The team gathers all necessary information from the victim, photographs any injuries for evidence and provides referrals for counseling. In many cases, the S.T.O.P. deputy acts as the detective in charge and will present the case to the District Attorney's Office for review.

The team expanded during the year to nine stations, with ten deputies assigned to the program. Those stations are: Carson, Century, Compton, East L.A., Industry, Lancaster, Norwalk, Palmdale and Pico Rivera.

The figures below do not reflect the total number of domestic violence calls responded to by patrol deputies, or the number of reports taken; only those in which a S.T.O.P deputy was involved are shown below. The latest Department-wide statistics for domestic violence responses is for 2000, indicating 10,877 reports, of which 8,773 involved a weapon. This was a 17% increase over 1999.

The following statistics are for S.T.O.P. only.

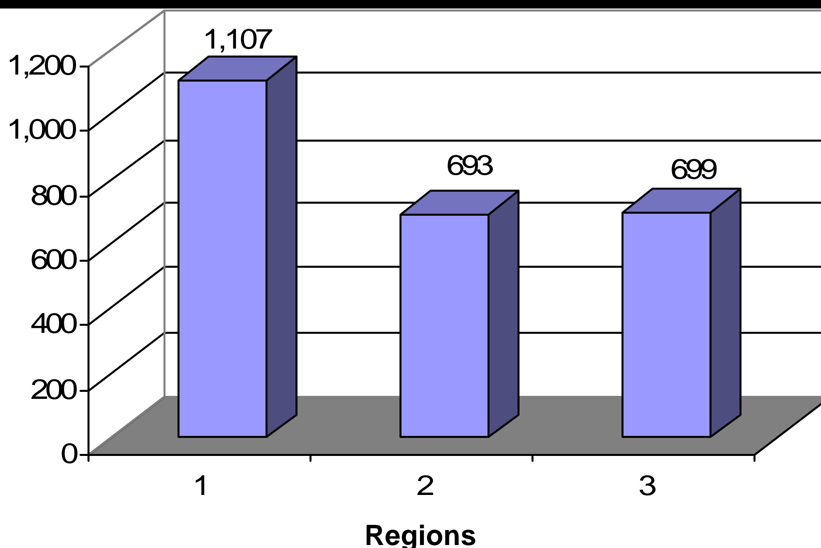
Number of responses:	**2,499**	
Child abuse cases initiated during intervention:	**18**	
Number of incidents with children present:	**402**	(16.1%)
Number of incidents with children in common:	**1,182**	(47.3%)

Number of incidents by patrol region:

Region I:	1,107
Region II:	693
Region III:	699

Figure 13

DOMESTIC VIOLENCE RESPONSES - 2001



RECOMMENDATION FOLLOW-UP

Recommendation One:
Child Abuse and Domestic Violence

The Los Angeles County Sheriff's Department has taken steps to collect data regarding the presence of children in homes where domestic violence occurs. The dispatch system currently in use has a limited capacity and will allow a patrol deputy to record if children are present; however, a new dispatch system is being developed which should also allow the inclusion of the number of children present in the home.

Recommendation Two:
Protocol for Responding to Domestic Violence

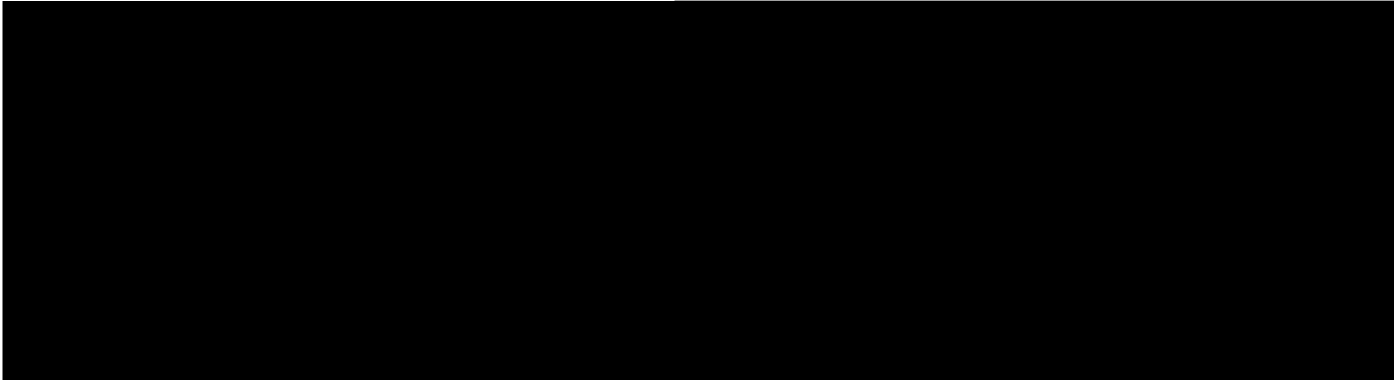
Since the beginning of 2002 the Los Angeles County Sheriff's Department is one of several agencies participating in the ICAN Sub-Committee on Domestic Violence. A priority of this group is the development of protocols regarding the response to incidents of domestic violence in homes where children are present.

Recommendation Seven:
Follow-up

The Los Angeles County Sheriff's Department concurs and will continue to provide responses to those recommendations that impact this Department.

LOS ANGELES POLICE DEPARTMENT

AGENCY REPORT



Abused Child Unit

The Abused Child Unit of Juvenile Division was created to provide a high level of expertise to the investigation of child abuse cases. The unit, established in 1974, investigates child abuse cases wherein the parent, stepparent, legal guardian, or common-law spouse appears to be responsible for any of the following.

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

Geographic Areas

The Los Angeles Police Department maintains 18 patrol stations, known as geographic Areas. Each Area is responsible for the following juvenile investigations relating to child abuse and endangering cases.

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

Figure 1

ABUSED CHILD UNIT
2001 CRIMES INVESTIGATED

TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes assault with a deadly weapon and battery)	770	43.58%
Sexual Abuse	481	27.22%
Endangering	417	23.60%
Homicide	12	0.68%
Others	87	4.92%
TOTALS	1,767	100.00%

Figure 3

ABUSED CHILD UNIT
2001 OTHER INVESTIGATIONS

TYPE	NUMBER	% of TOTAL
Injury/SCARs	1,392	97.55%
Death	35	2.45%
TOTALS	1,427	100.00%

Figure 2

GEOGRAPHIC AREAS
2001 CRIMES INVESTIGATED

TYPE	NUMBER	% of TOTAL
Physical Abuse	159	8.05%
Sexual Abuse (Includes Child Annoying)	1,289	65.27%
Endangering (Includes Child Abandonment)	527	26.68%
Homicide	0	0.00%
TOTALS	1,975	100.00%

Figure 4

ABUSED CHILD UNIT
2001 ADULT ARREST

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	9	3.32%
Child Molest (288 PC)	109	40.22%
Child Endangering (273a PC)	87	32.10%
Child Abuse (273d PC)	35	12.92%
Others	31	11.44%
TOTALS	271	100.00%

Figure 5

GEOGRAPHIC AREAS
2001 ADULT ARRESTS

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0.00%
Child Molest (288 PC)	346	83.17%
Endangering (273a PC)	17	4.09%
Child Abuse (273d PC)	17	4.09%
Others	36	8.65%
TOTALS	**416**	**100.00%**

Figure 6

ABUSED CHILD UNIT
2001 DEPENDENT CHILDREN

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	471	31.27%
300 WIC (Sexual Abuse)	252	16.73%
300 WIC (Endangered)	783	52.00%
TOTALS	**1,506**	**100.00%**

Figure 7

GEOGRAPHIC AREAS
2001 DEPENDENT CHILDREN

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	260	16.88%
300 WIC (Sexual Abuse)	511	33.18%
300 WIC (Endangered/Neglect)	769	49.94%
TOTALS	**1,540**	**100.00%**

Figure 8

LOS ANGELES POLICE DEPARTMENT
2001 VICTIMS BY AGE

TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	TOTAL
Physical Abuse	198	280	308	151	937
Sexual Abuse	146	386	485	121	1,138
Endangering	672	539	355	105	1,671
TOTAL	**1,016**	**1,205**	**1,148**	**377**	**3,746**

NOTE: The figures from Figure 8 show a greater number of child victims than indicated in Figure 1 and Figure 2. This is due to Department personnel, in some cases, listing more than one victim on a crime report and only one report number is listed. Additionally, the above Figures for sexual abuse do not include cases of child annoying since these victims are not physically molested.

Figure 9

LOS ANGELES POLICE DEPARTMENT
TWO-YEAR ANALYSIS

TYPE	2000	2001	% of CHANGE
Total Investigation	5,799	5,169	-10.87%
Total Adult Arrests	827	687	-16.93%
Dependent Children	3,112	3,046	-02.13%

Figure 10

ABUSED CHILD UNIT
FIVE YEAR TRENDS

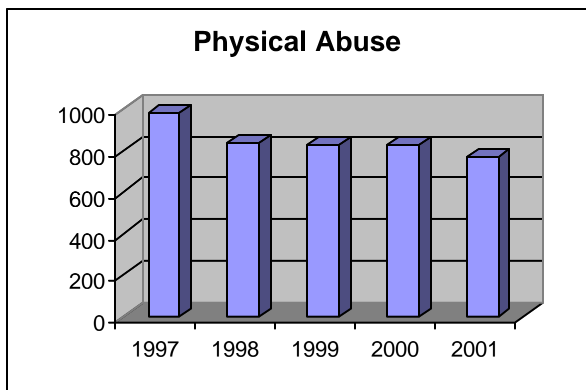


Figure 11

ABUSED CHILD UNIT
FIVE YEAR TRENDS

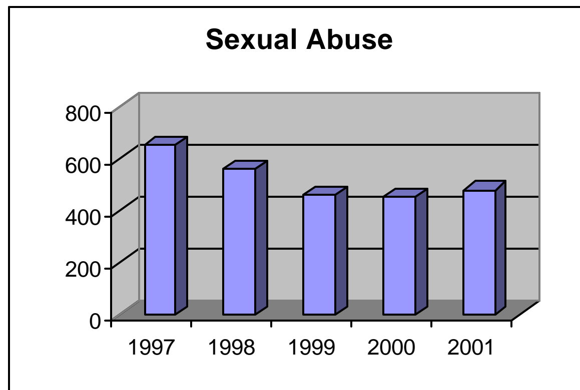


Figure 12

ABUSED CHILD UNIT
FIVE YEAR TRENDS

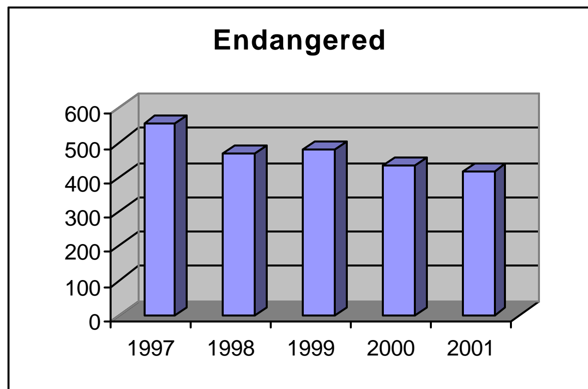


Figure 13

ABUSED CHILD UNIT
FIVE YEAR TRENDS

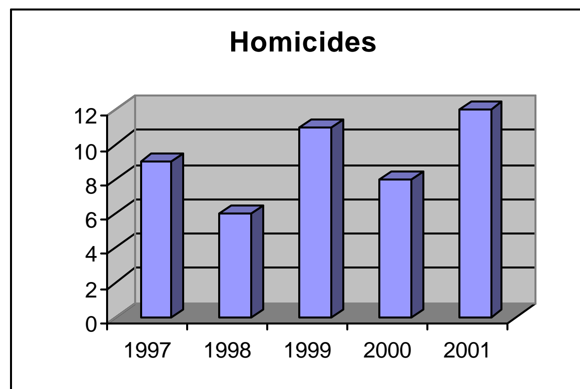


Figure 14

ABUSED CHILD UNIT
FIVE YEAR TRENDS

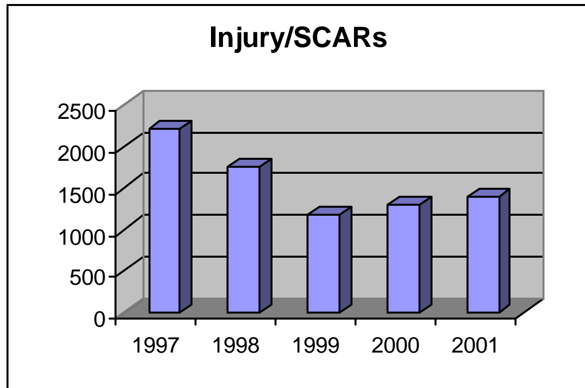


Figure 15

ABUSED CHILD UNIT
FIVE YEAR TRENDS

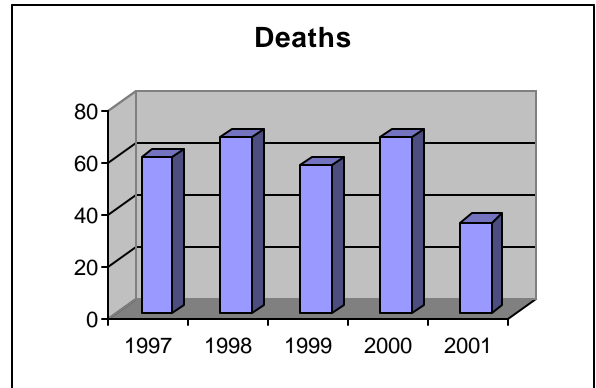
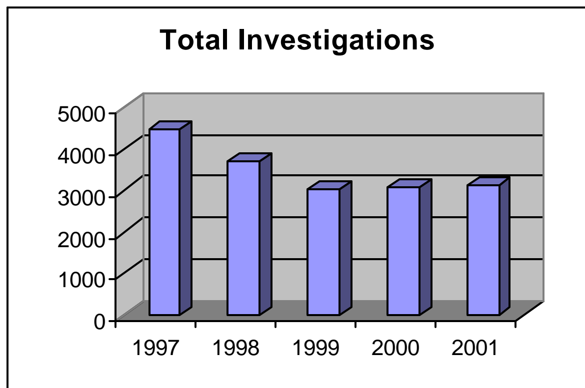


Figure 16

ABUSED CHILD UNIT
FIVE YEAR TRENDS



LOS ANGELES POLICE DEPARTMENT - 2001 CHILD ABUSE FINDINGS

Abused Child Unit

1. The total investigations (crime and non-crime) conducted by the unit in 2001 (3,194) showed a fractional increase (0.06%) over the number of investigations in 2000 (3,192).
2. Adult arrests by the unit in 2001 (271) showed no change in the number of arrests made in 2000 (271).
3. The number of dependent children handled by the unit 2001 (1,506) showed a decrease of 10.4% from the number handled in 2000 (1,681).

Geographic Areas

1. The total investigations conducted by the Areas in 2001 (1,975) showed a decrease of 32.07% from 2000 (2,907).
2. Adult arrests made by the Areas in 2001 (416) showed a decrease of 28.52% from 2000 (582).
3. The number of dependent children handled by the Areas in 2001 (1,540) was an increase of 7.0% over the number handled in 2000 (1,433).

RECOMMENDATION FOLLOW-UP

The following are the Los Angeles Police Department's responses to the recommendations contained in the 2001 State of Child Abuse in Los Angeles County data report. Responses have been provided only to those recommendations pertinent to the Department.

Recommendation One:
Child Abuse and Domestic Violence

To establish a better understanding of the nexus between domestic violence and child abuse, it is recommended that: 1) the Sheriff's Department and the Los Angeles Police Department collect and record information that identifies those cases of domestic violence in which children reside in the home; and 2) the Department of Children and Family Services, in substantiated child abuse and neglect cases, collect and record information on children who have been exposed to domestic violence.

Response

On April 9, 2002, the Department published Special Order No. 14, which directs officers who are conducting a domestic violence investigation to complete the Department's Domestic Violence Supplemental Report. That report asks whether or not children were present during a domestic violence incident. If children were present, their names, ages, and birth dates are listed on the appropriate report.

The Department is aware that this information is slightly different than what was requested in Recommendation One. However, the Department is aware also that agencies and individuals within Los Angeles County and California are engaged in significant debate as to whether or not children residing in a home where domestic violence has occurred, who have not witnessed the incident, should be reported in any manner. Until that issued is resolved, and until it is clear how such information will be used, the Department will continue to identify only those children who witness domestic violence.

Recommendation Two:
Protocol for Responding to Domestic Violence

An ICAN Task Force to develop protocols for the response to domestic violence when children reside in the home should be convened by (following is a list of several agencies, including the Department). It is further recommended that ICAN invite the Los Angeles County Domestic Violence Council to jointly participate in this effort.

Response

This task force has been formed. It includes several public and private organizations, child and domestic violence advocates, and two senior detectives from the Department.

Recommendation Four:
Program Performance Outcome Data

ICAN agencies are encouraged to collect and report program performance outcome data reflecting improvement in services delivery related to the well being of children, families and caregivers.

Response

The Department supports ICAN in many of its important endeavors, including participation on several of its committees. As such, the Department is often seen as an ICAN agency. However, unlike other ICAN agencies, the Department does not specifically provide services to children. As a law enforcement agency, the Department responds to allegations of suspected child abuse, conducts thorough investigations, ensures children are protected, and where appropriate, prepares cases for prosecution. Therefore, there is no service delivery data for the Department to track. The Department does provide ICAN with crime and arrest statistics.

Recommendation Five:
Identification of Children with Disabilities

Each agency contributing data to this ICAN report should, to the extent possible, include information on the presence of a disability among the child abuse victims they serve. All types of disability should be included and identified.

Response

It is the Department's position that this recommendation is not applicable to law enforcement agencies. Officers do not possess the requisite skills to identify disabilities in children. Furthermore, as a law enforcement agency, the Department engages in the collection and dissemination of crime and arrest statistics. This reporting does include sex, age, and sometimes ethnicity of crime victims and arrestees. The Department lacks the ability to capture information related to a victim's disabilities, even if officers could reasonably identify the disability. Social workers, therapists, medical personnel, and others trained to make such diagnoses are far better suited to collect and report this data.

Recommendation Seven:

Follow-up

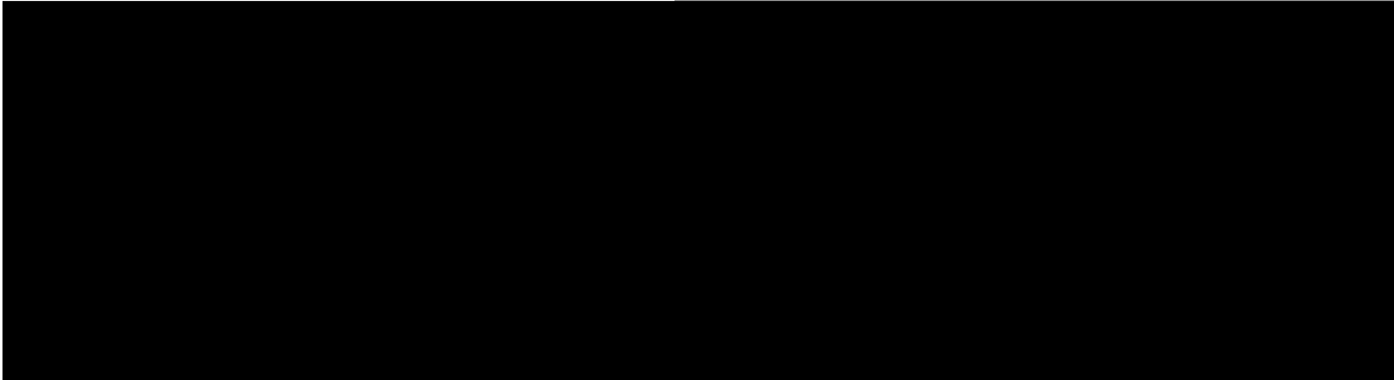
ICAN agencies identified in any recommendation contained in the annual Data and Information Sharing Committee Report, The State of Child Abuse in Los Angeles County, should provide information on their agency's follow-up action in response to the approved recommendation.

Response

This report is the response to Recommendation Seven.

Los Angeles County District Attorney's Office

AGENCY REPORT



INTRODUCTION

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

The District Attorney's Office becomes involved in child abuse cases after the cases are reported to and investigated by the police. Special units have been created in the office to handle child abuse cases. Highly skilled prosecutors with special training in working with children and issues of abuse and neglect are assigned to these units. These prosecutors attempt to make the judicial process easier and less traumatic for the child victim and witness.

The District Attorney's Office prosecutes all felony crimes committed in Los Angeles County. Felonies are serious crimes for which the maximum punishment under the law is either state prison or death; misdemeanors are crimes for which the maximum punishment is county jail. The District Attorney's office also prosecutes misdemeanor crimes in the unincorporated areas of the county and in jurisdictions where cities have contracted for such service. Cases are referred by law enforcement agencies or the Grand Jury. The office is the largest local prosecuting agency in the nation: 3,000 employees including over 900 attorneys; 65,000 felony filings; and over 280,000 misdemeanor cases.

THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

Because children are among the most defenseless victims of crime, the law provides special protection for them. Recognizing the special vulnerability and needs of child victims, the Los Angeles County District Attorney's Office has mandated that all felony cases involving physical or sexual abuse of a child, child abduction, drug endangered children, and children placed at risk of suffering a failed school experience due to chronic truancy 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 are assigned to special units (Sex Crimes Division, Family Violence Division, Child Abduction Unit, Drug Endangered Child Project, or Abolish Chronic Truancy); in other instances, the deputies are designated as special prosecutors assigned to the Victim Impact Program (VIP) in the Branch Offices (Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, San Fernando, Santa Monica/Stuart House, Torrance/SouthBay Child Crisis Center, and Van Nuys).

The vast majority of cases are initially presented to the District Attorney 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 deputy district attorney for initial review of the police reports. In cases where the child victim is available and it is anticipated that the child's testimony will be utilized at trial, it is essential that rapport is established between the child and the deputy assigned to evaluate and prosecute the case. It is strongly encouraged that a prefiling interview is conducted involving the child, the assigned deputy and the investigating officer. In cases alleging sexual abuse of a child, the interview is required absent unusual circumstances. The interview provides the child with an opportunity to get to know the prosecutor and enables the prosecutor to assess the child's competency to testify. The court will only allow the

testimony of witnesses who can establish that they understand and appreciate the importance of relating only the truth while on the witness stand. Ordinarily, this is established by taking an oath administered by the clerk of the court. The law recognizes that a child may not understand the language employed in the formal oath and thus provides that a child under the age of 10 may be required only to promise to tell the truth {Section 710 of the Evidence Code (EC)}. The prefiling interview affords the deputy an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie and that there are consequences for telling a lie while in court.

The prefiling interview will also assist in establishing whether or not the child will cooperate with the criminal process and, if necessary, testify in court. The victim of a sexual assault cannot be forced to testify under threat of contempt {Section 1219 of the Code of Civil Procedure (CCP)}. If the children do not wish to speak with the deputy or commit themselves to testifying in court and his or her testimony is required for a successful prosecution, then the child's decision will be respected and no case will be filed. In all cases involving a child victim, every effort will be made to offer support to the child through the presence of an advocate provided through the District Attorney's Victim-Witness Assistance Program. The advocate will work closely with the child, and the child's family (if appropriate) to insure that they are informed of the options and services available to them (such as counseling or medical assistance).

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

1. After a thorough consideration of all pertinent facts presented following a complete investigation, the prosecutor is satisfied that the evidence proves that the accused is guilty of the crime to be charged;
2. There is legally sufficient, admissible evidence of the basic elements of the crime to be charged;
3. There is legally sufficient, admissible evidence of the accused's identity as the perpetrator of the crime charged;
4. The prosecutor has considered the probability of conviction by an objective fact finder and has determined that the admissible evidence is of such convincing force that it would warrant conviction of the crime charged by a reasonable and objective fact finder after hearing all the evidence available to the prosecutor at the time of charging and after considering the most plausible, reasonably foreseeable defense inherent in the prosecution evidence.

If a case does not meet the above criteria, the deputy will decline to prosecute the case and record the reasons for the declination on a designated form spelling out the reasons for not proceeding with the case. The reasons can include: a lack of proof regarding an element of the offense, a lack of sufficient evidence establishing that a crime occurred or that the accused is the perpetrator of the offense alleged, the victim is unavailable or declines to testify, or the facts of the case do not rise to the level of felony conduct. When the assessment determines that at most misdemeanor conduct has occurred, the case is either referred to the appropriate City Attorney or City Prosecutor's office or (in jurisdictions where the District Attorney prosecutes misdemeanor crimes) the case is filed as a misdemeanor.

Once a determination has been made that sufficient facts exist to file a case, special provisions exist which 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 {Section 868.8(a) of the Penal Code (PC)};

- the judge may remove their robe if it is believed that such formal attire may intimidate the child {Section 868.8(b) PC};
- the judge may relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness {868.8(c)PC}; and
- the judge may provide for testimony to be taken during the hours that the child would normally be attending school {868.8(d)PC}.

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 (868.8PC).

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

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

SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

Deputy District Attorneys who are assigned the challenge of prosecuting cases in which children are victimized receive special training routinely through out their assignment to enhance their ability to effectively prosecute these cases. These deputies work very closely with victim advocates from the Los Angeles District Attorney's Victim Witness Assistance Program to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the criminal justice system.

SPECIAL UNITS

The Los Angeles County District Attorney's Office has formed a system of Special Units and programs designed, either specifically for the purpose of or as part of their overall mandate, to recognize the special nature of prosecutions in which children are involved in the trial process as either a victim or a witness:

ABOLISH CHRONIC TRUANCY (ACT)

Prosecutors assigned to this unit are placed in the schools to work with administrators, teachers, parents and students to intervene at the very beginning of the truancy cycle. The first step in the ACT Program is meeting with parents and students at which a deputy district attorney explains the importance of parents making sure that their children are attending school. The deputy also explains the legal steps that may be taken if a child does not attend school, up to and including the prosecution of the parents. A success rate of 75% has been achieved through these meetings. If a student's truancy continues to be a problem, a one-on-one meeting is held with the parents and the student. The program has an overall success rate of 99%.

CHILD ABDUCTION SECTION

Child abduction cases involve cross-jurisdictional issues covering dependency, criminal, probate and family law courts. Often, the victim of the crime is

the lawful custodian of the child but it cannot be denied that the child who is the victim of abduction must be treated with sensitivity and understanding during the prosecution of these cases. The Child Abduction Section handles any parental, relative or close friend abduction case under Penal Code Section 277,278 or 178.5 as well as any case arising under the Hague Convention by which children must be returned to their country of habitual residence. California law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction.

On July 17, 2000 the Child Abduction Section began a program to insure full compliance with the mandate contained in Section 3130 of the Family Code. Previously, in order for the District Attorney's Office to open an investigation into an alleged abduction of a child the custodial parent was required to provide a specific court order from a Family Court judge directing the opening of such an investigation. Under the terms of the new program, custodial parents can request an investigation be opened directly to the District Attorney Investigators assigned to the Section. This change has greatly eased the burden on custodial parents and has led to an increase in investigations under the Family Code. A total of 267 new criminal investigations were initiated during 2001 resulting in 69 felony prosecutions. A total of 132 cases were closed during 2000. At the end of the year, the Section was pursuing abductors in 192 open cases.

In cases pursued alleging violations of the Penal Code as criminal prosecutions, 285 cases were evaluated for filing by the Section resulting in 51 prosecutions filed during 2001. At the close of 2001 the total Section caseload of criminal prosecutions totaled 169 open felony cases.

Assistance was provided in a total of 32 cases arising under The Hague Convention resulting in children who had been abducted from other countries being safely returned to their custodial parent.

DRUG ENDANGERED CHILD TASKFORCE (DEC)

In November of 1997, the Los Angeles County District Attorney's Office was awarded the Drug Endangered Children Grant from the Office of Criminal Justice Planning. A multi-disciplinary team consisting of a prosecutor, law enforcement officer, a Children's Social Worker (CSW) representing the Department of Children and Family Services (DCFS), a victim/witness advocate and an evaluator was established. The team operates out of the LA IMPACT office in Commerce. The District Attorney's Office did not receive funding for DEC during the 2001 calendar year. As a result, there is no data for 2001. The program has received renewed funding for 2002 and should be fully operational once again.

The mission of the team is to investigate and prosecute individuals who manufacture illicit drugs (in most instances methamphetamine) in the presence of children. The prosecutor, DCFS CSW and law enforcement officer are available on-call 24 hours a day to visit known or suspected methamphetamine laboratories. Once at the location, DCFS takes the child/children into protective custody. The DEC prosecutor handles all cases vertically. Currently, the target area is the San Gabriel Valley with plans to expand into the San Fernando Valley once funding can be obtained. Huntington Memorial Hospital has been established as the primary hospital in the target area. Martin Luther King Hospital has been set up for long term follow-up care for the children.

In 1997, 36 cases were filed by DEC. In 1998 the number increased to 54 cases while in 1999 the number of cases filed increased significantly to 154 cases. In 2000, 94 additional cases were filed under the DEC guidelines.

FAMILY VIOLENCE DIVISION

The Family Violence Division (FVD) was established in July of 1994. The Division is responsible for the vertical prosecution of felony domestic violence and child physical abuse cases in the Central Judicial District. Allocating special resources to

abate serious spousal abuse in Los Angeles County was prompted by the 1993 Department of Justice report which found that one-third of the domestic violence calls in the State of California came from Los Angeles County. Children living in homes in which domestic violence occurs are often subjected to physical, as well as the inherent emotional, abuse which results from an environment of violence in the home. FVD's staff includes deputy district attorneys, district attorney investigators, two victim advocates, a witness coordinator 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 fairly accountable in a court of law for the crimes they commit. FVD specializes in domestic and child homicides and attempted homicides and serious and recidivist offenders. The staff of FVD is actively involved in legislative advocacy and many interagency prevention, intervention, and educational efforts throughout the county. Consistent with its mission, FVD continues to bring a seriousness and respect to the prosecution of family violence that was very much needed by 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 cases. Injuries inflicted upon the children include bruises, scarring, burns, broken bones, brain damage and death. In many instances, the abuse was long-term; there are instances, however, wherein a single incident of abuse may result in a felony filing. At the conclusion of 2001, FVD was in the process of prosecuting 18 murder cases involving child victims that constituted forty percent of the 45 cases alleging physical abuse of children being prosecuted by the Division. When a murder charge under Section 187 of the Penal Code is filed involving a child victim under the age of 8 alleging abuse leading to the death of the child, a second charge alleging a violation of Section 273ab of the Penal Code is also filed in most instances. It is extremely difficult to convict a parent of murdering their child because jurors must find that the parent acted with malice and intended to kill their child. In cases alleging the abuse of a child under 8 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, which lead to the death of the child to convict. The punishment for violating Section 273ab is a sentence of 25 years to life in state prison; the same punishment for a conviction of first degree murder.

SEX CRIMES DIVISION

The Sex Crimes Division is comprised of three separate units: Sex Crimes, the Statutory Rape Vertical Prosecution Unit (SRVP), and the Sexually Violent Predator Unit (SVP).

Sex Crimes - The deputies assigned to the Sex Crimes Unit are charged with the duty of vertically prosecuting all instances of felony sexual assaults occurring in the Central Judicial District. Deputies handle cases involving both adult and child victims. The deputies work closely with a victim advocate assigned to the unit who has received specialized training in this difficult work. As previously indicated, in cases alleging sexual abuse of a child, a prefiling interview is conducted with the child victim, the deputy district attorney assigned to the case, the detective assigned to the case from the law enforcement agency, and (frequently) the victim advocate. It is essential that all personnel involved in the interview take special care to place the child at ease while avoiding the risk of tainting the child's testimony through creating an environment of inadvertent suggestibility.

The deputy district attorney working the case will be responsible for making the filing decision, insuring that the case is properly filed and arraigned, conducting the preliminary hearing, formulating an offer which fairly resolves the case short of trial, appearing at all stages of the case in Superior Court and preparing for and conducting the jury trial. Contact with the victim and the victim's family is essential throughout this process. Prior to resolving

the case without benefit of a jury trial, the deputy district attorney will advise the child and the child's parents of the pending disposition and seek their input before formalizing the disposition before the court. At the time of sentencing, the child and/or the child's parents will have an opportunity to address the court regarding the impact the defendant's crime has had on the child.

The statutory presumption for sentencing of individuals convicted of lewd and lascivious acts with children under the age of 14 is that they will be sentenced to state prison (288PC). A probationary sentence may not be imposed unless and until the court obtains a report from a reputable psychiatrist or from a recognized treatment program which details the mental condition of defendant (288.1PC). If, in evaluating the report, the court and/or the district attorney finds that the interests of justice are served by imposing a probationary sentence then the defendant will receive a suspended sentence which will include, but not be limited to, the following terms and conditions of probation for a five year period: confinement of up to a year in county jail, counseling to address the mental health condition of the defendant, an order from the court to stay away from the victim, a separate order to not be in the presence of minor children without the supervision of an adult, and restitution to the victim. If the defendant violates any of the terms and conditions of probation, a state prison sentence may then be imposed. A part of any sentence, whether state prison or probation is initially imposed, the defendant is ordered to register as a sex offender with the local law enforcement agency covering his area of residence upon release from custody. This is a lifetime obligation placed upon the offender.

STATUTORY RAPE VERTICAL PROSECUTION UNIT (SRVP) -- This grant funded unit is staffed with two deputy district attorneys, a victim advocate, a Legal Office Support Assistant (LOSA) and a District Attorney Investigator (DAI). The Assistant Head Deputy of the Sex Crimes Division acts as the grant coordinator. The SRVP team works together to prosecute adults who engage in consensual sexual intercourse with partners under the age of 18 in the Central Judicial District and four other designated judicial districts. Historically, the cases reflect that a majority of the adults were over age 25 with a majority of the teen partners being under the age of 15 with the average age difference being 10 years. Many of the adults that have been prosecuted have had multiple sexual relationships with many teens, sometimes simultaneously.

The deputies in this unit follow the Sex Crimes model of conducting pre-filing interviews with the teen victims. The deputies work closely with the detectives to address the problem of statutory rape. The SRVP program allows for the specific training of prosecutors on issues directly related to this crime. Victims of statutory rape react very differently to the criminal justice system that victims of other sex crimes. The victim advocate can play an essential role in working closely with the teen victim and the teen's family in understanding the importance of their participation in the criminal justice system while also providing valuable information for counseling, parenting, domestic violence, or education which may assist the teen and their family in addressing their needs.

SEXUALLY VIOLENT PREDATOR (SVP) - This is a state mandated program. The staff is committed to working toward protecting the community from renewed victimization by individuals who have committed prior criminal acts against adult and child victims and who also have a current mental health condition which makes it likely that they will continue to commit crimes against their target group if they are released from custody. Approximately 60% of the offenders filed upon by the unit present an existing diagnosis of pedophilia. A true finding by a jury under the SVP law will result in the offender receiving a 2 year commitment to a state hospital at which they will be given the opportunity to participate in a mental health program designed to confront and treat the condition which makes it unsafe

to return them to the community. At the conclusion of the 2-year commitment, an evaluation of the offender will be conducted to determine if the offender continues to present a danger to the community or if there has been sufficient progress to warrant a release. If the offender is determined to present a continued threat to the safety of the community, SVP proceedings will continue with a renewed filing and trial. The SVP law makes it possible to conduct these proceedings without renewed testimony from the victims previously traumatized by the offender's prior predatory behavior.

BRANCH AND AREA OPERATIONS -- VICTIM IMPACT PROGRAM (VIP)

A majority of the deputies 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. VIP obtains justice for victims through vertical prosecution of cases involving domestic violence, sex crimes, stalking, elder abuse, hate crimes and child physical abuse. The program represents a firm commitment of trained and qualified deputies to prosecute crimes against individuals often targeted as a result of their vulnerability. The goal of the program is to obtain justice for victims while holding offenders justly accountable for their criminal acts. Each of the eleven Branches designates an experienced deputy to act as the VIP Coordinator. The Coordinator works closely with the assigned deputies to insure that all cases are appropriately prepared and prosecuted. All VIP deputies receive enhanced training designed to cover updated legal issues, potential defenses and trial tactics.

In two areas of the county, Santa Monica and Torrance, there are deputies given the specific assignment of specializing in the prosecution of cases involving child victims as part of a Multi-Disciplinary Interview Team (MDIT).

STUART HOUSE/SOUTHBAY CHILD CRISIS CENTER

Multi-Disciplinary Centers provide a place and a process that involves a coordinated child sensitive investigation of child sexual abuse cases by professionals from multiple disciplines and multiple agencies. Emphasis is placed on the child interview, within the context of a team approach for the purpose of reducing system related trauma to the child, improving agency coordination and ultimately aiding in the prosecution of the suspect.

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

JUVENILE DIVISION

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

In most instances involving juvenile violators, informal means of addressing criminal activity are employed without intervention from the Office of the District Attorney or the Juvenile Court. Minors can be counseled and released, placed in informal programs through the school, law enforcement agency or probation department, referred to the Probation Department for more formal processing, or referred to the District Attorney for filing consideration [Section 626 of the Welfare and Institutions Code (WIC)]. In many instances, a Probation

Officer assigned to review a referral from law enforcement will decide to continue to handle the matter informally and reserve sending the referral for review to the District Attorney. If the minor complies with terms of informal supervision, the case does not come to the attention of the District Attorney or the Court; if the minor fails to comply, the Probation Officer could then decide to refer the case for filing consideration.

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

The Juvenile Division of the District Attorney's Office is under the auspices of the Bureau of Special Operations. The Division is divided into two sections along geographical lines, North and South. North offices include Eastlake Juvenile, Pasadena Juvenile, Pomona Juvenile, and Sylmar Juvenile. South offices include Compton Juvenile, Inglewood Juvenile, Juvenile Justice Center, Long Beach Juvenile, and Los Padrinos Juvenile. ACT (see above) is a program covering all of Los Angeles County with supervision out of the North section of the Juvenile Division.

There are three Juvenile Halls in Los Angeles County. They are located in Sylmar (Sylmar Juvenile Hall), East Los Angeles (Eastlake Juvenile Hall), and Downey (Los Padrinos Juvenile Hall). They are all under the supervision of the Probation Department. Minors (individuals under the age of 18 alleged to have violated Section 601or Section 602 WIC) cannot be detained in custody with adults.

If a minor is delivered by law enforcement to Probation personnel at a juvenile hall facility, the probation officer to whom the minor is presented determines whether the minor remains detained. If a minor 14 years of age or older is accused of personally using a firearm or having committed a serious or violent felony as listed under Section 707(b) WIC, detention must continue until the minor is brought before a judicial officer. In all other instances, the probation officer 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 probation officer deems that a 24-hour secure detention facility is not necessary, the minor may be placed on home supervision (Section 628.1 WIC). Under this program, the minor is released to a parent, guardian, or responsible relative pursuant to a written agreement that sets forth terms and conditions relating to standards of behavior to be adhered to during the period of release. Conditions of release could include curfew, school attendance requirements, behavioral standards in the home, and any other term deemed to be in the best interest of the minor for his own protection or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the court at a detention hearing.

If the minor is detained, the district attorney must make a decision on whether or not 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 (Section 631(a) and 632 WIC). When a minor appears before a judicial officer for a detention hearing, the court must consider the same criteria as previously weighed by the probation officer in making the initial decision to detain the minor. There is a statutory preference for release if reasonably appropriate (Sections 202 and 635 WIC). At the conclusion of the detention hearing, the court may release the minor to a parent or guardian; place the minor on home supervision; detention in a non-secure facility (foster home); or detain the minor in a secure facility.

A minor may be found an unfit subject for consideration under juvenile court law and may have his case remanded to adult court to face trial as an adult. Under Section 707 WIC, the court must consider each of the following factors in determining whether or not the minor's case remains in juvenile court: the degree of criminal sophistication exhibited by the minor; whether the minor can be rehabilitated prior to the expiration of the juvenile court's jurisdiction; the minor's previous delinquent history; the success of previous attempts by the juvenile court to rehabilitate the minor; and the circumstances and gravity of the offense alleged to have been committed by the minor. Minors age 14 years and over who personally commit murder are presumed to be unfit. Minors age 16 years and over are presumed unfit if they commit a serious or violent offense as listed in Section 707(b) WIC (such as arson, robbery, rape with force or violence, sodomy by force or violence, forcible lewd and lascivious acts on a child under the age of 14, oral copulation by force and violence, kidnapping for ransom, attempted murder, etc.). Minors age 14 or 15 years who commit an offense listed in Section 707(b) WIC are also subject to a fitness petition alleging that they should not receive the protections of the juvenile court but during the course of the hearing they are presumed to be fit. The importance of the presumption is that at the beginning of the hearing, the party with the presumption has the advantage when the court begins the weighing process. In instances in which the minor has the presumption of fitness, the burden is on the district attorney to present substantial evidence that the minor is unfit and should be remanded to adult court.

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

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

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

In cases where direct filing against a minor in adult court is discretionary, the policy of the District Attorney's Office is to use this power selectively. If a minor is believed to be an unfit subject to remain

in juvenile court, reliance upon the use of the traditional fitness hearing conducted under the provisions of 707(a)-(c)WIC is the preferred means of achieving this result. In those rare instances when a direct filing in adult court is deemed necessary for reasons of judicial economy or to ensure a successful prosecution of the case, the discretionary powers provided under 707(d)WIC will be employed.

If a minor's case remains in juvenile court, the minor has a right to a trial referred to as adjudication. The adjudication is similar to a court trial. Minors do not have a right to a jury trial. The minor does have a right to counsel, to confront and cross-examine the witnesses against him or her and the privilege against self-incrimination. The court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The district attorney 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 district attorney 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 district attorney 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 ". . .in conformity with the interests of public safety and protection, receive care, treatment and guidance which is consistent with their best interest, which holds them accountable for their behavior, and which is appropriate for their circumstances. This guidance may include punishment that is consistent with the rehabilitative objectives of this chapter" (Section 202(b) of the Welfare and Institutions Code). 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 (Ricardo M. time); drug testing; restrictions on the minor's driving privilege; suitable placements; placement in a camp supervised by the Probation Department; placement in the California Youth Authority (CYA); and the Border Project (available only to a minor who is a Mexican national).

Proposition 21 provided the possibility of deferred entry of judgment for minors 14 years of age or older who appear before the court as accused felons for the first time. Under the provisions established in Section 790 WIC and subsequent sections, a minor who has not previously been declared a ward of the court for commission of a felony, is not charged with a 707(b) WIC offense, has never had probation revoked previously and is at least 14 years of age at the time of the hearing is eligible for deferred entry of judgment. In order to enter the program, the minor must admit all allegations presented in the petition filed with the court. There are strict rules imposed by the court. The minor must participate in the program for no less than 12 months and must successfully complete the program within 36 months. If the program is successfully completed, the charges are dismissed against the minor, the arrest is deemed never to have occurred and the record of the case is sealed.

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

OFFICE WIDE UNITS
VICTIM WITNESS ASSISTANCE PROGRAM

The victim advocate's primary responsibility is to provide support to the victim. Their function is considered essential in cases with a child victim. Often the victim advocate will be the first person associated with the District Attorney's Office whom the child will meet. The advocate will explain 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. The advocate provides court accompaniment to the victim and the victim's family and assists in explaining the court process. Two very essential tools relied upon by the advocate to assist children through the court process are a coloring book and a video. Both help the children to become more familiar and comfortable with the court setting. Whenever possible, the advocate will attempt to take the child and the child's family into an accessible courtroom in order for the child to walk around a courtroom setting and sit in the witness chair to ease tensions and fears involved in being present in an unfamiliar setting. Other services offered by the advocate include: crisis intervention and emergency assistance, referrals for counseling, assistance in filing for State Victim Compensation, information and referrals to appropriate community agencies and resources.

DISTRICT ATTORNEY CRIME PREVENTION FOUNDATION -- This is a nonprofit organization created to support the crime prevention efforts of the District Attorney's Office. They pursue this goal through the development and implementation of law-based prevention education, mentoring and diversion programs for young people. Programs include Special Assistance for Victims in Emergency (SAVE), Environmental Scholarship Programs, RESCUE, and Project LEAD (Legal Enrichment and Decision-making).

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

DATA GATHERING AND ANALYSIS

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

A priority list was established based upon seriousness of the offense (Figure 1) from which the data sought would be reflected under the most serious charge filed. In other words, if the most serious

charge presented against the perpetrator was a homicide charge reflecting a child death but additional charges were also presented and filed alleging child physical abuse or endangerment, then the conduct would be reflected only under the statistics gathered using Section 187 of the Penal Code in the category of total filings (Figure 2). If, at the conclusion of the case, the Murder (187PC) charge was dismissed for some reason but the case resulted in a conviction on lesser charges (such as Assault Resulting in Death of a Child Under Age 8, 273abPC), that statistic would be reflected as a conviction under the statistics compiled for the lesser charge (Figure 3 and Figure 7).

In assessing cases which were either dismissed or declined for filing (Figure 4 and Figure 5), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus, lack of sufficient evidence, inadmissible search and seizure, interest of justice, deferral for revocation of parole, a probation violation was filed in lieu of a new filing, and a referral for misdemeanor consideration to another agency) is the very important consideration of the victim being unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against children, the child or the parents/guardians acting in behalf of the child may decline to participate in a prosecution and not face the prospect of being held in contempt of court for failing to testify (1219CCP). As a general principle, it is considered essential to protect the child victim from additional harm; forcing a child to participate in the criminal justice process against their will would not meet these criteria. This deference to the greater goal of protection of the victim results in some cases which would ordinarily meet the filing criteria to be declined and others which had already been filed to be dismissed or settled for a compromise disposition.

In reviewing the sections from the Penal Code utilized in past ICAN Data Reports, it was determined that additional sections which related to victimization of children had been under reported. A synopsis of the charges used to compile this report is included as an addendum to this narrative. The statistics for 1998 also included reporting some statutes that were no longer valid for crimes committed during the 1998 calendar year. This was due to either filing error or the fact that the case was filed in 1998 but alleged conduct which occurred in prior years (Figure 1 and Figure 2).

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 (Figure 7 and Figure 8). A probationary sentence includes, in a vast majority of cases, a sentence to county jail up to 1 year as a term and condition of probation under a 5-year grant of supervised probation.

As it is not uncommon for minors to commit acts of abuse against children, Juvenile Delinquency statistics detailing the number of felony and misdemeanor petitions filed and declined are included (Figures 9 and 10). It is important to note that the fact that the perpetrator of the offense is under the age of 18 is not the sole determinative factor in making a decision as to whether the minor perpetrated a criminal act against a child. A schoolyard fight between peers would not be categorized as an incident of child abuse nor would consensual sexual conduct between underage peers be 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.

Statistics regarding the gender of defendants are also included. It is important when comparing the years of available statistics covering Juvenile offenses to remember that Proposition 21 was in effect beginning in March of 2000. This factor may make any meaningful comparison between the statistics prior to the passage to those subsequent to the passage of Proposition 21 difficult. Adult and Juvenile comparisons are provided as are compar-

isons among both groups for total cases filed by the District Attorney's Office compared to a gender breakdown for child abuse related offenses (Figures 11, 12, 13, and 14).

Information contained under Zip Code is provided as a means of determining how children in different areas of the county are impacted by these crimes (Figure 17).

TRENDS

A comparison of total child abuse crimes submitted for filing to the District Attorney's Office between 1998, 1999 and 2000 reflect that the total number of cases filed remained fairly consistent. There was a significant difference, however, in the number of cases filed as felonies as compared to misdemeanors. In 1998 and 1999, the percentage of cases filed as felonies were very similar (75% in 1998; 74% in 1999). In 2000, however, there was a 10% drop in the number of felony case filings (65%). This stabilized in 2001 when the percentage of felony case filings remained at 65%. A more focused look was taken at two specific charges filed in the four year period. The two charges selected reflected the highest raw numbers of filed cases. They were 273a(a) PC, Child Abuse (physical abuse), and 288(a) PC, Lewd Conduct with a Child under 14 years of age (sexual abuse). These charges did not reflect the same drop in felony filings. Covering the three-year period of available statistics, an increase from the number of cases filed in 1998 was documented in 1999, 2000 and 2001. In the child abuse cases, 19% of the total cases filed in 1998 were 273a(a) PC cases; the percentage increased to 23% in 1999, remained relatively unchanged at 22% in 2000 and rose slightly to 24% in 2001. In sexual abuse cases, 30% of the total cases filed in 1998 were 288(a) PC cases; the percentage increased to 34% in 1999, remained relatively unchanged at 32% in 2000 but fell to 27% in 2001. The total number of cases filed in 2000 when broken down into two general categories of physical abuse and sexual abuse incorporating a broader spectrum of charges showed that 59% of the total filings were for charges under the general physical abuse category while 41% involved allegations of sexual abuse. In 2001, 53% of the cases were physical abuse cases while 46% involved allegations of sexual abuse.

In 1998, looking at the total number of cases submitted by law enforcement agencies for filing (this would include both cases filed and declined), 59% of the cases submitted for filing which alleged a violation of 273a(a) PC were filed. Felonies were filed in 48% of the total number of cases submitted that alleged a violation of Section 273a(a) PC, 11% were filed as misdemeanors and 41% were declined. In 1999, 73% of the total number of cases submitted for filing which alleged a violation of 273a(a) PC were filed; while in 2000, 68% of the submitted cases with this charge were filed. In 1999, 63% of the cases filed alleging 273a(a) PC as the primary count were filed as felonies; 11% misdemeanors and 44% were declined. In 2000, 57% of the cases filed alleging 273a(a) PC as the primary count were felonies; 12% misdemeanors and 31% were declined. In 2001, a total of 59% of the cases submitted for filing alleging a violation of 273a(a) PC were filed; 41% were declined. Of the cases submitted for filing, 45% were filed as felonies while 14% were filed as misdemeanors.

The percentages related to allegations of 288(a) PC filings do not include a felony/misdemeanor breakdown because as a matter of law all filings with this charge are felony filings. In 1998, 41% of the cases submitted by law enforcement for filing consideration alleging a violation of Section 288(a) PC as the primary charge were filed; 59% were declined. In 1999, 45% were filed and 55% were declined. In 2000, 57% were filed and 43% declined. In 2001, 33% were filed and 67% were declined. The percentage of cases submitted which were filed in 2000 increased 12% over 1999 and 16% over 1998. In 2001, the percentage sharply decreased by 24% from 2000 t0 2001. For these charges the raw data reflects that the cases submitted for filing in this category dropped from 1,370 in 1998 to 1,344 in 1999, 938 in 2000 but increased to 1,017 in 2001.

Overall, in 2001 54% of the cases submitted by law enforcement agencies for filing were filed as either a felony or a misdemeanor; 46% of submitted cases were declined. This reflects a 12% drop in the number of submitted cases which were filed as either a felony or a misdemeanor.

In the area of sentencing, a comparison between 1998, 1999, 2000 and 2001 demonstrates relative consistency in the types of sentences meted out for child abuse cases with a trend towards probation being granted in more cases and a corresponding decline in state prison sentences. In 1998, 34% of the defendants sentenced received a sentence to state prison; in 1999, 30% received a prison sentence; in 2000, 29% of convicted offenders were sentenced to state prison; in 2001, 25% of convicted offenders were sentenced to state prison. Sixty-five percent (65%) of the cases resulted in a probationary sentence in 1998 while the number increased to 69% in 1999 and increased further to 71% in 2000 and increased again in 2001 to 74%. In all three years, less than 1% of the defendant's sentenced received a life sentence as a result of their criminal acts. The number of life sentences received in 1998 was 10; in 1999, the number was 9; in 2000, the number fell to a total of 4; in 2001, the number rose to the highest total of the four year period, 12.

A total of 2,162 child abuse and neglect cases were completed in 2001. Convictions were obtained in 92% of the cases. A total of 7% of the cases were dismissed by either the court or the prosecution. Less than 1% (.7%) of the cases resulted in an acquittal following a jury trial.

Juvenile data comparisons between 1999, 2000 and 2001 must take into consideration the fact that Proposition 21 had an unknown impact upon the Juvenile system in several areas after March 8, 2000. In 1999, 66% of the cases submitted for filing were filed by the District Attorney's Office. In 2000, this percentage fell to 45% of the cases submitted being filed. In 2001, 58% of the cases submitted were filed. The number of cases submitted for filing alleging violations of the child abuse statutes contained in Figure 1 in 1999 was 497; 658 were submitted for filing in 2000; 607 were submitted in 2001. The statute reflecting the largest difference over a three-year period was 288(a) PC. The number of cases filed alleging a violation of this section remained fairly stable- 250 in 1999; 234 in 2000; and 234 in 2001. The number of cases declined under this section, however, more that doubled from 120 in 1999 to 265 in 2000 before declining again in 2001 to 167. In 2001, 66% of the child abuse cases submitted for a juvenile filing involved allegations of 288(a) PC. A total of 58% of the cases submitted under this section were filed while 42% were declined in 2001. The overwhelming percentage of child abuse charges submitted for filing of allegations in juvenile court as a felony were for allegations of sexual abuse (95%). The percentage dropped significantly when the cases were submitted for misdemeanor consideration with 65% alleging sexual abuse and 33% alleging physical abuse.

The gender analysis includes both a year-to-year comparison between adult and juvenile filings for all criminal activity on one level with a further breakdown as to overall criminal activity as compared to child abuse. Total filings by gender reflect that 16% of the perpetrators are female and 84% male in both the adult and juvenile systems in 1999 with the percentage of females rising to 17% in 2000 in both age groups. In 2001, the percentage remained at 17% for adult females but rose to 18% for juvenile females. When the type of offenses are considered, in child abuse filings in juvenile cases, 6% of the perpetrators were female with 94% being male in 1999; a significant increase to 9% of the perpetrators being female was reflected in 2000 (91% were male). In 2001, the percentage of females decreased to 8%. This compares to child abuse cases with adult offenders where in 1999, 19% were female and 81% were male with very little variance in the 2000 and 2001 statistics- 20% female and 80% male.

CONCLUSION

The Los Angeles County District Attorney's Office is dedicated to providing justice to the children of this community. Efforts to enhance their safety through the vigorous prosecution of individuals who prey upon children are tempered with care and compassion for the needs of the children who have been victimized. This process is important to a

prosecuting entity that has been sensitized to the special nature of these cases and assisted by active partnerships with other public and private entities in crime prevention efforts designed to enrich the lives of all children. Through these efforts, the Los Angeles County District Attorney's Office has established a leadership role in community efforts to battle child abuse and neglect.

RESPONSE TO RECOMMENDATIONS FROM 2001 REPORT

RECOMMENDATION TWO: PROTOCOL FOR RESPONDING TO DOMESTIC VIOLENCE

The Los Angeles County District Attorney's Office assumed a leadership role in coordinating the formation of a multi-agency task force designed to develop protocols for the response to domestic violence when children reside in the home. The Head Deputy of the Family Violence Division, as the Chair of the Los Angeles County Domestic Violence Council, was directed to work closely with ICAN staff to convene the ICAN/Domestic Violence Council Task Force on the Response to Children and Families in Homes with Domestic Violence. The Task Force meets monthly. The membership is comprised of a cross-section of representatives from public agencies, private agencies and community representatives. Efforts were made to have balanced input from a wide variety of perspectives in order to assure that all stakeholders would be prepared to ratify the recommended protocols.

RECOMMENDATION FIVE: IDENTIFICATION OF CHILDREN WITH DISABILITIES

The Los Angeles County District Attorney's Office maintains a system of data collection consistent with the needs of its core mission. As a result, there is no effective means to classify data based upon the disability of a child victim.

Figure 1

LIST OF PRIORITIZED STATUTES

	CHARGE	ORDER
Penal Code	187(A)	1
Penal Code	273AB	2
Penal Code	273A(2)	3
Penal Code	269(A)(1)	4
Penal Code	269(A)(2)	5
Penal Code	269(A)(3)	6
Penal Code	269(A)(4)	7
Penal Code	269(A)(5)	8
Penal Code	664/187(A)	9
Penal Code	207(B)	10
Penal Code	207(A)	11
Penal Code	208(B)	12
Penal Code	288.5(A)	13
Penal Code	288.5	14
Penal Code	286(C)(1)	15
Penal Code	286(C)	16
Penal Code	288(B)(1)	17
Penal Code	288(B)	18
Penal Code	288(A)	19
Penal Code	288A(C)(1)	20
Penal Code	288A(C)	21
Penal Code	289(J)	22
Penal Code	289(I)	23
Penal Code	289(H)	24
Penal Code	273A(A)	25
Penal Code	273A	26
Penal Code	273A(1)	27
Penal Code	273A(A)(1)	28
Penal Code	273D(A)	29
Penal Code	278	30
Penal Code	278.5	31
Penal Code	278.5(A)	32
Penal Code	288(C)(1)	33
Penal Code	288(C)	34
Penal Code	286(B)(2)	35
Penal Code	286(B)(1)	36
Penal Code	288A(B)(1)	37
Penal Code	266J	38
Penal Code	266H(B)	39

	CHARGE	ORDER
Penal Code	266I(B)	40
Penal Code	288A(B)(2)	41
Penal Code	12035(B)(1)	42
Penal Code	311.4(B)	43
Penal Code	311.2(B)	44
Penal Code	311.10	45
Penal Code	311.11(B)	46
Penal Code	261.5(D)	47
Penal Code	261.5(C)	48
Penal Code	311.1(A)	49
Penal Code	311.4(C)	50
Penal Code	271A	51
Penal Code	12035(B)(2)	52
Penal Code	12036(B)	53
Penal Code	12036(C)	54
Penal Code	267	55
Penal Code	647.6(B)	56
Penal Code	647.6(A)	57
Penal Code	261.5(A)	58
Penal Code	261.5(B)	59
Penal Code	273A(B)	60
Penal Code	273G	61
Penal Code	311.4(A)	62
Penal Code	311.11(A)	63

Figure 2

TOTAL FILINGS BY CHARGE FOR 1998, 1999, AND 2000

Charge	1998 Felony	1998 Misdemeanor	1999 Felony	1999 Misdemeanor	2000 Felony	2000 Misdemeanor	2001 Felony	2001 Misdemeanor
PC12035(b)(1)	0	0	0	0	0	0	1	0
PC12035(b)(2)	0	0	0	0	0	0	0	0
PC12036(b)	0	0	0	0	0	0	0	1
PC187(a)	27	0	38	0	33	0	25	0
PC207(a)	5	0	11	0	1	0	9	0
PC207(b)	0	0	0	0	9	0	6	0
PC208(b)	19	0	13	0	22	0	11	0
PC261.5(a)	0	0	0	0	0	0	0	0
PC261.5(b)	0	0	3	23	0	27	0	38
PC261.5(c)	141	49	202	0	138	22	121	52
PC261.5(d)	141	49	82	5	69	8	41	13
PC266h(b)	0	0	0	0	0	0	2	0
PC266i(b)	88	8	0	0	0	0	0	0
PC266j	5	0	7	0	2	0	3	0
PC269	0	0	0	0	1	0	0	0
PC269(a)(1)	8	0	14	0	17	0	18	0
PC269(a)(3)	3	0	4	0	3	0	8	0
PC269(a)(4)	3	0	1	0	5	0	0	0
PC269(a)(5)	0	0	2	0	9	0	3	0
PC271a	1	4	0	6	0	4	2	7
PC273a(1)	1	1	0	0	0	0	0	0
PC273a(2)	0	1	0	0	0	0	0	0
PC273a(a)	385	91	479	76	452	94	436	128
PC273a(a)(1)	2	6	0	1	0	0	0	0
PC273a(b)	128	401	70	423	0	606	2	601
PC273ab	2	1	1	0	1	0	0	0
PC273d(a)	79	82	77	82	66	85	58	88
PC273g	0	0	0	0	0	0	0	5
PC278	18	1	18	4	1	3	24	3
PC278.5	6	3	13	2	4	1	47	7
PC278.5(a)	14	2	15	1	34	3	0	0
PC286(b)(1)	10	0	3	1	6	0	8	0
PC286(b)(2)	6	0	9	0	8	0	4	0
PC286(c)	11	0	1	0	1	0	1	0
PC286(c)(1)	0	0	0	0	0	0	13	0
PC288(a)	557	0	606	0	538	0	714	0
PC288(b)	6	0	6	0	7	0	1	0
PC288(b)(1)	0	0	0	0	0	0	98	0
PC288(c)	4	0	6	0	2	0	1	0
PC288(c)(1)	0	0	0	0	0	0	106	1
PC288.5	79	0	15	0	28	0	13	0
PC288.5(b)	0	0	0	0	0	0	216	0

Figure 2 (cont.)

TOTAL FILINGS BY CHARGE FOR 1998, 1999, 2000, AND 2001

Charge	1998 Felony	1998 Misdemeanor	1999 Felony	1999 Misdemeanor	2000 Felony	2000 Misdemeanor	2001 Felony	2001 Misdemeanor
PC288a(b)(1)	26	0	23	3	32	0	19	0
PC288a(b)(2)	0	0	0	0	22	0	16	0
PC288a(c)	6	0	2	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	4	0
PC289(h)	17	1	16	1	25	0	30	0
PC289(i)	10	0	16	0	15	0	12	0
PC289(j)	4	0	2	0	1	0	0	0
PC311.10	0	0	0	0	1	0	1	0
PC311.1(a)	4	0	7	0	3	0	1	0
PC311.11(a)	8	6	6	7	0	18	0	10
PC311.11(b)	1	0	1	0	1	0	0	0
PC311.2(b)	0	0	0	0	1	0	2	0
PC311.4(b)	1	0	0	0	0	0	1	0
PC311.4(c)	2	0	5	0	3	0	1	0
PC647.6(a)	2	0	21	0	0	5	9	0
PC647.6(b)	4	1	3	0	4	3	2	2
PC664/187(a)	0	0	0	0	43	0	11	0

Figure 3

TOTAL DISMISSALS BY CHARGE FOR 1998, 1999, 2000 AND 2001

Charge	1998 Felony	1998 Misdemeanor	1999 Felony	1999 Misdemeanor	2000 Felony	2000 Misdemeanor	2001 Felony	2001 Misdemeanor
PC187(a)	0	0	0	0	0	0	0	0
PC207	5	0	1	0	0	0	0	0
PC207(a)	0	0	0	0	0	0	1	0
PC207(b)	0	0	0	0	0	0	1	0
PC208	2	0	3	0	1	0	0	0
PC261.5(b)	4	0	0	3	0	1	0	1
PC261.5(c)	6	5	5	3	8	0	12	5
PC261.5(d)	7	0	4	0	3	0	2	1
PC266h(b)	0	0	0	0	0	0	1	0
PC266i(b)	1	0	0	0	0	0	0	0
PC266j	0	0	2	0	0	0	0	0
PC269(a)(1)	0	0	1	0	0	0	2	0
PC269(a)(3)	1	0	0	0	0	0	0	0
PC269(a)(4)	0	0	0	0	1	0	0	0
PC271a	0	1	0	0	0	0	0	0
PC273a(1)	0	1	0	0	0	0	0	0
PC273a(a)	35	16	24	6	39	6	19	9

Figure 3 (cont.)

TOTAL FILINGS BY CHARGE FOR 1998, 1999, AND 2000

Charge	1998 Felony	1998 Misdemeanor	1999 Felony	1999 Misdemeanor	2000 Felony	2000 Misdemeanor	2001 Felony	2001 Misdemeanor
PC273a(b)	5	68	6	37	4	60	0	57
PC273ab	1	0	0	0	0	0	0	0
PC273d(a)	6	10	6	18	1	14	7	10
PC278	0	0	0	0	3	0	0	0
PC278.5	0	1	1	0	3	0	6	0
PC278.5(a)	0	1	2	0	0	0	0	0
PC286(b)(1)	0	0	1	0	1	0	0	0
PC286(c)	2	0	0	0	0	0	0	0
PC288(a)	42	0	23	0	40	0	0	0
PC288(b)	1	0	0	0	0	0	0	0
PC288(b)(1)	0	0	0	0	0	0	2	0
PC288(c)	0	0	0	0	1	0	0	0
PC288(c)(1)	0	0	0	0	0	0	4	0
PC288.5	3	0	1	0	1	0	0	0
PC288.5(b)	0	0	0	0	0	0	8	0
PC288a(b)(1)	2	1	2	0	2	0	1	0
PC288a(b)(2)	0	0	0	0	1	0	1	0
PC288a(c)	0	0	0	0	2	0	0	0
PC289(h)	1	1	0	0	1	1	0	0
PC289(i)	1	0	0	0	0	0	1	0
PC289(j)	0	0	1	0	0	0	0	0
PC311.11(a)	0	1	0	1	0	1	0	0
PC311.11(b)	0	0	0	1	0	0	0	0
PC311.2	0	0	0	0	1	0	0	0
PC311.4(b)	0	0	0	0	1	0	0	0
PC647.6(a)	0	0	0	0	0	0	1	0
PC647.6(b)	1	0	0	0	0	0	0	0
664/187(a)	0	0	0	0	0	0	0	0

Figure 4

TOTAL CASES DECLINED FOR FILING FOR 1998, 1999, 2000 AND 2001

Charge	1998	1999	2000	2001
PC12035(b)(1)	0	0	0	4
PC12035(b)(2)	0	0	0	2
PC187(a)	0	0	0	4
PC207	1	6	5	0
PC207(a)	0	0	0	4
PC207(b)	0	0	0	2
PC208	1	1	1	0
PC208(b)	0	0	0	1
PC261.5(a)	0	0	0	3
PC261.5(b)	34	29	0	60
PC261.5(c)	146	214	224	268
PC261.5(d)	60	82	0	94
PC266h(b)	0	0	0	1
PC266j	5	0	1	2
PC267	0	0	1	0
PC269(a)(1)	0	0	2	0
PC269(a)(5)	0	0	1	0
PC271a	2	2	2	7
PC273a(1)	4	0	0	0
PC273a(a)	333	208	251	388
PC273a(a)(1)	0	1	0	0
PC273a(b)	43	42	69	88
PC273ab	6	2	1	0
PC273d(a)	72	57	62	69
PC273g	0	0	0	1
PC278	31	47	43	30
PC278.5	46	89	100	65
PC278.5(a)	87	68	43	0
PC286(b)(1)	7	9	11	10
PC286(b)(2)	1	3	4	4
PC286(c)	7	2	0	0
PC286(c)(1)	0	0	0	2
PC288(a)	813	783	400	1,136
PC288(b)	0	5	1	1
PC288(b)(1)	0	0	0	26
PC288(c)	2	2	9	0
PC288(c)(1)	0	0	0	63
PC288.5	20	13	8	13
PC288.5(b)	0	0	0	27
PC288a(b)(1)	15	9	27	30

Figure 4 (cont.)

TOTAL CASES DECLINED FOR FILING FOR 1998, 1999, 2000 AND 2001

PC288a(b)(2)	0	0	3	10
PC288a(c)	12	1	1	0
PC288a(c)(1)	0	0	0	8
PC289(h)	3	3	5	3
PC289(i)	0	1	2	1
PC289(j)	0	0	7	3
PC311.10	0	0	1	0
PC311.11(a)	1	3	0	1
PC311.11(b)	0	2	0	1
PC311.2(b)	0	0	0	1
PC311.4(b)	2	0	0	1
PC311.4(c)	1	0	2	0
PC647.6(a)	7	10	11	12
PC647.6(b)	6	9	8	9
PC664/187(a)	0	0	0	1

Figure 5

PIE CHART -- FILED/DECLINED

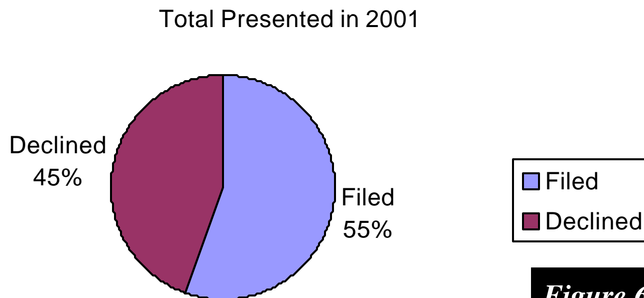
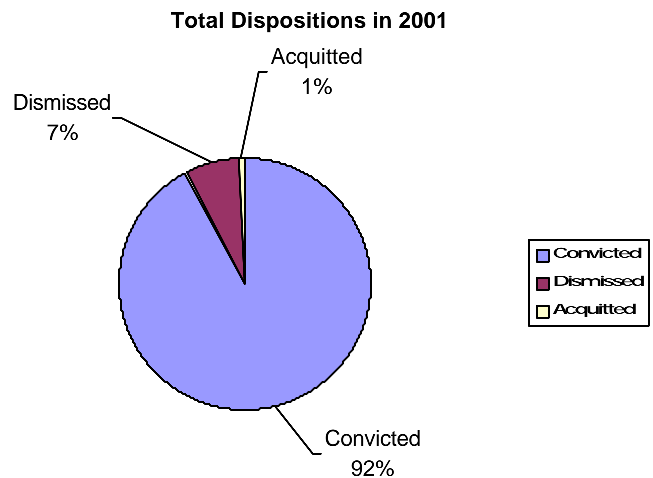


Figure 6

PIE CHART -- CONVICTED/DISMISSED/ACQUITTED



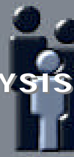


Figure 7

TOTAL CASES SENTENCED IN 1998, 1999, 2000 AND 2001

Sentence Type	1998	1999	2000	2001
Life	10	9	4	12
State Prison	714	605	503	525
Probation	1,359	1,388	1,244	1,552

Figure 8

PIE CHART -- SENTENCING

Sentence Type in 2001

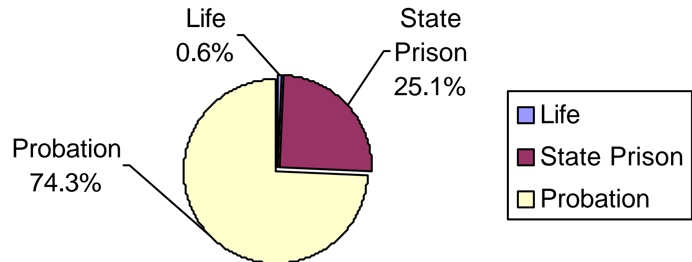


Figure 9

TOTAL JUVENILE FILINGS BY CHARGE FOR 1999, 2000 AND 2001

Charge	1999 Felony	1999 Misdemeanor	2000 Felony	2000 Misdemeanor	2001 Felony	2001 Misdemeanor
PC187(a)	4	0	2	0	1	0
PC207(a)	0	0	1	0	0	0
PC207(b)	0	0	5	0	1	0
PC261.5(b)	0	16	0	3	0	11
PC261.5(c)	3	1	0	3	5	0
PC271a	1	0	1	0	0	0
PC273a(a)	17	0	22	0	16	0
PC273a(b)	0	8	0	6	0	6
PC273d(a)	4	0	2	0	1	0
PC278	3	0	5	0	1	0
PC278.5	0	0	1	0	0	0
PC286(b)(1)	1	0	1	0	1	0
PC286(b)(2)	1	0	0	0	0	0
PC286(c)(1)	0	0	0	0	6	0
PC288(a)	250	0	234	0	234	0
PC288(b)	4	0	2	0	0	0
PC288(b)(1)	0	0	0	0	38	0
PC288(c)	0	0	2	0	0	0
PC288.5(b)	0	0	0	0	42	0
PC288a(b)(1)	6	0	1	0	3	0
PC289(h)	3	0	6	0	6	0
PC289(i)	1	0	0	0	0	0
PC311.1(a)	1	0	0	0	0	0
PC311.11(a)	0	1	0	0	0	0
PC311.2(b)	0	0	0	0	2	0
PC311.4(c)	1	0	1	0	0	0
PC647.6(a)	0	0	0	1	0	0
PC647.6(b)	1	0	1	0	0	0

Figure 10

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 1999, 2000 AND 2001

Charge	1999 Felony	1999 Misdemeanor	2000 Felony	2000 Misdemeanor	2001 Felony	2001 Misdemeanor
PC207(b)	0	0	1	0	0	0
PC261.5(a)	0	0	0	0	0	2
PC261.5(b)	0	23	0	32	0	25
PC261.5(c)	1	3	2	5	4	0
PC261.5(d)	7	0	9	0	11	0
PC266h(b)	0	0	1	0	0	0
PC273a(a)	6	0	4	0	2	0
PC273a(b)	0	0	0	4	0	3
PC278	3	0	10	0	1	0
PC286(b)(1)	0	0	4	0	3	0
PC286(b)(2)	2	0	1	0	1	0
PC286(c)(1)	0	0	0	0	2	0
PC288(a)	120	0	265	0	167	0
PC288(b)(1)	0	0	0	0	5	0
PC288a(b)(1)	2	0	11	0	4	0
PC288a(b)(2)	0	0	1	0	1	0
PC288a(c)(1)	0	0	0	0	1	0
PC289(h)	3	0	3	0	0	0
PC289(i)	0	0	1	0	0	0
PC289(j)	0	0	0	0	1	0
PC311.11(a)	0	0	0	1	0	0
PC647.6(a)	0	0	2	0	0	0
PC647.6(b)	0	0	1	0	0	0

Figure 11

TOTAL FILINGS BY GENDER FOR 1999, 2000 AND 2001

,	1999				2000				2001			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4063	16%	31,211	17%	3,549	17%	3,0504	17%	3,992	18%	30,852	17%
Male	21,732	84%	151,598	83%	17,750	83%	150,580	83%	17,736	82%	146,463	83%
Total	25,795		18,2809		21,299		181,084		21,728		177,315	

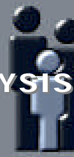


Figure 12

CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 1999, 2000 AND 2001

	1999				2000				2001			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	21	6%	483	19%	26	9%	522	20%	30	8%	539	20%
Male	333	94%	2,052	81%	275	91%	2,108	80%	343	92%	2,154	80%
Total	354		2,535		301		2,630		373		2,693	

Figure 13

TOTAL JUVENILE FILINGS BY GENDER FOR 1999, 2000 AND 2001

	1999			2000				2001			
Gender	Child Abuse	%	All Charges	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	21	6%	4,063	26	9%	3,549	16%	30	8%	3,992	18%
Male	333	94%	21,732	275	91%	17,750	84%	343	92%	17,736	82%
Total	354		25,795	301		21,299		373		21,728	

Figure 14

TOTAL ADULT FILINGS BY GENDER FOR 1999, 2000 AND 2001

	1999				2000				2001			
Gender	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	483	19%	31,211	17%	522	20%	30,504	17%	539	20%	30,852	17%
Male	2,052	81%	151,598	83%	2,108	80%	150,580	83%	2,154	80%	146,463	83%
Total	2,535		182,809		2,630		181,084		2,693		177,315	

Figure 15

1998 THROUGH 2001 STATUTORY RAPE VERTICAL PROSECUTION UNIT FILINGS

Charge	1998 Count	1999 Count	2000 Count	2001 Count
PC 647.6(a)	0	0	0	3
PC 667.61(a)	0	0	0	1
PC 667.61(d)	0	0	0	1
PC11351.5	1	0	0	0
PC12021(a)(1)	1	0	0	0
PC136.1(a)(2)	0	0	0	1
PC242	1	0	0	2
PC242/243(a)	0	0	1	2
PC243(e)(1)	4	1	4	0
PC245(a)(1)	1	0	5	0
PC261(c)(1)	2	0	0	0
PC261.5(c)	116	218	177	108
PC261.5(d)	63	72	92	54
PC266h(a)	0	0	1	0
PC272	1	0	0	0
PC273.5(a)	7	10	9	1
PC286(b)(1)	4	0	1	1
PC286(b)(2)	1	0	5	5
PC286(c)(2)	0	0	0	1
PC288(a)	56	124	88	57
PC288(c)	0	0	0	2
PC288(c)(1)	32	58	91	49
PC288.2(b)	0	0	0	3
PC288.5	1	1	0	0
PC288a(b)(1)	11	14	29	8
PC288a(b)(2)	12	18	21	12
PC288a(c)(1)	0	0	0	1
PC289(h)	8	6	10	3
PC289(i)	4	4	6	0
PC290(a)(1)(a)	0	0	1	0
PC290(g)(1)	1	0	0	0
PC311.4(c)	0	0	0	1
PC417(a)(2)	0	0	0	1
PC422	2	2	2	3
PC470(b)	0	0	0	1
PC487(d)	0	0	1	0
PC664/261.5(c)	0	0	1	0
PC667(a)(1)	0	0	1	0
VC10851	0	0	1	0

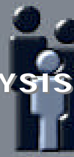


Figure 16

DRUG ENDANGERED CHILD FILING BY YEAR

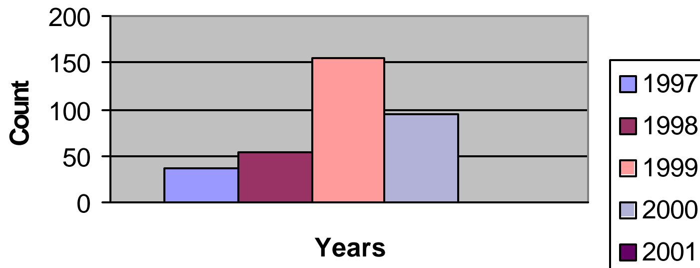


Figure 17

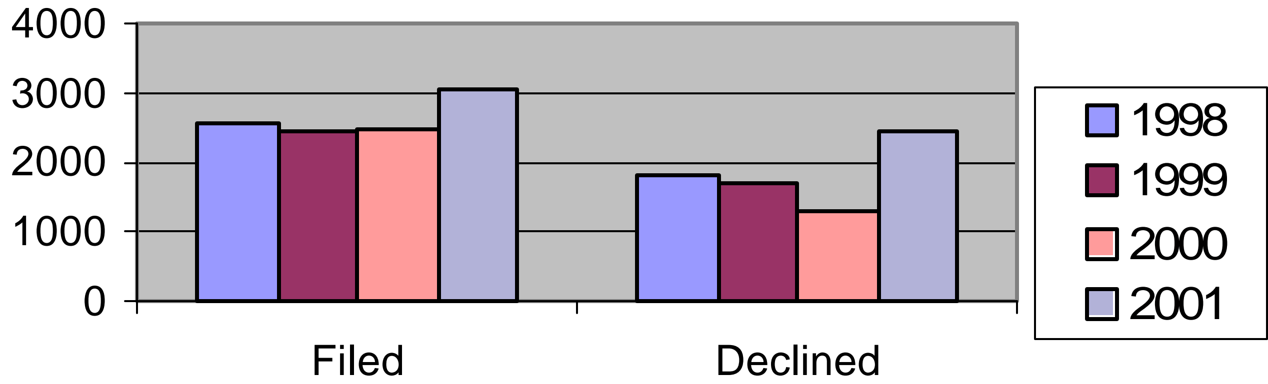
TOTAL CASES BY ZIPCODE FOR 1998, 1999, 2000 AND 2001

Zip Code	1998	1999	2000	2001
90007	27	56	16	18
90012	533	627	587	546
90022	39	41	60	50
90025	61	66	0	0
90045	0	4	46	99
90066	0	0	1	0
90210	22	14	17	7
90220	107	109	119	199
90231	11	13	10	0
90242	99	55	107	72
90255	108	111	84	53
90262	83	80	58	17
90265	11	15	19	16
90301	50	39	60	37
90401	14	9	14	8
90503	116	101	120	133
90602	53	54	58	55
90650	61	50	47	177
90706	61	43	43	28
90802	130	118	150	118
91016	8	1	0	0
91101	88	100	93	100
91205	48	76	60	59

Zip Code	1998	1999	2000	2001
91331	0	1	2	0
91340	65	75	74	73
91355	34	61	53	44
91401	128	84	79	82
91731	109	116	122	128
91766	78	84	133	157
91790	123	111	112	159
91801	56	39	47	48
93534	232	246	223	210

Figure 18

TOTAL PRESENTED FOR 1998, 1999, 2000 AND 2001



SYNOPSIS OF STATUTES

187 PC - Murder Defined

(a) Murder is the unlawful killing of a human being, or a fetus, with malice aforethought.

(b) This section does not apply to any person who commits an act that results in the death of a fetus if any of the following apply:

1) The act complied with the Therapeutic Abortion Act, Article 2 (commencing with Section 123400) of Chapter 2 of part 2 of Division 106 of the Health and Safety code.
2) The act was committed by a holder of a physician's and surgeon's certificate, as defined in the Business and professions Code, in a case where, to a medical certainty, the result of childbirth would be death of the mother of the fetus or where her death from childbirth, although not medically certain, would be substantially certain or more likely than not.
3) The act was solicited, aided, and abetted, or consented to by the mother of the fetus.

(c) Subdivision (b) shall not be construed to prohibit the prosecution of any person under any other provision of law.

273ab PC - Assault resulting in death of child under 8

Any person who, having the care of custody of a child who is under eight years of age, assaults the child by means of force that to a reasonable person would be likely to produce great bodily injury, resulting in the child's death, shall be punished by imprisonment in the state prison for 25 years to life.

Nothing in this section shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 189.

269(a)(1) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(1) A violation of paragraph (2) of subdivision (a) of Section 261 - Rape:

An act of sexual intercourse accomplished with a person not the spouse of the perpetrator, where it is accomplished against a person's will by means of force, violence duress, menace, or fear of immediate and unlawful bodily injury on the person or another.

269(a)(2) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(2) A violation of Section 264.1 - Rape of penetration of genital or anal openings by foreign object, etc.; acting in concert by force or violence:

The provisions of Section 264 notwithstanding, in any case in which the defendant, voluntarily acting in concert with another person, by force or violence and against the will of the victim, committed an act described in Section 261, 262, or 289, either personally or by aiding and abetting the other person, that fact shall be charged in the indictment or information, and if found to be true by the jury, or by the court, or if admitted by the defendant, the defendant shall suffer confinement in the state prison for five, seven, or nine years.

269(a)(3) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(3) Sodomy, in violation of Section 286, when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

269(a)(4) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(4) Oral copulation, in violation of Section 288a, when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

269(a)(5) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(5) A violation of subdivision (a) of Section 289 - Forcible acts of sexual penetration:

(a)(1) Act of sexual penetration when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

664/187 PC - Attempted Murder

When a person attempts to commit [murder], but fails, or is prevented or intercepted in its perpetration.

207(b) PC - Kidnapping

Every person, who for the purpose of committing any act defined in Section 288 (lewd and lascivious acts) hires, persuades, entices, decoys, or seduces by false promises, misrepresentations, or the like, any child under the age of 14 years to go out of this country, state, or county, or into another part of the same county, is guilty of kidnapping.

207(a) PC - Kidnapping

Every person who forcibly, or by any other means of instilling fear, steals or takes, or holds, detains or arrests any person in this state, and carries the person into another country, state, or county, or into another part of the same county, is guilty of kidnapping.

208(b) PC - Punishment for kidnapping; victim under 14 years of age

If the person kidnapped is under 14 years of age at the time of the commission of the crime, the kidnapping is punishable by imprisonment in the state prison for 5, 8, or 11 years. This subdivision is not applicable to the taking, detaining, or concealing, of a minor child by a biological parent, a natural father, as specified in Section 7611 of the Family Code, an adoptive parent, or a person who has been granted access to the minor child by a court order.

288.5 PC - Continuous sexual abuse of a child

(a) Any person who either resides in the same home with the minor child or has recurring access to the child, who over a period of time, not less than three months in duration, engages in three or more acts of substantial sexual conduct with a child under the age of 14 years at the time of the commission of the offense, as defined in subdivision (b) of Section 1203.066, or three or more acts of lewd or lascivious conduct under Section 288, with a child under the age of 14 years at the time of the commission of the offense is guilty of the offense of continuous sexual abuse of a child and shall be punished by imprisonment in the state prison for a term of 6, 12, or 16 years.

(b) To convict under this section the trier of fact, if a jury, need unanimously agree only that the requisite number of acts occurred not on which acts constitute the requisite number.

(c) No other felony sex offense involving the same victim may be charged in the same proceeding with a charge under this section unless the other charged offense occurred outside the time period charged under this section or the other offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved in which case a separate count may be charged for each victim.

286(c) PC - Sodomy

(1) Any person who participates in an act of sodomy with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who commits an act of sodomy when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person shall be punished by imprisonment in the state prison for three, six, or eight years.

(3) Any person who commits an act of sodomy where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat, shall be punished in the state prison for three, six, or eight years.

288(b) PC - Lewd or lascivious acts

(1) Any person who commits an act described in subdivision (a) (see below) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who is a caretaker and commits an act described in subdivision (a) (see below) upon a dependent adult by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, with the intent described in subdivision (a), is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

288(a) PC - Lewd or lascivious acts

Any person who willfully and lewdly commits any lewd or lascivious act, including any of the acts constituting other crimes provided for in Part 1, upon or with the body, or any part or member thereof, of a child who is under the age of 14 years, with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of that person or the child, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

288a(c)(1) PC - Oral copulation

Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

289(j) PC - Forcible acts of sexual penetration

Any person who participates in an act of sexual penetration with another person who is under 14 years of age and who is more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

289(i) PC - Forcible acts of sexual penetration

Except as provided in Section 288, any person over the age of 21 years who participates in an act of sexual penetration with another person who is under 16 years of age shall be guilty of a felony.

289(h) PC - Forcible acts of sexual penetration

Except as provided in Section 288, any person who participates in an act of sexual penetration with another person who is under 18 years of age shall be punished by imprisonment in the state prison or in the county jail for a period of not more than one year.

273a(a) PC - Willful harm or injury to child; endangering person or health ***(w/ 12022.95 allegation)***

Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the car or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his

or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.

12022.95 PC - Willful harm or injury resulting in death of child; sentence enhancement; procedural requirements

Any person convicted of a violation of Section 273a, who under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or injury that results in death, or having the care or custody of any child, under circumstances likely to produce great bodily harm or death, willfully causes or permits that child to be injured or harmed, and that injury or harm results in death, shall receive a four-year enhancement for each violation, in addition to the sentence provided for that conviction.

Nothing in this paragraph shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 192. This section shall not apply unless the allegation is included within an accusatory pleading and admitted by the defendant or found to be true by the trier of fact.

273d(a) PC - Corporal punishment or injury of child

Any person who willfully inflicts upon a child any cruel or inhuman corporal punishment or an injury resulting in a traumatic condition is guilty of a felony and shall be punished by imprisonment in the state prison for two, four, or six years, or in a county jail for not more than one year, by a fine of up to six thousand dollars, or by both that imprisonment and fine.

278 PC - Noncustodial persons; detainment or concealment of child from legal custodian

Every person, not having a right to custody, who maliciously takes, entices away, keeps, withholds, or conceals any child with the intent to detain or conceal that child from a lawful custodian, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

278.5 PC - Deprivation of custody of child or right to visitation

(a) Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two or three years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

(b) Nothing contained in this section limits the court's contempt power.

(c) A custody order obtained after the taking, enticing away, keeping, withholding, or concealing of a child does not constitute a defense to a crime charged under this section.

278.5(a) PC - Deprivation of custody of child or right to visitation

Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two or three years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

288(c) PC - Lewd or lascivious acts

(1) Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least 10 years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year. In determining whether the person is at least 10 years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child.

(2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent adult, with the intent described in subdivision (a), is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year.

288a(c) PC - Oral copulation

(1) Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who commits an act of oral copulation when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, shall be punished by imprisonment in the state prison for three, six, or eight years.

(3) Any person who commits an act of oral copulation where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat shall be punished by imprisonment in the state prison for three, six, or eight years.

286(b)(2) PC - Sodomy

Except as provided in Section 288, any person over the age of 21 years who participates in an act of sodomy with another person who is under 16 years of age shall be guilty of a felony.

286(b)(1) PC - Sodomy

Except as provided in Section 288, any person who participates in an act of sodomy with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for not more than one year.

288a(b)(1) PC - Oral copulation

Except as provided in Section 288, any person who participates in an act of oral copulation with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for a period of not more than one year.

266j PC - Procurement of child under age 16 for lewd and lascivious acts; punishment

Any person who intentionally gives, transports, provides, or makes available, or who offers to give, transport, provide, or make available to another person, a child under the age of 16 for the purpose of any lewd or lascivious act as defined in Section 288, or who causes, induces, or persuades a child under the age of 16 to engage in such an act with another person, is guilty of a felony and shall be imprisoned in the state prison for a term of three, six, or eight years, and by a fine not to exceed fifteen thousand dollars.

266h(b) PC - Pimping

266h(a) - Except as provided in subdivision (b), any person who, knowing another person is a prostitute, lives or derives support or maintenance in whole or in part from the earnings or proceeds of the person's prostitution, or from money loaned or advanced to or charged against that person by any keeper or manager or inmate of a house or other place where prostitution is practiced or allowed, or who solicits or receives compensation for soliciting

for the person, is guilty of pimping, a felony, and shall be punished by imprisonment in the state prison for three, four, or six years.]

(b) If the person engaged in prostitution is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four, or six years. If the person engaged in prostitution is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six, or eight years.

266i(b) PC - Pandering

266i(a) - Except as provided in subdivision (b), any person who does any of the following is guilty of pandering, a felony, and shall be punished by imprisonment in the state prison for three, four, or six years: (1) procures another person for the purpose of prostitution; (2) by promises, threats, violence, or by any device or scheme, causes, induces, persuades or encourages another person to become a prostitute; (3) procures for another person a place as an inmate in a house of prostitution or as an inmate of any place in which prostitution is encouraged or allowed within this state; (4) by promises, threats, violence or by any device or scheme, causes, induces, persuades or encourages an inmate of a house of prostitution, or any other place in which prostitution is encourages or allowed, to remain therein as an inmate; (5) by fraud or artifice, or by duress of person or goods, or by abuse of any position of confidence or authority, procures another person for the purpose of prostitution, or to enter any place in which prostitution is encouraged or allowed within this state, or to come into this state or leave this state for the purpose of prostitution; (6) receives or gives, or agrees to receive or give, any money or thing of value for procuring, or attempting to procure, another person for the purpose of prostitution, or to come into this state or leave this state for the purpose of prostitution.]

(b) If the other person is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four, or six years. Where the other person is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six, or eight years.

288a(b)(2) PC - Oral copulation

Except as provided in section 288, any person over the age of 21 years who participates in an act of oral copulation with another person who is under 16 years of age is guilty of a felony.

311.4(b) PC - Employment or use of a minor to perform prohibited acts

Every person who, with knowledge that a person is a minor under the age of 18 years, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years, knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film, filmstrip, or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, for commercial purposes, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

311.2(b) PC - Sending or bringing into state for sale or distribution; printing, exhibiting, distributing, exchanging or possessing within state; matter depicting sexual conduct by minor; transaction with minor

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, date, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others for commercial consideration, or who offers to distribute, distributes, or exhibits to, or exchanges with others, for commercial consideration, any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and shall be punished by imprisonment in the state prison for two, three, or six years, or by a fine not exceeding $100,000, in the absence of a finding that the defendant would be incapable of paying such a fine, or by both that fine and imprisonment.

311.10 PC - Advertising for sale or distribution obscene matter depicting a person under the age of 18 years engaging in or simulating sexual conduct; felony; punishment

(a) Any person who advertises for sale or distribution any obscene matter knowing that it depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and is punishable by imprisonment in the state prison for two, three, or four years, or in a county jail not exceeding one year, or by a fine not exceeding $50,000, or by both such fine and imprisonment.

(b) Subdivision (a) shall not apply to the activities of law enforcement and prosecution agencies in the investigation and prosecution of criminal offenses.

311.11(b) PC - Possession or control of matter depicting minor engaging or simulating sexual conduct

If a person has been previously convicted of a violation of this section, he or she is guilty of a felony and shall be punished by imprisonment for two, four, or six years.

261.5(d) PC - Unlawful sexual intercourse with person under 18

Any person 21 years of age or older who engages in an act of unlawful sexual intercourse with a minor who is under 16 years of age is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison for two, three, or four years.

261.5(c) PC - Unlawful sexual intercourse with a person under 18

Any person who engages in an act of unlawful sexual intercourse with a minor who is more than three years younger than the perpetrator is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison.

311.1(a) PC - Sent or brought into state for sale or distribution; possessing, preparing, publishing, producing, developing, duplicating, or printing within state; matter depicting sexual conduct by minor

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, date, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data

storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others, or who offers to distribute, distributes, or exhibits to, or exchanges with, others any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, shall be punished either by imprisonment in the county jail for up to one year, by a fine not to exceed $1,000, or by both the fine and imprisonment, or by imprisonment in the state prison, by a fine not to exceed $10,000, or by the fine and imprisonment.

311.4(c) PC - Employment or use of a minor to perform prohibited acts

Every person who, with knowledge that a person is a minor under the age of 18 years, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years, knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film, filmstrip, or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, is guilty of a felony. It is not necessary to prove commercial purposes in order to establish a violation of this subdivision.

271a PC - Abandonment or failure to maintain child under 14; false representation that child is orphan; punishment

Every person who knowingly and willfully abandons, or who, having ability so to do, fails or refuses to maintain his or her minor child under the age of 14 years, or who falsely, knowing the same to be false, represents to any manager, officer or agent of any orphan asylum or charitable institution for the care of orphans, that any child for whose admission into such asylum or institution application has been made is an orphan, is punishable by imprisonment in the state prison, or in the county jail not exceeding one year, or by fine not exceeding $1,000, or by both.

267 PC - Abduction; person under 18 for purpose of prostitution; punishment

Every person who takes away any other person under the age of 18 years from the father, mother, guardian, or other person having the legal charge of the other person, without their consent, for the purpose of prostitution, is punishable by imprisonment in the state prison, and a fine not exceeding $2,000.

647.6(b) PC - Annoying or molesting child under 18

Every person who violates this section after having entered, without consent, an inhabited dwelling house, or trailer coach as defined in Section 635 of the Vehicle Code, or the inhabited portion of any other building, shall be punished by imprisonment in the state prison, or in a county jail not exceeding one year.

647.6(a) PC - Annoying or molesting child under 18

Every person who annoys or molests any child under the age of 18 shall be punished by a fine not exceeding $1,000, by imprisonment in a county jail not exceeding one year, or by both the fine and imprisonment.

261.5(a) PC - Unlawful sexual intercourse with person under 18

Unlawful sexual intercourse is an act of sexual intercourse accomplished with a person who is not the spouse of the perpetrator, if the person is a minor. For the purposes of this section, a "minor" is a person under the age of 18 years and an "adult" is a person who is at least 18 years of age.

261.5(b) PC - Unlawful sexual intercourse with person under 18

Any person who engages in an act of unlawful sexual intercourse with a minor who is not more than three years older or three years younger than the perpetrator, is guilty of a misdemeanor.

273a(b) PC - Willful harm or injury to child; endangering person or health

Any person who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health may be endangered, is guilty of a misdemeanor.

273g PC - Degrading, immoral, or vicious practices or habitual drunkenness in presence of children

Any person who in the presence of any child indulges in any degrading, lewd, immoral or vicious habits or practices, or who is habitually drunk in the presence of any child in his care, custody or control, is guilty of a misdemeanor.

311.4(a) PC - Employment or use of a minor to perform prohibited acts

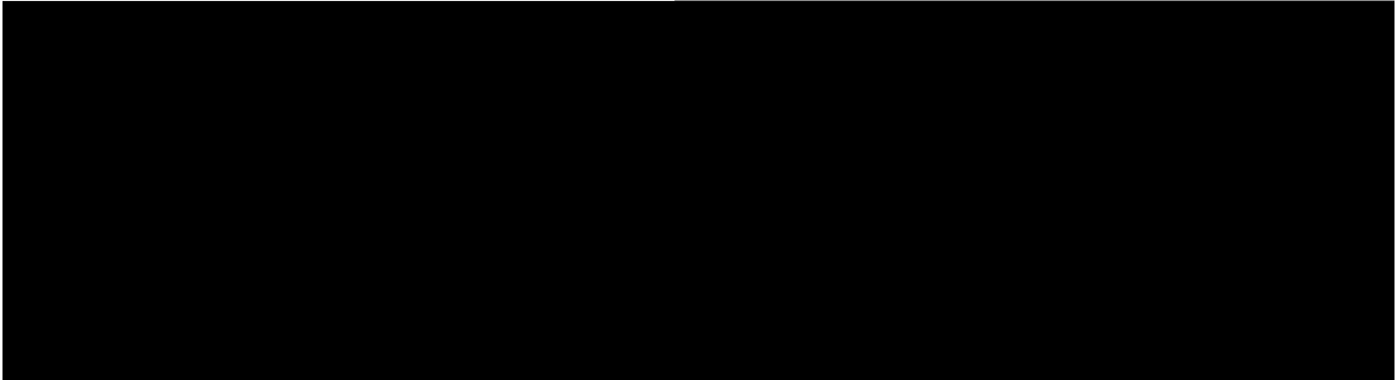
Every person who, with knowledge that a person is a minor, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor, hires, employs, or uses the minor to do or assist in doing any of the acts described in Section 311.2, is, for a first offense, guilty of a misdemeanor. If the person has previously been convicted of any violation of this section, the court may, in addition to the punishment authorized in Section 311.9, impose a fine not exceeding $50,000.

311.11(a) PC - Possession or control of matter epicting minor engaging or simulating sexual conduct

Every person who knowingly possesses or controls any matter, representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film or filmstrip, the production of which involves the use of a person under the age of 18 years, knowing that the matter depicts a person under the age of 18 years personally engaging in or simulating sexual conduct, as defined subdivision (d) of Section 311.4, is guilty of a public offense and shall be punished by imprisonment in the county jail for up to one year, or by a fine not exceeding $2,500, or by both the fine and imprisonment.

PROBATION DEPARTMENT

AGENCY REPORT



The Los Angeles County Probation Department was established in 1903 with the enactment of California's first probation laws. As a criminal justice agency, the Department has expanded to become the largest probation department in the world.

It is the mission of the Probation Department to promote and enhance public safety, ensure victims' rights and facilitate the positive behavior change of adult and juvenile probationers.

In response to the growing number of child abuse cases, the Department has begun focusing a greater effort on addressing this problem during both the pre- and post- adjudication process. Efforts include detailed and complete investigation reports, lower caseloads for probation officers, increased supervision of the individual probationer, and a higher level of coordination with other criminal justice agencies.

INVESTIGATION SERVICES

Both adults (age 18 and older) and juveniles (under age 18 at the time of commission of the crime) may be referred to the Department for investigation. Adults referred by the criminal courts while juveniles are referred by law enforcement agencies, schools, parents, or other interested community sources. The Deputy Probation Officer (DPO) provides a court report outlining the offender's social history, prior record, attitude, statement from the victim and other interested parties and an analysis of the current circumstances.

If probation is granted the DPO enforces the terms and conditions ordered by the court, monitors the probationer's progress in treatment and initiates appropriate corrective action if the conditions are violated.

In order to ensure the child's safety and welfare, the DPO works cooperatively with the child welfare social worker assigned to the case. Their assessment of the child's needs and the offender's response to treatment can have significant influence in determining when or if the child will be returned to the home.

SPECIALIZED SUPERVISION PROGRAM: Child Threat

Specialized child abuse services consist of 36 Child Threat caseloads located in 15 area offices throughout Los Angeles County. Child Threat DPOs supervise adults on formal probation for child abuse offenses.

Any case in which there is a reason to believe that the defendant's behavior poses a threat to a child by reason of violence, drug abuse history, sexual molestation or cruel treatment, regardless of official charges or conditions of probation, may be assigned to a Child Threat caseload to promote the safety of the child and the family. In the event that the number of child threat defendants exceeds the total that can be accommodated by the Child Threat DPOs, probationers posing the highest risk to victims and potential victims are given priority for specialized supervision. Department policy mandates service standards and caseload size for the Child Threat program. Each case requires a supervision plan, approved by the DPO's supervisor that provides close monitoring of the probationer's compliance with the orders of the court. This is to ensure the safety of victims and potential victims. Child Threat cases may require coordination with the Department of Children and Family Services, the court, and treatment providers when the defendant is ordered to participate in counseling.

In every case in which the victim or other child under the age of 18 resides in the probationer's home, the DPO conducts at least one home visit per month. To provide ongoing assessments, all children in the home are routinely seen and may also be interviewed. Probationers report to the DPO face-to-face unless instructed to report by mail or telephone with the advance approval of the DPO's supervisor. If there are any Indications of mistreatment of the victim or other child results in referral to the court for further investigation or for appropriate action.

CHILD ABUSE REFERRALS

Of the Adult Child Abuse referrals received by the Department, 30.9% were granted probation; of the Juvenile Child Abuse referrals received by the Department, 47.3% were granted probation.

SPECIALIZED SUPERVISION PROGRAM: Pre-Natal/Post-Natal Substance Recognition

In response to increasing concern regarding substance abuse by pregnant and parenting women, the Department in 1990 created a specialized anti-narcotic testing caseload at the Firestone Area Office in South Central Los Angeles. The caseload is comprised of pre-natal and post-natal substance-abusing women. The Program provides intensive supervision by enforcing court orders that include narcotics testing and referrals to appropriate community resource programs. Goals of the Program include reducing substance abuse, improving the health of pregnant women and their infants, and changing lifestyles that contribute to drug problems.

The Program serves a specific geographical area where a network of treatment programs serves the needs of these probationers and their children. In 2001, 16 pregnant women were supervised by the Peri-natal caseload DPO. During this reporting period, there were 0 miscarriage and 2 abortions, and 0 bench warrants issued for non-reporting. Also during this reporting period, 11 women gave birth; 11 newborns were drug free, 0 were non-drug free, and 1 had a trace of a controlled substance in their blood. A trace is defined as an amount of a substance that is insufficient to cause the individual to return to court on a probation violation, but is enough of a substance to authorize removal from parental control.

In 2001, the Post-natal caseload DPO supervised 67 parenting women. During this reporting period, 16 completed the program, 2 were returned to court and ordered into a Residential Treatment program, and 22 were terminated for non-compliance.

SIGNIFICANT FINDINGS

A comparative analysis was conducted between the reporting year (2001) and previous year (2000) to determine significant trends. The following areas were analyzed:

- Incidents of child abuse referrals by classification (adult and juvenile)
- Incidents of child abuse referrals by age group (adult and juvenile)
- Adult caseloads by area office (regional)
- Child abuse case referrals by ethnicity (adult and juvenile)

ADULT CASES
CHILD ABUSE REFERRALS

- 100% increase (1 to 2) in Caretaker Absence referrals
- 33.3% decrease (24 to 16) in Exploitation referrals
- 64% decrease (50 to 32) in General Neglect referrals
- 20% decrease (5 to 4) in Physical Abuse referrals
- 63.6% increase (11 to 18) in Severe Neglect referrals
- 1.2% increase (735 to 744) in Sexual Abuse referrals
- Sexual Abuse represented 744 of 816 (91.2%) referrals in 2001
- 1.2% decrease overall (826 to 816) from 2000 to 2001

CHILD ABUSE REFERRALS BY AGE

- 27.5% decrease (51 to 37) in adults under age 20
- 2.2% decrease (137 to 134) in adults, ages 20-24
- 7.5% increase (107 to 115) in adults, ages 25-29
- 2.5% increase (120 to 123) in adults, ages 30-34
- 5.7% decrease (140 to 132) in adults, ages 35-39
- 11.2% increase (87 to 98) in adults, ages 40-44
- 2.9% decrease (70 to 68) in adults, ages 45-49
- 4.4% decrease (114 to 109) in adults over age 50

CHILD ABUSE CASELOADS BY AREA OFFICE (AO)

- 23.4% increase (128 to 158) at Centinela
- 7.3% increase (301 to 323) at Crenshaw
- 5.4% increase (129 to 136) at East Los Angeles
- 5.0% increase (202 to 216) at East San Fernando

Valley
- 15.4% increase (117 to 135) at East San Fernando Valley AV 1
- 6.5% increase (62 to 66) at East San Fernando Valley VL 2
- 9.5% decrease (168 to 152) at Firestone
- 0.6% increase (156 to 157) at Foothill
- 2.7% decrease (111 to 108) at Harbor
- 59.7% increase (124 to 198) at Long Beach
- 5.5% decrease (128 to 121) at Rio Hondo
- 18.3% increase (142 to 168) at Pomona Valley
- 2.9% increase (138 to 142) at San Gabriel Valley
- 16.5% increase (79 to 92) at Santa Monica
- 2.4% increase (126 to 129) at South Central

1 AV is Antelope Valley; 2 VL is Valencia

CHILD ABUSE REFERRALS BY ETHNICITY
- 12.2% decrease (164 to 144) involving adult African Americans
- 100% increase (0 to 1) involving adult American Indians
- 7.7% decrease (13 to 12) involving adult Asian/Pacific Islanders
- 5.7% decrease (511 to 482) involving adult Latinos
- 5% increase (141 to 148) involving adult Whites
- 15% increase (20 to 23) involving adults of Other ethnicity
- 14.3% decrease (7 to 6) involving adults of Unknown ethnicity
- Latinos represent 59.1% (482 of 816) of all adult referrals in 2001

JUVENILE CASES

CHILD ABUSE REFERRALS
- 100% increase (0 to 1) in Caretaker Absence referrals
- 20% increase (5 to 6) in Exploitation referrals
- 90% decrease (40 to 4) in General Neglect referrals
- 33.3% increase (63 to 84) in Physical Abuse referrals
- 83.9% decrease (31 to 5) in Severe Neglect referrals
- 31% decrease (630 to 435) in Sexual Abuse referrals
- 27.5% decrease overall (738 to 535) from 2000 to 2001

CHILD ABUSE REFERRALS BY AGE
- 107.1% increase (28 to 58) in juveniles under age 11
- 100% increase (28 to 56) in juveniles age 11
- 40.4% increase (47 to 66) in juveniles age 12
- 27.8% decrease (97 to 70) in juveniles age 13
- 32.2% decrease (115 to 78) in juveniles age 14
- 38.6% decrease (140 to 86) in juveniles age 15
- 40.5% decrease (131 to 78) in juveniles age 16
- 69.8% decrease (116 to 35) in juveniles age 17
- 77.8% decrease (36 to 8) in juveniles over age 17

CHILD ABUSE REFERRALS BY ETHNICITY
- 31.1% decrease (206 to 142) involving juvenile African Americans
- 100% decrease from (2 to 0) involving juvenile American Indians
- 50% decrease (10 to 5) involving juvenile Asian/Pacific Islanders
- 26.0% decrease (412 to 305) involving juvenile Latinos
- 19.8% decrease (91 to 73) involving juvenile Whites
- 64.7% decrease (17 to 6) involving juveniles of Other ethnicity
- 400% increase (0 to 4) involving juveniles of Unknown ethnicity

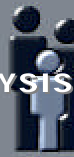


Figure 1

ETHNICITY OF ADULTS UNDER SUPERVISION FOR CHILD ABUSE OFFENSES 2001

Ethnicity	Total	Percent
African	148	26.8
Asian/Pacific Islander	54	2.4
Latino	1,176	51.1
White	546	23.7
Others	60	2.6
Unknown	18	0.8
Total	**2,301**	**100.0**

Figure 2

ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2001

By Area Office and GenderO

Area Office	Male	Female	Total
Central Adult Investigation	218	23	241
County Parole	16	1	17
East San Fernando Valley [1]	103	1	104
East San Fernando Valley AV	27	1	28
East San Fernando Valley VL	2	0	2
Firestone	1	0	1
Foothill	32	0	32
Harbor	58	1	59
Long Beach	57	0	57
Pomona Valley	46	4	50
Rio Hondo	82	2	84
San Gabriel Valley	24	0	24
Santa Monica	57	4	61
South Central	53	3	56
Total	**776**	**40**	**816**
Percent	**95**	**5**	**100**

[1] East San Fernando Valley Area Office covers Santa Clarita.

Figure 2 reflects the number of adult defendants, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2001.

Figure 3

ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2001

By Age and Ethnicity

	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50 and Over	Total
African American	9	28	23	19	27	11	11	16	144
American Indian	0	0	0	0	1	0	0	0	1
Asian/Pacific Islander	0	0	2	0	3	2	1	4	12
Latino	21	89	78	79	73	56	41	45	482
White	6	14	10	18	25	22	13	40	148
Other	1	3	2	5	3	4	1	4	23
Unknown	0	0	0	2	0	3	1	0	6
Total	**37**	**134**	**115**	**123**	**132**	**98**	**68**	**109**	**816**
Percent	**4.5**	**16.4**	**14.1**	**15.1**	**16.2**	**12.0**	**8.3**	**13.4**	**100.0**

Figure 3 reflects the number of adult referrals, by age and ethnicity, received by the Probation Department for child abuse

Figure 4

ADULT CHILD THREAT (C/T) WORKLOAD PER AREA OFFICE AS OF DECEMBER 2001

offenses in 2001.

Area Office	Number of Defendants	Number of Defendants on C/T Caseloads	Number of C/T DPO's
Centinela	158	157	2
Crenshaw	323	314	5
East Los Angeles	136	136	2
East San Fernando Valley	216	215	3
East San Fernando Valley - AV	135	135	2
East San Fernando Valley - VL	66	66	1
Firestone	152	152	3
Foothill	157	157	2
Harbor	108	108	2
Long Beach	198	198	3
Pomona Valley	168	168	2
Rio Hondo	121	121	3
San Gabriel Valley	142	141	2
Santa Monica	92	92	2
South Central	129	129	2
Total	**2,301**	**2,289**	**36**

Figure 5

ADULT CHILD ABUSE OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2001

By Age and Ethnicity

	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50 and Over	Total
African American	11	78	74	65	63	59	50	45	445
American Indian	0	0	0	0	0	1	0	1	2
Asian/Pacific Islander	1	7	6	8	11	3	6	12	54
Latino	18	261	220	184	165	136	85	107	1,176
White	3	61	54	69	89	89	54	127	546
Other	0	7	6	13	15	6	7	6	60
Unknown	0	2	2	5	4	1	1	3	18
Total	**33**	**416**	**362**	**344**	**347**	**295**	**203**	**301**	**2,301**
Percent	**1.4**	**18.1**	**15.7**	**15.0**	**15.1**	**12.8**	**8.8**	**13.1**	**100.0**

Figure 5 reflects the number of adult cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2001.

Figure 6

ETHNICITY OF JUVENILES UNDER SUPERVISION FOR CHILD ABUSE OFFENSES 2001

Ethnicity	Total	Percent
African American	148	26.8
American Indian	0	0.0
Asian/Pacific Islander	3	0.5
Latino	316	57.3
White	70	12.7
Others	12	2.2
Unknown	3	0.5
Total	**552**	**100.0**

Figure 7

JUVENILE CHILD ABUSE REFERRALS RECEIVED IN 2001

By Area Office and Gender

Area Office	Male	Female	Total
Antelope Valley	9	0	9
Camp Afflerbaugh	1	0	1
Camp Miller	2	0	2
Camp Munz	1	0	1
Camp Resnik	1	0	1
Camp Scobee	1	0	1
Camp Smith	2	0	2
Camp Headquarters	3	0	3
Centinela	38	5	43
Crenshaw	60	3	63
East Los Angeles	5	2	7
Firestone	36	1	37
Foothill	13	4	17
Harbor	20	1	21
Intake Detention Control	1	0	1
Kenyon Juvenile Justice Ctr	29	1	30
Long Beach	28	0	28
Northeast Juvenile Justice Ctr	22	3	25
Pomona Valley	25	1	26
Rio Hondo	31	4	35
San Gabriel Valley	47	4	51
Santa Monica	16	1	17
South Central	42	3	45
Sylmar	34	2	36
Valencia	3	1	4
Van Nuys	27	3	30
Total	**497**	**38**	**535**

Figure 7 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2001.

Figure 8

JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2001

By Age and Ethnicity

	Under 11	11	12	13	14	15	16	17	18 and Over	Total
African American	26	20	20	16	20	14	14	11	1	142
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	0	0	0	1	1	3	0	0	5
Latino	30	28	32	37	44	56	52	20	6	305
White	1	7	13	16	13	13	7	2	1	73
Other	1	1	1	0	0	1	1	1	0	6
Unknown	0	0	0	1	0	1	1	1	0	4
Total	**58**	**56**	**66**	**70**	**78**	**86**	**78**	**35**	**8**	**535**

	Under 11	11	12	13	14	15	16	17	18 and Over	Total
African American	1	1	3	10	14	25	27	31	36	148
Asian/Pacific Islander	0	0	0	0	0	0	1	1	1	3
Latino	0	0	5	14	33	49	64	61	90	316
White	0	0	2	5	10	14	16	10	13	70
Other	0	0	0	2	1	0	1	3	5	13
Unknown	0	0	0	0	0	0	0	0	3	3

Offense Type	Juvenile	Percent	Adult	Percent	Total
Physical Abuse	84	15.7	4	.5	88
Sexual Abuse	435	81.3	744	91.2	1,179
Exploitation	6	1.1	16	2.0	22
General Neglect	4	0.8	32	3.9	36
Caretaker Absence	1	0.0	2	0.2	3

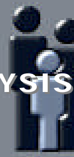


Figure 11

2001 CHILD ABUSE OFFENSE GRANTS OF PROBATION BY AREA OFFICE

Adult and Juvenile

Area Office	Adults	Juveniles	Total
Antelope Valley	11	4	**15**
Camp Afflerbaugh	0	1	**1**
Camp Headquarters	0	3	**3**
Camp Miller	0	2	**2**
Camp Munz	0	1	**1**
Camp Resnik	0	1	**1**
Camp Scobee	0	1	**1**
Camp Smith	0	2	**2**
Central Adult Investigation	12	0	**12**
Centinela	24	20	**44**
Crenshaw	34	28	**62**
East Los Angeles	12	5	**17**
East San Fernando Valley	21	0	**21**
East San Fernando Valley VL	3	3	**6**
Eastlake Intake Detention Control	0	1	**1**
Firestone	19	19	**38**
Foothill	10	8	**18**
Harbor	11	10	**21**
Kenyon JJC	0	19	**19**
Long Beach	18	17	**35**
Northeast Juvenile Justice Center	0	9	**9**
Pomona Valley	13	9	**22**
Rio Hondo	16	14	**30**
Riverview (La Madera)	9	0	**9**
San Gabriel Valley	9	27	**36**
Santa Monica	11	3	**14**
South Central	18	13	**31**
Sylmar	0	6	**6**
Van Nuys	1	27	**28**
Total	**252**	**253**	**505**
Percent	**49.9**	**50.1**	**100.0**

Severe Neglect	5	0.9
18	2.2	23
Total	**535**	**100.0**
816	**100.0**	**1351**
Percent		**39.6%**
		60.4%
100.0%		

Of the 816 Child Abuse referrals received by the Adult Bureau in 2001, 252 (49.9%) resulted in a Court ordered grant of formal probation. The adult defendants not placed on formal probation may have been sentenced to state prison, county jail, placed on informal probation to the court, found not guilty or had their cases dismissed.

Of the 535 Juvenile Child Abuse offense referrals received in 2001, 253 (50.1%) offenses resulted in a

Non-California zip codes reflect those probationers who are residing out-of-state on Inter-State Compact agreement pursuant to 11175 PC - 11179PC. There are also probationers with non-LA County zip codes who may fall into one of several categories:

1. Residents in another county, but supervised by LA (may be pending 1203.9 (transfer out).

2. Resides in another county and supervised by another county, but on probation to LA County (courtesy supervision).

3. Resides in another county and pending acceptance by LA County for jurisdictional transfer (1203.9).

Zip Codes	Cases
CENTINELA	
90002	1
90003	1
90005	1
90026	1
90043	8
90044	28
90045	2
90046	1
90047	12
90057	1
90059	1
90062	1
90220	2
90245	3
90247	11
90248	1
90249	8
90250	20
90260	11
90262	1
90278	1
90301	12
90302	5
90303	6
90304	5
90305	9
90501	1
90806	1
90813	1
93550	1
TOTAL CASES	**157**

CRENSHAW	CASES
30339	1
36183	1
89115	1
90002	1
90003	1
90004	13
90005	8
90006	19
90007	11
90008	7
90011	5
90012	5
90013	1
90014	3
90015	2
90016	14
90017	4
90018	14
90019	18
90020	6
90021	2
90025	1
90026	18
90027	3
90028	7
90029	6
90032	1
90034	2
90035	1
90036	2
90037	29
90038	6
90042	1
90043	1
90044	3
90046	1
90047	1
90057	7
90061	1
90062	9
90065	2
90068	2
90076	1
90255	1
90280	1
90302	1
90501	1
90813	1
91103	1
91344	1
91352	1
91601	1
91792	1
92019	1
92377	1
92553	2
92656	1
93021	1
93065	1
94553	1
95837	1
TOTAL CASES	**261**

EAST LOS ANGELES	CASES
45206	1
55423	1
90022	20
90023	16
90031	10
90032	4
90033	7
90042	1
90044	1
90063	18
90201	2
90270	1
90640	16
90660	2
90723	1
91030	1

91204	1
91331	1
91406	1
91504	1
91702	1
91724	1
91754	2
91755	1
91770	7
91775	1
91776	3
91801	6
91803	6
93536	2
TOTAL CASES	**136**

EAST SAN FERNANDO VALLEY	CASES
84097	1
89123	1
90016	1
90032	1
90210	1
90220	1
90265	1
90631	1
91040	1
91301	1
91302	1
91303	4
91304	2
91306	13
91311	2
91316	1
91324	2
91325	3
91326	3
91331	17
91335	10
91340	1
91342	2
91343	10
91344	2
91345	7
91351	1
91352	7
91356	2
91364	1
91367	1
91401	7
91402	8
91405	5
91406	11
91411	5
91423	3
91436	1
91510	1
91601	10
91602	2
91604	2
91605	10
91606	8
91607	4
91763	1
91786	1
92545	1
93010	1
93065	2
93225	1
93304	1
93535	2
93610	1
93908	1
94949	1
TOTAL CASES	**192**

EAST SAN FERNANDO VALLEY ANTELOPE VALLEY	CASES
90044	1
90745	1
91331	1
91342	2
91767	1
92277	1
92392	1
93510	1
93534	23
93535	32
93536	12
93543	5
93550	33
93551	7
93552	8
93553	1
93560	2
93591	3
TOTAL CASES	**135**

EAST SAN FERNANDO VALLEY VALENCIA	CASES
59911	1
90280	1
91303	1
91321	6
91331	1
91340	6
91342	9
91350	10
91351	15
91354	1
91355	3
91384	4
91387	2
91390	2
91732	1
93306	1
93550	1
94580	1
TOTAL CASES	**66**

FIRESTONE	CASES
67216	1
90001	18
90002	14
90003	15
90007	1
90011	25
90016	1
90018	1
90037	2
90044	3
90058	1
90059	7
90061	5
90062	2
90065	1
90201	20
90221	1
90240	1
90249	1
90255	19
90270	6
90280	1
90723	1
90813	1
91324	1
91790	1
92543	1
93269	1
TOTAL CASES	**152**

FOOTHILL	CASES
52246	1
90004	1
90039	5
90041	4
90042	11
90065	10
90604	1
91001	12

91016	1
91020	1
91024	2
91030	2
91040	2
91042	4
91101	7
91103	15
91104	16
91106	9
91107	7
91109	1
91201	2
91202	1
91203	2
91204	3
91205	6
91206	4
91214	3
91352	1
91406	1
91501	3
91502	3
91504	5
91505	1
91506	2
91604	1
91770	1
92211	1
92324	1
92690	1
92822	1
93550	1
98042	1
TOTAL CASES	**157**

HARBOR	CASES
20016	1
70056	1
84054	1
90013	1
90028	1
90248	2
90249	1
90250	1
90254	1
90266	5
90271	1
90274	3
90275	5
90277	9
90278	7
90292	1
90501	9
90502	3
90503	6
90504	3
90505	2
90710	4
90713	1
90717	7
90731	7
90732	3
90744	12
90746	1
91740	1
91752	1
92281	1
92530	1
92806	1
96001	1
98506	1
TOTAL CASES	**106**

LONG BEACH	CASES
58103	1
77373	1
90044	1
90047	1
90059	1
90063	1
90201	1
90220	2
90221	1
90280	1
90401	1
90505	1
90620	1
90621	1
90706	3
90712	6
90715	1
90716	1
90731	2
90732	1
90742	1
90744	3
90745	3
90802	14
90803	7
90804	12
90805	23
90806	24
90807	8
90808	2
90810	10
90812	1
90813	27
90815	4
92104	1
92114	1
92201	1
92308	1
92316	1
92626	1
92638	1
92647	1
92648	1
92708	1
92802	2
92833	1
92841	1
92867	1
92868	1
93527	1
94070	1
95650	1
98532	1
98665	1
TOTAL CASES	**189**

POMONA VALLEY	CASES
89129	1
90032	1
90063	1
90262	1
90716	1
90701	2
91702	1
91706	1
91709	1
91710	2
91711	4
91722	6
91723	1
91724	3
91732	1
91733	1
91740	5
91741	2
91750	14
91759	1
91761	1
91762	5
91763	3

91764	2
91765	3
91766	27
91767	20
91768	9
91773	2
91780	2
91786	3
91789	3
92071	1
92223	1
92301	1
92335	4
92336	2
92376	4
92377	1
92392	1
92404	2
92410	1
92501	1
92530	1
92544	1
92551	1
92557	1
92561	1
92587	1
92780	1
92808	1
92832	1
92833	1
92840	1
92880	1
92881	2
92882	1
93927	1
TOTAL CASES	**165**

RIO HONDO	CASES
90240	3
90241	11
90242	3
90255	1
90601	4
90602	5
90603	3
90604	12
90605	9
90606	2
90631	2
90638	6
90640	1
90605	14
90660	6
90670	1
90701	4
90703	3
90706	11
90712	1
90715	4
90716	1
90723	1
91709	1
91715	1
91720	1
91746	1
92265	1
92316	1
92553	1
92648	1
92806	1
93030	1
96795	1
97230	1
99336	1
TOTAL CASES	**121**

SOUTH CENTRAL	CASES
90001	1
90005	2
90008	1
90011	1
90013	1
90015	1
90057	1
90059	3
90061	2
90201	3
90220	8
90221	15
90222	9
90242	1
90250	1
90255	1
90262	17
90280	19
90292	1
90620	1
90717	1
90723	11
90745	15
90746	6
90802	1
90805	3
91335	1
92376	1
92656	1
TOTAL CASES	**129**

SAN GABRIEL VALLEY	CASES
87108	1
90604	1
90716	1
91006	4
91007	2
91010	2
91016	4
91702	8
91706	18
91723	2
91731	12
91732	18
91733	6
91734	1
91740	1
91744	20
91745	5
91746	8
91748	6
91755	1
91770	4
91780	1
91790	3
91791	5
91792	3
92256	1
92405	2
92701	1
TOTAL CASES	**141**

SANTA MONICA	CASES
34145	1
77036	1
85234	1
85719	1
90018	1
90019	2
90024	1
90025	3
90029	1
90034	8
90036	3
90045	2
90046	3
90047	1
90048	3
90057	2
90066	11
90068	1

90069	3
90212	1
90230	5
90232	3
90250	1
90265	2
90290	1
90291	3
90292	1
90402	1
90403	1
90404	2
90405	1
90502	1
91301	1
91302	2
91360	1
91362	2
91377	1
91387	1
91405	1
92201	1
92630	1
92660	1
92860	1
93030	1
93063	1
93535	1
94086	1
95204	1
95820	1
98029	1
TOTAL CASES	**92**
REPORT TOTAL	**2199**

GLOSSARY OF TERMS

Adjudication - that part of the juvenile court process focused on whether the allegations or charges facing a juvenile are true; similar to trial in adult court.

Adult - a person 18 years of age or older.

Bench Officer - a judicial hearing officer (appointed or elected) such as a judge, commissioner, referee, arbitrator, or umpire, presiding in a court of law and authorized by law to hear and decide on the dispositions of cases

California Youth Authority (CYA) - the most severe sanction available to the juvenile court among a range of dispositional outcomes; it is a state run confinement facility for juveniles who have committed extremely serious or repeat offenses and/or have failed county-level programs, and require settings at the state level; CYA facilities are maintained as correctional schools and are scattered throughout the state

Camp Community Placement - available to the juvenile court at a disposition hearing; a minor is placed in one of 19 secure or non-secure structured residential camp settings run by the Probation Department throughout the County (see Residential Treatment Program)

Case Closing /Dismissal - the court's declaration that good cause for any jurisdiction over a particular case does not, or no longer exists

Caseload - the total number of adult/juvenile clients or cases on probation, assigned to an adult or juvenile Deputy Probation Officer; caseload size and level of service is determined by Department policy

Child Abuse - any form of deliberate injury to a child's physical, moral or mental well-being (i.e., unlawful corporate punishment or physical injury inflicted on a child, or the willful cruelty or unjustifiable punishment, or sexual abuse, or neglect of a child)

Child Threat (CT) Caseload - a specialized caseload supervised by a CT Deputy Probation Officer consisting of adults on formal probation for child abuse offenses or where there is reason to believe that defendant's (violent, drug abusing or child molesting) behavior may pose a threat to a child; Department service standards require close monitoring of a defendant's compliance with court orders to ensure both the child's and parents' safety

Compliance - refers to the offender following, abiding by, and acting in accordance with the orders and instructions of the court as part of his/her effort to cooperate in his/her own rehabilitation while on probation (qualified liberty) given as a statutory act of clemency

Conditions of Probation - the portion of the court ordered sentencing option, which imposes obligations on the offender; may include restitution, fines, community service, restrictions on association, etc.

Controlled Substance - a drug, substance, or immediate precursor, which is listed in any schedule in Health and Safety Code Sections 11054, 11055, 11057, or 11058.

Court Orders - list of terms and conditions to be followed by the probationer, or any instructions given by the court Crimean act or omission in violation of local, state or federal law forbidding or commanding it, and made punishable in a legal proceeding brought by a state or the US government

DA Case Reject - a District Attorney dispositional decision to reject the juvenile petition request (to file a formal complaint for court intervention) from the referral source (usually an arresting agency) by way of Probation due to lack of legal sufficiency (i.e., insufficient evidence)

Defendant - the subject of a case, accused/convicted of a crime, before a criminal court of law

Deferred Entry of Judgment - refers to a sentencing option that allows the court to place an "eligible" offender on probation for a specified period (12 to 36 months for juveniles without allegations sustained at adjudication; 18 to 36 months for adults who plead guilty to the charge or charges); successful completion of supervision program requirements dismissing the charges, and failure may resume court proceedings to make a motion to enter judgment

Delinquent - a minor who violates some law, offense, or ordinance defining crime, or violates a

court order of the juvenile court, and comes under the jurisdiction of the juvenile court per section 602 of the Welfare and Institutions Code.

Disposition - the judgment rendered to dispose a case as a result of an appearance in a court by an accused offender; the court dismisses or acquits cases, passes sentence, extends clemency, grants formal or informal probation, makes related orders, and transfers cases.

Diversion - the suspension of prosecution of "eligible" (youthful, first, or non-criminal oriented) offenders in which a criminal court determines the offender suitable for diverting out of further criminal proceedings and directs the defendant to seek and participate in community-based education, treatment or rehabilitation programs prior to and without being convicted, while under the supervision of the Probation Department; program success dismisses the complaint, while failure causes resumption of criminal proceedings.

DPO - Deputy Probation Officer - a peace officer who performs full case investigation functions and monitors probationer's compliance with court orders, keeping the courts apprised of probationer's progress by providing reports as mandated.

Drug Abuse - the excessive use of substances (pharmaceutical drugs, alcohol, narcotics, cocaine, generally opiates, stimulants, depressants, hallucinogens) having an addictive-sustaining liability, without medical justification.

F**ormal Probation** - the suspension of the imposition of a sentence by the court and the conditional and revocable release of an offender into the community, in lieu of incarceration, under the formal supervision of a DPO to ensure compliance with conditions and instructions of the court; non-compliance may result in formal probation being revoked.

High Risk - a classification referring to potentially dangerous, criminally oriented probationers who are very likely to violate conditions of probation and pose a potentially high level of peril to victims, witnesses and their families or close relatives; usually require in-person contacts and monitoring participation in treatment programs.

I**nformal Probation** - Juvenile -a six-month probation supervision program for minors opted by the DPO following case intake investigation of a referral, or ordered by the juvenile court without adjudication or declaration of wardship; it is a lesser sanction and avoids formal hearings, conserving the time of the DPO, court staff and parents and is seen as less damaging to a minor's record.

Adult - a period of probation wherein an individual is under the supervision of the Court as opposed to the Probation Officer. The period of probation may vary.

Investigation - the process of investigating the factors of the offense(s) committed by a minor/adult, his/her social and criminal history, gathering offender, victim and other interested party input, and analyzing the relevant circumstances, culminating in the submission of recommendations to the court regarding sanctions and rehabilitative treatment options.

Judgment - the official, recorded judicial decision of a court on a case to be disposed.

Juvenile - a person who is a minor by virtue of his/her being under the age of legal consent (18 years).

Juvenile Court - a department of the LA County Superior Court which has special jurisdiction (of a paternal nature) over, and hears cases involving, juveniles; including delinquent, status offender, dependent and neglected children.

Minor - a person under the age of legal consent (18 years).

Narcotic Testing - the process whereby a probationer must submit, by court order, to a drug test as directed, to detect and deter controlled substance abuse.

Pre-Sentence Report - a written report made to the adult court by the DPO and used as a vehicle to communicate a defendant's situation and the DPO's recommendations regarding sentencing and treatment options to the judge prior to sentencing; becomes the official position of the Probation Department.

Probation Grant - the act of bestowing and plac-

ing offenders (adults convicted of a crime and juveniles with allegations sustained at adjudication) on formal probation by a court of law and charging Probation with their supervisorial care to ensure the fulfillment of certain conditions of behavior.

Probation Violation - when the orders of the court are not followed or the probationer is re-arrested and charged with a new offense.

Probationer - minor or adult under the direct supervision of a Deputy Probation Officer, usually with instructions to periodically report in as directed.

Referral - the complaint against the juvenile from law enforcement, parents or school requesting Probation intervention into the case, or a criminal court order directing Probation to perform a thorough investigation of a defendant's case following conviction, and present findings and recommendations in the form of a pre-sentence report.

Residential Treatment Program - this program is also referred to as the Camp Community Placement program. It provides intensive intervention in a residential setting over an average stay of 20 weeks. The goal of the program is to reunify the minor and family, to reintegrate the minor into the community, and to assist the minor in achieving a productive, crime free life. Reducing the incidence and impact of crime in the community is the fundamental objective of the Residential Treatment Services Bureau's camp program. The Camp Community Placement program is an intermediate sanction alternative to probation in the community and incarceration in the California Youth Authority. Upon commitment by the court, a minor receives a structured work experience, vocational training, education, specialized tutoring, athletic participation, various kinds of social enrichment, and ongoing health, educational and family assessments that allow treatment tailored to meet the minor's needs. Each of the 14 camps affords enhancement components tailored to its population and purpose. The camps house approximately 2,200 minors per day. Many allow camp minors to collaborate with local citizens, as well as public and private agencies. Among these community-building programs are the Amer-I-Can Program, the Literacy Project, Operation Read, the Honors Drama Ensemble, Gangs for Peace, Bridge to Employment, Young Men as Fathers (L.A. Dads). (See Camp Community Placement).

Sanction - that part of law which is designed to secure enforcement by imposing a penalty for its violation.

Sentence - the penalty imposed by the court upon a convicted defendant in a criminal judicial proceeding or upon a delinquent juvenile with allegations found true in juvenile court; penalties imposed may be county jail or prison for the defendant, or residential camp placement or CYA commitment for a juvenile.

Substance Abuse - see Drug Abuse - the non-medical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture. For purposes of this glossary, non-medical use means:

- use of prescription drugs in a manner inconsistent with accepted medical practice
- use of over-the-counter drugs contrary to approved labeling; or
- use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide

Trace - an amount of substance found in a newborn or parent that is insufficient to cause a parent to return to court on a probation violation, but is enough to authorize removal of a child from parental control.

Unfit - a finding by a juvenile fitness hearing court that a minor was found to be unfit for juvenile court proceedings, and that the case will be transferred to adult court for the filing of a complaint; juvenile in effect will be treated as an adult.

Victim - an entity or person injured or threatened with physical injury, or that directly suffers a measurable loss as a consequence of the criminal activities of an offender, or a "derivative" victim, such as the parent/guardian, who suffers some loss as a consequence of injury to the closely related primary victim, by reason of a crime committed by an offender.

RECOMMENDATION FOLLOW-UP

Recommendation Two:
Responding to Domestic Violence

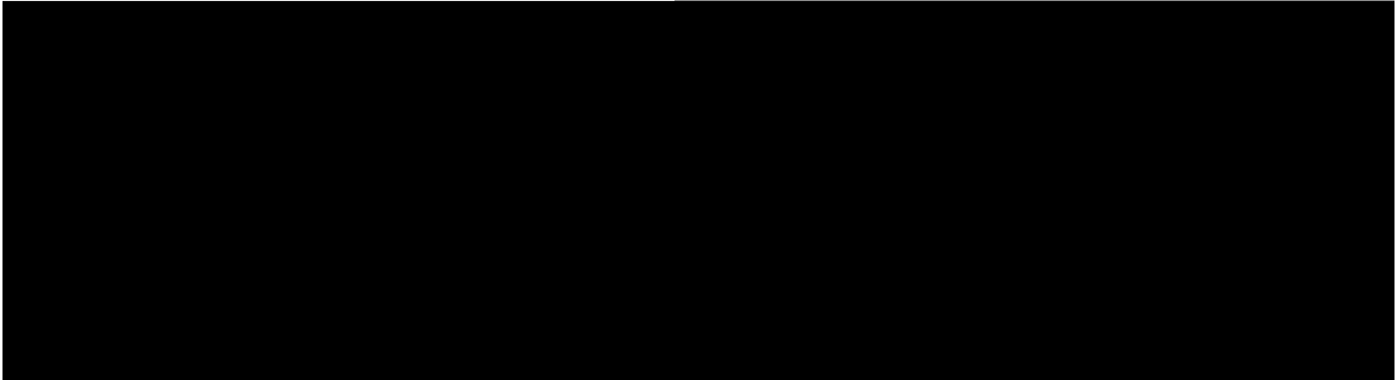
A Deputy Probation Officer serves as a member of the Domestic Violence. The Department operates the Domestic Violence Monitoring Unit with responsibility at present of some 150 Batterers Intervention Programs. All persons convicted of a domestic violence offense are required to be involved in a 52-week batterer intervention program, which operates in adherence to standards established by the Department.

Recommendation Five:
Identification of Children with Disabilities

The Department has taken a proactive stance regarding hearing-impaired minors. As a result we have explored other areas in which we could better serve disabled children and their families. In addition we seek training from other agencies and experts to learn how to identify, approach and work effectively with both children and adults with disabilities.

Department of Justice

AGENCY REPORT



FACT SHEET FOR CHILD PROTECTION PROGRAM

Each year in California, approximately 40,000 child abuse investigation reports are submitted to the Child Abuse Central Index (CACI). CACI is a statewide, multi-jurisdictional, centralized index of child abuse investigation reports submitted by investigating agencies (police or sheriff's departments, county welfare and county probation departments). These reports pertain to incidents in which physical abuse, sexual abuse, emotional abuse, and/or severe neglect is alleged. Each investigating agency is required by law to forward a report of every child abuse incident it investigates to the Department of Justice, unless an incident is determined to be unfounded or involves general neglect only.

INFORMATION ON FILE

Information on file includes:

- The date of report.
- The agency that investigated the incident.
- The number or name assigned to the case by the agency investigating the reported incident.
- The victim's name and age
- The names and physical descriptors of suspect(s) listed on reports.
- The type of abuse investigated.
- The investigator findings for the incident.

SERVICE PROVIDED BY PROGRAM

- Provides information on an expedited basis to investigators on suspects involved in current child abuse investigations who were involved in prior incidents of suspected child abuse.
- Cross-checks all child abuse investigation reports submitted to the Department of Justice against the Child Abuse Central Index to identify prior reports of child abuse involving listed suspects.
- Searches the names of applicants for child care service licenses, employment, adoption and the TrustLine Registry submitted to the Department of Justice against the Child Abuse Central Index to identify prior reports of child abuse which might result in disqualification from licensing, adoption or listing n the TrustLine Registry
- Contacts licensing agencies when the Department of Justice receives Child Abuse Investigation Reports involving licensees
- Searches the names of individuals in the Child Abuse Central Index for the placement of children and potential guardians.
- Conducts statewide training sessions of child abuse reporting requirements for child protective agencies.

ACCESS TO FILES

Information from the Child Abuse Central Index may be provided to agencies defined in Penal Code Section 11165.9, district attorney offices, court investigators, and the State Department of Social Services in the review of applicants for adoption, licensing or employment in child care facilities and listing on the TrustLine Registry.

DATE PROGRAM ESTABLISHED

Child Abuse Central Index - 1965

LEGAL AUTHORITY

Child Abuse and Neglect Reporting Act, California Penal Code (PC) Sections 11164 through 11174.3. Sections 11169 PC and 11170 PC pertain to investigating agencies reporting to DOJ and the dissemination of information from CACI to authorized agencies.

INVESTIGATION REPORTS

Refer to Figures 1 and 2

FOR INQUIRIES

California Department of Justice
Bureau of Criminal Information and Analysis
ATTN: Child Protection Program
P.O. Box 903387
Sacramento, CA 94203-3870
(916) 227-3285

Figure 1

CHILD ABUSE INVESTIGATION REPORTS
Entered in the Automated Child Abuse System

Types of Abuse	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Physical	31,527	30,815	30,766	27,085	26,709	24,113	21,318	21,693	19,751	16,867
Sexual	21,603	20,731	20,151	15,487	14,491	12,217	9,851	10,552	9,404	8,581
Neglect/Mental	5,430	5,517	5,666	5,744	6,619	6,501	9,490	11,394	11,573	10,721
Other	93	0	0	0	0	N/A	N/A	N/A	N/A	N/A
TOTALS	58,653	57,063	56,583	48,316	47,819	42,831	40,659	43,639	40,728	36,169

Approximate number of available reports in the child Abuse Central Index as of April 2, 2002

Cases:	762,600
Suspect Names:	819,395
Victim Names:	1,010,337

**Starting in 1995 the, statistics are based on "date of report" rather than "date of entry"*

Effective January 1, 1998, pursuant to Penal Code Section 11170 9a)(3), the Department of Justice commenced the monthly purge of Child Abuse Investigation Reports. If the child abuse report is:
1) unsubstantiated/inconclusive, 2) more than ten years old; and 3) the suspect in the report is not linked to a more recent report, then the report is purged.

Figure 2

CHILD ABUSE INVESTIGATION REPORTS
Entered in the Automated Child Abuse System

County	Total	Physical	Mental	Neglect	Sexual	Deaths
Alameda	870	524	36	27	283	0
Alpine	0	0	0	0	0	0
Amador	1	0	0	0	1	0
Butte	545	284	101	16	144	1
Calaveras	38	20	7	3	8	0
Colusa	12	5	2	1	4	0
Contra Costa	452	239	101	23	89	1
Del Norte	17	10	2	2	3	0
El Dorado	79	40	22	1	16	1
Fresno	601	322	85	35	159	0
Glenn	122	60	25	15	22	0
Humboldt	185	121	22	1	41	0
Imperial	115	55	26	8	26	1
Inyo	110	53	28	7	22	0
Kern	925	502	141	65	217	1
Kings	265	154	21	6	84	0
Lake	52	32	2	0	18	1
Lassen	43	24	1	3	15	0
Los Angeles	5,399	2,741	906	160	1,592	2
Madera	238	121	38	8	71	2
Marin	24	16	0	0	8	0
Mariposa	10	5	1	1	3	0
Mendocino	199	93	49	12	45	0
Merced	204	100	38	11	55	0
Modoc	14	3	3	1	7	0
Mono	4	3	1	0	0	0
Monterey	309	168	40	12	89	1
Napa	101	67	5	1	28	0
Nevada	46	36	5	2	3	0
Orange	6,842	2,523	2,950	164	1,205	0
Placer	311	116	138	12	45	0
Plumas	44	25	5	4	10	1
Riverside	1,988	1,002	376	134	476	5
Sacramento	2,409	1,326	390	135	558	1
San Benito	105	63	28	2	12	0
San Bernardino	2,370	1,170	202	162	836	0
San Diego	5,221	1,877	2,551	90	703	2
San Francisco	154	87	8	2	57	1
San Joaquin	373	250	29	7	87	0

Figure 2

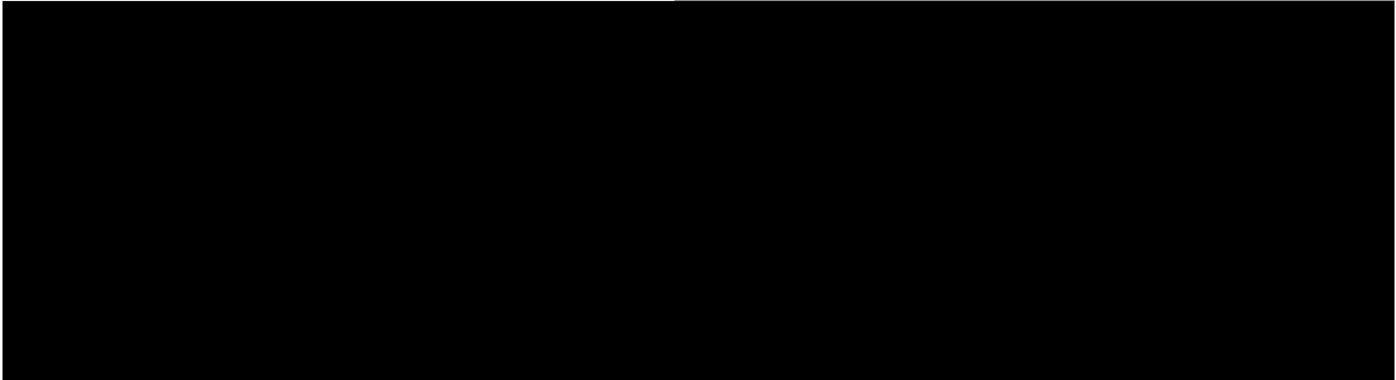
CHILD ABUSE INVESTIGATION REPORTS
Entered in the Automated Child Abuse System

County	Total	Physical	Mental	Neglect	Sexual	Deaths
San Luis Obispo	224	83	89	13	39	0
San Mateo	375	210	61	10	94	0
Santa Barbara	1,071	482	310	150	129	0
Santa Clara	665	288	59	12	306	1
Santa Cruz	155	60	32	1	62	0
Shasta	244	148	20	48	28	0
Sierra	0	0	0	0	0	0
Siskiyou	82	23	22	2	35	0
Solano	377	220	25	14	118	1
Sonoma	378	198	44	6	130	1
Stanislaus	357	166	19	10	162	1
Sutter	49	26	14	2	7	0
Tehama	6	0	0	0	6	0
Trinity	2	0	1	0	1	0
Tulare	266	123	22	25	96	0
Tuolumne	124	62	37	0	25	0
Ventura	896	491	141	7	257	0
Yolo	47	18	4	1	24	0
Yuba	54	32	1	1	20	0
TOTALS*	**36,169**	**16,867**	**9,286**	**1,435**	**8,581**	**25**

**2001 reports (by Date of Report) entered as of 4/2/2002*

DEPARTMENT OF CORONER

AGENCY REPORT



The Department of Coroner is mandated by law to inquire and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths occurring within Los Angeles County, including all homicides, suicides, accidental deaths, and natural deaths where the decedent has not seen a physician within 20 days prior to death.

In calendar year 2001, a total of 14,165 deaths were reported to the Los Angeles County Coroner. Of these cases, 9,608 were fully investigated and autopsied. Of the 9,608 cases, 609, or 6.34% of those deaths were child deaths where the decedent's age was 17 years or less.

After a review of the cases based on the ICAN established criteria, of the total child deaths reported, 264 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up.

This report represents the ICAN cases referred child deaths for the calendar year 2001.

Figure 1

CASE COMPARISON BY MODE OF DEATH AND GENDER

Total ICAN Cases: 264

By Mode of Death	Total Cases	% of Total
Accident	137	51.89
Homicide	35	13.26
Suicide	27	10.23
Undetermined	65	24.62
Total	**264**	**100%**
By Gender	**Total Cases**	**% of Total**
Female	114	43.18
Male	150	56.82
Total	**264**	**100%**

Figure 2

CASE COMPARISON BY ETHNICITY AND AGE

Total ICAN cases: 264

By Ethnicity	Total Cases	% of Total
Unknown	7	2.65
Asian	9	3.41
Black	60	22.73
Caucasian	58	21.97
Chinese	1	.38
Filipino	7	2.65
Hispanic/Latin American	121	45.83
Vietnamese	1	.38
Total	**264**	**100%**
Deaths by Age	Total Cases	% of Total
Stillborn	37	14.02
1 day - 29 days	15	5.68
1 - 5 months	41	15.53
6 months - 1 year	42	15.91
2 years	13	4.92
3 years	10	3.79
4 years	12	4.55
5 years	8	3.03
6 years	5	1.89
7 years	7	2.65
8 years	7	2.65
9 years	7	2.65
10 years	2	.76
11 years	8	3.03
12 years	8	3.03
13 years	8	3.03
14 years	7	2.65
15 years	3	1.14
16 years	10	3.79
17 years	14	5.30
Total	**264**	**100%**

Figure 3

MODE OF DEATH: ACCIDENT

Total Accident Cases: 137

This section details the manner of death by the final mode of death; by Gender, by Ethnicity, by Age and by Cause of Death.

Deaths by Gender	Total Cases	% of Total
Female	62	45.26
Male	75	54.74
Total	**137**	**100%**

Deaths by Ethnicity	Total Cases	% of Total
Asian	6	4.38
Black	27	19.71
Caucasian	30	21.90
Chinese	1	.73
Filipino	4	2.92
Hispanic/Latin American	67	48.90
Unknown	2	1.46
Total	**137**	**100%**

Deaths by Age	Total Cases	% of Total
Stillborn	22	16.05
1 day - 29 days	6	4.38
1 - 5 months	3	2.19
6 months - 1 year	22	16.05
2 years	9	6.57
3	7	5.11
4	8	5.84
5	7	5.11
6	5	3.65
7	7	5.19
8	6	4.37
9	6	4.37
10	2	1.46
11	5	3.65
12	6	4.37
13	6	4.37
14	6	4.37
15	1	.72
16	2	1.46
17	1	.72
Total	**137**	**100%**

By Cause of Death	Total Cases	% of Total
Amphetamine	3	2.19
Asphyxia	3	2.19
Asphyxia by food	2	1.46
Assault by Firearm	1	.73
Auto Motorcycle Truck vs Ped	1	.73
Auto vs auto,motorcycle,truck,van	48	35.04
Auto vs bicycle	3	2.19
Auto Und Injury	5	3.65
Blunt Force Injury	5	3.65
Blunt Force Trauma	1	.73
Caught Accidental	2	1.46
Cocaine accident	8	5.84
Drowning Accident	26	18.98
Fall From Roof	1	.73
Fire	3	2.19
Hanging - Accident	1	.73
Impramine Intoxication	1	.73
Intrauterine Pregnancy	2	1.46
Intravenous Narcotism	1	.73
Loss Control auto, truck	3	2.19
Maternal Drug	6	4.37
Maternal Injuries	1	.73
Moped	1	.73
Multiple Drugs Accident	3	2.19
Other	5	3.65
Smoke Inhalation	1	.73
Total	137	100%

Figure 4

MODE OF DEATH: HOMICIDE

Total Homicide Cases: 35

Deaths by Gender	Total Cases	% of Total
Female	19	54.29
Male	15	42.86
Undetermined	1	2.85
Total	**35**	**100%**
Deaths by Ethnicity	**Total Cases**	**% of Total**
Black	10	28.57
Caucasian	9	25.72
Hispanic/Latin American	14	40
Unknown	2	5.71
Total	**35**	**100%**
Deaths by Age	**Total Cases**	**% of Total**
Stillborn	9	25.71
1 day - 29 days	3	8.57
1 month - 5 months	8	22.86
6 months - 1 year	5	14.29
2	4	11.43
3	2	5.71
4	3	8.57
8	1	2.86
Total	**35**	**100%**
By Cause of Death	**Total Cases**	**% of Total**
Amphetamine	2	5.71
Asphyxia	1	2.86
Asphyxia and Injury	1	2.86
Assault Abandonment of Child & Infant	4	11.43
Assault By Blunt Object	3	8.57
Assault by Drowning	1	2.86
Assault by Drugs	2	5.71
Assault Fire/Arson	1	2.86
Assault by Firearm	2	5.71
Assault by Hanging	3	8.57
Assault Child Abuse	10	28.57
Assault Stab Any Part of Body	1	2.86
Assault Unspecified	1	2.86
Blunt Force Injury	1	2.86
Blunt Force Trauma	1	2.86
Maternal Drug Dependence	1	2.86
Total	35	100%

Figure 5

MODE OF DEATH: SUICIDES

Total Suicide Cases: 27

Deaths by Gender	Total Cases	% of Total
Female	19	54.29
Female	5	18.52
Male	22	81.48
Total	27	100%
Deaths by Ethnicity	Total Cases	% of Total
Caucasian	9	33.34
Filipino	1	3.70
Hispanic/Latin American	12	44.44
Total	**27**	**100%**
Deaths by Age	**Total Cases**	**% of Total**
9	1	3.70
11	3	11.11
12	1	3.70
13	1	3.70
14	1	3.70
15	1	3.70
16	6	22.23
17	13	48.16
Total	**27**	**100%**
By Cause of Death	**Total Cases**	**% of Total**
Firearms, gunshot	7	25.93
Hanging - Suicide	12	44.45
Impramine Intoxication	1	3.70
Jumping From a High Place	3	11.11
Multiple Drugs - Suicide	1	3.70
Other	2	7.41
Suffocation By Plastic Bag	1	3.70
Total	**27**	**100%**

Figure 6
MODE OF DEATH: UNDETERMINED
Total Undetermined Cases: 65

Deaths by Gender	Total Cases	% of Total
Female	28	43.08
Male	37	56.92
Total	**65**	**100%**

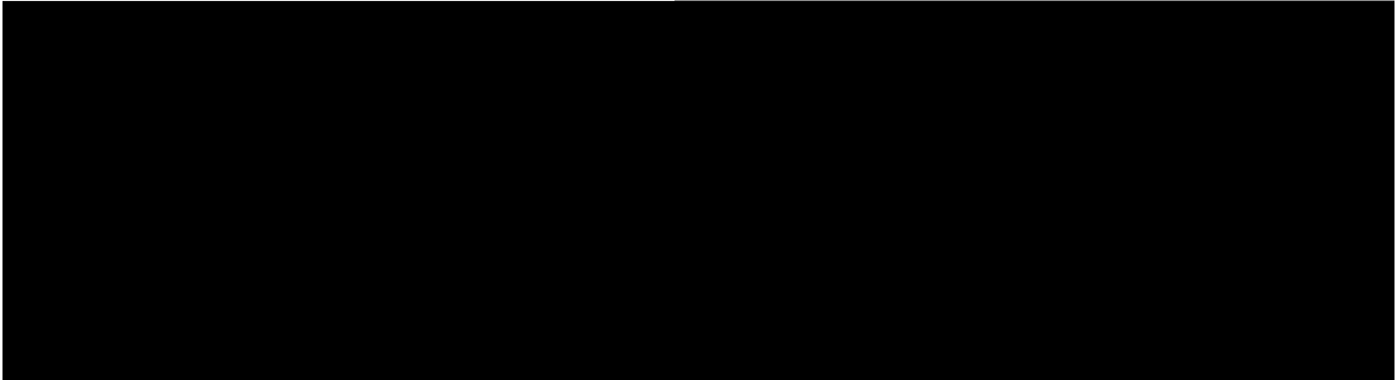
Deaths by Ethnicity	Total Cases	% of Total
Asian	3	4.62
Black	18	27.69
Caucasian	10	15.38
Filipino	2	3.08
Hispanic/Latin American	28	43.08
Unknown	3	4.62
Vietnamese	1	1.53
Total	**65**	**100%**

Deaths by Age	Total Cases	% of Total
Stillborn	6	9.23
1 day - 29 days	6	9.23
1 - 5 months	30	46.15
6 months - 1 year	15	23.07
3	1	1.54
4	1	1.54
5	1	1.54
12	1	1.54
13	1	1.54
15	1	1.54
16	2	3.08
Total	**65**	**100%**

By Cause of Death	Total Cases	% of Total
Asphyxia Und Injury	2	3.08
Dandy Walker Syndrome	1	1.54
Drowning Accidental	1	1.54
Extreme Prematurity	1	1.54
Fall Same Level Slipping	1	1.54
Firearms - Undetermined	1	1.54
Pneumonia, pneumonitus	1	1.54
Therapeutic Abortion	1	1.54
Undetermined After Autopsy	54	83.06
Undetermined - Natural	2	3.08
Total	**65**	**100%**

Los Angeles County Public Library

AGENCY REPORT



The County of Los Angeles Public Library provides materials and programs to meet the recreational, cultural, informational and educational needs of adults and children throughout Los Angeles County. The Library has over six million items in its collection which are distributed throughout its 88 community libraries and bookmobiles. The following statistics represent library usage by children in 2001: 80,800 registered for library cards; 7.1 million children's books were checked out; 106,000 children participated in early childhood education activities; 113,000 children attended school-age reading motivation programs; 168,800 children participated through classroom visits; and 128,280 children participated in vacation reading programs.

The Library provides information and referrals to individuals, adults and children, seeking to prevent or intervene in cases of child abuse. The Library also maintains community resource files and provides agency referrals to parents seeking assistance in locating social service agencies and child care resources.

Addressing the leaders of American education about the educational needs of the disadvantaged, the Business Advisory Commission of the Education Committee of the States made one major recommendation, "Get it right the first time. Early education is far less costly than remedial education. Preventing students from dropping out is less costly than training dropouts. Preventing damage is far less costly than repairing it." (1985)

The County of Los Angeles Public Library is committed to improving the quality of life of children in Los Angeles County by providing educational opportunities and programs to help families "get it right the first time."

BEGIN AT THE BEGINNING WITH BOOKS

Begin at the Beginning With Books is a bilingual program in which library staff conducts weekly training sessions on site at selected public and non-profit prenatal clinics. The goal is to provide women with information regarding the importance of the development of pre-literacy skills for their babies and information on child health and safety. Project staff discusses such topics as:

- The importance of talking and playing with baby
- How to keep baby healthy
- Best foods for a growing baby
- Everyday routines to help your baby learn
- Calming a crying baby
- Nursery rhymes
- Songs and stories for baby
- Making your home safe for baby

The Library staff shares books, videos and information of interest to pregnant women, providing them with an opportunity to learn, discuss pregnancy, health and child rearing issues and to ask for specific information which may help them during their pregnancies and with their babies after birth. Clinic patients are introduced to resources available at their nearby public library and invited to become library users. The women and their significant others are also referred to local literacy programs.

After their babies are born, the mothers receive a congratulatory card from the Library and are invited to apply for their library card and to visit the library for baby reunions, where project staff provide further instruction on how to read and talk to baby, how to use toys effectively, and how to identify other community resources available to help the mothers provide a good beginning for the new baby.

In 1999, the program was expanded to include presentations to parents at the Women Infants and Children (WIC) clinic in Bellflower.

MEASURED RESULTS

(January - December, 2001)

- 8,041 adults participating in clinic sessions
- 2,469 children introduced to books at clinics
- 960 adults attended library sessions
- 1,836 children attended library sessions

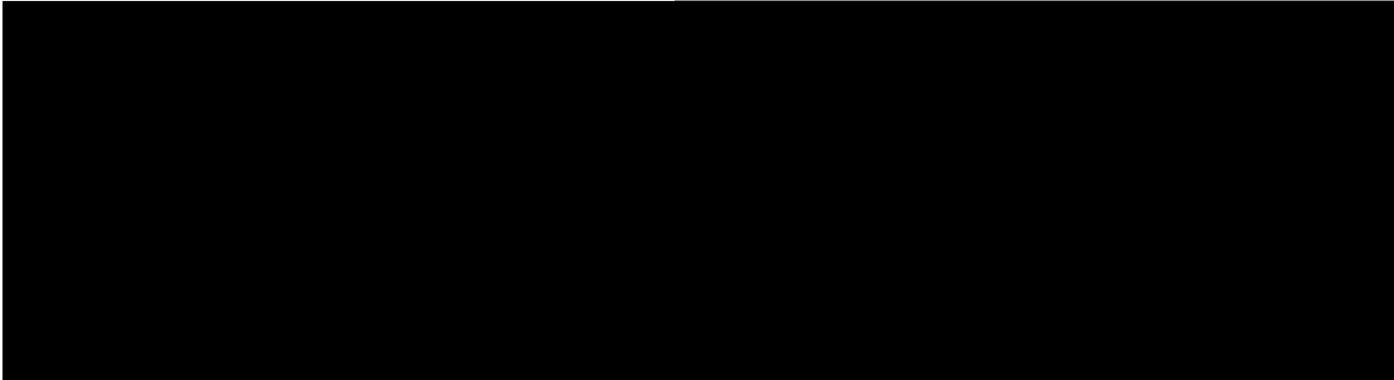
FAMILY LITERACY

In addition to programs to support the general population, through its Families for Literacy Program, the Library supports the young children of parents participating in the Library's Literacy Program. In 2001, a total of 2,740 adults and children participated in Family Literacy programs to support reading in the home.

The County of Los Angeles Public Library serves as an important partner in the area of prevention by providing families with opportunities and resources, enabling families to improve their quality of life.

Department of Mental Health

AGENCY REPORT



CHILDREN'S SYSTEM OF CARE

The Department of Mental Health (DMH) administers, develops, coordinates, monitors and evaluates a continuum of mental health services for children within the Children's System of Care (CSOC).

THE MISSION OF THE CHILDREN'S SYSTEM OF CARE

To enable children with emotional disorders to develop their capacities to function.

To enable children with emotional and behavioral disorders to remain at home, succeed in school, and avoid involvement with the juvenile justice system.

How the CSOC fulfills its mission:

Maintains a planning structure regarding the direction of service development. Follows the System of Care Plan for Children and Families established through the planning process, as a guide for system of care development.

Manages a diverse continuum of programs that provide mental health care for children and families.

Promotes the expansion of services through innovative projects, inter-agency agreements, blended funding, and grant-proposals to support new programs.

Collaborates with the other public agencies, particularly the Department of Health Services (DHS), the Department of Children and Family Services (DCFS), the Probation Department, the County Office of Education (LACOE), and school districts (LAUSD).

Promotes the development of county and statewide mental health policy and legislation to advance the well being of children and families.

Whom the CSOC serves:

The CSOC serves children who have a DSM-IV diagnosis and have symptoms or behaviors that cause impairment in functioning that can be ameliorated with treatment.

The priority target population that the Rehabilitation Option Short-Doyle Medi-Cal community mental health providers serve have a DSM-IV diagnosis, which has or will, without treatment, result in psychotic, suicidal or violent behavior, or long-term impairment of functioning in home, community or school.

The CSOC Treatment Network:

The CSOC provides mental health services through twenty percent directly operated and eighty percent contracted service providers. The CSOC network links a range of programs, including long-term and acute psychiatric hospitals, outpatient clinics, specialized outpatient services, day-treatment, case management and outreach programs throughout the county.

Clients and Programs Related To Child Abuse and Neglect:

There are two types of DMH services for children and adolescents that are described in this chapter.

The first type of program to be covered are those DMH programs which have been developed specifically to treat children and adolescents who are victims of or at risk for abuse. This type of program includes: the Violence Intervention Program, START, Kidstep, the Family Reunification Program, and the Child Abuse, Prevention, Intervention and Treatment program.

In contrast with such specialized programs for abused children, the second type of services to be described consist of programs serving clients who are victims of or at-risk of abuse or neglect and in need of mental health treatment. Within this cluster of programs are: D-rate foster homes, mental health treatment in group homes, the Family Preservation Program, the DMH Psychological Test Authorization Unit, the Juvenile Court Authorization Program for Psychotropic Medication, Juvenile Court Mental Health services, and the mental health units of Los Angeles County's Juvenile Halls and Children's Centers.

SERVICES TARGETING ABUSE AND NEGLECT

The Start Taking Action Responsibly Today (START) Program:

This program was implemented in March, 1998 as a result of recommendations from the Children's Commission 300/600 Task Force convened by the Los Angeles County Board of Supervisors to address the growing concern regarding dependent youth who exhibit pre-delinquent and/or delinquent behaviors. The START Unit is staffed by professionals from DCFS, DMH, Probation, LACOE and the LAUSD and is being managed as an inter - agency coalition. DCFS is the lead agency. The Unit also collaborates with community groups and service providers, child advocates, and other agencies such as the District Attorney, Dependency and Delinquency Courts, and local law enforcement.

The START Unit is a service delivery model and partnership approach for providing intense and specialized assessment and case management services to prevent dependent youth from entering the juvenile justice system and/or reduce further escalation of delinquent behavior. The vision of the Unit is to identify and address the unique needs of dependent/delinquent youth through a multi-disciplinary, multi-agency team and a supportive community environment that will guide and empower these youths to reach their potential and become productive adults.

There are two START units, one in Pasadena (START-East) and the other in Los Angeles (START-West). These sites are open to any Los Angeles County dependency youth at risk of entry into the criminal justice system. Each of the two sites of the Unit has a staff of seven CSW's. Each site is capable of serving up to 70 youths who are Dependents of the Court and provides a multidisciplinary assessment by Unit staff, followed by intensive case management to implement a case plan. After the initial assessment and development of the case plan, the START Unit staff (CSW, psychologist, probation officer, counselor's from LACOE or LAUSD) provide ongoing consultation and services and direct follow-up with the youths as needed. Psychological services for START clients are provided in collaboration with DMH.

During FY 2000-01, the START program served 253 clients.By gender, 172 (68%) were male and 81 (32%) female (Figure 1). Grouped by age, one (.4%) was 6-11, 196 (77.5%) were 12-17, 56 (22.1%) were 12-17 and 56 (22.1%) were 18-20 (Figure 2). Their ethnic backgrounds were: 149 (58.9%) African American, 58 Hispanic (22.9%), 17 (6.7%) Caucasian, 1 (.4%) Asian/Pacific Islander, and 28 (11.1%) unknown (Figure 3). The majority of clients (62.5%) had DCFS as their Agency of Primary Responsibility (APR), while the second largest referral source was Probation with 20.2%. School referrals accounted for 1.6% of clients. A combined referral from DCFS and a school district was observed for 4% of clients and a combined referral from Probation and a school district made up an additional .4% (Figure 4).

Figure 1

START PROGRAM
Gender

	Count	Percent
Male	172	68.0%
Female	81	32.0%
TOTAL	253	100.0%

Figure 2

START PROGRAM
Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	1	0.4%
12-17	196	77.5%
18-20	56	22.1%
TOTAL	253	100.0%

Figure 3

START PROGRAM

Race/Ethnicity

	Count	Percent
Caucasian	17	6.7%
African American	149	58.9%
Hispanic	58	22.9%
Native American	0	0.0%
Asian/ Pacific Islander	1	0.4%
Other	0	0.0%
Unknown	28	11.1%
TOTAL	253	100.0%

Figure 4

START PROGRAM

Responsible Agency

	Count	Percent
DCFS	158	62.5%
Probation	51	20.2%
DCFS and School Dist.	10	4.0%
Probation and School District	1	0.4%
School District (SEP Eligible)	2	0.8%
School District (Non-SEP Eligible)	2	0.8%
No Data	29	11.5%
TOTAL	253	100.0%

The psychiatric diagnoses for these clients are displayed in Figure 5 and Figure 6. The most prevalent primary admission diagnoses were: Adjustment/ Conduct Disorder/ADHD (39.1%), Major Depression (32.8%) and Anxiety Disorders (15%). Two percent of START clients had a primary or secondary admission diagnosis of Child Abuse and Neglect.

Substance abuse appears to be an issue for 15.8% of START clients (Figure 7). Marijuana is the most frequently reported substance used (11.5%).

Figure 5

START PROGRAM

Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	5	2.0%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	2	0.8%
BiPolar Disorders2	0.8%	
Major Depression	83	32.8%
Anxiety Disorders	38	15.0%
Other Diagnoses	19	7.5%
Adjustment/Conduct Disorder/ADHD	99	39.1%
Child Abuse and Neglect	2	0.8%
No Diagnosis or Diagnosis Deferred	3	1.2%
TOTAL	253	100.0%

Figure 6

START PROGRAM

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	6	2.4%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	1	0.4%
BiPolar Disorders	2	0.8%
Major Depression	17	6.8%
Anxiety Disorders	7	2.8%
Other Diagnoses	29	11.6%
Adjustment/Conduct Disorder/ADHD	27	10.8%
Child Abuse and Neglect	3	1.2%
No Diagnosis or Diagnosis Deferred	158	63.2%
TOTAL	250	100.0%

Figure 7

START PROGRAM

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	5	2.0%
Amphetamines (30XAM, 30UAM)	2	0.8%
Marijuana (30XMJ, 30UMJ)	29	11.5%
Cocaine (30XCO, 30UCO)	1	0.4%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	3	1.2%
No Substance Abuse (30XNO, 30UNO)	178	70.4%
Undetermined	35	13.8%
TOTAL	253	100.0%

Reunification of Missing Children Project:

Two of the Department's children's mental health providers, Didi Hirsch Mental Health Center and The H.E.L.P. Group, provide crisis-oriented consultation, assessment and treatment immediately following the recovery of a child who has been abducted, often by a non-custodial parent. The program's goal is to assist in the process of reunification with the left-behind parent(s), to help determine appropriate placement and to address any related trauma. The two mental health treatment programs are part of a larger task force that is chaired by Find The Children and the Inter-Agency Council on Child Abuse and Neglect (ICAN). Task force members include LAPD, LASD, FBI, US Secret Service, Mexican Consulate, DCFS, County Counsel, and the DA's Office.

During FY 2000-01, 39 clients were served by the Family Reunification program. Of these, 56.4% were male and 43.6% female (Figure 8). The distribution of their ages was: 15.4% 0-5, 61.5% 6-11, 20.5% 12-17, and 2.6% 18-20 (Figure 9). Hispanic clients constituted 43.6% of clients, with 15.4% African American, 12.8% Caucasian, and 2.6% Asian/Pacific Islander (Figure 10). For those clients with a known APR, there were 35.9% from their school district, 17.9% from DCFS, and 5.2% with school district in combination with Probation or DCFS (Figure 11).

Anxiety Disorder was the most common admission diagnosis for Family Reunification clients (66.7%) with 17.9% diagnosed with Major Depression and 5.2%, with a diagnosis of

Figure 8

FAMILY REUNIFICATION PROGRAM

Gender

	Count	Percent
Male	22	56.4%
Female	17	43.6%
TOTAL	39	100.0%

Figure 9

FAMILY REUNIFICATION PROGRAM

Age (Group)

	Count	Percent
0-5	6	15.4%
6-11	24	61.5%
12-17	8	20.5%
18-20	1	2.6%
TOTAL	39	100.0%

Figure 10

FAMILY REUNIFICATION PROGRAM

Race/Ethnicity

	Count	Percent
Caucasian	5	12.8%
African American	6	15.4%
Hispanic	17	43.6%
American Native	0	0.0%
Asian/ Pacific Islander	1	2.6%
Other	0	0.0%
Unknown	10	25.6%
TOTAL	39	100.0%

Figure 11

FAMILY REUNIFICATION PROGRAM

Responsible Agency

	Count	Percent
DCFS	7	17.9%
Probation	0	0.0%
DCFS and School Dist	1	2.6%
Probation and School District	1	2.6%
School District (SEP Eligible)	0	0.0%
School District (Non-SEP Eligible)	14	35.9%
No Data	16	41.0%
TOTAL	39	100.0%

Figure 12

FAMILY REUNIFICATION PROGRAM

Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
BiPolar Disorders	0	0.0%
Major Depression	7	17.9%
Anxiety Disorders	26	66.7%
Other Diagnoses	1	2.6%
Adjustment/Conduct Disorder/ADHD	1	2.6%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	4	10.3%
TOTAL	39	100.0%

Figure 13

FAMILY REUNIFICATION PROGRAM

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	0	0.0%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
BiPolar Disorders	0	0.0%
Major Depression	3	7.7%
Anxiety Disorders	0	0.0%
Other Diagnoses	9	23.1%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	27	69.2%
TOTAL	39	100.0%

Figure 14

FAMILY REUNIFICATION PROGRAM

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	0	0.0%
Amphetamines (30XAM, 30UAM)	0	0.0%
Marijuana (30XMJ, 30UMJ)	0	0.0%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	0	0.0%
No Substance Abuse (30XNO, 30UNO)	39	100.0%
TOTAL	39	100.0%

Adjustment/Conduct Disorder/ADHD and Other Diagnoses for 5.2% (Figure 12 and 13). None of the clients had a reported substance abuse problem at admission (Figure 14).

KidStep Program:

DMH programs blending funding with DCFS include Kidstep. The Kidstep program was created to address the needs of DCFS clients with multi-placement failures, multiple or lengthy stays at MacLaren Children's Center (MCC) and repeat hospitalizations. The program attempts to divert hard-to-place children from MCC into community-based group homes or to prevent further stays at MCC through intensive treatment. Kidstep was created to help alleviate the population crisis at MCC in the early 1990s. Clients are between 6 and 17 years of age, who have had multiple MCC admissions; stays of over 30 days per year at MCC; exhibit difficult behaviors (e.g. suicidal, runaway, substance abuse), or have serious emotional problems (e.g. sexual aggressiveness, disturbed gang identification). Many clients have had more than 20 prior placement failures. To be accepted for Kidstep, a child must be found to meet the latter criteria by the Kidstep Screening Committee. The Committee is composed of the Kidstep Coordinator, the Kidstep Supervisor, representatives from DCFS, DMH, the LAUSD, the DHS, the LACOE, Kidstep agencies and private clinicians. DMH Case Managers act as the liaison with DCFS to monitor the progress of children placed in Kidstep, and to facilitate transitions between each provider and psychiatric hospitalization, where needed. Every effort is made to maintain these clients in Day-Treatment or Intensive Day-Treatment with as few hospitalizations as possible. In order to achieve this goal, individualized treatment at the provider agency, sometimes involving an one-to-one relationship with a staff member, with medication support, is often required to enable a client to participate in Rate Certification Level 14 group home intensive day-treatment and avoid hospitalization.

There are currently three residential programs with DMH contracts to provide day-treatment services for DCFS Kidstep children: Erikson Center (6 beds), PennyLane (6 beds), and Sycamores (24 beds). The length of stay in the program varies between several months and several years. The average length of stay is between 20 and 30 months.

In FY 2000-01, the Kidstep programs served 43 children. Of these, 55.8% were male and 44.2% female (Figure 15). Their age distribution was: 9.3% 6-11, 81.4% 12-17, and 9.3% 18-20 (Figure 16). Their race/ethnicity was: 58.1% African American,

Figure 15

KIDSTEP
Gender

	Count	Percent
Male	24	55.8%
Female	19	44.2%
TOTAL	43	100.0%

Figure 16

KIDSTEP
Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	4	9.3%
12-17	35	81.4%
18-20	4	9.3%
TOTAL	43	100.0%

Figure 17

KIDSTEP
Race/Ethnicity

	Count	Percent
Caucasian	10	23.3%
African American	25	58.1%
Hispanic	8	18.6%
American Native	0	0.0%
Asian/ Pacific Islander	0	0.0%
Other	0	0.0%
Unknown	0	0.0%
TOTAL	43	100.0%

23.3% Caucasian and 18.6% Hispanic (Figure 17). All clients had DCFS as their Agency of Primary Responsibility.

During FY 2000-01, there were 48.8% Kidstep clients with an admit diagnosis of Major Depression, 16.3% with Adjustment/Conduct Disorder/ADHD, 14% with Bipolar Disorders, 11.6% with Anxiety Disorders and 9.3% with Schizophrenia/Psychosis (Figure 18). Child abuse and neglect was the secondary admit diagnosis for 2.3% (Figure 19). Substance abuse was an issue for 11.6%, (Figure 20), with marijuana (4.7%) and alcohol (4.7%) most frequently reported, followed by cocaine (2.3%).

Figure 18

KIDSTEP

Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	4	9.3%
BiPolar Disorders	6	14.0%
Major Depression	21	48.8%
Anxiety Disorders	5	11.6%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	7	16.3%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	0	0.0%
TOTAL	43	100.0%

Figure 19

KIDSTEP

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	2	4.7%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	1	2.3%
BiPolar Disorders	0	0.0%
Major Depression	2	4.7%
Anxiety Disorders	4	9.3%
Other Diagnoses	3	7.0%
Adjustment/Conduct Disorder/ADHD	8	18.6%
Child Abuse and Neglect	1	2.3%
No Diagnosis or Diagnosis Deferred	22	51.2%
TOTAL	43	100.0%

Figure 20

KIDSTEP

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	2	4.7%
Amphetamines (30XAM, 30UAM)	0	0.0%
Marijuana (30XMJ, 30UMJ)	2	4.7%
Cocaine (30XCO, 30UCO)	1	2.3%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	0	0.0%
No Substance Abuse (30XNO, 30UNO)	30	69.8%
Undetermined	8	18.6%
TOTAL	43	100.0%

Child Abuse / Neglect Program (AB 1733/2994):

Since 1984, the Child Abuse Prevention Intervention and Treatment (CAPIT) program has been providing early intervention/prevention services to victims of child abuse and/or neglect, their families and those who are at high risk for abuse and/or neglect. The population which it serves includes both children who still reside with their parents/caregivers as well as those who have been removed from their home. The CAPIT program derives from two legislative initiatives - AB 1733 and AB 2994 (Statutes of 1982). AB 1733 authorizes state funding for child abuse prevention and intervention services offered by public and private non-profit agencies. AB 2994 establishes a County Children's Trust Fund, which requires that $4 of any $7 fee for a certified copy of a birth certificate shall be paid for prevention services. Most recent legislation (Senate Bill 750) enables counties to add $3 to this surcharge. Yearly, the program receives about $4.5 million.

CAPIT seeks to identify and provide services to isolated families, particularly those with children five years and younger. These services are delivered to children who are victims of crime or abuse and to at-risk children. The target population also consists of families with substance abuse problems, infants and preschool age children at-risk of abuse, children exposed to domestic violence, children with serious emotional problems who are not eligible for MediCal, and pregnant and parenting adolescents and their children.

CAPIT services include high quality home visiting programs providing in-home services including counseling and crisis response, individual/ family/group counseling in the clinic, case management services, parenting education, support groups and 24-hour telephone availability for its clients. Since the children served are often suffering from unresolved loss, play therapy and family therapy are used to address attachment problems. Parent-Child Interaction Therapy (PCIT) is a structured behavioral technique used in CAPIT to enhance attachment while assisting the caregiver in managing their children. Therapies which facilitate communication about memories linked to traumatic events are used to alleviate Post Traumatic Stress Disorder (PTSD) symptoms which are often characteristic of abused clients. Group therapy is particularly helpful in addressing shame, guilt, and stigma experienced by abused children and is often helpful in reducing delinquent or sexually reactive behaviors in these children.

CAPIT services are provided on a short-term basis with the goal, where possible, of encouraging family maintenance and preventing the need for out-of-home placement. Additionally, services are targeted to facilitate early family reunification when appropriate after out-of-home placement has occurred. Another goal of the AB1733/2994 program is the prevention of child abuse at the earliest possible stage by improving the family's ability to cope with daily stressors through education and support. The program objective is to increase child abuse services to existing non-MediCal eligible child abuse clients, and to maximize revenue for child abuse services through Federal Title XIX Medi-Cal funds. Therefore, DCFS has allocated funding to DMH to enhance funding that will result in expanding these specific services to county residents.

During FY 1999-2000 there were 9 CAPIT providers, specializing in treating child victims of abuse or neglect, who have converted their DCFS contracts to DMH contracts. This enables these providers to expand by a minimum of 25% their child abuse intervention/prevention services. These are non-profit agencies with demonstrated effectiveness in providing child abuse prevention and intervention services. The majority of families served by CAPIT are referred by Children's Social Workers from DCFS. The remainder are referred by community organizations or are self-referred.

The nine CAPIT providers treated 1,169 children in FY 2000. Of these, 53.9% were male and 46.1% female (Figure 21). Their age distribution was as follows: 8.6% 0-5, 56.5% 6-11, 31.5% 12-17, and 3.5%18-20 (Figure22).

Figure 21

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM
Gender

	Count	Percent
Male	630	53.9%
Female	539	46.1%
TOTAL	1,169	100.0%

Figure 22

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM
Age (Group)

	Count	Percent
0-5	100	8.6%
6-11	660	56.5%
12-17	368	31.5%
18-20	41	3.5%
TOTAL	1,169	100.0%

Figure 23

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM
Ethnicity

	Count	Percent
Caucasian	186	15.9%
African American	173	14.8%
Hispanic	532	45.5%
American Native	9	0.8%
Asian/ Pacific Islander	158	13.5%
Other	15	1.3%
Unknown	96	8.2%
TOTAL	1,169	100.0%

These clients had the following race/ ethnicities: 45.5% Hispanic, 15.9% Caucasian, 14.8% African American, and 13.5% Asian/Pacific Islander (Figure 23). One fourth were DCFS referrals (Figure 24).

At admission, 35.2% of CAPIT clients were diagnosed with Adjustment/Conduct Disorder/ADHD, 26.4 with Anxiety Disorders, 21.6% with Major Depression, 5.6% with Other Diagnoses, 0.7% with Schizophrenia/Psychosis, or Disorders Due to Medical Condition, and one client had a Drug-Induced Disorder (Figure 25). Also, 99 clients (8.5%) received an admit primary DSM diagnosis of Child Abuse and Neglect whereas an additional 188 clients (16.1%) received this as their secondary admission diagnosis (Figure 26). Combining these shows that 287 CAPIT clients (24.6%) had an

Figure 24

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM
Responsible Agency

	Count	Percent
DCFS	283	24.2%
Probation	20	1.7%
DCFS and School Dist	15	1.3%
Probation and School District	2	0.2%
School District (SEP Eligible)	44	3.8%
School District (Non-SEP Eligible)	15	1.3%
No Data	790	67.6%
TOTAL	1,169	100.0%

Figure 25

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	1	0.1%
Disorders due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	7	0.6%
Bi-Polar Disorders	11	0.9%
Major Depression	253	21.6%
Anxiety Disorders	309	26.4%
Other Diagnoses	66	5.6%
Adjustment/Conduct Disorder/ADHD	412	35.2%
Child Abuse and Neglect	99	8.5%
No Diagnosis or Diagnosis Deferred	10	0.9%
TOTAL	1,169	100.0%

Figure 26

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	7	0.6%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	3	0.3%
Bi-Polar Disorders	3	0.3%
Major Depression	73	6.2%
Anxiety Disorders	85	7.3%
Other Diagnoses	118	10.1%
Adjustment/Conduct Disorder/ADHD	123	10.5%
Child Abuse and Neglect	188	16.1%
No Diagnosis or Diagnosis Deferred	569	48.7%
TOTAL	1,169	100.0%

Figure 27

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	5	0.4%
Amphetamines (30XAM, 30UAM)	3	0.3%
Marijuana (30XMJ, 30UMJ)	13	1.1%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	1	0.1%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	2	0.2%
No Substance Abuse (30XNO, 30UNO)	1052	90.0%
Undetermined	93	8.0%
TOTAL	1,169	100.0%

admission diagnosis of Child Abuse and Neglect. Substance abuse was an issue for 2.1% of these clients with Marijuana as the involved substance for 13 of the 24 substance-involved cases (Figure 27).

Violence Intervention Program:

In 1984 the Center for the Vulnerable Child (CVC) was founded at Los Angeles County USC Medical Center for the purpose of better serving children and families impacted by child abuse and neglect. The CVC established a prototype Child Advocacy Center with a multidisciplinary team for the evaluation, treatment and investigation of child abuse and neglect. Today the CVC remains the largest child abuse center in California. The CVC examines 2,000 children every year. As it is the only program available 24 hours a day to law enforcement, social services and parents, the CVC is an important advocate for children in the arena of legal and social services. In addition to around-the-clock medical services, the CVC provides multidisciplinary case management, follow-up medical and mental health services, and consultations to the courts. It also provides consultation to the Children's Court and to local and regional law enforcement on the impact on children exposed to violence. The Center strives to keep families united whenever possible.

In 1995, services were expanded to include additional comprehensive medical and mental health services for victims of sexual assault, domestic violence and elder or dependent adult abuse. This new program was named the Violence Intervention Program (VIP) and provides medical, social, legal and mental health services for all victims of violence, regardless of gender or age. This program relies on private funding to support 50% of all direct services. Currently, VIP assists over 3,000 families per year and seeks to expand service directly into schools and neighborhoods.

The VIP program provides a broad range of bilingual and multicultural mental health services. It offers crisis intervention, clinical assessment and individual and group treatment for children, adults and families. Specialized mental health services include groups for children and their mothers as well

as individual and group psychotherapy for victims of adolescent sexual assault and domestic violence. In addition, the Center provides in-depth evaluations and treatment of children who have witnessed murders within their own homes or neighborhoods.

The VIP served 58 Short-Doyle Medi-Cal clients during FY 2000-01. These clients were 20.7% male and 79.3% female (Figure 28). Their age distribution was: 1.7% 0-5, 31% 6-11, 65.5% 12-17, and 1.7% 18-20 (Figure 29). For ethnicity, 79.3% were Hispanic, 6.9% were African American, 5.2% were Caucasian and 1.7% were Asian/Pacific Islander (Figure 30). Referrals from DCFS made up 29.3% (Figure 31).

Figure 32 presents admission primary diagnoses for VIP clients. The largest admit primary diagnosis was Anxiety Disorder, received by 43.1% of the VIP clients. Approximately two thirds of the reported Anxiety Disorders were PostTraumatic Stress Disorder. Child Abuse and Neglect was the admit primary diagnosis for 37.9% of clients and was also the admit secondary diagnosis for 15.5% of these cases (Figure 33). Of those cases with either a primary or a secondary admit diagnosis of Child Abuse and Neglect, about 90% were for the sexual abuse of the child. The remaining Abuse and Neglect diagnoses involved the physical abuse of a child or the physical/sexual abuse of an adult. In addition, 6.9% of clients were diagnosed with Major Depression, 3.4% with Other Diagnoses, and 1.7% with Adjustment Disorder/Conduct Disorder/ADHD. There was no reported substance abuse for 98.3% of the VIP children (Figure 34). The one case for whom substance abuse was an issue involved marijuana.

Figure 28

VIOLENCE INTERVENTION PROGRAM

Gender

	Count	Percent
Male	12	20.7%
Female	46	79.3%
TOTAL	58	100.0%

Figure 29

VIOLENCE INTERVENTION PROGRAM

Age (Group)

	Count	Percent
0-5	1	1.7%
6-11	18	31.0%
12-17	38	65.5%
18-20	1	1.7%
TOTAL	58	100.0%

Figure 30

VIOLENCE INTERVENTION PROGRAM

Ethnicity

	Count	Percent
Caucasian	3	5.2%
African American	4	6.9%
Hispanic	46	79.3%
American Native	0	0.0%
Asian/ Pacific Islander	1	1.7%
Other	3	5.2%
Unknown	1	1.7%
TOTAL	58	100.0%

Figure 31

VIOLENCE INTERVENTION PROGRAM

Responsible Agency

	Count	Percent
DCFS	17	29.3%
Probation	2	3.4%
DCFS and School Dist	0	0.0%
Probation and School District	0	0.0%
School District (SEP Eligible)	1	1.7%
School District (Non-SEP Eligible)	0	0.0%
No Data	38	65.5%
TOTAL	58	100.0%

Figure 32
VIOLENCE INTERVENTION PROGRAM
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
BiPolar Disorders	3	5.2%
Major Depression	4	6.9%
Anxiety Disorders	25	43.1%
Other Diagnoses	2	3.4%
Adjustment/Conduct Disorder/ADHD	1	1.7%
Child Abuse and Neglect	22	37.9%
No Diagnosis or Diagnosis Deferred	1	1.7%
TOTAL	58	100.0%

D-Rate Foster Families:

DCFS "Schedule D" Foster Care provides family environments for children with serious psychological dysfunction who are at high risk of requiring more restrictive and higher cost placements. D-Rate foster parents receive specialized training for parenting a psychologically dysfunctional child and their home must satisfy D-Rate certification requirements. The Schedule D foster parents receive supplemental compensation because of the additional responsibilities involved in caring for emotionally disturbed children.

The D-Rate Assessment Program is a collaborative effort between DCFS and DMH. DMH supervises clinical assessors who evaluate D-Rate children in foster homes at admission and annually. These assessments help to determine the appropriateness of the placement of these children in D-Rate approved foster homes. During FY 1999-00, 1,711 annual D-Rate psychological assessments were carried out in this program. Of these, 70% were administered for male D-Rate children and 30% were completed for females.

There are more children in Service Area 6 resid-

Figure 33
VIOLENCE INTERVENTION PROGRAM
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	0	0.0%
Disorders due to Medical Condition	14	24.1%
Schizophrenia/Psychosis	0	0.0%
BiPolar Disorders	0	0.0%
Major Depression	4	6.9%
Anxiety Disorders	11	19.0%
Other Diagnoses	1	1.7%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	9	15.5%
No Diagnosis or Diagnosis Deferred	19	32.8%
TOTAL	58	100.0%

Figure 34
VIOLENCE INTERVENTION PROGRAM
Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	0	0.0%
Amphetamines (30XAM, 30UAM)	0	0.0%
Marijuana (30XMJ, 30UMJ)	1	1.7%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	0	0.0%
No Substance Abuse (30XNO, 30UNO)	5	8.6%
Undetermined	52	89.7%
TOTAL	58	100.0%

ing in D-Rate foster homes than in any other Service Area. Countywide, during FY 2000-01 there were 745 children in a D-Rate foster home. Sixty percent of these were male and 40% female. The largest proportion of these foster children were between 6 and 11 years of age (54.1%). The 12-17 age range contained 31.3% of these children. There were 13.8% between 0 and five and .8% 18-20.

The ethnicities of the D-Rate children were: 64.2% African American, 19.6% Hispanic, 14% Caucasian, 1% were Filipino or Korean, and 1.2% were "Other" or "Unknown".

DMH has also piloted a D-Rate treatment program that focuses on providing comprehensive, priority, coordinated, and inclusive mental health services to severely emotionally disturbed children and other children residing in D-Rate foster homes. Previously, services would have only been provided to the client without including other children residing in the foster home.

During FY 2000-01, a new program, the Community Treatment Connection (CTC) was initiated by DMH to provide an intermediate alternative in the continuum of out of home placement resources for emotionally disturbed children placed in D-Rate foster homes. CTC provides intensive mental health services in the foster homes, schools and other community settings to stabilize the children in their community placements, and to avoid the necessity of placement in group homes, acute care hospitals and other more restrictive levels of residential care. Short-Doyle Medi-Cal providers started delivering these services in their communities throughout the county beginning in FY 00-01. Approximately 60% of the D-Rate children are receiving mental health services even before their D-Rate psychological assessment. Another 20% are referred to DMH for treatment as a result of this annual assessment.

Rate Certification Level 14 Group Homes:

The Department has committed to fund day-treatment for severely emotionally disturbed children placed in RCL 14 Group Homes by DCFS, Probation and Mental Health. DCFS contracts with and funds the Group Homes. DMH certifies that the RCL14 Group Homes and the children placed there meet the State-defined mental health criteria. DMH provided services to 146 minors in RCL 14 Group Homes during FY 2000-01. The purpose of these treatment programs is to provide stability for children in one setting in order to nurture their growth and development and give them success in an educational setting.

In FY 2000-01, the FFS Hospital Case Management Unit participated in Resource Utilization Management (RUM) conferences with DCFS to develop case plans for dependent children who were unable to return to their previous placement after discharge from psychiatric hospitalization. FFS Unit case managers participated in group home screenings with DCFS, focusing on children residing in group homes at rate level 12 and above for no longer than six months.

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 at risk of abuse, neglect and juvenile delinquent behavior. The program's model is a community-based approach that focuses on preserving families in their own communities by providing a range of services that promote empowerment and self-sufficiency. These support services are designed to keep children and their families together. DCFS funds the FP mental health services by funding DMH, and DMH contracts for services from local private mental health agencies. Early Periodic Screening Diagnosis and Treatment (EPSDT) funds also support this program. The FP mental health component is funded through a contractual agreement with DCFS. Blended funding between DCFS and DMH has also led to an innovative Dual Diagnosis program for Family Preservation families residing in the South Central area. SHIELDS for Families, located in Service Area 6 provides mental health services to FP participants.

Mental health is one of the many services offered by the FP program. The mental health goal is to provide therapeutic interventions that improve child and family functioning by developing effective coping skills that reduce the risk of child abuse, neglect and juvenile delinquent behaviors. Mental health services, including psychological testing, individual, group, family therapy, and medication support are provided in the child's community, school and home. These services are funded by DCFS and (EPSDT).

Figure 35
FAMILY PRESERVATION PROGRAM
Gender

	Count	Percent
Male	544	52.9%
Female	484	47.1%
TOTAL	1,028	100.0%

Figure 36
FAMILY PRESERVATION PROGRAM
Age (Group)

	Count	Percent
0-5	62	6.0%
6-11	428	41.6%
12-17	477	46.4%
18-20	61	5.9%
TOTAL	1,028	100.0%

Figure 37
FAMILY PRESERVATION PROGRAM
Race/Ethnicity

	Count	Percent
Caucasian	100	9.7%
African American	445	43.3%
Hispanic	405	39.4%
American Native	4	0.4%
Asian/ Pacific Islander	7	0.7%
Other	2	0.2%
Unknown	65	6.3%
TOTAL	1,028	100.0%

When a family is referred to FP, a Multi-Agency Case Planning Conference (MCPC) is convened at the appropriate Community Family Preservation Network (CFPN). The Family Preservation Specialist (FPS) represents DMH at the MCPC and assists in evaluating a family's suitability for Family Preservation. Where appropriate, the FPS assists with the preparation of a mental health referral. The FPS reports to a DMH District Chief or geographic area manager of a specific community so that the Family Preservation mental health component is integrated with other mental health services.

During FY 2000-01, there were 1,028 client referrals to 19 DMH service providers for FP. Most of these referrals (90.3%) were from DCFS and the remaining referrals (9.7%) originated from the Probation Department.

Of the 1028 FP clients, 52.9% were male and 47.1% were female (Figure 35). Their age distribution was: 6% 0-5, 41.6% 6-11, 46.4% 12-17, and 5.9% 18-20 (Figure 36). Their ethnicities were: 9.7% Caucasian, 43.3% African American, 39.4% Hispanic, .4% Native American, .7% Asian/Pacific Islander, .2% Other and 6.3% unknown (Figure 37).

Figure 38
FAMILY PRESERVATION PROGRAM
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	1	0.1%
Disorders due to Medical Condition	2	0.2%
Schizophrenia/Psychosis	11	1.1%
BiPolar Disorders	23	2.2%
Major Depression	198	19.3%
Anxiety Disorders	194	18.9%
Other Diagnoses	211	20.5%
Adjustment/Conduct Disorder/ADHD	371	36.1%
Child Abuse and Neglect	6	0.6%
No Diagnosis or Diagnosis Deferred	10	1.0%
TOTAL	1,027	100.0%

Figure 38 displays results for primary diagnosis at admission. The largest diagnostic category was Adjustment Disorder/Conduct Disorder/ADHD (36.1%). There were also 20.5% with Other Diagnoses, 19.3% with Major Depression, 18.9% with Anxiety Disorders, 2.2% with BiPolar Disorders, and 1.1% with Schizophrenia/Psychosis. The total percentage of clients with either a primary or a secondary (Figure 39) admission diagnosis of Child Abuse and Neglect was 3.1%. Substance Abuse was an issue for 4.1% with Marijuana and Alcohol most frequently reported (Figure 40).

Countywide Mental Health Evaluation and Quality Assurance Unit:

Reforms in Medi-Cal mental health services benefiting foster children in 2000-2001 originated with the consolidation of Medi-Cal mental health services in June of 1998. With the transfer of responsibility for Fee For Service (FFS) outpatient services to the County in June 1998, outpatient private practitioner psychologists and psychiatrists joined DMH's community mental health centers to form a single Medi-Cal funded system.

Before consolidation, approximately 90-95% of the mental health services provided by FFS Medi-Cal practitioners consisted of psychological testing of foster children. Through consolidation, the Department is expected to improve the quality and coordination of those services while also increasing the availability of treatment services.

Utilization review studies of pre-consolidation FFS mental health practices strongly indicate that the overwhelming majority of funds were allocated to unnecessary and sometimes harmful over-testing of foster children. Therefore, to accomplish the goal of increasing treatment services, DMH began requiring prior authorization of psychological testing by FFS practitioners.

Soon afterward, DMH began credentialing qualified Licensed Clinical Social Workers, Marriage and Family Therapists, and Registered Psychiatric Nurses, in addition to psychologists in private practice, as service providers. Seeking greater coordination of specialized mental health services,

Figure 39

FAMILY PRESERVATION PROGRAM

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	15	1.5%
Disorders due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	0	0.0%
BiPolar Disorders	5	0.5%
Major Depression	33	3.2%
Anxiety Disorders	30	2.9%
Other Diagnoses	63	6.2%
Adjustment/Conduct Disorder/ADHD	60	5.9%
Child Abuse and Neglect	26	2.5%
No Diagnosis or Diagnosis Deferred	791	77.2%
TOTAL	1,024	100.0%

Figure 40

FAMILY PRESERVATION PROGRAM

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	11	1.1%
Amphetamines (30XAM, 30UAM)	2	0.2%
Marijuana (30XMJ, 30UMJ)	28	2.7%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	1	0.1%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	1	0.1%
No Substance Abuse (30XNO, 30UNO)	639	62.2%
Undetermined	346	33.6%
TOTAL	1,028	100.0%

DMH encouraged relationships between private practitioners and their local community mental health centers. As a result, more foster children are receiving treatment services.

The majority of private providers now see Medi-Cal beneficiaries weekly, rather than bimonthly as previously restricted by State Health Services' Medi-Cal. Moreover, the Department sought to increase the quality of srvices by increasing provider reimbursement rates and simultaneously promoting best practice guidelines.

Accessibility of care also increased with the Children's System of Care's participation in the new Access Center which maintains a 24/7 information and referral line and the DMH internet website at http://dmh.co.la.ca.us. The private providers, organized by address, phone number and client-age-specialization can be found at this site.

Access to psychological test evaluations has been centralized within DMH's Bureau of Standards, Practices and Conduct's Test Authorization and Quality Assurance Unit. This centralization permitted the Department to exercise prior approval authority over psychological testing. This reform confirmed the results of prior statistical utilization reviews, revealing that the overwhelming majority of psychological testing of children had involved foster children and was unnecessary and many times harmful. Children who had been referred to Medi-Cal funded private providers were often never effectively referred to the DMH Treatment Network or elsewhere for mental health services. In addition, the quality of psychological test reports was often far below the usual standard of the DMH Network Community Mental Health providers. Centralized pre-approval of psychological testing has continued to be valuable in redirecting foster children to needed services and in reducing the amount of unneeded testing.

During FY 2000-01, the Test Authorization Unit (TAU) carried out its previously added responsibility of assuring the quality of clinical evaluations of all Medi-Cal beneficiaries and promoting quality care through comprehensive education projects and inter-agency partnerships to reach goals of applying mental health best practice guidelines.

Most significantly for foster and adoptive children, the Unit continued to strengthen the partnership between the Bureau's TAU, DCFS and the Juvenile Court. This led these agencies to reaffirm policies reinforcing the DCFS Children's Social Worker's case-coordinator role for each child under DCFS supervision; to ensure that all requests for testing continue to be coordinated through the DCFS CSW and the DMH Bureau of Standards, Practices and Conduct (BSPC) TAU. As a result, DMH and DCFS continue to prevent excessive testing and re-testing of hundreds of foster children.

To maintain its interest in fostering best practices, the TAU continued to meet with its Expert Panel composed of private practitioners, members of the academic community, and members of major state and county professional psychologist organizations. The TAU continued to consult with the Expert Panel to develop best practice guidelines and to apply those guidelines to improve service delivery and diagnostic evaluations.

During FY 2000-01, the Unit received 4,755 requests for psychological testing and approved 3,595 of all completed testings. Approximately 95% of these requests and approvals are for children referred to FFS mental health treatment from DCFS. These DCFS referrals are a mixture of Group Home, Adoptive Home, Foster Family Agency and foster family children. Those who did not receive approval for testing were referred for other, more urgently needed mental health services. The Unit also provided more than 2000 additional telephone consultations with DCFS CSWs to help determine the needs of individual children.

The TAU was also involved with special the following programs in support of ICAN:

Collaboration With Child Abuse/Neglect Protocol Subcommittee: The wrote reports about the role of mental health professionals in providing services to the victims of child abuse/neglect, their siblings and their families.

Child Death Review Subcommittee: The Unit contributed to monthly analyses of the causes of child deaths, potential preventive measures and potential mental health services available for family members.

Child-Adolescent Suicide Prevention: DMH initiated a child-adolescent suicide prevention and intervention workgroup, which included mental health professionals and representatives of multiple agencies and disciplines. While not an ICAN project, this group is intended to complement and cooperate with ICAN's Child Death Review Subcommittee activities.

Juvenile Court
Mental Health Services (JCMHS):

JCMHS expanded during FY 2000-01, adding a second Mental Health Counselor R.N. to its staff of Psychiatric Social Workers and another R.N. in order to increase liaison services to the Delinquency Courts. The functions of the nursing staff are to follow up on cases in which psychotropic medication authorization has been denied because of questions raised in the client review, as well as to perform medication evaluations. An area of special focus for the unit is the disposition of delinquency cases for children who are charged with an offense while under the supervision of DCFS and the Dependency Court. Under WIC 241.1 and the applicable Juvenile Court protocol, a joint report is prepared for the court by DCFS and Probation, with help from JCMHS in those cases in which there is a significant mental health history. In FY 2000-01 JCMHS screened about 100 WIC 241.1 referrals per month and wrote reports on approximately 40 per month. Funding for this service is through EPSDT billing. JCMHS continues to provide mental health liaison services to all of the juvenile courts, responding to requests and referrals from the bench officers, attorneys, and child advocates on a broad range of topics related to public mental health services for children and families.

Mental Health Review of Psychotropic Medication For Court Wards and Dependents:

Juvenile Court Mental Health Services , in conjunction with the Juvenile Court administration, developed and implemented a new policy and procedure for physicians to obtain court authorization for the administration of psychotropic medications to minors under court jurisdiction. This is a complex informed consent process that involves the child, the physician, the social worker or probation officer, the judge, the attorneys, and the group home or foster home where the child resides. Mental Health was represented on most of the committees established by the Juvenile Court and is attempting to provide consultation and technical information to enable the treatment of each child, while at the same time preserving confidentiality and the treatment prerogatives of involved physicians. JCMHS continues to monitor the authorizations for the administration of psychotropic medication to children under court jurisdiction. JCMHS reviews all requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judges. During FY 2000-01, 13,190 requests for authorization were reviewed. Of these, 10,344 requests were received from DCFS for dependent children, and 1,846 for delinquents under the jurisdiction of Juvenile Court. More than ninety percent of these requests were approved. JCMHS continues to participate in the court-sponsored psychotropic medication committee, and is involved in the ongoing effort to update and improve the authorization form and protocol. The new edition of the protocol and form is expected to be released in the fall of 2002. JCMHS also regularly participates in the training and orientation of newly appointed bench officers, with a special emphasis on the psychotropic medication area.

Clinical Forensic Psychiatry Training:

JCMHS continues its program of clinical forensic psychiatry training for second-year UCLA child psychiatry fellows. Each of the fellows spend two months with the program during which time they complete at least one formal psychiatric evaluation report as well as other activities which familiarize them with Juvenile Court operations and public sector child psychiatry.

Planning for New Juvenile Mental Health Court:

JCMHS participated with the Juvenile Court, District Attorney, Public Defender, Probation, DCFS, and other entitities in planning for a new specialized court which will focus on delinquency cases in which there are significant mental health issues. JCMHS will assign one or two psychologists to this special team, which will provide enhanced case management services to selected juveniles whose delinquency cases will be heard in this new court. This court opened in October of 2001.

Juvenile Hall Mental Health Units:

Each year, approximately 18,000 children and adolescents enter the Los Angeles County juvenile justice system through the county's three juvenile halls. Many of these youths exhibit a variety of mental health and substance abuse problems that require treatment. A study conducted jointly by DMH and Dr. Bonnie Zima of UCLA Health Services Research Program in 2000 found that over 40% of the newly admitted youth in the county's juvenile halls were in need of mental health services. During FY 2000-01, a new, expanded Juvenile Justice Mental Health Screening, Assessment and Treatment Program was initiated at the three juvenile halls. That program was designed and implemented by an interagency collaboration of DMH, Probation, Health Services and the LACOE.

Clients at Barry Nidorf Juvenile Hall, Central Juvenile Hall and Los Padrinos Juvenile Hall are described in this section since the Mental Health Unit (MHU) at each of these Halls is similar in its setting, approach to screening and treatment and in the structure of its professional staff. Each of the three Juvenile Hall MHUs provides screening and assessment, crisis evaluation and intervention, psychiatric evaluation and treatment, short-term psychotherapy, and specialty services for transitional age youth, gay/lesbian youth, developmentally disabled youth and youth requiring assistance with independent living skills.

Barry J. Nidorf Juvenile Hall is a Probation detention facility located in Sylmar. The MHU clinical staff is comprised of psychiatrists, clinical psychologists, psychiatric social workers, case managers and clerical staff. Its MHU has one bilingual Spanish-speaking clinician. The MHU receives an average of 600 requests per month for mental health services and serves an average of 300-400 clients each month, providing screening, assessment and treatment. Length of time in treatment varies from one contact to the duration of the minor's detention. The client population ranges in age from 9-20 years.

Figure 41
BARRY J. NIDORF JUVENILE HALL
Gender

	Count	Percent
Male	966	71.2%
Female	391	28.8%
TOTAL	1357	100.0%

Figure 42
BARRY J. NIDORF JUVENILE HALL
Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	2	0.1%
12-17	1064	78.4%
18-20	291	21.4%
TOTAL	1357	100.0%

During FY 2000-01, 1357 clients were served by the Barry Nidorf MHU. Of these, 71.2% were male and 28.8% were female (Figure 41). Their age distribution was: .1% 6-11, 78.4% 12-17 and 21.4% 18-20 (Figure 42).Their ethnic distribution was: 17.2% Caucasian, 33.8% African American, 34.4% Hispanic, .6% Native American, 1.1% Asian/Pacific Islander, 5% Other, and 12.4% Unknown (Figure 43). Their Agencies of Primary Responsibility were: 72.5% from Probation, 15.3% from DCFS, 3.6% from the School District and .7% from a combination of Probation and School District (Figure 44).

Figure 43

BARRY J. NIDORF JUVENILE HALL

Race/Ethnicity

	Count	Percent
Caucasian	233	17.2%
African American	459	33.8%
Hispanic	467	34.4%
Native American	8	0.6%
Asian/ Pacific Islander	15	1.1%
Other	7	0.5%
Unknown	168	12.4%
TOTAL	1,357	100.0%

Figure 44

BARRY J. NIDORF JUVENILE HALL

Responsible Agency

	Count	Percent
DCFS	207	15.3%
Probation	984	72.5%
DCFS and School Dist	6	0.4%
Probation and School District	9	0.7%
School District (SEP Eligible)	35	2.6%
School District (Non-SEP Eligible)	13	1.0%
No Data	103	7.6%
TOTAL	1,357	100.0%

Figure 45

BARRY J. NIDORF JUVENILE HALL

Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	36	2.7%
Disorders due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	34	2.5%
BiPolar Disorders	69	5.1%
Major Depression	415	30.6%
Anxiety Disorders	347	25.6%
Other Diagnoses	50	3.7%
Adjustment/Conduct Disorder/ADHD	390	28.7%
Child Abuse and Neglect	1	0.1%
No Diagnosis or Diagnosis Deferred	14	1.0%
TOTAL	1,357	100.0%

Figure 46

BARRY J. NIDORF JUVENILE HALL

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	144	10.6%
Disorders due to Medical Condition	5	0.4%
Schizophrenia/Psychosis	9	0.7%
BiPolar Disorders	11	0.8%
Major Depression	60	4.4%
Anxiety Disorders	41	3.0%
Other Diagnoses	43	3.2%
Adjustment/Conduct Disorder/ADHD	119	8.8%
Child Abuse and Neglect	8	0.6%
No Diagnosis or Diagnosis Deferred	917	67.6%
TOTAL	1,357	100.0%

The main admission primary diagnoses for these MHU clients were: 30.6% with Major Depression, 28.7% with Adjustment/Conduct Disorder/ADHD, 25.6% with Anxiety Disorder, 5.1% with BiPolar Disorders, 2.7% with Drug Induced Disorders/Dependence, and 2.5% with Schizophrenia/Psychosis (Figure 45). Combining primary and secondary admission diagnoses yielded .7% with a diagnosis of Child Abuse and Neglect (Figure 46).

Substance abuse was an issue for 30.9% of the clients at Barry Nidorf (Figure 47), with the largest proportions observed for marijuana (15.9%), poly-substance abuse (8.8%), and alcohol (2.7%). Smaller percentages were observed for amphetamines, cocaine, hallucinogens and inhalants.

Central Juvenile Hall is a Probation detention facility located in Los Angeles. The MHU staff consists of psychiatric social workers, a mental health counselor, a mental health registered nurse, a psychiatrist, and clerical staff. The MHU has one bilingual Spanish-speaking clinician. This MHU receives an average of 155 referrals for mental health evaluation and treatment each month. The MHU serves an average of 85 clients each month. The duration of treatment varies from one contact to the length of the minor's detention. The client population ranges in age from 8-21 years.

In FY 2000-01, 648 clients were served by the Central Juvenile Hall MHU. Of these, 72.2% were male and 27.8% female (Figure 48). The clients' age distribution was 1.6% 6-11, 73.1% 12-17 and 25.3% 18-20 (Figure 49). Their race/ethnicity were: 13.3% Caucasian, 37.2% African American, 35.5% Hispanic, .3% Native American, 1.7% Asian/Pacific Islander, .3% Other, and 11.7% Unknown (Figure 50). Their Agencies of Primary Responsibility were: 85.3% from Probation, 4.9% rom DCFS, 2.2% from the School District, and .2% from a combination of DCFS and School District (Figure 51).

The most prevalent primary admission diagnoses were: 37% with Major Depression, 34% with Adjustment/Conduct Disorder/ADHD, 10% with Anxiety Disorders, 6.9% with Bipolar Disorders,

Figure 47

BARRY J. NIDORF JUVENILE HALL

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	36	2.7%
Amphetamines (30XAM, 30UAM)	21	1.5%
Marijuana (30XMJ, 30UMJ)	216	15.9%
Cocaine (30XCO, 30UCO)	17	1.3%
Hallucinogens (30XHA, 30UHA)	9	0.7%
Inhalants (30XIN, 30UIN)	1	0.1%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	120	8.8%
No Substance Abuse (30XNO, 30UNO)	601	44.3%
Undetermined	336	24.8%
TOTAL	1357	100.0%

Figure 48

CENTRAL JUVENILE HALL

Gender

	Count	Percent
Male	468	72.2%
Female	180	27.8%
TOTAL	648	100.0%

Figure 49

CENTRAL JUVENILE HALL

Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	10	1.6%
12-17	474	73.1%
18-20	164	25.3%
TOTAL	648	100.0%

Figure 50

CENTRAL JUVENILE HALL

Race/Ethnicity

	Count	Percent
Caucasian	86	13.3%
African American	241	37.2%
Hispanic	230	35.5%
American Native	2	0.3%
Asian/ Pacific Islander	11	1.7%
Other	2	0.3%
Unknown	76	11.7%
TOTAL	648	100.0%

Figure 51

CENTRAL JUVENILE HALL

Responsible Agency

	Count	Percent
DCFS	32	4.9%
Probation	553	85.3%
DCFS and School District	1	0.2%
Probation and School District	4	0.6%
School District (SEP Eligible)	13	2.0%
School District (Non-SEP Eligible)	1	0.2%
No Data	44	6.8%
TOTAL	648	100.0%

5.4% with Schizophrenia/Psychosis, 4.2% with Other Diagnoses, and 1.5% with Drug Induced Disorders or Dependence (Figure 52). Combining primary and secondary admission diagnoses revealed .5% of the clients had been diagnosed with Child Abuse and Neglect (Figure 53).

Substance abuse was a concern for 44.3% of Central MHU clients (Figure 54), with the largest proportions found for marijuana (29.3%), alcohol (6.5%), polysubstance abuse (3.1%), and amphetamines (2.2%). Smaller percentages of use were observed for cocaine, hallucinogens, inhalants, or sedatives and opioids,

Figure 52

CENTRAL JUVENILE HALL

Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	10	1.5%
Disorders due to Medical Condition	2	0.3%
Schizophrenia/Psychosis	35	5.4%
BiPolar Disorders	45	6.9%
Major Depression	240	37.0%
Anxiety Disorders	65	10.0%
Other Diagnoses	27	4.2%
Adjustment/Conduct Disorder/ADHD	220	34.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	4	0.6%
TOTAL	648	100.0%

Los Padrinos Juvenile Hall is a Probation detention facility located in Downey. Its MHU, staffed with psychiatrists, psychologists, psychiatric social workers, psychiatric nurses and community workers, including two bilingual clinicians, processes an average of 600 mental health consultation requests each month. A comprehensive screening, assessment and treatment program was instituted in October, 2001 whereby all newly admitted minors are screened with the Massachusetts Youth Screening Instrument - Second Version ("MAYSI-2"). Those minors screening positive on this instrument are further evaluated and referred for further assessment and treatment. Los Padrinos Juvenile Hall admits an average of 200 minors each week. Of those admissions, approximately 30% are referred for further assessment and treatment. The duration of treatment varies from one contact to the length of the minor's detention. The client population ranges in age from 8-18 years.

During FY 2000-01, 1103 clients were served by the Los Padrinos MHU. Of these, 72.4% were male and 27.6% female (Figure 55). Their age distribution was as follows: .9% 6-11, 82% 12-17, and 17%

Figure 53

CENTRAL JUVENILE HALL

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	49	7.6%
Disorders due to Medical Condition	1	0.2%
Schizophrenia/Psychosis	23	3.5%
BiPolar Disorders	5	0.8%
Major Depression	36	5.6%
Anxiety Disorders	15	2.3%
Other Diagnoses	21	3.2%
Adjustment/Conduct Disorders including ADHD	62	9.6%
Child Abuse and Neglect	3	0.5%
No Diagnosis or Diagnosis Deferred	433	66.8%
TOTAL	648	100.0%

Figure 54

CENTRAL JUVENILE HALL

Admit Substance Abuse

	Count	Percent
Alcohol	42	6.5%
Amphetamines (30XAM, 30UAM)	14	2.2%
Marijuana (30XMJ, 30UMJ)	190	29.3%
Cocaine (30XCO, 30UCO)	10	1.5%
Hallucinogens (30XHA, 30UHA)	7	1.1%
Inhalants (30XIN, 30UIN)	1	0.2%
Sedatives and Opioids (30UXSO, 30USO)	3	0.5%
Polysubstance Abuse (30XPS, 30UPS)	20	3.1%
No Substance Abuse (30XNO, 30UNO)	183	28.2%
Undetermined	178	27.5%
TOTAL	648	100.0%

Figure 55

LOS PADRINOS JUVENILE HALL

Gender

	Count	Percent
Male	799	72.4%
Female	304	27.6%
TOTAL	1,103	100.0%

Figure 56

LOS PADRINOS JUVENILE HALL

Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	10	0.9%
12-17	905	82.0%
18-20	188	17.0%
TOTAL	1,103	100.0%

Figure 57

LOS PADRINOS JUVENILE HALL

Race/Ethnicity

	Count	Percent
Caucasian	156	14.1%
African American	357	32.4%
Hispanic	412	37.4%
American Native	9	0.8%
Asian/ Pacific Islander	12	1.1%
Other	9	0.8%
Unknown	148	13.4%
TOTAL	1,103	100.0%

18-20 (Figure 56). Their ethnicities were: 14.1% Caucasian, 32.4% African American, 37.4% Hispanic, .8% Native American, 1.1% Asian/Pacific Islander, .8% Other, and 13.4% Unknown (Figure 57). Their Agencies of Primary Responsibility were: 89.1% from Probation, 3.7% from DCFS, 1.4% from the School District, .8% from a combination of Probation and School District, and .5% from a combination of DCFS and School District (Figure 58).

For primary diagnosis at admission, there were 32.1% with Major Depression, 31.3% with Adjustment/Conduct Disorder/ADHD, 18.1% with Anxiety Disorders, 6.3% with Bipolar Disorders, 4.4% with Schizophrenia/Psychosis, 4.4% with Other Disorders, 1.5% with Drug Induced Disorders or Dependence, and .7% with Disorders Due to Medical Condition (Figure 59). Combining primary and secondary admission diagnoses yielded .6% of clients with a diagnosis of Child Abuse and Neglect (Figure 60).

Substance abuse was an issue for 35.2% of clients (Figure 61). Marijuana was the substance involved for 21.5% of clients, with polysubstance abuse for 6%, alcohol for 3%, amphetamines for 2.3%, and cocaine for 1.6%. Smaller percentages were found for hallucinogens, sedatives/opioids or inhalants.

Overview Of Clients Of The Three Juvenile Hall Mental Health Units:

Since each group of MHU clients at Barry Nidorf, Central and Los Padrinos juvenile halls were described separately above, an additional set of analyses were carried out to summarize the characteristics of the all of the unduplicated clients served by these three MHUs during FY 2000-01.

When the three juvenile halls were aggregated, there were 2,629 unduplicated MHU clients. Of these, 72.1% were male and 27.9% female (Figure 62). Their age distribution was: .8% 6-11, 78% 12-17, and 21.2% 18-20 (Figure 63). Their ethnic distribution was 15.1% Caucasian, 33% African American, 36.3% Hispanic, .6% Native American, 1.1% Asian/Pacific Islander, .6% Other, and 13.2% Unknown (Figure 64).

Figure 58

LOS PADRINOS JUVENILE HALL

Responsible Agency

	Count	Percent
DCFS	41	3.7%
Probation	983	89.1%
DCFS and School Dist	6	0.5%
Probation and School District	9	0.8%
School District (SEP Eligible)	10	0.9%
School District (Non-SEP Eligible)	6	0.5%
No Data	48	4.4%
TOTAL	1103	100.0%

Figure 59

LOS PADRINOS JUVENILE HALL

Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	17	1.5%
Disorders due to Medical Condition	8	0.7%
Schizophrenia/Psychosis	49	4.4%
BiPolar Disorders	70	6.3%
Major Depression	354	32.1%
Anxiety Disorders	200	18.1%
Other Diagnoses	49	4.4%
Adjustment/Conduct Disorder/ADHD	345	31.3%
Child Abuse and Neglect	2	0.2%
No Diagnosis or Diagnosis Deferred	9	0.8%
TOTAL	1103	100.0%

Figure 60

LOS PADRINOS JUVENILE HALL
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	131	11.9%
Disorders due to Medical Condition	2	0.2%
Schizophrenia/Psychosis	9	0.8%
BiPolar Disorders	12	1.1%
Major Depression	65	5.9%
Anxiety Disorders	26	2.4%
Other Diagnoses	42	3.8%
Adjustment/Conduct Disorder/ADHD	135	12.2%
Child Abuse and Neglect	4	0.4%
No Diagnosis or Diagnosis Deferred	677	61.4%
TOTAL	1,103	100.0%

Figure 61

LOS PADRINOS JUVENILE HALL
Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	33	3.0%
Amphetamines (30XAM, 30UAM)	25	2.3%
Marijuana (30XMJ, 30UMJ)	237	21.5%
Cocaine (30XCO, 30UCO)	18	1.6%
Hallucinogens (30XHA, 30UHA)	8	0.7%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	2	0.2%
Polysubstance Abuse (30XPS, 30UPS)	66	6.0%
No Substance Abuse (30XNO, 30UNO)	336	30.5%
Undetermined	378	34.3%
TOTAL	1,103	100.0%

Figure 62

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)
Gender

	Count	Percent
Male	1,895	72.1%
Female	734	27.9%
TOTAL	2,629	100.0%

Figure 63

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)
(Age) Group

	Count	Percent
0-5	0	0.0%
6-11	21	0.8%
12-17	2,051	78.0%
18-20	557	21.2%
TOTAL	2,629	100.0%

Figure 64

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)
Race/Ethnicity

	Count	Percent
Caucasian	396	15.1%
African American	868	33.0%
Hispanic	955	36.3%
Native American	16	0.6%
Asian/ Pacific Islander	30	1.1%
Other	16	0.6%
Unknown	348	13.2%
TOTAL	2,629	100.0%

Probation was the Agency of Primary Responsibility for 80.3%, DCFS for 9.9%, School District for 2.6% and combinations of School District with Probation or DCFS for 1.1% (Figure 65). For the individual Juvenile Halls, the percentage referred from DCFS ranged from 15.3% at Barry Nidorf to 3.7% at Los Padrinos.

For primary diagnosis at admission, there were 31.9% with Major Depression, 30.4% with Adjustment/Conduct Disorder/ADHD, 21.1% with Anxiety Disorders, 5.6% with Bipolar Disorders, 4.3% with Other Diagnoses, 3.4% with Schizophrenia/Psychosis, 2.2% with Drug Induced Disorders or Dependence, and .4% with Disorders Due To Medical Condition (Figure 66). Combining primary and secondary admission diagnoses indicates that there were .7% diagnosed with Abuse and Neglect (Figure 67).

Substance abuse was a problem for 35.7% of clients served at the three MHUs (Figure 68). Marijuana was the substance involved for 20.9%, polysubstance abuse for 6.5%, alcohol for 3.9%, amphetamines for 2.0%, and cocaine for 1.4%. Hallucinogens, inhalants, or sedatives/opioids were reported for .9%, with hallucinogens accounting for more than half of the cases in this combined substance category.

Challenger Memorial Youth Center:

The DMH operates a mental health center at Challenger Memorial Youth Center, a residential camp site located in Lancaster, California. Throughout the county, there are a total of nineteen camps and six of the nineteen sites are on the grounds at Challenger. Challenger has the only juvenile camp site in the county where psychotropic medications are administered. Consequently, in addition to minors who are not experiencing psychiatric problems, Challenger houses Probation minors who require psychotropic medications in addition to their psychotherapy. At the other Challenger camps where minors do not require psychotropic medications, their therapeutic interventions are provided on-site by the Challenger staff. Clinicians who are assigned to or housed at Challenger travel to the outlying camps as needed. All DMH Camp Mental Health services are reported with Challenger as the DMH provider. Mental health services to the camp Probation minors include individual, group, collateral, case management services, and medication support. DMH's Challenger MHU staff consist of the following multidisciplinary team: Psychologists (3), Social Workers (3), a Psychiatric Technician (1), Psychiatrist (1), Parent Advocate (1), and a DMH Coordinator/Discharge Planner. These staff coordinate service delivery, provide treatment interventions, and also link the minor to services in the community upon the minor's release from camp. At any given time, there are at least 100 unduplicated clients receiving psychotropic medications and about three hundred unduplicated clients receiving psychotherapy through the camp mental health programs.

Figure 65

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)

Responsible Agency

Responsible Agency	Count	Percent
DCFS	259	9.9%
Probation	2,112	80.3%
DCFS and School Dist	11	0.4%
Probation and School District	19	0.7%
School District (SEP Eligible)	51	1.9%
School District (Non-SEP Eligible)	18	0.7%
No Data	159	6.0%
TOTAL	2,629	100.0%

Figure 66

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)

Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	59	2.2%
Disorders due to Medical Condition	11	0.4%
Schizophrenia/Psychosis	89	3.4%
BiPolar Disorders	147	5.6%
Major Depression	838	31.9%
Anxiety Disorders	554	21.1%
Other Diagnoses	112	4.3%
Adjustment/Conduct Disorder/ADHD	799	30.4%
Child Abuse and Neglect	5	0.2%
No Diagnosis or Diagnosis Deferred	15	0.6%
TOTAL	2,629	100.0%

Figure 67

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	282	10.7%
Disorders due to Medical Condition	7	0.3%
Schizophrenia/Psychosis	32	1.2%
BiPolar Disorders	24	0.9%
Major Depression	138	5.2%
Anxiety Disorders	67	2.5%
Other Diagnoses	102	3.9%
Adjustment/Conduct Disorder/ADHD	253	9.6%
Child Abuse and Neglect	12	0.5%
No Diagnosis or Diagnosis Deferred	1,712	65.1%
TOTAL	2,629	100.0%

In FY 2000-01, 532 children/adolescents were served by the MHU at Challenger. These clients were 86.1% male and 13.9% female (Figure 69). Their age distribution was: 73.3% 12-17 and 26.7% 18-20 (Figure 70). Their ethnicities were: 15.4% Caucasian, 37% African American, 34% Hispanic, .4% Native American, 1.3% Asian/Pacific Islander and 11.8% Unknown (Figure 71).

Figure 68

JUVENILE HALL CLUSTER (BARRY NIDORF, CENTRAL, LOS PADRINOS)

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	103	3.9%
Amphetamines (30XAM, 30UAM)	53	2.0%
Marijuana (30XMJ, 30UMJ)	550	20.9%
Cocaine (30XCO, 30UCO)	37	1.4%
Hallucinogens (30XHA, 30UHA)	18	0.7%
Inhalants (30XIN, 30UIN)	1	0.0%
Sedatives and Opioids (30UXSO, 30USO)	4	0.2%
Polysubstance Abuse (30XPS, 30UPS)	171	6.5%
No Substance Abuse (30XNO, 30UNO)	947	36.0%
Undetermined	745	28.3%
TOTAL	2,629	100.0%

Figure 69

CHALLENGER MEMORIAL YOUTH CENTER

Gender

	Count	Percent
Male	458	86.1%
Female	74	13.9%
TOTAL	532	100.0%

Figure 70

CHALLENGER MEMORIAL YOUTH CENTER

Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	390	73.3%
18-20	142	26.7%
TOTAL	532	100.0%

Figure 71

CHALLENGER MEMORIAL YOUTH CENTER

Ethnicity

	Count	Percent
Caucasian	82	15.4%
African American	197	37.0%
Hispanic	181	34.0%
Native American	2	0.4%
Asian/ Pacific Islander	7	1.3%
Other	0	0.0%
Unknown	63	11.8%
TOTAL	532	100.0%

Figure 72

CHALLENGER MEMORIAL YOUTH CENTER

Responsible Agency

	Count	Percent
DCFS	23	4.3%
Probation	463	87.0%
DCFS and School Dist	0	0.0%
Probation and School District	3	0.6%
School District (SEP Eligible)	8	1.5%
School District (Non-SEP Eligible)	3	0.6%
No Data	32	6.0%
TOTAL	532	100.0%

Most clients (87%) had Probation as their Agency of Primary Responsibility, with an additional 4.3% from DCFS, 2.1% from the School District and .6% from a combination of Probation and School District (Figure 72).

As for the admit diagnoses observed at the three Juvenile Halls, the most common primary admit diagnoses (Figure 73) were Adjustment/Conduct Disorder/ADHD (44.5%) and Major Depression (34%) with smaller proportions diagnosed with Anxiety Disorders (11.2%), Schizophrenia/ Psychosis (2.9%), Bipolar Disorders (2.9%), Drug Induced Disorders or Dependence (1.9%), Other Disorders (1.7%) and Disorders Due To Medical Condition (.6%). There were no cases with a primary or a secondary DSM diagnosis of Child Abuse and Neglect (Figure 74).

Figure 73

CHALLENGER MEMORIAL YOUTH CENTER

Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	10	1.9%
Disorders due to Medical Condition	3	0.6%
Schizophrenia/Psychosis	15	2.9%
BiPolar Disorders	15	2.9%
Major Depression	179	34.0%
Anxiety Disorders	59	11.2%
Other Diagnoses	9	1.7%
Adjustment/Conduct Disorder/ADHD	234	44.5%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	2	0.4%
TOTAL	526	100.0%

For substance abuse, 72.2% of clients at Challenger MHU were reported as Undetermined. No Substance Abuse was reported for 12.4% of clients. For the 15.4% of clients with a reported substance use problem, marijuana use accounted for 8.5% of the cases, polysubstance use for 3.6%, amphetamines for 1.5%, alcohol for 1.1%, with cocaine or hallucinogens accounting for .8% (Figure 75).

Dorothy Kirby Center:

Dorothy Kirby Center (DKC) is a detention facility located in Los Angeles. Its MHU consists of an intensive day-treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The MHU functions under a MOU between DMH and Probation. It is staffed by a psychiatrist, two licensed psychologists, one recreational therapist, and one part-time (two sessions per week) licensed psychologist.

Kirby's MHU is a secure (locked) residential treatment center serving one hundred severely damaged, severely delinquent adolescents between the ages of 14-17. The MHU houses up to 60 boys and 40 girls and receives an average of 25 referrals a month. Its clients' average age is 15.8 years. All clients are wards of the Juvenile Court, having had criminal petitions brought against them and sustained. Most have extensive criminal arrest records. All are emotionally disturbed having DSM IV diagnoses that qualify them for Medi-Cal reimbursement. At least 80% are deeply gang-involved. The overwhelming majority originate from severely dysfunctional homes. Approximately 45% have had prior involvement with DCFS. An average of 110 children were treated per month during FY 2000-01. The average treatment duration is 8-9 months.

The intensive day-treatment program at DKC consists of a daily, four and a half hour program comprised of four portions:

1. A special focus group: Themes dealt with in this group range from anger management, substance abuse, sexual abuse survivors, self-esteem,

Figure 74

CHALLENGER MEMORIAL YOUTH CENTER

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	19	3.6%
Disorders due to Medical Condition	1	0.2%
Schizophrenia/Psychosis	5	1.0%
BiPolar Disorders	3	0.6%
Major Depression	15	2.9%
Anxiety Disorders	12	2.3%
Other Diagnoses	9	1.7%
Adjustment/Conduct Disorder/ADHD	22	4.2%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	440	83.7%
TOTAL	526	100.0%

Figure 75

CHALLENGER MEMORIAL YOUTH CENTER

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	6	1.1%
Amphetamines (30XAM, 30UAM)	8	1.5%
Marijuana (30XMJ, 30UMJ)	45	8.5%
Cocaine (30XCO, 30UCO)	2	0.4%
Hallucinogens (30XHA, 30UHA)	2	0.4%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	19	3.6%
No Substance Abuse (30XNO, 30UNO)	66	12.4%
Undetermined	384	72.2%
TOTAL	532	100.0%

self-soothing and self-expression, according to the particular needs of the clients.

2. Recreation therapy: This group is run by a certified Recreational Therapist who teaches teamwork, impulse control, skill acquisition methods, and goal-oriented behavior.

3. Process group: This group uses traditional group therapy techniques to deal with interpersonal and intrapsychic issues within the group context.

4. Social skills training: This group teaches basic social living skills and interpersonal communication skills.

In FY 2000-01, 279 unique clients were treated at the Kirby MHU. Of these, 61.6% were male and 38.4% were female (Figure 76). Most (78.5%) were in the 12-17 age range, with an additional 21.5% 18-20 (Figure 77). For their racial/ethnic background, 16.8% were Caucasian, 35.5% were African American, 35.8% were Hispanic, .4% were Native American, 1.1% were Asian/Pacific Islander, while .7% were Other and 9.7% Unknown (Figure 78). As expected, most clients (83.2%) were Probation referrals, with 3.9% referred from DCFS, 1.8% school referred and 1.1% referred by a combination of school and Probation/DCFS (Figure 78). For 10% of clients, their Agency of Primary Responsibility was undetermined.

Figure 79 shows that the most common Kirby MHU primary admit diagnoses were Adjustment/ Conduct Disorder/ADHD (43%), Major Depression (31.5%), Bipolar Disorders (10.4%) and Anxiety Disorders (8.6%). Smaller proportions were found for Schizophrenia/Psychosis (2.5%), Drug Induced Disorders or Dependence (1.4%) and Disorders Due To Medical Condition (.4%). Combining primary and secondary admit diagnosis (Figure 79) indicates that 1.8% of these clients received a DSM diagnosis

Figure 76

DOROTHY KIRBY CENTER

Gender

	Count	Percent
Male	172	61.6%
Female	107	38.4%
TOTAL	279	100.0%

Figure 77

DOROTHY KIRBY CENTER

Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	219	78.5%
18-20	60	21.5%
TOTAL	279	100.0%

Figure 78

DOROTHY KIRBY CENTER

Race/Ethnicity

	Count	Percent
Caucasian	47	16.8%
African American	99	35.5%
Hispanic	100	35.8%
Native American	1	0.4%
Asian/ Pacific Islander	3	1.1%
Other	2	0.7%
Unknown	27	9.7%
TOTAL	279	100.0%

Figure 79

DOROTHY KIRBY CENTER

Responsible Agency

	Count	Percent
DCFS	11	3.9%
Probation	232	83.2%
DCFS and School Dist.	1	0.4%
Probation and School District	2	0.7%
School District (SEP Eligible)	4	1.4%
School District (Non-SEP Eligible)	1	0.4%
No Data	28	10.0%
TOTAL	279	100.0%

of Child Abuse and Neglect.

Substance abuse was an issue for 51.2% of the DKC mental health clients, with 31.9% using marijuana, 6.8% using alcohol, 3.9% using polysubstances, 3.2% using cocaine, 2.9% using amphetamines, and 2.5% using hallucinogens or sedatives/opioids (Figure 80).

MacLaren Children's Center:

MacLaren Children's Center is a multi-agency emergency shelter facility located in El Monte. The MacLaren Children's Center MHU provides services to children and youths who range in age from 3-21, with an average age of 15.1. During FY 2000-01, the MHU received approximately 60 referrals per month and provided treatment to between 130 -150 clients per month. Most clients receive intensive day-treatment services. About 80% of clients receive individual psychotherapy and approximately 60% receive group psychotherapy. The MHU has also developed a clinical training program for its

Figure 80

DOROTHY KIRBY CENTER

Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	4	1.4%
Disorders due to Medical Condition	1	0.4%
Schizophrenia/Psychosis	7	2.5%
BiPolar Disorders	29	10.4%
Major Depression	88	31.5%
Anxiety Disorders	24	8.6%
Other Diagnoses	3	1.1%
Adjustment/Conduct Disorder/ADHD	120	43.0%
Child Abuse and Neglect	1	0.4%
No Diagnosis or Diagnosis Deferred	2	0.7%
TOTAL	279	100.0%

Figure 81

DOROTHY KIRBY CENTER

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	22	7.9%
Disorders due to Medical Condition	2	0.7%
Schizophrenia/Psychosis	0	0.0%
BiPolar Disorders	11	3.9%
Major Depression	17	6.1%
Anxiety Disorders	23	8.2%
Other Diagnoses	20	7.2%
Adjustment/Conduct Disorder/ADHD	83	29.7%
Child Abuse and Neglect	4	1.4%
No Diagnosis or Diagnosis Deferred	97	34.8%
TOTAL	279	100.0%

Figure 82

DOROTHY KIRBY CENTER

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	19	6.8%
Amphetamines (30XAM, 30UAM)	8	2.9%
Marijuana (30XMJ, 30UMJ)	89	31.9%
Cocaine (30XCO, 30UCO)	9	3.2%
Hallucinogens (30XHA, 30UHA)	5	1.8%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	2	0.7%
Polysubstance Abuse (30XPS, 30UPS)	11	3.9%
No Substance Abuse (30XNO, 30UNO)	102	36.6%
Undetermined	34	12.2%
TOTAL	279	87.8%

Figure 83
MACLAREN CHILDREN'S CENTER
Gender

	Count	Percent
Male	583	53.3%
Female	510	46.7%
TOTAL	1,093	100.0%

Figure 84
MACLAREN CHILDREN'S CENTER
Age (Group)

	Count	Percent
0-5	15	1.4%
6-11	120	11.0%
12-17	833	76.2%
18-20	125	11.4%
TOTAL	1,093	100.0%

Figure 85
MACLAREN CHILDREN'S CENTER
Race/Ethnicity

	Count	Percent
Caucasian	201	18.4%
African American	486	44.5%
Hispanic	259	23.7%
American Native	7	0.6%
Asian/ Pacific Islander	14	1.3%
Other	8	0.7%
Unknown	118	10.8%
TOTAL	1,093	100.0%

staff.

The MHU served 1,093 clients during FY 2000-01. Males comprised 53.3% and females 46.7% of clients (Figure 83). For age: 1.4% were 0-5, 11% were 6-11, 76.2% were 12-17, and 11.4% were 18-20 (Figure 84). Clients' ethnicities were: 44.5% African American, 23.7% Hispanic, 18.4% Caucasian, 1.3% Asian/Pacific Islander and 12.1% other race/ethnicities (Figure 85). The majority of clients (63.4%) had DCFS as their Agency of Primary responsibility, with 12.7% referred by Probation, 3.4% by a combination of School Distict and DCFS/Probation, and 2.7% by the School District (Figure 84).

The FY 2000-01 primary DSM diagnoses for clients at MacLaren's MHU were: Major Depression (33.4%), Adjustment/Conduct Disorder/ADHD (31.9%), Anxiety Disorders (11.2%), Other Diagnoses (6.9%), Bipolar Disorders (4.8%), Schizophrenia/Psychosis (4.4%), and Drug Induced Disorders or Dependence (.4%) (Figure 85). In addition, there were 5.9% with a primary admit diagnosis of Child Abuse and Neglect and .8% with

Figure 86
MACLAREN CHILDREN'S CENTER
Responsible Agency

	Count	Percent
DCFS	693	63.4%
Probation	139	12.7%
DCFS and School Dist	28	2.6%
Probation and School District	9	0.8%
School District (SEP Eligible)	24	2.2%
School District (Non-SEP Eligible)	6	0.5%
No Data	194	17.7%
TOTAL	1,093	100.0%

this as their secondary admit diagnosis (Figure 86).

Substance abuse was an issue for 17.5% of the MHU cases (Figure 87). Marijuana was the substance of abuse for 11.1%, with smaller percentages for alcohol (2.6%), polysubstance abuse (1.6%), amphetamines (1%), cocaine (.6%), and .6% for hallucinogens and sedatives/opioids.

In addition, a Wraparound program, developed with multi-agency support, identified children staying at MacLaren who were assessed as having the potential to be safely placed at home or in a community foster-home supported by Wraparound services and resources for the family in lieu of high-end institutional care. DMH-funded MSW staff implemented this program, which is operated by DCFS. The Wraparound program served 16 clients in FY 2000-01. Of these, 56.2% were male and 43.8% were female. Their ages were: 6.2% ages 6-11, 68.8% ages 12-17, and 25% ages 18-20. Their ethnicities were: 31.3% Hispanic, 62.5% African American, and 6.2% Caucasian. Their placements consisted of 37.5% in a foster home, 43.8% with their biological parents, and 18.7% receiving some other type of placement.

Figure 87

MACLAREN CHILDREN'S CENTER
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	4	0.4%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	48	4.4%
BiPolar Disorders	53	4.8%
Major Depression	365	33.4%
Anxiety Disorders	122	11.2%
Other Diagnoses	75	6.9%
Adjustment/Conduct Disorder/ADHD	349	31.9%
Child Abuse and Neglect	64	5.9%
No Diagnosis or Diagnosis Deferred	13	1.2%
TOTAL	1,093	100.0%

Figure 88

MACLAREN CHILDREN'S CENTER
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	18	1.6%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	7	0.6%
BiPolar Disorders	12	1.1%
Major Depression	60	5.5%
Anxiety Disorders	23	2.1%
Other Diagnoses	93	8.5%
Adjustment/Conduct Disorder/ADHD	118	10.8%
Child Abuse and Neglect	9	0.8%
No Diagnosis or Diagnosis Deferred	753	68.9%
TOTAL	1,093	100.0%

Figure 89

MACLAREN CHILDREN'S CENTER
Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	28	2.6%
Amphetamines (30XAM, 30UAM)	11	1.0%
Marijuana (30XMJ, 30UMJ)	121	11.1%
Cocaine (30XCO, 30UCO)	7	0.6%
Hallucinogens (30XHA, 30UHA)	2	0.2%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	4	0.4%
Polysubstance Abuse (30XPS, 30UPS)	18	1.6%
No Substance Abuse (30XNO, 30UNO)	621	56.8%
Undetermined	281	25.7%
TOTAL	1,093	100.0%

GLOSSARY OF CHILDREN'S MENTAL HEALTH TERMS

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by italics have their own separate definitions. The term service or services is used frequently in this glossary. The reader may wish to look up service before reading the other definitions.

The terms in this glossary describe ideal services. This help may not be available in all communities. The Comprehensive Community Mental Health Services for Children and Their Families Program, administered by the Center for Mental Health Services (CMHS), has approximately 40 grantees in about 25 states that are demonstrating these services. For more information about children's mental health issues or services, call the CMHS National Mental Health Services Knowledge Exchange Network (KEN): 1.800.789.2647.

Accessible Services:

Services that are affordable, located nearby, and are open during evenings and weekends. Staff is sensitive to and incorporates individual and cultural values. Staff is also sensitive to barriers that may keep a person from getting help. For example, an adolescent may be more willing to attend a support group meeting in a church or club near home, rather than travel to a mental health center. An accessible service can handle consumer demand without placing people on a long waiting list.

Appropriate Services:

Designed to meet the specific needs of each individual child and family. For example, one family may need day treatment services while another family may need home-based services. Appropriate services for one child or family may not be appropriate for another family. Usually the most appropriate services are in the child's community.

Assessment:

A professional review of a child's and family's needs that is done when they first seek services from a caregiver. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the caregiver and family decide what kind of treatment and supports, if any, are needed.

Caregiver:

A person who has special training to help people with mental health problems. Examples of people with this special training are social workers, teachers, psychologists, psychiatrists, and mentors.

Case Manager:

An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

Case Management:

A service that helps people arrange appropriate and available services and supports. As needed, a case manager coordinates mental health, social work, education, health, vocational, transportation, advocacy, respite, and recreational services. The case manager makes sure that the child's and family's changing needs are met. (This definition does not apply to managed care.)

Child Protective Services:

Designed to safeguard the child when there is suspicion of abuse, neglect, or abandonment, or where there is no family to take care of the child. Examples of help delivered in the home include financial assistance, vocational training, homemaker services, and day care. If in-home supports are insufficient, the child may be removed from the home on a temporary or permanent basis. The goal is to keep the child with his or her family whenever possible.

Children and Adolescents at Risk for Mental Health Problems:

Children at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

Continuum of Care:

A term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. See systems of care and wraparound services.

Coordinated Services:

Child-serving organizations, along with the family, talk with each other and agree upon a plan of care that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. Case management is necessary to coordinate services. (Also see family-centered services and wraparound services.)

Crisis Residential Treatment Services:

Short-term, round-the-clock help provided in a non-hospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable despite in-home supports, the parent can have the child temporarily placed in a crisis residential treatment service. The purpose of this care is to avoid inpatient hospitalization, to help stabilize the child, and to determine the next appropriate step.

Cultural Competence:

Help that is sensitive and responsive to cultural differences. Caregivers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.

Day Treatment:

Day treatment includes special education, counseling, parent training, vocational training, skill building, crisis intervention, and recreational therapy. It lasts at least 4 hours a day. Day treatment programs work with mental health, recreation, and education organizations and may be provided by them.

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition):

This is an official manual of mental health problems which was developed by the American Psychiatric Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

Early Intervention:

A process for recognizing warning signs that individuals are at risk for mental health problems and taking early action against factors that put them at risk. Early intervention can help children get better more quickly and prevent problems from becoming worse.

Emergency and Crisis Services:

A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

Family-Centered Services:

Help designed for the specific needs of each individual child and his or her family. Children and families should not be expected to fit into services that don't meet their needs. See appropriate services, coordinated services, wraparound services, and cultural competence.

Family Support Services:

Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, crisis services, and respite care.

Fee-For-Service Medi-Cal:

One of two Medi-Cal funding streams, in whIch private providers are reimbursed for services; in the other funding stream, still known as Short-Doyle Medi-Cal is one in which provider organizations,

e.g., not for profit mental health centers, receive money annually for pre-contracted services.

Fee-For-Service Provider:

Self employed mental health professional providing services to Medi-Cal beneficiaries, who subsequently bill Medi-Cal for these services.

Home-Based Services:

Help provided in a family's home for either a defined time or for as long as necessary to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other help they may need. The goal is to prevent the child from being placed out of the home. (Alternate term: in-home supports.)

Independent Living Services:

Support for a young person in living on his or her own and in getting a job. These services can include therapeutic group care or supervised apartment living. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.

Individualized Services:

Designed to meet the unique needs of each child and family. Services are individualized when the caregivers pay attention to the child's and family's needs and strengths, ages, and stages of development. See appropriate services and family-centered services.

Inpatient Hospitalization:

Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Inpatient Services:

Health and Mental Health Services provided in hospitals or other live-in facilities.

Managed Care:

A way to supervise the delivery of health care services. Managed care may specify the caregivers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.

Mental Health:

Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental Health Problems:

Mental health problems are real. These problems affect one's thoughts, body, feelings, and behavior. They can be severe. They can seriously interfere with a person's life. They're not just a passing phase. They can cause a person to become disabled. Some of these disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia and conduct disorder.

Mental Disorders:

Another term used for mental health problems.

Mental Illnesses:

This term is usually used to refer to severe mental health problems in adults.

Outpatient Services:

Health and Mental Health Services provided in the community.

Plan of Care:

A treatment plan designed for each child or family. The caregiver(s) develop(s) the plan with the family. The plan identifies the child's and family's strengths and needs. It establishes goals and details appropriate treatment and services to meet his or her special needs.

Residential Treatment Centers:

Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with serious emotional disturbances receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than inpatient hospitaliza-

tion. Centers are also known as therapeutic group homes.

Respite Care:

A service that provides a break for parents who have a child with a serious emotional disturbance. Some parents may need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.

Serious Emotional Disturbance:

Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community. Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders. Serious emotional disturbances affect 1 in 20 young people.

Service:

A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

Short-Doyle Medi-Cal:

State-funded program that provides reimbursement to organizations (provider clinics) for county mental health services to Medi-Cal eligible and indigent individuals. It refers to organizations, as opposed to individual mental health practictioners. Billing is carried out with state funding.

Fee-For-Service:

FFS providers are individual practitioners who are credenitalled and who have established a contact with the local mental health plan which defines them as members of the DMH's FFS network. Billing for their services is carried out through the local mental health plan, as opposed to the Short-Doyle Medi-Cal billing proceedure, where billing is through the state.

System of Care:

A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

Therapeutic Foster Care:

A home where a child with a serious emotional disturbance lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.

Therapeutic Group Homes:

Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within an interagency system of care. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

Transitional Services:

Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

Wraparound Services:

A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education. See appropriate services, coordinated services, family-centered services, and system of care.

FOLLOW-UP OF RELEVANT ICAN RECOMMENDATIONS

Recommendation Two: Protocol for Responding To Domestic Violence

The Domestic Violence/Child Abuse Task Force is a newly developed task force, with the collaboration of ICAN and the Children's Planning Council and with Department of Mental Health (DMH) representation, which is formulating a protocol for preventing family violence and supporting children exposed to family violence through preventive intervention and treatment.

The Department of Mental Health's Children's System of Care (CSOC) is also currently participating in developing the countywide Child Abuse and Neglect protocol ordered by the Board of Supervisors. The CSOC is writing the section in the protocol on access to mental health services, referral and providing treatment to children who have been exposed to violence, abuse, and neglect. The responsibilities of mental health professionals as mandated reporters of suspected child abuse and neglect and their role in collaborative efforts to prevent child abuse and neglect are addressed.

During 2001, related services offered by the DMH Children's System of Care (CSOC) included services for families living in shelters and other referrals by hospitals and other county departments, including the Family Courts, adoption courts, the foster family systems, DCFS, and the Probation Department. These services included supporting children and helping them to heal by receiving the mental health services they need.

Although mental health professionals were not mandated reporters of family violence, where the woman/mother is the victim of their partner, they are mandated to report any suspected child endangerment.

The DMH supports victims of domestic violence by providing appropriate referrals, by linking them to community resources, and by offering affected caregivers family therapy and group therapy and referrals to the adult DMH for individual services when the CSOC serves their children. Specific programs served by DMH, which may be called upon to address issues of domestic violence, include the Family Reunification Program, the Violence Intervention Program, the Child Abuse, Prevention and Treatment Program, and the Family Preservation Program.

During FY 00-01, the DMH Training Division offered a course in Family Violence Among American Indians to 31 staff of 12 provider agencies. In addition, the Training Division provided a training on Spousal/Partner Abuse to 142 staff of 61 providers, and an additional two-part training on Domestic Violence to 68 staff of 34 providers.

Recommendation Four: Program Performance Outcome Data

During FY 00-01, the DMH collected the State-DMH-mandated set of performance outcome measures, consisting of the Achenbach Child Behavior Checklist (CBCL), The Achenbach Youth Self-Report (YSR), The Child/Adolescent Functional Assessment Scale (CAFAS), and the Client Living Environment Profile (CLEP) for its outpatient and day-treatment clients. Wherever possible, those outcome instruments were collected at both an earlier and a later point in the treatment process for each client. In FY 00-01, 1,343 pairs of CBCL data, 501 pairs of YSR data and 3,501 pairs of CAFAS data were collected. That Fiscal Year represents the final collection of those particular measures and the final collection of pre-treatment and post-treatment outcome measures. In subsequent years, new outcome measures will be used and a cross-sectional evaluation research design will replace the pre-post evaluation design.

The Management Information Systems (MIS) database of DMH is able to identify abused/neglected clients using a data field named "Authorization for Treatment of a Minor" which contains uses the code "05" which identifies clients whose treatment has been authorized by Juvenile Court due to a determination that the minor has an unfit home due to neglect, cruelty, depravity or physical abuse by a parent or guardian. The "Authorization for Treatment" data field, however, does not allow neglected children to be separated from those children

who may have been abused. Not all abused or neglected children will necessarily have a court authorization for treatment and thus the "05" code only identifies a subset of the abused/neglected DMH client population.

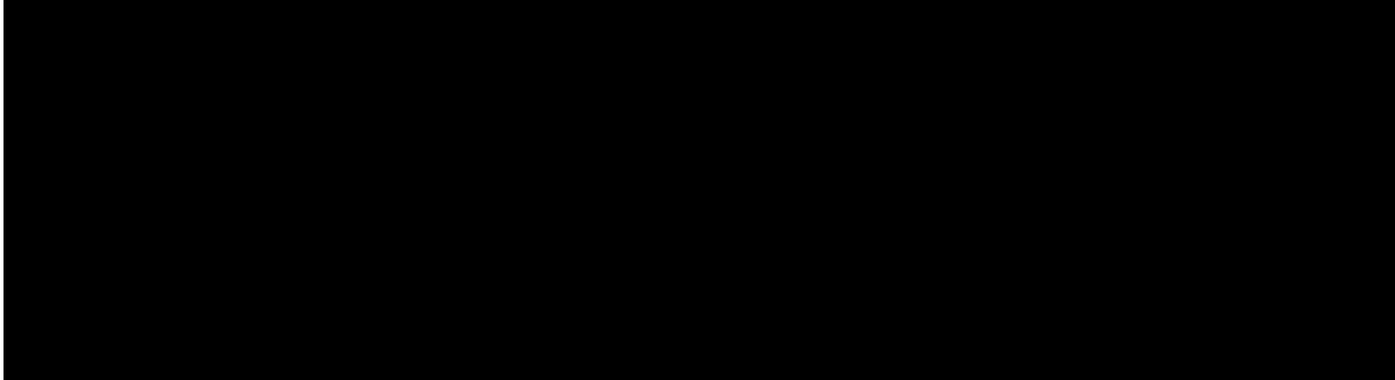
The primary and secondary DSM IV admission or discharge diagnosis fields of the DMH MIS database also may identify some abused or neglected children within the DMH client population. Diagnosis codes 995.52 (Neglect of a Child-Focus on the Victim), 995.53 (Sexual Abuse of a Child-Focus on Victim), 995.54 (Physical Abuse of a Child-Focus on Victim), 995.81 (Physical Abuse of Adult-Focus on Victim), or 995.83 (Sexual Abuse of Adult-Focus on Victm) are sometimes used as the primary or secondary DSM diagnosis of a client. Frequently, these abuse and neglect-related DSM diagnosis codes are used as the client's secondary diagnosis, with the primary diagnosis relegated for some other mental health-specific diagnostic code. If a DSM diagnosis of abuse or neglect is less central than a psychological primary or secondary client DSM diagnosis, then abused and/or neglected clients may not be indicated using these diagnosis fields in the DMH MIS database.

Using the abuse/neglect "05" code in the Authorization for Treatment field, and/or the above-mentioned abuse or neglect DSM diagnoses in the primary or secondary diagnosis fields, it is possible to define subsets of abused and neglected DMH clients for FY 00-01, although not all abused or neglected DMH clients would be identified. For the identified clients, separate evaluation studies could be carried out for their performance outcome data whererever pre-treatment and post-treatment data is available. Those analyses remain to be undertaken.

In assessing the potential usefulness of undertaking these studies, however, the limited representativeness of the outcome database must be taken into consideration. In Los Angeles County as well as in the other counties of California which have collected pre-post performance outcome data from clients and their families, the possibility of drawing general conclusions about clients in a particular treatment program from the sample of collected data is limited by the fact that the outcome data which was collected does not allow an evaluation of the impact of treatment on the mental health of those clients with unnanounced, abrupt treatment terminations leading to their discharge from treatment without an assessment of their outcome measures. Since no data was collected for such clients at termination, they would be omitted from any evaluation of client change over time. Any evaluation of program impact would, therefore, be based entirely on clients whose relationship to their treatment program had been stable enough to allow the assessment of their performance outcome measures at time of discharge.

Los Angeles City Attorney's Office

AGENCY REPORT



PART ONE: PROSECUTION DATA

The Los Angeles City Attorney's Office is responsible for prosecuting misdemeanor offenses in the City of Los Angeles. The initial act in this process consists of a filing decision by a deputy city attorney who reviews reports received for filing consideration which allege that a crime has been committed. These reports are received directly from a police or administrative agency or after referral from the District Attorney's Office. The attorney decides whether a criminal complaint should be filed against a defendant and prosecuted through the court system; or, whether the case should be referred to the City Attorney Hearing Program, or whether the case should be rejected and no prosecution conducted. Case prosecution takes place at eight locations citywide.

Information on child abuse/endangerment offenses is presented for total cases referred to the L.A. City Attorney Office's Hearing Program, and completed prosecutions (where the defendant has either pled or been found guilty, not guilty, or the case dismissed). It is also presented for the total number of child abuse victims assisted by the Victim Witness Assistance Program.

A. Prosecutions

The 1,023 total child abuse/endangerment prosecution statistics, which are presented for the City Attorney's Office for 2001, are described and subtotaled below. They are presented according to the State reporting categories of abuse whenever child abuse/endangerment offenses are charged against the defendant.

SEXUAL ABUSE - 167 Cases

The cases in this category include prosecutions of the following offenses:

- Penal Code Section 243.4
  Sexual battery
- Penal Code Section 261.5
  Unlawful sexual intercourse - minor
- Penal Code Section 647.6
  Annoying or molesting children

EXPLOITATION - 8 Cases

The cases in this category include prosecutions of the following offenses:

- Penal Code Section 311.3
  Exploitation of Child Victims by depiction of child in sexual conduct;
- Penal Code Section 311.11
  Possession or control of child pornography

PHYSICAL ABUSE - 174 Cases

Cases in this category include prosecutions of the following offenses:

- Penal Code Section 273D.
  Inflicting corporal punishment upon child resulting in traumatic condition.

SEVERE NEGLECT - 612 Cases

The cases in this category include prosecutions of the following offenses:

- Penal Code Section 273a(a)
  Willful cruelty toward child; endangering life, limb or health under circumstances or conditions likely to produce great bodily harm.
- Penal Code Section 273a(b)
  Willful cruelty; Under circumstances or conditions other than those likely to produce great bodily harm.

GENERAL NEGLECT - 62 Cases

The cases in this category include prosecutions of the following offenses:

- Penal Code Section 272
  Contributing to the delinquency of a minor

TOTAL CHILD ABUSE/ ENDANGERMENT PROSECUTIONS - 1,023 Cases

The 1,023 case prosecutions represented in this report for 2001 is an increase of 21 cases (or 2.18% more than the 1,002* case prosecutions which took place during 2000).

**Number is revised from that presented in LA City Attorney 2000 Data Statement.*

B. Hearings

There were 626 child abuse/endangerment cases referred to the City Attorney Office's Hearing Program in 2001 after review by an attorney for filing consideration. This represents an increase of 63 cases (or 11.19% more than the 563 cases referred to hearing during 2000).

C. Victim Witness Assistance Program

There were 1,159 child victims of crime who received services from the City Attorney Victim Assistance Program Service Coordinators during 2001. This is 440 more victims (or 61.2% more) than the 719 child victims who received assistance during 2000. This increase is based on the increase in case referrals received from the Los Angeles County University of Southern California (LAC+USC) Violence Intervention Project.

PART TWO: STATUS REPORT ON PROGRESS IN IMPLEMENTING ICAN POLICY COMMITTEE RECOMMENDATIONS:

Recommendation One:

Child Abuse and Domestic Violence

In order to better assess the nexus between domestic violence and child abuse, we are providing data on domestic violence cases which are filed in combination with any child abuse count, including child endangerment cases, based on the fact that children were present and impacted during the commission of a criminal act of domestic violence.

Our statistics for Calendar year 2001 indicate the following with regard to child abuse counts filed along with domestic violence cases:

Of the 490 domestic violence cases reviewed which included child abuse counts, 469 cases were filed. Of the 4,707 domestic violence cases filed in CY 2001 9.96% included child abuse counts.

Recommendation Two:

Protocol for Responding to Domestic Violence

Representatives of the Los Angeles City Attorney's Office serve as members of the ICAN Domestic Violence Council Task Force which has been established to develop protocols for the response to domestic violence when children reside in the home. Collaborative development of comprehensive multi-agency strategies for dealing with families with histories of domestic violence and child abuse are essential to identify and coordinate available services, including prosecution, where appropriate.

Recommendation Four:
Program Performance Outcome

Incorporated in this data statement are Los Angeles City Attorney statistics reflecting case dispositions, cases referred to hearing and child victims assisted by the Los Angeles City Attorney Victim-Witness Assistance Program during Calendar Year 2001. A recap follows:

- Total Case Dispositions: 1,023
- Total Cases Referred to Hearing: 626
- Total Child Victims assisted by Victim Assistance Program: 1,159

During this same time period, the Office achieved over a 90% conviction rate.

Recommendation Five:
Identification of Children with Disabilities

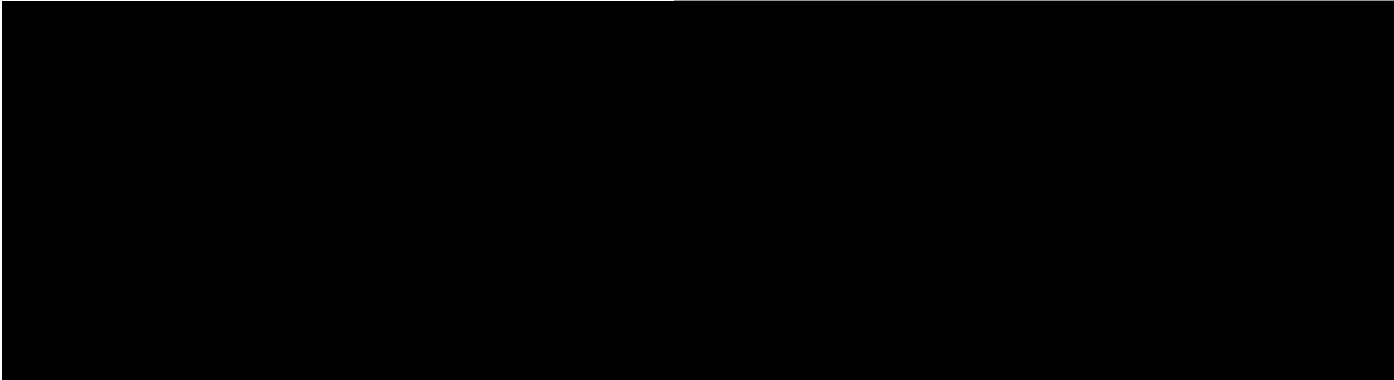
Our Office is in the process of attempting to assess the viability of creating an information field in our case management system which would be capable of tracking victims, including child victims, with disabilities.

Recommendation Seven: Follow-up

For the first time as of December 2001 our Office successfully gained access to child abuse cross reports created by the county Department of Children and Family Services as the result of a motion passed by the Los Angeles County Board of Supervisors mandating the provision of these reports to the City Attorney. This action has allowed our prosecutors to review these reports and make appropriate assessments regarding the necessity for additional law enforcement action.

The Child Advocates Office

AGENCY REPORT



MISSION

The mission of the Child Advocates Office is to serve the needs of abused, neglected and abandoned children in the Dependency Court system by providing the best possible information to the judges making decisions about these children's futures. To achieve this the Child Advocates Office recruits, trains, supervises and supports community volunteers who investigate the circumstances of the child, facilitate the provision of services, monitor compliance with the orders of the court, and advocate in court and in the community for the best interests of the child.

ABOUT THE PROGRAM

The Child Advocates Office is a Court Appointed Special Advocate (CASA) program. It is a member of the National Court Appointed Special Advocate Association, which sets basic standards for all CASA programs. There are CASA programs in all 50 states, Washington, D.C. and the U.S. Virgin Islands. Each state also sets standards for its programs, and in California the legal rights and responsibilities of CASA programs are outlined primarily in Welfare & Institutions Code sections 100 through 109, but can also be found in other sections of the Welfare & Institutions Code and in California Rules of Court 1424. The California Judicial Council has oversight responsibility for monitoring CASA programs for compliance with state standards. There are 35 CASA programs in California. The Child Advocates Office of the Superior Court of Los Angeles County was founded in 1979 and is one of the oldest CASA programs in the United States.

Child Advocates Office volunteers are supported in their work on behalf of children by trained professional staff. In 2001, Shahrzad Talieh was appointed Program Director by the Superior Court. Her staff includes the Assistant Director, Sue Thompson, ten Program Supervisors, one Case Referral File Reviewer, one Recruiter/Trainer, and seven clerical assistants. The program's main office is located at Edelman Children's Court in Monterey Park, and a satellite office is located at the Juvenile Court in Lancaster.

CASA is a program designed to bring to the court a community perspective about the needs of children. It is also a program dedicated from its inception to permanence for children. Welfare and Institutions Code Section 104 specifically charges the CASA with:

- Making an independent investigation of the circumstances surrounding a case, including interviewing and observing the child and other appropriate individuals, and reviewing appropriate records and reports.
- Reporting the results of the investigation to the court.
- Following the directions and orders of the court and providing any other information specifically requested by the court.

Welfare & Institutions Code Section 107 authorizes the CASA to inspect and copy any records of any agency, hospital, school, organization, division or department of the state, physician and surgeon, nurse, other health care provider, psychologist, psychiatrist, police department or mental health clinic relating to the child, without the consent of the child or the child's parents.

While CASA volunteers work closely with other advocates for the children, such as attorneys and social workers, the CASA's investigation and report are independent and separate. CASAs gather information from many sources, but they are required to take an oath of confidentiality and may share information only with the court and parties to the case.

CASAs cannot provide direct services to the children they serve without authorization from the court. However, a CASA may request such authorization when the tasks involve assessing a potential placement, taking a child for an evaluation or to parental visits, monitoring or assisting with monitored visits, taking a child for court ordered sibling visits, etc. While a CASA's role is not to provide services that the Department of Children and Family Services is charged with providing, exceptions are made when a child's situation sorely needs immediate action.

Children's cases are referred for a CASA directly by Dependency Court judicial officers, often at the request of a child's attorney. Social workers can and do request the court to refer a child, either by making the recommendation in a report to the court or by calling the Child Advocates Office to discuss the case with a Program Supervisor. Ultimately, however, all referrals to the CASA program must be formally submitted on a referral form signed by the judicial officer hearing the case.

CASA volunteers are not mentors or "big brothers or big sisters," although, depending on the age and the situation of the child, they may fulfill these roles in the course of performing their duties as the child's CASA. They are advocates for specific needs of the child, and are appointed for children ranging in age from birth through 18, many with emotional, medical or developmental disabilities. CASAs are not appointed for children in the Delinquency Court or when the program determines that appropriate services are being provided for the child and there is no advocacy role for a CASA.

A CASA remains on a case until the advocacy issues have been resolved for the child. Cases may last from a few months to several years. For this reason, prospective volunteers are asked to make an initial commitment of one year to the program. Approximately 95% of volunteers keep the one year commitment, and many remain with the program for more than five years.

TRAINING AND SUPERVISION

Prospective advocates are screened by means of criminal record background checks, in-depth personal interviews by supervisory staff, and, if accepted for training, observations made by staff throughout the training sessions. Those accepted for training are required to successfully complete 36 hours of in-class training before being sworn in as officers of the court by the Presiding Judge of Juvenile Court. The training curriculum includes the effects of trauma on the developing child and the dynamics of abusive families; the Dependency Court process and laws; the social services and child welfare systems; mental health and educational advocacy; roles and responsibilities of a CASA; and court report writing.

After completing training, a new CASA is assigned to a waiting case by a trained, professional Program Supervisor who provides guidance, support and expertise. Program Supervisors maintain frequent contact with CASAs under their supervision, and review and approve all court reports and case related correspondence prepared by the CASA.

OTHER PROGRAM COMPONENTS

The hub of the Child Advocates Office is the CASA/Guardian ad litem program, wherein volunteers are appointed to the cases of specific children and have responsibility for carrying out the duties described previously. However, CASA volunteers also serve children and assist the needs of the court by working in two other program components, as described below.

- CASA Children's Court Assistants are volunteers who talk with children in the Shelter Care Activity Area at Edelman Children's Court, before the children are called to the courtroom, particularly new children who have been transported to court for their first hearing. Their role is to help ease the children's anxieties and to explain the court process in age-appropriate language. Children's Court Assistant volunteers attempt to talk with every child in the Shelter Care area on a given day, but they do not engage the children in conversations about their cases. Their purpose is to make certain that if a child has any questions or concerns, these are conveyed to the child's attorney or to the DCFS Court Officer stationed in the courtroom. The volunteers accompany the children to the courtroom for their hearing, wait in court during the hearing to take down any orders regarding after-court visits or release of a child to a parent or relative, and escort the child back to the Shelter Care area. Children's Court Assistants are often able to explain to the child what happened during the hearing, although if a child has any legal or social work questions, they are referred to the appropriate party.

- CASA MacLaren Advocates are volunteers who interview children that have been temporarily placed at MacLaren Children's Center following a placement failure. The one-time interview is to determine the child's perspective of why the foster home or group home placement failed, and to learn of any future placement preferences or needs the child may have. MacLaren Advocates may research the child's records at MacLaren for any information on psychological or educational testing. The results of the volunteer's research and interview are submitted to the court. Although not entered into evidence, the MacLaren Advocate reports are intended to be helpful to the court, the child's attorney and the social worker, for future planning for the child.

FUNDING

The Child Advocates Office is funded by a public/private partnership. While it is a special program of the Juvenile Division of the Superior Court, it also receives funding from a private sector partner, Friends of Child Advocates, a 501(c)(3) non-profit organization. This partnership has been in effect since 1983. Over the years, funding provided by Friends of Child Advocates has allowed the Child Advocates Office to grow in order to meet the increasing number of children under Dependency Court jurisdiction who need the services of a CASA volunteer.

ABOUT THE CHILDREN

The Child Advocates Office collects demographic information only on children assigned to a CASA/Guardian ad litem. In this capacity, volunteers served a total of 828 children in 2001. This number does not include the number of children served in the two other program components.

Ethnicity		
African American	351	42%
Asian	9	1%
Caucasian	131	16%
Hispanic	201	24%
Native American	1	1%
Unknown	115	14%
Gender		
Males	431	55%
Females	400	45%
Age		
0-5	148	18%
11-Jun	307	37%
18-Dec	340	41%
19+	32	4%

ABOUT THE VOLUNTEERS

During 2001, 337 volunteers served with the Child Advocates Office. The volunteers are responsible adults who must be at least 21 years of age, and who must have the time flexibility to attend training, court hearings, case conferences, treatment team meetings and school conferences, and be able to maintain frequent face-to-face visits with the child. Prospective volunteers are fingerprinted and must clear a criminal records background check. They must also be willing to drive, show proof of auto insurance, and have a valid California driver's license.

Ethnicity		
African American	38	2%
Asian	5	2%
Caucasian	223	70%
Hispanic	28	9%
Other non-Caucasian	2	1%
Decline to state	2	1%
Gender		
Males	58	17%
Females	279	83%
Age		
21-30	8	3%
31-40	47	15%
41-50	60	19%
51-60	83	26%
61-70	83	26%
70+	33	11%

Employment

Full time	114	36%
Part time	41	13%
Retired	84	26%
Student	3	1%
not Employed	40	12%
Decline to state	19	6%

EXPLANATION OF TABLES

Table 1 reflects year-end statistics generated by CASA Manager, a software program designed for data collection on cases assigned to volunteers working as Court Appointed Special Advocates/Guardians ad litem (CASA/GAL), the primary component of the Child Advocates Office. Each child counts as one case. Terms used in Table 1 are described below.

- **Beginning Active Cases (A)** refers to the number of open, active cases assigned to CASA/GALs at the beginning of the year 2001.
- **Referrals (B)** represents the number of new referrals requesting a CASA/GAL received by the program during 2001, plus the number of referrals waiting to be assessed at the beginning of the calendar year. All referrals are given the status of Waiting Assessment until a decision is made to assign a CASA/GAL or to decline the case.
- **Assigned (C)** refers to the number of new cases opened and assigned to a CASA during 2001.
- **Never Served/Declined (D)** refers to the number of referred cases that were assessed and declined during 2001.
- **Closed (E)** refers to the number of cases closed at some point during the calendar year.
- **Waiting (F)** represents the total number of children waiting to be assessed and assigned to a CASA/GAL at the end of the calendar year.
- **Total Served (A+C)** represents the number of children who had open, active cases assigned to CASA/GAL volunteers during 2001.

Table 1

THE CHILD ADVOCATES OFFICE
January 1 - December 31, 2001

Beginning Active Cases	Referrals	Assigned	Never Served /Decline	Closed	Waiting	Total Served
A	B	C	D	E	F	(A+C)
442	601	386	216	407	66	828

Table 2
CASA CHILDREN'S COURT ASSISTANTSEDELMAN CHILDREN'S COURT

Children Served 11,902

Table 3
CASA MACLAREN ADVOCATESMACLAREN CHILDREN'S CENTER

Children Served 132

Table 2 reflects the number of children served by volunteers working on the Children's Court Assistants component at Edelman Children's Court during 2001.

Table 3 reflects the number of children served by volunteers working on the MacLaren Advocates component at MacLaren Children's Center during 2001.

Table 4 reflects the total number of children served by the Child Advocates Office in 2001, and the total number of CASA volunteers and their hours of service to children served by the program's three components during the year.

Table 4
TOTAL NUMBER OF CHILDREN SERVED BY THE CHILD ADVOCATES OFFICE
BY THE CHILD ADVOCATES OFFICE IN 2001

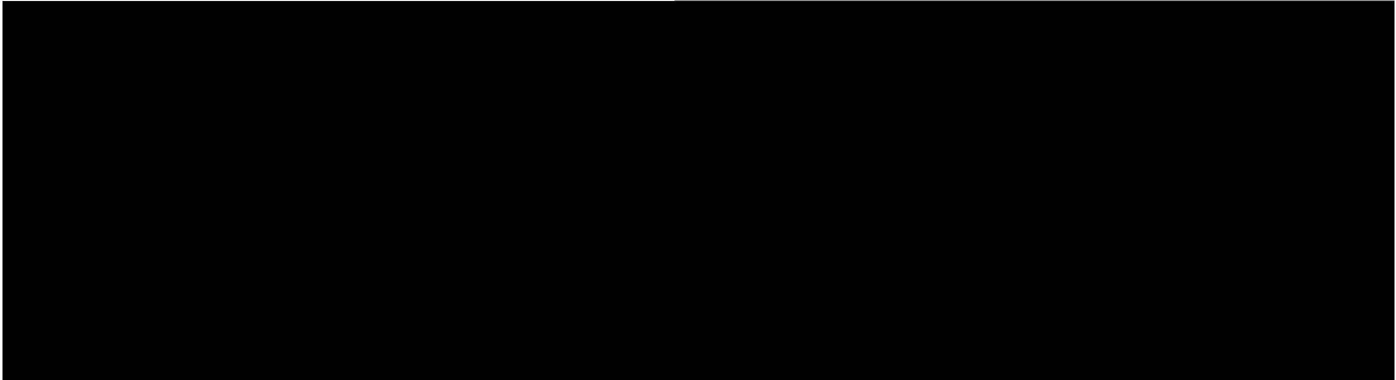
NUMBER OF CHILDREN SERVED ON ALL PROGRAM COMPONENTS	12,862
NUMBER OF VOLUNTEERS	337
VOLUNTEER HOURS	120,136

Table 5
ABOUT THE CHILDREN

African American	351	42%
Asian	9	1%
Caucasian	131	16%
Hispanic	201	24%
Native American	1	1%
Unknown	115	14%
Gender		
Males	431	55%
Females	400	45%
Age		
0-5	148	18%
11-Jun	307	37%
18-Dec	340	41%
19+	32	4%

Los Angeles Unified School District

AGENCY REPORT



The Los Angeles Unified School District maintains as a support service the Child Abuse Prevention Office which is under the direction of the Office of the General Counsel. The office provides support to the entire district with respect to policy decisions, legislation, reporting and follow up of suspected child abuse reports made by schools.

DATA MAINTENANCE

Data are collected and recorded for all reports made from district schools for the following:

1. Total number of reports by gender
2. Total number of reports by gender and type of abuse - physical, sexual, neglect, emotional
3. Total number of reports by type of abuse and ethnicity - Hispanic, Black, Caucasian, Asian
4. Total number of reports by type of abuse and school level/category - elementary, middle, high school, children's centers, special education

CURRENT YEAR FINDINGS

In the 2000-01 school year (7-1-00 through 6-30-01), 4,918 reports of suspected child abuse were filed on behalf of district students. Of this total, approximately 60% were for physical maltreatment, about 18% were for neglect and about 15% were for suspected sexual abuse. Overall, there were slightly more reports made for girls than boys. The breakdown by the aforementioned categories shows that boys were reported more often for suspected physical abuse whereas reports of neglect and sexual abuse were made more often for girls. An examination of reports by ethnicity shows totals that are proportional to the ethnic make-up of the district-at-large with Hispanics predominating, followed by Blacks (see Figure 1).

School level or category was known for 99% of the reports with 65% filed for children enrolled in elementary schools, 20% for middle school students and about 12% for high school enrollees. Comparatively speaking, few reports were noted for special education and/or children attending children's centers (see Figure 2).

COMPARISON TO PRIOR YEARS

Comparisons with prior year data show that the total number of reports decreased by about 7%, i.e., 381 fewer reports. By gender, there were 12% fewer reports for males and 2% for females. By category of abuse, most notable was the decrease of 12% in suspected sexual abuse reports. All other categories of suspected maltreatment also showed decreases including 9% fewer reports for physical abuse and 4% for neglect. In the areas of emotional abuse and "other," there were only slight differences in the comparative totals (see Figure 3). However, although fewer reports were filed for neglect, reports within this category increased for females by 58 - a 15% rise (see Figure 4).

A review of reports by ethnicity shows decreases for all groups with the highest percentage occurring for Asians (28%) and Caucasians (22%). Additionally, reports of maltreatment for Black students decreased by 10% and Hispanics had 4% fewer reports.

Analysis of the incidence of suspected abuse at various school levels indicated that fewer reports were filed at the elementary and middle schools, 10% and 7% respectively, whereas at the high school level, reports increased by 5%. This increase was due to 19 more suspected incidents of physical maltreatment and 9 additional reports of neglect. On a percentage basis, there was a large increase in reports at children's centers - about 36% with the numbers of reports increasing from 75 to 102.

At each school level, with the exception of the elementary grades and special education, there was a sizable percentage increase in the number of neglect reports. At middle schools, it was 23% and at high schools, 15%. Children's center reports of neglect went from 9 to 17 for a percentage increase of 89% (see Figure 5).

Reports of physical abuse decreased for all ethnicities. The greatest percentage decreases occurred for Caucasian students (23%) and Asians (28%). Across grade levels, there was a mixed picture in terms of comparisons with the previous year. At elementary, middle, and special education schools,

there were respective decreases of 11%, 8% and 43% in the numbers of reports filed. However, at the high school level, physical maltreatment reports increased by 6% and, at children's centers, the increase was 38%.

Sexual abuse data showed a sizable decrease for all ethnicities and for all school levels (see Figure 6). Reports of emotional abuse and "other" showed sizable increases across all ethnicities except Asian and at all school levels, except middle school, children's center and special education(see Figure 7).

TRENDS

Trend analysis shows that distribution of reports across maltreatment types and school levels is consistent with trends noted in prior years. Over the last 12 years, physical abuse reports have generally accounted for between 60% of all reports made, sexual abuse about 16% and general neglect, approximately 15%.

Some notable changes occurred in the 2000-01 school year. Not only did the total number of reports filed for suspected maltreatment decrease by 8% from 5,299 in 1999-00 to 4,875 in 2000-01, but also, reports of suspected sexual abuse continued their previous decline with 12% fewer filings in 2000-01 than 1999-00. Although general neglect was reported less often in 2000-01 than 1999-00, this form of maltreatment has shown a steady increase as a percentage of all reports filed over the last three years: in 1998-99, it represented 15% ; in 1999-00, 17%; in 2000-01, 18%. The majority of reports for all types of maltreatment continue to emanate from elementary schools.

Figure 1

FREQUENCIES FOR TYPE OF ABUSE
By Gender and Ethnicity, LAUSD Academic Year 2000-01

	Physical	Neglect	Sexual	Emotional	Other	Total
Gender						
Male	1,571	427	215	47	115	2,375
Female	1,357	441	526	73	146	2,543
TOTAL	**2,928**	**868**	**741**	**120**	**261**	**4,918**
Ethnicity						
Hispanic	1,899	549	518	87	176	3,229
Black	482	141	99	15	40	777
Caucasian	256	102	52	9	29	448
Asian	71	14	13	2	4	104
TOTAL	**2,708**	**806**	**682**	**113**	**249**	**4,558***

Note: Missing data for ethnicity = 360

Figure 2

FREQUENCIES FOR TYPE OF ABUSE
By School Level/Category, LAUSD Academic Year 2000-01

	Physical	Neglect	Sexual	Emotional	Other	Total
School						
Elementary	1,900	617	409	81	182	3,189
Middle	609	144	151	18	36	958
High School	315	70	136	18	32	571
Child Center	66	17	16	1	2	102
Special Ed.	34	13	6	1	1	55
TOTAL	**2,924**	**861**	**718**	**119**	**253**	**4,875***

****Note: Missing data for schools category = 12***

Figure 3

TOTAL LAUSD SUSPECTED ABUSE REPORTS
By Type of Abuse, Gender, Ethnicity and School Level/Category

	98-99	%	99-00	%	00-01	%	% DIF.* 99-00 vs. 00-01
Type							
Physical	3,174	61%	3,212	61%	2,924	60%	-9%
Neglect	805	15%	900	17%	861	18%	-4%
Sexual	926	18%	812	15%	718	15%	-12%
Emotional	112	2%	123	2%	119	2%	-3%
Other	207	4%	252	5%	253	5%	**
TOTAL	**5,224**	**100%**	**5,299**	**100%**	**4,875**	**100%**	**-8%**
Gender							
Male	2,513	48%	2,694	51%	2,375	48%	-12%
Female	2,711	52%	2,605	49%	2,543	52%	-2%
TOTAL	**5,224**	**100%**	**5,299**	**100%**	**4,918**	**100%**	
Ethnicity							
Hispanic	3,368	67%	3,363	68%	3,229	71%	-4%
Black	954	19%	862	17%	777	17%	-10%
Caucasian	604	12%	576	12%	448	10%	-22%
Asian	120	2%	144	3%	104	2%	-28%
TOTAL	**5,046**	**100%**	**4,945**	**100%**	**4,558**	**100%**	
School Level/Category							
Elementary	3,370	65%	3,538	67%	3,189	65%	-10%
Middle	953	18%	1,031	20%	958	20%	-7%
High School	678	13%	543	10%	571	12%	5%
Child Center	98	2%	75	1%	102	2%	36%
Special Ed.	114	2%	99	2%	55	1%	-44%
TOTAL	**5,213**	**100%**	**5,286**	**100%**	**4,875**	**100%**	

Note: * = percentage of increase/decrease; ** = less than one percent.

Figure 4

GENDER FREQUENCIES
By Type of Abuse, LAUSD Suspected Abuse Reports

	MALES				FEMALES			
	98-99	99-00	00-01	%Dif.* 99-00 vs.00-01	98-99	99-00	00-01	%Dif.* 99-00 vs. 00-01
Neglect	415	517	427	-17%	390	383	441	15%
Sexual	225	260	215	-17%	701	552	526	-5%
Emotional	52	47	47	no change	60	76	73	-4%
Other	95	114	115	**	112	138	146	6%

Note: * = percentage of increase/decrease; ** = less than one percent.

Figure 5

PHYSICAL ABUSE AND NEGLECT FREQUENCIES

By Ethnicity and School Level/Category LAUSD: Suspected Abuse Reports

	PHYSICAL				NEGLECT			
	98-99	99-00	00-01	%Dif.* 99-00 vs.00-01	98-99	99-00	00-01	%Dif.* 99-00 vs. 00-01
Ethnicity								
Hispanic	2,089	2,055	1,899	-8%	496	540	549	2%
Black	576	504	482	-4%	160	170	141	-17%
Caucasian	327	334	256	-23%	102	118	102	-14%
Asian	76	98	71	-28%	16	19	14	-3%
School Level/Category								
Elementary	2,098	2,142	1,900	-11%	597	685	617	-10%
Middle	605	662	609	-8%	91	117	144	23%
High School	327	296	315	6%	81	61	70	15%
Child Center	74	48	66	38%	5	9	17	89%
Special Ed.	67	60	34	-43%	30	28	13	-54%

Note: * = % of increase/decrease

Figure 6

SEXUAL ABUSE FREQUENCIES

By Ethnicity and School Level/Category LAUSD: Suspected Abuse Reports

	SEXUAL ABUSE			
	98-99	99-00	00-01	%Dif.* 99-00 vs. 00-01
Ethnicity				
Hispanic	587	535	518	-3%
Black	170	136	99	-27%
Caucasian	122	80	52	-35%
Asian	14	13	13	no change
School Level/Category				
Elementary	484	464	409	-12%
Middle	182	179	151	-16%
High School	227	136	136	no change
Child Center	15	12	16	***
Special Ed.	17	10	6	***

Note: * = percentage of increase/decrease;
****** percentage of increase/decrease not shown due to small N's***

Figure 7

MENTAL ABUSE AND "OTHER" FREQUENCIES

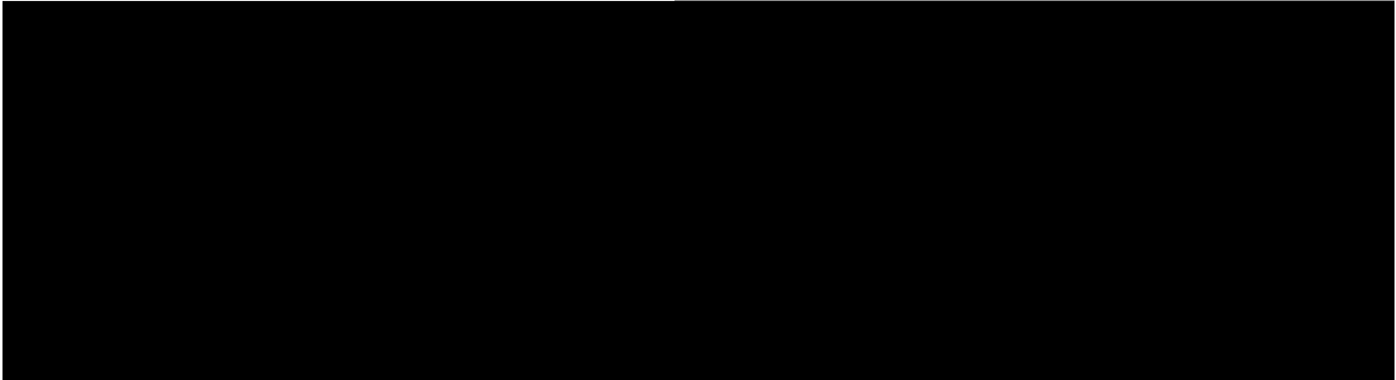
By Ethnicity and School Level/Category LAUSD: Suspected Abuse Reports

	EMOTIONAL ABUSE				OTHER			
	98-99	99-00	00-01	%Dif.* 99-00 vs.00-01	98-99	99-00	00-01	%Dif.* 99-00 vs. 00-01
Ethnicity								
Hispanic	70	72	87	21%	126	161	176	9%
Black	13	17	15	-1%	35	35	40	14%
Caucasian	19	17	9	-47%	34	27	29	7%
Asian	6	6	2	***	8	8	4	***
School Level/Category								
Elementary	69	82	81	-1%	122	165	182	10%
Middle	27	20	18	-10%	48	53	36	-32%
High School	15	25	18	-28%	28	25	32	28%
Child Center	2	1	1	***	2	5	2	***
Special Ed.	0	0	1	***	0	1	1	***

Note: * = percentage of increase/decrease; *** percentage of increase/decrease not shown due to small N's

LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE

AGENCY REPORT



The Office of the Public Defender provides legal representation in the courts of Los Angeles County to indigent persons charged with criminal offenses. Established in 1914, the Los Angeles County Public Defender's Office is both the oldest and the largest governmental defender in the United States, with offices in 42 separate locations throughout the County. The Public Defender staff is comprised of over 670 trial attorneys, supported by paralegals, psychiatric social workers, investigators, secretaries and clerical staff. The Department represents adults and youth charged with felony and misdemeanor offenses, children charged in juvenile delinquency cases, and also represents clients charged in sexually violent predator cases, mental health commitment cases, civil contempt matters and pre-judgment appeals and writs. In fiscal year 2001-2002, the Public Defender represented 76,279 clients in felony-related proceedings, 426,937 clients in misdemeanor-related proceedings (including preliminary hearings) and 39,791 clients in juvenile delinquency proceedings in Los Angeles County.

While continuing to provide the highest quality representation to clients in a cost effective manner, the Office of the Public Defender also continues to utilize its resources in order to emphasize broad justice system improvements for all of its clients, including programs and initiatives designed to produce positive outcomes for children and their families. The Department actively participates, often in a leadership role, in numerous criminal justice interagency committees and projects designed to focus on the issues faced by those who come into the criminal justice system, and collaborates with other agencies to find creative ways to channel resources in order to effectively resolve those issues. Accordingly, the Public Defender and his representatives are actively involved in Drug Treatment courts and Proposition 36 courts, Mental Health court, and Domestic Violence court, and participate on committees which collaborate regarding issues in these areas.

THE JUVENILE JUSTICE SYSTEM

Within the Juvenile Justice system, the Public Defender's Office continues to be proactive and successful in not only providing quality representation to children charged in juvenile delinquency proceedings, but also by carrying a broader agenda to better the lives of the children and their families who enter into the juvenile court system. The Los Angeles County Public Defender's Juvenile Division represents over 35,000 children in delinquency courts each year. Many children enter the juvenile justice system with serious, long-standing, and unaddressed educational deficits and psycho-social problems that significantly contribute to their delinquent behavior. These issues include mental health and substance abuse problems, cognitive learning disabilities, and other pervasive psychological problems.

A recent Los Angeles County Department of Mental Health study of children admitted to juvenile detention halls in Los Angeles County concluded that approximately 34 percent of those children suffered from significant mental health problems that required immediate treatment and services. According to the Juvenile Court Judges of California, 50 percent of all children in the juvenile delinquency system have undetected learning disabilities. Some studies suggest the prevalence rate of disabling conditions among incarcerated children might be as high as 70 percent.

Accordingly, many children in the juvenile justice system, including many of those detained in juvenile halls and camps, suffer from significant developmental, cognitive and/or emotional disabilities that impede their ability to fully benefit from mainstream educational services. Many of these children are covered by state and federal special education laws that mandate a continuum of educational program options for special education students. Unfortunately, many of these disabilities are not diagnosed until some of these children appear in the juvenile justice system, and even then, all too often the juvenile delinquency system focuses only on the specific behavior or circumstances that bring delinquent children to the attention of law enforcement

and the courts, and for any number of reasons does not pay sufficient attention to the serious underlying symptoms that often lead children in juvenile court to delinquent behavior.

Overview and Follow-up of Existing Grant programs

Beginning in 1999, the Public Defender's office initiated and implemented a comprehensive program designed to bring much needed services to the children in juvenile delinquency court, apparently the first such program of its kind in the country. The program focuses on early intervention with children in delinquency court by addressing the underlying symptoms or causes of delinquent behavior such as mental illness, mental retardation, learning disabilities, emotional disturbances and trauma, and is a child advocacy model that is non-traditional in its vision and approach. Attorneys, paralegals, and psychiatric social workers are trained not only to focus on representing each child's "liberty" interests, but also to be cognizant of the psycho-social aspects of the child's background, especially as it may impact on child development and behavior. It is recognized that traditional representation for these clients similar to that normally provided to adult clients is no safeguard against recidivism if other resources are not channeled toward those children that will assist them in dealing with the many other challenges and obstacles they face outside of the courtroom.

The program integrates staff psychiatric social workers and paralegals into the defense team, and is composed of three integrated parts. Under the first component, with funding from the Juvenile Accountability Incentive Block Grant or JAIBG, eleven psychiatric social workers, (including a supervising social worker), and three paralegals staff the 10 juvenile branch offices of the Public Defender to assist lawyers, from arraignment through disposition, with cases in which the children are faced with profound educational and psycho-social problems. Psycho-social assessments can often determine whether the child represents a risk to the community and may also form the basis for effective treatment plans that will reduce the likelihood of re-offending by addressing the issues that put the child at risk for further delinquent behavior. Consequently, more appropriate services are rendered to children and families to minimize recidivism while continuing to hold minors accountable.

By referring clients for evaluation, identification, and intervention at the pre-trial stage, the Public Defender's office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. By beginning to work on disposition plans at an early date, those who work with children in juvenile court are able to provide the court with a better assessment of the minor's needs, present reasonable recommendations for appropriate conditions of probation, identify resources that will assist the minor and his/her family to responsibly meet the conditions of probation thereby increasing accountability, and enabling the court to make orders that will foster accountability in both the minor and the system.

Another component of the program is the Post-Disposition Project, funded through a grant from Temporary Assistance to Needy Families (TANF). In this component, three psychiatric social workers employed by the Public Defender are involved in a collaborative effort with the Probation Department to reevaluate children whose education and psycho-social needs are not being met by their current placement in the probation camp system and, using this evaluation, to develop an alternate plan to present to the juvenile court. The project serves children who were sent to camp by court order. It targets those children whose needs for services are not being met by juvenile camp programs, but could be more fully and properly addressed in a suitable placement setting or other structured program in the community. The target camp population for this program includes, but is not limited to: (1) children with apparent or suspected learning or developmental disabilities whose special needs cannot be accommodated in a juvenile camp program; (2) children with mental health issues including the need for psycho-tropic medication; (3) children whose age and

level of maturity is not compatible with the camp population or programming; (4) children with physical disabilities that prevent full participation in camp programs; and (5) children who will emancipate from the camp program.

In addition, under the JAIBG grant, the Public Defender's Juvenile Division has assigned three of its attorneys to assume the role and function of in-house educational/mental health resource specialists and advocates. These attorneys enhance the Office's advocacy in special mental health and educational services mandated by state and federal law. The Resource Specialists ensure that children with educational difficulties have current Individual Education Plans (IEPs) which help identify special education needs and define services to be provided. They also facilitate special program referrals such as those to the Regional Center which serves children with developmental disabilities.

The current beneficiaries of the three integrated components of the program are the children, together with their families and communities, who receive the services from attorneys, psychiatric social workers, attorney resource specialists, paralegals and others. For example, children with special education needs are represented by Public Defender attorney resource specialists and psychiatric social workers at school district hearings, including Individualized Educational Plan (IEP) hearings. Advocacy in this area by juvenile Public Defender staff has reaped tremendous benefits for children with disabilities and provided them with a necessary continuum of educational program options in the school system that are mandated by state and federal law. Children and their families also benefit from referrals to appropriate mental health residential and outpatient treatment programs, Regional Center services for children with developmental and cognitive disabilities and referrals to other public and private service agencies.

The program has been very successful. Overall, the program has served approximately 4,800 children in the ten juvenile court locations throughout Los Angeles County since the program began in the fall of 1999. Some of these children are wards of both the delinquency and dependency court systems and are themselves victims of abuse and neglect. Overall, as of December 31, 2001, the Los Angeles County Juvenile Courts have followed the program's recommendations in approximately 69.9% of the cases in which services were provided in the pre-adjudication component of the program. The post-adjudication component of the program has an overall 94% success rate in convincing juvenile court judges throughout the ten Los Angeles County Juvenile Court locations that, in appropriate cases, children in juvenile camps should be removed to a better setting in order to receive necessary treatment and services that are not available in juvenile camps.

In the pre-adjudication component of the program, and since its inception through October 2001, 3,433 children received project services. Of these cases, 2,016 were for Extended Services (services that required more than 90 minutes of consultation time or extended past the request date). The referrals involved a variety of consultation services including psycho-social and educational assessments, early intervention to identify services, referrals to community resources (such as Alcoholics Anonymous, Narcotics Anonymous, after school activities such as the YMCA and parenting classes), crisis intervention referrals during the court process, and recommendations for disposition plans and conditions of probation in difficult cases. Over half (53%) of these extended service cases (1,062) resulted in the court following the Public Defender recommendation. A significant number of these dispositions were for placements that provided treatment for a problem identified in the assessment process or the child was permitted to remain in the home while receiving treatment services in the community.

In the post-adjudication component of the program, from inception through October, 2001, the Project enjoyed an 89% success rate in convincing the court to pursue an alternative disposition. Of the 145 cases referred to the Project, 102 resulted in an alternative disposition, 13 resulted in the Court con-

tinuing the camp placement order and 30 cases were pending disposition. Alternative dispositions involved one of the following situations:

- A less restrictive setting whereby the child was either suitably placed in a Girls' or Boy's Home or the minor was sent home to their family with specific conditions of probation;
- The camp order remained in full force and effect; however, the child was released home on a Court Furlough with specific conditions of probation;
- The child was released from Camp and was placed at the Regional Center for mental health/educational issues;
- The child was placed in a mental health facility.
- Juvenile Mental Health Court/Juvenile Drug Court

The Public Defender's office also continues to be actively involved in Juvenile Drug Court and Mental Health Court. Mental Health Court, which began operating in October, 2001, is a comprehensive, judicially monitored program for children with mental health problems. A collaborative interagency team develops an individualized case plan for each eligible child referred to the court. The plan includes home, family, therapeutic, educational, and adult transition services. The public defender, with the assistance of an additional social worker funded by the TANF grant, advocates on behalf of the child to secure mental health services from all available community resources. The attorney works with the family, local mental health organizations, school districts, regional centers, probation, and the Dept. of Children and Family Services to obtain for the child every benefit to which he or she is legally entitled. Implementation of the plan is monitored intensively on an ongoing basis for two years. Since its inception in October of 2001, through December 2001, 17 children have been accepted into the Mental Health court.

Drug court attempts to resolve underlying problems manifested by substance abuse, and is built upon a unique partnership between the juvenile justice community and the drug treatment community, and upon the creation of a non-adversarial courtroom atmosphere where a judge and a dedicated team of court officers and staff work together toward a common goal of breaking the cycle of drug abuse.

The Los Angeles County Juvenile Court Drug Court Programs are supervised, comprehensive treatment programs for nonviolent children. The programs are comprised of children in both pre-adjucation and post-adjudication stages as well as high risk probationers. Drug testing, individual group counseling, and family counseling are furnished by the Juvenile Drug Court Treatment Provider. The child must maintain regular attendance at twelve step meetings. A counselor or probation officer will also assist with obtaining education and skills assessments. The child's parents and family members will be encouraged to participate in appropriate treatment sessions. Deputy Public Defenders receive training regarding addictive diseases; treatment and related issues constitute an ongoing part of the therapeutic environment fostered in the Drug Court.

There are two types of Drug Court Programs. In one program, Drug Court is available to children at both pre-adjudication and post-adjudication stages. The child must be between the ages of 14 and 17. He/she must demonstrate a maturity level compatible with the Drug Court population at the time of entry into the program and must have a history of drug use. The program will accept both male and female clients. Female clients will not be excluded from the program due to pregnancy. To be eligible for the pre-adjudication program, the child must be charged with possession of drugs or being under the influence of drugs or alcohol.

To be eligible for the post-adjudication program, a child must be charged with:

- Sales or possession of drugs for sale where the value is under $100.00
- Theft/vandalism/graffiti under $400.00
- Nonresidential burglaries with minor losses
- Cultivation of marijuana for personal use

If the Court determines that the child is eligible and suitable, he or she will be provisionally accepted into the Drug Court Treatment Program. After

the child is accepted into the program, Deputy Public Defenders continue to represent the child throughout his or her participation in Drug Court. Successful completion and graduation from the program will result in having the charges dismissed. Failure or dismissal from the program will result in the reinstatement of criminal charges and subsequent prosecution on the pre-adjudicated charges or continuation on probation on the post-adjudication charges.

There are currently juvenile Drug Courts operating in two juvenile court locations: Sylmar, in operation since 1998, and Eastlake, which began operations in 2001. Success in the juvenile drug court program is not necessarily measured by the number of graduates from the program, but rather whether the Drug Court curriculum favorably impacted the children to the extent that they are now considered drug-free. However, from the inception of the program in 1998 through 2001, there have been 34 children who have graduated from the year -long program in Sylmar and approximately 74 children admitted to the program in 2001 in the Sylmar and Eastlake courts.

Disproportionate Minority Confinement in the Juvenile Justice System

The issue of Disproportionate Minority Confinement of children of color continues to be an issue in Los Angeles County, and the Public Defender's Office continues to be actively involved in and collaborate with other agencies in order to bring attention to and address this issue.

In its most recent publication, "Donde Esta La Justicia?", Building Blocks for Youth has focused on a picture of Latino/a youth in the U.S. justice system, and found, strikingly similar to statistics on African-American youth and other youth of color, that Latino youth are over-represented in the criminal justice system: they are arrested at much higher rates than white youth, they are over-represented in pretrial detention statistics, and they are more likely to be incarcerated in state public facilities. For example, the report states that, in Los Angeles County in 1998, Latino/a youth were:

- 1.9 times as likely as White youth to be arrested for violent offenses.
- 1.6 times as likely as White youth to be arrested for property offenses.
- 2.0 times as likely as White youth to be arrested for drug offenses.
- 2.2 times as likely as White youth to be arrested for sex offenses.
- 1.8 times as likely as White youth to be arrested for felony offenses in general.

Moreover, in Los Angeles in 1996-98, Latino/a youth were:

- Arrested 2.3 times as often as White youth.
- Prosecuted as adults 2.4 times as often as White youth.
- Imprisoned 7.3 times as often as White youth.

Thus, a Latino/a youth who committed a violent offense in Los Angeles during the period 1996-1998 was, in total, 12 times as likely as a White youth to be confined in the California Youth Authority. (CYA).

In addition, the report acknowledges the impact of the passage of anti-gang laws, such as Proposition 21, and its disproportionate impact on children of color.

"Being labeled a 'gang member' can have adverse consequences for youth at all the key decision-making points in the justice system. First, stereotypes about which youth are associated with gangs can impact police decisions about who to stop and who to arrest. Alleged gang affiliation can also be the determining factor in whether a youth is held in secure detention after arrest. . . .

"Gang affiliation is also a basis for transferring a youth to an adult court in some jurisdictions. Under California's Proposition 21, by merely alleging that an offense is 'gang-related,' prosecutors may have the power to file charges directly in adult court against a youth as young as 14 years old, without a hearing before a judge.

"The use of 'gang databases' has become more widespread over the last decade. They are currently used in Michigan, Ohio, Minnesota, Texas and California, among other states. Such databases contain names of 'suspected gang members,' 'gang asso-

ciates,' and individuals convicted of 'gang-related' crimes and also include personal information and photographs entered by police. The criteria for being placed on these lists are often vague, including 'hanging around with gang members.' These lists are off limits to the public in many jurisdictions and there is no judicial review of the decision to place a youth in the database; thus, gang databases often include many youth who have left gangs or who were never actually gang members. In addition, in some jurisdictions there are no means available for youth to have themselves removed from the gang database."

The Public Defender's office continues to review cases involving miscreant police behavior. Such behavior often starts with abuses of those who are merely suspected of gang membership and can expand to almost anyone residing in such an area. The Public Defender's office is also involved in numerous collaborative efforts on issues such as disproportionate minority confinement and gang databases in an attempt to minimize the potential for abuses in those areas.

A number of counties have documented successful outcomes when there have been collaborative inter-agency efforts to address the problems related to disproportionate minority confinement. For example, Building Blocks for Youth details in its report efforts in Santa Cruz County, California. Prior to the county's aggressive plan to combat disproportionate minority confinement, Latino/a youth represented nearly 64% of the youth detained in the county's secure juvenile detention facility, although in the general population, Latinos/as represented 35.2% of the youth aged 10-17. In 1999, that percentage dropped to 53% of those detained, to 50% in 2000, and to 49.7% in 2001.

Seven Categories of Abuse

APPENDICES

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 Subcom-mittee 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 caretaker 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

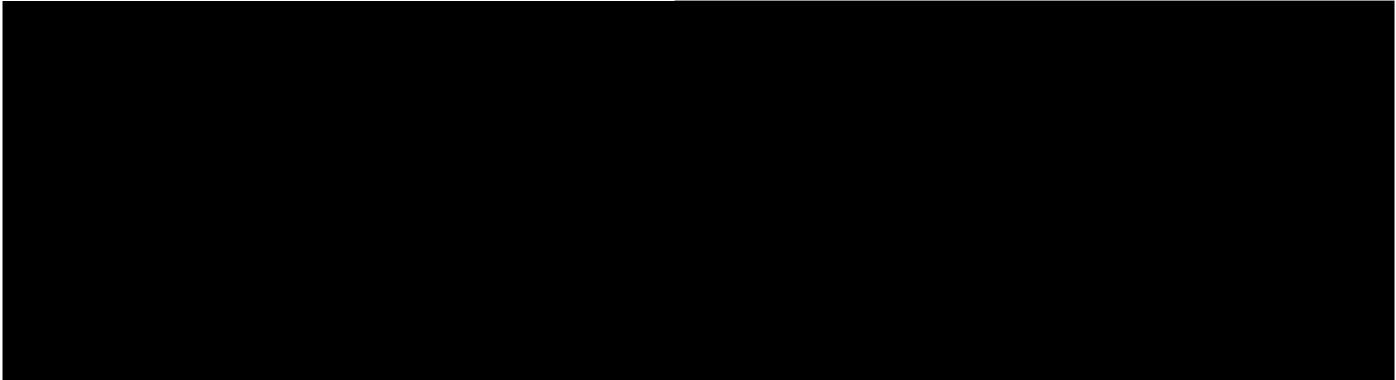
Exploitation exists when a child is made to act in a way that is inconsistent with his/her age, skill level, or maturity. This includes sexual exploitation in the realm of child pornography and child prostitution. In addition, exploitation can be economic, forcing the child to enter the job market prematurely or inappropriately; or it can be social with the child expected to perform in the caretaker role.

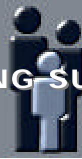
Caretaker Absence/Incapacity

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.

DATA SHARING COMMITTE BIOGRAPHIES

APPENDICES





Elizabeth Stephens
Committee Chairperson

Elizabeth is the head of the Statistical Section for the County of Los Angeles Department of Children and Family Services. She previously served as the Department of Adoptions representative to the ICAN Operations Committee, and was on the ICAN Data/Information Sharing Committee when it was first formed in 1981. Her recent membership with the Committee began in 1986 as the Department of Children and Family Services representative. Ms. Stephens has been with Los Angeles County for over 38 years, and has served in various administrative and technical positions.

Nora J. Baladerian, Ph.D

Nora is a clinical psychologist and is the Director of the Counseling Center of West Los Angeles. She is also the Director of the Disability, Abuse and Personal Rights Project. She is the Project Coordinator for the CAN DO! Project, Child Abuse & Neglect Disability Outreach Project, under ARC Riverside. She has been involved in issues related to child abuse in general since 1972, and for children with disabilities since 1975. She conducts research and training programs for disability and protective services personnel, and coordinates the annual National Conference on the abuse of children and adults with disabilities. She is the author of several guidebooks and articles on this issue.

Judith H. Bayer

Judy currently supervises the training component for the Litigation and Training Division of the Office of the Los Angeles County Counsel. She also serves as the County Counsel ICAN representative, supervises the special trials unit, dependency/delinquency cross-over cases, and mediation in addition to coordinating committee assignments. During the fourteen years she has been with County Counsel, Judy has been a trial attorney, lead attorney, and courtroom supervisor. She has conducted training programs for new attorneys, social workers, the district attorney's office, and various other public agencies. Prior to becoming an attorney, Judy was a teacher and a pre-school director.

Pamela Booth

Pam is currently the Head Deputy of the Sex Crimes Division for the Los Angeles County District Attorney's Office. In the fifteen years she has been a deputy District Attorney, she has served as a trial attorney, filing deputy, calendar deputy, and Deputy-in-Charge of both an adult area office and a juvenile office. Prior to becoming a prosecutor, Pam served as a probation officer in San Bernardino County covering both adult and juvenile caseloads.

Christopher D. Chapman, MA

Chris is a Programmer Analyst with the Los Angeles County Internal Services Department, Information Technology Service. Christopher has been with the County's Internal Services Department since January 1999, were he supports the ICAN Office and other County Departments with over 15 years of experience in Desktop Publishing, Graphic Design and Internet Development. Chris has earned a Masters Degree in Organizational Management along with two other degrees, one in Visual Design and the other in Business Management.

Martha Cook

Martha is the Manager for the State of California Department of Justice Child Protection Program (CPP). The CPP is responsible for maintaining the Child Abuse Central Index, California's registry of child abuse investigation reports. Martha has been employed the State since 1981. She has been with the Department of Justice since 1989, having worked as an analyst in the Bureaus of Special Services, Narcotic Enforcement and Criminal Information and Analysis. She also was the coordinator for the State Child Death Review Board. In 1995 Martha began supervising the Child Abuse Unit, now known as the Child Protection Program. In 1998 Martha became the Program's Manager.

Jeanne Di Conti

Jeanne is a Deputy City Attorney with the Los Angeles City Attorney's Office, Publications and Statistics Section. Since starting with the Office in 1975, she has served as a member of the Office's Business Systems Plan Team, and the Office Automation Steering Committee. She has been a member of the ICAN Data/Information Sharing Committee since 1989.

Robert M. Cuen

Robert is currently a staff attorney for the Los Angeles Unified School District. His service with the District began in 1996. Since that time, he has represented the District and school personnel in all school law related matters in both state and federal courts and administrative hearings. Also, Robert responds to the day-to-day legal needs of district staff. Prior to L.A.U.S.D., Robert was an associate at a private law firm representing municipalities and other public entities in employment related matters.

Michael Durfee, M.D.

Michael Durfee founded the ICAN Data/ Information Sharing Committee in 1982. He began data collection systems for the departments of Mental Health and Health Services and is now using a new software program to automate health data. Additional tasks include development of special data collection systems following pre-natal substance abuse and suspicious child deaths.

Eileen Gomez

Eileen is the acting Division Manager of the Forensic Data Information Systems Division, responsible for managing the information technology activities for the Department of Coroner. She is responsible to ensure that the Coroner is in alignment with the Countywide Strategic Plan for E-government. Ms. Gomez provides I/T support to the Health Services Acute Communicable Disease Control for the electronic sharing of death data related to bio-terrorism. Ms. Gomez is an employee of the Internal Services Department, Information Technology Service, Information Systems Support Division. She has 16 years of solid business experience supporting various County Departments, including technical lead, front-line supervision, and project management. Eileen received her Business degree from Cal State Long Beach and is currently working on a Masters in Information Technology. Eileen has been a member of the ICAN Data/Information Sharing Committee since 2000.

Douglas Harvey

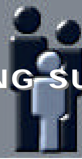
Doug is a Supervising Special Investigator for the Investigation Section of the Children's Residential Program of the Community Care Licensing Division (CCLD), California Department of Social Services. He has served on the ICAN Child Death Review Team since 1992. Doug is a Licensed Clinical Social Worker as well as a peace officer. He is responsible for investigators assigned to abuse and questionable death allegations in community care facilities located throughout Southern California.

Hye Young Lee

Hye works as a Research Analyst for the Research, Evaluation, and Planning Unit, Maternal, Child, and Adolescent Health Programs (MCAH) of Los Angeles County Department of Health Services. She is involved in the production of The Family Health Outcome Project report, MCAH program evaluation project, and has authored journal articles. Hye wrote research papers on elder abuse, prison violence, motivation of joining a gang, and racial disparities in health. She received a B.A. and M.A. in Sociology from California State University, Los Angeles.

Diana Liu, MPH

Diana is an epidemiologist for the Epidemiology and Assessment Unit (formerly known as the MCAH Assessment and Planning Unit), Family Health Program, Los Angeles County Department of Health Services. She has recently been involved in the development and dissemination of maternal, child and adolescent health (MCAH) related statistics to internal and external programs, other county departments, and community organizations. She is also involved in the production of Family Health Outcomes Project Indicator report. Her hope is that with accurate and meaningful data/information, we can assist in facilitating collaboration, planning, and policy development within MCAH community.



Diana received her Master of Public Health in Epidemiology from San Diego State University.

Penny Markey

Penny is the Coordinator of Youth Services for the County of Los Angeles Public Library. She is responsible for developing library collections, programs and services for children from birth to age 18 and their parents and caregivers. In that capacity she has developed numerous programs for children and families including: Begin at the Beginning With Books, an early childhood literacy program targeting pre-natal moms and their new babies; Home run readers, a reading motivation for school-age children in partnership with the Los Angeles Dodgers and Pacific Bell and a community service volunteer program to provide teens with workforce readiness skills. Penny has served as adjunct professor in the School of Education and Information Science at UCLA.

Chris Minor

Chris is a detective with the Los Angeles County Sheriff's Department, assigned to the Family Crimes Bureau/ Child Abuse Detail. He has been a deputy sheriff for twenty-two years and has worked as a child abuse investigator for the past twelve years. Chris currently acts a liaison between the Family Crimes Bureau and the Department of Children and Family Services; other law enforcement agencies; responds to requests for advice from field patrol deputies; and conducts lectures in the field of child abuse investigation to the Sheriff's Department Academy Recruits, assigned patrol deputies, schools and other civic groups.

Paula Montez

Paula Montez is the Special Counsel to Michael P. Judge, the Los Angeles County Public Defender and has been an attorney with the Los Angeles County Public Defender's Office for 13 years. In her current capacity, Ms. Montez 's primary responsibility is to handle recruitment efforts for the Public Defender's office. She has also handled numerous misdemeanor and felony cases in Municipal and Superior Court, and has briefed and argued cases in the California Court of Appeal and the California Supreme Court. In addition, Ms. Montez represents the Public Defender's office as a member of the Los Angeles County Domestic Violence Council, and acts as co-chair of the Council's Legislative Issues Committee. She currently serves on the Boards of the Mexican American Bar Association, and the L.A. County Hispanic Managers Association.

Becki Nadybal

Becki is the Data Manager at the Los Angeles County Children's Planning Council. Her areas of specialization are in data and mapping. Prior to her employment at CPC, Becki worked as a consultant on numerous child-related projects and reports throughout Los Angeles County. She also worked in the Research Department at United Way of Greater Los Angeles. Becki graduated from California State University, Northridge with a B.A. in Geography. She is currently completing her M.A. in Geography with a specialization in urban studies.

Thomas Nguyen

Thomas is a Children’s Services Administrator I in the Statistics Section of the Department of Children and Family Services. He has been with the department since 1988 and has been involved with the ICAN Data/Information Sharing statistical report since 1991. Mr. Nguyen graduated from Hope College, Holland, Michigan with a Bachelor of Arts degree in Business Administration and minor in Computer Science and Spanish.

Tish Sleeper, MSW

Tish is a Children's Services Administrator II with the Inter-Agency Council on Child Abuse and Neglect (ICAN). She is a member of the agency's Child Death Review Team and current author of the Team's annual child death report. She also participates on ICAN's Child and Adolescent Suicide Review Team, Grief and Mourning Professional Resource Group, and joint ICAN/Domestic Violence Council Task Force. She is also a member of Los Angeles County's newly organized Child Trauma Council, which focuses on the provision of services to traumatized children in the county. Prior to her work with ICAN, Ms. Sleeper was employed for eleven years in child protective services as a case-carrying social worker, adoption worker and supervisor for the Los Angeles County Department

of Children and Family Services (DCFS). She also developed DCFS policies and worked with County Counsel in the agency's Litigation Management Section. Ms. Sleeper obtained her BA in Psychology/Sociology from the University of Denver and her MSW from UCLA.

Edie Shulman

Edie is a Program Analyst for ICAN. Her primary responsibilities are to manage the ICAN Multi-Agency Child Death Review Team, which includes maintaining the data base of suspicious child deaths, providing analyses of child deaths for County agencies, coordinating team meetings, and data collection. Ms. Shulman also provides staff assistance for several other ICAN committees, including the ICAN Data/Information Sharing Committee, Child Abuse Evaluation Regionalization Committee and the Child Abduction Task Force. Ms. Shulman has both a JD and an MSW from the University of Southern California. Prior to joining ICAN in 1997, she had 5 years experience within the Adoptions Division of the Los Angeles County Department of Children and Family Services.

Sue Thompson

Sue is the Assistant Director of the Child Advocates Office/CASA of Los Angeles. She began her career in child advocacy in 1986 as a volunteer CASA/Guardian ad litem for children under jurisdiction of the Dependency Court. Later, in 1989, Sue joined the Child Advocates Office staff as the program's first Volunteer Coordinator, and in 1994, became the Assistant Director. During Sue's tenure, the Child Advocates Office CASA program has grown from fewer than 100 to more than 300 CASA volunteers, who last year served over 10,000 children in the dependency court system. Over the years, Sue has worked on numerous committees to improve the plight of children and adolescents in foster care, including the Emancipation Planning Task Force.

Cathy Walsh

Cathy is a Children Services Administrator II with the Inter-agency Council of Child Abuse and Neglect (ICAN). She has primary responsibility for the Data/Information Sharing Committee, the ICAN Youth Advisory Council, the Child Abduction Task Force, and the Domestic Violence Task Force Data Sub-committee. Ms. Walsh also provides staff support to the ICAN Multi-Agency Death Review Team, and the Pregnant and Parenting Teen Task Force. Prior to joining ICAN, Ms. Walsh worked for the Los Angeles County Department of Children and Family Services (DCFS) for a period of fifteen years. The last several years while at DCFS, Ms. Walsh was an Assistant Regional Administrator responsible for the management of various children service programs. Ms. Walsh obtained a Bachelor of Arts in Psychology and a Business minor from Loyola Marymount University in Westchester, CA. She graduated cum laude in 1982. She received her Masters Degree in Social Work from UCLA in 1985.

Patsy Wilson

Patsy is currently Division Manager for Internal Services Department, Information Technology Service, responsible for managing data processing activities for social services systems and other programs. She has over 25 years solid business experience, including front-line supervision, training and project development. She earned her BS in Management and her reputation for excellence in management while working as an EDP auditor. She has been on the ICAN Data/Information Sharing Committee since 1995.

David Zippin, Ph.D.

David Zippin is Chief Research Analyst with the Children's System of Care of the Los Angeles County Department of Mental Health. He is collaborating in developing new systems to provide services to DCFS clients and evaluate treatment outcomes. He received the Ph.D. from the University of Iowa specializing in Social Psychology and Research Methods and completed a two-year NIMH postdoctoral training program in mental health program evaluation in the School of Public Health at UCLA.