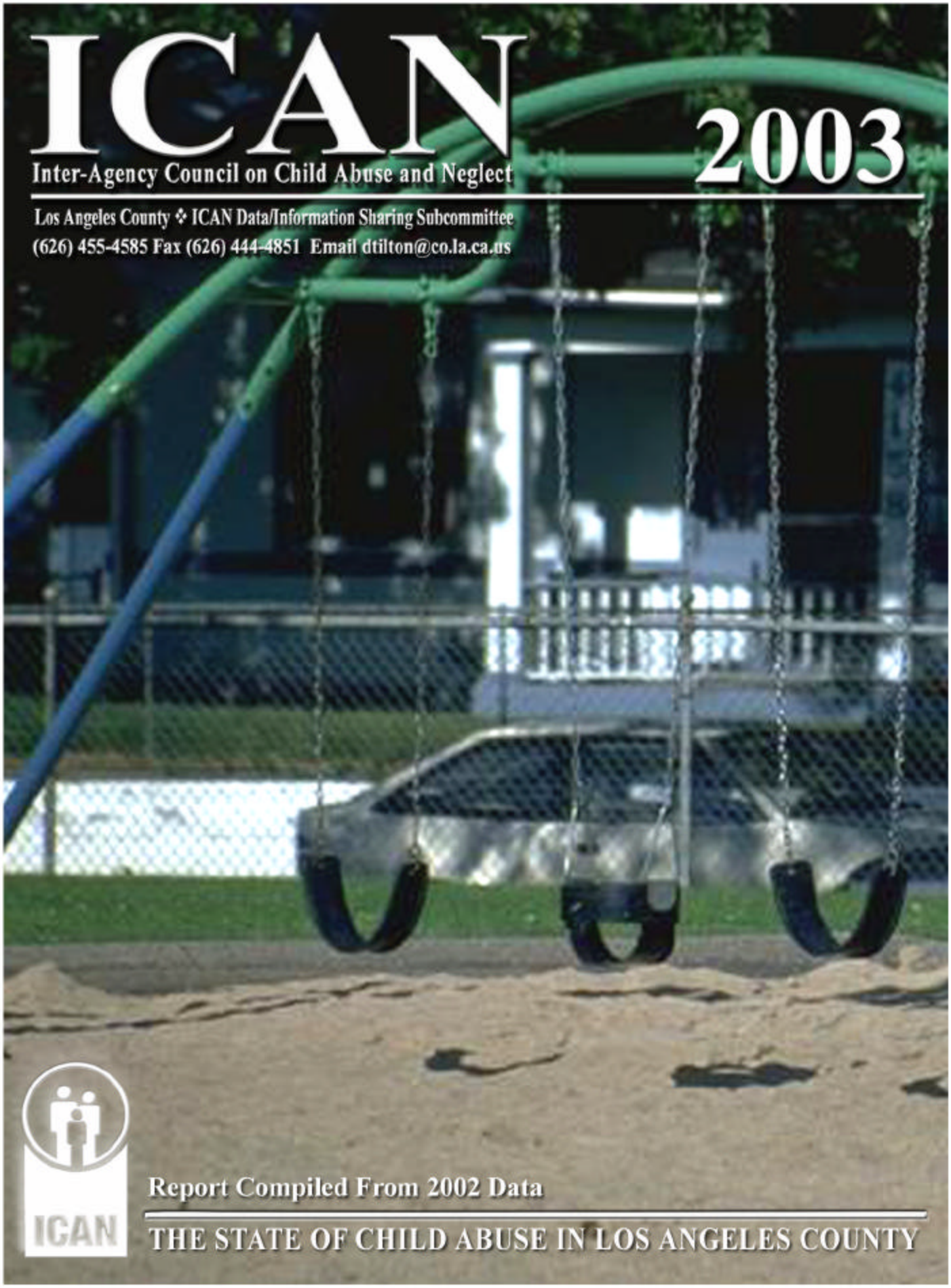

ICAN 2003

Inter-Agency Council on Child Abuse and Neglect

Los Angeles County ❖ ICAN Data/Information Sharing Subcommittee
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ICAN

Report Compiled From 2002 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 2002, or 2001/2002 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.

Section I of the report highlights the inter-agency nature of ICAN by providing an overview that includes selected findings, recommendations, flow charts, Independent Police Agency data and youth demographics. Also included, is our inter-agency analysis of data collection. This analysis continues to evolve, providing an opportunity to view the inter-agency linkages of the child abuse system from a more global perspective..

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.

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 nineteenth 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 Julio Ortega, 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 and the Children's Planning Council. 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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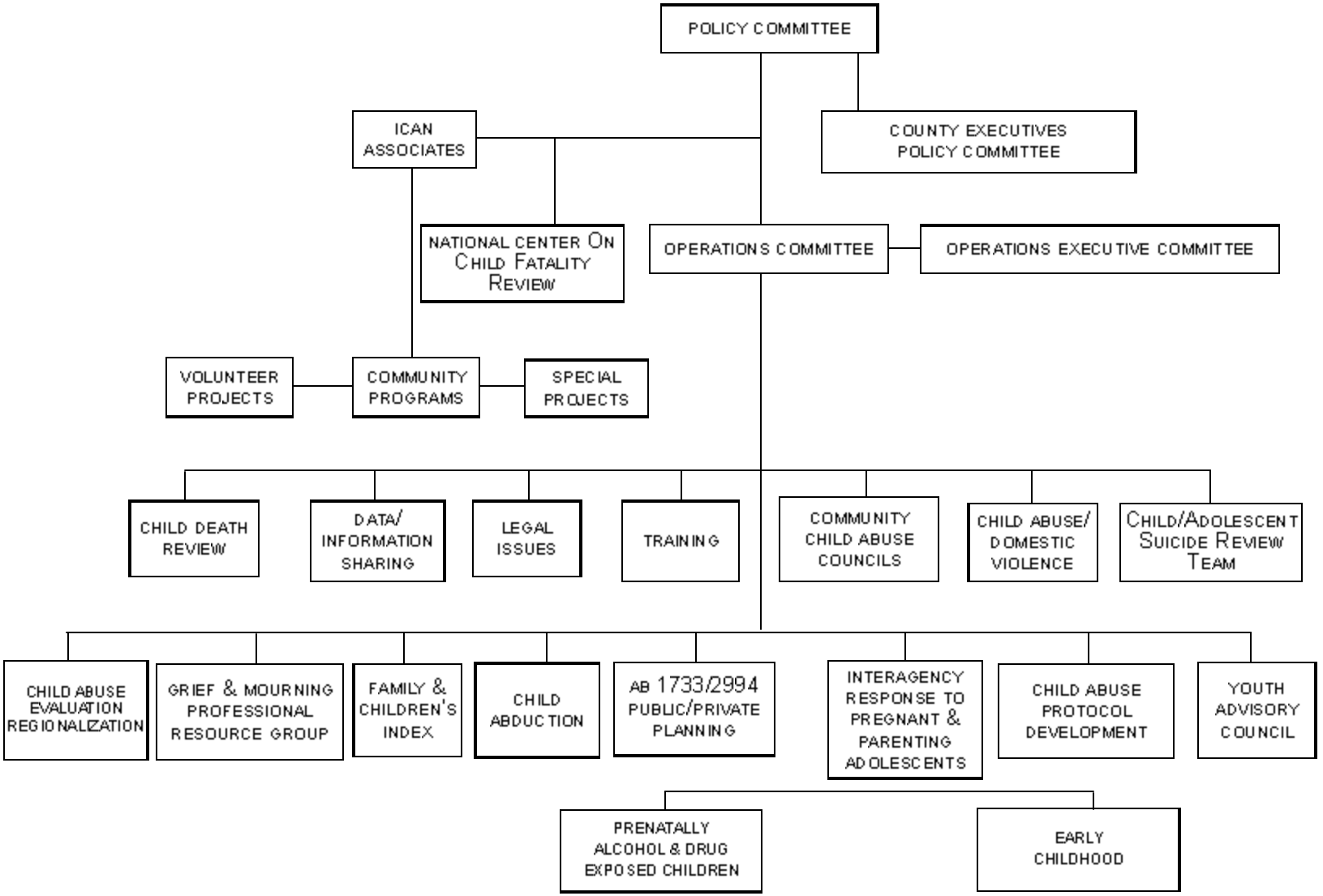


POLICY COMMITTEE

Twenty-seven Department heads, UCLA, five Board appointees 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).

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 sur-

viving 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 coordinates and conducts a youth panel at the annual ICAN Nexus Conference (Meets as-needed).

SECTION I

SELECTED FINDINGS RECOMMENDATIONS

OVERVIEW

COMMUNITY CARE LICENSING

- The California Department of Social Services Community Care Licensing Division (CCL) licensed 22,707 children's facilities in Los Angeles County with a total capacity of 305,360 as of December 2002 compared to 22,085 facilities with 292,921 children as of December 2001.
- In 2002, the CCL Legal Office received 780 cases for administrative action in Los Angeles County compared to 140 in 2001; of the Legal cases served, there were 1,731 violations compared to 145 in 2001; 770 cases were closed/resolved compared to 188 in 2001.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

- The number of ER Referrals received during CY 2002 (161,638) reflects a 9.7% increase from 147,352 during CY 2001.
- General Neglect continues to be the leading reason for ER services and accounts for 27.1% of the total reasons for ER services in CY 2002.
- Physical Abuse remains third and accounts for 13.9% of the total reasons for ER services.
- The number of children in placement with Relatives (12,777) at the end of December 2002 reveals a 16.0% decrease from 15,214 at the end of December 2001. This child population accounts for 41.5% of the total children in out-of-home placement at the end of December 2002, which was at 45.3% at the end of December 2001. The Kinship Guardianship Assistance Payment (Kin-GAP) Program continues to provide 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.
- The Hispanic child population reflects a change from 39.8% at the end of CY 2001 to 41.9% at the end of CY 2002. The Hispanic child population also has become the largest of all ethnic populations among DCFS children.

DEPARTMENT OF CORONER

- In 2002, the total deaths reported to the Department of Coroner rose by 5,090 cases.
- Total reportable ICAN cases: An increase of 43 cases was reported.
- Accident cases: An increase of 37 cases was reported
- Suicide cases: A decrease of 8 cases was reported
- Undetermined cases: An increase of 11 cases was reported
- In 2002, in comparing deaths by age, the following notable findings were found:
- 15 years: An increase of 11 cases was reported
- 16 years: An increase of 8 cases was reported
- 17 years: An increase of 20 cases was reported.

CALIFORNIA DEPARTMENT OF JUSTICE - CHILD PROTECTION PROGRAM

- In 2002, a total of 5,406 Los Angeles County reports of child abuse and neglect investigations were entered in the Child Abuse Central Index (CACI), compared with 5,399 reports entered in CACI in 2001, a slight increase.
- During 2002, Los Angeles County CACI reports accounted for 16.7% of the State total of 32,247.
- 47.4% of Los Angeles County's 2002 CACI entries were for physical abuse, 31.3 % were for sexual abuse, and 21.3 % were for neglect and mental abuse. Eight child deaths from Los Angeles County were entered into the CACI in 2002; up 300% from 2 deaths reported in 2001.

DEPARTMENT OF HEALTH SERVICES

- Overall infant mortality rates for Los Angeles County declined from 7.8 per 1,000 live births in 1991 to 5.4 per 1,000 live births in 2001 representing a 30.8% decrease in rates.
- African Americans still experienced almost 2.5 times higher infant mortality rate than their White counterpart in 2001.
- Children aged less than 1 year old were more likely to be hospitalized due to child abuse (16.3 per 100,000 children aged less than 1 year old in 2000). Among those, males showed a higher child abuse related hospitalization rate (18.9 per 100,000) than females did (13.6 per 100,000) in 2000.
- Infants are more vulnerable and are more likely to experience deaths due to child abuse than children in other age group. Among child abuse related deaths for children aged 18 and under in Los Angeles County, infant deaths comprised 62.5% in 1998 and 60% in 1999.
- CAPP received a total of 223 reports on substance-exposed newborns assessed at risk of endangerment from 17 hospitals in 2002 representing a 73.1% decrease from the number of reports in 2001. The decrease could be due to a budget cut and a lack of staff. However, this decrease in number of reports does not reflect a decrease in actual number of reports.
- The type of substance that was reported by hospitals most frequently was cocaine/crack (n=94) followed by amphetamine (n=71) and marijuana (n=49) in 2002. The types of drugs that were most frequently reported remained the same over the year.
- SIDS program has provided in-service presentations on newborn nursery SIDS safety. The hospitals were selected based on SIDS rates of greater than 0.3 per 1,000 live births during 5-year period from 1997 to 2001. In 2003, 436 participants attended the presentations.

DEPARTMENT OF MENTAL HEALTH

- During FY 2001-02, Start Taking Action Responsibly Today (START) services were given to 246 clients. The Family Reunification program served 21 clients. The Kidstep program was offered to 44 clients. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program served 1,861 clients. The D-Rate DMH Assessment Unit assessed 1,383 foster children. In addition, there were 293 children in RCL-14 group homes. The Mental Health Units of the Juvenile Halls treated 7,787 clients and the Mental Health Units of the County Children's Centers treated 2,173 clients. These programs served a total of 13,808 children and adolescents.
- Clients receiving mental health services in the START, CAPIT, Family Preservation, Family Reunification, Kidstep and RCL-14 group homes constituted 24.4% of the at-risk clients of the programs considered. Of these, 43.1% were identified as DCFS referrals.
- Children in D-Rate foster homes assessed and referred by the DMH D-Rate Unit made up 10% of the at-risk clients considered. Of these, 70.4% were identified as DCFS referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 56.4% of the at-risk clients considered. Of these, 5% were identified as DCFS referrals.
- Clients in the Mental Health Units of the three Youth Centers made up 15.7% of the at-risk clients considered. Of these, 35.2% were identified as DCFS referred.
- Clients in the Mental Health Units of the Juvenile Halls were distributed as follows: 46.8% in Los Padrinos Juvenile Hall, 30.9% in Barry Nidorf Juvenile Hall, and 22.3% in Central Juvenile Hall.
- Clients in the Mental Health Units of the Youth Centers were distributed as follows: 46.4% in MacLaren Children's Center, 40.4% in Challenger Memorial Youth Center, and 13.3% in Dorothy Kirby Children's Center.
- At Barry Nidorf Juvenile Hall, 12 children received a primary or secondary DSM IV diagnosis of child abuse and neglect. Eight were given this diagnosis at Central Juvenile Hall, and 21 at Los Padrinos Juvenile Hall.

- At the Youth Centers, MacLaren had 29 children diagnosed with primary or secondary child abuse or neglect at admission. The comparable counts for Dorothy Kirby and Challenger were four and two, respectively.
- The Child Abuse Early Intervention/Prevention Program (CAPIT) served 383 children who received a primary or secondary admission DSM IV diagnosis of child abuse and neglect. The count for this DSM diagnosis was 29 at the MacLaren Children Center Mental Health Unit, 25, for the Family Preservation Program, 17 among foster children assessed by the DMH D-Rate Assessment Unit, 3 in the Family Reunification Program.
- During FY 00-01, the DMH Psychological Test Authorization Unit received 4,755 requests for psychological testing and approved 3595 (75.6%). Most of these requests and approvals were for children referred to Fee-For-Service mental health treatment by DCFS.

LOS ANGELES CITY ATTORNEY'S OFFICE

- The 1,222 case prosecutions represented in this report for 2002 show an increase of 200 cases (or 19.57% more than the 1,022 case prosecutions which took place during 2001). In November 2001, Los Angeles County Supervisor Antonovich passed a motion requiring DCFS to send the Los Angeles City Attorney's Office all cross-reports of child abuse and neglect received by the Child Protection Hotline. Since the Office has started receiving these reports, prosecutors have worked closely with LAPD to make sure that all cross-reports that state a crime are investigated and reviewed. We believe that this was a significant factor leading to the increase in cases presented for filing and for filed cases.

LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE

- 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%. This stability continued to be reflected in the 2002 cases when the percentage of felony filings rose slightly to 67%.
- 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 and 2002, 54% of the cases were physical abuse cases while 46% involved allegations of sexual abuse.
- Overall in 2002, 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 precisely the same percentages in the number of submitted cases which were filed as either a felony or a misdemeanor as reflected in 2001.
- In the area of sentencing, a comparison over the five-year period 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; in 2002, 25.6% 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% and remained relatively stable at 74.5% in 2002. In all five years, approximately 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 a total of 12 individuals convicted of child abuse related offenses receiving a life sentence. In 2002, this number doubled to 24.

- A total of 2,262 child abuse and neglect cases were completed in 2002. Convictions were obtained in 90% of the cases. A total of 9% of the cases were dismissed by either the court or the prosecution. Approximately 1% of the cases resulted in an acquittal following a jury trial.
- Case dispositions reflect that 87% of the petitions submitted to the court were sustained while 13% were dismissed by either the court or the district attorney. Of the cases dismissed, 64% (18 of 28) were cases alleging 288(a)PC as the primary charge in the petition.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT - Family Crimes Bureau (FCB)

- In 2002 the caseload in the Bureau increased nearly 11% from the previous year. This rise is attributed to more cases generated by seventeen of the Department's stations (in 2001 only twelve stations increased from year 2000) averaging nearly 30 additional reports per station. Other notable findings: The number of sexual abuse cases rose 10% and the number of victims grew by nearly 8%.

LOS ANGELES POLICE DEPARTMENT - Abused Child Unit

- The total investigations (crime and non-crime) conducted by the unit in 2002 (3,767) showed an increase (17.94%) over the number of investigations in 2001 (3,194).
- Adult arrests by the unit in 2002 (274) showed an increase (1.11%) in the number of arrests made in 2001 (271).
- The number of dependent children handled by the unit in 2002 (1,205) showed a decrease (19.99%) from the number handled in 2001 (1,506).

Geographic Areas

- The total investigations conducted by the Areas in 2002 (2,074) showed an increase of 5.01% from 2001 (1,975).
- Adult arrests made by the Areas in 2002 (405) showed a decrease of 2.64% from 2001 (416).
- The number of dependent children handled by the Areas in 2002 (1,205) was a decrease of 21.75% from the number handled in 2001 (1,540).

LOS ANGELES SUPERIOR COURT

- The last two years have seen a modest increase in filings, reversing a significant filings decrease begun in 1997.
- The composition of filings has changed over this past decade. New petitions comprised approximately 75% of total petition filings in 1992, but by 2002 new filings comprised slightly less than half of total petition filings.
- 8,803 new WIC300 petitions were filed in 2002 while 12,371 children exited the Dependency system.

LOS ANGELES UNIFIED SCHOOL DISTRICT

- Trend analysis shows that distribution of reports across maltreatment types and school levels is, for the most part, consistent with trends noted in prior years. Over the last 13 years, physical abuse reports have generally accounted for 60% of all reports made, while sexual abuse and general neglect combined account for approximately 31%.
- Notable changes, which occurred in the 2000-01 school year, continued this school year (2001-2002). The total number of reports filed for suspected mal-treatment decreased by 7% from 4,875 in 2000-01 to 4,544 and reports of suspected sexual abuse continued to decline with 47 fewer reports filed or a -7%. General neglect which had increased notably through 1999-00 has steadily declined from 900 (99-00) to 861 (00-01) with this year's decrease of 750 or a 13% decline. The majority of reports for all types of maltreatment continue to emanate from elementary schools.

PROBATION DEPARTMENT

A comparative analysis was conducted between the reporting year (2002) and the previous year (2001) to determine significant trends.

- Child Abuse referrals for adult offenders increased by 6.5%.
- Child Abuse referrals for adult female offenders increased by 3.7%.
- Adults on probation supervision for child abuse increased by 11%.
- Child Abuse referrals for juvenile offenders increased by 46%.
- Child Abuse referrals for juvenile female offenders increased by 1%.

PUBLIC DEFENDER

- In fiscal year 2002-2003, the Public Defender represented 89,084 clients in felony-related proceedings, 423,332 clients in misdemeanor-related proceedings, and 36,984 clients in juvenile delinquency proceedings in Los Angeles County
- In fiscal year 2002-2003, 4,920 services were provided to 1,349 new clients in juvenile delinquency proceedings through the Client Assessment Recommendation Evaluation project, (C.A.R.E.), a Public Defender project which focuses on early intervention with children by addressing the cluster of underlying symptoms or causes of delinquent behavior and providing the appropriate services.
- In the pre-adjudication component of the C.A.R.E project, the Los Angeles County Juvenile Courts have followed the project's recommendation in approximately 70% of the cases; in the post-adjudication component, the courts have followed the project's recommendations in 94% of the cases.
- Twenty-seven new children clients were accepted into the Mental Health Treatment court in 2002, and 75 new children were admitted into the juvenile Drug Courts in 2002.

RECOMMENDATION ONE:
Recommendation One: Juvenile Offender Data Collection

Agencies contributing data to this ICAN report should, to the extent possible, obtain and include data on juvenile offenders. A juvenile offender is defined as any individual who is under court supervision due to a Welfare and Institutions Code (WIC) 601 or 602 petition, or jointly filed WIC 300 and WIC 600 petitions, i.e., WIC 241.1 cases.

RATIONALE:
The Department of Children and Family Services has implemented a system to track data on the number of WIC 300 dependents who also are supervised by Delinquency Court due to the filing of a WIC 600 petition. Additional juvenile offender data is needed to determine the breadth and scope of this issue. This data also will enable analysis to determine how best to provide services to meet the needs of youth in their transition to independent living.

RECOMMENDATION TWO:
Agency Multi-Trend Data

Where possible, agency data statements contained in the annual Data and Information Sharing Committee Report, The State of Child Abuse in Los Angeles County, should include multi trend data supported by annual agency reports. Trend means any agency data that from year to year appear to have a prevailing tendency.

RATIONALE:
For more than a decade, agencies have submitted data statements for inclusion in the annual *the State of Child Abuse in Los Angeles County* report. The statements highlight select data that point out noteworthy findings and serve as the basis for forming recommendations. However, these data usually limit their comparison to data contained in the previous annual report. Due to the data collection method, agencies are rarely able to infer a cause and effect relationship between the data and other factors. Trend data, which details a pattern of the way something has changed over time, provide greater insight than absolute numbers or a limited comparison of one year of data to the previous year. For example, in 2003, the number of child protection service referrals may have seen a decrease from the previous year, but over a ten-year period the number of referrals may have actually increased. Trend data paint a broader picture of the changes that occur over time. It is important for agencies to include information on trends because these data provide necessary information to allow for the better formation of future recommendations regarding child welfare initiatives and program development.

RECOMMENDATION THREE:
Agency Participation

Agencies that submit an annual data statement to ICAN for inclusion in this report should ensure the full and active participation of their representative on the Data and Information Sharing Committee.

RATIONALE:
Completion of this annual report on the State of Child Abuse in Los Angeles County involves more than simply compiling data statements from various agencies. Full and active participation in committee meetings allows for more timely, accurate and thorough completion of the report in terms of format, content, findings and recommendations.

Analysis of Inter-Agency Data Collection
Independent Police Agency Data
Youth Demographics

Overview

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 *2003 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

Abuse Type	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

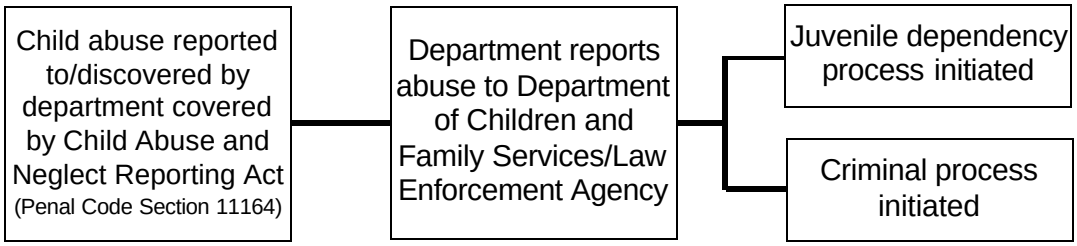
Figure 1 (cont.)

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

Abuse Type	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 • 2002

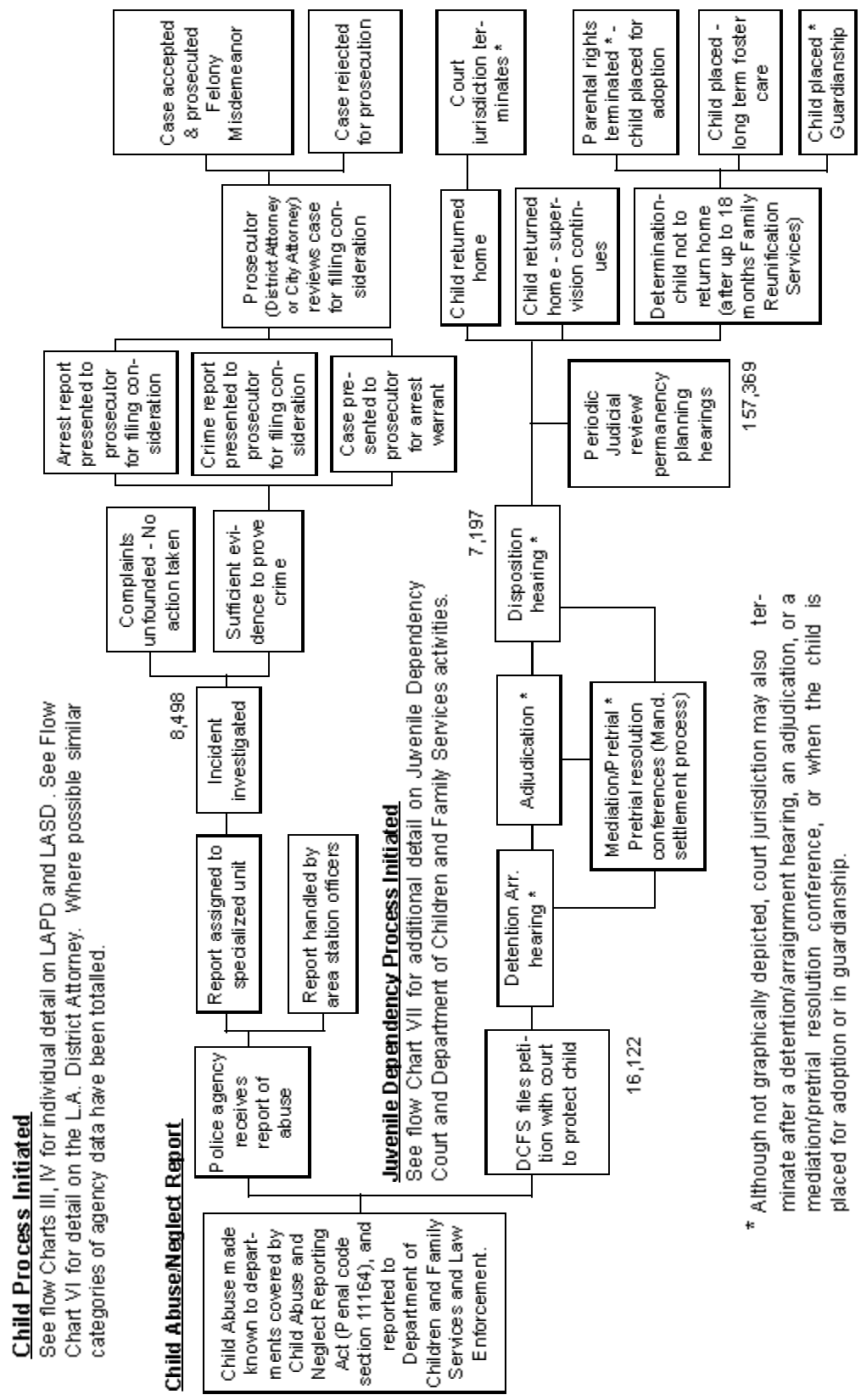


Reporting Departments Workload

Chief Medical Examiner Coroner	307
L. A. County Probation Department	884
L. A. County Office of Education	7,807
Dept. of Public Social Services	423
Los Angeles Police Department	5,841
L.A. County Sheriff's Dept. FCB	3,734
Dept. of Children & Family Services	164,767

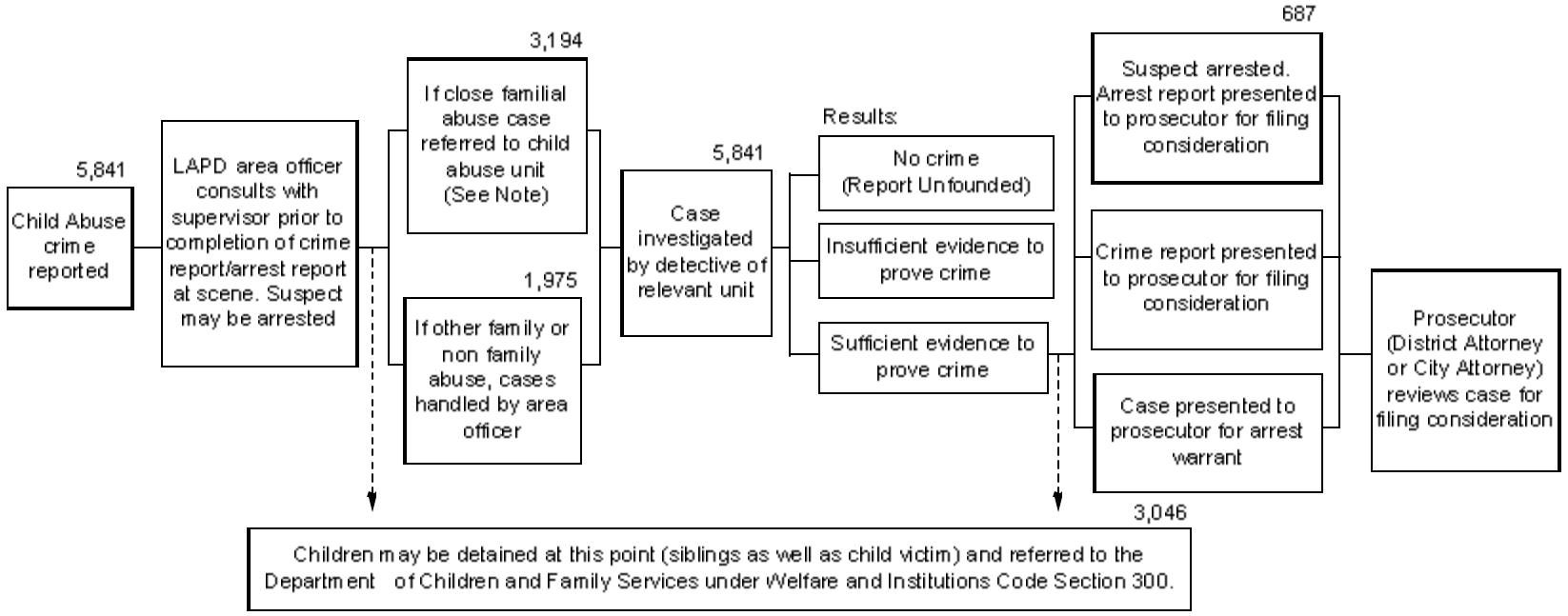
Flow Chart II

ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES 2002



Flow Chart III

LOS ANGELES POLICE DEPARTMENT
Involvement In Child Abuse Cases • 2002



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.

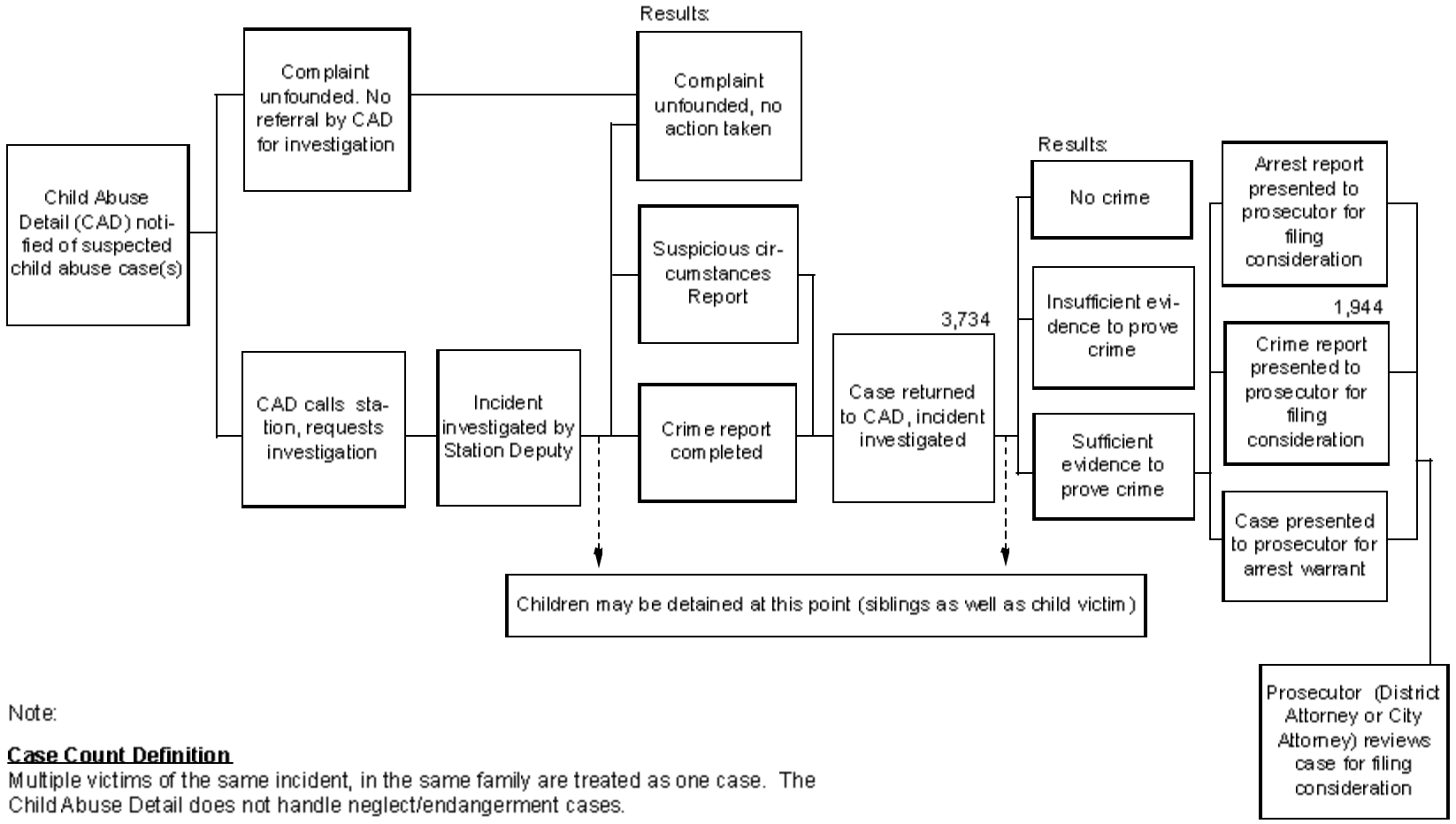
Geographic Area Responsibilities
Abuse in which perpetrator is not parent, step parent, legal guardian, or common law spouse: child not primary object of attack, but receives injury; unfit homes, endangering and dependent child cases; other cases where criteria does not meet Abused Chid Unit.

See the LAPD Report for more details on their workload.

Flow Chart IV

LOS ANGELES SHERIFF'S DEPARTMENT

Involvement In Child Abuse Cases • 2002



Note:

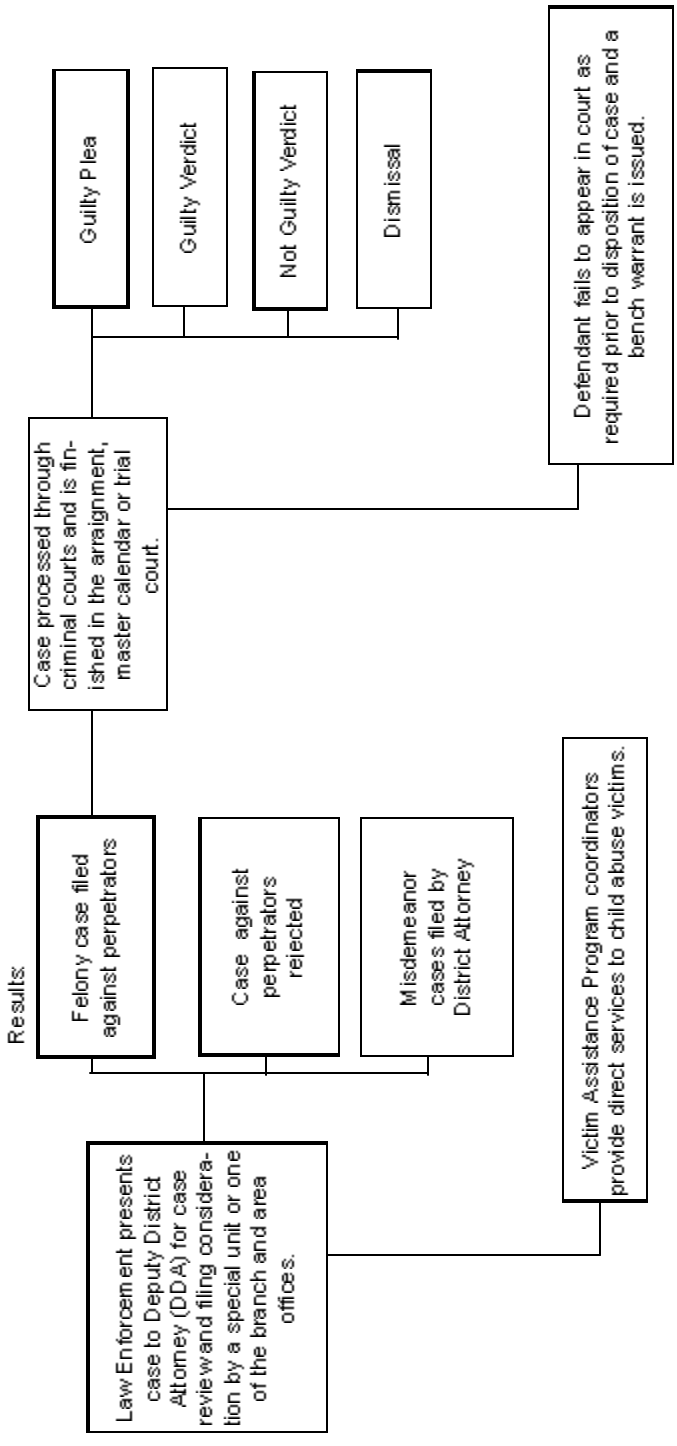
Case Count Definition

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

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

Flow Chart VI

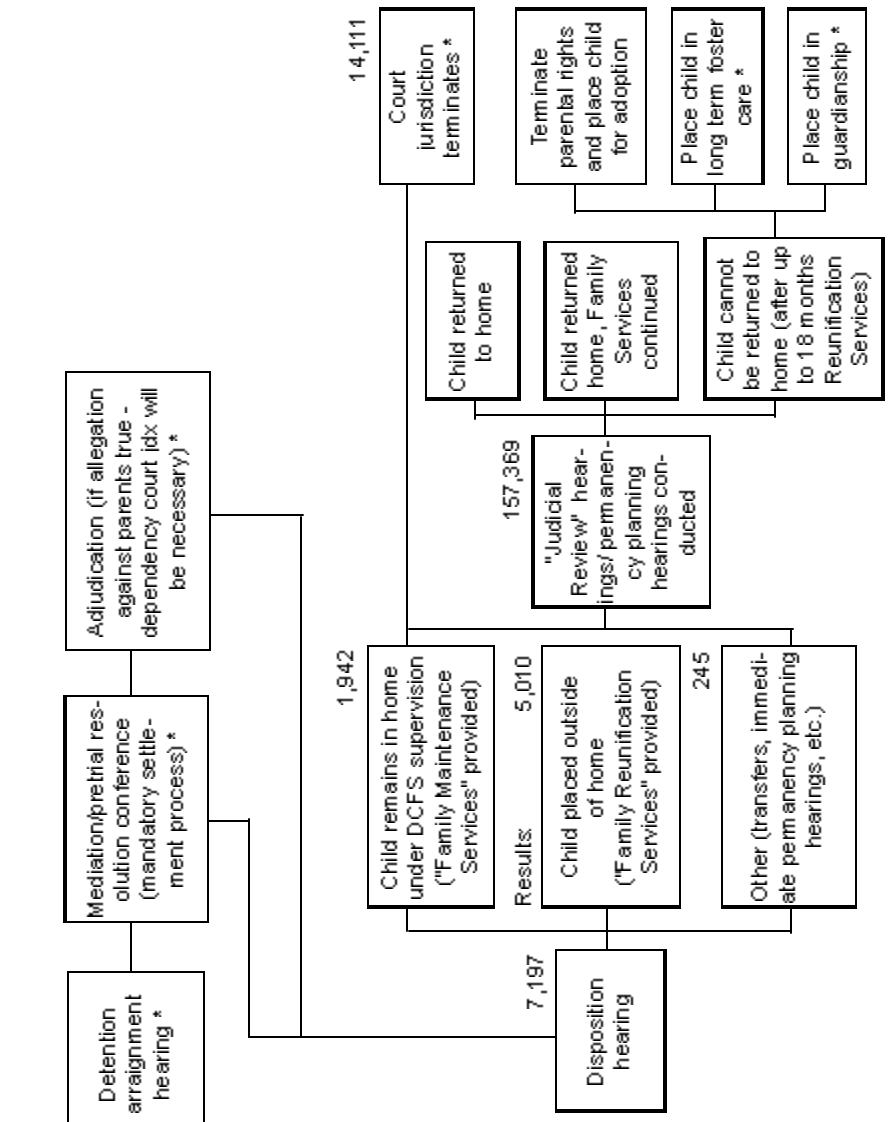
LOS ANGELES DISTRICT ATTORNEY
Involvement In Child Abuse Cases • 2002



Flow Chart VII

JUVENILE DEPENDENCY COURT/DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Involvement In Child Abuse Cases • 2002



* 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.

Flow Chart VIII

LOS ANGELES COUNTY INDEPENDENT POLICE AGENCY DATA

Involvement in Child Abuse Cases During 2002

AGENCY	TOTAL POPULATION	CHILD POPULATION	2002 INVESTIGATIONS	2002 ARRESTS	CHILDREN PLACED IN PROTECTIVE CUSTODY
Alhambra	85,804	20,078	56	17	11
Arcadia	55,531	12,354	69	4	6
Beverly Hills	33,784	6,751	81	6	7
Burbank	104,500	24,433	28	9	10
El Monte	114,500	39,000	553	86	163
Glendora	53,800	15,000	115	7	25
Hawthorne	90,000	40 -50,000	440	12	8
Huntington Park	62,909	unavailable	21	5	0
Inglewood	113,254	37,150	112	39	unavailable
Irwindale	1,447	500	88	3	0
La Verne	32,923	7,975	32	11	unavailable
Long Beach	461,522	149,119	872	119	143
Maywood	29,315	10,392	97	8	4
Montebello	62,150	17,776	84	15	13
Monterey Park	60,051	13,811	81	5	3
Palos Verdes Estates	16,406	3,779	8	3	0
Pasadena	133,936	30,956	171	16	approx 40 to 60
Pomona	149,473	44,102	393	47	unavailable
Redondo Beach	65,600	14,016	47	14	0
San Fernando	44,602	16,815	142	2	1
San Gabriel	39,804	9,355	79	10	2
San Marino	12,969	5,559	2	0	0
Sierra Madre	10,866	2,053	15	0	0
Signal Hill	9,933	unavailable	27	6	3
South Gate	99,100	34,278	20	5	6
South Pasadena	24,950	5,738	14	1	1
Torrance	137,946	31,727	528	6	unavailable
Whittier	83,680	25,076	33	6	15

YOUTH DEMOGRAPHICS

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.

SECTION II

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.

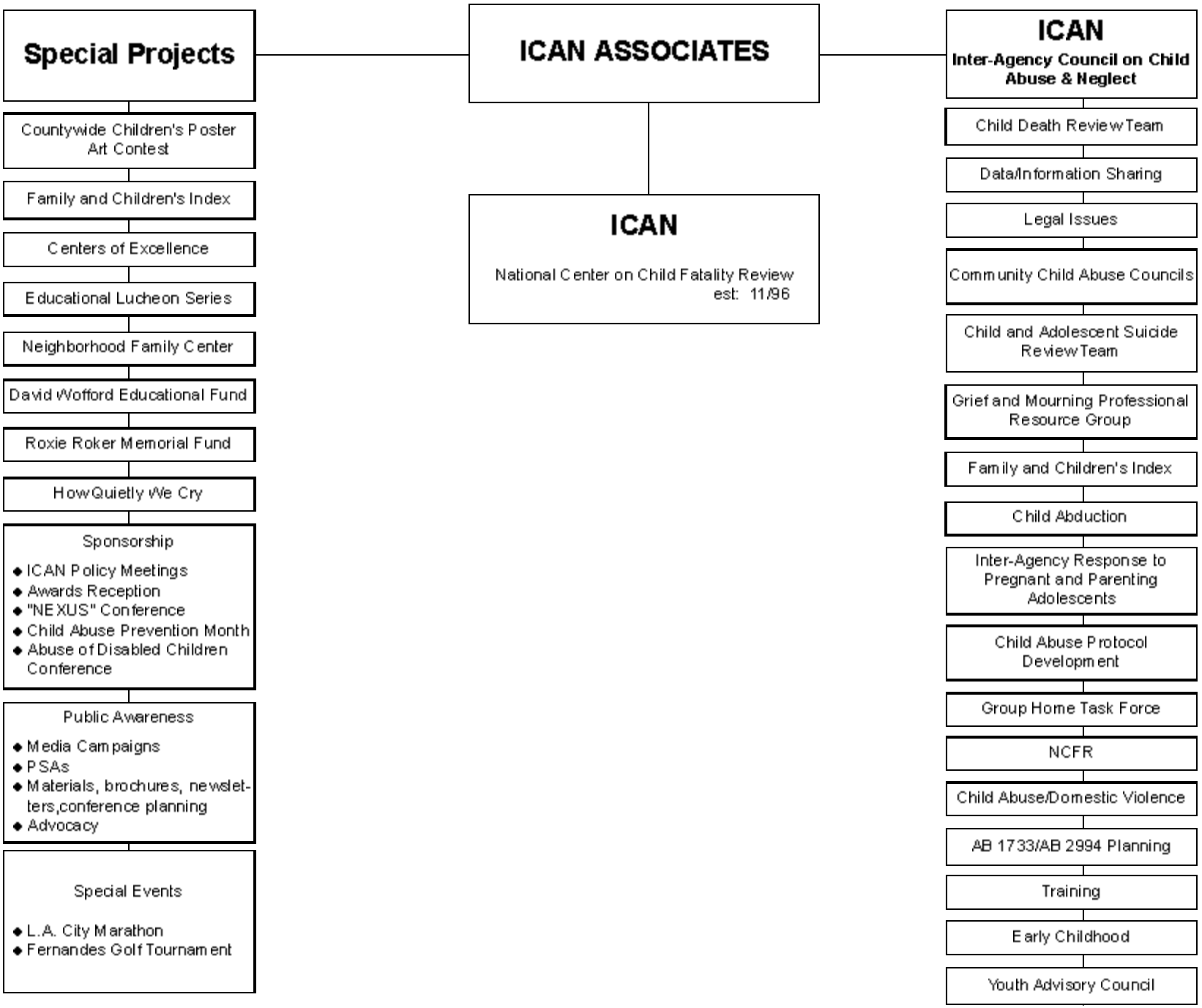
ICAN Associates supports ICAN through the provision of services including dissemination of materials, hosting media campaigns, sponsorship of educational forums, support of direct and indirect services to prevent child abuse and neglect as well as promoting integration and collaboration among child service 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 a grant-from 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 October 2003, ICAN Associates sponsored "NEXUS VIII" in conjunction with California Department of Social Services (CDSS); community groups and ICAN agencies. The Sheraton Universal Hotel in Universal City 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 XIX Los Angeles Marathon. Funds raised from this event are used to assist in various projects for abused and neglected children.
- For the past 14 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 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 work with "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.


Special Projects
Countywide Children's Poster Art Contest
Family and Children's Index
Centers of Excellence
Educational Luncheon 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 Abuse Prevention Month
Abuse of Disabled Children Conference
Public Awareness
Media Campaigns
PSAs
Materials, brochures, newsletters,conference planning
Advocacy
Special Events
L.A. City Marathon
Fernandes Golf Tournament
ICAN ASSOCIATES
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
Child and Adolescent Suicide Review Team
Grief and Mourning Professional Resource Group
Family and Children's Index
Child Abduction
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ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM

SPECIAL REPORT

ICAN Multi-Agency Child Death Review Team

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 25 years, the activities of the Team have expanded to include 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 Department 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
- Undetermined death
- Fetal death (unborn child over 20 weeks gestation)

Once a case has been identified as meeting Team protocol, case-specific clearances are secured 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 in the annual ICAN Child Death Review Team Report.

Specific cases are identified for in-depth review by the Team in the Team meeting setting; 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.

Information from the Department of Coroner is located in the "ICAN Agency Reports" Section of this report which details the 307 year 2002 child deaths reviewed by the Team. This more detailed, separate report, the ICAN Child Death Review Team Report for 2003, will be available from the ICAN office, and 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 the Coroner's Office utilizes a separate classification system than ICAN and there may be minor discrepancies 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 1988 through 2002 that were reviewed by the Team. 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 cause of death. In 1998, review of accidental and undetermined cases and homicides by other than parent/caretaker/family member was expanded; the age of inclusion was increased from ten to twelve (with the exception of accidental drowning deaths that were reviewed through age 17 since 1997). In 1999, the number of cases referred to the Team also rose, in part, as the Team's protocol expanded to include accidental automobile deaths. In 2000, the number of cases referred to the Team decreased slightly although the age of review for accidental, undetermined and homicide deaths by other than parent/caretaker/family member was increased from age twelve to age fourteen. Finally, in 2002, the number of cases referred to the Team again increased as the age of inclusion for accidental and undetermined deaths rose from age 14 to age 17 (with the exception of accidental drowning deaths which were already reviewed through age 17).

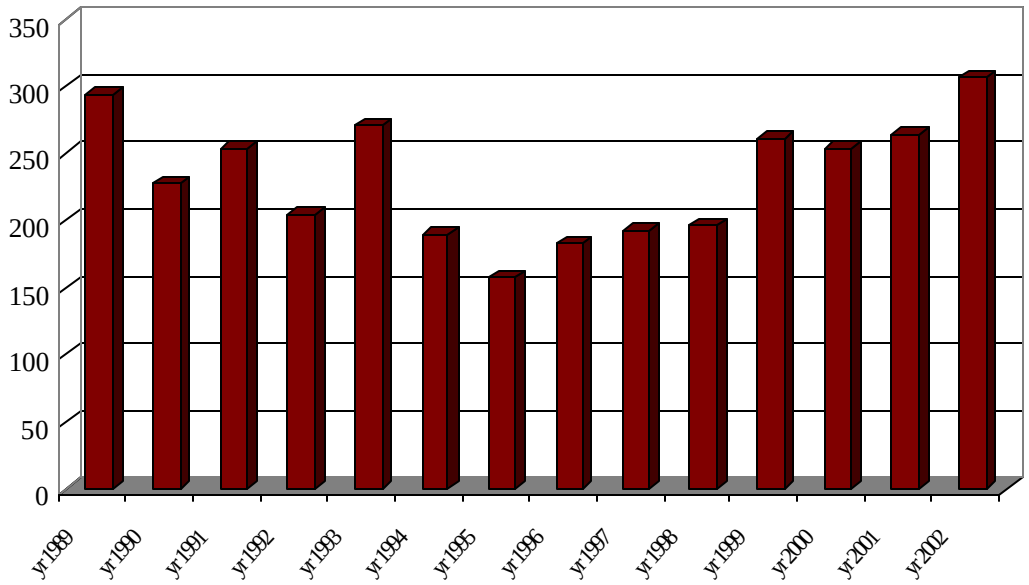
In 2002, there was a 17% increase in the number of deaths reported over 2001. As previously noted, the age of inclusion for accidental deaths (with the exception of drowning deaths) and undetermined deaths was raised from 14 to 17 in 2002. These youth represented 47 deaths that would not have been included in the 2001 data.

The number of homicides (n=39) in 2002 increased by four over 2001 (n=35). Accidental deaths (n=173) increased dramatically, by 26%, due to inclusion of accident victims age 15 - 17; accidental death victims age 15 to 17, other than drowning victims who would have been included in last year's data, accounted for 43 deaths. Without inclusion of these 43 victims, the total number of accidental deaths in 2002 would number 130, a decrease from the 137 accidental deaths reported in 2001. The number of child and adolescent suicides reported in 2002 decreased by 30% from 27 in 2001 to 19 in 2002. The number of undetermined deaths increased by 19% from 64 in 2001 to 76 in 2002. Of these 76 undetermined deaths, four represent youth ages 15 to 17 who would not have been included in the 2001 sample. Finally, the number of fetal deaths remained almost identical in 2002 (n=27) as in 2001 (n=26).

Figure 2 displays the numbers of child homicides perpetrated by parent/caregiver/family member for years 1989 through 2002. There were 39 child homicides by parent/caregiver/family member in 2002. The average number of homicides by par-

Figure 1

TOTAL CASES REFERRED
To ICAN Child Review Team by Coroner •1989 - 2002



ents/caregivers/family members reported over the past 14 years is 44.5 per year. The number of homicides of children age 12 and younger that were perpetrated by strangers and others outside of the family is very small compared to the number that were perpetrated by parents/caregivers and other family members. On the other hand, homicides of children over age 12 were primarily perpetrated by strangers and others outside of the family.

In 2002, there were 76 undetermined deaths, an increase over the 64 cases reported in 2001. Figure 3 displays the number of undetermined child deaths since 1989. The number of undetermined deaths has averaged 28.6 per year over the past 14-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 76.

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 14 years. The number of accidental deaths increased by 36 to 173 in 2002; however, 43 of the accidental deaths in 2002 were suffered by youth ages 15 - 17 who would not have been included in the 2001 data. With the inclusion of these older youth, automobile accidents (solo and vehicle v. vehicle) were the leading cause of death in 2002, followed by autopedestrian accidents, deaths associated with maternal substance abuse, and drowning.

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 15 years. In 2002, 19 adolescent suicides were reviewed by the Child Death Review Team. 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 and 17 years; there were no 15-year olds, one 14-year old and one 13-year old. In 2001, the age of suicide victims decreased significantly, and for the first time since ICAN began collecting these data, there was a 9-year old suicide victim. In addition, while the majority of the victims were 16 (n=6) and 17 (n=13) years of age in 2001, there were also three 11-year old victims and one suicide each for 12, 13, 14 and 15-year olds in 2001. In 2002, the age of suicide

Figure 2

HOMICIDE BY PARENT/CAREGIVER/FAMILY MEMBER
1989 - 2002

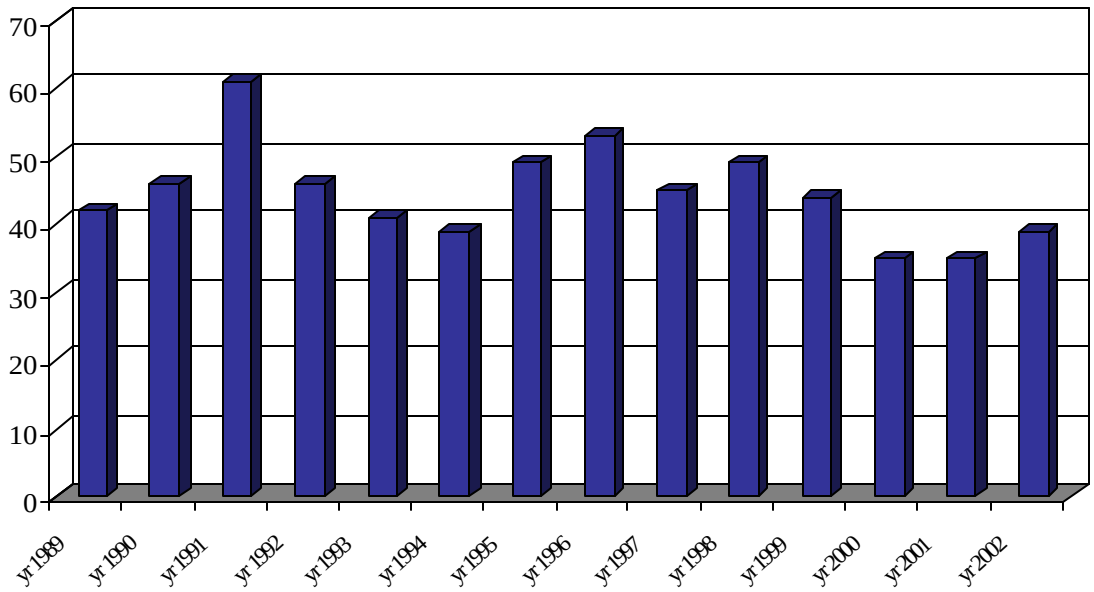


Figure 3

UNDETERMINED DEATH
1989 - 2002

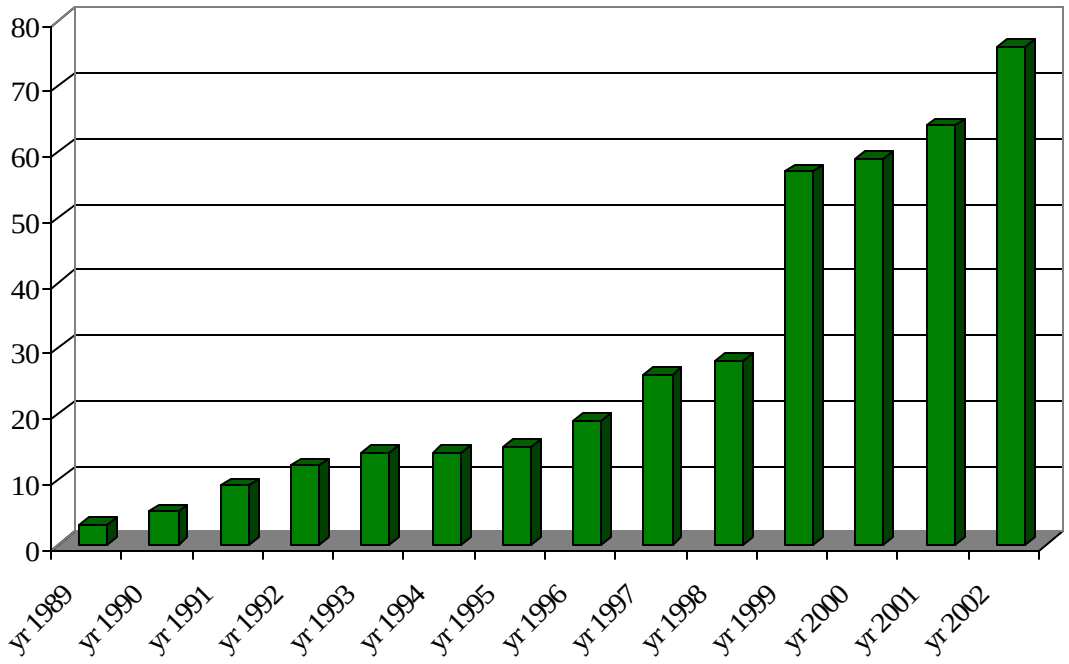
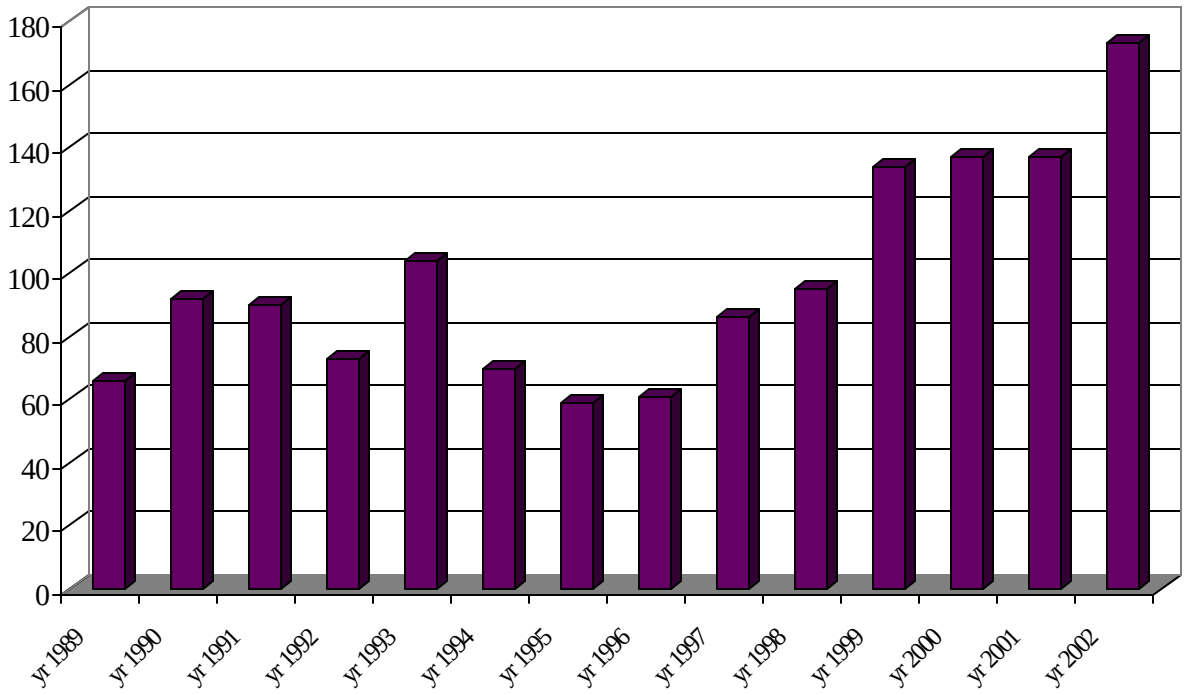


Figure 4

ACCIDENTAL CHILD DEATH
1989 - 2002



victims increased; there were eight suicides among 17-year olds, five suicides among 16-year olds, and three suicides among 15-year olds. There were just three suicides under age 15 (one 12-year old and two 13-year olds). 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 case with an in-depth multi-disciplinary review.

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 14 years. In 2002, 27 fetal deaths that met Team protocol were referred by the Coroner, a number consistent with the 26 fetal deaths reported in 2001. 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 2002, fetal deaths associated with maternal drug abuse represented the third leading cause of accidental child death. Generally, a small number of fetal deaths, 2 to 4 per year, are ruled homicide; fetal homicides are most frequently the result of an assault against the mother. In 2002, no fetal homicides were reported to the Team.

Figure 5

TEEN SUICIDES
1988 - 2002

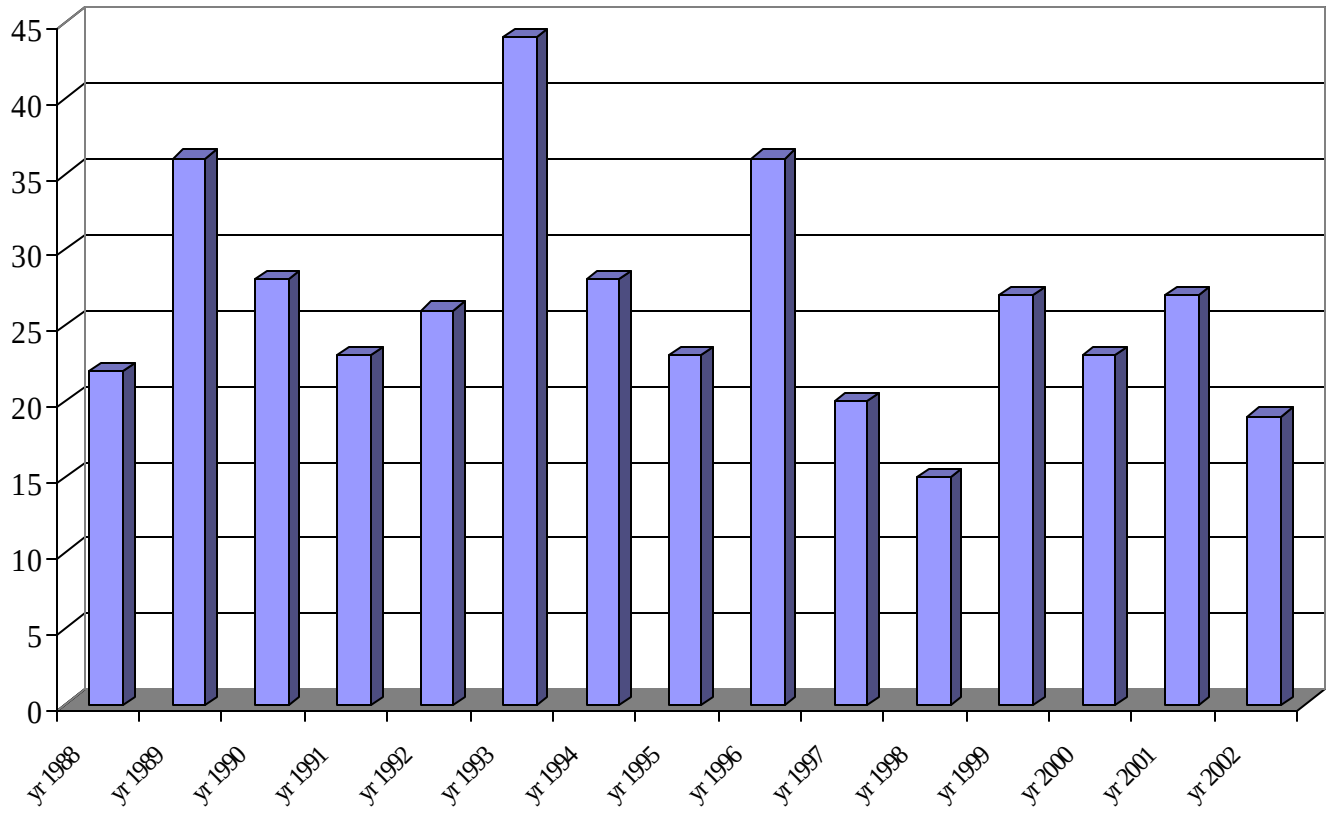
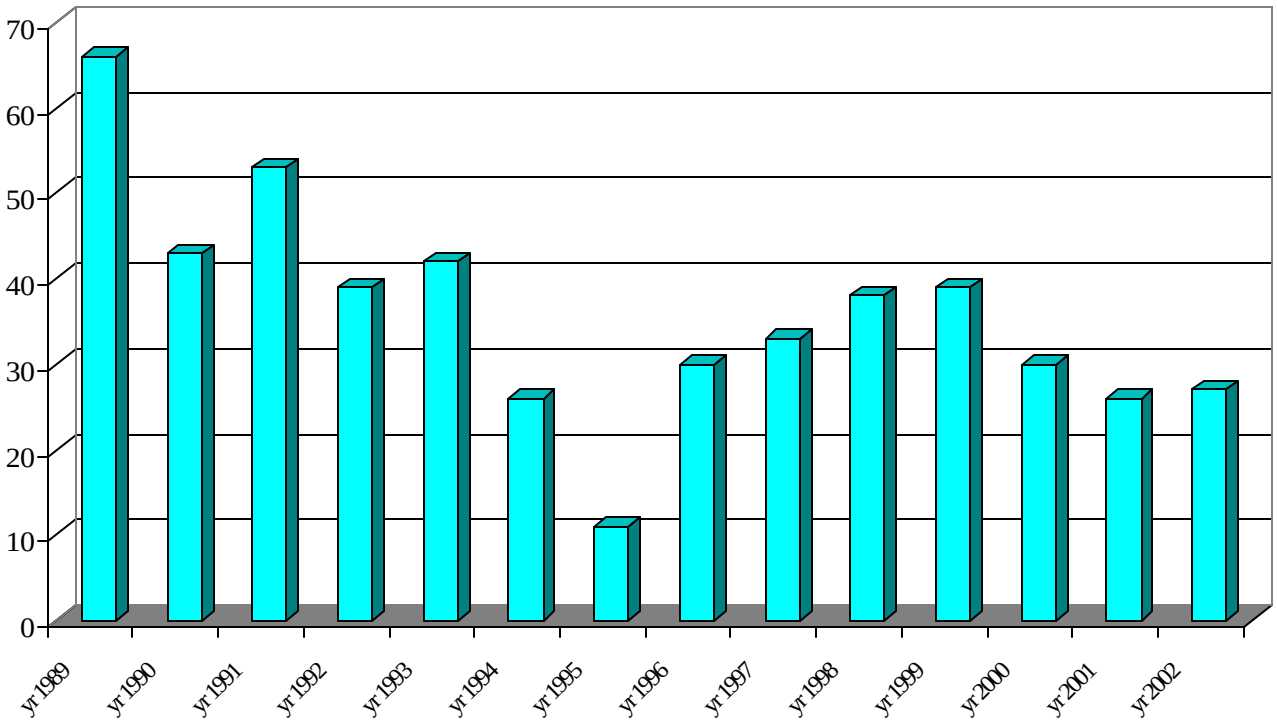


Figure 6

FETAL DEATHS
1989 - 2002



ICAN CHILD ABDUCTION TASK FORCE

SPECIAL REPORT

ICAN CHILD ABDUCTION TASK FORCE 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 and 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 and the Office of Juvenile Justice and Delinquency Prevention made funding available for mental health services at two additional community mental health sites, the HELP Group in the San Fernando Valley and Plaza Community Services in East Los Angeles. Training was conducted for law enforcement agencies throughout the county, 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, Prototypes, 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 School and Parent Presentation 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 ensure 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.

Figure 1 below shows that in 2002, the program served 60 children in 39 cases as compared to the 87 children in 85 cases served in 2001. This is approximately a 54% decrease in caseload and a 31% decrease in the number of children from the previous year. One possible explanation for this reduction can be attributed to a decrease in the number of children who were recovered in 2002.

Figure 2 shows the ethnic breakdown for the 60 children served in calendar year 2002: 17% were Caucasian, 28% were Hispanic 15% were African American and 2% were other (37% of the children did not have any race denoted). Figure 3 shows the age range of the children served in calendar year 2002: 47% of the children served were age 5 or younger, 32% were age 6 to 10 and 21% were age 11 or older. Finally, Figure 4 shows that of the children served, 69% were under the jurisdiction of the Department of Children and Family Services while 31% were not.

Figure 1

NUMBER OF CASES/CHILDREN SERVED BY REUNIFICATION PROGRAM - 2001 vs 2002

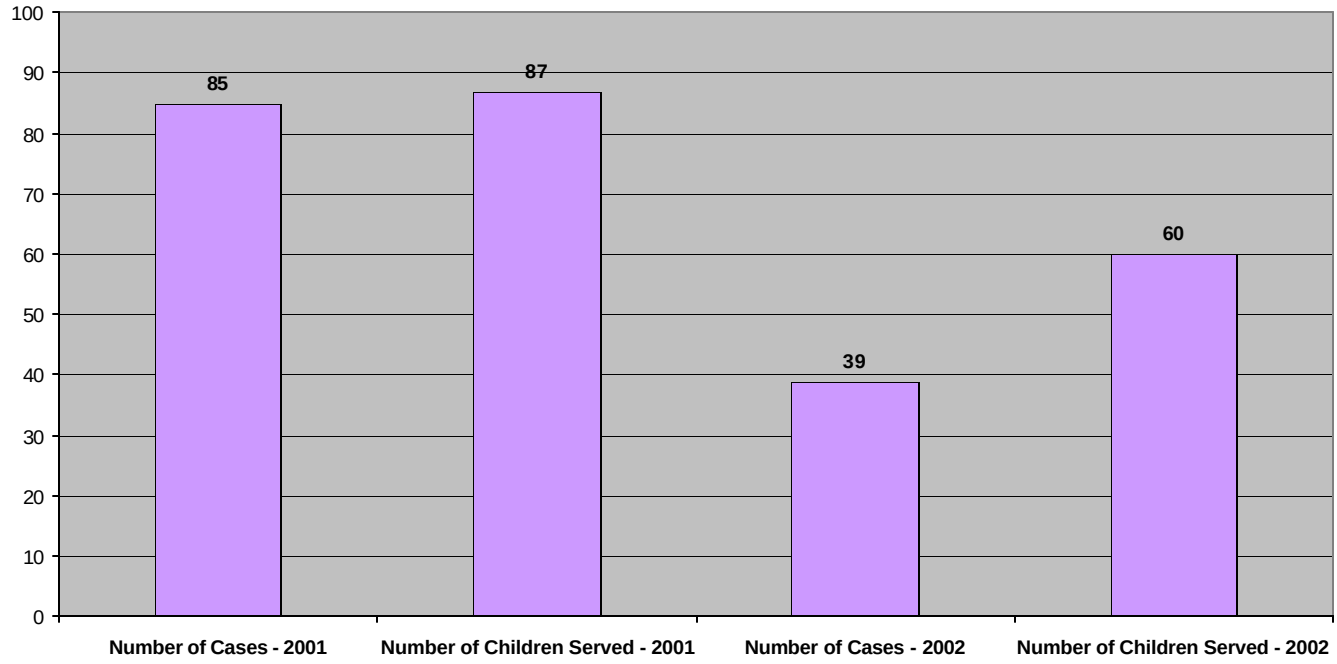


Figure 2

ETHNIC BREAKDOWN OF CHILDREN SERVED - 2002

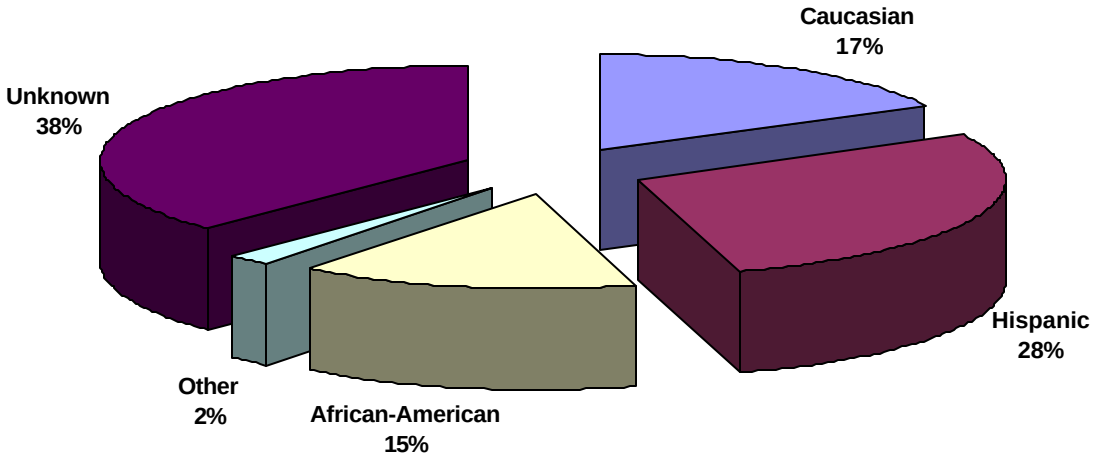


Figure 3

AGE RANGE OF CHILDREN SERVED - 2002

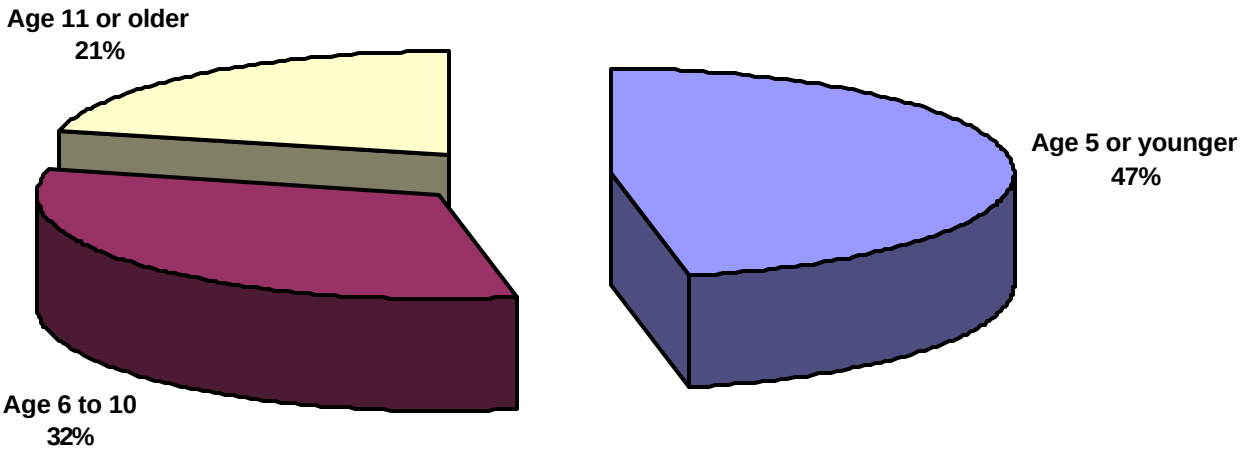
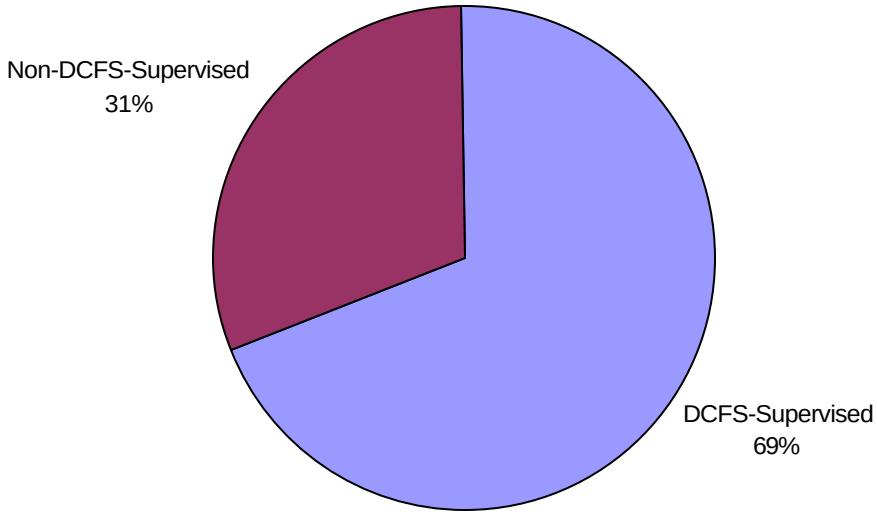


Figure 4

PERCENTAGE OF CHILDREN SERVED UNDER DCFS SUPERVSION - 2002



COMMUNITY CARE LICENSING

SPECIAL REPORT

ABUSE IN LICENSED CARE

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

The program can best be 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 he/she understand and will operate his/her 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 CCL. 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

Region Offices

CCL 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 maintained two Investigation Sections in the Children's Residential Program Office in 2002. One additional Investigation Section assigned to the Child Care Program Office in Sacramento was also housed at the Culver City office. The Investigation Sections were responsible for the more serious complaints in community care facilities.

Supervising Special Investigators were responsible for the planning, organizing and directing of the Investigation Sections and reported to the Program Administrators of either the Children's Residential or the Child Care Program. The Investigation Sections have since been reorganized into a statewide Bureau of Investigations beginning in 2003.

Central Operations Branch (COB)

COB is located in Sacramento and involves CCL support bureaus. In 2002, the Caregiver Background Check Bureau ensured clearances on individuals associated with facilities while the Administrative Support handled contracts and fiscal budgetary issues. In addition, the Program Support for Administrator Certification and Trustline Registry Section were part of COB as well as the Program Automation and the Policy/Audits Sections.

Legal Division

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

Licensure Categories

CCL licenses facilities for adults and children who require out-of-home 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.

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.

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 youth.

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.

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.

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.

CHILD CARE PROGRAM

Family Child Care Homes

Family Child Care Homes provide child 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 14 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.

Figure 1

CDSS - CCL L.A. COUNTY
Licensed Facilities as of 12/02

Type of Facility	Total Capacity	Number of Facilities
Foster Family Home	6,932	2,754
Small Family Home	558	129
Group Home	4,267	361
Foster Family Agency (certified home)	0	72
FFA Sub Office	0	50
Certified Foster Family Home Total	0	5,197
Adoption Agency	0	23
Community Treatment Facility	61	2
Transitional Housing (Tr. H.)	203	9
Family Child Care	100,524	10,456
Child Care Center	152,103	2,667
Child Care - Ill	18	2
Child Care - Infant	7,954	370
Child Care - School Age	32,740	615
Total	**305,360**	**22,707**

Figure 1 provides data on the total number of licensed facilities that provided out-of-home care for children in Los Angeles County at the end of calendar year 2002.

Day Care Center For Mildly-ill Children

Any facility of any capacity, other than a family child 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

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 Referral)

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 (Region 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. (for example: 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.

E. **Investigations always conclude with one of the three findings below:**

1. Substantiated - the allegation is valid because of the preponderance of evidence
2. Inconclusive - the allegation may be valid but there is not a preponderance of evidence
3. Unfounded - the allegation is false, could not have happened, and/or is without a reasonable basis

Figure 2

ABUSE/NEGLECT/DEATH ALLEGATIONS INVESTIGATED BY COMMUNITY CARE LICENSING INVESTIGATORS IN 2002

Type of Facility	Total
Foster Family Home	138
Small Family Home	17
Group Home	386
Foster Family Agency (includes Sub Office / Certified Homes)	333
Adoption Agency	4
Community Treatment & Tr. H.	N/A
Family Child Care	507
Child Care Center	112
Child Care Center - Ill	1
Child Care - Infant	41
Child Care - School Age	32
Total:	**1,571**

Figure 2 provides data on high priority investigations or assignments of CCL investigators throughout the state by facility type (children's facilities). The allegations include abuse, neglect, personal rights, crimes or questionable deaths in calendar year 2002. Each allegation may not be a separate case due to facility investigations with multiple allegations.

Figure 3

ABUSE/SEVERE NEGLECT/DEATH VIOLATIONS RECEIVED IN 2002

Type of Facility	Cases Received
Foster Family Agency	2
FFA Sub Office	0
Certified Foster Family Home	66
Small Family Home	0
Foster Family Home	33
Group Home	10
FamilyChild Care Home	42
Child Care Center - Infant	0
Child Care Center - School Age	0
Child Care Center	6
Total	**159**

Figure 3 provides data on violations of facility abuse, neglect and death received for action and located in Los Angeles County by the CDSS Legal Division in calendar year 2002.

Figure 4

ABUSE/ NEGLECT/DEATH VIOLATIONS SERVED IN 2002

Type of Facility	Number Served
Foster Family Agency	11
FFA Sub Office	6
Certified Foster Family Home	57
Small Family Home	1
Foster Family Home	40
Group Home	17
FamilyChild Care Home	40
Child Care Center - Infant	4
Child Care Center - School Age	1
Child Care Center	8
Total	**185**

Figure 4 provides data on violations of facility abuse, neglect and death served in Los Angeles County by the CDSS Legal Division in calendar year 2002.

Figure 5

ABUSE/SEVERE NEGLECT/DEATH VIOLATIONS
Closed in 2002

Type of Facility	Physical Abuse	Sexual Abuse	Severe Neglect	Questionable Death	Total
Foster Family Agency*	6	2	5	0	**12**
FFA Sub Office	5	2	1	0	**8**
Certified Foster Family Home*	12	12	13	0	**33**
Small Family Home	0	0	2	0	**2**
Foster Family Home*	10	8	13	0	**25**
Group Home	4	3	5	0	**12**
FamilyChild Care Home*	5	9	16	0	**24**
Child Care Center - Infant	2	1	0	0	**3**
Child Care Center - School Age	0	0	1	0	**1**
Child Care Center	2	1	2	1	**6**
Total	**46**	**37**	**59**	**1**	**126**

Figure 5 provides data on violations of facility abuse, neglect and death closed/resolved in Los Angeles County by the CDSS Legal Division in calendar year 2002. 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..

** Cases with multiple allegations alter totals for 4 facility types for children (FFA, Cert.Home, FFH and FCC) totaling 126 instead of 143.*

GLOSSARY OF TERMS

Administrative Action: Legal action by the California Department of Social Services concerning a license and/or persons authorized to provide care & supervision

Caregiver: Licensee/staff/employee providing care & supervision

Deaths (to be investigated): Death of a client, from unknown causes, or due to licensee, employee, or others contributing to the client's death

Findings: Investigations conclude with one of the 3 below:

1. Substantiated - the allegation is valid because of the preponderance of evidence
2. Inconclusive - the allegation may be valid but there is not a preponderance of evidence
3. Unfounded - the allegation is false, could not have happened, and/or is without a reasonable basis

Investigators: Peace Officers of the California Department of Social Services, Penal Code 830.3(h)

LPA: Licensing Program Analysts assigned to monitor facilities in designated jurisdictions of community care licensing

Licensee: Person or organization granted a community care license

Out of Home Care: Non-medical Care & Supervision provided under the jurisdiction of the Health & Safety Code involving Community Care Licensing

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

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

Unlicensed Facility: Care & Supervision is provided or necessary for persons receiving care without the required license when the facility is not exempt from licensure under law

SELECTED FINDINGS

- The California Department of Social Services Community Care Licensing Division (CCL) licensed 22,707 children's facilities in Los Angeles County with a total capacity of 305,360 as of December, 2002, compared to 22,085 facilities with 292,921 children as of December, 2001.

- In 2002, the CCL Legal Office received 780 cases for administrative action in Los Angeles County compared to 140 in 2001; of the Legal cases served, there were 1,731 violations compared to 145 in 2001; 770 cases were closed/resolved compared to 188 in 2001.

RECOMMENDATIONS

CCL collects and reports data of regulatory enforcement protecting children receiving care and supervision each year. A glossary of terms has been added to this report. The most significant finding is the major increase in administrative actions since 2001. The agency has hired additional attorneys and increased administrative actions, particularly violations investigated during individual background clearances. This trend will be closely observed for the next report based on 2003 data with consideration of budgetary constraints.

CHILD ABUSE AND DEVELOPMENTAL DISABILITIES

SPECIAL REPORT

This report utilizes data obtained by the State Department of Justice (DOJ) during calendar year 2002. It includes data from 1991 through 2002 for comparison purposes. The data set used has this caveat; "This data reflects all 2002 child abuse investigation reports received by the Department of Justice from January 1, 2002 to December 31, 2002. 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 might 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. The only information requested on the form includes victims who have developmental disabilities. (Please refer to the report from the Department of Justice to ICAN 1995 for further discussion on the source of their data.)

California Law identifies a person 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 statistics estimate that the abuse rates are much higher than generic[1] 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.[2] Physical and emotional abuse is 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)[3]

The study completed by the National Center on Child Abuse and Neglect[4] (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.[5] 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.[6] 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.[7]

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.

[1]*The term "generic" to refer to children without disabilities was suggested by a parents group whose children have disabilities. To avoid the pejorative comparisons of normal versus disabled, or worse, normal versus abnormal children, as well as to avoid making some children non-something (non-disabled, non-white, non-urban), the affirmative of generic was suggested. In an effort to affirm each individual, the term is used in this document. When a better alternative is available, that will be adopted in the same spirit.*

[2]*"Sexual Abuse of Children with Disabilities", Baladerian, N., Journal of Sexual Abuse, 1993.*

[3]*Crime Victims with Disabilities, National Research Council, May 2001*

[4]*National Incidence Study on Maltreatment of Children with Disabilities by Westat, 1991. available from DHSS, NCCAN, Washington, D.C.*

[5]*"Summary of Findings of NCCAN Study on Maltreatment of Children with Disabilities", Baladerian, N., 1993. Available from SPECTRUM INSTITUTE.*

[6]*"Abuse Causes Disability" Monograph by Baladerian, N. June 1991. Available from SPECTRUM INSTITUTE.*

[7]*U.S. Advisory Board on Child Abuse and Neglect, 1995 Report. Available from DHHS, NCCAN, National Clearinghouse.*

PURPOSE OF THIS REPORT

The purpose of this report is to present the data from the Child Abuse Investigator's Report Forms for 2002, 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 is reported for significant data that may have emanated from their districts. This year 29 counties (50%) reported, compared to last year when 27 of the 58 counties (46%) in California filed reports of children with disabilities, 31 (53%) in 2000's report of substantiated cases, and 35 (60%) 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. Why each year fewer counties are reporting children with developmental disabilities as child abuse victims remains to be explored and improved.

FINDINGS

STATEWIDE COMPARISON OF TOTAL ABUSE REPORTS AND REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES 1991-2002 (Table 1)

Comparing the total number of child abuse reports for children with and without disabilities, the reports for children with disabilities increased slightly while the number of reports for generic children only decreased by about 9%. The data this year marks a slight increase, reversing 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 its decline from 1997. There is no explanation for the disparity in these numbers, as there has not been a significant decrease 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 two years.

Table 1

CALIFORNIA DEPARTMENT OF JUSTICE:
Comparison of Total Child Abuse Reports with Reports on Children with Developmental Disabilities Statewide 1991-2002

Year	Total Number Of Abuse Reports	Abuse Reports For 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
2002	**32,169**	**138**

2002 STATEWIDE COMPILATION OF REPORTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES (Table 2)

Thirteen percent of all reports are for children 5 years of age or younger, 34% under 8 years of age, and 59% under 11. Reporting peaks at age cohort 9-11. Twenty percent of reports are for children between 15-17 years of age, fully 41% 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 solid interpretation of these data. In total only 138 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.

Physical abuse is the most frequently reported type of abuse (59%) whereas last year the percentage was 43%. Most cases are reported at ages 6-8 (31%) followed by ages 12-14 (24%) and 9-11 (22%). More cases of physical abuse are reported during the child's school years (over 6 years of age) than prior to entering school. Altogether, 76% of reports occur between the ages of 6 to 14. This may be due to improved reporting from the schools, yet the sources for the reports remains unstudied. This reflects an increase from prior years, and signals a need for attention to this problem for this age group.

Sexual abuse reports (37% of all reports) are next in frequency after physical abuse. Reports are highest for ages 15-17 (37%) followed by the children aged 9-11 (24%) with the third largest reporting age group being 12-14 at 22%. Two reports were made for children 5 and under, an improvement in reporting over last year when none were reported.

Mental abuse reporting was next in reporting frequency, representing 13% of all reports. Statewide only 18 reports were made, thus meaningful inferences cannot be made. Interestingly, 54% were in the 9-11 age group, up from 45% last year. One-third each was between 3-8, 9-11 and 12-17 years of age.

Severe neglect is least frequently reported (6% of all reports). Reports are increased to 10 this year from 6 last years returning to about the 1999 level. Statewide, as with mental abuse, present data shows that most neglected children with disabilities are between 0-11 (90%). Two were between 15-17 years of age, and 50% were under age 8.

Table 2

CALIFORNIA DEPARTMENT OF JUSTICE 2002 STATEWIDE CHILD ABUSE REPORTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES:
Raw Data and Percentages by Type of Abuse and Age of Child + Percentages within each Abuse Type

Child Age	Total Reports	%	Physical n	% of TTL	% of PA	Mental n	% of TTL	% of MA	Neglect n	% of TTL	% of SN	Sexual n	% of TTL	% of SA
0-2	7	5	4	3	.067	0			2	.014	.200	1	.007	.019
3-5	11	8	5	4	.084	3	.021	.166	2	.014	.200	1	.007	.019
6-8	29	21	18	13	.305	3	.021	.166	1	.007	.100	7	.050	.137
9-11	34	25	13	9	.220	6	.043	.333	3	.021	.300	12	.086	.235
12-14	29	21	14	10	.237	4	.028	.222				11	.079	.215
15-17	28	20	5	4	.084	2	.014	.111	2	.014	.200	19	.137	.372
TOTAL	138		59	**.997=100**		18	**.998=100**		10		100	51	**.997=100**	

Table 3

COMPARING TOTAL ABUSE REPORTS & REPORTS ON CHILDREN WITH DISABILITIES
By County

Year	Total # Abuse Reports (DOJ Report) L .A .County	Total # Reports Abuse/Disability (DOJ Data) Reports L .A .County	Total # Disabled Orange County		Total # Disabled San Diego		Total # Disabled Sacramento		Total # Disabled San Bernadino	
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
2002	**5,507**	**32**	**4,707**	**1**	**4,824**	**5**	**2,357**	**7**	**2,214**	**21**

COMPARING COUNTY WITH STATEWIDE FINDINGS- 2002 (Tables 3, 4 and 5)

Table 3 provides comparative data of all generic abuse reports and those for children with disabilities for the five counties of Los Angeles, Orange, San Diego, Sacramento and San Bernardino from 1991 to 2002 Each county has a different reporting pattern over the years including idiosyncratic fluctuations. This year four Counties show a decrease from last year, while San Bernardino county had the greatest increase to 21 from 11 last year, bouncing back to the same number reported in 2000. With the exception of San Bernardino, the decreases are minor in actual numbers and mirror the decreases in the reports on the generic child population.

Only Los Angeles and San Bernardino reported 20 or more cases. Riverside follows with 10 cases. Only 7 reported 5 or more cases, down from 9 last year reporting up to 6 cases (See Table 4). Last year as this year only four counties reported abuse of children in the 0-2 year cohort, compared with eight counties in 1997. (Last year were four different counties than this year.) Statewide, only 7 cases were reported in this age group and 11 cases between 3-5 years of age, making 18 total cases reported for the State under age 5, as was the case in 2001 and 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 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 18 reports on children with disabilities under age 5 were made again this year may signal a need for additional training in data documentation or a revamping of the data collection or management system or program.

After Los Angeles, San Bernardino then Riverside report the most child abuse cases overall (Table 4). Total numbers of reports from Riverside are lower by more than nearly 1/3 of Los Angeles. But it appears the comparative numbers differ substantially, in that of 5,507 cases, Los Angeles reports 32 as having a disability, while of only 1,376, Riverside reports 10, reflecting a higher reporting rate, which is also true for the other counties particularly San Bernardino, reporting 21 cases out of their 2,214 total cases reported.

LOS ANGELES COUNTY (Tables 5 and 6)

The total number of children reported continued its downward trend from 33 last year to 32 this year, compared to 40 in 2000, 59 in 1999 and 118 reports made in 1997. What could be causing the steady and significant decline in reports? From 1997 there are 73% fewer reports in the year 2002. There has not been a reduction of 73% in overall abuse reporting.

Children with developmental disabilities in all age categories were identified as victims of abuse.

The largest percentage of children (25%) reported for abuse was in the 12-14 year age category (Table 6), and 22% were each represented for age cohorts 6-8 years old and 15-17. This year the reports are clearly skewed into the older age groups. Only 15% are under age 5, while 47% are over 12.

Table 4

HIGHEST NUMBER AND RANKING OF CHILD ABUSE REPORTS

by County, Age and Type of Abuse Of Children with Disabilities for the 7 Counties Reporting 5 or More Cases

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	5507	32	12-14	Physical	1	1
San Bernardino	2214	21	9-11	Sexual	5	2
Riverside	1376	10	6-8	Physical	6	3
Butte	485	8	9-11	Physical	15	4
Sacramento	2357	7	6-8	Sexual	4	5
San Diego	4824	5	6-8	Phys/Mental	2	6a
Fresno	611	5	12-14	Sexual	11	6b
Santa Clara	716	4	15-17	Sexual	9	
Ventura	661	4	6-8	Physical	10	
Alameda	1065	3	9-11	Sexual	7	
Santa Barbara	533	2	12-14	Phys/Mental	12	
Placer	501	2	9-11	Mental/Sexual	13	
Orange	4707	1	6-8	Physical	3	

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

Statewide, the relative *percentages of abuse types* did not change significantly from last year with a decrease in reported sexual assaults and corresponding increases in mental abuse and severe neglect reports.

	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
2002	43	13	7	37

Table 5a

CALIFORNIA DEPARTMENT OF JUSTICE: CHILD ABUSE REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES IN LOS ANGELES COUNTY

1994-2002 Total Reports

	1994	1995	1996	1997	1998	1999	2000	2001	2002
0-2 years	4	2	10	5	4	4	1	0	4
3-5 years	13	17	29	16	4	3	3	4	1
6-8 years	26	24	40	21	15	16	21	8	7
9-11 years	15	24	49	20	10	13	9	11	5
12-14 years	17	25	28	26	6	16	2	6	8
15-17 years	11	21	23	30	15	7	4	4	7
Unknown				2					
TOTAL	**86**	**113**	**179**	**118**	**54**	**59**	**40**	**33**	**32**

Table 5b

CHILD ABUSE REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES IN LOS ANGELES COUNTY

1994-2002 Physical Abuse

	1994	1995	1996	1997	1998	1999	2000	2001	2002
0-2 years	2	1	5	4	4	4	0	0	3
3-5 years	7	10	18	7	1	1	2	2	1
6-8 years	15	19	27	13	10	10	13	3	6
9-11 years	8	20	33	10	5	9	6	6	3
12-14 years	9	10	14	19	2	6	2	3	6
15-17 years	4	14	10	22	8	2	1	2	7
Unknown									
TOTAL	**45**	**74**	**107**	**75**	**30**	**32**	**24**	**16**	**19**

Table 5c

CHILD ABUSE REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES IN LOS ANGELES COUNTY

1994-2002 Mental Abuse

	1994	1995	1996	1997	1998	1999	2000	2001	2002
0-2 years	0	0	0	0	0	0	0	0	0
3-5 years	0	2	2	0	0	0	1	2	0
6-8 years	2	0	1	1	1	2	3	0	0
9-11 years	0	0	3	0	0	1	0	1	0
12-14 years	0	0	1	0	0	5	0	0	1
15-17 years	0	1	3	1	0	2	1	1	1
Unknown									
TOTAL	**2**	**3**	**10**	**2**	**1**	**10**	**5**	**4**	**2**

Table 5d

CHILD ABUSE REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES IN LOS ANGELES COUNTY

1994-2002 Neglect

	1994	1995	1996	1997	1998	1999	2000	2001	2002
0-2 years	2	1	4	1	0	0	1	0	1
3-5 years	3	1	2	3	1	0	0	0	0
6-8 years	1	1	3	3	0	0	0	0	0
9-11 years	0	0	5	1	1	1	0	0	0
12-14 years	0	1	0	1	0	0	0	0	0
15-17 years	1	2	0	1	1	0	0	0	0
Unknown									
TOTAL	**7**	**6**	**14**	**10**	**3**	**1**	**1**	**0**	**1**

Table 5e

CHILD ABUSE REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES IN LOS ANGELES COUNTY

1994-2002 Sexual Abuse

	1994	1995	1996	1997	1998	1999	2000	2001	2002
0-2 years	0	0	1	0	0	0	0	0	0
3-5 years	3	4	7	6	2	2	0	0	0
6-8 years	8	4	9	4	4	4	5	5	1
9-11 years	7	4	8	9	4	2	3	4	2
12-14 years	8	14	13	6	4	5	0	3	1
15-17 years	6	4	10	6	6	3	2	1	6
Unknown									
TOTAL	**32**	**30**	**48**	**31**	**20**	**16**	**10**	**13**	**13**

Table 5f

COUNTIES REPORTING ABUSE OF CHILDREN WITH DEVELOPMENTAL DISABILITIES

In the 0-2 Year Age Group by type of Abuse - 2002

County	Total	Physical	Mental	Neglect	Sexual Abuse
Los Angeles	4	3		1	
Merced	1				1
Sacramento	1			1	
Ventura	1	1			
TOTAL	**7**	**4**	**0**	**2**	**1**

The largest numbers of reports were for *physical abuse* (59%). Of these both children ages 6-8 and 12-14 represent 22% of the physical abuse cases. The age group of 0-2 represents 9% of the cases. No cases of physical abuse were reported for victims between the ages of 15-17 years. All together, 31% were under age 8, and 47 between 6 and 14.

Sexual abuse accounts for 31 percent of all reports, a decrease from 39% last year. This represented reporting peaks at the age category of 15-17 (19%). There are no reports of sexual abuse in the age grouping including 0-5 years. This was consistent with reporting data in the last 2 years.

Reports for *severe neglect* represents 3% of the cases, all in the 0-2 year age group.

Reports of *mental abuse* vary only slightly to 6 from 5 last year, compared to 10 in 1999. All reported cases are for children older than twelve years. It seems unlikely that these few reports are a true reflection of the amount of mental suffering inflicted upon children with disabilities.

Table 6a

CHILD ABUSE REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES BY PERCENTAGES

By Age and Type of Abuse for 2002

Age Group	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse	Total
0-2	9		3		12
3-5	3				3
6-8	19			3	22
9-11	9			6	16
12-14	19	3		3	25
15-17	0	3		19	22
TOTAL	**59**	**6**	**3**	**31**	**100**

Table 6b

LOS ANGELES COUNTY TOTAL NUMBER OF REPORTS

By Age and Type of Abuse - 2002

Age	Total	Physical	Mental	Neglect	Sexual
0-2	4	3		1	
3-5	1	1			
6-8	7	6			1
9-11	5	3			2
12-14	8	6	1		1
15-17	7	0	1		6
TOTAL	**32**	**19**	**2**	**1**	**10**

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 12 reports of mental abuse, twice the number from 2001. There are only 8 reported cases of Severe Neglect for children with disabilities.

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.

Table 7

2002 COMPARATIVE CHART OF ABUSE
By Age and Type

2002	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	3		1		4											1				
3-5	1				1															
6-8	6			1	7	1					2	2				1			1	
9-11	3			2	5															
12-14	6	1		1	8											1				
15-17	7	1		6	7									1						
TTL	**19**	**2**	**1**	**13**	**32**	**1**				**1**	**2**	**2**		**1**	**5**	**3**			**1**	**4**

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

2002	Riverside					San Bernadino					Butte				
	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL
0-2					0					0					
3-5	2	1			3					0					
6-8	2	1		1	4	1		1	1	3			1		1
9-11					0	1	2	2	3	8	3	2			5
12-14	1				1	1			4	5	1	1			2
15-17	1			1	2			2	3	5					
TTL	**6**	**2**		**2**	**10**	**3**	**2**	**5**	**11**	**21**	**4**	**3**	**1**		**8**

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

2002	Sacramento					Santa Clara					Alameda				
	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL
0-2			1		1										
3-5		1			1	1				1					
6-8	1			2	3										
9-11	1			1	2				1	1	1			1	2
12-14															
15-17									2	2				1	1
TTL	**2**	**1**	**1**	**3**	**7**	**1**			**3**	**4**	**1**			**2**	**3**

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

Table 8

COMPARISON OF GENERIC REPORTS BY TYPE OF ABUSE
for the State and Six Selected Southern California Counties - 2002

	TOTAL REPORTS of Child Abuse	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse
State of California	32,578	15,651	7,093	1,307	8,527
Los Angeles	5,507	2,603	1,011	144	1,749
Orange	4,707	2,530	796	169	1,212
San Diego	4,824	1,588	2,435	69	732
San Bernardino	2,214	1.075	185	166	788
Riverside	1,376	659	253	95	369
Ventura	661	339	129	15	178

Table 9

STATE OF CALIFORNIA YEAR 2002
List by County: Reports of Generic and Child Abuse Victims with Disabilities (29 of 58 Counties)

	TOTAL GENERIC CASES(G)	TOTAL CASES WITH A DISABILITY(D)	PHYSICAL		MENTAL		NEGLECT		SEXUAL	
			G	D	G	D	G	D	G	D
Alameda	1,065	3	631	1	36		46		352	2
Butte	485	8	236	4	98	3	25		126	1
Calaveras	35	1	23		4		1		7	1
Del Norte	25	1	16	1	4		1		4	
El Dorado	101	4	55	2	23	1	4	1	19	
Fresno	611	5	315	2	99		30		167	3
Humboldt	174	3	104	1	30		0		40	2
Imperial	78	1	46		33		2		17	1
Lassen	61	1	43	1	3		1		11	
Los Angeles	5,507	32	2,603	19	1,011	2	144	1	1,749	10
Madera	175	3	100	1	16		11	1	48	1
Mendocino	172	2	74	1	45	1	17		36	
Merced	263	2	107		59		35		62	2
Monterey	244	1	120	1	32		6		86	
Orange	4,707	1	2,530	1	796		169		1,212	
Placer	501	2	139		270	1	19		73	
Riverside	1,376	10	659	6	253	2	95		369	2
Sacramento	2,357	7	1,286	2	448	1	109	1	514	3
San Bernardino	2,214	21	1,075	3	185	2	166	5	788	11
San Diego	4,824	5	1,588	2	2,435	2	69		732	1
San Francisco	214	5	124	3	9	1	6		75	1
San Luis Obispo	277	1	85	1	139		18		35	
San Mateo	359	4	193	1	46	1	9		81	2
Santa Barbara	533	2	261	1	123	1	62		87	
Santa Clara	716	4	265	1	57		10		384	3
Santa Cruz	221	2	74		103		4	1	40	1
Siskiyou	106	2	42		31				33	2
Sonoma	403	1	214	1	42		19		128	
Ventura	661	4	339	3	129		15		178	1
TOTAL	28,465	138		59		18		10		51

DATA COMPARISON TABLES ON COUNTIES REPORTING ABUSE OF CHILDREN WITH DEVELOPMENTAL DISABILTIES (TABLE 9) AND THOSE NOT REPORTING ANY CASES INVOLVING CHILDREN WITH DISABILITIES (TABLE 10)

The tables provide complete raw data from the DOJ reports for this year, for all counties. The Tables have been separated to indicate those reporting children with disabilities and those counties not reporting any children with disabilities. For the avid reader, it is interesting to note the differences in the total number of reports in light of the number for children with disabilities. A later report from the CAN DO office will detail Census information for each county on the number of children with developmental disabilities, when this information becomes available.

Table 10

STATE OF CALIFORNIA YEAR 2002 COUNTIES NOT RECORDING ANY CASES OF ABUSE INVOLVING CHILDREN WITH DEVELOPMENTAL DISABILITIES

(29 Counties of 58)

County	Total Number of Abuse Reports
Alpine	0
Amador	7
Colusa	0
Contra Costa	496
Glenn	70
Inyo	71
Kern	1,023
Kings	269
Lake	102
Marin	34
Mariposa	18
Modoc	18
Mono	1
Napa	115
Nevada	80
Plumas	63
San Benito	70
San Joaquin	337
Shasta	109
Sierra	2
Solano	364
Tehama	5
Trinity	2
Tuolumne	126
Yolo	47
Yuba	78
TOTAL	**3,507**

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 disproportionately 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 (2002) 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 collaboration was identified and begun in October 1997 at the Statewide Think Tank on Abuse and Disability in Los Angeles, attended by Directors or high-level representatives of these agencies. This mechanism is an ACTION PLAN, which 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 2002, and the members of the Think Tank have directed renewed energy toward achievement of these goals.

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 the appropriate officials and agencies consider them. 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.)

1994 RECOMMENDATIONS FOR CONTINUED CONSIDERATION

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 DCFS should develop an easy way for social 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 Bud Wilford 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 with Federal Children's Justice Act allocations under the auspices of 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.

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CHILDREN'S PLANNING COUNCIL SCORECARD

SPECIAL REPORT

On July 15, 2003, the L.A. County Board of Supervisors unanimously approved Recommendations for Tracking and Measurement of the Core Set of School Readiness Indicators. The recommendations were the result of a six-month, collaborative process between the Children's Planning Council and its partners in this process: First 5 LA, the County of Los Angeles, and members of the School Readiness Indicator Workgroup.

Recognizing that school "readiness" is a multifaceted concept that includes schools, families, and communities being ready to do their part in preparing children for school, the Workgroup developed a Framework for tracking the "readiness" of these respective parties to assure that every child in Los Angeles County has the best possible preparation for school and for life.

The Framework reflects the belief that it is more important to focus on the collaborative efforts of adults to care for, teach, and encourage children than it is to measure children's accomplishments. The Framework encompasses the following components:

1. Sets Countywide Goals that affirm both the County's five outcomes for children and family well-being (good health, safety and survival, economic well-being, social and emotional well-being, and education/workforce readiness) and the National Education Goals Panel definition of readiness (children ready for school, schools ready for children, families and communities ready to do their parts).
2. Identifies Progress Indicators to track school readiness that are concise, practical, strategic, and measurable, and for which data are currently available countywide and by Service Planning Area (SPA).
3. Creates a High Priority Research Agenda that tackles the limitations of available data and establishes a process that over time, can expand, evolve and deepen our understanding of what it takes to prepare children for school.

While indicators never tell the whole story, they do provide valuable snapshots that capture the reality of children's lives. Thus, indicators give direction to our efforts to improve children's lives. In addition, the data can work as a catalyst to mobilize others and build collaborative efforts to help prepare children for school.

In this sense, indicators provide not only data and direction, but also a mechanism to facilitate improvement in outcomes for children. Following are some examples of what can be gleaned by using the School Readiness Progress Indicators.

The commitment to "School Readiness" and data development in Los Angeles County is strong; the commitment to translate the data into action must be equally resolute.

COUNTYWIDE GOAL: CHILDREN ARE BORN WITH HEALTHY BIRTHWEIGHTS.

Outcome Area: Good Health

Babies born with low or elevated birth weights (less than 5 pounds 8 ounces, or more than 9 pounds) are at risk for developmental and/or health-related problems that can impact their early learning and later school performance. In L.A. County, more than 25,000 babies were born with low and elevated birth weights in 2000. African American babies, in particular, are at risk for low birth weights, with a rate almost twice that of other racial/ethnic groups. SPA 6, with its large African American population, had the highest rate of low-weight births among SPAs. Elevated birth weight, which can be a precursor to diabetes and obesity, occurs at higher rates in American Indian and Pacific Islander babies. Hispanic and White babies also had higher rates of elevated birth weights than the County as a whole.

Figure 1

NEWBORNS WITH LOW AND ABOVE-NORMAL BIRTHWEIGHTS, 2000

By Service Planning Area

	Low B.W.	High B.W.
1 - Antelope Valley	337	14,037
2 - San Fernando	1,757	74,236
3 - San Gabriel	1,765	67,263
4 - Metro	1,159	68,345
5 - West	458	9,066
6 - South	1,633	83,667
7 - East	1,321	71,397
8 - South Bay/Harbor	1,610	72,591

By Race/Ethnicity

	Low B.W.	High B.W.
African American	42,667	42,667
American Indian	858	858
Asian	22,722	22,722
Hispanic	348,911	348,911
Pacific Islander	1,607	1,607
White	33,892	33,892
Los Angeles County	460,602	460,602

COUNTYWIDE GOAL: CHILDREN ARE FREE FROM ABUSE AND NEGLECT AND THRIVE IN PERMANENT HOMES.

Outcome Area: Safety and Survival

Children from abusive and neglectful environments may experience developmental and behavioral problems that can affect school performance. In 2002, almost 1 of every 20 children living in the County were referred to DCFS and subsequently received Emergency Response services based upon reports of abuse and neglect. A disproportionate number of these children were African American, accounting for 20% of all referrals. The referral rate for African American children, 10.3 per 100, is more than double that of any other group in the County. Hispanic children also have a higher referral rate (4.6 per 100) when compared to other groups, and comprised more than half of the referral caseload. Asian children had the lowest referral rate, 1.5 per 100 children.

COUNTYWIDE GOAL: FAMILIES HAVE ADEQUATE FINANCIAL RESOURCES.

Outcome Area: Economic Well-Being

Research has shown that children who grow up in families with poverty- level incomes may not have the social and emotional supports necessary to ensure their educational success. Many of these children enter school less prepared and drop out in greater numbers. In 2000, a family of four living below 200% of the Federal Poverty Level had an annual income of less than $34,100. More than half the children in L.A. County live in low-income families. Notably, almost three-fourths of these children

Figure 2

CHILD ABUSE & NEGLECT REPORTS TO DCFS THAT RESULT IN EMERGENCY RESPONSE

Services to Children Under 18, 2002

By Service Planning Area

	Referrals	Rate per 100
1 - Antelope Valley	7,847	-
2 - San Fernando	20,513	-
3 - San Gabriel	17,399	-
4 - Metro	14,297	-
5 - West	3,243	-
6 - South	21,738	-
7 - East	15,703	-
8 - South Bay/Harbor	17,570	-

By Race/Ethnicity

	Referrals	Rate per 100
African American	27,416	10.3
American Indian	241	3.5
Asian	4,009	1.5
Hispanic	72,901	4.6
Pacific Islander	-	-
White	20,835	4.1
Los Angeles County	134,072	4.9

are Hispanic. Data presented in the Children's ScoreCard reinforces the connection between poverty and school readiness; the SPAs with the highest concentrations of poverty also had the lowest proportions of third graders performing at grade level in reading and math.

COUNTYWIDE GOAL: FAMILIES HAVE SUPPORTIVE NETWORKS AND ARE ABLE TO FIND INFORMATION AND ASSISTANCE.
Outcome Area: Social & Emotional Well-Being

Parents who are able to obtain child-rearing support from their friends, families, and communities are better able to cope with the demands of parenthood. As a result, the relationships they have with their children tend to be stronger, and additionally, their children may be exposed to a greater variety of opportunities and experiences that improve their readiness for school. A majority of the parents in Los Angeles County (72%) believe they can easily find someone to talk to when they have a parenting concern. However, only 2 of every 3 Hispanic families feel the same way. This statistic is mirrored in SPA 4, where parents report the greatest challenge in this regard. Conversely, 9 out of 10 parents in SPA 1 report they can easily obtain parenting advice.

Figure 3

CHILDREN UNDER 18 LIVING IN FAMILIES with Incomes Below 200% of Federal Poverty Level, 2000 By Service Planning Area

	Number	Percent
1 - Antelope Valley	43,425	42.9%
2 - San Fernando	213,990	41.6%
3 - San Gabriel	206,415	43.6%
4 - Metro	188,590	69.1%
5 - West	27,930	28.1%
6 - South	241,213	72.6%
7 - East	204,780	51.2%
8 - South Bay/Harbor	206,266	50.0%

By Race/Ethnicity

	Number	Percent
African American	138,582	55.4%
American Indian	3,028	47.0%
Asian	82,461	34.4%
Hispanic	965,166	64.4%
Pacific Islander	5,108	59.9%
White	109,875	21.3%
Los Angeles County	1,332,609	51.1%

Figure 4

PARENTS OF CHILDREN, 5 AND UNDER, Who Say It Is Easy to Find Someone to Talk to When They Need Parenting Advice, 1999-2000 By Service Planning Area

	Estimate	Percent
1 - Antelope Valley	33,000	88.3%
2 - San Fernando	147,000	75.3%
3 - San Gabriel	137,000	73.7%
4 - Metro	79,000	62.0%
5 - West	32,000	73.3%
6 - South	103,000	71.5%
7 - East	112,000	71.0%
8 - South Bay/Harbor	114,000	70.2%

By Race/Ethnicity

	Estimate	Percent
African American	78,000	82.0%
American Indian	-	-
Asian	71,000	74.7%
Hispanic	422,000	64.6%
Pacific Islander	-	-
White	170,000	87.8%
Los Angeles County	756,000	71.8%

COUNTYWIDE GOAL: FAMILIES AND CAREGIVERS INTERACT WITH CHILDREN IN WAYS THAT PROMOTE COGNITIVE, LINGUISTIC, SOCIAL-EMOTIONAL, AND PHYSICAL DEVELOPMENT.

Outcome Area: Education/Workforce Readiness

Through reading and story-telling, parents and children interact in ways that promote the cognitive development and early literacy and verbal skills necessary for entering school. In addition, reading and story- telling promote positive parent/child interactions that bolster the social and emotional development of young children. In Los Angeles County, only one-third of children under 6 years of age benefited from daily reading with a family member. Hispanic children were even less likely to be read to daily: roughly one in four. Percentages across SPAs were low also, with SPA 5 being the noticeable exception. Even so, fewer than 50% of the children in this SPA were read to daily.

Figure 5

CHILDREN, 5 AND UNDER, WHO ARE READ TO DAILY BY A FAMILY MEMBER, 1999-2000

By Service Planning Area

	Estimate	Percent
1 - Antelope Valley	11,000	30.2%
2 - San Fernando	77,000	38.2%
3 - San Gabriel	67,000	34.4%
4 - Metro	42,000	32.3%
5 - West	21,000	46.8%
6 - South	39,000	26.6%
7 - East	48,000	29.9%
8 - South Bay/Harbor	53,000	32.5%

By Race/Ethnicity

	Estimate	Percent
African American	33,000	33.5%
American Indian	-	-
Asian	39,000	38.6%
Hispanic	185,000	27.6%
Pacific Islander	-	-
White	95,000	48.6%
Los Angeles County	358,000	33.2%

SCHOOL READINESS PROGRESS INDICATORS DATA SOURCES:

- Birthweights - Los Angeles County Department of Health Services, 2000
- Emergency Response - Los Angeles County Department of Children and Family Services, 2002
- Poverty - United States Census Bureau, 2000 Census, Summary File 3
- Parenting Advice - Los Angeles County Health Survey, Department of Health Services, 1999-2000
- Daily Reading - Los Angeles County Health Survey, Department of Health Services, 1999-2000

SECTION III

DEPARTMENT OF PUBLIC SOCIAL SERVICES

AGENCY REPORT

STATE AND FEDERAL ASSISTANCE

The Department of Public Social Services (DPSS) has an operating budget of $3.10 billion and 12,938 employees for FY 2002-2003. 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 2002, DPSS provided public assistance to a monthly average of 2.04 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 the Persons Aided charts, using December 2001 and 2002 as points in time for comparison, the aided persons receiving CalWORKs cash assistance decreased by 10.6% (55,889 persons) while Food Stamps also decreased by 7.5% (52,035 persons). During calendar year 2002, Medi-Cal Assistance Only aided persons counts increased steadily from 1,166,682 in January to

1,389,420 in December. This is a 21.6% increase from December 2001. During this time, the Department employed extensive outreach efforts to the potentially eligible population.

In total, there was a 8.2% (163,869 persons) increase in the number of persons receiving assistance for all aids combined from December 2001 to December 2002.

The following represents caseload changes in programs 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 been declining since February in calendar 2002. In December 2002, 469,554 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 diminished to 645,854 in December 2002 from 697,889 in December 2001, representing a decrease of 7.5% (52,035).

MEDICAL ASSISTANCE ONLY (MAO)

The number of persons receiving MAO continues to rise steadily. The number of aided Medi-Cal persons declined briefly in mid-calendar 2002, but then interestingly continued to climb to 1,389,420 in December 2002. This is a record high for the past ten years. The increase in MAO aided counts is 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

This chart displays the percentages of persons aided by ethnic origin and primary language for all programs. This information is based on December 2002 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 2002, a total of 423 child abuse referrals were made to the Department of Children & Family Services. This represented a 23.9% decrease from the number of referrals made in 2001. 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 may or may not have income, and their property limit is below State maximum limits for their family size. In addition, the family must meet one of the following deprivations:

- Either parent is deceased;
- Either parent is physically or mentally incapacitated;
- The principal wage earner is unemployed; and
- Either parent is absent from the home in which the child is living.

Types of Assistance Units include:

- Two Parent Families - include two non-disabled or unemployed, 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.
- Zero Parent Families - are those in which the parent(s) or caretaker(s) are excluded from or ineligible for aid.
- All Other Families - are 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. Individuals requesting such benefits must file the appropriate application for the other program.

Food Stamps help eligible low-income families and individuals meet their basic nutritional needs by increasing their food purchasing power. 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 cash aid to indigent adults who are ineligible for Federal or State programs.

In-Home Supportive Services (IHSS) enables low-income aged, blind and disabled individuals to remain safely at home by paying caregivers to provide personal care and domestic services.

LEADER is 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 Medi-Cal program. CalWORKs families receive no-cost Medi-Cal.

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

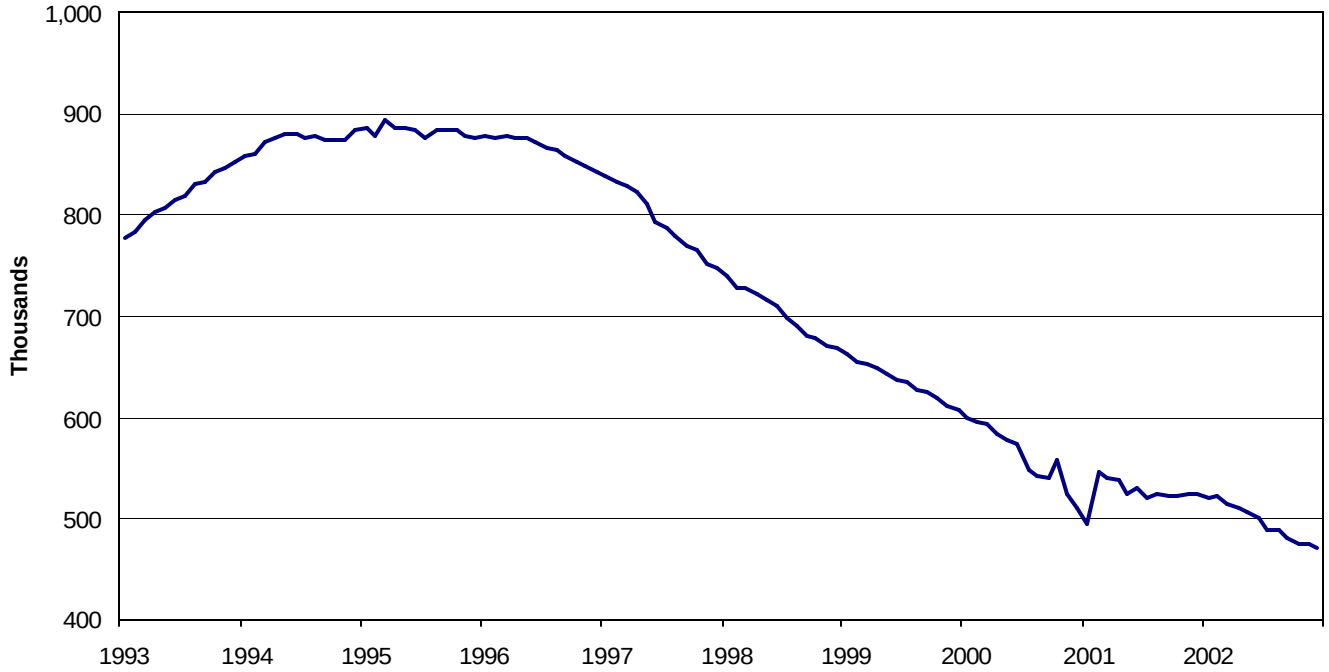
PERSONS AIDED - ALL AID PROGRAMS
December 2001 as Compared to December 2002

Cash Assistance Programs	December 2001	December 2002	Change	Percent Change
CalWORKs Total	525,443	469,554	-55,889	-10.6%
Zero Parent	131,880	125,250	-6,630	-5.0%
Two Parent	69,857	61,275	-8,582	-12.3%
All Other Families	323,706	283,029	-40,677	-12.6%
General Relief	67,207	63,215	-3,992	-5.9%
CAPI	5,583	4,121	-1,462	-26.2%
Refugee	1,147	619	-528	-46.0%
Supplemental Programs				
Medical Assistance Only	1,142,324	1,389,420	247,096	21.6%
Food Stamps	697,889	645,854	-52,035	-7.5%
IHSS	115,145	125,180	10,035	8.7%
Total All Programs *	**2,002,498**	**2,166,367**	163,869	8.2%

** 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 1993 - December 2002

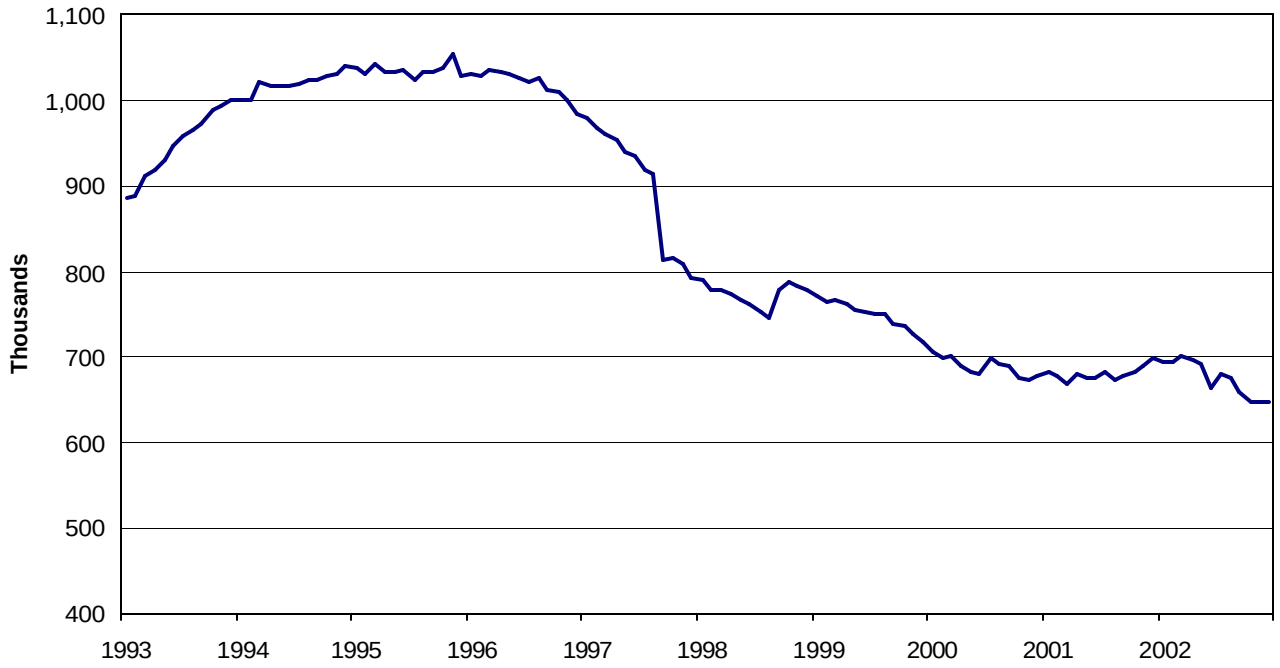


	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Jan	777,151	858,428	885,463	876,717	837,106	738,794	661,221	599,169	493,919	520,000
Feb	783,601	858,971	877,880	875,076	831,976	727,891	654,160	596,444	546,415	521,144
Mar	794,919	871,423	892,563	876,611	827,414	727,230	653,703	593,048	538,982	514,243
Apr	802,025	875,974	886,282	876,223	822,043	722,847	648,935	583,782	537,586	509,779
May	806,223	878,414	885,656	875,998	809,107	715,096	641,760	575,411	524,665	504,467
Jun	814,531	879,217	884,621	871,490	791,775	709,102	636,322	572,814	530,180	499,743
Jul	818,453	875,698	874,787	866,657	785,641	697,893	635,161	547,261	519,300	488,909
Aug	830,694	877,759	884,618	863,096	779,043	689,690	626,604	540,582	523,951	487,753
Sep	831,870	874,176	883,989	856,701	768,549	680,358	623,957	538,382	521,095	480,849
Oct	840,699	873,546	883,488	853,097	765,190	676,982	618,375	556,985	520,694	474,026
Nov	845,964	874,260	876,501	849,270	751,081	670,044	610,687	524,966	524,578	474,233
Dec	851,715	883,771	875,918	841,154	746,926	669,088	606,237	510,582	525,443	469,554

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 1993 - December 2002

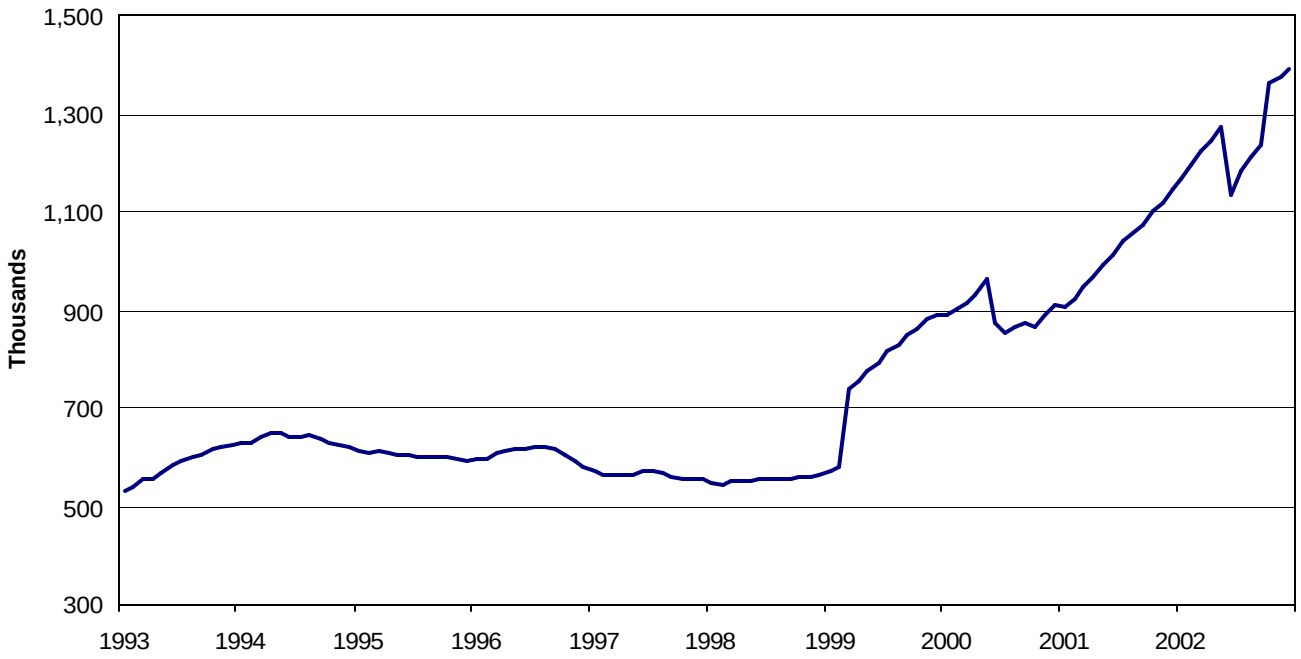


	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Jan	884,921	1,001,190	1,036,049	1,030,083	979,260	789,311	769,511	703,778	681,715	694,947
Feb	888,536	998,236	1,029,634	1,027,816	967,730	777,831	763,230	698,505	676,542	694,210
Mar	909,910	1,020,018	1,043,366	1,035,169	960,920	777,828	765,154	700,194	669,461	701,512
Apr	918,877	1,015,983	1,033,515	1,032,099	952,582	773,173	762,544	691,058	679,643	697,071
May	930,220	1,016,372	1,031,994	1,030,812	939,209	765,220	756,139	680,875	674,655	693,056
Jun	946,349	1,016,745	1,034,976	1,027,171	933,708	761,220	752,897	680,184	676,184	663,140
Jul	957,611	1,018,767	1,024,636	1,022,791	918,708	753,633	751,832	699,125	681,200	678,885
Aug	966,183	1,023,362	1,032,824	1,025,404	912,005	744,266	748,143	692,766	673,463	675,000
Sep	971,990	1,024,787	1,033,356	1,011,628	811,670	779,386	738,767	690,494	676,885	658,674
Oct	988,104	1,029,394	1,036,427	1,010,180	816,725	787,472	735,529	676,173	681,588	647,434
Nov	992,022	1,030,813	1,054,240	1,001,164	808,432	782,681	726,838	673,829	690,221	647,617
Dec	1,000,267	1,038,716	1,028,565	985,425	793,864	777,464	716,673	678,281	697,889	645,854

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

Figure 4

PERSONS AIDED - MEDI-CAL ONLY
January 1993 - December 2002



	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Jan	530,107	628,241	611,805	596,484	570,327	545,557	571,007	889,755	906,938	1,166,682
Feb	539,877	630,038	607,762	597,735	564,166	541,932	577,075	902,304	921,546	1,195,551
Mar	554,940	641,434	611,831	606,724	563,039	547,734	736,143	914,589	945,297	1,224,869
Apr	558,232	648,740	608,059	611,286	564,277	551,182	754,584	931,347	968,075	1,244,420
May	568,970	648,310	606,154	616,143	563,326	551,338	773,607	961,482	990,852	1,271,226
Jun	583,067	639,771	604,854	616,606	570,008	553,940	792,953	870,789	1,011,611	1,132,120
Jul	593,173	639,518	599,987	618,514	571,714	554,563	814,968	853,517	1,040,397	1,181,503
Aug	602,109	643,344	602,215	617,597	568,862	555,691	829,576	865,679	1,054,721	1,209,942
Sep	605,398	635,820	601,480	614,457	559,167	555,105	844,984	871,567	1,070,178	1,234,504
Oct	614,201	628,729	599,205	605,973	558,273	561,363	862,429	863,525	1,099,190	1,358,891
Nov	619,183	622,231	595,753	592,418	554,113	559,878	879,336	886,356	1,119,379	1,374,175
Dec	623,521	617,687	594,630	578,977	552,039	565,886	892,420	908,567	1,142,324	1,389,420

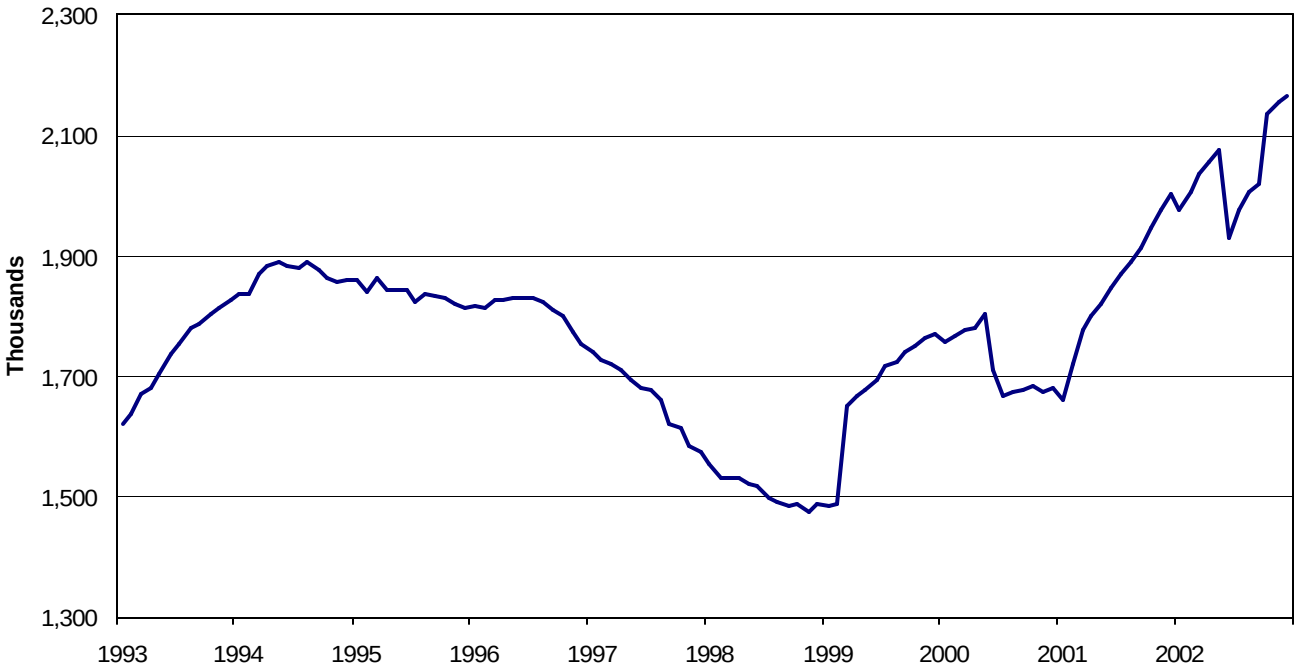
Note: 1. The increase in the caseload beginning March 1999 was a result of the Section 1931(b) Medi-Cal Program. DPSS converted Edwards Medi-Cal, Transitional Medi-Cal (TMC) and Four-Month Continuing Medi-Cal (CMC) recipients into regular Medi-Cal status. It also established the automatic conversion 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 1993 - December 2002



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

1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
11,618,696	1,838,536	1,856,959	1,815,720	1,739,691	1,553,899	1,483,869	1,756,212	1,772,223	1,974,284
1,635,868	1,837,625	1,840,912	1,813,789	1,726,450	1,530,151	1,486,946	1,766,419	1,774,694	2,004,216
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	2,033,305
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	2,053,985
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	2,077,231
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	1,928,402
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	1,977,951
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	2,005,337
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	2,018,573
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	2,134,995
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	2,153,486
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	2,166,367

Figure 6

PERSONS AIDED - ALL AID PROGRAMS
by Ethnic Origin and Primary Language - December 2002

Aid Program	CalWORKs		GeneralRelief		CAPI		Food Stamps		MAO		IHSS	
ETHNIC ORIGIN												
Asian	29,018	6.2%	2,723	4.3%	1,943	47.1%	41,792	6.5%	102,926	7.4%	20,351	16.3%
Black	119,079	25.4%	32,563	51.5%	34	0.8%	167,307	25.9%	108,289	7.8%	25,880	20.7%
Hispanic	264,735	56.4%	15,475	24.5%	1,202	29.2%	355,825	55.1%	1,023,415	73.7%	30,773	24.6%
White	51,463	11.0%	11,476	18.2%	894	21.7%	72,077	11.2%	129,742	9.3%	47,911	38.3%
Other	4,696	1.0%	679	1.1%	48	1.2%	7,672	1.2%	23,465	1.7%	0	0.0%
American Indian / Alaska Native	563	0.1%	299	0.5%	0	0.0%	1,181	0.2%	1,583	0.1%	265	0.2%
Total Persons	469,554	100.0%	63,215	100.0%	4,121	100.0%	645,854	100.0%	1,389,420	100.0%	125,180	100.0%
PRIMARY LANGUAGE												
Armenian	16,124	3.4%	1,867	3.0%	426	10.3%	20,027	3.1%	16,283	1.2%	20,074	16.0%
Cambodian	7,278	1.5%	108	0.2%	19	0.5%	8,143	1.3%	2,792	0.2%	1,453	1.2%
Chinese	4,137	0.9%	400	0.6%	679	16.5%	7,098	1.1%	20,964	1.5%	7,856	6.3%
English	271,308	57.8%	54,345	86.0%	263	6.4%	366,010	56.7%	523,419	37.7%	53,372	42.6%
Farsi	1,606	0.3%	90	0.1%	212	5.1%	2,034	0.3%	2,779	0.2%	3,790	3.0%
Korean	366	0.1%	496	0.8%	419	10.2%	1,169	0.2%	9,086	0.7%	2,394	1.9%
Russian	1,554	0.3%	245	0.4%	162	3.9%	2,073	0.3%	2,709	0.2%	6,663	5.3%
Spanish	158,949	33.9%	4,932	7.8%	1,175	28.5%	226,092	35.0%	790,785	56.9%	21,922	17.5%
Vietnamese	6,949	1.5%	445	0.7%	203	4.9%	10,902	1.7%	11,253	0.8%	2,525	2.0%
Other	1,283	0.3%	287	0.5%	563	13.7%	2,306	0.4%	9,350	0.7%	5,131	4.1%
Total Persons	469,554	100.0%	63,215	100.0%	4,121	100.0%	645,854	100.0%	1,389,420	100.0%	125,180	100.0%

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

Figure 7

CHILD ABUSE REFERRALS
January 1998 as Compared to December 2002

Month	1998	1999	2000	2001	2002	2001/2002 Change	2001/2002 Percent
Jan	80	78	59	56	47	-9	-16.1%
Feb	86	41	42	39	50	11	28.2%
Mar	88	70	64	41	23	-18	-43.9%
Apr	104	49	64	42	50	8	19.0%
May	73	67	87	51	43	-8	-15.7%
Jun	88	54	78	43	43	0	0.0%
Jul	99	49	65	51	32	-19	-37.3%
Aug	98	85	61	47	28	-19	-40.4%
Sep	75	69	58	46	34	-12	-26.1%
Oct	71	65	59	60	31	-29	-48.3%
Nov	17	53	53	42	21	-21	-50.0%
Dec	40	30	61	38	21	-17	-44.7%
TOTAL	**919**	**710**	**751**	**556**	**423**	**-133**	**-23.9%**

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*

Los Angeles County Office of Education

AGENCY REPORT

2002-2003 LOS ANGELES COUNTY CHILD ABUSE REPORT

Of the total 1553 reports of abuse/neglect, 963 (62.0%) were physical abuse and 289 (18.6) were general neglect. Sexual assault and emotional abuse accounted for 194 (12.5%) and 107 (6.9%) reports, respectively.

The 963 reported cases of physical abuse consisted of 612 (63.6%) from elementary schools and 164 (17.0%) and 143 (14.8%) from junior and senior high schools, respectively.

General neglect, compared to physical abuse, had a higher proportion from elementary schools (73%) with lower proportions from junior and senior highs. Sexual assault on the other hand had a lower proportion from elementary (45.9%) and higher proportions from junior and senior highs.

Figure 1

FREQUENCY OF 2002-2003 REPORTED INCIDENTS OF ABUSE AND NEGLECT
By Type and School Site in School Districts in Los Angeles County
Excluding Los Angeles Unified School District

Report Category	Type of Abuse / Neglect				
	S A	PA	GN	E A	Total
Children's Centers	6	11	2	0	19
Head Start State Pre-Schools	6	27	4	2	39
Elementary Schools	89	612	211	55	967
Junior High Schools	47	164	43	26	280
Senior High Schools	43	143	28	22	236
LACOE Special Ed. Schools	1	1	0	0	2
Other type of schools	2	5	1	2	10
Total	**194**	**963**	**289**	**107**	**1,553**

Figure 2

TYPE OF CHILD ABUSE BY TYPE OF SCHOOL 2000-2002

	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	**1,076**	**100.0**	**4852**	**100.0**	**1,453**	**100.0**	**426**	**100.0**	**7,807**	
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 one of the most serious public health issues. This risk factor not only can adversely impact a child's development, but also is a predictor of adult behavior. Early childhood development presents itself as an investment opportunity to assure that each child reaches his or her productive and creative potential. Child abuse and neglect impacts the developing child, increasing the risk for emotional, behavioral, social and physical problems throughout life. While physical abuse is probably the most noticeable, sexual abuse and emotional abuse are also detrimental. Experiences of trauma or abuse and neglect even during the first year of life can result in the following: extreme anxiety, depression, and 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 (DHS), whose mission is to improve the health of Los Angeles County residents recognizes the significant physical, emotional and psychosocial impact of child abuse and neglect on child development. The Department makes every effort to prevent the adverse effects of child abuse by focusing on healthy child development.

The Los Angeles County Department of Health Services (DHS), whose mission is to improve the health of Los Angeles County residents recognizes the significant physical, emotional and psychosocial impact of child abuse and neglect on child development.

The Maternal, Child and Adolescent Health Programs within Los Angeles County DHS seek 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 Maternal, Child and Adolescent Health (MCAH) Programs is part of the Public Health division of the Los Angeles County DHS. The MCAH Programs facilitates the needs of pregnant and parenting women, infants, children, adolescents, and families living in Los Angeles County. Its mission is to maximize the health and quality of life for all women, infants, children, and adolescents and their families in Los Angeles County. It also provides leadership and coordination of programs that are designed to ensure optimal maternal and fetal outcome of childhood and adolescent development, and related reproductive health.

Within the MCAH Programs, 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 Black Infant Health Program, the Child Abuse Prevention Program, the Comprehensive Perinatal Services Program, the Fetal Infant Mortality Review Project, the Nurse Family Partnership Program, the Prenatal Care Guidance Program, and the Sudden Infant Death Syndrome Program.

CHILD AND ADOLESCENT MORBIDITY AND MORTALITY DATA AND RELATED COUNTY-WIDE INDICATORS

Infant mortality rate is defined as the number of infant deaths occurring at less than 365 days of age per 1,000 live births. Since the beginning of the 20th century, infant mortality rates have been declining rapidly. This improvement 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 (e.g. alcohol, tobacco and illicit drug) use or abuse, inadequate prenatal care, maternal medical complications during pregnancy, short inter-pregnancy intervals, injury and infection.

Overall infant mortality rates for Los Angeles County declined from 7.8 per 1,000 live births in 1991 to 5.4 per 1,000 live births in 2001 representing a 30.8% decrease in rates **(Figure 1)**. The total number of infant deaths in 2001 was 828, a 6.6% increase from 777 in 2000.

Figure 2 shows infant mortality rates by race/ethnicity in Los Angeles County for 1997-2001. African Americans experienced the highest infant morality rate over the years. In 2001, African Americans experienced an almost 2.5 times higher infant mortality rate than their White counterpart. Asian/Pacific Islanders experienced the lowest infant mortality rate (3.7 per 1,000 live births) followed by Whites (4.7 per 1,000 live births) and Hispanics (5.1 per 1,000 live births) in 2001.

Between 2000 and 2001, the infant mortality rate for African Americans decreased from 12.8 to 11.4 per 1,000 live births. However, all other race/ethnic groups experienced an increase in their rates during this same period.

Figure 3 shows Sudden Infant Death Syndrome (SIDS) rates in Los Angeles County for 1991-2001. Between 1991 and 2001, rates of SIDS decreased from 1.0 per 1,000 live births in 1991 to 0.1 in 2001, representing a 90.0% decrease in rate. The numbers dramatically decreased from 208 in 1991 to 23 in 2001.

Figure 4 presents deaths among children and youth aged 21 and under by age and gender for Los Angeles County in 2001. The total number of deaths among children and youth aged 21 and under was 1,879 in 2001 representing a 2.9% increase in numbers compared to 1,826 in 2000.

It is noteworthy that deaths occurring at age less than 1 year old comprise 44.1% of all deaths among children and youth aged 21 and under in 2001. The majority of infant deaths were due to certain conditions originating in the perinatal period or caused by congenital abnormalities as presented in **Figure 5**. On the other hand, unintentional injuries (accidents) were one of the leading causes of deaths for children aged 1 to 12 years in 2001. Homicide was the number one cause of deaths among adolescents aged 13 to 19 years.

Figure 6 shows number and rate of hospitalizations due to non-fatal injuries related to child abuse and neglect for children aged 14 and under by selected demographic factors in Los Angeles County, 2000. Children aged less than 1 year old were more likely to be hospitalized due to child abuse (16.3 per 100,000 children aged less than 1 year old). Among those, males showed a higher child abuse related hospitalization rate (18.9 per 100,000 male children aged less than 1 year old) than females did (13.6 per 100,000 female children aged less than 1 year old). Male children aged 10-14 and female children aged 1-4 were least likely to be hospitalized due to child abuse in Los Angeles County (0.2 and 0.3 respectively).

Overall infant mortality rates for Los Angeles County declined from 7.8 per 1,000 live births in 1991 to 5.4 in 2001 representing a 30.8% decrease in rates.

Although its rate decreased from 12.8 per 1,000 live births in 2000 to 11.4 in 2001, African Americans still experienced almost 2.5 times higher infant mortality rate than their White counterpart

Figure 7 shows number of child abuse related hospitalizations among infants by hospital. LAC Harbor UCLA Medical Center showed the highest number of hospitalizations (n=6) among infants, followed by Childrens Hospital of Los Angeles (n=4) in 2000.

It should be noted that the small number of hospitalizations could be due to various reasons. It may reflect the small number of severe cases of child abuse that required hospitalizations or may reflect a lack of documentation in child abuse related hospitalizations in hospital discharge records.

Figure 8 presents number and rate of child abuse related deaths among children aged 18 and under by gender. For female children and youth, the highest rate was 0.7 per 100,000 (n=10) in 1999. For male children and youth, the rates did not fluctuate as much as those for female children and youth

between 1997 and 2001. The highest rate for male children and youth was 0.4 per 100,000 in 1997 and 2001.

As shown in **Figure 8**, between 1997 and 2001, the child abuse related death rate for both male and female children aged 18 and under was highest in 1999 (0.5 per 100,000 population aged 18 and under) and lowest in 2000 (0.2 per 100,000 population aged 18 and under). The number of child abuse related deaths for both male and female aged 18 and under was highest in 1999 (n=15) followed by that in 2001 (n=13).

Figure 9 shows child abuse related infant death rates by gender in Los Angeles County between 1997 and 2001. Among female infants, the highest child abuse related death rate was 7.9 (n=6) in 1999. For male infants, the highest child abuse related death rate was 5.1 (n=4) in 2001. Infants are more vulnerable and are more likely to experience deaths due to child abuse than children in other age groups. For instance, among child abuse related deaths for children aged 18 and under in Los Angeles County, infant deaths comprised 62.5% in 1998, and 60% in 1999.

Children aged less than 1 year old were more likely to be hospitalized due to child abuse (16.3 per 100,000 live births). Among those, males showed higher child abuse related hospitalization rate (18.9 per 100,000 live births) than females (13.6 per 100,000 live births).

Infants are more vulnerable and are more likely to experience child abuse related deaths than children in other age groups.

Comparing race/ethnicity, African American infants were most likely to experience child abuse related deaths followed by Asian/Pacific Islander infants (**Figure 10**). For African American infants, the highest death rate between 1997 and 2001 was 23.7 (n=3) per 100,000 live births in 2001. For Asian/Pacific Islander infants, the highest death rate was 6.7 (n=1) per 100,000 in 1998.

Figure 11 presents deaths among adolescents aged 15 to 19 by selected causes of injuries in Los Angeles County between 1991 and 2001. Homicide rates were the highest between 1991 and 2001 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 63.7 per 100,000 adolescent population aged 15 to 19 in 1991 to 27.3 per 100,000 in 2001 representing a 57.1% 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 21.4 per 100,000 adolescents aged 15 to 19 in 1991 to 6.1 per 100,000 in 1999, representing a 71.5% decrease. However, after 1999, the rates began to increase from 6.1 in 1999 to 11.4 in 2001, representing an 86.9% increase in rates (**Figure 11**).

Suicide rates among adolescents aged 15 to 19 decreased from a peak of 11.5 per 100,000 in 1993 to 4.3 per 100,000 in 2001, representing a 62.6% decrease (**Figure 11**). 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-based communities and other entities which impact adolescent development. 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.

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. The United States Healthy People 2010 Objectives aim to reduce low birth weight to an incidence of no more than 5 percent of the total live births.

Various factors including maternal alcohol/substance abuse, low income, low maternal educational

level, late entry into prenatal care, stress during pregnancy, plurality, length of gestation, birth order, child's gender, mother's age, and mother's race/ethnicity have been shown to be associated with low birth weight births. Although some of these factors cannot be changed, early, regular and adequate prenatal care may reduce the incidence of low birth weight infants.

Figure 12 shows the percent of low birth weight live births in Los Angeles County from 1991 to 2001 and Healthy People Year 2010 objective. Between 1991 and 2001, the percent of low birth weight live births in Los Angeles County had been higher than the Year 2010 low birth weight objective. The low birth weight live birth percent increased from 6.0% in 1991 to 6.7% in 2001.

Figure 13 depicts the trend of low birth weight live births as a percent by mother's race/ethnicity for Los Angeles County in 2001. Among racial/ethnic groups, African Americans experienced the highest percent of low birth weight. African American low birth weight percent was 11.8% in 2001. Hispanics showed the lowest percent (5.9%) followed by Whites (6.6%) and Asian/Pacific Islanders (6.8%).

Other factors associated with access to prenatal care, are indirectly related to the incidence of low birth weight births. These include but are not limited to poverty, lack of transportation, fear of authority, low self-esteem, immigration status, language barriers and domestic violence. These factors, albeit are not contained in this analysis, deserve more attention, and need to be studied and addressed.

SPECIFIC PROGRAMS RELATED TO PREVENTION OF CHILD ABUSE WITHIN MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) PROGRAMS

Black Infant Health Program (BIH) targets African American women aged 18 years and older, their infants and their families.

BIH was developed in response to the disparate infant mortality rate of African American babies. BIH is designed to identify at-risk pregnant and parenting African American women, and to assist these mothers in accessing, maintaining, and receiving health care and other family support services.

In Los Angeles County, five subcontractors implement the BIH perinatal interventions: Prenatal Care Outreach (PCO) and Social Support and Empowerment (SSE). PCO links women to early and continuous prenatal care and related support services. SSE is a classroom-style intervention that provides a framework to teach specific personal and parenting skills.

All BIH subcontractors are trained in the areas of Sudden Infant Death Syndrome (SIDS), child abuse, and family violence. During FY 02-03, the Los Angeles County subcontractors served 1,267 PCO clients and of this group, 295 women were enrolled in SSE.

The Child Abuse Prevention Program (CAPP) was established within the MCAH Programs. It serves as the lead agency in 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. In order to reach its goal, CAPP provides the following major activities:

- Raise awareness of child abuse/neglect issues through trainings and conferences
- Improve child abuse reporting in health care professionals by developing protocols and administering appropriate trainings
- Disseminate health education materials and other pertinent information such as parenting tips
- Conduct needs assessment by gathering pertinent data.

CAPP works closely with the Interagency Council on Child Abuse and Neglect (ICAN).

The following describes the publications available at CAPP and their distribution:

- The Child Abuse Professional's Directory was first developed by CAPP as a resource tool to help professionals accessing the Suspected Child Abuse Neglect (SCAN) & Child Abuse Resource Team (CART) teams in the public and private hospitals in 1981. It was updated yearly and is now maintained by the Nexcare website. The website is www.nexcarecollaborative.com. By using the Directory, professionals spend less time finding the appropriate individuals who could provide needed services for their clients.
- The Child Abuse and Neglect: Guidelines for Identification, Assessment, and Case Management is a new State guideline that was recently published by professionals in collaboration with CAPP. It is available for purchase from Volcano Press, Inc. or its website at www.volcanopress.com.
- The Professional's Guide: Basics about Child Abuse is an invaluable resource tool and functions as an immediate reference guide for professionals. Its editors include staff from hospitals, Department of Children Family Services, and health services. Copies are available from the CAPP office.
- 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, copies are distributed weekly to community agencies, professionals and other individuals.

The following describes outreach and educational activities of CAPP during Fiscal Year (FY) 02-03:

- During April, Child Abuse Prevention Month, in collaboration with the Family, Children, Community Advisory Council (FCCAC), CAPP distributed over 600,000 child abuse prevention bookmarks, 1,000 child abuse prevention posters, 50,000 buttons and 100,000 blue ribbons.
- In the same month, CAPP also sponsored a one-day conference entitled "Everyone is a Player in the Human Service System" in collaboration with FCCAC and the Perinatal Advisory Council. The conference focused mainly on topics such as understanding children in crisis within the foster care system, and collaboration, coalition and networks for children and families.
- In collaboration with Violence Prevention Coalition of Greater Los Angeles and Injury and Violence Prevention Program, CAPP conducted two events for at risk boys and girls. These were the countywide Basketball for Peace tournaments and the Dance For Peace Competition. About 250 boys and girls participated in each event. The purpose of these events was to promote peace and provide alternatives to violence.
- CAPP staff provided various trainings during FY 02-03. Among those, a training entitled "Current Issues in Child Abuse" was provided to the MCAH program staff. Topics such as child abuse data systems, types of child abuse, child abuse laws, child abuse reporting, and positive parenting were presented. Another training entitled "Perinatal Issues and Substance Abuse" was provided addressing perinatal issues related to substance abuse and successful evidence-based treatment models. To enhance quality of service, CAPP provided a Continuing Education Units certification for clinical social workers and marriage/family therapist at a conference called "Nexus VII: Violence within the Home and its Effects on Children" to clinical social workers.
- 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

In 2002, St. Francis Medical Center reported the greatest number of substance exposed newborn cases.

The type of substance that mothers used most frequently was cocaine/crack followed by amphetamine and marijuana. The types of frequent drug usage remained the same over the year.

management, child development, grief and mourning, child death, reporting laws and the interrelationships among child abuse, family violence, and community violence.

The following describes 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 14 and 15 present the numbers of reported Los Angeles County substance-exposed newborns assessed at risk of endangerment by hospital and by types of substance in 2002. CAPP received a total of 223 reports from 17 hospitals during this period. This represented a 73.1% decrease in the number of reports compared to the number of reports in 2001 (386 reports), after a 100% increase between 1999 and 2000. The decrease in number of reports that CAPP received from the hospitals could be due to a budget cut and a lack of staff.

In 2002, St. Francis Medical Center reported the greatest number of cases (n=45) followed by LAC USC Women's & Children's Medical Center (n=41) and LAC Harbor UCLA Medical Center (n=25). The type of substance that was reported by hospitals most frequently was cocaine/crack (n=94) followed by amphetamine (n=71) and marijuana (n=49) in 2002 (**Figure 15**). The types of drugs that were most frequently reported remained the same over the year (**Figure 16**).

Comprehensive Perinatal Services Program (CPSP) was created in 1987 to reduce morbidity and mortality among low-income pregnant women and their infants in California. CPSP is built on the premise that pregnancy and birth outcomes improve when routine obstetric care is enhanced with specific nutrition, health education, and psychosocial services. Based on this premise, CPSP provides client-centered, culturally competent, enhanced obstetric services for eligible low-income, pregnant and postpartum women.

In FY 02-03, there were 495 CPSP certified obstetrical providers in Los Angeles County. It represents one third of all providers in the State of California. Approximately 97% of certified CPSP providers are actively billing for services. CPSP coordinators were able to make 243 provider visits and review 90 applications, 41 of which were submitted to the state for approval.

CPSP consultant staff provided trainings on various topics such as breastfeeding, nutrition, basic CPSP, and billing and documentation. Among those trainings, 312 clients received basic CPSP training, 138 clients received training on nutrition, and 110 clients received breastfeeding training. In addition, 41 clients received training on domestic violence and 81 on SIDS safety education.

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. The program examines factors contributing to fetal, neonatal, and post-neonatal deaths. It develops and implements intervention strategies in response to identified needs.

FIMR Project activities include:

- Review perinatal death certificates and hospital medical records of African American and Black immigrants in 15 targeted zip codes demonstrating high perinatal mortality rates
- Conduct home visits to identify additional risk factors
- Provide referrals to grief support and interventions to affected families.
- Present case summaries to the Technical Review Panel for identification of preventable factors.

Nurse Family Partnership (NFP) is an intensive home visitation program that employs 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 care-giving, and associated child

health and maternal life-course development.

The NFP program is replicating the Olds' Model to improve the following outcomes among the program participants:

- Increasing the number of normal weight infants delivered
- Decreasing the number of mothers who smoke
- Decreasing the number of substantiated reports of child abuse or neglect
- Decreasing the number of emergency room and urgent care encounters for injuries or ingestion of poisons among infants and toddlers
- Increasing the number of mothers in the labor force
- Increasing the number of mothers who are enrolled in school or a GED program
- Reducing the number who use alcohol during pregnancy
- Delaying subsequent pregnancies.

Public Health Nurses (PHNs) conduct home visits during the mother's pregnancy, and continue through the second year of the child's life. Home visits focus on personal health, environmental health, child discipline, childcare, maternal role development, maternal life course development, and social support.

The PHNs assess mothers' and newborns' needs and provide them with intervention services (e.g., referrals, education or counseling) for problems identified. Around the time the baby is 10 weeks old, PHNs discuss topics on nurturing children such as physical security, emotional security, and building trust and respect. Around the time the baby is 22 weeks old, PHNs discuss topics on violence such as sexual abuse, emotional abuse, and physical abuse of children. If, during a visit, a PHNs notices something that could lead to a child abuse and neglect situation, the PHNs will intervene to prevent child abuse and neglect incidents.

Prenatal Care Guidance Program (PCG) provides home visitation, individualized case management, health education, coordination of referrals, and community outreach services to Medi-Cal eligible pregnant women. The PCG program emphasizes an access to care, improvement of 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.

Since the PCG program has been conjoined with the NFP program, home visitation services have been enhanced through shared referrals, development of data collection forms, and an evaluation process. A uniform referral form for Department of Health Services home visitation programs was completed and implemented by both the NFP and the PCG programs. The form was sent to several community-based agencies and over 500 obstetrical providers to assist them with their referrals.

Furthermore, the PCG program met with Juvenile Court Health Services in an attempt to work out a process whereby PCG nurses could visit juvenile halls to enroll pregnant teens into their program. This process involved the Probation Department, the NFP program, and MCAH administrative staff, and is now being directed toward offering group educational sessions to pregnant teens/young women who are incarcerated.

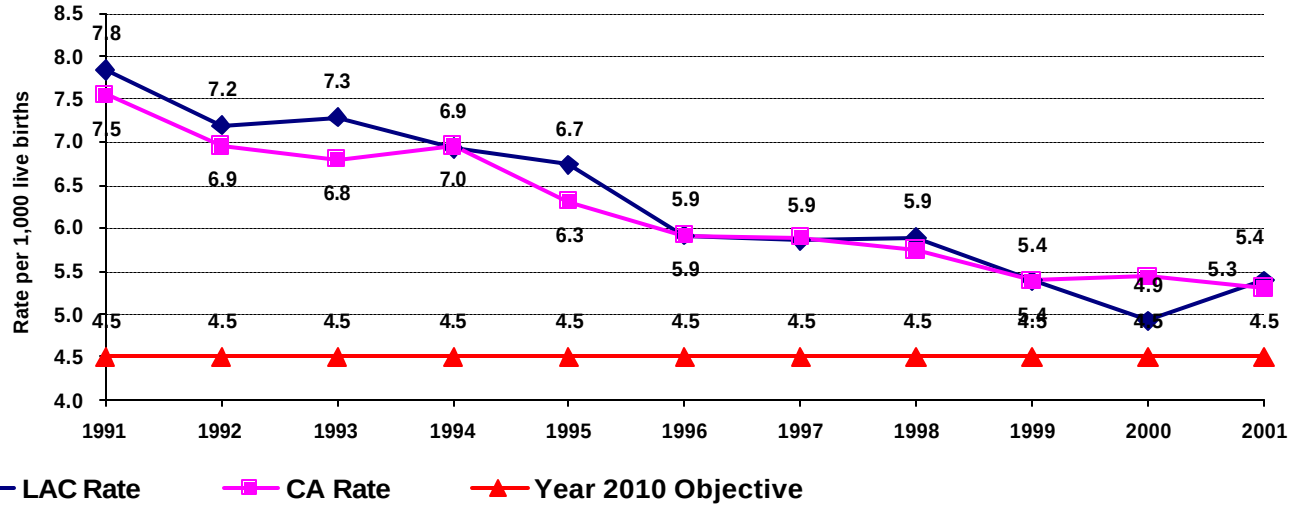
During FY 02-03, the PCG program had more staff, which led to a higher number of clients served. The PCG program was able to serve 1,754 families, completed 4,178 home visits, had 58 women graduated from the program, assessed 107 incarcerated teens, and received 960 referrals including 396 from the Toll Free Health Line. In addition, the PCG program conducted 50 outreach contacts and program presentations.

Sudden Infant Deaths Syndrome (SIDS) Program was established based on the fact that SIDS was one of the leading causes of neonatal deaths. The SIDS 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 on SIDS and its potential causes for hospital staff, public health nurses, emergency responders, coroners, and the general public. SIDS has also provided hospitals with in-service presentations on newborn nursery SIDS safety. The hospitals were selected based on SIDS rates of greater than 0.3 per 1,000 live births during 5 year period from 1997 to 2001. In 2003, 436 participants attended the presentations (Figure 17).

Figure 1

DEPARTMENT OF HEALTH SERVICES
Infant Mortality Rate, 1991-2001

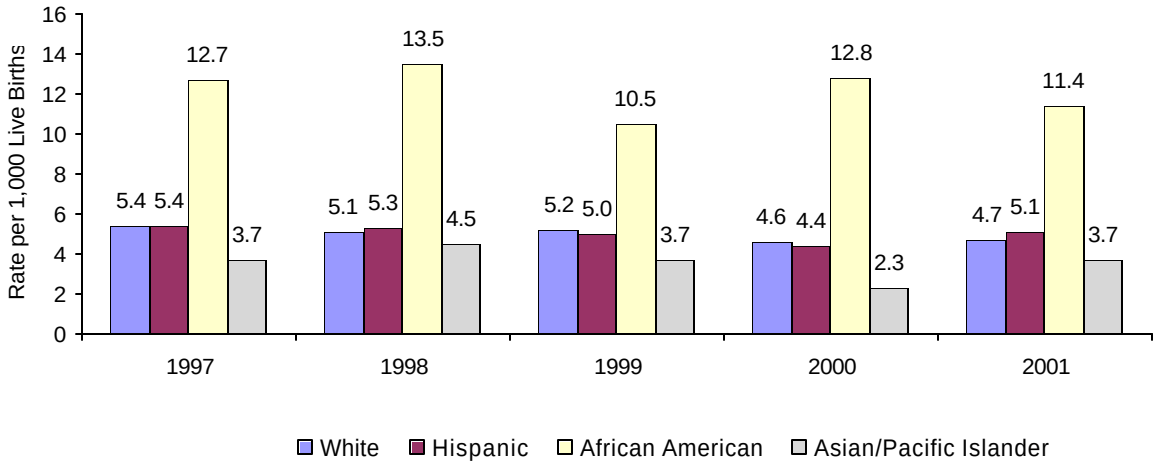


Note: Infant mortality is defined as infant deaths occuring at less than 365 days of age per 1,000 live births
Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1991-2001

Figure 2

DEPARTMENT OF HEALTH SERVICES

Infant Mortality Rate by Race/Ethnicity in Los Angeles County, 1997-2001



RACE / ETHNICITY

Infant Mortality Rate by Race/Ethnicity in Los Angeles County, 1997-2001

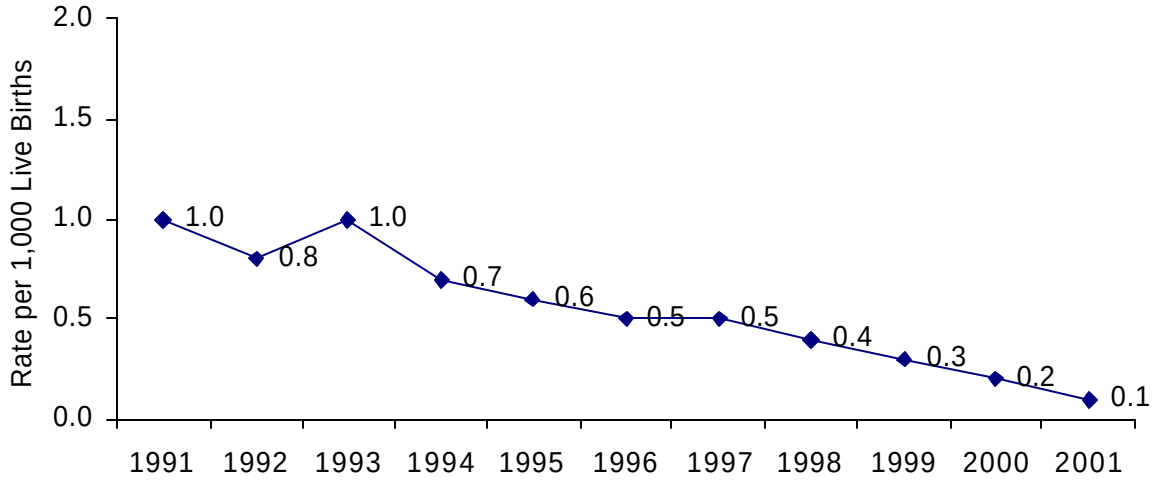
1997	White	Hispanic	AfricanAmerican	Asian/PacificIslander
Number of Deaths	169	540	184	57
Number of Live Births	31,072	100,228	14,530	15,554
Infant Mortality Rate	5.4	5.4	12.7	3.7
1998	**White**	**Hispanic**	**AfricanAmerican**	**Asian/PacificIslander**
Number of Deaths	157	515	193	67
Number of Live Births	30,621	98,074	14,246	14,968
Infant Mortality Rate	5.1	5.3	13.5	4.5
1999	**White**	**Hispanic**	**AfricanAmerican**	**Asian/PacificIslander**
Number of Deaths	153	485	144	56
Number of Live Births	29,514	97,103	13,724	15,050
Infant Mortality Rate	5.2	5	10.5	3.7
2000	**White**	**Hispanic**	**AfricanAmerican**	**Asian/PacificIslander**
Number of Deaths	133	430	172	38
Number of Live Births	29,094	97,719	13,468	16,401
Infant Mortality Rate	4.6	4.4	12.8	2.3
2001	**White**	**Hispanic**	**AfricanAmerican**	**Asian/PacificIslander**
Number of Deaths	132	491	145	57
Number of Live Births	28,179	96,288	12,671	15,537
Infant Mortality Rate	4.7	5.1	11.4	3.7

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1997-2001

Figure 3

DEPARTMENT OF HEALTH SERVICES

Sudden Infant Death Syndrome (SIDS) in Los Angeles County, 1991-2001



Note: Prior to 1999, International Classification of Diseases 9th Revision (ICD 9) code &(.0 was used for SIDS. After 1999, the code was changed to ICD 10 code R95.*

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1991-2001

Figure 4

DEPARTMENT OF HEALTH SERVICES

Deaths Among Children and Youth Ages 0 - 21 by Age and Gender in Los Angeles County, 2001

	Male			Female			Total		
Age	Number	Population	Rate	Number	Population	Rate	Number	Population	Rate
Less Than 1*	447	78,141	572.0	381	75,376	505.5	828	153,523	539.3
1	25	84,968	29.4	30	81,403	36.9	55	166,371	33.1
2	23	85,335	27.0	19	81,722	23.2	42	167,057	25.1
3	16	85,800	18.6	11	82,106	13.4	27	167,906	16.1
4	16	85,783	18.7	11	82,034	13.4	27	167,817	16.1
5	12	85,989	14.0	9	82,245	10.9	21	168,234	12.5
6	11	87,966	12.5	10	83,876	11.9	21	171,842	12.2
7	11	91,801	12.0	11	87,773	12.5	22	179,574	12.3
8	17	94,110	18.1	9	89,444	10.1	26	183,554	14.2
9	10	99,738	10.0	9	94,961	9.5	19	194,699	9.8
10	8	99,334	8.1	3	95,182	3.2	11	194,516	5.7
11	12	85,094	14.1	8	81,249	9.8	20	166,343	12.0
12	14	77,962	18.0	12	74,260	16.2	26	152,222	17.1
13	11	74,715	14.7	9	71,305	12.6	20	146,020	13.7
14	13	70,440	18.5	14	67,683	20.7	27	138,123	19.5
15	35	70,434	49.7	16	67,145	23.8	51	137,579	37.1
16	53	66,934	79.2	16	63,818	25.1	69	130,752	52.8
17	83	65,104	127.5	19	61,865	30.7	102	126,969	80.3
18	90	65,710	137.0	25	62,302	40.1	115	128,012	89.8
19	98	62,201	157.6	18	59,191	30.4	116	121,392	95.6
20	94	65,682	143.1	20	61,882	32.3	114	127,564	89.4
21	104	63,817	163.0	16	59,701	26.8	120	123,518	97.2
Total	**1,203**			**676**			**1,879**		

*Note: *Death rate to children less than 1 is refined as the number of deaths occurring at less than 365 days of age per 100,000 live births to ensure comparability with death rates for other ages.*
Denominator for overall death rate for children less than 1 includes 6 live births whose gender were unknown. Death rates for other age groups are calculated as the number of deaths occurring at the specific age interval per 100,000 age-specific population
Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001 State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details. 1970-2020, Sacramento California, December, 1998

Figure 5

DEPARTMENT OF HEALTH SERVICES

Leading Causes of Death Among Children Aged 19 and Under
by Residence in Los Angeles County, 2001

Children Less Than 1 Year Old	Children Ages 1 to 4
Certain Conditions Originating in the Perintal Period	Unintentional Injuries (Accidents)
Congenital Abnormalities	Congenital Abnormalities
Diseases of the Respiratory System	Malignant Neoplasms
Sudden Infant Death Syndrome	Homicide
Diseases of the Nervous System	Diseases of the Circulatory System
Diseases of the Circulatory System	

Children Ages 5 to 12	Youth Ages 13 to 19
Unintentional Injuries (Accidents)	Homicide
Malignant Neoplasms	Unintentional Injuries (Accidents)
Congenital Abnormalities	Neoplasms
Diseases of the Nervous System	Suicide
Diseases of the Circulatory System	Diseases of the Circulatory System

Source: California Department of Health Services, Center for Health Statistics, Vital Statistics, 2001

Figure 6

DEPARTMENT OF HEALTH SERVICES

Child Abuse Related Hospitalizations Among Children Ages Under 15 Years Old
In Los Angeles County, 2000

	Male			Female			Total		
Age	**Number**	**Population**	**Rate**	**Number**	**Population**	**Rate**	**Number**	**Population**	**Rate**
Less Than 1	16	84,691	18.9	11	81,127	13.6	27	165,818	16.3
1 to 4	7	341,886	2.0	1	327,265	0.3	8	669,151	1.2
5 to 9	3	459,604	0.7	4	438,299	0.9	7	897,903	0.8
10 to 14	1	407,545	0.2	3	389,679	0.8	4	797,224	0.5
Total	**27**			**19**			**46**		

Note: Child abuse diagnoses include International Classification of Diseases 9th Revision (ICD 9) codes E967 and E968.4 Rates are calculated as the number of child abuse related hospitalizations occurring at the specific age interval per 100,000 age-specific population.

Sources: California Office of Statewide Health Planning and Development, Patient Discharge Data, 2000

California Department of Finance, "Race/Ethnic Population Estimates with Age and Sex Details, 1970-2040", Sacramento, California, December, 1998

Figure 7

DEPARTMENT OF HEALTH SERVICES

Child Abuse Related Hospitalizations Among Infants by Hospital and LAC Residence, 2000

Hospital	Number of Hospitalizations
LAC Harbor UCLA Medical Center	6
Childrens Hospital of Los Angeles	4
Earl & Loraine Miller Childrens Hospital	3
Huntington Memorial Hospital	2
Loma Linda University Medical Center	2
St. Mary Medical Center	2
University of California Irvine Medical Center	2
Cedars-Sinai Medical Center	1
Childrens Hospital of Orange County	1
LAC Martin Luther King Jr./Drew Medical Center	1
LAC/Rancho Los Amigos National Rehabilitation Center	1
LAC/USC Medical Center	1
Northridge Hospital Medical Center	1
Total	**27**

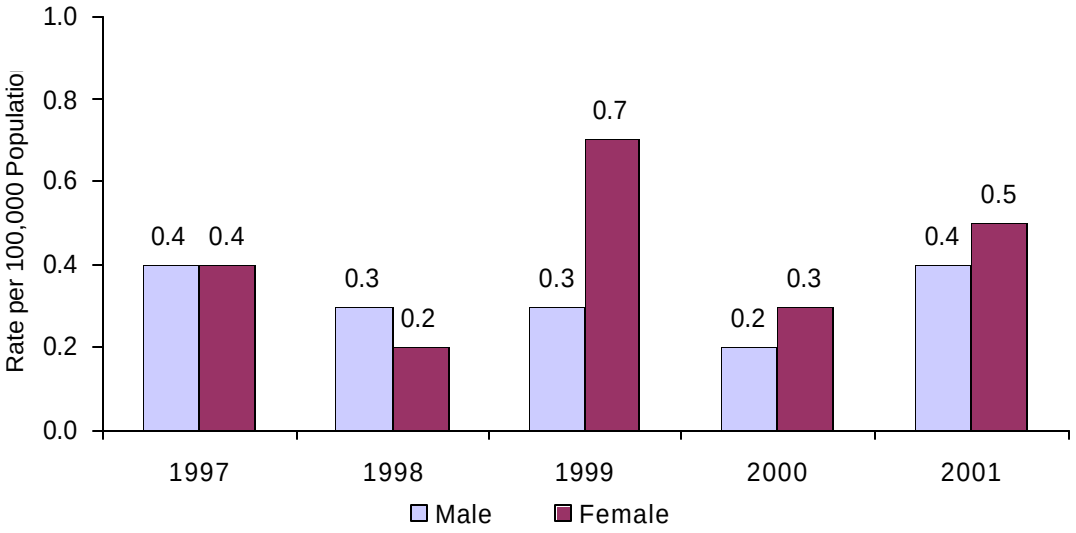
Note: Data is based on Los Angeles residence.

Source: California Office of Statewide Health Planning and Development, Patient Discharge data, 2000

Figure 8

DEPARTMENT OF HEALTH SERVICES

Deaths Among Children and Youth Ages 0 - 21 by Age and Gende
in Los Angeles County, 1997-2001 due to Child Abuse



	Male			Female			Total		
Year	Number of Deaths	Population	Death Rate	Number of Deaths	Population	Death Rate	Number of Deaths	Population	Death Rate
1997	6	1,468,711	0.4	6	1,403,075	0.4	12	2,871,786	0.4
1998	5	1,496,223	0.3	3	1,428,951	0.2	8	2,925,174	0.3
1999	5	1,520,112	0.3	10	1,451,653	0.7	15	2,971,765	0.5
2000	3	1,542,073	0.2	4	1,472,215	0.3	7	3,014,288	0.2
2001	6	1,561,908	0.4	7	1,491,500	0.5	13	3,053,408	0.4

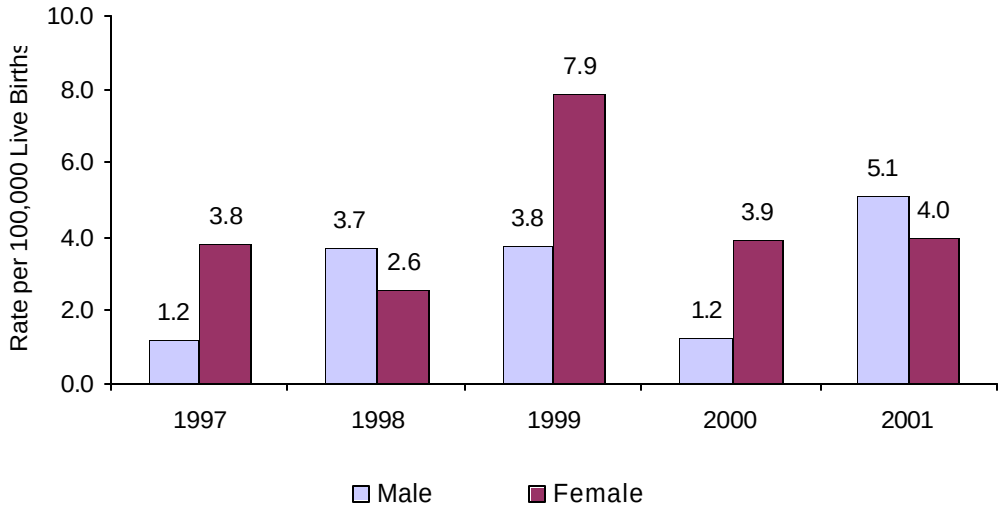
Note: Diagnosis of child abuse injury include International Classification of Diseases 9th Revision (ICD 9) codes E967 and E968.4 for data prior to 1999, and ICD 10 codes Y06-Y07 for data after 1999.

Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1997-2001

Figure 9

DEPARTMENT OF HEALTH SERVICES

Child Abuse related Infant Death Rates by Gender in Los Angeles County, 1997-2001



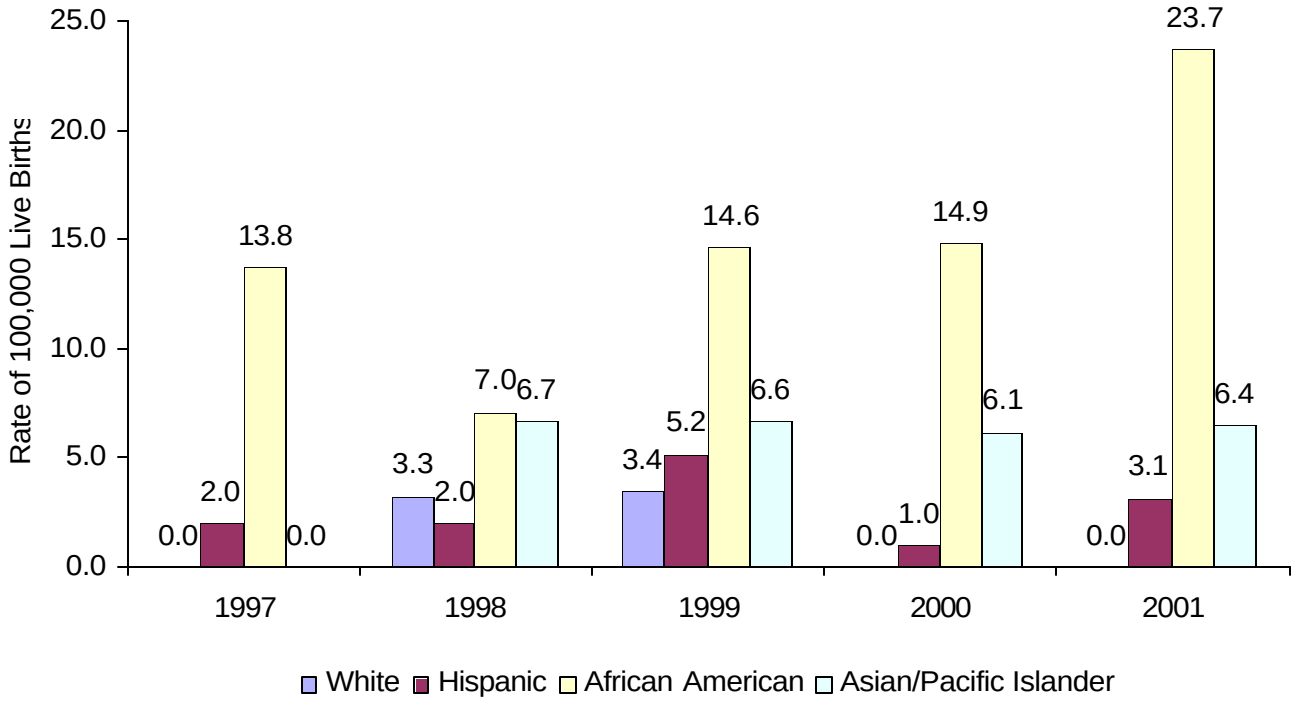
Year	Male			Female			Total		
	Number of Deaths	Number of Live Births	Death Rate	Number of Deaths	Number of Live Births	Death Rate	Number of Deaths	Number of Live Births	Death Rate
1997	1	82,904	1.2	3	79,130	3.8	4	162,036	2.5
1998	3	80,725	3.7	2	77,873	2.6	5	158,604	3.2
1999	3	79,955	3.8	6	76,197	7.9	9	156,153	5.8
2000	1	80,595	1.2	3	76,794	3.9	4	157,391	2.5
2001	4	78,141	5.1	3	75,376	4.0	7	153,523	4.6

Note: Diagnosis of child abuse injury include International Classification of Diseases 9th Revision (ICD 9) codes E967 and E968.4 for data prior to 1999, and ICD 10 codes Y06-Y07 for data after 1999.
Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1997-2001

Figure 10

DEPARTMENT OF HEALTH SERVICES

Child Abuse Related Infant Deaths by Race/Ethnicity in Los Angeles County, 1997-2001

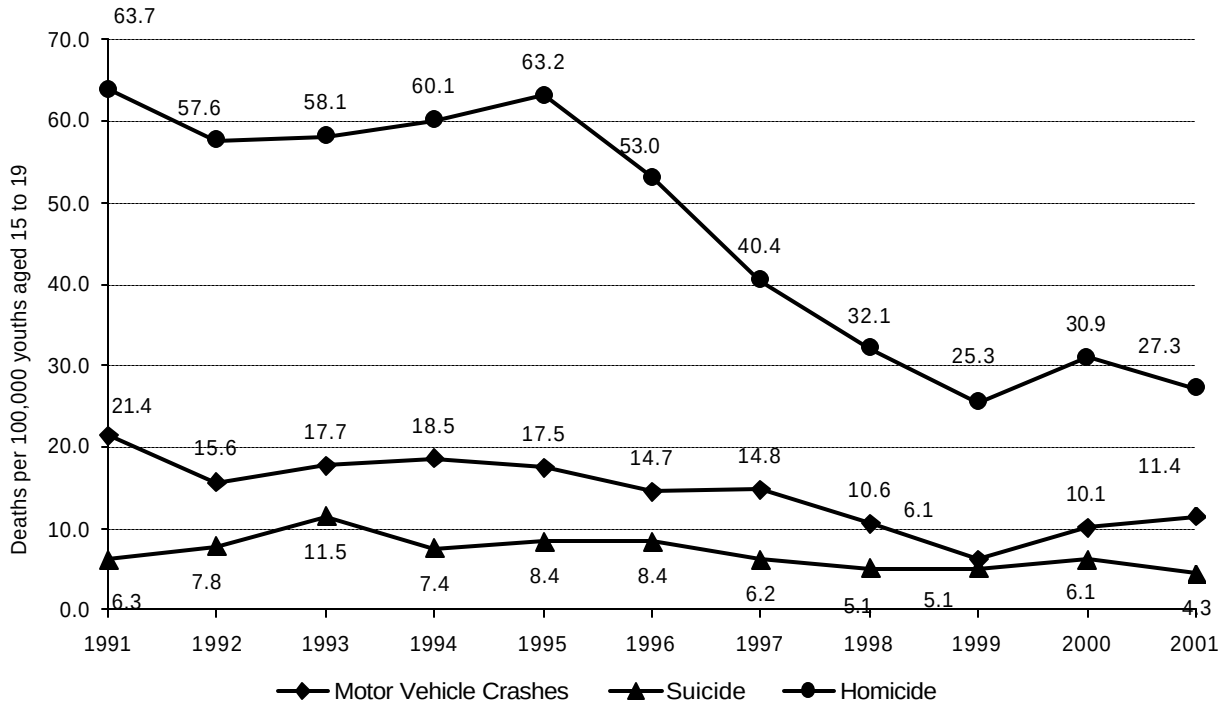


	White			Hispanic			African American			Asian/Pacific Islander		
Year	Number of Deaths	Live Births	Death Rate	Number of Deaths	Live Births	Death Rate	Number of Deaths	Live Births	Death Rate	Number of Deaths	Live Births	Death Rate
1997	0	31,072	0.0	2	100,228	2.0	2	14,530	13.8	0	15,554	0.0
1998	1	30,621	3.3	2	98,074	2.0	1	14,246	7.0	1	14,968	6.7
1999	1	29,514	3.4	5	97,103	5.1	2	13,724	14.6	1	15,050	6.6
2000	0	29,094	0.0	1	97,719	1.0	2	13,468	14.9	1	16,401	6.1
2001	0	28,179	0.0	3	96,288	3.1	3	12,671	23.7	1	15,537	6.4

Note: Diagnosis of child abuse injury include International Classification of Diseases 9th Revision (ICD 9) codes E967 and E968.4 for data prior to 1999, and ICD 10 codes Y06-Y07 for data after 1999.
Sources: California Department of Health Services, Center for Health Statistics, Vital Statistics, 1997-2001

Figure 11

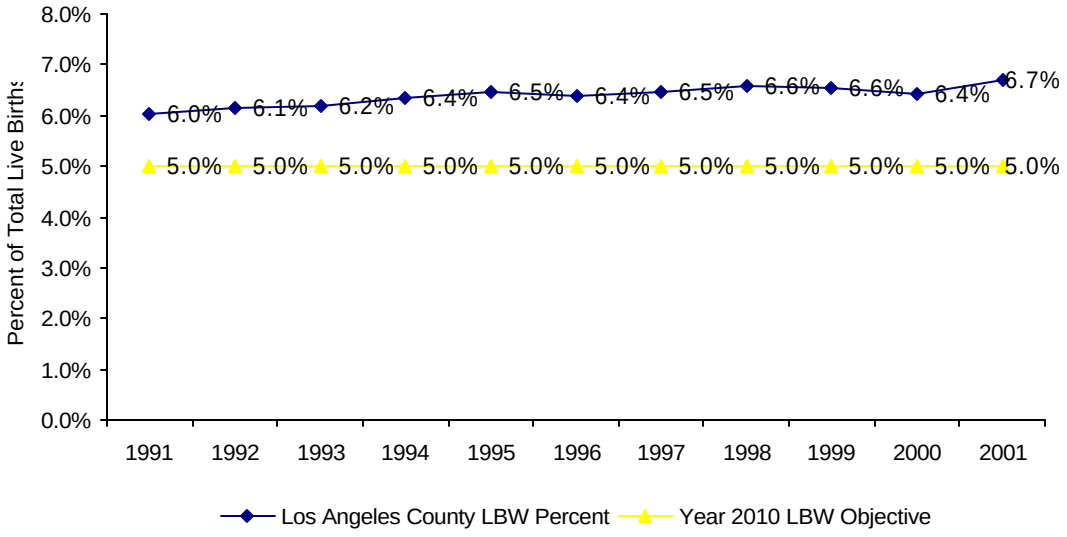
DEPARTMENT OF HEALTH SERVICES
Deaths Due to Suicide to Youths Ages 15 to 19



Source: California Department of Health Services, Center for Statistics, Death Records 1991-2001
California Department of Finance, "Race/Ethnic Population Estimates with Age and Sex Details, 1970-2040", Sacramento, California, December, 1998

Figure 12

DEPARTMENT OF HEALTH SERVICES
Percent Low Birthweight Births, 1991-2001

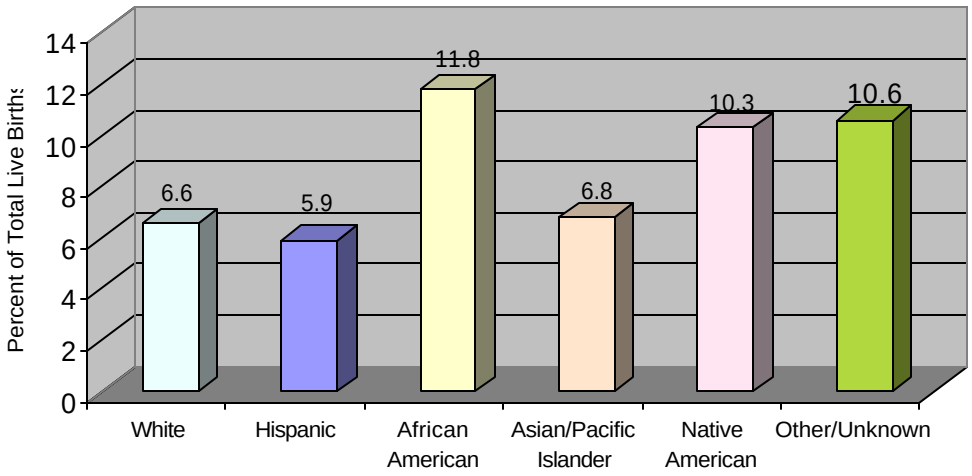


Note: Low birthweight is defined as live births weighing less than 2,500g by place of residence, in a calendar year.
Sources: California Department of Health Services, Center for Statistics, 1991-2001

Figure 13

DEPARTMENT OF HEALTH SERVICES

Low Birthweight Live Births by Mother's Race/Ethnicity in Los Angeles County, 2001



Sources: California Department of Health Services, Center for Statistics, 1991-2001

Figure 14

DEPARTMENT OF HEALTH SERVICES AND LOS ANGELES COUNTY RESIDENCE

Substance Exposed Newborns Assessed at Risk of Endangerment by Reporting Hospital, Los Angeles County, 2002

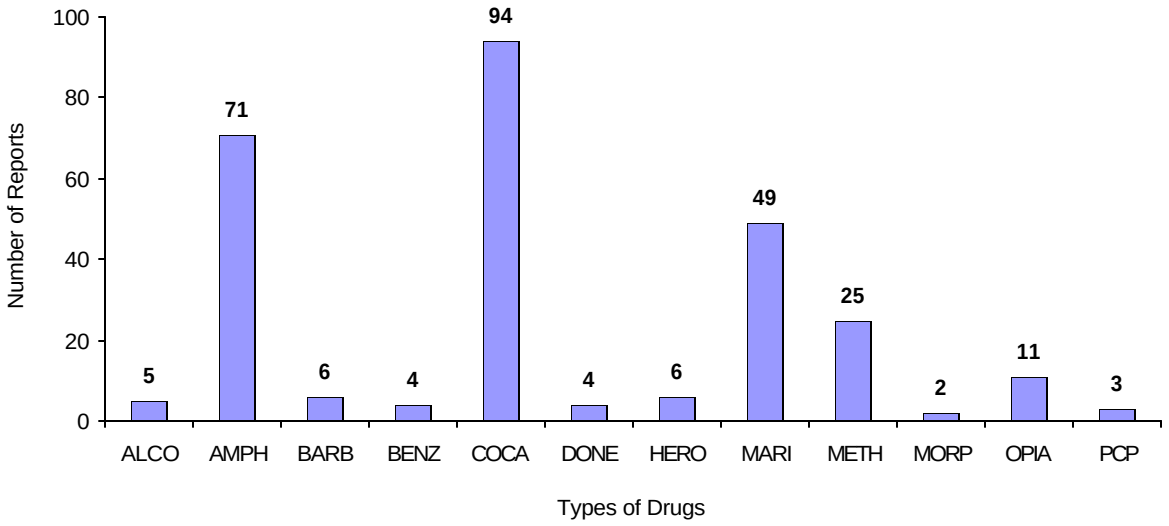
Reporting Hospital	Number of Reports
St. Francis Medical Center	45
LAC USC Medical Center Women's & Children's	41
LAC Harbor UCLA Medical Center	25
Queen of the Valley	23
LAC Olive View Medical Center	22
Cedars Sinai Medical Center	17
Kaiser Hosptal - Bellflower	11
Garfied Medical Center	10
Suburban Medical Center	10
Lakewood Regional Medical Center	5
Whittier Hospital	5
West Hills	3
Kaiser Hospital - Harbor City	2
Good Samaritan Hosp - LA	1
Little Company of Mary Hospital	1
Presbyterian Intercommunity Hospital	1
Torrance Memorial Medical Center	1
Total	**223**

Source: Los Angeles County Department of Health Services, Child Abuse Prevention Program

Figure 15

DEPARTMENT OF HEALTH SERVICES

Reported Substance Exposed Newborns Assessed at Risk of Endangerment by Type of Substance, Los Angeles County, 1999-2002



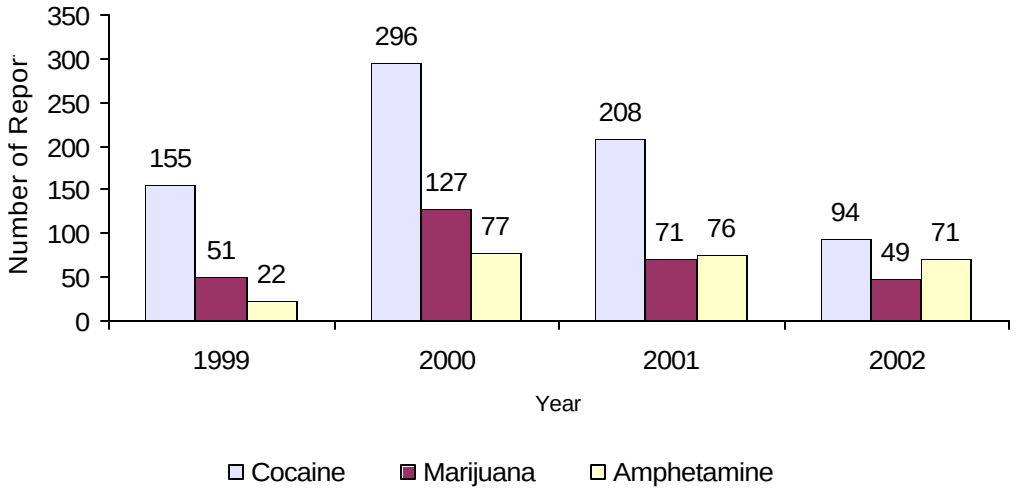
ALCO	*= Alcohol*	*MARI*	*= Marijuana*
AMPH	*= Amphetamine*	*METH*	*= Methamphetamine*
BARB	*= Barbituate*	*MORP*	*= Morphine*
COCA	*= Cocaine/Crack*	*OPIA*	*= Opiate*
DONE	*= Methadone*	*PCP*	*= PCP*
HERO	*= Heroin*	*UNK*	*= Unknown*

Sources: Los Angeles County Department of Health Services, Child Abuse Prevention Program

Figure 16

DEPARTMENT OF HEALTH SERVICES

Top 3 Drug Types That are Most Frequently Reported by Hospitals in Los Angeles County



Sources: Los Angeles County Department of Health Services, Child Abuse Prevention Program

Figure 17

DEPARTMENT OF HEALTH SERVICES

Number of Participants in Newborn Nursery SIDS Safety In-Services, 1997-2001

Facility	Number of Participants
LAC Martin Luther King Jr/Drew Medical Center	88
Queen of Angeles - Hollywood Presbyterian Medical Center	67
Providence St. Joseph's Medical Center	65
LAC Harbor UCLA Medical Center	54
California Hospital	50
St. Francis Medical Center	41
Suburban Medical Center	20
Mission Hospital	19
Centinela Hospital	14
Greater El Monte Community Hospital	11
Foothill Presbyterian Hospital	7
Total	**436**

Note: The hospitals were selected based on SIDS rates of greater than0.3 per 1,000 live births during 5-year period from 1997 to 2001.

Source: Los Angeles County, Sudden Infant Death Syndrome program

SIGNIFICANT FINDINGS

- Overall infant mortality rates for Los Angeles County declined from 7.8 per 1,000 live births in 1991 to 5.4 per 1,000 live births in 2001 representing a 30.8% decrease in rates.

- African Americans still experienced almost 2.5 times higher infant mortality rate than their White counterpart in 2001.

- Children aged less than 1 year old were more likely to be hospitalized due to child abuse (16.3 per 100,000 children aged less than 1 year old in 2000). Among those, males showed a higher child abuse related hospitalization rate (18.9 per 100,000) than females did (13.6 per 100,000) in 2000.

- Infants are more vulnerable and are more likely to experience deaths due to child abuse than children in other age group. Among child abuse related deaths for children aged 18 and under in Los Angeles County, infant deaths comprised 62.5% in 1998 and 60% in 1999.

- CAPP received a total of 223 reports on substance-exposed newborns assessed at risk of endangerment from 17 hospitals in 2002 representing a 73.1% decrease from the number of reports in 2001. The decrease could be due to a budget cut and a lack of staff.

- The type of substance that was reported by hospitals most frequently was cocaine/crack (n=94) followed by amphetamine (n=71) and marijuana (n=49) in 2002. The types of drugs that were most frequently reported remained the same over the year.

- SIDS program has provided in-service presentations on newborn nursery SIDS safety. The hospitals were selected based on SIDS rates of greater than 0.3 per 1,000 live births during 5-year period from 1997 to 2001. In 2003, 436 participants attended the presentations.

GLOSSARY

BIH: Black Infant Health Program

CANRA: Child Abuse and Neglect Reporting Act
CAPP: Child Abuse Prevention Program

CART: Child Abuse Resource Team

CPSP: Comprehensive Perinatal Services Program
DCFS: Department of Children and Family Services
DHS: Department of Health Services

ICAN: Interagency Council on Child Abuse and Neglect
Infant Mortality Rate: The number of infant deaths occurring at less than 365 days per 1,000 live births
FCCAC: Family, Children, Community Advisory Council
FIMR: Fetal Infant Mortality Review

Low Birth Weight: Weight less than 2,500 grams or 5.5 pounds at birth
MCAH: Maternal, Child and Adolescent Health

NFP: Nurse Family Partnership

PCG: Prenatal Care Guidance

PCO: Prenatal Care Outreach

SCAN: Suspected Child Abuse Neglect

SIDS: Sudden Infant Death Syndrome

SSE: Social Support and Empowerment

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.

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) 2002, DCFS received an average of 13,470 Emergency Response (ER) Referrals per month. Of these, an average of 11,935 referrals (88.6%) required an in-person investigation. As shown in Figure 1, there were 161,638 ER Referrals received during CY 2002 compared to 147,352 in CY 2001. There was a 9.7% increase in total ER Referrals received during CY 2002 over CY 2001.

Emergency Response Referrals Received - Allegation Type

ER Referrals received are categorized by seven reporting reasons (Figure 2 and Figure 3) and are ranked by order of severity of abuse, as defined by the California Department of Social Services. Please refer to the 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 reason. This allegation category accounts for 27.1% of the total ER referrals received by DCFS during CY 2002.
- Emotional Abuse (15.9%) remains as second, after becoming the second leading reason for service in CY 2001.
- Physical Abuse continues to be the third reason for service, accounting for 13.9% of the total ER referrals received.
- Caretaker Absence/Incapacity (7.8%), Sexual Abuse (6.5%), Severe Neglect (1.5%) 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 36.4% of the total ER reasons for services to children.

- Children in the category At Risk, Sibling Abuse account for 13.9%, and children in the category Substantial Risk account for 13.2% of the total reasons for ER protective services.

Emergency Response Dispositions - Terminations and Transfers

ER Dispositions (164,767) 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 153,208 children resulted in referral or case termination, accounting for 93% of the total ER Dispositions. This count includes 18,706 children for whom an in-person response by a Children's Social Worker was not necessary. It also includes 79,661 children for whom an in-person investigation was made by a Children's Social Worker and no further services were required; and 54,841 children for whom a case was closed after ER services were provided.
- 6,208 (3.8%) children were transferred to Family Maintenance (FM) for ongoing services.
- Of the above ER Disposition categories, a total of 159,416 (96.8%) children remained in the home of their parent(s) or primary caretaker(s).
- 5,240 (3.2%) 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 111 children were transferred to other counties or jurisdictions, accounting for less than 0.1% of total ER Dispositions during CY 2002.

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD

Figure 5 and Figure 6 depict the total DCFS In-Home and Out-of-Home Services Caseload as of December 31, 2002. These data reflect a caseload breakdown by the four child welfare service components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement, with the Adoptions caseload shown separately. Due to a change in caseload reporting methodology, children in referrals pending disposition and still under investigation are excluded from the Emergency Response service component, effective with the ending December 2002 reporting period. This reduces the end-month December 2002 Emergency Response caseload as well as the total DCFS child caseload by 5,775 children. In order to provide a valid comparison, we excluded 5,055 children whose referrals were still under investigation from the end-month December 2001 Emergency Response caseload. As a result, the total DCFS child caseload as of December 31, 2001, is adjusted to 44,620. The total DCFS caseload as of December 31, 2002 (42,375) represents a 5% decrease from CY 2001.

CHILD CHARACTERISTICS

Figure 7, Figure 8, Figure 9, and Figure 10 reflect data on characteristics of children in DCFS In-Home and Out-of-Home Services Caseload as of December 31, 2002, by age group, ethnicity and gender. Please note that these data do not include children in referrals still under investigation. Therefore, child characteristic data at end of December 2001 are adjusted to exclude children in referrals under investigation for comparison purposes.

Age

- Children in the most vulnerable age group, Birth - 2 Years (5,749) account for 13.6% of the total caseload at the end of December 2002.
- The 3 - 4 Years child population (3,927) accounts for 9.3% of the total caseload.
- Age group 5 - 9 Years (10,915) represents 25.8% - the largest child population among all age groups in the DCFS caseload. The second largest child population is the 10 - 13 Years age group (10,373) which accounts for 24.5%. Together, adolescents 5 - 13 Years of age account for half of the total DCFS child population.
- The number of children in the ages 14 - 15 Years (5,131) represents 12.1%. Children ages 16 - 17 Years (4,603) represent 10.9%.
- Youth ages 18 Years & Older account for 4.0% of the total children in the DCFS caseload.
- Overall, children 13 years and under account for 73.1%, and children 14 years and older account for 26.9% of the total DCFS caseload.

Ethnicity

- White children (6,169) account for 14.6% of the total DCFS caseload.
- The Hispanic child population (17,736) reflects a change from 39.8% at the end of CY 2001 to 41.9% at the end of CY 2002. The Hispanic child population also has become the largest of all ethnic populations among DCFS children.
- The African-American child population (16,740) also reflects a change, from 41.5% at the end of CY 2001 to 39.5% at the end of CY 2002, and has become the second largest ethnic population among DCFS children.
- Asian/Pacific Islander children (1,077) account for 2.5% of the total DCFS caseload.
- The American Indian/Alaskan Native (211), Filipino (233), and Other (209) ethnic child populations, each accounts for 0.5% of the total DCFS caseload.

Gender

- Child populations for both genders receiving DCFS services are almost equal in percentage.

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, 2002. A comparison of these data against the data at the end of December 2001 shows an 8.4% decrease in the total number of children in out-of-home placement, a decrease from 33,591 to 30,785.

- Children in placements with Relatives represent the largest child population in the DCFS Out-of-Home Placement Caseload. The number of children in this placement category (12,777) at the end of December 2002 reflects a 16.0% decrease, from 15,214 at the end of December 2001. The Kinship Guardianship Assistance Payment (KinGAP) Program continues to be the main reason for this decrease. This 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. This child population accounts for 41.5% of the total children in out-of-home placement at the end of December 2002, which was at 45.3% at the end of December 2001.
- Child populations in Foster Homes, Foster Family Agency Homes, MacLaren Children's Center (MCC) and Adoptions Children Placed Not Finalized reflect decreases in volume at the end of December 2002. The number of children in Foster Homes has decreased 13.4%, from 3,819 at the end of December 2001 to 3,307 at the end of December 2002. Child population in Foster Family Agency Homes, accounting for 25% of the total children in out home care, does not reflect significant change in volume. A sharp decrease of 76.3% in children who are temporarily in County Shelter Care at MCC is due to removal and placement of these children to other essential facilities for the closure of MCC. The MCC child population reflects a decrease from 131 at the end of December 2001 to 31 at the end of December 2002. The number of children who live in homes with their adoptive parents pending Final Adoptions Decree (Adoptions Children Placed Not Finalized) decreases significantly. This population decreases by 29.4%, from 1,910 at the end of December 2001 to 1,349.
- Children in Small Family Homes, Group Homes, and homes of Non-Related Legal Guardians reflect increases over CY 2001. The increase in number of children in Group Home reflects a 0.3% change, from 2,167 to 2,174. Children in Small Family Homes (252) reflect a 9.1% increase. The number of children in the homes of Non-Related Legal Guardians reflects a 19.2% increase, from 1,800 at the end of December 2001 to 2,145 at the end of December 2002, and this child population accounts for 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 during CY 2002 reflects a 33.4% decrease from placements made during CY 2001. A five-year comparison of children placed in adoptive homes during CY 2002 to CY 1997 reflects a 42% increase.

ICAN PUBLIC WEB SITE

The public may access the DCFS Data Statement as part of the CY 2003 ICAN report at the following Web Site address:
http:\\ICAN.co.la.ca.us

Questions regarding the DCFS Data Statement may be directed to Elizabeth Stephens at (213) 351-5650 or Thomas Nguyen at (213) 351-5657.

Figure 1

TOTAL EMERGENCY RESPONSE REFERRALS RECEIVED
Calendar Years 1984 Through 2002

Calendar Year	Children
1984	74,992
1985	79,655
1986	103,116
1987	104,886
1988	114,597
1989	111,799
1990	108,088
1991	120,358
1992	139,106
1993	171,922
1994	169,638
1995	185,550
1996	197,784
1997	179,436
1998	157,062
1999	146,583
2000	151,108
2001	147,352
2002	161,638

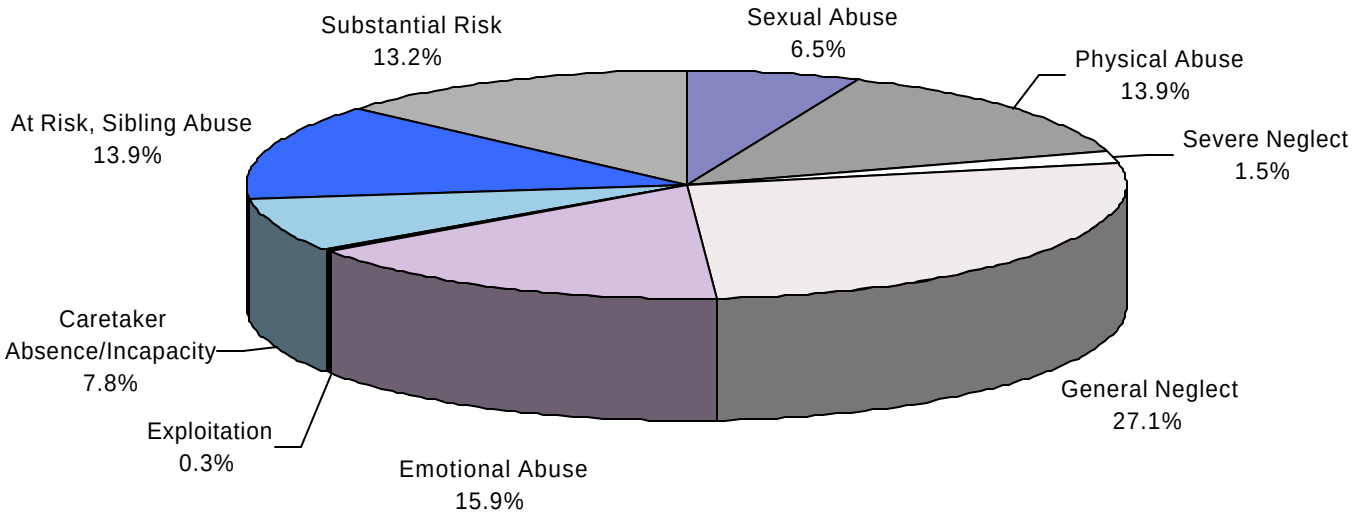
Figure 2

EMERGENCY RESPONSE REFERRALS RECEIVED - ALLEGATION TYPE
Calendar Year 2002

Allegation Type	Children	Percentage
Sexual Abuse	10,453	6.5
Physical Abuse	22,547	13.9
Severe Neglect	2,374	1.5
General Neglect	43,750	27.1
Emotional Abuse	25,768	15.9
Exploitation	408	0.3
Caretaker Absence/Incapacity	12,600	7.8
At Risk, Sibling Abuse	22,406	13.9
Substantial Risk	21,332	13.2
TOTAL	**161,638**	**100.0**

Figure 3

EMERGENCY RESPONSE REFERRALS RECEIVED - ALLEGATION TYPE
Calendar Year 2002



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

Figure 4

EMERGENCY RESPONSE DISPOSITIONS - CHILD PROTECTIVE SERVICES
Calendar Year 2002

Disposition Type	Children	Percentage	Remarks
Emergency Response Assessed Referrals Closed (No in-person response)	18,706	11.4	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)	79,661	48.3	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	54,841	33.3	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	6,208	3.8	Substantiated - Cases were transferred to receive ongoing Family Maintenance Services.
Transferred to Family Reunification/Permanent Placement	5,240	3.2	Substantiated - Cases were transferred to receive ongoing Family Reunification or Permanent Placement Services.
Transferred to Other Jurisdictions	111	0.1	Substantiated - Cases were transferred to Other Counties/Jurisdictions for continuing Child Welfare Services.
TOTAL	**164,767**	**100.0**	

Figure 5

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD
As of December 31, 2002

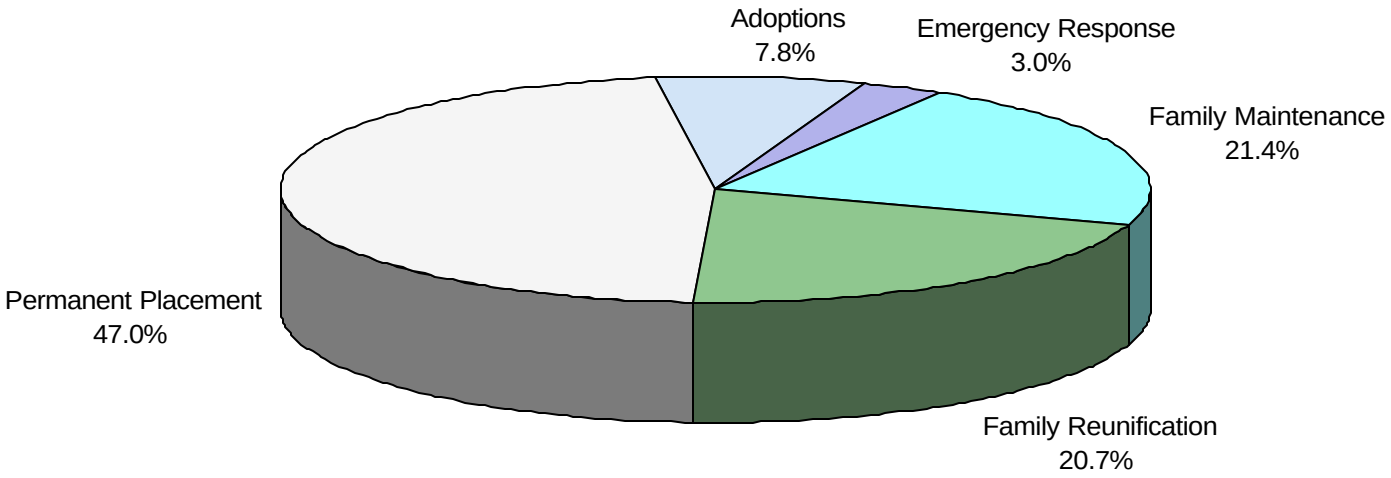
Service Type	Children	Percentage
Emergency Response	*1,261	3.0
Family Maintenance	9,084	21.4
Family Reunification	8,786	20.7
Permanent Placement	19,926	47.0
Adoptions	3,318	7.8
TOTAL	***42,375**	**100.0**

** End-month child caseload excludes 5,775 children in Emergency Response Referrals Pending Disposition/Still Under Investigation.*

NOTE: CY 2002 Total Caseload includes 1,349 children in adoptive homes pending Final Decree of Adoption.

Figure 6

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD
As of December 31, 2002



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

Figure 7

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - CHILD CHARACTERISTICS

As of December 31, 2002

Category	Children	Percentage
Age Group		
Birth - 2 Years	5,749	13.6
3 - 4 Years	3,927	9.3
5 - 9 Years	10,915	25.8
10 - 13 Years	10,373	24.5
14 - 15 Years	5,131	12.1
16 - 17 Years	4,603	10.9
18 Years & Older	1,677	4.0
TOTAL	**42,375**	**100.0**
Ethnicity		
White	6,169	14.6
Hispanic	17,736	41.9
African-American	16,740	39.5
Asian/Pacific Islander	1,077	2.5
American Indian/Alaskan Native	211	0.5
Filipino	233	0.5
Other	209	0.5
TOTAL	**42,375**	**100.0**
Gender		
Male	21,027	49.6
Female	21,348	50.4
TOTAL	**42,375**	**100.0**

Figure 8

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY AGE GROUP
As of December 31, 2002

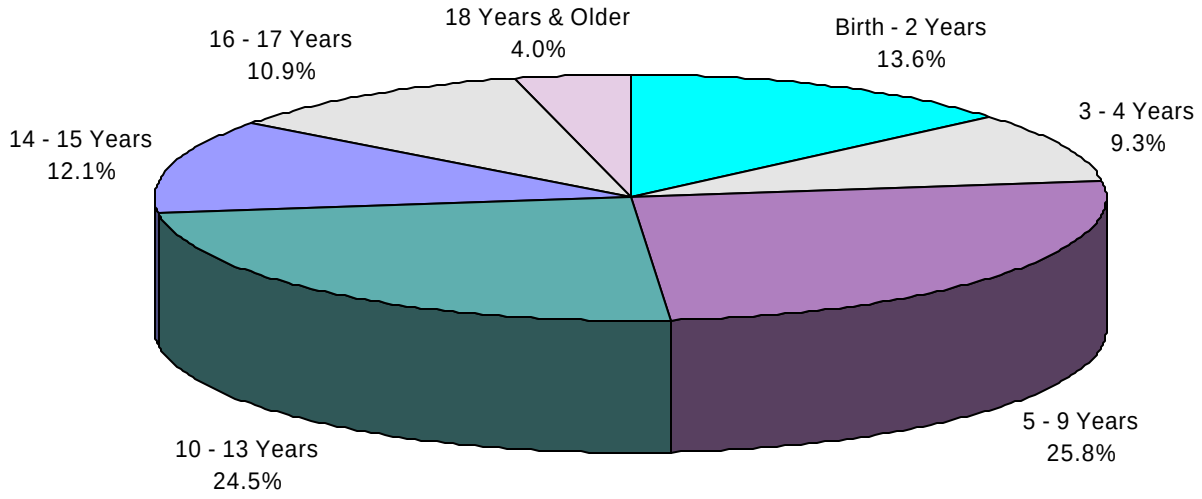


Figure 9

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY ETHNICITY
As of December 31, 2002

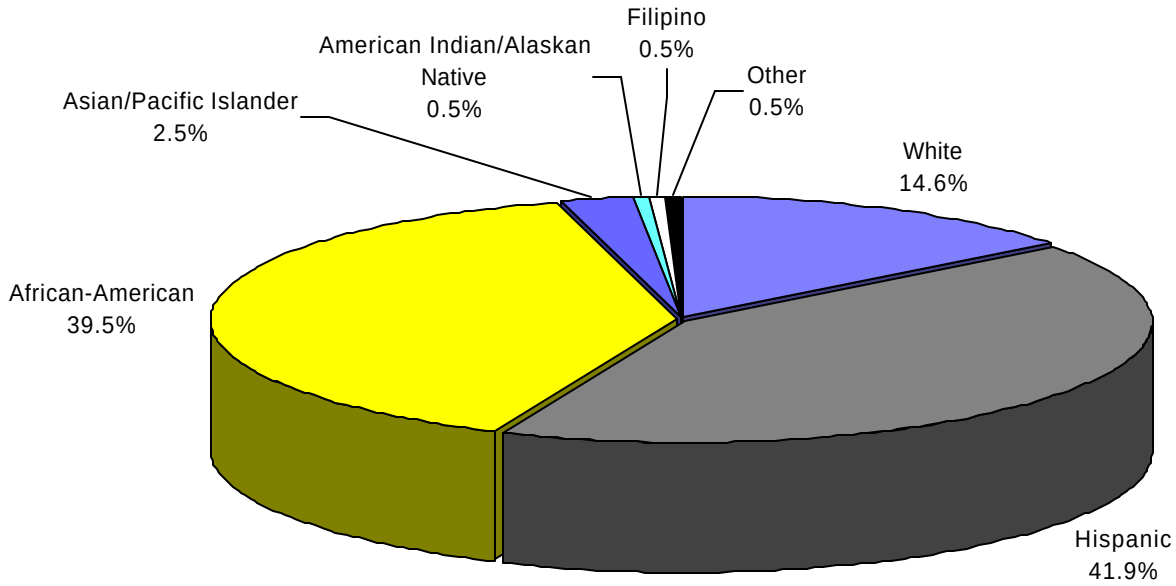


Figure 10

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY GENDER
As of December 31, 2002

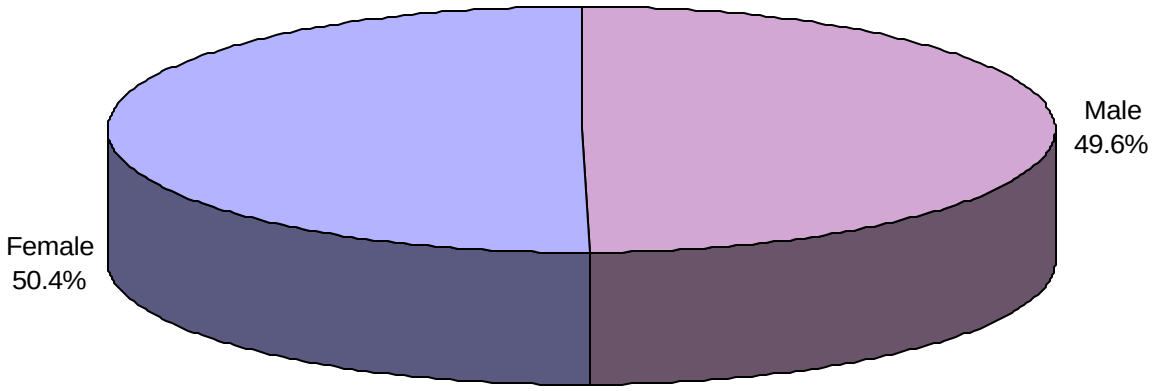


Figure 11

CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD
As of December 31, 2002

Facility Type	Children	Percentage
Relatives	12,777	41.5
Foster Homes	3,307	10.7
Foster Family Agency Homes	7,710	25.0
Small Family Homes	252	0.8
Group Homes	2,174	7.1
Non-Related Legal Guardians	2,145	7.0
County Shelter Care (MacLaren Children's Center)	31	0.1
Adoptions Children Placed Not Finalized	1,349	4.4
Other	1,040	3.4
TOTAL	**30,785**	**100.0**

Figure 12

CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD
As of December 31, 2002

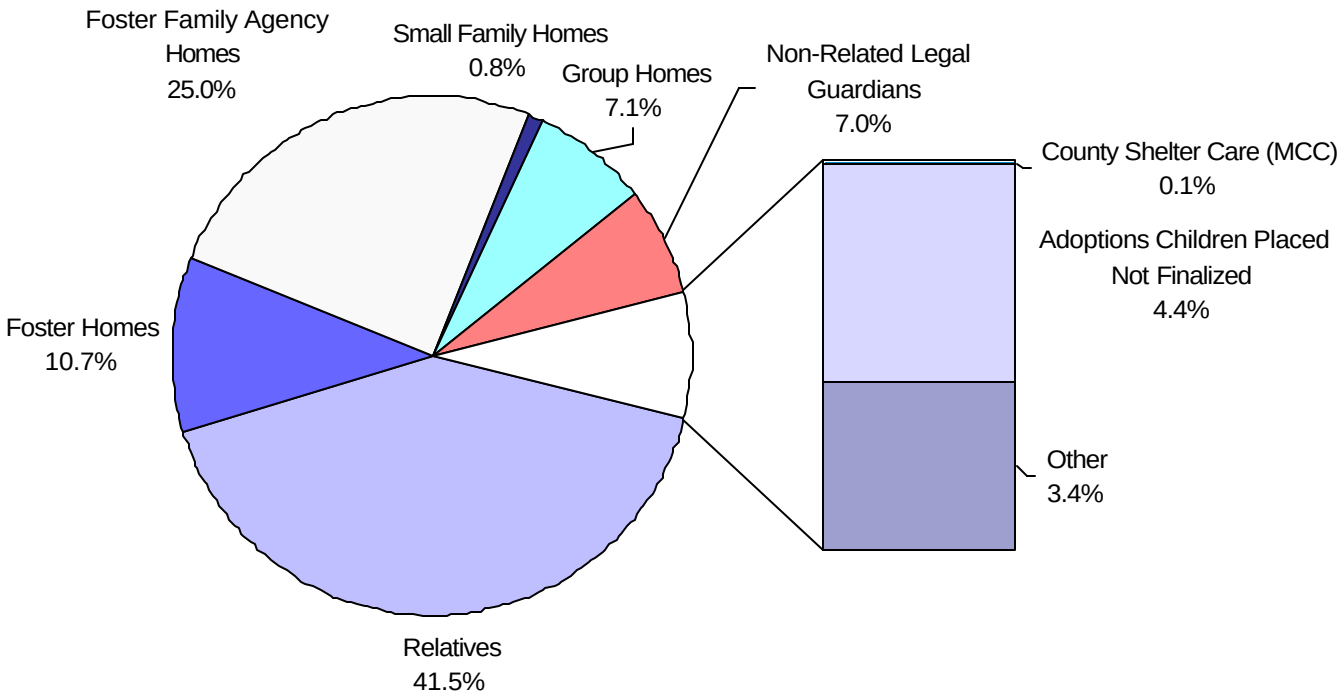


Figure 13

ADOPTIONS PERMANENCY PLANNING CASELOAD
Calendar Years 1984 Through 2002

Calendar Year	Total Opened	Children 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
2002	**1,929**	**1,911**

Figure 14

ADOPTIONS CASES OPENED
Calendar Years 1984 Through 2002

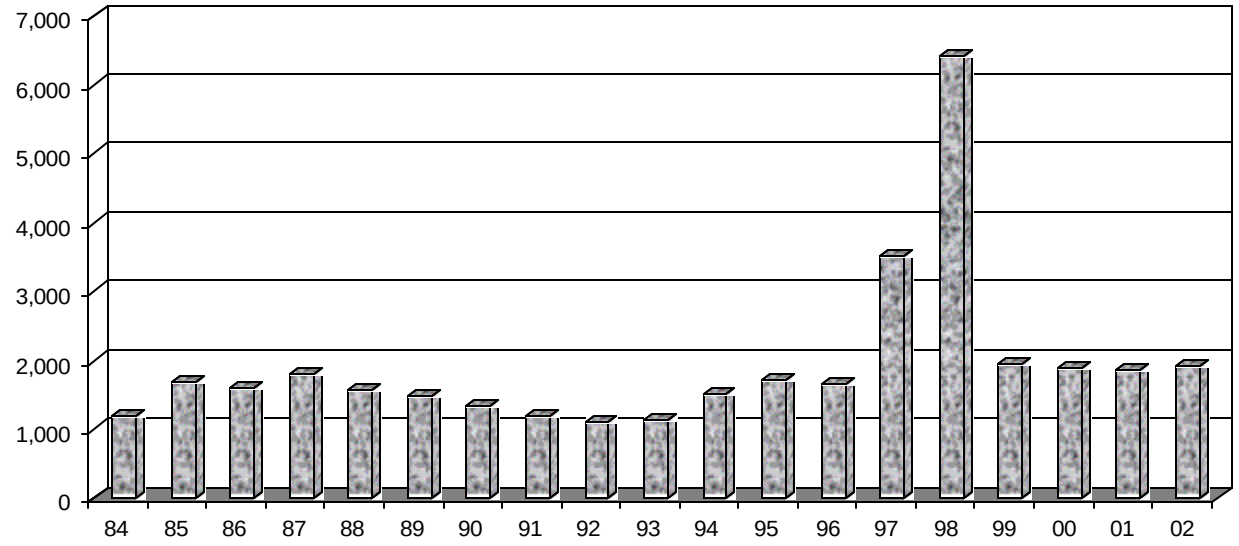
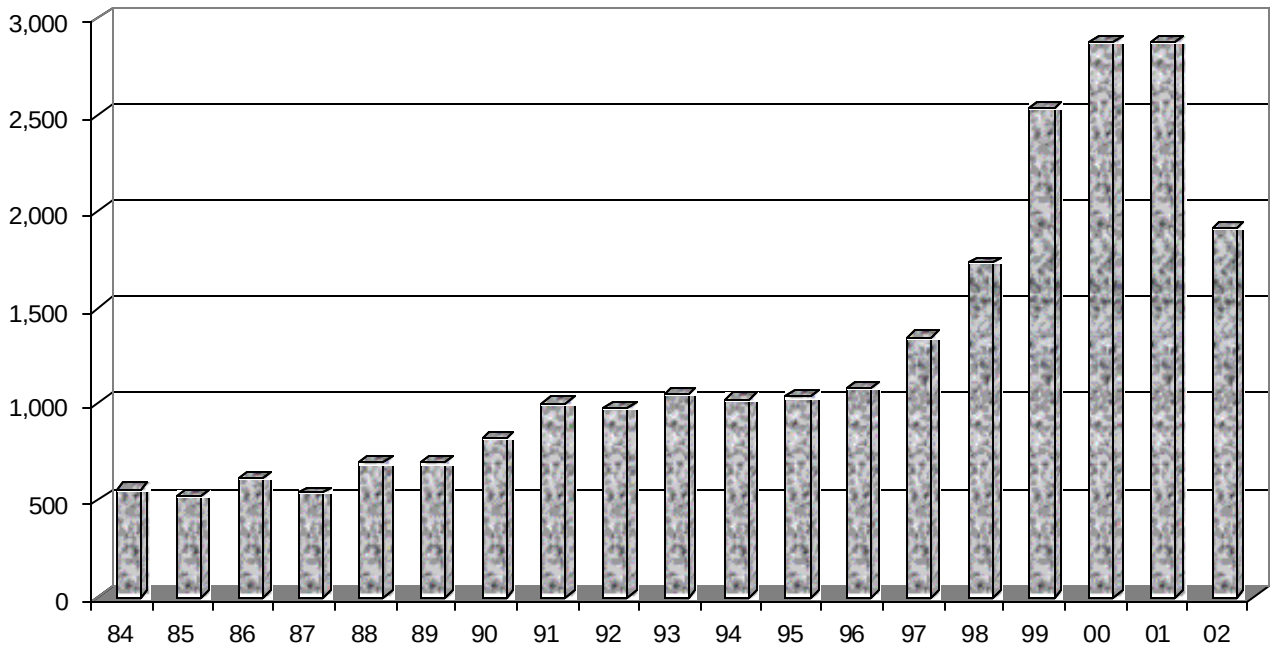


Figure 15

CHILDREN PLACED IN ADOPTIVE HOMES
Calendar Years 1984 Through 2002



SELECTED FINDINGS

- The number of ER Referrals Received during CY 2002 (161,638) reflects a 9.7% increase from 147,352 during CY 2001.
- General Neglect continues to be the leading reason and accounts for 27.1% of the total reasons for ER services in CY 2002.
- Physical Abuse remains third and accounts for 13.9% of the total reasons for ER services.
- The number of children in placement with Relatives (12,777) at the end of December 2002 reveals a 16.0% decrease, from 15,214 at the end of December 2001. This child population accounts for 41.5% of the total children in out-of-home placement at the end of December 2002, which was at 45.3% at the end of December 2001. The Kinship Guardianship Assistance Payment (Kin-GAP) Program continues to provide 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.
- The Hispanic child population reflects a change from 39.8% at the end of CY 2001 to 41.9% at the end of CY 2002. The Hispanic child population also has become the largest of all ethnic populations among DCFS children.

GLOSSARY

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

COURT OVERVIEW

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

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

The Los Angeles County Juvenile Division encompasses Courts which adjudicate three types of proceedings: Delinquency, Informal Juvenile and Traffic and Dependency, and is headed by the Presiding Judge of the Juvenile Court. Delinquency proceedings involve children under the age of 18 who are alleged to have committed a delinquent act (conduct that would be criminal if committed by an adult) or who are habitually disobedient, truant or beyond the control of the parent or guardian (engaging in non-criminal behavior that may be harmful to themselves). (WIC§§ 602, 601) There are two specialized Delinquency Courts, the Juvenile Mental Health Court and the Juvenile Drug Court. The Juvenile Mental Health Court treats juvenile offenders who suffer from diagnosed mental disorders and mental disabilities. The Juvenile Drug Court provides voluntary comprehensive treatment programs for non-violent minors who have drug or alcohol related offenses or delinquent behavior and a history of drug use.

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

Dependency proceedings exist to protect children who have been seriously abused, neglected or abandoned, or who are at substantial risk of abuse or neglect. (WIC§§ 202, 300.2) The Department of Children and Family Services (DCFS) investigates allegations of abuse and is the petitioner on all new cases filed in the Dependency Court. DCFS bears the burden of proof and must make a prima facie showing at the initial hearing (the arraignment/detention hearing) that the child requires the protection of the Court.

There are twenty-one Dependency Courts in the Los Angeles Court system. Twenty are located in the Edmund D. Edelman Children's Court in Monterey Park; one is in the Lancaster Courthouse serving families and children residing in the Antelope Valley. One courtroom at the Edelman Children's Court has been designated for private and agency adoptions. Two courts hear matters involving the hearing impaired and another hears matters that fall within the Indian Child Welfare Act. (25 U.S.C.§ 1901 et. seq., CRC 439)

THE COURT PROCESS

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

To act in the best interest of the child, the Court must safeguard the parents' fundamental right to raise their child and the child's right to remain a part of the family of origin by preserving the family as long as the child's safety can be assured. All parents who appear in the Court and all children are represented by legal counsel. The Court will appoint legal counsel for a parent unless the parent has retained private counsel. Legal counsel for children are appointed by the Court and are statutorily mandated to inform the Court of the child's wishes and act in the best interest of the child by informing the Court of any conflict between what the child seeks and what may be in the child's best interest. DCFS is represented by County Counsel. All parties who appear in the Dependency Court are entitled to be represented by counsel. Children are appointed counsel regardless of their appearance in Court. (WIC §317)

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

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

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

Reunification services facilitate the safe return of the child to the family and may include drug and alcohol rehabilitation, the development of parenting skills, therapeutic intervention to address mental health issues, education and social skills, in-home modeling to develop homemaking and/or budgeting skills. The disposition case plan must delineate all the services deemed reasonable and necessary to assure a child's safe return to his/her family. When a family fully and successfully participates in reunification services that have been appropriately tailored, the family unit is preserved, and, as well, the child has permanence within the birth family. Stability and permanence are also assured when a child is able to safely remain within the family unit without placement in foster care while parents receive family maintenance services from DCFS under the supervision of the Court.

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

Children require stability, a sense of security and belonging. To assure that concurrent planning occurs in a manner that will provide stability for the child, periodic reviews of each case are set by the court. When a child is removed from the care of a parent and suitably placed in foster care under the custody of the Department of Children and Family Services, the Court will order six (6) months of reunification services for children under the age of three (3), including sibling groups with a child under that age. For all other children, the reunification period is twelve (12) months. If the Court finds compliance with the service plan at each and every six -month Judicial Review hearing, the Court may continue services to a date eighteen months from the

date of the filing of the original WIC §300 petition. To extend reunification services to the twelfth (12th) or eighteenth (18th) month date, the Court, based upon its evaluation of the history of the case, must find a substantial likelihood of the child's return to the parent or guardian on or before the permanency planning 18th month hearing. (WIC § 366.21, et. seq.)

When children are returned to parents or guardians, the family is provided six months of family maintenance services to assure the stability of the family and the well being of the child. If reunification services are terminated without return to the parent or guardian, the Court must establish a Permanent Plan for the child. Termination of reunification services without return of the child to the parent is tantamount to finding the parent to be unfit to parent that child or children. A parent who has failed to reunify with a child may be prevented from parenting later born children if the court sustains petitions involving the later born children. The Court may deny reunification services to the parent. In that case, the Court will set a Permanency Planning Hearing to consider the most appropriate plan for the child. The Code provides circumstances where the Court may in the exercise of its discretion order no reunification services for a parent. (WIC § 361.5) Examples are when a parent has inflicted serious abuse upon a child; has a period of incarceration that exceeds the time period set for reunification, has inflicted serious sex abuse upon a child, etc.

If, consistent with the best interest of the child, Concurrent Planning has been taking place during the reunification period, the Court and DCFS are prepared to secure a stable and permanent home under one of three permanent plans set out in the Code (WIC §366.26):

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

2. Appointment of a Legal Guardian for the child. Guardianship provides less permanence, however, guardians do have some of the authority that a parent would have, including the authority to petition the court to change the name of the child. Guardianship terminates by operation of law at the age of 18.

3. Planned Permanent Living Arrangement (formerly Long Term Foster Care). This plan is the least stable for the child because the child has not been provided a home that will commit to parent him or her into adulthood while providing the legal relationship of parent and child.

When a Permanent Plan is implemented, the Court reviews it every six months until jurisdiction is terminated. The focus of the Court is on the child, although the parent may remain involved unless parental rights have been terminated. Court jurisdiction for children under a Planned Permanent Living Arrangement cannot be terminated until the child has emancipated. Jurisdiction may terminate for children under a plan of legal guardianship or when a child's adoption has been finalized.

SUBSEQUENT AND SUPPLEMENTAL PETITIONS

In addition to the statutorily mandated hearings, the initial or Detention hearing, the Jurisdiction /Disposition hearing, the six, twelve, and eighteen month Judicial Review/Permanency Planning Hearings, and the Selection and Implementation Permanency Planning Hearing, subsequent and supplemental petitions may be filed within existing cases by both parties and persons not a party to the original action. These petitions are filed to protect and/or assert the rights of parties, including the rights and interest of the child. Due Process issues may exist whenever a petition is filed in the Dependency Court. The Court may, therefore, be compelled to appoint counsel (if appropriate), set these matters for contested hearings, and, if the parents are receiving reunification services, the Court must resolve the new petitions while maintaining compliance within the statutory time lines.

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

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

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

Petitions for Modification (Post Disposition) may be filed by a parent or any person having an interest in a child who is a dependent child, including the child him or herself. These petitions allege a change of circumstances, or new evidence such that it is in the best interest of the child that the court modify or change its prior order(s). (WIC § 388)

CASELOAD OVERVIEW

The data collected at this time does not fully reflect the workload of the Dependency Courts. The Court, acting in the best interest of the child, must often schedule hearings to receive progress reports if it has been determined at the scheduled review hearings that the service requirements are or may be lacking. Interim hearings may be scheduled to handle matters that have not been or cannot be resolved without court intervention. Cases that are transferred from other counties must be immediately set on the Court's calendar; and recently all of the courts began hearing adoption hearings once or twice a month, so that permanency occurs without delay. All Dependency courts have a significant number of children who are prescribed psychotropic medication, which cannot be given to dependent children without court authorization. Regular review hearings are often continued because children are not brought to court for hearing, incarcerated parents are not transported, notice of hearing has not been found proper by the court, or reports needed for the hearing are not available. The Court will often make interim orders to address issues before it even though the case must be continued for hearing. These additional hearings impact the child, particularly when the case is in reunification.

ANALYSIS

In 2002, new, subsequent and supplemental petitions were filed involving 16,995 children: 8, 803 children were before the Court with new WIC 300 petitions; 8,192 supplemental and/or subsequent petitions were filed in 2002. (Figure 2,3)

Matters involving 140,436 children were the subject of contested and uncontested Judicial Review Hearings, Permanency Planning Hearings and/or Review of Permanent Plan Hearings. Statutorily mandated hearings in 2002 involved 157,433 children. (Figure 1) These numbers reflect the total number of children whose cases were brought into the court in 2002 and not the number of children who are dependents of the court. (Many cases require judicial oversight multiple times in a calendar year.)

The data indicates a substantial decline in the number of filings since the peak year, 1997 when 22,645 petitions were filed in the Dependency Court but a slight increase in filings since 2001. The number of Judicial Review and Review of the Permanent Plan hearings has consistently risen since 1992, peaking in 2000 and declining only slightly in 2001-2002. (Figure 2)

Of the 8,803 new WIC 300 petitions, out of home placement was ordered for 5,748 children in 2002. This latter number represents the foster care placement of seventy percent (70%) of the 8, 175 cases

that went to disposition in 2002. (Figure 5) The data indicates a slight increase in the filing of all petitions from 2001 to 2002. Analysis of the ten-year period 1992 to 2002 shows a dramatic filings increase peaking in 1997, and then a strong decline in filings until 2001, when a modest upward trend began. The composition of filings has changed over this decade. New petitions comprised approximately 75% of total petition filings in 1992, but by 2002, new filings comprised slightly less than half of total petition filings.

From 2001 to 2002 the filing of new petitions increased by 6.2% (518); subsequent petitions increased by 2.4% (84) and supplemental petitions by 6.2% (271). Filings increased from 8,285 in 2001 to

8,803 in 2002 suggesting a reversal of the declining numbers that began in 1998 when new filings decreased 27.19% from 13, 465 in 1997 to 9, 807 in 1998. (Figure 3)

There was a 3.8% increase in filings from 1992 (16,360) to 2002 (16,995) and a substantial decrease in filings from the 1997 high of 22,645 (Figure 2)

Exiting the Dependency Court System

The data indicates that on average 74% of the disposition hearings end with the removal of children from their parents or guardian. In 2002, 8,803 children were the subject of new Dependency court petitions and 12,371 children had their cases dismissed or jurisdiction terminated. Since 1997, more children have exited the system than entered it. (Figure 6)

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

The greater number of children exiting the Dependency system than entering it may be the result of several factors including the following: changes in the Code authorized the Court to terminate jurisdiction for children placed in a permanent plan of Legal Guardianship; DCFS developed new approaches to prevention and treatment (family preservation, family group decision making, etc) resulting in fewer new petitions; the Code mandated Concurrent Planning, shorter periods for parents to reunify, and adoption as the preferred plan when parents failed to respond to reunification services; the Code made reunification discretionary in certain cases resulting in more children being made available for permanency planning.

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

The dramatic rise in filings from 1992 to 1997 was, in large part, due to the increasing availability and usage of "crack" cocaine in the late 1980's and mid 1990's, resulting in an explosion of children born drug exposed and parents whose addiction negated their ability to parent.

The Courts are seeing a rise in drug related filings involving the drug meth-amphetamine. If the availability of this drug proliferates, the Dependency Court will again be mired in a high number of new cases. The damage posed to babies born with a positive toxicology for this drug is ominous. This is a natural result of the impact that the larger social order has on the functioning of parents and, therefore, on the operation of the Dependency Court.

GLOSSARY

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

Detention Hearing- The initial hearing also called the Arraignment Hearing. The Detention Hearing must be held within 72 hours after the child is removed from the parents.

Disposition-The findings of the Court involving either dismissal of the petition or an assertion of jurisdiction over the child. If jurisdiction is asserted, the Court will order services (maintenance or reunification). The Court may also calendar a Permanency Planning Hearing.

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

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

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

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

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

WIC 342 Petition - A subsequent petition filed after the WIC 300 petition has been adjudicated alleging new facts or circumstances.

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

WIC 388 - A petition filed by any party to change, modify or set aside a previous Court order.

Figure 1

JUVENILE DEPENDENCY COURT
Dependency Court Workload

Calendar Year	Total Petitions filed	Reviews/Permanent Plan, Review of Plan	Total Petitions and Reviews
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	18,522	105,291	123,813
1999	18,296	158,715	177,011
2000	16,119	165,187	181,306
2001	16,122	157,369	173,491
2002	16,997	140,436	157,433

Figure 2

JUVENILE DEPENDENCY COURT
Dependency Filings, Judicial Reviews

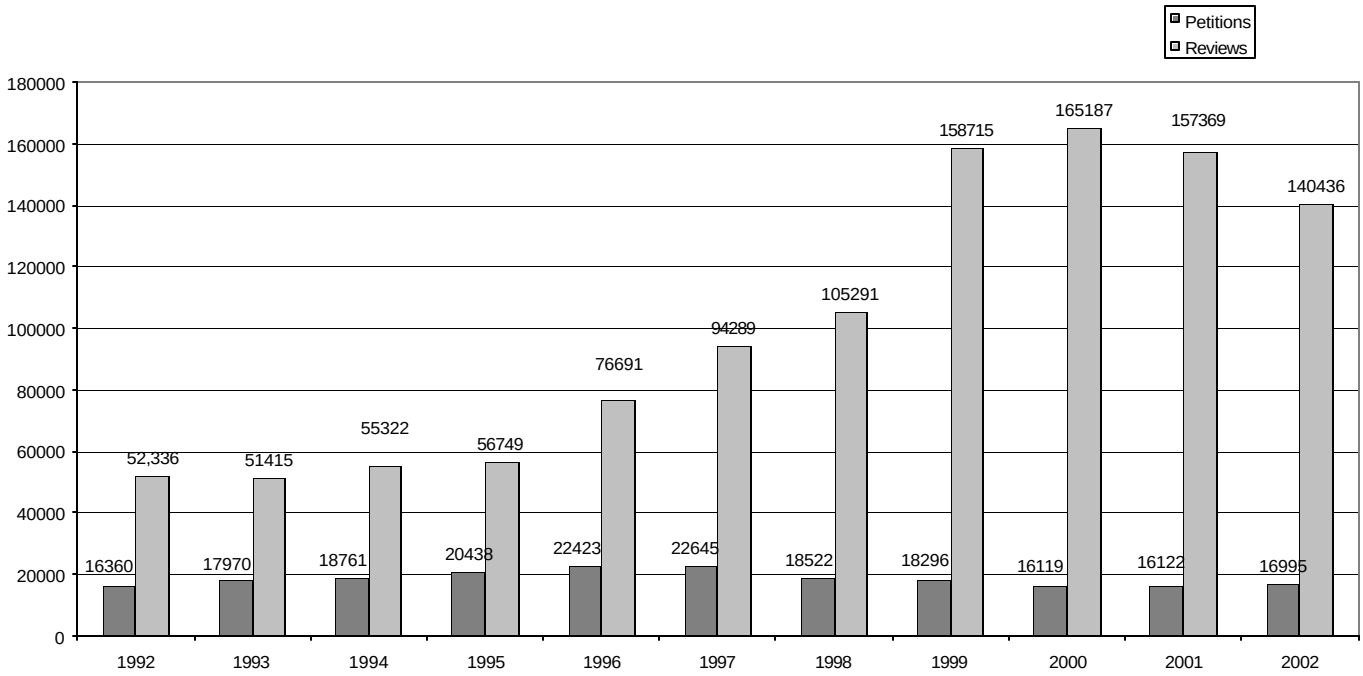
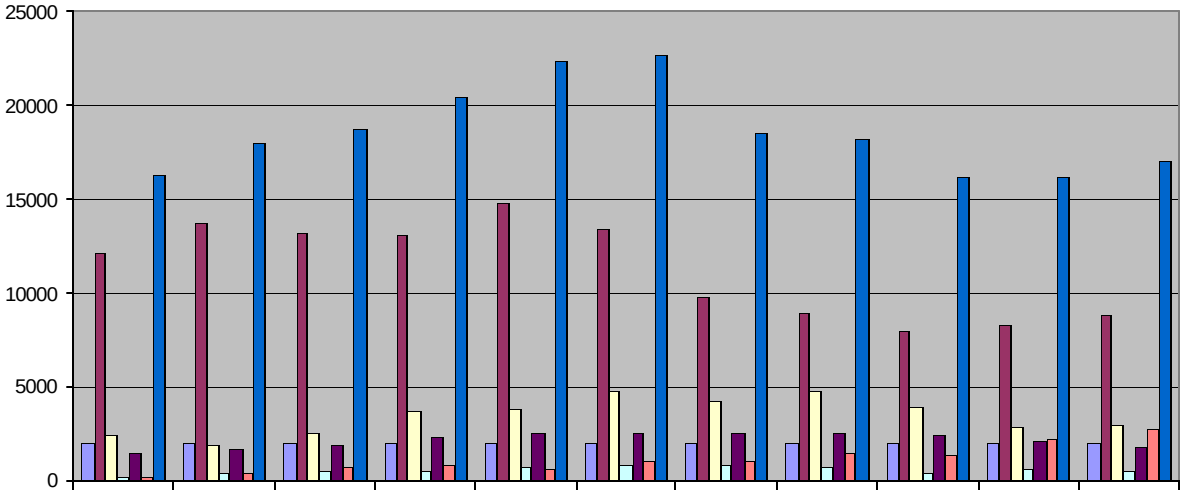


Figure 3

DEPENDENCY PETITIONS FILED NEW, SUBSEQUENT AND SUPPLEMENTAL



	1	2	3	4	5	6	7	8	9	10	11
Year	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
New 300	12121	13747	13200	13123	14824	13465	9807	8918	8015	8285	8803
Subseq. 300	2364	1889	2519	3621	3847	4765	4245	4748	3896	2873	3011
Subseq. 342	236	345	489	520	634	860	870	628	429	580	526
Suppl. 387	1461	1649	1918	2261	2502	2540	2503	2541	2412	2148	1843
Suppl. 388	178	340	635	913	616	1015	1095	1461	1367	2236	2812
Total	16360	17970	18761	20438	22423	22645	18520	18296	16119	16122	16995

Figure 4

JUVENILE DEPENDENCY COURT
Dependency Petitions Filed

Year	New 300	Subseq. 300	Subseq. 342	Suppl. 387	Suppl. 388	Total
1992	12121	2364	236	1461	178	16360
1993	13747	1889	345	1649	340	17970
1994	13200	2519	489	1918	635	18761
1995	13123	3621	520	2261	913	20438
1996	14824	3847	634	2502	616	22423
1997	13465	4765	860	2540	1015	22645
1998	9807	4245	870	2503	1095	18520
1999	8918	4748	628	2541	1461	18296
2000	8015	3896	429	2412	1367	16119
2001	8285	2873	580	2148	2236	16122
2002	8803	3011	526	1843	2812	16995

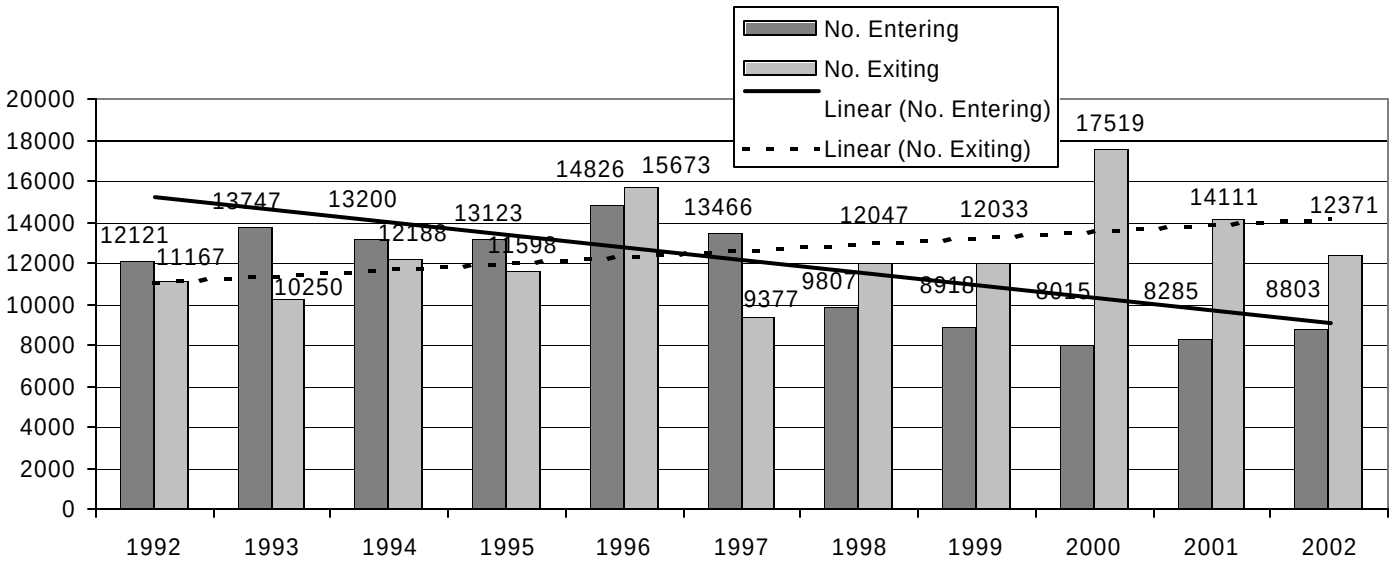
Figure 5

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%)
1988	7,206	2,435	(34%)	4,524	(63%)	247	(3%)
1989	9,765	3,094	(32%)	6,540	(66%)	221	(2%)
1990	10,761	3,747	(35%)	6,776	(63%)	238	(2%)
1991	10,076	3,274	(32%)	6,540	(65%)	262	(3%)
1992	10,910	3,386	(31%)	7,295	(67%)	229	(2%)
1993	9,593	2,941	(31%)	6,540	(68%)	112	(1%)
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%)
2002	8,175	2,124	(26%)	5,748	(70.3%)	303	(3.7%)

Figure 6

NEW CHILDREN ENTERING vs. EXISTING CHILDREN
Exiting the Dependency System



SELECTED FINDINGS

- The last two years have seen a modest increase in filings, reversing a significant filings decrease begun in 1997.

- The composition of filings has changed over this past decade. New petitions comprised approximately 75% of total petition filings in 1992, but by 2002 new filings comprised slightly less than half of total petition filings.

- 8, 803 new WIC 300 petitions were filed in 2002 while 12,371 children exited the Dependency system.

Los Angeles County Counsel

AGENCY REPORT

The mission of the Office of County Counsel is to provide timely and effective legal representation, advice, and counsel to the County, the Board of Supervisors, 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 divisions: 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 Children'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 the 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, except in limited circumstances.

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. 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 provides legal advice on detention and filing issues and provides summaries of child death cases. In 2002, 11,166 new petitions were filed in Dependency Court.

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 initial 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 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 are no reasonable means by which the child's emotional or physical health can be protected without removing the child from the custody of the parent 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 sexually 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 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 parent or guardian 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 hearing to select and implement a permanent plan must be calendared within 120 days.

REVIEW

1. 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.
2. 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.
3. 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 at the permanency hearing, the court must terminate reunification efforts and set the matter for a selection and implementation 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 bears the burden of proof not only to establish detriment if the child is retuned 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 writs and appeals and responds to writs and appeals initiated by a parent or a child.

LITIGATION AND TRAINING DIVISION

The Litigation and Training Division staffs ten court rooms along with the adoption court at the Edelman Children's Court.

The Litigation and Training Division oversees outside litigation relating to foster care licensing and civil proceedings 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 countywide five day investigator's academy, County Counsel presented three programs: social workers legal authority, report writing, and search warrants. County Counsel participated in several programs to train supervisors in each DCFS region. The day long trainings covered legal sufficiency, reasonable efforts, case review, permanency issues, legal liability, and search warrants. An interactive social worker testifying program was continued using a Children's Court courtroom as a classroom where CSW's were cross-examined by County Counsel attorneys in a mock trial setting. Ongoing training has been provided to CSW's by County Counsel 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 a 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 case decisions and legislation. DCFS personnel, judicial officers, and children's attorneys are welcome to attend County Counsel trainings. As part of County Counsel's commitment to ongoing legal education and trial skills development, County Counsel staff has 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, legislative, 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.

ADVICE AND LITIGATION DIVISION

The Advice and Litigation Division staffs ten court rooms at the Edelman Children's Court and the children's court in Lancaster.

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 provides legal advice and training to children's social workers and assists 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
- 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 and Litigation Division reviews DCFS contracts, handles issues of confidentiality, and provides legal advice to DCFS and the Los Angeles County Commission on Children and Families.

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

AGENCY REPORT

FAMILY CRIMES BUREAU

The Los Angeles County Sheriff's Department serves approximately 2.7 million people in contract cities and unincorporated area. The Family Crimes Bureau has the responsibility of conducting the special investigations involving child victims. The Family Crimes Bureau (FCB) consists of the Child Abuse Detail and the Domestic Violence Detail, S.T.O.P. (Safety Through Our Perseverance). The cases investigated by the Child Abuse Detail involve the physical or sexual abuse of children. Detectives assigned at the station detective units investigate other forms of abuse, such as endangerment or neglect in which no physical harm occurs, as well as emotional abuse.

It was in 1972 that this unit began with the formation of the Youth Services Bureau (YSB) 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 these investigations were very specialized. This fact made it a requirement that personnel with special abilities be grouped to utilize their expertise in these cases. YSB gave way to the Juvenile Operations Bureau, which 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 the present FCB with the intent of one day investigating cases of not only child abuse, but also domestic violence and elder abuse.

FCB detectives are selected through a process that includes an application, written product exemplar, an oral interview and background investigation. Detectives are not rotated in various assignments. Upon acceptance, a new detective receives training in forty-hour courses on child abuse and sexual assault investigations, interview techniques and homicide investigations, in addition to various seminars in associated fields of study. New detectives are initially paired with experienced training detectives to continue learning the techniques involved in 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 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 and DCFS collaborating on child abuse investigations. In November, the classes were re-instated on a quarterly basis and evaluations by the students have been very positive.

The Child Abuse Detail is divided into four teams of investigators based on the caseload generated by each station. The Family Crimes Bureau consists of a captain, two lieutenants, seven sergeants and thirty-seven detectives. The S.T.O.P. Detail consists of eleven deputies supervised by one of the Child Abuse Detail team sergeants. S.T.O.P. deputies assist patrol personnel with investigations of domestic violence incidents.

The Department is also represented by an FCB detective on the Southern California Regional Sexual Assault Felony Enforcement (SAFE) Team, a federal task force comprised of the FBI, Los Angeles Police Department, United States Postal Service postal inspectors and several other local law enforcement agencies. The team mainly investigates Internet Child pornography and sexual exploitation of children that is Internet related.

LAW ENFORCEMENT PROCEDURES IN CHILD ABUSE INVESTIGATIONS

Once law enforcement becomes involved in a reported child abuse, the primary goals are to protect the child victim from any further abuse and to seek prosecution of the offender. Whether abuse is reported to the DCFS or a law enforcement agency, both are mandated to cross-report to each other in an effort to capture the incident(s). Many criminal reports generated by the Sheriff's Department are as a result of suspected abuse reports from the DCFS; however, many of these reports do not become investigations because some allegations are not criminal and others do not require law enforcement intervention.

When a criminal report is necessary, a Deputy Sheriff assigned to a patrol station usually is assigned to complete a report, which is then forwarded to a supervisor who reviews and approves the report. The approved report is forwarded to the Family Crimes Bureau for assignment to a detective, usually within 24 hours. A copy of the incident report completed by the patrol deputy is faxed to the DCFS Child Protection Hotline within 48 hours to ensure that notification has been made. The assigned detective is responsible for completing a timely investigation and presenting the case, if sufficient evidence exists, to the District Attorney's Office for review for prosecution.

MARY ELLEN McCORMICK AWARD

During the year, many county governments and city agencies in California, including Los Angeles County, experienced major cutbacks in funds from the State. These cuts effected the Sheriff's Department and threatened the disbandment of the Family Crimes Bureau. The result of this dissolution would have meant that these specialized investigations would have been conducted at the stations by detective personnel with little or no experience in child abuse. Numerous contacts were made within the field of child sexual assault professionals and the news media. As a result of news stories and personal pleas to the Board of Supervisors, the Bureau was kept from being dismantled. Because of the assistance received, it was decided to honor all those that had a hand in the fight to keep the FCB. This gave birth to the Mary Ellen McCormick Award, named for the first victim of physical child abuse in which a prosecution of the offender took place. In 1873, Mary Ellen, a nine-year-old girl, was found in New York City living with her adoptive mother who had beat her severely for several years. With no laws to protect children, her abuser was prosecuted successfully for having violated animal abuse laws. This case spawned the creation of the Society for the Prevention of Cruelty to Children, and has motivated the Family Crimes Bureau to create this annual award to those who make a difference in the life of a child.

SIGNIFICANT FINDINGS

In 2002 the caseload in the Bureau increased nearly 11% from the previous year. This rise is attributed to more cases generated by seventeen of the Department's stations (in 2001 only twelve stations increased from year 2000) averaging nearly 30 additional reports per station. Other notable findings: The number of sexual abuse cases rose 10% and the number of victims grew by nearly 8%.

Figure 1

CASES INVESTIGATED BY STATION AND TYPE OF ABUSE- 2002

Station	Physical	Sexual	Total
Altadena	27	37	**64**
Avalon	3	4	**7**
Carson	71	78	**149**
Century	130	197	**327**
Cerritos	17	24	**41**
Compton	101	144	**245**
Crescenta Valley	12	15	**27**
East Los Angeles	85	163	**248**
Family Crimes Bureau	4	11	**15**
Industry	84	160	**244**
Lakewood	173	210	**383**
Lancaster	107	177	**284**
Lennox	118	125	**243**
Lomita	25	36	**61**
Lost Hills/ Malibu	17	37	**54**
Marina del Rey	10	12	**22**
Norwalk	95	193	**288**
Palmdale	114	188	**302**
Pico Rivera	40	63	**103**
San Dimas	50	60	**110**
Santa Clarita Valley	66	115	**181**
Temple	86	125	**211**
Walnut	53	49	**102**
West Hollywood	11	12	**23**
Total	**1,499**	**2,235**	**3,734**

Figure 2

CASES INVESTIGATED BY STATION
Five Year Comparison of Cases From 1998- 2002

Station	1998	1999	2000	2001	2002
Altadena[1]	na	na	na	40	64
Avalon	7	9	8	17	7
Carson	158	143	143	134	149
Century	280	297	270	240	327
Cerritos[2]	na	na	20	33	41
Compton[3]	na	na	66	214	245
Court Services[4]	0	0	0	1	0
Crescenta Valley	67	67	82	31	27
East Los Angeles	185	192	222	192	248
Family Crimes Bureau	na	14	20	17	15
Homicide Bureau[5]	na	0	0	1	0
Industry	162	169	228	230	244
Lakewood	356	312	278	340	383
Lancaster	603	356	349	321	284
Lennox	169	160	159	179	243
Lomita	53	52	41	44	61
Lost Hills/ Malibu	43	41	62	49	54
Marina del Rey	27	26	21	29	22
NCCF[6]	0	0	1	0	0
Norwalk	241	213	245	271	288
Palmdale[7]	na	274	284	274	302
Pico Rivera	87	82	105	103	103
San Dimas[8]	na	na	101	92	110
Santa Clarita Valley	171	194	195	214	181
Temple	159	170	148	168	211
Transit Services	0	3	3	3	0
Walnut/ Diamond Bar	175	165	76	84	102
West Hollywood	21	18	9	8	23
Total	**2,964**	**2,957**	**3,136**	**3,329**	**3,734**

These statistics show the caseloads for the past five years.
From 1998 until this year, there was a 26% increase in cases and a jump of nearly 11% from 2001 to 2002.

1 Altadena Station was a satellite station of Crescenta Valley until July 2001.
2 Cerritos Station became operational in January 2000.
3 The City of Compton contracted with the Department in September 2000.
4 Court Services Bureau had not submitted any child abuse cases until 2001.
5 Homicide Bureau had not submitted any child abuse cases until 2001.
6 NCCF (Custody Division) submitted a report of a child visitor injured by a family member.
7 Palmdale Station separated from Lancaster Station in 2000.
8 San Dimas Station separated from the Walnut/Diamond Bar Station in 2000.

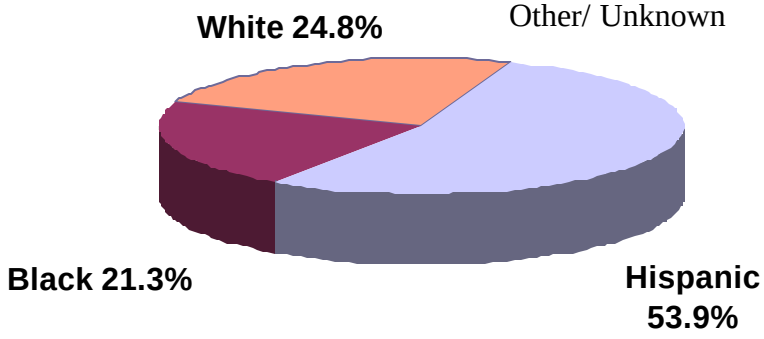
Figure 3

VICTIMS BY ETHNICITY- 2002

Number of victims in cases investigated: 4,372

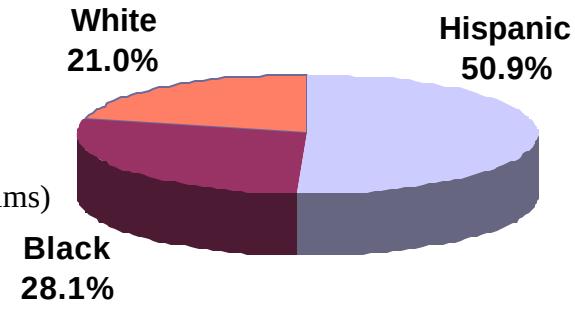
Number of victims identified by ethnicity: **4,090** (94%)

Hispanic	2,205	(53.9% of identified victims)
Black	871	(21.3% of identified victims)
White	1,014	(24.8% of identified victims)
Other/ Unknown	261	(6.3% of all victims)



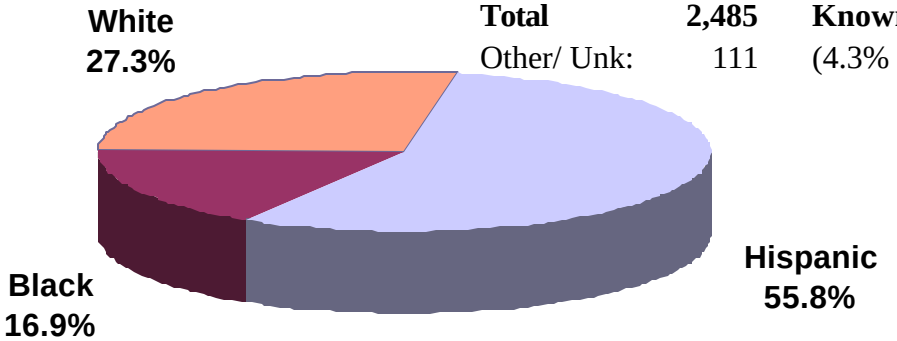
Physical Abuse victims: 1,755*

Hispanic:	816	(50.9% of identified victims)
Black:	451	(28.1% of identified victims)
White:	336	(21.0% of identified victims)
Total	**1,603**	**Known ethnicity**
Other/ Unk:	152	(8.6% of all physical abuse victims)



Sexual Abuse victims: 2,617*

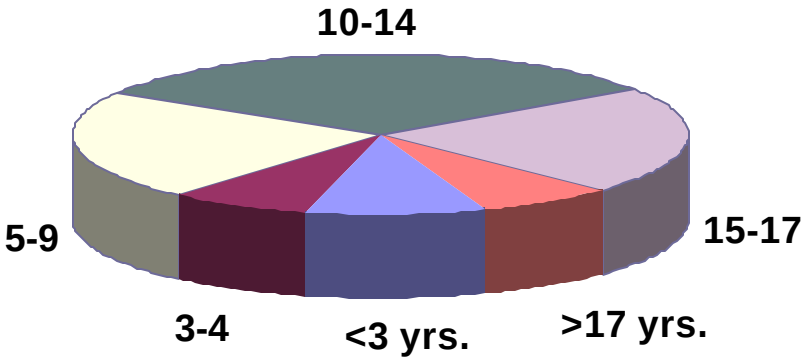
Hispanic:	1,388	(55.8% of identified victims)
Black:	419	(16.9% of identified victims)
White:	678	(27.3% of identified victims)
Total	**2,485**	**Known ethnicity**
Other/ Unk:	111	(4.3% of all sexual abuse victims)



**Total of victims in cases identified by abuse type. The ethnicities shown are the only statistics captured by the FCB database.*

Figure 4

VICTIMS BY AGE- 2002

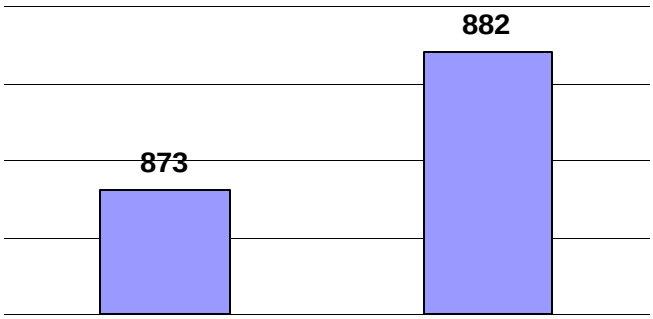


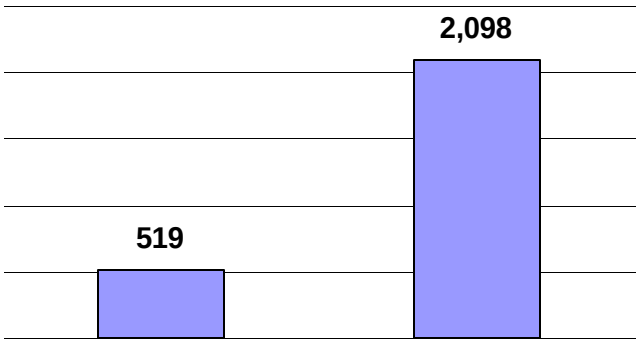
Under 3 years	417	(9.5%)	10-14 years	1,401	(32.0%)
3-4 years	320	(7.3%)	15-17 years	950	(21.8%)
5-9 years	974	(22.3%)	Over 17 years	310	(7.1%)
			Total	**4,372**	

This figure represents the total number of victims involved in cases investigated by the Family Crimes Bureau. The total exceeds the number of investigated cases because many cases have multiple victims. Seventy-six percent of the victims (3,325) are school-aged; 23.9% are either not of school age or are older and possibly have left school.

Figure 5

VICTIMS BY GENDER AND TYPE OF ABUSE- 2002





PHYSICAL ABUSE -

Male	873	(49.7%)
Female	882	(50.3%)
Total	**1,755**	(40.1% of all victims)

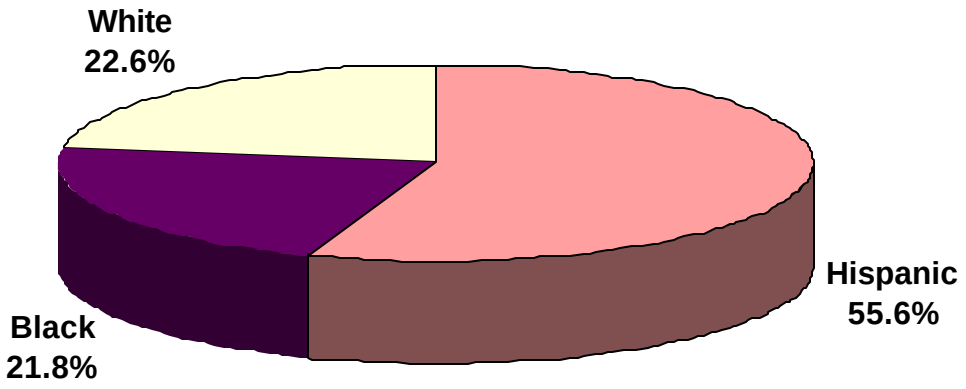
SEXUAL ABUSE -

Male	519	(19.8%)
Female	2,098	(80.2%)
Total	**2,617**	(59.9% of all victims)

Figure 6

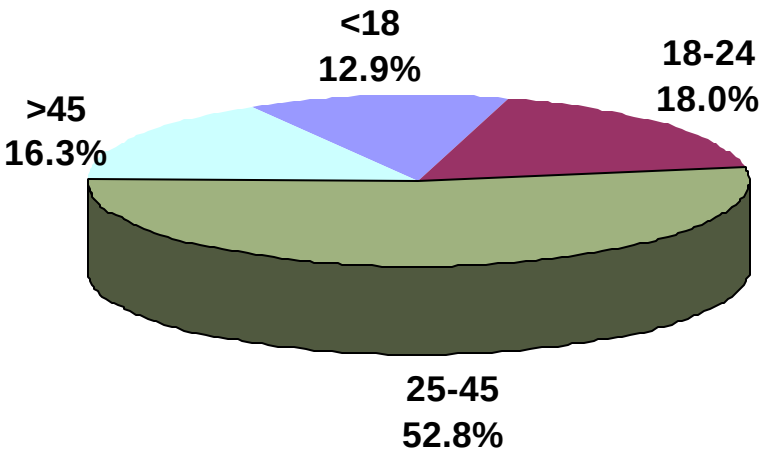
SUSPECTS BY ETHNICITY AND AGE- 2002

Number of suspects investigated: 4,139 ***Known ethnicity: 3,619 (87.4%)**



Hispanic	2,011	(55.6% of identified ethnicity)
Black	791	(21.8% of identified ethnicity)
White	817	(22.6% of identified ethnicity)

Suspects by known/ identified age: **2,827** (68.3%) *Unknown age: **1,312** (31.7%)

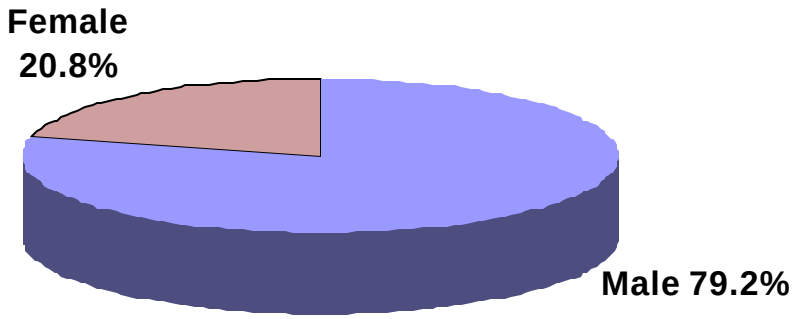


Under 18 years	365	(12.9% of known age)
18-24 years	510	(18.0% of known age)
25-45 years	1,492	(52.8% of known age)
Over 45 years	460	(16.3% of known age)
Total	**2,827**	
Unknown age	1,312	(31.7% of total (4,139) suspects)

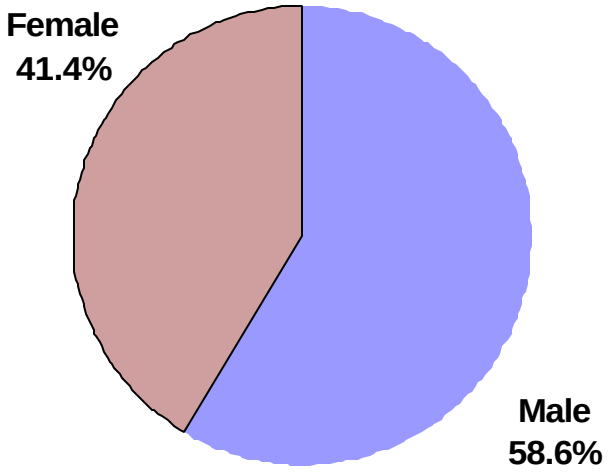
**Ethnicities may be unknown because the victim or informant is unable to provide this information, or it may not be one of the three ethnicities captured by the FCB database. An unknown age can be due to a victim unable to identify the age or the suspect, or the suspect's date of birth is unknown.*

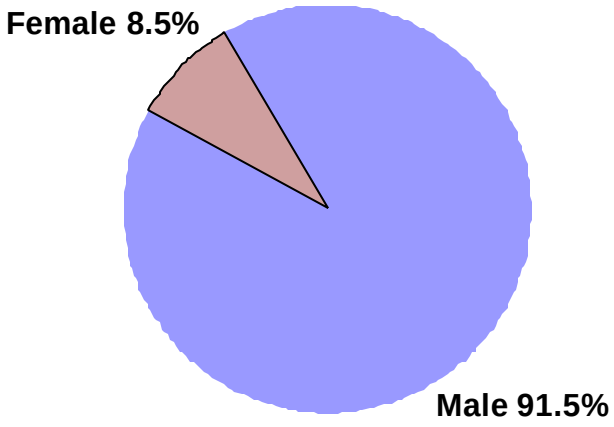
Figure 7

SUSPECTS BY GENDER AND TYPE OF ABUSE- 2002



Male	3,278	(79.2%)
Female	861	(20.8%)
Total	**4,139**	





Physical abuse -

Male	906	(58.6%)
Female	640	(41.4%)
Total	**1,546**	**(37.3% of all suspects)**

Sexual abuse -

Male	2,372	(91.5%)
Female	221	(8.5%)
Total	**2,593**	**(62.7% of all suspects)**

Figure 8

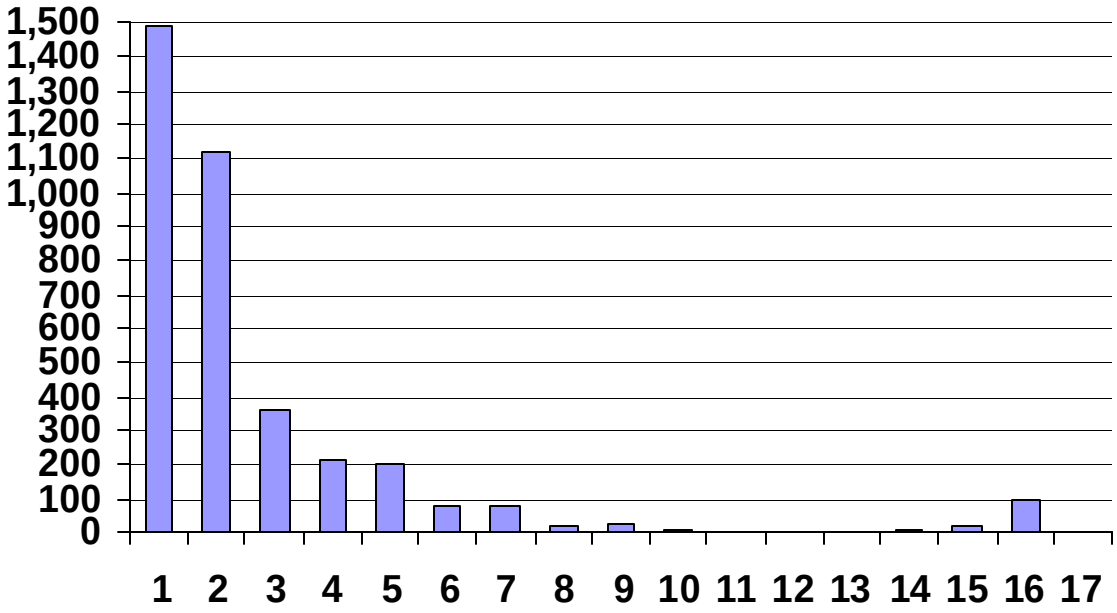
SUSPECT RELATIONSHIP TO VICTIM-2002

Relationship	Physical Abuse	Sexual Abuse	Total
Aunt	22	8	**30**
Babysitter	11	20	**31**
Brother	9	52	**61**
Casual acquaintance	2	75	**77**
Childcare facility	1	1	**2**
Church associate	1	12	**13**
Clergy	1	26	**27**
Co-habitant (F)	1	1	**2**
Co-habitant (M)	0	26	**26**
Coach	0	1	**1**
Cousin	6	106	**112**
Family friend	1	87	**88**
Father	494	193	**687**
Father-in-law	0	1	**1**
Father's girlfriend	6	1	**7**
Foster parent	12	12	**24**
Foster sibling	0	1	**1**
Friend of victim	1	86	**87**
Girlfriend	0	9	**9**
Grandfather	13	49	**62**
Grandmother	19	3	**22**
Guardian	1	0	**1**
Half-brother	0	4	**4**
Institutional staff	5	4	**9**
Mother's boyfriend	53	70	**123**
Mother	462	31	**493**
Neighbor	7	101	**108**
Other	98	533	**631**
Poss. family member	2	1	**3**
Public official	0	1	**1**
School employee	13	8	**21**
Schoolmate	4	54	**58**
Sister	10	4	**14**
Stepsister	0	1	**1**
Stepbrother	0	19	**19**
Stepfather	75	116	**191**
Stepmother	18	0	**18**
Teacher	51	29	**80**
Uncle	30	178	**208**
Unknown	98	412	**510**
Victim's boyfriend	10	233	**243**
Victim's girlfriend	0	6	**6**
Total	**1,546**	**2,593**	**4,139**

These figures indicate that in 2002 sexual abuse cases, the offender and victim had a "known" relationship in 84.1% of the cases; the unknown suspect relationship accounted for only 15.9%. "Other" and "Unknown" classifications occur when the victim is too young to identify a suspect; the suspect is actually unknown to the victim; or when there is no category that identifies the suspect.

Figure 9

REPORTING PARTY CLASSIFICATIONS- 2002



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

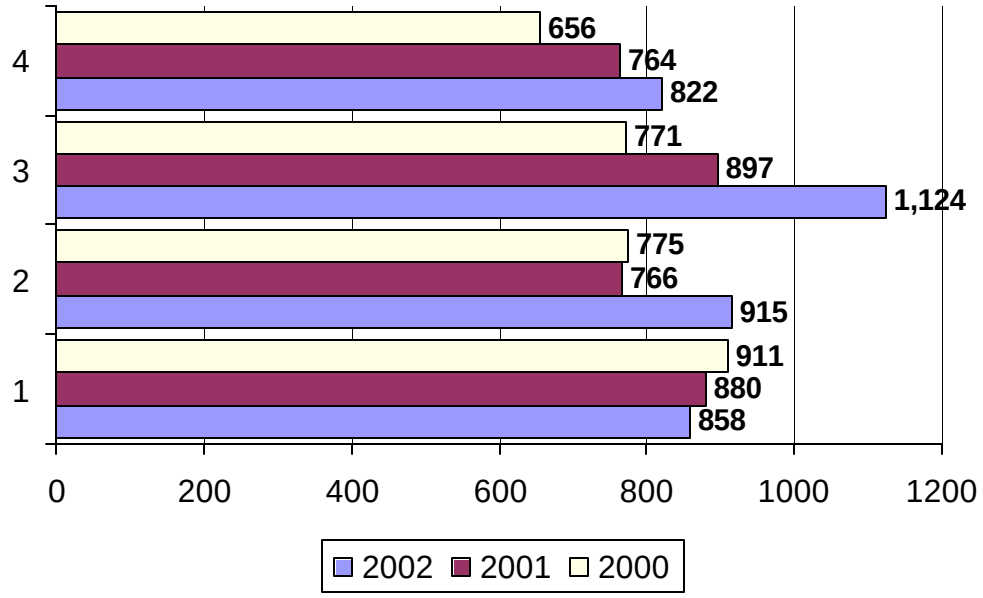
1	**Family member**	1,495
2	**Victim**	1,117
3 *	**School personnel**	359
4 *	**DCFS**	210
5	**Other**	206
6 *	**Hospital/ Doctor**	76
7 ^	**Law enforcement**	80
8	**Neighbor**	19
9 *	**Psych./ Therapist**	23
10	**Anonymous**	9
11 **	**Babysitter**	4
12	**We Tip**	2
13 *	**Shelter**	3
14	**Family friend**	7
15	**Victim's friend**	14
16	**Witness**	98
17 *	**Church personnel**	4
	Total	**3,726**

Family members and victims account for *70%* (2,612) of the informants in cases reported to the Sheriff's Department and investigated by the Bureau.

** 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 childcare facility. ^ Law enforcement category includes LASD and other LE agencies.*

Figure 10

CASES INVESTIGATED BY TEAM ASSIGNMENT- 2002



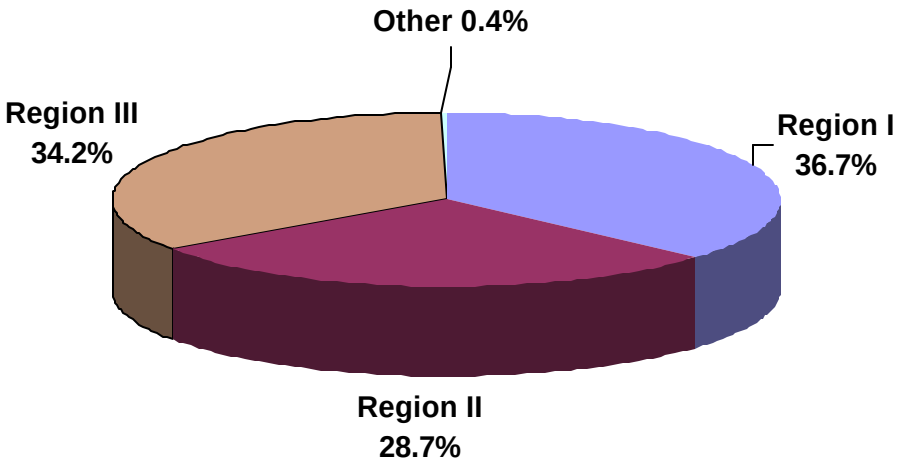
Cases investigated: 3,734

1)	North Team	Altadena	3)	West Team	Carson
	858	Crescenta Valley		**1,124**	Century
		Lancaster			Compton
		Palmdale			Lennox
		Santa Clarita Valley			Lomita
					Lost Hills/ Malibu
					Marina del Rey
					West Hollywood
2)	East Team	East Los Angeles	4)	South Team	Avalon
	915	Industry		**822**	Cerritos
		San Dimas			Lakewood
		Temple			Norwalk
		Walnut/ Diamond Bar			Pico Rivera

The number of cases investigated, if added by team assignment (3,719), differs from the total number of cases investigated (3,734) due to cases generated by the FCB and not included in the team totals.

Figure 11

CASES INVESTIGATED BY REGIONAL AREA- 2002



Patrol stations in the Sheriff's Department 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	1,371
Region II	391,233	279,850 est.	671,083	1,070
Region III	675,595	335,220 est.	1,010,815	1,278
Total Population, LASD Jurisdiction			**2,754,623**	**3,719**

** "Other" in the pie chart above refers to cases (15) generated by the Family Crimes 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.

GLOSSARY OF LAW ENFORCEMENT TERMS AND CHILD ABUSE RELATED CRIMES

Battery

An unlawful touching of another person, including spitting upon or an item thrown. Misdemeanor physical abuse is sometimes filed as a battery by the District Attorney's Office when there is insufficient evidence to prove a willful act.

CARES

CARES is the Child Abuse Referral Entry System, the computerized case tracking program operated by the Family Crimes Bureau for case management.

Case

Upon completion and receipt of an "incident report" initiated by a patrol deputy, a case is developed by a detective. The case may be presented to the District Attorney or, if insufficient evidence, receive an alternate disposition. A case may involve one or multiple victims.

Child abuse

Any intentional act which constitutes physical harm or places a child at risk of endangerment, or any sexual act, or general or severe neglect or emotional trauma.

Endangerment

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

Exigent circumstances

For law enforcement, this includes "fresh pursuit" (following or chasing a suspect of a crime just committed), or in a case where a person is in immediate danger of injury or death.

Incident report

A report of an incident, whether criminal or not, usually generated by a uniformed patrol Deputy Sheriff. Also called a "complaint report" or "first report."

Mandated reporter

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

Neglect

A failure to provide the basic necessities, i.e. food, clothing, shelter and medical attention; poor sanitation in the living environment; poor hygiene. Usually broken down as general or severe.

Physical abuse

Any physical assault upon a child. Any unjustifiable pain or suffering, or injury willfully inflicted upon a child, may constitute a physical assault.

Physical abuse (felony)

Any cruel or inhuman suffering (endangering), or physical assault causing such an injury that would possibly lead to or does cause great bodily injury or death.

Physical abuse (misdemeanor)

Any cruel or inhuman suffering (endangering), or physical assault causing such an injury that would not be likely to cause great bodily injury or death.

Sexual abuse

Any lewd or lascivious act involving a child. Fondling, oral copulation, penetration, intercourse are considered lewd acts.

Sexual abuse (felony)

Any lewd or lascivious act wherein the punishment includes a state prison sentence. This includes oral copulation, rape and unlawful intercourse.

Sexual abuse (misdemeanor)

An act lacking a certain element required for a felony or, in many cases, involving a child that is older, usually sixteen or seventeen years old.

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, including Suspected Child Abuse Reports (SCARs).
- 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
2002 Crimes Investigated

TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes assault with a deadly weapon and battery)	922	44.16%
Sexual Abuse	655	31.37%
Endangering	382	18.30%
Homicide	5	0.24%
Others	124	5.94%
TOTALS	**2,088**	**100.00%**

Figure 1: Indicates the number of crimes investigated by the Abused Child Unit in 2002.

Figure 2

GEOGRAPHIC AREAS
2002 Crimes Investigated

TYPE	NUMBER	% of TOTAL
Physical Abuse	291	14.03%
Sexual Abuse (Includes Child Annoying)	1,217	58.68%
Endangering (Includes Child Abandonment)	566	27.29%
Homicide	0	0.00%
TOTALS	**2,074**	**100.00%**

Figure 2: Indicates the number of crimes investigated by the geographic Areas in 2002.

Figure 3

ABUSED CHILD UNIT
2002 Other Investigated

TYPE	NUMBER	% of TOTAL
Injury/SCARs	1640	97.68%
Death	39	2.32%
TOTALS	**1,679**	**100.00%**

Figure 3: Indicates the number of other investigations, of a child abuse nature, conducted by the Abused Child Unit in 2002.

Figure 4

ABUSED CHILD UNIT
2002 Adult Arrest

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	4	1.46%
Child Molest (288 PC)	131	47.81%
Child Endangering (273a PC)	0	0.00%
Child Abuse (273d PC)	124	45.26%
Others	15	5.47%
TOTALS	**274**	**100.00%**

Figure 4: Indicates the number of arrests processed by the Abused Child Unit in 2002.

Figure 5

GEOGRAPHIC AREAS
2002 Adult Arrest

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0.00%
Child Molest (288 PC)	364	89.88%
Endangering (273a PC)	12	2.96%
Child Abuse (273d PC)	8	1.98%
Others	21	5.18%
TOTALS	**405**	**100.00%**

Figure 5: Indicates the number of arrests processed by geographic Areas in 2002.

Figure 6

ABUSED CHILD UNIT
2002 Dependent Children

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	437	28.03%
300 WIC (Sexual Abuse)	276	17.70%
300 WIC (Endangered)	846	54.27%
TOTALS	**1,559**	**100.00%**

Figure 6: Indicates the number of dependent children processed by the Abused Child Unit in 2002.

Figure 7

GEOGRAPHIC AREAS
2002 Dependent Children

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	141	11.70%
300 WIC (Sexual Abuse)	487	40.42%
300 WIC (Endangered/Neglect)	577	47.88%
TOTALS	**1,205**	**100.00%**

Figure 7: Indicates the number of dependent children processed by geographic Areas in 2002.

Figure 8

LOS ANGELES POLICE DEPARTMENT
2002 Victims by Age

TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	TOTAL
Physical Abuse	236	359	440	186	1,221
Sexual Abuse	167	392	540	90	1,189
Endangering	654	546	379	100	1,679
TOTAL	**1,057**	**1,297**	**1,359**	**376**	**4,089**

Figure 8: Indicates the age categories of children who were victims of child abuse in 2002.
NOTE: The data in Figure 1 and Figure 2 shows a greater number of victims than indicated in Figure 8. This is due to a minor administrative anomaly. Additionally, the above data for "sexual abuse" does not include cases of child annoying, since those victims are not physically molested.

LOS ANGELES POLICE DEPARTMENT - 2001 CHILD ABUSE FINDINGS

Abused Child Unit

1. The total investigations (crime and non-crime) conducted by the unit in 2002 (3767) showed an increase (17.94 percent) over the number of investigations in 2001 (3194).
2. Adult arrests by the unit in 2002 (274) showed an increase (1.11 percent) in the number of arrests made in 2001 (271).
3. The number of dependent children handled by the unit in 2002 (1205) showed a decrease (19.99 percent) from the number handled in 2001 (1506).

Geographic Areas

1. The total investigations conducted by the Areas in 2002 (2074) showed an increase of 5.01 percent from 2001 (1975).
2. Adult arrests made by the Areas in 2002 (405) showed a decrease of 2.64 percent from 2001 (416).
3. The number of dependent children handled by the Areas in 2002 (1205) was a decrease of 21.75 percent from the number handled in 2001 (1540).

Figure 9

LOS ANGELES POLICE DEPARTMENT
Two-Year Analysis

TYPE	2001	2002	% of CHANGE
Total Investigation	5169	5841	13.00%
Total Adult Arrests	687	679	-1.16%
Dependant Children	3046	2764	-9.26%

Figure 9: Indicates a comparison of 2001 and 2002 total figures from the Abused Child Unit and the geographic Areas and the percent of change between the two years.

Figure 10

ABUSED CHILD UNIT
Five Year Trends of Crimes Investigated

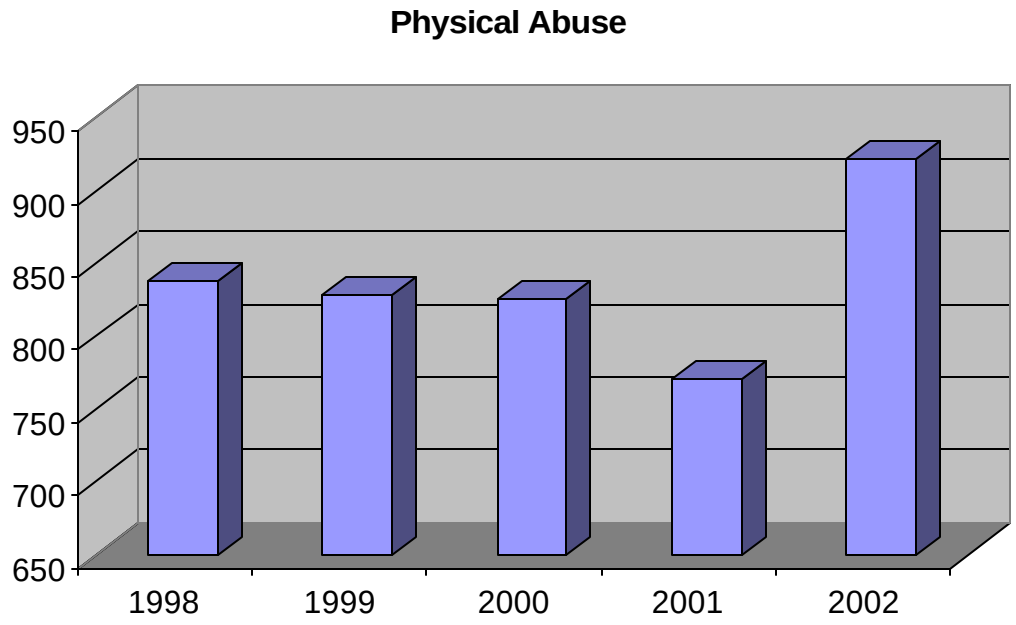


Figure 11

ABUSED CHILD UNIT
Five Year Trends of Crimes Investigated

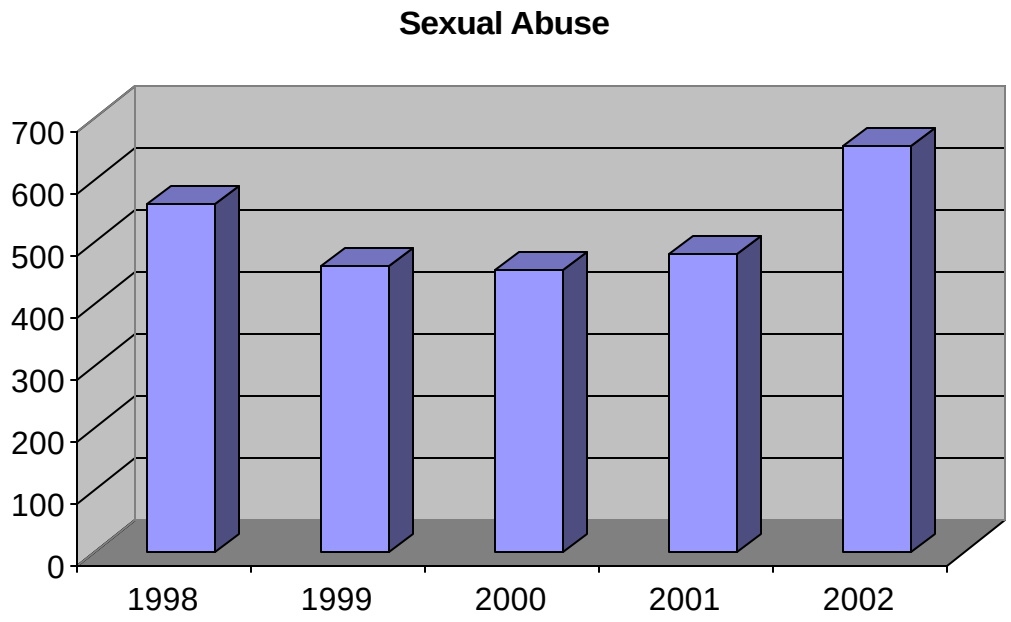


Figure 12

ABUSED CHILD UNIT
Five Year Trends of Crimes Investigated

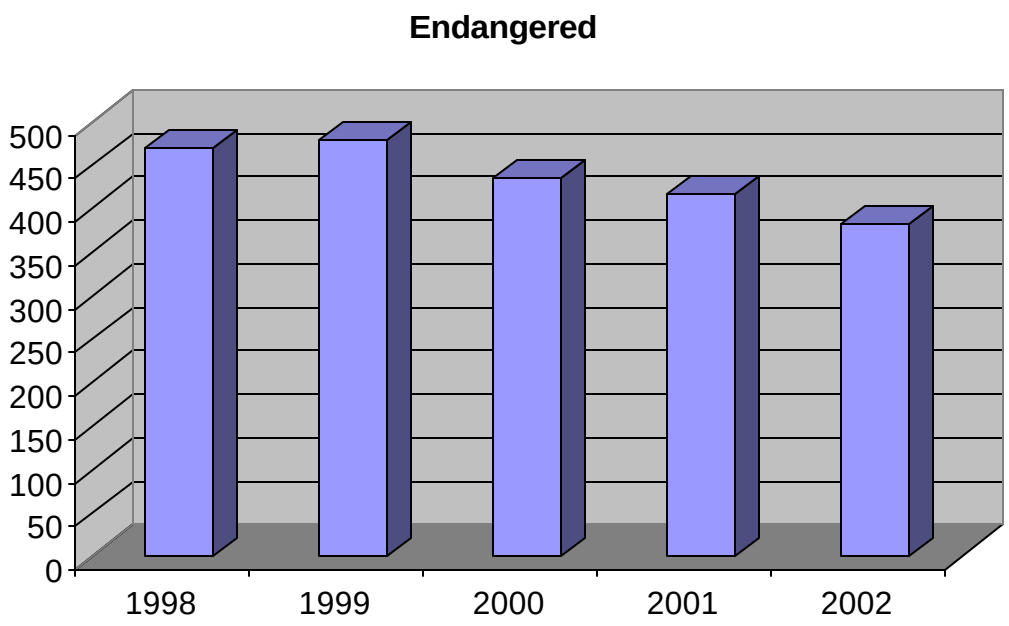


Figure 13

ABUSED CHILD UNIT
Five Year Trends of Crimes Investigated

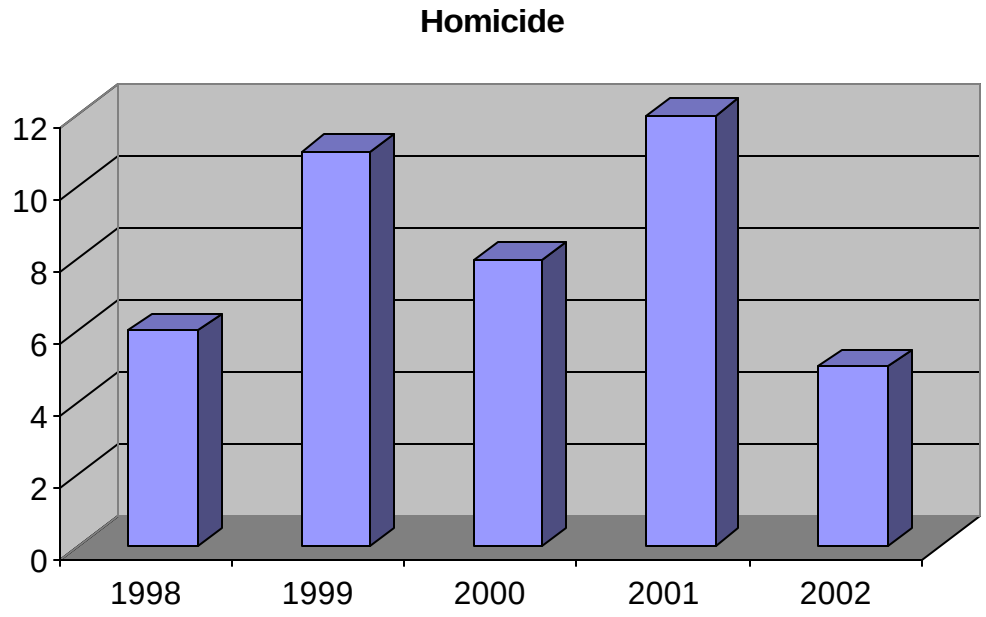


Figure 14

ABUSED CHILD UNIT
Five Year Trends of Other Investigations

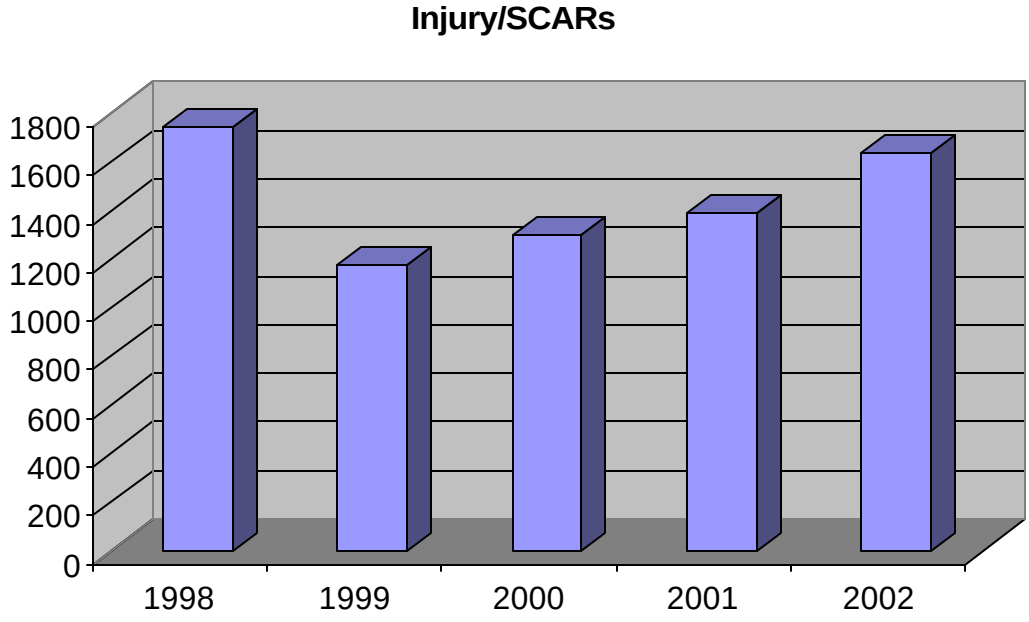


Figure 15

ABUSED CHILD UNIT
Five Year Trends of Other Investigations

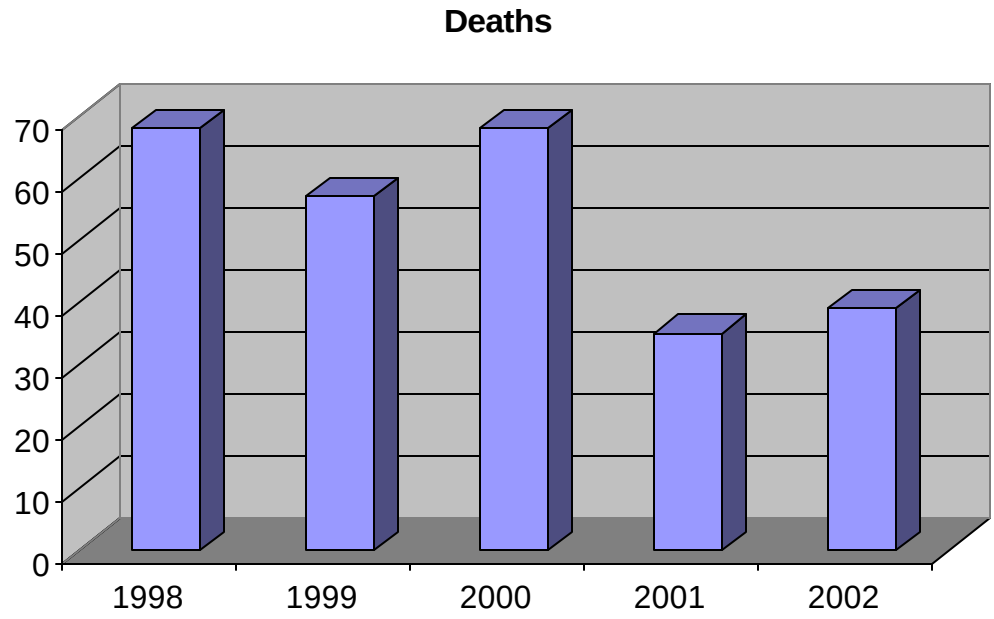
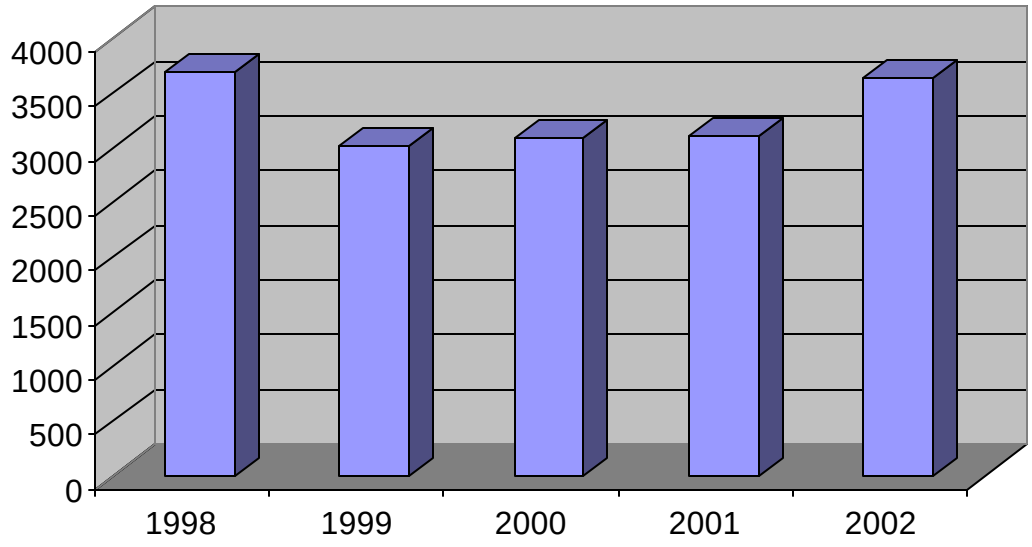


Figure 16

ABUSED CHILD UNIT
Five Year Trends



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 Section, 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 (Airport/Stuart House, Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, San Fernando, 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 that are designed to reduce the stress imposed upon a child during the court process. When a child under the age of 11 is testifying in a criminal proceeding in which the defendant is charged with certain specified crimes, the court, in its discretion may:

- allow for reasonable breaks and relief from examination during which the child witness may leave the courtroom {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 over 90%.

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 is essential for the child who is the victim of abduction to 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. This process was greatly enhanced in 2002 by the complete revision of the Child Abduction Section portion of the District Attorney website (http://da.co.la.ca.us). Services available to the public are now explained more clearly and the questionnaire that needs to be completed to obtain services can now be downloaded and printed directly. A total of 251 new criminal investigations were initiated during 2002 resulting in 88 felony prosecutions. This reflects a 28% increase in the number of felony prosecutions. A total of 205 cases were closed during 2002. At the end of the year, the Section was pursuing abductors in 177 open cases.

Under the terms of the Hague Convention, the Section assisted in the location and recovery of children abducted from other countries and brought to Los Angeles County in 29 cases. The Section also assisted 16 county residents in recovering their children from other countries through the use of the treaty.

The Section conducted numerous training sessions throughout Los Angeles County for various law enforcement agencies. The purpose of the sessions was to overcome the misconception that one parent can legally take a child from another parent without criminal consequences. The training was designed to provide the necessary information to first responders and investigating officers in order to properly investigate and file these potentially serious, felony cases with the Section. A more active role was also achieved in the Office of Criminal Justice Planning Child Abduction Task Force and the ICAN Child Abduction and Reunification Task Force. Presentations were also made to local legal aid organizations at various Family Law Coalition meetings in order to ensure that the citizens of our community fully benefit from the services offered through the Section by the Los Angeles County District Attorney's Office.

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 Clinical 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 received renewed funding for 2002 and was once again fully operational with some significant changes in format and procedure.

The mission of the team is to investigate and prosecute individuals who manufacture illicit drugs (in most instances methamphetamine) in the presence of children (Level 1 cases) or who sell or ingest drugs in the presence of children (Level 2 cases). 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. Formerly, the target area was the San Gabriel Valley. Beginning in 2002, the team mobilizes for cases all over Los Angeles County.

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. As previously indicated, there were no cases processed by DEC due to the loss of the grant. In 2002, thanks to renewed funding there were 78 Level 1 cases investigated and 16 Level 2 cases investigated. The total number of children present in Level 1 cases was 126; the total number of children present in Level 2 cases was 26. Of these children, 126 were provided medical assistance and 105 were taken into protective custody by DCFS. DEC seized a total of 143 clandestine laboratories in 2002. Individuals prosecuted by DEC totalled 69.

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 2002, FVD was in the process of prosecuting 10 murder cases and seven attempted murder cases involving child victims that constituted 47 percent of the 36 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 led 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 occurring at the same time.

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, the Airport 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 regarding 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 Specialized Prosecutions. 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.

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 5 and Figure 6).

In assessing cases that were either dismissed or declined for filing (Figure 3 and Figure 4), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus, lack of sufficient evidence, inadmissible search and seizure, interest of justice, deferral for revocation of parole, a probation violation was filed in lieu of a new filing, 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.

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.

Statistics reflecting the work of two special units, the Statutory Rape Vertical Prosecution Unit and the Drug Endangered Child Taskforce, are reflected in two charts (Figure 9 and Figure 10). It is important to note that the raw data contained in these Figures are also reflected in the overall numbers reported in Figures 2, 3 and 4. These charts are provided as samples of the types of cases handled by a special unit and the numbers of cases prosecuted by specially trained, grant funded deputies.

As it is not uncommon for minors to commit acts of abuse against children, Juvenile Delinquency statistics detailing the number of felony and misdemeanor petitions filed, dismissed and declined are included (Figures 13, 14, 15, 16 and 17). 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 comparisons among both groups for total cases filed by the District Attorney's Office compared to a gender breakdown for child abuse related offenses (Figures 19, 20, 21 and 22).

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 11 and Figure 18).

SELECTED FINDINGS

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%. This stability continued to be reflected in the 2002 cases when the percentage of felony filings rose slightly to 67%.

A more focused look was taken at two specific charges filed in the five 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 over the first four years of the comparison. Covering the 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 2002, the percentage remained at 24% of the filed cases. In sexual abuse cases, 22% of the total cases filed in 1998 were 288(a) PC cases; the percentage increased to 25% in 1999, decreased to 21% in 2000 rose slightly to 23% in 2001. This decline continued in 2002 when 17% of the total number of cases filed were for 288(a)PC charges. 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 and 2002, 54% 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. In 2002, 57% of the cases submitted for filing with 273a(a)PC as the primary charge were filed. Of these, 48% were filed as felonies while 10% were filed as misdemeanors and 42% were declined.

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. In 2002, 32% were filed while 68% were declined. The percentage of cases submitted that were filed in 2000 increased 12% over 1999 and 16% over 1998. In 2001, the percentage sharply decreased by 17% from 2000 to 2001 with an additional 7% decrease from 2001 to 2002. For these charges the raw data reflects that the cases submitted for filing in this category dropped from 1370 in 1998 to 1344 in 1999, 938 in 2000, increased to 1017 in 2001 and significantly increased to 1548 in 2002.

Overall in 2002, 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 precisely the same percentages in the number of submitted cases which were filed as either a felony or a misdemeanor as reflected in 2001.

In the area of sentencing, a comparison over the five year period 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; in 2002, 25.6% 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% and remained relatively stable at 74.5% in 2002. In all five years, approximately 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 a total of 12 individuals convicted of child abuse related offenses receiving a life sentence. In 2002, this number doubled to 24.

A total of 2,262 child abuse and neglect cases were completed in 2002. Convictions were obtained in 90% of the cases. A total of 9% of the cases were dismissed by either the court or the prosecution. Approximately 1% of the cases resulted in an acquittal following a jury trial.

Juvenile data comparisons over the four year history 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. In 2002, the increase continued with 62% of the submitted cases resulting in a filing. 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; and 505 were submitted in 2002. The statute reflecting the largest difference over a four-year period was 288(a) PC. The number of cases filed alleging a violation of this section remained fairly stable for the first three years- 250 in 1999; 234 in 2000; and 234 in 2001 but decreased to 185 in 2002. 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 and continuing the decline in 2002 to 145. In 2002, 65% of the child abuse cases submitted for a juvenile filing involved allegations of 288(a) PC. A total of 56% of the cases submitted under this section were filed while 44% were declined in 2002. The overwhelming percentage of child abuse charges submitted for filing of allegations in juvenile court as a felony were for allegations of sexual abuse (92% or 463 out of 505). The percentage dropped significantly when the cases were submitted for misdemeanor consideration with 62% (18 out of 29) alleging sexual abuse and 38% (11 out of 29) alleging physical abuse. Case dispositions reflect that 87% of the petitions submitted to the court were sustained while 13% were dismissed by either the court or the district attorney. Of the cases dismissed, 64% (18 of 28) were cases alleging 288(a)PC as the primary charge in the petition.

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. In 2002, the percentage for both adult and juvenile females grew by 1% to 18% for adult females and 19% 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%. In 2002, the percentage of females showed another slight decrease to 7%. 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, 2001, and 2002 statistics- 20% female and 80% male. In child abuse cases for adults, the percentage of female defendants increases slightly over representation in all criminal activity prosecuted (from 18% to 20%). In juvenile cases, however, the percentage drops sharply from 19% of juvenile petitions in general to 7% of juvenile petitions in child abuse cases.

CONCLUSION

The Los Angeles County District Attorney's Office is dedicated to providing justice to the children of this community. Efforts to enhance their safety through the vigorous prosecution of individuals who prey upon children are tempered with care and compassion for the needs of the children who have been victimized. This process is important to a prosecuting entity that has been sensitized to the special nature of these cases and assisted by a 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 2002 REPORT

RECOMMENDATION ONE: AGENCY DATA REPORT DEFINITIONS

The Data Report submitted by the District Attorney's Office includes a definition of each referenced Penal Code section. The text of the report contains a thorough definition of each specialized term employed in the report.

RECOMMENDATION TWO: REQUIRED AGENCY DATA REPORT ELEMENTS

The Data Report submitted by the District Attorney's Office includes a section citing selected findings.

RECOMMENDATION THREE: FOLLOW UP TO RECOMMENDATIONS

The Data Report submitted by the District Attorney's Office includes a section responding to the Recommendations contained in the report from the previous year.

Figure 1

LIST OF PRIORITIZED STATUTES

Code	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
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 THROUGH 2002

Charge	1998 F	1998 M	1999 F	1999 M	2000 F	2000 M	2001 F	2001 M	2002 F	2002 M
PC12035(b)(1)	0	0	0	0	0	0	1	0	0	0
PC12035(b)(2)	0	0	0	0	0	0	0	0	0	0
PC12036(b)	0	0	0	0	0	0	0	1	0	2
PC187(a)	27	0	38	0	33	0	25	0	25	0
PC207(a)	5	0	11	0	1	0	9	0	26	0
PC207(b)	0	0	0	0	9	0	6	0	7	0
PC208(b)	19	0	13	0	22	0	11	0	13	0
PC261.5(a)	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	0	3	23	0	27	0	38	0	28
PC261.5(c)	141	49	202	0	138	22	121	52	112	70
PC261.5(d)	141	49	82	5	69	8	41	13	39	12
PC266h(b)	0	0	0	0	0	0	2	0	1	0
PC266i(b)	88	8	0	0	0	0	0	0	0	0
PC266j	5	0	7	0	2	0	3	0	5	0
PC269	0	0	0	0	1	0	0	0	0	0
PC269(a)(1)	8	0	14	0	17	0	18	0	22	0
PC269(a)(2)	0	0	0	0	0	0	0	0	1	0
PC269(a)(3)	3	0	4	0	3	0	8	0	13	0
PC269(a)(4)	3	0	1	0	5	0	0	0	3	0
PC269(a)(5)	0	0	2	0	9	0	3	0	4	0
PC271a	1	4	0	6	0	4	2	7	1	7
PC273a(1)	1	1	0	0	0	0	0	0	0	0
PC273a(2)	0	1	0	0	0	0	0	0	0	0
PC273a(a)	385	91	479	76	452	94	436	128	587	119
PC273a(a)(1)	2	6	0	1	0	0	0	0	0	0
PC273a(b)	128	401	70	423	0	606	2	601	4	578
PC273ab	2	1	1	0	1	0	0	0	0	0
PC273d(a)	79	82	77	82	66	85	58	88	25	87
PC273g	0	0	0	0	0	0	0	5	0	2
PC278	18	1	18	4	1	3	24	3	27	6

F = Felony
M = Misdemeanor

Figure 2 (cont.)

TOTAL FILINGS BY CHARGE FOR 1998 THROUGH 2002

Charge	1998		1999		2000		2001		2002	
	F	M	F	M	F	M	F	M	F	M
PC278.5	6	3	13	2	4	1	47	7	9	5
PC278.5(a)	14	2	15	1	34	3	0	0	39	10
PC286(b)(1)	10	0	3	1	6	0	8	0	6	1
PC286(b)(2)	6	0	9	0	8	0	4	0	2	0
PC286(c)	11	0	1	0	1	0	1	0	2	0
PC286(c)(1)	0	0	0	0	0	0	13	0	9	0
PC288(a)	557	0	606	0	538	0	714	0	498	1
PC288(b)	6	0	6	0	7	0	1	0	2	0
PC288(b)(1)	0	0	0	0	0	0	98	0	47	1
PC288(c)	4	0	6	0	2	0	1	0	1	0
PC288(c)(1)	0	0	0	0	0	0	106	1	120	3
PC288.5	79	0	15	0	28	0	13	0	6	0
PC288.5(a)	0	0	0	0	0	0	0	0	206	0
PC288.5(b)	0	0	0	0	0	0	216	0	0	0
PC288a(b)(1)	26	0	23	3	32	0	19	0	26	10
PC288a(b)(2)	0	0	0	0	22	0	16	0	9	0
PC288a(c)	6	0	2	0	0	0	0	0	2	0
PC288a(c)(1)	0	0	0	0	0	0	4	0	4	0
PC289(h)	17	1	16	1	25	0	30	0	11	5
PC289(i)	10	0	16	0	15	0	12	0	19	0
PC289(j)	4	0	2	0	1	0	0	0	0	0
PC311.10	0	0	0	0	1	0	1	0	0	0
PC311.1(a)	4	0	7	0	3	0	1	0	2	1
PC311.11(a)	8	6	6	7	0	18	0	10	0	14
PC311.11(b)	1	0	1	0	1	0	0	0	2	0
PC311.2(b)	0	0	0	0	1	0	2	0	0	0
PC311.4(b)	1	0	0	0	0	0	1	0	0	0
PC311.4(c)	2	0	5	0	3	0	1	0	4	0
PC647.6(a)	2	0	21	0	0	5	9	0	8	0
PC647.6(b)	4	1	3	0	4	3	2	2	3	0
PC664/187(a)	0	0	0	0	43	0	11	0	20	0

F = Felony
M = Misdemeanor

Figure 3

TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2002

	1998		1999		2000		2001		2002	
Charge	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**
PC187(a)	0	0	0	0	0	0	0	0	1	0
PC207	5	0	1	0	0	0	0	0	0	0
PC207(a)	0	0	0	0	0	0	1	0	5	0
PC207(b)	0	0	0	0	0	0	1	0	0	0
PC208	2	0	3	0	1	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	1	0
PC261.5(b)	4	0	0	3	0	1	0	1	0	5
PC261.5(c)	6	5	5	3	8	0	12	5	10	2
PC261.5(d)	7	0	4	0	3	0	2	1	0	0
PC266h(b)	0	0	0	0	0	0	1	0	1	0
PC266i(b)	1	0	0	0	0	0	0	0	0	0
PC266j	0	0	2	0	0	0	0	0	3	0
PC269(a)(1)	0	0	1	0	0	0	2	0	0	0
PC269(a)(3)	1	0	0	0	0	0	0	0	0	0
PC269(a)(4)	0	0	0	0	1	0	0	0	0	0
PC269(a)(5)	0	0	0	0	0	0	0	0	1	0
PC271a	0	1	0	0	0	0	0	0	0	0
PC273a(1)	0	1	0	0	0	0	0	0	0	0
PC273a(a)	35	16	24	6	39	6	19	9	46	8
PC273a(b)	5	68	6	37	4	60	0	57	0	42
PC273ab	1	0	0	0	0	0	0	0	0	0
PC273d(a)	6	10	6	18	1	14	7	10	5	10
PC278	0	0	0	0	3	0	0	0	2	2
PC278.5	0	1	1	0	3	0	6	0	1	0
PC278.5(a)	0	1	2	0	0	0	0	0	5	0

F = Felony

M = Misdemeanor

Figure 3 (cont.)

TOTAL ADULT DISMISSALS BY CHARGE FOR 1998 THROUGH 2002

	1998		1999		2000		2001		2002	
Charge	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**
PC286(b)(1)	0	0	1	0	1	0	0	0	1	0
PC286(c)	2	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0	1	0
PC288(a)	42	0	23	0	40	0	0	0	23	0
PC288(b)	1	0	0	0	0	0	0	0	0	0
PC288(b)(1)	0	0	0	0	0	0	2	0	3	0
PC288(c)	0	0	0	0	1	0	0	0	0	0
PC288(c)(1)	0	0	0	0	0	0	4	0	6	0
PC288.5	3	0	1	0	1	0	0	0	0	0
PC288.5(a)	0	0	0	0	0	0	0	0	10	0
PC288.5(b)	0	0	0	0	0	0	8	0	0	0
PC288a(b)(1)	2	1	2	0	2	0	1	0	4	0
PC288a(b)(2)	0	0	0	0	1	0	1	0	1	0
PC288a(c)	0	0	0	0	2	0	0	0	1	0
PC289(h)	1	1	0	0	1	1	0	0	2	0
PC289(i)	1	0	0	0	0	0	1	0	0	0
PC289(j)	0	0	1	0	0	0	0	0	0	0
PC311.11(a)	0	1	0	1	0	1	0	0	0	2
PC311.11(b)	0	0	0	1	0	0	0	0	0	0
PC311.2	0	0	0	0	1	0	0	0	0	0
PC311.4(b)	0	0	0	0	1	0	0	0	0	0
PC647.6(a)	0	0	0	0	0	0	1	0	3	0
PC647.6(b)	1	0	0	0	0	0	0	0	0	0
664/187(a)	0	0	0	0	0	0	0	0	0	0

F = Felony
M = Misdemeanor

Figure 4

TOTAL ADULT CASES DECLINED FOR FILING FOR 1998 THROUGH 2002

Charge	1998 Count	1999 Count	2000 Count	2001 Count	2002 Count
PC12035(b)(1)	0	0	0	4	4
PC12035(b)(2)	0	0	0	2	0
PC187(a)	0	0	0	4	3
PC207	1	6	5	0	0
PC207(a)	0	0	0	4	3
PC207(b)	0	0	0	2	4
PC208	1	1	1	0	0
PC208(b)	0	0	0	1	0
PC261.5(a)	0	0	0	3	0
PC261.5(b)	34	29	0	60	36
PC261.5(c)	146	214	224	268	170
PC261.5(d)	60	82	0	94	99
PC266h(b)	0	0	0	1	0
PC266j	5	0	1	2	2
PC267	0	0	1	0	0
PC269(a)(1)	0	0	2	0	1
PC269(a)(5)	0	0	1	0	0
PC271a	2	2	2	7	10
PC273a	0	0	0	0	1
PC273a(1)	4	0	0	0	0
PC273a(a)	333	208	251	388	523
PC273a(a)(1)	0	1	0	0	0
PC273a(b)	43	42	69	88	164
PC273ab	6	2	1	0	4
PC273d(a)	72	57	62	69	83
PC273g	0	0	0	1	0
PC278	31	47	43	30	32
PC278.5	46	89	100	65	41
PC278.5(a)	87	68	43	0	99
PC286(b)(1)	7	9	11	10	10
PC286(b)(2)	1	3	4	4	1
PC286(c)	7	2	0	0	0
PC286(c)(1)	0	0	0	2	1
PC288(a)	813	783	400	1,136	1,050
PC288(b)	0	5	1	1	2
PC288(b)(1)	0	0	0	26	14
PC288(c)	2	2	9	0	2
PC288(c)(1)	0	0	0	63	63

Figure 4 (cont.)

TOTAL ADULT CASES DECLINED FOR FILING FOR 1998 THROUGH 2002

Charge	1998 Count	1999 Count	2000 Count	2001 Count	2002 Count
PC288.5	20	13	8	13	3
PC288.5(a)	0	0	0	0	46
PC288.5(b)	0	0	0	27	0
PC288a(b)(1)	15	9	27	30	17
PC288a(b)(2)	0	0	3	10	3
PC288a(c)	12	1	1	0	0
PC288a(c)(1)	0	0	0	8	9
PC289(h)	3	3	5	3	7
PC289(i)	0	1	2	1	0
PC289(j)	0	0	7	3	0
PC311.10	0	0	1	0	1
PC311.11(a)	1	3	0	1	5
PC311.11(b)	0	2	0	1	0
PC311.2(b)	0	0	0	1	0
PC311.4(b)	2	0	0	1	2
PC311.4(c)	1	0	2	0	1
PC647.6(a)	7	10	11	12	12
PC647.6(b)	6	9	8	9	12
PC664/187(a)	0	0	0	1	0

Figure 5

PIE CHART-- FILED/DECLINED (ADULT)

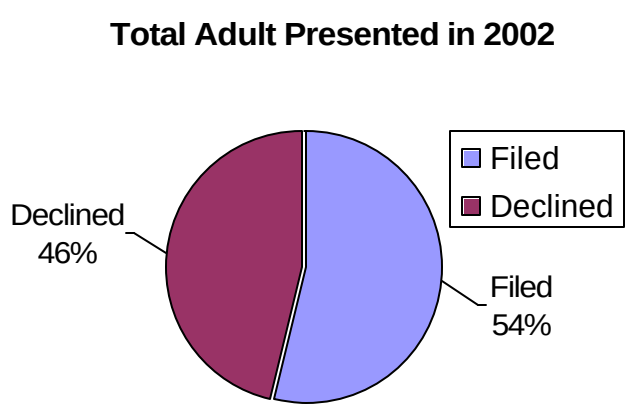


Figure 6

PIE CHART -- CONVICTED/DISMISSED/ ACQUITTED (ADULT)

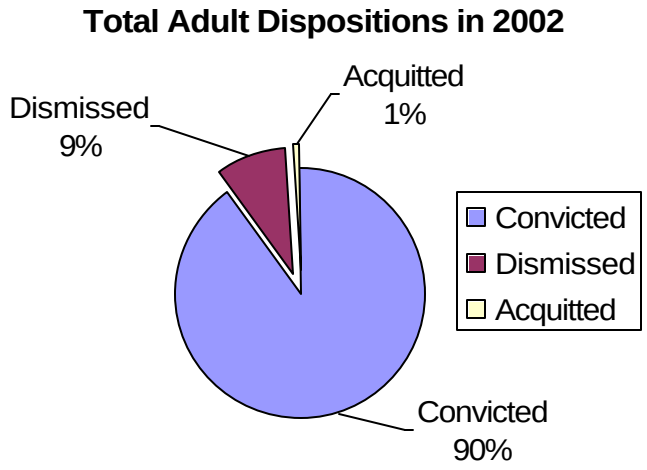


Figure 7

TOTAL ADULT CASES SENTENCED 1998 THROUGH 2002

Sentence Type	1998 Count	1999 Count	2000 Count	2001 Count	2002 Count
Life	10	9	4	12	24
State Prison	714	605	503	525	533
Probation	1,359	1,388	1,244	1,552	1,624

Figure 8

PIE CHART -- SENTENCING

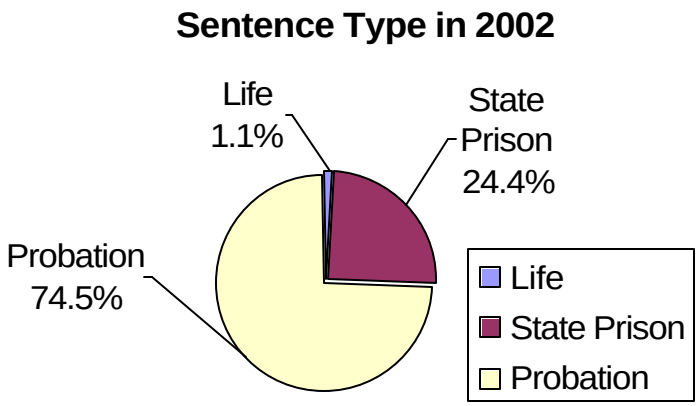


Figure 9

1998 THROUGH 2002 STATUTORY RAPE VERTICAL PROSECUTION UNIT FILINGS

Charge	1998 Count	1999 Count	2000 Count	2001 Count	2002 Count
HS11351.5	1	0	0	0	0
HS11361(b)	0	0	0	0	1
PC12021(a)(1)	1	0	0	0	0
PC136.1(a)(2)	0	0	0	1	0
PC136.1(c)(1)	0	0	0	0	1
PC137(c)	0	0	0	0	1
PC242	1	0	0	2	1
PC242/243(a)	0	0	1	2	0
PC243(e)(1)	4	1	4	0	6
PC245(a)(1)	1	0	5	0	2
PC261(a)(2)	0	0	0	0	1
PC261(c)(1)	2	0	0	0	0
PC261.5	0	0	0	0	1

Figure 9 (cont.)

1998 THROUGH 2002 STATUTORY RAPE VERTICAL PROSECUTION UNIT FILINGS

Charge	1998 Count	1999 Count	2000 Count	2001 Count	2002 Count
PC261.5(c)	116	218	177	108	90
PC261.5(d)	63	72	92	54	36
PC266H(a)	0	0	1	0	0
PC266H(b)	0	0	0	0	1
PC272	1	0	0	0	0
PC273.5(a)	7	10	9	1	1
PC278	0	0	0	0	1
PC286(b)(1)	4	0	1	1	4
PC286(b)(2)	1	0	5	5	0
PC286(c)(1)	0	0	0	0	3
PC286(c)(2)	0	0	0	1	0
PC288(a)	56	124	88	57	65
PC288(c)	0	0	0	2	0
PC288(c)(1)	32	58	91	49	43
PC288(h)	0	0	0	0	1
PC288.2(a)	0	0	0	0	1
PC288.2(b)	0	0	0	3	0
PC288.5	1	1	0	0	0
PC288a(b)(1)	11	14	29	8	11
PC288a(b)(2)	12	18	21	12	3
PC288a(c)(1)	0	0	0	1	3
PC289(h)	8	6	10	3	1
PC289(i)	4	4	6	0	7
PC289(j)	0	0	0	0	1
PC290(a)(1)(a)	0	0	1	0	0
PC290(g)(1)	1	0	0	0	0
PC311.11(a)	0	0	0	0	1
PC311.4(c)	0	0	0	1	1
PC417(a)(2)	0	0	0	1	0
PC422	2	2	2	3	10
PC470(b)	0	0	0	1	0
PC487(d)	0	0	1	0	0
PC646.9(a)	0	0	0	0	1
PC647.6(a)	0	0	0	3	0
PC664/261.5(c)	0	0	1	0	0
PC667(a)(1)	0	0	1	0	0
PC667.61(a)	0	0	0	1	0
PC667.61(d)	0	0	0	1	0
VC10851	0	0	1	0	0

Figure 10

DRUG ENDANGERED CHILD FILINGS

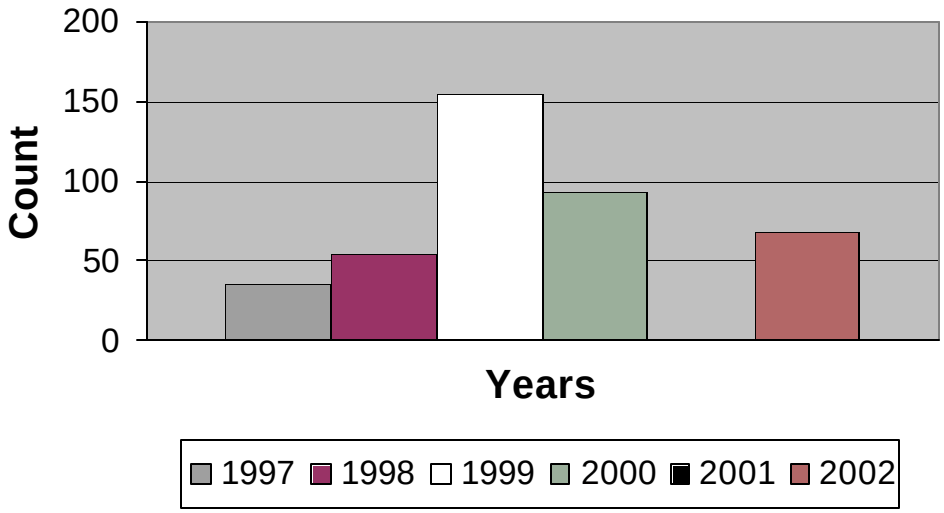


Figure 11

TOTAL ADULT CASES FILED BY ZIP CODE FOR 1998 THROUGH 2002

Zip Code	1998	1999	2000	2001	2002
90007	27	56	16	18	24
90012	533	627	587	546	613
90022	39	41	60	50	58
90025	61	66	0	0	0
90045	0	4	46	99	121
90066	0	0	1	0	0
90210	22	14	17	7	9
90220	107	109	119	199	232
90231	11	13	10	0	0
90242	99	55	107	72	54
90255	108	111	84	53	58
90262	83	80	58	17	7
90265	11	15	19	16	16
90301	50	39	60	37	64
90401	14	9	14	8	7
90503	116	101	120	133	124
90602	53	54	58	55	48
90650	61	50	47	177	201
90706	61	43	43	28	33

Figure 11 (cont)

TOTAL ADULT CASES FILED BY ZIP CODE FOR 1998 THROUGH 2002

Zip Code	1998	1999	2000	2001	2002
90802	130	118	150	118	152
91016	8	1	0	0	0
91101	88	100	93	100	74
91205	48	76	60	59	76
91331	0	1	2	0	0
91340	65	75	74	73	75
91355	34	61	53	44	28
91401	128	84	79	82	105
91731	109	116	122	128	128
91766	78	84	133	157	282
91790	123	111	112	159	116
91801	56	39	47	48	39
93534	232	246	223	210	190

Figure 12

TOTAL ADULT CASES PRESENTED FOR 1998 THROUGH 2002

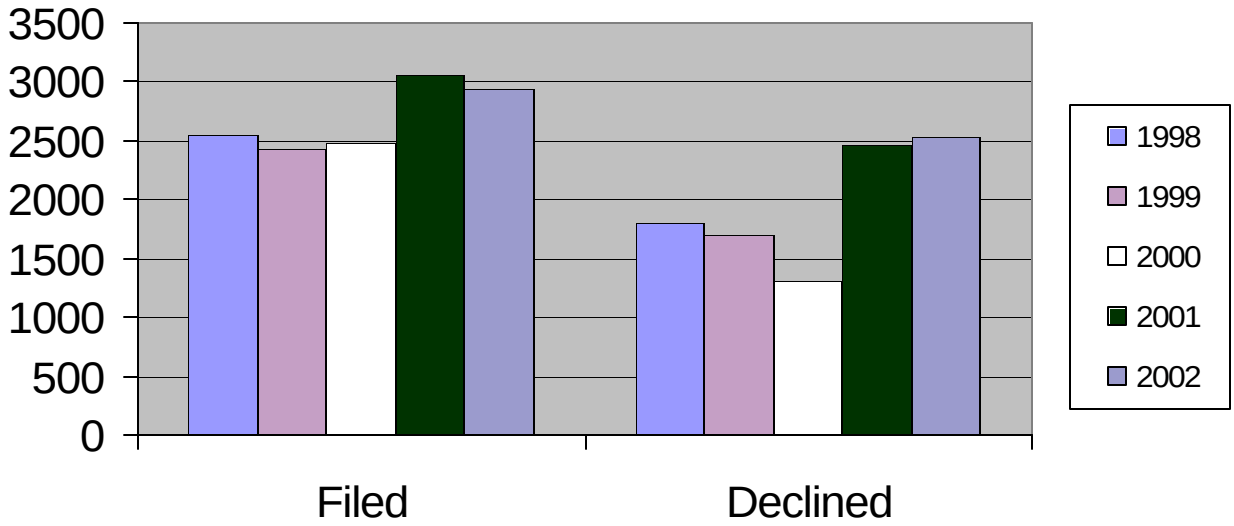


Figure 13

TOTAL JUVENILE FILINGS BY CHARGE FOR 1999 THROUGH 2002

	1999		2000		2001		2002	
Charge	**F**	**M**	**F**	**M**	**F**	**M**	**F**	**M**
PC187(a)	4	0	2	0	1	0	0	0
PC207(a)	0	0	1	0	0	0	0	0
PC207(b)	0	0	5	0	1	0	4	0
PC208(b)	0	0	0	0	0	0	3	0
PC261.5(b)	0	16	0	3	0	11	0	8
PC261.5(c)	3	1	0	3	5	0	3	2
PC271a	1	0	1	0	0	0	0	0
PC273a(a)	17	0	22	0	16	0	8	0
PC273a(b)	0	8	0	6	0	6	0	9
PC273d(a)	4	0	2	0	1	0	2	0
PC278	3	0	5	0	1	0	3	0
PC278.5	0	0	1	0	0	0	0	0
PC286(b)(1)	1	0	1	0	1	0	0	0
PC286(b)(2)	1	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	6	0	0	0
PC288(a)	250	0	234	0	234	0	185	0
PC288(b)	4	0	2	0	0	0	1	0
PC288(b)(1)	0	0	0	0	38	0	39	0
PC288(c)	0	0	2	0	0	0	0	0
PC288.5(a)	0	0	0	0	0	0	39	0
PC288.5(b)	0	0	0	0	42	0	0	0
PC288a(b)(1)	6	0	1	0	3	0	2	0
PC289(h)	3	0	6	0	6	0	0	0
PC289(i)	1	0	0	0	0	0	0	0
PC311.1(a)	1	0	0	0	0	0	0	0
PC311.11(a)	0	1	0	0	0	0	0	2
PC311.2(b)	0	0	0	0	2	0	0	0
PC311.4(c)	1	0	1	0	0	0	1	0
PC647.6(a)	0	0	0	1	0	0	0	0
PC647.6(b)	1	0	1	0	0	0	0	0
PC664/187(a)	0	0	0	0	0	0	1	0

F = Felony

M = Misdemeanor

Figure 14

TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2002

Charge	Felony	Misdemeanor
PC261.5(B)	0	1
PC261.5(C)	1	0
PC273A(A)	1	0
PC288(A)	18	0
PC288(B)	1	0
PC288(B)(1)	3	0
PC288.5(A)	3	0

Figure 15

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 1999 THROUGH 2002

	1999		2000		2001		2002	
Charge	F	M	F	M	F	M	F	M
PC207(b)	0	0	1	0	0	0	0	0
PC261.5(a)	0	0	0	0	0	2	0	0
PC261.5(b)	0	23	0	32	0	25	0	14
PC261.5(c)	1	3	2	5	4	0	0	0
PC261.5(d)	7	0	9	0	11	0	5	0
PC266h(b)	0	0	1	0	0	0	0	0
PC273a(a)	6	0	4	0	2	0	6	0
PC273a(b)	0	0	0	4	0	3	0	2
PC273d(a)	0	0	0	0	0	0	1	0
PC278	3	0	10	0	1	0	3	0
PC286(b)(1)	0	0	4	0	3	0	0	0
PC286(b)(2)	2	0	1	0	1	0	0	0
PC286(c)(1)	0	0	0	0	2	0	0	0
PC288(a)	120	0	265	0	167	0	145	0
PC288(b)(1)	0	0	0	0	5	0	7	0
PC288(c)(1)	0	0	0	0	0	0	2	0
PC288a(b)(1)	2	0	11	0	4	0	2	0
PC288a(b)(2)	0	0	1	0	1	0	1	0
PC288a(c)(1)	0	0	0	0	1	0	2	0
PC289(h)	3	0	3	0	0	0	2	0
PC289(i)	0	0	1	0	0	0	0	0
PC289(j)	0	0	0	0	1	0	0	0
PC311.11(a)	0	0	0	1	0	0	0	0
PC647.6(a)	0	0	2	0	0	0	1	0
PC647.6(b)	0	0	1	0	0	0	0	0

F = Felony
M = Misdemenor

Figure 16

PIE CHART -- FILED/DECLINED (JUVENILE)

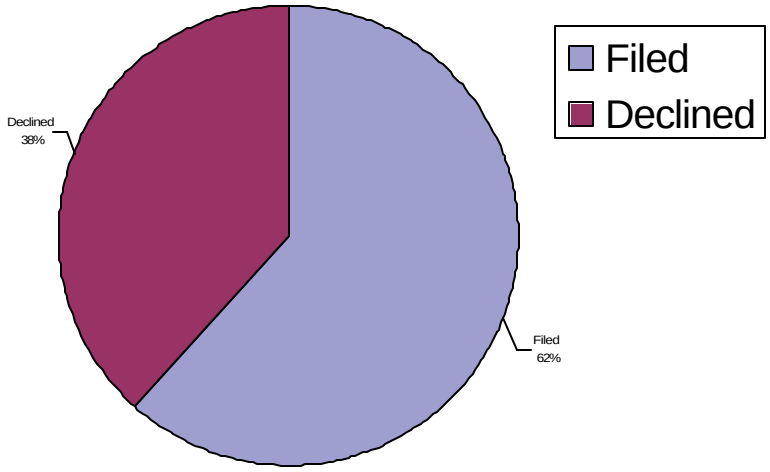


Figure 17

PIE CHART -- SUSTAINED/DISMISSED/NOT SUSTAINED (JUVENILE)

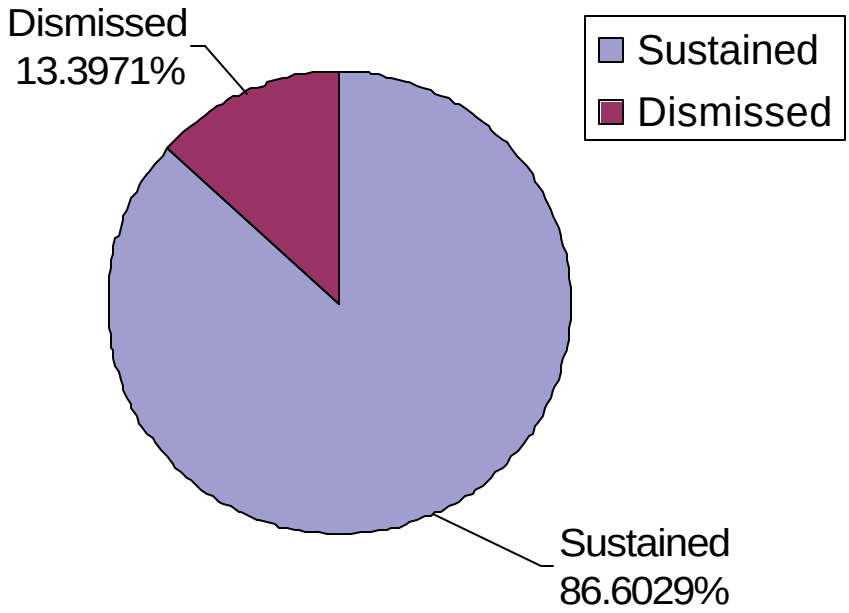


Figure 18

TOTAL JUVENILE CASES FILED BY ZIP CODE FOR 2002

Zip Code	2002	Zip Code	2002
90301	24	91101	22
90033	66	91342	43
90220	24	91766	43
90242	43	90301	24
90802	33		

Figure 19

TOTAL FILINGS BY GENDER FOR 1999 THROUGH 2002

	1999				2000			
Gender	**Juvenile**	**%**	**Adult**	**%**	**Juvenile**	**%**	**Adult**	**%**
Female	4,063	16%	31,211	17%	3,549	17%	30,504	17%
Male	21,732	84%	151,598	83%	17,750	83%	150,580	83%
Total	**25,795**		**182,809**		**21,299**		**181,084**	

	2001				2002			
Gender	**Juvenile**	**%**	**Adult**	**%**	**Juvenile**	**%**	**Adult**	**%**
Female	3,992	18%	30,852	17%	3,950	19%	31,497	18%
Male	17,736	82%	146,463	83%	17,036	81%	148,018	82%
Total	**21,728**		**177,315**		**20,986**		**179,515**	

Figure 20

CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 1999 THROUGH 2002

	1999				2000			
Gender	**Juvenile**	**%**	**Adult**	**%**	**Juvenile**	**%**	**Adult**	**%**
Female	21	6%	483	19%	26	9%	522	20%
Male	333	94%	2,052	81%	275	91%	2,108	80%
Total	**354**		**2,535**		**301**		**2,630**	

	2001				2002			
Gender	**Juvenile**	**%**	**Adult**	**%**	**Juvenile**	**%**	**Adult**	**%**
Female	30	8%	539	20%	23	7%	581	20%
Male	343	92%	2,154	80%	289	93%	2,353	80%
Total	**373**		**2,693**		**312**		**2,934**	

Figure 21

TOTAL JUVENILE FILINGS BY GENDER FOR 1999 THROUGH 2002

	1999				2000			
Gender	**Child Abuse**	**%**	**All Charges**	**%**	**Child Abuse**	**%**	**All Charges**	**%**
Female	21	6%	4,063		26	9%	3,549	16%
Male	333	94%	21,732		275	91%	17,750	84%
Total	**354**		**25,795**		**301**		**21,299**	

	2001				2002			
Gender	**Child Abuse**	**%**	**All Charges**	**%**	**Child Abuse**	**%**	**All Charges**	**%**
Female	30	8%	3,992	18%	23	7%	3,950	19%
Male	343	92%	17,736	82%	289	93%	17,036	81%
Total	**373**		**21,728**		**312**		**20,986**	

Figure 22

TOTAL ADULT FILINGS BY GENDER FOR 1999 THROUGH 2002

	1999				2000			
Gender	**Child Abuse**	**%**	**All Charges**	**%**	**Child Abuse**	**%**	**All Charges**	**%**
Female	483	19%	31,211	17%	522	20%	30,504	17%
Male	2,052	81%	151,598	83%	2,108	80%	150,580	83%
Total	**2,535**		**182,809**		**2,630**		**181,084**	

	2001				2002			
Gender	**Child Abuse**	**%**	**All Charges**	**%**	**Child Abuse**	**%**	**All Charges**	**%**
Female	539	20%	30,852	17%	581	20%	31,497	18%
Male	2,154	80%	146,463	83%	2,353	80%	148,018	82%
Total	**2,693**		**177,315**		**2,934**		**179,515**	

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 depicting 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 large number of child abuse cases, the Department has focused it's efforts on addressing this problem during both the pre- and post- adjudication process. These 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.

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 2002, 19 pregnant women were supervised by the Peri-natal caseload DPO. During this reporting period, there were 0 miscarriage and 2 abortions, and 1 bench warrants issued for non-reporting. Also during this reporting period, 10 women gave birth; 10 newborns were drug free, 0 were non-drug free, and 0 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 2002, the Post-natal caseload DPO supervised 18 parenting women. During this reporting period, 4 completed the program, 10 were returned to court and ordered into a Residential Treatment program, and 0 were terminated for non-compliance.

SELECTED FINDINGS

A comparative analysis was conducted between the reporting year (2002) and previous year (2001) to determine significant trends.

- Child Abuse referrals for adult offenders increased by 6.5%.
- Child Abuse referrals for adult female offenders increased by 3.7 %.
- Adults on probation supervision for child abuse increased by 11%.
- Child Abuse referrals for juvenile offenders increased by 46%.
- Child Abuse referrals for juvenile female offender increased by 1%.

ADULT CASES
CHILD ABUSE REFERRALS

- 350% increase (2 to 9) in Caretaker Absence referrals
- 31.3% increase (16 to 21) in Exploitation referrals
- 9.4% decrease (32 to 29) in General Neglect referrals
- 25% decrease (4 to 3) in Physical Abuse referrals
- 33.3% increase (18 to 24) in Severe Neglect referrals
- 7.3% increase (744 to 798) in Sexual Abuse referrals
- Sexual Abuse represented 744 of 816 (91.2%) referrals in 2002
- 6.5% increase overall (816 to 869) from 2001 to 2002

CHILD ABUSE REFERRALS BY AGE

- 32.4% increase (37 to 49) in adults under age 20
- 11.9% decrease (134 to 118) in adults, ages 20-24
- 8.7% increase (115 to 125) in adults, ages 25-29
- 0% increase (123 to 123) in adults, ages 30-34
- 11.4% increase (132 to 147) in adults, ages 35-39
- 22.4% increase (98 to 120) in adults, ages 40-44
- 0% increase (68 to 68) in adults, ages 45-49
- 22.9% increase (109 to 134) in adults over age 50

CHILD ABUSE CASELOADS BY AREA OFFICE (AO)

- 3.7% increase (135 to 140) at the Antelope Valley
- 2.2% decrease (323 to 316) at the Crenshaw
- 2.2% increase (136 to 139) at the East Los Angeles
- 6.5% increase (216 to 230) at the East San Fernando Valley
- 14.5% increase (152 to 174) at the Firestone
- 20.4% decrease (157 to 125) at the Foothill
- .9% decrease (108 to 107) at the Harbor
- 10.1% increase (198 to 218) at the Long Beach
- 13.2% increase (121 to 137) at the Rio Hondo
- 36.3% increase (168 to 229) at the Pomona Valley
- 2.8% decrease (142 to 138) at the San Gabriel Valley
- 42.4% increase (92 to 131) at the Santa Monica
- 19.4% increase (129 to 154) at the South Central
- 1.5% decrease (66 to 65) at the Valencia

CHILD ABUSE REFERRALS BY ETHNICITY

- 9.0% increase (144 to 159) involving adult African Americans
- 100% decrease (1 to 0) involving adult American Indians
- 25.0% decrease (12 to 9) involving adult Asian/Pacific Islanders
- 12.4% increase (482 to 542) involving adult Latinos
- 3.4% increase (148 to 153) involving adult Whites
- 8.7% decrease (23 to 21) involving adults of Other ethnicity
- Latinos represent 61.3% (542 of 884) of all adult referrals in 2002

Figure 1

ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2002
By Age and Ethnicity

	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50 and Over	Total
African American	10	24	22	26	29	18	11	19	159
American Indian	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	0	1	0	0	1	3	4	9
Latino	33	73	87	78	92	75	36	68	542
White	6	21	13	16	18	22	15	42	153
Other	0	0	2	3	8	4	3	1	21
Total	**49**	**118**	**125**	**123**	**147**	**120**	**68**	**134**	**884**
Percent	**5.5**	**13.3**	**14.1**	**13.9**	**16.6**	**13.6**	**7.7**	**15.2**	**100.0**

Figure1 reflects the number of adult referrals, by age and ethnicity, received by the Probation Department for child abuse offenses in 2002.

Figure 2

ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2002
By Area Office and Gender

Area Office	Male	Female	Total
Antelope Valley	20	2	22
Central Adult Investigation	216	32	248
County Parole	3	0	3
East Los Angeles	1	0	1
East San Fernando Valley	87	5	92
Firestone	0	0	0
Foothill	47	1	48
Harbor	62	2	64
Long Beach	62	4	66
Pomona Valley	60	1	61
Rio Hondo	97	4	101
San Gabriel Valley	33	1	34
Santa Monica	63	1	64
South Central	77	2	79
Valencia	1	0	1
Total	**829**	**55**	**884**
Percent	**93.8%**	**6.2%**	**100.0%**

[1] East San Fernando Valley Area Office covers the 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 2002.

Figure 3

ADULT & JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2002

Adult and Juvenile

Adult and Juvenile Offense Type	Adult	Percent	Juvenile	Percent	Total
Physical Abuse	3	.3	167	21.4	170
Sexual Abuse	798	90.3	594	76.1	1392
Exploitation	21	2.4	2	.3	23
General Neglect	29	3.3	1	.1	30
Caretaker Absence	9	1.0	0	.0	9
Severe Neglect	24	2.7	17	2.2	41
Total	**884**	**100.0**	**781**	**100.0**	**1665**
Percent	**53.1%**		**46.9%**		**100.0%**

Figure 4

ADULT CHILD ABUSE OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2002

By Age and Ethnicity

	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50 and Over	Total
African American	10	97	98	76	77	61	57	69	545
American Indian	0	1	0	1	0	2	0	1	5
Asian/Pacific Islander	0	5	8	8	5	8	3	13	50
Latino	14	244	248	191	197	139	97	117	1247
White	7	62	71	73	103	104	69	137	626
Other	0	13	11	16	20	11	9	9	89
Total	**31**	**422**	**436**	**365**	**402**	**325**	**235**	**346**	**2562**
Percent	**1.2**	**16.5**	**17.0**	**14.2**	**15.7**	**12.7**	**9.2**	**13.5**	**100.0**

Figure 3 reflects the number of adult cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2002.

Figure 5

ETHNICITY OF ADULTS UNDER SUPERVISION FOR CHILD ABUSE

Offenses in 2002

Ethnicity	Total	Percent
African American	545	21.3
American Indian	5	0.2
Asian/Pacific Islander	50	2.0
Latino	1247	48.6
White	626	24.4
Other	89	3.5
Total	**2562**	**100.0**

Figure 6

ADULT CHILD THREAT (C/T) WORKLOAD PER AREA OFFICE

As Of December 2002

Area Office	Number of Defendants	Number of Defendants on C/T Caseloads	Number of C/T DPO's
Alhambra	44	0	0
Antelope Valley	140	140	2
Centinela	204	201	3
Crenshaw	317	316	4
East Los Angeles	139	139	2
East San Fernando Valley	231	230	3
Firestone	175	174	3
Foothill	125	125	2
Harbor	107	107	2
Long Beach	219	218	3
Pomona Valley	229	229	3
Rio Hondo	140	137	2
San Gabriel Valley	142	138	2
Santa Monica	131	131	2
South Central	154	154	2
Valencia	65	65	1
Total	**2562**	**2504**	**36**

Figure 7

ADULT & JUVENILE 2002 CHILD ABUSE OFFENSE GRANTS OF PROBATION BY AREA

Adult and Juvenile

Area Office	Adults	Juveniles	Total
Transition to Area Office	0	83	83
Alhambra	37	0	37
Central Adult Investigation	5	0	5
Centinela	16	13	29
Crenshaw	31	4	35
East Los Angeles	5	12	17
East San Fernando Valley	20	0	20
East San Fernando Valley AV	4	14	18
East San Fernando Valley VL	2	1	3
Eastlake Intake Detention Control	0	0	0
Firestone	22	9	31
Foothill	11	6	17
Harbor	10	06	10
Kenyon JJC	0	9	9
Long Beach	15	4	19
Northeast Juvenile Justice Center	0	1	1
Pomona Valley	15	8	23
Rio Hondo	17	18	35
Riverview (La Madera)	5	0	5
San Gabriel Valley	13	17	30
Santa Monica	12	1	13
South Central	18	13	31
Sylmar	0	1	1
Van Nuys	1	4	4
Total	**258**	**218**	**476**
Percent	**54.2**	**45.8**	**100.0**

Of the 884 Child Abuse referrals received by the Adult Bureau in 2002, 258 (29.2%) 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.

JUVENILE CASES

CHILD ABUSE REFERRALS

- 100% decrease (1 to 0) in Caretaker Absence referrals
- 66.7% decrease (6 to 2) in Exploitation referrals
- 75% decrease (4 to 1) in General Neglect referrals
- 98.8% increase (84 to 167) in Physical Abuse referrals
- 240.0% increase (5 to 17) in Severe Neglect referrals
- 36.6% increase (435 to 594) in Sexual Abuse referrals
- 46% increase overall (535 to 781) from 2001 to 2002

CHILD ABUSE REFERRALS BY AGE

- 43.1% increase (58 to 83) in juveniles under age 11
- 26.8% decrease (56 to 41) in juveniles age 11
- 4.5% increase (66 to 69) in juveniles age 12
- 22.9% increase (70 to 86) in juveniles age 13
- 82.1% increase (78 to 142) in juveniles age 14
- 39.5% increase (86 to 120) in juveniles age 15
- 25.6% increase (78 to 98) in juveniles age 16
- 237.1% increase (35 to 118) in juveniles age 17
- 200% increase (8 to 24) in juveniles over age 17

CHILD ABUSE REFERRALS BY ETHNICITY

- 71.8% increase (142 to 244) involving juvenile African Americans
- 100% increase from (0 to 1) involving juvenile American Indians
- 60.0% increase (5 to 8) involving juvenile Asian/Pacific Islanders
- 41.0% increase (305 to 430) involving juvenile Latinos
- 16.4% increase (73 to 85) involving juvenile Whites
- 100% increase (6 to 12) involving juveniles of Other ethnicity
- 75.0% decrease (4 to 1) involving juveniles of Unknown ethnicity

Figure 8

JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2002

By Area Office and Gender

Area Office	Male	Female	Total
Transition to Area Office	148	5	153
Antelope Valley	20	0	20
Centinela	48	0	48
Crenshaw	48	8	56
East Los Angeles	19	1	20
Firestone	35	1	36
Foothill	25	1	26
Harbor	14	1	15
Intake Detention Control	0	0	0
Kenyon Juvenile Justice Ctr	31	1	31
Long Beach	23	4	27
Norheast Juvenile Justice Ctr	20	1	21
Pomona Valley	33	6	39
Rio Hondo	44	2	46
San Gabriel Valley	70	4	74
Santa Monica	14	2	16
South Central	83	2	85
Sylmar	25	2	27
Valencia	13	1	14
Van Nuys	28	0	28
Total Percent	**739**	**42**	**781**

Figure 8 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2002.

Figure 9

JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2002
By Age and Ethnicity

	Under 11	11	12	13	14	15	16	17	18 and Over	Total
African American	45	14	8	23	46	37	24	42	5	254
American Indian	0	0	0	0	0	0	0	1	0	1
Asian/Pacific Islander	1	2	0	1	1	1	0	0	0	8
Latino	26	21	42	48	81	74	59	63	16	430
White	10	4	18	13	9	7	14	9	1	85
Other	1	0	1	1	3	1	1	3	2	13
Total	**83**	**41**	**69**	**86**	**142**	**120**	**98**	**118**	**24**	**781**
Percent	**10.6**	**5.2**	**8.8**	**11.0**	**18.2**	**15.4**	**12.5**	**15.1**	**3.1**	**100.0**

Figure 9 reflects the number of juvenile referrals by age and ethnicity received by the Probation Department for child abuse offenses in 2002.

Figure 10

CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2002
Adult and Juvenile

Offense Type	Adult	Percent	Juvenile	Percent	Total
Physical Abuse	3	.3	167	21.4	170
Sexual Abuse	798	90.3	594	76.1	1392
Exploitation	21	2.4	2	.3	23
General Neglect	29	3.3	1	.1	30
Caretaker Absence	9	1.0	0	.0	9
Severe Neglect	24	2.7	17	2.2	41
Total	**884**	**100.0**	**781**	**100.0**	**1665**
Percent	**53.1%**		**46.9%**		**100.0%**

Figure 11

JUVENILE CHILD ABUSE OFFENSE SUPERVISION CASES AS OF DECEMBER 2002

By Age and Ethnicity

	Under 11	11	12	13	14	15	16	17	18 and Over	Total
African American	1	4	5	9	13	6	10	6	4	58
American Indian	0	0	0	0	0	0	0	0	1	1
Asian/Pacific Islander	0	0	0	0	0	1	0	0	0	1
Latino	0	5	6	13	20	28	28	28	9	137
White	0	0	0	2	2	3	1	6	1	15
Other	0	0	0	0	1	3	0	2	0	6
Total	**1**	**9**	**11**	**24**	**36**	**41**	**39**	**42**	**15**	**218**
Percent	**.5**	**4.1**	**5.0**	**11.0**	**16.5**	**18.8**	**17.9**	**19.3**	**6.9**	**100.0**

Figure 12

JUVENILE CHILD ABUSE OFFENSE SUPERVISION CASES AS OF DECEMBER 2002

By Ethnicity

Ethnicity	Total	Percent
African American	58	26.6
American Indian	1	.5
Asian/Pacific Islander	1	.5
Latino	137	62.8
White	15	6.9
Other	8	2.8
Total	**218**	**100.0**

Figure 13

2002 CHILD ABUSE OFFENSE GRANTS OF PROBATION BY AREA OFFICE
Adults and Juveniles

Area Office	Adults	Juveniles	Total
Transition to Area Office	0	83	83
Alhambra	37	0	37
Central Adult Investigation	5	0	5
Centinela	16	13	29
Crenshaw	31	4	35
East Los Angeles	5	12	17
East San Fernando Valley	20	0	20
East San Fernando Valley AV	4	14	18
East San Fernando Valley VL	2	1	3
Eastlake Intake Detention Control	0	0	0
Firestone	22	9	31
Foothill	11	6	17
Harbor	10	06	10
Kenyon JJC	0	9	9
Long Beach	15	4	19
Northeast Juvenile Justice Center	0	1	1
Pomona Valley	15	8	23
Rio Hondo	17	18	35
Riverview (La Madera)	5	0	5
San Gabriel Valley	13	17	30
Santa Monica	12	1	13
South Central	18	13	31
Sylmar	0	1	1
Van Nuys	1	4	4
Total	**258**	**218**	**476**
Percent	**54.2**	**45.8**	**100.0**

Of the 781 Juvenile Child Abuse offense referrals received in 2002, 218 (27.9%) offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Youth Authority, found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.

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 disposition 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 corporal 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 Crime an act or omission in violation of local, state or federal law forbidding or commanding it, and made punishable in a legal proceeding brought by a state or the US government

DA Case Reject - a District Attorney dispositional decision to reject the juvenile petition request (to file a formal complaint for court intervention) from the referral source (usually an arresting agency) by way of Probation due to lack of legal sufficiency (i.e., insufficient evidence)

Defendant - an Adult subject of a case, accused/convicted of a crime, before a criminal court of law.

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.

Formal Probation - the suspension of the imposition of a sentence by the court and the conditional and revocable release of an offender into the community, in lieu of incarceration, under the formal supervision of a DPO to ensure compliance with conditions and instructions of the court; noncompliance 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.

Informal Probation - Juvenile - a six-month probation supervision program for minors opted by the DPO following case intake investigation of a referral, or ordered by the juvenile court without adjudication or declaration of wardship; it is a lesser sanction and avoids formal hearings, conserving the time of the DPO, court staff and parents and is seen as less damaging to a minor's record.

Adult - a period of probation wherein an individual is under the supervision of the Court as opposed to the Probation Officer. The period of probation may vary.

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 of.

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 court.

Probation Department Probation Grant - the act of bestowing and placing 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 Camp Community Placement program is an intermediate sanction alternative to probation in the community and incarceration in the California Youth Authority.

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.

DEPARTMENT OF JUSTICE

AGENCY REPORT

DEPARTMENT OF JUSTICE/ CHILD PROTECTION PROGRAM

Each year in California, approximately 38,000 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 in 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.

Figure 1

CHILD ABUSE INVESTIGATION REPORTS
Entered in the Automated Child Abuse System

Types of Abuse	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Physical	30,815	30,766	27,085	26,709	24,113	21,318	21,693	19,751	16,867	15,485
Sexual	20,731	20,151	15,487	14,491	12,217	9,851	10,552	9,404	8,581	8,397
Neglect/Mental	5,517	5,666	5,744	6,619	6,501	9,490	11,394	11,573	10,721	8,365
Other	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	57,063	56,583	48,316	47,819	42,831	40,659	43,639	40,728	36,169	32,247

Approximate number of available reports in the child Abuse Central Index as of April 2, 2002
**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	1054	627	36	46	345	0
Alpine	0	0	0	0	0	0
Amador	7	2	0	0	5	0
Butte	484	235	98	25	126	0
Calaveras	35	23	4	1	7	0
Colusa	0	0	0	0	0	0
Contra Costa	495	313	79	17	86	0
Del Norte	25	16	4	1	4	0
El Dorado	97	51	23	4	19	0
Fresno	610	315	99	30	166	1
Glenn	70	43	7	5	15	0
Humboldt	174	104	30	0	40	0
Imperial	77	46	13	2	16	0
Inyo	70	24	33	2	11	0
Kern	1012	537	165	82	228	2
Kings	262	155	19	9	79	1
Lake	102	71	16	4	11	0
Lassen	60	42	6	1	11	0
Los Angeles	5406	2561	1009	143	1693	8
Madera	173	99	16	11	47	0
Marin	34	22	3	0	9	0
Mariposa	18	11	3	1	3	0
Mendocino	169	73	44	17	35	1
Merced	262	106	59	35	62	1
Modoc	18	9	0	0	9	0
Mono	1	0	1	0	0	0
Monterey	235	117	30	6	82	0
Napa	108	84	9	1	14	0
Nevada	80	51	11	4	14	0
Orange	4651	2497	795	167	1192	1
Placer	501	139	270	19	73	0
Plumas	63	38	10	1	14	0
Riverside	1373	661	253	94	365	1
Sacramento	2327	1267	446	108	506	1
San Benito	69	49	10	4	6	0
San Bernardino	2199	1067	184	162	786	2
San Diego	4817	1585	2432	69	731	2
San Francisco	207	119	9	5	74	0
San Joaquin	334	177	51	9	97	0

Figure 2

CHILD ABUSE INVESTIGATION REPORTS (CONTINUED)
Entered in the Automated Child Abuse System

County	Total	Physical	Mental	Neglect	Sexual	Deaths
San Luis Obispo	273	82	138	18	35	0
San Mateo	325	190	46	9	80	1
Santa Barbara	525	256	122	61	86	0
Santa Clara	708	265	56	10	377	1
Santa Cruz	218	72	102	4	40	0
Shasta	104	66	5	18	15	0
Sierra	2	1	0	0	1	0
Siskiyou	106	42	31	0	33	0
Solano	359	225	23	19	92	0
Sonoma	401	214	42	19	126	0
Stanislaus	350	145	7	11	187	2
Sutter	26	21	4	0	1	1
Tehama	5	3	0	0	2	0
Trinity	2	0	0	0	2	0
Tulare	256	126	28	20	82	0
Tuolumne	125	55	47	0	23	0
Ventura	659	337	129	15	178	1
Yolo	46	15	5	3	23	0
Yuba	78	34	8	3	33	0
TOTALS*	**32,247**	**15,485**	**7,070**	**1,295**	**8,397**	**27**

**2002 reports (by Date of Report) entered as of 4/2/2002*

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

Hightlight Activity for 2002/Amendment of Reporting Forms: Assembly Bill 1241, Chapter 916, Statutes of 2000 called for the amendment to the Suspected Child Abuse Report form (SS 8572). Penal Code section 11168 identifies that changes to the form must be reviewed by a committee of various professional medical associations, as well as reporting agencies. During several meetings held in March, April and June of 2002, the committee of representatives met to review and make changes to the mandated reporter's form. The revised form is available for distribution and can be accessed on the Attorney General website located at:

http:www.ag.ca.gov.

GLOSSARY OF TERMS

ACAS: Automated Child Abuse System. The mainframe database that contains the Child Abuse Investigation Reports submitted by child protection agencies from California.

CACI: Child Abuse Central Index. The common name for the ACAS.

INVESTIGATING AGENCY: Defined by Penal Code section 11165.9 as a police or sheriff's departments, a county probation department (if designated by the county to receive mandated reports), or a county welfare department.

SELECTED FINDINGS

- In 2002, a total of 5,406 Los Angeles County reports of child abuse and neglect investigations were entered in the Child Abuse Central Index (CACI), compared with 5,399 reports entered in CACI in 2001, a slight increase.

- Los Angeles County reports accounted for 16.7% of the State total of 32,247 during 2002.

- 47.4% of Los Angeles County's 2002 CACI entries were for physical abuse, 31.3 % were for sexual abuse, and the rest 21.3 % were for neglect and mental abuse. Eight child deaths from Los Angeles County were entered into the CACI in 2002; up 300% from 2 deaths reported in 2001.

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 the 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.

During the past ten years, new technology improved the Department's ability to transport and identify decedents, respond to public requests for information, and plan for future needs as follows:

- Purchase of a new scanning electron microscope with an automatic stage, increasing the speed of analysis
- Livescan system for rapid identification of decedents
- New computer network running MS Windows 2000/Active Directory, providing efficient access to Coroner's cases for public inquiries and statistical research
- The laboratory has improved its ability to detect new drugs, using new instrumentation such as a gas chromatograph-mass spectrometer-mass spectrometer and automate minilyser using ELISA technology
- The Department Internet site provides rapid access to general information, as well as e-mail addresses for key staff members
- Purchase of two multi-decedent vehicles, capable of transporting 14 decedents for mass disasters.
- New videoconferencing system that allows continuing medical education and interaction with other agencies and the criminal justice system

The Department of Coroner has improved efficiency by developing programs to generate revenue and train pathologists and physicians, as follows:

- Training for pathologists is provided in the subspecialty of forensic pathology, neuropathology, pediatric pathology, emergency medicine and other specialties
- Accreditation by the National Association of Medical Examiners until 2006, American Society of Crime Laboratory Directors until 2003, California Medical Association until 2004, and the Accreditation Council of Graduate Medical Education until 2005.
- "Skeletons in the Closet", the Coroner's Marketing program has been very successful in generating revenue through credit card purchases via the Internet

The Department is active in community service, including countywide projects such as:

- Youthful Drunk Driver Visitation Program that provides classes for individuals at risk for drunk driving accidents. Access to this program is by court order
- Mass casualty training for hospitals, medical groups, and large corporations throughout the county
- Inter-Agency Council of Child Abuse and Neglect (ICAN) participation to improve child protective services
- Regional offices have been opened in the Santa Clarita Valley, Antelope Valley and South Bay areas

FORENSIC MEDICINE DIVISION:

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

FORENSIC LABORATORIES DIVISION:

The Forensic Science Laboratories Bureau is responsible for the identification, collection, preservation and analysis of physical and medical evidence associated with Coroner's cases. The mission is to conduct a comprehensive scientific investigation into the cause and manner of any death within the Coroner's jurisdiction. The Laboratory is fully accredited by the American Society of Crime Laboratory Directors.

The Toxicology laboratory conducts chemical and instrumental analysis on post-mortem specimens to determine the extent that drugs may have contributed to the cause and manner of death. The Scanning Electron Micropscopy Laboratory conducts gunshot residue analysis to determine whether an individual may have fired a weapon. Tool mark analysis involves the evaluation of trauma to biological material, especially bone and cartilage, as to the type of instrument that might have produced the trauma. This not only helps our pathologists understand the circumstances of a death, but also aids the law enforcement agency in their criminal investigation.

OPERATIONS DIVISION/INVESTIGATIONS:

In accordance with state mandate, all law enforcement, health facilities and funeral directors are required to report deaths that may fall under the jurisdiction of the Coroner. The report initiates an investigation that may require dispatching an investigator to the scene of a homicide, accident, or suicide or to a hospital or mortuary. Investigators will interview witnesses, follow up on leads, collect evidence, make identification, notify the next of kin and interface with law enforcement agencies. The division participates in a state-mandated program to examine dental records of known missing persons to aid in the identification of John and Jane Does.

STATISTICAL SUMMARY:

In calendar year 2002, a total of 19,255 deaths were reported to the Los Angeles County Coroner. Of these cases, 9,802 were fully investigated and autopsied. Of the 9,802 cases, 578, or 5.90% 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, 307 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up.

SELECTED FINDINGS:

In 2002, the total deaths reported to the Department of Coroner rose by 5,090 cases.

Other notable findings were:

- Total reportable ICAN cases: An increase of 43 cases were reported
- Accident cases: An increase of 37 cases were reported
- Suicide cases: A decrease of 8 cases were reported
- Undetermined cases: An increase of 11 cases were reported

In 2002, in comparing deaths by age, the following notable findings were found:

- 15 years: An increase of 11 cases were reported
- 16 years: An increase of 8 cases were reported
- 17 years: An increase of 20 cases were reported.

Figure 1

CASE COMPARISON BY MODE OF DEATH AND GENDER

Total ICAN cases: 307

By Mode of Death	Total Cases	% of Total
Accident	174	56.68%
Homicide	38	13.26%
Suicide	19	10.23%
Undetermined	76	24.75%
Total	307	100.00%
By Gender	**Total Cases**	**% of Total**
Female	132	43.00%
Male	175	57.00%
Total	**307**	**100.00%**

Figure 2

CASE COMPARISON BY ETHNICITY AND AGE

Total ICAN cases: 307

By Ethnicity	Total Cases	% of Total
Unknown	3	.99%
Asian	10	3.26%
Black	64	20.84%
Caucasian	57	18.56%
Chinese	2	.66%
Filipino	4	1.31%
Hispanic/Latin American	159	51.80%
Hawaiian	1	.32%
Japanese	1	.32%
Korean	4	1.30%
Pacific Islander	1	.32%
Samoan	1	.32%
Total	**307**	**100.00%**
Deaths by Age	**Total Cases**	**% of Total**
Stillborn	36	11.73%
1 day - 30 days	17	5.54%
1 - 5 months	41	13.35%
6 months - 1 year	53	17.26%
2 years	17	5.54%
3	13	4.23%
4	8	2.61%
5	8	2.61%
6	4	1.30%
7	6	1.95%
8	4	1.30%
9	4	1.30%
10	5	1.63%
11	6	1.95%
12	8	2.61%
13	5	1.63%
14	6	1.95%
15	14	4.56%
16	18	5.87%
17	34	11.08%
Total	**307**	**100.00%**

Figure 3

MODE OF DEATH: ACCIDENT

By Gender, by Ethnicity, by Age

Total Accident Cases: 174

Deaths by Gender	Total Cases	% of Total
Female	76	43.68%
Male	98	56.32%
Total	**174**	**100.00%**
Deaths by Ethnicity	**Total Cases**	**% of Total**
Asian	7	4.03%
Black	35	20.11%
Caucasian	40	22.98%
Chinese	2	1.16%
Filipino	2	1.16%
Hawaiian	1	.57%
Hispanic/Latin American	82	47.12%
Japanese	1	.57%
Korean	2	1.16%
Pacific Islander	1	.57%
Unknown	1	.57%
Total	**174**	**100.00%**
Deaths by Age	**Total Cases**	**% of Total**
Stillborn	23	12.73%
1 day - 29 days	5	2.89%
1 - 5 months	6	3.47%
6 months - 1 year	24	13.88%
2 years	11	6.35%
3	11	6.35%
4	6	3.48%
5	7	4.05%
6	2	1.15%
7	3	1.73%
8	3	1.73%
9	4	2.31%
10	4	2.31%
11	5	2.89%
12	6	3.48%
13	3	1.73%
14	5	2.89%
15	10	5.78%
16	12	6.93%
17	24	13.87%
Total	**174**	**100.00%**

Figure 3

MODE OF DEATH: ACCIDENT
By Cause of Death
Total Accident Cases: 174

By Cause of Death	Total Cases	% of Total
Acute Anoxic Encephalopathy	1	.58%
Airway Obstruction	2	1.15%
Amphetamine/Methamphetamine	3	1.73%
Anaphylactic Reaction to Amoxicillin	1	.58%
Asphyxia by food	1	.58%
Asphyxia By Other Object Nose	1	.58%
Atlanto_Axiel Vertebral Dislocation	1	.58%
Auto Motorcycle Truck vs. Ped	14	8.09%
Auto vs. auto,motorcyc,truck,van	13	7.51%
Auto vs. bicycle	4	2.31%
Auto vs. Fixed Object	5	2.89%
Auto vs. Overturning	2	1.15%
Blunt Force Injury	1	.58%
Blunt Force - Und- Injury	1	.58%
Blunt Force Trauma of Neck/Spinal Cord	1	.58%
Blunt Head Trauma	9	4.62%
Caught Accidentally In Or Between	1	.58%
Cocaine accident	5	2.89%
Carbon Monoxide Intoxication	3	1.73%
Chest Trauma	1	.58%
Closed Head Trauma	1	.58%
Consequences of Asphyxia	1	.58%
Craniocerebral Trauma	3	1.73%
Drowning Accident	12	6.93%
Effects of Thermal Injuries	1	.58%
Encephelopathy	1	.58%
Fetal	1	.58%
Fire Inhale Of Prod Of Combustion	3	1.73%
Head Trauma	2	1.15%
Hemothorax	1	.58%
Heroin/Morphine Toxicity	1	.58%
Hanging - Accident	2	1.15%
Hyperkalemia	1	.58%
Inhalation of Products of Combustion	1	.58%
Insulin Injection	1	.58%
Intracranial Hemorrhage	1	.58%
Intrauterine Fetal Demise	9	5.20%
Loss Control auto, truck	3	1.73%
Maternal Injuries	1	.58%
Mechanical Suffocation	1	.58%
Multiple Blunt Force Injuries	15	8.67%
Multiple Blunt Force Trauma	1	.58%
Multiple Drugs Accident	3	1.73%
Multiple Traumatic Injuries	9	5.23%
Operative Therapeutic Procedure	3	1.73%
Other Acc At Hospital Not Therapeutic	1	.58%
Perforated Stomach	1	.58%
Perinatal Demise	2	1.15%
Prematurity Associated w/Maternal Substance	1	.58%
Sequelae of Extensive Thermal Injuries	1	.58%
Sequelae of Prematurity	2	1.15%
Severe Craniocerebral Trauma	2	1.15%
Severe Liver Laceration	1	.58%
Skull Fracture	1	.58%
Smoke Inhalation	1	.58%
Smoke Inhalation and Thermal Burns	1	.58%
Stillbirth	1	.58%
Swimming Pool Drowning	6	3.47%
Subdural Hematoma	1	.58%
Suffocation Bed/Cradle	1	.58%
Traumatic Hemoperitoneum	1	.58%
Traumatic Injuries	2	1.15%
Total	**174**	**100.0%**

Figure 4

MODE OF DEATH: HOMICIDE
By Gender, by Ethnicity, by Age
Total Homicide Cases: 38

Deaths by Gender	Total Cases	% of Total
Female	21	55.26%
Male	17	44.74%
Undetermined	0	0.0%
Total	38	100.0%

Deaths by Ethnicity	Total Cases	% of Total
Asian	1	2.64%
Black	7	18.42%
Caucasian	2	5.26%
Hispanic/Latin American	27	71.04%
Unknown	1	2.64%
Total	**38**	**100.00%**

Deaths by Age	Total Cases	% of Total
Stillborn	4	10.53%
1 day - 29 days	4	10.53%
1 month - 5 months	1	2.63%
6 months - 1 year	13	34.22%
2	5	13.16%
3	2	5.26%
4	1	2.63%
5	1	2.63%
6	2	5.26%
7	2	5.26%
8	1	2.63%
10	1	2.63%
12	1	2.63%
Total	**38**	**100.00%**

By Cause of Death	Total Cases	% of Total
Anoxic Encephalopathy & Sequele	1	2.63
Asphyxia	1	2.63
Asphyxia By Other Object Nose	2	5.26
Assault Abandonment of Child & Infant	1	2.63
Assault By Blunt Object	4	10.54
Assault Carbon Monoxide	2	5.26
Assault by Drowning	4	10.52
Assault by Drugs	1	2.63
Assault by Firearm	2	5.26
Assault Child Abuse	3	7.91
Blunt Force Trauma	2	5.26
Cerebral Anoxia/Hypoxic Enceph	1	2.63
Exsanguination and Possible Suffocation	1	2.63
Incised Wound To Neck	2	5.26
Perinatal Demise	1	2.63
Perinatal Demise Due to Probable Asphyxia And Other Undetermined	1	2.63
Poisoning By Gases Carbon Monoxide	4	10.54
Postpartum Demise From Pneumonia	1	2.63
Sequelae of Abusive Head Trauma	1	2.63
Sequelae of Hypoxic Ischemic Encephalopathy	1	2.63
Sequelae of Prematurity	1	2.63
Undetermined, Partially Skeletonized (mummified)	1	2.63
Total	**38**	**100%**

Figure 5

MODE OF DEATH: SUICIDES

By Gender, by Ethnicity, by Age, by Cause of Death

Total Suicide Cases: 19

Deaths by Gender	Total Cases	% of Total
Female	6	31.58%
Male	13	68.42%
Total	**19**	**100.0%**

Deaths by Ethnicity	Total Cases	% of Total
Asian	1	5.26%
Caucasian	7	36.85%
Hispanic/Latin American	10	52.63%
Samoan	1	5.26%
Total	**19**	**100.00%**

Deaths by Age	Total Cases	% of Total
12	1	5.26%
13	2	10.52%
15	3	15.79%
16	5	26.31%
17	8	42.12%
Total	**19**	**100.00%**

By Cause of Death	Total Cases	% of Total
Asphyxia By Other Object Nose	1	5.26%
Drowning Accidental	1	5.26%
Firearms, gunshot	6	31.58%
Gunshot Wound of Chest	1	5.26%
Gunshot Wound of Head	3	15.80%
Hanging - Suicide	3	15.80%
Jumping From a High Place	1	5.26%
Multiple Blunt Traumatic Injuries	1	5.26%
Severe Craniocerebral Trauma	1	5.26%
Trauma Injuries	1	5.26%
Total	**19**	**100%**

Figure 6

MODE OF DEATH: UNDETERMINED
By Gender, by Ethnicity, by Age
Total Undetermined Cases: 76

Deaths by Gender	Total Cases	% of Total
Female	29	38.17%
Male	47	61.83%
Total	**76**	**100.0%**

Deaths by Ethnicity	Total Cases	% of Total
Asian	1	1.32%
Black	22	28.95%
Caucasian	8	10.52%
Filipino	2	2.63%
Hispanic/Latin American	40	52.63%
Korean	2	2.63%
Unknown	1	1.32%
Total	**76**	**100.00%**

Deaths by Age	Total Cases	% of Total
Stillborn	9	11.82%
1 day - 29 days	8	10.53%
1 - 5 months	34	44.74%
6 months - 1 year	16	21.05%
2	1	1.32%
4	1	1.32%
7	1	1.32%
11	1	1.32%
14	1	1.32%
15	1	1.32%
16	1	1.32%
17	2	2.62%
Total	**76**	**100.00%**

By Cause of Death	Total Cases	% of Total
Bronchopneumonia (Organism Undetermined)	3	3.94%
Fetal	2	2.63%
Interstitial Pneumonitis and Other Undetermined Factors	2	2.63%
Intrauterine Fetal Demise	1	1.32%
Multiple Drugs - Undetermined	1	1.32%
Noncertifiable Fetus (Therapeutic Abortion)	1	1.32%
Otitus Media	1	1.32%
Perinatal Demise	1	1.32%
Peripartum Demise	1	1.32%
Product of Therapeutic Abortion Noncertifiable Fetus	1	1.32%
Sequelae of Acute Ischemic/Hypoxic Encephalopathy	1	1.32%
Sequelae of Hypoxic Encephalopathy	1	1.32%
Sequelae of Hypoxic-Ischemic Event	1	1.32%
Sequelae of Perinatal Asphyxia	1	1.32%
Traumatic Head Injuries	1	1.32%
Undetermined	12	15.76%
Undetermined After Autopsy	43	56.56%
Undetermined - Natural	1	1.32%
Viral Infection	1	1.32%
Total	**76**	**100.00%**

Los Angeles County Public Library

AGENCY REPORT

COUNTY OF LOS ANGELES PUBLIC LIBRARY

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 2002: 89,000 registered for library cards; 7.24 million children's books were checked out; 104,000 children participated in early childhood education activities; 113,000 children attended school-age reading motivation programs; 209,500 children participated through classroom visits; and 114,280 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 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.

MEASURED RESULTS
(January - December, 2002)

- 3,921 adults participating in clinic sessions
- 2,462 children introduced to books at clinics
- 825 adults attended library sessions
- 1,314 children attended library sessions

In 1999, the program was expanded to include presentations to parents at the Women Infants and Children (WIC) clinic in Bellflower.

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 2002, a total of 1843 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

The Department of Mental Health (DMH) administers, develops, coordinates, monitors and evaluates a continuum of mental health services for children within the Children's System of Care (CSOC).

THE MISSION OF THE CSOC

To enable children with emotional disorders to develop their ability to function.

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, interagency agreements, blended funding, and grant proposals to support new programs.
- Collaborates with the other public agencies, particularly the Department of Health Services (DHS), the Department of Children and Family Services (DCFS), the Probation Department, the County Office of Education (LACOE), and school districts, (e.g., LAUSD).
- Promotes the development of county and statewide mental health policy and legislation to advance the well-being of children and families.

Whom the CSOC Serves

The CSOC serves children who have a DSM-IV 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 has a DSM-IV diagnosis that has or will, without treatment, manifest in psychotic, suicidal or violent behavior, or long-term impairment of functioning in home, community or school.

The CSOC Treatment Network

The CSOC provides mental health services through 20% directly-operated and 80% contracted service providers. The CSOC network links a range of programs, including long-term and acute psychiatric hospitals, outpatient clinics, specialized outpatient services, day treatment, case management and outreach programs throughout the county.

Clients and Programs Related To Child Abuse and Neglect

This chapter reports on the client characteristics of child and adolescent clients who are victims of, or are at risk of, child abuse and neglect and are receiving psychological services in relevant programs provided by the DMH.

The programs to be presented include those that provide psychological care for abused or neglected children and adolescents. In addition, the chapter covers treatment programs for children and adolescents who are at risk for abuse or neglect.

The chapter will review the following programs: START; Family Reunification; Child Abuse Prevention, Intervention and Treatment; D-Rate Foster Care; Level 14 Group Homes; Family Preservation; DMH Psychological Test Authorization; Juvenile Court Mental Health Services; and Juvenile Justice Mental Health Services.

START TAKING ACTION RESPONSIBLY TODAY (START) PROGRAM

The START 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 Program is staffed by professionals from DCFS, DMH, Probation, LACOE and LAUSD. DCFS is the lead agency, though START is managed as an interagency coalition. The Program also collabo-

rates with community groups and service providers, child advocates, and other agencies such as the District Attorney (D.A.), Dependency and Delinquency Courts, and local law enforcement.

The START Program 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 Program 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 youth 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 has a staff consisting of a senior psychologist, three clinical psychologists, a supervising children's social worker (CSW) and seven CSW's. In addition, START services are supported by a LACOE educational counselor, a LAUSD educational counselor and a case manager employed by the Probation Department. Each site serves youth 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 provide ongoing consultation and services and direct follow-up with the youth, as needed. Psychological services for START clients are provided in collaboration with DMH.

During FY 01-02, the START program served 246 clients. Figures 1, 2, 3 and 4 reflect their gender, age, race/ethnicity and Agency of Primary Responsibility (APR). DCFS was the main referring agency for this program, followed by Probation.

The psychiatric diagnoses for the START clients are displayed in Figures 5 and 6. The most prevalent

Figure 1

START PROGRAM
Gender

	Count	Percent
Male	166	67.5%
Female	80	32.5%
TOTAL	**246**	**100.0%**

Figure 2

START PROGRAM
Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	1	0.4%
12-17	181	73.6%
18-20	64	26.0%
TOTAL	**246**	**100.0%**

Figure 3

START PROGRAM
Race/Ethnicity

Ethnicity	Count	Percent
Caucasian	11	4.5%
African American	148	60.2%
Hispanic	60	24.4%
American Native	0	0.0%
Asian/ Pacific Islander	2	0.8%
Other	0	0.0%
Unknown	25	10.2%
TOTAL	**246**	**100.0%**

Figure 4

START PROGRAM
Responsible Agency

	Count	Percent
DCFS	149	60.6%
Probation	53	21.5%
DCFS and School Dist	17	6.9%
Probation and School District	0	0.0%
School District (SEP Eligible)	1	0.4%
School District (Non-SEP Eligible)	1	0.4%
No Data	25	10.2%
TOTAL	**246**	**100.0%**

Figure 5

START PROGRAM
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	1	0.4%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	3	1.2%
BiPolar Disorders	5	2.0%
Major Depression	79	32.1%
Anxiety Disorders	34	13.8%
Other Diagnoses	13	5.3%
Adjustment/Conduct Disorder/ADHD	94	38.2%
Child Abuse and Neglect	1	0.4%
No Diagnosis or Diagnosis Deferred	16	6.5%
TOTAL	**246**	**100.0%**

Figure 6

START PROGRAM
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	12	4.9%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	1	0.4%
BiPolar Disorders	1	0.4%
Major Depression	13	5.3%
Anxiety Disorders	13	5.3%
Other Diagnoses	9	3.7%
Adjustment/Conduct Disorder/ADHD	18	7.3%
Child Abuse and Neglect	2	0.8%
No Diagnosis or Diagnosis Deferred	177	72.0%
TOTAL	**246**	**100.0%**

primary admission diagnoses were Adjustment /Conduct Disorder/ADHD, Major Depression and Anxiety Disorders.

Substance abuse appears to be an issue for one-fifth of the START clients (Figure 7). Marijuana is the most frequently reported substance used.

Figure 7

START PROGRAM
Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	7	2.8%
Amphetamines (30XAM, 30UAM)	1	0.4%
Marijuana (30XMJ, 30UMJ)	31	12.6%
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)	10	4.1%
No Substance Abuse (30XNO, 30UNO)	155	63.0%
Undetermined	41	16.7%
TOTAL	**246**	**100.0%**

REUNIFICATION OF MISSING CHILDREN PROJECT

Two of the Department's contracted mental health providers, Didi Hirsch Community Mental Health Center (CMHC) and The Los Angeles Center for Therapy and Education (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. Its 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, DCFS, County Counsel, FBI, US Secret Service, Mexican Consulate, and the D.A.'s Office.

During FY 01-02, 26 clients were served by the Family Reunification programs of Didi Hirsch CMHC and The H.E.L.P. Group. Of the 21 clients served at Didi Hirsch, five were community outreach clients and 16 were clinic clients. An additional five clinic clients were served by The H.E.L.P. Group. Figures 8-14 present relevant characteristics for those program clients who were served in these two clinic settings. The community outreach clients served by the Family Reunification Program are not tracked in the DMH Management Information System and are, therefore, not included in Figures 8-14.

Figure 8
FAMILY REUNIFICATION PROGRAM
Gender

	Count	Percent
Male	12	57.1%
Female	9	42.9%
TOTAL	**21**	**100.0%**

Figure 9
FAMILY REUNIFICATION PROGRAM
Age (Group)

	Count	Percent
0-5	8	38.1%
6-11	10	47.6%
12-17	3	14.3%
18-20	0	0.0%
TOTAL	**21**	**100.0%**

Figure 10
FAMILY REUNIFICATION PROGRAM
Race/Ethnicity

	Count	Percent
Caucasian	7	33.3%
African American	6	28.6%
Hispanic	4	19.0%
American Native	0	0.0%
Asian/ Pacific Islander	1	4.8%
Other	0	0.0%
Unknown	3	14.3%
TOTAL	**21**	**100.0%**

Figure 11
FAMILY REUNIFICATION PROGRAM
Responsible Agency

	Count	Percent
DCFS	5	23.8%
Probation	0	0.0%
DCFS and School Dist	1	4.8%
Probation and School District	0	0.0%
School District (SEP Eligible)	0	0.0%
School District (Non-SEP Eligible)	1	4.8%
No Data	14	66.7%
TOTAL	**21**	**100.0%**

Figures 8, 9, 10 and 11 show the gender, age, race/ethnicity, and APR of the 21 Family Reunification clinic clients. DCFS provided the largest number of identified referrals.

Diagnostic information is presented in Figures 12 and 13. Anxiety Disorders and Major Depression were the most common primary admission diagnoses for Family Reunification clients. Figure 14 documents a lack of substance abuse in this population.

CHILD ABUSE PREVENTION, INTERVENTION AND TREATMENT (CAPIT) PROGRAM (AB 1733/2994)

Since 1984, the CAPIT Program has been providing early intervention/prevention services to victims of child abuse and/or neglect, their families, and

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	2	9.5%
Anxiety Disorders	13	61.9%
Other Diagnoses	3	14.3%
Adjustment/Conduct Disorder/ADHD	1	4.8%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	2	9.5%
TOTAL	**21**	**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	0	0.0%
Anxiety Disorders	1	4.8%
Other Diagnoses	4	19.0%
Adjustment/ Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	3	14.3%
No Diagnosis or Diagnosis Deferred	13	61.9%
TOTAL	**21**	**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)	21	100.0%
TOTAL	**21**	**100.0%**

those who are at high risk for abuse and/or neglect. The population that it serves includes both children who still reside with their parents/caregivers, as well as those who have been removed from their home. The CAPIT program derives from two legislative initiatives: AB 1733 and AB 2994 (Statutes of 1982). AB 1733 authorizes state funding for child abuse prevention and intervention services offered by public and private nonprofit 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 be used for prevention services. More recent legislation (SB 750) enables counties to add $3 to this surcharge.

CAPIT seeks to identify and provide services to isolated families, particularly those with children five years and younger. These services are delivered to children who are victims of crime or abuse and to at-risk children. The target population also consists of families with substance abuse problems, infants and preschool age children at risk of abuse, children exposed to domestic violence, children with serious emotional problems who are not eligible for Medi-Cal, and pregnant and parenting

adolescents and their children.

The CAPIT program provides high-quality in-home services, including counseling and crisis response, as well as individual/family/group counseling in the clinic, case management services, parenting education, support groups and 24-hour telephone availability for its clients. Since the children served are often suffering from unresolved loss, play therapy and family therapy are used to address attachment problems. Parent-Child Interaction Therapy (PCIT) is a structured behavioral technique used to enhance attachment while assisting the caregiver in managing their children. Therapies that facilitate communication about memories linked to traumatic events are used to alleviate Post-traumatic Stress Disorder (PTSD) symptoms 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 CAPIT Program is the prevention of child abuse at the earliest possible stage by improving the family's ability to cope with daily stressors through education and support. The program objective is to increase child abuse services to existing non-Medi-Cal-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 draw down Medi-Cal funds, thus expanding the availability of these specific services to county residents.

During FY 01-02, there were nine 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 their child abuse intervention/prevention services by a minimum of 25%. 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 CSW's from DCFS. Other families are referred by community organizations or are self-referred.

The nine CAPIT providers treated 1,861 children in FY 01-02. Figures 15, 16 and 17 present gender, age and ethnicity the for the CAPIT participants. Figure 18 shows that the largest number of clients with an identified APR were referred by DCFS.

Figure 15

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Gender

	Count	Percent
Male	1001	53.8%
Female	860	46.2%
TOTAL	**1,861**	**100.0%**

Figure 16

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Age (Group)

	Count	Percent
0-5	150	8.1%
6-11	982	52.8%
12-17	669	35.9%
18-20	60	3.2%
TOTAL	**1,861**	**100.0%**

Figure 17

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Ethnicity

	Count	Percent
Caucasian	311	16.7%
African American	323	17.4%
Hispanic	799	42.9%
American Native	6	0.3%
Asian/ Pacific Islander	243	13.1%
Other	15	0.8%
Unknown	164	8.8%
TOTAL	**1,861**	**100.0%**

Figure 18

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM
Responsible Agency

	Count	Percent
DCFS	401	21.5%
Probation	22	1.2%
DCFS and School Dist	20	1.1%
Probation and School District	3	0.2%
School District (SEP Eligible)	62	3.3%
School District (Non-SEP Eligible)	25	1.3%
No Data	1,328	71.4%
TOTAL	**1,861**	**100.0%**

Diagnostic information is displayed in Figures 19 and 20. The most prevalent primary admission diagnoses for CAPIT were Adjustment/Conduct Disorder/ADHD, Anxiety Disorders, and Major Depression. Also, 148 clients received a primary admission DSM IV diagnosis of Child Abuse and Neglect, and 235 clients received this as their secondary admission diagnosis. Figure 21 shows that about half of the reported substance-using clients were involved with marijuana.

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 D-Rate foster parents receive supplemental compensation because of the additional responsibilities involved in caring for emotionally disturbed children. The D-Rate Assessment Program is a collaborative effort between DCFS and DMH. DMH supervises clinical assessors who evaluate D-Rate children in foster homes at admission and annually. These assessments help to determine the appropriateness of the placement of these children in D-Rate-approved foster homes.

Figure 19

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	2	0.1%
Disorders due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	7	0.4%
BiPolar Disorders	19	1.0%
Major Depression	448	24.1%
Anxiety Disorders	535	28.7%
Other Diagnoses	89	4.8%
Adjustment/Conduct Disorder/ADHD	580	31.2%
Child Abuse and Neglect	148	8.0%
No Diagnosis or Diagnosis Deferred	32	1.7%
TOTAL	**1,861**	**100.0%**

Figure 20

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	6	0.3%
Disorders due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	4	0.2%
BiPolar Disorders	6	0.3%
Major Depression	120	6.4%
Anxiety Disorders	156	8.4%
Other Diagnoses	178	9.6%
Adjustment/Conduct Disorder/ADHD	194	10.4%
Child Abuse and Neglect	235	12.6%
No Diagnosis or Diagnosis Deferred	961	51.6%
TOTAL	**1,861**	**100.0%**

Figure 21

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	6	0.3%
Amphetamines (30XAM, 30UAM)	4	0.2%
Marijuana (30XMJ, 30UMJ)	22	1.2%
Cocaine (30XCO, 30UCO)	1	0.1%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	7	0.4%
No Substance Abuse (30XNO, 30UNO)	1,709	91.8%
Undetermined	112	6.0%
TOTAL	**1,861**	**100.0%**

When a child is placed in a D-Rate foster home, a DCFS caseworker evaluates the child and then refers the foster family to the D-Rate Assessment Unit of DMH. Approximately 60-100 D-Rate families are evaluated in this manner each month. A DMH clinical assessor is then assigned to the D-Rate foster family and carries out an in-depth assessment of the placed child and interviews the foster family. The clinical assessor completes and summarizes the evaluation within a three-week period and submits it to the DMH Unit. Within a month, the Unit suggests mental health treatment referral options to the foster parent for the D-Rate foster child. If, after completing the assessment, the assessor has questions about the appropriateness of the placement, the matter is referred to a DCFS/DMH Review Committee. DCFS makes the final determination of the suitability of D-Rate placements.

During FY 01-02, 1,383 annual D-Rate psychological assessments were carried out by DMH clinical assessors. 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. Additional services are often recommended for D-Rate children already receiving mental health care.

DMH also provides 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 of record without including other children residing in the foster home.

In addition, the Community Treatment Connection (CTC) has been implemented 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.

Figures 22, 23 and 24 present gender, age and ethnicity for assessed D-Rate children. Figure 25 indicates that most were referred by DCFS.

Diagnoses for the assessed D-Rate clients are contained in Figures 26 and 27. Adjustment/Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders were the most common admission diagnoses for these D-Rate foster children. There were 16 D-Rate children who received a secondary diagnosis of Child Abuse and Neglect. 30 of the D-Rate foster children exhibited a substance use problem at admission (Figure 28). Marijuana was the most frequently reported substance used.

Figure 22

D-RATE ASSESSMENT UNIT

Gender

	Count	Percent
Male	780	56.4%
Female	603	43.6%
TOTAL	**1,383**	**100.0%**

Figure 23

D-RATE ASSESSMENT UNIT

Age (Group)

	Count	Percent
0-5	113	8.2%
6-11	663	47.9%
12-17	575	41.6%
18-20	32	2.3%
TOTAL	**1,383**	**100.0%**

Figure 24

D-RATE ASSESSMENT UNIT

Ethnicity

	Count	Percent
Caucasian	147	10.6%
African American	746	53.9%
Hispanic	263	19.0%
American Native	5	0.4%
Asian/ Pacific Islander	17	1.2%
Other	6	0.4%
Unknown	199	14.4%
TOTAL	**1,383**	**100.0%**

Figure 25

D-RATE ASSESSMENT UNIT

Responsible Agency

	Count	Percent
DCFS	973	70.4%
Probation	33	2.4%
DCFS and School Dist	46	3.3%
Probation and School District	4	0.3%
School District (SEP Eligible)	23	1.7%
School District (Non-SEP Eligible)	11	0.8%
No Data	293	21.2%
TOTAL	**1,383**	**100.0%**

Figure 26

D-RATE ASSESSMENT UNIT

Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	1	0.1%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	21	1.5%
BiPolar Disorders	23	1.7%
Major Depression	272	19.7%
Anxiety Disorders	114	8.2%
Other Diagnoses	67	4.8%
Adjustment/Conduct Disorder/ADHD	836	60.4%
Child Abuse and Neglect	1	0.1%
No Diagnosis or Diagnosis Deferred	48	3.5%
TOTAL	**1,383**	**100.0%**

Figure 27

D-RATE ASSESSMENT UNIT

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	12	0.9%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	9	0.7%
BiPolar Disorders	17	1.2%
Major Depression	128	9.3%
Anxiety Disorders	72	5.2%
Other Diagnoses	283	20.5%
Adjustment/Conduct Disorder/ADHD	412	29.8%
Child Abuse and Neglect	16	1.2%
No Diagnosis or Diagnosis Deferred	434	31.4%
TOTAL	**1,383**	**100.0%**

Figure 28

D-RATE ASSESSMENT UNIT

Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	5	0.4%
Amphetamines (30XAM, 30UAM)	1	0.1%
Marijuana (30XMJ, 30UMJ)	20	1.4%
Cocaine (30XCO, 30UCO)	0	0.0%
Hallucinogens (30XHA, 30UHA)	1	0.1%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	1	0.1%
Polysubstance Abuse (30XPS, 30UPS)	4	0.3%
No Substance Abuse (30XNO, 30UNO)	1,282	92.7%
Undetermined	69	5.0%
TOTAL	**1,383**	**100.0%**

RATE CERTIFICATION LEVEL (RCL) 14 GROUP HOMES

The DMH 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 293 minors in RCL 14 group homes during FY 01-02. Of these, 83% were male and 17% were female. The sources of their referral were: 70% from DCFS, 18% from DMH, and 12% from Probation. 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.

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 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 allocates funds to DMH for the FP mental health services and DMH, in turn, contracts for services from local private mental health agencies. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds also support this program. Blended funding between DCFS and DMH has also led to an innovative Dual Diagnosis program for FP families residing in South Central Los Angeles. SHIELDS for Families, located in Service Area 6, provides mental health services to FP participants.

Mental health services are one of 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 delinquent behaviors. Mental health services, including psychological testing, individual, group and family therapy, and medication support are provided in the child's community, school and home.

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 referral for mental health services. The FPS reports to a DMH District Chief or geographic area manager of a specific community so that the FP mental health component is integrated with other mental health services.

During FY 01-02, there were 915 clients served by 19 DMH service providers. Figures 29, 30 and 31 describe the gender, age and ethnicity of the FP clients. Most of the FP clients were referred by DCFS, with the remaining clients referred by Probation.

Figure 29
FAMILY PRESERVATION PROGRAM
Gender

	Count	Percent
Male	479	52.3%
Female	436	47.7%
TOTAL	**915**	**100.0%**

Figure 30
FAMILY PRESERVATION PROGRAM
Age (Group)

0-5	40	4.4%
6-11	362	39.6%
12-17	466	50.9%
18-20	47	5.1%
TOTAL	**915**	**100.0%**

Figure 31
FAMILY PRESERVATION PROGRAM
Race/Ethnicity

Caucasian	95	10.4%
African American	353	38.6%
Hispanic	415	45.4%
American Native	1	0.1%
Asian/ Pacific Islander	5	0.5%
Other	4	0.4%
Unknown	42	4.6%
TOTAL	**915**	**100.0%**

The diagnoses for FP clients are presented in Figures 32 and 33. Their most frequent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD and Major Depression. A primary or secondary diagnosis of Child Abuse and Neglect was given to 25 clients. Figure 34 indicates that 37 clients were identified with a substance abuse problem. Marijuana was the most frequently reported substance, followed by alcohol and amphetamines.

Figure 32
FAMILY PRESERVATION PROGRAM
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	1	0.1%
Disorders due to Medical Condition	3	0.3%
Schizophrenia/Psychosis	8	0.9%
BiPolar Disorders	13	1.4%
Major Depression	201	22.0%
Anxiety Disorders	177	19.3%
Other Diagnoses	189	20.7%
Adjustment/Conduct Disorder/ADHD	305	33.3%
Child Abuse and Neglect	2	0.2%
No Diagnosis or Diagnosis Deferred	16	1.7%
TOTAL	**915**	**100.0%**

Figure 33
FAMILY PRESERVATION PROGRAM
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	7	0.8%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	2	0.2%
BiPolar Disorders	4	0.4%
Major Depression	34	3.7%
Anxiety Disorders	37	4.0%
Other Diagnoses	59	6.4%
Adjustment/Conduct Disorder/ADHD	77	8.4%
Child Abuse and Neglect	23	2.5%
No Diagnosis or Diagnosis Deferred	672	73.4%
TOTAL	**915**	**100.0%**

Figure 34
FAMILY PRESERVATION PROGRAM
Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	5	0.5%
Amphetamines (30XAM, 30UAM)	4	0.4%
Marijuana (30XMJ, 30UMJ)	21	2.3%
Cocaine (30XCO, 30UCO)	1	0.1%
Hallucinogens (30XHA, 30UHA)	0	0.0%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	0	0.0%
Polysubstance Abuse (30XPS, 30UPS)	7	0.8%
No Substance Abuse (30XNO, 30UNO)	616	67.3%
Undetermined	261	28.5%
TOTAL	**915**	**100.0%**

COUNTYWIDE MENTAL HEALTH EVALUATION AND QUALITY ASSURANCE UNIT

Reforms in Medi-Cal mental health services benefiting foster children in FY 01-02 originated with the consolidation of Medi-Cal mental health services in June 1998. With the transfer of responsibility for Fee-For-Service (FFS) outpatient services to the county, outpatient private practitioner psychologists and psychiatrists joined DMH's community mental health centers to form a single Medi-Cal-funded system.

Access to psychological test evaluations has been centralized within DMH's Bureau of Standards, Practices and Conduct's Test Authorization Unit (TAU). 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, 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. A Panel of Experts from the community constructed a "test of tests" for the first time to assess the quality of clinical evaluations.

In the course of pre-authorization, DMH was able to assure that children were assigned to the appropriate modality and intensity of services. Thus, the Unit frequently diverted children from "stand alone" or "dead-end" testing to assignment to an appropriate outpatient, day treatment or residential program, including specialized programs targeting particular groups of very young children, as well as children exposed to sexual abuse and children requiring grief resolution.

Accessibility of care also increased with greater use of the Department's Access Center, which maintains a 24/7 information and referral line and related on-line information at a special SMH internet website at http://dmh.co.la.ca.us. Names of private providers, organized by address, phone number and client age-specialization, can be found at this site. Fee-for-Service therapists in private practice have been increasing in number and now see Medi-Cal beneficiaries weekly, rather than bimonthly, as previously restricted by State Health Services Medi-Cal.

During FY 00-01, the Unit received 4,755 requests for psychological testing and approved 3,595 (76%) of all completed testing. Approximately 95% of those requests and approvals were for children referred to Fee-For-Service mental health treatment from DCFS. These DCFS referrals are a mixture of children in group homes, adoptive homes, foster homes and foster family agencies. Those who did not receive approval for testing were referred for other, more urgently needed mental health services. The Unit also provided more that 2,000 additional telephone consultations with DCFS CSW's to help determine the needs of individual children.

During FY 01-02, these figures expanded to 5,140 requests for testing while, simultaneously, these referrals tended to be more appropriate to children with developmental needs or "normal baby checks" who had been referred to State Health Services. Approximately 65% of referrals were initiated by CSW's from DCFS who increasingly learned to identify and request better-trained and qualified evaluators. The number of telephone consultations rose to around 2,160. In addition, the Test Authorization Team began to track and monitor certain high-risk children who appeared to be falling through the system "cracks", and to respond to direct telephone requests for clinical consultations about the mental health needs of specific children.

The TAU was also in the forefront of integrating services to children serviced by the foster care and mental health systems, while also serving at least 100 teens involved with Probation and the Juvenile Courts.

At the height of its strength in mid-2001, the Unit consisted of four Ph.D.'s and four clerical support staff. It offered services to the foster/adoptive system that were not available elsewhere. Included among the Unit's services:

- Immediate Mental Health clinical consultation or same day call-back
- Continuity and coordination of care
- Prioritization of services for high-risk or critical needs children
- Divert children from assessments or waiting lists to intervention services
- Prevent many children from "falling through the system's cracks"
- Prevent exposure of foster children to potentially harmful tests and treatments
- Prevent predictable placement rejection or treatment failure

JUVENILE COURT MENTAL HEALTH SERVICES (JCMHS)

JCMHS expanded during FY 01-02, adding two psychologists to the team who are assigned to the new Juvenile Mental Health Court. Opened in October 2001, this specialized court, located in Department 206 in the Eastlake Juvenile Court, has a calendar of juvenile delinquency cases in which mental health issues are a significant factor. Cases are referred from other courts in the system, and are handled in a vertical fashion, with a special team comprised of mental health, education, defense counsel, and probation specialists. The court is led by Judge Klein. The psychologists provide enhanced assessment and case management for each of the juveniles, and arrange follow-up services for them in the community. 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 JCMHS continues to be 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 where there is a significant mental health history. In FY 01-02, 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. 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

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 01-02, approximately 14,000 requests for authorization were reviewed. Of these, about 70% were received from DCFS for dependent children and 30% for delinquents under the jurisdiction of Juvenile Court. More than 90% 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 were 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. In the coming year, it is the goal of JCMHS to enhance the quality of the psychotropic review by recruiting and adding a pharmacist trained in psychopharmacology to the team.

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 and report, as well as other activities which familiarize them with Juvenile Court operations and public sector child psychiatry.

JUVENILE JUSTICE MENTAL HEALTH SERVICES

Juvenile Hall Mental Health Units:

Each year, approximately 18,000 children and adolescents enter the Los Angeles County juvenile justice system through the county's three juvenile halls. Many of these youth exhibit a variety of mental health and substance abuse problems that require treatment. A study conducted jointly by DMH and the UCLA Health Services Research Program in 2000 found that over 40% of the newly admitted youth in the county's juvenile halls were in need of mental health services.

Children in need of treatment in the juvenile halls are admitted to an in-house program designed and implemented by an interagency collaboration of DMH, Probation, DHS and LACOE. The Mental Health Unit (MHU) at each of the three juvenile halls (Barry J. Nidorf, Central and Los Padrinos) is similar in its setting, approach to screening and treatment, and in the structure of its professional staff. Each MHU 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.

In FY 01-02, Mental Health Screening, Assessment and Treatment expanded at the juvenile halls due to implementation of AB 1913, authored by Senators Schiff and Cardenas. In previous years, juvenile hall screening had been performed for those children/adolescents exhibiting overt behavior suggesting a psychological component. During the year for this report, juvenile justice mental health screening using the Massachusetts Youth Screening Inventory (MAYSI) and a structured screening interview was offered to all newly admitted children and adolescents. Those minors screening positive on this instrument are further evaluated and referred for further assessment and treatment.

Supported with Schiff-Cardenas Crime Prevention Program funding, the number of MHU staff expanded significantly during that FY 01-02: At Barry J. Nidorf Juvenile Hall, four Clinical Psychologists, two Medical Case Workers, two Psychiatric Social workers, and two clerical workers were added to the MHU staff. At Central Juvenile Hall, five Clinical Psychologists, nine Psychiatric Social Workers, one Community Worker, and six clerical workers were added. At Los Padrinos, staff expansion added three Clinical Psychologists, four

Psychiatric Social Workers, one Senior Community Worker, two Medical Case Workers, two Mental Health Counselors, one Psychiatric Technician, and three clerical workers.

Barry J. Nidorf Juvenile Hall is located in Sylmar. On a monthly basis during FY 01-02, its MHU screened an average of 243 clients, assessed an average of 50 clients, and admitted an average of 38 new clients to treatment. Length of time in treatment varied from one contact to the duration of the minor's detention. The client population ranged in age from 9-20 years.

Figure 35
BARRY J. NIDORF JUVENILE HALL
Gender

	Count	Percent
Male	2,160	79.5%
Female	557	20.5%
TOTAL	**2,717**	**100.0%**

Figure 36
BARRY J. NIDORF JUVENILE HALL
Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	9	0.3%
12-17	2,177	80.1%
18-20	531	19.5%
TOTAL	**2,717**	**100.0%**

Figure 37
BARRY J. NIDORF JUVENILE HALL
Race/Ethnicity

	Count	Percent
Caucasian	457	16.8%
African American	779	28.7%
Hispanic	1,143	42.1%
American Native	13	0.5%
Asian/ Pacific Islander	32	1.2%
Other	25	0.9%
Unknown	268	9.9%
TOTAL	**2,717**	**100.0%**

Figure 38
BARRY J. NIDORF JUVENILE HALL
Responsible Agency

	Count	Percent
DCFS	110	4.0%
Probation	2,371	87.3%
DCFS and School Dist	2	0.1%
Probation and School District	23	0.8%
School District (SEP Eligible)	45	1.7%
School District (Non-SEP Eligible)	7	0.3%
No Data	158	5.8%
	1	
TOTAL	**2,717**	**100.0%**

Figure 39
BARRY J. NIDORF JUVENILE HALL
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	62	2.3%
Disorders due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	59	2.2%
BiPolar Disorders	122	4.5%
Major Depression	645	23.7%
Anxiety Disorders	890	32.8%
Other Diagnoses	128	4.7%
Adjustment/Conduct Disorder/ADHD	757	27.9%
Child Abuse and Neglect	3	0.1%
No Diagnosis or Diagnosis Deferred	50	1.8%
		0.0%
TOTAL	**2,717**	**100.0%**

Figure 40

BARRY J. NIDORF JUVENILE HALL

Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	171	6.3%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	8	0.3%
BiPolar Disorders	13	0.5%
Major Depression	89	3.3%
Anxiety Disorders	70	2.6%
Other Diagnoses	37	1.4%
Adjustment/Conduct Disorder/ADHD	184	6.8%
Child Abuse and Neglect	9	0.3%
No Diagnosis or Diagnosis Deferred	2136	78.6%
		0.0%
TOTAL	**2,717**	**100.0%**

Figure 41

BARRY J. NIDORF JUVENILE HALL

Admit Substance Abuse

Admit Substance Abuse	Count	Percent
Alcohol (30UAL, 30XAL)	55	2.0%
Amphetamines (30XAM, 30UAM)	35	1.3%
Marijuana (30XMJ, 30UMJ)	255	9.4%
Cocaine (30XCO, 30UCO)	13	0.5%
Hallucinogens (30XHA, 30UHA)	6	0.2%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	2	0.1%
Polysubstance Abuse (30XPS, 30UPS)	193	7.1%
No Substance Abuse (30XNO, 30UNO)	477	17.6%
Undetermined	1,681	61.9%
TOTAL	**2,717**	**100.0%**

During FY 01-02, 2,717 clients were screened, assessed or treated by the Barry J. Nidorf MHU. Figures 35, 36 and 37 reflect the gender, age and ethnicity of clients. Nearly 90% of cases were referred by Probation (Figure 38).

At Barry J. Nidorf Juvenile Hall, the main primary admission diagnoses were Anxiety Disorders, Adjustment/Conduct Disorder/ADHD, and Major Depression (Figure 39). Combining primary and secondary admission diagnoses revealed that 12 MHU clients diagnosed with Child Abuse and Neglect (Figure 40).

Substance abuse was an issue for about one in five clients at Barry J. Nidorf Juvenile Hall (Figure 41). The most frequently reported substances were marijuana, polysubstance abuse and alcohol.

Central Juvenile Hall is located in Los Angeles. On a monthly basis, its MHU screened an average of 385 clients, assessed an average of 124 clients and admitted an average of 97 new clients to treatment. The duration of treatment varied from one contact to the length of the minor's detention. The client population ranged in age from 8-21 years.

In FY 01-02, 1,963 clients were screened, assessed or treated by the Central Juvenile Hall MHU. Figures 42, 43 and 44 describe their gender, age and ethnicity. About 80% were Probation referrals (Figure 45).

The most prevalent primary admission diagnoses at Central Juvenile Hall were: Major Depression, Adjustment/Conduct Disorder/ADHD, Anxiety Disorders, Bipolar Disorders, and Schizophrenia /Psychosis (Figure 46). Combining primary and

Figure 42

CENTRAL JUVENILE HALL

Gender

	Count	Percent
Male	1,430	72.8%
Female	533	27.2%
TOTAL	**1,963**	**100.0%**

Figure 43

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 44

CENTRAL JUVENILE HALL
Race/Ethnicity

	Count	Percent
Caucasian	152	7.7%
African American	568	28.9%
Hispanic	718	36.6%
American Native	1	0.1%
Asian/ Pacific Islander	35	1.8%
Other	9	0.5%
Unknown	480	24.5%
TOTAL	**1,963**	**100.0%**

Figure 45

CENTRAL JUVENILE HALL
Responsible Agency

	Count	Percent
DCFS	121	6.2%
Probation	1,619	82.5%
DCFS and School Dist	28	1.4%
Probation and School District	20	1.0%
School District (SEP Eligible)	5	0.3%
School District (Non-SEP Eligible)	5	0.3%
No Data	165	8.4%
TOTAL	**1,963**	**100.0%**

Figure 46

CENTRAL JUVENILE HALL
Primary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	100	5.1%
Disorders due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	15	0.8%
BiPolar Disorders	5	0.3%
Major Depression	66	3.4%
Anxiety Disorders	39	2.0%
Other Diagnoses	26	1.3%
Adjustment/Conduct Disorders including ADHD	120	6.1%
Child Abuse and Neglect	8	0.4%
No Diagnosis or Diagnosis Deferred	1,583	80.6%
TOTAL	**1,963**	**100.0%**

Figure 47

CENTRAL JUVENILE HALL
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	100	5.1%
Disorders due to Medical Condition	1	0.1%
Schizophrenia/Psychosis	15	0.8%
BiPolar Disorders	5	0.3%
Major Depression	66	3.4%
Anxiety Disorders	39	2.0%
Other Diagnoses	26	1.3%
Adjustment/Conduct Disorders including ADHD	120	6.1%
Child Abuse and Neglect	8	0.4%
No Diagnosis or Diagnosis Deferred	1,583	80.6%
TOTAL	**1,963**	**100.0%**

secondary admission diagnoses revealed that eight clients at Central Juvenile Hall were diagnosed with Child Abuse and Neglect (Figure 47).

Substance abuse was a concern for about one in five Central Juvenile Hall MHU clients (Figure 48). The most frequently reported substances were marijuana, alcohol, polysubstance abuse, and amphetamines.

Los Padrinos Juvenile Hall is located in Downey. On a monthly basis during FY 01-02, the MHU screened an average of 555 clients, assessed an average of 157 clients and admitted an average of 138 new clients to treatment. The duration of treatment varied from one contact to the length of the minor's detention. The client population ranged in age from 8-18 years.

During FY 01-02, 4,107 clients were screened, assessed or treated by the Los Padrinos Juvenile Hall MHU. Figures 49, 50 and 51 indicate their gender, age and ethnicity. More than 80% were referred by the Probation Department (Figure 52). Figures 53 and 54 contain admission diagnoses. The

Figure 48
CENTRAL JUVENILE HALL
Admit Substance Abuse

	Count	Percent
Alcohol	41	2.1%
Amphetamines (30XAM, 30UAM)	31	1.6%
Marijuana (30XMJ, 30UMJ)	200	10.2%
Cocaine (30XCO, 30UCO)	12	0.6%
Hallucinogens (30XHA, 30UHA)	1	0.1%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	2	0.1%
Polysubstance Abuse (30XPS, 30UPS)	133	6.8%
No Substance Abuse (30XNO, 30UNO)	1,082	55.1%
Undetermined	461	23.5%
TOTAL	**1,963**	**100.0%**

Figure 49
LOS PADRINOS JUVENILE HALL
Gender

	Count	Percent
Male	3,507	85.4%
Female	600	14.6%
TOTAL	**4,107**	**100.0%**

Figure 50
LOS PADRINOS JUVENILE HALL
Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	17	0.4%
12-17	3,501	85.2%
18-20	589	14.3%
TOTAL	**4,107**	**100.0%**

Figure 51
LOS PADRINOS JUVENILE HALL
Race/Ethnicity

	Count	Percent
Caucasian	332	8.1%
African American	1,170	28.5%
Hispanic	1,547	37.7%
American Native	19	0.5%
Asian/ Pacific Islander	77	1.9%
Other	12	0.3%
Unknown	950	23.1%
TOTAL	**4,107**	**100.0%**

Figure 52
LOS PADRINOS JUVENILE HALL
Responsible Agency

	Count	Percent
DCFS	199	4.8%
Probation	3,526	85.9%
DCFS and School Dist	8	0.2%
Probation and School District	50	1.2%
School District (SEP Eligible)	23	0.6%
School District (Non-SEP Eligible)	10	0.2%
No Data	291	7.1%
TOTAL	**4,107**	**100.0%**

most frequent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Major Depression, Anxiety Disorders, Bipolar Disorders, and Schizophrenia/ Psychosis. Combining primary and secondary admission diagnoses revealed 21 clients diagnosed with Child Abuse and Neglect.

Substance abuse was an issue for about one of five clients (Figure 55). Marijuana was the most frequently reported substance.

Figure 53
LOS PADRINOS JUVENILE HALL
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	81	2.0%
Disorders due to Medical Condition	2	0.0%
Schizophrenia/Psychosis	79	1.9%
BiPolar Disorders	142	3.5%
Major Depression	749	18.2%
Anxiety Disorders	434	10.6%
Other Diagnoses	300	7.3%
Adjustment/Conduct Disorder/ADHD	2,183	53.2%
Child Abuse and Neglect	4	0.1%
No Diagnosis or Diagnosis Deferred	133	3.2%
TOTAL	**4,107**	**100.0%**

Figure 54
LOS PADRINOS JUVENILE HALL
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	335	8.2%
Disorders due to Medical Condition	2	0.0%
Schizophrenia/Psychosis	8	0.2%
BiPolar Disorders	20	0.5%
Major Depression	77	1.9%
Anxiety Disorders	45	1.1%
Other Diagnoses	59	1.4%
Adjustment/Conduct Disorder/ADHD	218	5.3%
Child Abuse and Neglect	17	0.4%
No Diagnosis or Diagnosis Deferred	3,326	81.0%
TOTAL	**4,107**	**100.0%**

Figure 55
LOS PADRINOS JUVENILE HALL
Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	81	2.0%
Amphetamines (30XAM, 30UAM)	77	1.9%
Marijuana (30XMJ, 30UMJ)	528	12.9%
Cocaine (30XCO, 30UCO)	21	0.5%
Hallucinogens (30XHA, 30UHA)	6	0.1%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	4	0.1%
Polysubstance Abuse (30XPS, 30UPS)	176	4.3%
No Substance Abuse (30XNO, 30UNO)	677	16.5%
Undetermined	2,537	61.8%
TOTAL	**4,107**	**100.0%**

SUMMARY OF CLIENTS AT THE THREE JUVENILE HALL MENTAL HEALTH UNITS

For the three juvenile halls combined, there were 7,787 unduplicated MHU clients served in FY 01-02. Figures 56, 57 and 58 summarize their gender, age and ethnicity. A large majority of the clients were Probation referrals, with smaller proportions referred by DCFS and Education (Figure 59).

Figure 56

JUVENILE HALL CLUSTER
(BARRY NIDORF, CENTRAL, LOS PADRINOS)
Gender

	Count	Percent
Male	6,315	81.1%
Female	1,472	18.9%
TOTAL	**7,787**	**100.0%**

Figure 57

JUVENILE HALL CLUSTER
(BARRY NIDORF, CENTRAL, LOS PADRINOS)
(Age) Group

	Count	Percent
0-5	0	0.0%
6-11	32	0.4%
12-17	6,457	82.9%
18-20	1,298	16.7%
TOTAL	**7,787**	**100.0%**

Figure 58

JUVENILE HALL CLUSTER
(BARRY NIDORF, CENTRAL, LOS PADRINOS)
Race/Ethnicity

	Count	Percent
Caucasian	807	10.4%
African American	2,132	27.4%
Hispanic	3,047	39.1%
American Native	31	0.4%
Asian/ Pacific Islander	129	1.7%
Other	40	0.5%
Unknown	1,601	20.6%
TOTAL	**7,787**	**100.0%**

Figure 59

JUVENILE HALL CLUSTER
(BARRY NIDORF, CENTRAL, LOS PADRINOS)
Responsible Agency

	Count	Percent
DCFS	386	5.0%
Probation	6,645	85.3%
DCFS and School Dist	12	0.2%
Probation and School District	84	1.1%
School District (SEP Eligible)	79	1.0%
School District (Non-SEP Eligible)	22	0.3%
No Data	546	7.0%
	13	
TOTAL	**7,787**	**99.8%**

Figure 60

JUVENILE HALL CLUSTER
(BARRY NIDORF, CENTRAL, LOS PADRINOS)
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	161	2.1%
Disorders due to Medical Condition	3	0.0%
Schizophrenia/Psychosis	136	1.7%
BiPolar Disorders	275	3.5%
Major Depression	1,692	21.7%
Anxiety Disorders	1,396	17.9%
Other Diagnoses	609	7.8%
Adjustment/Conduct Disorder/ADHD	3,097	39.8%
Child Abuse and Neglect	7	0.1%
No Diagnosis or Diagnosis Deferred	411	5.3%
TOTAL	**7,787**	**100.0%**

Figure 60 indicates that, for the Juvenile Hall Cluster, the most prevalent primary diagnoses at admission were Adjustment/Conduct Disorder/ ADHD, Major Depression, and Anxiety Disorders, with smaller frequencies of Bipolar Disorders, Drug Induced Disorders or Dependence, and Schizophrenia/Psychosis. Combining primary and secondary admission diagnoses revealed that there were 39 clients diagnosed with Child Abuse and Neglect (Figure 61).

Substance abuse was an issue for one in five clients served at the three MHUs (Figure 62). Marijuana and polysubstance use were most frequently reported, with fewer reported using alcohol, amphetamines, cocaine, hallucinogens or sedatives/opioids.

Figure 61

JUVENILE HALL CLUSTER
(BARRY NIDORF, CENTRAL, LOS PADRINOS)
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	514	6.6%
Disorders due to Medical Condition	3	0.0%
Schizophrenia/Psychosis	27	0.3%
BiPolar Disorders	32	0.4%
Major Depression	189	2.4%
Anxiety Disorders	126	1.6%
Other Diagnoses	106	1.4%
Adjustment/Conduct Disorder/ADHD	411	5.3%
Child Abuse and Neglect	32	0.4%
No Diagnosis or Diagnosis Deferred	6,347	81.5%
TOTAL	**7,787**	**100.0%**

Figure 62

JUVENILE HALL CLUSTER
(BARRY NIDORF, CENTRAL, LOS PADRINOS)
Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	149	1.9%
Amphetamines (30XAM, 30UAM)	121	1.6%
Marijuana (30XMJ, 30UMJ)	839	10.8%
Cocaine (30XCO, 30UCO)	39	0.5%
Hallucinogens (30XHA, 30UHA)	9	0.1%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	5	0.1%
Polysubstance Abuse (30XPS, 30UPS)	393	5.0%
No Substance Abuse (30XNO, 30UNO)	1,955	25.1%
Undetermined	4,277	54.9%
TOTAL	**7,787**	**100.0%**

CHALLENGER MEMORIAL YOUTH CENTER

The DMH operates a MHU at Challenger Memorial Youth Center, a juvenile Probation camp located in Lancaster. Throughout the county, there are a total of 19 camps, with six of the nineteen sites on the grounds of Challenger. Challenger has the only juvenile camp site in the county where psychotropic medications are administered. Thus, in addition to minors who are not experiencing psychiatric problems, Challenger also houses Probation minors who require psychotropic medications in addition to their psychotherapy. At the other Challenger camps where minors do not require psychotropic medications, the Challenger staff provides their therapeutic interventions on-site. 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, and medication support. The Challenger MHU multidisciplinary treatment team consists of three psychologists, three social workers, a psychiatric technician, a psychiatrist, a parent advocate, 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 300 unduplicated clients receiving psychotherapy through the camp mental health programs. Schiff-Cardenas funding made it possible in FY 01-02 to add to Challenger's MHU staff two Psychiatric Social Workers, and one of each of the following positions: Clinical Psychologist, Mental Health Services Coordinator, Senior Community Worker, and a Psychiatric Technician.

Figure 63
CHALLENGER MEMORIAL YOUTH CENTER
Gender

	Count	Percent
Male	663	75.5%
Female	215	24.5%
TOTAL	**878**	**100.0%**

Figure 64
CHALLENGER MEMORIAL YOUTH CENTER
Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	1	0.1%
12-17	668	76.1%
18-20	209	23.8%
TOTAL	**878**	**100.0%**

In FY 01-02, 878 children/adolescents were served by the MHU at Challenger. Figures 63, 64 and 65 describe their gender, age and ethnicity. Most had Probation as their APR, with additional referrals from DCFS and Education (Figure 66).

The most common primary admission diagnoses were Adjustment/Conduct Disorder/ADHD and Major Depression, with smaller proportions diagnosed with Anxiety Disorders, Schizophrenia /Psychosis, Bipolar Disorders, and Drug Induced Disorders or Dependence (Figure 67). Two clients had a primary or secondary DSM diagnosis of Child Abuse and Neglect (Figure 68).

For clients with reported substance use, marijuana was most common, followed by polysubstance use, amphetamines, alcohol, cocaine and hallucinogens (Figure 69).

Figure 65
CHALLENGER MEMORIAL YOUTH CENTER
Ethnicity

	Count	Percent
Caucasian	106	12.1%
African American	247	28.1%
Hispanic	309	35.2%
American Native	8	0.9%
Asian/ Pacific Islander	14	1.6%
Other	4	0.5%
Unknown	190	21.6%
TOTAL	**878**	**100.0%**

Figure 66
CHALLENGER MEMORIAL YOUTH CENTER
Responsible Agency

	Count	Percent
DCFS	43	4.9%
Probation	792	90.2%
DCFS and School Dist	0	0.0%
Probation and School District	2	0.2%
School District (SEP Eligible)	5	0.6%
School District (Non-SEP Eligible)	1	0.1%
No Data	35	4.0%
TOTAL	**878**	**100.0%**

Figure 67
CHALLENGER MEMORIAL YOUTH CENTER
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	20	2.3%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	24	2.7%
BiPolar Disorders	39	4.4%
Major Depression	316	36.0%
Anxiety Disorders	92	10.5%
Other Diagnoses	31	3.5%
Adjustment/Conduct Disorder/ADHD	323	36.8%
Child Abuse and Neglect	1	0.1%
No Diagnosis or Diagnosis Deferred	32	3.6%
TOTAL	**878**	**100.0%**

Figure 68
CHALLENGER MEMORIAL YOUTH CENTER
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	86	9.8%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	6	0.7%
BiPolar Disorders	5	0.6%
Major Depression	40	4.6%
Anxiety Disorders	13	1.5%
Other Diagnoses	6	0.7%
Adjustment/Conduct Disorder/ADHD	73	8.3%
Child Abuse and Neglect	1	0.1%
No Diagnosis or Diagnosis Deferred	648	73.8%
TOTAL	**878**	**100.0%**

Figure 69
CHALLENGER MEMORIAL YOUTH CENTER
Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	32	3.6%
Amphetamines (30XAM, 30UAM)	21	2.4%
Marijuana (30XMJ, 30UMJ)	117	13.3%
Cocaine (30XCO, 30UCO)	1	0.1%
Hallucinogens (30XHA, 30UHA)	1	0.1%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	1	0.1%
Polysubstance Abuse (30XPS, 30UPS)	72	8.2%
No Substance Abuse (30XNO, 30UNO)	140	15.9%
Undetermined	493	56.2%
TOTAL	**878**	**100.0%**

DOROTHY KIRBY CENTER

Dorothy Kirby Center (DKC) is a Probation residential treatment facility located in Los Angeles. Its Mental Health Unit 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 licensed psychologist.

Kirby's MHU is a secure (locked) residential treatment center serving 100 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, and most have extensive criminal arrest records. All have DSM IV diagnoses and function-

al impairment that qualify them for Medi-Cal reimbursement. At least 80% are deeply gang-involved and the overwhelming majority originate from severely dysfunctional homes. Approximately 45% have had prior involvement with DCFS.

During FY 01-02, the Kirby MHU treated 286 adolescents. The average treatment duration was 8-9 months. The intensive day treatment program at DKC consists of a daily four and one-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, self-soothing and self-expression, according to the particular needs of the clients.

2. **Recreation therapy:** This group is run by a certified recreation therapist and teaches teamwork, impulse control, skill acquisition methods, and goal-oriented behavior.

3. **Process group:** This group uses traditional group therapy techniques to deal with interpersonal and intrapsychic issues within the group context.

4. **Social skills training:** This group teaches basic social living skills and interpersonal communication skills.

Figures 70, 71 and 72 present gender, age and ethnicity for the 279 unique clients at the Kirby MHU. Most clients were Probation referrals, followed by referrals from DCFS and Education (Figure 73).

Figure 74 shows that the most common primary admission diagnoses at the Kirby MHU were Major Depression, Adjustment/Conduct Disorder /ADHD, Bipolar Disorders and Anxiety Disorders, with a lesser frequency of Schizophrenia/Psychosis. There were four clients with a secondary admission diagnosis of Child Abuse and Neglect (Figure 75).

Substance abuse was an issue for nearly half of the Kirby mental health clients, with marijuana used most frequently followed by alcohol, polysubstances, cocaine, amphetamines, hallucinogens and sedatives/opioids (Figure 76).

Figure 70

DOROTHY KIRBY CENTER
Gender

	Count	Percent
Male	177	61.9%
Female	109	38.1%
TOTAL	**286**	**100.0%**

Figure 71

DOROTHY KIRBY CENTER
Age (Group)

	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	230	80.4%
18-20	56	19.6%
TOTAL	**286**	**100.0%**

Figure 72

DOROTHY KIRBY CENTER
Race/Ethnicity

	Count	Percent
Caucasian	43	15.0%
African American	99	34.6%
Hispanic	114	39.9%
American Native	0	0.0%
Asian/ Pacific Islander	4	1.4%
Other	1	0.3%
Unknown	25	8.7%
TOTAL	**286**	**100.0%**

Figure 73

DOROTHY KIRBY CENTER
Responsible Agency

	Count	Percent
DCFS	11	3.8%
Probation	251	87.8%
DCFS and School Dist	1	0.3%
Probation and School District	3	1.0%
School District (SEP Eligible)	1	0.3%
School District (Non-SEP Eligible)	1	0.3%
No Data	17	5.9%
	1	
TOTAL	**286**	**99.7%**

Figure 74

DOROTHY KIRBY CENTER
Primary DSM Diagnosis

	Count	Percent
Drug Induced Disorders or Dependence	5	1.7%
Disorders due to Medical Condition	1	0.3%
Schizophrenia/Psychosis	8	2.8%
BiPolar Disorders	34	11.9%
Major Depression	141	49.3%
Anxiety Disorders	20	7.0%
Other Diagnoses	3	1.0%
Adjustment/Conduct Disorder/ADHD	68	23.8%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	6	2.1%
TOTAL	**286**	**100.0%**

Figure 75

DOROTHY KIRBY CENTER
Secondary DSM Diagnosis

	Count	Percent
Drug induced Disorders or Dependence	18	6.3%
Disorders due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	1	0.3%
BiPolar Disorders	4	1.4%
Major Depression	22	7.7%
Anxiety Disorders	17	5.9%
Other Diagnoses	10	3.5%
Adjustment/Conduct Disorder/ADHD	116	40.6%
Child Abuse and Neglect	4	1.4%
No Diagnosis or Diagnosis Deferred	94	32.9%
TOTAL	**286**	**100.0%**

Figure 76

DOROTHY KIRBY CENTER
Admit Substance Abuse

	Count	Percent
Alcohol (30UAL, 30XAL)	12	4.2%
Amphetamines (30XAM, 30UAM)	15	5.2%
Marijuana (30XMJ, 30UMJ)	84	29.4%
Cocaine (30XCO, 30UCO)	8	2.8%
Hallucinogens (30XHA, 30UHA)	2	0.7%
Inhalants (30XIN, 30UIN)	0	0.0%
Sedatives and Opioids (30UXSO, 30USO)	1	0.3%
Polysubstance Abuse (30XPS, 30UPS)	15	5.2%
No Substance Abuse (30XNO, 30UNO)	96	33.6%
Undetermined	53	18.5%
TOTAL	**286**	**81.5%**

SELECTED FINDINGS

Department of Mental Health

- During FY 2001-02, Start Taking Action Responsibly Today (START) services were given to 246 clients. The Family Reunification program served 21 clients. The Family Preservation Program treated 915. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program served 1,861 clients. The D-Rate DMH Assessment Unit assessed 1,383 foster children. In addition, there were 293 children in RCL-14 group homes. The Mental Health Units of the Juvenile Halls treated 7,787 clients and the Mental Health Units of the County Children's Centers treated 1,164 clients. A total of 13,670 children and adolescents were served by these programs.

- Clients receiving mental health services in the START, CAPIT, Family Preservation, Family Reunification, RCL-14 group homes constituted 24% of the at-risk clients of the programs considered. Of these, 43% were identified as DCFS referrals.

- Children in D-Rate foster homes assessed and referred by the DMH D-Rate Unit made up 10% of the at-risk clients considered. Of these, 70% were identified as DCFS referrals.

- Clients in the Mental Health Units of the three juvenile halls made up 56% of the at-risk clients considered. Of these, 5% were identified as DCFS referrals.

- Clients in the Mental Health Units at the Challenger and Dorothy Kirby Youth Centers made up 9% of the at-risk clients considered. Of these, 5% were identified as DCFS referred.

- Clients in the Mental Health Units of the Juvenile Halls were distributed as follows: 47% in Los Padrinos Juvenile Hall, 31% in Barry Nidorf Juvenile Hall, and 22% in Central Juvenile Hall.

- Clients in Mental Health Units of the Youth Centers were distributed as follows: 75% in Challenger Memorial Youth Center, and 25% in Dorothy Kirby Children's Center.

- At Barry Nidorf Juvenile Hall, 12 children received a primary or secondary DSM IV diagnosis of child abuse and neglect. Eight were given this diagnosis at Central Juvenile Hall, and 21 at Los Padrinos Juvenile Hall.

- At Challenger and Dorothy Kirby Youth Centers, there were 6 children diagnosed with primary or secondary abuse or neglect at admission.

- The Child Abuse Early Intervention/Prevention Program (CAPIT) served 383 children who received a primary or secondary admission DSM IV diagnosis of child abuse and neglect. The count for this DSM diagnosis was 25, for the Family Preservation Program, 17 among foster children assessed by the DMH D-Rate Assessment Unit, 3 in the Family Reunification Program.

- During FY 00-01, the DMH Psychological Test Authorization Unit received 4,755 requests for psychological testing and approved 3595 (76%). Most of these requests and approvals were for children referred to Fee-For-Service mental health treatment by DCFS.

GLOSSARY OF CHILDREN'S MENTAL HEALTH TERMS

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by italics have their own separate definitions. The term service or services is used frequently in this glossary. The reader may wish to look up service before reading the other definitions.

Assessment:

A professional review of a child's and family's needs that is done when they first seek services. The assessment of the child includes a review of physical and mental health, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the treatment provider and family decide what kind of treatment and supports, if any, are needed.

Case Manager:

An individual who organizes and coordinates services and supports for children with 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.)

Children and Adolescents at Risk for Mental Health Problems:

Children at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

Continuum of Care:

A term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. (See system of care and wraparound services.)

Coordinated Services:

Child-serving organizations, along with the family, talk with each other and agree upon a plan of care that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. Case management is necessary to coordinate services. (Also see wraparound services.)

Cultural Competence:

Help that is sensitive and responsive to cultural differences. Service providers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.

Day Treatment:

A non-residential, intensive and structured clinical program provided for children and adolescents who are at imminent risk of failing in the public school setting as a result of their behavior related to a mental illness and who have impaired family functioning. The primary foci of Day Treatment are to address academic and behavioral needs of the individual, family and/or foster family.

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition):

An official manual of mental health problems developed by the American Psychiatric Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

Emergency and Crisis Services:

A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

Family Support Services:

Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, and respite care.

Inpatient Hospitalization:

Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Managed Care:

A way to supervise the delivery of health care services. Managed care may specify the providers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.

Mental Health:

Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental Health Problems:

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.

Plan of Care:

A treatment plan designed for each child or family. The treatment provider develops the plan with the family. The plan identifies the child's and family's strengths and needs. It establishes goals and details 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 hospitalization. Centers are also known as therapeutic group homes.

Respite Care:

A service that provides a break for parents who have a child with a serious emotional disturbance. Some parents may need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.

Serious Emotional Disturbance:

Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community. Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders. Serious emotional disturbances affect 1 in 20 young people.

Service:

A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

Short-Doyle Medi-Cal:

State-funded program that provides reimbursement for county mental health services to Medi-Cal eligible and indigent individuals.

System of Care:

A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

Therapeutic Foster Care:

A home where a child with a serious emotional disturbance lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.

Therapeutic Group Homes:

Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within an 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.

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. These reports are generated after referral from the District Attorney's Office or after receipt of a report directly from a police or administrative agency which alleges that a crime has been committed. 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 Los Angeles 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 1,222 total child abuse/endangerment prosecution statistics, which are presented for the City Attorney's Office for 2002, 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 - 169 Cases

The cases in this category include prosecutions of the following Penal Code offenses:

- P.C. Section 261.5
  Unlawful sexual intercourse - minor.
- P.C. Section 288a(b)
  Oral copulation of a child under 18.
- P.C. Section 288.2
  Providing harmful material to child.
- P.C. Section 647.6
  Annoying or molesting children.

EXPLOITATION - 6 Cases

The cases in this category include prosecutions of the following Penal Code offense:

- P.C. Section 311.11
  Exploitation of child victims by depiction of child in sexual conduct

PHYSICAL ABUSE - 167 Cases

Cases in this category include prosecutions of the following Penal Code offense:

- P.C. Section 273D
  Inflicting corporal punishment upon child resulting in traumatic condition.

SEVERE NEGLECT - 815 Cases

The cases in this category include prosecutions of the following Penal Code offenses:

- P.C. Section 273a(a)
  Willful harm or injury to child; endangering person or health under circumstances or conditions likely to produce great bodily harm.
- P.C. Section 273a(b)
  Willful harm or injury to child; under circumstances or conditions other than those likely to produce great bodily harm.
- P.C. Section 278
  Detainment or concealment of child from legal custodian.

GENERAL NEGLECT - 65 Cases

- The cases in this category include prosecutions of the following Penal Code offense:
- P.C. Section 272
  Contributing to the delinquency of a minor.

Total Child Abuse/ Endangerment Prosecutions - 1,222 Cases

The 1,222 case prosecutions represented in this report for 2002 show an increase of 200 cases (or 19.57% more than the 1,022 case prosecutions which took place during 2001). In November of

2001, Los Angeles County Supervisor Antonovich passed a motion requiring Department of Children and Family Services (DCFS) to send the Los Angeles City Attorney's Office all cross-reports of child abuse and neglect received by the Child Protection Hotline. Since the Office has started receiving these reports, prosecutors have worked closely with LAPD to make sure that all cross-reports that state a crime are investigated and reviewed. We believe that this was a significant factor leading to the increase in cases presented for filing and for filed cases.

B. Hearings

There were 588 child abuse/endangerment cases referred to the City Attorney Office's Hearing Program in 2002 after review by an attorney for filing consideration. This represents a decrease of 56 cases (or 8.7% less than the 644 cases referred to hearing during 2001).

C. Victim Witness Assistance Program

There were 765 child victims of crime who received services from the City Attorney Victim Assistance Program Service Coordinators during 2002. This is 394 fewer victims (or 34% less) than the 1,159 child victims who received assistance during 2001. This decrease reflects the decrease in the case referrals received from the Los Angeles County University of Southern California (LAC+USC) Violence Intervention Project.

PART TWO: SELECTED FINDINGS

The 1,222 case prosecutions represented in this report for 2002 show an increase of 200 cases (or 19.57% more than the 1,022 case prosecutions which took place during 2001). In November2001, Los Angeles County Supervisor Antonovich passed a motion requiring DCFS to send the Los Angeles City Attorney's Office all cross-reports of child abuse and neglect received by the Child Protection hotline. Since the Office has started receiving these reports, prosecutors have worked closely with LAPD to make sure that all cross-reports that state a crime are investigated and reviewed. We believe that this was a significant factor leading to the increase in cases presented for filing and for filed cases.

PART THREE: STATUS REPORT ON PROGRESS IN IMPLEMENTING ICAN POLICY COMMITTEE RECOMMENDATION:

Recommendation One (Nov. 2001): Child Abuse and Domestic Violence

In order to better assess the nexus between domestic violence and child abuse, we are again 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 2002 indicate the following with regard to child abuse counts filed along with domestic violence cases:

Of the 520 domestic violence cases reviewed which included child abuse counts, 500 cases were filed. This would show that 12.21% of the 4,094 domestic violence cases filed during CY 2002 included child abuse counts. The 500 case filings represent a 6.6% increase over the 469 cases which were filed last year with both domestic violence and child abuse counts.

PART FOUR: GLOSSARY OF TERMS

Case:

A case for the Los Angeles City Attorney's Office is equivalent to a defendant who has been charged with a child abuse or neglect offense.

Completed Prosecution:

The data for completed case prosecutions presented in this report includes cases where a criminal case against a defendant has been filed, processed through the criminal courts and has resulted in a case disposition. These case dispositions can include a guilty plea, guilty verdict, dismissal, or a not guilty verdict.

Office Hearing:

An Office Hearing is a criminal prosecution alternative used with criminal offenses when it appears that this would provide a more useful tool to resolve the underlying case than a criminal prosecution.

Victim Witness Assistance Program:

The Los Angeles City Attorney Victim Witness Assistance Program provides state mandated services to victims of crime. Types of services provided include: Crisis Counseling, Resource & Referral Information, Orientation to the Criminal Justice System, Court Support, and assistance in filing for the State Victims of Crime Compensation Program for incurred losses such as mental health counseling expenses.

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 1978 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 that includes the Program Director, the Assistant Director, the Volunteer Director, ten Program Supervisors, one Case Referral File Reviewer, one Recruiter/Trainer, and six 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 reports to the court 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 from the court when a task involves such services as assessing a potential placement, taking a child for an evaluation, assisting with monitored parental visits, or 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 assigned to children to be mentors or "special friends," although, depending on the age and situation of the child, a CASA may fill such a role in the course of performing his or her advocacy duties. CASAs are advocates for specific needs of a child and are appointed to children ranging in age from birth to 18, some of who have emotional, medical or developmental disabilities. CASAs are not appointed for children when the program determines that appropriate services are being provided for the child and there is no advocacy role, nor are they appointed to children in the Delinquency Court.

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. Individuals 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.

PROGRAM COMPONENT

The primary focus of the Child Advocates Office is the Court Appointed Special Advocate (CASA) program, wherein volunteers are appointed to the cases of specific children and have responsibility for carrying out the duties previously described. However, CASA volunteers also serve children and assist the needs of the Dependency Court by working in the Children's Court Assistant component. Also, until its closure in November 2002, CASA volunteers served as MacLaren Advocates for children placed at MacLaren Children's Center.

- Children's Court Assistants are CASA volunteers who talk with children in the Shelter Care Activity Area at Edelman Children's Court, before they are called to the courtroom for their hearings, particularly new children coming to court for the first time. The role of the volunteer is to help ease a child's anxieties by explaining the court process in age-appropriate language. The volunteers attempt to talk with every child in the Shelter Care area on a given day, but they do not engage children in conversations about their cases. Their purpose is to help children feel safe and make certain that a child's questions or concerns are conveyed to his or her attorney or bring them to the attention of a DCFS social worker stationed in the courtroom. The volunteers escort the children to the courtrooms for hearings, note any orders made by the court with regard to after-court family visits or the 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 a child what happened during the hearing, but if a child has any legal or social work questions, the volunteer ensures the child gets to speak to the appropriate party.

FUNDING

The Child Advocates Office is funded by a public/private partnership. It is a special program of the Juvenile Division of the California Superior Court of Los Angeles County and also receives funding support 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. In this capacity, volunteers served a total of 831 children in 2002. This number does not include the number of children served in the two other program components.

Ethnicity		
African American	333	40%
Asian	7	1%
Caucasian	156	19%
Latino	235	28%
Native American	3	0.5%
Other non-Caucasian	4	0.5%
Biracial	28	3%
Unknown	65	8%
Gender		
Males	389	46%
Females	442	54%
Age		
0-5	127	15%
6-11	296	36%
12-17	325	39%
18+	62	7.5%
Unknown	21	2.5%

ABOUT THE VOLUNTEERS

Four hundred and three volunteers served with the Child Advocates Office during 2002 calendar year. The volunteers are responsible adults who must be at least 21 years of age, 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 children to whom they are appointed. Prospective volunteers are fingerprinted and must clear a criminal records background check. They must also be willing to drive, show proof of auto insurance coverage, and have a valid California driver's license.

Ethnicity		
African American	40	10%
Asian	4	1%
Caucasian	226	56%
Latino	31	8%
Other non-Caucasian	5	1%
Unknown	97	24%
Gender		
Males	59	15%
Females	344	85%
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	117	29%
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 Comet, a software program designed by the National CASA Association data collection by CASA programs on cases assigned to Court Appointed Special Advocate volunteers; each child counts as one case. Statistics in Table 1 do not include children served by CASA Children's Court Assistant volunteers. The terms used in Table 1 are described below.

- **Beginning Active Cases (A)** refers to the number of open, active cases assigned to CASAs at the beginning of the year 2002.
- **Referrals (B)** represents the number of new referrals requesting a CASA received by the program during 2002, 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 or to decline the case.
- **Assigned (C)** refers to the number of new cases opened and assigned to a CASA during 2002.
- **Declined (D)** refers to the number of referred cases that were assessed and declined during 2002.
- **Closed (E)** refers to the number of cases closed at some point during the calendar year.
- **Total Served (A+C)** represents the number of children who had open, active cases assigned to CASA volunteers during 2002.

Table 2 reflects the number of children served by volunteers working on the Children's Court Assistants component at Edelman Children's Court during 2002.

Table 3 reflects the number of children served by volunteers working as MacLaren Advocates at MacLaren Children's Center, January-November 2002.

Table 4 reflects the total number of children served by the Child Advocates Office in 2002, and the total number of CASA volunteers and their hours of service during the year.

Table 1

THE CHILD ADVOCATES OFFICE
January 1 - December 31, 2001

Beginning Active Cases	Referrals	Assigned	Never Served /Decline	Closed	Total Served
A	B	C	D	E	(A+C)
477	413	354	160	385	831

Table 2

CASA CHILDREN'S COURT ASSISTANTSEDELMAN CHILDREN'S COURT

Children Served	11,449

Table 3

CASA MACLAREN ADVOCATESMACLAREN CHILDREN'S CENTER

Children Served	127

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	12,407
Number of Volunteers	403
Volunteer Hours	127,043

LOS ANGELES UNIFIED SCHOOL DISTRICT

AGENCY REPORT

ICAN DATA ANALYSIS REPORT FOR 2003

The Los Angeles Unified School District ("District") maintains as a support service the child abuse unit which is under the direction of the Office of the General Counsel. The child abuse unit provides support to the entire district with respect to policy decisions, legislation, reporting and follow-up of suspected child abuse reports made by District employees.

DATA MAINTENANCE

Data are collected and recorded for all suspected child abuse reports made from District schools and sent to the District's child abuse unit 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, African American, Caucasian, Asian
4. Total number of reports by type of abuse and school level/category - elementary, middle, high school, children's centers, special education centers

CURRENT YEAR FINDINGS

In the 2001-2002 school year (07-01-2001 through 06-30-2002), the District's child abuse unit received 4,544 suspected child abuse reports which were filed with a child protective agency on behalf of district students. Of this total, approximately 60 % were for physical maltreatment, approximately 17 % were for neglect and approximately 15 % were for suspected sexual abuse. Overall, there were slightly more reports made for females than males. The breakdown by the aforementioned categories shows that males were reported more often for suspected physical abuse whereas reports of sexual and emotional abuse were made more often on behalf of females. 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 African Americans (see Figure 1).

School level or category was known for 99 % of the reports with 67 % filed for students enrolled in elementary schools, 20 % middle school students and about 12 % for high school enrollees. Comparatively speaking, fewer reports were noted for students enrolled in special education centers and/or students attending children's centers (see Figure 2).

COMPARISON TO PRIOR YEARS

Comparisons with prior year data shows that the total number of reports decreased by about 7 %, i.e., 331 fewer reports. By gender, there were 7 % fewer reports for males and 9 % for females. By category of abuse, most notable was the decrease of 13 % in suspected neglect abuse reports. With the exception of the categories of physical abuse, emotional abuse and "other" abuses, suspected maltreatment showed decreases. In the areas of emotional abuse and "other," there were only slight differences in the comparative totals (see Figure 3). Fewer reports were filed for neglect, these reports decreased by 82 or 19 % for females, and decreased by 36 or 8.4% for males (see Figure 4).

A review of reports by ethnicity shows decreases for all groups with the highest percentage occurring for Caucasians (-20 %) and Asians (-19 %). Additionally, reports of maltreatment for African American students decreased by 14 % and Hispanics had 6 % fewer reports.

Analysis of the incidence of suspected abuses at various school levels indicates that fewer reports were filed at the elementary, middle, and high schools -9 %, -12 %, and -12 % respectively. There was a decrease in reports at children's centers - about 23 % with the numbers of reports decreasing from 102 to 79.

At each school level there were decreases in the number of neglect reports filed. At the middle school level there was a 20 % decrease and a 19 % decrease at the high school level. Children's center reports of neglect went from 17 to 7 for a percentage decrease of 59 % (see Figure 5).

Reports of physical abuse decreased for all ethnicities. The greatest percentage decreases occurred for Asians (25%), and Caucasian students (20 %). At elementary, middle, and special education cen-

ters, there were respective decreases of 12 %, 11 % and 64 % in the number of reports filed.

Sexual abuse data noted decreases for all ethnicities and all school levels with the exception of children's centers which increased by 6.25 % (see Figure 6). Across grade levels there was a mixed picture in terms of comparisons with the previous year with respect to reports of emotional abuse and "other". The largest increase in the category of emotional abuse was at the high school level showing an increase of 61 %. However, it was at the high school level that a sizeable decrease of 28 % was noted in the category of "other" (see Figure 7).

SELECTED FINDINGS

Trend analysis shows that distribution of reports across maltreatment types and school levels is, for the most part, consistent with trends noted in prior years. Over the last 13 years, physical abuse reports have generally accounted for 60 % of all reports made, while sexual abuse and general neglect combined account for approximately 31 %.

Notable changes which occurred in the 2000-01 school year continued this school year (2001-2002). The total number of reports filed for suspected maltreatment decreased by 7 % from 4,875 in 2000-01 to 4,544 and reports of suspected sexual abuse continued to decline with 47 fewer reports filed or -7 %. General neglect which had increased notably through 1999-00 has steadily declined from 900 (99-00) to 861 (00-01) with this year's decrease of 750 or a 13 % decline. 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 2001-02

	Physical	Neglect	Sexual	Emotional	Other	Total
Gender						
Male	1,458	391	183	62	128	2,222
Female	1,280	359	488	64	131	2,322
TOTAL	**2,738**	**750**	**671**	**126**	**259**	**4,544**
Ethnicity						
Hispanic	1,785	474	494	86	204	3,034
Afr. Am.	391	133	97	24	33	669
Caucasian	205	82	46	12	11	355
Asian	53	18	3	5	5	84
TOTAL	**2,434**	**707**	**640**	**127**	**253**	**4,142***

Note: Missing data for ethnicity = 402

Figure 2

FREQUENCIES FOR TYPE OF ABUSE
By School Level/Category, LAUSD Academic Year 2001-02

	Physical	Neglect	Sexual	Emotional	Other	Total
School						
Elementary	1,672	559	399	79	185	2,894
Middle	565	118	134	17	41	875
High School	286	57	123	29	23	518
Child Center	51	7	17	1	3	79
Sp. Ed. Ctr.	12	10	3	2	3	30
TOTAL	**2,586**	**751**	**676**	**128**	**254**	**4,396***

****Note: Missing data for schools category = 6***

Figure 3

TOTAL LAUSD SUSPECTED ABUSE REPORTS
By Type of Abuse, Gender, Ethnicity and School Level/Category

	99-00	%	00-01	%	01-02	%	% DIF.* 00-01 vs. 01-02
Type							
Physical	3,212	61%	2,924	60%	2,738	60.2%	0.0%
Neglect	900	17%	861	18%	750	16.5%	-13%
Sexual	812	15%	718	15%	671	14.8%	-7%
Emotional	123	2%	119	2%	126	2.8%	+0.8%**
Other	252	5%	253	5%	259	5.7%	+0.7%**
TOTAL	**5,299**	**100%**	**4,875**	**100%**	**4,544**	**100%**	**-7%**
Gender							
Male	2,694	51%	2,375	48%	2,222	49%	-7%*
Female	2,605	49%	2,543	52%	2,322	51%	-9%*
TOTAL	**5,299**	**100%**	**4,918**	**100%**	**4,544**	**100%**	**-8%***
Ethnicity							
Hispanic	3,363	68%	3,229	71%	3,034	73%	-6%*
African American	862	17%	777	17%	669	16%	-14%*
Caucasian	576	12%	448	10%	355	9%	-20%*
Asian	144	3%	104	2%	84	2%	-19%*
TOTAL	**4,945**	**100%**	**4,558**	**100%**	**4,142**	**100%**	**-9%***
School Level/Category							
Elementary	3,538	67%	3,189	65%	2,894	67%	-9%*
Middle	1,031	20%	958	20%	875	20%	-12%*
High School	543	10%	571	12%	518	12%	-12%*
Child Center	75	1%	102	2%	79	2%	-23%*
Special Ed.	99	2%	55	1%	30	1%	-47%*
TOTAL	**5,286**	**100%**	**4,875**	**100%**	**4,396**	**100%**	**-10%***

Note: * = percentage of increase/decrease; ** = less than one percent.

Figure 4

GENDER FREQUENCIES
By Type of Abuse, LAUSD Suspected Abuse Reports

	MALES				FEMALES			
	99-00	00-01	01-02	%Dif.* 00-01 vs.01-02	99-00	00-010	01-02	%Dif.* 00-01 vs. 01-02
Neglect	517	427	391	-8.4%*	383	441	359	-19%*
Sexual	260	215	183	-15%*	552	526	488	-7.2%*
Emotional	47	47	62	+31%*	76	73	64	-12%*
Other	114	115	128	+11%*	138	146	131	-10%*

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			
	99-00	00-01	01-02	%Dif.* 00-01 vs.01-02	99-00	00-01	01-02	%Dif.* 00-01 vs.01-02
Ethnicity								
Hispanic	2,055	1,899	1,785	-6%*	540	549	474	-14%*
Afr. Am.	504	482	391	-19%*	170	141	133	-9%*
Caucasian	334	256	205	-20%*	118	102	82	-26%*
Asian	98	71	53	-25% *	19	14	18	+28%*
School Level/Category								
Elementary	2,142	1,900	1,672	-12%*	685	617	599	-3%*
Middle	662	609	543	-11%*	117	144	114	-20%*
High School	296	315	286	-9%*	61	70	57	-19%*
Child Center	48	66	51	-23%*	9	17	7	-59%*
Sp. Ed. Ctr.	60	34	12	-64%*	28	13	10	-23%*

Note: * = % of increase/decrease

Figure 6

SEXUAL ABUSE FREQUENCIES
By Ethnicity and School Level/Category LAUSD:
Suspected Abuse Reports

	SEXUAL ABUSE			
	99-00	00-01	01-02	%Dif.* 00-01 vs.01-02
Ethnicity				
Hispanic	535	518	494	-5%*
Afr. Am.	136	99	97	-2%*
Caucasian	80	52	46	-12%*
Asian	13	13	3	-77%*
School Level/Category				
Elementary	464	409	399	-2%*
Middle	179	151	128	-15%*
High School	136	136	123	-10%*
Child Center	12	16	17	+6.25%*
Sp. Ed. Ctr.	10	6	3	-50%*

Note: * = percentage of increase/decrease;

Figure 7

MENTAL ABUSE AND "OTHER" FREQUENCIES

By Ethnicity and School Level/Category LAUSD: Suspected Abuse Reports

	EMOTIONAL ABUSE				OTHER			
	99-00	00-01	01-02	%Dif.* 00-01 vs.01-02	99-00	00-01	01-02	%Dif.* 00-01 vs.01-02
Ethnicity								
Hispanic	72	87	86	-1%*	161	176	204	+16%*
Afr. Am.	17	15	24	-60%*	35	40	33	-25%*
Caucasian	17	9	12	+33%*	27	29	11	-62%*
Asian	6	2	5	+150%*	8	4	5	+25%*
School Level/Category								
Elementary	82	81	79	-2%*	165	182	185	+2%*
Middle	20	18	17	-6%*	53	36	40	+11%*
High School	25	18	29	+61%*	25	32	23	-28%*
Child Center	1	1	1	***		2	3	+50%*
Sp. Ed. Ctr.	0	1	2	+100%*	1	1	3	+200%*

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 full service 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 Public Defender represents adults charged with felony and misdemeanor offenses, children charged in juvenile delinquency cases, clients charged in sexually violent predator cases, mental health commitment cases, civil contempt matters and pre-judgment appeals and writs. In fiscal year 2002-2003, the Public Defender represented 89,084 clients in felony-related proceedings, 423,332 clients in misdemeanor-related proceedings, and 36,984 clients in juvenile delinquency proceedings in Los Angeles County.

While continuing to provide the highest quality legal representation to clients in a cost effective manner, the Office of the Public Defender also continues to devote its resources to facilitate broad justice system improvements for all of its clients, including programs and initiatives designed to produce positive lifestyle outcomes for children and their families and the communities in which they reside. The Public Defender actively participates, often in a leadership role, in numerous criminal justice inter-agency committees and projects designed to focus on the issues faced by those who come into the criminal justice system, and collaborates with other agencies to craft creative solutions to effectively resolve those issues in a manner that addresses the root causes of criminal behavior. Accordingly, the Public Defender and his representatives are actively involved in Drug Treatment courts and Proposition 36 courts, Mental Health Treatment court, and Domestic Violence courts, 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 not only in providing quality representation addressing the liberty interests of children charged in juvenile delinquency proceedings, but also by accomplishing a broader agenda to better the lives of the children and their families who are subject to the juvenile court system.

The Los Angeles County Public Defender's Juvenile Division now handles over 36,000 cases involving children in delinquency courts each year. Many children enter the juvenile justice system with serious, long-standing, unaddressed educational deficits and psycho-social problems that significantly contribute to their miscreant behavior. The symptoms are manifested as mental health and substance abuse problems, cognitive learning disabilities, and other pervasive psychological problems.

Some studies suggest the prevalence rate of such disabling conditions among incarcerated children might be as high as 70 percent. According to the Juvenile Court Judges of California, 50 percent of all children in the juvenile delinquency system have undetected learning disabilities.

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 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. For any number of reasons, until recently, the system failed to pay sufficient attention to the serious underlying symptoms that often lead children into juvenile court charged with criminal or status offenses.

Overview and Follow-up of Existing Grant programs

Beginning in 1999, pursuant to the direction of Public Defender Michael P. Judge, the Public Defender's office initiated and implemented a comprehensive program designed to bring critically needed services to the children in juvenile delinquency courts, apparently the first such program of its kind in the country. For example, the Client Assessment Recommendation Evaluation (C.A.R.E.) Project focuses on early intervention with children in delinquency court by addressing the cluster of 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. The C.A.R.E. Project provides a model continuum of legal representation that incorporates attention to the unaddressed psycho-social and educational needs of children in the juvenile justice system, while also emphasizing early intervention and accountability of both the child involved and the juvenile justice system. In the C.A.R.E. Project, 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.

The Public Defender's office recognizes that traditional representation for these clients, similar to that normally provided to adult clients, is no safeguard against recidivism if other resources are not channeled toward those children that will assist them in dealing with the many other challenges and obstacles they face outside of the courtroom; hence the advocacy of Public Defender staff on behalf of children in the juvenile justice system is not viewed purely in a legal context. Effective child advocacy has to occur in the context of understanding the unique needs of the individual child, including core child development dynamics, appearing before the court.

Through the C.A.R.E. Project, Los Angeles County Deputy Public Defenders collaborate with a multi-disciplinary team of psychiatric social workers, mental health and educational resource specialists and other clinicians, from the earliest stage of the juvenile delinquency proceedings through disposition.

Under the pre-disposition component of the program, with funding from the Juvenile Accountability Incentive Block Grant (JAIBG), one Supervising Psychiatric Social Worker, eleven Psychiatric Social Workers and three education/mental health resource specialists staff the ten juvenile branch offices of the Public Defender. Deputy Public Defenders refer cases to the Project. Referrals are for either Extended Services (services that require more than 90 minutes or extend past the request date) or Brief Services (services that can be performed in 90 minutes or less on the day of the request). The referrals involve a variety of consultation services including: psycho-social and educational assessments; early intervention to identify requisite services; referrals to community resources (such as Alcoholics Anonymous-AA, Narcotics Anonymous-NA, after school activities such as the YMCA and parenting classes); interagency advocacy that triggers Department of Mental Health, Regional Center, and special education assistance; client support during the court process; and recommendations to the court for disposition plans and conditions of probation in difficult cases.

Psycho-social assessments often help to determine whether the child represents a risk to the community and constitute the basis for effective treatment plans likely to reduce re-offending by addressing the issues that otherwise would put the child at risk for further delinquent behavior. The psychiatric social workers interview the juvenile clients along with their family members and other involved parties, such as school counselors, team coaches, dependency court social workers, foster parents, therapists, and others. At the discretion of the Deputy Public Defenders, C.A.R.E. Project Psychiatric social workers prepare reports for attorneys to present to

the court. The information developed by the psychiatric social workers and paralegals plays a key role in assisting the attorney to individualize and humanize the perception of each child by busy bench officers, who otherwise would not have the advantage of in depth comprehensive data and insight about each child and awareness of services available to implement an effective treatment plan. Consequently, more appropriate services are rendered to children and families to eliminate or minimize recidivism while continuing to hold minors accountable.

Additionally, four attorneys serve as education/mental health resource specialists. These attorneys enhance the Project's advocacy in the areas of special education and mental health for children who otherwise would not receive necessary mental health and educational services mandated by state and federal law. C.A.R.E. Resources Specialists ensure that children with educational difficulties have current Individual Education Plans (IEPs) which identify special education needs and define specific services to be provided. They also facilitate special program referrals such as those to the Regional Center which serves children with developmental disabilities. Public Defender Resource specialists also garner Department of Mental Health entitlements for children represented by the office. Finally, they also consult with other Deputy Public Defenders on complicated cases involving children coming from the dependency court system.

By referring clients for evaluation, identification, and intervention at the pre-trial stage, the Public Defender's office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. By beginning to design disposition plans at an early stage, members of the C.A.R.E. team 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 satisfy the conditions of probation, thereby increasing accountability and enabling the court to make orders that will foster accountability by both the minor and the system.

Another component of Public Defender assistance to children the Post-Disposition Project, funded through a grant from the Temporary Assistance to Needy Families (TANF) program. In this module, 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 placements in the County probation camp system and, using these evaluations, to develop alternate plans 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 about to emancipate from the camp program.

The current beneficiaries of the integrated components of these programs 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.

Both the pre and post-adjudication programs continue to be extremely successful. Since the inception of the Pre-adjudication component through June 2003, 5, 640 children have received project services; in fiscal year 2002-2003 alone, 4,920 services were provided to 1,349 new clients. 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. A significant number of these dispositions were for placements that provided treatment for a problem identified in the assessment process or the minor was permitted to remain in the home while receiving treatment services in the community. 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 June, 2003, the Los Angeles County Juvenile Courts have followed the program's recommendations in approximately 70 % of the cases in which services were provided in the pre-adjudication component of the program.

The post-adjudication component of the program likewise continues to maintain a consistent rate of success 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 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 continuing the camp placement order and 30 cases were pending disposition. Alternative dispositions involved one of the following situations:

- A less restrictive setting whereby the minor 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 minor was released home on a Court Furlough with specific conditions of probation;
- The minor was released from Camp and was placed at the Regional Center for mental health/educational issues;
- The minor was placed in a mental health facility.

As of December 31, 2001, the total success rate from date of inception increased to 94%. The total success rate remained constant in calendar year 2002, 94%, with a total number of 361 cases referred to the program from the date of inception in November, 1999 through December, 2002: of that 361 cases, 292 cases were completed, and 275 resulted in a more appropriate/less restrictive setting for the child by December, 2002.

Moreover, the rate of referrals into the Post-adjudication component of the program has seen a steady and consistent increase: from January 2002 through June 2002, there were 93 new referrals of children into the program, 98 new referrals from July 2002 through December 2002, and 103 new referrals during the time frame of January 2003 through June 2003.

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 juvenile offenders with mental health problems. A collaborative inter-

agency 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. A Deputy 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 2002, a total of 44 children have been accepted into the Mental Health court, with 27 new children being accepted into the program in 2002.

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 Juvenile Court Programs dealing with substance abuse. One is the traditional Drug treatment Court model, and the other is a newer, less intensive design operating as a pilot to test outcomes. In the traditional established 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 minor throughout his or her participation in Drug Court. Successful completion and graduation from the program will result in the charges being dismissed. Failure or dismissal from the program will result in the reinstatement of criminal (delinquency) charges and subsequent prosecution on the pre-adjudicated charges or continuation on probation on the post-adjudication charges.

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 solely measured by the number of graduates from the program, but rather whether the Drug Court curriculum favorably impacted the chil-

dren to the extent that they are now considered drug-free. However, there were 20 new graduates from the Eastlake and Sylmar programs in 2002, and 44 new participants admitted into the Sylmar program and 31 participants admitted into the Eastlake program in 2002.

SELECTED FINDINGS

- In fiscal year 2002-2003, the Public Defender represented 89,084 clients in felony-related proceedings, 423,332 clients in misdemeanor-related proceedings, and 36, 984 clients in juvenile delinquency proceedings in Los Angeles County

- In fiscal year 2002-2003, 4,920 services were provided to 1,349 new clients in juvenile delinquency proceedings through the Client Assessment Recommendation Evaluation project, (C.A.R.E.), a Public Defender project which focuses on early intervention with children by addressing the cluster of underlying symptoms or causes of delinquent behavior and providing the appropriate services.

- In the pre-adjudication component of the C.A.R.E project, the Los Angeles County Juvenile Courts have followed the project's recommendation in approximately 70% of the cases; in the post-adjudication component, the courts have followed the project's recommendations in 94% of the cases.

- 27 new children clients were accepted into the Mental Health Treatment court in 2002, and 75 new children were admitted into the juvenile Drug Courts in 2002.

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 Subcommittee hopes that as operational automated systems are implemented and enhanced by ICAN agencies, these classifications will be considered and more fully institutionalized. We believe that over time, their use will enable the agencies to achieve a more unified and effective focus on the issues.

The seven reporting categories are defined as follows:

Physical Abuse

A physical injury which is inflicted by other than accidental means on a child by another person. Physical abuse includes deliberate acts of cruelty, unjustifiable punishment, and violence towards the child such as striking, throwing, biting, burning, cutting, twisting limbs.

Sexual Abuse

Any sexual activity between a child and an adult or person five years older than the child. This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse.

Severe Neglect

The child's welfare has been risked or endangered or has been ignored to the degree that the child has failed to thrive, has been physically harmed or there is a very high probability that acts or omissions by the caregiver would lead to physical harm. This includes children who are malnourished, medically diagnosed nonorganic failure to thrive, or prenatally exposed to alcohol or other drugs.

General Neglect

The person responsible for the child's welfare has failed to provide adequate food, shelter, clothing, supervision, and/or medical or dental care. This category includes latchkey children when they are unable to properly care for themselves due to their age or level of maturity.

Emotional Abuse

Emotional abuse means willful cruelty or unjustifiable inappropriate punishment of a child to the extent that the child suffers physical trauma and intense personal/public humiliation.

Exploitation

Exploitation exists when a child is made to act in a way that is inconsistent with his/her age, skill level, or maturity. This includes sexual exploitation in the realm of child pornography and child prostitution. In addition, exploitation can be economic, forcing the child to enter the job market prematurely or inappropriately; or it can be social with the child expected to perform in the caregiver role.

Caretaker Absence/Incapacity

This refers to situations when the child is suffering either physically or emotionally, from the absence of the caregiver. 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.

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.

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.

DATA SHARING COMMITTE BIOGRAPHIES

APPENDICES

Elizabeth Stephens
Committee Chairperson

Elizabeth is the Head of the Statistics 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 39 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 is a courtroom supervisor for the Litigation and Training Division of the Office of the Los Angeles County Counsel. She also serves as the County Counsel representative for the ICAN Child Death Review Team and Data/Information Sharing Committee, supervises the special trials unit, dependency/delinquency cross-over cases, and mediation in addition to coordinating committee assignments. During the fifteen years she has been with County Counsel, Judy has been a trial attorney and lead attorney. 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, JD

Pam is currently the Head Deputy of the Family Violence Division for the Los Angeles County District Attorney's Office. The Division prosecutes felony domestic violence, spousal sex offenders, felony child abuse and other crimes of violence committed by one family member against another. Prior to this assignment, she was the Head Deputy of the Sex Crimes Division. Pam is the Chair of the Los Angeles County Domestic Violence Council, a co-chair of the ICAN Child Death Review Team, a co-chair of the Los Angeles County Domestic Violence Death Review Team and a co-chair of the ICAN/Domestic Violence Task Force on Children in Homes with Domestic Violence.

Olivia Carrera

Olivia is a Field Representative 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. Olivia has been employed by the Department of Justice since 1982 having represented various programs such as the Violent Crime Information Center and the California Anti-Terrorism Information Center.. Olivia provides outreach training and is involved with legislative review and special projects for the Child Protection Program. She is a coordinator for the State Child Death Review Board and support staff to the Attorney General Child Abuse Neglect and Reporting Act Task Force. Olivia obtained her Bachelor of Arts degree in Criminal Justice from California State University, Sacramento.

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 received a Masters Degree in Organizational Management along with two other degrees, one in Visual Design and the other in Business Management.

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.

Irene Frizzell

Irene is a detective with the Los Angeles Police Department. She has been a police officer for 21 years and is currently assigned to Juvenile Division as a Juvenile Consultant. She previously worked for 13 years in the Abused Child Unit.

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, assigned in 2002 to the Investigation Section of the Children's Residential Program of Community Care Licensing, 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 was responsible for investigators assigned to abuse and questionable death allegations in community care facilities located throughout Southern California in 2002.

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.

Dionne Lyman

Dionne is a Programmer Analyst II with the Los Angeles County Internal Services Department, Information Technology Service. Dionne Lyman has been with the County's Internal Services Department since September 2001. She supports ICAN and various County Departments with over 12 years of experience in Desktop Publishing, Graphic Design and Web Development. She obtained a Bachelor of Arts in Illustration with a minor in Graphic Design from California State University, Long Beach.

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 and 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, newly assigned patrol deputies, Department of Children and Family Services Children's Social Workers, schools and other civic groups.

Paula Montez

Paula 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, Paula'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, Paula's 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.

Julio Ortega

Julio is currently Division Manager for Internal Services Department, Information Technology Service responsible for managing information technology for the County's social services systems and other programs. These systems and programs are administered by the Department of Public Social Services (DPSS), Department of Family and Children's Services (DCFS), Child Support Services Department (CSSD) and Department of Community and Senior Services (DCSS). He has over 33 years County systems experience, including workflow analysis, front-line supervision and project management of internal and contracted major system development. He joined the ICAN Data/Information sharing commitee in 2003.

Edie Shulman

Edie is the Assistant Director 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 Program Administrator for ICAN. She has primary responsibility for the Data/Information Sharing Committee, the Child and Adolescent Suicide Review Team, the Child Abduction Task Force, and the Domestic Violence Task Force Data Sub-committee. Prior to joining ICAN, Cathy 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, Cathy was an Assistant Regional Administrator responsible for the management of various children service programs. Cathy 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.

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.