

ICAN

Inter-Agency Council on Child Abuse and Neglect

2012

Los Angeles County ❖ ICAN Data/Information Sharing Subcommittee

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Report Compiled From 2011 Data

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY



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This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN) with the work of the Data Sharing Committee, features data from ICAN agencies about activities for 2011 or 2010/20011 for some agencies. The report includes some information about programs, but is intended primarily to provide visibility to data about child abuse and neglect in Los Angeles County and information drawn from that data. Much of the report assumes the reader has a basic knowledge of the functions and organization of ICAN and its member agencies. For those unfamiliar with ICAN and its member agencies, please refer to Section IV of this report.

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

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

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

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

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

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

In this twenty-seventh 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 Ana Maria Correa, Nina Prays, Dionne Lyman-Chapman and, Christopher Chapman. They



INTRODUCTION

have provided the technical support to produce this final document and website.



This is the 27th The State of Child Abuse in Los Angeles County annual report. It is published to provide visibility to data about child abuse and neglect in Los Angeles County and the agencies serving the children and families involved in the welfare of children. The following is a summary of data provided by the agencies and indicated changes from the previous reported year's data.

REPORTED DECREASES

CORONER

In 2011 the total number of children reported by the coroner who died from Homicide, Suicide, Accidents and Undetermined causes decreased from 255 in 2010 to 238 in 2011.

The number of children killed by a parent, relative or caregiver decreased 7.8% from 2010. 26 children from homicide in 2010 and 23 children in 2011.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Children in out-of-Home care reflect a 1.0% decrease from 15,636 at the end of CY 2010 to 15,204 at the end of CY 2011.

Referrals to DCFS decreased 1.6% from 170,471 in CY 2010 to 167,723 in 2011.

DISTRICT ATTORNEY'S OFFICE

In 2011, a total of 5,504 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants. This is a decrease from the 5,675 cases that were submitted in 2010

LAW ENFORCEMENT

LAPD and the Sheriff's Department reported a decrease in child abuse reports

from 2010. For both agencies, the preponderance of referrals taken involved sexual abuse over physical abuse. LAPD had three times as many sexual abuse reports as physical abuse reports, and the Sheriff's Department twice as many.

PROBATION

Probation experienced a 10.2% decrease in adult child abuse referrals from 587 in 2010 to 536 in 2011.

CITY ATTORNEY

The City Attorney's office reviewed 1,417 child abuse investigations in 2011 which is a decrease from the 1,746 received in 2010. 162 cases reached a disposition in which 150 resulted in guilty pleas or convictions.

PUBLIC HEALTH (Note: 2010 Data)

In 2010 child death ages 1-17 years per 100,000 children is 15.8 and represents a continuing downward trend for several years. This is the lowest value in recent years.

Infant Mortality per 1,000 live births decreased from 5.0 in 2009 to 4.6 in 2010 and is the lowest rate recorded in more than a decade.

REPORTED INCREASES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The most vulnerable are children in the age group birth to two years and accounts for 19.2% of the total DCFS child caseload at the end of 2011. The number of children in this age group category exhibited a 3.7% volume increase, from 6,484 at the end of CY 2010 to 6,722 at the end of CY 2011



EXECUTIVE SUMMARY

CORONER

There was an increase in youth suicides from 17 such deaths in 2010 to 19 in 2011.

DEPENDENCY COURT

The number of new filings remained relatively steady from 2008 through 2010, with a noticeable increase in 2011. 12,162 new children were brought into the juvenile court system under WIC 300 petitions filed in 2011 which is an increase of 901 from 2010 when 11,261 children entered.

The number of children exiting the system increased from 11,639 in 2010 to 12,454 in 2011. The number of children leaving the system has been greater than those entering for the past ten years.

LAPD

The number of abused children handled by the Geographic Areas increased slightly (0.28%) in 2011 with a total of 1,823 cases from 1,818 cases in 2010.

DEPARTMENT OF PUBLIC SOCIAL SERVICES

Persons seeking financial and medical aid slightly increased 1.67% overall in 2011.

DPSS increased the number of referrals made to DCFS from 91 in 2010 to 114 in 2011.

ADDITIONAL FINDINGS

DEPARTMENT OF JUSTICE

The Central Index recorded 6,335 child abuse reports from Los Angeles County in 2011. This represents approximately 44% of the state's total reports.

CORONER

Child victims of homicides by a parent, relative or caregiver age five and under accounted for 91% of all these homicides.

DEPENDENCY COURT

An average of 55% of dispositional hearings ends with the removal of children from their parents or guardian.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

28.6% of the referrals to DCFS involved General Neglect and is the leading reported allegation. General Neglect continues to be the leading allegation reported from previous years.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to represent the largest child population in the out-of-home placement caseload. These children account for 52.1% of the total children in out-of-home placements at the end of CY 2011.

Children age of 13 years and under accounted for 74.6% of the total DCFS caseload. 31.6% of the total DCFS child caseload were children under five years of age.

Hispanic children continue to be the largest of all ethnic populations among DCFS-involved children. African American children continue to be disproportionately represented and account for 27% of the child caseload which is a 3% decrease from 2010.

PUBLIC HEALTH

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



and suicide; and are therefore all theoretically preventable deaths.

DISCUSSION

The number of children being referred for suspected abuse or neglect has declined in the state and county. In LA County, 197,784 referrals were made to the Hotline in 1995. In 2011, the number of referrals received by the Hotline was 167,723, which is a decrease from the previous year. Despite this decrease, LA County remains the highest reporting agency in the state.

The statewide and number of reports to the Child Abuse Central Index (CACI) from Los Angeles indicates child abuse may be under reported to the index. LA County provided In-person responses to 142,090 referrals and 12,162 children were brought into the dependency court in 2011 yet only 6,335 children were reported to the central index. This lower number could also be a reflection of the highest number of referrals being for general neglect, unfounded or inconclusive allegations or families being referred for alternative community services that would not be reported to the central index.

The number of children exiting the dependency court system has continued to outnumber the number entering it since 1999. The overall caseload of petitions filed and judicial reviews had been on a steady decline for the past ten years with the exception of 2010 and 2011 which showed an increase in the caseload.

More children are being placed in the home of a parent by the dependency court. 45% of children were placed HOP at the Disposition Hearing in 2011. While the number of children in suitable placement at disposition remains high at 52% in 2011, the

percentage has declined from 2004 when 68% were suitably placed. Children in Relative/Non-Relative Extended Family Member care continue to represent the largest child population in out-of-home care. The data suggests there is movement in the goal to reduce reliance on removing children from their homes through the expansion of family preservation and alternative community-base services.

Children of color continue to be overrepresented in the child welfare system. Hispanic children have been the largest of all ethnic populations since 2001. African American children continue to be disproportionately represented but the percentage has been declining over the past decade and decreased by 3% in 2011 from 2010.

As in 2010, the 2011 data suggests that despite the military involvement in wars, current recession, and housing market slump producing stress on families the past several years, this has not resulted in a significant increase in child abuse and neglect in Los Angeles County. This trend may be due to the concerted effort by agencies reporting to keep families together with services or diverting families from formal involvement with the child welfare system through the provision of community services.

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



CALIFORNIA DEPARTMENT OF JUSTICE

- Authorized agencies submitted 14,441 reports to the DOJ for entry into the CACI (See Figure 1).
- Physical abuse is the most prevalent type of abuse reported and represents 38% of the total reports entered into the CACI. The other types of abuse reported are as follows: sexual abuse 3,107 (22%), mental abuse 4,087 (28%), severe neglect 1,293 (9%), and 441 (3%) willful harming and/or corporal punishment.
- Of the 14,441 child abuse reports submitted by child protection and law enforcement agencies 24 reported the death of a child. 6 (25%) of the child death reports were submitted by Los Angeles County.
- During 2011 Los Angeles County submitted 6,335 (44%) reports. The abuse determinations are as follows:
 - a) 2,204 (35%) physical abuse
 - b) 2,542 (40%) mental abuse
 - c) 1,209 (19%) sexual abuse
 - d) 322 (5%) severe neglect
 - e) 58 (0.9%) willful harming and/or corporal punishment.(See Figure 2)

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

- Most vulnerable are children in the age group Birth - 2 Years. This population accounts for 19.2% of the total DCFS child caseload, which remained the same from CY 2010. However, the number of children in this age group category exhibited a 3.7% volume

increase, from 6,484 at the end of CY 2010 to 6,722 at the end of CY 2011.

- Hispanic children continue to be the largest of all ethnic groups among DCFS children. This population accounts for 57.9% of the total caseload, up from 56.3% at the end of CY 2010. The number of Hispanic children shows a 6.4% volume increase from 19,041 to 20,257 at the end of CY 2011.
- Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to represent the largest child population in the out-of-home placement caseload. These children account for 52.1% of the total children in out-of-home placements at the end of CY 2011, up from 49.0% at the end of CY 2010. The number of children in this placement category shows a 3.4% volume increase, from 7,664 at the end of CY 2010 to 7,924 at the end of CY 2011.
- As of December 2011 P3 has provided traditional P3 services to 4,980 youth. Approximately, 36% (1,778) of these youth now have a legally permanent plan identified or established. A total of 484 youth have returned home to a parent and had their child welfare case closed, 100 youth have returned home and continue to have their case supervised by DCFS, and 240 are moving towards reunification with a parent. In addition, 170 youth have been adopted, 36 youth are in adoptive placements, and 240 youth who were previously opposed to adoption are now involved in adoption planning. Finally, 145 youth have had a legal guardian appointed and their cases closed through KinGAP, 144 youth were in a legal guardianship prior



SELECTED FINDINGS

to their case closing due to emancipation, 177 youth are in legal guardianship and continue to have their case supervised by DCFS, and 155 youth have a plan of legal guardianship identified and are moving through the court process.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

- The number of filings increased moderately in 2011.
- New WIC §300 petitions constituted 54% of total filings in 2011.
- In 2011, 12,162 children entered the Dependency system as a result of new petitions being filed, and 12,454 children exited the system.

LOS ANGELES POLICE DEPARTMENT

- The total child abuse investigations conducted by LAPD in 2011, was 3,133.
- The number of abused children handled by the ACU in 2011 (1,190) showed a decrease (16.67 percent) from the number handled in 2010 (1,428).
- The number of abused children handled by the Geographic Areas in 2011 (1,823) was an increase of (0.28 percent) from the number handled in 2010 (1,818).

COUNTY OF LOS ANGELES SHERIFF DEPARTMENT

The Special Victim's Bureau investigated a total of 3,339 cases. Of these, sexual abuse cases accounted for 68% of the total cases (2,257) and physical abuse 32% with 1,082.

INDEPENDENT POLICE AGENCIES

The top five police agencies accounted for 40.39% of all the Suspected Child Abuse Reports (SCARS) from police agencies. The five agencies included Long Beach, Pomona, Inglewood, El Monte, and Pasadena. Long Beach had the greatest number and accounted for 19.54% of all the Independent Police Agency SCARs.

COUNTY OF LOS ANGELES DEPARTMENT OF CORONER

In calendar year 2011, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 238 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2010, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 255, a decrease of 17 cases.



DISTRICT ATTORNEY'S OFFICE

- A total of 5,504 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2011.
- Of these, charges were filed in 46% (2,510) of the cases reviewed. Felony charges were filed in 55% (1,387) of these matters. Misdemeanor charges were filed in 45% (1,123) of these matters.
- Of those cases declined for filing (a total of 2,994—both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 33% of the declinations (1,002).
- In 78% of the adult cases filed involving child abuse, the gender of the defendant was male.
- Convictions were achieved in 91% of the cases filed against adult offenders. Defendants received grants of probation in 69% (1,229) of these cases. State prison sentences were ordered in 25% (444) of the cases; with 1% (19) of the defendants receiving a life sentence in state prison.
- A total of 571 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.
- Of these, charges were filed in 47% (274) of the cases reviewed. Felony charges were filed in 93% (256) of these cases.
- Of the filed cases, 54% (149) alleged a violation of PC §288(a). Of the declined cases (297 – both felonies and misdemeanors), 55% (162) alleged a violation of PC §288(a).

- In 96% of the petitions filed involving child abuse, the gender of the minor was male
- Sustained petitions (155) were achieved in 90% of the juvenile cases.

OFFICE OF CITY ATTORNEY LOS ANGELES OFFICE

- In 2011, this Office reviewed 89,408 cases and filed 52,739 cases.
- In 2011, the Los Angeles City Attorney's Office reviewed 1,417 investigations that involved ICAN-related offenses. Of the 1,417 matters, 183 were filed and 788 were referred to hearings.
- In 2011, 162 ICAN-related cases reached a disposition. Of the 162 cases, 150 resulted in guilty pleas or convictions following jury trials.

PROBATION DEPARTMENT

Received child abuse offense referrals on 519 males and 17 females. Approximately thirty times as many males as females.

PUBLIC DEFENDER

In Fiscal Year 2011-12, the Public Defender represented clients in approximately 121,611 felony-related proceedings; 299,549 misdemeanor-related proceedings; and 64,815 clients in juvenile delinquency proceedings, respectively.

COUNTY COUNSEL

As of December 2011, there were approximately 13,627 cases and 19,378 hearings system wide. In 2011, the Division filed or handled over 451 appellate briefs. The Division is second only to the State



SELECTED FINDINGS

Attorney General in the number of briefs filed in the Second District Court of Appeal.

In 2011, the appellate section attorneys handled and or filed over 451 appellate briefs. In addition to these cases, the appellate sections attorneys filed six emergency writ petitions, and one affirmative appeal.

LOS ANGELES COUNTY OFFICE OF EDUCATION

Physical abuse accounted for the highest number of suspected cases and sexual abuse accounted for the lowest. Elementary school districts had the highest total suspected case incidence rate (3.49), followed by High School districts (3.46). Elementary school district incidence rates were the highest across all abuse types, ranging from 27% to 56% higher than the next highest incidence rates.

Overall, Los Angeles County school districts showed decreases in the number of incidences per 1000 in the sexual, physical, general neglect, and emotional abuse types. In physical and general neglect there was a decrease at all levels. In the sexual abuse type there was a decrease at the high school and unified school district, but there was a slight increase at the elementary school districts. Emotional Abuse increased slightly at all levels.

DEPARTMENT OF MENTAL HEALTH

- MAT is a collaborative screening process offered through DCFS and DMH. Countywide, 3,731 MAT assessments were completed in FY 10-11 compared with 3,417 in FY 09-10.

- The CSAT is an administrative network in each DCFS regional office that coordinates screening and assessment of: (a) newly detained, (b) newly opened and non-detained, and (c) existing DCFS cases.
- The cumulative RTS summary for the last nine months of FY 10-11 (October, 2010 to June, 2011), reports that: (1) for newly detained children, 2,469 mental health screenings were completed by 615 CSWs (average number of screenings = 4.0), the rate of screening was 97%, the rate for positive screens was 81%, and the number referred for mental health services was 1,946, which is a 98% referral rate. (2) For newly opened non-detained children, 7,035 screenings were completed by 935 CSWs (average number of screenings = 7.5), the rate of screening was 97%, the rate for positive screens was 68%, and the number referred for mental health services was 4,458, which is a 96% referral rate. (3) For existing open cases, 2,109 screenings were completed by 548 CSWs (average number of screenings = 3.8), the rate of screening was 94%, the rate for positive screens was 41%, and the number referred for mental health services was 812, which is a 97% referral rate. For these three groups of children, the average interval between referral for mental health services and providing a mental health service was 3.3 days.



- During FY 10-11, there were 1,752 children and youth enrolled in the Tier I Wraparound program with an average age of 14.8. Figures 1, 2, 3 and 4 describe their gender, age-category, race/ethnicity, and Agency of Primary Responsibility. For clients with an identified agency of primary responsibility, DCFS referred the largest proportion of the Tier I Wrap clients receiving mental health services while Probation referred the second largest proportion.
- During FY 10-11, 2,446 children and youth were enrolled in the Tier II Wraparound program with an average age of 12.6. This is notably younger than the average age of 14.5 observed for Tier I Wraparound clients
- Children who graduated from Wraparound were more likely to have their cases terminated within 12 months compared to children in RCL 12-14 (nearly 61% vs. 22%).
- 64% of the Wraparound graduates had no placement costs or subsequent out-of-home placement compared to 25% of the RCL 12-14 group.
- Wraparound graduates spent fewer days in placement than did children from RCL 12-14 (113 vs. 246).
- Wraparound graduates were generally placed in less restrictive placements with foster relatives or guardians (69% for Wraparound vs. 26% for RCL 12-14), compared to more restrictive settings such as group homes or FFA-certified foster homes for the RCL 12-14 group (27% for Wrap vs. 64% for RCL 12-14).
- In FY 10-11, 10,193 youth were screened and evaluated in the three County juvenile halls. This was 99% of all newly admitted youths. The numbers screened for Barry J. Nidorf, Central Juvenile Hall and Los Padrinos Juvenile Hall were: 2,390, 3,078, and 4,725, and the numbers treated were 2,786, 3,397, and 4,206, respectively.
- During FY 10-11, the Kirby MHU served 347 youths, providing individual, family and group therapies, crisis intervention, full Day Treatment Intensive services, and substance abuse counseling. Their average length of stay was 194 days.

DEPARTMENT OF PUBLIC HEALTH (2010)

- The overall infant mortality rate in Los Angeles County in 2010 was 4.6 infant deaths per 1,000 live births, the lowest rate recorded in greater than 10 years. Notably, the infant mortality rate in Los Angeles County has remained well below the national target set by the U.S. Department of Health and Human Services in Healthy People 2020 throughout the past decade.
- Although Hispanics comprised the highest number of infant deaths (a function of the much higher number of live births in this sub-population), African-Americans continue to experience disproportionately higher rates of infant mortality compared to other race/ethnic groups. In 2010, African-Americans experienced a rate of 9.8 infant deaths per 1,000



SELECTED FINDINGS

live births, more than twice as high as the next highest group, and this disparity has been fairly consistent during all the years displayed. Despite the ongoing disparities, it is satisfying to see that the infant death rate has decreased for all groups represented in the figure compared to the previous year. Most notably, the rate for African Americans has experienced a relative decrease of nearly 20% over the previous two years.

- For children ages 1 to 4, and ages 5 to 12, accidents (unintentional injuries) are the first or second leading cause of death and were the leading cause for both groups the previous year.
- Infant mortality rates decreased in 2010 in most (6 of 8) Service Planning Areas (SPAs), most notably in SPA 1 (Antelope Valley) where the rate showed a relative decrease of 24%.
- Most leading causes of infant death are related to conditions arising during the prenatal or perinatal periods and therefore need to be addressed during the preconception and gestational periods and/or with advances and improvements in medical care. SIDS, however, is a leading cause of infant death that can be addressed after birth by promoting safe sleep practices with parents and caregivers.
- The death rate for children ages 1 to 17 in Los Angeles County has

shown a consistent downward trend for several years, reaching its lowest value of 15.8 deaths per 100,000 children in 2010, the most recent year available. African-American children ages 1 to 17 had the highest death rate among the major race/ethnic groups represented, but there was significant relative decrease in death rates for both African American and Asian/Pacific Islander children compared to prior years. Among SPAs, SPA 6 (South) had the highest child death rate, followed closely by SPA 7 (East) and SPA 1 (Antelope Valley). SPA 4 (Metro) showed a very impressive relative decrease in child death rate of 43% making it the SPA with the lowest child death rate in 2010.

- The number of deaths attributed to child abuse and neglect vary slightly year to year but remain very low for both infants and for children ages 1 to 17. However, it is possible that the true number of deaths associated with abuse and neglect may be higher due to underreporting and challenges in post-mortem investigations.

**DEPARTMENT OF PUBLIC
SOCIAL SERVICES**

In 2011, DPSS made a total of 114 child abuse referrals to the Department of Children and Family Services. This represented a 25% increase from the 91 referrals made in 2010 (Figure 3).

AIDED CASELOAD

As shown in the Persons Aided chart (Figure 2), using December 2010 and December 2011 as points in time for comparison, the number of CalWORKs aided individuals decreased by 1.03% (4,530 individuals less). The number of Medi-Cal Assistance Only aided individuals increased from 1,677,283 in December 2010 to 1,695,805 in December 2011. This represents a 1.09% increase (18,522 individuals).

In total, there was a 1.67% increase (39,946) in the number of individuals receiving assistance for all programs combined from December 2010 to December 2011.

**2011 DATA RECOMMENDATIONS
RECOMMENDATION ONE:*****REPORTING OF DATA***

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

RATIONALE:

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

RECOMMENDATION TWO:***USE OF SPATIAL DATA***

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

RATIONALE:

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



ANALYSIS OF INTER-AGENCY DATA COLLECTION

There is limited information available from individual agencies which can be linked with other agency data to portray the child victim's route through the criminal justice and juvenile dependency systems. Information in the 2011 State of Child Abuse in Los Angeles County report presents data unique to each agency which may include the type of abuse/neglect involved, detailed information on the victim, or the extent of the agency's work. This special inter-agency section of the report attempts to show the data connections which exist between agencies and information areas which could be expanded.

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

I. LIST OF CHILD ABUSE AND NEGLECT SECTIONS

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

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

II. FLOW CHARTS

Flow Charts were developed to:

Show the interrelationship of all departments in the child abuse system;

Show the individual agency's specific activities related to child abuse;

Reflect the data used in the annual report by showing the extent of data currently collected, and by the absence of data, graphically depict whether additional data may be reported, if the agency so chooses;

Show differences in items being counted between agencies with similar activities; and

Provide a basis for any future modifications to be used in data collection.

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



Figure 1

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

Child Abuse/ Neglect Category	Offense Code	FELONY/MISD	DESCRIPTION
Physical Abuse	187(a)	F	Murder
Physical Abuse	207(a)	F	Kidnapping
Physical Abuse	207(b)	F	Attempt Kidnap Child Under 14
Physical Abuse	273ab	F	Assault Resulting in Death of Child Under 8
Physical Abuse	273d(a)	F	Inflict Injury Upon Child
Physical Abuse	273d(a)	F	Corporal Punishment or Injury to Child
Physical Abuse	664/187	F	Attempted Murder
Sexual Abuse	261.5 (a)	F	Unlawful Sexual Intercourse with minor
Sexual Abuse	261.5 (b)	M	Unlawful Sexual Intercourse with minor
Sexual Abuse	269	F	Aggravated sexual assault of Child Under 14
Sexual Abuse	269(a)1	F	Rape
Sexual Abuse	269(a)2	F	Aid'g/Abettt'g Rape Penetration w/ For. Object
Sexual Abuse	269(a)3	F	Sodomy With Person Under 18
Sexual Abuse	269(a)4	F	Oral Copulation Person Under 18
Sexual Abuse	269(a)5	F	Sexual Penetration Foreign Object With Force
Sexual Abuse	286(b)(1)	M	Sodomy With Person Under 18
Sexual Abuse	286(b)(2)	F	Sodomy With Person Under 16
Sexual Abuse	286c	F	Sodomy With Person Under 14
Sexual Abuse	288(a)	F	Lewd Acts With Child Under 14
Sexual Abuse	288(b)1	F	Lewd Acts With Child Under 14 Force
Sexual Abuse	288(c)1	F/M	Lewd Acts With Child Under 15/10 Year Diff.
Sexual Abuse	288.4	F/M	Arrangement of Meeting Minor for Lewd Behavior
Sexual Abuse	288.5	F	Continuous Sexual Abuse of Child
Sexual Abuse	288a(b)(1)	F/M	Oral Copulation Person Under 18
Sexual Abuse	288a(b)(2)	F	Oral Copulation Person Under 16
Sexual Abuse	288.2	F/M	Sending Harmful Matter to Minor
Sexual Abuse	289(h)	F/M	Sexual Penetration Person Under 18
Sexual Abuse	289(i)	F	Sexual Penetration Person Under 16
Sexual Abuse	289(j)	F	Sexual Penetration Under 14/10 Year Diff.
Sexual Abuse	647.6(a)(1)	M	Annoy or Molest Child
Sexual Abuse	647.6(a)(2)	M	Annoy or Molest Child
Exploitation	266	F	Seduce Minor Fem for Prostitution
Exploitation	266j	F	Procure Child Under 16 for Lewd Acts



Figure 1 (continued)

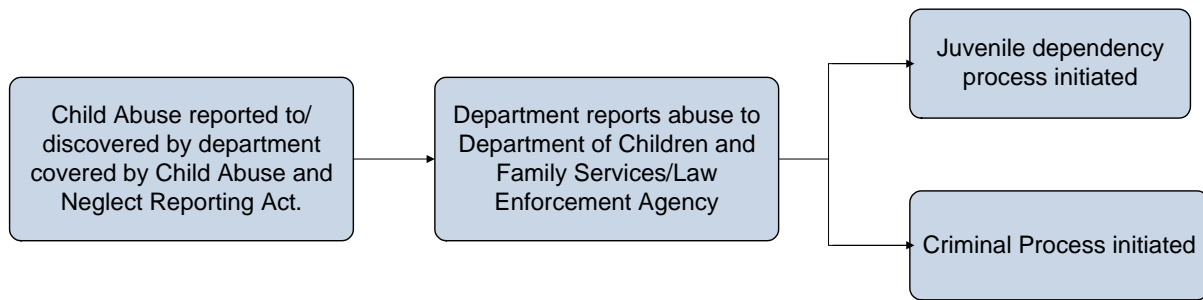
CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

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



Flow Chart I

REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2010



REPORTING DEPARTMENTS WORKLOAD

CHIEF MEDICAL EXAMINER CORONER	238
L. A. COUNTY PROBATION DEPARTMENT	536
DEPT. OF PUBLIC SOCIAL SERVICES	114
LOS ANGELES POLICE DEPARTMENT	3,013
L.A. COUNTY SHERIFF'S DEPT. FCB	3,339
DEPT. OF CHILDREN & FAMILY SERVICES	167,723



Flow Chart II

ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES

CHILD PROCESS INITIATED

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

CHILD ABUSE/NEGLECT REPORT

Child Abuse made known to departments covered by Child Abuse and Neglect Reporting Act (Penal code section 11164), and reported to Department of Children and Family Services and Law Enforcement.

Police agency receives report of abuse.

Report assigned to specialized unit
 Report handled by area station officers

Incident Investigate

Complaints unfounded – No action
 Sufficient evidence to prove crime

JUVENILE DEPENDENCY PROCESS INITIATED

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

DCFS files petition with court to protect child

Detention Arr. Hearing*

Adjudication

Disposition hearing*

Mediation/Pretrial* Pretrial resolution conferences (Mand. Settlement process)

Arrest report presented to prosecutor for filing consideration

Crime report presented to prosecutor for filing consideration

Case presented to prosecutor for arrest warrant

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

Child returned home

Child returned home – supervision continues

Determination – Child not to return home (after up to 18 months Family Reunification Services)

Case accepted & prosecuted felony Misdemeanor

Case rejected for prosecution

Court jurisdiction terminates*

Parent rights terminated* child placed for adoption

Child placed* Guardianship

Child placed – long term foster care

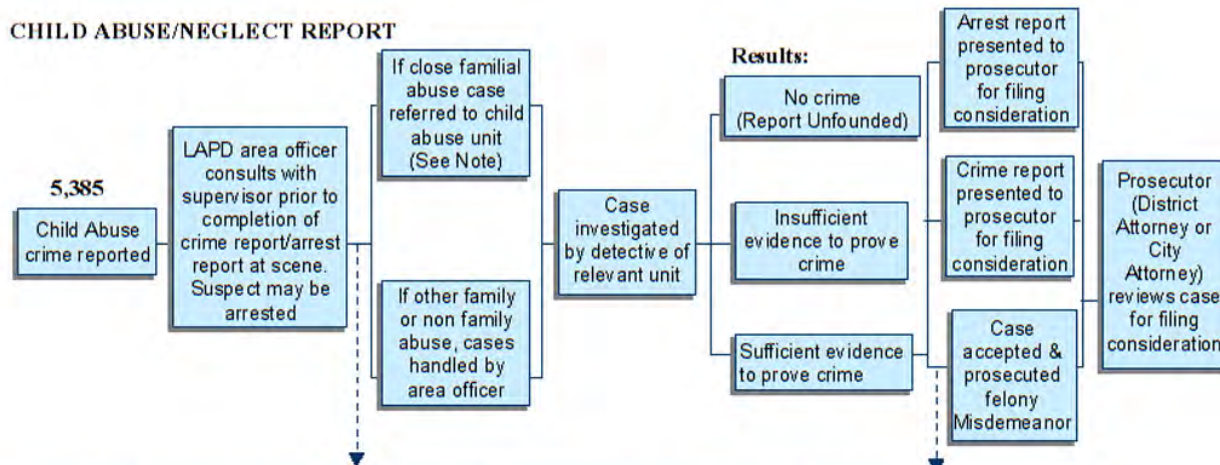
*Although not graphically depicted, court jurisdiction may also terminate after a detention/arraignment hearing, an adjudication, or a mediation/pretrial resolution conference, or when the child is placed for adoption or in guardianship.



Flow Chart III

LOS ANGELES POLICE DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES

CHILD ABUSE/NEGLECT REPORT



Children may be detained at this point (siblings as well as child victim) and referred to the Department of Children and Family services under Welfare and Institutions Code Section 300.

NOTE:

Case Count Definition

Endangering cases:

Multiple victims in same family = 1 report (case)

All other cases:

Each victim = 1 report (case)

Child Abuse Unit Responsibilities

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

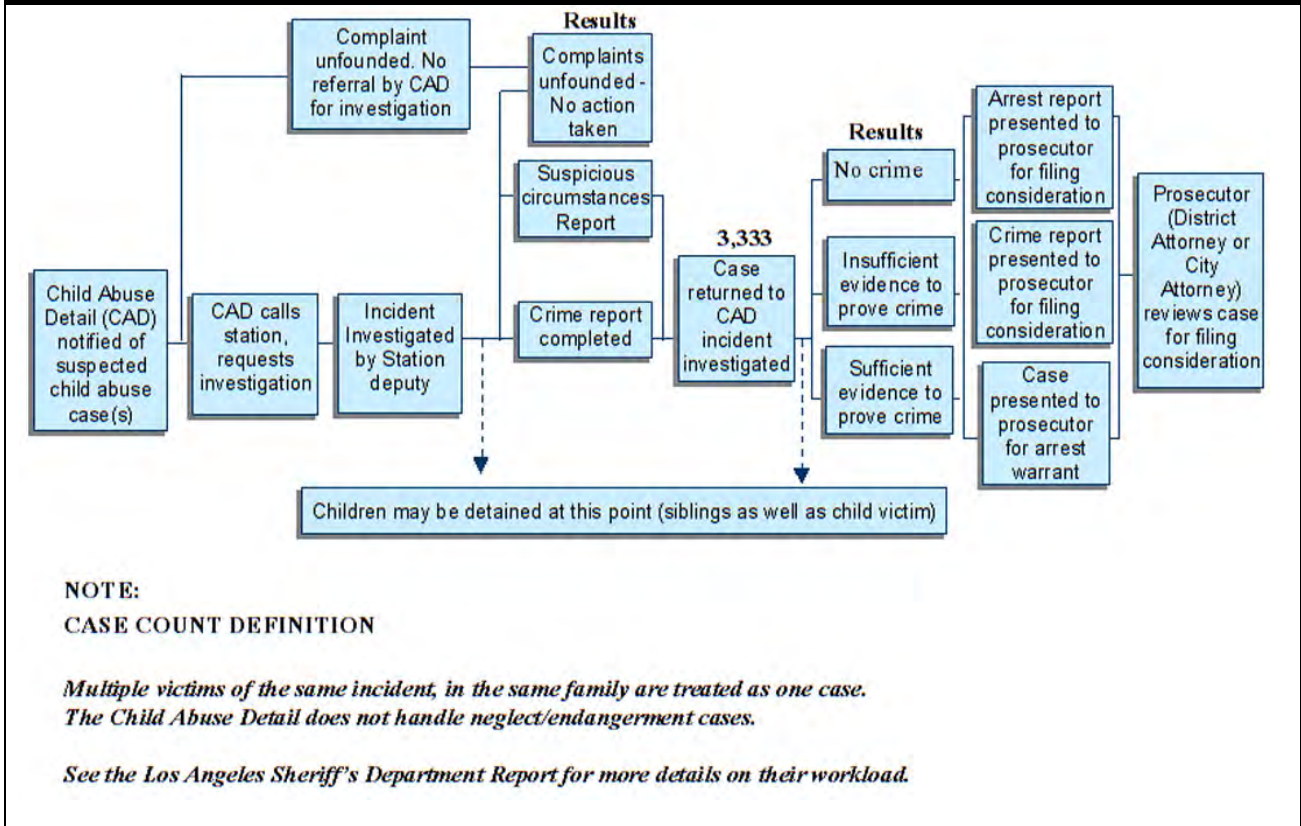
GEOGRAPHIC AREA RESPONSIBILITIES

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



Flow Chart IV

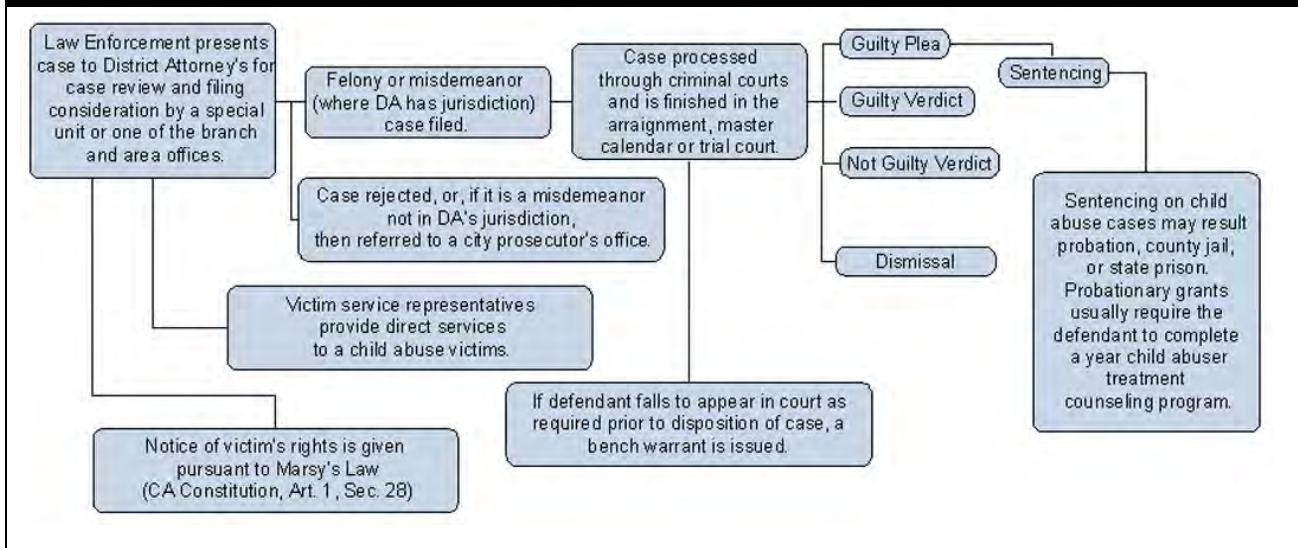
LOS ANGELES SHERIFF DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES





Flow Chart V

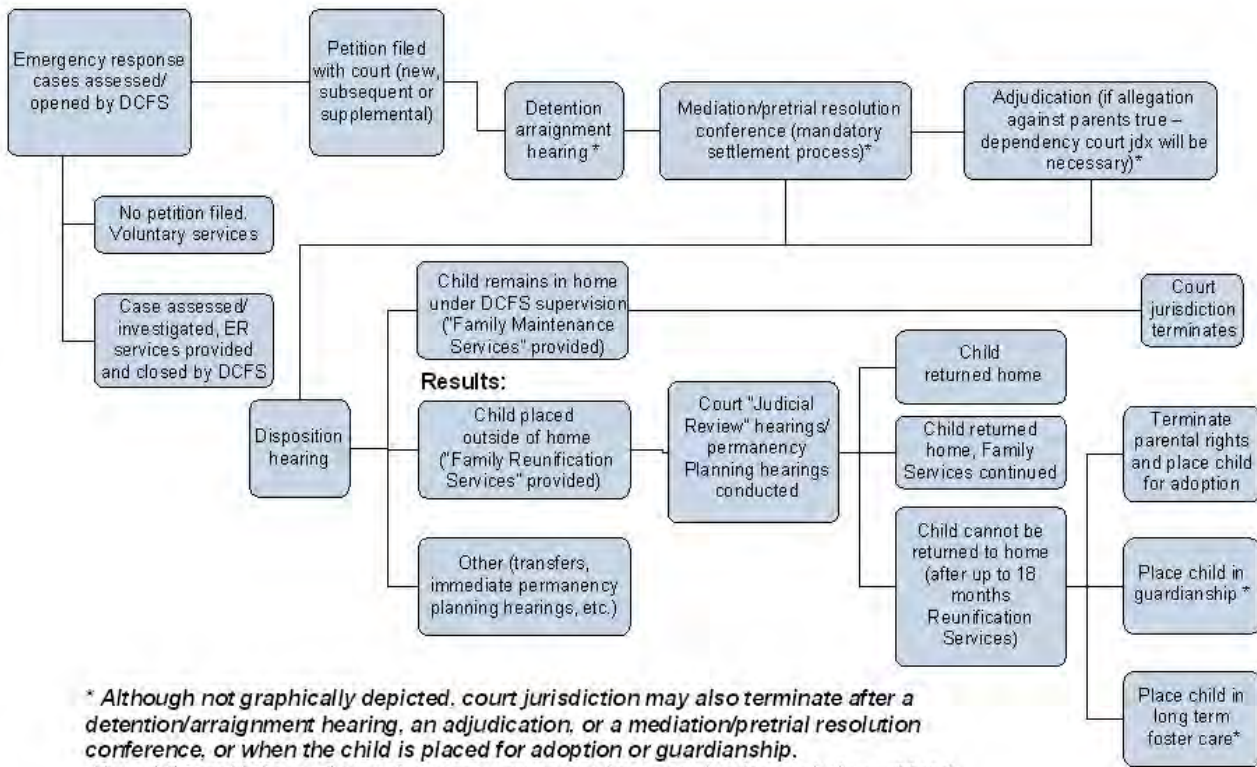
LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE INVOLVEMENT IN CHILD ABUSE CASES





Flow Chart VI

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





INTER-AGENCY DATA COLLECTION

Figure 2

**LOS ANGELES COUNTY INDEPENDENT LAW ENFORCEMENT AGENCY (LEA) CHILD ABUSE DATA
Based on Electronic Suspected Child Abuse Reports (E-SCARs) January 2010 - December 2011**

RANK	INDEPENDENT LEA	TOTAL POPULATION **	SCARs		Crime Suspected***		No Crime Suspected		No Investigation	
			#	(%)	#	(%)	#	(%)	#	(%)
1	Long Beach PD	494,709	3,083	19.54%	785	25.46%	973	31.56%	1,325	48.15%
2	Pomona PD	163,686	1,138	7.21%	214	18.80%	759	66.70%	165	14.50%
3	Inglewood PD	119,053	771	4.90%	208	27.00%	258	33.46%	305	39.54%
4	El Monte PD	126,468	722	4.61%	232	32.13%	467	64.68%	23	3.19%
5	Pasadena PD	151,576	652	4.13%	164	25.15%	392	60.12%	96	14.73%
6	Whittier PD	87,128	616	3.91%	178	29%	71	11.53%	367	59.47%
7	Hawthorne PD	90,145	588	3.74%	263	44.73%	289	49.15%	36	6.12%
8	South Gate PD	101,914	587	3.72%	89	15.16%	382	65.08%	116	19.76%
9	Downey PD	113,715	576	3.65%	143	24.82%	357	61.98%	76	13.20%
10	West Covina PD	112,890	535	3.40%	141	26.36%	281	52.52%	113	21.12%
11	Torrance PD	149,717	477	3.03%	36	7.55%	429	89.94%	12	2.51%
12	Baldwin Park PD	81,604	437	2.80%	95	21.74%	306	70.02%	36	8.24%
13	Montebello PD	65,781	414	2.63%	129	31.16%	249	60.14%	36	8.70%
14	Glendale PD	207,902	412	2.61%	125	30.34%	274	66.50%	13	3.16%
15	Burbank PD	108,469	410	2.60%	173	42.20%	205	50.00%	32	7.80%
16	Huntington Park PD	64,219	406	2.58%	80	19.70%	282	69.46%	44	10.84%
17	Alhambra PD	89,501	347	2.22%	70	20.17%	248	71.47%	29	8.36%
18	Gardena PD	61,927	331	2.11%	85	25.68%	213	64.35%	33	9.97%
19	Bell Gardens PD	47,002	290	1.84%	38	13.10%	230	79.31%	22	7.59%
20	Bell PD	38,867	280	1.80%	19	6.79%	207	73.93%	54	19.28%
21	Santa Monica PD	92,703	274	1.74%	67	24.45%	180	65.69%	27	9.86%
22	Azusa PD	49,207	263	1.71%	61	23.19%	169	64.26%	33	12.55%
23	Covina PD	49,622	243	1.54%	41	16.87%	177	72.83%	25	10.30%
24	Monterey Park PD	65,027	212	1.35%	101	47.64%	99	46.70%	12	5.66%



Figure 2 (continued)

LOS ANGELES COUNTY INDEPENDENT LAW ENFORCEMENT AGENCY (LEA) CHILD ABUSE DATA
Based on Electronic Suspected Child Abuse Reports (E-SCARs) January 2010 - December 2011

RANK	INDEPENDENT LEA	TOTAL POPULATION**	SCARs		Crime Suspected***		No Crime Suspected		No Investigation	
			#	(%)	#	(%)	#	(%)	#	(%)
25	Monrovia PD	39,984	176	1.13%	30	17.04%	120	68.18%	26	14.78%
26	Redondo Beach PD	68,105	170	1.10%	27	15.88%	120	70.59%	23	13.53%
27	Glendora PD	52,830	169	1.07%	38	22.48%	103	60.95%	28	16.57%
28	San Fernando PD	25,366	164	1.04%	63	38.41%	85	51.83%	16	9.76%
29	Arcadia PD	56,719	148	0.95%	28	18.92%	62	41.89%	58	39.19%
30	Culver City PD	40,722	146	0.93%	30	20.54%	87	59.60%	29	19.86%
31	La Verne PD	34,051	142	0.90%	43	30.28%	74	52.11%	25	17.61%
32	San Gabriel PD	42,984	85	0.60%	13	15.29%	64	75.29%	8	9.42%
33	Beverly Hills PD	36,224	81	0.53%	11	13.58%	58	71.60%	12	14.82%
34	Claremont PD	37,608	75	0.49%	12	16.00%	54	72.00%	9	12.00%
36	Signal Hill PD	11,465	69	0.44%	17	24.64%	37	53.62%	15	21.74%
37	Manhattan Beach PD	36,773	68	0.43%	20	29.41%	32	47.06%	16	23.53%
38	El Segundo PD	17,049	56	0.38%	17	30.36%	37	66.07%	2	3.57%
39	Hermosa Beach PD	19,599	27	0.20%	0	0.00%	14	51.85%	13	48.15%
40	Palos Verdes Estates PD	14,085	19	0.13%	7	36.84%	8	42.11%	4	21.05%
41	Sierra Madre PD	11,099	16	0.11%	7	43.75%	8	50.00%	1	6.25%
42	San Marino PD	13,415	14	0.09%	3	21.43%	8	57.14%	3	21.43%
43	Irwindale PD	1,717	14	0.09%	7	50.00%	7	50.00%	0	0.00%
44	Vernon PD	96	2	0.01%	0	0.00%	2	100%	0	0.00%
	TOTAL		15,774	100.00%	3,938	25.00%	8,510	54.00%	3,326	21.00%

***Demographics***

- Los Angeles County is 4,083 square miles in size and includes 88 incorporated cities.
- The total population for Los Angeles County is 9,818,605 (U.S. Census Bureau, 2010). It is the most populous county in the United States.
- 0 – 17 years child population represent 24.5% of the population (2,402,208).
- There are 645, 796 children age five years and younger.
- From the 2010 Census, CA Department of Finance Demographic Research Unit, the child population is 62.1% Hispanic, 17% Caucasian, 7.8% African American, 9.7% Asian, 3.3% Multiple or other racial and .1% Native American.
- 133,160 live births were recorded in 2009.



SECTION II

SPECIAL REPORT



ICAN CHILD ABDUCTION

TASK FORCE REPORT

AGENCY REPORT

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



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

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

The expanded Project is currently referred to as the ICAN Child Abduction Task Force/Reunification of Missing Children Program, and participants include: Find the Children, Los Angeles Police Department, Los Angeles Sheriff's Department, Didi Hirsch Community Mental Health Center, Prototypes, the Child Guidance Clinic, Foothill Family Services, For the Child in Long Beach, The HELP Group, Los Angeles County Department of Children and Family

Services, Los Angeles District Attorney Child Abduction Unit, Los Angeles Legal Aid Foundation, Los Angeles County Office of County Counsel, Mexican Consulate, United States Secret Service, and FBI.

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

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

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

Figure 1 below shows that in 2011, the Program served 58 children in 42 cases¹ as



compared to the 60 children in 44 cases served in 2010. This is a 5% decrease in caseload and a 3% decrease in the number of children served from the previous year. Regardless, the number of families served in 2011 is slightly higher than the ten-year average of 39 cases. As well, the number of children served is slightly higher than the ten-year average of 53.5 children.

Figure 2 shows the ethnic breakdown for the 58 children served in calendar year 2011: 40% were African-American, 39% were Hispanic, 14% were Caucasian and 7% were Asian/Pacific Islander. Figure 3 shows the age range of the children served in calendar year 2011: 54% percent of the children served were age 5 or younger, 30% were age 6 to 10 and 14% were age 11 or older, and 3% did not have any age denoted. Figure 4 shows that of the children served, 88% were under the jurisdiction of the Department of Children and Family Services while 12% were not

Figure 5 reflects trend data on the number of cases and children served by the Reunification Program for calendar year 2002 through 2011. Over the past 10-year period, the number of cases has averaged 39 per year, while the number of children served has averaged 53.5 per year. There was an increase in the number of cases and children served from 2002 to 2003. Then, a steady decrease in the number of cases and children served noted from 2003 through 2006, except in 2005, there was a slight increase in children served compared to the number of children served in 2004. Then, in 2007 through 2009 an increase in the number of children and cases served was experienced from the previous year. In 2010 and in 2011, this trend was reversed when a decrease in the number of cases and

children served was experienced from the previous year.

Figure 6 shows the number of cases referred in 2011 to the Reunification Program by source. The Department of Children and Family Services referred 88% of the cases (n=37). The other 12% were referred through other sources.

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



Figure 1 Number of Cases/Children Served By Reunification Program 2010 vs. 2011

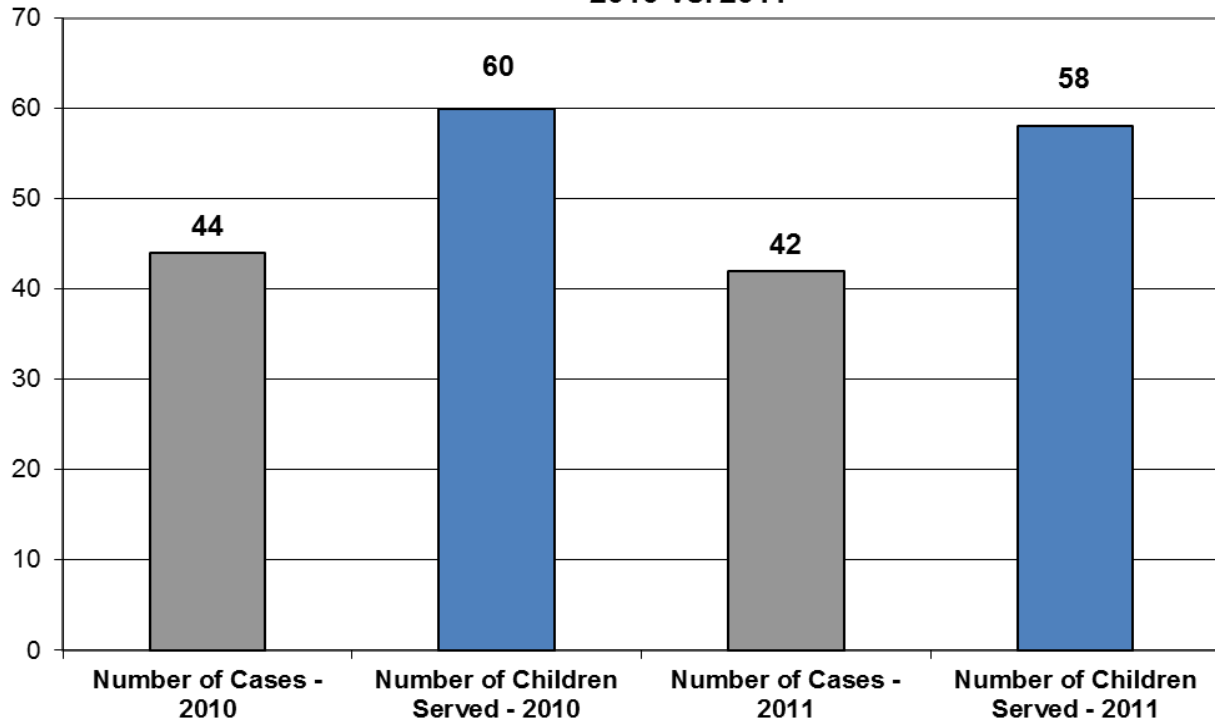
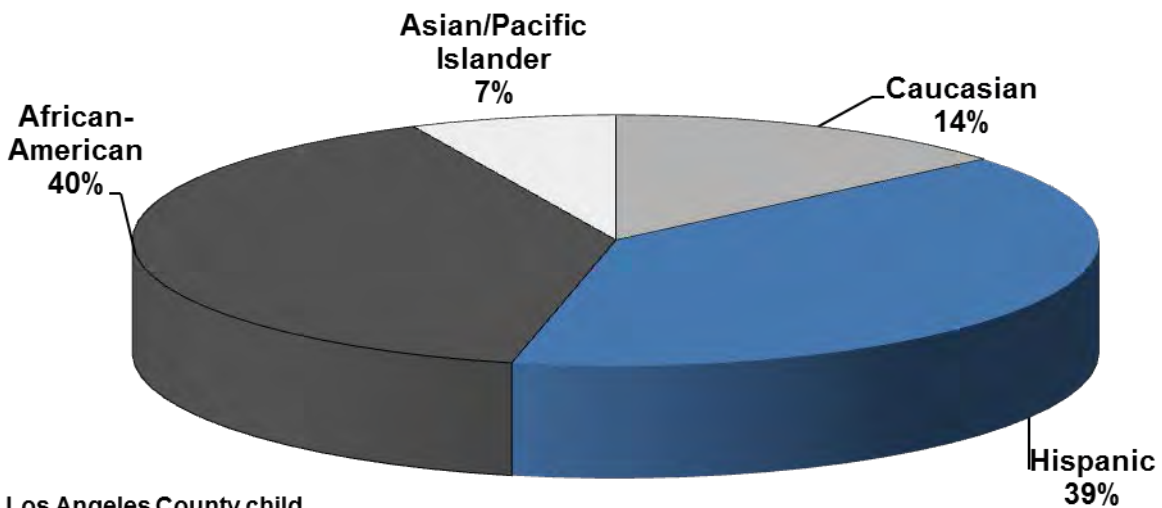


Figure 2 Ethnic Breakdown of Children Served - 2011 (N=58)



Los Angeles County child population¹
 Ages 0-17: 2,402,208
 Hispanic 62.1%
 Caucasian 17%
 African American 7.8%
 Asian/Pacific Islander 9.7%

¹From 2010 Census
 CA Dept. of Finance



Figure 3 Age Range of Children Served - 2011 (N=58)

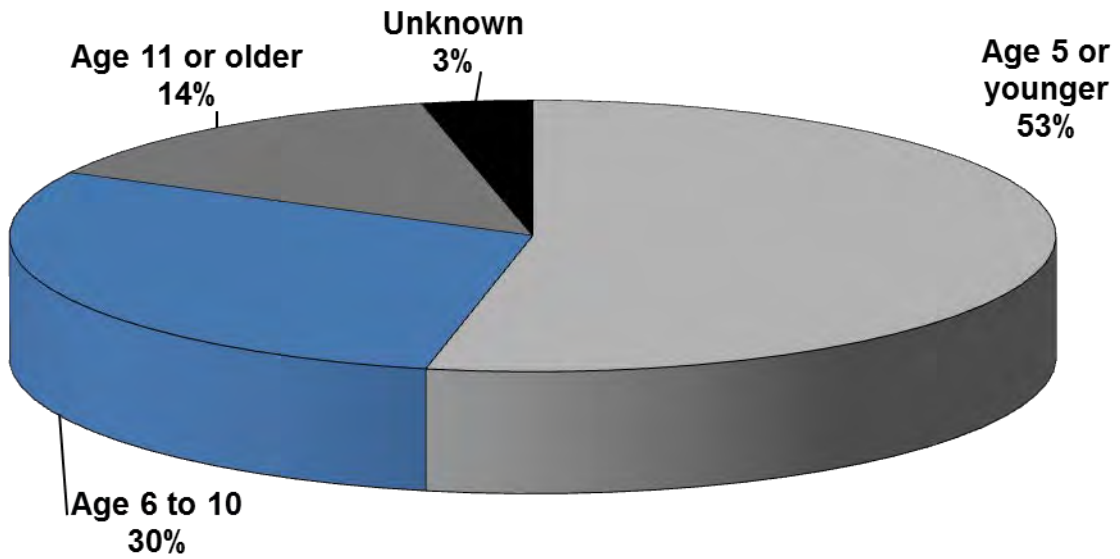


Figure 4 Percentage of Children Served Under DCFS Supervision - 2011

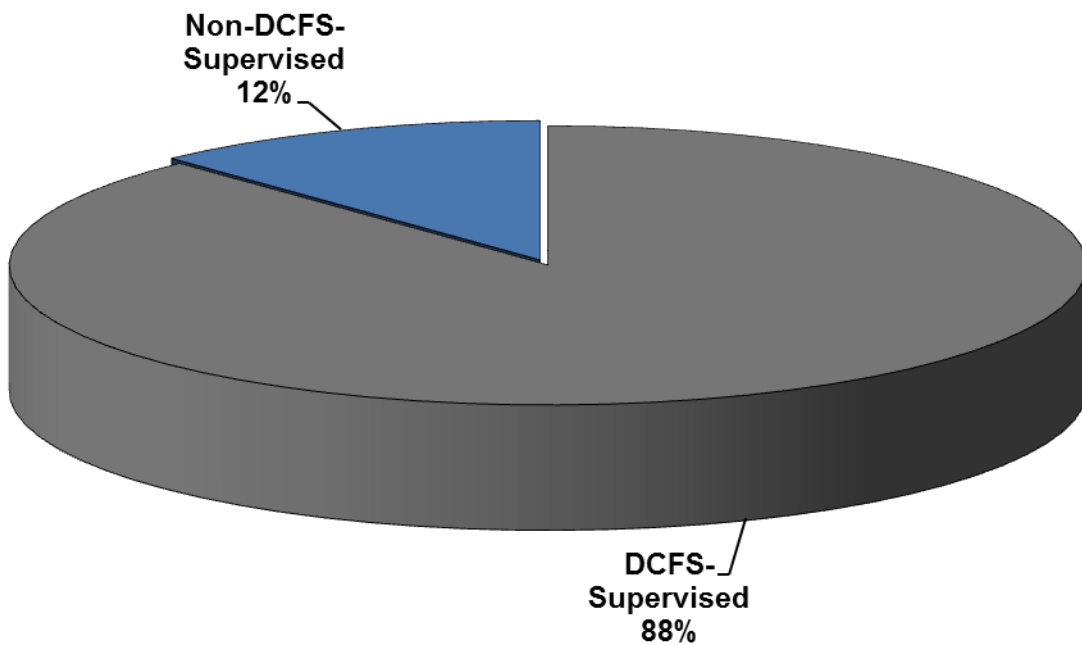




Figure 5 Cases/Children Served by Reunification Program 2002 through 2011

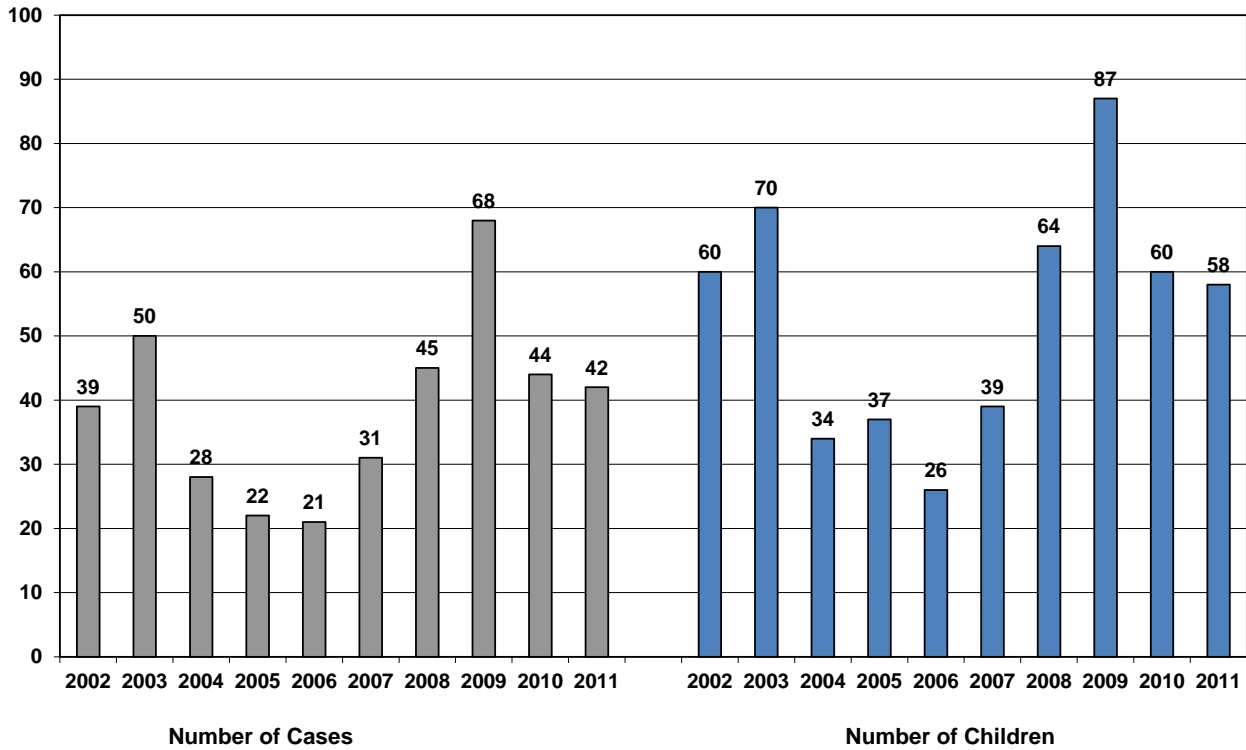


Figure 6

Number Of Cases Referred By Source – 2011

Department of Children Services	37	88%
Other	5	12%



SECTION III

ICAN AGENCY REPORTS



CALIFORNIA

DEPARTMENT OF JUSTICE

AGENCY REPORT

BUREAU OF CRIMINAL

INFORMATION AND ANALYSIS

As a member of the Inter-Agency Council on Child Abuse and Neglect (ICAN) Data/Information Sharing Committee, the California Department of Justice (DOJ) provides the following information for the 2012 ICAN Report. The statistics used for this report are from the calendar year 2011.



CHILD ABUSE CENTRAL INDEX FACT SHEET

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

On January 1, 2012, Chapter 468, Statutes of 2011 amended sections of the CANRA. The new law directs the DOJ to receive and enter into the CACI only substantiated reports of child abuse or severe neglect from child welfare agencies or county probation departments. The law also directs local law enforcement agencies to stop submitting reports of known or suspected child abuse or severe neglect to the DOJ.

Child protection agencies, as defined in the Child Abuse and Neglect Reporting Act (CANRA) Article 2.5 of the Penal Code, are required to report to the Department of Justice (DOJ) all investigated incidents of child abuse and severe neglect that have been determined to be substantiated.

Functioning as a pointer system, the CACI receives and stores reports of suspected child abuse, pointing citizens and agencies to the original investigative files that are maintained by the submitting agency. It is the obligation of the requestor to obtain a copy of the original investigative report from the submitting agency when making independent conclusions regarding the quality of the evidence disclosed and its relevance for making decisions regarding employment, licensing, or placement of a child. The CACI holds approximately 636,651 incident records of child abuse and

approximately 602,133 individual suspect names.

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

STATUTORILY MANDATED CACI FUNCTIONS

INVESTIGATORY

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

All incoming child abuse reports are entered and searched against the CACI entries to identify any prior reports of child abuse that involve the identified suspect(s). Additionally, the DOJ provides information on an expedited basis to child protection agencies for emergency child placement and to law enforcement as a child abuse investigative tool. During calendar year 2011, the DOJ conducted 63,350 expedited search requests for investigatory purposes.

REGULATORY

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

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

During the 2011 calendar year, the DOJ responded to approximately 4,381



Adam Walsh out-of-state foster care and adoption requests, 570 citizen inquiry requests. 214,123 search requests were submitted via electronic fingerprint submissions.

DATA FACTS*

- Authorized agencies submitted 14,441 reports to the DOJ for entry into the CACI (See Figure 1).

- Physical abuse is the most prevalent type of abuse reported and represents 38% of the total reports entered into the CACI. The other types of abuse reported are as follows: sexual abuse 3,107 (22%), mental abuse 4,087 (28%), severe neglect 1,293 (9%), and 441 (3%) willful harming and/or corporal punishment.

- Of the 14,441 child abuse reports submitted by child protection and law enforcement agencies 24 reported the death of a child. 6 (25%) of the child death reports were submitted by Los Angeles County.

- During 2011 Los Angeles County submitted 6,335 (44%) reports. The abuse determinations are as follows:
 - a) 2,204 (35%) physical abuse
 - b) 2,542 (40%) mental abuse
 - c) 1,209 (19%) sexual abuse
 - d) 322 (5%) severe neglect
 - e) 58 (0.9%) willful harming and/or corporal punishment. (See Figure 2)

**The data provided for 2011 does not include the 147,000 unsubstantiated and/or inconclusive CACI reports purged from the index.*

INQUIRIES MAY BE DIRECTED TO:

California Department of Justice
Child Abuse Central Index (CACI)
P.O. Box 903387
Sacramento, CA 94203-3870
Phone: (916) 227-3287
Fax: (916) 227-5054
website: www.oag.ca.gov/childabuse



Figure 1

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

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Alameda	178	72	13	15	70	8	0
Alpine	0	0	0	0	0	0	0
Amador	11	5	3	1	2	0	0
Butte	107	27	15	21	26	18	0
Calaveras	37	13	14	7	3	0	0
Colusa	4	3	1	0	0	0	0
Contra Costa	88	31	23	8	13	13	2
Del Norte	20	9	2	6	2	1	0
El Dorado	60	20	3	32	4	1	0
Fresno	211	105	47	14	45	0	0
Glenn	20	6	12	1	1	0	0
Humboldt	62	30	14	12	5	1	1
Imperial	10	5	2	0	2	1	0
Inyo	18	7	10	0	1	0	0
Kern	414	163	70	60	57	64	0
Kings	79	37	4	7	26	5	0
Lake	5	2	1	0	2	0	0
Lassen	39	23	8	4	4	0	0
Los Angeles	6335	2204	2542	322	1209	58	6
Madera	87	29	11	9	31	7	0
Marin	76	19	9	36	12	0	0
Mariposa	9	3	4	1	1	0	0
Mendocino	50	26	17	2	4	1	0
Merced	144	62	30	9	23	20	1
Modoc	8	4	3	1	0	0	0
Mono	8	2	5	0	1	0	0
Monterey	131	60	26	12	22	11	1
Napa	14	7	2	0	5	0	0
Nevada	26	11	4	2	7	2	0
Orange	1010	411	42	125	429	3	0
Placer	192	55	90	4	37	6	0
Plumas	18	3	0	15	0	0	0
Riverside	486	230	35	72	119	30	4



Figure 1 (continued)

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

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Sacramento	287	162	14	27	77	7	1
San Benito	72	40	13	4	11	4	0
San Bernardino	858	315	138	123	225	57	2
San Diego	1068	306	424	157	172	9	2
San Francisco	101	39	33	9	19	1	0
San Joaquin	281	150	50	6	73	2	1
San Luis Obispo	75	33	21	2	19	0	0
San Mateo	164	83	28	21	24	8	1
Santa Barbara	196	58	27	41	45	25	0
Santa Clara	419	229	90	20	58	22	0
Santa Cruz	90	15	32	8	15	20	0
Shasta	58	17	17	11	11	2	0
Sierra	3	2	1	0	0	0	0
Siskiyou	27	9	15	0	3	0	0
Solano	147	80	18	14	25	10	1
Sonoma	123	62	25	4	23	9	0
Stanislaus	130	64	4	13	48	1	0
Sutter	21	9	5	0	7	0	0
Tehama	37	14	5	6	12	0	0
Trinity	16	4	7	4	1	0	0
Tulare	34	22	3	4	5	0	0
Tuolumne	7	2	2	2	0	1	0
Ventura	164	66	29	11	58	0	0
Yolo	46	23	12	2	9	0	0
Yuba	60	25	12	6	4	13	0
Totals	14,441	5,513	4,087	1,293	3,107	441	24
Percentage	100%	38%	28%	9%	22%	3%	0.16%

* Denotes The Number Of Reported Child Deaths. The Total Percentage Of Abuse Determinations Does Not Include The Child Death Data.



Figure 2

**NUMBER OF CACI REPORTS SUBMITTED BY LOS ANGELES COUNTY
JANUARY 1- DECEMBER 31, 2011**

County	Number	%	Physical	%	Mental	%
Los Angeles	6,335	44%	2,204	35%	2,542	40%
Statewide Total	14,441	100%	5,513	38%	4,087	28%
COUNTY	SEVERE NEGLECT	%	SEXUAL	%	HARMFUL CORPORAL	%
Los Angeles	322	5%	1,209	19%	58	0.9%
Statewide Total	1,293	9%	3,107	22%	441	3%



GLOSSARY OF TERMS

CACI: Child Abuse Central Index.

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

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

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



CASA OF LOS ANGELES

AGENCY REPORT

CASA OF LOS ANGELES

CASA of Los Angeles (CASA/LA) is a special volunteer program of the Superior Court. CASA stands for Court Appointed Special Advocate. The mission of the program is to improve the lives of children in the foster care system. CASA volunteers achieve this, one child at a time, by ensuring children receive the support and help to which they are entitled. In its continued efforts, CASA/LA recruits, trains, and supervises community volunteers who are appointed by the Juvenile Dependency Court to the cases of specific children to independently investigate the circumstances of the child's life, monitor compliance with court orders, facilitate the provision of court-ordered services, and advocate for the best interests of the child in court and in the community.



CASA/LA was launched in 1978 by the Los Angeles Superior Court (LASC) and staffed by court employees, the CASA program in Los Angeles was one of the first in the nation. A private non-profit organization, then called Friends of Child Advocates, was formed shortly thereafter to provide supplemental funding to this court-sponsored program. Over the years, the Friends of Child Advocates' role expanded to hiring program staff to work alongside court employees. When LASC terminated court funding for its portion of the CASA program in March 2010 due to the state's budget crisis, the organization stepped in to continue the program as a solely independent non-profit CASA organization. CASA/LA today is an entirely private not-for-profit. CASA of Los Angeles is governed by a twelve-member board of directors, led by an executive director and staffed by seventeen employees.

CASA/LA is a member of the National Court Appointed Special Advocate Association, which sets standards for all CASA programs. There are CASA programs in all 50 states, Washington, D.C., and the U.S. Virgin Islands. Each state sets standards for its programs. In California, the legal rights and responsibilities of CASA programs and volunteers are outlined primarily in Welfare & Institutions Code sections 100 through 109. It is also found in Rule 5.655 of the California Rules of Court. The Judicial Council has oversight responsibility for monitoring California CASA programs for compliance with state standards. From Del Norte County in the northern corner of the state, to the southern tip of San Diego County, 41 programs now serve 43 counties and Indian Tribes.

CASA volunteers are supported in their work by qualified professional staff that includes an Executive Director, Advocacy Program Director, Assistant Advocacy Program Director, Volunteer Services Director, Operations Director, Senior Program Coordinators, and Program Assistants. CASA/LA maintains two offices: Edelman Children's Court in Monterey Park and McCourtney Juvenile Justice Center in Lancaster.

CASA/LA 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 volunteer 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; and
- following the directions and orders of the court and providing any other information specifically requested by the court.

Pursuant to Welfare & Institutions Code section 107, a CASA volunteer is authorized, upon presentation of his or her court Appointment Order, to inspect and copy any records related to the child held by any agency, hospital, school, organization, division or department of the state, or any physician, surgeon, nurse, other health care provider, psychologist, psychiatrist, police department, or mental health clinic 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, CASA investigations and reports to the court are independent and separate. CASA volunteers gather information from many sources, but they are required to take an oath of confidentiality and may share information only with the court, the social worker, and the child's attorney.

CASA volunteers are not permitted to provide direct services to the children for whom they are appointed, without authorization from the court. While it is not the role of a CASA volunteer to provide services that the Department of Children and Family Services is charged with providing, exceptions may be made when a child's situation sorely needs immediate action. A CASA volunteer may request authorization from the court when a task involves such services as assessing a potential placement, taking a child for an evaluation, or taking a child for court-ordered sibling visits, etc.

Children are referred directly to the CASA program by Dependency Court judicial officers, often at the request of a child's attorney. All referrals for a CASA volunteer must be formally submitted on a referral form signed by the judicial officer hearing the case.

Children served by CASA volunteers range in age from birth to 21 years of age, some of whom may have emotional, medical, or developmental disabilities. CASA volunteers are not appointed for a child when the program determines that appropriate services are being provided for

the child, nor are they appointed to children in the Delinquency Court.

A CASA volunteer remains on a case until the advocacy issues have been resolved for the child. Cases may last from a few months to several years. Prospective volunteers are asked to make an initial commitment of two years to the program, however, approximately 95% of volunteers go beyond the two-year commitment and many remain with the program for five years or longer.

TRAINING AND SUPPORT

Prospective CASA volunteers are screened by means of a written application, criminal records background check, including DOJ and FBI, in-depth personal interviews by staff, and, if accepted for pre-service training, by observation of their participation throughout the training sessions. Those accepted for training are required to successfully complete 36 hours of in-class training before being sworn in as officers of the court by the Presiding Judge of the Juvenile Court. The training curriculum includes:

- the effects of trauma on the developing child
- the dynamics of abusive families
- the Dependency Court process and laws
- the social services and child welfare systems
- mental health and educational advocacy
- cultural awareness
- roles and responsibilities of a CASA, and
- CASA court report writing



Additionally, CASA volunteers are required to complete 12 hours of continuing education annually.

After completing training, the CASA volunteer is assigned to a case of a child or sibling group with the support of a professional Senior Program Coordinator, who provides guidance and expertise to the CASA volunteer throughout the CASA volunteer's appointment. Senior Program Coordinators maintain frequent contact with CASA volunteers, and review all court reports and any case related correspondence prepared by the CASA volunteer.

ADDITIONAL SERVICES

CASA/LA serves children and youth with a variety of needs including developmental disabilities, severe emotional disturbances, and/or histories of psychiatric hospitalizations. Effective advocacy requires knowledge of the organic and non-organic challenges facing this vulnerable population, as well as the complex procedures involved in securing services and placements from the Department of Mental Health and/or Regional Centers. CASA of Los Angeles prepares volunteers for this work by providing specialized training and support.

CASA of Los Angeles also rolled out its Early Childhood Initiative in 2012. This program offers a specialized 6-module training which prepares CASA volunteers to use a developmental approach when advocating for its youngest children. This interactive training focuses on brain development in children age 0-5, as well as the importance of healthy attachments in young children. CASA volunteers are utilizing this training to identify any developmental red flags so the judge can

better ensure that services are in place to address those needs. CASA/LA has also unveiled an Early Childhood Pilot Project to ensure that CASA volunteers are appointed as soon as possible to cases involving infants and young children. The aim of this project is to improve outcomes for children and reduce the amount of time spent in the foster care system.

CASA volunteers are often involved in Educational Advocacy on behalf of their CASA child and many CASAs have been appointed by the court as the Educational Representative. They attend the child's school meetings, monitor progress, initiate and participate in Individualized Educational Plans (IEPs), and work to ensure a child's educational needs are being met.

While the major focus of CASA of Los Angeles is its CASA program, some CASA volunteers help children as Children's Court Assistants (CCAs). CCA volunteers explain the Court process, in age-appropriate language, to children waiting to go to Court for the first time. They speak with children in the Shelter Care Activity Area at Edelman Children's Court prior to their hearings, escort them to and from the courtrooms and are available to assist any child who may need emotional support before or after a hearing. Their overall goal is to ease children's anxieties and be responsive to their needs when they attend Court hearings. In 2011, CCA volunteers donated 4,101 hours to assist a total of 6,610 children attending hearings at the Children's Court.

FUNDING

In March 2010, due to the LASC's budget crisis, CASA/LA became a 100% 501(c)(3) non-profit charitable organization. CASA/LA raises funds through contributions



from foundations, corporations, government agencies, individual donors, and through special fundraising events.

ABOUT THE CHILDREN

CASA of Los Angeles collects demographic information *only* on children appointed to a CASA volunteer by the court. CASA volunteers served 562 children in this capacity in 2011. (This number does not include the number of children served monthly by Children’s Court Assistant volunteers who assist groups of children on a day-to-day basis at the Children’s Court.)



Figure 1

**AGE OF CHILDREN
Appointed a Casa During 2011**

Age	Total	Percentage
0-5	103	18%
6-11	145	26%
12-15	172	31%
16-17	108	19%
18+	34	6%
Total	562	100%

Figure 2

**GENDER OF CHILDREN
Appointed a Casa During 2011**

Age	Total	Percentage
Female	271	48%
Male	291	52%
TOTAL	562	100%

Figure 3

**ETHNICITY OF CHILDREN
Appointed a Casa During 2011**

Ethnicity	Total	Percentage
African American	244	43%
Asian/Pacific Islander	11	2%
Hispanic/Latino	160	29%
Multi-racial	59	11%
Native American	6	.5%
Unknown	6	.5%
White/Non-Latino	76	14%
TOTAL	562	100%

Figure 4

**CHILD'S STATUS AT THE TIME
Casa Relieved from Case During 2011**

Reason	Total	Percentage
602 Adjudication	4	2%
AWOL	6	3%
Adoption	23	12%
Adoptive Placement	14	7%
Courtesy Home Visits	5	3%
Child Deceased	3	2%
Emancipation	16	8%
Emancipation/Conservatorship	1	.5%
Emancipation/Regional Center	1	.5%
Guardianship - Kin	26	14%
Guardianship - Non kin	8	4%
Long Term Foster Care - Kin	5	3%
Long Term Foster Care - Non kin	21	11%
Other	30	16%
Petition Dismissed	1	.5%
Reunification	21	10%
Transferred Out of Country	6	3%
Not Specified	1	.5%
TOTAL	192	100%



ABOUT THE VOLUNTEERS

During 2011, 331 volunteers served with CASA/LA. The volunteers are responsible adults who must be at least 25 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.

Volunteers must clear a DOJ and FBI 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.

**Figure 5
AGE OF CASA VOLUNTEERS
During 2011**

Age	Total	Percentage
21-29	16	5%
30-39	28	8%
40-49	43	13%
50-59	63	19%
60 +	174	53%
Decline to state	7	2%
TOTAL	331	100%

**Figure 6
GENDER OF CASA VOLUNTEERS
During 2011**

Gender	Total	Percentage
Female	276	83%
Male	55	17%
TOTAL	331	100%

**Figure 7
ETHNICITY OF CASA VOLUNTEERS
During 2011**

Ethnicity	Total	Percentage
African American	36	11%
Asian/Pacific Islander	9	3%
Declined to State	7	2%
Hispanic/Latino	32	10%
Native American	1	
Multi Racial	11	3%
Other	16	5%
White/Non-Latino	219	66%
TOTAL	313	100%



LOS ANGELES COUNTY OFFICE OF EDUCATION

AGENCY REPORT

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

Seventy-seven of the 80 school districts in Los Angeles County reported suspected child abuse data for 2010-2011. Reported child abuse was broken down into the following four categories: general neglect abuse, physical abuse, sexual abuse, and emotional abuse. In order to compare child abuse data across districts, incidence rates were calculated by weighing the numbers of reported cases per 1,000 enrolled students in each district. Current year enrollment data was obtained from the California Basic Educational Data System (CBEDS) (www.cde.ca.gov) and 2011-2012 enrollment figures furnished by the school districts.



SUMMARY

Figure 1 displays incidence rates by abuse and district type for 2011-2012. Physical abuse had the highest number of suspected cases and sexual abuse had the lowest. Elementary school districts had the highest total suspected case incidence rate (3.49), followed by High School districts (3.46). Elementary school district incidence rates were the highest across all abuse types, ranging from 27% to 56% higher than the next highest incidence rates.

Current year district data is reported in more detail in Figures 2 through 8 below.

TREND ANALYSIS

Los Angeles County school district suspected child abuse data from 2007-2008 to 2010-2011 were analyzed for trends.

Overall, Los Angeles County school districts showed decreases in the number of incidences per 1000 in the sexual, physical, general neglect, and emotional abuse types. In the physical and general neglect there was a decrease at all levels. In the sexual abuse type there was a decrease at the high school and unified school district, but there was a slight increase at the elementary school districts. Emotional Abuse increased slightly at all levels.



Figure 1

2010 - 2011 TOTAL NUMBER OF CASES

District Type	Number of districts	Total enrollment	Sexual abuse, # suspected cases	Physical abuse, # suspected cases	General neglect, # suspected cases	Emotional abuse, # suspected cases	Total cases	Sexual abuse, incidences / 1000	Physical abuse, Incidences / 1000	General neglect, incidences / 1000	Emotional abuse, incidences / 1000	Total cases, incidences / 1000
Elementary	28	163,497	54	278	86	51	469	0.054	.278	.0086	0.051	0.469
High	4	120,557	13	96	15	28	152	0.013	0.096	0.015	0.028	0.152
Unified	44	833,578	163	946	283	369	1,761	0.163	0.946	0.283	0.369	2.1761
TOTAL	77	1,114,632	230	1,320	325	448	2,323	0.23	1.32	0.325	0.448	2.323

Figure 2

5 – YEAR TREND 2004-2005 THRU 2009-2010

District Type	Number of Districts	Sexual Abuse Suspected cases Incidences / 1000		Physical Abuse Suspected cases Incidences / 1000		General Neglect Suspected cases Incidences / 1000		Emotional Abuse Suspected cases Incidences / 1000		Total Cases, Incidents/ 1,000	
		Year 1	Year 5	Year 1	Year 5	Year 1	Year 5	Year 1	Year 5	Year 1	Year 5
Elementary	28	0.3	0.54	2.28	0.3	0.78	0.044	0.44	0.044	3.80	4.51
High	4	0.15	0.013	1.07	0.098	0.33	0.015	0.19	0.015	2.44	3.46
Unified	46	0.24	0.163	1.56	1.013	0.37	0.155	0.17	0.155	3.35	2.64
TOTAL	74	0.24	0.23	1.62	1.411	0.43	0.214	0.22	0.214	3.44	2.87



Figure 3

TOTAL DISTRICT ENROLLMENT

School District	Elementary	High School	Unified	Total Enrollment
ABC Unified			36427	36427
Acton-Agua Dulce Unified			1909	1909
Alhambra Unified			19050	19050
Antelope Valley Joint Union High		24517		24517
Arcadia Unified			9785	9785
Azusa Unified			16129	16129
Baldwin Park Unified			15581	15581
Bassett Unified			11615	11615
Bellflower Unified			21441	21441
Beverly Hills Unified			8265	8265
Bonita Unified			9904	9904
Burbank Unified			16731	16731
Castaic Union	3185			3185
Centinela Valley Union High		10475		10475
Charter Oak Unified			6005	6005
Claremont Unified			6722	6722
Covina-Valley Unified			15004	15004
Culver City Unified			8501	8501
Downey Unified			22413	22413
Duarte Unified			4597	4597
East Whittier City	9057			9057
Eastside Union	3335			3335
El Monte City	9813			9813
El Monte Union High		12019		12019
El Rancho Unified			11630	11630
El Segundo Unified			3227	3227
Garvey	5518			5518
Glendale Unified			26592	26592
Glendora Unified			6866	6866
Gorman	1261			1261
Hacienda La Puente Unified			22447	22447
Hawthorne	8961			8961
Hermosa Beach City	1228			1228
Hughes-Elizabeth Lakes Union	352			352
Inglewood Unified			13371	13371
Keppel Union	2768			2768



Figure 3 (continued)

TOTAL DISTRICT ENROLLMENT

School District	Elementary	High School	Unified	Total Enrollment
La Canada Unified			4,249	4,249
Lancaster	13,141			13,141
Las Virgenes Unified			11,333	11,333
Lawndale	5,791			5,791
Lennox	5,519			5,519
Little Lake City	5,029			5,029
Long Beach Unified			83,800	83,800
Los Nietos	2,070			2,070
Lowell Joint	3,037			3,037
Lynwood Unified			18,820	18,820
Manhattan Beach Unified			6,916	6,916
Monrovia Unified			6,152	6,152
Montebello Unified			31,638	31,638
Mountain View	8,068			8,068
Newhall	7,023			7,023
Norwalk-La Mirada Unified			28,103	28,103
Palmdale	20,244			20,244
Palos Verdes Peninsula Unified			11,621	11,621
Paramount Unified			15,000	15,000
Pasadena Unified			21,072	21,072
Pomona Unified			30,042	30,042
Redondo Beach Unified			8,020	8,020
Rosemead	3,017			3,017
Rowland Unified			15,803	15,803
San Gabriel Unified			5,526	5,526
San Marino Unified			3,145	3,145
Santa Monica-Malibu Unified			12,342	12,342
Saugus Union	10,400			10,400
South Pasadena Unified			4,193	4,193
South Whittier	3,875			3,875
Sulphur Springs Union	5,730			5,730
Temple City Unified			5,525	5,525
Torrance Unified			24,422	24,422
Valle Lindo	1,250			1,250



Figure 3 (continued)

TOTAL DISTRICT ENROLLMENT

School District	Elementary	High School	Unified	Total Enrollment
Walnut Valley Unified			14,357	14,357
West Covina Unified			12,996	12,996
Westside Union	8,055			8,055
Whittier City	6,193			6,193
Whittier Union High		12,554		1,554
William S. Hart Union High		23,123		23123
Wilsona	1,615			1,615
Wiseburn	2,200			2,200
TOTAL	163,576	75,862	648,903	888,341



Figure 4

TOTAL NUMBER OF REPORTED CHILD ABUSE CASES BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	2	22	2	6		0	32
Acton-Agua Dulce Unified	0	0	1	2	3	0	0	6
Alhambra Unified	0	0	140	0	65	0	1	206
Antelope Valley Joint Union High	0	0	0	0	82	0	0	82
Arcadia Unified	0	0	10	9	9	0	1	29
Azusa Unified	0	0	2	2	0	0	1	5
Baldwin Park Unified	0	29	3	0	0	0	0	32
Bassett Unified	0	0	10	15	0	0	0	25
Bellflower Unified	0	1	42	0	4	0	0	47
Beverly Hills Unified	0	0	2	3	16	0	0	21
Bonita Unified	0	0	20	3	11	0	0	34
Burbank Unified	0	0	17	8	6	0	2	33
Castaic Union	0	0	3	1		0	0	4
Centinela Valley Union High	0	0	0	0	4	0	0	4
Charter Oak Unified	0	0	2	0	1	0	0	3
Claremont Unified	2	0	5	3	1	0	0	11
Compton Unified	0	0	13	6	6			25
Covina-Valley Unified	0	0	0	4	0	0	0	4
Culver City Unified	0	0	5	6	5	0	0	16
Downey Unified	0	0	59	23	34	0	1	117
Duarte Unified	0	3	15	10	6	0	0	34
East Whittier City	1	0	27	21	0	0	1	50
Eastside Union	0	0	7	3	0	0	0	10
El Monte City	0	1	23	3	0	0	0	27
El Monte Union High	0	0	0	0	2	0	0	2
El Rancho Unified	1	0	25	10	14	0	0	50
El Segundo Unified	0	0	3	6	4	0	0	13
Garvey	2	0	1	0	0	0	0	3
Glendale Unified	0	0	11	1	10	0	0	22
Glendora Unified	0	0	7	4	0	0	0	11
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	1	3	20	15	5	0	2	46
Hawthorne	0	0	27	15	2	0	0	44
Hermosa Beach City	0	0	0	0	0	0	0	0
Hughes-Elizabeth Lakes Union	0	0	3	1	0	0	0	4



Figure 4 (continued)

TOTAL NUMBER OF REPORTED CHILD ABUSE CASES BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Inglewood Unified	0	0	17	0	7	0	0	24
Keppel Union	0	0	17	0	0	0	0	17
La Canada Unified	0	0	1	1	1	0	0	3
Lancaster	0	3	11	12	0	0	0	26
Las Virgenes Unified	0	0	1	0	2	0	1	4
Lawndale	0	0	18	11	0	0	0	38
Lennox	0	6	18	14	0	0	0	37
Little Lake City	0	0	9	8	0	0	0	17
Long Beach Unified	7	5	38	4	3	0	0	57
Los Nietos	0	0	5	0	0	0	0	5
Lowell Joint	0	0	4	2	0	0	0	6
Lynwood Unified	0	0	3	0	0	0	0	3
Manhattan Beach Unified	0	0	0	0	6	0	0	6
Monrovia Unified	0	0	23	5	17	0	1	46
Montebello Unified	0	0	23	23	14	0	0	60
Mountain View	0	0	8	5	0	0	0	13
Newhall	0	0	4	0	0	0	0	4
Norwalk-La Mirada Unified	0	9	3	19	3	0	0	34
Palmdale	0	0	17	4	0	0	0	21
Palos Verdes Peninsula Unified	0	0	0	0	11	0	0	11
Paramount Unified	0	0	13	11	9	0	0	33
Pasadena Unified	0	0	26	17	5	0	1	49
Pomona Unified	0	2	45	10	9	0	0	66
Redondo Beach Unified	0	0	18	9	1	0	0	28
Rosemead	0	1	7	6	0	0	0	14
Rowland Unified	0	0	23	7	13	0	1	44
San Gabriel Unified	0	0	6	3	17	0	0	26
San Marino Unified	0	0	0	2	1	0	0	3
Santa Monica-Malibu Unified	0	0	25	41	29	0	0	95
Saugus Union	0	0	34	0	0	0	0	34
South Pasadena Unified	0	0	1	3	4	0	0	8
South Whittier	0	0	18	7	0	0	0	25
Sulphur Springs Union	0	0	28	0	0	0	0	28
Temple City Unified	0	0	24	6	7	0	3	40
Torrance Unified	0	0	11	10	3	0	0	24
Valle Lindo	0	0	7	0	0	0	0	0
Walnut Valley Unified	0	0	12	10	5	0	0	27
West Covina Unified	0	1	15	4	8	0	0	28



Figure 4 (continued)

TOTAL NUMBER OF REPORTED CHILD ABUSE CASES BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Westside Union	0	0	16	5	0	0	0	21
Whittier City	0	0	7	2	0	0	0	9
Whittier Union High	0	0	0	0	6	0	0	6
William S. Hart Union High	0	0	0	40	13	0	0	53
Wilsona	0	0	11	11	0	0	0	22
Wiseburn	0	0	5	10	0	0	0	15
TOTAL	11	71	1093	496	574	0	78	2,323

Figure 5

NUMBER OF REPORTED CASES OF SUSPECTED SEXUAL ABUSE BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	2	2	0	0	0	4
Acton-Agua Dulce Unified	0	1	0	0	0	0	0	1
Alhambra Unified	0	0	11	0	7	0	0	18
Antelope Valley Joint Union High	0	0	0	0	1	0	0	1
Arcadia Unified	0	0	0	0	1	0	0	1
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	3	0	0	0	0	0	3
Bassett Unified	0	0	0	0	0	0	0	0
Bellflower Unified	0	0	2	0	1	0	0	2
Beverly Hills Unified	0	0	0	0	0	0	0	0
Bonita Unified	0	0	0	0	0	0	0	0
Burbank Unified	0	0	1	0	1	0	0	2
Castaic Union	0	0	0	0	0	0	0	0
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	0	0	0	0	0	0
Claremont Unified	0	0	2	1	0	0	0	3
Compton Unified	0	0	0	0	0	0	0	0
Covina-Valley Unified	0	0	0	1	5	0	0	6
Culver City Unified	0	0	2	1	2	0	0	5
Downey Unified	0	0	4	3	5	0	0	12
Duarte Unified	0	0	1	1	2	0	0	4
East Whittier City	0	0	3	4	0	0	0	7



Figure 5

NUMBER OF REPORTED CASES OF SUSPECTED SEXUAL ABUSE BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Eastside Union	0	0	2	1	0	0	0	3
El Monte City	0	0	0	0	0	0	0	0
El Monte Union High	0	0	0	0	2	0	0	2
El Rancho Unified	0	1	4	2	5	0	0	12
El Segundo Unified	0	0	0	0	0	0	0	0
Garvey	0	0	0	0	0	0	0	0
Glendale Unified	0	0	1	0	0	0	0	1
Glendora Unified	0	0	0	1	0	0	0	1
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	3	2	4	0	0	0	9
Hawthorne	0	0	1	2	1	0	0	4
Hermosa Beach City	0	0	0	0	0	0	0	0
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	5	0	1	0	0	6
Keppel Union	0	0	3	0	0	0	0	3
La Canada Unified	0	0	0	0	0	0	0	0
Lancaster	0	0	2	3	0	0	0	5
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	0	0	0	0	0	0
Lennox	0	0	0	2	0	0	0	2
Little Lake City	0	0	3	3	0	0	0	6
Long Beach Unified	0	0	2	0	0	0	0	2
Los Nietos	0	0	0	0	0	0	0	0



Figure 5 (continued)

NUMBER OF REPORTED CASES OF SUSPECTED SEXUAL ABUSE BY SCHOOL DISTRICT

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



Figure 6

**NUMBER OF REPORTED CASES OF SUSPECTED
SUSPECTED PHYSICAL ABUSE BY SCHOOL DISTRICT**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	14	2	4	0	0	20
Acton-Agua Dulce Unified	0	0	5	2	2	0	0	9
Alhambra Unified	1	0	91	0	21	0	1	113
Antelope Valley Joint Union High	0	0	0	0	57	0	0	57
Arcadia Unified	0	0	3	2	2	0	0	7
Azusa Unified	0	0	1	0	0	0	0	1
Baldwin Park Unified	0	14	7	0	0	0	0	21
Bassett Unified	0	0	0	0	0	0	0	0
Bellflower Unified	0	0	13	1	3	0	0	17
Beverly Hills Unified	0	0	1	0	0	0	0	1
Bonita Unified	0	0	13	4	6	0	0	23
Burbank Unified	4	0	9	3	4	0	0	20
Castaic Union	0	0	0	3	0	0	0	3
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	0	0	2	0	0	2
Claremont Unified	0	1	2	3	2	0	0	6
Compton Unified	0	0	0	0	0	0	0	0
Covina-Valley Unified	4	0	9	8	10	0	0	31
Culver City Unified	1	0	9	3	5	0	0	18
Downey Unified	0	0	27	18	20	0	0	65
Duarte Unified	0	0	9	4	1	0	0	14
East Whittier City	0	0	22	6	0	0	0	28
Eastside Union	0	0	16	1	0	0	0	17
El Monte City	0	0	0	0	0	0	0	0
El Monte Union High	0	0	0	0	4	0	0	4
El Rancho Unified	0	0	22	6	2	0	0	30
El Segundo Unified	0	0	2	13	0	0	0	15
Garvey	0	1	0	1	0	0	0	2
Glendale Unified	0	0	9	1	3	0	0	13
Glendora Unified	0	0	6	4	0	0	2	8



Figure 6 (continued)

**NUMBER OF REPORTED CASES OF SUSPECTED
SUSPECTED PHYSICAL ABUSE BY SCHOOL DISTRICT**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Hacienda La Puente Unified	2	4	23	18	3	0	0	50
Hawthorne	0	0	18	9	0	0	3	30
Hermosa Beach City	0	0	2	0	0	0	0	2
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	8	0	4	0	0	12
Keppel Union	0	0	5	6	0	0	0	11
La Canada Unified	0	0	4	1	3	0	0	8
Lancaster	0	0	25	10	0	0	0	35
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	6	0	0	0	0	6
Lennox	0	2	3	3	0	0	0	8
Little Lake City	0	0	4	6	0	0	0	10
Long Beach Unified	5	1	28	7	6	0	0	47
Los Nietos	0	0	8	0	0	0	0	8
Lowell Joint	0	0	4	1	0	0	0	5
Lynwood Unified	0	0	2	0	0	0	0	2
Manhattan Beach Unified	0	0	0	0	1	0	0	1
Monrovia Unified	0	0	14	4	8	0	0	26
Montebello Unified	0	0	7	5	5	0	0	17
Mountain View	0	0	0	0	0	0	0	0
Newhall	0	0	12	0	0	0	0	12
Norwalk-La Mirada Unified	0	0	8	5	0	0	0	13
Palmdale	0	0	10	0	0	0	0	10
Palos Verdes Peninsula Unified	0	0	3	0	7	0	2	12
Paramount Unified	0	0	8	0	2	0	0	10
Pasadena Unified	1	0	17	10	6	0	0	34
Pomona Unified	0	5	71	8	8	0	0	92
Redondo Beach Unified	0	0	9	0	1	0	0	10
Rosemead	0	0	3	1	0	0	0	4
Rowland Unified	0	0	22	1	5	0	0	28
San Gabriel Unified	0	0	4	1	2	0	0	7
San Marino Unified	0	0	1	2	6	0	0	9



Figure 6 (continued)

**NUMBER OF REPORTED CASES OF SUSPECTED
SUSPECTED PHYSICAL ABUSE BY SCHOOL DISTRICT**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Santa Monica-Malibu Unified	0	0	31	15	13	0	0	59
Saugus Union	0	0	14	0	0	0	0	14
South Pasadena Unified	0	0	0	0	2	0	0	2
South Whittier	0	0	3	0	0	0	0	3
Sulphur Springs Union	0	0	12	0	0	0	0	12
Temple City Unified	0	0	0	0	0	0	0	0
Torrance Unified	1	0	16	7	6	0	0	30
Valle Lindo	0	0	0	0	0	0	0	0
Walnut Valley Unified	0	0	12	8	6	0	0	26
West Covina Unified	0	0	16	0	1	0	0	17
Westside Union	0	0	13	6	0	0	0	19
Whittier City	0	0	6	6	0	0	0	12
Whittier Union High	0	0	0	0	10	0	0	10
William S. Hart Union High	0	0	0	15	10	0	0	25
Wilsona	0	0	3	0	0	0	0	3
Wiseburn	0	0	2	7	0	0	0	9



Figure 7

NUMBER OF REPORTED CASES OF SUSPECTED GENERAL NEGLECT BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	3	1	1	0	0	5
Acton-Agua Dulce Unified	0	0	1	0	0	0	0	1
Alhambra Unified	0	0	22	0	6	0	0	28
Antelope Valley Joint Union High	0	0	0	0	10	0	0	10
Arcadia Unified	0	0	0	0	2	0	0	2
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	2	0	0	0	0	1	3
Bassett Unified	0	0	0	0	0	0	0	0
Bellflower Unified	0	0	11	0	3	0	0	14
Beverly Hills Unified	0	0	0	0	1	0	0	1
Bonita Unified	0	0	11	0	1	0	0	12
Burbank Unified	0	0	2	1	3	0	0	6
Castaic Union	0	0	0	2	0	0	0	2
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	2	0	0	0	0	2
Claremont Unified	0	0	0	3	0	0	0	3
Compton Unified	0	0	0	0	0	0	0	0
Covina-Valley Unified	0	0	4	1	4	0	0	9
Culver City Unified	0	0	0	2	1	0	0	3
Downey Unified	0	0	11	2	7	0	0	20
Duarte Unified	0	2	8	2	2	0	0	14
East Whittier City	0	0	11	1	0	0	0	12
Eastside Union	0	0	4	2	0	0	0	6
El Monte City	0	0	0	0	0	0	0	0
El Monte Union High	0	0	0	0	1	0	0	1
El Rancho Unified	0	0	4	0	4	0	0	8
El Segundo Unified	0	0	1	0	1	0	0	2
Garvey	0	1	0	0	0	0	0	1
Glendale Unified	0	0	3	0	1	0	0	4
Glendora Unified	0	0	5	1	1	0	0	7



Figure 7 (continued)

**NUMBER OF REPORTED CASES OF SUSPECTED
GENERAL NEGLECT BY SCHOOL DISTRICT**

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	0	2	13	7	1	0	0	23
Hawthorne	0	0	5	4	1	0	0	10
Hermosa Beach City	0	0	0	0	0	0	0	0
Hughes-Elizabeth Union Lakes	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	3	0	0	0	0	3
Keppel Union	0	0	0	0	0	0	0	0
La Canada Unified	0	0	1	0	4	0	0	5
Lancaster	0	0	2	0	0	0	0	2
Las Virgenes Unified	0	0	3	0	0	0	0	3
Lawndale	0	0	4	0	0	0	0	4
Lennox	0	1	4	2	0	0	0	7
Little Lake City	0	0	4	1	0	0	0	5
Long Beach Unified	0	0	4	1	0	0	0	5
Los Nietos	0	0	2	0	0	0	0	2
Lowell Joint	0	0	3	0	0	0	0	3
Lynwood Unified	0	0	0	0	1	0	0	1
Manhattan Beach Unified	0	0	0	0	0	0	0	0
Monrovia Unified	0	0	8	1	0	0	1	10
Montebello Unified	0	0	5	2	1	0	0	8
Mountain View	0	0	0	0	0	0	0	0
Newhall	0	0	9	0	0	0	0	9
Norwalk-La Mirada Unified	0	0	2	5	0	0	0	7
Palmdale	0	0	4	0	0	0	0	4
Palos Verdes Peninsula Unified	0	0	0	0	0	0	0	0
Paramount Unified	0	0	3	0	1	0	0	4
Pasadena Unified	1	0	5	6	1	0	0	13
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	1	0	5	0	1	0	0	7
Rosemead	0	0	0	1	0	0	0	1



Figure 7 (continued)

**NUMBER OF REPORTED CASES OF SUSPECTED
GENERAL NEGLECT BY SCHOOL DISTRICT**

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



Figure 8

NUMBER OF REPORTED CASES OF SUSPECTED EMOTIONAL ABUSE BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
ABC Unified	0	0	2	0	1	0	0	3
Acton-Agua Dulce Unified	0	0	1	0	0	0	0	1
Alhambra Unified	1	0	18	0	10	0	0	29
Antelope Valley Joint Union High	0	0	0	0	22	0	0	22
Arcadia Unified	0	0	1	0	1	0	0	2
Azusa Unified	0	0	0	0	0	0	0	0
Baldwin Park Unified	0	2	0	0	0	0	0	2
Bassett Unified	0	0	0	0	0	0	0	0
Bellflower Unified	0	1	3	0	1	0	0	5
Beverly Hills Unified	0	0	0	0	0	0	0	0
Bonita Unified	0	0	3	0	2	0	0	5
Burbank Unified	0	0	1	0	0	0	0	1
Castaic Union	0	0	0	0	0	0	0	0
Centinela Valley Union High	0	0	0	0	0	0	0	0
Charter Oak Unified	0	0	0	0	0	0	0	0
Claremont Unified	0	0	0	1	0	0	0	1
Compton Unified	0	0	0	0	0	0	0	0
Covina-Valley Unified	0	0	0	1	0	0	0	1
Culver City Unified	0	0	1	0	0	0	0	1
Downey Unified	0	0	5	4	3	0	0	12
Duarte Unified	0	0	0	0	1	0	0	1
East Whittier City	0	0	9	5	0	0	0	14
Eastside Union	0	0	0	0	0	0	0	0
El Monte City	0	0	0	0	0	0	0	0
El Monte Union High	0	0	0	0	0	0	0	0
El Rancho Unified	0	0	0	0	0	0	0	0
El Segundo Unified	0	0	1	1	1	0	0	3
Garvey	0	0	0	0	0	0	0	0
Glendale Unified	0	0	3	0	3	0	0	6
Glendora Unified	0	0	1	0	0	0	1	2



Figure 8 (continued)

NUMBER OF REPORTED CASES OF SUSPECTED EMOTIONAL ABUSE BY SCHOOL DISTRICT

School District	Children's Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site	Total Cases
Gorman	0	0	0	0	0	0	0	0
Hacienda La Puente Unified	1	0	1	8	0	0	0	10
Hawthorne	0	0	4	2	1	0	0	7
Hermosa Beach City	0	0	1	0	0	0	0	1
Hughes-Elizabeth Lakes Union	0	0	0	0	0	0	0	0
Inglewood Unified	0	0	0	0	1	0	0	1
Keppel Union	0	0	0	2	0	0	0	2
La Canada Unified	0	0	2	0	3	0	0	5
Lancaster	0	0	0	0	0	0	0	0
Las Virgenes Unified	0	0	0	0	0	0	0	0
Lawndale	0	0	1	0	0	0	0	1
Lennox	0	2	1	2	2	0	0	7
Little Lake City	0	0	3	1	0	0	0	4
Long Beach Unified	1	0	2	1	1	0	0	5
Los Nietos	0	0	0	0	0	0	0	0
Lowell Joint	0	0	1	0	0	0	0	1
Lynwood Unified	0	0	0	0	0	0	0	0
Manhattan Beach Unified	0	0	0	0	1	0	0	1
Monrovia Unified	0	0	0	3	1	0	0	4
Montebello Unified	0	0	2	2	4	0	0	8
Mountain View	0	0	0	0	0	0	0	0
Newhall	0	0	2	0	0	0	0	2
Norwalk-La Mirada Unified	0	0	0	0	0	0	0	0
Palmdale	0	0	0	0	0	0	0	0
Palos Verdes Peninsula Unified	0	0	0	0	3	0	1	4
Paramount Unified	0	0	0	0	0	0	0	0
Pasadena Unified	0	0	0	1	0	0	0	1
Pomona Unified	0	0	0	0	0	0	0	0
Redondo Beach Unified	0	0	3	0	0	0	0	3
Rosemead	0	0	1	0	0	0	0	1



Figure 8 (continued)

NUMBER OF REPORTED CASES OF SUSPECTED EMOTIONAL ABUSE BY SCHOOL DISTRICT

Table with 9 columns: School District, Children's Center, Head Start, Elementary School, Junior High, High School, Special Education, Other Site, Total Cases. Rows include districts like Rowland Unified, San Gabriel Unified, etc.



LOS ANGELES POLICE DEPARTMENT

AGENCY REPORT

ABUSED CHILD SECTION AND CHILD PROTECTION SECTION

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

- Depriving the child of the necessities of life to the extent of physical impairment;
- Physical or sexual abuse of a child;
- Homicide, when the victim is under 11 years of age;



LOS ANGELES POLICE DEPARTMENT REPORT

- Deaths of juveniles under 11 years of age, where the parent or guardian's neglect or action places the child in an endangered situation that results in death; and,
- Undetermined deaths of juveniles under 11 years of age.

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

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

SEXUALLY EXPLOITED CHILD UNIT

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

- The children are under the age of 16;

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

INTERNET CRIMES AGAINST CHILDREN UNIT

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

- The children are under the age of 16;
- There has been substantial felony sexual conduct;
- The sexual predator used the Internet to contact the child and lure the child away for the purpose of having sex with the child;
- Child pornography cases involving the Internet, including production, distribution, and possession of child pornography; and,



- Child pornography web sites, email Spam, and Cyber tips received from the National
- Center for Missing and Exploited Children (NCMEC).

The Internet Crimes Against Children Unit is also responsible for:

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

GEOGRAPHIC AREAS

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

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



LOS ANGELES POLICE DEPARTMENT REPORT

Figure 1

LOS ANGELES POLICE DEPARTMENT 2011 CRIMES INVESTIGATED

TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes ADW and battery)	815	43.82%
Sexual Abuse	531	28.55%
Endangering	455	24.26%
Homicide	7	0.38%
Others	52	2.79%
TOTALS	1,860	

Figure 2

LOS ANGELES POLICE DEPARTMENT 2011 GEOGRAPHIC AREAS BY CRIMES INVESTIGATED

TYPE	NUMBER	% of TOTAL
Physical Abuse	0	0.00%
Sexual Abuse (Includes Child Annoying)	929	71.68%
Endangering (Includes Child Abandonment)	367	28.32%
Homicide	0	0.00%
TOTALS	1,296	100%

Figure 3

LOS ANGELES POLICE DEPARTMENT 2011 OTHER CRIMES INVESTIGATED

TYPE	NUMBER	% of TOTAL
Injury	290	1.12%
Death	74	0.29%
Exploitation	38	0.15%
Internet Crime	796	3.06%
SCAR Reports	24,762	95.38%
TOTALS	25,960	100%

Figure 3: Indicates the number of other investigations, of a child abuse nature, conducted by Juvenile Division in 2011.

Figure 4

LOS ANGELES POLICE DEPARTMENT 2011 CRIMES INVESTIGATED

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	4	2.61%
Child Molest (288 PC)	69	45.10%
Child Endangering (273a PC)	8	5.23%
Child Abuse (273d PC)	68	44.45%
Others	4	2.61%
TOTALS	153	100%

Figure 4: Indicates the number of arrests processed by Juvenile Division in 2011.



Figure 5

**LOS ANGELES POLICE DEPARTMENT
Number of Arrests Processed by Geographic Areas in 2011**

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0.00%
Child Molest (288 PC)	243	92.75%
Child Endangering (273a PC)	0	0.00%
Child Abuse (273d PC)	1	0.38%
Others	218	6.87%
TOTALS	262	100%

Figure 5: Indicates the number of *arrests* processed by geographic Areas in 2011.

Figure 6

**LOS ANGELES POLICE DEPARTMENT
Number of Dependent Children Processed by in 2011**

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	***	***
300 WIC (Sexual Abuse)	***	***
300 WIC (Endangered)	***	***
TOTALS	1,190	100%

Figure 6: Indicates the number of *dependent children* processed by Juvenile Division in 2011. **NOTE:** Juvenile Division no longer separates 300 WIC by category.

Figure 7

**LOS ANGELES POLICE DEPARTMENT
Processed by Geographic Area in 2011**

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	362	19.86%
300 WIC (Sexual Abuse)	277	15.19%
300 WIC (Endangered/Neglect)	1,184	64.95%
TOTALS	1,823	100%

Figure 7: Indicates the number of *dependent children* processed by geographic Areas in 2011.

Figure 8

**LOS ANGELES POLICE DEPARTMENT
The Age Categories of Children who were Victims of Child Abuse in 2011**

TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	% of TOTAL
Physical Abuse	56	67	54	41	218
Sexual Abuse	181	333	659	280	1,453
Endangering	618	412	304	128	1,462
TOTALS	855	812	1,017	449	3,133

Figure 8: Indicates the *age categories* of children who were victims of child abuse in 2011. **NOTE:** The data in Figure 1 and Figure 2 shows a different number of victims than indicated in Figure 8. This is due to a minor administrative anomaly.



**LOS ANGELES POLICE DEPARTMENT –
2011 CHILD ABUSE FINDINGS**

Juvenile Division

- The total investigations (crime and non-crime) conducted by the unit in 2011 (27,820) showed a decrease (11.21 percent) over the number of investigations in 2010 (31,332)
- Adult arrests by the unit in 2011 (153) showed a decrease (21.13 percent) in the number of arrests made in 2010 (194).
- The number of dependent children handled by the unit in 2011 (1,190) showed a decrease (16.67 percent) from the number handled in 2010 (1,428).

GEOGRAPHIC AREAS

- The total investigations conducted by the Areas in 2011 (1,296) showed an increase of 4.43 percent) from 2010 (1,241).
- Adult arrests made by the Areas in 2011 (262) showed a decrease of (9.03 percent) from 2010 (288).
- The number of dependent children handled by the Areas in 2011 (1,823) was an increase of (0.28 percent) from the number handled in 2010 (1,818).



Figure 9

LOS ANGELES POLICE DEPARTMENT Comparison of 2010 and 2011			
TYPE	2010	2011	% of CHANGE
Total Investigations	32,573	29,116	-10.61%
Total Adult Arrests	482	416	-13.90%
Dependent Children	3,246	3,013	-7.18%

Figure 9: Indicates a comparison of 2010 and 2011 total figures from Juvenile Division and the geographic Areas, and the percentage of change between the two years.



ABUSED CHILD UNIT FIVE-YEAR TRENDS

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

Figure 10: Crimes Investigated

Figure 11: Crimes Investigated

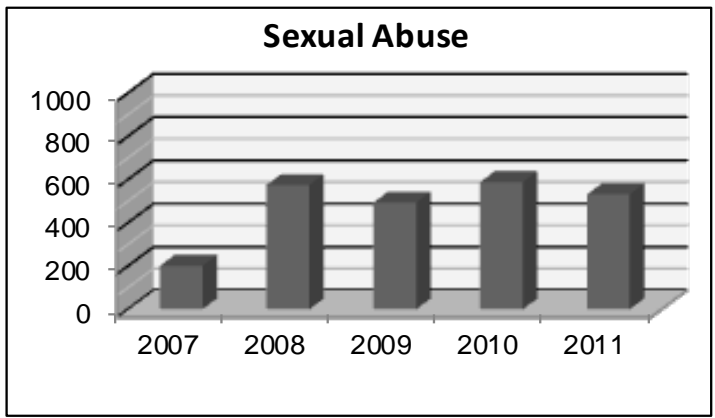
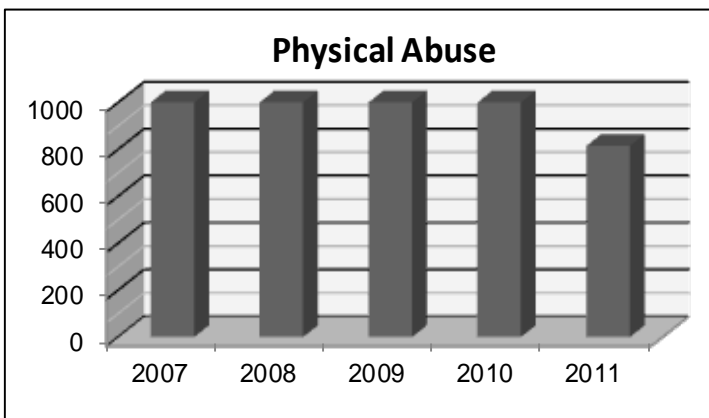


Figure 12: Crimes Investigated

Figure 13: Crimes Investigated

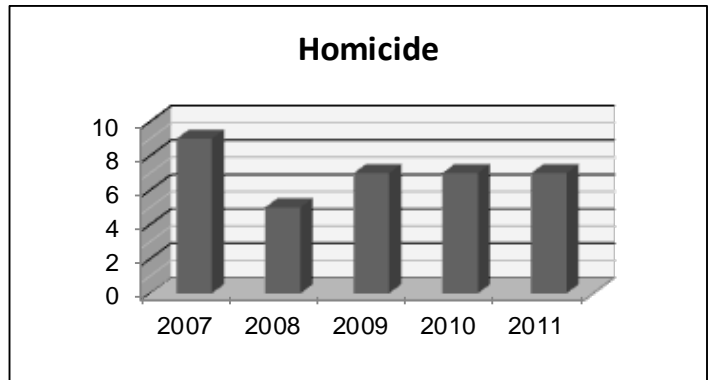
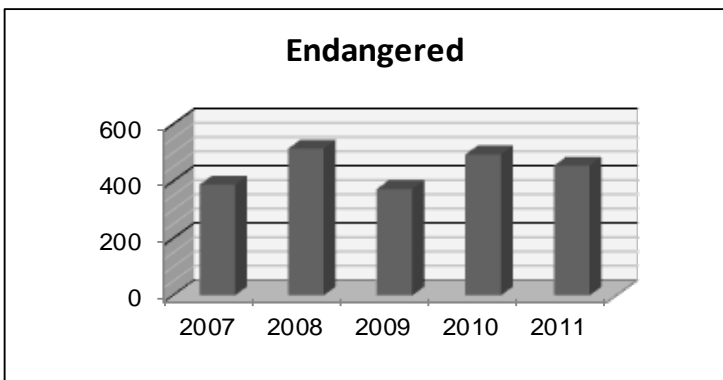




Figure 14: Other Investigations

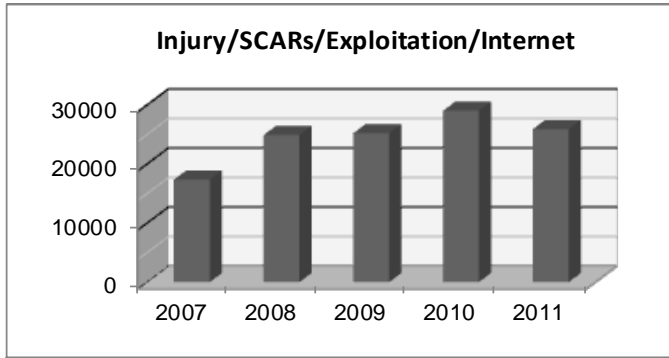


Figure 15: Other Investigations

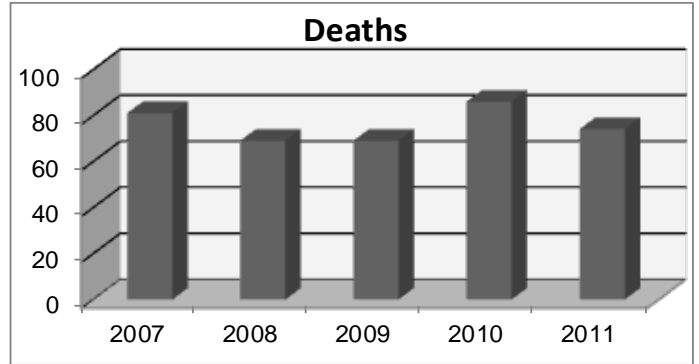
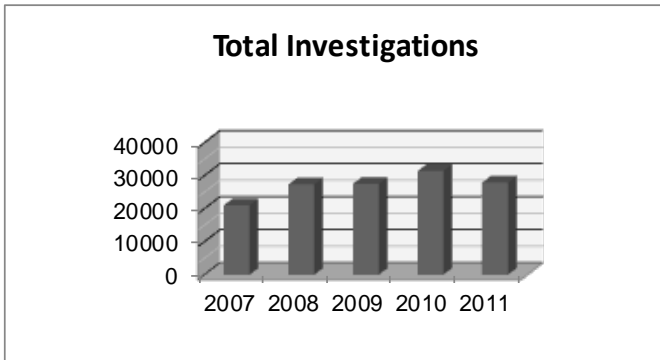


Figure 16: Total Investigations





GLOSSARY

Child – A person under the age of 18 years.

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

SCAR (Suspected Child Abuse Report) – Department of Justice Form SS 8583, which must be submitted after an active investigation has been conducted and the incident has been determined to be substantiated or inconclusive.

Sexual Abuse – Any touching with a sexual context.

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



OFFICE OF THE LOS ANGELES CITY ATTORNEY

AGENCY REPORT

INTRODUCTION

The Los Angeles City Attorney's Office is the third largest government legal office in California, following the Attorney General's Office and the Los Angeles County District Attorney's Office.

The Los Angeles City Attorney is the chief prosecutor for the City of Los Angeles with jurisdiction to prosecute all misdemeanor criminal offenses and infractions. He is also the chief legal advisor and general counsel to the Mayor and the City Council, as well as all boards, departments, and officers in the City of Los Angeles. In July 2009, Carmen Trutanich became the Los Angeles City Attorney.



OVERVIEW OF THE CITY ATTORNEY'S OFFICE

The Los Angeles City Attorney's Office consists of three core legal branches: civil liability management, municipal counsel, and criminal and complex litigation.

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

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

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

Upon disposition of a case by plea or conviction, the defendant is sentenced by the court. However, sentence advocacy is an important role for a prosecutor as part of the criminal justice system. A defendant may be sentenced to jail, a fine, or probation and

may be ordered to make restitution to the victim. Conditions of probation may include appropriate counseling, force and violence conditions, attendance at an alcohol program or batterer's treatment program, parenting classes, or other terms of probation that prevent recidivism.

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

In 2011, this Office reviewed 89,408 cases and filed 52,739 cases. As a result of this continued commitment and dedication, Los Angeles is a safer place for children and families to live, work, and go to school.

CHILD PROTECTION PROGRAMS

Every day, the Office of the City Attorney confronts the serious problems of child abuse, neglect, exploitation and technology facilitated crimes against children. Efforts are multifaceted, including specialized vertical prosecution, multi-agency state and federal task force participation, truancy and gang prevention programs, victim support services, legislative initiatives, law enforcement training, and community outreach.

CHILD ABUSE PROSECUTION SECTION

The City Attorney's Office handles all physical, sexual and emotional child abuse and neglect matters primarily through its specialized Child Abuse Prosecution Section in which experienced prosecutors vertically prosecute all cases of violence against children. This section is supported by skilled



and dedicated victim advocates who work with the prosecutors to provide support to child victims, witnesses, and their families. Each individual case is assigned from the outset to a team made up of a prosecutor, victim advocate, and an investigator who work together for the duration of that criminal case. Their combined efforts ensure better conviction rates and stricter sentencing, while providing needed resources and aid to victims of child abuse.

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

CYBER CRIME AND CHILD ABUSE PREVENTION

The Cyber Crime and Child Abuse Prevention section was created in 2009 and is responsible for the prosecution of technology facilitated crimes against children as well as a wide variety of child and youth-related programs and projects. These include co-chairing the Los Angeles County Cyber Crime Task Force, active participation as an affiliate with the Los Angeles Regional Federal Internet Crimes Against Children (ICAC) Task Force, Child Abuse legislative and policy initiatives, and the Truancy Prevention Program.

CYBER CRIME TASK FORCE

In partnership with ICAN, the City Attorney's Office co-chairs this committee with the United States Attorney's Office and the FBI. Other partners include the California Department of Justice, LAPD, the Internet Crimes Against Children Task Force (ICAC), the Los Angeles County Sheriff, Disney, Fox

Films, the Los Angeles Catholic Archdiocese, UCLA, the Anti-Defamation League, and the Los Angeles County Office of Education. On September 30, 2011, we held the third annual county-wide Cyber Crime Symposium to educate the community on cyber crimes, digital reputation, Internet predators, cyber bullying, and piracy. This unique Symposium was held at the California Endowment for approximately 400 educators, parents, and middle and high school students.

CYBER CRIME PUBLIC OUTREACH

In partnership with ICAN and California State University, Northridge, the City Attorney's Office has produced a series of Public Service Announcements aimed at educating parents and the general public regarding cyber crime and the dangers presented to children. Our first endeavor, Family Dinner, is currently showing on numerous local television stations including KABC. This year we completed our second in a series of PSAs – this one on Cyber Bullying. With the help of the FBI, this compelling piece is currently running on various television stations in the Southern California area.

TRAINING FOR MANDATED REPORTERS OF CHILD ABUSE

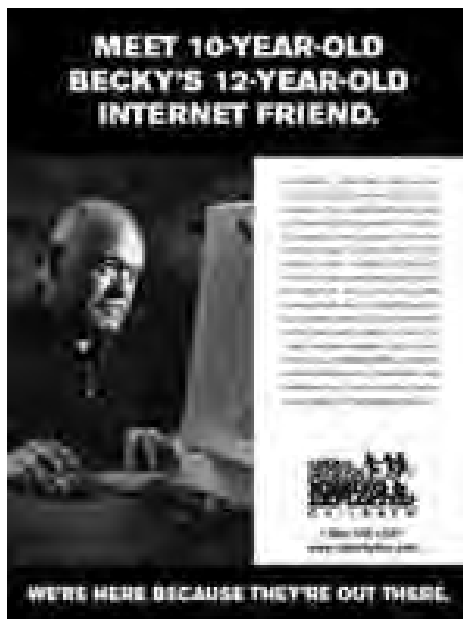
The California Penal Code provides that certain employees of schools, health care organizations, and other groups that work with children on a regular basis are mandated reporters of child abuse. This mandate requires that these employees know the legal requirements and understand the specifics of what must be reported and when and how the report should be made. City Attorney staff are available to conduct trainings for school, health care, law enforcement, first responders and other



personnel who are legally mandated reporters of child abuse. The approximately one hour instruction includes laws relating to mandated reporting, how and when to report, what constitutes physical, sexual and emotional child abuse and exploitation, and the legal ramifications of a failure to report.

CYBER CRIME PREVENTION PROGRAM

The Cyber Crime and Child Abuse Prevention section conducts trainings county-wide on cyber crime and technology facilitated crimes against children. Interactive presentations are provided for middle and high school students, community members, Boys and Girls Clubs, after school and recreation programs, parents, and educators. These presentations include information on Internet predators and Megan's Law, cyber bullying, and computer safety instruction. This work is in partnership with and is certified by the National Center for Missing and Exploited Children.



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

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



SCAN TEAM PARTNERSHIP – MATTEL CHILDREN'S HOSPITAL

The City Attorney's Office is a working member of the Suspected Child Abuse and Neglect (SCAN) team at the UCLA Mattel Children's Hospital. The SCAN team is a working group of professionals in the law enforcement, health care and social services fields who meet on a weekly basis to review all cases of suspected child abuse and neglect presented at UCLA hospitals. The overall goal of the team is to take a managed approach to reviewing child abuse cases to determine what action was taken, future efforts on the case and to look closely at how we can improve our overall response in future cases.

INFANT UNSAFE SLEEPING CAMPAIGN

City Attorney staff play an integral role in the ICAN Sub-committee on Infant Safe Sleep. Due to the high incidents of infant



deaths due to co-sleeping, ICAN received a two year grant from FIRST 5 LA to fund a public outreach campaign. Office staff are participating by working with LAC+USC, DCFS and the Los Angeles County Office of the Coroner to create a Public Service Announcement on the important issue of safe sleep practices.

TRUANCY PREVENTION PROGRAM

Since 2002, the Office of the City Attorney has partnered with the Los Angeles Unified School District (LAUSD) to address the issue of rampant truancy in the City of Los Angeles. Truancy directly impacts our community and quality of life in several ways, including increases in gang membership and juvenile crime, lower academic achievement, the increased victimization of children, and the loss of hundreds of thousands of dollars for our schools. More specifically, truancy is harmful in the following ways:

- Truancy is a precursor to gang membership. A youth is three times more likely to join a gang when he/she has low school attachment, low academic achievement, or learning disabilities. Studies show that youth who have delinquent peers are more likely to join a gang.
- Truancy is a stepping stone to delinquent and criminal activity. Forty-four percent of juvenile crime takes place during school hours.
- Truancy impacts a child's success at school. Missing school causes a child to fall further behind, resulting in lower academic achievement. Truants lose not only their opportunity for an education, but also their future earning capacity. There is also a link between truancy and incarceration; among

incarcerated inmates, over 80 percent dropped out of school.

- Truancy leads to the victimization of youth. Juveniles comprise 21 percent of the victims of crimes committed during school hours. Juveniles out of school are subject to sexual assault, drug dealers, and gang activity.
- Truancy has fiscal ramifications. LAUSD is funded based on its students' attendance. Truancy costs the school district hundreds of thousands of dollars in federal and state funding due to lower daily attendance rates. Businesses have to pay the attendant costs of truancy, such as removing graffiti and increasing security for crimes like vandalism and shoplifting. Furthermore, taxpayers must bear the increased cost for criminals and welfare recipients who do not have the education and skills to support themselves.

The City Attorney's Truancy Prevention Program strikes at the heart of dropout rates with a simple but powerful tool to fight truancy and absenteeism among students: parents. City Attorney staff educate parents about their legal responsibility to ensure that their children attend class regularly. The program holds parents accountable for their children's attendance at school.

Since its inception, the City Attorney's Truancy Prevention Program has educated over 300,000 families about the importance of attending school. The program's letters have directed over 90,000 families to general assemblies. Subsequently, almost 4,000 families have been referred for further City Attorney intervention. From these families, PSA counselors have taken over 200 families to SARB and they have referred 105 families for prosecution. To date 105 families have been prosecuted under the Education and Penal Codes. The goal of the



program is to keep children in school, not to prosecute parents.

During the 2011-2012 school year TPP provides truancy prevention efforts at the following schools:

Elementary Schools (ES):

Alexander ES
Commonwealth ES
Hooper ES

Middle Schools (MS):

Adams MS
Bethune MS
Fulton MS
Harte Prep MS
Hollenbeck MS
Le Conte MS
Mann MS
Sepulveda MS
Virgil MS
Wilmington MS

High Schools (HS):

Arleta HS
San Pedro HS
University HS

The Truancy Prevention Program fights crime by investing in our young people, empowering parents, and giving families the resources they need to make better choices for their children's futures.

SAFE SCHOOL ZONES

Working in partnership with the Los Angeles Unified School District (LAUSD), the Los Angeles City Attorney's Office administers a program designed to monitor and potentially remove criminals convicted of firearm offenses living near schools. When children are unable to concentrate in school because their minds are focused on danger in their neighborhoods, we have failed them. By designating the areas around our schools as

'Safe School Zones', we send a powerful message to the community that we will not tolerate crime in and around our schools.

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

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

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

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



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

Los Angeles Strategy Against Violent Environments Near Schools (LA SAVES) began as an offshoot of the Safe School Zones initiative to encourage collaboration between the Los Angeles Police Department, Los Angeles County Probation Office, LAUSD School Police, California Department of Corrections and Rehabilitation, the Department of Children and Family Services, and the City Attorney's Gang and Gun Violence Unit to work together in identifying and pursuing armed offenders and those who have been convicted of offenses involving firearms currently living in the neighborhoods around schools.

Since 2005, LA SAVES has targeted 1,350 residences of felony probationers and other felons resulting in the arrest of 287 individuals for felony probation or new drug, weapons, sex or gang-related charges. This includes numerous felons who have been released under California's new Realignment. The LA SAVES team has recovered 51 weapons from felons, rescued more than 155 children from deplorable circumstances, and gained information that led to the opening of new cases to protect children.

The LA SAVES team conducts regular inspections around schools in order to remove dangerous convicted criminals who fail to show up to hearings and probation meetings, or are found to have other legal problems. School grounds should always be a safe haven for our children. These initiatives give us the tools to effectively prosecute those who threaten our children's safety.

LEGISLATION

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

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

ANTI-GANG DIVISION

The City Attorney's Anti-gang section continued implementation of its most recent injunctions and now supervises the enforcement of 46 injunctions covering 72 criminal street gangs and one tagging crew. These injunctions, which serve as restraining orders on gang members, have had a demonstrable affect on reducing street-level crime in the approximately 116 square miles they cover, thus protecting children, youth and families across the city. In many cases, our attorneys work proactively to achieve solutions for residents and improve the physical condition of our neighborhoods before crimes occur.

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



protect the health and welfare of all the City's residents and families.

TEEN COURT

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

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

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

SPECIAL VICTIMS DIVISION

The Special Victims Section prosecutes certain child sexual abuse and exploitation

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

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

Child Sexual Exploitation Through Technology. This category of crimes includes offenses involving minors and the use of any photographic or video device, computer, telephone, electronic communication or the Internet.

HEARING PROGRAM

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



classes, drug and alcohol treatment programs, and anger management programs. The intervention of hearing officers in these matters may prevent subsequent offenses against children.

In 2011, there were 788 child abuse, neglect, sexual abuse and exploitation matters referred to the City Attorney Hearing Program after review by an attorney for filing consideration.

VICTIM ASSISTANCE PROGRAM

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

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

In 2011, there were 8,107 new victims referred to the program. Of the 8,107, there were 744 victims of child sexual and physical abuse.

STATISTICS

In 2011, the Los Angeles City Attorney’s Office reviewed 1,417 investigations that involved ICAN-related offenses. Of the 1,417

matters, 183 were filed and 788 were referred to hearings.

In 2011, 162 ICAN-related cases reached a disposition. Of the 162 cases, 150 resulted in guilty pleas or convictions following jury trials.

BREAKDOWN OF ICAN-RELATED CHARGES

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

SEXUAL ABUSE AND EXPLOITATION

In 2011, the Office reviewed 340 child sexual abuse and exploitation investigations regarding violations of the following California Penal Code sections:

261.5(a)	Unlawful sexual intercourse with minor
261.5(b-d)	Unlawful sexual intercourse with minor
288(a)	Lewd Acts with Child Under 14
288(b)1	Lewd Acts with Child Under 14 Force
288(c)1	Lewd Acts with Child Under 15/10 Year Difference
288a(b)(1)	Oral Copulation with Person Under 18
288.2	Sending harmful matter to minor
289(h)	Sexual Penetration with Person Under 18
311.1(a)	Sale or Distribution of Obscene Matter Depicting



	Person Under Age of 18, etc.
311.3	Sexual exploitation of a child
311.11(a)	Possession of child pornography
313.1	Distribution/Exhibition of harmful matter to minor
647.6(a)(1)	Annoying or molesting Minor
647.6(a)(2)	Annoying or molesting Minor

Of those 340 criminal investigations presented for filing consideration, 72 cases were filed and prosecuted as misdemeanors, 112 were referred to the City Attorney Hearing Program, and 156 were rejected. There was a disposition of 68 sexual abuse and exploitation cases. Of those 68 cases, 64 resulted in guilty pleas or convictions following jury trials.

CHILD ABUSE AND NEGLECT

In 2011, the Office reviewed 1,077 child abuse and neglect investigations involving violations of the California Penal Code sections listed below:

271	Desertion of child under 14 with intent to abandon
271a	Abandonment or failure to maintain child under 14
272	Contributing to the delinquency of persons under 18
273a(a)	Willful Harm or Injury to child
273ab	Willful Harm or Injury to child
273d(a)	Corporal Punishment or Injury to Child

273g	Immoral Acts before Child
278	Non-custodial persons; detainment or concealment of child from legal custodian
278.5	Child Concealment/Non-custodial person

Of those 1,077 investigations, 111 cases were filed and prosecuted as misdemeanors, 676 were referred to the City Attorney Hearing Program, and 290 were rejected. There were dispositions in 94 child abuse and neglect cases. Of those 94 cases, 86 resulted in guilty pleas or convictions following jury trials.

CONCLUSION

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



OFFICE OF COUNTY COUNSEL FOR LOS ANGELES

AGENCY REPORT

DEPENDENCY DIVISION

The mission of the Office of the Los Angeles 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 Dependency Division of the County Counsel is headquartered at the Edmund D. Edelman Children's Court in Monterey Park. However, some attorneys are located in the dependency court in Lancaster, and others are out-stationed in the Department of Children and Family Services (DCFS) regional offices spread throughout the county. By size, the Dependency Division is the largest County Counsel Division consisting of 100 attorneys and 43 support staff, although that number fluctuated due to military, medical, and maternity leaves. An average of 60 attorneys staffed the trial courts.

The Division's primary mission is the litigation of dependency trials and appeals. Dependency cases involve allegations of child abuse and neglect, and the County Counsel represents DCFS. DCFS is the agency charged with initiating petitions under Welfare and Institutions Code section 300 requesting the juvenile court to intervene in the lives of children who are alleged to be victims of child abuse. As of December 2011, there were approximately 13,627 cases and 19,378 hearings system wide. In 2011, the Division filed or handled over 451 appellate briefs. The Division is second only to the State Attorney General in the number of briefs filed in the Second District Court of Appeal.

There are nineteen courtrooms in Monterey Park and one in Lancaster. Three deputies are assigned to each courtroom, for a total 60 trial deputies. Attorneys assigned to a dependency court have caseloads of approximately 227 cases. They appear in court on a daily basis and handle approximately eight or more cases on the court's calendar.

Training programs offered to County Counsel are coordinated through a County Counsel Training Committee. The training subjects reflect a consensus and comprehensive approach to the planning and delivery of the training at all levels of County Counsel legal staff. Newly assigned attorneys are provided with an intensive three-week training course, and are appointed an individual mentor to acquaint them with Dependency Court law and procedures. There is also an ongoing attorney training program which features Mandatory Continuing Legal Education (MCLE) presentations by recognized experts in dependency-related matters, and 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. Members of DCFS, 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 at every stage of the dependency proceedings. The Division is an integral part of the DCFS social worker training program and is an active participant in the training academy for new social workers, as well as ongoing training of experienced social workers.

County Counsel actively participates on various Inter-Agency Council on Child Abuse and Neglect (ICAN), court, DCFS, and other committees. They work with groups such as Find the Children (to facilitate the return of abducted children), the Los Angeles District Attorney (on the Los



Angeles County Protocol on Child Abuse and Neglect), and the Juvenile Justice Task Force. County Counsel also provides advice to DCFS legislative forums.

The Outstation Section consists of 19 attorneys, although that number varies depending on the needs of the office. Outstation attorneys staff the DCFS regional offices, DCFS Adoptions Division, Warrant Desk, IDC, and the Command Post on a rotating basis. Outstation lawyers answer the day-to-day questions social workers raise related to their cases. In addition, these attorneys provide training for social workers on a wide variety of topics including legal notice, Indian children notice, court report writing, Child Abuse Central Index (CACI) reporting requirements, and testifying. They also assist DCFS on protective custody warrants and investigative warrants. Outstation attorneys also provide relief for the trial and appellate attorneys who are on extended leaves or absences and cover courtroom needs as they arise.

Starting in 2009, County Counsel has staffed a "warrant desk" in response to *Green v. Camreta* (2009) 588 F.2d 1011, which cited *Calabretta v. Floyd* (1999) 189 F.3d 808. Those Ninth District Court of Appeal cases imposed a duty to first seek a warrant prior to a child's removal in those cases where DCFS had neither the parent's consent nor exigent circumstances. Therefore, County Counsel has provided legal assistance to DCFS to assist in obtaining such warrants. In 2011, the warrant desk provided assistance to DCFS 24 hour, 7 days a week. The warrant desk is staffed with five outstation attorneys and volunteers from the trial and appellate attorneys.

The Dependency Appeals Section consists of thirteen attorneys who handle dependency related writs and appeals. This includes appellant's opening briefs, respondent's briefs, answers to writ petitions, emergency writ petitions, petitions for review, stipulations to reverse/concession letters, letter briefs, and motions to dismiss. In 2011, the appellate section attorneys handled and or filed over 451 appellate briefs. In addition to these cases, the appellate sections attorneys filed six emergency writ petitions, and one affirmative appeal. We responded to five emergency writ petitions filed by other parties as well.

Historically, Los Angeles County Counsel has won appellate court cases that helped shape California dependency law. These include *In re Cindy L.* (1997) 17 Cal.4th 15 [established the child dependency hearsay exception which led to the statute (Welfare & Institutions Code 355) which authorized the admission of hearsay statements of a child victim contained in a social study report]; *In re Brooke C.* (2005) 127 Cal.App.4th 377 [found that a limited remand, rather than reversal, was appropriate for ICWA compliance in non-termination of parental rights cases]; *In re April C.* (2005) 131 Cal.App.4th 599 [found that *Crawford v. Washington*, involving a criminal defendant's right to confrontation under the Sixth Amendment, did not apply to juvenile dependency proceedings]; *In re E. H.* (2003) 108 Cal.App.4th 659 [found that parents reasonably should have known who inflicted their child's severe physical abuse where child was never out of their custody]. In 2011, the Second District Court of Appeal issued 403 opinions on Los Angeles County dependency matters. Six of the cases briefed by County Counsel were published



by the appellate court to provide guidance in future cases: *In re K.A.* (2011) 201 Cal.App.4th 905, *In re Byran D.* (2011) 188 Cal.App.4th 127, *In re Hunter W.* (2011) 200 Cal.App.4th 1454, *In re A.C.* (2011) 197 Cal.App.4th 796, *In re T.W.* (2011) 197 Cal.App.4th 723, and *In re R.C.* (2011) 196 Cal.App.4th 741.

THE PRACTICE OF DEPENDENCY LAW.

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

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

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

The Dependency Mediation Program encourages non-adversarial case resolution. Two County Counsel staff work with the mediators and children's social workers (CSW) to assist the trial attorneys in resolving legal issues, assuring appropriate case resolutions, reviewing case plans, and reaching meaningful agreements between DCFS and the parents and children through their respective counsel.

PRE-FILING PROCEDURES

Prior to the initiation of a dependency court case, a child abuse investigation is initiated through a call to the Child Protection Hotline. DCFS has the responsibility of investigating allegations of child abuse and neglect and determining whether a petition should be filed alleging that the child comes within the jurisdiction of the Dependency Court. Should the Children's Social Worker (CSW) determine that a child is in need of the protection of the juvenile court, the CSW submits the petition request to the Intake and Detention Control Section of DCFS. County Counsel staffs the Intake and Detention Control with an attorney who reviews the petition to assure it is legally sufficient. In addition, the Intake and Detention Control attorney gives legal advice on detention and filing issues and provides summaries of child death cases.

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



the proceedings, which provide necessary continuity and familiarity on a case.

INITIAL HEARING

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

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

If the juvenile court orders a child detained, the court must make a finding that there is substantial danger to the physical and/or emotional health and safety of the child and there are no reasonable means to protect the child without removing the child

from the custody of the parents. The court also must make a finding that reasonable efforts were made to prevent or eliminate the need to remove the child from parental custody.

JURISDICTION

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

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

Alternatively, the matter may be set for a trial. If the child is detained from the parent's home, the matter must be calendared within 15 days. If the child is released to a parent, the time for trial is 30 days. At the trial, County Counsel litigates the counts set forth in the petition to establish the legal basis for the court's assumption of jurisdiction. If it is necessary to call a child as a witness, County Counsel or the child's attorney may request that the court permit the child to testify out of the presence of the parents. The court will permit chambers testimony if the child either is (1) intimidated by the courtroom setting, (2) afraid to testify in front of his or her parents, or (3) it is necessary to ensure that the child tell the truth.

The social study report prepared by the CSW, attachments to the report, and hearsay statements in the report may be used as substantive evidence subject to



specific objections. The CSW, as the preparer of the report, and other hearsay declarants must be available for cross-examination. Statements made by a child under 12 years of age who is the subject of the petition also are admissible as evidence if they were not procured by fraud, deceit, or undue influence.

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

DISPOSITION

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

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

child, it first must consider placement with the custodial parent followed by the non-custodial parent, relative, foster home, community care facility, foster family agency, or group home. In addition, the court is required to develop and/or maintain sibling relationships whenever possible.

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

In 2009, the statutory time for reunification services was modified. The law now provides that if, at the eighteen-month review hearing, that the permanent plan for the child is that he or she will be returned and safely maintained in the home within the extended time period, the court may extend reunification services to 24 months from the date the child was removed from the parent's custody. The court shall extend the time period only if it finds that it is in the child's best interest to have the time period extended and that there is a substantial probability that the child will be returned to the physical custody of his or her parent or guardian within the extended time period, or



that reasonable services have not been provided to the parent or guardian.

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

- The whereabouts of the parent is unknown;
- The parent is suffering from a mental illness and is incapable of benefiting from reunification services;
- A child or sibling has been physically or sexually abused as determined on two separate dependency petitions;
- The parent has caused the death of a child through abuse or neglect;
- The child is under 3 years old and has been severely physically abused;
- The child or the child's sibling has been severely sexually abused or severely physically harmed;
- The parent is not receiving reunification services for a sibling or half sibling pursuant to 361.5(a)(3),(5) or (6);
- The child has been willfully abandoned which has caused serious danger to the

child, or the child has been voluntarily surrendered;

- The parent has been convicted of a violent felony as defined in Penal Code section 667.5;
- The child has been conceived by sexual assault in violation of Penal Code Sections 288 or 288.5 (rape);
- The parent has abducted the child's sibling or half-sibling;
- Reunification services have been terminated for a sibling after the sibling was removed from the home;
- Parental rights were terminated on a sibling, and the parent has not made an effort to treat the problems that led to the removal of the sibling; or,
- The parent is a chronic abuser of drugs or alcohol, and has resisted court ordered treatment;
- The parent has advised the court that he or she is not interested in receiving family reunification services or having the child placed in his or her custody.

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

REVIEW HEARINGS

(WIC section 364) If the court has ordered that the child reside with a parent,



the case will be reviewed every six months until the court determines that conditions no longer exist which brought the child within the court's jurisdiction, the child is safe in the home, and jurisdiction may be terminated.

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

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

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

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

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

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



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

- A relative caretaker is unwilling or unable to adopt because of circumstances that do not include an unwillingness to accept legal or financial responsibility for the child, and removal of the child from the relative would be detrimental to the child.
- Termination would be detrimental to the child because the parents have maintained regular visitation and contact with the child, the child will benefit from continuing the relationship, and the benefit will outweigh the benefit derived from the permanence of an adoptive home.
- Termination would be detrimental to the child because a child 12 years of age or older does not wish to be adopted.
- Termination would be detrimental to the child because the child requires residential treatment and adoption is unlikely or undesirable.
- Termination would be detrimental to the child because there would be substantial interference with a child's sibling relationship,
- Termination would be detrimental to the child because the child is living with a non-relative caretaker who is unwilling or unable to adopt because of exceptional circumstances, and removal of the child from that home would be detrimental to the child.

- Termination would not be in the best interest of the child because there would be a substantial interference with the Indian child's connection to his or her tribal community or the child's tribal membership rights.
- Termination would not be in the best interest of the child because the Indian child's tribe has identified guardianship or long term foster care with a fit or willing relative as an appropriate plan.

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



GLOSSARY

Brief

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

Chambers

The judge or hearing officer's office.

Command Post

The DCFS office that handles after hour emergency detentions

Concession letter

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

Detention Hearing

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

Direct Calendaring

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

Disposition

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

Family Reunification

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

Hearsay

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

Indian Child Welfare Act

Federal law enacted to protect and preserve American Indian Families

Initial Hearing

See Detention Hearing

Jurisdiction

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

Legal Guardianship

Legal authority and responsibility for the care of a child.

Non-related Extended Family Member

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



Notice

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

Planned Permanent Living Arrangement

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

Preponderance of Evidence

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

Pretrial Resolution Conference

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

Prima Facie Evidence

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

Review Hearing

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

Selection and Implementation Hearing

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

Social Study Report

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

Termination of Parental Rights (TRP)

If the court determines that adoption is the appropriate plan at the Selection of Implementation hearing, the court must free the child for adoption by terminating parental rights.

Vertical Representation

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



SUPERIOR COURT OF CALIFORNIA

COUNTY OF LOS ANGELES

AGENCY REPORT

COURT OVERVIEW

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



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

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

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

behavior and have had a history of drug use.

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

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

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

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



Courts are following the Drug Court Dependency Youth Protocol.

THE COURT PROCESS

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

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

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

might eliminate the need for the intervention of the Court.

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

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

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

Stability and permanence are also assured when a child is able to safely remain within the family unit without placement in foster care while parents receive family maintenance services from DCFS under the supervision of the Court. If



the Court has ordered that the child may reside with a parent, the case will be reviewed every six months until such time the Court determines that the conditions which brought the child within the Court's jurisdiction no longer exist. At this time, the Court may terminate jurisdiction (WIC §364).

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

Children require stability, a sense of security and belonging. To assure that concurrent planning occurs in a manner that will provide stability for the child, periodic reviews of each case are set by the Court. When a child is removed from the care of a parent and suitably placed in foster care under the custody of the DCFS, the Court will order six months of reunification services for children under the age of three, including sibling groups with a child under that age. For all other children, the reunification period is 12 months. If the Court finds compliance with the service plan at each and every six-month Judicial Review hearing, the Court may continue services to a date 18 months from the date of the filing of the original WIC §300 petition. To extend reunification services to the 12-

or 18- month date, the Court, based upon its evaluation of the history of the case, must find a substantial likelihood of the child's return to the parent or guardian on or before the permanency planning hearing at the 18-month date (WIC §366.21, et. seq.).

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

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



1. The adoption of the child following a hearing where Dependency Court has terminated parental rights. Adoption is the preferred plan as it provides the most stability and permanence for the child.
2. The appointment of a Legal Guardian for the child. Legal Guardians have the same responsibilities as a parent to care for and supervise a child. However, legal guardianship provides less permanence, as a guardianship may be terminated by Court order or by operation of law when the child reaches the age of 18.
3. The Planned Permanent Living Arrangement (formerly Long Term Foster Care). This plan is the least stable for the child because the child has not been provided a home environment in which the individual(s) will commit to parent him or her into adulthood while providing the legal relationship of parent and child.

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

SUBSEQUENT AND SUPPLEMENTAL PETITIONS

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

Subsequent Petitions may be filed by DCFS 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 attorney of record.

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

CASELOAD OVERVIEW

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

All Dependency courts have a significant number of children who are prescribed psychotropic medication, which cannot be given to dependent children without court authorization. Regular review hearings are often continued because children are not

brought to Court for hearing, incarcerated parents are not transported to court, notice of hearing has not been found proper by the Court, or reports needed for the hearing are not available. The Court will often make interim orders to address issues, even though the case must be continued for hearing. These additional hearings impact the child, particularly when the case is in reunification.

ANALYSIS

In 2011, new, subsequent and supplemental petitions were filed involving 22,636 children; of these, 12,162 children were before the Court with new WIC §300 petitions. In addition, 9,284 supplemental and/or subsequent petitions were filed in 2011. New petitions were filed in 1,190 previously dismissed or terminated cases. (Figure 1)

There were 125,678 statutorily-mandated review hearings in 2011. (Figures 2 & 3) This number applies only to those children whose cases were brought into the court in 2011 and not the total number of children who are dependents of the court. (Many cases require judicial oversight multiple times in a calendar year.)

From 2000 to 2004, there was little variation in the number of petitions filed. There was a 17% increase in 2005, and an increase of 10% in 2007. From 2007 through 2009, the number of petitions filed remained relatively constant. The number of petitions filed in 2011 increased 5% from the previous year.

The number of review hearings reached its peak in 2000, before declining from 2001 through 2006. There was a substantial increase in the number of review



hearings in 2007. The statistics for 2009 reflect a decrease of 12% in the number of hearings from 2008; from 2009 through 2011, the number of judicial reviews increased approximately 17%. (Figures 2 and 3)

Of the 12,162 new WIC §300 petitions, 7,780 cases went to disposition in 2011. Of those cases, out-of-home placement was ordered for 4,279 children. (It must be noted that one case may involve multiple children, and the different children may have different placements.) (Figure 4) This latter number indicates that 55% of the children whose cases went to disposition were placed in foster care. (Figure 4) Analysis of the period from 2000 to 2008 shows that there were moderate variations through 2004. In 2005, there was a substantial increase in the number of filings from the previous year. From 2006 through 2009, there were again moderate variations. The number of new filings remained relatively steady from 2008 through 2010, with a noticeable increase in 2011. The number of supplemental petitions fell approximately 2% from 2010 to 2011, whereas the number of subsequent petitions increased approximately 6% over the same period.

Overall, the composition of filings has essentially remained steady over this decade. New petitions comprised approximately 50% of total petition filings in 2000. This percentage has remained relatively constant; the statistics for 2011 reveal a modest increase. (Figure 5)

EXITING THE DEPENDENCY COURT SYSTEM

The data indicates that on average 65% of the disposition hearings end with the removal of children from their parents or

guardian. (Figure 4) In 2011, 12,162 children were the subject of new Dependency court petitions, and 12,454 children had their cases dismissed or jurisdiction terminated. Since 2000, more children have exited the system than entered it. (Figure 6)

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

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

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



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

The 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 1980s and mid 1990s, resulting in an explosion of children born with exposure to drugs and parents whose addiction negated their ability to parent.

The Courts are now witnessing a rise in drug-related filings involving methamphetamine. The availability of this drug has proliferated, which may explain the higher numbers of new petitions and total petitions in 2007 and 2008. The damage posed to babies born with a positive toxicology for this drug is ominous. 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. Whether the increase in the total number of children in system is a one-time variance or a trend remains to be seen.

SELECTED FINDINGS

- The number of filings increased moderately in 2011.
- New WIC §300 petitions constituted 54% of total filings in 2011.
- In 2011, 12,162 children entered the Dependency system as a result of new petitions being filed, and 12,454 children exited the system.

GLOSSARY

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

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

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

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

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

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

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



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

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

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

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



Figure 1

DEPENDENCY PETITIONS FILED

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

Figure 2

JUVENILE DEPENDENCY COURT
Dependency Court Workload

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



Figure 3

**JUVENILE DEPENDENCY COURT
Petition Filings and Judicial Reviews**

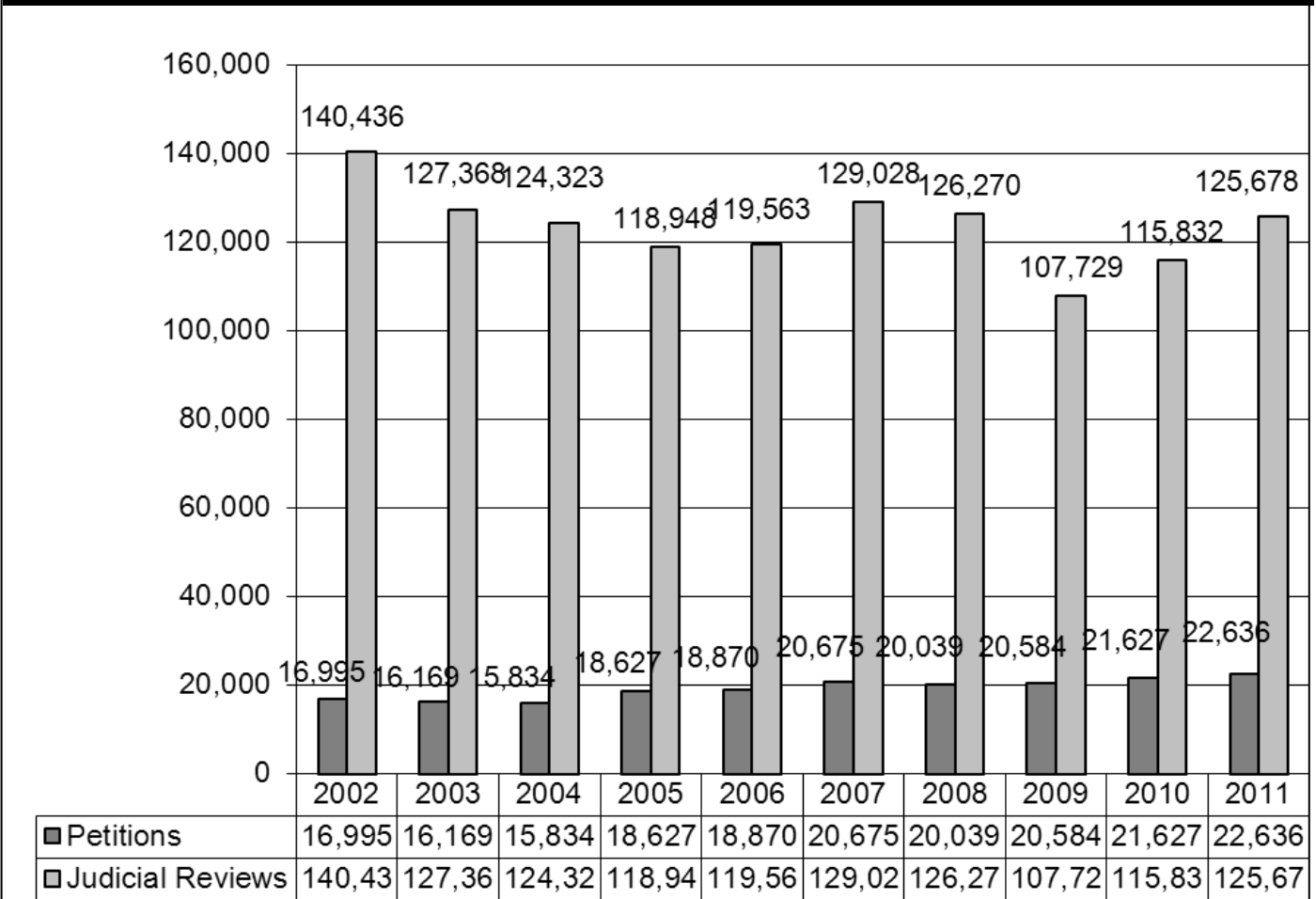




Figure 4

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

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



Figure 5

**JUVENILE DEPENDENCY COURT
PETITIONS FILED**

New, Subsequent, Supplemental and Reactivated

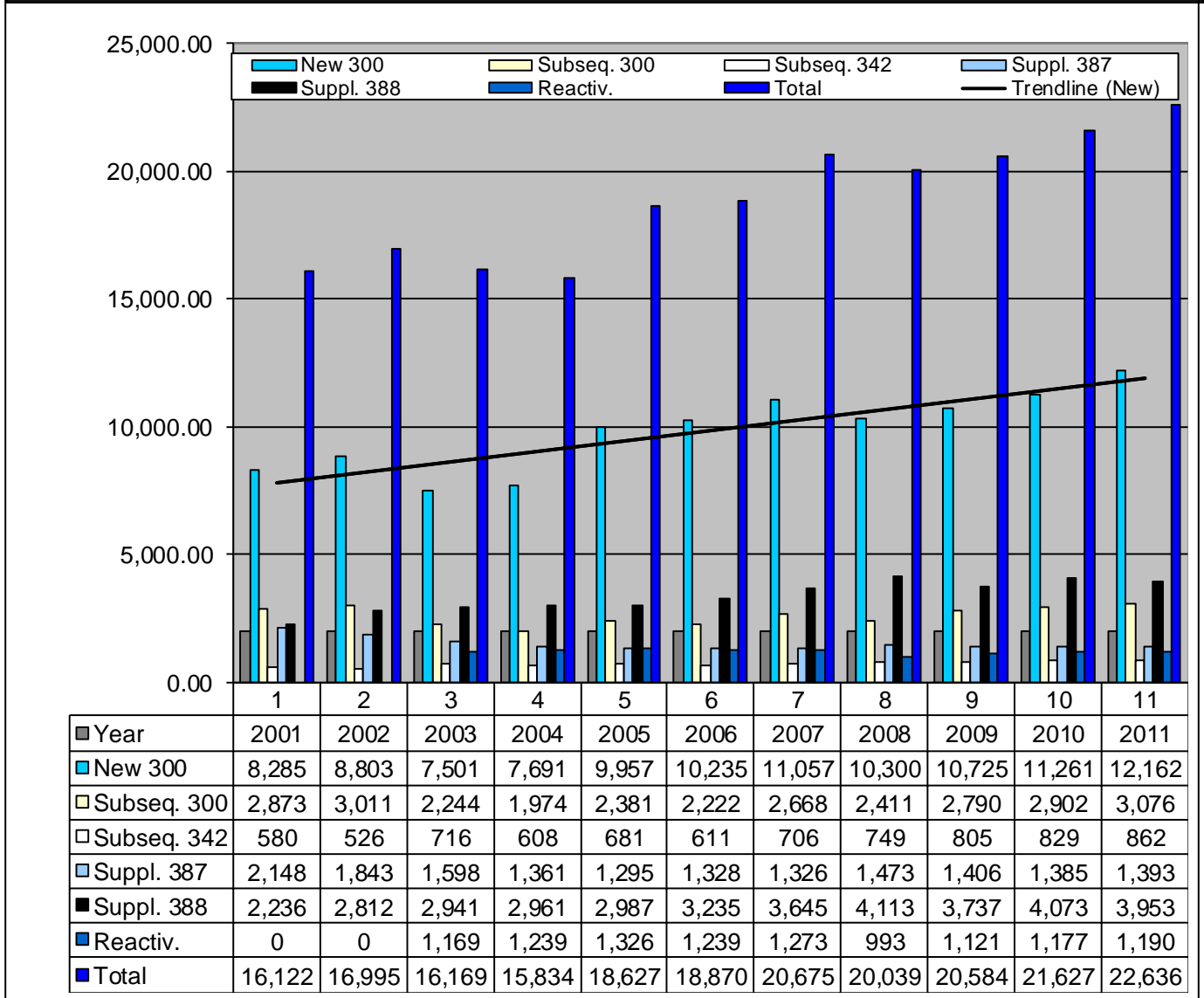
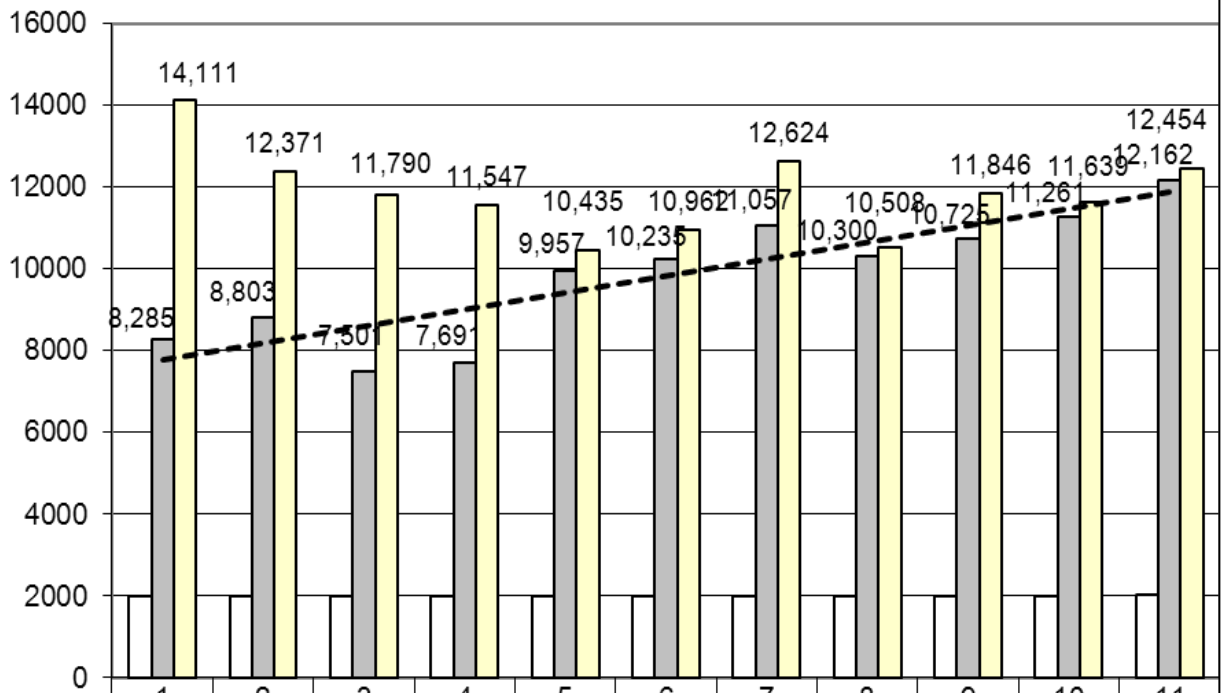




Figure 6

JUVENILE DEPENDENCY COURT

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



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



DEPARTMENT OF CHILDREN AND FAMILY SERVICES

AGENCY REPORT 2011

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

OUR VISION

Children thrive in safe families and supportive communities.

OUR MISSION

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

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



VALUES:

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

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

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

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

Responsiveness: We take needed action in a timely manner.

CURRENT GOALS

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

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

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

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

STRATEGY I.4, Concurrent Planning: Shorten timelines to permanency for children by simultaneously planning both

safe family reunification and alternative legal permanence.

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

Goal II: Pursue Workforce Excellence

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

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

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

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

Goal III: Strengthen Organizational Operations and Systems

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

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



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

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

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

CWS/CMS Outcomes System

CWS/CMS Outcomes System, formerly known as The Child Welfare System Improvement and Accountability Act (AB 636) which took effect on January 1, 2004, outlines how counties in California will be held accountable for ensuring the safety, permanence and well-being of children served by child welfare agencies in the State of California. This statewide accountability system, formally known as the California Child and Family Review System, focuses on the reporting and measurement of results achieved for children. AB 636 will improve services for children through support of state and county partnerships; through requiring counties to publicly share their results for children and families and collaboration with community partners; through mandated county-specific system improvement plans; and through the encouragement of interagency coordination and shared responsibility for families.

The CWS/CMS Outcomes System has the following goals:

- Children are protected from abuse and neglect.

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

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



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

TITLE IV-E WAIVER

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

Safety

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

Permanency

3. Decrease timelines to permanency: reunification, adoption, and legal guardianship.

4. Decrease re-entry into placement.
5. Decrease the number of children/youth in long term foster care and decrease the time children/youth are in long term foster care.

Reduce reliance on out-of-home care

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

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

First Sequence Priorities

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



Next Sequence Priorities

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

CHILD WELFARE SERVICES

Emergency Response Services

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

Family Maintenance Services

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

Family Reunification Services

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

Permanent Placement Services

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

PROTECTIVE SERVICES - REFERRALS

RECEIVED

During Calendar Year (CY) 2011, an average of 13,977 children were referred to DCFS per month. Of these, an average of 11,841 children (84.7%) required an in-person investigation. As shown in Figure 1, there were 167,723 children referred during CY 2011 compared to 170,471 in CY 2010. This reflects a 1.6% volume decrease in referrals over CY 2010.

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

Referrals Received by Allegation Type

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



Children referred due to Sexual Abuse allegations account for 9.6% of the total children referred to DCFS during CY 2011, down from 10.2% in CY 2010. The number of referred children for this allegation (16,181) reflects a 6.9% volume decrease from 17,371 in CY 2010.

- Children with allegations of Physical Abuse account for 21.9 % of the total referred children, slightly down from 22.0% in CY 2010. The number of referred children for this allegation shows a 2.1% volume decrease, from 37,474 in CY 2010 to 36,699 in CY 2011.
- Children with allegations of Severe Neglect account for 1.9% of the total referred children slightly up from 1.7% in CY 2010. The number of children referred for this allegation reflects a 12.4% volume increase, from 2,837 in CY 2010 to 3,189 in CY 2011.
- General Neglect continues to be the leading reported allegation in the Emergency Response referrals received. Children referred due to this allegation accounted for 28.6% of the total children referred to DCFS during CY 2011, slightly down from 29.0% in CY 2010. The number of referred children for general neglect in CY 2011 (48,010) reflects a 2.8% volume decrease from 49,399 children referred due to the same allegation in CY 2010.
- Children referred to DCFS during CY 2011 due to Emotional Abuse account for 12.1% of the total referred children, up from 11.0% in CY 2010. The number of children from these referrals reflects a 7.8% volume increase, from

18,772 in CY 2010 to 20,237 in CY 2011.

- Exploitation continues to be the least reported allegation. Children referred with allegations of Exploitation remain at 0.1% of total children referred during CY 2011. The number of children referred for this allegation reflects a 4.0% volume decrease, from 100 in CY 2010 to 96 in CY 2011.
- Children referred due to Caretaker Absence/Incapacity allegations account for 1.5% of the total children referred during CY 2011, slightly down from 1.7% in CY 2010. The number of children from this referral category decreased by 12.6% volume, from 2,922 in CY 2010 to 2,553 in CY 2011.
- When children referred to DCFS due to Severe Neglect, General Neglect, and Caretaker Absence/Incapacity are combined into a single category of neglect, they represent 32% of the total children referred during CY 2011, slightly down from 32.4% in CY 2010.
- Children listed in the referral category At Risk, Sibling Abuse account for 24.3% of the total children referred during CY 2011.

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD

Figure 5 and Figure 6 exhibit the total DCFS child caseload, In-Home and Out-of-Home Services Caseload, at the end of CY 2011 (i.e., as of December 31, 2011). This data represents a caseload breakdown by the four child welfare service components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement. Between the end of CY 2010 and the end of CY 2011, the total child caseload shows a 3.5% volume increase, from 33,795 to 34,987.



CHILD CHARACTERISTICS

Figure 7, Figure 8, Figure 9 and Figure 10 exhibit demographic data on children in the DCFS In-Home and Out-of-Home Services Caseload at the end of CY 2011 by age group, ethnicity and gender.

Age

Most vulnerable are children in the age group Birth - 2 Years. This population accounts for 19.2% of the total DCFS child caseload, which remained the same from CY 2010. However, the number of children in this age group category exhibited a 3.7% volume increase, from 6,484 at the end of CY 2010 to 6,722 at the end of CY 2011.

Children in the age group 3 - 4 Years exhibited an increase in CY 2011. The number of children in this age group reflects a 6.4% volume increase, from 4,074 at the end of CY 2010 to 4,335 at the end of CY 2011. This population accounts for 12.4% of the children in the total caseload, slightly up from 12.1% at the end of CY 2010.

- Children in the age group 5 - 9 Years account for 25.3% of the total caseload, slightly up from 24.2% at the end of CY 2010. The number of children in this population reflects an 8.2% volume increase, from 8,174 at the end of CY 2010 to 8,847 at the end of CY 2011.
- Age group 10 - 13 Years children account for 17.7% of the total caseload, slightly down from 17.8% at the end of CY 2010. The number of children for this age group reflects a 3.1% volume increase from 6,005 at the end of CY 2010 to 6,190 at the end of CY 2011.
- Children in the age group 14 - 15 Years account for 9.8% of the total caseload at the end of CY 2011, slightly down from 10.6% at the end of CY 2010. The

number of children in this age group reflects a 4.1% volume decrease, from 3,569 at the end of CY 2010 to 3,422 at the end of CY 2011.

- Youth in the age group 16 - 17 Years account for 10.9% of the total caseload, slightly down from 11.4% at the end of CY 2010. The number of youth in this age group shows a 1.6% volume decrease, from 3,858 at the end of CY 2010 to 3,797 at the end of CY 2011.
- Youth in the age group 18 & older account for 4.8% of the total DCFS children at the end of CY 2011, which remained the same from CY 2010. However, the number of these young adults (1,674) reflects a 2.6% volume increase from 1,631 at the end of CY 2010.
- Overall, children 13 years and under account for 74.6%, and children 14 years and older account for 25.4% of the total DCFS caseload.

Ethnicity

- White children account for 11.7% of the total DCFS caseload at the end CY 2011, slightly up from 11.5% at the end of CY 2010. The number of children in this ethnic group (4,095) reflects a 5.0% volume increase from 3,900 at the end of CY 2010.
- Hispanic children continue to be the largest of all ethnic groups among DCFS children. This population accounts for 57.9% of the total caseload, up from 56.3% at the end of CY 2010. The number of Hispanic children shows a 6.4% volume increase from 19,041 to 20,257 at the end of CY 2011.
- Following the Hispanic child population, African American children



represent the next largest ethnic group among DCFS children. This population accounts for 27.0% of the total caseload, down from 28.8% at the end of CY 2010. The number of African American children shows a 3.0% volume decrease, from 9,732 at the end of CY 2010 to 9,443 at the end of CY 2011.

- The Asian/Pacific Islander population accounts for 1.8% of the total DCFS children, which remained the same from CY 2010. However, this population reflects a 2.1% volume increase, from 606 at the end of CY 2010 to 619 at the end of CY 2011.
- American Indian/Alaskan Native, Filipino and Other ethnicity each accounts for 0.5%, 0.6% and 0.6% of the total DCFS child caseload, respectively.

Gender

Male and Female child populations have been nearly even. The total DCFS caseload at the end of CY 2011 shows 49.6% male and 50.4% female.

CHILDREN IN OUT-OF-HOME PLACEMENT

Figure 11, Figure 12 and Figure 13 identify DCFS children who are in out-of-home placements excluding children in Guardian Home, Adoptive Home, or Non-Foster Care Placement Facility, as of December 31, 2011. Between the end of CY 2010 and the end of CY 2011, the number of children in out-of-home placement shows a 1.0% volume decrease from 15,636 to 15,204.

- Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to

represent the largest child population in the out-of-home placement caseload. These children account for 52.1% of the total children in out-of-home placements at the end of CY 2011, up from 49.0% at the end of CY 2010. The number of children in this placement category shows a 3.4% volume increase, from 7,664 at the end of CY 2010 to 7,924 at the end of CY 2011.

- Children in Foster Family Home account for 7.7% of the total out-of-home placements at the end of CY 2011, slightly down from 7.8% at the end of CY 2010.. The number of children in this population reflects a 4.2% volume decrease, from 1,225 at the end of CY 2010 to 1,173 at the end of CY 2011.
- The number of children in Foster Family Agency Certified Home reflects a 11.5% volume decrease, from 5,632 at the end of CY 2010 to 4,987 at the end of CY 2011. This population accounts for 32.8% of the total children in the out-of-home placement caseload at the end of CY 2011, down from 36.0% at the end of CY 2010.
- Children in Small Family Home account for 0.3% of the total children in out-of-home placement at the end of CY 2011, slightly down from 0.5% at the end of CY 2010. The number of children in this placement type (53) reflects a 29.3% volume decrease from 75 at the end of CY 2010.
- Children in Group Home account for 6.8% of the total out-of-home placement caseload at the end of CY 2011, slightly up from 6.5% at the end of CY 2010. The number of children for this population reflects a 2.1% volume increase, from 1,011 at the end



of CY 2010 to 1,032 at the end of CY 2011.

- Placement facility type Other includes Court Specified Home. Children in this placement category remain at 0.2% of the total children in out-of-home placement caseload.

PERMANENCY PARTNERS PROGRAM

(P3)

The Permanency Partners Program (P3) utilizes retired and part-time social workers that are assigned to youth and work in conjunction with the primary CSW to focus solely upon finding permanence and connections for youth between the ages of 12-18, who were in a Planned Permanent Living Arrangement. P3 workers focus on family finding and engagement, they partner with the youth on their caseloads, the primary CSWs, other CSWs with secondary assignments, the parents, family and significant others. They employ both “old school” techniques such as reviewing all historical case files, to cutting edge search engines and social networking websites such as Facebook and Twitter to identify and locate significant people in the youth’s life. Once important connections have been located P3 CSWs assist with whatever supportive services may be necessary to establish or strengthen relationships with the youth. Through this engagement process the P3 CSW’s ultimate goal is to help the youth find lifelong connections and permanency, either through reunification with a parent, adoption, or legal guardianship.

In February 2010, the P3 program began a pilot project in the Compton office to expand family finding and engagement services to newly detained children. Then in October 2011, P3 expanded the upfront

family finding program to include two other offices, Torrance and Pasadena along with Compton. This expansion funded by a Federal Diligent Recruitment Grant will allow upfront P3 services to be provided for the next four years in these offices.

As of December 2011 P3 has provided traditional P3 services to 4,980 youth.

- Approximately, 36% (1,778) of the youth now have a legally permanent plan identified or established.
- Reunification
- 484 youth have returned home to a parent and had their child welfare case closed.
 - 100 youth have returned home and continue to have their case supervised by DCFS.
 - 127 youth are moving towards reunification with a parent.

Adoption

- 170 youth have been adopted.
- 36 youth are in adoptive placements.
- 240 youth who were previously opposed to adoption are now involved in adoption planning.

Legal Guardianship

- 145 youth have had a legal guardian appointed and their cases closed through KinGAP. 144 youth were in a legal guardianship prior to their case closing due to emancipation.
- 177 youth are in legal guardianship and continue to have their case supervised by DCFS.
- 155 youth have a plan of legal guardianship identified and are moving through the court process.



ADOPTION PLANNING

Figure 14 and Figure 15 reflect comparative data on children placed in adoptive homes annually by the Adoptions Division. During CY 2011, there were 1,540 children placed in adoptive home compared to 1,397 placements made during CY 2010.

241.1 HEARINGS

Figure 16, Figure 17 and Figure 18 present data on children referred for 241.1 Joint Assessment Hearings during CY 2011. Data on 241.1 cases are comprised of children referred from Dependency Court and Delinquency Court. Children under the jurisdiction of the Dependency Court account for 5.4% of the total, while children under the jurisdiction of the Delinquency Court account for 94.6% of the total children referred for 241.1 Joint Assessment Hearings.

ICAN PUBLIC WEB SITE

The public may access the DCFS CY 2011 Data Statement as part of the ICAN State of Child Abuse in Los Angeles County Report for 2012 at the following Web Site address:

<http://ICAN.CO.LA.CA.US>

SELECTED FINDINGS

Most vulnerable are children in the age group Birth - 2 Years. This population accounts for 19.2% of the total DCFS child caseload, which remained the same from CY 2010. However, the number of children in this age group category exhibited a 3.7% volume increase, from 6,484 at the end of CY 2010 to 6,722 at the end of CY 2011.

Hispanic children continue to be the largest of all ethnic groups among DCFS children. This population accounts for 57.9% of the total caseload, up from 56.3% at the end of CY 2010. The number of Hispanic children shows a 6.4% volume increase from 19,041 to 20,257 at the end of CY 2011.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Home continue to represent the largest child population in the out-of-home placement caseload. These children account for 52.1% of the total children in out-of-home placements at the end of CY 2011, up from 49.0% at the end of CY 2010. The number of children in this placement category shows a 3.4% volume increase, from 7,664 at the end of CY 2010 to 7,924 at the end of CY 2011.

As of December 2011 P3 has provided traditional P3 services to 4,980 youth. Approximately, 36% (1,778) of the youth now have a legally permanent plan identified or established. A total of 484 youth have returned home to a parent and had their child welfare case closed, 100 youth have returned home and continue to have their case supervised by DCF, and 240 are moving towards reunification with a parent. In addition, 170 youth have been adopted, 36 youth are in adoptive placements, and 240 youth who were



previously opposed to adoption are now involved in adoption planning. Finally, 145 youth have had a legal guardian appointed and their cases closed through KinGAP, 144 youth were in a legal guardianship prior to their case closing due to emancipation, 177 youth are in legal guardianship and continue to have their case supervised by DCFS, and 155 youth have a plan of legal guardianship identified and are moving through the court process.

RESPONSE TO RECOMMENDATIONS FROM 2011 - REPORT

RECOMMENDATION ONE:

Reporting of Data

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

Response To Recommendation One:

An agreement to consistently report data by age and ethnicity group across departments has yet to be reached by the ICAN Data/Information Sharing Committee.

RECOMMENDATION TWO:

Use of Spatial Data

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

Response To Recommendation Two:

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

RECOMMENDATION THREE:

Publish the Report Online

Agencies contributing data will update their data by uploading it to a web site making it a more efficient process.



Figure 1

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN
AND FAMILY SERVICES TOTAL CHILDREN REFERRED TO DCFS
Calendar Years 1984 Through 2011**

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



Figure 2

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN
AND FAMILY SERVICES TOTAL CHILDREN
REFERRED CHILDREN BY CALENDAR YEAR 2011**

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN RECEIVED
1	1,290	8,746	10,036
2	3,900	22,397	25,591
3	2,712	17,507	20,219
4	2,305	13,857	16,162
5	580	2,784	3,364
6	3,596	24,218	27,814
7	2,707	16,655	19,362
8	3,214	19,869	23,083
Out of County/Other*	5,540	18,631	24,171
TOTAL	25,714	144,757	170,471

*Note: Data are based on address of origin for referrals received by DCFS.
* Addresses with erroneous, incomplete, unknown, P.O. Box, or empty address fields that cannot be successfully matched to the Thomas Bros. Street Network Database.*



Figure 3

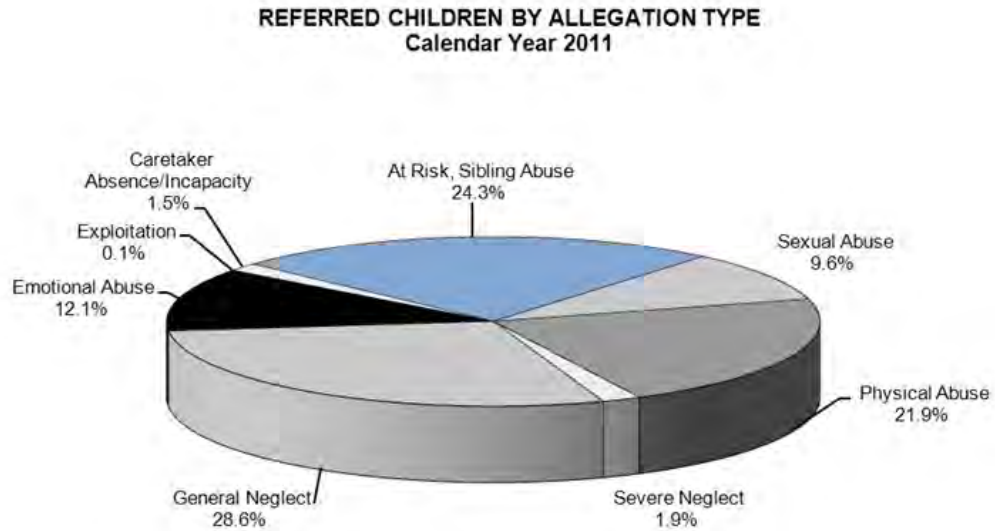
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN
AND FAMILY SERVICES REFERRED CHILDREN
BY CALENDAR YEAR 2011**

ALLEGATION TYPE	CHILDREN	PERCENTAGE
Sexual Abuse	16,181	9.6
Physical Abuse	36,699	21.9
Severe Neglect	3,189	1.9
General Neglect	48,010	28.6
Emotional Abuse	20,237	12.1
Exploitation	96	0.1
Caretaker Absence/Incapacity	2,553	1.5
At Risk, Sibling Abuse	40,758	24.3
TOTAL	167,723	100.0

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



Figure 4



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

Figure 5
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES IN-HOME AND OUT-OF-HOME SERVICES CASELOAD AS OF DECEMBER 31, 2011

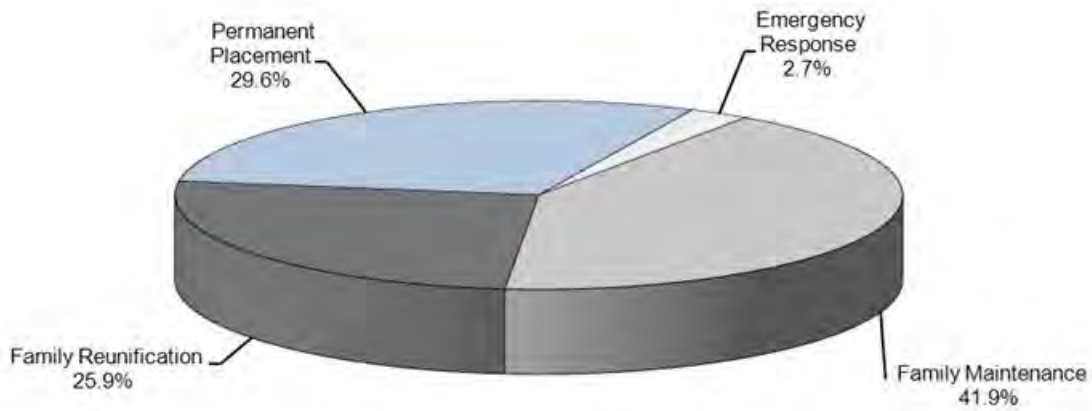
SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	938	2.7
Family Maintenance	14,648	41.9
Family Reunification	9,053	25.9
Permanent Placement	10,348	29.6
TOTAL	34,987	100.0

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



FIGURE 6

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD
As of December 31, 2011



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



Figure 7

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES IN-HOME AND OUT-OF-HOME SERVICES CASELOAD CHILD CHARACTERISTICS AS OF DECEMBER 31, 2011

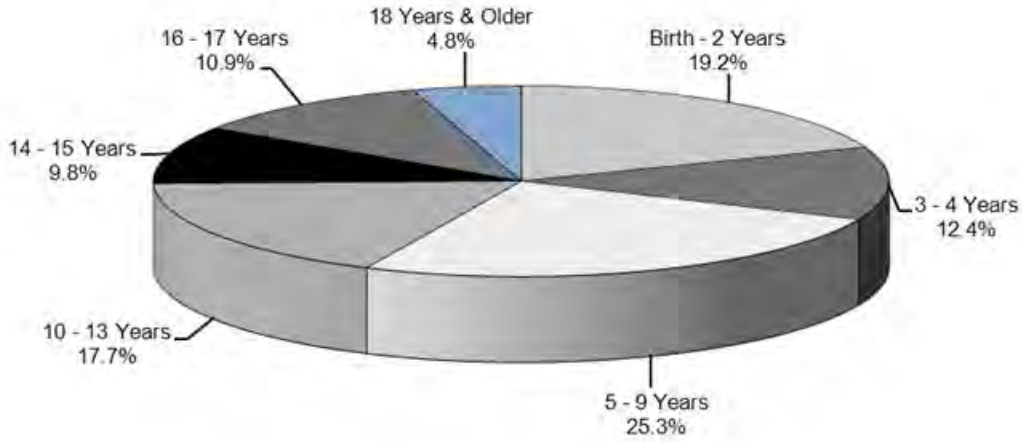
CATEGORY		
AGE GROUP	CHILDREN	PERCENTAGE
Birth - 2 Years	6,722	19.2
3 - 4 Years	4,335	12.4
5 - 9 Years	8,847	25.3
10 - 13 Years	6,190	17.7
14 - 15 Years	3,422	9.8
16 - 17 Years	3,797	10.9
18 Years & Older	1,674	4.8
TOTAL	34,987	100.0
ETHNICITY		
White	4,095	11.7
Hispanic	20,257	57.9
African-American	9,443	27.0
Asian/Pacific Islander	619	1.8
American Indian/Alaskan Native	176	0.5
Filipino	194	0.6
Other	203	0.6
TOTAL	34,987	100.0
GENDER		
Male	17,349	49.6
Female	17,638	50.4
TOTAL	34,987	100.0

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



FIGURE 8

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY AGE GROUP
As of December 31, 2011

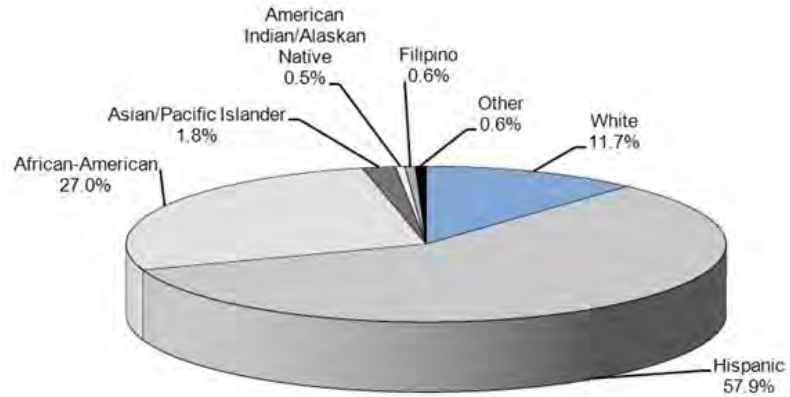


NOTE: Percentages may not add up to 100 percent due to rounding.



FIGURE 9

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY ETHNICITY
As of December 31, 2011



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

FIGURE 10

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY GENDER
As of December 31, 2011



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



Figure 11

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN IN OUT-OF-HOME PLACEMENT BY SERVICE PLANNING AREA (Non Foster Care, Adoptive Home, and Guardian Home Placements Excluded) As of December 31, 2011

SERVICE PLANNING AREA (SPA)	RELATIVE / NREFM* HOME	FOSTER FAMILY HOME	FOSTER FAMILY AGENCY CERTIFIED HOME	SMALL FAMILY HOME	GROUP HOME	OTHER	TOTAL
SPA 1	716	201	707	3	21	3	1,651
SPA 2	863	117	479	1	143	3	1,606
SPA 3	1,033	194	825	19	402	7	2,480
SPA 4	421	25	124		81		651
SPA 5	87	7	27		23		144
SPA 6	1,366	243	758	6	114	3	2,490
SPA 7	1,049	102	643	7	9	2	1,812
SPA 8	1,061	243	469	4	112	1	1,890
Out of County/Other**	1,328	41	955	13	127	16	2,480
TOTAL	7,924	1,173	4,987	53	1,032	35	15,204

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

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

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



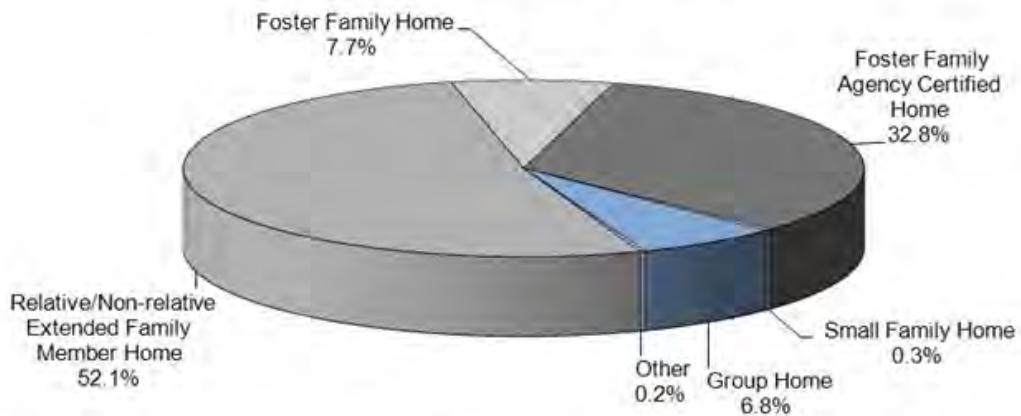
Figure 12

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD (Non Foster Care, Adoptive Home, and Non-Foster Care Placement Facility) As of December 31, 2011

FACILITY TYPE	CHILDREN	PERCENTAGE
Relative/Non-relative Extended Family Member Home	7,924	52.1
Foster Family Home	1,173	7.7
Foster Family Agency Certified Home	4,987	32.8
Small Family Home	53	0.3
Group Home	1,032	6.8
Other (Tribal Home and Court Specified Home)	35	0.2
TOTAL OUT-OF-HOME PLACEMENT	15,204	100.0

FIGURE 13

CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD (Excluding Guardian Home, Adoptive Home and Non-Foster Care Placement Facility) As of December 31, 2011



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



Figure 14

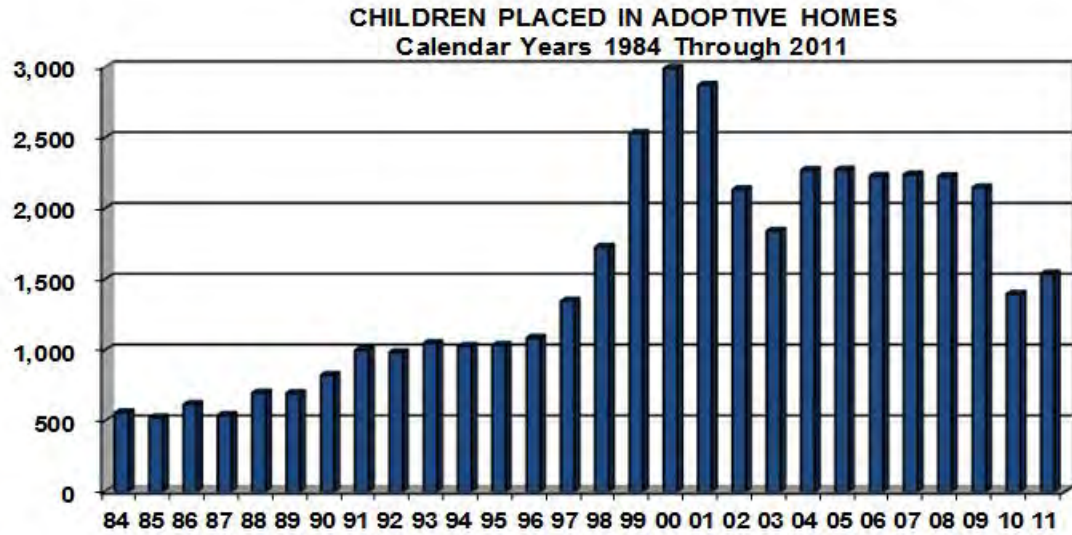
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN
AND FAMILY SERVICES ADOPTIONS PERMANENCY PLANNING
CASELOAD Calendar Years 1985 Through 2011**

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

Note: Counts subjected to changes due to system update.



FIGURE 15





DEPARTMENT OF CHILDREN AND FAMILY SERVICES REPORT

Figure 16

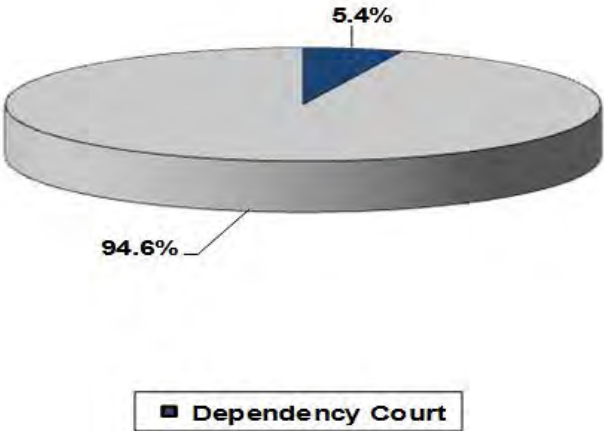
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN REFERRED FOR 241.1 JOINT ASSESSMENT HEARINGS CALENDAR YEAR 2011

REFERRALS FOR 241.1 JOINT ASSESSMENTS RECEIVED	Children
Referrals Categorized by Court of Origin	
Referrals Generated from Dependency Court	70
Referrals Generated from Delinquency Court	1,222
Referrals Categorized by Type	
Reversal (Returns from 600 to 300)	0
Reversal (New 300 After 602)	10
All Other 241.1 Referrals--Not Reversals from Delinquency	5
Inappropriate 241.1 Referrals Evaluated Out	183
DELINQUENCY COURT 241.1 HEARING DISPOSITIONS	
Dispositions Categorized By Type	
602 Disposition (Wards of Court)	282
Reversal/New 300 Requested and Denied--Child remains a 602	7
725A (Joint Supervision)	172
654 (Joint Supervision)	108
790 DEJ (Joint Supervision)	259
Other	13
Delinquency Court Jurisdiction Termined	30
Delinquency Court Jurisdiction Termined Due to Reversal from 600 to 300	0
Reversal/New 300 Requested and Denied--Jurisdiction Terminated without a 300 Petition	3
Delinquency Court Jurisdiction Terminated/NEW 300	0
Delinquency Court Dismissal of Petition	105
Transfer/Out of County	0
601 (Truancy)	309
Total Number of Disposition	1,288
DEPENDENCY COURT 241.1 HEARING DISPOSITIONS	
Dispositions Categorized By Type	
Dependency Court Petition Dismissal (child remaining a 602)	0
Dependency Court Jurisdiction Termined (due to child remaining a 602)	0
Child Remains a 300/No Delinquency Court Jurisdiction	0
Child Remains a 300 Under Joint Supervision	0
New 300/Joint Supervision	0
Delinquency Court Jurisdiction Termined/NEW 300	0
Other	0
Total Number of Dispositions	9
TOTAL NUMBER OF DELINQUENCY AND DEPENDENCY COURT HEARING DISPOSITIONS	1,297
Dispositions By Percentage	
Total number of 602s as a % of total no. of cases disposed	22%
Total number of cases under joint supervision as a % of total no. of cases disposed	42%
Total number of all other cases as a % of total no. of cases disposed	35%



FIGURE 17

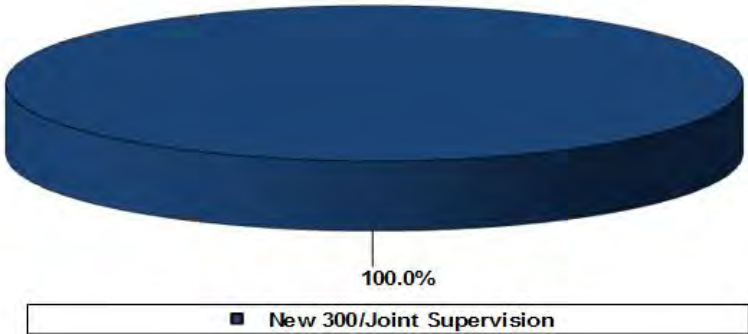
DEPARTMENT OF CHILDREN AND FAMILY SERVICES CHILDREN REFERRED FOR 241.1 JOINT ASSESSMENT HEARINGS BY COURT OF ORIGIN
Calendar Year 2011



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

FIGURE 18

DEPARTMENT OF CHILDREN AND FAMILY SERVICES DEPENDENCY COURT 241.1 HEARING DISPOSITIONS
Calendar Year 2011





GLOSSARY OF TERMS

Adoption

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

Adoption and Safe Families Act (ASFA)

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

At Risk, Sibling Abuse

Based upon WIC 300 subdivision (j), the child's sibling has been abused or neglected, as defined in WIC 300 subdivision (a), (b), (d), (e), or (i) and there is a substantial risk that the child will be abused or neglected, as defined in those subdivisions. The court shall consider the circumstances surrounding the abuse or

neglect of the sibling, the age and gender of each child, the nature of the abuse or neglect of the sibling, the mental condition of the parent or guardian and any other factors the court considers probative in determining whether there is a substantial risk to the child.

Calendar Year (CY)

A period of time beginning January 1 through December 31 for any given year.

California Department of Social Services (CDSS)

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

Case

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

**Caretaker Absence/Incapacity**

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

Child Welfare Services/Case Management System (CWS/CMS)

California's statewide-automated information system composed of multiple software applications that provide comprehensive case management functions.

Department of Children and Family Services (DCFS)

The County of Los Angeles child protective services agency.

Emergency Response

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

Emergency Shelter Care

A temporary placement service, providing 24-hour care for a child who must be immediately removed from his or her own home or current foster placement and who

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

Emotional Abuse

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

Evaluated-Out Referral

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

Exploitation

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

Family Maintenance

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



Family Preservation Services

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

Family Reunification

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

Final Decree of Adoption

A court order granting the completion of the adoption.

Foster Family Agency

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

Foster Family Home (Resource Family Home)

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

General Neglect

The failure to provide adequate food, shelter, clothing, and/or medical care

supervision when no physical injury to the child occurs.

Group Home

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

Kinship Care

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

Kinship Guardianship Assistance (KIN-GAP)

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

Legal Guardian

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

Long-term Foster Care (LTFC) [AKA Planned Permanent Living Arrangement (PPLA)]

A juvenile court plan that places the child in the home of a foster caregiver until the child turns 18. The rights and



responsibilities of the birth parents do not end, but the care, custody and control of the child remain with the juvenile court.

Neglect

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

Non-relative Extended Family Member (NREFM)

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

Out-of-Home Care

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

Out-of-Home Care Provider

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

Permanency Planning

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

Permanent Placement

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

Physical Abuse

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



Placement

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

Placement Episode

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

Point of Engagement (POE)

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

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

Relative

A person connected to another by blood or marriage. It includes parent, stepparent, son, daughter, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin or any such person denoted by the

prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.

Resource Family

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

Severe Neglect

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

Sexual Abuse

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

**Sexual Assault**

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

Sexual Exploitation

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

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

Any person who depicts a child in, or who knowingly develops, duplicates, prints, or exchanges, any film, photograph, video tape, negative, or slide in which a child is engaged in an act of obscene, sexual conduct, except for those activities by law enforcement and prosecution agencies and

other persons described in subdivisions (c) and (e) of § 311.3."

Small Family Home

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

Substantial Risk

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

Substantiated

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



DEPARTMENT OF CORONER

AGENCY REPORT

INTRODUCTION

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

As of December 1990, the Department of Coroner is administered by a non-physician director who is responsible for all non-physician operations, and a Chief Medical Examiner-Coroner who is responsible for setting standards for the entire department and carrying out statutorily mandated Coroner functions.

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



FORENSIC MEDICINE BUREAU

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

FORENSIC SCIENCE LABORATORIES BUREAU

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

The Forensic Science Laboratory is fully accredited by the prestigious American Society of Crime Laboratory Directors, and

our Forensic Blood Alcohol testing program is licensed by the State of California.

HISTOLOGY LABORATORY

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

TOXICOLOGY LABORATORY

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

SCANNING ELECTRON MICROSCOPY LABORATORY

The Scanning Electron Microscopy (SEM) laboratory conducts gunshot residue (GSR) analyses and tool mark evaluations. Using a scanning electron microscope



equipped with an energy dispersive x-ray detector, GSR analysis is used to determine whether an individual may have fired a weapon. This laboratory also performs GSR analyses for many law enforcement agencies throughout California.

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

OPERATIONS BUREAU

This bureau is responsible for the 24-hour day, 7-day week operations of many direct services provided by the department. The Operations Bureau oversees Investigations, Forensic Photography and Support, and the Forensic Services Division. In addition, the bureau is responsible for disaster and community services, fleet management, public information and other ancillary programs such as regional offices and the Youthful Drunk Driver Visitation Program (YDDVP).

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

Under state law, all Coroner Investigators are sworn peace officers. The Coroner Investigator must meet the same stringent hiring standards as any other California law enforcement agency. The Department of Coroner is a California Peace Officer Standards and Training (POST) 10

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

YOUTHFUL DRUNK DRIVER VISITATION PROGRAM (YDDVP)

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

ADMINISTRATIVE SERVICES BUREAU

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

PUBLIC SERVICES DIVISION

This division is responsible for Coroner case file management, revenue collection (document sales, decedent billing, etc.), and interaction with the public both telephonically and at the front lobby reception area. In addition to providing information and copies of autopsy reports, Public Services staff offers many services to the public. These



DEPARTMENT OF CORONER REPORT

services include preparation of "Proof of Death" letters to verify that a death is being investigated by the Coroner and "Port of Entry" letters to confirm that a decedent had no communicable disease, necessary for the decedent's admission into a foreign country after death.

CALIFORNIA GOVERNMENT CODE, SECTION 27491

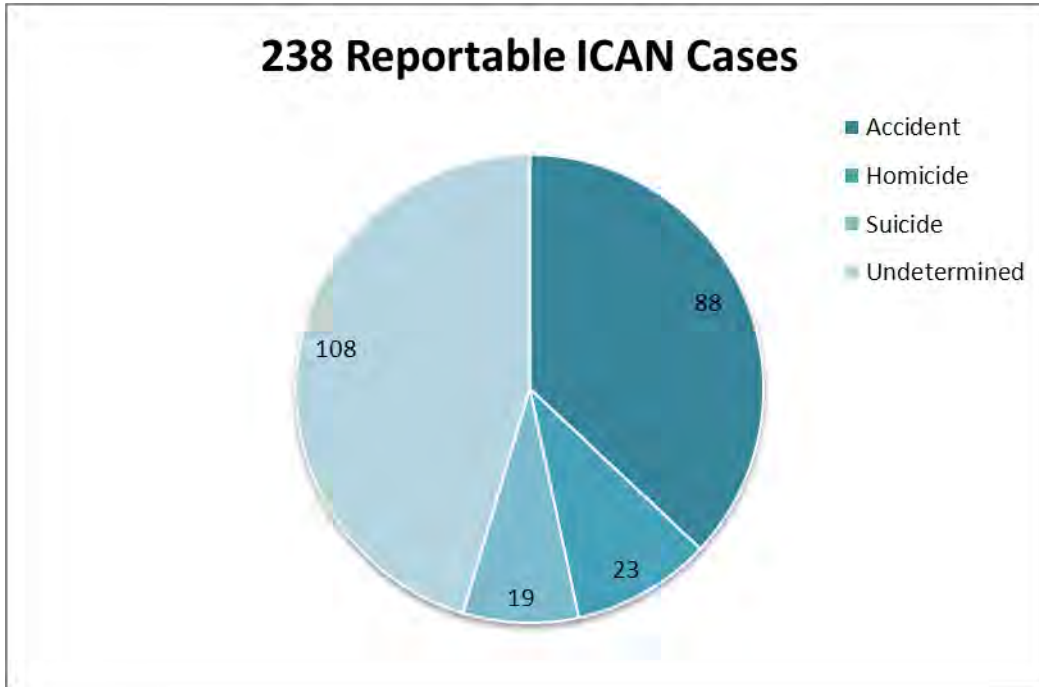
It shall be the duty of the Coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden, or unusual deaths; unattended deaths; deaths where the deceased has not been attended by either a physician or a registered nurse, who is a member of a hospice care interdisciplinary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

developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another; and any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner.

STATISTICAL SUMMARY

In calendar year 2011, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 238 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2010, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 255, a decrease of 17 cases.

The Coroner refers to ICAN all non-natural deaths where the decedent was less than 18 years of age. If the mode of death is homicide, only those cases where the death is caused by a parent, caregiver, or other family member are referred to ICAN.



DEPARTMENT OF CORONER Selected Findings			
By Cause of Death	2010	2011	Difference
Abandoned newborn	2	0	-2
Children run over in driveway accident	5	3	-2
Bathtub drowning	3	2	-1
Falling television sets	3	4	1
Traffic Accident age less than equal 5 years old	2	1	-1
Not properly secured in the vehicle	1	0	-1
Properly secured in the vehicle	1	1	0
Swimming pool drowning, age less than 5 years old	8	5	-3



Figure 1

**2011 DEATH STATISTICS
Case Comparison by Mode of Death & Gender (Total ICAN cases: 238)**

By Mode of Death	2011 Total Cases	2011 % of Total	2010 Total Cases	2010 % of Total	Total Difference
Accident	88	37%	86	33.7%	2
Homicide	23	9.7%	25	9.8%	-2
Suicide	19	8%	16	6.3%	3
Undetermined	108	45.3%	128	50.2%	-20
TOTAL	238	100%	255	100.0%	-17

By Gender	2011 Total Cases	2011 % of Total	2010 Total Cases	2010 % of Total	Total Different
Female	99	41.6%	101	39.6%	-2
Male	139	58.4%	153	60.0%	-14
Undetermined	0	0.0%	1	0.4%	-1
TOTAL	238	100%	255	100.0%	-17



Figure 2

2011 DEATH STATISTICS
Case Comparison by Mode of Ethnicity & Age (Total ICAN Cases: 238)

By Ethnicity	Total Cases	% of Total
Armenian	1	0.4%
Asian	6	12.5%
Black	48	20.2%
Caucasian	50	21.0%
Chinese	2	0.8%
Filipino	2	0.8%
Hispanic/latin american	112	47.1%
Japanese	1	0.4%
Korean	2	0.8%
Pacific Islander	1	0.4%
Samoan	3	1.3%
Cambodian	1	0.4%
TOTAL	238	100.0%

By Age	Total Cases	% of Total
Stillborn	27	11.3%
1 day – 30 days	15	6.3%
1 – 5 months	55	23.1%
6 months – 1 year	48	20.2%
2 years	12	5.0%
3	8	3.4%
4	1	0.4%
5	3	1.3%
6	5	2.1%
7	3	1.3%
8	1	0.4%
9	2	0.8%
10	0	0.0%
11	1	0.4%
12	3	1.3%
13	5	2.1%
14	13	5.5%
15	7	2.9%
16	11	4.6%
17	18	7.6%
TOTAL	238	100.0%



Figure 3

**2011 MODE OF DEATH: ACCIDENTS
by Gender, by Ethnicity, & by Age (Total ICAN Cases: 88)**

Accidents by Gender	Total Cases	% of Total
Female	39	44.3%
Male	49	55.7%
TOTAL	88	100.0%

Accidents by Ethnicity	Total Cases	% of Total
Armenian	1	1.1%
Asian	3	3.4%
Black	15	17.0%
Caucasian	17	19.3%
Chinese	1	1.1%
Filipino	1	1.1%
Hispanic/Latin American	47	53.4%
Unknown	3	3.4%
TOTAL	88	100.0%

Accidents by Age	Total Cases	% of Total
Stillborn	16	18.2%
1 day – 30 days	1	1.1%
1 month – 5 months	2	2.3%
6 months – 1 year	11	12.5%
2 yrs	8	9.1%
3 yrs	5	5.7%
4 yrs	1	1.1%
5 yrs	2	2.3%
6 yrs	3	3.4%
7 yrs	2	2.3%
8 yrs	1	1.1%
9 yrs	2	2.3%
10 yrs	0	0.0%
11 yrs	1	1.1%
12 yrs	2	2.3%
13 yrs	3	3.4%
14 yrs	8	9.1%
15 yrs	3	3.4%
16 yrs	6	6.8%
17 yrs	11	12.5%
TOTAL	88	100.0%



Figure 4

**2011 MODE OF DEATH: ACCIDENTS
by Cause of Death (Total ICAN Cases: 88)**

Accidents By Cause of Death	Total Cases	% of Total
Traffic accidents	44	50.0%
Falls	3	3.4%
Struck by falling object	5	5.7%
Fall onto glass table	1	1.1%
Drowning	6	6.8%
Wedged between bed and furniture	2	2.3%
Choking	4	4.5%
House fire	2	2.3%
Environmental hypothermia	1	1.1%
Maternal drug use	11	12.5%
Overdose	5	5.7%
Therapeutic misadventure	4	4.5%
Total	88	100.0%



Figure 5

**2011 MODE OF DEATH: HOMICIDE
by Gender, by Ethnicity, & by Age (Total ICAN Cases: 23)**

Homicides by Gender	Total Cases	% of Total
Female	8	34.8%
Male	15	65.2%
TOTAL	23	100%

Homicides by Ethnicity	Total Cases	% of Total
Black	4	17.4%
Caucasian	3	13.0%
Hispanic/Latin American	15	65.2%
Unknown	1	4.3%
TOTAL	23	100.0%

Homicides by Age	Total Cases	% of Total
1 month – 5 months	7	30.4%
6 months – 1 year	10	43.5%
2 yrs	3	13.0%
3 yrs	1	4.3%
6 yrs	2	8.7%
TOTAL	23	100.00%

Figure 6

**2011 MODE OF DEATH: HOMICIDE
by Gender, by Ethnicity, & by Age (Total ICAN Cases: 23)**

Homicides By Cause of Death	Total Cases	% of Total
Suffocation	1	4.3%
Gunshot wound	2	8.7%
Stabbing	1	4.3%
Blunt force trauma	18	78.3%
Malnutrition and dehydration	1	4.3%
TOTAL	23	100.0%



Figure 7

2011 MODE OF DEATH: SUICIDE
by Gender, by Ethnicity, & by Age (Total ICAN Cases: 19)

Suicides by Gender	Total Cases	% of Total
Female	8	42.1%
Male	11	57.9%
TOTAL	19	100.0%

Suicides by Ethnicity	Total Cases	% of Total
Black	2	10.5%
Caucasian	6	31.6%
Hispanic/Latin American	10	52.6%
Filipino	1	5.3%
TOTAL	19	100.0%

Suicides by Age	Total Cases	% of Total
12 yrs	1	5.3%
13 yrs	2	10.5%
14 yrs	3	15.8%
15 yrs	2	10.5%
16 yrs	5	26.3%
17 yrs	6	31.6%
TOTAL	19	100.0%

By Cause of Death	Total Cases	% of Total
Overdose	1	5.3%
Hanging	9	47.4%
Gunshot wound	4	21.1%
Jump from high place	2	10.5%
Jump in front of vehicle	2	10.5%
Intentional crash of vehicle	1	5.3%
TOTAL	19	100.0%



Figure 8

**MODE OF DEATH: UNDETERMINED
By Cause of Death Total Undetermined Cases: 108**

Undetermined by Gender	Total Cases	% of Total
Female	44	40.7%
Male	64	59.3%
TOTAL	108	100.0%

Undetermined by Ethnicity	Total Cases	% of Total
Asian	3	2.8%
Black	27	25.0%
Caucasian	24	22.24%
Cambodian	1	0.9%
Chinese	1	0.9%
Hispanic/Latin American	40	37.0%
Japanese	1	0.9%
Pacific Islander	1	0.9%
Korean	2	1.8%
Samoan	3	2.8%
Unknown	5	4.6%
TOTAL	108	100.0%

Undetermined by Age	Total Cases	% of Total
Stillborn	11	10.3%
1-30 days	14	13.0%
1-5 months	46	42.7%
6 mos - 1 yr	27	25.0%
2 yrs	1	0.9%
3 yrs	2	1.8%
5 yrs	1	0.9%
7 yrs	1	0.9%
14 yrs	2	1.8%
15 yrs	2	1.8%
17 yrs	1	0.9%
TOTAL	108	100.0%



Figure 9

**MODE OF DEATH: UNDETERMINED
By Cause of Death (Total cases 108)**

Undetermined By Cause of Death	Total Cases	% of Total
Sudden unexpected infant death (SUDDS)	15	14.0%
SUDDS with co-sleeping	34	31.5%
SUDDS with unsafe sleep surface	13	12.0%
SUDDS with co-sleeping and unsafe sleep surface	2	1.8%
SUIDS with co-existing natural disease	13	12.0%
Intrauterine fetal demise	7	6.5%
Drowning	3	2.8%
Drug exposure	6	5.6%
House fire	1	0.9%
Unexplained blunt trauma	2	1.8%
Failure to treat asthma	2	1.8%
Unknown	10	9.3%
TOTAL	108	100.0%



GLOSSARY OF TERMS

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

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

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

Decedent A person who is dead.

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

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

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

Suicide The intentional taking of one's own life.

Undetermined Cases in which the Coroner is unable to assign a specific manner of death (natural, accident, suicide, homicide). These cases often involve either insufficient information or conflicting information that affects the Coroner's ability to make a final determination. The Coroner may designate a death as undetermined as a signal to law enforcement that the case warrants a more in-depth investigation to try to answer some of the questions surrounding the death. The Coroner also modes a death as undetermined when the autopsy findings do not establish any cause of death and one of the following is present:

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



COUNTY OF LOS ANGELES

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 in their families, school and community.

To enable children with emotional and behavioral disorders, Department of Children and Family Services (DCFS) involved children, and children at risk of out-of-home placement to remain at home, succeed in school, and avoid involvement with the juvenile justice system.



HOW THE CSOC FULFILLS ITS MISSION

The CSOC maintains a planning structure regarding the direction of service, following a system of care plan for Children and Families, established through the DMH planning process, as a guide for system of care development.

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

WHOM THE CSOC SERVES

The CSOC serves children who have a DSM-IV Axis I diagnosis and have symptoms or behaviors that cause impairment in functioning that can be ameliorated with treatment.

The priority target population that the Short-Doyle/Medi-Cal community mental health providers serve are children with a DSM-IV Axis I diagnosis that have or will, without treatment, manifest in psychotic, suicidal or violent behavior, or long-term impairment of functioning in home, community, or school.

THE CSOC TREATMENT NETWORK

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

CLIENTS AND PROGRAMS RELATED TO CHILD ABUSE AND NEGLECT

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

Among such programs are those that serve young children who are in or at risk of entering the child welfare system. These include: the Mental Health Services Act (MHSA) funded 0-5 Full Service Partnership (FSP) program, an intensive treatment program for children with mental health problems who are in or at risk of entering the child welfare system; DMH directly operated and DMH contract provider outpatient programs (including therapeutic preschools) serving children age 0-5 who are at risk of entering the child welfare system, as well as those already in foster care with mental health diagnoses - these include the DMH directly operated programs *Ties for Families and Young Mothers and Well Babies*. Additionally, selected DMH providers participate in First 5 LA's Partnership for Families initiative, a program for children and families at risk for child welfare involvement. Collectively, these programs provide a continuum of



screening, assessment and treatment, serving the mental health and developmental needs of children from birth to five years of age. They are a critical component of prevention and early intervention strategies that support more comprehensive infant and early childhood mental health systems of care.

The programs to be presented in greater detail in this report include those that provide psychological care for abused or neglected children and adolescents and their families.

In addition, the report covers other programs for children and adolescents who are at risk for abuse or neglect. The report will review the following programs: Katie A. programs (Screening, Assessment, Treatment, and Wraparound); Family Preservation; Family Reunification; Child Abuse Prevention Program; Juvenile Court Mental Health Services; Juvenile Halls; Dorothy Kirby Center; Challenger Memorial Youth Center and its associated Juvenile Justice Camps; D-Rate Assessment Unit; Level 14 Group Homes; and Community Treatment Facilities.

DMH SPECIALIZED CHILDREN AND YOUTH SERVICES BUREAU CHILD WELFARE DIVISION

Katie A. v. Bonta was a class action lawsuit that challenges the long-standing practice of confining abused and neglected children with mental health problems in costly hospitals and large group homes, or placed them in foster homes without sufficient care rather than providing services that would enable them to stay in their homes and communities. Los Angeles County entered into a Settlement Agreement in May 2003 to develop and

implement strategies to provide the plaintiff class with care and services consistent with good child welfare and mental health practice. On March 14, 2006, federal Judge A. Howard Matz issued an injunction requiring that the State of California screen members of the plaintiff class to identify children and youth who may need individualized mental health services, and provide them with the Wraparound services and therapeutic foster care when appropriate.

The Child Welfare Division of Los Angeles County DMH was created as part of the enhanced Specialized Foster Care (SFC) Mental Health Services Plan approved by the Board of Supervisors in October 2005. The division is a centralized DMH administrative structure to provide oversight and coordination of countywide activities related to providing mental health services for children and youth in the county's child welfare system. The Division works closely with DCFS Administrators, the DMH Executive Management Team and Service Area District Chiefs, County Counsel, the Katie A. Advisory Panel and relevant county departments to bring the county system into compliance with the requirements of the 2003 Katie A. Settlement Agreement.

DMH SFC co-located staff are now working in all of the 19 DCFS Regional Offices and are a critical component of the Katie A. Strategic Plan. SFC staff improves access for children involved in the child welfare system and provides mental health screening, assessment and linkage with an appropriate level of treatment in the community. The DMH clinical staff provides an array of mental health services including: follow-up on the Mental Health



Screening Tool (MHST); mental health assessment; brief treatment, crisis intervention, and linkage to an array of mental health service providers in the community. DMH staff also attends and participates in Team Decision-Making (TDM) meetings, and has an integral role in the Resource Management Process (RMP) that is applied in case planning.

The following is a summary of the countywide *Katie A.* settlement-related programs coordinated by the Child Welfare Division:

RELATED MENTAL HEALTH SCREENING AND ASSESSMENT PROGRAMS

(1) Multidisciplinary Assessment Team (MAT)

MAT is a collaborative screening process offered through DCFS and DMH. All newly detained children and youth in the child welfare system receive a comprehensive assessment of their medical, dental, educational, caregiver and mental health needs through the MAT process. DMH service providers complete the MAT assessment within 30 – 45 days of receiving a referral and independent of the DCFS detention process. The DMH MAT provider conducts a standard Child and Adolescent Assessment and completes a MAT Summary of Findings Report, which is incorporated into the child's Case Plan presented to the court. MAT staff then assists the case-carrying CSW in linking children and their families to needed services.

Countywide, 3,731 MAT assessments were completed in FY 10-11 compared with 3,417 in FY 09-10.

(2) Coordinated Services Action Team (CSAT)

The CSAT is an administrative network in each DCFS regional office that coordinates screening and assessment of: (a) newly detained, (b) newly opened and non-detained, and (c) existing DCFS cases. Every DCFS case is given a mental health screening by a Children's Social Worker (CSW) using a brief checklist, the California Institute of Mental Health/Mental Health Screening Tool (CIMH/MHST). Those screening positive are referred for assessment and possible mental health services. CSAT provides a Linkage Specialist (SLS) to assist CSWs in identifying suitable service linkages, and also monitors effective service delivery. Implemented in May 2009, CSAT initiated a monthly Referral and Tracking System (RTS) Summary Data Report that tracks rates of screenings and referrals. CSAT is primarily a DCFS process. DMH participates in CSAT via SFC co-located staff, D-Rate units, and Wraparound liaisons.

The cumulative RTS summary for the last nine months of FY 10-11 (October, 2010 to June, 2011), reports that: (1) for newly detained children, 2,469 mental health screenings were completed by 615 CSWs (average number of screenings = 4.0), the rate of screening was 97%, the rate for positive screens was 81%, and the number referred for mental health services was 1,946, which is a 98% referral rate. (2) For newly opened non-detained children, 7,035 screenings were completed by 935 CSWs (average number of screenings = 7.5), the rate of screening was 97%, the rate for positive screens was 68%, and the



number referred for mental health services was 4,458, which is a 96% referral rate. (3) For existing open cases, 2,109 screenings were completed by 548 CSWs (average number of screenings = 3.8), the rate of screening was 94%, the rate for positive screens was 41%, and the number referred for mental health services was 812, which is a 97% referral rate. For these three groups of children, the average interval between referral for mental health services and providing a mental health service was 3.3 days.

(3) Medical Hubs

Six Medical Hub clinics are operated by the Los Angeles County Department of Health Services (DHS), providing mental health, forensic and medical screenings for children under the care of DCFS or at risk of entering the foster care system.

During FY 10-11, 70% of newly detained children received an Initial Medical Examination, including the CIMH/MHST mental health screening tool, at a Medical Hub clinic. Children and youth screening positive are reviewed for mental health assessment and linkage as needed.

KATIE A. TREATMENT PROGRAMS

(1) Intensive In-Home Mental Health Services

(a) Comprehensive Children’s Services Program (CCSP)

The CCSP was developed by DMH in collaboration with DCFS to provide effective evidence-based therapy to children and youth in the child welfare system. The CCSP program provides 24/7 intensive case management for children ages 3-17, as well as access to one or

more of the following evidence-based therapies that constitute the In-Home Mental Health Services (IHMHS) program:

- Incredible Years (IY)
- Trauma Focused Cognitive Behavioral Therapy (TFCBT)
- Functional Family Therapy (FFT)

During FY 10-11, there were 609 cases receiving the following CCSP interventions: 103 received IY, 391 received TFCBT, and 115 received FFT.

(b) Intensive Treatment Foster Care (ITFC)

The ITFC program seeks to reduce placement instability and provide an alternative to congregate care settings. ITFC places DCFS foster children in foster homes in which the child is typically the only foster youth and where they will have a treatment program individualized according to their needs. ITFC foster parents receive additional training hours and have access to 24/7 support. Children are placed after efforts are made to match them with appropriate foster parents. Mental health clinicians are trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is provided if/when clinically appropriate. During FY 10-11, there were 48 ITFC placements.

(c) Multidimensional Treatment Foster Care (MTFC)

MTFC is an evidence-based form of treatment foster care which is now serving youth, ages 6-17, who have a parent or other identified caregiver, yet remain in out-of-home care because the caregiver is unable to manage the youth’s difficult behaviors. The goal of the Multidimensional



Treatment Foster Care (MTFC) program is to decrease problem behaviors of the youth while simultaneously enhancing the parenting skills of the permanent caregiver. Treatment is typically short-term, averaging 6-12 months, and is provided in a specially trained foster home environment. Each MTFC home has only one foster child who is provided with their own bedroom. Foster parents attend specialized training and participate in weekly meetings. With the guidance and 24/7 support of the program supervisor, foster parents provide youth with close supervision while implementing a behavioral management system tailored to each child's needs. A skills coach takes the youth into the community to practice their newly developing prosocial behaviors. Adolescent youth have an individual therapist who, along with the skills coach, works toward specific treatment goals as directed by the program supervisor. Meanwhile, the youth's permanent caregiver attends weekly sessions with the family therapist. These sessions are coordinated by the program supervisor and are designed to promote positive interactions during visits with the youth in preparation for successful reunification. Psychiatric consultations are also provided, when needed. Rigorous scientific studies have determined that MTFC outcomes are significantly efficacious with regard to safety, permanency and the well-being of youth. During FY 10-11, 33 youth were placed in MTFC homes.

(2) Wraparound

Wraparound is an interagency collaborative supported by DCFS, DMH and the Probation Department. There are currently 34 Wraparound agencies that provide multifaceted support, including mental health services. Tier I Wraparound is intended for children and youth who are currently placed or are at imminent risk of placement in a group home at a Rate Classification Level (RCL) 10 or above.

On May 1, 2009, Wraparound expanded its target population to include any child/youth with an open DCFS case (either voluntary or court), who qualifies for Early Periodic Screening Diagnostic and Treatment (EPSDT) and has an urgent and/or intensive mental health need which causes impairment at school, home and/or in the community. The latter program has been designated Tier II Wraparound.

The Tier I Wraparound program serves children ages 5-17.5 years of age who are under the jurisdiction of one or more County departments – DCFS, DMH or Probation and who are placed in, or at imminent risk of placement in a Rate Classification Level (RCL) 10-14 group home.

Children receiving Wraparound have multiple unmet needs for stability, continuity, emotional support, nurturing and permanence. These needs are evidenced by substantial difficulty functioning successfully at home, school, and community. Most are diagnosable within the *Diagnostic and Statistical Manual of Mental Disorders IV (DSM IV)*. Many have had a history of psychiatric hospitalizations and one or more incarcerations in a



juvenile facility or probation violations, and/or a prior history of multiple placements or emergency shelter care placements.

The DCFS, DMH, or Probation Liaison receive referrals for possible acceptance into Wraparound from their respective caseworker/referral source and conduct a preliminary review. Completed referrals are then submitted to the Interagency Screening Committee (ISC). The ISC "core" team is a collaborative comprised of Liaisons from DCFS, DMH, Probation and a DMH Parent Advocate. The ISC must screen referrals within seven days of receipt. If a child/youth is accepted at the ISC, the Wraparound provider makes telephone contact with the family within 48 hours and face-to-face contact within seven days.

In order to define, implement and review the specific services that need to be provided to meet the child/family's needs, the Wraparound provider convenes a Child and Family Team (CFT) that meets weekly (or as needed) with each family. The CFT "does whatever it takes" to assist the family to meet agreed-upon goals that are developed by the team.

TIER I WRAPAROUND PROGRAM

During FY 10-11, there were 1,752 children and youth enrolled in the Tier I Wraparound program with an average age of 14.8. Figures 1, 2, 3 and 4 describe their gender, age-category, race/ethnicity, and Agency of Primary Responsibility. For clients with an identified agency of primary responsibility, DCFS referred the largest proportion of the Tier I Wrap clients receiving mental health services while Probation referred the second largest proportion.

The DSM diagnoses for Tier I Wrap clients and reported substance use are displayed in Figures 5, 6 and 7. The most prevalent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Major Depression, Bipolar Disorders and Anxiety Disorders. There were 165 clients (9.4%) with a primary or secondary diagnosis of Child Abuse and Neglect. Substance use was reported for few Tier II Wrap clients with the Dual Diagnosis substance use codes.

TIER II WRAPAROUND PROGRAM

During FY 10-11, 2,446 children and youth were enrolled in the Tier II Wraparound program with an average age of 12.6. This is notably younger than the average age of 14.5 observed for Tier I Wraparound clients. Figures 8, 9, 10, and 11 describe their gender, age-category, race/ethnicity, and Agency of Primary Responsibility.

The DSM diagnoses of Tier II Wraparound clients and reported substance use are displayed in Figures 12, 13 and 14. The most common primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Anxiety Disorders, and Major Depression. Primary or Secondary diagnoses of Bipolar Disorders were 5.5% of Tier II diagnoses, a substantially smaller percentage than was observed for Tier I (16.3%). For Tier II There were 278 Tier II Wraparound clients (11.4%) with a primary or secondary diagnosis of Child Abuse and Neglect. Substance use was reported by means of the Dual Diagnosis substance use codes for few Tier II Wraparound clients. However, DCFS reports that 9.9% of all children enrolled in a Wraparound program



had an active substance use issue in FY 10-11.

The effect of Wraparound on Placements

Program effectiveness in FY 10-11 is documented by the following analysis of out-of home placements and associated financial costs comparing Tier I Wraparound with a comparison group that included the most intensive group-home placements (RCL 12-14). Tier II Wraparound also showed positive outcomes, although there is not yet an equivalent RCL 12-14 comparison group with which to compare it since Tier II was implemented relatively recently.

- Children who graduated from Wraparound were more likely to have their cases terminated within 12 months compared to children in RCL 12-14 (nearly 61% vs. 22%).
- 64% of the Wraparound graduates had no placement costs or subsequent out-of-home placement compared to 25% of the RCL 12-14 group.
- Wraparound graduates spent fewer days in placement than did children from RCL 12-14 (113 vs. 246).
- Wraparound graduates were generally placed in less restrictive placements with foster relatives or guardians (69% for Wraparound vs. 26% for RCL 12-14), compared to more restrictive settings such as group homes or FFA-certified foster homes for the RCL 12-14 group (27% for Wrap vs. 64% for RCL 12-14).
- Wraparound graduates had substantially lower average placement costs than the RCL 12-14 group (\$5,887 vs. \$24,447).

The effect of Wraparound participation on Clients' Functioning

Each Wrap client is monitored during participation in the program using the Child and Adolescent Functional Assessment Scale (CAFAS), which assesses the client's possible impairment in functioning due to emotional, behavioral, or psychiatric problems. The CAFAS is completed at intake, at every six months thereafter, and at the time of discharge.

In FY 10-11, the average CAFAS total problem severity score for Tier I and Tier II children who graduated from their Wraparound program showed significant improvement in their CAFAS scores from intake to graduation. For Tier I, the average problem score at enrollment was 120, and 45 at graduation. For Tier II, the average problem score at enrollment was 99, and 45 at graduation. The 75 point decrease from intake to graduation for Tier I was 62% of the enrollment score, and the decrease of 54 from intake to graduation for Tier II was 55% of the enrollment score. For Tier I clients who did not graduate, the average score at disenrollment was 98. For Tier II clients who did not graduate, the average score at disenrollment was 93. Tier I clients who did not graduate decreased by 23 points in their average problem scores (19% of their intake scores) by disenrollment. Tier II clients who did not graduate showed a decrease of 6 points by disenrollment.

RESIDENTIALLY BASED SERVICES PROGRAM

Los Angeles County was selected, along with San Bernardino, Sacramento and San Francisco counties to implement an AB 1453 Residentially Based Services



(RBS) demonstration project that seeks to shorten the time to establish a lasting placement in a family for children who are in residential placement. The RBS program is offered to clients under the jurisdiction of the Department of Children and Family Services (DCFS), at imminent risk of residential placement or who have been referred to an RCL 12 or 14 group home as determined by the County's Resource Management Process. The RBS program applies a Wraparound treatment model to initially facilitate each residential client's psychological stabilization. This initial phase is then followed by Wraparound-based supportive and therapeutic services combined with family-finding and development work in the community to establish a permanent family placement after discharge from RBS residential care. Having or not having family is not a criterion for admission to RBS. Bridge care (foster home, relative home) is sought if a permanent family placement is not ready.

By combining residential care with a treatment plan that is developed through applying the Wraparound approach, the Los Angeles RBS program tries to facilitate the eventual establishment of a permanent placement in a family. RBS starts with a residential placement for each client and then elicits, prioritizes and incorporates the child's and family perspectives into a plan of care that is then continuously monitored and guided by each client's child- and-family-team to expedite the effectiveness of the residential treatment phase and to plan for a transition into the community. The RBS program also continues to provide its services after clients transition back to the community.

In Los Angeles County, the RBS program was initiated in December, 2010 for boys ages 6-18 at Five Acres and Hathaway-Sycamores, and for boys and girls ages 6-18 at Hillside Family Center.

In FY 10-11, from December to July there were 65 RBS clients in Los Angeles County. Fifty-five (85%) were male and fifteen (15%) female. Thirty-seven (57%) were 6-11 years old and twenty-eight (43%) were 12-17. Twenty-nine (45%) of the youth/children were African American, twenty (31%) were Hispanic, and eleven (17%) were Caucasian. There was also one Asian/Pacific Islander. The most frequent DSM primary admission diagnosis (42%) was Adjustment/Conduct Disorder, followed by Bipolar Disorder (26%). Other disorders, including Major Depression, Schizophrenia/Psychosis, and Anxiety Disorder, were diagnosed in 32%. One RBS client received a diagnosis of Child Abuse and Neglect.

FAMILY PRESERVATION PROGRAM

Family Preservation (FP) is a collaborative effort between DMH, DCFS, Probation, and the community to reduce out-of-home placement and the length of stay in foster care, and to shorten the time to achieve permanency for children at risk of abuse, neglect and delinquent behavior. The program's model is a community-based collaborative approach that focuses on preserving families experiencing challenges related to child abuse, neglect, and/or child exploitation by providing a range of services that promote empowerment and self-sufficiency. These support services are designed to keep children and their families together. DCFS allocates funds to DMH for the FP mental



health services and DMH, in turn, contracts for services from local private mental health agencies. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) funds also support this program. FP programs provide mental health services in every Service Planning Area (SPA).

When a family is referred to FP, a Multi-agency Case Planning Conference (MCPC) is convened at the appropriate Community Family Preservation Network (CFPN). A SPA-based Family Preservation Specialist (FPS) represents DMH at the MCPC and assists in the screening of children, youth, and families suitable for Family Preservation mental health services. Where appropriate, the FPS assists with the preparation of a mental health referral. The FPS reports to a DMH District Chief or geographic area manager of a specific community so that the FP mental health component is integrated with other mental health services. The FPS monitors the referrals from the DCFS Family Preservation Lead Agency to the DMH Family Preservation Providers.

Mental health services are one of many services offered by the FP program. The mental health component is provided as a linkage service to meet the needs of families that are identified at, or prior to, the Multi-agency Case Planning Conference meeting that occurs at the Family Preservation community agency. The linkage to mental health services through DMH, which focuses on improving the functioning of the most seriously or chronically emotionally disturbed children, youth, and adults, has been a successful strategy that allows for an integrated

treatment approach providing therapeutic interventions that improve child and family functioning by developing effective parental coping skills that reduce the risk of child abuse, neglect, and delinquent behaviors.

Mental health services offered include: psychological testing; assessment and evaluation; individual, group, and family therapy/rehabilitation; collateral services; medication support; crisis intervention; and targeted case management provided in the child's community, school, and home.

During FY 10-11, there were 346 clients served by the 33 DMH service providers offering services to FP clients. Figures 15, 16, 17 and 18 describe the gender, age, ethnicity and agency of primary responsibility of the FP clients. The largest percentage of the FP clients were referred by DCFS, with smaller proportions of clients referred by Probation and the School Districts.

The diagnoses for FP child and adolescent clients are presented in Figures 19 and 20. Their most frequent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Anxiety Disorders and Major Depression. A primary or secondary diagnosis of Child Abuse and Neglect was given to 31 clients (8.9%). Figure 21 indicates an absence of reported substance use.

REUNIFICATION OF MISSING CHILDREN PROGRAM

The Reunification of Missing Children programs are part of the Reunification of Missing Children Task Force chaired by Find the Children, a non-profit corporation dedicated to the recovery of missing



children, and the Inter-Agency Council on Child Abuse and Neglect (ICAN). Task force members include LAPD, LASD, DCFS, County Counsel, the FBI, the US Secret Service, the Mexican Consulate, and the District Attorney's Office. Find the Children works closely with the National Center for Missing and Exploited Children. It refers children and parents to the reunification programs in response to requests received from DCFS, Probation, the Department of Justice, the State Department, the FBI, local law enforcement agencies, and the Family Court judge.

Community outreach is used by the Family Reunification program to provide services to families with reunification issues. Outreach clients in need of mental health treatment and their families are provided with information about mental health resources near their residence. Families referred to the Family Reunification program receive family therapy, child therapy or group therapy and combinations of these interventions, as well as parenting classes. Outreach families who are not referred for mental health treatment do not present an Axis I diagnosis nor meet the medical necessity criteria for admission into DMH. They do, nonetheless, receive interventions such as social skills training and parenting classes.

The reunification program's goal is to assist in the process of reunification with the left-behind parent(s), to help determine appropriate placement, and to address any related trauma. The referral source for all reunification cases is the Find the Children Agency.

In FY 10-11, three of the DMH-contracted mental health providers, Los

Angeles Child Guidance Center, Didi Hirsch, and Foothill Family Services provided culturally sensitive, multidisciplinary crisis-oriented consultation, assessment and treatment immediately following the recovery of a child who has been abducted, often by a non-custodial parent.

Founded in 1924, the Los Angeles Child Guidance Clinic is a nonprofit provider of mental health services for children and families in Central and South Los Angeles. The agency has a long-standing commitment to serving the community by ensuring easy access and promoting early intervention. Services are family-centered and strength-based and aim to help children and families handle the problems that bring them to treatment.

The Clinic's collaboration with Find the Children began in 2006 when Karen Strickland, Executive Director of Find the Children, contacted the Clinic to find a quality children's mental health provider in the Central and South Los Angeles area. Children are referred to the Clinic's outpatient services by Ms. Strickland who contacts the division director of the Leimert Park office at the time of a child's recovery. Each child receives a thorough psychosocial assessment, utilizing the LACDMH's Child/ Adolescent Initial Assessment. The child has access to a treatment team which consists of a therapist and may also include a BA-level family advocate to provide rehabilitation and case management services and a psychiatrist when necessary. Therapist disciplines include three (3) MSWs.

The team provides trauma informed services in a variety of modalities which



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may include individual and/or family therapy, targeted case management, individual rehabilitation and psychiatric services. The treatment team works with the conceptualization that trauma disrupts attachment, interferes with children's ability to regulate emotions and delays the development of appropriate competencies. Consequently, the therapeutic work is focused on enhancing family and community relationships and developing connectedness as a path to recovery and building resiliency. The client and family are crucial to treatment planning and are considered active partners in goal setting. Therapists utilize play therapy, cognitive-behavioral and art interventions as well as traditional talk therapy to assist the client and family process the abduction as well as the recovery and/or reunification. Family advocates assist the clients with skill building, work closely with parents to establish appropriate structure in the home and provide the family with needed community resources.

The Family Reunification Program at Didi Hirsch continued to provide services to abducted children during the fiscal year 2010-2011. The program is offered at one of their Child and Family Programs in the Los Angeles area, sites include; Mar Vista, Inglewood, Taper and Metro.

In FY 10-11, the program at Didi Hirsch had 5 referrals for Abduction Reunification service, however only 2 cases were opened. In treatment for those 2 kids, the agency initially implemented a 6-8 week crises intervention model to specifically address issues pertinent to abduction and reunification as a starting point. However, when it became clear that

there was a need for on-going treatment, those services were also offered.

The program is still coordinated through the Mar Vista site and the cases are referred by Find the Children. The Child Abduction task force continues to meet monthly and includes representatives from ICAN, Find the Children, the DA's office, the Sheriff's Dept, FBI, LAPD, DCFS, County Council, Didi Hirsch and other mental health providers.

In FY 10-11, Foothill Family Service also provided family reunification and community mental health services to children and Transitional Age Youth (TAY) referred by Find the Children. The program's goals are to assist in the child's recovery from child abduction; reduce the client's mental disability; enable clients to use their time meaningfully; live in safe environments; have a network of supportive social relationships; have timely access to help, including in times of crisis and maintain or improve physical health as it relates to mental health goals.

Foothill Family has expertise in specialized services to children ages 0-5; including extensive school-based services, conveniently located offices, in-home and community based services for underserved or unserved clients; and services for clients detained or at risk of detention by DCFS or Probation makes Foothill Family an ideal provider for Find the Children referrals. Foothill Family's early intervention program targets children ages 0-5 with mental health symptoms often identified in the preschool. Services are provided at preschools, in-home and in the community and include helping the parent respond to their child's special needs and consulting with preschool teachers to determine how to best meet the needs of the child.



Services for children 0-5 identifies children at risk of expulsion from preschool and utilizes the evidenced based Child Parent Psychotherapy (CPP), Incredible Years (IY), Parent Child Interaction Therapy (PCIT) and promising practices of Wait, Watch and Wonder and Floortime.

Foothill Family's family reunification services for child and TAY clients assists them in working toward recovering from their abduction, reduce their symptoms, make progress toward their goals and improve their community functioning.

Whenever possible, prior to termination, aftercare plans are developed with the client and family. Aftercare plans identify services needed to maintain the gains clients have made in treatment. If the client needs a higher level of care, Foothill Family refers the client to appropriate providers and continues services until a successful transition is made.

During FY 10-11, eight clients were served by the Family Reunification programs of LA Child Guidance Clinic, Didi Hirsch and Foothill Family Services. Figures 22-28 show relevant attributes of Reunification program clients served by these three providers.

Figures 22, 23, 24 and 25 show the gender, age, race/ethnicity, and agency of primary responsibility of the Family Reunification clinic clients. DCFS provided all of the referrals.

Diagnostic information is presented in Figures 26 and 27. Anxiety Disorders and Other Disorders were the most common primary admission diagnoses for Family Reunification clients. Figure 28 documents

the apparent absence of substance use in this population.

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

Since 1984, the CAPIT Program has been providing early intervention/prevention services to victims of child abuse and/or neglect, their families, and those who are at high risk for abuse and/or neglect. The population that it serves includes both children who still reside with their parents/caregivers, as well as those who have been removed from their home. The CAPIT program derives from two legislative initiatives: AB 1733 and AB 2994 (Statutes of 1982). The program is codified in the California Welfare and Institutions Code section 18960.

AB 2994 establishes a County Children's Trust Fund for the purpose of funding child abuse and neglect prevention, intervention and treatment programs operated by private, non-profit organizations. The legislation requires that four dollars of any seven dollar fee for a certified copy of a birth certificate be used for prevention services. The most recent legislation (SB 750) enables counties to add three dollars to this surcharge.

AB 1733 authorizes state funding for child abuse prevention and intervention services offered by public and private nonprofit agencies. AB 1733 requires a multidisciplinary council to provide recommendations to the Board of Supervisors on funding priorities and processes.



DEPARTMENT OF MENTAL HEALTH REPORT

In Los Angeles County, the designated council is the Inter-Agency Council on Child Abuse and Neglect (ICAN). To develop funding guidelines, ICAN convenes an AD Hoc AB 1733/AB 2994 Planning Committee with representatives from DCFS, DMH, DPSS, DHS, Dependency Court Legal Services and Probation to conduct a needs assessment for each funding cycle. The committee evaluates information gathered by the needs assessment survey to determine high need geographic areas for developing the funding guidelines and priorities. These recommended funding guidelines are then submitted to the Board of Supervisors for approval. DCFS monitors the agencies providing CAPIT services and their contracts. ICAN acts as the liaison to the Board of Supervisors to reach decisions on distributing funds among the programs. ICAN also acts as an information resource for agencies during the contract period.

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

The CAPIT program provides high-quality in-home services, including counseling and crisis response, as well as individual/family/group counseling in the

clinic, case management services, parenting education, support groups, and 24-hour telephone availability for its clients. Since the children served are often suffering from unresolved loss, play therapy and family therapy are used to address attachment problems. Group therapy is particularly helpful in addressing shame, guilt, and stigma experienced by abused children and is often helpful in reducing delinquent or sexually reactive behaviors in these children.

CAPIT services are provided on a short-term basis with the goal, where possible, of encouraging family maintenance and preventing the need for out-of-home placement. Additionally, services are targeted to facilitate early family reunification, when appropriate, after out-of-home placement has occurred. Another goal of the CAPIT Program is the prevention of child abuse at the earliest possible stage by improving the family's ability to cope with daily stressors through education and support. The program objective is to increase child abuse services.

As part of the CAPIT contracts, each contract provider agency surveys clients using a client satisfaction questionnaire developed by DCFS. The survey captures the level of client satisfaction with the type of services received, the length of time of each client with each agency, and the source of referral.

The majority of families served by CAPIT are referred by CSWs from DCFS. Other families are referred by community-based organizations or are self-referred.



The CAPIT providers provided mental health services to 262 children in FY 10-11. Figures 29, 30, and 31 present gender, age, and ethnicity for the CAPIT participants. Figure 32 shows that the largest number of clients with an identified Agency of Primary Responsibility (APR) were referred by DCFS, followed by clients referred by Probation

Diagnostic information for CAPIT clients is displayed in Figures 33 and 34. The most prevalent primary admission diagnoses were Adjustment/Conduct Disorder/ADHD, Anxiety Disorders, and Major Depression. Also, thirty eight clients received a primary or secondary admission DSM IV diagnosis of Child Abuse and Neglect. Figure 35 indicates an apparent absence of reported substance use.

JUVENILE COURT MENTAL HEALTH SERVICES (JCMHS)

JCMHS continues to provide mental health liaison services to all of the juvenile dependency courts, responding to requests and referrals from the bench officers, attorneys and child advocates on a broad range of topics related to public mental health services for children and families.

JCMHS was involved in the Juvenile Court planning for implementation of AB 129, which allows for the joint jurisdiction of both Dependency and Delinquency Courts in the adjudication of certain juvenile cases. As a result, the pilot project developed with DCFS, Probation and DMH has expanded to provide countywide service. JCMHS has hired five psychiatric social workers to serve as the DMH liaisons to this project.

Mental Health Review of Psychotropic Medication for Court Wards and Dependents

JCMHS has continued to monitor the authorizations for the administration of psychotropic medication to children under court jurisdiction. During FY 10-11, JCMHS reviewed all the requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judges. Of these, about 60% were received from DCFS for dependent children and 40% for delinquent children under the jurisdiction of Juvenile Court. Approximately 80% of these requests were approved. JCMHS continues to participate in the Court sponsored Psychotropic Medication Committee and is involved in the ongoing effort to update and improve the authorization form and protocol. JCMHS regularly participates in training and orientation of newly appointed bench officers with a special emphasis on psychotropic medication. JCMHS has assisted in developing a web-based psychotropic authorization program that is currently utilized within DMH to track psychotropic medication prescribing. Clerical staff are currently working to input authorizations into the system so that medications can be tracked.

Clinical Psychiatry Training

JCMHS continues its program of clinical training for second-year UCLA child psychiatry fellows and UCLA forensic psychiatry fellows. Each of the fellows rotates through the program and they familiarize themselves with Juvenile Court operations and public sector child psychiatry.



JUVENILE HALL MENTAL HEALTH UNITS

Each year, approximately 18,000 children and adolescents enter the Los Angeles County juvenile justice system through the County's three juvenile halls. Many of these youth exhibit a variety of mental health and substance abuse problems that require treatment. A study conducted jointly by DMH and the UCLA Health Services Research Program in 2000 and 2003 found that many of the newly admitted youth in the county's juvenile halls met the diagnostic criteria for various mental health and substance use disorders.

Youth in need of treatment in the juvenile halls are admitted to an in-house program designed and implemented by an interagency collaboration of DMH, Probation, DHS and LACOE. The Mental Health Unit (MHU) at each of the three juvenile halls (Barry J. Nidorf in SPA 2, Central in SPA 4 and Los Padrinos in SPA 7) is similar in its setting, approach to screening and treatment, and the structure of its professional staff. Each MHU provides screening and assessment, crisis evaluation and intervention, psychiatric evaluation and treatment and short-term psychotherapy. Clinical interventions focus on stabilizing the client's symptoms and distress, as well as planning aftercare and linkages to services after release.

The mental health staff of the juvenile halls consist of Mental Health Clinical Program Heads (3), Psychiatrists (8), Senior Community Mental Health Psychologists (3), Clinical Psychologists (18), Supervising Psychiatric Social Workers (6), Psychiatric Social Workers

(24), Mental Health Counselor Registered Nurses (3), Medical Case Workers (2), Recreation Therapists (1), Psychiatric Technicians (1), and Community Workers (1). Including clerical and administrative support staff, there are collectively more than 100 mental health staff in the three MHUs. There are also 12 community-based contract agencies providing care at satellite clinics serving the juvenile halls and assisting in linking the youth to services in the community.

In order to identify youth in need of mental health services who are entering the county juvenile halls, DMH screened all newly admitted minors including 24% who required a full assessment and had a clinical case opened for ongoing treatment during FY 10-11. The Massachusetts Youth Screening Inventory (MAYSI-2), developed specifically for this population, is used to conduct the screening. A computer reads the MAYSI-2 questions to the youth. Those minors with screening scores above the pre-selected cut-off points on this instrument receive a structured interview, the DMH Short-Form Assessment, to determine their need for further assessment and service. Youth who are not identified by the MAYSI-2 as needing mental health intervention may nonetheless be evaluated further and/or be referred for treatment based on the clinical judgment of the mental health professional. Further assessment using more in-depth clinical interviewing, psychological testing, consultation, and review of available DMH or Probation mental health history records are provided to those youth with more complex or enduring problems to assist in planning treatment.



In FY 10-11, 10,193 youth were screened and evaluated in the three County juvenile halls. This was 99% of all newly admitted youths. The numbers screened for Barry J. Nidorf, Central Juvenile Hall and Los Padrinos Juvenile Hall were: 2,390, 3,078, and 4,725, and the numbers treated were 2,786, 3,397, and 4,206, respectively.

JCMHS uses the Brief Symptom Inventory (BSI) to track changes in clients' subjective distress over time in order to measure stabilization of a youth's mental health symptoms.

The range of time in treatment for youth in the juvenile hall MHUs is two to three weeks. Duration of stay has a bimodal distribution, with a very short stay for some youth (i.e., three to five days) and others with more serious problems staying for months. Client's ages range from 12 to 19. The average age is 16.

At Central Juvenile Hall, there are two Collaborative Assessment Rehabilitation and Education (CARE) units that take youth who meet the admission criteria from all three halls. These units have been open since FY 02-03, and each house 12 male or 12 female multi-problem youth. Youth must consent to participate in the program, and cannot be on enhanced supervision or be defined as aggressive. An interdepartmental team of Probation, LACOE, and DMH staff determine admission and discharge of youth for the CARE units. Youth who require a higher level of care are referred to the CARE unit for more intensive treatment, or they may be hospitalized if necessary.

In the summer of 2007, the Enhanced Supervision Unit (ESU) for girls opened at Central Juvenile Hall. This unit was designed to meet the treatment needs of multi-problem female mentally-ill youth, including aggressive youth. The program has enhanced mental health and probation staffing. There are two ESUs at Central Juvenile Hall, one for boys and one for girls. These units take youth from all three juvenile halls that require a high level of monitoring and observation due to their potential risk of suicide. The unit houses approximately 30 youth at any given time and has enhanced Mental Health and Probation staffing. Youth may be stepped down to a CARE unit if they meet its clinical criteria. The ESU takes youth who are aggressive, whereas the CARE unit does not.

The increase in the number of multi-problem youth with serious mental health needs has necessitated the opening of both the CARE and Enhanced Supervision units to attempt to meet the needs of these youth.

For the three juvenile halls combined, 8,719 clients were assessed or opened for on-going treatment. Figures 36, 37 and 38 summarize their gender, age and ethnicity. The large majority of the clients were Probation referrals, with smaller proportions referred by DCFS or from a school district (Figure 39).

Figure 40 indicates that, for the juvenile hall cluster, the most prevalent primary DSM diagnoses were Adjustment/Conduct Disorder/ADHD, Anxiety Disorders, and Major Depression, with a smaller frequency of Bipolar Disorders. There were 110 clients with a



primary DSM diagnosis of Drug-Induced Disorders or Dependence. In addition, combining primary and secondary admission diagnoses (Figure 41) identified 129 clients (1.5%) who received a diagnosis of Child Abuse and Neglect.

Substance use was an issue reported for 1,116 (12.8%) of the clients served at the three juvenile hall MHUs (Figure 42). Marijuana use, polysubstance use, and amphetamine use were most frequently reported, with smaller percentages reported using cocaine, inhalants, or hallucinogens.

DOROTHY KIRBY CENTER

Dorothy Kirby Center (DKC) is a Probation residential treatment facility located in SPA 7 and providing services to clients from the entire county. Its MHU consists of an intensive day treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The MHU functions under a Memorandum of Understanding between DMH and Probation. The staff of the mental health unit consisted of 2 licensed Psychologists (includes 1 Sr. Community Psychologist), 5 waived Psychologists, 1 licensed Recreation Therapist, 1 Family Advocate, 1 LCSW (SPSW), 6 unlicensed Master's level staff (PSW/MFT), 1-1/2 Psychiatrists, 5 clerical staff (including 1 supervisor and 1 secretary), 1 Training Coordinator/QA Coordinator (LCSW), and 1 Substance Abuse Counselor. During FY 10-11, the total DKC MHU staff consisted of 24.5 Full-Time Equivalent (FTEs). FY 10-11 saw a significant increase in staff due to the involvement of the Department of Justice (DOJ) and the implementation of an action

plan related to a DOJ settlement agreement and an integrated treatment model developed with Probation.

An average of 100 children were treated at DKC by the MHU each month.

Dorothy Kirby's MHU is a secure (locked) residential treatment center serving adolescents between the ages of 14-17. All referred youth at Dorothy Kirby receive a mental health screening consisting of an interview with the youth in juvenile hall and a review of relevant records. A licensed clinician goes out to interview each referral in one of the juvenile halls. One hundred percent of these were assessed after screening. Approximately 41% of those assessed receive mental health services. The MHU serves up to 140 adolescents and receives an average of 24 referrals from the juvenile courts each month. About 100 children are treated each month. All referrals come through the Juvenile Court system. Its clients' ages range from 12-17 years, with an average age of 16 years. All clients are wards of the Juvenile Court, having had criminal petitions brought against them and sustained. In addition most have extensive criminal arrest records. All have DSM IV diagnoses and functional impairment that qualify them for Medi-Cal reimbursement. At least 80% are deeply gang-involved, with a large majority from severely dysfunctional homes. Approximately 45% have had prior involvement with DCFS. Referrals to DKC are made by a judge or a deputy probation officer. A licensed/registered/waivered clinician interviews each referral in one of the Juvenile Halls. 100% of referrals are screened. Of those screened, 41%



received mental health services at DKC. All of the Kirby population receives mental health services. The average length of stay in treatment is 194 days.

During FY 10-11, the Kirby MHU served 347 youths, providing individual, family and group therapies, crisis intervention, full Day Treatment Intensive services, and substance abuse counseling. Their average length of stay was 194 days.

The intensive day treatment program at DKC consists of a daily four and a half hour program comprised of four portions:

1. A special focus group. Themes dealt with in this group include anger management, substance abuse, sexual abuse survivors, self-esteem, self-soothing, and self-expression.
2. Recreation therapy: This group is run by a certified recreation therapist and teaches teamwork, impulse control, skill acquisition methods and goal-oriented behavior.
3. Process group: This group uses traditional group therapy techniques to deal with interpersonal and intrapsychic issues within the group context.
4. Social skills training: This group teaches basic social living skills and interpersonal communication skills. In addition, clients receive daily group treatment, weekly individual treatment, and bi-weekly family treatment.

Figures 43, 44, and 45 present gender, age, and ethnicity for the 347 FY 10-11 clients at Dorothy Kirby's MHU. Most clients were Probation referrals, followed by referrals from DCFS or School Districts (Figure 46).

Figure 47 indicates that the most common primary admission diagnoses at the Kirby MHU were Adjustment/Conduct Disorder/ADHD, Major Depression, Anxiety Disorders, and Bipolar Disorders with a smaller proportion diagnosed with Schizophrenia/Psychosis and Drug Induced Disorders or Dependence. Figure 48 presents secondary admission diagnoses. There were 6 MHU clients (1.7%) with a primary or secondary diagnosis of Child Abuse and Neglect.

Substance use was an issue for 26 (7.4%) of the Dorothy Kirby MHU clients, with marijuana reported most frequently, followed by polysubstance use (Figure 42).

JUVENILE JUSTICE CAMPS

During Fiscal Year 10-11, DMH provided mental health services at the eighteen Probation Camps operated by the Probation Department located throughout Los Angeles County. The camps are located in Lancaster, Lake Hughes, Saugus, San Fernando, Sylmar, Malibu, Calabasas and San Dimas. The Mental Health services at the Probation Camps were expanded as a result of the Mental Health Service Act, Community Services and Support Plan which provided additional staffing to the camp programs.

In October 2010, mental health staffing in the camps was further expanded. As a result, there is access to mental health services at all camps and



enhanced mental health services at specific camps, particularly those which house youth on psychotropic medications. The Camps have mental health staff on-site 7 days per week and into the evening hours. In addition, five (5) Camp Navigators facilitate linkage for youth to community mental health services upon release. Three (3) clinic drivers and one community worker coordinate bringing families to multi-agency team meetings and to family therapy sessions.

Challenger Memorial Youth Center, located in Lancaster (SPA 1), is a multi-camp facility including six juvenile probation camps (Smith, McNair, Scobee, Resnik, Onizuka and Jarvis). Camp Onizuka houses youth who would have previously been transferred to the State Department of Juvenile Justice as part of the Youthful Offender Block Grant.

During FY 10-11, the mental health programs in the Probation Camps were organized under a Northern and a Southern Region. The Northern Camp Region includes the Challenger Camps, Munz-Mendenhall (Lake Hughes) and Scott-Scudder (Girls Camps in Saugus/SPA 2).

The Southern Camp Region includes Camps Miller, Kilpatrick and Gonzales (in the Malibu/Calabasas area/ SPA 5); Camp Holton, Routh, Camp Assessment Unit (in Sylmar/San Fernando/ SPA 2); and Camp Rockey, Afflerbaugh and Paige (in San Dimas/SPA 3). The Camp Assessment Unit is housed at Barry J. Nidorf Juvenile Hall. Mental Health, Probation and LACOE staff review youth with new camp orders to determine which camp can meet their

needs. This review includes criminal risk, education and mental health factors.

Several camps have enhanced mental health services and house youth who require access to a Mental Health Psychiatrist, including Challenger, Rockey and Scott-Scudder. All camps provide individual, family, group, collateral, and aftercare/linkage services. Overall, the unduplicated clients served by the Camp Mental Health Programs for FY 10-11 was 3,098.

Figures 50, 51, and 52 describe the gender, age, and ethnicity of the juvenile justice MHU clients. Most had Probation as their referring agency, with additional referrals from DCFS and Education (Figure 53).

The most common primary admission diagnoses for the juvenile justice camp clients were Adjustment/Conduct/Disorder/ADHD, Anxiety Disorders, Major Depression, Bipolar Disorders, Drug Induced Disorders or Dependence, and Schizophrenia/Psychosis (Figure 54). There were 24 children diagnosed with a primary or secondary (Figure 55) diagnosis of Child Abuse and Neglect at admission.

For 471 juvenile justice camp clients with reported substance use, constituting 15.2% of its population (Figure 56), marijuana was most often reported, followed by polysubstances, alcohol, amphetamines, cocaine, inhalants and hallucinogens.

D-RATE ASSESSMENT/ CASE MANAGEMENT UNIT

DCFS "Schedule D" Foster Care provides family environments for children



with serious psychological problems who are at high risk of requiring more restrictive and higher-cost placements. D-Rate foster parents receive specialized training for parenting a child with severe psychological problems and their home must satisfy D-Rate certification requirements. The D-rate foster parents receive supplemental compensation because of the additional responsibilities involved in caring for emotionally disturbed children. The D-Rate Assessment Program is a collaborative effort between DCFS and DMH. DMH supervises clinical assessors who evaluate D-Rate children in foster homes at admission. DCFS and DMH staff re-assess the D-Rate children each year thereafter. These assessments help to determine the appropriateness of the placement of these children in D-Rate-approved foster homes.

When a child is placed in a D-Rate foster home, a DCFS caseworker evaluates the child and then, if appropriate, refers the case to the DCFS D-Rate Unit to assess the child's eligibility for D-Rate services. The request is reviewed by the DCFS D-Rate Unit and referred to the DMH D-Rate Unit when it is appropriate for further assessment. A DMH-contracted licensed clinician is then assigned to the case and carries out an in-depth assessment of the child by interviewing the child and caregiver, usually in the caregiver's home, which may be located in any of the SPAs. D-Rate assessments are also conducted in out-of-county homes when necessary, also by DMH-contracted assessors.

Within three weeks of the assignment date, the assessor completes a clinical assessment including findings regarding

whether the client meets D-Rate criteria (based on DCFS D-Rate criteria.) The assessor submits the report and the clinical chart to the D-Rate Assessment/Case Management Unit.

An average of 65 DCFS children are evaluated in this manner each month. The completed assessment and recommendations are reviewed by the assigned DMH D-Rate Medical Case Worker and the DMH D-Rate Unit Supervisor and returned to the DCFS D-Rate Unit with recommendations regarding whether the client appears to meet D-Rate criteria and additional mental health and other social services that may be helpful to improve the client's level of functioning and alleviate mental health symptoms. The DCFS D-Rate Unit makes the final determination of the suitability of D-Rate placements.

During FY 10-11, 787 D-Rate assessments were carried out by DMH-contracted clinicians. The DMH D-Rate Unit Medical Case Workers followed up on 100% of the assessed cases to ensure linkage to appropriate mental health services. Approximately 89% of the assessed cases were linked with LA County contracted agencies, and the other cases were linked with non-county-contracted agencies. In addition to the services provided for these initial referrals, the DMH D-Rate Unit Medical Case Workers follow up on approximately 200 "recertification" D-Rate cases monthly. These cases are followed up on by the Medical Case Worker to ensure necessary and appropriate linkage to mental health services has been followed up on the for the client.



Rate Certification Level (RCL) 14 Group Homes

DMH funds mental health day treatment for severely emotionally disturbed children placed in RCL 14 Group Homes by DCFS, Probation, and Mental Health. Criteria for placement at the RCL 14 level of care include substantial functional impairment resulting from a mental disorder; past or anticipated persistent symptoms or out of home placement; severe behavioral/treatment history including psychotropic medication or substance abuse, DSM Axis I diagnosis during the past year; plus a Suitable Placement Order or an Individualized Education Plan (IEP). DCFS contracts with and funds the group homes. DMH certifies that the RCL 14 group homes and the children placed there meet the State-defined RCL 14 mental health criteria. There are 113 RCL 14 beds, 93 of which are designated for males and 20 for females. The following service providers offer RCL 14 facilities: H. V. Group Home (SPA 8), Olive Crest (SPA 7), San Gabriel Children's Center (SPA 3), and Hathaway-Sycamores (SPA 3). In FY 10-11 62 males and 23 females were newly certified at RCL 14 and DMH provided services to 134 minors in RCL-14 group homes. The sources of referral for these new RCL 14 certifications were approximately 43% from DCFS, 14% from DMH, and 43% from Probation. The purpose of these treatment programs is to provide stability for children in a group home setting in order to nurture their growth and development and to allow them to succeed in an educational setting.

The Community Treatment Facility (CTF) is a relatively new State licensing

category for residential placement of minors. It is a higher level of care than RCL 14 and was created as an alternative to the State Hospital. There are two CTFs with a total of 64 beds. Star View (SPA 8) offers 40 beds, eight of which are designated for males and 32 for females. Vista del Mar (SPA 4) has 24 CTF beds for males. The criteria for placement at the CTF level of care include all of the criteria for RCL 14 placement plus an inability to be served in a less restrictive setting, as evidenced by unsuccessful placements in open settings, denials of admission from RCL 14 Group Homes; high-risk aggressive, self-destructive, or substance use behaviors; and the motivation to benefit from treatment in a more restrictive treatment setting. In FY 10-11, 39 males and 33 females were newly certified at the CTF level of care and DMH provided services to 112 CTF clients. The sources of referral for new CTF certifications were 74% from DCFS, 24% from Probation, and 2% from DMH.

Children's Inpatient Clinical Case Management Unit (CICCM)

The primary responsibility of the CICCM Unit is to participate in discharge planning teleconferences for DCFS and Probation minors who are being discharged from directly operated and county-contracted psychiatric hospitals. The teleconference includes one of the CICCM case managers, a representative from the hospital, the minor's CSW, and frequently, the minor's mental health provider or group home staff. Often, a representative of the minor's attorney participates as well. The goal of the teleconference is to develop an appropriate discharge plan for the minor.



The DMH case manager collaborates with DCFS and mental health staff to determine what mental health services the minor needs to best reduce the chance of rehospitalization. Recommendations include referrals to intensive mental health programs such as Full Service Partnership, Wraparound, or Specialized foster care. Other recommendations include referring a minor for Therapeutic Behavioral Service (TBS), sending the minor to the RCL level 14 screening committee, or referring the minor to be assessed for Regional Center or AB3632 services. After each teleconference, a CICCM case manager provides the necessary follow up to ensure linkage to mental health services. This includes completing referrals or following up with CSW's or group home providers to verify linkage to appropriate services. During FY 10-11, 1,310 psychiatric hospital discharge planning teleconferences were completed for DCFS referrals, and 124 for Probation referrals.



Figure 1
TIER I WRAPAROUND PROGRAM

Gender	Count	Percent
Male	924	52.7%
Female	827	47.2%
Unknown	1	0.1%
TOTAL	1,752	100.0%

Figure 2
TIER I WRAPAROUND PROGRAM

Age (Group)	Count	Percent
0-5	12	0.7%
6-11	222	12.7%
12-17	1,267	72.3%
18-20	251	14.3%
TOTAL	1,752	100.0%

Figure 3
TIER I WRAPAROUND PROGRAM

Ethnicity	Count	Percent
Caucasian	212	12.1%
African American	698	39.8%
Hispanic	768	43.8%
American Native	8	0.5%
Asian/ Pacific Islander	24	1.4%
Other	20	1.1%
Unknown	22	1.3%
TOTAL	1,752	100.0%

Figure 4
TIER I WRAPAROUND PROGRAM

Responsible Agency	Count	Percent
DCFS	939	53.6%
Probation	279	15.9%
DCFS and School Dist	57	3.3%
Probation and School District	32	1.8%
School District (SEP Eligible)	58	3.3%
School District (Non-SEP Eligible)	11	0.6%
No Data	376	21.5%
TOTAL	1,752	100.0%

Figure 5
TIER I WRAPAROUND PROGRAM

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	3	0.2%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	37	2.1%
Bipolar Disorders	245	14.0%
Major Depression	319	18.2%
Anxiety Disorders	175	10.0%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	942	53.8%
Child Abuse and Neglect	9	0.5%
No Diagnosis or Diagnosis Deferred	22	1.3%
TOTAL	1,752	100.0%

Figure 6
TIER I WRAPAROUND PROGRAM

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	14	0.8%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	4	0.2%
Bipolar Disorders	41	2.3%
Major Depression	45	2.6%
Anxiety Disorders	98	5.6%
Other Diagnoses	856	48.9%
Adjustment/Conduct Disorder/ADHD	533	30.4%
Child Abuse and Neglect	156	8.9%
No Diagnosis or Diagnosis Deferred	19	1.1%
TOTAL	1,752	100.0%



Figure 7

TIER I WRAPAROUND PROGRAM

Admit Substance Abuse	Count	Percent
Alcohol	3	0.2%
Amphetamines	0	0.0%
Marijuana	26	1.5%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	2	0.1%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	5	0.3%
No Substance Abuse	1,716	97.9%
Undetermined	0	0.0%
TOTAL	1,752	100.0%

Figure 8

TIER II WRAPAROUND PROGRAM

Gender	Count	Percent
Male	1,290	52.7%
Female	1,156	47.3%
Unknown		0.0%
TOTAL	2,446	100.0%

Figure 9

TIER II WRAPAROUND PROGRAM

Age (Group)	Count	Percent
0-5	65	2.7%
6-11	777	31.8%
12-17	1,530	62.6%
18-20	74	3.0%
TOTAL	2,446	100.0%

Figure 10

TIER II WRAPAROUND PROGRAM

Ethnicity	Count	Percent
Caucasian	191	7.8%
African American	645	26.4%
Hispanic	1,532	62.6%
American Native	5	0.2%
Asian/ Pacific Islander	18	0.7%
Other	25	1.0%
Unknown	30	1.2%
TOTAL	2,446	100.0%

Figure 11

TIER II WRAPAROUND PROGRAM

Responsible Agency	Count	Percent
DCFS	1,552	63.5%
Probation	104	4.3%
DCFS and School Dist	79	3.2%
Probation and School District	13	0.5%
School District (SEP Eligible)	57	2.3%
School District (Non-SEP Eligible)	11	0.4%
No Data	630	25.8%
TOTAL	2,446	100.0%

Figure 12

TIER II WRAPAROUND PROGRAM

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	1	0.0%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	14	0.6%
Bipolar Disorders	120	4.9%
Major Depression	306	12.5%
Anxiety Disorders	264	10.8%
Other Diagnoses	277	11.3%
Adjustment/Conduct Disorder/ADHD	1,433	58.6%
Child Abuse and Neglect	3	0.1%
No Diagnosis or Diagnosis Deferred	27	1.1%
TOTAL	2,446	100.0%



Figure 13
TIER II WRAPAROUND PROGRAM

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	5	0.2%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	5	0.2%
Bipolar Disorders	14	0.6%
Major Depression	39	1.6%
Anxiety Disorders	111	4.5%
Other Diagnoses	1,454	59.4%
Adjustment/Conduct Disorder/ADHD	521	21.3%
Child Abuse and Neglect	275	11.2%
No Diagnosis or Diagnosis Deferred	21	0.9%
TOTAL	2,446	100.0%

Figure 14
TIER II WRAPAROUND PROGRAM

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Marijuana	13	0.5%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	3	0.1%
No Substance Abuse	2,430	99.3%
Undetermined	0	0.0%
TOTAL	2,446	100.0%

Figure 15
FAMILY PRESERVATION PROGRAM

Gender	Count	Percent
Male	161	46.5%
Female	185	53.5%
TOTAL	346	100.0%

Figure 16
FAMILY PRESERVATION PROGRAM

Age (Group)	Count	Percent
0-5	47	13.6%
6-11	113	32.7%
12-17	180	52.0%
18-20	6	1.7%
TOTAL	346	100.0%

Figure 17
FAMILY PRESERVATION PROGRAM

Ethnicity	Count	Percent
Caucasian	28	8.1%
African American	29	8.4%
Hispanic	271	78.3%
American Native	0	0.0%
Asian/ Pacific Islander	2	0.6%
Other	3	0.9%
Unknown	13	3.8%
TOTAL	346	100.0%

Figure 18
FAMILY PRESERVATION PROGRAM

Responsible Agency	Count	Percent
DCFS	211	61.0%
Probation	5	1.4%
DCFS and School Dist	5	1.4%
Probation and School District	1	0.3%
School District (SEP Eligible)	3	0.9%
School District (Non-SEP Eligible)	0	0.0%
No Data	121	35.0%
TOTAL	346	100.0%



Figure 19
FAMILY PRESERVATION PROGRAM

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	1	0.3%
Major Depression	17	4.9%
Anxiety Disorders	40	11.6%
Other Diagnoses	132	38.2%
Adjustment/Conduct Disorder/ADHD	143	41.3%
Child Abuse and Neglect	1	0.3%
No Diagnosis or Diagnosis Deferred	12	3.5%
TOTAL	346	100.0%

Figure 20
FAMILY PRESERVATION PROGRAM

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	2	0.6%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	1	0.3%
Anxiety Disorders	4	1.2%
Other Diagnoses	283	81.8%
Adjustment/Conduct Disorder/ADHD	15	4.3%
Child Abuse and Neglect	30	8.7%
No Diagnosis or Diagnosis Deferred	11	3.2%
TOTAL	346	100.0%

Figure 21
FAMILY PRESERVATION PROGRAM

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Marijuana	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	0	0.0%
No Substance Abuse	346	100.0%
Undetermined	0	0.0%
TOTAL	346	100.0%

Figure 22
FAMILY REUNIFICATION PROGRAM

Gender	Count	Percent
Male	5	62.5%
Female	3	37.5%
TOTAL	8	100.0%

Figure 23
FAMILY REUNIFICATION PROGRAM

Age (Group)	Count	Percent
0-5	1	12.5%
6-11	4	50.0%
12-17	3	37.5%
18-20	0	0.0%
TOTAL	8	100.0%



Figure 24

FAMILY REUNIFICATION PROGRAM		
Ethnicity	Count	Percent
Caucasian	0	0.0%
African American	2	25.0%
Hispanic	1	12.5%
American Native	0	0.0%
Asian/ Pacific Islander	1	12.5%
Other	4	50.0%
Unknown	0	0.0%
TOTAL	8	100.0%

Figure 25

FAMILY REUNIFICATION PROGRAM		
Figure 11 - Responsible Agency	Count	Percent
DCFS	8	100.0%
Probation	0	0.0%
DCFS and School Dist	0	0.0%
Probation and School District	0	0.0%
School District (SEP Eligible)	0	0.0%
School District (Non-SEP Eligible)	0	0.0%
Department of Justice	0	0.0%
Law Enforcement	0	0.0%
No Data	0	0.0%
TOTAL	8	100.0%

Figure 26

FAMILY REUNIFICATION PROGRAM		
Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	0	0.0%
Anxiety Disorders	2	25.0%
Other Diagnoses	3	37.5%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	3	35.5%
TOTAL	8	100.0%

Figure 27

FAMILY REUNIFICATION PROGRAM		
Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	0	0.0%
Anxiety Disorders	0	0.0%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	8	100.0%
TOTAL	8	100.0%



Figure 28

FAMILY REUNIFICATION PROGRAM		
Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Marijuana	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	0	0.0%
No Substance Abuse	8	0.0%
TOTAL	8	100.0%

Figure 29

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM		
Gender	Count	Percent
Male	152	58.0%
Female	110	42.0%
TOTAL	262	100.0%

Figure 30

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM		
Age (Group)	Count	Percent
0-5	27	10.3%
6-11	100	38.2%
12-17	134	51.1%
18-20	1	0.4%
TOTAL	262	100.0%

Figure 31

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM		
Ethnicity	Count	Percent
Caucasian	37	14.1%
African American	9	3.4%
Hispanic	195	74.4%
American Native	0	0.0%
Asian/ Pacific Islander	1	0.4%
Other	6	2.3%
Unknown	14	5.3%
TOTAL	262	100.0%

Figure 32

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM		
Responsible Agency	Count	Percent
DCFS	45	17.2%
Probation	17	6.5%
DCFS and School Dist	1	0.4%
Probation and School District	1	0.4%
School District (SEP Eligible)	8	3.1%
School District (Non-SEP Eligible)	5	1.9%
No Data	185	70.6%
TOTAL	262	100.0%



Figure 33

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	1	0.4%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	4	1.5%
Major Depression	24	9.2%
Anxiety Disorders	65	24.8%
Other Diagnoses	46	17.6%
Adjustment/Conduct Disorder/ADHD	119	45.4%
Child Abuse and Neglect	3	1.1%
No Diagnosis or Diagnosis Deferred	0	0.0%
TOTAL	262	100.0%

Figure 34

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Figure 20 – 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	2	0.8%
Anxiety Disorders	13	5.0%
Other Diagnoses	185	70.6%
Adjustment/Conduct Disorder/ADHD	24	9.2%
Child Abuse and Neglect	35	13.4%
No Diagnosis or Diagnosis Deferred	3	1.1%
TOTAL	262	100.0%

Figure 35

CHILD ABUSE EARLY INTERVENTION/PREVENTION PROGRAM

Figure 21 - Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Marijuana	1	0.4%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	0	0.0%
No Substance Abuse	261	99.6%
Undetermined	0	0.0%
TOTAL	262	100.0%

Figure 36

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Gender	Count	Percent
Male	7,152	82.0%
Female	1,567	18.0%
Unknown	0	0.0%
TOTAL	8,719	100.0%

Figure 37

JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Age (Group)	Count	Percent
0-5	4	0.0%
6-11	44	0.5%
12-17	8,404	96.4%
18-20	267	3.1%
TOTAL	8,719	100.0%



Figure 38
JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Ethnicity	Count	Percent
Caucasian	568	6.5%
African American	2,493	28.6%
Hispanic	5,209	59.7%
American Native	17	0.2%
Asian/ Pacific Islander	114	1.3%
Other	113	1.3%
Unknown	205	2.4%
TOTAL	8,719	100.0%

Figure 39
JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Responsible Agency	Count	Percent
DCFS	278	3.2%
Probation	5,226	59.9%
DCFS and School Dist	32	0.4%
Probation and School District	1,152	13.2%
School District (SEP Eligible)	118	1.4%
School District (Non-SEP Eligible)	31	0.4%
No Data	1,882	21.6%
TOTAL	8,719	100.0%

Figure 40
JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	62	0.7%
Disorders Due to Medical Condition	4	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	253	2.9%
Major Depression	455	5.2%
Anxiety Disorders	688	7.9%
Other Diagnoses	802	9.2%
Adjustment/Conduct Disorder/ADHD	5,247	60.2%
Child Abuse and Neglect	12	0.1%
No Diagnosis or Diagnosis Deferred	1,196	13.7%
TOTAL	8,719	100.0%

Figure 41
JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	48	0.6%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	2	0.0%
Bipolar Disorders	29	0.3%
Major Depression	32	0.4%
Anxiety Disorders	202	2.3%
Other Diagnoses	6,387	73.3%
Adjustment/Conduct Disorder/ADHD	1,862	21.4%
Child Abuse and Neglect	117	1.3%
No Diagnosis or Diagnosis Deferred	39	0.4%
TOTAL	8,719	100.0%



Figure 42
JUVENILE HALL CLUSTER (Barry Nidorf, Central, Los Padrinos)

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	77	0.9%
Marijuana	899	10.3%
Cocaine	3	0.0%
Hallucinogens	3	0.0%
Inhalants	5	0.1%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	129	1.5%
No Substance Abuse	7,603	87.2%
Undetermined	0	0.0%
TOTAL	8,719	100.0%

Figure 43
DOROTHY KIRBY CENTER

Gender	Count	Percent
Male	220	63.4%
Female	127	36.6%
Unknown	0	0.0%
TOTAL	347	100.0%

Figure 44
DOROTHY KIRBY CENTER

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	4	1.2%
12-17	339	97.7%
18-20	4	1.2%
TOTAL	347	100.0%

Figure 45
DOROTHY KIRBY CENTER

Ethnicity	Count	Percent
Caucasian	25	7.2%
African American	138	39.8%
Hispanic	175	50.4%
American Native	1	0.3%
Asian/ Pacific Islander	5	1.4%
Other	2	0.6%
Unknown	1	0.3%
TOTAL	347	100.0%

Figure 46
DOROTHY KIRBY CENTER

Responsible Agency	Count	Percent
DCFS	8	2.3%
Probation	235	67.7%
DCFS and School Dist	0	0.0%
Probation and School District	21	6.1%
School District (SEP Eligible)	11	3.2%
School District (Non-SEP Eligible)	3	0.9%
No Data	69	19.9%
TOTAL	347	100.0%

Figure 47
DOROTHY KIRBY CENTER

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	7	2.0%
Schizophrenia/Psychosis	5	1.4%
Bipolar Disorders	51	14.7%
Major Depression	60	17.3%
Anxiety Disorders	55	15.9%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	169	48.7%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	0	0.0%
TOTAL	347	100.0%



Figure 48
DOROTHY KIRBY CENTER

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	3	0.9%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	7	2.0%
Major Depression	6	1.7%
Anxiety Disorders	17	4.9%
Other Diagnoses	113	32.6%
Adjustment/Conduct Disorders/ADHD	189	54.5%
Child Abuse and Neglect	6	1.7%
No Diagnosis or Diagnosis Deferred	6	1.7%
TOTAL	347	100.0%

Figure 49
DOROTHY KIRBY CENTER

Admit Substance Abuse	Count	Percent
Alcohol	2	0.6%
Amphetamines	0	0.0%
Marijuana	17	4.9%
Cocaine	1	0.3%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	6	1.7%
No Substance Abuse	321	92.5%
Undetermined	0	0.0%
TOTAL	347	100.0%

Figure 50
CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Gender	Count	Percent
Male	2,729	88.1%
Female	369	11.9%
Unknown	0	0.0%
TOTAL	3,098	100.0%

Figure 51
CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	1	0.0%
12-17	2,870	92.6%
18-20	227	7.3%
TOTAL	3,098	100.0%

Figure 52
CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Ethnicity	Count	Percent
Caucasian	132	4.3%
African American	968	31.2%
Hispanic	1,876	60.6%
American Native	3	0.1%
Asian/ Pacific Islander	39	1.3%
Other	40	1.3%
Unknown	40	1.3%
TOTAL	3,098	100.0%

Figure 53
CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Responsible Agency	Count	Percent
DCFS	59	1.9%
Probation	1,915	61.8%
DCFS and School Dist	9	0.3%
Probation and School District	330	10.7%
School District (SEP Eligible)	23	0.7%
School District (Non-SEP Eligible)	7	0.2%
No Data	755	24.4%
TOTAL	3,098	100.0%



Figure 54

**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	21	0.7%
Disorders Due to Medical Condition	1	0.0%
Schizophrenia/Psychosis	5	0.2%
Bipolar Disorders	57	1.8%
Major Depression	135	4.4%
Anxiety Disorders	298	9.6%
Other Diagnoses	0	0.0%
Adjustment/Conduct Disorder/ADHD	2,270	73.3%
Child Abuse and Neglect	5	0.2%
No Diagnosis or Diagnosis Deferred	306	9.9%
TOTAL	3,098	100.0%

Figure 55

**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**

Secondary DSM Diagnosis	Count	Percent
Drug induced Disorders or Dependence	15	0.5%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	6	0.2%
Major Depression	12	0.4%
Anxiety Disorders	71	2.3%
Other Diagnoses	2,202	71.1%
Adjustment/Conduct Disorder/ADHD	761	24.6%
Child Abuse and Neglect	19	0.6%
No Diagnosis or Diagnosis Deferred	12	0.4%
TOTAL	3,098	100.0%

Figure 56

**CHALLENGER YOUTH CENTER/
JUVENILE JUSTICE CAMPS**

Admit Substance Abuse	Count	Percent
Alcohol	45	1.5%
Amphetamines	34	1.1%
Marijuana	326	10.5%
Cocaine	4	0.1%
Hallucinogens	2	0.1%
Inhalants	3	0.1%
Sedatives and Opioids	0	0.0%
Polysubstance Abuse	57	1.8%
No Substance Abuse	2,625	84.7%
Undetermined	2	0.1%
TOTAL	3,098	100.0%



SELECTED FINDINGS

DEPARTMENT OF MENTAL HEALTH

- During FY 2010-2011, The Family Preservation (FP) program treated 346 clients. Family Reunification served eight outpatients. Rate Classification Level-14 (RCL-14) facilities treated 134, and Community Treatment Facilities (CTF) treated 112. The Child Abuse Prevention, Intervention and Treatment (CAPIT) program was offered to 262 individuals. Tier I Wraparound program services were given to 1,752. Tier II Wraparound program services were provided to 2,446. The three Juvenile Hall Mental Health Units (JHMHU) served 8,719. Dorothy Kirby Center provided mental health services to 347. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 3,098 children/youth received mental health services. A total of 17,224 children and adolescents, potentially at-risk for child abuse or neglect, were served by these mental health treatment programs.
- Clients receiving mental health services in the Wraparound programs, CAPIT, Family Preservation, and Family Reunification programs were 28% of clients at the programs considered. Of these, 63% were identified as DCFS referrals.
- Clients treated in RCL-14 or Community Treatment Facilities were 1% of the clients considered. DCFS referrals constituted 43% of the RCL-14 referrals and 74% of the CTF referrals.

- Clients in the Mental Health Units of the three juvenile halls made up 51% of the clients considered. Of these, 3% were identified as DCFS referrals.
- Clients in the Mental Health Units at the Challenger Youth Center/Juvenile Justice Camps and Dorothy Kirby Youth Center were 20% of the clients at the programs reviewed. Of these, 4% were identified as DCFS referred.
- Clients in Mental Health Units of the Youth Centers were distributed as follows: 90% in Challenger Youth Center/Juvenile Justice Camps, and 10% in Dorothy Kirby Center.
- During FY 10-11, the Tier I Wraparound program served 165 clients diagnosed with either a primary or a secondary admission DSM diagnosis of Child Abuse and Neglect (CAN). As in FY 09-10, this is again 25% of the total of the 671 clients with a diagnosis of CAN in all of the programs considered. In FY 08-09, Tier I Wraparound treated 26 children diagnosed with CAN.
- During FY 10-11, the Tier II Wraparound program, served 278 clients diagnosed with CAN. This is 41% of the total CAN clients in all of the programs considered. Tier II Wraparound was implemented during FY 09-10,
- During FY 10-11, the CAPIT program served 38 clients with CAN. This is 6% of the total CAN clients in all of the programs



DEPARTMENT OF MENTAL HEALTH REPORT

considered. In FY 09-10, CAPIT treated 75 clients diagnosed with CAN, 50 in FY 08-09, 47 in FY 07-08, 87 in FY 06-07, and 63 in FY 05-06.

- The Juvenile Hall Mental Health Units (JHMHUs) served 129 clients diagnosed with CAN during FY 10-11, which is 19% of the CAN clients in the programs considered. In FY 09-10, the JHMHUs treated 160 children diagnosed with CAN, 32 in FY 08-09, 12 in FY 07-08, 35 in FY 06-07, and 22 in FY 05-06.
- In FY 10-11, the CAPIT program served 38 clients with CAN. This is 6% of clients diagnosed with CAN in the programs considered. In FY 09-10 CAPIT treated 75 clients with CAN, 50 in FY 08-09, 47 in FY 07-08, 87 in FY 06-07, and 63 in FY 05-06.
- The FP program served 31 clients diagnosed with CAN in FY 10-11. This is 5% of the total CAN clients in all of the programs considered. In FY 09-10, FP served 50 clients with CAN, 50 in FY 08-09, 45 in FY 07-08, 27 in FY 06-07, and 21 in FY 05-06.
- Combining the CAN counts for the CAPIT, the FP and the JHMHU mental health treatment programs permits longitudinal tracking of the total number of CAN cases treated in this cluster of programs. In FY 10-11, 198 CAN clients were treated in these three programs. This was 30% of the CAN diagnoses. In FY 09-10, 285 CAN clients were treated in these programs, 132 in FY 08-09, 104 in

FY 07-08, 149 in FY 06-07, and 106 in FY 05-06.

- Of the 671 children, at these treatment programs, who received a primary or secondary DSM diagnosis of Child Abuse and Neglect during FY 10-11, the Tier II Wraparound program diagnosed and treated the largest percentage (41%). The proportion of children with CANS in the latter program was followed by the Tier I Wraparound program (25%), the Juvenile Hall Mental Health Units (19%), the CAPIT program (6%), Family Preservation (5%), Challenger/Juvenile Justice Camps (4%), and the Dorothy Kirby Center (1%). The findings indicate that, for the mental health treatment programs considered for FY 10-11, the Tier II and Tier I Wraparound programs and the Juvenile Hall Mental Health Units made the largest contribution to identifying and treating children diagnosed with Child Abuse and Neglect.
- The most frequent DSM diagnosis of clients in the treatment programs considered in FY 10-11 was Adjustment/Conduct Disorder/ADHD, with a range of 41% to 73% of each program's clients receiving this diagnosis. Major Depression or Anxiety Disorders were consistently the second most frequent DSM diagnosis for Tier II Wraparound, Family Preservation, Family Reunification, CAPIT, the Juvenile Hall Mental Health units and Challenger. Bipolar Disorders was more frequently diagnosed than Anxiety Disorders at the Tier I Wraparound program.



GLOSSARY OF CHILDREN'S MENTAL HEALTH TERMS

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by *italics* have their own separate definitions. The term *service* or *services* is used frequently in this glossary. The reader may wish to look up *service* before reading the other definitions.

Assessment:

A professional review of a child's and family's needs that is done when they first seek services. The assessment of the child includes a review of physical and mental health, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the treatment provider and family decide what kind of treatment and supports, if any, are needed.

Case Manager:

An individual who organizes and coordinates services and supports for children with 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 (See *wraparound services*).

Cultural Competence:

Help that is sensitive and responsive to cultural differences. Service providers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability.



They adapt their skills to fit a family's values and customs.

Day Treatment:

A non-residential, intensive and structured clinical program provided for children and adolescents who are at imminent risk of failing in the public school setting as a result of their behavior related to a mental illness and who have impaired family functioning. The primary foci of Day Treatment are to address academic and behavioral needs of the individual, family, and/or foster family.

DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*):

An official manual of mental health problems developed by the American Psychiatric Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

Emergency and Crisis Services:

A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, *crisis residential treatment services*, crisis outreach teams, and crisis respite care.

Evidence Based Practice:

An intervention whose beneficial treatment outcomes for the mental health and psychological functioning of clients has been established by controlled clinical research studies.

Family Support Services:

Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, and *respite care*.

Inpatient Hospitalization:

Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Managed Care:

A way to supervise the delivery of health care services. Managed care may specify the providers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.

Mental Health:

Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress,



relating to other people, and making decisions.

Mental Health Problems:

There are several recognized problems. These problems affect one's thoughts, body, feelings, and behavior. They vary from, mild to severe. Some of the more common disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Plan of Care:

A treatment plan designed for each child or family. The treatment provider develops the plan with the family. The plan identifies the child's and family's strengths and needs. It establishes goals and details the appropriate treatment, and services likely to meet his or her special needs.

Residential Treatment Centers:

Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with *serious emotional disturbances* receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than *inpatient hospitalization*. Centers are also known as *therapeutic group homes*.

Respite Care:

A service that provides a break for parents who have a child with a serious *emotional disturbance*. Some parents may

need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.

SEP Eligible:

A child who has been assessed by a team of qualified assessors, including the parents, as eligible to be placed in a special education program and to receive related mental health services.

Serious Emotional Disturbance:

Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community. Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders. Serious emotional disturbances affect 1 in 20 young people.

Service:

A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

Short-Doyle Medi-Cal:

State-funded program that provides reimbursement for county mental health services to Medi-Cal eligible and indigent individuals.



System of Care:

A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

Therapeutic Foster Care:

A home where a child with a *serious emotional disturbance* lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.

Therapeutic Group Homes:

Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within an interagency *system of care*. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

Transitional Services:

Services that help children leave the system that provides help for children and move into adulthood and the adult service

system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

Wraparound Services:

A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education.



DEPARTMENT OF PUBLIC HEALTH

AGENCY REPORT

MATERNAL CHILD & ADOLESCENT HEALTH PROGRAMS

Overview

Child maltreatment, whether in the form of physical, sexual, emotional abuse and/or neglect, adversely affects the developing child and increases the risks for emotional, behavioral, social, and physical problems throughout the child's life. Experiences of abuse or neglect occurring as early as the first year of life may lead to symptoms of poor psychological well-being, such as depression, anxiety, difficulties in forming and developing healthy relationships, and increases the likelihood of developing negative behavioral consequences such as future alcohol and substance abuse, eating disorders, and criminal and violent behaviors. These high-risk behaviors may lead to serious long-term health problems for the individual, as well as significant social and economic costs for the community.¹

1. Long-Term Consequences of Child Abuse and Neglect", Child Welfare Information Gateway, April 2006.



The mission of the Los Angeles County Department of Public Health (DPH) is to protect health, prevent disease, and to promote health and well-being for all communities and residents in Los Angeles County. DPH recognizes the significant physical, emotional, and psychosocial impacts of child abuse and neglect on child development and makes every effort to prevent these adverse outcomes through primary prevention efforts that focus on healthy child development, family resiliency and economic self-sufficiency. DPH seeks to achieve this by partnering with communities to mitigate risk factors for child abuse such as poverty, lack of social support and services, and limited access to healthcare. Many of our programs are committed to improving the social environment for communities, increasing healthcare access for low-income households, providing education to improve parenting skills, and raising awareness and self-esteem for individuals.

Maternal, Child and Adolescent Health (MCAH) Programs is a major operational division of DPH. The mission of MCAH is to maximize the health and quality of life for all women, infants, children, adolescents, and their families in Los Angeles County. MCAH seeks to ensure optimal maternal health, birth outcomes, and healthy child and adolescent development by providing leadership in planning, implementing and evaluating priority needs and services for this targeted population via the following public health programs:

- Black Infant Health Program
- Child and Adolescent Health Program and Policy
- Children’s Health Outreach Initiative

- Childhood Lead Poisoning Prevention Program
- Comprehensive Perinatal Services Program
- Fetal Infant Mortality Review Program
- Newborn Screening Program
- Nurse Family Partnership Program
- Sudden Infant Death Syndrome Program
- Los Angeles County Preconception Health Collaborative

This report is divided into two sections. The first section provides background on MCAH Programs and their activities related to prevention of child abuse and neglect. The second section presents a comprehensive data review of infant and child deaths in Los Angeles County.

Section 1. Health Promotion and Child Abuse Prevention within MCAH Programs

Black Infant Health Program (BIH)

BIH was established in 1989 in response to the alarmingly and disproportionately high infant mortality rates in the African-American community. This community-based program identifies at-risk pregnant and parenting African-American women, 18 years and older, and assists them to access healthcare and other family support services to improve their health and the health of their infants and families.

BIH, in coordination with five subcontractors, implements two BIH perinatal intervention strategies: Prenatal Care Outreach (PCO) and Social Support Empowerment (SSE). PCO links African-American mothers to accessible healthcare services, primarily prenatal care and pediatric

services. SSE is a facilitated series of eight classes that combine peer support, health education, personal skill building, and self-efficacy techniques for African-American women.

BIH ensures access for clients to a variety of medical and social services by maintaining working relationships with a cross-section of collaborators throughout the County. These collaborators include: March of Dimes; Healthy African-American Families; First 5 LA; Women, Infants, and Children (WIC); various community, civic, and state leaders; the faith/religious community; and obstetrical/gynecological providers.

Although BIH does not directly provide child abuse and domestic violence services, the program creates a culture that encourages client empowerment and awareness. By providing social support to women enrolled in the program, BIH begins to ameliorate some of the underlying risk factors that lead to child abuse. Appropriate referrals are given to clients for potential child abuse and domestic violence cases.

Preliminary data for the most recent fiscal year shows that BIH Program subcontractors served 1,294 African-American mothers and their infants during the period July 1, 2011 through June 30, 2012. During this same period, 320 BIH clients graduated from Social Support and Empowerment classes.

Child and Adolescent Health Program & Policy (CAHPP)

CAHPP was established to promote the health and well-being of children, adolescents, and young adults in Los Angeles County.

CAHPP serves as the lead public health program in promoting awareness of child abuse and neglect, supporting proposed child abuse prevention legislation, providing professional training conferences, and serving as consultant for specific child abuse prevention matters.

During Fiscal Year 2011-2012, CAHPP coordinated, conducted, and participated in the following activities:

- Via the LAC-Adolescent Health Collaborative, conducted a conference on Transitional Age Youth: Improving Outcomes for Los Angeles' Youth and disseminated information about child/adolescent health matters via weekly e-mail blasts to 1500 collaborating partners.
- In partnership with the Los Angeles Child Abuse Council Chairs distributed over 1 million child abuse prevention incentive items (e.g., pens, pencils, note pads) throughout Los Angeles County for Child Abuse Prevention Month
- Coordinated printing and distribution of 100,000 Adolescent Suicide Resources and Prevention cards that were shared with schools and youth-serving agencies
- Ensured 100,000 brochures were produced for the Los Angeles County Perinatal Depression Task Force. These brochures were provided to all women who delivered a baby in Los Angeles County

- Distributed 200,000+ Child Abuse Prevention educational materials to community agencies, medical clinics, and WIC agencies in Los Angeles County

Children's Health Outreach Initiatives Program (CHOI)

This program serves as a liaison between other DPH programs, other County departments, outside community-based organizations, and children's health stakeholders working on children's health issues and access to health coverage. CHOI staff represents DPH on the Children's Health Initiative (CHI) of Greater Los Angeles, whose mission is to provide universal health coverage for children. The CHI Program Integration Workgroup aims to simplify enrollment and retention processes for the various health insurance programs and to pursue high-yield enrollment opportunities for uninsured children. The workgroup also focuses on programmatic changes to local health programs and addresses coverage for children who are not eligible for existing programs or are on wait lists for programs.

CHOI was established in 1997 to provide coordinated outreach to low-income children in order to enroll them in health insurance programs. Through this activity, CHOI hopes to reduce the number of uninsured children in Los Angeles County. CHOI administers a multi-million dollar outreach and enrollment project and receives funding from First 5 LA. DPH matches this funding by receiving Medi-Cal Administrative Activity (MAA) dollars for enrolling clients into Medi-Cal. With this funding, CHOI contracts with 15 community-based organizations, schools, local governments, and health clinics to provide direct client services. Organizations are encouraged to be holistic in their

approach in helping families access low or no cost health coverage programs. Once a family is enrolled, the contracted organizations follow-up with them to ensure utilization and retention of health benefits. Additionally, contracted organizations also refer families to other health and social services. CHOI sponsors comprehensive training for agency staff and Certified Application Assistors (CAAs) in Los Angeles County on the full range of available coverage programs and best practices.

CHOI activities during FY 2011-2012 included:

- Participation in CAA Network conferences, which kept CAA's in the county updated on new program information
- Participation in the update and maintenance of LACountyHelps.org, a web-based preliminary screening for social service programs, including health coverage

During FY 2011-2012, 29,848 applications were submitted by the contracted agencies and 78% of CHOI's clients retained their coverage 14 months after enrollment.

Childhood Lead Poisoning Prevention Program (CLPPP)

CLPPP continues to identify and manage lead exposure in children who live in Los Angeles County (age 0-21 years), through specific program activities such as elevated blood lead level surveillance, outreach and education to families and foster homes, care givers, primary care providers and case management. Presently, CLPPP provides care for two patients who reside in foster care. Blood lead levels that meet case criteria are defined and managed.

Based on state and federal guidelines and recommendations, Public Health Nurses (PHNs) and Environmental Health Specialists (EHS) conduct home visits to:

- Identify source of lead exposure,
- Interrupt the pathway of the lead source
- Reduce blood lead level
- Reduce or eliminate consequences of lead exposure
- Reduce lead hazards

During fiscal year 2011-12, 73 children ages 0-21 years were newly defined as cases and were case managed by CLPPP public health nurses in accordance with state guidelines. As of June 30, 2012, CLPPP had 142 open cases. In addition to these state defined cases, over 500 children had an elevated level (10 µg/dL or above), and over 6,000 children had blood lead levels between 4.5 and 9.5 µg/dL.

Beginning in March of 2010, based on the scientific evidence of adverse effects of blood lead levels (BLL) greater than 10µg/dL, CLPPP took a closer look at children whose single elevated blood lead levels (SEBLL) capillary or venous measured between 15µg/dL and 19µg/dL. While waiting for a confirmatory BLL, CLPPP processed such cases, provided educational teaching to the families and made referrals to Environmental Health (EH) for further intervention through consultation and home visits for families who requested further investigation. During the fiscal year 2011-2012, CLPPP received a total of 157 SEBLL and 20 SEBLLs became cases with confirmatory BLL between 15µg/dL-19µg/dL.

Lead exposure remains a public health problem for certain groups of women of child bearing age, for the developing fetus and

nursing infant. Perinatal lead exposure has known influences on maternal health, infant birth and neurodevelopmental outcomes. On October 21-22, 2009, the Advisory Committee on Childhood Lead Poisoning Prevention approved Centers for Disease Control (CDC) and Prevention guidelines for identifying and managing lead exposure in lactating women, for providers. CLPPP continues efforts to decrease the prevalence of lead exposure to children, by providing educational materials to raise provider's knowledge of the CDC guidelines and recommendations.

Comprehensive Perinatal Services Program (CPSP)

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

By improving pregnancy outcomes and providing antepartum and postpartum support, CPSP can impact and mitigate some of the risk factors that contribute to child abuse.

During FY 2011-2012, there were 425 certified CPSP providers in Los Angeles County. CPSP staff conducted 33 trainings on various topics including CPSP Program Overview, Breastfeeding, Intimate Partner Violence, and Perinatal Depression. The content of the Program Overview and Breastfeeding trainings was revised significantly to incorporate current best practices and State recommendations. CPSP

staff also collaborated with March of Dimes in the *Comenzando Bien* training, a culturally appropriate curriculum that addresses the needs of Latino women and their families to reduce the incidence of premature births.

In addition to training, program staff conducted 160 quality assurance site visits and 100 onsite technical assistance visits with CPSP providers in an effort to promote quality care for pregnant women and newborns and in compliance with Title 22 CPSP regulations.

Fetal Infant Mortality Review Program (FIMR)

FIMR was implemented in 12 California counties in 1994 to address the problem of fetal and infant deaths in areas with high rates of prenatal mortality. The goal of the program is to enhance the health of infants and their mothers by examining factors that contribute to fetal, neonatal, and post-neonatal deaths and developing and implementing intervention strategies in response to identified needs.

Traditionally, the County conducted FIMR reviews on specifically selected cases of fetal and infant deaths. These reviews involved interviews of mothers by PHN's and the completion of case reviews of the medical and autopsy records. Following the review, a Technical Review Panel comprised of doctors, coroners, and public health professionals made recommendations for change to prevent similar fetal and infant deaths from occurring.

In 2003, the Los Angeles County DPH FIMR program began incorporating the Perinatal Periods of Risk (PPOR) framework into its scope of work. PPOR is a tool to prioritize and mobilize prevention efforts in the community. The revised FIMR project involves analyzing fetal and infant death cases countywide and recommending

appropriate policies and interventions for reducing the mortality rate.

During FY 2011-2012, the FIMR Program:

- Maintained the Fetal-Infant Mortality Expanded Surveillance System (FIMESS) database and designed utilities for increased functionality
- In collaboration with the Research, Evaluation & Planning unit within MCAH Programs, the FIMR program continued to implement the countywide Los Angeles Health Overview of a Pregnancy Event (L.A. HOPE) Project – data collection on women who have recently suffered a fetal or infant loss. This data is used to develop policy interventions and maximize resource allocation for perinatal health and social services in Los Angeles County. For more information, please visit our website at <http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.html>.
- Maintained Partnership with CityMatCH, the Association of Maternal & Child Health Programs (AMCHP), and National Healthy Start Association (NHSA), who together launched an Action Learning Collaborative (ALC) using a national team approach focused on eliminating racial disparities in infant mortality. The first national team included Los Angeles, California; Aurora, Colorado; Pinellas County, Florida; Chicago, Illinois; Columbus, Ohio; and Milwaukee, Wisconsin. The ALC addresses the need for maternal and child health leaders to learn what has worked across the country from both peers and subject matter experts; discuss how to tailor interventions for

community, local and state practice; and become part of a larger learning community linked to other efforts to undo institutional racism and eliminate health disparities and its impact on birth outcomes. The final report “Taking the First Steps: Experiences of Six Community/State Teams Addressing Racism’s Impacts on Infant Mortality” can be accessed and downloaded at http://publichealth.lacounty.gov/mch/LA_CALC/LACALC_index.htm

Newborn Screening Program (NBS)

The goal of the Newborn Screening Program is to prevent catastrophic health consequences and the emotional and financial burden for families caused by genetic and congenital disorders. Los Angeles County partners with two Area Service Centers at Harbor-UCLA and UCLA Medical Center to monitor births that occur outside of hospitals and result in missed screenings; to provide follow-up referrals for missed screenings; and to ensure that infants with positive screens are located and referred for appropriate services. In addition, the program provides outreach and education to the community on genetic disorders and resources to families affected by these conditions.

During FY 2011-2012, the Los Angeles County Newborn Screening Program:

- Conducted 2 trainings to increase awareness of the Newborn Screening Program to district and Program Public Health Nurses
- Received 323 notices on out- of-hospital deliveries
- Received 6 referrals for missed or positive genetic screens. These

babies were located and referred for follow-up.

- Distributed over 110 Newborn Screening Booklets to Healthcare Providers.

Nurse Family Partnership (NFP)

NFP is an intensive nurse home visitation program that follows a national model developed by Dr. David Olds. The model, which has been empirically studied for over 35 years, targets low income, socially disadvantaged, first-time mothers and their children to help improve pregnancy outcomes, the quality of parenting, and positively impact child health and maternal life-course development. Extensive research has shown that NFP can:

- Decrease the number of substantiated reports of child abuse or neglect
- Increase the number of normal weight infants delivered
- Decrease the number of mothers who smoke
- Decrease the number of emergency room and urgent care encounters for injuries or ingestion of poisons among infants and toddlers
- Increase the number of mothers in the labor force
- Increase the number of mothers enrolled in educational programs
- Reduce the number of mothers who use alcohol or drugs during pregnancy, or who are arrested for criminal behaviors
- Delay subsequent pregnancies

PHN’s conduct home visits that begin before the mother’s 24th week (often beginning on or before their 16th week) of pregnancy and continue until the child reaches his/her second birthday. Home visits



focus on personal health, child health, discipline, childcare, maternal role development, maternal life-course development, and social support.

NFP-trained PHNs assess the needs of mothers and newborns and provide them with intervention services such as referrals, education, or counseling for any identified problems. When the infant is approximately 10 weeks old, PHN's and parents discuss the importance of nurturing children through physical and emotional security, trust, and respect. When the baby is approximately five months old, PHN's address topics with the parents such as sexual, emotional, and physical abuse. PHN's refer families for additional social and support services if risk factors for child abuse and neglect are observed.

During FY 2011-2012, NFP's 14 PHNs were joined by an additional 24 nurses with funding from the Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) program within the Department of Mental Health. NFP was expanded within Service Planning Areas 1, 4, 6 & 8, and countywide for the deaf and hard of hearing community. The NFP partnership with the Department of Mental Health has helped to facilitate establishment of and access to quality mental health resources for pregnant women with needs in this area. Fiscal year data shows that NFP program outcomes continue to match or exceed the national and benchmark standards in many areas as set by Dr. Olds as well as those set in Healthy People 2010, such as having a 43% relative change in maternal alcohol use during pregnancy.. As of June 30, 2012, NFP newly enrolled 188 clients with a median age of 17 years old. NFP served over 500 families, and 19 clients were graduated from the 2 ½ year program. The majority of NFP referrals came

from the Women-Infant-Child (WIC) Nutrition Program.

During 2011-12, NFP continues participation in the Family and Children's Index (FCI) system used by direct-service County departments. There were no reportable cases of child abuse during this year among NFP clients, and 4.6% of mothers entering NFP services were under the care of Children's Protective Services.

Sudden Infant Death Syndrome Program (SIDS)

In compliance with state mandates, the County coroner reports all presumptive Sudden Infant Death Syndrome (SIDS) cases to the California Department of Public Health and to the local SIDS Program. Subsequently, an assigned public health nurse provides grief and bereavement case management services to parents and family members, foster parents, and other child care providers. Program staff focus their outreach and training efforts on the importance of placing healthy infants to sleep on their backs; of providing a smoke-free, safe-sleep environment; and disseminating information about other identified risk factors and promoting American Academy of Pediatrics Guidelines.

During FY 2011-2012, the SIDS Program coordinated the following activities:

- Received and processed 42 presumptive SIDS referrals from the coroner
- Contacted 38 parents/caregivers to provide grief and bereavement support
- Trained more than 40 Nurse Family Partnership (NFP) Public Health Nurses on SIDS risk reduction and Safe Infant Sleep practices
- Conducted 2 Annual SIDS trainings for 34 newly hired public health nurses who may be deployed to provide grief and bereavement support to parents/caregivers after infant loss
- Hosted Peer-Parent Support trainings. 5 Peer-Parents were trained to provide grief and bereavement support to other families who suffer an infant loss.

- Maintained SIDS training, education, and grief support materials on the Los Angeles County MCAH website for both the consumer and professional (<http://publichealth.lacounty.gov/mch/sids/sids.htm>)
- Distributed more than 8,000 community-friendly brochures entitled, "Safe Sleep Tips for Your Baby"
- Conducted 5 community-based SIDS Risk Reduction and Safe Infant Sleep trainings
- Conducted 12 monthly grief and bereavement support groups providing support, interconception, and safe infant sleep education to more than 80 families.
- Developed additional grief and bereavement resources to support grieving families
- Partnered with the Los Angeles County Safe Infant Sleep Task Force to address high numbers of infant deaths related to unsafe sleep practices and shaken baby syndrome

Los Angeles County Preconception Health Collaborative

The Los Angeles County Preconception Health Collaborative was one of three teams in the nation selected by the Centers for Disease Control and Prevention (CDC) and CityMatCH to serve as demonstration projects for the integration of preconception health into public health practice. The California Family Health Council (CFHC), LA Best Babies Network, Los Angeles County DPH, March of Dimes, and the PHFE WIC Program formed the collaborative in early 2007. The Perinatal Advisory Council/Leadership, Advocacy, and Consultation (PAC/LAC) joined in June 2008, and the Los Angeles Veteran's Administration

Women Veterans Health Program joined in 2010.

The work of the collaborative aims to: implement activities that promote the use of existing resources in a connected system; help women reach their optimal health; and for those planning families, achieve healthy birth outcomes. The formal demonstration project ended in 2008, but the collaborative and its work continue.

During FY 11-12, activities included:

- A summit to train 66 health care providers and others on the Interconception Care Project for California guidelines for treating the most common postpartum medical diagnoses in women.
- An obstetric hemorrhage learning collaborative for care quality improvement. Los Angeles County DPH convened, developed, and mentored the collaborative of public and private hospitals.
- A Perinatal Healthy Weight Roundtable. The LA Best Babies Network gathered a panel of experts to address obesity prevention among women of reproductive age.
- LAC DPH continued to incorporate preconception health into Maternal, Child, and Adolescent Health programmatic activities, such as perinatal depression screening trainings for Comprehensive Perinatal Services Program (CPSP) providers.
- Community and conference presentations for the American College of Obstetricians and Gynecologists; Association of Maternal and Child Health Programs; CityMatCH; National Association of County and City Health Officials; National Hispanic Medical

Association; National Preconception Health Summit; Perinatal Advisory Council/ Leadership, Advocacy, and Consultation; and the University of California, Los Angeles.

Section 2.
Overview of LAC Infant and Child Death Data

a. Death Rates And Causes Of Death Among Infants

Infant mortality rate is defined as the number of infant deaths occurring at less than 365 days of age per 1,000 live births. In the United States, infant mortality rates have declined steadily since the beginning of the 20th century. This progress can be attributed to better living conditions, increased access to care, and advances in medicine and public health. Factors associated with infant mortality include, but are not limited to, prematurity, low birth weight, maternal substance use or abuse (e.g. alcohol, tobacco, or illicit drugs), inadequate prenatal care, maternal medical complications during pregnancy, short inter-pregnancy intervals, injury, and infection.

The overall infant mortality rate in Los Angeles County in 2010 was 4.6 infant deaths per 1,000 live births, the lowest rate recorded in greater than 10 years. Notably, the infant mortality rate in Los Angeles County has remained well below the national target set by the U.S. Department of Health and Human Services in Healthy People 2020 throughout the past decade (figure 1)..

Figure 2 shows infant mortality rates stratified by race/ethnicity in Los Angeles County for years 2003 through 2010. Although Hispanics comprised the highest number of infant deaths (a function of the much higher number of live births in this sub-population), African-Americans continue to

experience disproportionately higher rates of infant mortality compared to other race/ethnic groups. In 2010, African-Americans experienced a rate of 9.8 infant deaths per 1,000 live births, more than twice as high as the next highest group, and this disparity has been fairly consistent during all the years displayed. Despite the ongoing disparities, it is satisfying to see that the infant death rate has decreased for all groups represented in the figure compared to the previous year. Most notably, the rate for African Americans has experienced a relative decrease of nearly 20% over the previous two years. Figure 3 presents similar data in tabular form, and includes the actual number of deaths and live births among the various race/ethnic groups for comparison as well as data for the entire population.

For purposes of health planning, Los Angeles County is divided into eight regional Service Planning Areas (SPAs). Within the DPH organizational structure, each SPA has an Area Health Officer who is responsible for public health planning and delivery of services according to the health needs of the local communities in the SPA. The bar graph in Figure 4 compares infant mortality by Service Planning Area in 2010, while Figure 5 presents the same statistics in tabular form for all years from 2003 through 2010. Notably, SPA 1 (Antelope Valley), which has usually had the highest infant mortality rate for all SPAs during the years displayed, showed an impressive decrease increase from 7.6 infant deaths per 1,000 live births in 2009, to 5.8 in 2010, a relative decrease of about 24%. Rates also decreased in SPA 2 (San Fernando), SPA 3 (San Gabriel), SPA 7 (East), and SPA 8 (South Bay). SPA 5 (West) which perennially has the lowest infant mortality rate remained unchanged. Rates

increased in SPA 4 (South) and SPA 6 (South).

The table in Figure 6 lists the five most common causes of infant deaths in Los Angeles County in 2010, along with their ordinal position the previous year for comparison. The top four causes of death have not changed since last year. What is notable from this list is that four of the five causes relate directly to conditions arising either prenatally (during embryonic or fetal development) or perinatally (during the birthing process) and preventing these deaths, where possible, would relate to advances and improvements in preconception health, prenatal care, and medical care during the perinatal period. For example, appropriate intake of folic acid by all women of child-bearing age would significantly lower the risk of neural tube defects, which contributes to deaths in the first (largest) category. Other improvements in health promotion and prenatal care during the gestational period would impact the number of short gestational and low-birthweight infants, the second most common cause of death. SIDS is the only cause of death listed in the top five that is not directly linked to conditions arising in the prenatal or perinatal period. The number of deaths in this category could be positively impacted by better promotion of safe sleep practices to all parents and caregivers, such as putting all babies to sleep on their back, and discouraging bed sharing with adults or older children.

Figure 7 shows data on infant deaths in Los Angeles County specifically attributed to child abuse and neglect for all years 2003 through 2010 stratified by gender, in both graphical and tabular form. The chart presents child abuse-related infant mortality rates, while the table also includes number of

child abuse-related deaths and live births. The total number of infant deaths related to child abuse remain very small each year, thus an annual change of only 1 or 2 deaths will be responsible for a large percentage change in the corresponding rate. There was only one infant death attributed to abuse in 2010 in the County. During the time span included in the figure, the range of abuse-related infant deaths per year vary from 1 to 5, with a median value of 3.

b. Death Rates And Causes Of Death Among Children

The crude child death rate used in this report measures the number of deaths among children ages 1-17, per 100,000 children, for all causes. This definition explicitly excludes infant deaths. Throughout the twentieth century and continuing to the present, the child death rate continues to decline as medical science and public health improve.

Figure 8 illustrates the trend in crude death rate for children in Los Angeles County for years 2003 through 2010. There is a continuous downward trend across the time series with the rate of 15.8 deaths per 100,000 in 2009 being the lowest yet.

Figure 9 shows child death rates for years 2003 through 2010 stratified by race/ethnicity. The child death rate shows consistent disparities similar to the infant mortality data (figure 2), with African-Americans demonstrating the highest child death rate in the County (26.9 per 100,000 population), well above the other groups included in the figure. In another similarity to the infant mortality rates, there was a significant decrease this year in both death rates for both African American children (24% relative decrease compared to the previous year) and for Asian/Pacific Islander children

(52% relative decrease compared to two years ago). Child death rates for Whites and Hispanics increased slightly.

Figure 10 presents child death rates for each SPA in Los Angeles County in 2010 in graphical form and provides trend data in tabular form for years 2003 through 2010. In 2010, the child death rate was highest in SPA 6 (South) at 23.9 followed closely by SPA 7 (East) at 21.6 and SPA 1 (Antelope Valley) at 21.3 deaths per 100,000 children ages 1 to 17. The change of death rate within each SPA showed no definitive pattern, with half (4) of the SPA's showing an increased rate while the other half experienced a decrease. However, the two most notable changes were in SPA 4 (Metro), which showed a relative decrease in child death rate of 43% compared to the previous year, and at an actual rate of 9.7 is the lowest among all SPA's; and SPA 3 (East) with a rate of 21.6 represents a relative increase of 46% compared to the previous year.

Figure 11 shows the five most common causes of child death in Los Angeles County in 2010 for three different age categories. Their ordinal position from the prior year is included for comparison. For children ages 1 to 4, and ages 5 to 12, accidents (unintentional injuries) are the first or second leading cause of death and were the leading cause for both groups the previous year. In theory, accidents are preventable conditions and indicate the necessary role for primary prevention interventions at multiple levels of engagement.

Also notable are the leading causes of death for youth ages 13 to 19. Three of the top five causes are all related to injuries, whether intentional harm to another (homicide), unintentional injuries (accidents), or intentional self-harm (suicide), and

therefore all theoretically preventable causes. Of the 272 deaths represented in the table for youth ages 13 to 19, 223 deaths (82%) are attributed to those three causes. The top two causes alone, homicide and accidents, are responsible for 195 deaths (72%); an area that remains ripe for intervention and the opportunity to make a significant impact on child death in the adolescent population is apparent.

Figure 12 shows death rates related to abuse and neglect among children ages 1 to 17, stratified by gender for the years 2003 through 2010, in both graphical and tabular form. There were 3 child deaths related to maltreatment in 2010. Numbers of deaths in this category are very small, ranging from a low of 2 (in 2007 and 2009) to a high of 8 (in 2003). The median and modal number of deaths in this time series is 3 per year.

Limitations of Data

Presenting information on child abuse outcomes and child death is at times limited by both the small numbers of cases in certain categories and the fact that age group reporting requirements are not standardized across agencies.

Deaths related to child abuse and neglect may be underreported in death records. The true number of cases may not be reflected in death records when pending case investigations are not completed for death registration recording.

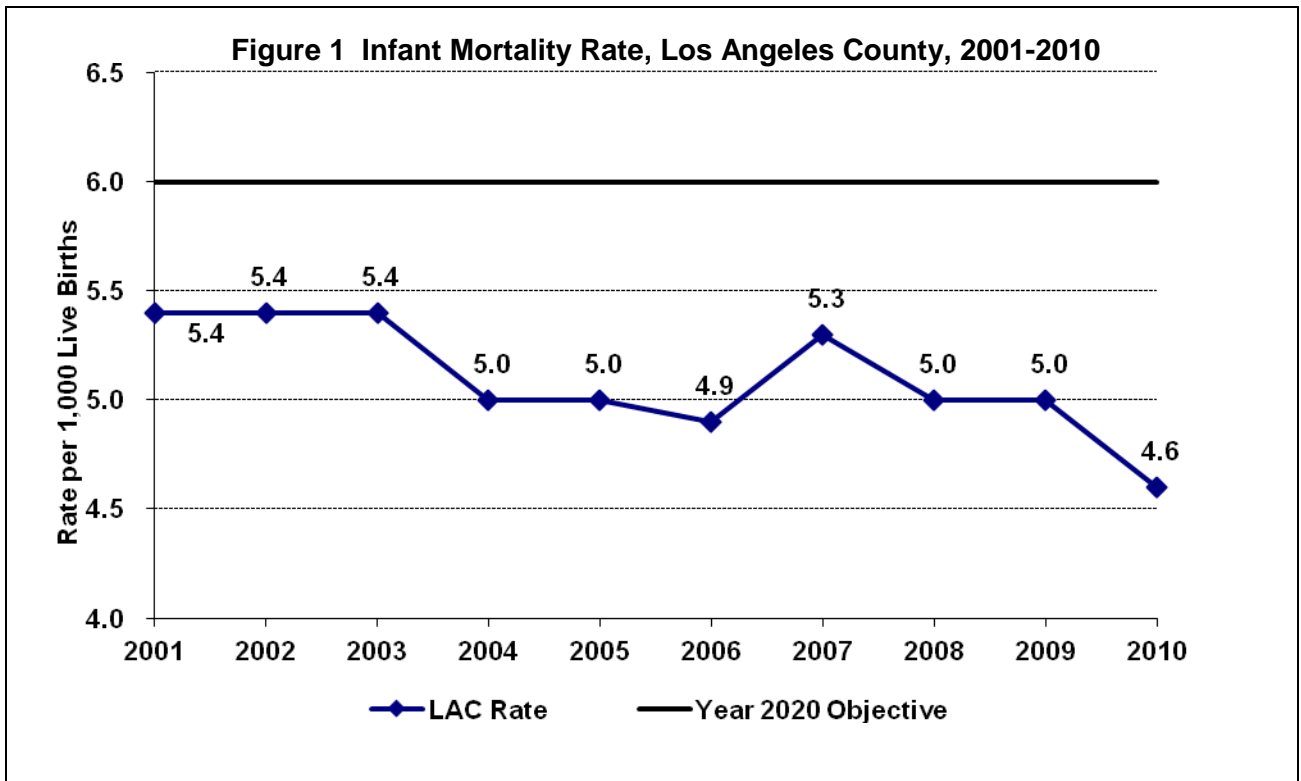
The small number of hospitalizations attributed to child abuse and neglect may be artificially low due to poor documentation or underreporting in hospital discharge records.

Summary of Key Findings

- The crude infant mortality rate of 4.6 infant deaths per 1,000 live births in 2010 is the lowest rate recorded in Los Angeles County since the publication of this report began. The infant mortality rate in the County has been below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births since 1996.
- African-Americans continue to have the highest infant mortality rate among race/ethnic groups, more than twice as high as the next highest group; however the 2010 rate for African-Americans did show a large relative decrease of 20% compare to two years previously.
- Infant mortality rates decreased in 2010 in most (6 of 8) Service Planning Areas (SPAs), most notably in SPA 1 (Antelope Valley) where the rate showed a relative decrease of 24%.
- Most leading causes of infant death are related to conditions arising during the prenatal or perinatal periods and therefore need to be addressed during the preconception and gestational periods and/or with advances and improvements in medical care. SIDS, however, is a leading cause of infant death that can be addressed after birth by promoting safe sleep practices with parents and caregivers
- The death rate for children ages 1 to 17 in Los Angeles County has shown a consistent downward trend for several years, reaching its lowest value of 15.8 deaths per 100,000 children in 2010, the most recent year available. African-American children ages 1 to 17 had the highest death rate among the major race/ethnic

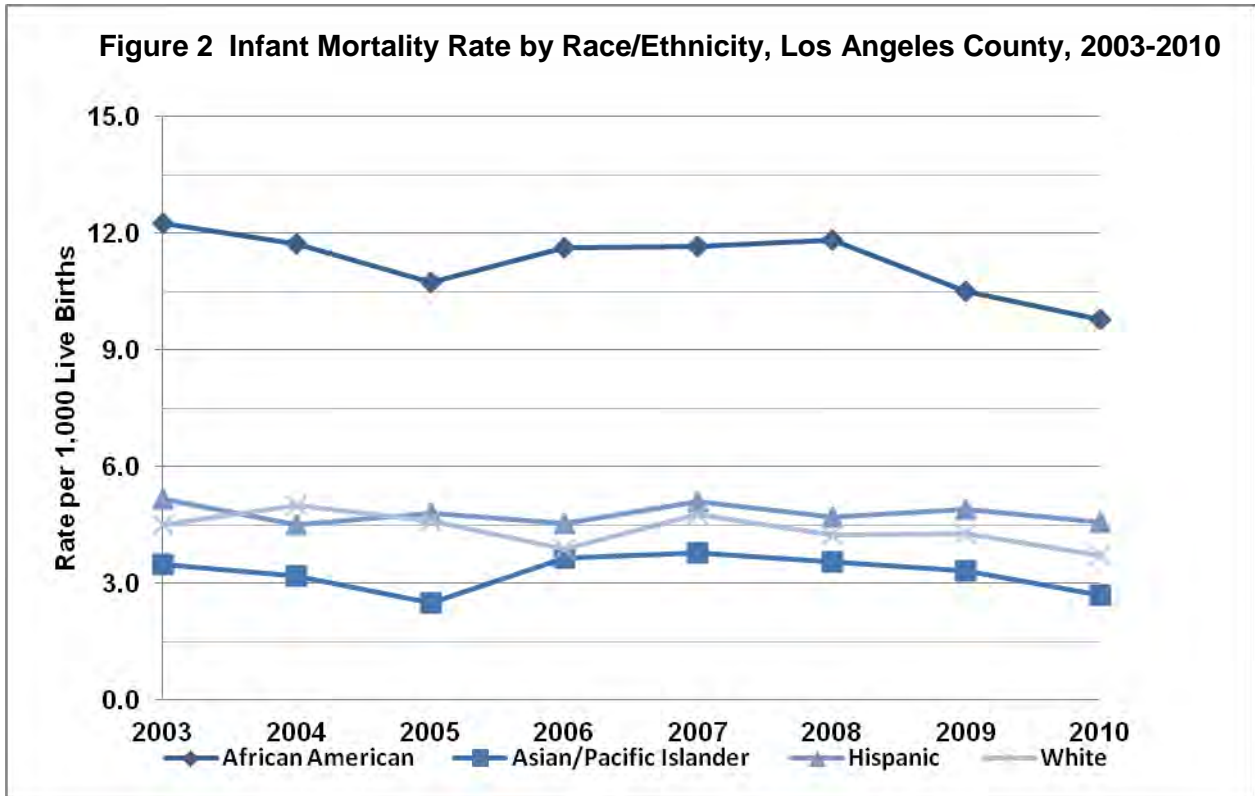
groups represented, but there was significant relative decrease in death rates for both African American and Asian/Pacific Islander children compared to prior years. Among SPAs, SPA 6 (South) had the highest child death rate, followed closely by SPA 7 (East) and SPA 1 (Antelope Valley). SPA 4 (Metro) showed a very impressive relative decrease in child death rate of 43% making it the SPA with the lowest child death rate in 2010.

- Three of the five leading causes of death among children (youth) ages 13-19 and responsible for a large majority of deaths in that age group all relate to injury: homicide, accident, and suicide; and are therefore all theoretically preventable deaths.
- The number of deaths attributed to child abuse and neglect vary slightly year to year but remain very low for both infants and for children ages 1 to 17. However, it is possible that the true number of deaths associated with abuse and neglect may be higher due to underreporting and challenges in post-mortem investigations.



Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2001-2010



Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2010

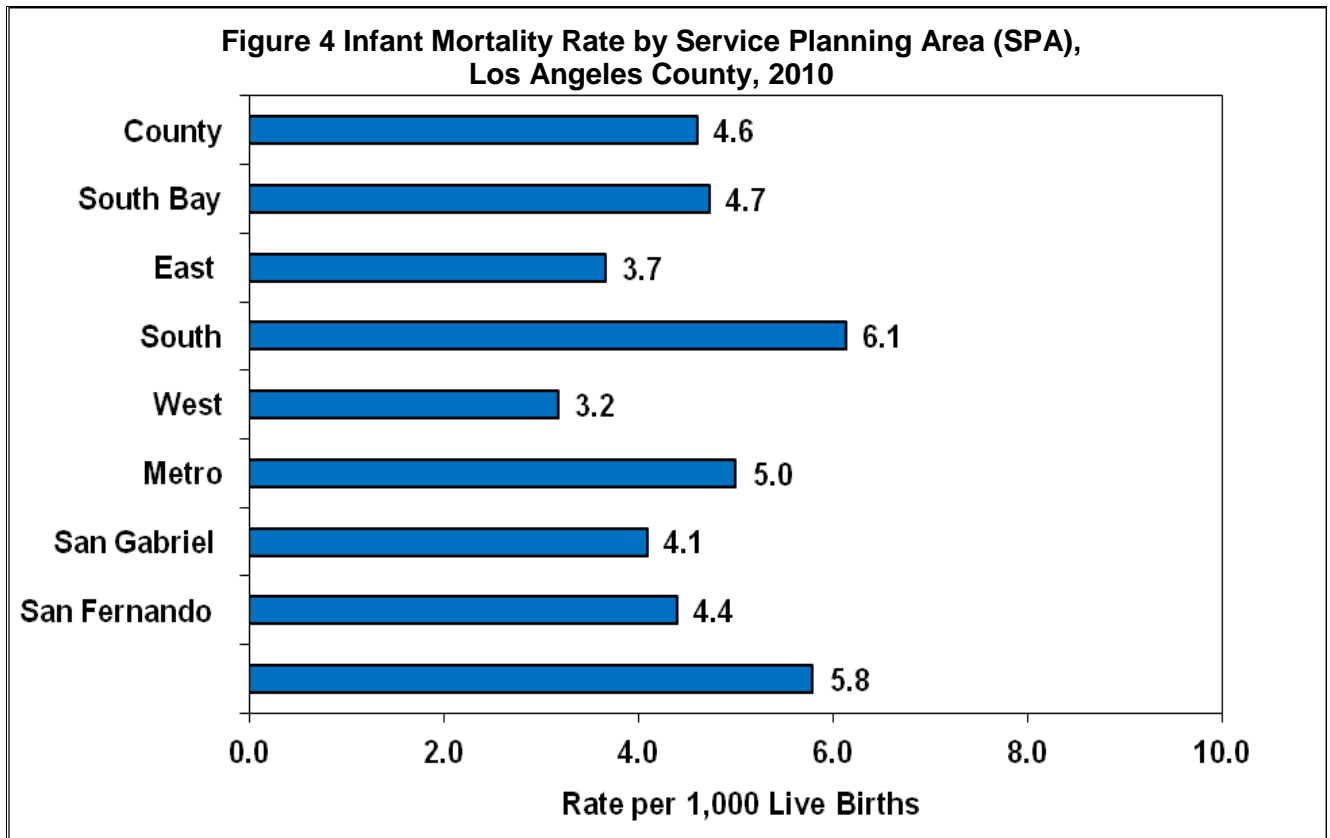
Figure 3

DEPARTMENT OF PUBLIC HEALTH
Infant Mortality Rate by Race/Ethnicity, Los Angeles County, 2003-2010

		2003	2004	2005	2006	2007	2008	2009	2010
African American	Number of Deaths	145	136	123	134	133	136	116	100
	Number of Live Births	11,849	11,610	11,459	11,531	11,406	11,509	11,047	10,237
	Rate	12.2	11.7	10.7	11.6	11.7	11.8	10.5	9.8
Asian/Pacific Islander	Number of Deaths	57	53	41	61	67	61	55	42
	Number of Live Births	16,326	16,611	16,453	16,665	17,769	17,129	16,577	15,562
	Rate	3.5	3.2	2.5	3.7	3.8	3.6	3.3	2.7
Hispanic	Number of Deaths	490	428	455	438	487	434	424	371
	Number of Live Births	95,070	94,894	94,780	96,490	95,686	92,643	86,642	81,372
	Rate	5.2	4.5	4.8	4.5	5.1	4.7	4.9	4.6
White	Number of Deaths	126	137	122	102	123	106	102	89
	Number of Live Births	28,060	27,439	26,569	26,279	25,758	24,910	23,902	24,042
	Rate	4.5	5.0	4.6	3.9	4.8	4.3	4.3	3.7
County	Number of Deaths	822	757	745	738	812	742	704	617
	Number of Live Births	152,192	151,504	150,377	151,837	151,813	147,684	139,679	133,160
	Rate	5.4	5.0	5.0	4.9	5.3	5.0	5.0	4.6

Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2010



*Notes: Infant Mortality Rate Is Defined As Infant Deaths Occurring At Less Than 365 Days Of Age Per 1,000 Live Births.
 Designation Of SPA Was Based On Zip Codes (Published In April 2010). Published SPA Statistics Based On Other Designation May Differ.*

Source California Department Of Public Health, Center For Health Statistics, Ohir Vital Statistics Section, 2010

Figure 5

DEPARTMENT OF PUBLIC HEALTH
Infant Mortality Rate by Race/Ethnicity, Los Angeles County, 2003-2006

	2003			2004			2005			2006		
	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000
Antelope Valley	48	4,948	9.7	29	5,210	5.6	37	5,575	6.6	46	6,140	7.5
San Fernando	126	29,318	4.3	162	28,930	5.6	149	28,878	5.2	121	29,369	4.1
San Gabriel	127	25,841	4.9	111	25,786	4.3	127	25,525	5.0	120	25,702	4.7
Metro	87	17,153	5.1	76	17,173	4.4	72	16,491	4.4	79	16,759	4.7
West	31	6,889	4.5	29	6,894	4.2	18	6,804	2.6	27	6,855	3.9
South	145	22,231	6.5	135	22,418	6.0	126	22,170	5.7	122	22,546	5.4
East	107	22,162	4.8	92	22,038	4.2	98	21,773	4.5	100	21,299	4.7
South Bay	138	23,328	5.9	116	22,802	5.1	115	22,649	5.1	114	22,791	5.0
County Total	822	52,192	5.4	757	151,504	5.0	745	150,377	5.0	738	151,837	4.9

Note Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.

Designation of SPA was based on zip codes (published in April 2010). Published SPA statistics based on other designation may differ

Sum of SPA totals do not add up to County total due to records that are not assignable to any SPAs.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2010



Figure 5 (continued)

**DEPARTMENT OF PUBLIC HEALTH
Infant Mortality Rate by Race/Ethnicity, Los Angeles County, 2007-2010**

	2007			2008			2009			2010		
	Infant Deaths	Live Births	Rate/ 1,000	Infant Death	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000	Infant Deaths	Live Births	Rate/ 1,000
Antelope Valley	55	6,366	8.6	39	6,087	6.4	44	5,820	7.6	33	5,700	5.8
San Fernando	135	29,445	4.6	134	28,229	4.7	141	26,896	5.2	114	25,935	4.4
San Gabriel	142	25,757	5.5	113	24,927	4.5	102	23,469	4.3	91	22,271	4.1
Metro	76	16,550	4.6	77	15,994	4.8	62	15,167	4.1	71	14,202	5.0
West	18	6,923	2.6	31	6,968	4.4	22	6,915	3.2	22	6,939	3.2
South	150	22,521	6.7	135	22,372	6.0	123	20,743	5.9	120	19,580	6.1
East	104	21,371	4.9	100	20,834	4.8	88	19,390	4.5	68	18,585	3.7
South Bay	126	22,254	5.7	107	21,892	4.9	121	20,911	5.8	94	19,899	4.7
County Total	812	151,813	5.3	742	147,684	5.0	704	139,679	5.0	617	133,160	4.6

Note Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.

Designation of SPA was based on zip codes (published in April 2010). Published SPA statistics based on other designation may differ

Sum of SPA totals do not add up to County total due to records that are not assignable to any SPAs.

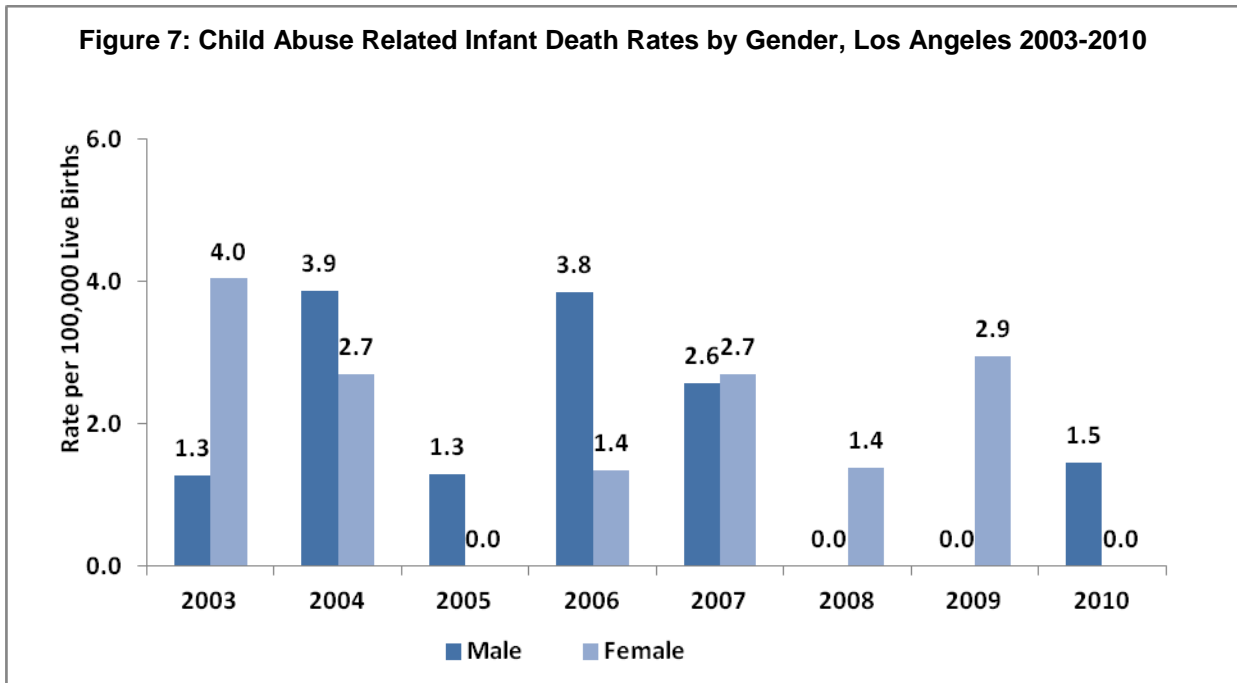
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2010

Figure 6

**DEPARTMENT OF PUBLIC HEALTH
Leading Causes of Death among Infants, Los Angeles County, 2010**

Rank	Children Less Than 1 Year Old	# of Deaths	2009 Rank
1	Congenital Malformations, Deformations & Chromosomal Abnormalities	121	1
2	Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified	103	2
3	Other Perinatal Conditions or Conditions Originating in the Perinatal Period	63	3
4	Sudden Infant Death Syndrome (SIDS)	60	4
5	Newborn Affected by Complications of Placenta, Cord, & Membranes	33	9

Note: 2009 rankings presented in this figure supercede those presented in last year's report.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2010



Notes: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07

Sum of gender totals may not add up to County total due to records that do not specify gender.

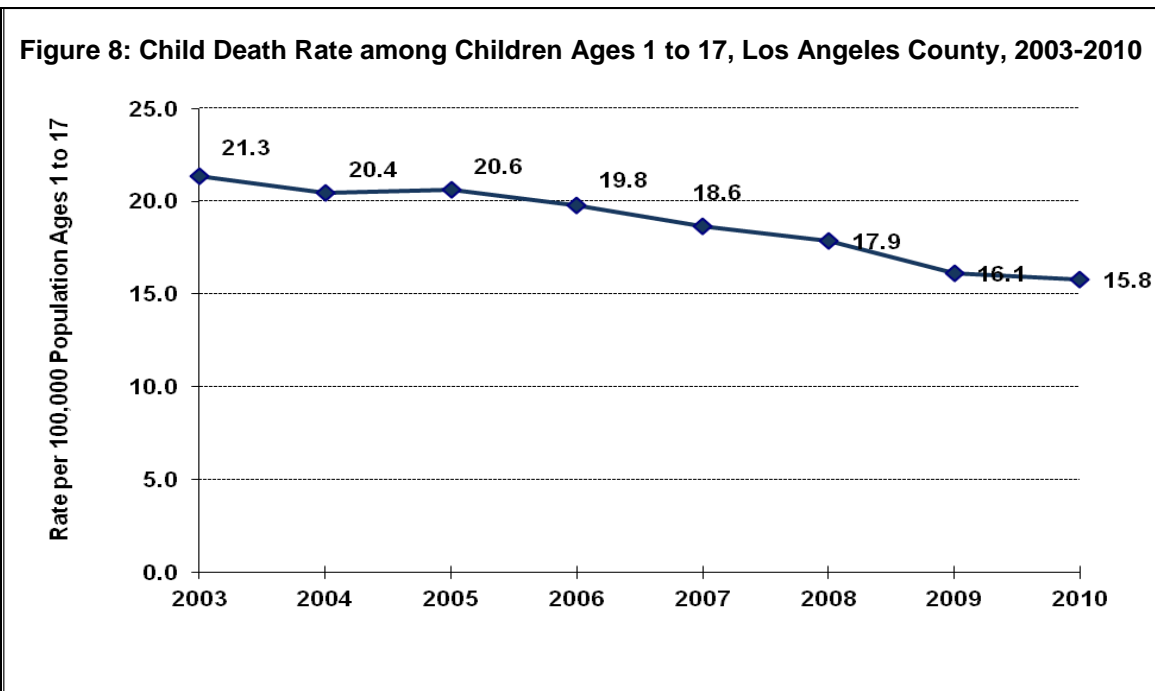
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2010

Figure 7 (continued)

**DEPARTMENT OF PUBLIC HEALTH
Child Abuse Related Infant Death Rates by Gender, Los Angeles 2003-2010**

	Male			Female			Total		
	Number of Deaths	Number of Live Births	Death Rate	Number of deaths	Number of Live Births	Death Rate	Number of deaths	Number of Live Births	Death Rate
2003	1	77,947	1.3	3	74,241	4.0	4	152,192	2.6
2004	3	77,378	3.9	2	74,124	2.7	5	151,504	3.3
2005	1	76,959	1.3	0	73,416	0.0	1	150,377	0.7
2006	3	77,959	3.8	1	73,876	1.4	4	151,837	2.6
2007	2	77,646	2.6	2	74,162	2.7	4	151,813	2.6
2008	0	75,650	0.0	1	72,031	1.4	1	147,684	0.7
2009	0	71,797	0.0	2	67,879	2.9	2	139,679	1.4
2010	1	68,290	1.5	0	64,868	0.0	1	133,160	0.8

Figure 8: Child Death Rate among Children Ages 1 to 17, Los Angeles County, 2003-2010



Notes: Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17.

2010 population estimates were based on previous projections, not 2010 Census enumerations.

Due to updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.

Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2010

Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

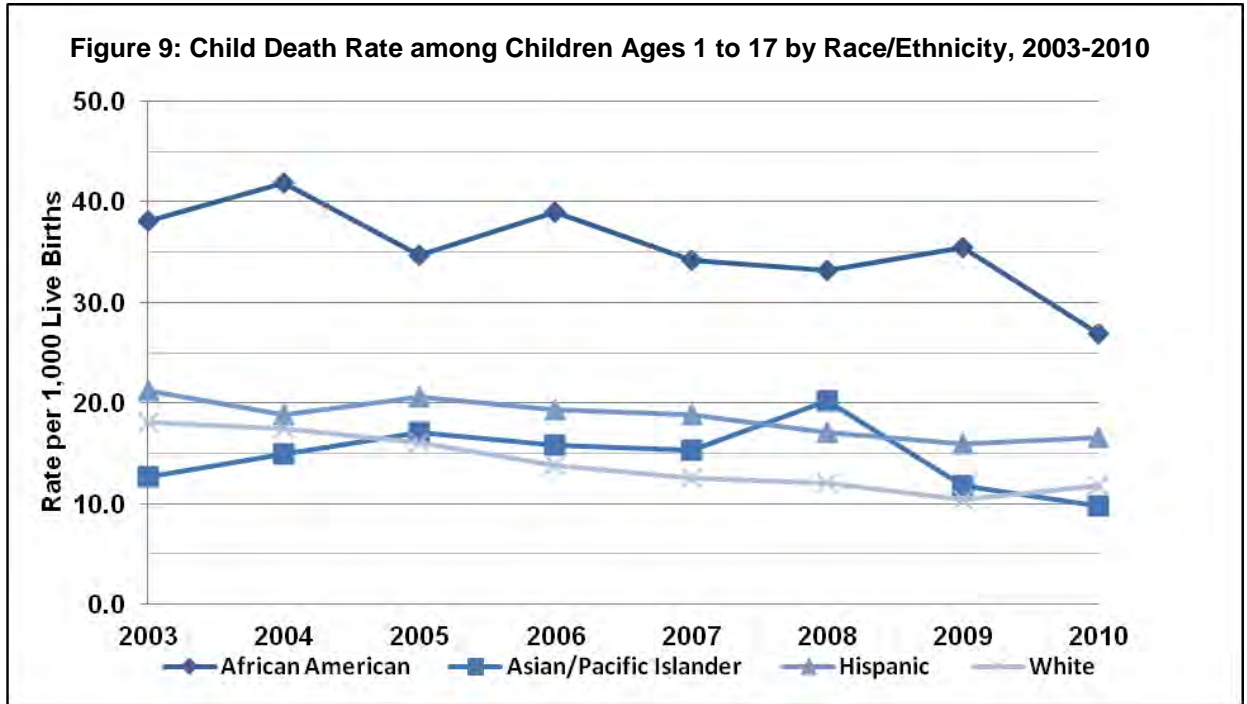


Figure 9

DEPARTMENT OF PUBLIC HEALTH

Child Abuse Related Infant Death Rates by Gender, Los Angeles 2003-2010

		2003	2004	2005	2006	2007	2008	2009	2010
African American	Number of Deaths	97	110	88	95	83	79	81	58
	Population, 1-17	254,191	262,353	253,573	243,737	242,579	237,625	228,756	215,691
	Rate	38.2	41.9	34.7	39.0	34.2	33.2	35.4	26.9
Asian/Pacific Islander	Number of Deaths	33	41	45	40	39	52	30	25
	Population, 1-17	261,274	273,678	263,772	253,548	255,826	257,046	255,052	257,308
	Rate	12.6	15.0	17.1	15.8	15.2	20.2	11.8	9.7
Hispanic	Number of Deaths	333	295	327	314	300	270	247	253
	Population, 1-17	1,566,443	1,566,467	1,592,499	1,619,391	1,593,242	1,579,881	1,550,204	1,530,040
	Rate	21.3	18.8	20.5	19.4	18.8	17.1	15.9	16.5
White	Number of Deaths	97	93	85	73	66	62	53	57
	Population, 1-17	535,884	533,656	529,861	531,156	526,401	516,432	512,130	483,915
	Rate	18.1	17.4	16.0	13.7	12.5	12.0	10.3	11.8
County	Number of Deaths	560	540	546	525	489	464	412	393
	Population, 1-17	2,624,400	2,642,752	2,646,298	2,654,064	2,624,157	2,596,425	2,551,454	2,491,924
	Rate	21.3	20.4	20.6	19.8	18.6	17.9	16.1	15.8

Note: Due to the updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable. 2010 population estimates were based on previous projections, not 2010 Census enumerations.

Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2003-2010 Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

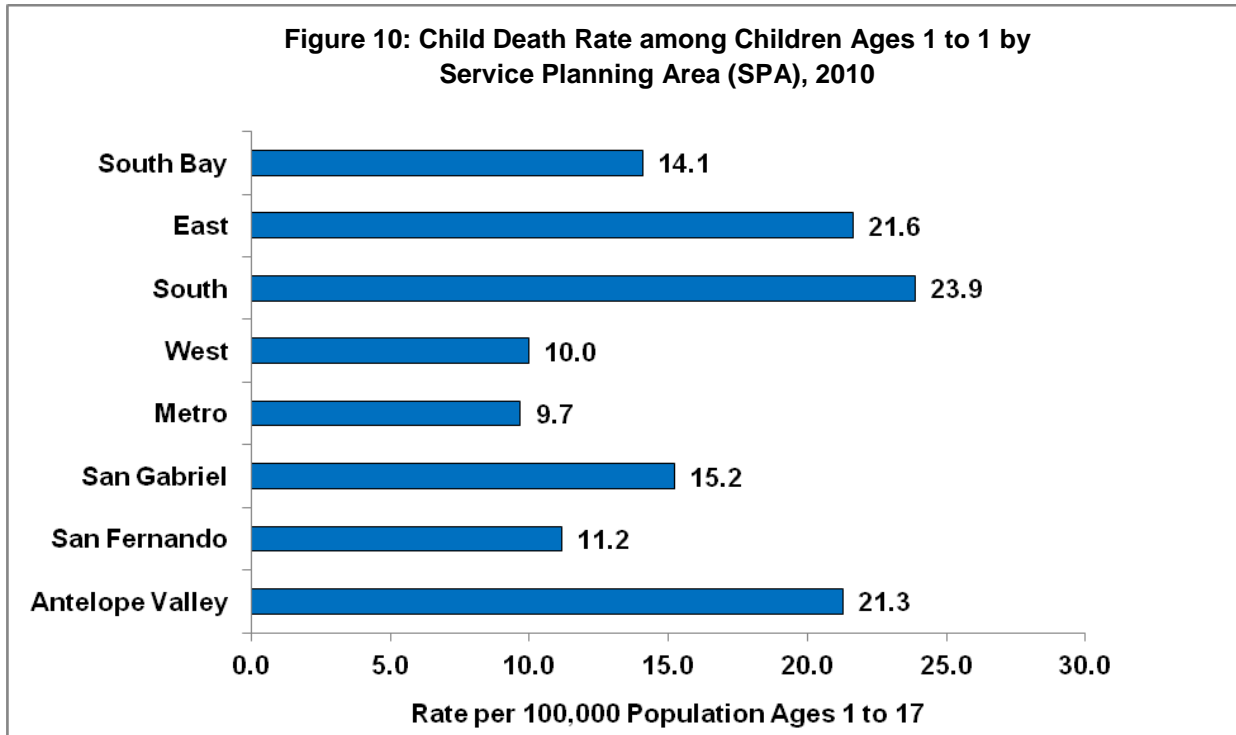


Figure 10 (continued)

DEPARTMENT OF PUBLIC HEALTH

Child Death Rate among Children Ages 1 to 17 by Service Planning Area (SPA), 2003-2006

	2003			2004			2005			2006		
	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate
Antelope Valley	33	101,032	32.7	28	100,562	27.8	28	100,183	27.9	38	101,691	37.4
San Fernando	96	520,198	18.5	106	522,609	20.3	107	526,687	20.3	70	528,877	13.2
San Gabriel	92	468,980	19.6	67	469,279	14.3	89	464,966	19.1	78	461,694	16.9
Metro	49	283,579	17.3	50	289,216	17.3	51	292,219	17.5	52	300,129	17.3
West	17	103,730	16.4	13	105,633	12.3	11	108,055	10.2	14	106,858	13.1
South	122	335,328	36.4	125	340,159	36.7	112	340,424	32.9	110	342,644	32.1
East	72	397,273	18.1	64	397,926	16.1	61	397,183	15.4	82	395,033	20.8
South Bay	64	414,280	15.4	66	417,368	15.8	84	416,581	20.2	74	417,138	17.7
County Total	560	2,624,400	21.3	540	2,642,752	20.4	546	2,646,298	20.6	525	2,654,064	19.8

Figure 10 (continued)

DEPARTMENT OF PUBLIC HEALTH

Child Death Rate among Children Ages 1 to 17 by Service Planning Area (SPA), 2007-2010

	2007			2008			2009			2010		
	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate	Child Deaths	Pop 1 - 17	Rate
Antelope Valley	25	101,405	24.7	30	101,485	29.6	20	101,282	19.7	21	98,582	21.3
San Fernando	73	522,885	14.0	71	518,887	13.7	72	516,361	13.9	56	500,955	11.2
San Gabriel	83	454,718	18.3	77	447,183	17.2	63	438,278	14.4	65	426,677	15.2
Metro	41	297,396	13.8	39	295,849	13.2	48	282,443	17.0	27	278,705	9.7
West	10	108,534	9.2	16	108,695	14.7	12	109,834	10.9	11	110,029	10.0
South	94	339,162	27.7	93	336,494	27.6	77	330,138	23.3	78	326,797	23.9
East	75	386,726	19.4	68	379,781	17.9	55	372,410	14.8	78	360,484	21.6
South Bay	75	413,331	18.1	66	408,051	16.2	61	400,708	15.2	55	389,965	14.1
County Total	489	2,624,157	18.6	464	2,596,425	17.9	412	2,551,454	16.1	393	2,491,924	15.8

Notes Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17.

Due to the updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable. 2010 population estimates were based on previous projections, not 2010 Census enumerations.

Sources: California Department of Public Health, Center for Health Statistics, OHIR VitaStatistics Section, 2003-2010
Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

Figure 11

**DEPARTMENT OF PUBLIC HEALTH
Leading Causes of Death for Children by Age Categories, Los Angeles County, 2010**

Rank	Children Ages 1 to 4	# of Deaths	2009 Rank
1	Accidents (Unintentional Injuries)	24	1
1	Congenital Malformations, Deformations & Chromosomal Abnormalities	24	2
3	Assault (Homicide)	10	5
3	Diseases of the Nervous System System	10	7
5	Diseases of the Circulatory System	7	9
5	Diseases of the Respiratory System	7	4
Children Ages 5 to 12			
1	Malignant Neoplasms	37	2
2	Accidents (Unintentional Injuries)	21	1
3	Congenital Malformations, Deformations & Chromosomal Abnormalities	12	4
4	Assault (Homicide)	8	7
4	Diseases of the Nervous System	8	3
Youth Ages 13 to 19			
1	Assault (Homicide)	119	1
2	Accidents (Unintentional Injuries)	76	2
3	Malignant Neoplasms	34	3
4	Intentional Self-Harm (Suicide)	28	4
5	Diseases of the Nervous System	15	5

*Note: 2009 rankings presented in this figure supercede those presented in last year's report.
Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2010*

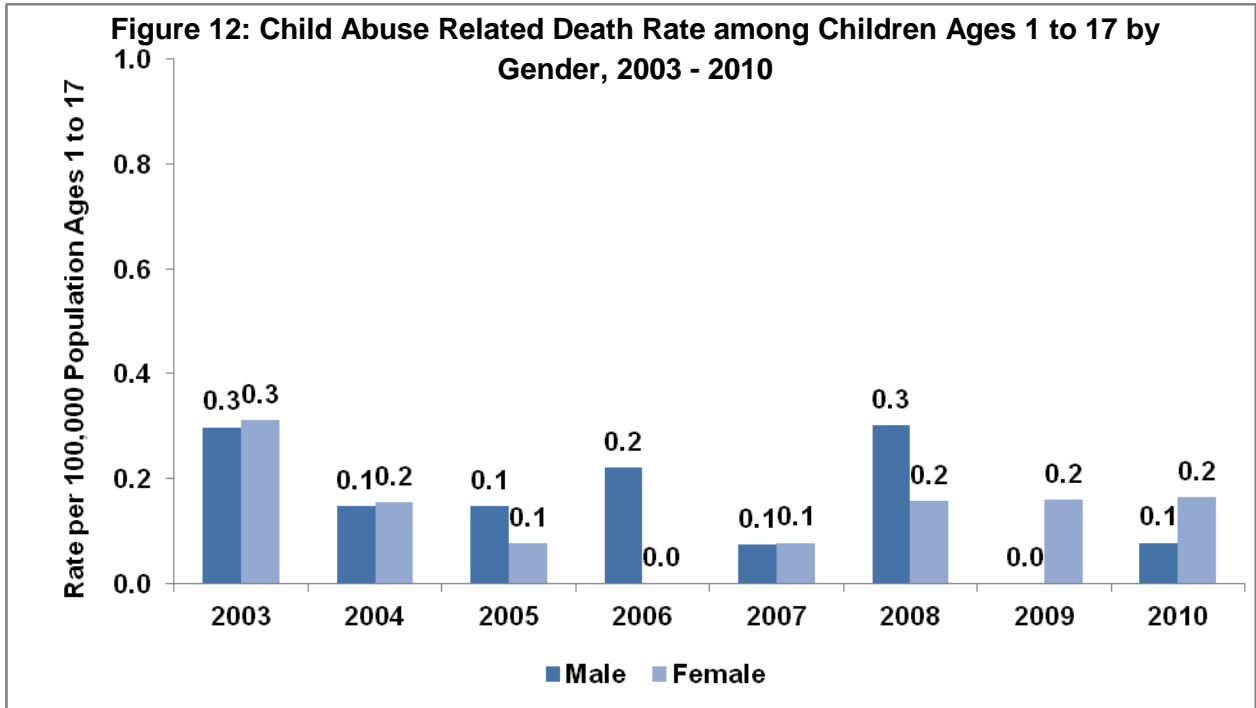


Figure 12

**DEPARTMENT OF PUBLIC HEALTH
Child Death Rate among Children Ages 1 to 17 by Gender, 2003 - 2010**

	Male			Female			Total		
	Number of Deaths	Population 1-17	Death Rate	Number of Deaths	Population 1-17	Death Rate	Number of Deaths	Population 1-17	Death Rate
2003	4	1,373,603	0.3	4	1,315,324	0.3	8	2,688,927	0.3
2004	2	1,386,340	0.1	2	1,327,900	0.2	4	2,714,240	0.1
2005	2	1,389,476	0.1	1	1,330,315	0.1	3	2,719,791	0.1
2006	3	1,384,085	0.2	0	1,325,076	0.0	3	2,709,161	0.1
2007	1	1,372,040	0.1	1	1,313,946	0.1	2	2,685,986	0.1
2008	4	1,354,716	0.3	2	1,297,648	0.2	6	2,652,364	0.2
2009	0	1,333,889	0.0	2	1,277,763	0.2	2	2,611,652	0.1
2010	1	1,276,732	0.1	2	1,215,192	0.2	3	2,491,924	0.1

Notes Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07.
2010 population estimates were based on previous projections, not 2010 Census enumerations.

Sources: California Department of Public Health, Center for Health Statistics, OHIR VitaStatistics Section, 2003-2010
Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO



DEPARTMENT OF PUBLIC SOCIAL SERVICES

AGENCY REPORT 2012

The Department of Public Social Services (DPSS) has an operating budget of \$3.53 billion and 13,543 employees for Fiscal Year (FY) 2011-2012. The primary responsibilities of DPSS, as mandated by public law, are:

- To promote self-sufficiency and personal responsibility
- To provide financial assistance to low-income residents of Los Angeles County
- To provide protective and social services to adults who are abused, neglected, exploited, or need services to prevent out-of-home care, 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



DPSS MISSION

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

In 2004, DPSS adopted the following "DPSS Mission and Philosophy:" To enrich lives through effective and caring service.

DPSS PHILOSOPHY

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

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

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

DPSS PROGRAMS

The State and Federal assistance programs that DPSS administers include California Work Opportunity and Responsibility to Kids (CalWORKs), Refugee Resettlement Program (RRP), CalFresh, and Medi-Cal Assistance Programs. DPSS also administers the General Relief (GR) program for the County's indigent adult population and Cash Assistance Program for Immigrants (CAPI). The goal of these programs is to

provide the basic essentials of food, clothing, shelter, and medical care to eligible families and individuals. In 2011, DPSS provided public assistance to a monthly average of 2.4 million individuals, including In-Home Supportive Services (IHSS).

As a result of Welfare Reform, the California Work Opportunity and Responsibility to Kids (CalWORKs) program replaced the Aid to Families With Dependent Children (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 has developed programs which help participants achieve self-sufficiency in a time-limited welfare environment. DPSS' Welfare-to-Work Programs currently provide the following services:

- Child Care
- Transportation
- Post-Employment Services
- Treatment programs for Substance Abuse, Domestic Violence, and Mental Health
- Ancillary Expenses

AIDED CASELOAD

As shown in the Persons Aided chart (Figure 2), using December 2010 and December 2011 as points in time for comparison, the number of CalWORKs aided individuals decreased by 1.03% (4,530 individuals less). The number of Medi-Cal Assistance Only aided individuals increased from 1,677,283 in December 2010 to 1,695,805 in December 2011. This represents a 1.09% increase (18,522 individuals).

In total, there was a 1.67% increase (39,946) in the number of individuals receiving assistance for all programs combined from December 2010 to December 2011.

The following represents caseload changes in programs where children are most likely to receive aid:

CALWORKS

The number of participants receiving assistance through the CalWORKs program slowly declined from December 2002 through December 2007 (Figure 6). Although recent economic turmoil and a high level of unemployment rate had caused an increase in the number of people receiving CalWORKs since 2008, there was a slight decrease from 2010 to 2011. In December 2011, 438,715 individuals received cash assistance from CalWORKs. This represents a 1.02% decrease (-4,530 individuals) from 443,245 individuals aided in December 2010 (Figure 2).

CALFRESH

The CalFresh Program has seen a steady increase in the number of participants since 2007. In December 2010, there were 978,920 individuals being aided. By December 2011, that number had risen to 1,064,647 individuals, which represent an increase of 8.05% (85,727 individuals), (Figure 2). Overall, since 2007, the CalFresh Program has seen an increase of 66.3% in the number of individuals receiving benefits.

MEDI-CAL ASSISTANCE ONLY (MAO)

In 2010, there were 1,677,283 individuals receiving Medi-Cal benefits. By December 2011, the number of individuals enrolled in Medi-Cal had increased to

1,695,805. This represents a 1.09% increase (18,522) in individuals served (Figure 2).

CASELOAD CHARACTERISTICS BY SERVICE PLANNING AREAS (SPA) – CITIZENSHIP STATUS, PRIMARY LANGUAGE, AND ETHNIC ORIGIN.

Figures 1 through 1.9 display the total number of individuals aided by citizenship status and ethnic origin, and the total number of cases aided by primary language for all programs by SPA.

CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS, AND STAFF TRAINING

A major focus of DPSS is to ensure that all of its employees are active participants in child abuse prevention. In 1987, the DPSS Training Academy implemented a comprehensive Child Abuse Prevention training program. The primary purpose of this training is to inform DPSS 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 Services Workers, Eligibility Workers, clerical staff, and managers. To ensure that all DPSS public contact staff receive the training, the program 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 also review and discuss



handouts given to them related to the indicators of child abuse.

Program materials and other trainings emphasize to staff that one of the child abuse/neglect indicators is violence between household members, which often endangers the child. The Los Angeles County Domestic Violence Council provides Domestic Violence training to all of DPSS public contact staff.

In 2011, DPSS made a total of 114 child abuse referrals to the Department of Children and Family Services. This represented a 25% increase from the 91 referrals made in 2010 (Figure 3).

CAL-LEARN PROGRAM

In 2011, DPSS served a monthly average of 2,414 Cal-Learn participants. This represents a 21% decrease from a monthly average of 3,068 participants served during Calendar Year 2010 (Figure 4).

Figure 1

DPSS CASELOAD CHARACTERISTICS DECEMBER 2011
Los Angeles County Totals

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	418,756	98,336		12	1,178,993	978,952	N/A
Legal Immigrants	19,562	8,282	551	5,115	192,561	85,063	N/A
Other	323	24	18	14	1,397	596	N/A
Undocumented Immigrants	74	5	2	2	322,854	36	N/A
TOTAL	438,715	106,647	571	5,143	1,695,805	1,064,647	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	3,142	1,570	218	1,142	19,827	8,307	30,663
Cambodian	585	37	0	21	2,393	1,107	2,199
Chinese	445	115	33	146	23,287	3,150	14,196
English	110,433	98,056	69	318	332,567	315,766	69,628
Farsi	261	117	79	101	3,839	865	5,762
Korean	154	143	3	166	11,101	987	4,667
Russian	252	92	25	179	4,243	659	7,368
Spanish	63,138	5,511	42	2,293	306,045	160,517	36,742
Tagalog	38	43	1	89	5,282	446	4,413
Vietnamese	483	182	0	32	9,118	2,556	3,584
Other	338	88	20	104	4,758	949	2,959
TOTAL	179,269	105,954	490	4,591	722,460	495,309	182,181
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	435	494	0	0	1,333	1,678	401
Asian	11,959	2,412	71	638	144,560	42,529	35,070
Black	88,620	45,382	20	63	121,017	200,881	32,410
Hispanic	290,041	33,416	44	2,574	1,213,761	681,920	51,064
White	34,796	17,222	419	1,723	154,161	100,923	63,236
Other	12,864	7,721	17	145	60,973	36,716	0
TOTAL	438,715	106,647	571	5,143	1,695,805	1,064,647	182,181



Figure 1.1

DPSS CASELOAD CHARACTERISTICS DECEMBER 2011
Service Planning Area 1

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	30,022	2,508			55,253	56,711	N/A
Legal Immigrants	603	104		69	5,124	2,430	N/A
Other	8	1			34	17	N/A
Undocumented Immigrants	1				8,342		N/A
TOTAL	30,634	2,613		69	68,753	59,158	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	4	3		2	36	9	57
Cambodian				1	3	1	5
Chinese					20	4	9
English	9,852	2,484		7	16,910	17,984	5,445
Farsi				1	2		17
Korean					27	4	10
Russian	2			1	64	17	105
Spanish	1,577				1	2	6
Tagalog		88		45	8,026	4,108	1,102
Vietnamese				2	43	2	100
Other	10				30	8	13
TOTAL	11,445	2,575		59	25,162	22,139	6,869
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	44	9			124	108	45
Asian	278	15		7	1,615	659	290
Black	11,635	1,001		1	11,727	18,584	2,762
Hispanic	13,309	709		52	42,553	28,452	1,819
White	4,855	791		8	10,660	10,157	1,953
Other	513	88		1	2,074	1,198	
TOTAL	30,634	2,613		69	68,753	59,158	6,869

Figure 1.2

DPSS CASELOAD CHARACTERISTICS DECEMBER 2011
Service Planning Area 2

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	52,119	8,792		5	205,318	134,598	N/A
Legal Immigrants	8,278	1,985	357	1,716	44,101	24,664	N/A
Other	53	2		2	200	95	N/A
Undocumented Immigrants	23			2	56,220	12	N/A
TOTAL	60,473	10,779	357	1,725	305,839	159,369	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	2,745	1,356	202	904	15,869	7,299	24,291
Cambodian	5	2			39	13	50
Chinese	3			3	327	23	165
English	12,092	8,431	9	84	62,682	39,028	9,105
Farsi	194	71	59	62	1,872	659	3,116
Korean	16	3		14	1,088	84	451
Russian	126	43	8	79	1,259	340	2,300
Spanish	8,939	617	12	323	54,118	24,715	5,862
Tagalog	13	7		23	1,401	122	1,196
Vietnamese	30	6		2	763	234	311
Other	122	27	8	22	1,471	329	1,238
TOTAL	24,285	10,563	298	1,516	140,889	72,846	48,085
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	91	57			223	277	73
Asian	1,140	208	3	64	18,804	4,818	3,372
Black	4,236	1,802	2	4	7,725	10,776	1,542
Hispanic	38,537	3,585	13	367	198,974	97,727	7,478
White	1,430	454	1	50	10,732	4,247	
Other	15,039	4,673	338	1,240	69,381	41,524	35,620
TOTAL	60,473	10,779	357	1,725	305,839	159,369	48,085



Figure 1.3

DPSS CASELOAD CHARACTERISTICS DECEMBER 2011
Service Planning Area 3

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	53,972	11,986			189,803	133,994	N/A
Legal Immigrants	1,688	757	58	509	36,138	10,350	N/A
Other	25	1	2	1	204	47	N/A
Undocumented Immigrants	4				40,996	1	N/A
TOTAL	55,689	12,744	60	510	267,141	144,392	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	40	19	4	21	657	96	1,350
Cambodian	40	2		1	228	78	187
Chinese	358	91	31	112	17,673	2,501	10,557
English	14,901	11,909	7	30	57,503	42,258	8,445
Farsi	4		1		77	10	117
Korean	6	5		9	669	67	233
Russian	2		1	1	26	5	56
Spanish	6,633	473	5	220	38,468	17,749	5,258
Tagalog	3	2		13	787	67	810
Vietnamese	354	152		17	6,129	1,888	2,420
Other	42	13	3	28	828	134	520
TOTAL	22,383	12,666	52	452	123,045	64,853	29,953
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	74	86			269	293	45
Asian	3,106	540	41	207	56,988	15,041	15,387
Black	4,551	2,144		3	7,682	10,549	1,839
Hispanic	41,616	6,585	5	246	173,904	100,663	8,501
White	2,316	1,282	5	25	11,745	6,304	
Other	4,026	2,107	9	29	16,553	11,542	4,181
TOTAL	55,689	12,744	60	510	267,141	144,392	29,953

Figure 1.4

DPSS CASELOAD CHARACTERISTICS DECEMBER 2011
Service Planning Area 4

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	43,863	16,437		3	138,371	114,262	N/A
Legal Immigrants	2,293	2,024	56	1,090	28,310	12,936	N/A
Other	59	9	14	1	254	141	N/A
Undocumented Immigrants	11	2	2		51,634	11	N/A
TOTAL	46,226	18,472	72	1,094	218,569	127,350	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	310	174	9	201	2,831	792	4,295
Cambodian	18	2		3	193	56	125
Chinese	71	14	1	18	3,251	508	2,414
English	8,700	16,440	26	60	32,228	35,367	6,216
Farsi	3	11	1	1	190	25	280
Korean	102	103	3	86	6,505	618	2,779
Russian	92	41	13	74	2,201	238	3,635
Spanish	10,662	1,523	5	517	46,625	28,351	6,146
Tagalog	13	27	1	30	1,740	183	1,166
Vietnamese	33	14		3	688	166	240
Other	30	23	3	13	776	158	210
TOTAL	20,034	18,372	62	1,006	97,228	66,462	27,506
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	57	78			126	215	38
Asian	1,532	507	22	187	26,931	6,439	7,510
Black	3,208	5,967	8	7	5,983	12,504	1,908
Hispanic	38,818	8,121	7	558	164,491	96,732	7,818
White	2,193	2,678	31	326	16,223	8,945	10,232
Other	418	1,121	4	16	4,815	2,515	
TOTAL	46,226	18,472	72	1,094	218,569	127,350	27,506



Figure 1.5

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2011
Service Planning Area 5**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	5,456	6,104		1	26,287	20,993	N/A
Legal Immigrants	391	275	31	114	5,266	1,393	N/A
Other	3				28	10	N/A
Undocumented Immigrants					4,422		N/A
TOTAL	5,850	6,379	31	115	36,003	22,396	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	1	2		1	25	4	31
Cambodian					1	1	1
Chinese	3	1		1	191	11	44
English	2,024	6,232	11	23	13,656	13,538	2,801
Farsi	49	30	14	28	1,414	143	1,985
Korean	2	5			129	12	33
Russian	18	5	3	13	542	45	1,120
Spanish	427	74		29	4,591	1,313	547
Tagalog	1	1			38	4	13
Vietnamese	1				32	5	8
Other	27	7	1	7	326	60	141
TOTAL	2,553	6,357	29	102	20,945	15,136	6,724
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	16	44			50	100	12
Asian	143	74	3	9	2,330	584	347
Black	2,083	2,997	1	5	3,418	7,728	561
Hispanic	2,082	856		35	15,854	6,379	830
White	1,086	1,816	26	59	11,351	5,905	4,974
Other	440	592	1	7	3,000	1,700	
TOTAL	5,850	6,379	31	115	36,003	22,396	6,724



Figure 1.6

DPSS CASELOAD CHARACTERISTICS DECEMBER 2011
Service Planning Area 6

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	105,245	19,205		2	197,579	212,824	N/A
Legal Immigrants	2,289	1,252	7	509	22,993	12,761	N/A
Other	68	5		6	227	114	N/A
Undocumented Immigrants	21	1			69,508	7	N/A
TOTAL	107,623	20,463	7	517	290,307	225,706	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian		1			21	1	4
Cambodian	11			1	25	15	38
Chinese	1	1	1		42	5	18
English	27,480	19,176	5	34	41,690	63,511	16,728
Farsi					1		2
Korean	6	14		11	607	61	283
Russian	4	1			9	5	6
Spanish	16,960	1,193	1	413	59,065	38,131	4,879
Tagalog		1			40	5	27
Vietnamese	3			1	25	8	12
Other	25	6		7	144	51	79
TOTAL	44,490	20,393	7	467	101,669	101,793	22,076
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	42	26			79	100	32
Asian	560	127	1	13	2,218	1,216	555
Black	38,378	13,434	2	29	45,684	75,898	15,226
Hispanic	65,192	4,040	1	464	233,711	138,906	5,856
White	801	452	2	1	1,771	1,792	407
Other	2,650	2,384	1	10	6,844	7,794	
TOTAL	107,623	20,463	7	517	290,307	225,706	22,076



Figure 1.7

DPSS CASELOAD CHARACTERISTICS DECEMBER 2011
Service Planning Area 7

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	56,343	3,279			170,777	124,394	N/A
Legal Immigrants	1,821	653	20	587	24,297	9,704	N/A
Other	41	1	1	1	176	65	N/A
Undocumented Immigrants	8				46,195		N/A
TOTAL	58,213	3,933	21	588	241,445	134,163	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	7	1		3	114	16	487
Cambodian	24	2			267	63	244
Chinese	5	2		6	842	41	677
English	14,197	3,098	3	24	42,328	28,164	7,202
Farsi		1	1	2	16	4	20
Korean	9	3		19	861	55	319
Russian	1			2	23	4	32
Spanish	9,199	757	15	443	52,382	24,650	9,205
Tagalog	1			5	463	22	316
Vietnamese	6	3		3	285	35	156
Other	45	3	2	11	488	105	283
TOTAL	23,494	3,870	21	518	98,069	53,159	18,941
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	48	28			195	188	70
Asian	877	80	1	45	9,649	2,374	2,431
Black	3,159	274	1	2	4,558	5,501	859
Hispanic	50,072	2,989	15	508	210,436	116,746	13,271
White	2,543	448	2	17	9,090	5,901	2,310
Other	1,514	114	2	16	7,517	3,453	
TOTAL	58,213	3,933	21	588	241,445	134,163	18,941

Figure 1.8

DPSS CASELOAD CHARACTERISTICS DECEMBER 2011
Service Planning Area 8

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	62,969	25,932			163,803	159,290	N/A
Legal Immigrants	1,884	1,086	14	408	22,064	9,407	N/A
Other	58	5	1	1	234	90	N/A
Undocumented Immigrants	6	2			39,002	5	N/A
TOTAL	64,917	27,025	15	409	225,103	168,792	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian				2	42	2	58
Cambodian	475	29		15	1,594	862	1,532
Chinese	1	4		3	420	17	238
English	18,800	26,220	7	48	53,340	66,822	12,870
Farsi	4		2	7	126	6	163
Korean	7	7		19	858	60	519
Russian				4	89	4	83
Spanish	7,570	665	3	240	36,054	18,750	3,331
Tagalog	7	4		16	646	31	743
Vietnamese	49	4		5	924	170	393
Other	30	6	2	9	535	77	346
TOTAL	26,943	26,939	14	368	94,628	86,801	20,276
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	50	149			196	335	82
Asian	4,111	818		89	22,353	10,646	4,900
Black	19,425	15,503	6	11	29,898	53,677	7,347
Hispanic	34,651	5,643	2	275	146,450	83,389	4,901
White	3,417	3,354	5	18	13,763	12,186	3,046
Other	3,263	1,558	2	16	12,443	8,559	
TOTAL	64,917	27,025	15	409	225,103	168,792	20,276



Figure 1.9

DPSS CASELOAD CHARACTERISTICS DECEMBER 2011
Service Planning Area Unknown*

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
CITIZENSHIP STATUS OF AIDED PERSONS							
Citizen	8,767	4,093		1	31,802	21,886	N/A
Legal Immigrants	315	146	8	113	4,268	1,418	N/A
Other	8			2	40	17	N/A
Undocumented Immigrants					6,535		N/A
TOTAL	9,090	4,239	8	116	42,645	23,321	N/A
PRIMARY LANGUAGE OF AIDED CASES							
Armenian	35	14	3	8	232	88	90
Cambodian	12				43	18	17
Chinese	3	2		3	521	40	74
English	2,387	4,066	1	8	12,230	9,094	816
Farsi	7	4	1		141	18	62
Korean	6	3		8	357	26	40
Russian	7	2		6	93	16	130
Spanish	1,171	121	1	63	6,716	2,750	412
Tagalog		1			124	10	42
Vietnamese	7	3		1	242	42	31
Other	7	3	1	6	126	18	37
TOTAL	3,642	4,219	7	103	20,825	12,120	1,751
ETHNIC ORIGIN OF AIDED PERSONS							
American Indian / Alaskan Native	13	17			71	62	4
Asian	212	43		17	3,672	752	278
Black	1,945	2,260		1	4,342	5,664	366
Hispanic	5,764	888	1	69	27,388	12,926	590
White	836	903	6	25	5,369	2,971	513
Other	320	128	1	4	1,803	946	
TOTAL	9,090	4,239	8	116	42,645	23,321	1,751

* Unknown counts represent cases with addresses that cannot be geocoded for various reasons such as P.O. Box addresses, incomplete addresses, etc.

Figure 2

**INDIVIDUALS AIDED - ALL AID PROGRAMS DECEMBER 2011
Compared to December 2010**

Program	Dec. 2010	Dec. 2011	Change	% Change
CalWORKs	443,245	438,715	-4,530	-1.02%
General Relief	107,452	106,647	-805	-0.75%
CAPI	4,405	5,143	738	16.75%
Refugee	870	571	-299	-34.37%
Medical Assistance Only	1,677,283	1,695,805	18,522	1.10%
CalFresh	978,920	1,064,647	85,727	8.76%
IHSS	184,383	182,181	-2,202	-1.19%
Total All Programs *	2,389,268	2,429,214	39,946	1.67%

* This total represents an unduplicated count of individuals across all programs since some individuals are aided in more than one program.



Figure 3

**CHILD ABUSE REFERRALS
January 2001 - December 2011**

Month	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	10/11 change	10/11 % change
Jan.	56	47	20	37	20	26	16	23	7	11	5	-6	-55%
Feb.	39	50	13	33	24	16	13	14	5	9	9	0	0%
Mar.	41	23	32	32	21	31	12	12	7	11	3	-8	-73%
Apr.	42	50	28	29	34	41	15	11	13	7	14	7	100%
May	51	43	31	27	15	29	13	17	13	3	11	8	267%
June	43	43	50	32	32	31	12	14	11	5	16	11	220%
July	51	32	38	43	36	26	13	9	14	10	11	1	10%
Aug.	47	28	48	38	36	34	15	12	8	8	12	4	50%
Sept.	46	34	45	35	20	21	20	7	6	4	5	1	25%
Oct.	60	31	35	17	26	27	22	20	9	14	6	-8	-57%
Nov.	42	21	28	23	24	14	17	3	13	6	8	2	33%
Dec.	38	21	28	19	17	3	7	4	12	3	13	10	333%
Total	556	423	396	365	305	299	175	146	118	91	113	22	24%

Some of the referrals may have been for the same children.

Referral counts are from two sources:

- DPSS employees observing incidents which indicate abuse/neglect and making referrals to the Departmental of Children and Family Services.
- Data collated from reports received from DPSS Welfare Fraud Prevention & Investigation Section.

Figure 4

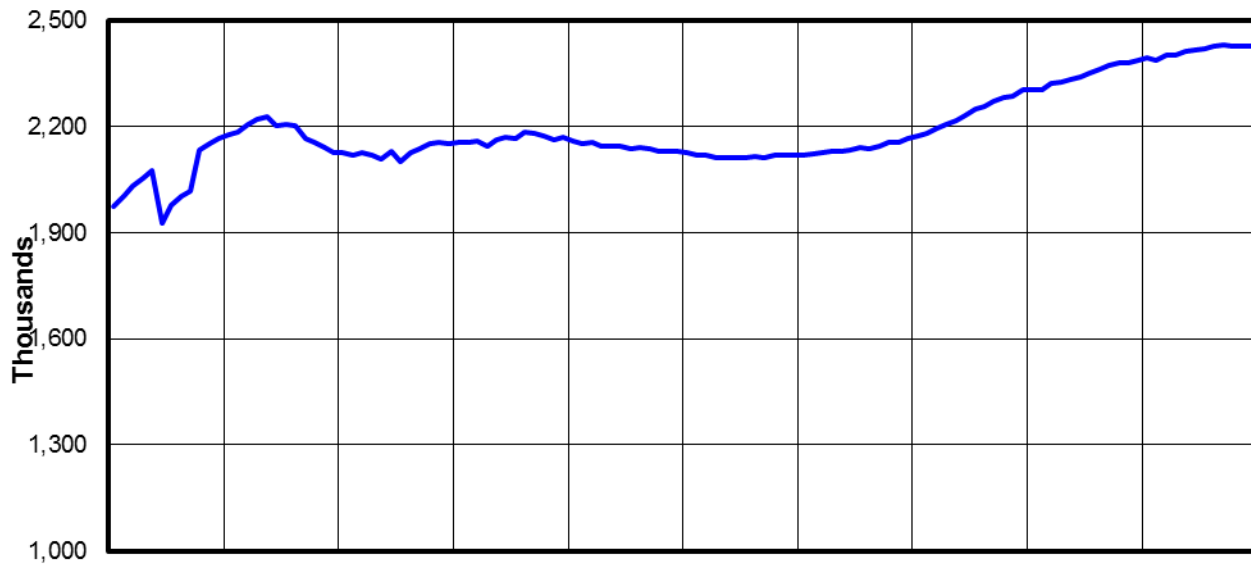
CAL-LEARN PARTICIPANTS SERVED
January 2004 - December 2011

Month	2004	2005	2006	2007	2008	2009	2010	2011	10/11 change	10/11 % change
Jan.	2,699	2,358	2,452	2,181	2,465	2,735	3,064	2,923	-141	-5%
Feb.	2,650	2,390	2,504	2,234	2,492	2,832	3,109	2,948	-161	-5%
Mar.	2,505	2,377	2,435	2,155	2,470	2,891	3,134	2,912	-222	-7%
Apr.	2,557	2,369	2,467	2,186	2,514	2,920	3,200	2,934	-266	-8%
May	2,533	2,430	2,339	2,270	2,586	2,982	3,235	2,741	-494	-15%
June	2,554	2,355	2,412	2,307	2,549	2,953	3,149	2,350	-799	-25%
July	2,511	2,371	2,410	2,250	2,474	2,870	2,932	2,028	-904	-31%
Aug.	2,437	2,456	2,442	2,292	2,493	2,862	2,960	1,764	-1,196	-40%
Sept.	2,360	2,344	2,414	2,305	2,535	2,888	2,992	2,030	-962	-32%
Oct.	2,353	2,424	2,366	2,408	2,556	3,009	3,030	1,992	-1,038	-34%
Nov.	2,327	2,400	2,412	2,450	2,650	3,077	3,014	2,172	-842	-28%
Dec.	2,365	2,444	2,389	2,488	2,751	3,074	2,991	2,169	-822	-27%



Figure 5

**INDIVIDUALS AIDED – ALL AIDS COMBINED
January 2002 - December 2011**

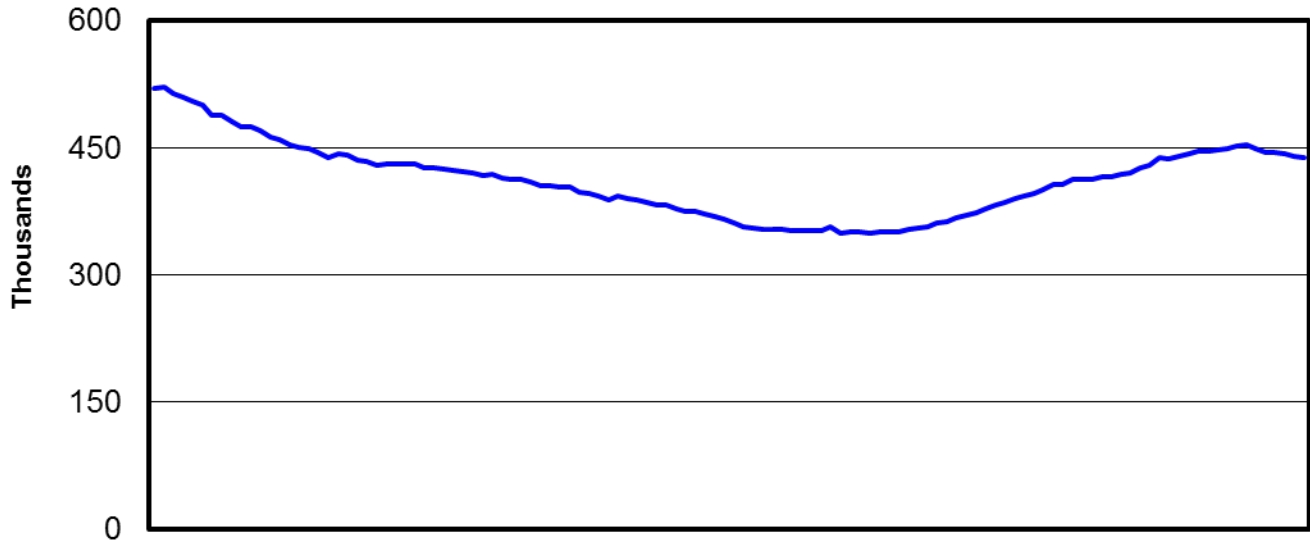


Month	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Jan.	1,974,284	2,176,029	2,125,174	2,157,416	2,159,561	2,125,532	2,120,743	2,174,614	2,303,749	2,394,585
Feb.	2,004,216	2,185,622	2,121,033	2,155,158	2,151,993	2,121,183	2,121,664	2,180,687	2,306,162	2,389,716
Mar.	2,033,305	2,205,706	2,126,252	2,160,504	2,156,830	2,118,608	2,126,084	2,195,497	2,321,333	2,403,761
Apr.	2,053,985	2,220,340	2,120,822	2,143,971	2,146,245	2,112,631	2,129,358	2,206,577	2,327,154	2,403,859
May	2,077,231	2,227,731	2,107,699	2,164,290	2,143,301	2,113,264	2,131,845	2,216,924	2,331,869	2,413,553
June	1,928,402	2,202,094	2,131,565	2,170,799	2,144,293	2,111,673	2,135,562	2,232,040	2,340,068	2,416,384

July	1,871,520	1,977,951	2,205,980	2,102,765	2,165,355	2,138,980	2,112,568	2,139,790	2,249,143	2,420,344
Aug.	1,890,253	2,005,337	2,203,801	2,127,918	2,184,371	2,140,548	2,116,434	2,138,281	2,256,283	2,426,295
Sep.	1,911,380	2,018,573	2,165,470	2,137,604	2,182,116	2,137,037	2,113,352	2,144,760	2,271,473	2,431,316
Oct.	1,947,269	2,134,995	2,154,853	2,151,665	2,174,983	2,129,048	2,118,831	2,155,204	2,283,036	2,429,646
Nov.	1,975,315	2,153,486	2,142,473	2,156,602	2,164,674	2,132,091	2,119,663	2,154,415	2,287,582	2,428,279
Dec.	2,002,498	2,166,367	2,128,450	2,152,193	2,170,366	2,130,380	2,118,174	2,167,776	2,302,924	2,429,214

Figure 6

INDIVIDUALS AIDED - CalWORKs
January 2002- December 2011



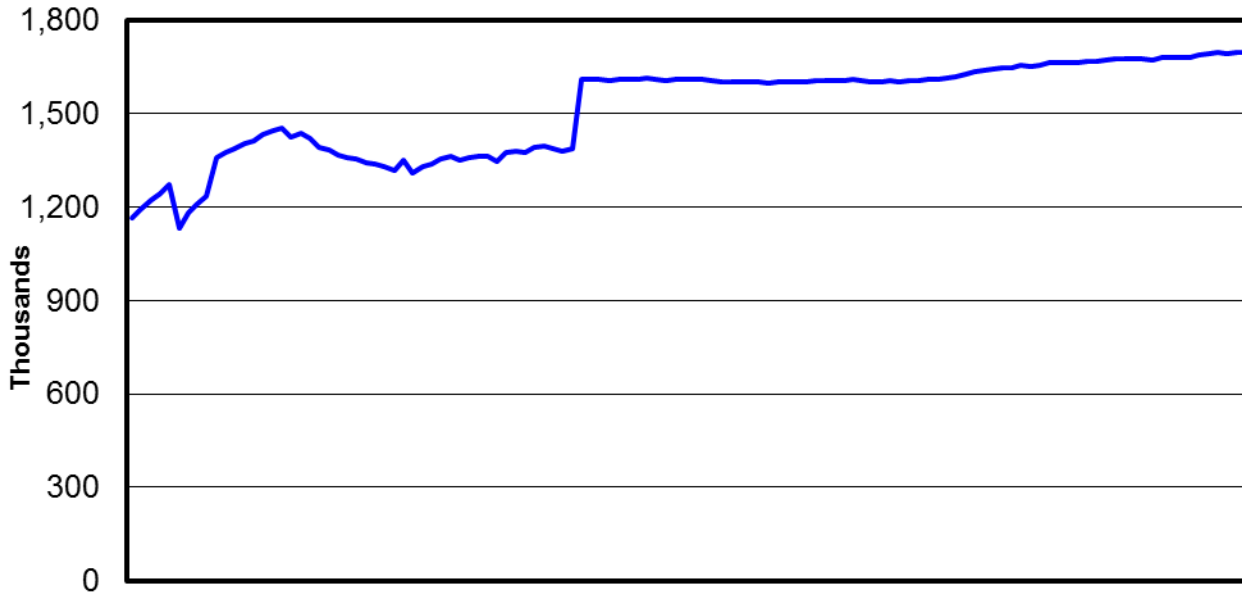
Month	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Jan.	520,000	462,610	430,391	414,741	393,222	361,495	350,311	370,631	413,178	445,949
Feb.	521,144	459,815	430,449	411,996	389,308	357,170	349,868	373,398	412,969	445,154
Mar.	514,243	453,464	431,113	411,982	388,639	355,533	349,622	378,222	414,952	447,929
Apr.	509,779	450,140	430,219	409,394	384,683	354,031	350,448	382,959	415,809	449,363
May	504,467	448,322	426,729	405,720	382,422	353,662	350,578	385,883	418,101	451,770
June	499,743	445,039	426,184	405,630	381,675	353,094	350,570	389,509	419,613	453,164

July	488,909	438,361	424,338	403,975	378,299	351,664	352,835	392,490	426,282	449,303
Aug.	487,753	443,245	422,880	403,067	375,389	352,669	355,100	395,902	429,910	444,096
Sep.	480,849	441,248	421,714	397,342	374,190	351,816	357,008	400,534	437,714	444,308
Oct.	474,026	434,549	419,500	396,161	372,159	352,014	361,378	406,371	436,323	443,415
Nov.	474,233	433,899	417,371	392,509	368,084	355,989	362,652	406,992	439,859	440,023
Dec.	469,554	428,578	418,660	388,447	365,841	349,574	367,163	411,842	443,245	438,715



Figure 7

INDIVIDUALS AIDED – MEDICAL ASSISTANCE ONLY
January 2002 - December 2011

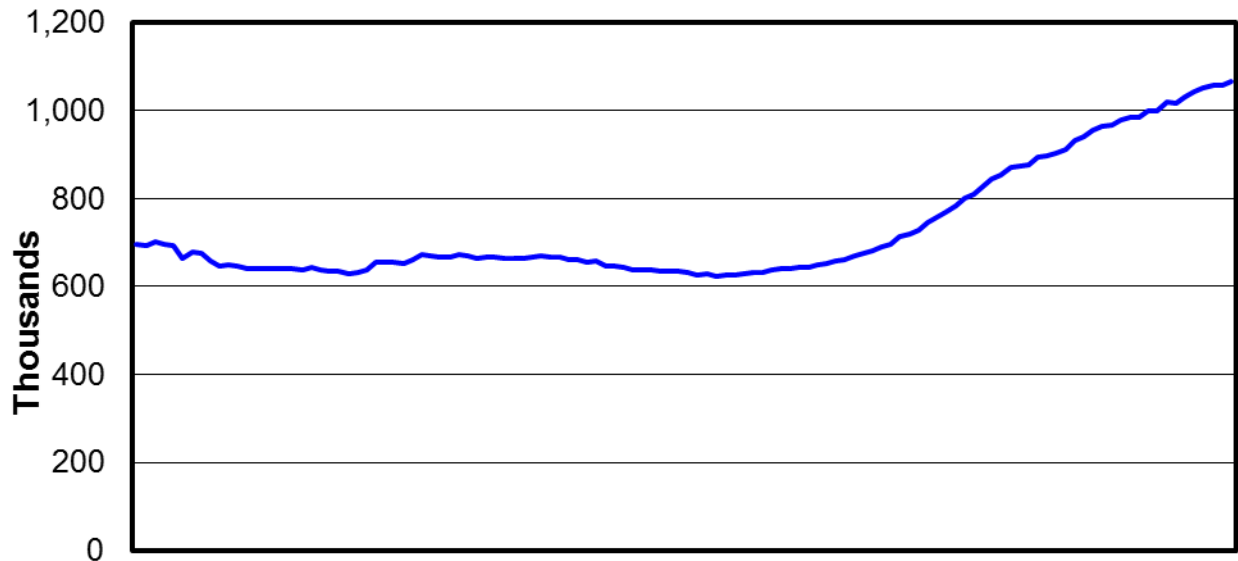


Month	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Jan.	1,166,682	1,406,522	1,353,228	1,358,470	1,610,580	1,610,495	1,601,826	1,608,284	1,652,545	1,677,657
Feb.	1,195,551	1,413,691	1,344,771	1,362,025	1,609,912	1,611,324	1,604,958	1,609,965	1,656,625	1,674,595
Mar.	1,224,869	1,433,380	1,336,927	1,361,840	1,612,873	1,606,981	1,605,420	1,612,871	1,664,015	1,681,467
Apr.	1,244,420	1,445,267	1,329,514	1,346,964	1,608,581	1,603,501	1,607,132	1,615,916	1,665,214	1,680,359
May	1,271,226	1,452,265	1,319,549	1,376,740	1,610,182	1,604,117	1,607,865	1,621,134	1,663,980	1,681,497
June	1,132,120	1,427,276	1,350,166	1,380,861	1,611,201	1,601,343	1,609,248	1,627,826	1,665,971	1,683,049

July	1,181,503	1,436,246	1,308,380	1,373,812	1,611,515	1,602,534	1,607,295	1,637,703	1,668,643	1,687,322
Aug.	1,209,942	1,423,220	1,328,548	1,392,970	1,615,820	1,603,846	1,602,051	1,639,215	1,669,561	1,694,711
Sep.	1,234,504	1,390,581	1,339,599	1,395,267	1,612,472	1,600,003	1,603,149	1,643,871	1,672,275	1,696,079
Oct.	1,358,891	1,382,429	1,356,053	1,387,259	1,607,194	1,603,238	1,607,896	1,646,630	1,677,012	1,693,154
Nov.	1,374,175	1,367,723	1,361,372	1,380,600	1,612,304	1,604,229	1,603,186	1,648,758	1,675,728	1,696,764
Dec.	1,389,420	1,361,270	1,351,417	1,389,196	1,612,219	1,602,354	1,607,228	1,655,341	1,677,283	1,695,805

Figure 8

INDIVIDUALS AIDED - CALFRESH
January 2002- December 2011



Month	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Jan.	694,947	640,239	632,052	668,997	661,664	631,850	644,368	719,388	873,906	983,972
Feb.	694,210	639,800	638,116	663,088	653,479	625,321	642,827	728,164	877,708	982,952
Mar.	701,512	641,417	656,154	667,068	657,003	629,729	650,233	745,955	893,254	999,836
Apr.	697,071	639,816	654,400	665,689	645,412	622,860	652,132	755,533	896,310	997,431
May	693,056	641,206	654,425	665,018	644,941	624,750	656,361	767,382	902,170	1,017,987
June	663,140	639,950	651,213	663,654	642,842	624,827	659,778	782,354	912,861	1,016,668
July	678,885	636,053	662,139	664,358	638,219	627,626	670,143	799,325	930,781	1,029,907
Aug.	675,000	642,295	671,442	667,652	637,972	631,525	673,922	807,965	941,140	1,042,754
Sep.	658,674	637,365	670,871	669,642	636,555	630,752	681,301	827,823	955,463	1,052,181
Oct.	647,434	634,616	667,536	667,981	635,344	638,796	690,571	844,497	963,522	1,058,355
Nov.	647,617	634,291	666,183	667,264	633,506	639,412	695,872	852,054	968,213	1,057,476
Dec.	645,854	629,613	671,176	661,703	634,763	641,215	713,748	870,368	978,920	1,064,647

GLOSSARY OF TERMS

DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS)

Administers programs that provide services to individuals and families in need. These programs are designed to both alleviate hardship and promote family health, personal responsibility, and economic independence. Most DPSS programs are mandated by Federal and State laws.

CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CALWORKS)

Provides temporary financial assistance, no-cost Medi-Cal, and employment-focused services to families with minor children who may or may not have income, and their property limit is below State maximum limits for their family size. In addition, the family must meet one of the following deprivations:

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

CASH ASSISTANCE PROGRAM TO IMMIGRANTS (CAPI)

Provides cash to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (SSI/SSP) due to their immigration status. CAPI participants may be eligible for Medi-Cal, In-Home Supportive Services (IHSS), and/or CalFresh benefits. Individuals requesting such benefits must file an appropriate application for each program.

CALFRESH

Is the cornerstone of the federal food assistance program. The purpose of this program is to promote and safeguard the health and well-being of low-income households by raising their levels of nutrition and increasing their food purchasing power.

GENERAL RELIEF (GR)

Is a County-funded program that provides cash aid to indigent adults who are ineligible for Federal or State programs.

IN-HOME SUPPORTIVE SERVICES (IHSS)

Enables low-income, aged, blind, and disabled individuals to remain safely at home by paying caregivers to provide personal care and domestic services.

LEADER

Is an acronym for Los Angeles Eligibility, Automated Determination, Evaluation and Reporting System.

MEDI-CAL ASSISTANCE ONLY (MAO)

Provides comprehensive medical benefits to low-income families with children, pregnant women, blind or disabled individuals and adults over 65 years of age. Depending on their income and resource levels, individuals and families may be eligible for a no-cost or a share-of-cost Medi-Cal Program.

REFUGEE RESETTLEMENT PROGRAM (RRP)

Is made up of many program partners at the Federal, State, County, and community levels. Typically, refugees are eligible for the same assistance programs as citizens including CalWORKs, CalFresh, Medi-Cal, SSI/SSP, and General Relief. In addition, single adults or couples without children who are not eligible for other welfare assistance may receive Refugee

Cash Assistance (RCA). Vital to the success of the California Refugee Program are the contributions made by Mutual Assistance Associations, and Community Based Organizations (CBOs) that provide culturally and linguistically appropriate services.

CAL-LEARN

Is a mandatory program for CalWORKs participants who are under 19 years of age, are pregnant or parenting, and have not yet completed their high school education. The Cal-Learn program is designed to address long-term welfare dependency by encouraging and assisting teen parents on the CalWORKs program to remain in or return to school. Cal-Learn focuses on providing these youths with the following supportive services needed to complete their high school education or equivalent:

- Intensive case management services
- Payments for child care, transportation, and school expenses
- \$100 bonuses up to four times a year for satisfactory school progress
- \$500 one-time-only bonus for receiving a high school diploma or its equivalent



COUNTY OF LOS ANGELES DISTRICT ATTORNEY'S OFFICE

AGENCY REPORT

INTRODUCTION

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



COUNTY OF LOS ANGELES DISTRICT ATTORNEY'S OFFICE REPORT

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

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

The District Attorney's Office prosecutes all felony crimes and all juvenile delinquency offenses committed in Los Ange-

les County, and misdemeanor crimes in the unincorporated areas of the county or in jurisdictions where cities have contracted for such service. Felonies are serious crimes for which the maximum punishment under the law is either state prison or death; misdemeanors are crimes for which the maximum punishment is a fine and/or county jail. Cases are referred by law enforcement agencies or by the Grand Jury. The District Attorney's Office is the largest local prosecuting agency in the nation with 2,170 permanent employees and 103 temporary employees. Of the permanent employees, 994 are full-time attorneys and 43 are part-time attorneys. In 2011, the District Attorney's Office reviewed 87,554 felony cases; 54,104 were filed and 33,450 were declined for filing. The District Attorney's Office reviewed 126,141 misdemeanor cases; 108,877 were filed and 17,264 were declined for filing.

THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

Because children are among the most defenseless victims of crime, the law provides special protection for them. Recognizing the special vulnerability and needs of child victims, the District Attorney's Office has mandated that all felony cases involving child physical abuse and endangerment, child sexual abuse and exploitation, and child abduction are vertically prosecuted. Vertical prosecution involves assigning specially-trained, experienced prosecutors to handle all aspects of a case from filing to sentencing. In some instances, these deputy district attorneys (DDA) are assigned to special divisions (Family Violence Division, Sex Crimes Division, Child Abduction Section, or Abolish Chronic Truancy). In other instances, the DDAs are designated as special prosecutors assigned to the Victim Impact Program



(VIP) in Branch Offices (Airport, Alhambra, Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, Pomona/Child Advocacy Center, San Fernando, Torrance/South Bay Child Crisis Center, and Van Nuys) or the Domestic Violence Unit within the Central Trials Division. Deputies with specialized training handle the sexual assault cases adjudicated in Juvenile Delinquency Court.

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

terview affords the DDA an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie, knows that there are consequences for telling a lie while in court, and can recall the incident accurately.

The pre-filing interview will also assist in establishing whether the child will cooperate with the criminal process and, if necessary, testify in court. The victim of a sexual assault (whether an adult or child) cannot be placed in custody for contempt for failing to testify [Code of Civil Procedure (CCP) §1219]. If the child who is the victim of sexual assault does not wish to speak with the deputy or is reluctant to commit to testifying in court and his or her testimony is required for a successful prosecution, then the child's decision will be respected. In all cases involving a child victim, every effort will be made to offer support to the child through the presence of an advocate from the District Attorney's Office's Victim/Witness Assistance Program. The victim service representative will work closely with the child and the child's family (if appropriate) to ensure that they are informed of the options and services available to them, such as counseling or medical assistance.

Similarly, in domestic abuse cases where the child is victimized, the victim cannot be placed in custody for failing to testify (CCP §1219). Domestic violence does occur between teenagers or an adult in a domestic relationship with a person under the age of 18. The District Attorney's Office will make every attempt to secure the victim's cooperation by utilizing all available resources in order to keep the victim safe. Resources include referrals from District Attorney's Office victim service representatives to domestic violence counselors or medical practitioners.



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

1. After a thorough consideration of all pertinent facts presented following a complete investigation, the prosecutor is satisfied that the evidence proves that the accused is guilty of the crime to be charged.
2. There is legally sufficient, admissible evidence of the basic elements of the crime to be charged.
3. There is legally sufficient, admissible evidence of the accused's identity as the perpetrator of the crime charged.
4. The prosecutor has considered the probability of conviction by an objective fact-finder and has determined that the admissible evidence is of such convincing force that it would warrant conviction of the crime charged by a reasonable and objective fact-finder after hearing all the evidence available to the prosecutor at the time of charging and after considering the most plausible, reasonably foreseeable defense inherent in the prosecution evidence. If a case does not meet the above criteria, the DDA will decline to prosecute the case and write the reasons for the declination on a designated form. The reasons can include, but are not limited to:
 - A lack of proof regarding an element of the offense.
 - A lack of sufficient evidence establishing that a crime occurred or that the accused is the perpetrator of the offense alleged
 - The victim is unavailable or declines to testify 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 prosecutor's office or, in jurisdictions where the District Attorney prosecutes misdemeanor crimes, the case is filed as a misdemeanor.

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

- Allow for reasonable breaks and relief from examination during which the child witness may leave the courtroom [PC §868.8(a)]
- Remove its robe if it is believed that such formal attire may intimidate the child [PC §868.8(b)]
- Relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness [PC §868.8(c)]
- Provide for testimony to be taken during the hours that the child would normally be attending school [PC §868.8(d)]

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



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

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

SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

DDAs who are assigned the challenge of prosecuting cases in which children are victimized receive special training throughout their assignment to enhance their ability to effectively prosecute these cases. These DDAs work very closely with victim service repre-

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

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

SPECIAL DIVISIONS AND PROGRAMS

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

ABOLISH CHRONIC TRUANCY

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



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

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

ACT is now in partnership with almost 400 schools in Los Angeles County. In addition, ACT personnel serve on School Attendance Review Boards and conduct truancy information meetings for parents and students at the high school level.

From September of 2006 to December of 2011, ACT contacted approximately 59,500 students and their parents to intervene in the cycle of truancy. A longitudinal review of the program by both the Probation Department and the Rand Corporation shows that year after year the program reduces truancy by slightly more than half. Students who are in the ACT program have a greatly reduced chance of becoming a juvenile delinquent. Only 1% of students in the ACT program become delinquent during the time they are monitored by the program.

CHILD ABDUCTION SECTION

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

California civil law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction. The Child Abduction Section employs several District Attorney Investigators to recover children wrongfully taken and return them to their custodial parent(s). In addition, the Child Abduction Section handles all cases arising under the Hague Convention on the Civil Aspects of International Child Abduction.



Sixty-eight signatory countries to this international treaty require that children be returned to their country of habitual residence under specified court procedures.

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

At the end of 2011, the Child Abduction Section was pursuing abductors in 328 open criminal cases. During 2011, District Attorney Investigators initiated 160 new cases under the Family Code, while closing 180 cases. At the conclusion of 2011, the Child Abduction Section was pursuing abductors on behalf of the Family Court in 40 open cases involving 59 children. During 2011, investigators recovered 67 children who had been wrongfully taken from a lawful parent or guardian.

Under the terms of the Hague Convention, the Child Abduction Section assisted in the location and recovery of children abducted from other countries and brought to Los Angeles County in 27 cases. The Child Abduction Section also assisted 20 county residents in recovering their children from other countries through the use of the treaty.

The Child Abduction Section conducted numerous training sessions throughout 2010 including: the Los Angeles Police Department, The Los Angeles Sheriff Department, other law enforcement agencies, the Family Law Court, bench, the Los Angeles County Domestic Violence Council, the California District Attorneys' Association, and other interested organizations. A key purpose of training law en-

forcement was to overturn the common misconception that a parent cannot be criminally prosecuted for abducting his or her own child. The training was designed to provide the necessary information to first responders and investigating officers in order to quickly get relevant information into local and national recovery systems, and to properly investigate and file these serious felony cases with the Child Abduction Section.

FAMILY VIOLENCE DIVISION

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

FVD specializes in prosecuting intimate partner and child homicides and attempted homicides, child abuse, and intimate partner



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

A significant portion of the work done by FVD staff involves the prosecution of felony child physical abuse/endangerment cases. Injuries inflicted upon the children include bruises, scarring, burns, broken bones, brain damage, and death. In many instances, the abuse was long-term; there are instances, however, wherein a single incident of abuse may result in a felony filing. At the conclusion of 2011, FVD was in the process of prosecuting 10 murder cases involving child victims and 33 murder cases involving intimate partner victims. When a murder charge under PC §187 is filed involving a child victim under the age of eight alleging child abuse leading to the death of the child, a second charge of assault resulting in death of a child under eight, a violation of PC §273ab, is also filed in most instances. It is extremely difficult to convict a

parent of murdering their child because jurors must find that the parent acted with malice and intended to kill their child. In cases alleging the abuse of a child under eight leading to death, the jury need not find that the parent intended to kill the child. It is sufficient for the jury to find that the parent intended or permitted the abuse that led to the death of the child in order to convict. The punishment for violating PC §273ab is a sentence of 25 years to life in state prison – the same punishment for a conviction of first degree murder.

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

FVD attorneys also prosecute cases where a mother gives birth and then kills the baby or allows the baby to die. These crimes



are typically committed with no witnesses present. The prosecution relies on medical evidence to prove that the child was born alive – the threshold issue in infanticide cases.

FVD attorneys also prosecute intimate partner homicide cases where children have observed one parent killing another. Forensic interviewers are utilized to determine what a child witness saw. When children must testify, FVD attorneys ensure that support persons are present in the courtroom and available to the child witness before and after court proceedings to help deal with the trauma associated with witnessing the crime and appearing in court with the parent accused of committing the crime. During and at the conclusion of court proceedings, victim service representatives provide the child witness and guardians with referrals for counseling, relocation, and victims of crime financial assistance.

FVD utilizes all tools available to determine the appropriate charges to file. FVD, along with the VIP Divisions in Branch and Area Operations, Sex Crimes Division, Hardcore Gang Division, and Complaints Division utilize the Family and Children's Index (FCI) to determine what, if any, contacts the child victim or his or her family has had with other Los Angeles County agencies. FCI is a pointer system developed with the Inter-Agency Council on Child Abuse and Neglect (ICAN) and other county partners to ensure that critical information may be shared as deemed appropriate by each respective agency with other agencies to ensure child safety. It is anticipated that additional agencies will contribute information to the FCI and agree to the terms of use for it.

Additionally, DDAs who handle crimes with children as victims access the Electronic Suspected Child Abuse Reporting System known as E-SCARS. This collaborative data-

base is an electronic system available to all primary law enforcement agencies in Los Angeles County, Department of Children and Family Services (DCFS) social workers, and prosecutors in both the District Attorney's Office and city prosecutor's offices. This state of the art system allows information to be shared quickly and securely with first responders in law enforcement and DCFS. The Los Angeles County Sheriff's Department (LASD) was the first law enforcement agency to be fully operational with this revolutionary tool. Specific information on current as well as prior allegations are given to patrol deputies at the time of dispatch so that officers in the field have the critical information needed as they investigate allegations of child abuse and neglect. E-SCARS

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

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



COUNTY OF LOS ANGELES DISTRICT ATTORNEY'S OFFICE REPORT

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

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

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

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

dren are victims or witnesses in intimate violent homicide cases

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

In 2010, FVD and the Sex Crimes Division reviewed and made recommendations on a significant number of bills aimed at protecting victims of intimate partner battering and child abuse and neglect. Previously, attorneys from the District Attorney's Office and the Los Angeles County Counsel's Office partnered to draft legislation regarding information-sharing between certain government agencies; ICAN co-sponsored the legislation. AB 1687 amended Civil Code §56.10 by adding §56.103. The new law allows a healthcare provider to disclose medical information to a county social worker, probation officer, or any other person who is legally authorized to have custody or care of a minor for the purpose of coordinating healthcare services and medical treatment provided to the minor. In 2010, legislation was proposed to reduce the number of people necessary to form a multi-disciplinary team so that critical information regarding child abuse and neglect may be shared with key people faster. The proposed legislation became law in 2011.



SEX CRIMES DIVISION

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

SEX CRIMES SECTION

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

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

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

Sexual assault of a child under 14 is usually filed as a violation of PC §288, defined as lewd and lascivious acts. A probationary sentence may not be imposed for this offense unless and until the court obtains a report from a reputable psychiatrist or psychologist who evaluates the mental condition of the defendant pursuant to PC §288.1. If, in evaluating the report, the court and the DDA find that the interests of justice and the safety of the community are served by imposing a probationary sentence, the defendant will receive a suspended sentence which will include, but not be limited to, the following terms and conditions of probation for a five-year period: confinement for up to a year in county jail; counseling to address the defendant's psychological issues; an order from the court to stay away from the victim; a separate order not to be in the presence of minor children without the supervision of an adult; and restitution to the victim. If the defendant violates any of the terms and conditions of probation, a state prison sentence may



then be imposed. In the alternative, depending on the nature of the offenses, a defendant may be sentenced directly to state prison. As part of any sentence, whether state prison or probation is initially imposed, the defendant is ordered to register as a sex offender upon release from custody with the local law enforcement agency in his area of residence. The registration, which must be updated annually, is a lifetime obligation placed upon the offender.

SEXUALLY VIOLENT PREDATOR SECTION

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

STUART HOUSE

Stuart House is a multi-disciplinary center located in Santa Monica that responds to incidents of child sexual assault. It is considered a state-of-the-art center where the various disciplines involved in the response to an incident

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

BRANCH AND AREA OPERATIONS – VICTIM IMPACT PROGRAM

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



signed DDAs to ensure that all cases are appropriately prepared and prosecuted. All VIP DDAs receive enhanced training designed to cover updated legal issues, potential defenses, and trial tactics.

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

MULTI-DISCIPLINARY CENTERS IN BRANCH AND AREA OPERATIONS

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

CENTER FOR ASSAULT TREATMENT SERVICES (CATS)

The Center for Assault Treatment Services (CATS) is operated out of the Northridge Hospital Medical Center and is the only designated Sexual Assault Response Team in the San Fernando and Santa Clarita Valleys. CATS' mission is to provide compassionate, comprehensive care to adult and child victims of sexual abuse in a supportive and comforta-

ble environment through a coordinated collaborative effort. Results obtained from specialized forensic interviews and evidence collection conducted by nurses and nurse practitioners with advanced training as Sexual Assault Examiners are provided to law enforcement, local prosecutors and child protective services. In addition, CATS medical personnel provide follow-up treatment and examination for victims and are court qualified experts who are available for consultations and court testimony. CATS is available 24 hours/ 7 days-per-week and is utilized by federal and local law enforcement.

VALLEY CARES – A FAMILY JUSTICE CENTER

In 2009 the District Attorney's Office participated in a collaborative effort to establish the first Family Justice Center in Los Angeles County. In October 2010 Valley CARES Family Justice Center opened its doors in the San Fernando Valley to help people who have experienced domestic violence, sexual assault and child abuse. Valley CARES is a non-profit multidisciplinary program with a broad range of established relationships. The partners include law enforcement, CATS, public child protective services, the District Attorney's Office, the City Attorney's Office, Mental Health and post-trauma treatment agencies, and a legal assistance organization. Valley CARES functions as a one-stop-shop where victims meet with legal professionals, receive crisis intervention, consult with representatives from allied agencies and obtain information on shelters and other helpful resources. Victims who visit Valley CARES enter into a non-threatening comfortable environment where they can get help while their children play safely in the on-site child care center.



CHILDREN'S ADVOCACY CENTER FOR CHILD ABUSE ASSESSMENT AND TREATMENT

The Children's Advocacy Center for Child Abuse and Treatment (Children's Advocacy Center) provides an array of services for children who live in the Pomona and East San Gabriel Valleys. Professional forensic interviews are conducted at the Children's Advocacy Center of children who witness criminal acts and/or are victims of sexual or physical abuse. While these interviews are being conducted, prosecutors from Pomona Branch's VIP Team, law enforcement officers, and child protective services workers sit behind a one-way mirror and provide input for follow-up questioning. This approach allows each agency to fulfill their respective mission, yet minimizes the number of times the child must be interviewed. The interviews are conducted in a child-friendly and culturally-sensitive manner.

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

Planning for the Children's Advocacy Center began in 2002 as a collaborative effort by local professionals working in the field of child abuse, including Los Angeles County DDAs.

The Children's Advocacy Center was organized as a non-profit corporation and opened its doors in July 2004. By November 2007, it had achieved national accreditation from the National Children's Alliance. To date, it has provided services for over 600 children and their families. The vast majority of clients are girls under the age of 12.

HARBOR UCLA CHILD CRISIS CENTER

The Harbor UCLA Child Crisis Center (Crisis Center) opened as a model project of the Los Angeles County Board of Supervisors in 1986. The Crisis Center provides services to children from birth through age 17 who are victims of physical or sexual abuse. It is open to residents of 22 cities within the South Bay area of Los Angeles County or wherever the need exists within the county. The Crisis Center provides state-of-the-art expert assessment while reducing trauma to the child victims and their families. The Crisis Center offers expert medical evaluation, sexual assault examination, and forensic examination. Experienced professional forensic interviewers with specialized training interview the victims in a non-threatening, child-friendly environment, enabling the investigating officer, assigned DDA, and social workers to observe the entire interview behind a one-way mirror. Crisis Center interviews are not recorded.

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



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 DDAs assigned to these courts be experienced prosecutors with special training in the area of family violence.

JUVENILE DIVISION

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

SCHOOL ATTENDANCE REVIEW BOARD (SARB)

A minor's first contact with the juvenile justice system is often handled informally. For instance, the Hearing Officers and Deputy Dis-

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

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

The District Attorney also recognizes the need for early intervention for first-time juvenile offenders arrested for non-violent offenses. To that end, the District Attorney's Office has implemented the Juvenile Offender Intervention Network (J.O.I.N.). To participate in the program, parents and youthful offenders agree to the terms of a J.O.I.N. contract. In the contract, juvenile offenders acknowledge responsibility for their acts and agree to pay restitution, maintain good school attendance, and perform community service. Parents agree to attend parenting classes, and families are referred to group counseling. Cases are intensely supervised and monitored by the hearing officer for one year. If the minor commits another offense or fails to adhere to the



J.O.I.N. contract, the original case is referred for prosecution.

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

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

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

In many instances, a deputy probation officer (DPO) assigned to review a referral from the District Attorney under WIC §652 will decide to continue to handle the matter informally and reserve re-sending the referral back to the District Attorney's Office for filing consideration. If the minor complies with the terms of informal supervision, the case does not come to the attention of the District Attorney's Office or the Delinquency Court; if the minor fails to comply, the DPO could then decide to refer the case for filing consideration.

A minor is ineligible for informal probation with the Probation Department if he or she was arrested for:

- Sale or possession for sale of a controlled substance
- Possession of narcotics on school grounds
- Assault with a deadly weapon upon a school employee
- Possession of a firearm or weapon at school
- A crime listed in WIC §707(b)
- An offense involving gang activity or requiring restitution in excess of \$1,000 or
- If the minor has
 1. Previously been placed on informal probation and has committed a new offense
 2. Is 14 or older and has been arrested for a felony or
 3. Is 13 or younger and has a previous felony arrest (WIC §§652 and 653.5)

WIC §241.1 DUAL STATUS PROTOCOL

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



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

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

DELINQUENCY COURT PROCEEDINGS

If a minor is delivered by law enforcement to probation personnel at a juvenile hall facility, the DPO to whom the minor is presented determines whether the minor remains detained. There are three Juvenile Halls in Los Angeles County, all of which are under the supervision of the Probation Department. They are located in Sylmar (Barry J. Nidorf Juvenile Hall), East Los Angeles (Central Juvenile Hall), and

Downey (Los Padrinos Juvenile Hall). If a minor 14 years of age or older is accused of personally using a firearm or having committed a serious or violent felony as listed under WIC §707(b), detention must continue until the minor is brought before a judicial officer. In all other instances, the DPO can only continue to detain the minor if one or more of the following is true:

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

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



tion or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the Delinquency Court at a detention hearing.

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

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

- A first degree murder (PC §187) with one or more special circumstances, if it is alleged that the minor personally killed the victim or
- Forcible sexual assaults, if the minor personally committed the offense and one or more circumstances enumerated in PC 667.61 (d) or (e) are alleged Sec-

tion 26 of Proposition 21 amended WIC §707(d) to give the prosecution the discretion to file specified crimes committed by minors directly in adult court. Under this discretionary direct file provision, a prosecutor may file directly in adult court if:

- A minor age 14 years or older personally uses a firearm to commit any crime, commits a crime punishable by life in prison, or commits an of 14

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

Under WIC §707(a) - (c), the prosecution may petition the court to find a minor unfit for juvenile court and send the case to adult court for prosecution. The court must consider each of the following factors in determining whether the minor's case should remain in juvenile court:

The degree of criminal sophistication exhibited by the minor

- Whether the minor can be rehabilitated prior to the expiration of the juvenile court's jurisdiction
- The minor's previous delinquent history
- The success of previous attempts by the juvenile court to rehabilitate the minor and



- The circumstances and gravity of the offense alleged to have been committed by the minor

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

If a minor's case remains in juvenile court, the minor has a right to an adjudication. The adjudication is similar to a court trial. Minors do not have a right to a jury trial. The minor does have a right to counsel, to confront and cross-examine the witnesses against him or her, and the privilege against self-incrimination. The Delinquency Court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The DDA has the burden of proof in presenting evidence to the court. If the court has been convinced beyond a reasonable doubt of the allegations in the petition, the petition is found true. If the court is not convinced, the petition is found not true. There is no finding of "guilty" or "not guilty." If the minor is age

13 or younger, proof that the minor had the capacity to commit the crime must be presented by the DDA as such individuals are not presumed to know right from wrong. For example, if a 12-year-old is accused of a theft offense, it is not presumed that the minor knew it was wrong to steal. The DDA must present evidence that the minor knew the conduct committed was wrong. This burden can be met by calling a witness to establish that this minor knew that it was wrong to steal. The witness can be the minor's parent or a police officer or school official who can testify that the minor appreciated that it was wrong to steal.

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

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

Proposition 21 provided the possibility of deferred entry of judgment for minors 14 years



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

NARCOTICS DIVISION

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

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

In addition, the District Attorney's Office has established the Major Narcotics Division (Major Narcotics), a team of specially trained attorneys responsible for prosecuting significant narcotics trafficking organizations that operate in Los Angeles County. This division ensures that highly effective prosecutors represent the People of the State of California in cases against drug traffickers most responsi-

ble for the drug supply. Major Narcotics also is responsible for processing all applications for wiretaps, an effective informational tool against drug traffickers and dealers. Deputies receive specialized training from the California Narcotics Officers' Association on topics ranging from clandestine laboratories, international drug trafficking, the manufacturing and distribution of narcotics, and the risks of drug manufacturing to children.

DRUG ENDANGERED CHILDREN (DEC) RESPONSE TEAM

The clandestine manufacture and distribution of methamphetamine continues to create a public health and safety crisis in Los Angeles County. Recent changes in the law, the creation of joint task forces to combat methamphetamine labs, and effective prosecution have caused a decrease in the number of labs in Southern California. However until all such labs have been completely eradicated, their existence continues to jeopardize the safety of children long before the drugs hit the streets. More than 80% of all methamphetamine labs seized are found in homes, garages, apartments, motels, or mobile homes where children are often present. These labs, stocked with toxic chemicals and at high risk for explosions, expose children to highly dangerous living conditions.

To address this issue, the District Attorney's Office and DCFS partnered with the Los Angeles Interagency Metropolitan Police Apprehension Crime Task Force to create the Drug Endangered Children Response Team (DEC). DEC specializes in seizing labs that manufacture methamphetamine and other narcotics, and provides a coordinated response to the crisis of children found in home labs. To date, more than 100 children have been rescued from methamphetamine labs.



All have received specialized medical and social services to diagnose and treat the physical and emotional effects of drug exposure.

In addition, the District Attorney's Office vertically prosecuted over 470 criminal defendants involved in the manufacture of methamphetamine, meaning a highly trained prosecutor handled each case from beginning to end. Also, criminal child endangerment charges were filed in all major narcotics cases where such charges were factually appropriate.

Within the last year, Major Narcotics prosecuted child endangerment charges against individuals who trafficked in illicit narcotics including PCP. In fact, the manufacture of PCP has made a dramatic resurgence. Two PCP labs were discovered in residential neighborhoods within April, May, and June, 2010, with quantities of PCP in excess of 25 gallons. PCP labs are especially dangerous in that they can ignite simply due to humid conditions. The District Attorney's Office successfully prosecuted those manufacturers who were sent to state prison. The Major Narcotics Division takes a hard line when it comes to drug endangered children and has an aggressive policy of filing child endangerment charges when children are found in homes where drug labs, large quantities of narcotics, and/or guns are found.

In 2003, DEC was named a Top Ten Award Winner by Los Angeles County's Quality and Productivity Commission at its annual awards program. DEC saved Los Angeles County over fifteen million dollars (\$15,000,000) in costs. More importantly, it has potentially saved the lives of hundreds of children.

Due in part to DEC's efforts, California has now restricted sales of pseudoephedrine and ephedrine, the precursors to methamphetamine. The restriction, combined with the prosecution of methamphetamine manufacturers where children are present, has resulted in a sharp decrease in the prevalence of methamphetamine laboratories in California.

HARDCORE GANG DIVISION

Cognizant of the fact that gangs and violent crimes continue to plague our communities and pose a serious threat to the safety and security of all citizens of Los Angeles, the District Attorney's Office remains committed to vigorously prosecuting the juveniles and adults who commit gang offenses. With more than 1,400 street gangs in Los Angeles County, communities continue to deteriorate due to gang violence, graffiti and vandalism diminishing the quality of life in numerous neighborhoods. The District Attorney's Office utilizes vertical prosecution to ensure that these serious crimes and the victims of those crimes receive the dedicated attention of knowledgeable experts in the field. The District Attorney's Office published Gang Crime and Violence in Los Angeles County: Findings and Proposals from the District Attorney's Office in April 2008. The entire report and statistical data may be obtained at the District Attorney Office's website at www.da.lacounty.gov under "Top Documents." In addition to prosecuting gang members, the Office actively works to prevent or dissuade children from joining gangs.

THE CLEAR PROGRAM

In 1996, three year old Stephanie Kuhlen was killed by gang members in northeast Los Angeles. Within a year, the multi-agency collaborative – Community Law Enforcement and Recovery (CLEAR) – was created to facilitate



the recovery of gang-infested communities by decreasing the criminal activity of targeted gangs. Deputy district attorneys, deputy city attorneys, law enforcement personnel, deputy probation officers, and members of the Department of Corrections are co-located in specific areas where they can focus their attention on the most active gang members. CLEAR has been identified as a highly successful gang suppression and prevention program.

THE HEAT PROGRAM

The HEAT (Heightened Enforcement and Targeting) Program is a multi-agency gang enforcement program initiated by the Hardcore Gang Division of the District Attorney's Office in the late 1990s and staffed by Los Angeles County agencies. The program was developed to address a sudden increase in gang activity in certain unincorporated areas of the county and began operation in the areas of Valinda, Athens, and East Los Angeles. Initially funded by the Los Angeles County Board of Supervisors, additional HEAT sites throughout the county have received funding through a variety of state and federal grants.

Some of the HEAT sites have expanded the concept of a multidisciplinary approach to combating gang violence by including a community based component.

SAGE (STRATEGY AGAINST GANG ENVIRONMENT)

The SAGE Program is aimed at improving the quality of life in neighborhoods by placing experienced DDAs in cities or areas to work with established agencies to develop new programs aimed at crime prevention and crime reduction. The programs address issues such as drugs, graffiti, nuisances, juvenile truancy and delinquency and any other criminal conduct that negatively impacts the community.

SAGE DDAs are active members of the communities in which they work, teaching residents how to recognize early signs of gang involvement in their children, how to divert their children from gangs, how to improve their neighborhoods, and how to effectively use the services provided by law enforcement. The program is tailored to each community in which it is activated.

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

EAST LOS ANGELES PARENT PROJECT

The goal of the East Los Angeles Parent Project, which is directed through the District Attorney's Office's SAGE program, is to reduce gang membership by improving the parenting skills of those whose children are at risk of joining gangs. The East Los Angeles Parent Project Collaboration includes the District Attorney's Office, Los Angeles County Parks and Recreation Department, LASD, Supervisor Gloria Molina's office, the Los Angeles County Probation Department, and the Boys and Girls Club of East Los Angeles, and provides parenting classes at three parks in East Los Angeles.

The classes are open to any interested parent, but approximately 80% of the attendees are referrals from juvenile court. During the 10-week program, parents learn to identify potential gang and drug problems with their children, learn the difference between



influencing and controlling conduct, learn to modify behavior, and learn how to develop an effective action plan. The program stresses "active" supervision of the child and teaches the parent to take an interest in the child's friends, activities, and school.

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

OFFICE WIDE UNITS

VICTIM-WITNESS ASSISTANCE PROGRAM

The program is staffed by Victim Service Representatives who have received special training in state programs regarding restitution for victims of crime and advocacy and support for victims of violence. The advocate's primary responsibility is to provide support to the victim. This function is considered essential in cases with a child victim. Often, the advocate will be the first person associated with the District Attorney's Office with whom the child will meet.

The advocate 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 to give emotional support for the child victim and to provide a friendly, nurturing sense of care. The advocate assists the non-offending parents or guardians of the child victim to connect with appropriate counseling for children who either witness or are victims of violent crimes in order to promote the mental and emotional health of the child.

The advocate provides court accompaniment to the child victim and the victim's family and assists in explaining the court process. There are two essential tools that the advocate relies upon in explaining the criminal court

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

- Crisis intervention
- Emergency financial assistance
- Referrals for counseling, legal assistance and other resources
- Assistance in filing for State Victim Compensation
- Referrals and information to appropriate community agencies and resources
- Speaking engagements explaining the services provided through the Los Angeles County District Attorney's Office Victim/ Witness Assistance Program

DISTRICT ATTORNEY BUREAU OF COMMUNITY RELATIONS

The District Attorney's Office is committed to working with youths and their parents to keep young people in school, away from drugs and gangs, and on the path to a productive adulthood. In these pages you will gain ac-



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cess to informational resources available within the District Attorney's Office in the areas of crime prevention, public safety, and victim assistance.

PROJECT L.E.A.D. (LEGAL ENRICHMENT AND DECISION-MAKING)

Project L.E.A.D. is a law-related educational program, begun in 1993, that places prosecutors and other criminal justice professionals inside fifth-grade classrooms one hour a week for 20 weeks. Students follow a challenging curriculum designed to develop the knowledge, skills, understanding, and attitudes that will allow them to function as participating members of a democratic society. The program's curriculum focuses on issues involving drug abuse, gang violence, and hate crimes. It also provides social tools, such as conflict resolution and coping with peer pressure. During the 2011-2012 school year, 119 volunteers taught the curriculum to 1,788 students in 59 classrooms at 39 public schools throughout Los Angeles County. Participating schools are listed below:

Schools	Districts	Students
Aeolian	Los Nietos	78
Ann	Los Angeles	21
Aragon	Los Angeles	63
Bradley, Thomas	Los Angeles	29
Breed Street	Los Angeles	29
Castelar	Los Angeles	58
Centinela	Inglewood	34
City Terrace	Los Angeles	71
Cleveland	Pasadena	32
Coliseum	Los Angeles	43
Dearborn	Los Angeles	88
Edison	Long Beach	108
Euclid Avenue	Los Angeles	58
Foster Road	Norwalk-La Mirada	30
Fourth Street	Los Angeles	28
Freeman, Daniel	Inglewood	60
Gratt	Los Angeles	31
Helen Keller	Lynwood	32
Huntington Drive	Los Angeles	31
Jefferson, Thomas	Bellflower	33
Jefferson, Thomas	Pasadena	60

Kornblum Hawthorne 36

Schools	Districts	Students
La Canada	La Canada	26
Leffingwell	East Whittier City	36
Lorena Street	Los Angeles	55
Madison	Pomona	98
Mariposa	Lancaster	68
Murchison Street	Los Angeles	91
Nevin Avenue	Los Angeles	25
Ocean View	Whittier	108
Palm Crest	La Canada	16
Panorama City	Los Angeles	49
Paradise Canyon	La Canada	11
Portrero Heights	Montebello	27
Rosa Parks	Lynwood	31
Rosecrans	Compton	31
Russell	Los Angeles	62
San Fernando	Los Angeles	56
Utah Street	Los Angeles	29

ENVIRONMENTAL SCHOLARSHIP PROGRAM

A college scholarship fund was established at five Los Angeles County high schools as the result of the prosecution and settlement of a major environmental crime case. Graduating seniors at Bell Gardens, El Rancho, Montebello, Pioneer, and Schurr high schools are eligible for the scholarships. They are awarded annually to students who have demonstrated a serious interest or commitment to environmental issues. In 2012, seven students received scholarships totaling \$3,974. The District Attorney's Office has awarded 383 scholarships totaling \$300,000 to local students since the fund was established in 1991.



PAMPHLETS

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

SPEAKERS BUREAU

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

DATA GATHERING AND ANALYSIS

In order to maximize accuracy in representing the work done by the District Attorney's Office in prosecuting cases involving child abuse and neglect, data is gathered based upon a case filing. When a case is filed, the case number represents one unit for data purposes. A case may, however, represent more than one defendant and more than one count; in cases where there is more than one count, more than one victim may be represented. This method was adopted to ensure that a single incident of criminal activity was not double counted. When a case is presented for filing to a prosecutor, it is submitted based upon the conduct of the perpetrator. If a single perpetrator has victimized more than one victim, all of the alleged criminal conduct

is contained under one case number. If a victim has been victimized on more than one occasion by a single perpetrator, the separate incidents will be represented by multiple counts contained under a single case number. A single incident, however, also may be represented by multiple counts; such counts might be filed in the alternative for a variety of reasons but could not result in a separate sentence for the defendant due to statutory double jeopardy prohibitions. If multiple defendants were involved in victimizing either a single victim or multiple victims, this is represented by a single case number.

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

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



ferral for misdemeanor consideration to another agency) is the very important consideration of the victim being unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against a child or an adult, or domestic violence against a teenager or adults, the victim may decline to participate in a prosecution and not face the prospect of being incarcerated for contempt of court for failing to testify (CCP §1219). As a general principle, it is considered essential to protect the child victim from additional harm; forcing a child to participate in the criminal justice process against his or her will would not meet these criteria. This deference to the greater goal of protection of the victim results in some cases which would ordinarily meet the filing criteria to be declined and others which have already been filed to be dismissed or settled for a compromise disposition.

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

As it is not uncommon for minors to commit acts of abuse against children, juvenile delinquency statistics detailing the number of felony and misdemeanor petitions filed, dismissed, and declined are included (Figures 12, 13, 14, 15, and 16). It is important to note the fact that the perpetrator of the offense is under the age of 18 is not the sole determinative factor in making a decision as to whether the minor perpetrated a criminal act against a child.

A schoolyard fight between peers would not be categorized as an incident of child abuse nor would consensual sexual conduct between underage peers be automatically categorized as child molestation; but an incident involving a 17 year old babysitter intentionally scalding a 6 year old child with hot water would be investigated as a child abuse and an incident in which a 16 year old cousin fondled the genitals of an 8 year old family member would be investigated as a child molestation. A 16 year old who punched his 16 year old girlfriend in face would be investigated as intimate partner violence.

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

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

For the ninth year, the report contains data regarding the number of child abuse cases filed that also included the filing of a count of



Spousal Abuse within the meaning of PC §273.5 (Figure 22). In all nine years, the percentage of cases in which these offenses are joined has been consistent. In 2003, this joinder occurred in 9% of the cases filed; in 2004, it occurred in 8% of the cases; in 2005, the joinder occurred in 9% of the cases. From 2006 through 2010, the joinder occurred in 7% of the cases. In 2011, this joinder occurred in 8% of the cases.

SELECTED FINDINGS

- A total of 5,504 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2011.
- Of these, charges were filed in 46% (2,510) of the cases reviewed. Felony charges were filed in 55% (1,387) of these matters. Misdemeanor charges were filed in 45% (1123) of these matters.
- Of those cases declined for filing (a total of 2994-both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 33% of the declinations (1002).
- In 78% of the adult cases filed involving child abuse, the gender of the defendant was male.
- Convictions were achieved in 91% of the cases filed against adult offenders. Defendants received grants of probation in 69% (1,229) of these cases. State prison sentences were ordered in 25% (444) of the cases; with 1% (19) of the defendants receiving a life sentence in state prison.
- A total of 571 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.

- Of these, charges were filed in 47% (274) of the cases reviewed. Felony charges were filed in 93% (256) of these cases.
- Of the filed cases, 54% (149) alleged a violation of PC §288(a). Of the declined cases (297 – both felonies and misdemeanors), 55% (162) alleged a violation of PC §288(a).
- In 96% of the petitions filed involving child abuse, the gender of the minor was male
- Sustained petitions (155) were achieved in 90% of the juvenile cases.

CONCLUSION

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



**RESPONSE TO RECOMMENDATIONS
FROM 2010 REPORT**

RECOMMENDATION ONE:

REPORTING OF DATA

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

RECOMMENDATION TWO:

USE OF SPATIAL DATA

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



Figure 1

LIST OF PRIORITIZED STATUTES FOR 2011

Code	Statute	Form No	Order	Code	Statute	Form No	Order
PC	187(a)		1	PC	288(b)(1)		38
PC	273ab(a)		2	PC	288(b)(2)		39
PC	273ab(b)		3	PC	288(b)		40
PC	273ab		4	PC	288(a)		41
PC	288.7(a)		5	PC	288a(c)(1)		42
PC	288.7(b)		6	PC	288a(c)	001	43
PC	273(a)(2)		7	PC	289(j)		44
PC	269(a)(1)		8	PC	289(i)		45
PC	269(a)(2)		9	PC	289(h)		46
PC	269(a)(3)		10	PC	273a(a)		47
PC	269(a)(4)		11	PC	273d(a)		48
PC	269(a)(5)		12	PC	278		49
PC	261(a)(2)	001	13	PC	278.5		50
PC	261(a)(2)	002	14	PC	278.5(a)		51
PC	264.1(b)(1)		15	PC	288(c)(1)		52
PC	264.1(b)(2)		16	PC	288(c)		53
PC	207(b)		17	PC	286(b)(2)		54
PC	207(c)	002	18	PC	286(b)(1)		55
PC	207(d)	002	19	PC	288a(b)(1)		56
PC	207(a)	002	20	PC	266j		57
PC	207(a)	003	21	PC	266h(b)		58
PC	208(b)		22	PC	266h(b)(1)		59
PC	288.5(a)		23	PC	266h(b)(2)		60
PC	288.5		24	PC	266i(b)		61
PC	286(c)(2)(b)		25	PC	266l(b)(1)		62
PC	286(c)(2)(c)		26	PC	266l(b)(2)		63
PC	286(d)(2)		27	PC	266		64
PC	286(d)(3)		28	PC	288a(b)(2)		65
PC	288(c)(2)(b)		29	PC	12035(b)(1)		66
PC	288(c)(2)(c)		30	PC	311.4(b)		67
PC	288(a)(d)(2)	001	31	PC	311.2(b)		68
PC	288(a)(d)(3)	001	32	PC	311.2(d)		69
PC	289(a)(1)(b)		33	PC	311.10		70
PC	289(a)(1)(c)		34	PC	311.11(b)		71
PC	286(c)(1)		35	PC	288.3(a)		72
PC	286(c)	001	36	PC	288.3(c)		73



Figure 1 (continued)
LIST OF PRIORITIZED STATUTES FOR 2010

Code	Statute	Form No	Order
PC	288(b)		74
PC	261.5(d)		75
PC	261.5(c)		76
PC	288.4(a)(2)		77
PC	311.1(a)		78
PC	311.4(c)		79
PC	288.4(a)(1)		80
PC	271(a)		81
PC	12035(b)(2)		82
PC	12036(b)		83
PC	12035(c)		84
PC	267		85
PC	647.6(b)		86
PC	647.6(a)(1)	002	87
PC	647.6(a)		88
PC	647.6(a)(1)	001	89
PC	647.6(a)	001	90
PC	647.6		91
PC	261.5(a)		92
PC	261.5(b)		93
PC	261.5		94
PC	273A(b)		95
PC	273g		96
PC	311.1		97
PC	311.4(a)		98
PC	311.11(a)		99
PC	311.3(a)		100
PC	273i(a)		101



Figure 2

TOTAL ADULT FILINGS BY CHARGE FOR 2002 THROUGH 2006

Charge	2002		2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	0	0	3	0	0	0	0	0	0	1
PC12036(b)	0	2	0	1	0	0	0	0	0	0
PC12036(c)	0	0	0	0	0	0	0	0	0	0
PC187(a)	25	0	31	0	23	0	25	0	17	0
PC207(a)	26	0	20	0	13	0	19	0	11	0
PC207(b)	7	0	3	0	11	0	6	0	6	0
PC208(b)	13	0	3	0	1	0	1	0	1	0
PC261(a)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	0	0	0	0	1	0	1	1
PC261.5(b)	0	28	0	17	0	11	0	36	0	17
PC261.5(c)	112	70	101	48	87	57	80	43	72	37
PC261.5(d)	39	12	38	6	45	7	39	4	27	6
PC266	0	0	0	0	0	0	1	0	0	0
PC266h(b)	1	0	0	0	0	0	1	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	5	0	4	0
PC266h(b)(2)	0	0	0	0	0	0	0	0	6	0
PC266i(b)(1)	0	0	0	0	0	0	1	0	2	0
PC266i(b)(2)	0	0	0	0	0	0	1	0	1	0
PC266j	5	0	4	0	3	0	2	0	0	0
PC269	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	22	0	26	0	23	0	26	0	14	0
PC269(a)(2)	1	0	0	0	2	0	2	0	1	0
PC269(a)(3)	13	0	8	0	4	0	3	0	3	0
PC269(a)(4)	3	0	6	0	7	0	4	0	1	0
PC269(a)(5)	4	0	7	0	10	0	5	0	3	0
PC271a	1	7	6	6	1	1	3	2	2	3
PC273a(1)	0	0	0	0	0	0	1	0	0	0
PC273a(a)	587	119	446	108	411	111	432	117	374	123
PC273a(b)	4	578	1	550	1	581	0	591	0	475
PC273ab	0	0	1	0	0	0	5	0	1	0
PC273ab(a)	0	0	0	0	0	0	0	0	0	0
PC273ab(b)	0	0	0	0	0	0	0	0	0	0
PC273d(a)	25	87	31	75	37	66	24	69	41	55
PC273g	0	2	0	1	0	0	0	0	0	0
PC278	27	6	25	2	19	1	26	2	11	4
PC278.5	9	5	15	0	4	1	4	3	4	2
PC278.5(a)	39	10	24	3	31	0	8	0	18	4
PC286(b)(1)	6	1	8	1	7	1	3	1	7	0
PC286(b)(2)	2	0	3	0	1	0	5	0	3	0
PC286(c)	2	0	2	0	0	0	0	0	0	0
PC286(c)(1)	9	0	8	0	5	0	4	0	8	0
PC286(c)(2)(c)	0	0	0	0	0	0	0	0	0	0
PC288(a)	498	1	437	0	476	1	350	0	410	0
PC288(b)	2	0	2	0	3	0	0	0	5	0



COUNTY OF LOS ANGELES DISTRICT ATTORNEY'S OFFICE REPORT

Figure 2 (continued)

TOTAL ADULT FILINGS BY CHARGE FOR 2007 THROUGH 2011

Charge	2007		2008		2009		2010		2011	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	1	1	0	0	1	0	0	0	2	0
PC12036(b)	0	0	0	0	0	0	0	0	0	0
PC12036(c)	0	0	0	1	0	0	0	0	0	0
PC187(a)	20	0	20	0	16	0	15	0	16	0
PC207(a)	18	0	23	0	14	0	11	0	17	0
PC207(b)	8	0	4	0	5	0	3	0	6	0
PC208(b)	0	0	0	0	1	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	2	0	4	0
PC261.5	1	1	2	0	0	0	0	0	1	0
PC261.5(b)	0	18	0	24	0	20	0	17	0	21
PC261.5(c)	86	46	83	74	92	62	68	58	57	42
PC261.5(d)	42	6	42	9	29	9	29	8	24	3
PC266	0	0	1	0	2	0	2	0	0	1
PC266h(b)	0	0	0	0	0	0	2	0	0	0
PC266h(b)(1)	5	0	8	0	10	0	8	0	6	0
PC266h(b)(2)	2	0	6	0	3	0	1	0	1	0
PC266i(b)(1)	0	0	0	0	5	0	0	0	4	0
PC266i(b)(2)	0	0	0	0	0	0	0	0	1	0
PC266j	1	0	0	0	0	0	1	0	0	0
PC269	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	22	0	23	0	19	0	26	0	20	0
PC269(a)(2)	2	0	0	0	1	0	3	0	2	0
PC269(a)(3)	7	0	4	0	4	0	5	0	2	0
PC269(a)(4)	7	0	5	0	13	0	6	0	4	0
PC269(a)(5)	3	0	7	0	5	0	1	0	1	0
PC271a	1	6	0	2	0	2	0	2	1	0
PC273a(1)	0	1	0	0	0	0	0	0	0	0
PC273a(a)	399	123	429	112	389	113	391	114	375	115
PC273a(b)	1	557	4	613	1	595	1	692	0	746
PC273ab	0	0	4	0	1	0	0	0	0	0
PC273ab(a)	0	0	0	0	0	0	0	0	1	0
Pc273ab(b)	0	0	0	0	0	0	0	0	3	0
PC273d(a)	45	50	38	70	32	73	42	75	43	73
PC273g	0	14	0	1	0	1	0	3	0	0
PC278	11	3	12	1	13	1	9	0	14	5
PC278.5	1	1	0	2	1	0	0	1	0	0
PC278.5(a)	16	1	15	2	8	4	11	2	8	3
PC286(b)(1)	5	0	7	0	5	0	10	0	6	1
PC286(b)(2)	4	0	4	0	3	0	1	0	3	0
PC286(c)	1	0	0	0	1	0	1	0	0	0
PC286(c)(1)	8	0	1	0	6	0	1	0	2	0
PC286(c)(2)(c)	0	0	0	0	0	0	0	0	4	0
PC288(a)	382	0	396	0	381	0	285	0	258	0
PC288(b)	1	0	2	0	1	0	4	0	1	0



Figure 2 (continued)

TOTAL ADULT FILINGS BY CHARGE FOR 2002 THROUGH 2006

Charge	2002		2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288(b)(1)	47	1	60	0	46	0	55	0	52	0
PC288(b)(2)	0	0	0	0	0	0	0	0	0	0
PC288(c)	1	0	0	0	0	0	0	0	0	0
PC288(c)(1)	120	3	96	2	110	4	75	4	85	1
PC288.3(a)	0	0	0	0	0	0	0	0	0	0
PC288.4(b)	0	0	0	0	0	0	0	0	0	0
PC288.5	6	0	12	0	6	0	2	0	4	0
PC288.5(a)	206	0	132	0	124	0	118	0	110	0
PC288.5(b)	0	0	0	0	18	2	0	0	0	0
PC288.7(a)	0	0	0	0	0	0	0	0	0	0
PC288.7(b)	0	0	0	0	0	0	0	0	0	0
PC288a(b)(1)	26	10	31	6	6	0	21	3	21	5
PC288a(b)(2)	9	0	17	0	0	0	12	0	4	0
PC288a(c)	2	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	4	0	0	0	0	0	2	0	0	0
PC288a(c)(2)(c)	0	0	0	0	0	0	0	0	0	0
PC289(a)(1)(b)	0	0	0	0	0	0	0	0	0	0
PC289(a)(1)(c)	0	0	0	0	0	0	0	0	0	0
PC289(h)	11	5	15	2	17	1	15	3	13	3
PC289(i)	19	0	16	0	6	0	10	0	12	0
PC289(j)	0	0	0	0	0	0	0	0	1	0
PC311.1	0	0	0	0	0	0	1	0	0	0
PC311.10	0	0	1	0	3	0	2	0	2	0
PC311.1(a)	2	1	2	0	3	0	4	0	1	0
PC311.11(a)	0	14	0	11	0	19	0	9	2	17
PC311.11(b)	2	0	0	0	0	0	2	0	2	0
PC311.2(b)	0	0	0	0	0	0	2	0	0	0
PC311.2(d)	0	0	0	0	0	0	0	0	1	0
PC311.3(a)	0	0	0	0	0	0	0	0	0	0
PC 311.4(a)	0	0	0	0	0	0	0	0	0	0
PC311.4(b)	0	0	0	0	0	0	0	0	0	0
PC311.4(c)	4	0	1	0	1	0	2	0	1	0
PC647.6	0	0	0	0	0	0	0	2	0	2
PC647.6(a)	8	0	6	0	9	0	3	140	4	107
PC647.6(a)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(b)	3	0	0	0	0	0	1	0	0	3
PC664/187(a)	20	0	12	0	9	0	19	0	11	0
Total:	1,972	962	1,660	839	1,583	864	1,433	1,029	1,380	866



COUNTY OF LOS ANGELES DISTRICT ATTORNEY'S OFFICE REPORT

Figure 2 (continued)
TOTAL ADULT FILINGS BY CHARGE FOR 2007 THROUGH 2011

Charge	2007		2008		2009		2010		2011	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288(b)(1)	36	0	47	0	60	0	42	0	45	0
PC288(b)(2)	0	0	0	0	0	0	1	0	0	0
PC288(c)	0	0	0	0	0	0	1	0	1	0
PC288(c)(1)	76	1	88	1	92	0	84	0	78	0
PC288.3(a)	0	0	0	0	0	0	7	0	9	0
PC288.4(b)	0	0	0	0	0	0	12	0	5	0
PC288.5	3	0	5	0	5	0	5	0	2	0
PC288.5(a)	116	0	125	0	136	0	125	0	96	0
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288.7(a)	0	0	0	0	0	0	40	0	45	0
PC288.7(b)	0	0	0	0	0	0	32	0	54	0
PC288a(b)(1)	18	2	17	8	9	3	23	4	29	1
PC288a(b)(2)	4	0	8	0	7	0	7	0	11	0
PC288a(c)	1	0	0	0	0	0	0	0	1	0
PC288a(c)(1)	7	0	1	0	2	0	0	0	1	0
PC288a(c)(2)(c)	0	0	0	0	0	0	0	0	5	0
PC288(a)(1)(b)	0	0	0	0	0	0	0	0	1	0
PC288(a)(1)(c)	0	0	0	0	0	0	0	0	1	0
PC289(h)	19	2	16	2	20	2	18	3	15	0
PC289(i)	12	0	15	0	19	0	7	0	15	0
PC289(j)	1	0	0	0	1	0	0	0	0	0
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	1	0	0	0	0	0
PC311.1(a)	4	0	9	0	12	0	14	1	15	0
PC311.11(a)	20	5	26	3	40	1	40	6	41	3
PC311.11(b)	1	0	1	0	0	0	3	0	5	0
PC311.2(b)	2	0	2	0	2	0	0	0	1	0
PC311.2(d)	1	0	1	0	0	0	0	0	0	0
PC311.3(a)	0	0	0	4	0	1	0	0	0	0
PC 311.4(a)	0	0	0	0	0	0	1	0	0	0
PC311.4(b)	0	0	2	0	0	0	0	0	0	0
PC311.4(c)	1	0	1	0	1	0	1	0	2	0
PC647.6	0	0	0	0	0	0	1	0	0	2
PC647.6(a)	0	13	0	2	0	0	0	2	0	0
PC647.6(a)(1)	0	0	0	0	0	0	7	138	5	107
PC647.6(b)	3	1	3	0	1	1	6	0	1	0
PC664/187(a)	15	0	12	0	10	0	9	0	16	0
Total:	1,440	852	1,519	931	1,480	888	1,425	1,126	1,387	1,123

COUNTY OF LOS ANGELES DISTRICT ATTORNEY'S OFFICE REPORT



Figure 3

TOTAL ADULT DISMISSALS BY CHARGE FOR 2002 THROUGH 2006

Charge	2002		2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	0	0	0	0	0	0	0	0	0	0
PC12036(c)	0	0	0	0	0	0	0	0	0	0
PC187(a)	1	0	0	0	0	0	1	0	1	0
PC207	0	0	2	0	0	0	0	0	0	0
PC207(a)	5	0	0	0	1	0	3	0	0	0
PC207(b)	0	0	0	0	1	0	1	0	0	0
PC208	0	0	0	0	0	0	0	0	0	0
PC208(b)	1	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	5	0	1	0	3	0	5	0	3
PC261.5(c)	10	2	5	9	9	7	2	2	5	3
PC261.5(d)	0	0	0	1	5	1	1	0	1	0
PC266h(b)	1	0	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	0	0	1	0
PC266h(b)(2)	0	0	0	0	0	0	0	0	0	0
PC266i(b)(1)	0	0	0	0	0	0	0	0	0	0
PC266j	3	0	0	0	0	0	1	0	0	0
PC269(a)(1)	0	0	1	0	2	0	1	0	0	0
PC269(a)(2)	0	0	0	0	0	0	1	0	0	0
PC269(a)(3)	0	0	0	0	0	0	0	0	0	0
PC269(a)(4)	0	0	0	0	1	0	1	0	0	0
PC269(a)(5)	1	0	0	0	1	0	0	0	0	0
PC271a	0	0	2	1	0	1	0	0	0	0
PC273a(a)	46	8	26	17	44	6	35	11	22	8
PC273a(b)	0	42	0	46	0	75	0	52	0	37
PC273d(a)	5	10	3	10	2	2	5	12	6	4
PC273g	0	0	0	0	0	0	0	0	0	0
PC278	2	2	5	2	2	0	4	1	0	1
PC278.5	1	0	3	0	0	1	0	0	1	0
PC278.5(a)	5	0	3	2	4	0	0	0	1	1
PC286(b)(1)	1	0	0	0	0	0	0	0	0	0
PC286(c)(1)	1	0	0	0	0	0	0	0	0	0
PC288(a)	23	0	37	0	36	0	26	0	16	0
PC288(b)(1)	3	0	5	0	3	0	4	0	2	0
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	6	0	5	0	7	1	2	1	6	0
PC288.5	0	0	1	0	0	0	0	0	0	0
PC288.5(a)	10	0	7	0	6	0	7	0	3	0
PC288.7(a)	0	0	0	0	0	0	0	0	0	0
PC288.7(b)	0	0	0	0	0	0	0	0	0	0
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288a(b)(1)	4	0	2	1	0	0	1	0	0	0



COUNTY OF LOS ANGELES DISTRICT ATTORNEY'S OFFICE REPORT

Figure 3 (continued)

TOTAL ADULT DISMISSALS BY CHARGE FOR 2002 THROUGH 2006

Charge	2002		2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288a(b)(2)	1	0	1	0	0	0	1	0	0	0
PC288a(c)	1	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	1	0	0	0
PC289(h)	2	0	1	0	1	0	2	0	0	0
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0	0	0
PC311.1(a)	0	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	2	0	0	0	0	0	0	1	0
PC311.11(b)	0	0	0	0	0	0	0	0	0	0
PC311.2	0	0	0	0	0	0	0	0	0	0
PC311.2(b)	0	0	0	0	0	0	0	0	0	0
PC311.3(a)	0	0	0	0	0	0	0	0	0	0
PC311.4(b)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	3	0	0	0	1	0	1	7	0	5
PC647.6(a)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(b)	0	0	0	0	0	0	0	0	0	0
PC664/187(a)	0	0	1	0	0	0	1	0	0	0
Total:	136	71	110	90	126	97	102	91	68	62



Figure 3 (continued)

TOTAL ADULT DISMISSALS BY CHARGE FOR 2007 THROUGH 2011

Charge	2007		2008		2009		2010		2011	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(b)(1)	1	0	0	0	0	0	0	0	0	0
PC12036(c)	0	0	0	1	0	0	0	0	0	0
PC187(a)	0	0	0	0	0	0	0	0	0	0
PC207	0	0	0	0	0	0	0	0	0	0
PC207(a)	1	0	3	0	1	0	0	0	0	0
PC207(b)	1	0	0	0	0	0	1	0	0	0
PC208	0	0	0	0	0	0	0	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	1	0	0	0	5	0	4	0	2
PC261.5(c)	8	3	4	4	3	6	3	5	3	3
PC261.5(d)	0	1	0	0	0	0	1	1	0	0
PC266h(b)	0	0	0	0	0	0	2	0	0	0
PC266h(b)(1)	0	0	2	0	3	0	0	0	3	0
PC266h(b)(2)	1	0	3	0	2	0	0	0	0	0
PC266i(b)(1)	0	0	0	0	2	0	0	0	0	0
PC266j	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	2	0	0	0	3	0	0	0	1	0
PC269(a)(2)	0	0	0	0	1	0	0	0	0	0
PC269(a)(3)	1	0	1	0	0	0	0	0	0	0
PC269(a)(4)	0	0	1	0	0	0	0	0	0	0
PC269(a)(5)	0	0	1	0	1	0	0	0	0	0
PC271a	0	0	0	0	0	0	0	0	0	0
PC273a(a)	27	16	30	8	24	5	35	10	18	10
PC273a(b)	0	52	0	62	0	74	0	68	0	76
PC273d(a)	6	8	4	11	4	11	1	7	3	9
PC273g	0	4	0	0	0	0	0	0	0	0
PC278	0	2	0	0	1	0	2	0	4	0
PC278.5	1	0	0	1	0	0	0	1	0	0
PC278.5(a)	2	1	1	1	2	2	1	0	0	0
PC286(b)(1)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0	0	0
PC288(a)	6	0	12	0	10	0	11	0	11	0
PC288(b)(1)	1	0	0	0	1	0	0	0	0	0
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	1	0	0	0	2	0	5	0	4	0
PC288.5	0	0	0	0	1	0	0	0	0	0
PC288.5(a)	3	0	6	0	4	0	4	0	0	0
PC288.7(a)	0	0	0	0	0	0	2	0	2	0
PC288.7(b)	0	0	0	0	0	0	3	0	5	0



COUNTY OF LOS ANGELES DISTRICT ATTORNEY'S OFFICE REPORT

Figure 3 (continued)

TOTAL ADULT DISMISSALS BY CHARGE FOR 2007 THROUGH 2011

Charge	2007		2008		2009		2010		2011	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288a(b)(1)	1	0	1	1	0	0	0	2	1	0
PC288a(b)(2)	0	0	0	0	0	0	0	0	0	0
PC288a(c)	0	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	0	0	0	0
PC289(h)	1	0	0	0	1	0	0	0	0	0
PC289(i)	0	0	2	0	1	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0	0	0
PC311.1(a)	0	0	1	0	2	0	1	0	0	0
PC311.11(a)	1	1	2	1	7	0	4	0	1	1
PC311.11(b)	0	0	0	0	0	0	0	0	0	0
PC311.2	0	0	0	0	0	0	0	0	0	0
PC311.2(b)	0	0	1	0	1	0	0	0	0	0
PC311.3(a)	0	0	0	1	0	0	0	0	0	0
PC311.4(b)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	0	1	0	0	0	0	0	0	0	0
PC647.6(a)(1)	0	0	0	0	0	0	1	18	0	6
PC647.6(b)	1	0	0	0	0	0	0	0	0	0
PC664/187(a)	1	0	0	0	0	0	0	0	1	0
Total:	67	90	75	91	77	103	77	116	57	107



Figure 4
TOTAL ADULT CASES DECLINED FOR FILING FOR 2002 THROUGH 2006

	2002	2003	2004	2005	2006
Charge	Count	Count	Count	Count	Count
PC12035(b)(1)	4	1	1	1	3
PC12035(b)(2)	0	0	0	0	0
PC12036(b)	0	0	0	0	0
PC12036(c)	0	0	0	0	1
PC187(a)	3	1	2	3	0
PC207	0	0	0	0	0
PC207(a)	3	0	2	2	1
PC207(b)	4	0	1	2	1
PC208	0	0	0	0	0
PC208(b)	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0
PC261.5	0	0	0	11	0
PC261.5(a)	0	0	1	2	1
PC261.5(b)	36	80	94	142	156
PC261.5(c)	170	145	137	187	249
PC261.5(d)	99	92	81	70	29
PC264.1(b)(2)	0	0	0	0	0
PC266	0	0	0	0	0
PC266h(b)	0	1	0	1	1
PC266h(b)(1)	0	0	0	0	2
PC266h(b)(2)	0	0	0	0	1
PC266i(b)(1)	0	0	0	0	0
PC266i(b)(2)	0	0	0	0	0
PC266j	2	3	2	0	1
PC267	0	0	0	0	1
PC269(a)(1)	1	0	3	3	1
PC269(a)(2)	0	0	0	0	0
PC269(a)(3)	0	0	0	0	0
PC269(a)(4)	0	0	0	0	0
PC269(a)(5)	0	0	0	0	0
PC271a	10	8	8	5	3
PC273a	1	1	0	1	1
PC273a(2)	0	0	0	0	2
PC273a(a)	523	421	399	464	502
PC273a(a)(1)	0	0	0	0	0
PC273a(b)	164	162	177	148	150
PC273ab	4	1	2	1	3
PC273d(a)	83	139	133	103	127
PC273g	0	0	0	1	1
PC273i(a)	0	0	0	0	0
PC278	32	50	29	39	55
PC278.5	41	40	49	35	18
PC278.5(a)	99	115	58	48	55
PC286(b)(1)	10	11	13	9	18



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Figure 4 (continued)

TOTAL ADULT CASES DECLINED FOR FILING FOR 2002 THROUGH 2006

	2002	2003	2004	2005	2006
Charge	Count	Count	Count	Count	Count
PC286(b)(2)	1	0	5	0	4
PC286(c)	0	0	0	0	0
PC286(c)(1)	1	5	9	0	2
PC286(c)(2)(c)	0	0	0	0	0
PC288(a)	1,050	986	1,013	1,094	1,116
PC288(b)	2	0	2	0	0
PC288(b)(1)	14	9	10	11	15
PC288(b)(2)	0	0	0	0	0
PC288(c)	2	1	0	0	0
PC288(c)(1)	63	88	83	98	90
PC288.3(a)	0	0	0	0	0
PC288.4(a)(2)	0	0	0	0	0
PC288.5	3	1	1	2	4
PC288.5(a)	46	34	46	35	35
PC288.5(b)	0	0	0	0	0
PC288.7(a)	0	0	0	0	0
PC288.7(b)	0	0	0	0	0
PC288a(b)(1)	17	31	22	21	27
PC288a(b)(2)	3	2	6	1	5
PC288a(c)	0	0	0	0	0
PC288a(c)(1)	9	6	8	4	3
PC289(a)(1)(c)	0	0	0	0	0
PC289(h)	7	5	2	8	5
PC289(i)	0	0	0	4	3
PC289(j)	0	0	1	2	1
PC311.1(a)	0	0	2	0	1
PC311.10	1	0	0	0	4
PC311.11(a)	5	3	6	0	0
PC311.11(b)	0	1	4	0	1
PC311.2(b)	0	0	0	0	0
PC311.2(d)	0	0	0	0	0
PC 311.3(a)	0	0	0	0	0
PC311.4(a)	0	0	1	0	1
PC311.4(b)	2	0	0	0	0
PC311.4(c)	1	0	0	0	0
PC647.6	0	0	0	0	1
PC647.6(a)	12	17	11	113	109
PC647.6(a)(1)	0	0	0	0	0
PC647.6(b)	12	6	9	10	4
PC664/187(a)	0	3	0	0	0
Total:	2,540	2,469	2,433	2,681	2,814



**Figure 4 (continued):
TOTAL ADULT CASES DECLINED FOR FILING FOR 2007 THROUGH 2011**

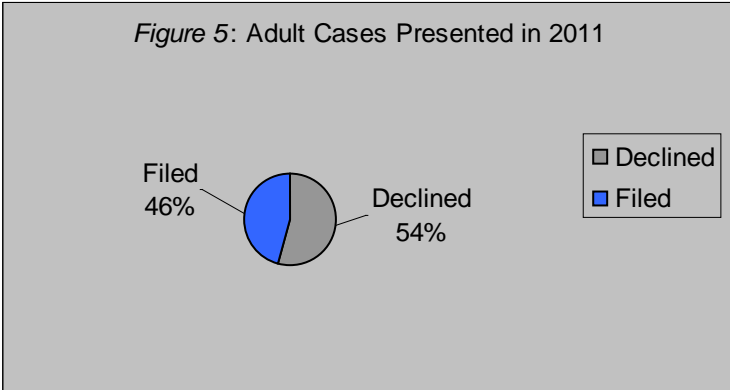
	2007	2008	2009	2010	2011
Charge	Count	Count	Count	Count	Count
PC12035(b)(1)	1	3	1	1	1
PC12035(b)(2)	0	0	0	0	0
PC12036(b)	2	0	0	1	0
PC12036(c)	0	0	0	0	0
PC187(a)	7	0	0	0	3
PC207	0	0	0	0	0
PC207(a)	5	1	0	3	0
PC207(b)	3	4	2	2	1
PC208	0	0	0	0	0
PC208(b)	0	0	0	0	0
PC261(a)(2)	0	0	0	0	18/
PC261.5	1	2	3	8	2
PC261.5(a)	1	1	3	2	0
PC261.5(b)	127	133	166	111	101
PC261.5(c)	293	274	239	304	231
PC261.5(d)	32	38	49	41	52
PC264.1(b)(2)	0	0	0	1	0
PC266	2	1	0	1	0
PC266h(b)	0	6	0	1	0
PC266h(b)(1)	1	3	2	1	0
PC266h(b)(2)	5	3	2	4	0
PC266i(b)(1)	0	0	0	0	1
PC266i(b)(2)	0	0	1	2	0
PC266j	0	1	1	0	3
PC267	0	0	0	0	0
PC269(a)(1)	2	2	4	2	8
PC269(a)(2)	1	0	0	0	0
PC269(a)(3)	0	1	2	1	0
PC269(a)(4)	0	0	1	0	1
PC269(a)(5)	1	1	0	0	1
PC271a	3	3	6	9	3
PC273a	1	1	2	0	0
PC273a(2)	0	0	0	0	0
PC273a(a)	461	478	479	534	549
PC273a(a)(1)	0	0	0	0	0
PC273a(b)	233	245	243	335	308
PC273ab	3	3	4	6	1
PC273d(a)	139	144	116	161	131
PC273g	1	1	6	4	1
PC273i(a)	0	0	3	1	0
PC278	40	20	25	13	24
PC278.5	9	5	15	6	11



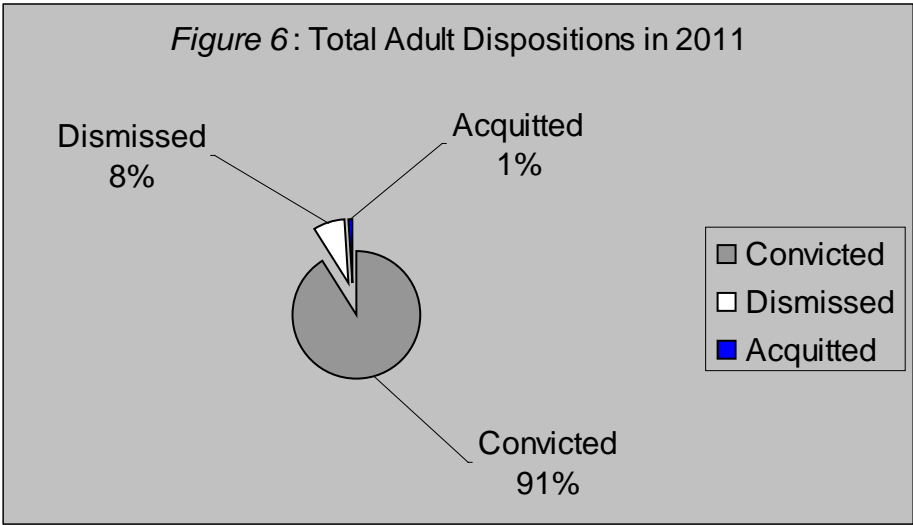
Figure 4 (continued):

TOTAL ADULT CASES DECLINED FOR FILING FOR 2007 THROUGH 2011

Charge	2007 Count	2008 Count	2009 Count	2010 Count	2011 Count
PC278.5(a)	57	37	47	39	39
PC286(b)(1)	6	5	8	8	14
PC286(b)(2)	2	2	0	4	7
PC286(c)	0	0	0	0	0
PC286(c)(1)	3	1	8	6	2
PC286(c)(2)(c)	0	0	0	0	1
PC288(a)	950	975	989	970	1,002
PC288(b)	0	0	2	4	1
PC288(b)(1)	14	16	19	25	20
PC288(b)(2)	0	0	0	0	3
PC288(c)	1	0	3	2	1
PC288(c)(1)	72	81	95	115	98
PC288.3(a)	0	0	0	3	8
PC288.4(a)(2)	0	0	0	1	0
PC288.5	10	17	3	4	6
PC288.5(a)	37	85	78	90	104
PC288.5(b)	0	0	0	0	0
PC288.7(a)	0	0	0	24	21
PC288.7(b)	0	0	0	18	20
PC288a(b)(1)	9	17	18	25	22
PC288a(b)(2)	1	2	2	2	3
PC288a(c)	0	0	0	0	0
PC288a(c)(1)	4	2	5	7	3
PC289(a)(1)(c)	0	0	0	0	1
PC289(h)	8	5	6	10	13
PC289(i)	0	3	2	2	1
PC289(j)	0	0	0	1	2
PC311.1(a)	0	2	2	3	1
PC311.10	2	0	0	0	2
PC311.11(a)	7	8	9	12	27
PC311.11(b)	1	0	0	0	0
PC311.2(b)	0	0	0	0	0
PC311.2(d)	0	1	0	0	2
PC 311.3(a)	0	0	0	2	2
PC311.4(a)	0	0	1	0	1
PC311.4(b)	0	0	0	0	1
PC311.4(c)	0	1	0	0	0
PC647.6	0	0	2	1	0
PC647.6(a)	20	9	4	3	5
PC647.6(a)(1)	0	0	0	185	105
PC647.6(b)	2	2	4	2	5
PC664/187(a)	0	0	0	1	0
Total:	2,580	2,645	2,682	3,124	2,994



Adult Cases Presented in 2011	
Declined	2,994
Filed	2,510
Total	5,504



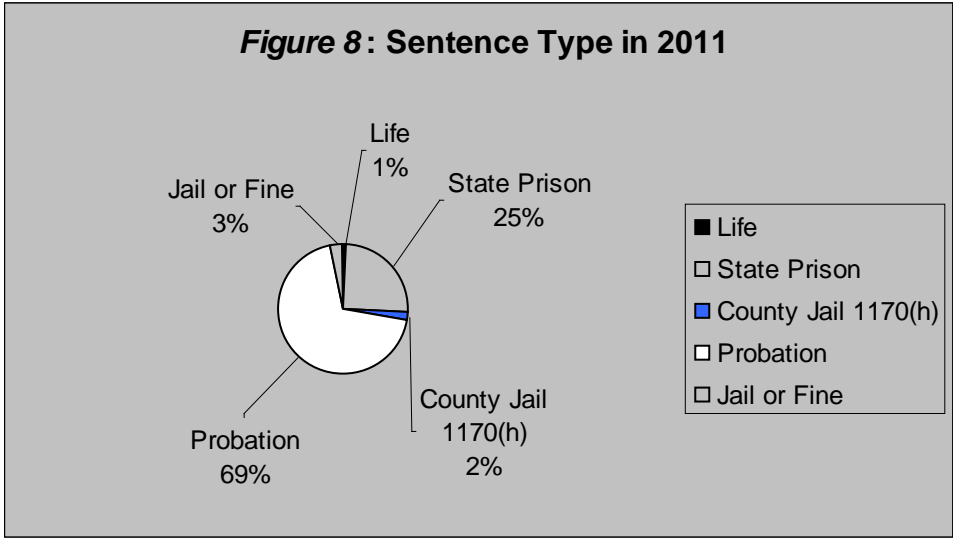
Adult Dispositions in 2011	
Convicted	1,826
Dismissed	164
Acquitted	18
Total	2,008



Figure 7:
TOTAL ADULT CASES SENTENCED
for 2002 through 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Sentence Type	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
Life	24	23	13	8	6	9	12	15	23	19
State Prison	533	499	472	349	401	479	483	492	515	444
County Jail 1170(h)	0	0	0	0	0	0	0	0	0	28
Probation	1,624	1,411	1,284	1,113	1,077	1,144	1,277	1,149	1,290	1,229
Jail or Fine	n/a	n/a	n/a	42	43	16	16	36	54	52
TOTAL	2,181	1,933	1,769	1,512	1,527	1,648	1,788	1,692	1,882	1,772

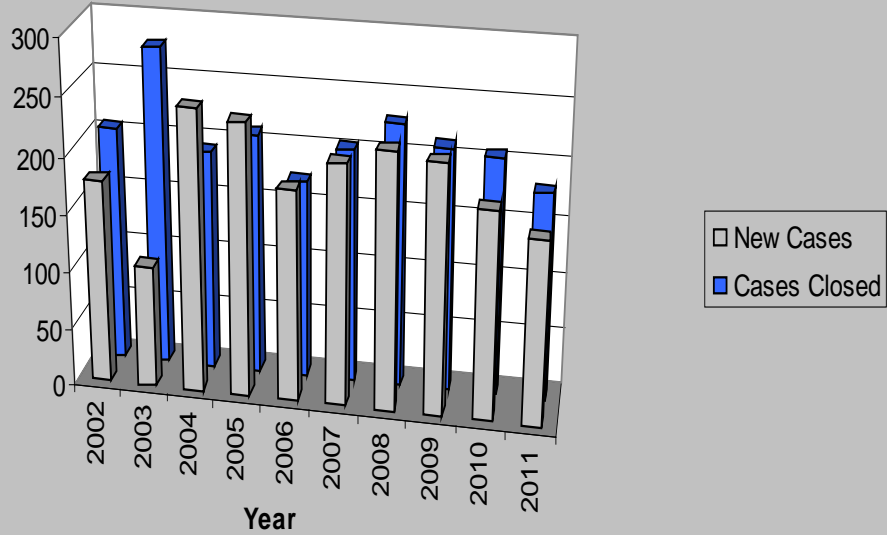
n/a = not available for these years



Sentence Type in 2011	
Life	19
State Prison	444
County Jail	28
Probation	1229
Jail or Fine	52
Total	1,772



Figure 9: Child Abduction Cases For 2002 Through 2011



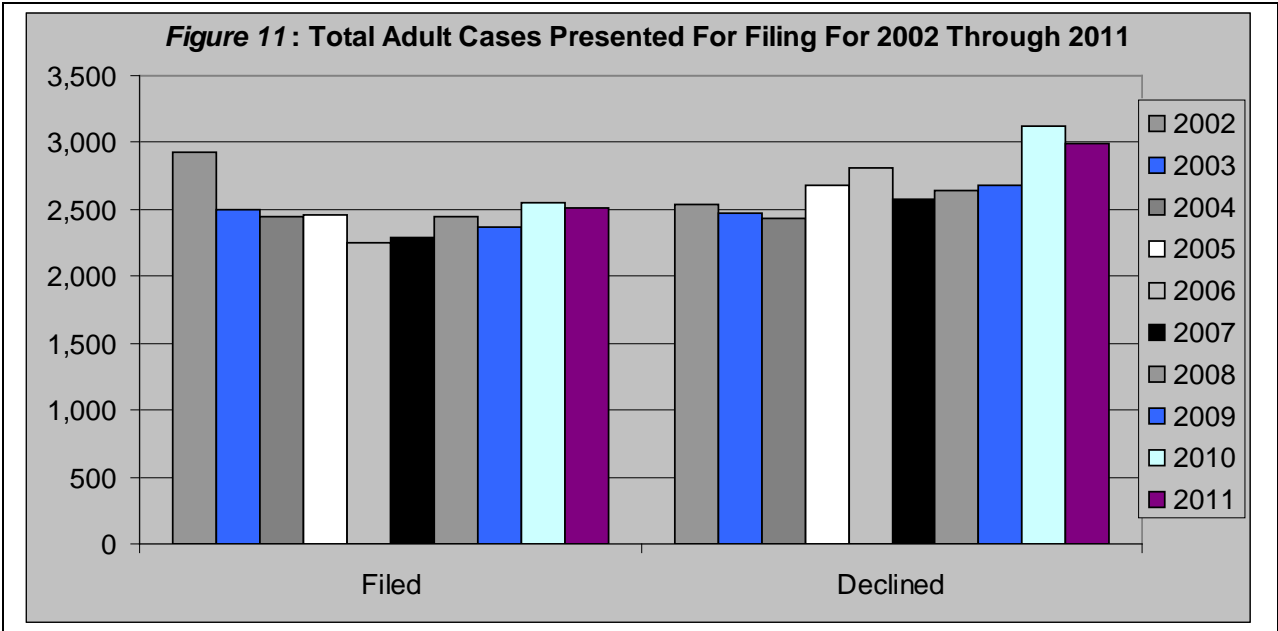
Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
New Cases	177	105	245	236	183	209	222	216	181	160
Cases Closed	205	277	191	209	172	203	228	211	207	180
Total	382	382	436	445	355	412	450	427	388	340



Figure 10

TOTAL ADULT FILINGS BY ZIP CODE FOR 2002 THROUGH 2011

Zip Code	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
90007	24	18	19	52	17	34	41	45	49	45
90012	613	437	424	445	350	363	409	350	345	371
90022	58	39	38	40	35	30	50	42	69	62
90025	0	0	0	0	0	0	0	0	0	0
90045	121	84	118	103	75	57	65	73	75	88
90066	0	0	0	0	0	0	0	0	0	0
90210	9	8	2	4	13	12	7	5	12	8
90220	232	222	243	219	229	292	326	298	267	247
90231	0	0	0	0	0	0	0	0	0	0
90242	54	57	86	61	46	19	28	33	33	68
90255	58	58	47	0	0	0	0	0	0	0
90262	7	0	0	0	0	0	0	0	0	0
90265	16	14	7	13	3	3	5	9	7	9
90301	64	49	45	35	51	54	50	41	50	42
90401	7	0	0	0	0	0	0	0	0	0
90503	124	86	103	75	98	67	67	84	94	91
90602	48	58	64	62	50	63	75	68	42	70
90650	201	200	178	207	178	177	168	165	194	147
90703	0	0	0	0	0	0	0	0	1	0
90706	33	30	40	80	51	47	65	76	87	80
90802	152	141	131	110	130	83	64	69	74	100
91016	0	0	0	0	0	0	0	0	0	0
91101	74	88	68	77	55	88	78	63	75	79
91205	76	48	40	56	41	34	32	32	0	0
91206	0	0	0	0	0	0	0	0	36	54
91331	0	0	0	0	0	0	0	0	0	0
91340	75	91	86	65	86	89	94	96	87	118
91355	28	28	56	86	72	48	47	48	54	52
91401	105	74	93	49	81	94	122	80	81	56
91502	0	0	0	0	21	14	7	20	14	13
91731	128	88	66	81	63	79	65	72	63	74
91744	0	0	0	0	0	0	2	0	0	0
91766	282	268	203	171	166	181	206	214	241	242
91790	116	90	67	80	69	86	90	64	118	100
91801	39	53	50	69	53	40	61	68	86	82
93534	190	170	173	222	213	238	226	253	297	212



Year	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Filed	2,934	2,499	2,447	2,462	2,246	2,292	2,450	2,368	2,551	2,510
Declined	2,540	2,469	2,435	2,681	2,814	2,580	2,645	2,682	3,124	2,994
Total	5,474	4,968	4,882	5,143	5,060	4,872	5,095	5,050	5,675	5,504



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**Figure 12
TOTAL JUVENILE FILINGS BY CHARGE FOR 2002 THROUGH 2006**

Charge	2002		2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12036(b)	0	0	0	0	0	0	0	0	0	0
PC187(a)	0	0	0	0	0	0	0	0	0	0
PC207(a)	0	0	3	0	0	0	2	0	0	0
PC207(b)	4	0	0	0	0	0	0	0	0	0
PC208(b)	3	0	0	0	0	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	8	0	9	0	5	0	6	0	4
PC261.5(c)	3	2	3	1	1	2	4	0	3	0
PC261.5(d)	0	0	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	0	0	0	0
PC266i(b)(2)	0	0	0	0	0	0	0	0	0	0
PC266j	0	0	1	0	0	0	0	0	0	0
PC269(a)(3)	0	0	0	0	0	0	0	0	0	0
PC269(a)(5)	0	0	0	0	1	0	0	0	0	0
PC271a	0	0	0	0	0	0	0	0	0	0
PC273a(a)	8	0	8	0	9	0	14	0	7	0
PC273a(b)	0	9	0	5	0	8	0	4	0	2
PC273d(a)	2	0	2	0	0	0	3	0	2	0
PC273g	0	0	0	1	0	0	0	0	0	0
PC278	3	0	2	0	4	0	0	0	2	0
PC278.5	0	0	0	0	0	0	0	0	0	0
PC286(b)(1)	0	0	0	0	0	0	3	0	1	0
PC286(b)(2)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	2	0	0	0	1	0	1	0
PC286(c)(2)(b)	0	0	0	0	0	0	0	0	0	0
PC288(a)	185	0	177	0	175	0	182	0	176	0
PC288(b)	1	0	0	0	0	0	0	0	1	0
PC288(b)(1)	39	0	55	0	41	0	32	0	28	0
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	0	0	0	0	0	0	0	0	0	0
PC288.5(a)	39	0	24	0	34	0	33	0	22	0
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288.7(b)	0	0	0	0	0	0	0	0	0	0



Figure 12 (continued)

TOTAL JUVENILE FILINGS BY CHARGE FOR 2002 THROUGH 2006

	2002		2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288a(b)(1)	2	0	4	0	3	0	1	0	0	0
PC288a(b)(2)	0	0	0	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	0	0	0	0
PC288a(c)(2)(b)	0	0	0	0	0	0	0	0	0	0
PC289(h)	0	0	6	0	5	0	1	0	2	0
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	1	0	0	0	0	0
PC311.1(a)	0	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	2	0	0	0	2	0	0	0	0
PC311.2(b)	0	0	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	2	0	2	0
PC311.4(c)	1	0	0	0	0	0	0	0	0	0
PC647.6	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	1	0	0	5	0	6
PC647.6(a)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(b)	0	0	2	0	0	0	1	0	0	0
PC664/187(a)	1	0	0	0	0	0	0	0	0	0



Figure 12 (continued)

TOTAL JUVENILE FILINGS BY CHARGE FOR 2007 THROUGH 2011

Charge	2007		2008		2009		2010		2011	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12036(b)	0	1	0	0	0	0	0	0	0	0
PC187(a)	0	0	0	0	0	0	0	0	0	0
PC207(a)	0	0	2	0	0	0	0	0	3	0
PC207(b)	0	0	0	0	0	0	1	0	0	0
PC208(b)	0	0	0	0	0	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	0	0	3	0
PC261.5	1	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	7	0	10	0	7	0	5	1	6
PC261.5(c)	1	0	3	2	2	0	2	2	1	2
PC261.5(d)	1	0	0	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	2	0	0	0	0	0	0	0
PC266i(b)(2)	1	0	0	0	0	0	0	0	0	0
PC266j	0	0	0	0	0	0	0	0	0	0
PC269(a)(3)	0	0	0	0	0	0	1	0	0	0
PC269(a)(5)	0	0	0	0	0	0	0	0	0	0
PC271a	0	0	0	0	0	0	0	0	0	0
PC273a(a)	7	0	12	0	13	0	7	0	4	0
PC273a(b)	0	8	0	7	0	5	0	4	0	2
PC273d(a)	2	0	0	0	2	0	4	0	3	0
PC273g	0	0	0	0	0	0	0	0	0	0



Figure 12 (continued)

TOTAL JUVENILE FILINGS BY CHARGE FOR 2007 THROUGH 2011

Charge	2007		2008		2009		2010		2011	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC278	0	0	2	0	2	0	0	0	0	0
PC278.5	0	0	0	0	0	0	0	0	0	0
PC286(b)(1)	2	0	3	0	0	0	4	0	1	0
PC286(b)(2)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	2	0	0	0	3	0	0	0	4	0
PC286(c)(2)(b)	0	0	0	0	0	0	0	0	1	0
PC288(a)	183	0	189	0	189	0	149	1	149	0
PC288(b)	0	0	0	0	0	0	1	0	0	0
PC288(b)(1)	44	0	46	0	63	0	64	0	50	0
PC288(c)	0	0	0	0	0	0	0	0	0	0
PC288(c)(1)	0	0	0	0	2	0	0	0	0	0
PC288.5(a)	22	0	19	0	23	0	17	0	20	0
PC288.5(b)	0	0	0	0	0	0	0	0	0	0
PC288.7(b)	0	0	0	0	0	0	1	0	0	0
PC288a(b)(1)	0	0	3	0	1	0	3	0	3	0
PC288a(b)(2)	0	0	0	0	1	0	0	0	0	0
PC288a(c)(1)	3	0	0	0	1	0	0	0	0	0
PC288a(c)(2)(b)	0	0	0	0	0	0	0	0	1	0
PC289(h)	0	0	3	0	1	0	1	0	1	0
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC311.10	1	0	0	0	0	0	0	0	2	0
PC311.1(a)	0	0	0	0	1	0	0	0	0	0
PC311.11(a)	0	0	3	0	1	0	4	1	8	0
PC311.2(b)	0	0	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	0	0	1	0
PC311.4(c)	0	0	0	0	0	0	0	0	0	0
PC647.6	0	0	0	0	0	0	0	0	0	1
PC647.6(a)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)(1)	0	0	0	0	0	0	0	12	0	7
PC647.6(b)	0	0	0	0	0	0	0	0	0	0
PC664/187(a)	0	0	0	0	1	0	0	0	0	0



Figure 13

TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2002 THROUGH 2006

Charge	2002		2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(a)	0	0	1	0	0	0	0	0	0	0
PC261.5(b)	0	1	0	4	0	0	0	3	0	0
PC261.5(c)	1	0	2	0	0	0	0	0	0	0
PC266h(b)(1)	0	0	0	0	0	0	0	0	0	0
PC273a(a)	1	0	1	0	0	1	1	0	0	0
PC273a(b)	0	0	0	0	0	0	0	0	0	0
PC273d(a)	0	0	0	0	0	0	0	0	0	0
PC286(b)(1)	0	0	0	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0	1	0
PC288(a)	18	0	18	0	18	0	7	0	9	0
PC288(b)	1	0	0	0	0	0	0	0	0	0
PC288(b)(1)	3	0	7	0	7	0	2	0	4	0
PC288.5(a)	3	0	3	0	3	0	3	0	3	0
PC288a(b)(1)	0	0	1	0	0	0	0	0	0	0
PC288a(c)(1)	0	0	0	0	0	0	0	0	0	0
PC289(h)	0	0	1	0	0	0	0	0	0	0
PC311.11(a)	0	0	0	0	0	0	0	0	0	0
PC311.2(d)	0	0	0	0	0	0	2	0	0	0
PC647.6(a)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)(1)	0	0	0	0	0	0	0	1	0	0



Figure 13 (continued)

TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2007 THROUGH 2011

Charge	2007		2008		2009		2010		2011	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(a)	0	0	1	0	0	0	0	0	0	0
PC261.5(b)	0	1	0	2	0	0	0	0	0	1
PC261.5(c)	0	0	0	0	0	0	0	1	0	2
PC266h(b)(1)	0	0	1	0	0	0	0	0	0	0
PC273a(a)	1	0	0	0	1	0	1	0	1	0
PC273a(b)	0	2	0	1	0	1	0	0	0	0
PC273d(a)	1	0	0	0	0	0	0	0	0	0
PC286(b)(1)	0	0	1	0	0	0	0	0	0	0
PC286(c)(1)	0	0	0	0	0	0	0	0	0	0
PC288(a)	14	0	12	0	19	0	11	1	9	0
PC288(b)	0	0	0	0	0	0	0	0	0	0
PC288(b)(1)	4	0	5	0	7	0	8	0	3	0
PC288.5(a)	1	0	2	0	3	0	0	0	0	0
PC288a(b)(1)	0	0	1	0	0	0	0	0	1	0
PC288a(c)(1)	0	0	0	0	1	0	0	0	0	0
PC289(h)	0	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	0	0	0	0	0	1	1	0	0
PC311.2(d)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	0	0	1	1	0	0
PC647.6(a)(1)	0	0	0	0	0	0	0	0	0	0



Figure 14:
TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2002 THROUGH 2006

Charge	2002		2003		2004		2005		2006	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(b)	0	0	0	0	1	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	0	0	0	0	4	0	6	0
PC261.5(a)	0	0	0	0	0	0	0	0	0	0
PC261.5(b)	0	14	0	23	0	18	0	13	0	26
PC261.5(c)	0	0	5	3	2	1	6	2	6	1
PC261.5(d)	5	0	1	0	0	0	0	0	0	0
PC266h(b)	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	0	0	0	0	0	0	0	0	0	0
PC269(a)(3)	0	0	0	0	0	0	0	0	0	0
PC271a	0	0	0	0	0	0	0	0	0	0
PC273a(a)	6	0	3	0	7	0	3	0	2	0
PC273a(b)	0	2	0	0	0	0	0	0	0	2
PC273ab	0	0	0	0	1	0	0	0	0	0
PC273d(a)	1	0	0	0	0	0	1	0	0	0
PC273i(a)	0	0	0	0	0	0	0	0	0	0
PC278	3	0	2	0	0	0	0	0	0	0
PC278.5(a)	0	0	0	0	0	0	0	0	0	0
PC286(b)(1)	0	0	4	0	0	0	0	0	1	0
PC286(b)(2)	0	0	1	0	0	0	0	0	0	0
PC286l(1)	0	0	0	0	2	0	0	0	1	0
PC288(a)	145	0	177	0	156	0	165	0	182	0
PC288(b)(1)	7	0	10	0	3	0	8	0	8	0
PC288l(1)	2	0	0	0	0	0	2	0	0	0
PC288a(b)(1)	2	0	1	0	1	0	2	0	0	0
PC288a(b)(2)	1	0	1	0	0	0	1	0	0	0
PC288al(1)	2	0	1	0	0	0	0	0	0	0
PC288.5(a)	0	0	0	0	1	0	1	0	1	0
PC289(h)	2	0	0	0	0	0	2	0	0	0
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0	0	0
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.1(a)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	0	0	0	0	0	0
PC311.11(a)	0	0	0	0	0	0	0	0	0	0
PC311.3(a)	0	0	0	0	0	0	0	0	0	0
PC647.6(a)	1	0	0	0	1	0	0	5	0	1
PC647.6(a)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(b)	0	0	0	0	0	0	1	0	0	0



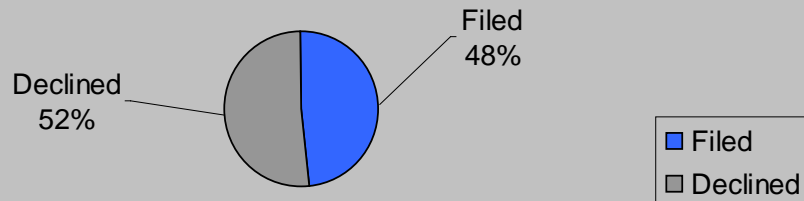
Figure 14 (continued)

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2007 THROUGH 2011

Charge	2007		2008		2009		2010		2011	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(b)	0	0	0	0	0	0	0	0	0	0
PC261(a)(2)	0	0	0	0	0	0	0	0	3	0
PC261.5	1	0	0	3	0	7	0	1	0	1
PC261.5(a)	0	0	0	1	0	1	2	0	0	0
PC261.5(b)	0	13	0	44	0	46	0	61	0	75
PC261.5(c)	3	3	8	4	12	4	5	1	9	4
PC261.5(d)	0	1	0	0	1	1	0	0	0	0
PC266h(b)	0	0	0	0	0	0	0	0	0	0
PC269(a)(1)	0	0	0	0	1	0	1	0	0	0
PC269(a)(3)	0	0	0	0	1	0	0	0	0	0
PC271a	0	0	0	0	0	1	0	0	0	0
PC273a(a)	1	0	1	0	1	0	3	0	2	0
PC273a(b)	0	3	0	1	0	2	0	0	0	0
PC273ab	0	0	0	0	0	0	0	0	0	0
PC273d(a)	0	0	1	0	0	0	0	0	0	0
PC273i(a)	0	0	0	0	0	0	0	0	0	1
PC278	0	0	0	0	0	0	0	0	0	0
PC278.5(a)	1	0	1	0	0	0	0	0	0	0
PC286(b)(1)	1	0	5	0	0	0	6	0	8	0
PC286(b)(2)	0	0	0	0	0	0	0	0	0	0
PC286l(1)	0	0	0	0	1	0	0	0	0	0
PC288(a)	119	0	156	0	202	0	183	0	162	0
PC288(b)(1)	9	0	9	0	5	0	11	0	7	0
PC288l(1)	1	0	0	0	0	0	1	0	0	0
PC288a(b)(1)	2	0	1	0	2	0	4	0	2	0
PC288a(b)(2)	2	0	0	0	0	0	0	0	0	0
PC288al(1)	0	0	0	0	1	0	2	0	0	0
PC288.5(a)	0	0	1	0	2	0	4	0	1	0
PC289(h)	0	1	0	0	1	0	1	1	1	0
PC289(i)	0	0	0	0	0	0	0	0	0	0
PC289(j)	0	0	0	0	0	0	0	0	0	0
PC311.1	0	0	0	0	0	0	0	1	0	0
PC311.1(a)	0	0	0	0	0	0	1	0	0	0
PC311.10	0	0	0	0	0	0	0	0	1	0
PC311.11(a)	0	0	0	0	3	0	6	0	5	0
PC311.3(a)	0	0	1	2	0	0	0	2	0	7
PC647.6(a)	0	0	0	0	0	0	0	2	0	0
PC647.6(a)(1)	0	0	0	0	0	0	0	4	1	7
PC647.6(b)	0	0	0	0	2	0	0	0	0	0

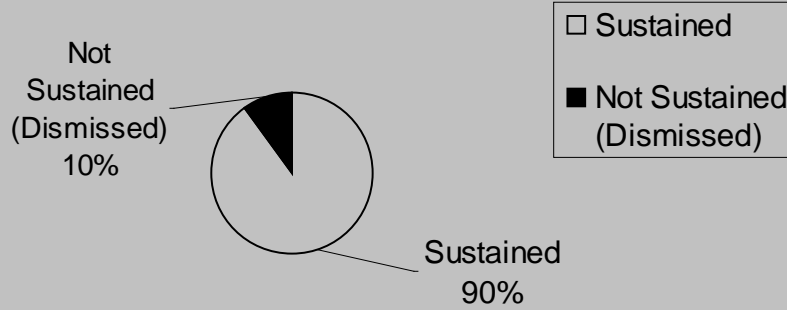


Figure 15: Juvenile Cases Presented For Filing in 2011



Juvenile Cases Presented For Filing in 2011	
Filed	274
Declined	297
Total	571

Figure 16: Total Juvenile Dispositions in 2011



Juvenile Dispositions in 2011	
Sustained	155
Not Sustained (Dismissed)	17
Total	172



Figure 17

TOTAL JUVENILE CASES FILED BY ZIP CODE FOR 2002 THROUGH 2011

Zip Code	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
90001	14	23	23	18	19	28	34	19	20	22
90033	66	51	55	59	64	55	74	70	48	55
90220	24	27	35	29	18	24	29	23	20	25
90242	43	29	23	33	34	23	24	28	33	29
90301	24	23	20	26	13	25	20	13	23	21
90802	33	40	30	24	13	28	18	18	16	19
91101	22	21	14	24	17	14	22	20	15	21
91342	43	50	53	51	30	42	28	53	57	47
91766	43	41	36	24	46	32	34	49	33	20
93534	0	0	3	6	5	15	23	25	19	15



Figure 18

TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2002 THROUGH 2004

2002					2003				2004			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	3,950	19%	31,497	18%	3,720	18%	33,289	18%	3,740	18%	33,641	18%
Male	17,036	81%	148,018	82%	16,795	82%	150,343	82%	16,699	82%	154,994	82%
Total	20,986		179,515		20,515		183,632		20,439		188,635	

Figure 18 (continued)

TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2005 THROUGH 2007

2005					2006				2007			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4,191	19%	35,722	18%	4,188	18%	35,677	19%	4,438	19%	37,088	19%
Male	18,106	81%	157,849	82%	18,575	82%	155,992	81%	18,525	81%	160,042	81%
Total	22,297		193,571		22,763		191,669		22,963		197,130	

Figure 18 (continued)

TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2008 THROUGH 2010

2008					2009				2010			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4,226	18%	38,447	19%	3,723	18%	37,876	20%	3,410	18%	39,656	21%
Male	18,727	82%	163,295	81%	17,455	82%	150,822	80%	15,469	82%	146,249	79%
Total	22,953		201,742		21,178		188,698		18,879		185,905	

Figure 18 (continued)

TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2011

2011				
Gender	Juvenile	%	Adult	%
Female	3,029	19%	36,315	22%
Male	13,080	81%	126,685	78%
Total	16,109		163,000	

Figure 19

CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 2002 THROUGH 2004

2002					2003				2004			
Gender	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	23	7%	581	20%	19	6%	544	22%	20	7%	522	21%
Male	289	93%	2,353	80%	286	94%	1,955	78%	272	93%	1,925	79%
Total	312		2,934		305		2,499		292		2,447	



Figure 19 (continued)

**CHILD ABUSE AND NEGLECT STATUTES
FILINGS BY GENDER FOR 2005 THROUGH 2007**

Gender	2005				2006				2007			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	20	7%	535	22%	12	5%	392	17%	18	6%	464	20%
Male	274	93%	1,927	78%	247	95%	1,854	83%	268	94%	1,828	80%
Total	294		2,462		259		2,246		286		2,292	

Figure 19 (continued)

**CHILD ABUSE AND NEGLECT STATUTES
FILINGS BY GENDER FOR 2008 THROUGH 2010**

Gender	2008				2009				2010			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	24	8%	536	22%	14	4%	452	19%	4	1%	550	22%
Male	282	92%	1,913	78%	304	96%	1,916	81%	280	99%	2,001	78%
Total	306		2,449		318		2,368		284		2,551	

Figure 19 (continued)

**CHILD ABUSE AND NEGLECT
STATUTES FILINGS BY GENDER
FOR 2011**

Gender	2011			
	Juvenile	%	Adult	%
Female	11	4%	552	22%
Male	263	96%	1,958	78%
Total	274		2,510	

Figure 20

TOTAL JUVENILE FILINGS BY GENDER FOR 2002 THROUGH 2004

Gender	2002				2003				2004			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	23	7%	3,950	19%	19	6%	3,720	18%	20	7%	3,740	18%
Male	289	93%	17,036	81%	286	94%	16,795	82%	272	93%	16,699	82%
Total	312		20,986		19	6%	3,720	18%	20	7%	3,740	18%

Figure 20 (continued)

TOTAL JUVENILE FILINGS BY GENDER FOR 2005 THROUGH 2007

Gender	2005				2006				2007			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	20	7%	4,191	19%	12	5%	4,188	18%	18	6%	4,438	19%
Male	274	93%	18,106	81%	247	95%	18,575	82%	268	94%	18,525	81%
Total	294		22,297		259		22,763		286		22,963	



Figure 20 (continued)

TOTAL JUVENILE FILINGS BY GENDER FOR 2008 THROUGH 2010

Gender	2008				2009				2010			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	24	8%	4,226	18%	14	4%	3,723	18%	4	1%	3,410	18%
Male	282	92%	18,727	82%	304	96%	17,455	82%	280	99%	15,469	82%
Total	306		22,953		318		21,178		284		18,879	

Figure 20 (continued)

TOTAL JUVENILE FILINGS BY GENDER FOR 2011

Gender	2011			
	Child Abuse	%	All Charges	%
Female	11	4%	3,029	19%
Male	263	96%	13,080	81%
Total	274		16,109	

Figure 21

TOTAL ADULT FILINGS BY GENDER FOR 2002 THROUGH 2004

Gender	2002				2003				2004			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	581	20%	31,497	18%	544	22%	33,289	18%	522	21%	33,641	18%
Male	2,353	80%	148,018	82%	1,955	78%	150,343	82%	1,925	79%	154,994	82%
Total	2,934		179,515		2,499		183,632		2,447		188,635	

Figure 21 (continued)

TOTAL ADULT FILINGS BY GENDER FOR 2005 THROUGH 2007

Gender	2005				2006				2007			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	535	22%	35,722	18%	392	17%	35,677	19%	464	20%	37,088	19%
Male	1,927	78%	157,849	82%	1,854	83%	155,992	81%	1,828	80%	160,042	81%
Total	2,462		193,571		2,246		191,669		2,292		197,130	

Figure 21 (continued)

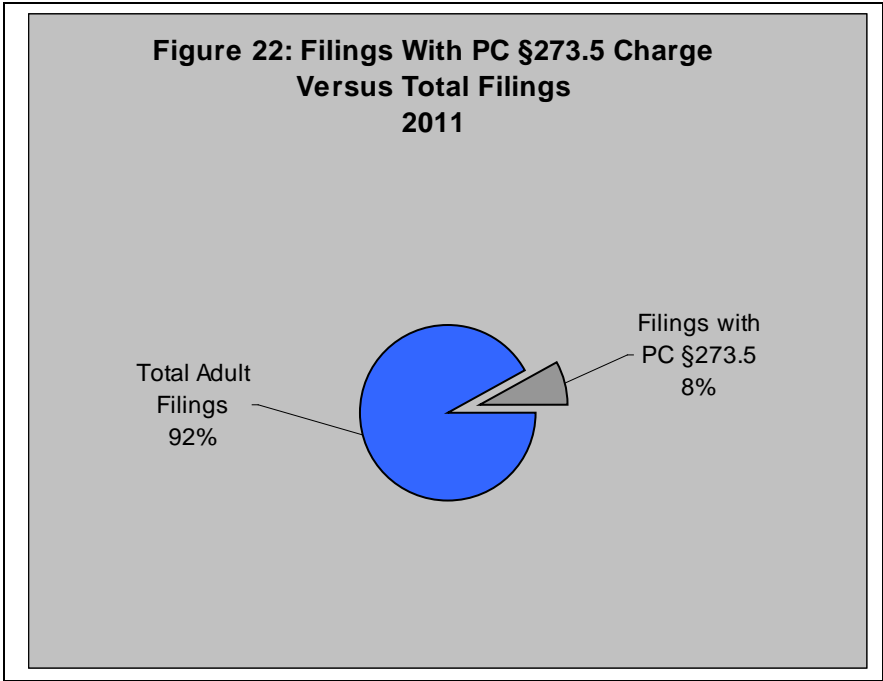
TOTAL ADULT FILINGS BY GENDER FOR 2008 THROUGH 2010

Gender	2008				2009				2010			
	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%	Child Abuse	%	All Charges	%
Female	536	22%	38,447	19%	452	19%	37,876	20%	550	22%	39,656	21%
Male	1,913	78%	163,295	81%	1,916	81%	150,822	80%	2,001	78%	146,249	79%
Total	2,449		201,742		2,368		188,698		2,551		185,905	



Figure 21 (continued)
**TOTAL ADULT FILINGS
 BY GENDER FOR 2011**

2011				
Gender	Child Abuse	%	All Charges	%
Female	552	22%	36,315	22%
Male	1,958	78%	126,685	78%
Total	2,510		163,000	



Total Adult Filings	2,510
Filings with PC §273.5	216



GLOSSARY OF TERMS

Accusatory Pleading - An indictment, information, or complaint by which the government begins a criminal prosecution.*

Acknowledgment of Discovery - A form signed by the defense attorney acknowledging the receipt or inspection of specified documents relating to the court case.

Adjudication - The legal process of resolving a dispute.* In criminal court, this term generally means a determination of guilty or not guilty. When used to describe a proceeding in juvenile delinquency court, it describes the trial process under which the judge hears evidence as the trier of fact in order to determine whether a petition filed on behalf of the minor in court is found to be true (sustained petition) or not true (dismissed). As the purpose of a delinquency court proceeding is to determine the truth of the matter alleged and, if sustained, develop a rehabilitation plan on behalf of the minor, a true finding by the court resulting from and adjudication does not have the same consequences as a conviction for a similarly charged adult defendant.

Adult - Age when a person is considered legally responsible for his or her actions. For criminal actions, all persons 18 years of age and over in California are considered adults. In some cases, juveniles may be tried as adults.

Amend a Complaint or Information - One amends a complaint or information by adding or deleting from it. This must be approved by the court. It can be done either by interlineation or by submitting a new document containing the charges. Generally a complaint or information is amended based on newly discovered evidence or to conform to proof presented at a court hearing.

Appeal - A proceeding undertaken to have a lower court's decision reconsidered by a court of higher authority.* The appellate court may refuse to hear the case, affirm the lower court's ruling, or reverse or overturn the lower court ruling on the issue(s) being appealed.

Appellate Court - A court of review which determines whether or not the ruling and judgments of the lower court were correct.

Arraignment - The initial step in a criminal prosecution whereby the defendant is brought before the court to hear the charges and enter a plea.* The defendant is given a copy of the complaint, petition, or other accusatory instrument, and informed of his or her constitutional rights.

Arrest - The physical taking of a person into custody for violating the law, the purpose of which is to restrain the accused until he can be held accountable for the offense at court proceedings. The legal requirement for an arrest is probable cause.

Arrest Warrant - Authorization, issued only upon a showing of probable cause, directing a law enforcement officer to arrest and bring a person to court.*

Bail - A monetary or other form of security given to ensure the appearance of the defendant at every stage of the proceedings in lieu of actual physical confinement in jail.

Bench Warrant - A writ issued directly by a judge to a law enforcement officer, especially for the arrest of a person who has been held in contempt; has been indicted; has disobeyed a subpoena; or has failed to appear for a hearing or trial.*



Beyond a Reasonable Doubt - The burden of proof in a criminal trial. The California jury instruction defines reasonable doubt as: It is not a mere possible doubt; because everything relating to human affairs is open to some possible or imaginary doubt. It is that state of the case which, after the entire comparison and consideration of all of the evidence, leaves the minds of the jurors in that condition that they cannot say they feel an abiding conviction of the truth of the charge.

Booking - An administrative record of an arrest made in police stations listing the offender's name, address, physical description, date of birth, employer, time of arrest, offense, and the name of arresting officer. Photographing and fingerprinting the offender are also part of the booking process.

Burden of Proof - A party's duty to prove a disputed assertion or charge.*

Case Law - Law derived from previous court decisions, as opposed to statutory law which is passed by legislature.

Certified Plea - Occurs when a defendant pleads guilty or no contest to a felony charge thereby foregoing a preliminary hearing.

Change of Venue - Moving the trial away from the responsible judicial jurisdiction to another to obtain an impartial jury (usually done when pre-trial publicity prevents the selection of an impartial jury in the court of original jurisdiction).

Charge - A formal allegation that a person has committed a crime.

Charging Document - Generic term used in place of complaint, information, or grand jury indictment. The document lists the date of the

crime and the code section which defines the crime.

City Attorney - Prosecutor for a city. City Attorneys represent the people of a city and prosecute infractions and misdemeanors occurring within that city.

Classification of Crime - Crimes are designated as felonies or misdemeanors. Some crimes, called wobblers, can be designated as misdemeanors or felonies, by order of the court [PC §17(b)(5)] or request of the prosecutor [PC §17(b)(4)].

Complaint - A sworn allegation made in writing to a court or judge that an individual has committed one or more public offenses.

Consolidation - The combination of two or more charges documents into one. The charging documents can be for one or more defendants.

Continuance - The postponement of a court proceeding to a future date.

Conviction - A judgment of guilt; this occurs as a result of a verdict by a jury, a plea by a defendant, or a judgment by a court that the accused is guilty as charged.

Count - The part of an indictment, information, or complaint charging the defendant with a distinct offense.* In law enforcement, this is the number of offenses with which a suspect has been charged. For instance, one count of PC §211 (robbery) and two counts of PC §244 (assault with a caustic substance). In other criminal justice agencies (District Attorney's Office, courts, etc.) this is the sequence number identifying a charge on the accusatory pleading document. For instance, Count 1 is for PC §211, Count 2 is for PC §244, and Count 3 is for PC §244.



Court Calendar - A list of matters scheduled for trial or hearing.

Court Case - A case that has been identified, numbered, and is recognized by the court system. Not to be confused with a District Attorney case (see below).

Credit - Time in days that reduces an inmate's sentence term. Credits are typically issued for "good time and work time" or time in custody already served by a defendant.

Crime - Any act that lawmakers designated as forbidden and subject to punishment imposed by the courts.

De Novo Hearing - In juvenile court proceedings, the rehearing where the judgment in the initial hearing is set aside and the new hearing takes place before a judge as if the first hearing never occurred. The *de novo* hearing may occur when the first hearing was held before a referee.

Defendant - The accused in criminal proceedings.

Demurrer - A written document filed (or plea entered) by a defendant that attacks the accusatory pleading for failing to state sufficient facts to constitute a public offense.

Dennis H. Hearing - An optional juvenile detention hearing requested by the defense to attack the sufficiency of the evidence presented by the District Attorney's Office that the minor has committed a crime or crimes which require the continued detention of the minor.

Detention Hearing - In delinquency court, a hearing held to determine whether a juvenile accused of delinquent conduct should be detained, continued in confinement, or released pending an adjudication.*

Determinate sentence - A sentence for a fixed length of time rather than for an unspecified duration.*

Diagnostic - In appropriate juvenile cases, the court has the power to order a diagnostic report from the California Department of Corrections and Rehabilitation, Division of Juvenile Justice regarding whether the juvenile would benefit from any of the programs offered by the Department of Corrections and Rehabilitation, Juvenile Division. In adult cases, the court can refer a convicted defendant to the California Department of Corrections and Rehabilitation pursuant to PC §1203.03 for a 90-day period and a diagnostic report recommending whether the defendant should be committed to state prison.

Discovery - Procedure whereby one party to an action gains information held by another party.

Dismiss a Case - To terminate a case without a trial or conviction.

Disposition - For juvenile offenders, the equivalent of sentencing for adult offenders. Possible dispositions are dismissal of the case, release of the juvenile to parental custody, place the juvenile on probation, or send juvenile to a county institution or state correctional institution.

District Attorney Case - When crimes are committed, law enforcement conducts an investigation, then submits its reports to the District Attorney's Office for filing consideration. If sufficient evidence exists to prove the case beyond a reasonable doubt, the reviewing deputy district attorney will file the appropriate charges. The charging document, police reports, attorneys' work product, and other evidence constitute the District Attorney case. A case may represent more than one defendant and more than



one count. Both adult and juvenile District Attorney's cases have an internal number as well as the official case number issued by the Superior Court. The cases may be tracked in the District Attorney's Office internal computer system, PIMS (Prosecutor's Information Management System).

Diversion Program - A program that refers certain criminal defendants before trial to community programs on job training, education, and the like, which if successfully completed, may lead to the dismissal of the charges.*

Docket - A formal record of the events in which a judge or court clerk briefly notes all the proceedings and filings in a court case.*

Double Jeopardy - The Fifth Amendment of the United States Constitution prohibits a second prosecution or sentencing of a person for the same charge if jeopardy has attached unless there has been an appeal from a conviction.*

Edsel P. Hearing - A juvenile court hearing to determine if there is sufficient *prima facie* evidence to substantiate that a WIC §707b offense (which gives rise to the presumption that the juvenile is not fit to be tried as a juvenile) has been committed.

Enhancement/Allegation - Statutes that increase the punishment for a crime.

E-SCARS – Electric Suspected Child Abuse Reporting System, accessible by all social workers, law enforcement officials, and prosecutors that provide information on current and prior instances of abuse and neglect involving children and families.

Evidence - Something (including testimony, documents, and tangible objects) that tends to prove or disprove the existence of an alleged fact.*

Expert Witness - A witness qualified by knowledge, skill, experience, training, or education to provide a scientific, technical, or other specialized opinion about the evidence or a fact issue.*

Expungement of Record - The removal of a conviction from a person's criminal record.*

Family and Children's Index (FCI) – An electronic database accessible by various county and city agencies that contains information about prior services provided to children and families involved in abuse and neglect cases.

Felony - A serious crime punishable by imprisonment for more than one year or by death.*

Filing - In the District Attorney's Office, this is the process where the prosecutor reviews the facts and evidence presented by law enforcement to make a determination as to whether crimes may be charged, and if so, what the appropriate charges are. The prosecutor evaluates the case to determine not only whether all of the legal elements of the crimes are present but also whether it is reasonably likely that the trier of fact could find the accused guilty beyond a reasonable doubt. Once the charging document is prepared in the District Attorney's Office, it is then filed in Superior Court.

Fitness Hearing - A hearing to determine if a juvenile should be tried as an adult rather than remain in the juvenile system.

Grand Jury - A group of citizens (usually 23 in number) that investigates wrongdoing and that, after hearing evidence submitted by the prosecutor, decide by majority vote whether to indict defendants. Grand jury proceedings are conducted in secret and without the presence of the accused or his attorney.

Habeas Corpus Proceeding - A hearing to determine the legality of a person's confinement.



Hearing - A judicial session, usually open to the public, held for the purpose of deciding issues of fact or of law, sometimes with witnesses testifying.*

Held to Answer - In felony cases, a magistrate decides at the preliminary hearing whether there is sufficient cause to believe the defendant is guilty of felony charges.

Home on Probation - A juvenile delinquency court disposition which allows a minor to remain in his home while complying with the terms and conditions of probation.

Home Supervision Program (HSP) - A program in which persons who would otherwise be detained in the juvenile hall are permitted to remain in their homes pending court disposition of their cases, under the supervision of a probation officer.

Hung Jury - A jury that is unable to reach agreement about whether a defendant is guilty or not guilty. This allows the prosecution to retry the case if it chooses unless the trial judge decides otherwise and dismisses the case.

In Lieu of Filing - A procedure where a probation violation petition is filed pertaining to the facts of a new crime instead of filing a new criminal complaint on those same facts.

Indeterminate Sentence - An open-ended sentence, such as from 25 to life, that gives correctional authorities the right to determine the amount of time actually served within the prescribed limits.

Indictment - A written accusation returned by a grand jury charging an individual with a specified crime after determining probable cause.

Informal Probation - Supervised probation of a juvenile offender. This status may be granted by a probation officer (in lieu of requesting the

filing of a petition) or by the court (suspending the delinquency proceedings) prior to adjudication. This is similar to diversion in the adult system.

Information - Like the complaint or indictment, a formal charging document.

Infraction - A crime that is not punishable by imprisonment.

In Propria Persona (also known as In Pro Per, or Pro Per) - Refers to a defendant who represents his or herself in a legal action. The defendant has a legal right to counsel but also has the right to self-representation. Before the court may accept a waiver to the right to counsel, it must satisfy itself that the defendant is making a knowing and intelligent waiver of that right. For capital (death penalty) cases in California, the court is statutorily obligated to appoint defense counsel even if the defendant asks to act as his or her own attorney.

Interlineation - The changing of a charging document, with court approval, by all parties writing the change on their copy of the charging document.

Jeopardy - The risk of conviction and punishment that a criminal defendant faces at trial. In a jury trial, jeopardy attaches after the jury has been impaneled and in a court trial, after the first witness is sworn.*

Joinder - The joining of several offenses into one charging document which either arise from the same factual incident or are offenses of the same nature.

Jurisdiction - The type (e.g., territorial, subject matter, appellate, personal, etc.) or range of a court's or law enforcement agency's authority.*



Jury - A group of citizens, randomly selected from the community, chosen to hear evidence and decide questions of fact in a trial.

Juvenile Court Jurisdiction - Under WIC §602, any person under the age of 18 years when he or she violates any law of California or the United States, or any city or county of California defining crime (other than an ordinance establishing curfew based solely on age), is within the jurisdiction of the juvenile court, which may adjudge such person to be a ward of the court, except in those circumstances where the offense provides that the juvenile may be tried as an adult.

Law Enforcement Agency - Agency with the responsibility of enforcing the laws and preserving the peace of its jurisdiction.

Lawful Custody - As used in reference to the Safe-Surrender law in PC §271.5, Health and Safety Code §1255.7 defines "lawful custody" as physical custody of a minor 72 hours old or younger accepted by a person from a parent of the minor, who the person believes in good faith is the parent of the minor, with the specific intent and promise of effecting the safe surrender of the minor.

Minor - A person who has not reached full legal age; a child or a juvenile.*

Minute Order - An order recorded in the minutes of the court rather than directly on a case docket.*

Misdemeanor - A crime that is less serious than a felony and is usually punishable by fine, penalty, forfeiture, or confinement in a place other than prison.*

Mistrial - A trial that a judge brings to an end, without a determination on the merits, because of a procedural error or serious misconduct oc-

curing during the proceedings,* or due to a hung jury.

Motion - A written or oral application requesting a court to make a specified ruling or order.

Motion to Dismiss Pursuant to PC §995 - A motion made in superior court to dismiss a case on one or more counts based on insufficient evidence produced at the preliminary hearing.

Obscene Matter - Pursuant to PC §311(a), this means matter, taken as a whole, that to an average person, applying contemporary statewide standards, appeals to the prurient interest, that taken as a whole, depicts or describes sexual conduct in a patently offensive way, and that, taken as a whole, lacks serious literary, artistic, political, or scientific value.

Office Hearing - The District Attorney's Office handles certain criminal situations in a non-courtroom setting with the objective of solving problems before they become more serious. These criminal matters are minor in nature. The hearing officer speaks to both parties and attempts to resolve the matter. If that fails, a decision is made whether to file, seek additional information, or not file a complaint.

Petition - A formal written request presented to a court or other official body.* In juvenile court, the Probation Department requests the District Attorney's Office to file a petition for a juvenile. The charging document is called a petition in juvenile court, while the charging document is called an indictment, information, or complaint in adult court.

Petition (WIC §601) - Juvenile charging document prepared by the District Attorney's Office (and occasionally the probation officer) for those offenses (typically matters involving incorrigibility) that are not violations of the law if committed by an adult.



Petition (WIC §602) - Juvenile charging document prepared by the District Attorney's Office for those offenses that are violations of the law if committed by an adult.

Petition (WIC §777) - Juvenile charging document prepared by the District Attorney's Office for those offenses that constitute a violation of probation (making it necessary to modify the previous orders of the court).

Plea - An answer to formal charges by an accused. Possible pleas include guilty, *nolo contendere* or no contest, not guilty, and not guilty by reason of insanity.

Plea Bargaining - The process whereby the accused and the prosecutor negotiate a mutually satisfactory disposition of the case. This is also known as a case settlement or negotiated plea.

Preliminary Hearing - A criminal hearing to determine whether probable cause exists to prosecute an accused person. If sufficient evidence exists, the case will be held to answer and an information will be filed. At the hearing, the prosecution must establish a *prima facie* case, that is, show that a felony occurred and to raise strong suspicion that the defendant committed it.

Preponderance of Evidence - The standard of proof in a civil trial. It is less than required in a criminal trial (i.e., beyond a reasonable doubt). Specifically, the weight of evidence for guilt is deemed greater than the weight of evidence for innocence.

Pre-Sentence Report - A report by a probation officer made prior to sentencing that diagnoses offenders, predicts their chance of being rehabilitated, recommends to the court that specific sentence elements be imposed upon the defendant, and addresses the danger they pose to society.

Pre-Trial Hearing - The pre-trial hearing is held to facilitate case settlement prior to the trial. Various motions may also be heard at the pre-trial.

Prima Facie - A term that usually refers to the strength of evidence of a criminal charge. *Prima facie* evidence is sufficient to establish a fact or a presumption of fact unless disproved or rebutted.*

Probable Cause - A reasonable ground to suspect that a person has committed or is committing a crime or that a place contains specific items connected with a crime.* The evidentiary criterion necessary to sustain an arrest or the issuance of an arrest or search warrant; less than an absolute certainty or "beyond a reasonable doubt" but greater than mere suspicion or "hunch."



Probation - A procedure whereby a convicted defendant is not punished by incarceration alone but is released for a designated period of time subject to conditions imposed by the court. One of the conditions of probation can be a period of incarceration in local (county) institutions.

Probation Violation - When a person does not abide by one or more of the conditions of his probation.

Probation/Sentencing Hearing - A hearing after a defendant has been found guilty or pled guilty where the sentence is imposed.

Register of Action - A formal record of the events that have occurred in a superior court case maintained by the court clerk.

Registration - Pursuant to PC §290, persons convicted of certain sexual offenses must give all pertinent identifying information to the law enforcement agency in the area where they live and, if applicable, where they attend a university, college, or community college within a certain time period. This requirement is often for life.

Safe-Surrender Site - As defined in Health and Safety Code §1255.7, (a) a location designated by the board of supervisors of a county to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5 and (b) a location within a public or private hospital that is designated by that hospital to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5.

Sealing of Records - The act or practice of officially preventing access to particular records, in the absence of a court order.*

Search Warrant - A judge's written order authorizing a law enforcement officer to conduct a search of a specified place and to seize evidence.*

Sentence - The criminal sanction imposed by the court upon a convicted defendant. When there are multiple charges, the court may sentence concurrently or consecutively. If the sentences are concurrent, they begin the same day and sentence is completed after the longest term has been served. If the sentence is to be served consecutive to another charge, the defendant must complete the first sentence before the other term of incarceration begins. Within one court case, sentences for charges can be consecutive and if the defendant has more than one court case, sentences for each court case can be consecutive.

Severance - Can involve the separating of two or more defendants named in the same charging document. Also, can involve the separating of two or more charges against a defendant into multiple cases.

Stay - A judicial order whereby some action is forbidden or held in abeyance until some event occurs or the court rescinds its order.

Submission on Transcript (SOT) - If the defendant waives his right to a jury trial and the right to confront and cross-examine witnesses, and the Deputy District Attorney concurs, the case may be submitted to the judge on the preliminary hearing transcript.

Subpoena - A court order directing a person to attend a court proceeding.



Subpoena Duces Tecum (SDT) - A court order directing a witness to bring to court documents that are under the witness' control.

Sustain the Petition - The judicial finding in a juvenile delinquency case. If the court finds the allegations to be true, it sustains the petition; this is functionally equivalent to a guilty verdict. If the petition is not sustained, the court will find the petition not true; this is functionally equivalent to a not guilty verdict.

Trier of Fact (also known as the Fact Finder) – Hears testimony and reviews evidence to rule on a factual issue. In a preliminary hearing, a magistrate is the trier of fact. In a jury trial, jurors are the triers of fact. In a court trial, the judge is the trier of fact. In all instances, the court rules on the law.

Venue - The place designated for trial.

Vertical Prosecution - The prosecution of a defendant whereby a specific prosecutor is assigned for the duration of the case.

Witness - One who gives evidence in a cause before a court and who attests or swears to facts or gives or bears testimony under oath.

Wobbler - A criminal offense that is punishable as either a felony or a misdemeanor.

Writ - An appellate remedy seeking an order from a higher court either to mandate or prohibit action in the lower court where the criminal case is pending.

**Definition from Black's Law Dictionary, (8th ed. 2004)*



THE COUNTY OF LOS ANGELES PUBLIC DEFENDER'S OFFICE

AGENCY REPORT 2012

Under the leadership of Chief Public Defender Ronald L. Brown, 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 local governmental defender in the United States, with offices in 39 separate locations throughout the County. For Fiscal Year 2011-12, the Public Defender's Office had 1,118 budgeted positions of which 706 were Deputy Public Defender I through IV attorney positions, in addition to 38 managing attorney budgeted positions. Integral to the collaborative team are Public Defender employed paralegals, psychiatric social workers, investigators, secretaries, and clerical staff. The Public Defender represents clients:



The Public Defender represents clients:

- 1) charged in felony and misdemeanor offenses;
- 2) charged in juvenile delinquency cases;
- 3) charged in sexually violent predator cases;
- 4) facing mental health commitments;
- 5) facing civil contempt matters;
- 6) in pre-judgment appeals and writs; and
- 7) in post-conviction matters including areas of police misconduct, intimate partner battering and its effects, claims involving factual innocence based on DNA, and AB109 revocation hearings.

In Fiscal Year 2011-12, the Public Defender represented clients in approximately 121,611 felony-related proceedings; 299,549 misdemeanor-related proceedings; and 64,815 clients in juvenile delinquency proceedings, respectively.

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

understanding the unique needs of the individual client, including the developmental, educational, psychological, and sociological history of each individual represented.

SPECIAL PROJECTS OF THE PUBLIC DEFENDER

Homeless Alternative to Living On the Streets ("HALO")

Now in its 6th year, the Homeless Alternative to Living On the Streets Project (HALO) has gained national recognition as a successful form of collaborative justice. (See page 39 of the Brennan Center for Justice's Community Oriented Defense: Stronger Public Defenders.) In an effort to reduce recidivism, the HALO project is a pre-plea diversion program which provides an alternative to incarcerating homeless clients who are mentally ill, developmentally disabled and/or addicted to narcotics or other substances.

The eligibility screening process is commenced when deputy public defenders refer their misdemeanor clients--who are either homeless or are facing homelessness due to their criminal court involvement--to the deputy public defender assigned to the HALO project. During Fiscal Year 2011-2012, 95 clients have been referred to the project while 60 were deemed eligible.

The HALO attorney evaluates and presents these cases to a deputy city attorney for review. The protocol established by the parties excludes all clients charged with violations involving gang injunctions, fraud, domestic violence and charges subject to registration pursuant to PC 290.

The clients fund their own treatment from their General Relief and/or SSI benefits, which



are assigned to the treatment provider. A large percentage of clients are referred to the Department of Mental Health for an intake assessment to determine eligibility for mental health services. Treatment plans can range from three to six months. Outpatient mental health treatment is primarily provided by Department of Mental Health clinics. Clients in need of a more supportive environment are referred to "Board and Care" facilities that collaborate with a psychiatrist or other mental health practitioner in the community mental health clinics.

Clients who decline treatment when initially offered, or refuse to continue treatment, have the option of either contesting the charges or accepting a traditional disposition. Clients who successfully complete their course of treatment receive a dismissal. Of the 60 clients initiated for HALO, 27 earned a dismissal of their case following the successful completion of treatment.

Once the case has been dismissed, the clients are eligible for supportive services. Each of the 95 clients received some form of linkage assistance in locating affordable housing or in pursuing an education goal.

Women's Re-entry Court

Many women cycle daily through the doors of the Los Angeles County criminal justice system, the county jails and state prisons, and then back into the community without the appropriate services and programs to address the underlying issues that brought them into the system in the first place. The complex needs of women – surviving sexual and physical abuse, domestic violence, severe trauma, and chronic addiction, have been well documented. Many of these women enter the

criminal justice system, and over 60% face non-violent drug and property crimes. This rapid influx of women into the criminal justice system has resulted in an increased demand for appropriate evidence-based, gender-responsive programs for women in lieu of incarceration and/or upon parole. These programs are designed to break the cycle of substance abuse and crime and to positively impact the children of women offenders who are at high risk of continuing the intergenerational patterns of drug abuse, criminal behaviors, and neglectful parenting.

Research confirms that the pathways to crime for women are different than for men:

- A majority of women offenders have mental health disorders;
- Four in ten were physically or sexually abused before age 18;
- 64% of women imprisoned in California are mothers;
- Nearly one-third have children under the age of six.
- Half of these individuals were living with their children in the month prior to their arrest.

(Petersilia, Joan. (2006). Understanding California Corrections: A Policy Research Program Report. California Policy Research Center, 1-88.)

Few initiatives have focused specifically on treatment and services for women offenders. The Los Angeles County Public Defender has played a leadership role from concept to implementation of the Women's Re-entry Court (WRC). This first-in-California, second-in-the-country, prison-alternative pilot combines individually designed wraparound services in a residential facility with intensive judicial



COUNTY OF LOS ANGELES PUBLIC DEFENDER'S OFFICE REPORT

supervision for women parolees, including those with children, who face a subsequent felony charge and an imminent state prison commitment. The WRC is part of a long-term strategy to enhance public safety and promote individual accountability by addressing and treating underlying substance abuse and mental health issues; and providing education, parenting classes, job preparation and housing stability. Such a comprehensive approach promotes the successful return of formerly incarcerated individuals into local communities.

The primary objective of the WRC prison alternative pilot is to develop and implement an early assessment of mental health and substance abuse problems among women parolees in Los Angeles County who are under the jurisdiction of the Superior Court because they are facing a new non-violent, non-serious felony charge, or are otherwise simultaneously on parole and probation. The WRC pilot is voluntary, and only candidates facing an imminent state prison commitment are considered for the program. The WRC prison alternative pilot contemplates programming of up to two years, starting with residential treatment of at least six months at PROTOTYPES Women's Center in Pomona, followed by intensive outpatient programming at PROTOTYPES of up to a year, with an additional six months of aftercare. The WRC judge actively monitors the women's program progress and orders them to court for regular updates and to address any issues of concern.

The WRC prison alternative pilot represents a multi-agency collaborative effort of the following Los Angeles County partners:

- Countywide Criminal Justice Coordinating Committee (CCJCC)

- Department of Public Health, Substance Abuse Prevention and Control
- Los Angeles Superior Court
- Public Defender's Office
- District Attorney's Office
- Probation Department
- Sheriff's Department
- California Department of Corrections and Rehabilitation (CDCR)
- PROTOTYPES
- UCLA Integrated Substance Abuse Programs (UCLA ISAP)

Funding from the initial CDCR Intergovernmental Partnership Grant (IPG) covered 25 women parolees per year and formal operations commenced in May 2007 for a two-and-a-half year period. After expiration of the initial grant, CDCR pledged two additional two-year grants based on the demonstration of successful, cost-efficient outcomes.

The WRC women participants are chosen by members of the WRC Team, including representatives from the Public Defender, District Attorney, Probation, and CDCR's Division of Adult Parole Operations. The Honorable Michael Tynan, who presides over the WRC and utilizes a Drug Court model approach, must approve the client's admission to the program. This approach combines intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions,



and court-supervised treatment to address the issues of addiction and criminal activity. The WRC also accepts non-parolee women facing an imminent state prison commitment, if slots from other existing funding streams are available.

Following acceptance into the WRC, service provider PROTOTYPES conducts an in-depth, needs-based assessment and designs specific and appropriate wrap-around services including the following:

- Women-focused, evidence-based substance abuse treatment;
- evidence-based trauma treatment;
- mental health care;
- health and wellness education;
- education and employment training/placement;
- legal services;
- mentorship programs;
- financial management support;
- child support and family reunification services where appropriate;
- domestic violence education and domestic violence/trauma counseling;
- transportation and child care; and
- caseworker support.

Women may bring with them into the residential treatment program up to two children eleven years of age or younger. Child development specialists work directly with the children and interface with the Department of Children and Family Services regarding reunification plans, where appropriate, thereby positively impacting the next generation.

UCLA ISAP conducted an extensive evaluation that was published in June 2011. The cumulative findings from the report indicate that high-risk women offenders can be successfully treated in the community. Participation and graduation rates exceed return to prison rates. None of the graduates were returned to custody. Re-entry women were receiving and receptive to an array of services, which were unavailable in the prison setting. In addition, the Re-entry women had greater reductions in PTSD and the corresponding symptoms of PTSD.

Project statistics from the start of the program in May 2007 through June 30, 2012, are as follows:

- 246 women have been formally admitted into the program;
- Of the 246 women formally admitted, only 34 women (14%) have been terminated from the program and sent to prison.
- One hundred percent of those who were formally admitted to the program have received substance abuse treatment and job development/placement services. In addition, most receive individual therapy for co-occurring disorders.
- 88 women have graduated from the program.
- Cost savings are estimated at over \$11 million based on projected incarceration cost savings less treatment costs.



PROJECT S.T.A.R. (STRIVING TOGETHER TO ACHIEVE RECOVERY)

In 2007, the Los Angeles County Domestic Violence Council created the Incarcerated Survivor Defendant Task Force, to address the needs of an underserved community of domestic violence victims/survivors, namely those who find themselves charged with and convicted of crimes often related to substance abuse and mental health disorders. The Public Defender's representative on the Domestic Violence Council chaired the Incarcerated Survivors Task Force.

In May 1991, the Los Angeles County Commission for Women, along with representatives from the Public Defender's Office, Superior Court, Sheriff's Department, Los Angeles Police Department, District Attorney's Office, Probation Department, Immigration and Customs Enforcement (ICE), and community service providers conducted a survey and identified a correlation between the number of women engaged in prostitution who were also survivors of domestic abuse and/or child abuse. The study further found that the overwhelming number were mothers of dependent children, most of whom were either in foster care or otherwise funded by County dollars. Most of those women repeated their criminal behavior - with non-serious or non-violent felonies. In its Year 2000 report, the Commission recommended alternatives to incarceration for this population, including diverting eligible and suitable women out of the criminal justice system and into appropriate wraparound services in order to stop the cycle of violence for incarcerated survivors of domestic violence who had current charges or past convictions for prostitution. However, due to lack of funding, no programs were implemented.

The Incarcerated Survivors Task Force worked on a collaborative basis for over a year to create a program designed as a prison alternative for women arrested on a new felony who were recent victims of intimate partner battering and who had a background, either charged, uncharged, or self-reported, in prostitution. Such a focus was a policy shift acknowledging that unresolved trauma from domestic violence can lead to problematic behavior including self-medication that paves the way for criminal justice involvement including incarceration, which only exacerbates pre-existing trauma.

The Task Force decided to explore an alternative to prison, namely such as a residential program providing comprehensive treatment for trauma, domestic violence, substance abuse and mental health, and where appropriate, family reunification services. The Task Force attendees uniformly recognized that in addition to untreated trauma and substance abuse disorders, some domestic violence survivors also suffer from untreated or undiagnosed mental health disorders; thus, the population would often present with co-occurring disorders.

On behalf of the Incarcerated Survivors Task Force, PROTOTYPES, a community based service provider, applied for and received a five-year federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to fund Project S.T.A.R. (Striving Together to Achieve Recovery) which carries to September 2012. With key involvement from the Public Defender, Project S.T.A.R. represents an innovative collaboration with PROTOTYPES S.T.A.R. House and representatives from many county agencies and domestic violence service providers. S.T.A.R. House is a confidential battered women's shelter located in Hollywood that specifically serves domestic violence



victims with co-occurring disorders. The residential program links women to comprehensive services, addressing domestic violence and trauma recovery, substance abuse, and mental health, including oversight by clinicians, such as psychiatrists, psychologists, licensed clinical social workers and case managers.

The Project originally required a past prostitution contact in order to be eligible, but the Task Force later unanimously agreed to jettison that requirement and focus on three key areas described below. While no longer a formal requirement, the vast majority of candidates nonetheless have some experience with prostitution. The following eligibility requirements must be met for Project S.T.A.R. consideration:

- Non-violent felony charges and no prior strike convictions or violent felony convictions;
- Recent victim of intimate partner battering (within the last 12 months);
- Facing an imminent prison sentence, or for Felony probation candidates, facing a minimum of 180 days in county jail.

Project S.T.A.R. provides eligible domestic violence survivors with early assessment of trauma, substance abuse and mental health disorders, and appropriate residential treatment and wraparound services. Women admitted to this voluntary program reside, along with up to two children ages eight years of age or under, at PROTOTYPES S.T.A.R. House for six months while participating in treatment for substance abuse, mental health, and/or domestic violence issues including parenting. The residential treatment component incorporates children's/family strengthening services with a special emphasis

on family reunification and collaboration with DCFS, where appropriate. Former Los Angeles County Board of Supervisor Yvonne Brathwaite Burke donated \$65,000 to the Project to secure a van to provide transportation to and from court and program appointments for Project S.T.A.R. participants.

This Project addresses the following emphasis areas:

- Legal and criminal justice issues relating to family violence;
- Substance abuse and family violence;
- New approaches to intervention, prevention, and treatment for all aspects of family violence; and
- Other topics related to aspects of family violence and child abuse and neglect.

The SAMHSA grant for Project S.T.A.R. funds 40 women annually for five years, as well as one Public Defender paralegal who assists with screening for project amenability, and acts as a liaison with PROTOTYPES to coordinate cases and court dates for Public Defender clients.

Upon formal acceptance into Project S.T.A.R.:

The participant is placed on formal probation for three years, and a jail or prison sentence is suspended;

The participant is conditionally released to service provider PROTOTYPES, where she and where appropriate, up to two children ages eleven and under, reside at Project S.T.A.R. for six months, followed by 6-12 months of wraparound outpatient services which can include additional residential treatment services.



During Phase I, the participant must complete a minimum of six months at S.T.A.R. House, where she is randomly drug tested three times per week. Positive tests are reported immediately to the court, Probation Officer, and Public Defender. During Phase I, the participants attend weekly classes addressing relapse prevention, 12-step program, personal therapy, seeking safety, job training, and parenting.

Clients who complete the 18-month program may request early termination of probation. Those who do not successfully complete the program due to program abandonment or termination due to non-compliance are ordered to serve out the originally suspended prison or jail term. The first Project S.T.A.R. graduate completed the program on August 8, 2009.

At the October 30, 2008, ICAN Conference, District Attorney Steve Cooley endorsed the collaborative effort of this intensive project and praised its focus on addressing the root causes of incarcerated women's criminality that would lead to reunification with children and no future contact with the criminal justice system. Additionally, during this ICAN conference, representatives from the Public Defender, District Attorney, and PROTOTYPES presented on Project S.T.A.R.

During Fiscal Year 2011-2012:

- 19 women were admitted to the program;
- Nine women are currently in the program;
- Seven women completed/graduated from the program;
- Three women are on bench warrant status;

- Three women were terminated from the program but placed in other programs;
- Eight women were terminated from the program and sentenced to state prison; and
- Of those who have graduated this fiscal year, only one faced subsequent criminal charges.

Prototypes has retained the services of The Measurement Group, LLC to conduct an independent evaluation of Project S.T.A.R., as required by SAMHSA. The Project S.T.A.R. population includes women from the criminal justice system and the community at large for the grant and evaluation. In its Biannual Report to SAMHSA, Prototypes notes that 107 women were admitted to the program from the start of the grant in March 2008, through March 31, 2012.

For purposes of the Program evaluation procedures are determined in accordance with requirements of the entity providing funds for performance assessment in response to Federal Government Performance and Results Act (FGPRA). Using PROTOTYPES data through March 31, 2012, The Measurement Group reports:

- Among women no longer in the program, 43.3% have completed/graduated or left having made satisfactory progress;
- Based on six-month follow-up data from a sample of 72 participants, 100% report positive outcomes in at least one of the domains targeted by this program:
 - 93.1% have obtained or sustained stable housing;
 - 97.2% have sustained sober living;



- 95.8% have no or reduced recidivism with the criminal justice system;
 - 90.3% have been reunified with family or friends;
 - 84.7% have made improvements in working towards employment or furthering their education;
 - 98.6% report that they have reduced their sexual risk behaviors;
 - 97.2% made changes to reduce their risk of intimate partner violence; and
 - 100% report that they have improved their mental and/or physical health.
- Of the 107 enrolled clients to date, a range of specialized services have been available.
 - 100% have participated in substance abuse treatment through Project STAR;
 - 96% have utilized mental health services;
 - 85.4% have documented utilization of primary health care and related medical services;
 - 87.5% have received assistance securing stable housing;
 - 86.5% of the participants have documented utilization of interpersonal socialization activities; and

- 100% have used wrap-around services including case management.

**HABEAS ADVISORY PROJECT
ASSISTING INCARCERATED SURVIVORS
OF DOMESTIC VIOLENCE**

The Public Defender is an active member of the California Habeas Project Advisory Committee. The California Habeas Project is a statewide collaboration implementing a unique California law (Penal Code §1473.5) which allows incarcerated survivors of intimate partner battering to challenge their convictions in court if expert evidence on battering and its effects was not received in evidence during the original trial proceedings. The Public Defender represents a number of clients in this regard. The Habeas Project also partners with volunteer legal teams to assist eligible abuse survivors to petition the court for a new trial or reduced sentence based upon evidence that should have been considered at their trial or during plea negotiations. Collaborating organizations of the Habeas Project include the California Women's Law Center, the University of Southern California Law School's Post-Conviction Justice Project, the Los Angeles County Public Defender's Office, and Legal Services for Prisoners with Children. The Los Angeles County Public Defender's Office is the only governmental agency partner of the Habeas Project.

Since the habeas corpus law (Penal Code §1473.5) was enacted in 2002, approximately 33 domestic violence victims have been released through the collaborative efforts of the Habeas Project. While 12 imprisoned domestic violence victims have been released through habeas petitions filed under PC § 1473.5, another 21 victims have been released through other remedies (19 through parole, one through a different kind of habeas petition, and one



through compassionate release). Sixteen domestic violence victims' petitions have been granted under PC § 1473.5. In one case, the prisoner had already been released through the parole process, and in two cases the prisoner was granted a new trial. In one case, the woman was fully acquitted of all charges while in the other, her conviction was reduced from 1st degree murder to 2nd degree murder.

LOS ANGELES COUNTY PERINATAL MENTAL HEALTH TASK FORCE

According to data from the American College of Obstetricians and Gynecologists (2010), between 14-23% of women will experience depression during pregnancy and an estimate of 5-25% of women will have postpartum depression regardless of race, ethnicity, culture or socio-economic status. In 2009, 139,679 live births occurred in Los Angeles County facilities. (Los Angeles County Department of Public Health, Los Angeles Mother Baby (LAMB) 2007 Surveillance Report.) Nearly 23,000 women in Los Angeles County experience clinical perinatal mood disorders each year. Perinatal refers to the period of time covering pregnancy and up to one year postpartum. Left untreated, perinatal depression and related mood and anxiety disorders experienced by pregnant and new mothers affect the development of the neonate, new baby and developing child.

Healthy attachment between the infant and mother/primary caregiver in the first year of life is critical to the formation of trust and safety. Healthy development depends on a responsive environment, and the interactive influence of genes and experiences shapes the neurological architecture of the developing brain. In addition, untreated perinatal mood and anxiety disorders not only disrupts healthy attachment between

mother and baby but can lead to negative effects across the child's lifespan.

The effects of attachment disorders in middle school and high school students include the following developmental outcomes: engagement in anti-social behaviors, drug/alcohol abuse, gang involvement, juvenile justice system involvement, sexual acting out, teen dating violence, teen pregnancy, risky sexual behavior, psychiatric symptoms, eating problems, mood swings, suicidal ideation/attempts, somatic complaints, and uncontrolled anger.

Research is mounting that indicates in no uncertain terms that when the mental health of a mother is at risk, the effects can be devastating for not only mother and child, but also the entire family and society as a whole. By tending to the mental health of mothers, the well being of babies and children is best protected and the chances of a child thriving are maximized.

With support from the Department, a Public Defender's representative founded the Los Angeles County Perinatal Mental Health Task Force (the "Task Force") in February, 2007. The Task Force seeks to establish collaborative, community-driven approaches to improving policies and practices that address maternal mental health and reduce the prevalence and severity of prenatal and postpartum depression in Los Angeles County. The grant funded Director of the Task Force is a psychologist with clinical expertise in treating perinatal mood and anxiety disorders. The Task Force is primarily a volunteer network of over 30 individuals representing more than 15 public, private and community agencies involved in outreach, screening, and treatment services for perinatal mood and anxiety disorders, along with community leaders, research partners, and advocates for mothers, infants, and families.



Task Force Members include representatives from:

- Breastfeeding Task Force of Greater Los Angeles
- Center for Postpartum Health, Woodland Hills
- Didi Hirsch Community Mental Health Center
- First 5 LA Jewish Family Service Center
- Harbor UCLA
- Junior Leagues of California - State Public Affairs Committee (SPAC)
- LA Best Babies Network
- Los Angeles Child Abuse Community Councils
- Los Angeles County Department of Mental Health, Birth to Five Program
- Los Angeles County Department of Public Health, Maternal Child Adolescent Health Programs
- Los Angeles County Public Defender's Office
- Magnolia Place Community Initiative
- Maternal Wellness Center at LAC/USC
- LAUSD School Mental Health Services
- Perinatal Advisory Council/Leadership, Advocacy and Consultation
- Postpartum Support International (PSI)
- PHFE-WIC Program
- Project ABC/Children's Hospital/USC Keck School of Medicine

- QueensCare Health & Faith Partnership
- South Bay Center for Counseling
- UCLA: Health Services Research Center – Department of Psychiatry and Behavioral Science
- UCLA School of Public Affairs
- USC-Eisner Family Medicine Center at California Hospital
- Zero to Three

The Task Force is chaired by a Public Defender representative, and in Fiscal Year 2011-12, the Task Force was awarded grant funding that allowed the following part-time positions to be added: Administrative Assistant; Policy Coordinator; Training Director and an Evaluation Consultant. The Task Force is a Project of Community Partners, its 501(c)(3) fiscal sponsor.

Mission

The mission of the Task Force is to remove barriers to the prevention, screening, and treatment of perinatal depression and related mood and anxiety disorders for women and their families throughout Los Angeles County. The Task Force strives to identify gaps and unmet needs, mobilize and align resources, implement systematic and coordinated approaches, and disseminate knowledge and findings regarding perinatal mood disorders that are aimed at:

- Raising awareness and removing stigma;
- Supporting affected individuals and families;
- Providing access to screening, effective treatment, and coordinated care;



- Training health care professionals on diagnosis, treatment and referrals for perinatal mood disorders and improving clinical practice;
- Improving the coordination and functioning of systems of care for affected women and families;
- Addressing the unique needs of underserved and vulnerable populations, with a particular focus on Medi-Cal recipients, low income women and high risk populations including mothers affected by criminal court involvement, substance abuse, domestic violence, and cultural dislocation;
- Establishing responsive and effective policies that address perinatal mood disorders and the need for integrated services

VISION

To be a regional center of excellence that actively promotes maternal and infant well-being and reduces the burden of illness that is associated with untreated or inappropriately treated maternal depression and related mood disorders.

ACCOMPLISHMENTS FOR FISCAL YEAR 2011-12:

- The Task Force Training Institute created in 2011 continued to deliver tailored perinatal mood disorder training for all levels of providers and across sectors, including early childhood education, health, child welfare, criminal justice, and mental health, including infant mental health.

In Fiscal Year 2011-12, the Task Force conducted perinatal mood disorder trainings

and educational forums which included the following:

- Along with the California Maternal Mental Health Collaborative, the California Legislative Women's Caucus, Assembly Member Roger Hernández, the Task Force participated in an expert roundtable on May 7, 2012 in Sacramento which addressed emerging maternal mental health treatment and practices. Topics discussed included:
 - Embedding Maternal Mental Treatment in Primary Care & Pediatric Settings;
 - Inpatient & Outpatient Day Programs for Maternal Mental Health;
 - Telehealth, Cutting Edge Online Treatment
 - Hospital Birth Class & Labor and Delivery Units & Preventive Measures
- In conjunction with the 2nd Supervisorial District on May 30, 2012, the Task Force co-sponsored a Maternal Depression Awareness Forum aimed at providers and community members which was held at the District's Exposition Conference Center, which included CEUs for attendees.
- On May 11, 2012, the Task Force held a Community Awareness Forum in West Covina in partnership with Assembly Member Roger Hernández and Citrus Valley Medical Center. Survivors shared stories about their experiences with perinatal depression and anxiety. A Task Force trainer provided an overview on the signs, symptoms and treatment options.



- On May 20, 2012, the Task Force held and was a breakfast reception and awareness forum at the Shore Hotel following the Santa Monica Classic road race. Photos of the event were taken and participants were given Speak up When you're Down T-shirts to raise awareness.
- As a result of training and awareness forums during this reporting period, the Task Force developed contacts with the following entities: California Maternal Mental Health Collaborative, Children Now, Magellan Health Care, Citrus Valley Health Care Partners, Los Angeles County Fire Department, Children's Hospital-NATEEN program, Kaiser Sunset, Echo Center for Parenting, Black Infant Health Program, End Abuse Long Beach, San Fernando Community Mental Health Centers, Early Head Start/LAUSD San Fernando Valley, Children's Development Institute, and the California Psychological Association.
- During Fiscal Year 2011-12, the Task Force increased its work at USC-Eisner Family Medicine Center at California Hospital with our pilot project introducing the IMPACT model of collaborative mental health care. The purpose of this pilot is to provide data which will be used in our future focus groups, policy roundtables, and policy briefs to inform and educate policy makers, opinion makers and insurers regarding the effectiveness of screening and treatment with PMADS. The Task Force has facilitated the formation of a Perinatal Mental Health Care Team, which consists of primary

care physicians, social workers, occupational therapists, psychologists, case managers, and representatives from the Comprehensive Perinatal Services Program. The Task Force has provided trainings to members of the Care Team on the signs and symptoms of perinatal depression and related mood and anxiety disorders, screening tools, and treatment options. The Task Force is in the final postproduction stages of a Public Service Announcement and a psycho-educational documentary film on perinatal depression and related mood disorders. Entitled *Speak Up When You're Down*, the PSA and film feature stories of women and their family members who have been affected by maternal depression. These participants are now all members of our Speakers Bureau. The film also features interviews with therapists, clinicians and other experts on the topic. Upon conclusion, the PSA will be distributed to Los Angeles County television stations. The film will be used to supplement the Task Force's trainings and Toolkit-Community Provider Perinatal Mental Health Toolkit.

- During Fiscal Year 2011-12, the Task Force distributed approximately 655,000 *Six Things a New Mom and Mom-to-Be Should Know About Perinatal Depression* brochures to 21 agencies across Los Angeles County. Task Force members have distributed approximately 21,375 to agencies and clinics cross-sector and county wide. 625,000 are being delivered to Public Health Foundation (PHFE) WIC, so that every woman receiving nutritional



assistance will receive one. In collaboration with the Junior League of Los Angeles and the Done in a Day effort, 9,680 brochures were distributed to birthing hospitals and centers county wide. Additional funding allowed the Task Force to arrange for translation and printing of additional brochures in six additional languages including Vietnamese, Chinese, Tagalog, Farsi, Armenian, and Korean.

- Distributing agencies include: California Hospital Medical Center; Citrus Valley Medical Center – Queen of the Valley Campus; City of Pasadena Public Health Department; Community Benefits; Comprehensive Perinatal Service Providers; Connections for Children; East Los Angeles Doctors Hospital; Foothill Presbyterian Hospital; Foothill Special Education Local Plan Area; Glendale Adventist Church; Harbor UCLA Medical Center; Henry Mayo Newhall Memorial Hospital; Jewish Family Services of Los Angeles; Long Beach Memorial Hospital; Magnolia Place Family Center; Maternal and Child Health Access; Monterey Park Hospital; Nurse Family Partnerships; UCLA Santa Monica Medical Center; UCLA Westwood Medical Center; and Valley Presbyterian Hospital
- In Fiscal Year 2011-12, the Task Force also conducted the following: a series of trainings on maternal depression for the Nurse Family Partnership program of the Department of Public Health; presentation at the Black Women

Wellness Conference; training to the Korean Youth Counseling Center.

- On March 22, 2012, Task Force members presented at the ICAN Conference on Childhood Grief and Traumatic Loss regarding the intergenerational impact of early parental loss
- Is in the process of obtaining a copyright for the Task Force *Community Provider Perinatal Mental Health Tool Kit* geared toward a wide range of providers including pediatricians, OB/GYNs, primary health care providers, mental health professionals as well as community based providers such as health promotoras and case managers. This easy-to-use resource contains important information on the signs, symptoms, risk factors, effects, screening, assessment, prevention, and intervention for perinatal depression and related mood and anxiety disorders.

THE VETERANS COURT PILOT PROGRAM

The Veterans Court pilot program began on September 13, 2010. The program is a multi-agency collaborative effort of the Court, Public Defender, Alternate Public Defender, District Attorney, Department of Veteran's Affairs (VA) and Public Counsel. This voluntary 18-month prison alternative program provides individually tailored reintegration, case management and treatment plans that promote sobriety, recovery, stability, social responsibility, self reliance, family unity and reduced recidivism. The Veterans Court is based on the Drug Court model, which combines intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions and court-supervised treatment to address veteran issues. The Veterans Court accepts veterans



who have served in the U.S. military, are entitled to benefits through the VA, and suffer from post traumatic stress disorder, traumatic brain injury, substance abuse, sexual trauma and mental health issues related to their military service. The Veterans Court team includes a judge, deputy district attorney, deputy public defender, deputy alternate public defender and the VA Outreach Specialist. Public Counsel assists the team on ancillary issues. Referrals to Veterans Court are made countywide by the participating agencies and the private bar.

Prior to admission, the candidate is carefully screened for eligibility and suitability by the Veterans Court team and the treatment provider identified by the VA. The program is only available to veterans currently charged with non-serious, nonviolent felonies, who have no prior serious or violent "strike" convictions; however a District Attorney exception protocol exists for veterans who are suitable but otherwise ineligible, due to pending charges or prior convictions. Treatment is selected by the VA and approved by the Veterans Court judge. VA benefits cover most of the expenses of the selected program. Once accepted into the Veterans Court program, the VA provides daily supervision of the veteran and issues a progress report to the Veterans Court. The Veterans Court judge then orders the veteran to complete the treatment program and comply with any other terms and conditions of probation. Progress report court appearances are set by the Veterans Court judge as appropriate to meet each individual veteran's needs and ensure compliance with the goals of the program

Benefits

The program has demonstrated positive outcomes. Seventy-five veterans have been accepted into the Veterans Court program since it began on September 13, 2010. On March 27,

2012, the Veterans Court held its first graduation, with seven veteran graduates. To date, no graduates have been re-arrested. Of the 75 participants, only five have been terminated from the program and sentenced to jail or prison.

The Veterans Court creates options within the criminal justice system that tailor effective and appropriate responses for veteran offenders with post-service issues. It reduces recidivism, protects public safety and reintegrates veteran offenders back into their communities by providing access to intensive treatment services and case management while minimizing incarceration. Not only does incarceration fail to address the veteran's military related disorders, it is costly and adds to the problem of jail overcrowding which has become even more critical due to AB109 Realignment.

Finally, Veterans Court takes advantage of already established federally funded treatment and service programs to reduce County costs. A review of participants in the program between April 1, 2011 and March 31, 2012, demonstrates that Veterans Court participants received approximately 10,000 days of federally funded VA treatment and ancillary services rather than being incarcerated or provided treatment at County expense. Additionally, approximately 25,550 State and County custody bed days were avoided by veterans' participation in the program. This equates to cost avoidance of over \$3,000,000.

Co-occurring Disorders Court

In addition, the Public Defender was a key collaborative partner in the creation of the Co-Occurring Disorders Court (CODC). Public Defender representatives have attended Mental Health Services Act Delegate's Meetings since early 2005 and were instrumental in voicing the



need for such a court. The Public Defender is represented on the CODC Standing Committee. The mission of the Los Angeles County CODC Program is to provide both mental health and substance abuse treatment to the non-violent, mentally ill defendant who recognizes his/her problem and voluntarily chooses to enter into a contract with a court-supervised co-occurring disorders treatment program. Participants must engage in all phases of treatment with the hope of improving his/her quality of life, clinical functioning and possibly further benefiting by the reduction and/or dismissal of criminal charges.

Co-Occurring Disorders Courts represent a non-traditional approach to criminal offenders who are addicted to drugs and suffer from mental illness. Rather than focusing only on the crimes they commit and the punishments they receive, Co-Occurring Courts also attempt to address some of their underlying problems. The Los Angeles County CODC, which held its first session in April 2007, is built upon a unique partnership between the criminal justice system, drug treatment community and the mental health community which structures treatment intervention around the authority and personal involvement of a single CODC Judge. CODCs are also dependent upon the creation of a non-adversarial courtroom atmosphere where a single bench officer and a dedicated team of court officers and staff work together toward the common goals of breaking the cycle of drug abuse and criminal behavior, and promoting the stabilization and functioning of mental health symptoms. CODC program capacity is 62 participants.

The Public Defender screens clients for legal criteria eligibility and represents approximately 90 percent of all participants, while the Department of Mental Health screens for the clinical criteria. A number of candidates

who are either not eligible or suitable for CODC are reconnected to other programs.

Since formal operations launched in April 2007 through Fiscal Year 2011-12:

- 1,269 candidates have been screened for CODC;
- 197 have been admitted to CODC; and
- 55 participants have graduated from the CODC;

As of June 30, 2012:

- 37 individuals are currently participating in the Community Full Service Partnerships component of the program;
- 14 individuals are currently involved in Field Capable Clinical Services (FCCS);
- 8 individuals are currently participating in the Antelope Valley Rehabilitation Centers (AVRC) residential component; and
- 8 individuals are currently involved in FSP Observation and Engagement.



COMMUNITY UNITING FOR RESOLUTION AND EMPOWERMENT ("CURE" - DIVERSION PROGRAM FOR GANG RELATED OFFENSES

In 2010, the Public Defender's Office played a leadership role in creating and implementing Community Uniting for Resolution and Empowerment ("CURE"), an innovative collaborative justice project. The Los Angeles City Attorney's Office ("LACA"), the Los Angeles County Public Defender's Office ("PD"), the Los Angeles County Alternate Public Defender's Office ("APD") and the Coalition for Responsible Community Development ("CRCD") together developed the diversion program with the common goal of reducing incarceration and recidivism rates among young adults aged 18-25 facing non-violent gang related misdemeanor charges in the City of Los Angeles.

This program targets young, adult offenders who have committed gang-related, misdemeanor offenses or who exhibit risk factors predictive of gang membership. In lieu of jail time and informal probation conditions, participants voluntarily enter a no contest plea and commit to completing a supervised 18-month program. Successful participants receive educational and vocational skills and job readiness training to earn a reduction of the original charge(s) or a dismissal of their criminal case upon completion of the program. In applicable cases, participants are encouraged to petition for removal from enforcement of the City's civil gang injunctions.

Eligible individuals include but are not limited to young adults aged 18-25 who reside in the following South Los Angeles zip codes in the City of Los Angeles: 90001, 90002, 90003, 90007, 90011, 90015, 90037, and 90044.

The eligibility screening process is commenced when the Deputy Public Defender (or other defense counsel) and the Anti-Gang Section Deputy City Attorney assigned to the case review the file for Gang Diversion consideration. The City Attorney's Office reviews past criminal history and ensures that these individuals meet the above eligibility requirements. Once approved, the Public Defender partners with CRCD, a non-profit, community-based agency that assists each participant to create an intervention plan and set personalized goals.

Participants meet regularly with their CRCD case management team to receive assistance in one or more of the following areas: (1) obtaining a high school diploma or GED; (2) receiving mental health counseling; (3) attending a substance abuse program; (4) housing assistance; (5) job assistance; and (6) alternatives to engaging in the gang lifestyle. In addition, all Gang Diversion participants attend a monthly court appearance to enable the City Attorney, Public Defender and CRCD liaison to provide the court with a progress report and to hold each participant accountable for his or her success in the program.

Since May 2010 through June 30, 2012, 34 individuals have been accepted to CURE. Five participants have graduated from CURE, and 20 participants continue to work toward successful completion. Clients who decline CURE when initially offered or refuse to continue with the program, may accept a traditional disposition. The CURE project is funded through CRCD grants that are essential to the continued success of misdemeanor offenders' transition from jail to the community.



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

Now in its 6th year of existence, the Homeless Alternative to Living On the Streets Project (HALO) has gained national recognition as a successful form of collaborative justice. (See page 39 of the Brennan Center for Justice's Community Oriented Defense: Stronger Public Defenders.) In an effort to reduce recidivism, the HALO project is a pre-plea diversion program which provides an alternative to incarcerating homeless clients who are mentally ill, developmentally disabled and/or addicted to narcotics or other substances.

The eligibility screening process is commenced when deputy public defenders refer their misdemeanor clients--who are either homeless or are facing homelessness due to their criminal court involvement--to the deputy public defender assigned to the HALO project. During Fiscal Year 2011-2012, 95 clients have been referred to the project while 60 were deemed eligible.

The HALO attorney evaluates and presents these cases to a deputy city attorney for review. The protocol established by the parties excludes all clients charged with violations involving gang injunctions, fraud, domestic violence and charges subject to registration pursuant to PC 290.

The clients fund their own treatment from their General Relief and/or SSI benefits, which are assigned to the treatment provider. A large percentage of clients are referred to the Department of Mental Health for an intake assessment to determine eligibility for mental health services. Treatment plans can range from three to six months. Outpatient mental health treatment is primarily provided by Department of Mental Health clinics. Clients in need of a more supportive environment are

referred to "Board and Care" facilities that collaborate with a psychiatrist or other mental health practitioner in the community mental health clinics.

Clients who decline treatment when initially offered, or refuse to continue treatment, have the option of either contesting the charges or accepting a traditional disposition. Clients who successfully complete their course of treatment receive a dismissal. Of the 60 clients initiated for HALO, 27 earned a dismissal of their case following the successful completion of treatment.

Once the case has been dismissed the clients are eligible for supportive services. Each of the 95 clients received some form of linkage assistance in locating affordable housing or in pursuing an education goal.

PUBLIC INTEGRITY ASSURANCE SECTION AND INNOCENCE PROJECT

The Public Integrity Assurance Section (PIAS) of the Public Defender's Office focuses on the investigation and litigation of wrongful convictions primarily resulting from police misconduct. In the wake of the LAPD Rampart corruption scandal, PIAS was instrumental in successfully litigating numerous post-conviction Writs of Habeas Corpus and Motions to Vacate based on police misconduct and wrongful conviction of innocent clients. PIAS attorneys also handle post-conviction cases of former clients where the cases involved Intimate Partner Battery which was precluded as a defense at trial, Innocence Project cases where DNA could be used to exonerate clients, and cases involving misapplication of the Sexual Offender Registration statutes. In addition to post-conviction assistance, PIAS attorneys provide ongoing training and litigation support for deputy public defenders confronting issues of peace officer misconduct.



HOMELESS COURT

Homeless Court is a collaborative project between the Public Defender, District Attorney, Los Angeles County Superior Court, Los Angeles City Attorney, and Public Counsel. Homeless Court is a mechanism whereby formerly homeless participants who complete a requisite program designed to address the issues contributing to their homelessness are able to secure dismissal of outstanding 'quality of life' infraction and misdemeanor warrants. The purpose of this court is to avoid incarceration for old outstanding matters that might interfere with or erase the progress the participant has made. During fiscal year 2007-08, Homeless Court received funding from the Board of Supervisors and is now staffed by dedicated personnel from Public Counsel and the Los Angeles Superior Court. Transportation, housing, and food vouchers have been added to this program to provide more holistic services for the participants. During Fiscal Year 2011-2012, 974 citations were submitted for Homeless Court relief.

DRUG TREATMENT COURTS AND PROPOSITION 36 TREATMENT COURTS

The Public Defender was also a leader in creating Drug Court in 1994. Drug Court is a collaborative program involving the Superior Court, Public Defender, District Attorney, and drug treatment providers to allow drug offenders with minimal criminal records to participate in a closely supervised drug treatment program instead of jail. Because of the tremendous success of this program that began in downtown Los Angeles, fourteen adult Drug Courts and three Juvenile Drug Courts now operate in Los Angeles County. Additionally, in 1998, a second collaborative effort resulted in the creation of the Sentenced Offender's Drug Court, a highly successful

program involving more intensive and jail based therapeutic treatment as an alternative to prison for drug addicted offenders including parolees subsequently charged with new crimes. In Fiscal Year 2011-12, 100 participants were admitted to the program. Thirty-five (35) participants graduated from the program in the two graduations held throughout the fiscal year.

Due to the current budget shortfall and its impact on court operations, effective July 1, 2009, the Superior Court integrated Proposition 36 cases in regular calendar courts pursuant to the normal matrix, with supervision reduced to a period of 180 days. The maximum length of treatment has been reduced to 120 days. Additionally, since the Governor eliminated Offender Treatment Program funds in 2009 and Federal Stimulus funds expired on September 30, 2011, the County moved to a "fee for service" model for Proposition 36 treatment services. Despite the budget challenges, Public Defender staff remain committed to accessing appropriate treatment and services for all clients, including those qualifying under Proposition 36.

THE JUVENILE JUSTICE SYSTEM

Within the Juvenile Justice system, the Office of the Public Defender 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 become subject to the juvenile court system. The Los Angeles County Public Defender's Juvenile Division represents over 69,000 juvenile clients in juvenile delinquency proceedings each year. Many children enter the Juvenile Justice system with serious, long-standing, and unaddressed educational and



psychosocial problems that significantly contribute to their troublesome behavior. The underlying issues are mental health and substance abuse problems, cognitive learning disabilities, developmental disabilities, and the effects of sexual abuse, physical abuse and neglect.

According to the National Center for Mental Health and Juvenile Justice, the prevalence of mental disorders among youth in the juvenile justice system is two to three times higher than among youth in the general population. The Berkeley Center for Criminal Justice found that the number of youth with mental illness severe enough to significantly impair their ability to function is an estimate of 15-25% of the adolescents. A 2006 fact sheet prepared by Physicians for Human Rights entitled "*Mental Health in the Juvenile Justice System*" states that 50-75% of incarcerated children have diagnosable mental health disorders and nearly half have substance abuse problems. Two-thirds of youth in the justice system have co-occurring disorders, which compound the challenges in diagnoses and treatment. The report also indicates that a number of studies demonstrate an association between conduct disorder, attention deficit hyperactivity disorder, and substance abuse. However, research indicates that in over 80% of these cases, the mental health disorder preceded the addictive disorder.

According to the Juvenile Court Judges of California, 50% of all children in the juvenile delinquency system have undetected learning disabilities. Learning disabilities affect cognitive systems related to perception, attention, language, and the symbolization abilities required to learn to read and/or carry out mathematical calculations in an automatic manner. Clearly, youth with disabilities are over represented in the Juvenile Justice system. One study from the National Center on

Education, Disability, and Juvenile Justice noted that the prevalence of youth with disabilities is three to five times greater in juvenile corrections populations than in public school populations.

Accordingly, many children in the Juvenile Justice System including many of those detained in juvenile halls and camps suffer from significant learning, developmental, emotional, and behavioral disabilities that impede their ability to fully benefit from mainstream educational services. Many of these children are covered by state and federal special education laws that mandate a continuum of educational program options for special education students. For example, AB 490 effective January 1, 2004, seeks to ensure educational rights and stability for foster youth. Through AB 490, the Legislature declared its intent to ensure that all pupils in foster care and those who are homeless as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11301et seq.) have a meaningful opportunity to meet the same rigorous state pupil academic achievement standards to which all pupils are held. Similar to the approach already utilized by the Public Defender, AB 490 places high emphasis on promoting educational advancement and stability by holding specific agencies accountable to maintain stable school placements and to ensure that each pupil is placed in the least restrictive educational programs and has access to the academic resources, services, extracurricular and enrichment activities that are available to all pupils.

Unfortunately, many of these disabilities are not diagnosed until these 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, the system fails to pay sufficient attention to the serious underlying issues that often result in children being charged with criminal or status offenses in juvenile court.

JUVENILE ALTERNATIVE DEFENSE EFFORT

Beginning in 1999, the Public Defender's Office initiated an innovative and comprehensive plan known as the Juvenile Alternative Defense Effort (JADE). JADE is designed to bring critically needed services to the children in juvenile delinquency courts and consists of two components: the Client Assessment Recommendation Evaluation (CARE) Project and the Post Disposition Program.

The holistic advocacy approach already embodied by and practiced in the Public Defender's Office was recognized through the adoption of Rule 5.663 of the California Rules of Court on July 1, 2004. Rule 5.663 suggests guidelines for all juvenile court defense attorneys to follow for effective advocacy that acknowledges the dual role which the Public Defender's Office adopted: one of defending against charges filed in the petition and determining whether the child is appropriately in the juvenile delinquency court, as well as advocating on behalf of the child to ensure that the child receives appropriate care, treatment, and guidance, especially in the areas of education and mental health.

CARE PROJECT- PRE DISPOSITION COMPONENT

2008 California Council On Mentally Ill offenders

(Comio) "Best Practices" Award

The California Council on Mentally Ill Offenders (COMIO) was created by the Legislature in 2001 to investigate and promote cost-effective approaches to meeting the long-term needs of adults and juveniles with mental disorders who are likely to become offenders or who have a history of offending. COMIO's stated mission is "to end the criminalization of individuals with mental illness by supporting proven strategies that promote early intervention, access to effective treatments, a planned re-entry and the preservation of public safety." In 2008, five COMIO Best Practices Awards were presented to adult and juvenile programs statewide. The Public Defender's CARE Project was the only non-mental health court program and one of only two juvenile programs to receive this award.

Since its inception in 1999, the Juvenile Division of the Public Defender's Office has implemented its CARE Project which focuses on early intervention with children in delinquency court by addressing the cluster of underlying causes of delinquent behavior such as mental illness, mental retardation, developmental disabilities, learning disabilities, emotional disturbances, and trauma. It is a child advocacy model that is non-traditional in its vision and approach. The CARE Project provides a model continuum of legal representation that incorporates attention to the unaddressed psychosocial and educational needs of children in the juvenile justice system while also emphasizing early intervention and accountability of both the child involved and the agencies collectively responsible for safeguarding the child's interests.

Currently through the CARE Project, Los Angeles County Deputy Public Defenders collaborate with a multi-disciplinary team of psychiatric social workers, mental health



COUNTY OF LOS ANGELES PUBLIC DEFENDER'S OFFICE REPORT

professionals, resource attorneys, and other clinicians from the earliest stage of the juvenile delinquency proceedings through disposition.

During Fiscal Year 2011-2012, the Public Defender CARE Project employed fifteen psychiatric social workers (13 psychiatric social workers and two supervising social workers) and seven resource attorneys. The psychiatric social workers prepare an assessment of a juvenile client to determine the child's special needs whether developmental, emotional, or psychological. Based on the assessment, an effective and individualized treatment plan is created to address the issues that put youth at risk for delinquent behavior and aims to significantly reduce the likelihood of recidivism. The psychiatric social workers also provide consultation services which include early intervention to identify needed services as well as client support during the court process, advocacy with school systems, and recommendations for disposition plans in difficult cases.

The Public Defender resource attorneys advocate on behalf of juvenile clients to assure accountability by various outside agencies that are obligated to provide services to address the child's educational and mental health needs. In reviewing school and mental health records and appearing at administrative hearings before schools and the regional centers, the attorneys work to ensure that children receive appropriate special education services in the school districts and that the Regional Center system accepts eligible clients and provides needed services to the children. The success rate in obtaining services previously denied both by schools and the Regional Center system has been very high. In Fiscal Year 2011-2012, the Public Defender's Office provided Regional Center assistance in 183 cases through the CARE Project.

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 to 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. The Public Defender adheres to the philosophy that effective child advocacy must encompass a holistic approach individually tailored to the particular needs of each unique client.

Under the pre-disposition component of the Public Defender CARE Project with partial funding from the Juvenile Accountability Block Grant (JABG), CARE staff operates in ten juvenile branch offices of the Public Defender. Deputy Public Defenders refer cases to the CARE Project. Referrals are for either Extended Services or Brief Services. Brief services are those which can be completed on the same day the request for services was made. Extended services extend beyond the date of the request for services. The referrals involve a variety of consultation services including: 1) Psychosocial and educational assessments; 2) early intervention to identify requisite services; 3) referrals to community resources which include substance abuse services (such as Alcoholics Anonymous-AA, Narcotics Anonymous-NA, after school activities such as the YMCA and parenting classes); 4) inter-agency advocacy that triggers Department of Mental Health, Regional Center and special education assistance; 5) client and family support during the court process; and 6) recommendations to the court for disposition plans and conditions of probation in difficult cases.



Psychosocial assessments often help Deputy Public Defenders to determine whether the 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, social workers working in dependency courts, foster parents and therapists. At the discretion of the Deputy Public Defenders, CARE Project psychiatric social workers prepare reports for the Deputy Public Defenders to present to the court. The information developed by the psychiatric social workers plays a key role in assisting the Deputy Public Defenders to individualize and humanize the perception of each child by busy bench officers who otherwise would not have the advantage of in-depth evaluations 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 reduce recidivism while continuing to hold minors accountable.

Additionally, seven Deputy Public Defenders serve as resource attorneys. These attorneys enhance the CARE 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. CARE Project resource attorneys ensure that children with educational difficulties have current Individual Education Plans (IEPs) which identify special education needs and define specific services to be provided. In addition, they facilitate special program referrals to agencies such as the Regional Center system which provides services for children

with developmental disabilities. Resource attorneys also garner Department of Mental Health entitlements for their juvenile clients and provide consultation for other Deputy Public Defenders on complicated cases involving children coming from the Dependency court system.

By referring clients for evaluation, identification and intervention at the pre-trial stage, the Public Defender's Office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. By beginning to design disposition plans at an early stage, members of the CARE Project team are able to provide the court with a better assessment of the minor's needs, present reasonable recommendations for appropriate conditions of probation and identify resources that will assist the minor and his/her family to responsibly satisfy the conditions of probation. This approach enables the court to make orders that will foster accountability by both the minor and the system.

The current beneficiaries of the integrated components of these programs are the children, together with their families and communities, who receive services from attorneys, psychiatric social workers, resource attorneys and others. For example, children with special education needs are represented by Public Defender resource attorneys and psychiatric social workers at school district hearings, including IEP meetings. Advocacy by the Public Defender's Office on behalf of children entering the Juvenile Justice system has reaped tremendous benefits for children with disabilities and has provided them with a necessary continuum of educational program options in the school system that are mandated by state and federal law. 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.

Since the 1999 inception of the pre-adjudication component of the Public Defender CARE Project through June 2012, children have received project services in 17,278 cases. In Fiscal Year 2011-2012, 6,431 services were provided to clients in 913 cases. Additionally, in Fiscal Year 2011-12, the Public Defender provided special education assistance to 693 clients and DMH assistance in 382 cases. On average, each child served received more than seven services from the Project.

The referrals involved a variety of consultation services including psychosocial and educational assessments, early intervention to identify services, referrals to community resources (such as 12-step programs for alcohol and substance abuse, and after-school activities such as the YMCA and parenting classes), crisis intervention referrals during the court process, and recommendations for disposition plans and conditions of probation in difficult cases. A significant number of these dispositions were for placements that provided treatment for a problem identified in the assessment process or the minor was permitted to remain in the home while receiving treatment services in the community. Many of these children are wards of both the Delinquency and Dependency court systems and are themselves victims of abuse and neglect.

Overall, for Fiscal Year 2011-12, the Los Angeles County Juvenile Courts adopted 85% of the Public Defender disposition recommendations where CARE extended services were provided. Over the past ten years, the court on average has adopted 83% of the disposition recommendations. Judicial officers have stated that the evaluations are

invaluable in making the courts better equipped to identify those youth with emotional or developmental issues.

POST DISPOSITION PROGRAM

Through the Post Disposition Program, the Public Defender's Office provides assistance to children who were sent to juvenile probation camp by court order. It is the only program to address complicated issues presented by these children after the court has ordered them to a camp program they can not successfully complete because of issues not previously identified. 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 the Public Defender Post Disposition 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 are not compatible with the camp population or programming;
- (4) Children with physical disabilities that prevent full participation in camp programs; and

In this component, psychiatric social workers employed by the Public Defender work in cooperation with the Los Angeles County Probation Department to identify and reevaluate



children who were committed to juvenile probation camp but whose educational and mental health needs would be better met through a less restrictive alternative. The psychiatric social workers assess the child and make an alternative recommendation for placement. Deputy public defenders then present the alternative plan to the Juvenile Court. Often, the Post Disposition Program is the first to address issues involving neglect, abuse, abandonment, gang affiliation, education deficits, school failure, the absence of special education services and entitlements, mental health issues, and developmental disabilities.

The Public Defender Post Disposition 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 and placed in an environment more conducive to receiving necessary treatment and services otherwise not available in the camp setting.

Alternative dispositions involved one of the following situations:

- A less restrictive setting whereby the minor was either suitably placed in a girls' or boys' group home or the minor was sent home to his/her family with specific conditions of probation including counseling;
- The camp order remained in full force and effect; but the minor was released home on a Court Furlough with specific conditions of probation;
- The minor was released from Camp and was placed in the Regional Center

system for mental health/educational issues;

- The minor was placed in a mental health facility.

When returned to court for presentation of the alternative plan by the deputy public defender and the psychiatric social worker, the Juvenile Courts granted **96%** of these motions, finding a change of circumstance in the discovery of otherwise unnoticed mental, emotional, or educational needs.

Consequently, the overwhelming majority of the Public Defender proposed alternative dispositions have been granted to remove the child from camp and place the child in an alternative setting that better addresses the child's individual needs.

Of the 1,457 total cases handled by the Post Disposition Program since the program's inception in November 1999 through June 2012:

- The Post Disposition Program has enjoyed a 96% success rate in convincing courts to pursue less restrictive alternative dispositions;
- Judges continued camp placement in only four percent (4%) of the referrals;
- Of the children released from camp placement:
 - approximately 63% were suitably placed;
 - 29% were placed home with court conditions;
 - approximately three percent were placed in a mental health hospital; and



- o One percent was placed in a regional center facility.

Thirty cases were accepted to the Post Disposition Program during Fiscal Year 2011-12. Despite ongoing cross training, the number of referrals from the Probation Department during this period was far lower than past years. During Fiscal Year 2011-12, 20 cases were decided upon during this time. Seventy percent (14 out of 20) of the WIC section 778 petitions seeking removal from camp were granted with a less restrictive suitable placement. Thirty percent (6 out of 20) of the Section 778 petitions resulted in conditional release, also referred to as home on probation.

The Public Defender's Office continues to collaborate with the Probation Department in identifying children who qualify for placement in a less restrictive setting and has succeeded in returning children to the community with appropriate treatment and support in the overwhelming majority of cases. In the vast majority of cases, the deputy public defenders through collaboration with Probation have convinced courts to change dispositions by removing children from the community camp placement setting into more appropriate alternative placements.

THE DJJ UNIT

The passage of SB 459, effective January 1, 2004 (Chapter 4, Statutes of 2003), gave the Juvenile Court continuing jurisdiction over minors sent to the Division of Juvenile Justice (DJJ). SB 459 was a legislative attempt to ensure that courts take an active role in supervising minors who are committed to DJJ by mandating the following:

- 1) Juvenile Courts are now required to set a maximum term of confinement (Welfare and Institutions Code §731);

- 2) DJJ is required to set an initial parole consideration date within 60 days of the commitment of a ward; (Welfare and Institutions Code §1731.8); and

- 3) DJJ must prepare a treatment plan for each ward, provide these reports to the Juvenile Court and to the Probation Department, and provide written periodic reviews at least annually (Welfare and Institutions Code §1766).

The Public Defender now has the duty to monitor treatment provided at DJJ. An experienced Public Defender resource attorney has been assigned to the Department's DJJ unit, which was created in the summer of 2004.

The current population of youth housed in DJJ facilities statewide is approximately 1,400. On February 22, 2010, the California Department of Corrections and Rehabilitation officially closed the doors of the Herman G. Stark Youth Correctional Facility located in Chino, which had been the state's largest DJJ facility for juvenile offenders. On December 6, 2010, the California Department of Corrections and Rehabilitation officially closed the doors of the Southern Youth Correctional Reception Center-Clinic located in Norwalk.

AB 1628 was signed into law in January 2010 (Chapter 729, Statutes of 2010). The primary purpose of AB 1628 was to eliminate DJJ parole by July 2014 and shift this population to county supervision and aftercare, with the use of evidence-based supervision and detention practices for those youth who come to the counties via AB 1628. In February 2011, counties began to receive youth from DJJ custody onto their probation caseloads as a result of the Juvenile Re-Entry Grant recently enacted by passage of AB 1628.



As of June 30, 2012, the Public Defender DJJ Unit represents 56 youth housed in DJJ institutions throughout the state. During Fiscal Year 2011-12, additional Public Defender DJJ clients were paroled or released through successful WIC section 779 petitions. The DJJ Unit also represents clients in county re-entry hearings for those youth who are released from DJJ facilities to county probation instead of parole. All DJJ clients are visited by their Public Defender DJJ Unit attorneys. They also may reach their lawyer by telephone. The attorneys have developed working relationships with the clients' DJJ counselors, as well as with other staff at the institutions. They work to obtain their clients' prior mental health and education records, and they also review DJJ documents in order to assess current services. Even upon parole release, Public Defender staff remain involved with the client and assist with accessing services.

Advocacy within the institution may bring a change in the services provided to the client. The attorneys have participated in obtaining special education services for their clients inside DJJ and have attended IEP meetings on behalf of their institutionalized clients. They have ensured that clients were transferred to facilities where specialized counseling was available, thus enabling the clients to receive services necessary for them to successfully reintegrate into the community upon parole.

Public Defender DJJ Unit attorneys also research and prepare motions pursuant to WIC §731, requesting that the judge set a determinate term for the sentence. WIC §731, which states that minors may not be held in physical confinement for a period longer than the maximum adult sentence, has been amended. The additional language now states that "[a] minor committed to . . . the Youth Authority also may not be held in physical

confinement for a period of time in excess of the maximum term of physical confinement set by the court based upon the facts and circumstances of the matter or matters which brought or continued the minor under the jurisdiction of the juvenile court, which may not exceed the maximum period of adult confinement as determined pursuant to this section."

The lawyers also pursue relief pursuant to WIC §779, which gives the Juvenile Court discretion to remove clients from DJJ institutions in cases where appropriate services are not being provided. While current law allowed the Juvenile Court to modify or set aside a DJJ commitment, WIC §779 has been amended to state that "[t]his section does not limit the authority of the court to change, modify, or set aside an order of commitment after a noticed hearing and upon a showing of good cause that the Youth Authority is unable to, or failing to provide treatment consistent with section 734." Courts have granted these motions after holding hearings and finding that DJJ services were inadequate. A number of clients have been moved from DJJ Youth Correctional Facilities to local suitable placements where their special needs can be addressed.

JUVENILE MENTAL HEALTH COURT

The Office of the Public Defender also continues to be actively involved in Juvenile Mental Health Court (JMHC). JMHC, which began operating in October 2001, is a comprehensive, judicially-monitored program for juvenile offenders with diagnosed mental health disorders or learning disabilities and whose crimes demonstrate a link to the disorder or disability. A collaborative inter-agency team consisting of a judge, prosecutor, defense attorney, Department of Mental Health psychologist, and a Los Angeles County Office



of Education liaison develops an individualized case plan for each eligible child referred to JMHC. The plan includes home, family, therapeutic, educational and adult transition services. A deputy public defender with the assistance of psychiatric social workers advocates on behalf of the child to secure mental health services from all available community resources.

The deputy public defender works with the family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and DCFS to obtain for the 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 or as long as the minor remains on probation. One goal of JMHC is to reduce recidivism in the mentally ill population.

Since its inception in October 2001 through June 30, 2012, the JMHC has accepted 552 children, and the Public Defender represented 465 of those children. In Fiscal Year 2011-12, the JMHC accepted 42 new cases, with 38 of those children being represented by the Public Defender.

JMHC also acts as a referral court for all minors found to be incompetent in Los Angeles County, and is the only Delinquency Court in California that specifically accepts children who have been found incompetent by the referring court.

JUVENILE DRUG TREATMENT COURT

Juvenile Drug Treatment Court attempts to resolve underlying problems of drug and alcohol abuse and is built upon a unique partnership between the juvenile justice community and drug treatment advocates. The courtroom atmosphere is non-adversarial, with a dedicated team of court officers and staff, including deputy public defenders who strive

together to break the cycle of drug abuse. The Los Angeles County Juvenile Drug Treatment Court Programs are supervised, comprehensive treatment programs for non-violent children. The programs are comprised of children in both pre-adjudication and post-adjudication stages as well as high-risk probationers who are sometimes placed in a 26-week residential facility.

Children participate in the program voluntarily. In the pre-adjudication program referred to as Drug Court Lite, charges are suspended during the child's participation while children in the post-adjudication program admit charges in the petition prior to participation. Most children participating in the pre-adjudication program are charged with committing offenses involving possession of narcotics or being under the influence of drugs and/or alcohol. Children are generally eligible to participate in the post-adjudication program so long as they have no prior sustained or current petitions for sex offenses, crimes of violence or possession, or use of a firearm. The requirements are waived on occasion to allow some otherwise ineligible children to participate in Juvenile Drug Treatment Court when the interests of justice are served.

Upon a finding of eligibility and suitability, the Juvenile Drug Treatment Court judge provisionally accepts the child into the Juvenile Drug Court Treatment Program. After the child is accepted into the program, deputy public defenders continue representation throughout the child's participation in Drug Court. Successful completion and graduation will result in the dismissal of charges in the pre-adjudication program and the termination of probation in the post-adjudication program. Failure or dismissal from the program will result in the reinstatement of criminal (delinquency) charges and subsequent prosecution on the pre-adjudicated charges or continuation on



probation on the post-adjudication charges. Success in the Juvenile Drug Court Treatment Programs is not solely measured by the number of graduates from the program, but rather whether the curriculum favorably impacted the children to the extent that they are now considered drug-free.

Juvenile Drug Court Treatment providers direct participating children through a 52-week curriculum which includes drug treatment, drug testing, frequent court appearances, and individual as well as group counseling. The programs are divided into three phases: 1) Phase one focuses on stabilization, orientation and assessment; 2) Phase two emphasizes intensive treatment; and 3) Phase three focuses on transition back to the community.

A counselor or probation officer also assists with obtaining education and skills assessments. Referrals for vocational training or job placement services are also provided. Participants are required to attend school on a regular basis with enrollment in Independent Studies allowed only with the court's approval. The child's parents and family members are encouraged to participate in appropriate treatment sessions. Deputy public defenders receive training regarding addiction, treatment, and related issues which constitute an ongoing part of the therapeutic environment fostered in the Juvenile Drug Treatment Court.

There are currently three Juvenile Drug Treatment Courts:

1. Sylmar (which began operations in 1998);
2. Eastlake (which began operations in 2001); and
3. Inglewood (which began operations in 2004).

Sylmar handles pre-adjudication and post-adjudication. Eastlake handles post-adjudication matters only, and Inglewood handles solely pre-adjudication matters.

For Fiscal Year 2011-12:

- Sylmar Court accepted:
 - 51 new Drug Court participants; 9 of whom have graduated so far;
 - 44 Drug Court Lite participants; of whom six graduated and had their admissions withdrawn and petitions dismissed by the court.
- Eastlake Court accepted 98 Drug Court participants and graduated 55 participants.
- Inglewood Court accepted 23 new participants and had 9 graduates. Note that participants must reside in the Centinela Probation Area to qualify.



COUNTY OF LOS ANGELES PUBLIC LIBRARY

AGENCY REPORT

NO-FAULT LIBRARY CARD FOR FOSTER CHILDREN

The County of Los Angeles Public Library reaches out to children in at-risk populations. While some foster children in Los Angeles County have caregivers who take on the financial responsibility to secure a library card for their foster children, many of them are reluctant to assume that responsibility. In the event of a change in placement, the child may use the card irresponsibly and the original caregiver may be responsible for subsequent library fines or charges for lost library materials.

Since October 2002, the Public Library and the Department of Children and Family Services (DCFS) have worked together to provide a “no-fault” library card for foster children. DCFS is responsible for any fines or overdue materials and fees for lost materials checked out by foster children enrolled in the program. Currently, more than 1,789 children have received library cards through this program. There were 155 children who received the no-fault library card in Fiscal Year (FY) 2011-2012.

LIBRARY CARDS FOR PROBATION YOUTH

During FY 2011-12 the Public Library continued its partnership with the Probation Department. Each youth received a library card after incarceration at a Juvenile Hall or probation camp. During FY 2011-2012, 2,038 library cards were issued. Many school based probation officers are regularly bringing their clients to County Libraries to learn about and use library books and resources. The Library and Probation Department are exploring how to expand their partnership.

Total number of library cards issued through this program: 20,682.

LIVE HOMEWORK HELP

The County of Los Angeles Public Library offers a free on-line Live Homework Help program. The website is www.librarytutor.org. It is available in English and Spanish from 3:00 p.m. – 10:00 p.m. every day. Free tutoring sessions with a qualified tutor are available on-line in English, Math, Science and Social Studies. All that a student needs is access to the Internet and a County of Los Angeles Public

Library card. Since 2005, students have logged on for free tutoring sessions more than 420,667 times. In FY 2011–2012, more than 75,145 students used the service.

EARLY CHILDHOOD PROGRAMS

Family Place

Family Place is designed to assist families to strengthen their knowledge about support available for their children's early childhood development and learning. The Public Library provides warm, welcoming spaces for parents and children to learn together. The Libraries provide parent/child workshops where parents are introduced to community resources that can assist them to answer questions and deal with issues of child rearing. In 2011-2012, the County Library expanded the programming from 37 Library sites to 40 sites., with an additional three libraries to open in the next year. Over 23,000 children and caregivers were reached through the library programs and parent training.

The County of Los Angeles Public Library also hosted for the third year the Family Place Training Institute at the West Coast Family Place Training Center, based out of the Carson Regional Library, funded by the California State Library and First 5 Los Angeles. Librarians spent three days in September 2011 learning about the importance of providing programs and services for infants, toddlers, and their caregivers, and how to implement the Family Place program effectively in their libraries.



LOS ANGELES COUNTY PROBATION DEPARTMENT

AGENCY REPORT

The Los Angeles County Probation Department (Probation) was established in 1903 with the enactment of California's first probation laws. As a criminal justice agency, Probation has expanded to become the largest probation department in the world.

The Chief Probation Officer has jurisdiction over the entire county, including all of the cities within its borders. The legal provisions setting forth his office, duties, and responsibilities are found in the California Welfare and Institutions Code (WIC) and Penal Code (PC).

Currently funded by an appropriation of approximately \$700 million, Probation provides an extensive range of services through the efforts of over 6,170 employees deployed in more than 50 locations throughout the County. Probation supervises approximately 62,000 adult and 20,000 juvenile probationers. Probation serves all the municipal and superior courts of the County. Its services to the community include recommending sanctions to the court, enforcing court orders, operating juvenile detention facilities and probation camps, assisting victims, and providing corrective assistance to individuals in conflict with the law.



LOS ANGELES COUNTY PROBATION DEPARTMENT REPORT

Probation is among the leading departments in the correctional field with over two-thirds of its employees engaged in some professional aspect of probation work. This includes Deputy Probation Officers (DPO), Pretrial Release Investigators, and Detention Services Officers or Supervisors. Its employees staff over 50 work locations, including juvenile detention centers, residential treatment facilities, and field services offices.

Probation's vision is to rebuild lives and provide for healthier and safer communities. Its mission is to enhance public safety, ensure victims' rights and effect positive probationer behavioral change.

INVESTIGATION SERVICES

Both adults (age 18 and older) and juveniles (under age 18 at the time of commission of a crime) may be referred to Probation for investigation. Adults are referred by the criminal courts while juveniles are referred by the Superior Court of California, County of Los Angeles, law enforcement agencies, schools, parents, or other interested community sources. The DPO provides a court report with a recommendation supported by factors that include but are not limited to the offender's social history, prior record, analysis of the current living arrangements, and statements from the victim and other interested parties. Recommendations support the needs of the individual while considering the safety of the community and ensuring victims' rights.

If the court grants probation, the DPO enforces the terms and conditions ordered by the court, monitors the probationer's progress in treatment, and initiates

appropriate corrective action if the conditions are violated.

If a child is under the jurisdiction of the Dependency Court, the DPO works cooperatively with the Children's Social Worker (CSW) from the Los Angeles County Department of Children and Family Services (DCFS) assigned to the case to ensure the child's safety and welfare. The DPO's assessment of the offender's response to court-ordered treatment may have a significant influence in determining the outcome of a child's placement.

ADULT FIELD SERVICES BUREAU

The Adult Field Services Bureau (AFSB) consists of the Pretrial Services Division (PTS), Adult Investigations, Adult Supervision and Special Services functions conducted at 19 field offices and more than 19 additional branch offices in court locations. PTS completes approximately 89,000 eligibility assessments/reports a year. Adult Investigations conducts approximately 72,000 investigations per year. Of these investigations, approximately 5,300 are misdemeanor cases and the remainder are felony cases. AFSB has under its supervision approximately 62,000 adult probationers, resulting in 92,000 supervision reports per year. Within PTS, Investigations, Supervision, and Special Services, there are a variety of service levels and specialized programs. Reserve DPOs, Retired DPOs, Student Professional Workers, Student Workers, and volunteers work within AFSB to enhance Probation services.



ADULT - SPECIALIZED SUPERVISION PROGRAMS

The AFSB manages several specialized caseloads addressing specific populations, needs and/or risk factors. The following specialized caseloads and designated units address child abuse in some capacity: Child Threat, Pre-Natal/Post-Natal Substance Abuse Recognition, Domestic Violence, Family Caseloads, High Risk Offenders, Domestic Violence and Child Abuse Monitoring, and Medi-Cal Administrative Activities. The descriptions of these programs are listed below.

Child Threat - Any case may be assigned to the Child Threat Unit when there is a reason to believe that the adult defendant's behavior poses a threat to a child because of a history of violence, drug abuse, sexual molestation, or cruel treatment, regardless of official charges or conditions of probation. Doing so promotes the safety of the child and the family. The DPO conducts home visits in every case in which the victim or other child under the age of 18 resides in the probationer's home. To provide ongoing assessments, all children in the home are routinely seen and may also be interviewed. Probationers in the Child Threat Unit must report to the DPO face-to-face. Additionally, Child Threat cases may require coordination with the Department of Children and Family Services (DCFS), the court, and/or treatment providers. Indications of mistreatment of the victim or other child results in a referral to the court for further investigation or other appropriate action.

Domestic Violence - Domestic Violence caseloads provide specialized and intensive supervision for defendants who have victimized an adult family member, spouse, former spouse, or cohabitant and who have been ordered to participate in an

approved 52-week Batterers' Treatment Program.

Family Caseloads - Adult Family caseloads provide intensive supervision to adult probationers by addressing their needs and risk factors. The goal is to ensure stability with the probationer and the household, so that the probationer can successfully complete probation. The risk of the children being removed from the home and placed into foster care is reduced or eliminated.

High Risk Offenders - These caseloads target offenders who pose a greater risk to the community and require a higher degree of supervision and monitoring. The High Risk Offender DPO supervises complex cases involving habitual and potentially dangerous offenders who may be resistant to services and are likely to violate the conditions of probation.

Domestic Violence and Child Abuse Monitoring Unit - The Domestic Violence and Child Abuse Monitoring Unit provides oversight for programs certified to provide domestic violence and child abuse counseling to ensure that they deliver effective service to probationers and their families and provide the court with timely reports regarding an individual's progress in counseling or lack thereof. Pursuant to PC§1203.097 programs providing domestic violence counseling are certified and monitored for compliance with established guidelines for program content and delivery of services to probationers and victims. Additionally, pursuant to PC§273.1 programs providing child abuse counseling are monitored for compliance with established guidelines for program content related to breaking the cycle of family violence.



LOS ANGELES COUNTY PROBATION DEPARTMENT REPORT

Medi-Cal Administrative Activities

Unit - (MAA) is the “marketing of Medi-Cal and Healthy Families/Medi-Cal for Children” through the outreach efforts of Probation staff. By performing outreach activities for defendants/probationers, their families, and other interested parties such as victims, Probation will be able to serve persons in need of medical/mental health services. One of the critical elements of MAA is the ability to present information that describes what the Medi-Cal and Healthy Families/Medi-Cal for Children programs are, provide eligibility determination information, and make available the location or phone number where eligibility can be determined.

JUVENILE FIELD SERVICES BUREAU

The Juvenile Field Services Bureau (JFSB) provides investigation and supervision services to juvenile offenders and their families throughout Los Angeles County. These identified services/programs support Probation’s mission to enhance public safety, ensure victims’ rights and effect positive probationer behavioral change. Additionally, staff assigned to these programs serve as an arm of the Delinquency Court and recommend appropriate dispositions while preserving and enhancing the family unit, whenever possible. Additionally, Retired DPOs, Reserve DPOs, college and university interns, Student Professional Workers, Student Workers, and Volunteers In Service To Others (VISTO) volunteers work within JFSB to enhance our provision of services. The JFSB consists of staff assigned to 17 field offices and includes the following specialized programs: Community-Based Supervision, Drug Court, Dual Supervision, Juvenile Mental Health Court – Special Needs Court, Pregnant and Parenting Teens

Program, and Teen Court. The descriptions of these programs are listed below.

Community-Based Supervision -

DPOs supervise juveniles placed on community-based probation supervision. DPOs are assigned to designated communities and work with minors, families, schools, and other relevant resources to build on minor/family strengths, evaluate and make efforts to minimize risks, and monitor compliance with court orders. The case management services provided include conducting assessments, orientation meetings, regular contact, service referrals, monitoring compliance with program participation, documenting violations, writing court reports, and other activities that support the minor in successfully completing probation and making the behavioral changes needed to prevent from re-offending.

Drug Court - Juvenile Drug Court is designed to provide an alternative to current juvenile justice proceedings by providing an integrated system of treatment for youth and parents to reduce substance abuse and criminal behavior by program participants and to assist youth in becoming productive members of the community, thus promoting public safety.

The Juvenile Drug Court Program - is a comprehensive treatment program for nonviolent minors. This voluntary program is comprised of minors in both pre- and post-adjudicated stages and high risk probationers, and includes regular court appearances before a designated Drug Court Judge and intensive supervision by the Probation Department and Treatment Provider. Drug testing, individual group counseling, and family counseling are



furnished by the Juvenile Drug Court Treatment Provider. Juvenile Drug Court Teams consist of a Juvenile Drug Court Judge, Deputy District Attorney, Deputy Public Defender, DPO, School Liaison, and Drug Treatment Services Provider.

Dual Supervision - Welfare and Institutions Code (WIC) Section 241.1 (a) provides that whenever a minor appears to come within the description of both Section 300 and Section 601 or 602, the child protective services department and the probation department shall determine which status will best serve the interests of the minor and the protection of society pursuant to a jointly developed written protocol. A specialized investigation is conducted involving probation, the Department of Children and Family Services (DCFS), the Department of Mental Health, and dependency attorneys to determine the appropriate plan for services and treatment for the minor. The court may deem a minor suitable for supervision under both the Probation Department and DCFS.

The juvenile Dual Supervision Case Management Program supervises minors under legal jurisdiction of DCFS, through Dependency Court, who are placed on probation. Minors receive case supervision from both DCFS and Probation. DCFS is the lead agency responsible for planning and treatment and Probation monitors compliance with conditions of probation.

Probation Dual Supervision DPOs team with DCFS staff to provide enhanced communication, supervision, and monitoring of dual supervision youth. Probation reviews new cases, consults with the DCFS Children's Social Worker (CSW) to coordinate services, provide case management, including making field visits,

gathering casework or related information, enforcing conditions of probation, consulting with the CSW relative to multi-disciplinary planning to meet the minor's needs, and preparing reports for court.

Juvenile Mental Health Court – Special Needs Court - Juvenile Mental Health Court – Special Needs Court is designated to initiate a comprehensive, judicially monitored program of individualized mental health treatment and rehabilitation services for minors who suffer from diagnosed mental illness (Axis I), organic brain impairment, or developmental disabilities.

Pregnant and Parenting Teens Program - Due to the need for female gender specific services, Probation created a pilot program of Pregnant and Parenting Teens caseloads (Kenyon Juvenile Justice Center and San Gabriel Valley Area Office) that address particular issues and problems affecting pregnant and/or parenting female juvenile offenders who are currently on probation. It is Probation's expectation that by offering an array of gender-specific services, the female minors will be able to successfully complete their conditions of probation.

Teen Court - Teen Court offers an alternative sanction in the form of a diversion program for first time juvenile offenders in lieu of delinquency proceedings. The court consists of a volunteer judicial officer, a court coordinator (either a DPO or a Reserve DPO), and a jury composed of six peers. Probation collaborates with the court, other law enforcement agencies, schools, attorneys, and community-based organizations in this program.



JUVENILE SPECIAL SERVICES BUREAU

The Juvenile Special Services Bureau provides protection and safety to the community by serving as an arm of the Superior Court. Juvenile probation officers provide investigation and supervision services for juvenile offenders on court-ordered probation or in specialized programs. In addition, they recommend appropriate dispositions for juvenile offenders while preserving and enhancing the family unit, whenever possible.

The Juvenile Special Services Bureau consists of programs which include the 601 Intake Program, Specialized Gang Suppression Program, School Crime Suppression Program, Gang Alternative Prevention Program, Camp Community Transition Program, Community Law Enforcement and Recovery Program, Drug Enforcement Agency Task Force Probation/LAPD Crash Ride-Along, and the Specialized Warrant Intervention Program. The descriptions of these programs are listed below.

601 Intake Program - Intake Deputy Probation Officers (DPOs) are assigned to eight geographic areas that overlap existing field service area office boundaries. These are static positions with no workload yardstick. Intake DPOs are responsible for responding to referrals for minors exhibiting behavior problems such as incorrigibility, truancy, running away, and/or other pre-delinquent conduct. Referrals may be initiated by parents, schools, Probation, public, private, or community agencies.

Assessments will be made to determine the appropriate case needs and services to be provided. It is a goal of the program to connect families to resources that prevent the need for court action and

removal of the minor from home. These may include crisis intervention, referrals to outside agencies, e.g., Schools, Community Based Organizations, Police, DCFS, referrals to OPS for supervision under 236 WIC or 654 WIC, or filing a 601a WIC petition for incorrigibility.

Specialized Gang Suppression Program - The Specialized Gang Suppression Program provides intensive supervision of gang-identified probationers and aims to protect the community by closely monitoring the probationer's compliance with the terms and conditions of probation.

School Crime Suppression Program - The School Crime Suppression Program (SCSP) provides services to delinquent minors and/or students on probation that require intensive supervision. SCSP officers are based on campuses around Los Angeles County, providing probationers with opportunities to succeed in a school environment. Services include: in-person probationer contacts, school attendance monitoring, juvenile and parental referral services, probation violation monitoring and reporting, and program development by partnering with schools and/or community-based organizations to enhance opportunities for minors to reduce school violence.

Gang Alternative Prevention Program - The Gang Alternative Prevention Program concentrates on pre-delinquent and marginal gang youth who live in neighborhoods characterized by a high crime rate, violent gang activity, and heavy drug use.

Camp Community Transition Program - The Community Camp Transition Program provides aftercare services beginning a few weeks prior to a minor's release from a



probation camp to the community. Minors are intensively supervised to insure prompt school enrollment, community service, and participation in selected community-based organization programs. Transitional plans include an emphasis on family participation.

Community Law Enforcement and Recovery Program - The Community Law Enforcement and Recovery Program (CLEAR) targets the gangs in Los Angeles County utilizing a collaboration of agencies that involves the Los Angeles Police Department, Los Angeles County Sheriff's, District Attorney, and Probation. CLEAR DPOs participate in special operations to reduce the level of gang activity in targeted areas. They participate in sweeps, searches and seizures, and ride-alongs enforcing the terms and conditions of probation.

Drug Enforcement Agency Task Force - Drug Enforcement Agency Task Force allows the Department to work in a multi-agency task force to combat drug sales and trafficking.

Specialized Warrant Intervention Fugitive Team - The Specialized Warrant Intervention Fugitive Team (SWIFT) devotes the majority of time working with the Sheriff's Department and other agencies to identify, locate, and arrest minors who have absconded from probation. Given the high-risk nature of warrant service, this activity is not attempted without police backup. DPOs also enforce the terms and conditions of probation as they observe probationers in the community who are in violation of their conditions. Supervision is designed to provide gang-suppression through enhanced monitoring of high-risk probation cases. SWIFT presently serves the Valinda Corridor and Basset area but will expand as resources become available.

RESIDENTIAL TREATMENT SERVICES BUREAU

Camp Community Placement provides intensive intervention in a residential treatment setting. Upon commitment by the court, a minor receives health, educational, and family assessments that allow treatment tailored to meet their individual needs. The goal of the program is to reunify the minor with their family, to reintegrate the minor into the community, and to assist the minor in achieving a productive crime free life. These Probation camps serve approximately 2,200 minors per day.

The camps provide structured work experience, vocational training, education, specialized tutoring, athletic activities, and various types of social enrichment. Each camp provides enhanced components tailored to its population and purpose. The fundamental objective of the Residential Treatment Service experience is to aid in reducing the incidence and impact of crime in the community. This is accomplished by providing each minor with a residential treatment experience geared toward developing effective life skills.

The camps provide a valuable and cost effective intermediate sanction alternative between probation in the community and incarceration in the California Department of Corrections and Rehabilitation, Division of Juvenile Justice (DJJ), formerly the California Youth Authority.

PLACEMENT SERVICES BUREAU

The Placement Services Bureau encompasses Central and Regional Placement, Emancipation Services, and Placement Quality Assurance. Each unit plays a vital role in the lives of minors with a Suitable Placement order. Most Suitable



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Placement minors are removed from their homes and placed in an environment which best addresses their needs. Minors can be placed in out-of-home care ranging from group homes and psychiatric hospitals to care with relatives and non-relatives.

Regional Placement - Suitable Placement provides a dispositional option for the Juvenile Court for minors whose delinquent behavior may be explained by a contributory family environment and/or emotional/psychiatric problems. Most Suitable Placement minors are removed from their homes and placed in a safe environment such as a group home, psychiatric hospital, etc. DPOs work with the minor and the family to identify needed services and prepare case plans to assist them with accessing the services. Through monitoring the minor's progress, the DPO is able to determine what long term living arrangement would be in the best interest of the minor and develop/implement a plan (permanency plan) to return the minor to a safe and stable environment (reunification with their parents/guardians, emancipation, placement in a relative/non-relative home, or long term foster care).

Central Placement - Central Placement provides support for the Regional Placement program and consists of the following:

- 1) Consultant Unit: Consultants are responsible for monitoring group homes to insure compliance with their County contract, their program statement, and Title 22. Consultants investigate all serious incidents that occur in the group home and conduct relative/guardian home assessments;
- 2) Resource Control Unit: Resource Control is responsible for the

placement of all new Suitable Placement minors and for finding appropriate facilities for all re-placements. The Suitable Placement AWOL Recovery Team investigates and apprehends AWOL minors and minors with active warrants;

- 3) Mental Health Unit: Mental Health provides consultants who are part of the Collaborative Assessment, Rehabilitation, and Education (CARE) unit which provides assessment and treatment for minors with serious mental health issues while in Juvenile Hall pending placement; and
- 4) Probation Processing Unit (PPU): Upon placement, PPU collects and processes documents for submission to the Department of Children and Family Services (DCFS) to insure compliance with Title IV-E and the funding of group home services for placement minors.

Placement Quality Assurance Program - Placement Quality Assurance DPOs conduct case reviews on Suitable Placement cases, focusing on compliance with mandated foster care services (Title IV-E, AB 575, SB 933 and Division 31). Quality Assurance DPOs assess cases to determine if probation youth and their families have received mandated services. QA/DPOs assess compliance to mandates and standards by reviewing written records, files, and reports. Program monitoring results are utilized for policy development, staff training, and system improvement.

System of Care - The System of Care (SOC) program provides strength-based, family-centered care to high-end children



(e.g. children with multiple, complex, and enduring mental health and behavioral needs) in family settings. Children are placed and/or maintained in a permanent family. Families are able to care for their children with community-based services and supports. Institutional (e.g. group home, juvenile camp) care is avoided and/or length of stay is reduced. Each client has an individualized child and family team to organize, implement, and oversee a uniquely tailored Plan of Care for the enrolled child and family. Both formal and informal community resources are used to meet the children's needs. SOC serves children under the jurisdiction of the Department of Children Family Services, Department of Mental Health, and the Probation Department. Support and advocacy are central to the program.

Status Offender Detention Alternatives (SODA)/ Placement Alternative to Detention (PAD) - The Status Offender Detention Alternative (SODA) was initially conceived in 1975 by Probation as a pilot project to experiment with the non-secure detention of status offenders. Currently, the department utilizes four (4) foster homes that are used when offenders are referred by police agencies, the juvenile court, and deputy probation officers for temporary shelter. The minors are placed in SODA pending either return home, completion of the court process, or until they are placed in a more permanent placement such as a group home or foster home.

Placement Alternative to Detention (PAD) provides non-secure detention in licensed foster homes for minors whose primary reason for detention is the lack of a parent, guardian, or responsible relative able or willing to provide proper and effective care

and control. Minors with non-serious offenses, no previous runaway attempts, and little delinquent activity are candidates for PAD.

Emancipation Program - The Emancipation Program provides services to current and former foster care youth between the ages of 14 and 21. Training and services are provided to prepare and assist emancipating youth to live successfully on their own. Services include assessing the needs of each youth and identifying the type of skills training required, providing counseling, vocational training, career development, housing assistance, job training and placement, mentoring, and conducting education services provided through a grant and other public and private partnerships.

Family Preservation - The Family Preservation Program is an integrated, comprehensive collaborative (in conjunction with the Departments of Mental Health and Children and Family Services) approach to providing services to families which enhance child safety while strengthening and preserving families who are experiencing problems in family functioning characterized by child abuse, neglect, school truancy, incorrigibility, and law violations. The program's goal is to assure the physical, emotional, social, educational, cultural, and spiritual development of children in a safe nurturing environment. This approach also reduces out of home placement. Probation supervision is enhanced by day treatment and in-home services provided by community-based organizations.

Wraparound - The Wraparound approach provides an alternative to youth who may be placed in long term foster care. The approach is a family-centered, strength-



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based, needs-driven, and individualized service planning and implementation process. This model represents a fundamental change in the way services are designed and delivered. Wraparound is value-based and involves an unconditional commitment to create services on a "one child at a time" basis to support normalized and inclusive options for children and youth with complex and enduring needs as well as to support their families. At its core is a set of essential principles that support the provision of highly individualized services, on an unconditional basis to children and their families. Partnering with the Probation Department is the Department of Children and Family Services, Department of Public Social Services, Mental Health, Health Services, Los Angeles County Office of Education, Los Angeles Unified School District, and contract providers.

Placement Quality Assurance and Permanency Planning - The Placement Quality Assurance and Permanency Planning (PQA/PP) Unit assists the Placement deputies with locating family members and initiating and completing adoptions and legal guardianships for probation youth.

The PQA/PP Unit reviews all cases for permanency planning beginning at the time the minor was removed from his/her home. Each Reviewer/Permanency Planner identifies those probation youth who are at risk of remaining in foster care and who are unlikely to reunify with their parents. After searching for and identifying a relative/non-relative interested in becoming a permanent option for the youth, legal guardianship and adoption are explored with the potential caregiver. If they are in favor of either or both options, the Permanency Planner

works with DCFS and County Counsel and completes extensive documents and reports to ensure that the proper procedures are implemented to bring the case to a permanent placement outcome.

Additionally, cases are reviewed at each judicial review. These reviews assist in identifying those probation youth who have been in the system 12 or more months and have a permanency plan of Long-Term Foster Care. Information gathered at the six-month judicial review assists in identifying probation youth whose likelihood of reunifying with their parents is minimal to none. Permanency planning and family finding efforts will begin as soon as these youths are identified. Making referrals to the Department's Independent Living Program's Mentoring Program to link probation youth to a lifetime connection is a key element of permanency planning for those youth that have no willing or able relatives that can become a permanent option for them.

Mentoring - As part of the Los Angeles County Mentoring Project, the Probation Department currently has six group homes serving probation youth who are participating in the Mentoring Program. At those six homes, Probation has youth participating in relationship mentoring (one on one) as well as in group mentoring programs. The programs are operating with part time personnel and are in stages of development.

EVIDENCE BASED PRACTICES

Consistent with Probation's mission to enhance public safety, ensure victim's rights, and effect positive probationer behavioral change, Probation is committed to implementing Evidence Based Practices (EBP). Nationwide, jurisdictions are beginning to implement EBP in the area of



community corrections. EBP requires adherence to practices, which are supported by empirical research. This model is currently being supported and promoted by the National Institute of Corrections (NIC), the nation's largest training and technical assistance provider for state and local correctional agencies.

The Department's Quality Assurance Services Bureau (QASB) has the responsibility to review all newly proposed and existing programs for fidelity with applicable performance-based standards and evidence-based policies and practices. The QASB monitors programs, services, and functions against established metrics, EBP, and national baselines. It is involved with the on-going vetting of new programs department wide, and the review and audit of existing programs, services, and functions. Program evaluation provides evidence of how the organization is progressing toward the accomplishment of its objectives.

Recognizing the value of research and having the commitment to provide the best service delivery, the Probation Department's efforts to ensure its programs are consistent with Evidence Based Practices works towards its vision to rebuild lives and provide for healthier and safer communities.

SELECTIVE FINDINGS

The number of adult referrals for child abuse offenses decreased by 10% from the previous year. Within the last five years, the number of adult referrals for 2011 (536) was the lowest (Figures 1 and 2).

The number of juvenile referrals for child abuse offenses decreased by 24% from the previous year. Like the adult offenders, the number of juvenile referrals (439) was the lowest in the last five years. (Figure 14).

SOURCE OF DATA

The data presented in this report reflects a comparison between the reporting year (2011) and the previous year (2010) using data collected from the Juvenile Automated Index (JAI) and the Probation Department's Adult Probation System (APS).



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Figure 1

2011 DATA ADULT CASES CHILD ABUSE REFERRALS

PERCENTAGE OF CHANGE		2010	2011	TYPE OF ABUSE/NEGLECT
50.0%	Decrease	2	1	Caretaker Absence
37.5%	Decrease	8	5	Exploitation
40.0%	Increase	5	7	General Neglect
300%	Increase	1	4	Physical Abuse
166.6%	Increase	3	8	Severe Neglect
12.0%	Decrease	578	511	Sexual Abuse
10.2%	Decrease	597	536	Overall from 2010 to 2011

Figure 2

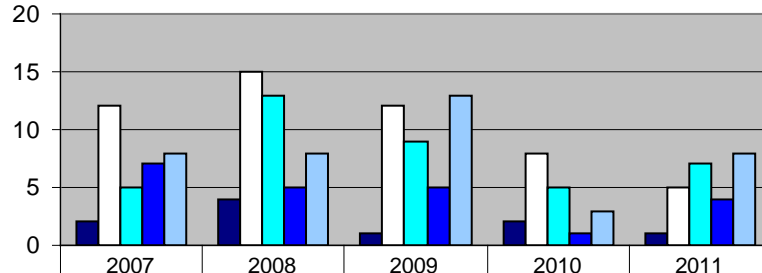
**2011 DATA ADULT CASES CHILD ABUSE REFERRALS
January 1 - December 31**

OFFENSE TYPE	2007	2008	2009	2010	2011
Caretaker Absence	2	4	1	2	1
Exploitation	12	15	12	8	5
General Neglect	5	13	9	5	7
Physical Abuse	7	5	5	1	4
Severe Neglect	8	8	13	3	8
Sexual Abuse	620	609	645	578	511
Overall Totals	654	654	685	597	536



Fig 2a

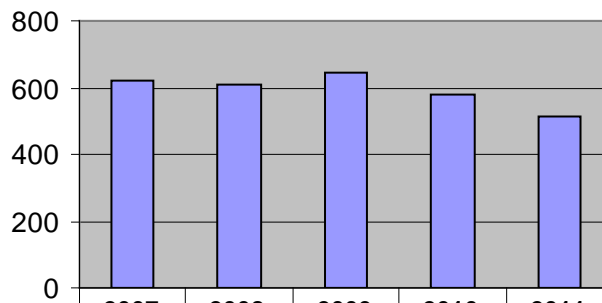
2011 DATA
ADULT REFERRALS



■ Caretaker Absence	2	4	1	2	1
□ Exploitation	12	15	12	8	5
■ General Neglect	5	13	9	5	7
■ Physical Abuse	7	5	5	1	4
■ Severe Neglect	8	8	13	3	8

Fig 2b

2011 DATA
ADULT REFERRALS



■ Sexual Abuse	620	609	645	578	511
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Figure 3

**2011 DATA ADULT CASES
Child Abuse Referrals of Offenders by Age**

PERCENTAGE OF CHANGE		2010	2011	AGE OF ADULT OFFENDER
16%	Decrease	25	21	under age 20
7.8%	Decrease	89	82	20-24
-	No Change	70	70	25-29
1.4%	Decrease	68	67	30-34
12.6%	Decrease	79	69	35-39
20.2%	Decrease	84	67	40-44
1.9%	Decrease	51	50	45-49
16.0%	Decrease	131	110	50 and over

Figure 4

**2011 DATA ADULT CASES
Child Abuse Caseloads by Area Office**

PERCENTAGE OF CHANGE		2010	2011	AREA OFFICE
77.0%	Decrease	87	20	Antelope Valley
100.0%	Decrease	95	0	Centinela
0.6%	Increase	166	167	Crenshaw
90.4%	Decrease	42	4	East Los Angeles
67.5%	Decrease	120	39	East San Fernando Valley
100.0%	Decrease	96	0	Firestone
81.2%	Decrease	80	15	Foothill
22.2%	Decrease	45	35	Harbor
69.0%	Decrease	113	35	Long Beach
60.9%	Decrease	87	34	Rio Hondo
3.7%	Increase	80	83	Pomona Valley
61.0%	Decrease	59	23	San Gabriel Valley
41.3%	Decrease	58	34	Santa Monica
47,5%	Decrease	80	42	South Central
80%	Decrease	25	5	Valencia



Figure 5

**2011 DATA ADULT CASES
Child Abuse Referrals by Ethnicity**

PERCENTAGE OF CHANGE		2010	2011	ETHNICITY
26.7	Decrease	71	52	African American
100%	Increase	0	1	American Indian
37.5%	Increase	8	11	Asian/Pacific Islander
14.2%	Decrease	415	356	Latino
25%	Decrease	80	60	White
143.4%	Increase	23	56	Other

Figure 6

**2011 DATA ADULT CASES CHILD ABUSE OFFENSE REFERRALS
By Age and Ethnicity**

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	TOTAL
African American	4	8	9	2	8	5	2	14	52
American Indian	0	1	0	0	0	0	0	0	1
Asian/Pacific Islander	1	5	0	0	0	1	2	2	11
Latino	12	54	43	54	46	44	34	69	356
White	4	7	6	4	4	11	10	14	60
Other	0	7	12	7	11	6	2	11	56
TOTAL	21	82	70	67	69	67	50	110	536
PERCENT	3.9%	15.3%	13.1%	12.5%	12.9%	12.5%	9.3%	20.5%	100.0%



Figure 7

**2011 DATA ADULT CASES CHILD ABUSE OFFENSE
REFERRALS RECEIVED IN 2010 AND 2011
By Area Office and Gender**

AREA OFFICE	2010		2011	
	MALE	FEMALE	MALE	FEMALE
Antelope Valley	37	1	17	3
Central Adult Investigation	125	7	158	9
East Los Angeles	7	0	4	0
East San Fernando Valley	58	3	39	0
Foothill	28	0	15	0
Harbor	38	1	35	0
Long Beach	53	2	35	0
Pomona Valley	76	0	79	4
Rio Hondo	84	0	34	0
San Gabriel Valley	11	1	23	0
Santa Monica	23	1	33	1
South Central	38	1	42	0
Valencia	2	0	5	0
TOTAL	580	17	519	17

East San Fernando Valley Area Office covers Santa Clarita. Figure 7 reflects the number of adult defendants, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2011.



Figure 8

**2011 DATA ADULT AND JUVENILE CASES
CHILD ABUSE OFFENSE REFERRALS**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	1	0.2%	0	0	1
Exploitation	5	0.9%	15	3.4%	20
General Neglect	7	1.3%	12	2.7%	19
Physical Abuse	4	0.7%	55	12.5%	59
Severe Neglect	8	1.5%	14	3.2%	22
Sexual Abuse	511	95.3%	343	78.1%	853
TOTAL	536		439		975
PERCENT	55.0%		45.0%		100.0%

Figure 9

**2011 DATA ADULT CASES
CHILD OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2011
By Age and Ethnicity**

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	Total
African American	1	15	29	29	24	42	43	122	305
American Indian	0	0	0	0	0	0	0	1	1
Asian/Pacific Islander	0	2	3	4	1	6	3	12	31
Latino	3	69	59	47	57	56	49	131	471
White	2	22	21	39	36	47	49	134	350
Other	0	5	8	12	7	10	7	16	65
TOTAL	6	113	120	131	125	161	151	416	1223
PERCENT	0.5%	9.2%	9.8%	10.7%	10.2%	13.2%	12.3%	34.0%	100.0%

Figure 9 reflects the number of adult cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2011.



Figure 10

2011 DATA ADULT CASES CHILD OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2011 By Ethnicity		
ETHNICITY	TOTAL	PERCENT
African American	305	24.9%
American Indian	1	0.1%
Asian/Pacific Islander	31	2.5%
Latino	471	38.5%
White	350	28.6%
Other	65	5.3%
TOTAL	1223	100.0%

Figure 11

2011 DATA ADULT CHILD THREAT WORKLOAD WORKLOAD SIZE PER AREA OFFICE					
AREA OFFICE	2007	2008	2009	2010	2011
Alhambra	0	0	0	17	0
Antelope Valley	82	84	83	87	84
Centinela	99	87	78	95	104
Crenshaw	127	134	136	166	163
East Los Angeles	32	31	40	42	40
East San Fernando Valley	108	106	113	120	136
Firestone	83	91	83	96	79
Foothill	66	56	58	80	75
Harbor	42	45	45	45	45
Long Beach	98	96	104	113	97
Pomona Valley	82	68	73	80	90
Rio Hondo	91	92	97	87	91
San Gabriel Valley	72	64	61	59	60
Santa Monica	52	48	57	58	60
South Central	68	77	98	80	67
Valencia	28	20	18	25	32
TOTALS	1,130	1,099	1,144	1250	1223

The Alhambra Area Office is an investigative office and does not provide supervision services.



Figure 12

**2011 DATA ADULT AND JUVENILE CASES
CHILD ABUSE OFFENSE GRANTS OF PROBATION BY OFFICE
Adult and Juvenile**

AREA OFFICE	ADULTS	JUVENILES	TOTALS
*Transition to Area Office	0	7	7
Alhambra	0	0	0
Antelope Valley	4	0	4
Central Adult Investigation	3	0	3
Centinela	2	5	7
Crenshaw	3	14	17
East Los Angeles	1	3	4
East San Fernando Valley	8	0	8
Firestone	3	3	6
Foothill	6	2	8
Harbor	19	0	19
Kenyon Juvenile Justice Center	0	2	2
Long Beach	3	2	5
Northeast Juvenile Justice Center	0	2	2
Pomona Valley	14	1	15
Rio Hondo	3	5	8
Riverview	1	0	1
San Gabriel Valley	9	11	20
Santa Monica	2	0	2
South Central	6	13	19
Valencia	1	1	2
Van Nuys	0	10	10
TOTALS	88	81	169
PERCENT	52.1%	47.0%	100.0%

Of the 536 Child Abuse referrals received by the Adult Bureau in 2011, 88 resulted in a court ordered grant of formal probation. The adult defendants not placed on formal probation may have been sentenced to state prison, county jail, placed on informal probation to the court, found not guilty or had their cases dismissed.

Of the 439 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2011, 81 (17.6%) offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Department of Corrections & Rehabilitation, Division of Juvenile Justice (DJJ), found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.

Transition to Area Office refers to cases involving minors having completed a Camp Community Placement Program and transitioning to an Area Office for supervision (Home on Probation).



Figure 13

**2011 DATA JUVENILE CASES
CHILD ABUSE REFERRALS**

PERCENTAGE OF CHANGE		2010	2011	TYPE OF ABUSE/NEGLECT
25%	Increase	12	15	Exploitation
1100%	Increase	1	12	General Neglect
37.5%	Decrease	88	55	Physical Abuse
54.8%	Decrease	31	14	Severe Neglect
23.4%	Decrease	448	343	Sexual Abuse
24.3%	Decrease	580	439	Overall from 2010 to 2011

Figure 14

**2011 DATA JUVENILE CASES
CHILD ABUSE REFERRALS
JANUARY 1 - DECEMBER 31**

	2007	2008	2009	2010	2011
Exploitation	7	4	5	12	15
General Neglect	8	4	0	1	12
Physical Abuse	236	256	138	88	55
Severe Neglect	25	61	38	31	14
Sexual Abuse	471	489	484	448	343
Overall Totals	747	817	665	580	439

Figure 15

**2011 DATA JUVENILE CASES
CHILD ABUSE REFERRALS BY AGE**

PERCENTAGE OF CHANGE		2010	2011	AGE OF JUVENILES
23.4%	Decrease	98	75	under 11
33.3%	Increase	3	4	11
69.0%	Decrease	42	13	12
28.8%	Decrease	59	42	13
12.3%	Decrease	65	57	14
3.0%	Decrease	66	64	15
34.0%	Decrease	91	60	16
12.5%	Decrease	96	84	17
33.3%	Decrease	60	40	18+



Figure 16

**2011 DATA JUVENILE CASES
CHILD ABUSE REFERRALS BY ETHNICITY**

PERCENTAGE OF CHANGE		2010	2011	ETHNICITY
10.1%	Decrease	99	89	African American
100%	Increase	0	21	Asian/Pac Islander
26.0%	Decrease	389	288	Latino
57.3%	Decrease	75	32	White
47.1%	Decrease	17	9	Other

Figure 17

**2011 DATA JUVENILE CASES
CHILD ABUSE REFERRALS RECEIVED IN 2010 AND 2011
By Area Office and Gender**

AREA OFFICE	2010		2011	
	MALE	FEMALE	MALE	FEMALE
Transitions to Area Office	86	8	57	4
Antelope Valley	31	1	11	1
Centinela	31	5	31	4
Crenshaw	47	2	51	13
East Los Angeles	10	1	14	0
Firestone	24	2	22	0
Foothill	16	1	17	6
Harbor	18	3	9	0
Kenyon Juvenile Justice Center	23	0	19	0
Long Beach	17	1	12	0
Northeast Juvenile Justice Center	28	2	16	6
Pomona Valley	23	6	23	2
Rio Hondo	12	0	19	1
San Gabriel Valley	45	5	37	9
Santa Monica	11	2	6	0
South Central	52	2	23	0
Valencia	11	1	6	0
Van Nuys	53	0	20	0
TOTALS	538	42	393	46

Figure 17 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2011. Transitions to Area Office primarily reflect referrals from probation camps.



Figure 18

**2011 DATA JUVENILE CASES
CHILD ABUSE REFERRALS BY AGE AND ETHNICITY**

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
African American	12	0	3	16	15	9	10	20	4	89
Latino	50	4	5	19	39	46	45	48	32	288
White	5	0	2	4	2	7	3	9	0	32
Other	8	0	3	3	1	2	2	7	4	30
TOTAL	75	4	13	42	57	64	60	84	40	439
PERCENT	17.1%	0.9%	3.0%	9.6%	13.0%	14.6%	13.7%	19.1%	9.1%	100.0%

Figure 19

**2011 DATA JUVENILE AND ADULT CASES
CHILD ABUSE REFERRALS**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Caretaker Absence	1	0.2%	0	0	1
Exploitation	5	0.9%	15	3.4%	20
General Neglect	7	1.3%	12	2.7%	19
Physical Abuse	4	0.7%	55	12.5%	59
Severe Neglect	8	1.5%	14	3.2%	22
Sexual Abuse	511	95.3%	343	78.1%	854
TOTAL	536	100.0%	439	100.0%	975
PERCENT	55.0%		45.0%		100.0%



Figure 20

**2011 DATA JUVENILE CASES
CHILD ABUSE OFFENSE SUPERVISION CASES
By Age and Ethnicity**

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
African American	0	0	0	1	4	2	0	4	2	13
Latino	0	0	1	8	12	11	10	12	5	59
White	0	0	0	2	0	3	0	2	1	8
Other	0	0	0	0	0	0	0	0	1	1
TOTAL	0	0	1	11	16	16	10	18	9	81
PERCENT	0	0	1.0%	13.6%	19.8%	19.8%	12.3%	22.2%	11.1%	100.0%

Figure 21

**2011 DATA JUVENILE CASES
CHILD ABUSE OFFENSE SUPERVISION CASES
By Ethnicity**

ETHNICITY	TOTAL	PERCENT
African American	13	16.0%
Latino	59	72.8%
White	8	9.9%
Other	1	1.2%
TOTAL	81	100.0%

Figure 22

**2011 DATA JUVENILE CASES
CHILD ABUSE OFFENSE SUPERVISION CASES
By Age and Offense**

OFFENSE TYPE	Under 11	11	12	13	14	15	16	17	18+	TOTAL
Exploitation	0	0	0	0	0	0	0	1	0	1
General Neglect	0	0	0	0	0	0	0	0	1	1
Physical Abuse	0	0	0	0	2	0	2	6	0	10
Severe Neglect	0	0	0	0	0	0	1	0	1	2
Sexual Abuse	0	0	1	11	14	16	7	11	7	67
TOTAL	0	0	1	11	16	16	10	18	9	81
PERCENT	0	0	1.0%	13.6%	19.8%	19.8%	12.3%	22.2%	11.1%	100.0%



COUNTY OF LOS ANGELES

SHERIFF'S DEPARTMENT

AGENCY REPORT

SPECIAL VICTIMS BUREAU

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



COUNTY OF LOS ANGELES SHERIFF DEPARTMENT REPORT

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

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

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

Presently, forty (40) detectives are assigned to Special Victims Bureau which comprise of six investigative regional teams. One sergeant is assigned to each team. In addition, six detectives and one sergeant are assigned to the Los Angeles County Regional Sexual Assault Felony Enforcement (SAFE) Team. The SAFE Team is funded by the California Emergency Management Agency (Cal EMA). The SAFE Team is responsible for investigating sexual assault crimes arising from the Internet, child pornography and sexual exploitation cases involving child prostitution. This team is also responsible for the Sheriff's Department 290 Sex Offender Registrant Compliance program.



**CHILD ABUSE INVESTIGATION
PROCEDURES FOR LAW
ENFORCEMENT**

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

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

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

examine the living conditions, collect evidence, and interview the alleged suspect when applicable. Upon suspicion that a child has been abused or neglected, the deputy will write an Incident Report with the SCAR attached. The report is then processed and assigned to a Special Victims Bureau detective who will conduct a thorough and complete investigation. The case is presented to the District Attorney's Office for filing consideration based on the outcome of the investigation.

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



COUNTY OF LOS ANGELES SHERIFF DEPARTMENT REPORT

Figure 1

CASES REPORTED BY STATION AND TYPE OF ABUSE - 2011

STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	13	32	45
Avalon	2	3	5
Carson	53	84	137
Century	86	246	332
Cerritos	9	21	30
Compton	65	151	216
Crescenta Valley	17	12	29
Community Colleges	-	3	3
East Los Angeles	70	178	248
Industry	50	134	184
Lakewood	109	208	317
Lancaster	117	221	338
Lennox	60	86	146
Lomita	30	37	67
Lost Hills/Malibu	32	46	78
Marina Del Rey	7	8	15
Metrolink	0	0	0
Narcotics Bureau	0	0	0
North County Correction Facility	0	0	0
Norwalk	60	132	192
Palmdale	80	158	238
Pico Rivera	41	71	112
Santa Clarita Valley	73	152	225
San Dimas	30	69	99
Special Victims Bureau	3	44	47
Temple	43	91	134
Transit Services Bureau	2	9	11
Walnut/Diamond Bar	25	49	74
West Hollywood	5	12	17
TOTAL	1,082	2,257	3,339



Figure 1A: CASES REPORTED BY STATION AND TYPE OF ABUSE - 2011

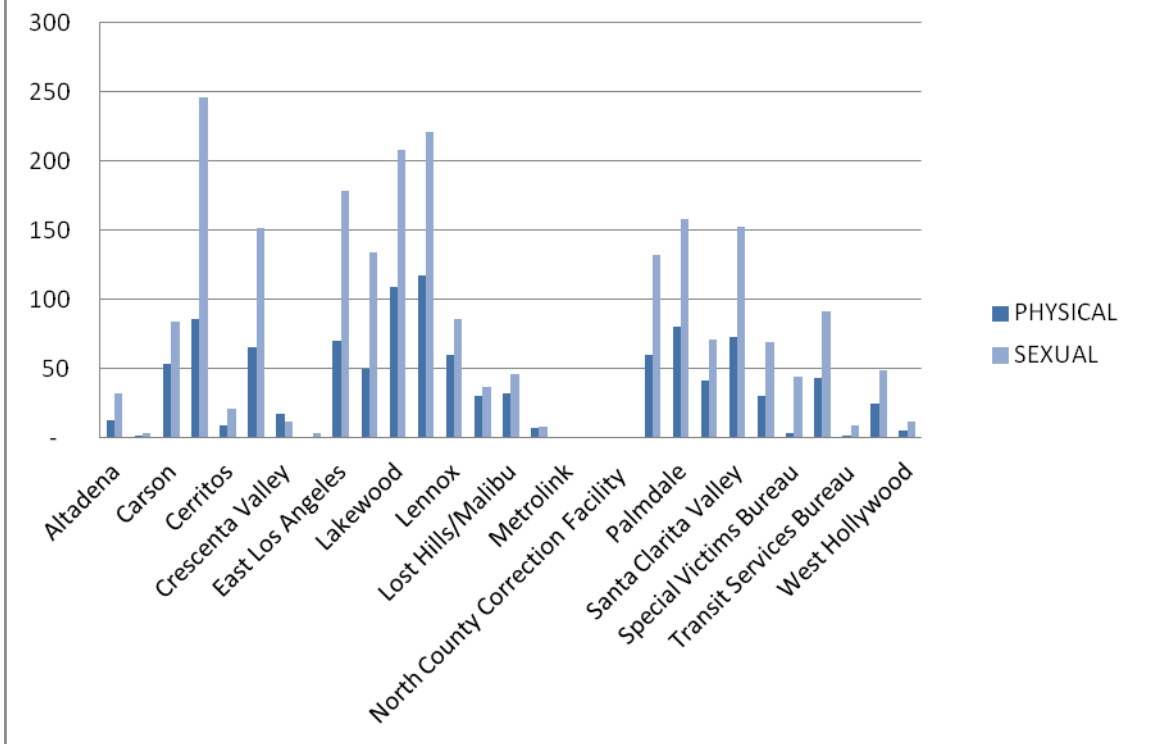




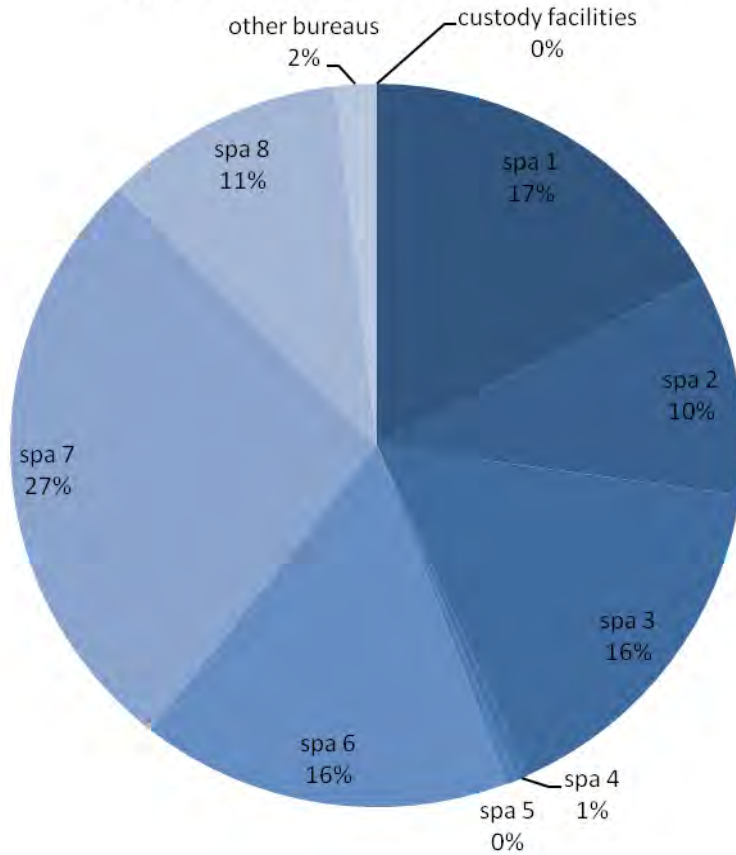
Figure 2

**CASES BY SERVICE PLANNING AREAS (SPA)
AND BY STATIONS - 2011**

SPA	STATION	CASES	TOTALS
1	Lancaster	338	
	Palmdale	238	
Total SPA 1			576
2	Crescenta Valley	29	
	Lost Hills/Malibu	78	
	Santa Clarita Valley	225	
Total SPA 2			332
3	Altadena	45	
	Industry	184	
	San Dimas	99	
	Temple	134	
	Walnut/Diamond Bar	74	
Total SPA 3			536
4	West Hollywood	17	
Total SPA 4			17
5	Marina Del Rey	15	
Total SPA 5			15
6	Century	216	
	Compton	332	
Total SPA 6			548
7	Cerritos	30	
	East Los Angeles	248	
	Lakewood	317	
	Norwalk	192	
	Pico Rivera	112	
Total SPA 7			899
8	Avalon	5	
	Carson	137	
	Lennox	146	
	Lomita	67	
Total SPA 8			355
Unassigned Bureaus			
	Community Colleges	3	
	Special Victims Bureau	47	
	Transit Services Bureau	11	
	Metrolink	0	
	Narcotics	0	
Total Unassigned Bureaus			61
Custody Facilities			
	North County Correctional Facility	0	
Total Custody Facilities			0
TOTAL CASES			3,339



Figure 2A: SPA PERCENTAGE





COUNTY OF LOS ANGELES SHERIFF DEPARTMENT REPORT

Figure 3

**CASES REPORTED BY STATION – 2011
COMPARISON OF CASES FOR TEN YEARS 2002 - 2011**

STATION	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	TOTAL
Altadena	64	64	49	39	51	64	35	54	60	45	525
Avalon	7	3	2	3	5	11	5	5	4	5	50
Carson	149	137	149	144	157	113	113	149	173	137	1,421
Century	327	283	324	300	310	306	305	284	322	332	3,093
CRDF	0	0	0	0	0	0	0	1	0	0	1
Cerritos	41	37	28	28	19	25	28	27	30	30	293
Community Colleges	0	0	0	0	0	5	2	1	2	3	13
Compton	245	175	192	201	228	230	241	260	291	216	2,279
Crescenta Valley	27	18	29	35	41	36	22	33	23	29	293
East Los Angeles	248	198	223	192	167	190	218	221	263	248	2,168
Special Victims Bureau	15	22	25	23	17	16	6	44	53	47	268
Industry	244	220	209	186	187	217	241	219	222	184	2,129
Lakewood	383	353	468	474	443	310	297	341	377	317	3,763
Lancaster	284	274	312	273	300	390	305	318	340	338	3,134
Lennox	243	197	161	162	180	157	139	160	188	146	1,733
Lomita	61	55	64	62	60	52	58	51	69	67	599
Lost Hills/Malibu	54	50	44	60	66	48	46	69	73	78	588
Marina Del Rey	22	17	19	19	33	25	20	16	20	15	206
Metrolink	0	0	0	0	0	0	0	0	1	0	1
Narcotics Bureau	0	0	0	0	0	0	0	0	1	0	1
NCCF	0	0	0	0	0	0	0	0	1	0	1
Norwalk	288	291	296	242	242	134	197	238	233	192	2,353
Palmdale	302	294	351	246	318	272	231	282	303	238	2,837
Pico Rivera	103	112	102	124	119	124	164	166	150	112	1,276
Pitchess Detention Facility - North	0	0	0	0	0	0	0	1	0	0	1
Pre-Employment	0	0	0	0	0	3	3	2	0	0	8
San Dimas	110	80	93	75	88	73	74	114	106	99	912
Santa Clarita	181	194	187	209	217	212	186	264	246	225	2,121
Temple	211	145	162	135	152	149	138	131	177	134	1,534
Transit Services	0	4	3	4	5	7	5	6	14	11	59
Walnut/Diamond Bar	102	89	78	68	78	73	78	70	74	74	784
West Hollywood	23	21	16	4	8	15	13	30	19	17	166
TOTAL	3,734		3,586	3,308	3,491	3,257	3,170	3,557	3,835	3,339	34,610

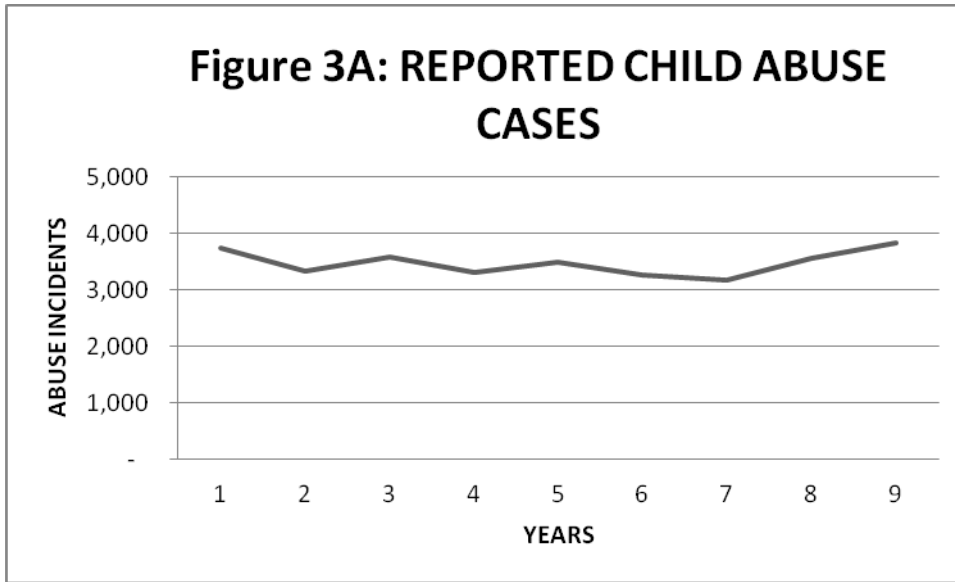


Figure 4

VICITMS BY AGE AND TYPE OF ABUSE - 2010

	PHYSICAL		SEXUAL	
	Count	Percentage	Count	Percentage
Under 3	172	13.12%	34	1.34%
3 to 4	113	8.62%	154	6.07%
5 to 9	358	27.31%	341	13.43%
10 to 14	401	30.59%	810	31.90%
15 to 17	213	16.25%	874	34.42%
over 17*	54	4.12%	325	12.80%
TOTAL	1,311	100.00%	2,539	100.00%

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



Figure 4A :VICITMS BY AGE AND TYPE OF ABUSE - 2011

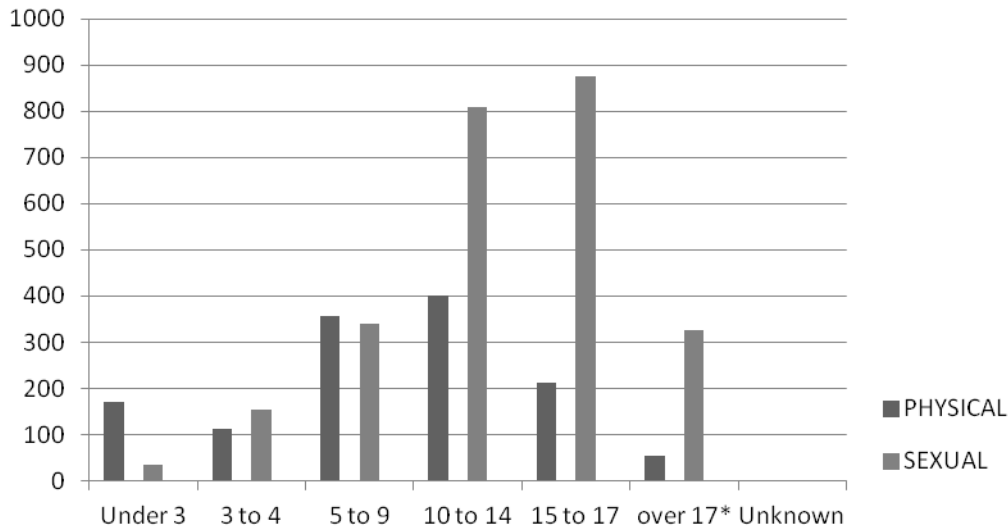


Figure 5

VICITMS BY GENDER AND TYPE OF ABUSE - 2011

	PHYSICAL		SEXUAL	
Male	645	49.20%	425	16.74%
Female	656	50.04%	1,993	78.50%
Unknown	10	0.76%	121	4.77%
TOTAL	1,311	100.00%	2,539	100.00%

Figure 5 A: VICTIMS BY GENDER AND TYPE OF ABUSE

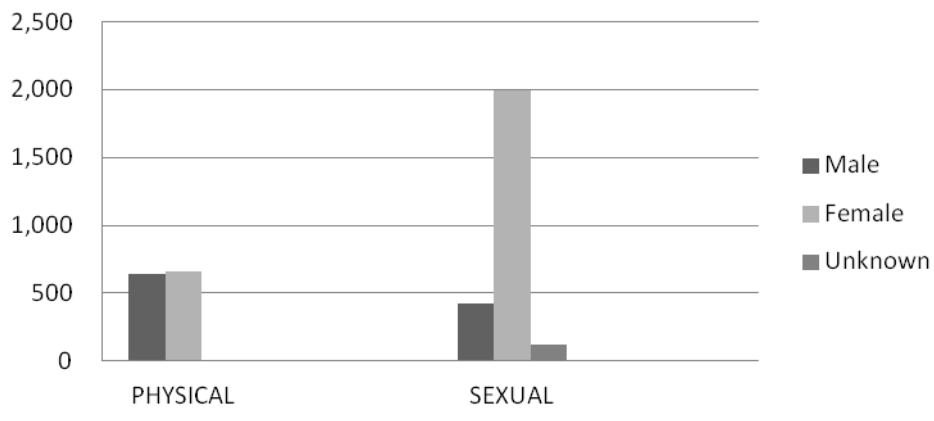




Figure 6

VICTIMS BY ETHNICITY AND TYPE OF ABUSE - 2011

ETHNICITY	PHYSICAL		SEXUAL	
All Others	23	1.75%	32	1.18%
American Indian	0	0.00%	2	0.08%
Asian	45	3.43%	54	2.13%
Black	324	24.71%	393	15.48%
Chinese	2	0.15%	0	0.00%
East Indian	1	0.08%	0	0.00%
Filipino	0	0.00%	2	0.08%
Hispanic	659	50.27%	1,480	58.29%
Japanese	0	0.00%	0	0.00%
Multi-Ethnic	4	0.31%	0	0.00%
Pacific Islander	1	0.08%	3	0.12%
Unknown	21	1.60%	137	5.40%
White	231	17.62%	438	17.25%
TOTAL	1,311	100.00%	2,539	100.00%

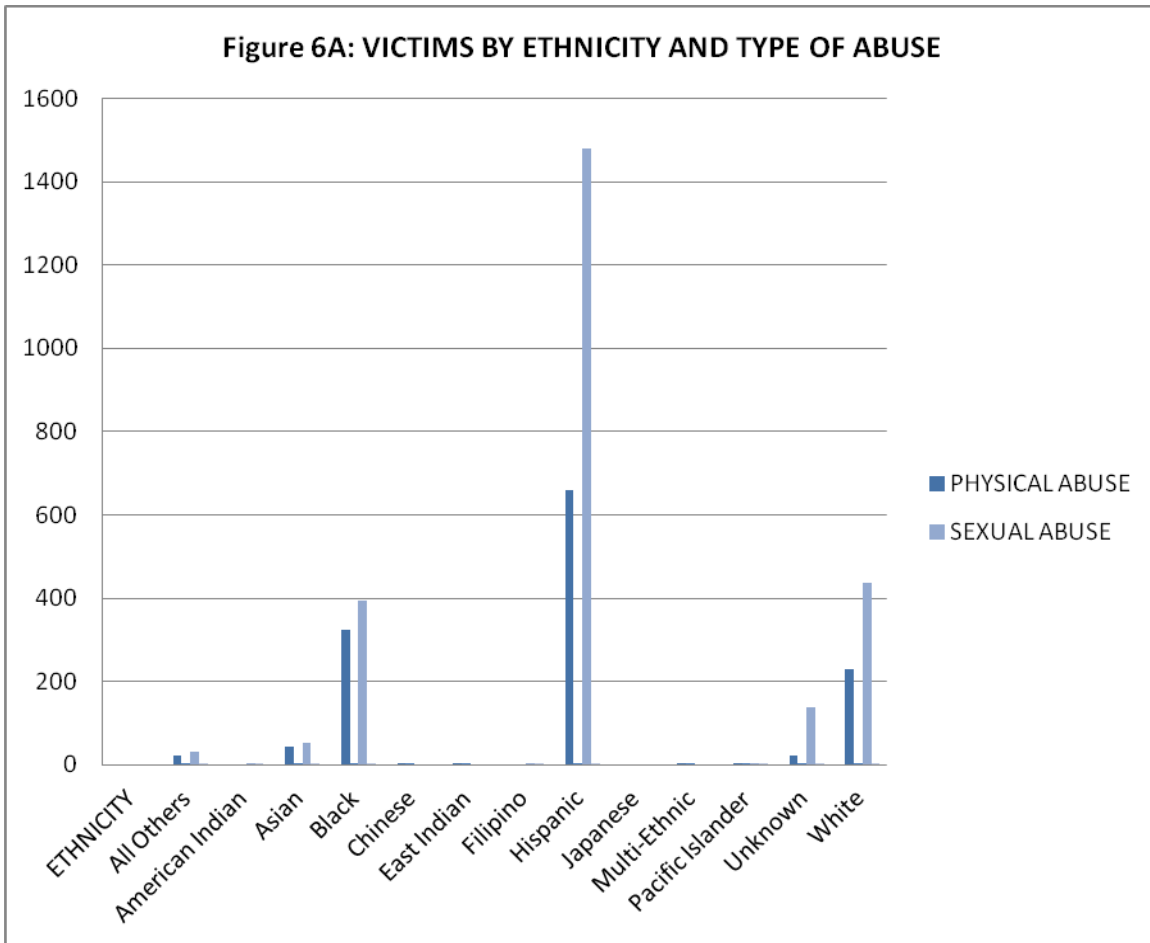


Figure 7

SUSPECTS BY AGE AND TYPE OF ABUSE - 2011

	PHYSICAL		SEXUAL	
Under 18	21	1.82%	467	19.07%
18 to 24	107	9.29%	497	20.29%
25 to 45	640	55.56%	750	30.62%
Over 45	383	33.25%	733	29.93%
Unknown	1	0.09%	2	0.08%
TOTAL	1,152	100.00%	2,449	100.00%

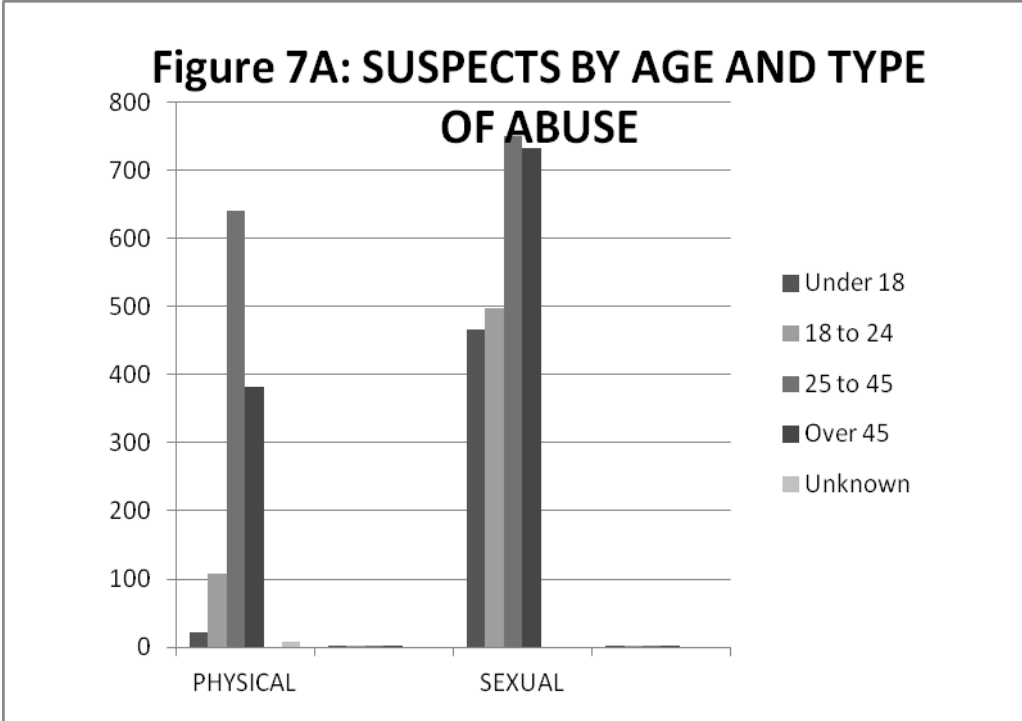




Figure 8

SUSPECTS BY GENDER AND TYPE OF ABUSE - 2011

PHYSICAL			SEXUAL		
Male	554	48.09%	Male	2,084	85.10%
Female	454	39.41%	Female	121	4.94%
Unknown	144	12.50%	Unknown	244	9.96%
TOTAL	1,152	100.00%	TOTAL	2,449	100.00%

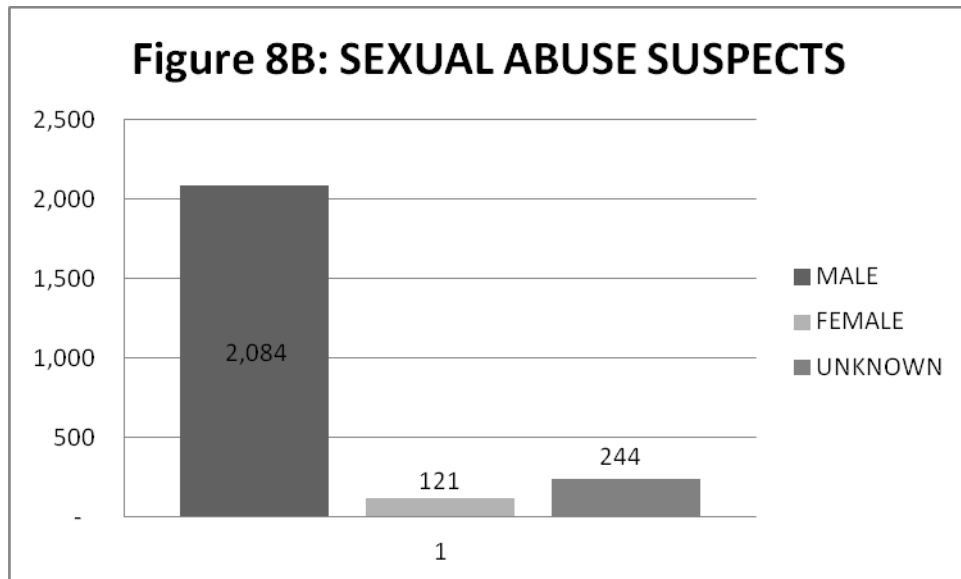
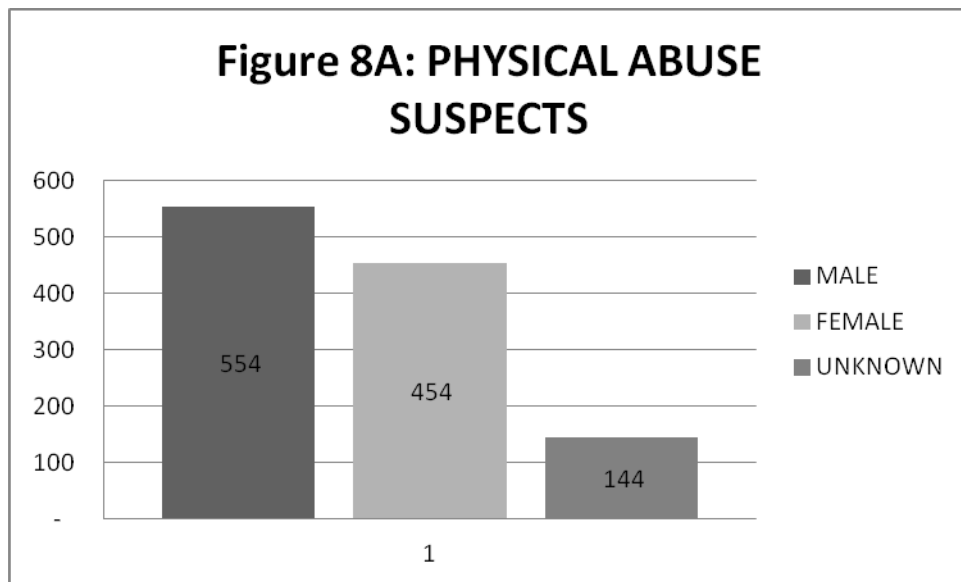




Figure 9
SUSPECTS BY ETHNICITY AND TYPE OF ABUSE - 2011

ETHNICITY	PHYSICAL		SEXUAL	
	Count	Percentage	Count	Percentage
All Others	14	1.22%	30	1.22%
Native American	0	0.00%	2	0.08%
Asian	42	3.65%	49	2.00%
Black	253	21.96%	370	15.11%
East Indian	0	0.00%	0	0.00%
Filipino	1	0.09%	3	0.12%
Hispanic	490	42.53%	1,338	54.63%
Multi-Ethnic	0	0.00%	1	0.04%
Pacific Islander	2	0.17%	3	0.12%
Unknown	166	14.41%	330	13.47%
White	184	15.97%	323	13.19%
Total	1,152	100.00%	2,449	100.00%

Figure 9A: SUSPECTS BY ETHNICITY

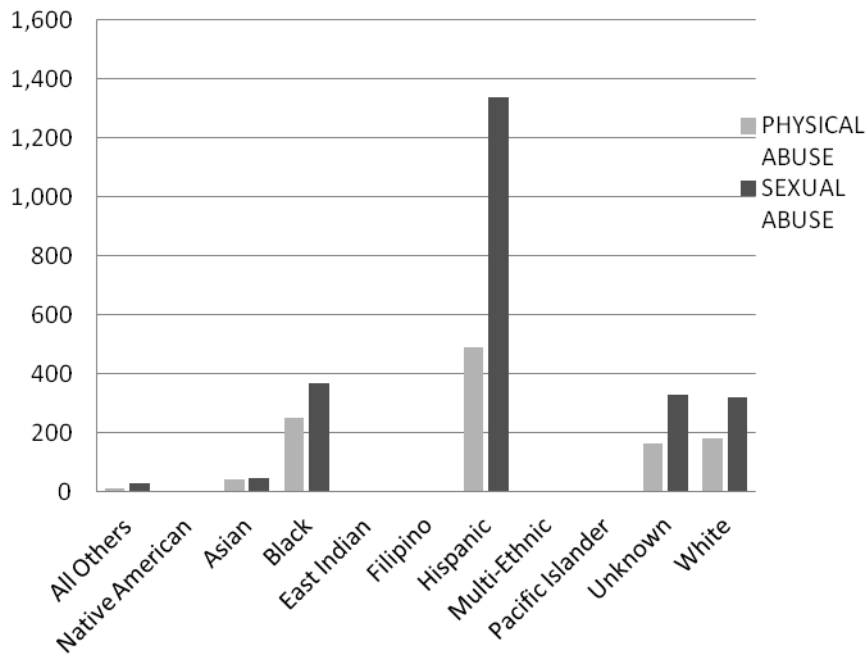
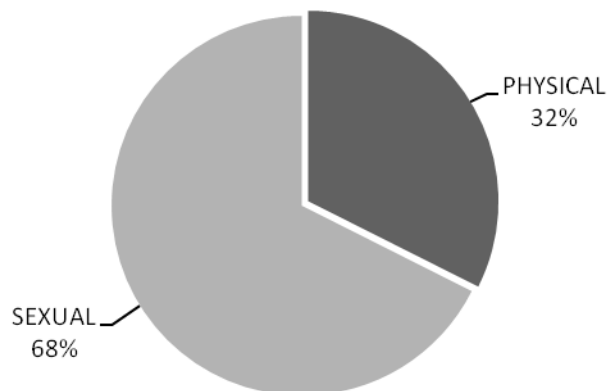




Figure 10
CASES REPORTED BY ABUSE TYPE - 2010

PHYSICAL	SEXUAL	TOTAL
1,082	2,257	3,339

Figure 10A: CASES BY ABUSE TYPE





GLOSSARY OF LAW ENFORCEMENT TERMS AND CHILD ABUSE RELATED LAWS

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

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

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

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

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

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

Mandated Reporter – A person required by state law to report known or suspected child abuse or neglect. Peace officers, social workers, teachers, school administrators,

and health practitioners are but a few examples.

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

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

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

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

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

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

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



SECTION IV

ICAN ORGANIZATIONAL SUMMARY



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

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

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

risk children with the limited resources available.

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

**FOR FURTHER INFORMATION
CONTACT:
INTER-AGENCY COUNCIL
ON CHILD ABUSE & NEGLECT**

4024 N. Durfee Road
El Monte, CA 91732
(626) 455-4585
Fax: (626) 444-4851
Websites: www.ican4kids.org



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ICAN Executive Director

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SABINA ALVAREZ
ICAN Secretary

LORRAINE ABASTA
ICAN Secretary

ICAN ASSOCIATES STAFF

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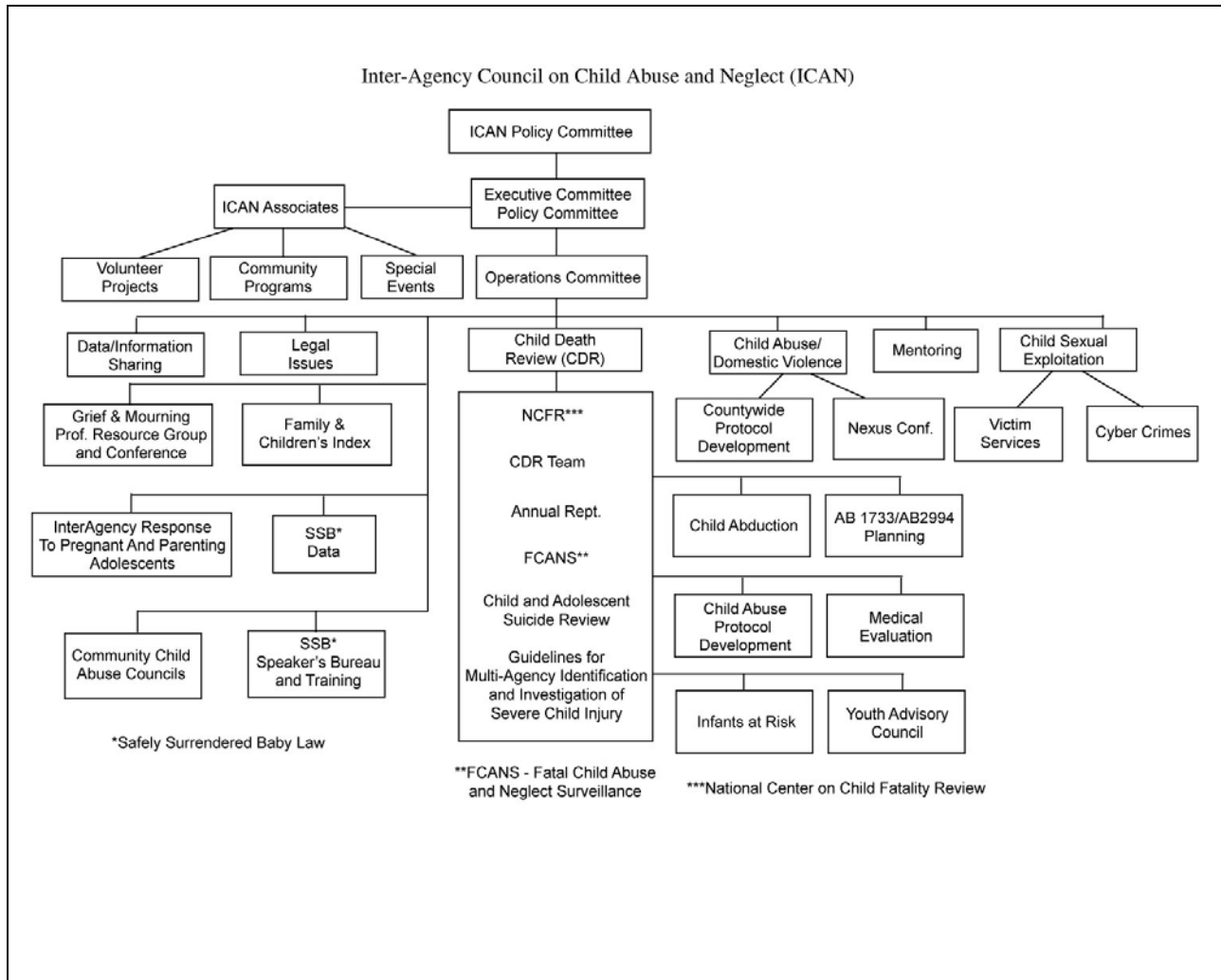
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Project Coordinator

LAURENCE KERR
IT Assistant

DIANA GODINEZ
Office Assistant

JESSICA SPEARMAN
Project Manager, Infant Safe Sleep
Campaign

LAURA SPARKS
Bookkeeper





ICAN COMMITTEES POLICY COMMITTEE

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

COUNTY EXECUTIVES POLICY COMMITTEE

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

OPERATIONS COMMITTEE

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

OPERATIONS EXECUTIVE COMMITTEE

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

ICAN ASSOCIATES

Private incorporated fundraising arm and support organization of ICAN. Sponsors special events, hosts ICAN Policy meetings and receptions, promotes public awareness and raises funds for specific ICAN projects. Maintains volunteer program, conducts media campaigns, issues newsletter and provides support and in-kind donations to community programs, supports special projects such as the, MacLaren Holiday Party and 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 12 community child abuse councils involving hundreds of organizations and professionals with ICAN. Councils are interdisciplinary with open membership and organized geographically, culturally, and ethnically. Coordinates public awareness campaigns, provides networking and training for professionals, identifies public policy issues and opportunities for public/private, community-based projects. (Meets monthly).



CHILD ABUSE/DOMESTIC VIOLENCE

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

GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP AND CONFERENCE

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

FAMILY AND CHILDREN'S INDEX

Development and implementation of an inter-agency database to allow agencies access to information on whether other agencies had relevant previous contact with a child or family in order to form 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 quality medical exams for child abuse victims throughout the County. (Meets as needed).

**NATIONAL CENTER ON
CHILD FATALITY REVIEW (NCFR)**

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

**CHILD AND ADOLESCENT SUICIDE
REVIEW TEAM**

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

INFANTS AT RISK

Works with hospitals, DCFS and community agencies regarding the reporting of infants at risk of abuse/neglect due to perinatal substance exposure. (Meets monthly).

**CHILD SEXUAL EXPLOITATION
COMMITTEE (CSEC)**

Focuses on Internet Crimes Against Children, Child Prostitution, and Human Trafficking of Children through the coordination of local, state, and federal agencies and service providers. The goal is to improve the effectiveness of the prevention, identification, investigation, prosecution and provision of services for victims of these crimes. To best meet these goals, a separate subcommittee on Cyber

Crime Prevention was formed to develop prevention efforts leaving the CSEC Committee to focus on victim services.

**MULTI-AGENCY IDENTIFICATION AND
INVESTIGATION OF SEVERE AND
FATAL CHILD INJURY**

With the support of a grant from the Office of Emergency Services (OES), ICAN updated the LA County SCAN team registers, collected existing SCAN and Child Death Review protocols, and surveyed literature for trends and standards, surveyed data systems among agencies to assist in information sharing.

**SAFELY SURRENDERED BABY LAW
(SSBL)**

Responsible for notifying the Board of Supervisors, Chief Administrative Office, and others of safe surrenders and abandonments, as well as collecting and analyzing data on these cases and preparing an annual written report to the Board of Supervisors. ICAN maintains a Speakers' Bureau, which has trained nearly a thousand individuals in the public and private sectors. ICAN also is responsible for maintaining the County of Los Angeles Safely Surrendered Baby Law website known as BabySafeLA and responding to the various inquires for information and public information material.

NEXUS PLANNING COMMITTEE

Develops and plans ICAN's annual NEXUS conference; a large multi-disciplinary conference addressing "Violence in the Home and It's Effects on Children." (Meets periodically during planning months)



ICAN ASSOCIATES

ICAN Associates is a private/non-profit organization which supports the LA County Inter-Agency Council on Child Abuse and Neglect (ICAN) and the important issues addressed by ICAN. The Board of ICAN Associates consists of business, media and community leaders.

ICAN Associates supports ICAN through the provision of services including dissemination of materials, hosting media campaigns, sponsorship of educational forums, support of direct and indirect services to prevent child abuse and neglect as well as promoting integration and collaboration among child service agencies. Further, ICAN Associates sponsors special events for vulnerable and abused children, publishes newsletters, and coordinates community educational projects. The formation of ICAN Associates represents one of the first and most effective public/private partnerships in the nation addressing the critical issues and needs surrounding child abuse and neglect.

ICAN Associates has been extremely successful in securing funding through grants and corporate sponsorships:

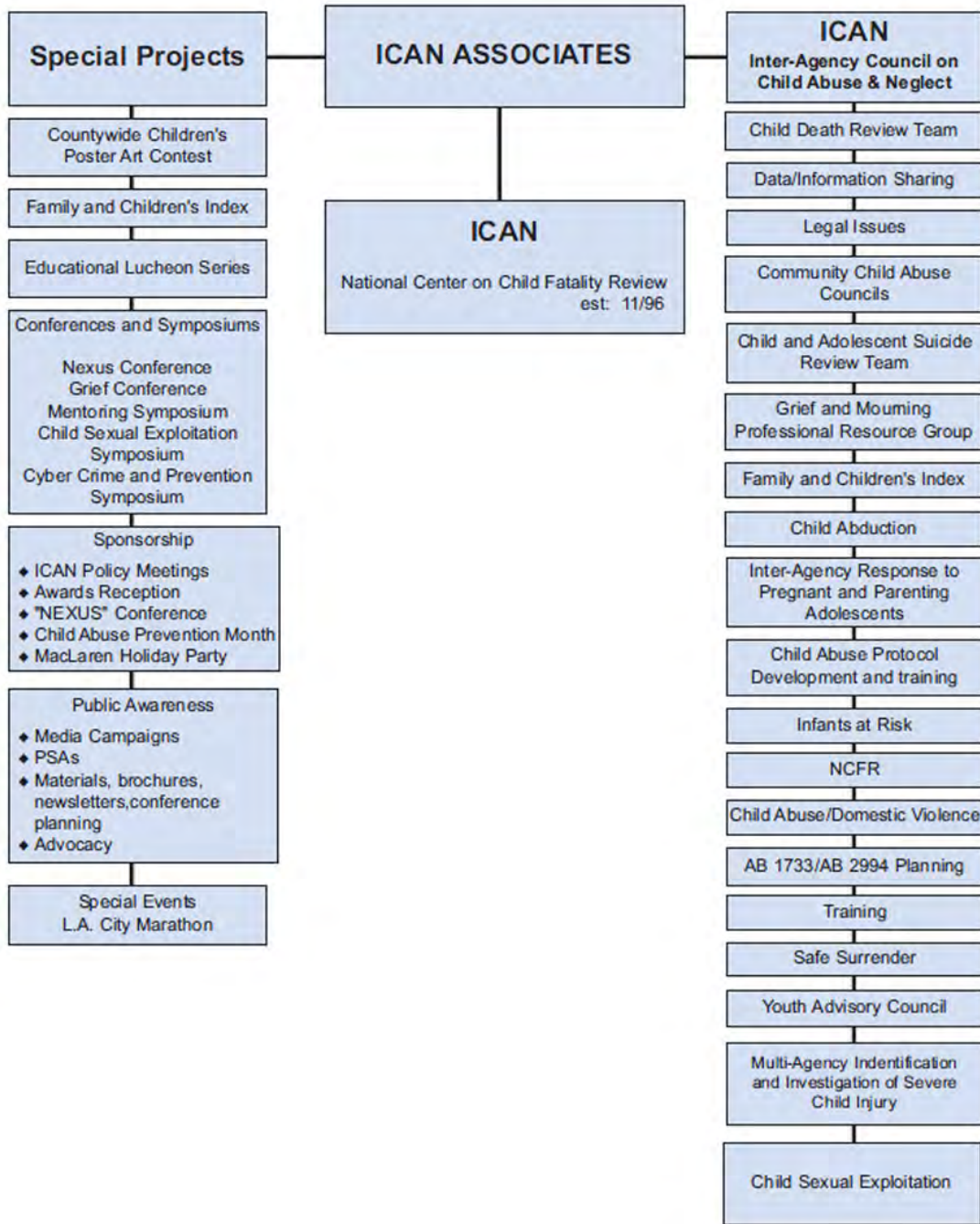
In November 1996, ICAN/ICAN Associates launched the ICAN National Center on Child Fatality Review (ICAN/NCFR) at a news conference held in connection with the United States Department of Justice and United States Department of Health and Human Services. Funding for this major national project was facilitated through the efforts of ICAN Associates. Generous support was secured through the United States Department of Justice, Office of Juvenile Justice and

Delinquency Prevention; Times Mirror Foundation and the family of Chief Medical Examiner Lakshmanan Sathyavagiswaran.

ICAN/ICAN Associates continues to provide statewide Child Death Review Team Training designed to address a range of issues to benefit the overall development and functioning of Child Death Review Teams throughout the State. The training curriculum is funded through a grant from the California Department of Social Services (CDSS).

In October 2012, ICAN Associates sponsored "NEXUS XVII Anniversary Year Conference" in conjunction with The Department of Children and Family Services (DCFS), community groups and ICAN agencies. The conference presented an opportunity to hear from local, state and national experts, about the impact of all forms of violence within the home on children as well as potential solutions. The information presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

ICAN Associates again sponsored the Annual Child Abuse Prevention Month Children's Poster Art Contest which raises awareness about child abuse in schools throughout Los Angeles County. Children in the 4th, 5th and 6th grades and in special education classes participate in this contest. The children's artwork is displayed at the California Department of Social Services in Sacramento, Edmund D. Edelman Children's Court, L. A. County Office of Education, District Attorney's Office, and Hollywood Library and in numerous national publications.





The Los Angeles Community Child Abuse Councils consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect, and to raise public awareness of child abuse and family violence issues. The membership of the Councils is made up of professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the problems of child abuse and family violence.

The Child Abuse Councils Coordination Project facilitates the joint projects of the 12 Community Councils. Since the child abuse councils are volunteer organizations, and most members have full time jobs apart from their involvement with the councils, it is important that our projects can be implemented easily and quickly.

The Coordination Project also serves the councils by providing technical assistance and professional education, advocating for children issues, and networking with other councils and agencies on behalf of the Councils.

The Coordination Project has been in existence since 1987, and has been a non-profit corporation since March 1998. The Coordination Project acts as contractor with the Los Angeles County Department of Children and Family Services and the Office of Child Abuse Prevention (OCAP) to

provide services to benefit the 12 Child Abuse Councils in their efforts to prevent child abuse.

The Los Angeles Community Child Abuse Councils are involved in the following nine joint projects:

- The April Child Abuse Prevention Campaign
- Publication of The Children's Advocate Newsletter
- The Report Card Insert Project
- Coordination of Non-Profit Bulk Mailings and emails
- Establishment and Maintenance of a Los Angeles Community Child Abuse Councils Website
- Training and Technical Assistance to the Community Relating to Child Abuse and Family Violence Issues
- Networking Meetings
- Coordination of Suicide Resource Prevention and Postvention Cards
- Special Projects for Individual Councils

For further information about the Los Angeles Community Child Abuse Councils contact Monika McCoy , at (818) 790-9448 or visit our website at latchildabusecouncils.org.



LOS ANGELES COUNTY CHILD ABUSE COORDINATION PROJECT MEMBERS

COORDINATION PROJECT DIRECTOR

Monika McCoy(818) 790-9448

COMMUNITY CHILD ABUSE COUNCILS

ADVOCACY COUNCIL FOR ABUSED DEAF CHILDREN

Jean Marie Hunter (626) 798-6793

ASIAN PACIFIC CHILD ABUSE COUNCIL

Lawrence J. Lue (213) 808-1701

Yasuko Sakamoto (213) 473-1602

EASTSIDE CHILD ABUSE PREVENTION COUNCIL

Connie C. Preciado (626) 442-1400

LONG BEACH END ABUSE

Paula Cohen (562) 435-3501
ext.3842

FAMILY, CHILDREN, COMMUNITY ADVISORY COUNCIL

Sandra Guine (213) 639-6443

FOOTHILL CHILD ABUSE DOMESTIC VIOLENCE PREVENTION COUNCIL

Erica Villalpando (626) 795-6907

GAY, LESBIAN, BISEXUAL, AND TRANSGENDER (GLBT) CHILD ABUSE PREVENTION COUNCIL

Mark Abeleson (323) 646-2419

SAN FERNANDO VALLEY CHILD ABUSE COUNCIL

Deborah Davies (818) 988-4430

SAN GABRIEL VALLEY FAMILY VIOLENCE COUNCIL

Lydia Sandoval (626) 966-1755

Paula Jeppson (626) 967-7153

SERVICE PLANNING AREA 7 CHILD ABUSE COUNCIL

Norma Yoquez (562) 777-1410 ext 112

WESTSIDE DOMESTIC VIOLENCE NETWORK

Jennifer Chen Speckman (310) 264-0407

YES2KIDS ANTELOPE VALLEY CHILD ABUSE COUNCIL

Bob Broyles (661) 538-1846



SECTION V

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 caretaker role, or it can be through technology through use of a computer, the telephone, or the internet.

CARETAKER ABSENCE/INCAPACITY

This refers to situations when the child is suffering either physically or emotionally, from the absence of the caretaker. This includes abandoned children, children left alone for prolonged periods of time without provision for their care, as well as children who lack proper parental care due to their parents' incapacity, whether physical or emotional.



BIOGRAPHIES

ISELA AREVALO

Isela is an Administrative Assistant II in the Information and Statistical Services Section of the Department of Public Social Services. She has been working with the Department since 2004 where she began as an Eligibility Worker determining eligibility for the Medi-Cal and CalFresh programs. She is currently responsible for analyzing and preparing over 150 monthly statistical reports and also leads the User Group meetings for training on DPSSMART, the Departments Data Warehouse. Isela has a Bachelor of Science degree in Business Management and is pleased to be in her second year as a member of the ICAN Data/Information Sharing Committee.

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, where he supports the ICAN Office and other County Departments with over twenty-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.

MICHELE DANIELS

Ms. Daniels is the Head Deputy of the Family Violence Division of the Los Angeles County District Attorney's Office. She received a Bachelor of Arts degree from Mount Holyoke College and a juris doctorate from the UCLA School of Law. Ms. Daniels' tenure in the office has



included service as a Deputy-in-Charge of various area offices, an Assistant Head Deputy of a branch office, a prosecutor in the Career Criminal Unit and a felony trial lawyer in the Central Division. She has filed and prosecuted crimes ranging from misdemeanors to serious and violent felonies including sexual assaults, domestic violence cases and murders. She has also contributed to previous revisions of the District Attorney's Legal Policies Manual. Ms. Daniels served as Head Deputy of the Sex Crimes Division from 2009-2011. As Head Deputy of the Training Division from 2004-2009, she led the team of attorneys that conducted classes and developed training curriculum for prosecutors, including an emphasis on legal ethics.

Ms. Daniels chairs the Los Angeles County Domestic Violence Council, the ICAN Operations Committee and the Los Angeles County Domestic Violence Fatality Review Team. She is also a member of the ICAN Child Death Review Team.

ANA MARIA CORREA

Ana Maria Correa is the Division Manager for the Social Services Systems Division (SSSD) of the Los Angeles County Internal Services Department, Information Technology Service (ISD/ITS). SSSD supports four County Departments: Child Support Services (CSSD), ICAN 2011 data report, Children and Family Services (DCFS), Community and Senior Services (DCSS), and Public Social Services (DPSS). Ana Maria has a Bachelor of Science in B. A. with over 34 years of County service. Prior to this assignment, Ana Maria was the ISD/eCAPS Project Manager, working closely with the Auditor Controller and the CGI-AMS Project

Managers on the implementation of Phase I eCAPS, the Countywide Accounting and Purchasing System that now processes the County's vendor payments; i.e. DCFS Foster Care payments. As the SSSD Division Manager, Ana Maria is responsible for providing workflow analysis, front-line supervision, project management, and technical expertise, support and maintenance of critical mainframe legacy applications while creating customer-friendly client tracking systems by using new technologies. She joined the ICAN Data/Information Sharing Committee in 2005.

BRIAN L. COSGROVE

Brian Cosgrove is the Information Technology Manager of the Forensic Data Information Systems Division of the LA County Coroner. He is responsible to ensure that the Coroner is in alignment with the Countywide Strategic Plan for eGovernment. Mr. Cosgrove is an employee of the Internal Services Department, Information Technology Service, Information Systems Support Division. He earned a Bachelor of Science degree in Computer/Information Systems from DeVry Institute of Technology. Mr. Cosgrove has over 17 years of IT experience including infrastructure support, programming and analysis, technical leadership, front-line supervision, and project management.

SAUNDRA DEVOS, MSW, LCSW

Saundra is a Program Administrator for ICAN. She has primary responsibility for the Data/Information Sharing Committee and the Infants at Risk Committee. She also is responsible for the Child Death Review Team Report. Saundra also provides staff assistance to the Annual "Nexus" Domestic



Violence Conference. Prior to joining ICAN, Saundra worked for the Los Angeles County Department of Children and Family Services (DCFS) for a period of twenty-nine years. The last several years while at DCFS, Saundra was a field instructor for one of the DCFS-IUC CSULA MSW intern units. While in this position, Saundra also provided clinical supervision to staff for their clinical license hours working toward an LCSW. Throughout her tenure with DCFS, Saundra has been involved with staff training, program development and participated in various task forces and work groups. Saundra is a Licensed Clinical Social Worker.

MARIAN M. ELDAHABY

Marian is a Research Analyst II with Maternal, Child, and Adolescent Health Programs under the Los Angeles County Department of Public Health. In addition to her contributions to the ICAN Data Sharing report, Marian is also a co-coordinator of the Los Angeles Mommy and Baby (LAMB) and Los Angeles Health Overview of a Pregnancy Event (LA HOPE) survey projects. She earned her B.A. in Psychology and Social Behavior from the University of California, Irvine.

JEWEL FORBES

Jewel Forbes, Consultant II in the Division of Community Health and Safe Schools in the areas of Counseling and Gangs, for the Los Angeles County Office of Education, is the former Administrator of Health, Human, Homeless and Support Services for the Compton Unified School District. She has served as a Mental Health and Crisis Coordinator, a High School Administrator, a Child Welfare and

Attendance Counselor and a Student Support Coordinator in the Compton Unified School District. She also served as a Children's Social Worker for the Department of Children and Family Services and has extensive experience working with Foster and Homeless Youth. Jewel Forbes is a member of the Education Coordinating Council and a former Board member of the Zenith Foster Family Agency. She is an active member of the Violence Prevention Coalition and also a member of the Safe Passage Taskforce and the Human Trafficking Council.

JESSICA GAMA

Jessica is the Ombudsman for the Los Angeles County Probation Department. In this capacity, she is vested with the responsibility to assist members of the community in general and probationers in particular with departmental issues of fair treatment and equity. Jessica has worked in the following areas: substance abuse, domestic violence, juvenile justice, child welfare, administrative investigations and contracts development. Her interest and advocacy in mental health issues lead to her Board appointment to the Los Angeles County Mental Health Commission in 1993, representing the First District. Jessica earned a Bachelor of Art's degree from U.C. Berkeley with a double major in sociology and mass communications. She also earned a masters degree from the University of Chicago in the field of social work.

SERGEANT PETER HAHN

Sergeant Peter Hahn is a detective with the Los Angeles Sheriff's Department assigned to the Special Victims Bureau



APPENDICES

(SVB). He has been a deputy sheriff for twenty-five years and has worked at a variety of different assignments including custody, patrol, detective bureau and administrative division. Sergeant Hahn has worked as a child abuse investigator and supervisor for the past six years and oversees a team of eight detectives. Among other projects he is the Sheriff's Department representative for the Family and Children's Index System (FCI), the Centralized Case Management Work Group, and ICAN Data/Information Sharing Committee. Sergeant Hahn is a graduate of the Virginia Military Institute with a degree in Economics.

JOHN E. LANGSTAFF, M.S.

John is a Children's Services Administrator II with the Department of Children and Family Services (DCFS) Bureau of Information Services. In his 20 years with Los Angeles County, John has been a Children's Social Worker, worked for the DCFS Policy and Public Inquiry sections, and was a developer and manager of the DCFS Out-Stationed Training Program. In addition, John was a Program Analyst at ICAN for almost three years, working on the Data/Information Sharing Subcommittee, the Child Death Review Team, The National Center on Child Fatality Review, and various other projects. John earned a Bachelor's Degree in psychology from Whittier College and a Master of Science Degree in psychology from California State University, Los Angeles.

DIONNE LYMAN-CHAPMAN

Dionne is a Senior Programmer Analyst with the Los Angeles County Internal Services Department, Information Technology Service - GIS. Dionne Lyman

has been with the County's Internal Services Department since September 2001. She supports ICAN and various County Departments with over twenty-five years of experience in Graphic Design and Web Development. Dionne earned a Bachelor of Arts in Illustration with a minor in Graphic Design from Parsons School of Design of Los Angeles and 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.

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.

REGI PAPPACHAN

Regi is an Administrator I in Juvenile Dependency of the Superior Court of California, County of Los Angeles. He started with the Court in 1989 as a Judicial Assistant, and has been a Court Manager in both civil and criminal operations. Prior to coming to Juvenile Dependency in February, 2008, Regi worked at the Airport Courthouse. He has been a member of numerous procedural committees, and was the Drug Court Coordinator in the West District. He received his Bachelor of Arts degree in Economics from Pomona College in 1988.

NINA PRAYS

Nina Prays is the Section Manager for *the Community and Senior Services Section* within the Social Services Systems Division of ISD. Nina Prays has a Masters Degree in English as a Second Language and over 25 years in Information Technology experience. Prior to this assignment, Nina was a Principal Developer Analyst with Justice Systems. Among other projects she was also involved with the Family and Children Index System (FCI), also servicing the needs of the ICAN Data/Information Sharing Committee.

M. DONNA UY-BARRETA

M. Donna Uy-Barreta performs several duties for the Los Angeles City Attorney's Office (LACA). Ms. Uy-Barreta serves as a Special Operations Administrative Coordinator of the Planning, Research and Statistics Section. In that role, she is responsible

for statistical reporting, maintenance of Criminal History Databases and assisting with the supervision of the Criminal Case Management System. Ms. Uy-Barreta also oversees the daily operations of LACA's Complex Litigation Section, which brings civil law enforcement actions against businesses and individuals engaged in unlawful, unfair and fraudulent acts or practices. Ms. Uy-Barreta acts as an advocate for LACA's Cyber Crime Prosecution Division. Since 2010 - in collaboration with Inter-Agency Council on Child Abuse and Neglect (ICAN) - she is responsible for organizing, preparing and coordinating the annual Cyber Crime Prevention Symposium in an effort to continue educating teachers, administrators, parents and students on the importance of Internet Safety. As a member of the (ICAN) Data and Information Sharing Committee, Ms. Uy-Barreta is responsible for the compilation of LACA's statistics, which are included in the ICAN annual reports. Her continued efforts help to improve the understanding of various agencies' systems and their interdependencies. In addition, Ms. Uy-Barreta is a third year board member of the Asian Pacific Women's Center (APWC), where she continues to help collect, develop and distribute resources and ideas to empower domestic violence survivors to lead independent lives. Ms. Uy-Barreta is a Certified Paralegal with a Bachelors Degree in Criminal Justice from the University of Phoenix. .

**RAY VINCENT**

Ray Vincent is the Director I, Community Health and Safe Schools Unit, Student Support Services Division with the Los Angeles County Office of Education. He has previously served as the Director of Pupil and Special Services for Beverly Hills U.S.D.; Coordinator of Child Welfare and Attendance for Azusa U.S.D.; School Psychologist for Azusa U.S.D. and School Counselor for Orange U.S.D. Additionally, he has held positions of teacher, principal, and president of Instituto VIDA. He has credentials in school counseling, school psychology and school administration. He has co-authored various publications and presented workshops on student records; suspension and expulsion; custody issues; 504 issues; child abuse issues; bullying; street gangs; school site safety plans and other related student support services subjects.

He is currently a Commissioner for the Alcohol and Other Drugs Commission for Los Angeles County. He is currently the Chairperson for the Data Report committee as well as a member of various ICAN committees and conference planning committees. He serves on other Los Angeles County committees. He is currently the president of the Special Education/Student Support Services Council for the Association of California School Administrators and past president of the Association of Los Angeles County Office School Administrators (ALACOSA). He also serves as an Adjunct Professor for Azusa Pacific University and Everest University and is the Child Welfare and Attendance Program Director for Point Loma Nazarene University.

ROSALEE VILLALOBOS

Rosalee Villalobos is the Advocacy Program Director at CASA of Los Angeles. Rosalee brings to CASA 15 years of experience at the Children's Law Center (CLC), most recently as Investigative Supervisor co-managing a 33-person team and a member of the CLC management team. Prior to CLC, Rosalee spent 4 years at the Alliance for Children's Rights during which she served as Program Manager for the Dependency Court Program and the Director of Intake and Social Services. She holds a JD from Abraham Lincoln University School of Law and brings to CASA extensive knowledge of the dependency court system, its children and families. Her background leading staff and volunteers in the service of children in care is put to good use at CASA as we strive to serve as many children as possible with the scarce resources of a newly non-profit child advocate program.

KIMBERLY WONG

Kimberly Wong is the legislative and criminal justice policy advisor for the Los Angeles County Public Defender's Office. As a deputy public defender of 10 years, she has conducted numerous felony and misdemeanor trials as well as juvenile adjudications. Through the Public Defender's Public Integrity Assurance Section, Ms. Wong drafted motions and writs for clients in post-conviction cases involving police misconduct. Ms. Wong also assists incarcerated domestic violence survivors in seeking post-conviction relief. In the Public Defender's office, Kimberly was actively involved in developing in-house seminars for about 1000 employees on topics of race bias and gender bias. She is a member of the Habeas Project Advisory



Committee, whose goal is to expand access to justice for survivors of domestic violence.

DAVID ZIPPIN, PH.D.

David Zippin is Chief Research Analyst with the Child and Family Programs Administration of the Los Angeles County Department of Mental Health. He is involved with the development, implementation and analysis of children's treatment outcome instruments, as well as tracking clients in intensive treatment programs. He received his Ph.D. from University of Iowa specializing in Social Psychology and Research Methods. He also completed a two-year NIMH postdoctoral training program in mental health program evaluation in the School of Public Health at UCLA, and a one-year USPHS postdoctoral fellowship in pediatrics at Harbor/UCLA Medical Center.