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

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

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

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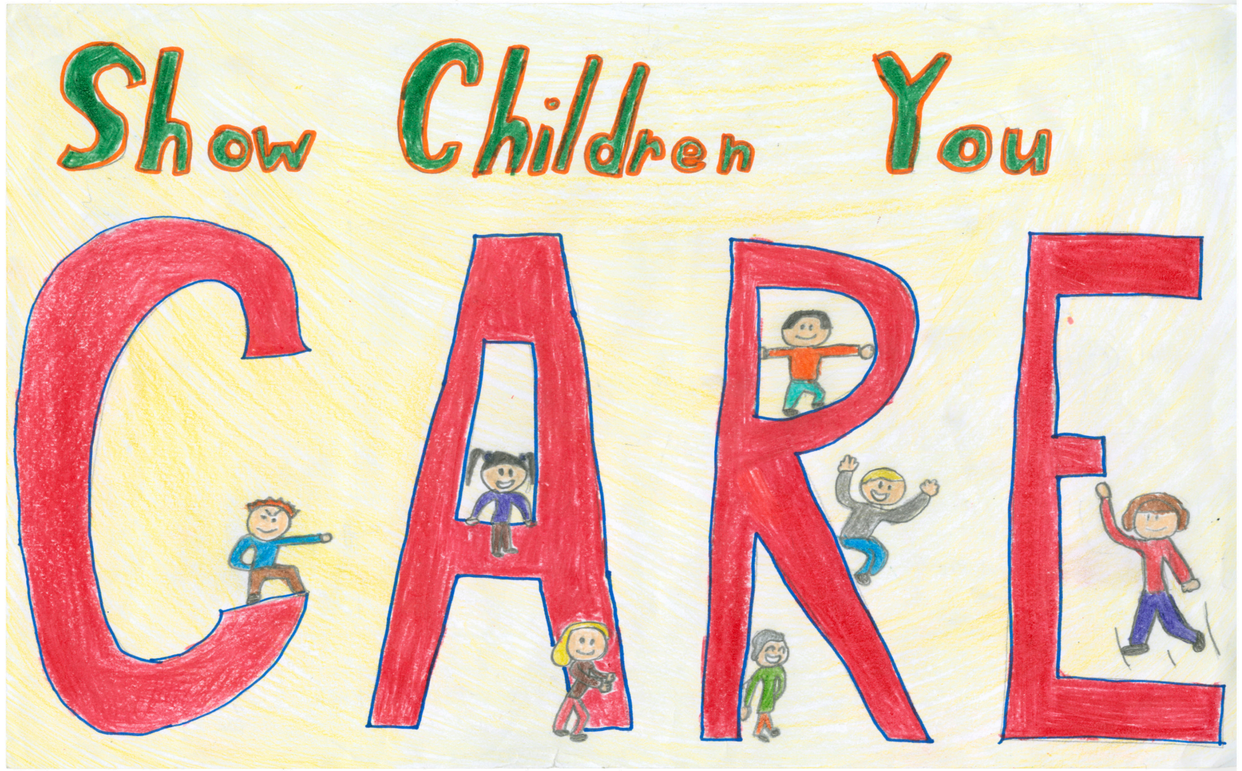
THE STATE OF CHILD ABUSE in Los Angeles County
Compiled from 2015 Data
ICAN 2016

THE STATE OF CHILD ABUSE
in Los Angeles County
Compiled from 2015 Data



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REPORT COMPILED FROM 2015 DATA
THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY

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YOU ARE
BEAUTIFUL
AND STRONG

SECTION I :
INTER-AGENCY OVERVIEW

Art by Abrial Taupier, ICAN Student Poster Art Contest

This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN), with the work of the ICAN Data/ Information Sharing Committee, features data from ICAN member agencies about activities primarily for Calendar Year (CY) 2015 and Fiscal Year (FY) 2014-2015, although some agency data may vary from this. The report includes some information about programs, but is intended primarily to provide visibility to data about child abuse and neglect in Los Angeles County and information drawn from that data. Much of the report assumes the reader has a basic knowledge of the functions and organization of ICAN and its member agencies. For those unfamiliar with ICAN and its member agencies, please refer to Section IV of this report.

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

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

Section II includes Special Reports from the ICAN Child Abduction Task Force and the ICAN Hospital Network Project.

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 evolve. Many 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 II includes Special Reports from the ICAN Hospital Network Project and the ICAN Child Abduction Task Force.

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

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

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

Executive Summary / Selected Findings

This is the 31st 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 safety and welfare of children.

The following is a summary of Selected Findings and agency report data that provides a more detailed analysis of activities and programs as they relate to child abuse and neglect; included are changes from the previous reported year's data.

MEDICAL EXAMINER-CORONER

In calendar year 2015, 189 child death cases, based on the ICAN Child Death Review Team criteria, were referred to the team for tracking and follow-up; a decrease of 7 cases from 2014 and 26 cases from 2013. This marks a continuing trend; since 2011 the reported child deaths from Homicide, Suicide, Accidents, and Undetermined causes have dropped a total of 52 cases.

The number of children killed by a parent, relative or caregiver was 18, an increase of 27% from 2014; 15 children died from homicide in 2014 (it should be noted that 15 matched the 2012 homicide figures that at the time were the lowest number of such deaths in the previous 25 years).

There was also an increase in youth suicides from 10 such deaths in 2014 to 23 in 2015. This increase is consistent with national trends that show that middle school students are now as likely to die from suicide as they are from traffic accidents (Centers for Disease Control and Prevention).

Child victims age two and under accounted for 56% (10) of the 18 homicides by a parent, relative or caregiver.

Children of African American and Hispanic ethnicities combined to account for 72% of the 18 reported child abuse homicides; this is down from 80% in 2014.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

There was a slight dip in the number of children referred during CY 2015, 175,383 compared to 181, 926 referred in CY 2014, reflecting a 4% decrease.

There was an average of 14,615 children who were referred to DCFS per month in CY 2015. Of these, a monthly average of 12,233 children (84%) required an in-person investigation.

The most vulnerable DCFS clients are children in the age group Birth - 2 Years. This population increased to 21% of the total DCFS child caseload, although the number of children in this age group category exhibited a 0.4 % decrease, from 7,209 at the end of CY 2014 to 7,181 at the end of CY 2015.

General Neglect continues to be the leading reported allegation among the Emergency Response referrals received (34%). The number of children referred for General Neglect in CY 2015 (58,918) reflects a 1% decrease from the 59,408 referred for the same allegation in CY 2014.

Severe Neglect referrals decreased 9% from 3,168 in CY 2014 to 2,881 in CY 2015 and were responsible for 1.6% of all referrals received in CY 2015.

Children at risk due to sibling abuse represented 22.6% of the children referred in CY 2015. At Risk, Sibling Abuse referrals decreased (for the second consecutive year) 3.9% from 41,238 in CY 2014 to 39,617 in CY 2015.

Youth in the age group 16 - 17 years again accounted for 9% of the total caseload. The number of youth in this age group shows a 6% volume decrease (for the second consecutive year), from 3276 at the end of CY 2014 to 3,080 at the end of CY 2015.

Although Hispanic children continue to be the largest of all ethnic groups represented among DCFS children and account for just over 60% of the total caseload, their numbers decreased (for the second consecutive year) 4% from 21,895 in CY 2014 to 20,993 in CY 2015. Interestingly, the number of Caucasian children showed the only increase among all ethnic groups, up 3% from 3,890 in CY 2014 to 4,008 in CY 2015.

The number of children in a Foster Family Agency Certified Home reflects a 2% decrease from 5,157 at the end of CY 2014 to 5,045 at the end of CY 2015, and represents 28% of all out-of-home placements.

Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) Homes continue to represent the largest child population in the out-of-home placement caseload. These children accounted for 53% (9,446) of the total children (17,946) in out-of-home placement at the end of CY 2015, an increase of 2.3% from the 9,238 in 2014.

Consistent with prior years, children age 13 years and under account for just over 75% of the total DCFS caseload. 33% of the total DCFS child caseload consisted of children less than five years of age

Supervised Independent Living Placement children account for 6% of the total children in out-of-home placement, up 1.3% from CY 2014, and 3.5% from CY 2013. This placement category is designed for youth who are in foster care beyond 18 and up to 21 years of age via the Extended Foster Care program provided by implementation of Assembly Bill 12 (AB12). The number of youth in this placement category reflects an increase from 989 at the end of CY 2014 to 1,002 at the end of CY 2015. By comparison, only 80 were in this placement category as recently as CY 2012.

By race/ethnicity, the number of Caucasian children in adoptive homes increased 13% from 109 in CY 2014 to 123 in CY 2015, and the number of Hispanic/ Latino children increased 19% from 433 in CY 2014 to 517 in CY 2015. Conversely, the number of African American children showed a decreased 8% from 181 in CY 2014 to 167 in CY 2015.

CALIFORNIA DEPARTMENT OF JUSTICE

The Central Index recorded 1,785 child abuse reports from Los Angeles County in 2015. This represents approximately 27% of the state's total reports. This is a decrease from 2014 when 2,039 cases comprising 37% of the State's total came from Los Angeles County.

The abuse determinations were as follows:

1. 585 (33%) Physical Abuse
2. 588 (33%) Mental Abuse
3. 360 (20%) Sexual Abuse
4. 225 (13%) Severe Neglect
5. 27 (1%) Willful Harming and/or Corporal Punishment

State-wide, authorized agencies submitted 6,497 reports to the DOJ for entry into the CACI.

DEPARTMENT OF PUBLIC HEALTH

The death rate for children ages 1 to 17 in Los Angeles County has shown a consistent downward trend since 2004; it had been relatively stable since 2009, then dropped again in 2012, and 2013. African-American children ages 1 to 17 had the highest death rate among the major race/ ethnic groups represented, a consistent disparity; however a significant decrease in the magnitude of that disparity, first noted in 2010, continued in 2013, dropping 17% from the slightly increased 2012 rate to levels lower than the 2010 death rate.

Three of the five leading causes of death among children (youth) ages 13-19 and responsible for a large majority (79%) of deaths in that age group (170 of the 215) all relate to injury and continue to be: homicide (intentional harm to another), accident (unintentional injury), and suicide (intentional self-harm); all theoretically preventable deaths. Malignant Neoplasm's (cancerous tumors) continue to keep pace with number of suicides as the number 3 or 4 leading cause of death since 2011.

The infant mortality rate in Los Angeles County in 2013 was 4.4 infant deaths per 1,000 live births, up very slightly compared to the previous year (4.3).

The overall trend in the infant mortality rate in Los Angeles County over the past decade has been downward and has remained below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births since 1996 (the national average is 6.1 – source: Centers for Disease Control and Prevention - National Center for Health Statistics, 2010; although significant state-level variation exists).

African-Americans continue to have the highest infant mortality rate (more than twice as high as all other ethnic groups, and well above the Healthy People 2020 target of 6.0). However, the African-American rate dropped markedly in 2013 compared to the previous year. Among SPA's, SPA 1 (Antelope valley) had the highest child death rate, followed closely by SPA 6 (South). It is encouraging that both of those areas had significant decreases in child death rates compared to the previous year. ** The 2014/15 child death data was not available to DPH for purposes of this report.

As of June 30, 2016, Nurse Family Partnership (NFP) has cumulatively enrolled over 5,434 parents with a median age of 17 years (52.2% of them are

17 years old or younger) since expansion in FY 2000. The majority of NFP referrals come from the Women-Infant-Child (WIC) Nutrition Program, although many special needs foster children are referred from the Department of Children & Family Services. During the last 16 years, NFP has had only 28 children (.6%) removed from their mothers during infancy due to abuse/neglect.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

During FY 2014-2015, The Family Preservation (FP) program treated 203 clients, with a median age group of 6-11 years. Family Reunification served 54 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 81 (these are clients with diagnosed psychiatric disorders, a probable history of psychiatric hospitalizations/psychotropic medication, and present psychotic symptoms, risk of suicide, or risk of violence). Community Treatment Facilities (CTF) treated 101. Tier I Wraparound program services were given to 783. Tier II Wraparound program services were provided to 1,564. The three Juvenile Hall Mental Health Units (JHMHU) served 4,967. Dorothy Kirby Center provided mental health services to 111. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,293 children/youth received mental health services. A total of 9,543 children and adolescents, potentially at-risk for child abuse or neglect, were served by these mental health treatment programs.

Wraparound, Family Preservation, and Family Reunification were 31% (2,990) of the clients receiving mental health services at the programs considered.

DCFS referred clients constituted 50% of the RCL-14 referrals and 87% of the CTF referrals.

Of the 158 children at the treatment programs considered, that received a primary or secondary DSM (Diagnostic and Statistical Manual of Mental Disorders) diagnosis of Child Abuse and Neglect (CAN) during FY 2014-2015, the Tier II Wraparound program diagnosed and treated the largest percentage (50%). The proportion of children with CAN in the latter program was followed by the Tier I Wraparound program (18%), JHMHUs (15%), and the 3-month Wraparound program (11%). These findings indicate that, for the mental health treatment programs considered for FY 2014-2015, the Tier II Wraparound program, the Tier I Wraparound program, and the Juvenile Hall Mental Health Units, made the largest contribution to identifying and treating children diagnosed with Child Abuse and Neglect. ** For more detailed program specific information please refer to the DMH agency report.

OFFICE OF THE LOS ANGELES CITY ATTORNEY

In 2015, the Los Angeles City Attorney's Office reviewed a total of 1,560 investigations involving misdemeanor ICAN-related offenses, and down (for the second consecutive year) from the 1,685 reviewed in 2014.

Of the 1,560 investigations, 457 cases were filed and all of these cases reached a disposition. Of these cases, 412 resulted in guilty pleas or convictions following jury trials. The City Attorney's Office recorded a total of 472 dispositions in 2015 (this includes cases continued from 2014).

DISTRICT ATTORNEY'S OFFICE

In 2015, a total of 5,314 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants. This is a continuing decrease from the 5,551 cases that were submitted in 2014, the 5,665 submitted in 2013, and the 5,897 submitted in 2012.

Of these, charges were filed in slightly less than 50% (2,563) of the cases reviewed. Felony charges were filed in 53% (1,351) and misdemeanor charges were filed in 47% (1,212) of these cases.

Of those cases declined for filing (a total of 2,751 for both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) (sex abuse) accounted for 27% of the declinations (744).

Consistent with prior years, 77% of the adult cases filed involving child abuse, the gender of the defendant was male.

Convictions were achieved in 90% (2,307) of the cases filed against adult offenders. Defendants received grants of probation in 64% (1,265) of these cases; State prison sentences were ordered in 27% (526) of the cases; and, slightly less than 1% (16) of the defendants received a life sentence in state prison.

DEPENDENCY COURT

Although the number of new filings reflects a steady increase from 2009 through 2013, 2014 and now 2015 mark the first plateau in this data since 2008.

In 2015, 13,598 children were brought into the juvenile court system under new WIC 300 petitions; this is a decrease of 461 from the 14,059 children that entered in 2014.

For the second straight year the number of new WIC §602 (delinquency) petitions decreased significantly in 2015. 7,408 602 petitions were filed in 2015 compared to 8,609 filed in 2014, and 10,593 filed in 2013.

For the second straight year the number of children exiting the Dependency Court system eclipsed the number entering. This is a return to the trend from the past several years in which the number of children exiting the system was greater than those entering. 2012 and 2013 marked the exceptions with more children entering the system than exiting. Overall, the number of children exiting the system was up 27%, from a net increase of 1,177 in 2014 to 1,605 in 2015.

New WIC §300 petitions constituted 56% of total filings in 2015, consistent with the prior year.

In 2015 an average of 45% of dispositional hearings ended with the removal of children from their parents or guardian; consistent with the 46% reported for 2014 and the 47% reported for 2013.

LAW ENFORCEMENT

For the first time in recent years there has been a divergence in the number of child abuse cases investigated by LAPD and LASD. LAPD investigated a total of 2,459 child abuse cases in 2015, down 9% from the 2,787 in 2014, while LASD conducted 4,649 child abuse investigations in 2015, up 28% from the 3,335 investigations in 2014.

Independent Police Agencies

The top five independent police agencies accounted for 41% of all Suspected Child Abuse Reports (SCARS). These agencies included Long Beach (3262), Pomona (1172), Inglewood (852), El Monte (742), and Pasadena (655). Long Beach PD, with the greatest number accounted for 20% of all the Independent Police Agency SCARS.

Although the overall number of SCARS decreased slightly (3%) from 16,623 in 2014 to 16,249 in 2015, the number of reports not investigated was down significantly (33%), for the second consecutive year, from 1,582 in 2014 to 1,065 in 2015. This 33% decrease, coupled with the 43% decrease noted in 2014, amounts to an almost 40% overall net decrease of SCAR ‘s not investigated by the independent police agencies since 2013.

PROBATION

Although the overall number had been dropping steadily since 2009, the number of adult referrals for child abuse offenses increased by 1.7 % from the previous year, from 530 in 2014 to 539 in 2015. This marked a return to numbers seen in 2011 when Probation recorded 536 adult referrals.

Overall, the number of juvenile referrals for child abuse offenses decreased by 24% from the previous year, and dropped from 378 in 2014 to 287 in 2015. However, the number of juvenile referrals for exploitation increased by 22%, from 18 in 2014 to 23 in 2915. The increase in exploitation referrals, noted for the second consecutive year, is attributed to a rise in child pornography – sexting, and or otherwise possessing, controlling, and distributing pornography. CSEC referrals also fall under the exploitation category.

Consistent with prior years, sex abuse again constituted the vast majority of child abuse referrals for both adults and juveniles. In 2015, 94% of adult referrals and 80% of juvenile referrals were for sex related offenses.

Juvenile sexual abuse referrals were however down significantly (30%) from 328 in 2014 to 230 in 2015. Juvenile physical abuse referrals (generally for murder/attempted murder of a child; and gang related) were also down.

LOS ANGELES COUNTY PUBLIC DEFENDER’S OFFICE

In FY 2015-2016, the Public Defender represented clients in approximately 100,124 felony-related proceedings; 208,022 misdemeanor-related proceedings; and 29,903 clients in juvenile delinquency proceedings. These figures are all down for the fourth consecutive year.

DEPARTMENT OF PUBLIC SOCIAL SERVICES

In total, there was a 5.4% increase (180,237) in the number of individuals receiving assistance for all programs combined from December 2014 (3,339,390) to September 2015 (3,519,627). This increase is primarily due to the Medi-Cal Assistance program, which increased in individuals served by 7.25% (196,154) and attributed to implementation of the Health Care Reform Act of 2014.

In 2015 the number of CalWORKs aided individuals decreased by 3.74% (- 15,420) down from 412,365 in 2014. The Cal-Learn program also decreased 21%, from a monthly average of 1,854 served in 2014 to a monthly average served of 1,466 in 2015.

DPSS increased the number of referrals made to DCFS from 309 in 2014 to 314 in 2015, a 2% increase.

PUBLIC LIBRARY

The Public Library continued its partnership with the Probation Department and issued a library card to each youth following their incarceration at Juvenile Hall or Probation Camp; In FY 2015–2016 1,039 cards were issued, and 27,420 cards have been issued through this program to date.

In FY 2015-2016, more than 70,153 students logged on to the free on-line Live Homework Help Program (http://librarytutor.org), providing free tutoring sessions with qualified tutors in Math, English, Science and Social Studies. Since 2005, students have logged on to the free tutoring sessions more than 711,577 times.

COUNTY OF LOS ANGELES FIRE DEPARTMENT, EMS

In 2016 the department provided 303,223 patients with medical care, 6% (17,764) of whom were pediatric patients 14 years of age and younger. Since 2011 the number of adult patients treated has increased by 43%, while the number of pediatric patients treated has shown only a 9% increase during that period.

LOS ANGELES COUNTY COMMUNITY CHILD ABUSE COUNCILS

There are currently 12 community child abuse councils throughout Los Angeles County, 8 geographically based councils and 4 population specific (county-wide) councils. It is estimated that in FY 2015-2016, 61,595 adults and children (24,946 families) were involved with or impacted by the various projects and activities of the councils.

DISCUSSION

Generally, the data found in these agency reports is down from the prior couple of years. The number of children being referred for suspected abuse or neglect has decreased in Los Angeles County. In 2015, the number of referrals received by the Hotline was 175,383, compared to 181,926 in CY 2014.

Los Angeles County remains the highest reporting CPS agency in the state, accounting for 27% of the total Child Abuse Central Index (CACI) reports received by DOJ in 2015. However, the number of CACI reports from Los Angeles continues to indicate child abuse is under-reported in the index. LA County provided in-person responses to 144,529 referrals and 13,598 children were brought into the Dependency Court in 2015, yet only 1,785 children from Los Angeles County were reported to the Central Index. The continuing low number of reports reflected in the state-wide numbers could be evidence of the high number of referrals for general neglect (53,719), unfounded or inconclusive allegations, or families being referred to alternative community services that would not be reported to the central index; however, this low number could also be the continuing result of law enforcement agencies no longer being required to report to CACI as of January 2012.

With the decreased number of referrals to DCFS in 2015, there were also corresponding decreases in the number of petitions filed in Dependency Court, and in the total number of dispositions, 8,606 in 2014 compared to 8,408 in 2015.

2015 also marks the second straight year in which more children are exiting the DCFS/Dependency system than entering, continuing the reversal of trend seen over the previous decade in which more children were entering than exiting. Additionally, this gap seems to be widening with an 11% differential noted in 2015, up from an 8% differential in 2014.

The number of cases submitted to the District Attorney for filling consideration was also down (for the fourth consecutive year) as were the Public Defender numbers. Interestingly, given this environment, the number of State Prison sentences continues to rise, 19% (473) of convictions in 2014, and 27% (562) of convictions in 2015.

Children in Relative/Non-Relative Extended Family Member care continue to represent the largest child population in out-of-home care (9,446). For both DCFS and Dependency Court, keeping children with kin continues to reflect the law and best practice when children cannot remain safely in their own home. However, as seen in ICAN Death Review cases, special efforts need to continue to ensure there is no increased risk to child safety related to visitation with offending parents and step-parents.

Although down just over 6% of the total DCFS caseload, Hispanic and African American children continue to be overrepresented in the child welfare system. African American children, particularly, are disproportionately represented at 25.1% of the total caseload, while they are only 7.5% of the general population.

The continuing and significant overrepresentation of African-American children again underscores the economic disparities among our communities and should not be overlooked for its impact on families, the well-being of their children, and their access to resources. This disproportion is also represented in the prevalence of African American and Hispanic children accounting for 72% of the reported homicides by a parent, relative or caregiver, a consistent percentage we have seen over time. These are not only important issues for Los Angeles County, but also reflect larger, socio-economic issues that plague our underserved communities nation-wide.

The increased number of children killed by a parent, relative or caregiver (18 in 2015, up from 15 the year before) is commensurate with other findings noted over that time. For the second straight year we have seen a direct relationship between the number of referrals and the number of child deaths; it appears that more referrals correlates to safer children, and less referrals to more child deaths, by caregivers.

Also, according to the Centers for Disease Control and Prevention, middle school age children are now as likely to die from suicide as they are from traffic accidents. It is widely speculated that what is driving this trend is the relentless exposure to social media and the way it magnifies the challenges and insecurities of our young adolescents.

Stress continues to pay a role in raising children in Los Angeles County, and the challenges are significant: nearly half of mothers (45.9%) felt overwhelmed by the demands of her children when the child turned two years; about one in seven mothers (14%) experienced some type of domestic violence during pregnancy and about 1 in fourteen mothers (7%) after pregnancy; and, nearly one in four

mothers (24.7%) felt depressed for longer than two weeks during the past year. Our toddlers are subject to the stress of this environment as well: nearly one in five toddlers (19%) had experienced a change in household members, including a new sibling; about one in seven toddlers (15%) had witnessed conflicts between parents; one in ten toddlers (10%) experienced the death of a close family member; one in ten (9.5%) had been away from either parent for longer than one month, (African American toddlers were at 20%); and, one in ten toddlers (9.4%) had experienced an overnight hospital stay not including immediately following birth.

Giving full measure to the totality and complexity of this discussion, Los Angeles County does seem to be moving the needle in the right direction in a number of areas. For example, while the number of DCFS referrals is down 4%, the number of children placed with relatives is up 2.3%; for the second consecutive year, the number children exiting the dependency system eclipses that of those entering; while the percentage of African American children in DCFS caseloads is holding steady at 25%, there was a net decrease of 6.1% in their numbers, 9,337 in 2014, down to 8,763 in 2015; and while independent law enforcement agencies are receiving fewer reports, they are investigating more cases; 15,184 in 2015 up from 15,041 in 2014.

This report again reflects the unique level of multi-agency coordination in Los Angeles County, the largest child protection system in the nation. By sharing data with one another, agencies learn about their shared work experience and responsibilities, within the context of the entire child welfare/ Dependency system of care and protection outside of just their own unique perspective(s). We continue to see value in this level of collaboration as our agencies grow in their understanding of one another, and reflect this to address issues of shared concern. Together we stand the greatest hope of achieving improved safety and well being for the children and families of Los Angeles County. We continue to believe that Los Angeles County is distinctively positioned to provide leadership and serve as a model for change and improved systems of care for children and families.

RECOMMENDATION ONE:

DOMESTIC VIOLENCE

Consistent with ICAN Child Death Review Team recommendations, DCFS, Law Enforcement, the District Attorney, and Superior (Dependency) Court should invest in and develop the infrastructure necessary to track, record, and report data involving children and families impacted by domestic violence.

Additionally, it is recommended that Law Enforcement cross report all domestic violence cases to DCFS when children live in the home.

RATIONALE:

Violence in the home poses risk to children and the relationship between domestic violence and child abuse is well chronicled. Domestic violence is a primary risk factor of child abuse, especially in younger children, and is often present in homes where a child fatality, due to child abuse, has occurred.

Currently very little hard data exists as to the prevalence of domestic violence in Los Angeles County. However, preliminary data from 2015 suggested that approximately ½ of all petitions filed in Dependency Court include a count of domestic violence; and over ½ of these cases involve children 0 – 5. In 2015, child victims age 2 and under accounted for 74% of homicides by a parent, relative or caregiver.

RECOMMENDATION TWO:

ADDITIONAL AGENCY REPORTS

The Los Angeles County Office of the Alternate Public Defender should be included as a representative on the ICAN Data Committee and to the list of agency reports included in the annual ICAN Data Report.

RATIONALE:

The Los Angeles County Public Defender's Office has been a contributor to the Annual ICAN State of Child Abuse Report for decades. The Office of the Alternate Public Defender, which represents clients in cases where there is deemed to be a conflict within the Public Defender's Office, has expressed an interest and desire to become a member of the ICAN Data Committee.

RECOMMENDATION THREE:

SCHOOL DATA

The Los Angeles County Office of Education (LACOE) should encourage [and support] all 81 school districts to collect and report child abuse reporting data, especially the Los Angeles Unified School District (LAUSD).

RATIONALE:

As mandated reporters, LACOE is the only source for child abuse reporting data that school districts, principals, staff, administrators and teachers generate. This information is not reflected in any of the other agency reports. Sharing data and information is consistent with the County's overall effort to work more collaboratively, across agency boundaries, in how we serve and meet the needs of our children and families.

This data also lets us know how mandated reporters are doing in terms of identifying and reporting suspected risk, and in terms of where and when refresher trainings are needed.

LAUSD is the largest of all the districts and their absence from data collection and reporting renders the collection incomplete.

RECOMMENDATION FOUR:

CONSISTENCY OF DATA

DCFS should track their data reported to the California Child Abuse Central Index (CACI) to ensure consistency with CACI records.

Also, Los Angeles County should revisit the 2012 legislation eliminating law enforcement from reporting to the CACI (the Board of Supervisors previously opposed exclusion of law enforcement from reporting).

RATIONALE:

In 2015, an in-person investigation was required in 144,529 of the total referrals received. DCFS substantiated 25,553 cases of reported child abuse and neglect. Slightly more than half of these involved General Neglect or At-Risk Sibling abuse. It would therefore be expected that roughly 12,000 cases of cases of physical abuse, severe neglect and sexual abuse would be included in the CACI.

In 2015, 13,598 children were brought into the juvenile

court system under new WIC 300 petitions and there were 8,408 sustained petitions leading to a disposition. The Index should also include 18 homicides by a parent, relative or caregiver in Los Angeles County.

However, the Department of Justice CACI data files only show 1,785 total cases of child abuse in Los Angeles County, across all child abuse categories, and no child deaths.

CACI regulatory functions include applicant search requests for employment, licensing, adoption, and temporary child placement. For example, when placing a child in a home other than the parent, DCFS clears those living in the home with CACI, CLETS and FCI to assure the safety of those with whom the child will reside.

RECOMMENDATION FIVE:

REPORTING OF DATA

The California Department of Justice (DOJ) should align their abuse categories, in CACI, using language consistent with that used by the reporting Counties. For example, the DOJ uses the terminology of "Harming Corporal" and "Mental" to describe abuse categories that are not used by Counties.

RATIONALE:

Currently the language used by the DOJ differs from that used by the reporting Counties. The data discrepancies between LA County and DOJ would suggest that using similar language in describing their abuse categories may assist in more accurately capturing what is reported.

Reporting data in a consistent manner will provide an opportunity for agencies to view and share their data without the need for interpretation. This should assist with a more comprehensive and accurate data collection process.

RECOMMENDATION SIX:

CHILD PROTECTION/HOSPITAL NETWORK

The ICAN Policy Committee should request DHS, DCFS, Probation, Sheriff, LAPD, DA, County Counsel and the ICAN Hospital Project to develop an agreement to share case information with designated hospital staff as necessary to prevent, manage or treat child abuse, or to develop a case plan for the safety and well being of the child

RATIONALE:

California Law (WIC 18961.7) allows 2 or more qualified individuals from a broad range of disciplines to share case information for the purpose of prevention, identification, management or treatment of child abuse and neglect. There are currently Protocols and MOUs that provide for the sharing of information among county agencies. The ICAN Hospital Network needs a similar agreement allowing these agencies to share information with hospitals.

The hospitals identified by the ICAN Hospital Project serve on average 400 newborn and injured children under the age of three every day. Currently, these children may or may not be well screened for abuse or neglect. The Hospital Network may increase the rate of reporting and add medical expertise to the evaluation of risk

Case management and data collection will be more effective and vigorous with hospitals in an active role, sharing information that could improve the safety and well being of children. This interaction will increase the quality and continuity of information available for both case managers and medical providers.

RECOMMENDATION SEVEN:

ACCURATE HOSPITAL CHILD ABUSE REPORT DATA

The ICAN Policy Committee should support the efforts of the ICAN Hospital Network to improve local and state data systems to identify and improve hospital reporting of suspected child abuse and neglect and assist hospitals in capturing their own data.

RATIONALE:

The ICAN Hospital Project has identified 64 hospitals that serve well over 90% of LA County births and injured children under age 3 years. Hospitals vary in their response to child maltreatment, and there is little measure or quality assessment of suspected child abuse or neglect.

The ICAN Hospital Network needs accurate data on hospital reports of child abuse and neglect. Currently, the name of the reporting hospital is handwritten, often resulting in incomplete identification of the hospital. The State child abuse data system (CWS/CMS) lacks a drop down menu that could assure accurate hospital identification.

Inter-Agency Data Collection

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 2014 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. FLOW CHARTS

Flow Charts were developed to:

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

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

II. LIST OF CHILD ABUSE AND NEGLECT SECTIONS

Figure 1 presents the Los Angeles County Independent Police Agency data showing their involvement in child abuse and domestic violence cases.

Figure 2 lists criminal offense code sections, identifying relevant child abuse offenses which allow ICAN agencies to verify and consistently report the offenses that 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.

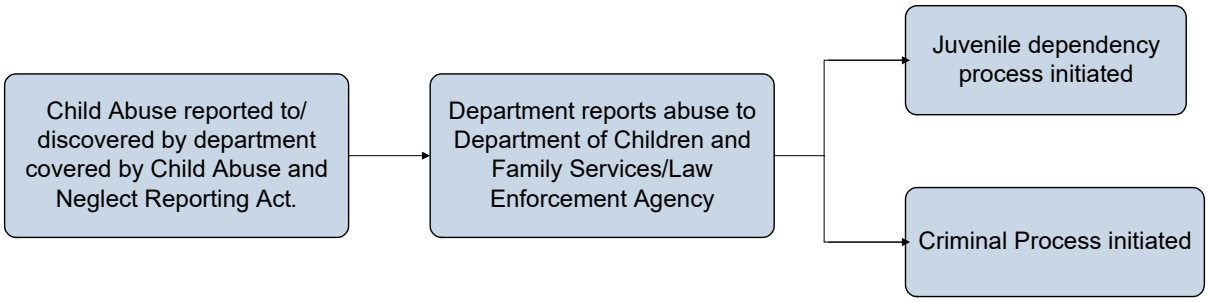
Figure 1

LOS ANGELES COUNTY INDEPENDENT LAW ENFORCEMENT AGENCY (LEA) CHILD ABUSE DATA
Based on Electronic Suspected Child Abuse Reports (E-SCARs) January 1, 2015 - December 31,2015

RANK	INDEPENDENT LEA	TOTAL POPULATION	SCARs		Crime Suspected		No Crime Suspected		No Investigation	
			#	(%)	#	(%)	#	(%)	#	(%)
1	Long Beach PD	484,958	3262	0.18%	1156	39.44%	2106	60.56%	0	0
2	Pomona PD	155,604	1172	0.09%	300	42.95%	763	43.74%	108	13.99%
3	Inglewood PD	116,648	852	0.07%	110	19.99%	670	72.83%	72	11.82%
4	El Monte PD	113,885	742	0.06%	257	29.44%	466	70.80%	19	1.44%
5	Pasadena PD	141,023	655	0.05%	180	30.46%	411	54.26%	38	6.20%
6	Downey PD	114,181	628	0.05%	217	43.96%	319	39.00%	92	17.05%
7	Whittier PD	88,341	623	0.05%	74	13.25%	465	76.75%	84	11.11%
8	Hawthorne PD	88,003	614	0.04%	234	33.32%	293	50.75%	86	17.79%
9	South Gate PD	99,578	522	0.04%	65	20.01%	447	72.39%	8	7.43%
10	West Covina PD	107,873	520	0.04%	159	34.63%	268	47.13%	93	18.24%
11	Torrance PD	147,175	505	0.78%	73	9.61%	371	77.93%	61	12.46%
12	Huntington Park PD	59,718	491	0.04%	157	23.24%	306	65.50%	28	14.07%
13	Glendale PD	201,668	480	0.04%	158	27.25%	315	66.57%	5	6.14%
14	Burbank PD	105,110	423	0.03%	31	6.91%	315	93.09%	0	0
15	Baldwin Park PD	74,738	419	0.05%	104	25.92%	304	70.66%	11	5.36%
16	Montebello PD	63,924	371	0.02%	54	22.89%	281	59.76%	36	20.34%
17	Gardena PD	60,785	342	0.03%	39	22.69%	281	69.20%	22	9.62%
18	Bell Gardens PD	42,925	317	0.03%	46	23.00%	255	72.66%	8	6.55%
19	Alhambra PD	86,782	290	0.02%	43	19.96%	242	80.69%	5	0.32%
20	Santa Monica PD	93,640	269	0.04%	47	16.08%	180	67.20%	40	19.77%
21	Covina PD	49,291	260	0.03%	45	35.43%	182	53.74%	33	22.56%
22	Bell PD	36,716	254	0.02%	41	35.22%	208	62.32%	0	0
23	Azusa PD	49,485	240	0.04%	52	25.16%	153	61.05%	33	13.45%
24	Redondo Beach PD	69,494	210	0.03%	36	34.70%	148	52.61%	23	17.04%
25	Monterey Park PD	61,346	206	0.02%	68	49.40%	133	46.91%	5	3.99%
26	Glendora PD	52,362	192	0.03%	32	16.56%	144	82.13%	16	6.42%
27	San Fernando PD	24,533	170	0.02%	39	28.23%	110	61.96%	16	13.58%
28	La Verne PD	33,200	157	0.04%	31	19.42%	76	53.35%	48	31.23%
29	Culver City PD	40,448	145	0.02%	23	31.33%	103	67.05%	19	5.28%
30	Monrovia PD	37,531	139	0.02%	31	23.43%	100	66.63%	6	10.64%
31	Arcadia PD	57,050	128	0.02%	15	27.50%	97	65.26%	16	7.24%
32	Claremont PD	36,218	87	0.02%	11	25.62%	74	75.60%	2	2.84%
33	Manhattan Beach PD	35,297	84	0.01%	11	40.95%	68	61.11%	5	2.91%
34	South Pasadena PD	26,028	82	0.01%	27	34.05%	51	64.31%	4	1.85%
35	San Gabriel PD	40,424	78	0.01%	21	30.07%	54	64.08%	3	6.49%
36	Beverly Hills PD	34,763	77	0.02%	4	2.59%	63	75.88%	5	2.90%
37	Signal Hill PD	11,673	74	0.01%	26	43.91%	46	55.54%	2	0.63%
38	El Segundo PD	16,646	48	0.01%	8	26.02%	34	63.03%	6	13.15%
39	Hermosa Beach PD	19,801	36	0.01%	9	26.25%	27	79.00%	0	0
40	Palos Verdes Estates PD	13,712	30	0.01%	11	66.55%	16	51.59%	3	6.07%
41	Sierra Madre PD	11,013	24	0.01%	5	17.38%	17	82.27%	1	1.92%
42	San Marino PD	13,566	18	0.00%	3	24.07%	11	47.22%	3	18.06%
43	Irwindale PD	1,415	8	0.00%	3	37.50%	2	37.50%	0	0
44	Vernon PD	210	5	0.00%	2	50.00%	3	60.00%	0	0
	GRAND TOTAL (S)	**3,218,781**	**16249**		**4058**		**10978**		**1065**	

Flow Chart I

REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2010

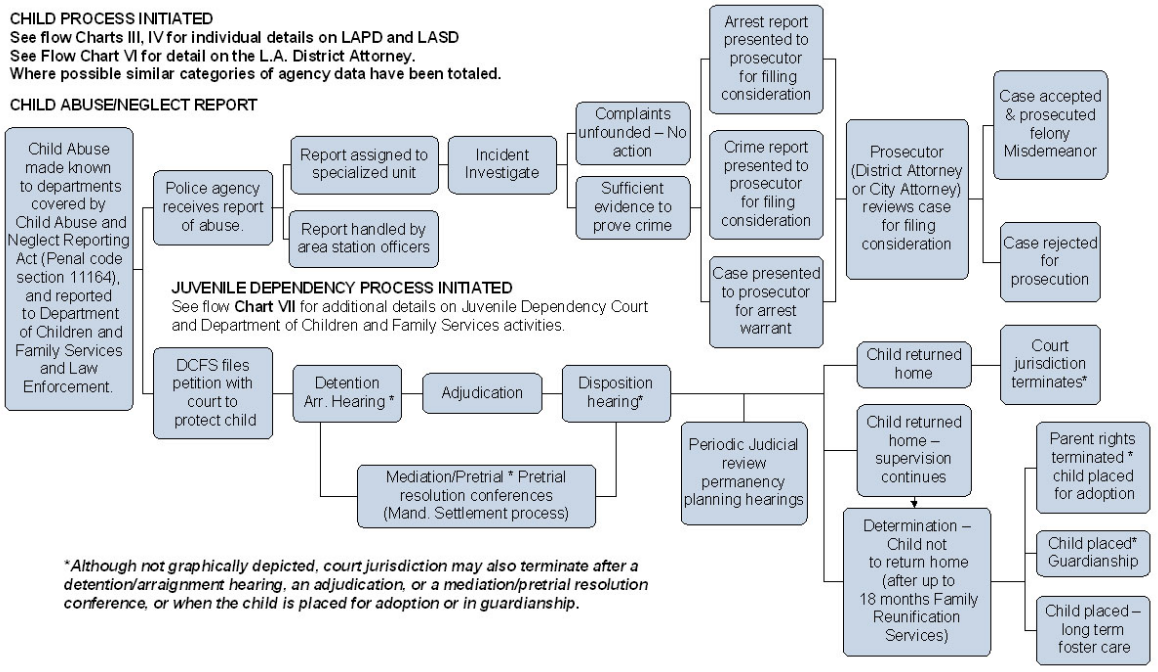


REPORTING DEPARTMENTS WORKLOAD

CHIEF MEDICAL EXAMINER CORONER (Reportable ICAN Child Deaths)	191
L. A. COUNTY PROBATION DEPARTMENT (Adult Referrals for Child Abuse Offenses)	539
DEPT. OF PUBLIC SOCIAL SERVICES (Referrals Made to DCFS)	314
LOS ANGELES POLICE DEPARTMENT (Number of Dependent Children Handled/Taken Into Protective Custody)	942
L.A. COUNTY SHERIFF'S DEPT. SVB (Number of Child Abuse Investigations)	4,649
DEPT. OF CHILDREN & FAMILY SERVICES (Number of Suspected Child Abuse Referrals)	175,383

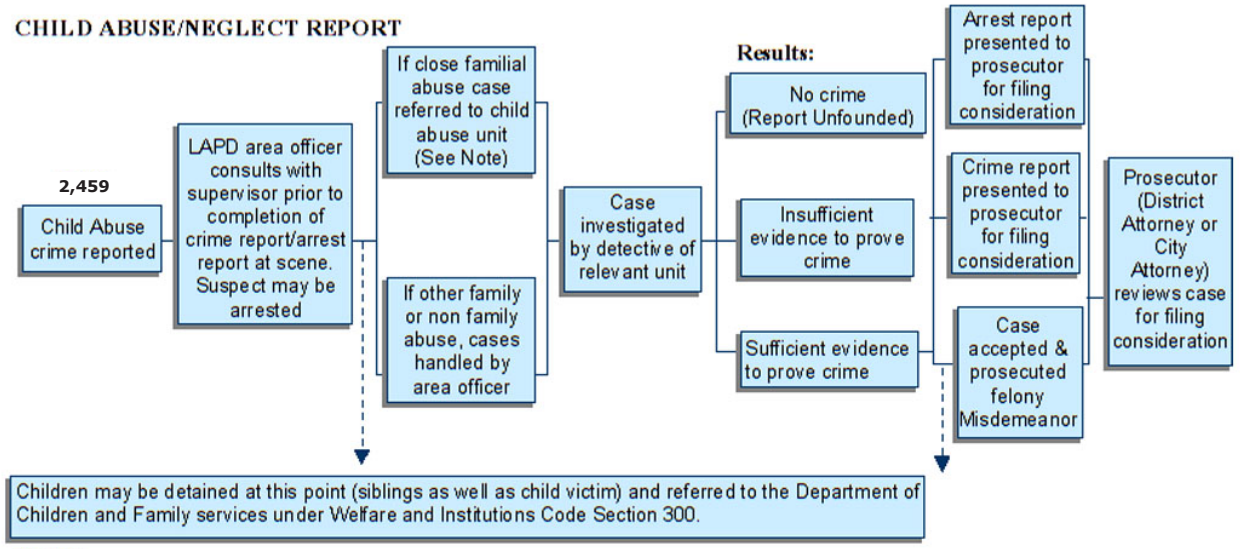
Flow Chart II

ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES



Flow Chart III

LOS ANGELES POLICE DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES



NOTE:

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

Abused Child Unit Responsibilities

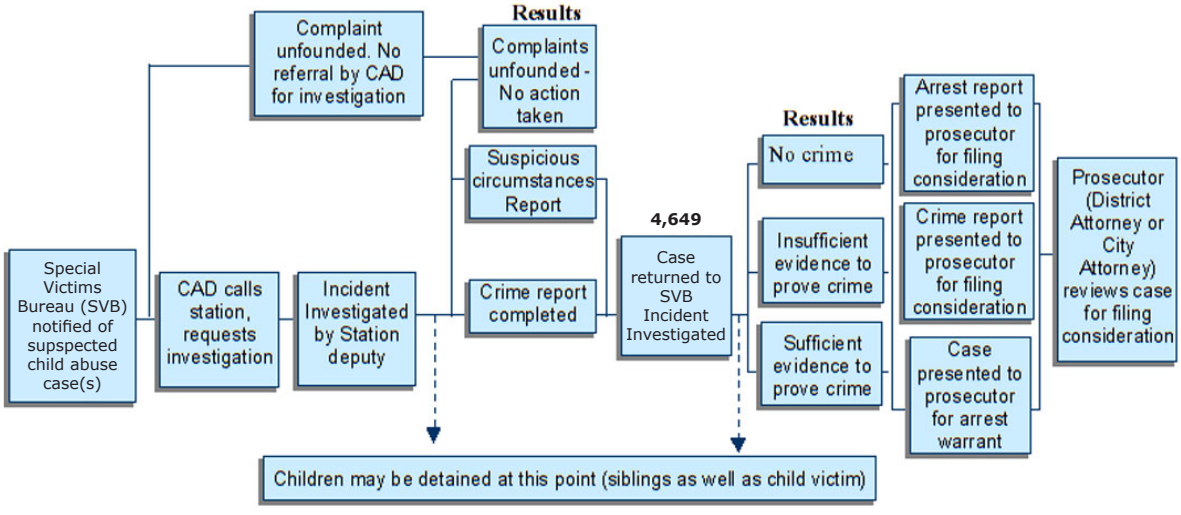
Abused Child Unit handles abuse involving parents, step parent, legal guardian, common law spouse.

GEOGRAPHIC AREA RESPONSIBILITIES

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

Flow Chart IV

LOS ANGELES SHERIFF DEPARTMENT INVOLVEMENT IN CHILD ABUSE CASES



Note: Case Count Definition

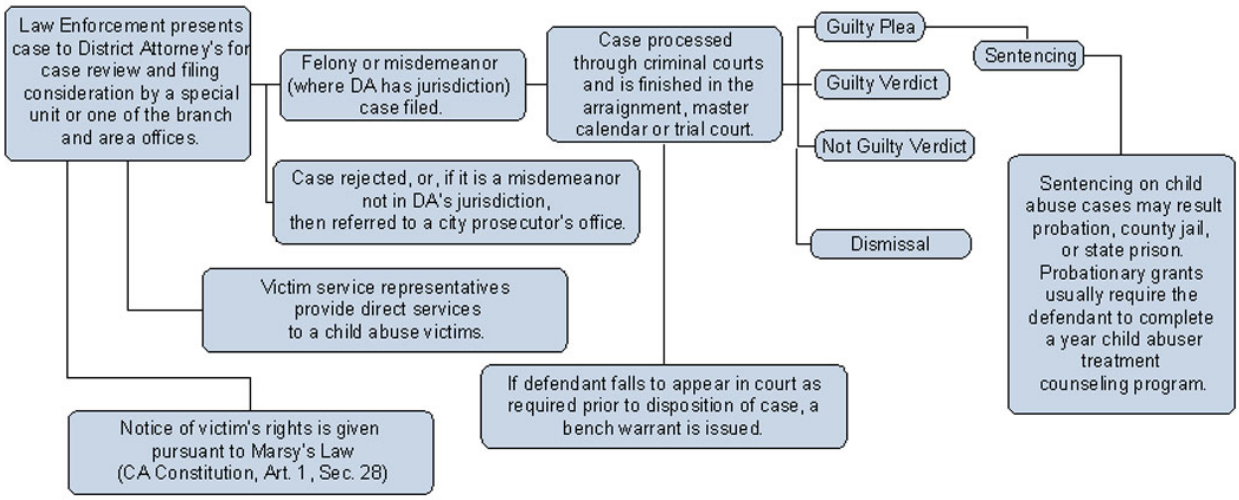
Multiple victims of the same incident, in the same family are treated as one case.

The Special Victims Bureau does not handle neglect/endangerment cases.

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

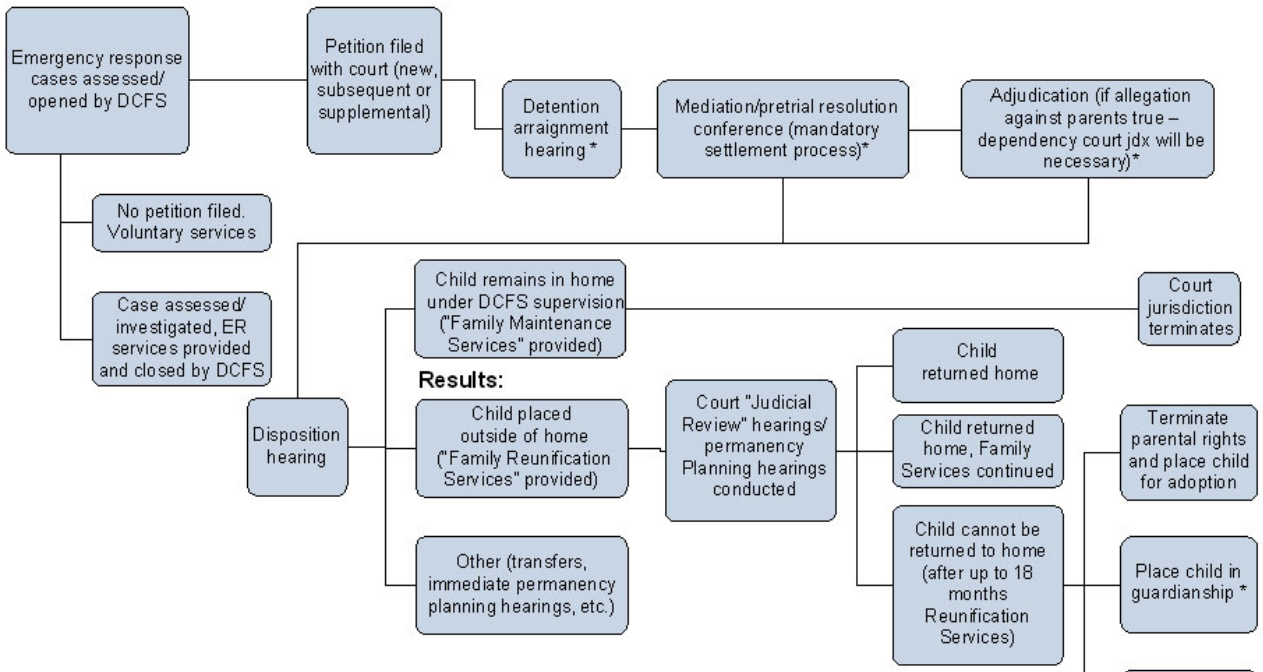
Flow Chart V

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



Flow Chart VI

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



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

Figure 2

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

Child Abuse/ Neglect Category	Offense Code	FELONY/MISD	DESCRIPTION
Physical Abuse	187 (a)	F	Murder
	207 (a)	F	Kidnapping
	207 (b)	F	Attempt Kidnap Child Under 14
	273ab	F	Assault Resulting in Death of Child Under 8
	273d(a)	F	Inflict Injury Upon Child
	273d(a)	F	Corporal Punishment or Injury to Child
	664/187	F	Attempted Murder
Sexual Abuse	236.1	F	Human Trafficking
	261.5(a)	F	Unlawful Sexual Intercourse w/Minor
	261.5(b)	M	Unlawful Sexual Intercourse w/Minor
	264.1	F	Rape or Penetration in Concert w/Another w/Force, Fear or Violence
	269	F	Aggravated Sexual Assault of Child Under 14
	269 (a)1	F	Rape of Person Under 14 w/Force or Threat w/7 yr Diff.
	269(a)2	F	Rape or Penetration w/ Foreign Object
	269(a)3	F	Sodomy with Person Under 18
	269(a)4	F	Oral Copulation Person Under 18
	269(a)5	F	Sexual Penetration w/Foreign Object w/Force, Fear or Voilence
	286(b)(1)	M	Sodomy w/Person Under 18
	286(b)(2)	F	Sodomy w/Person Under 16
	286 c	F	Sodomy wPerson Under 14
	286(d)	F	Sodomy with Minor in Concert w/Another w/Force, Fear or Violence
	288(a)	F	Lewd Acts w/Child Under 14
	288(b)1	F	Lewd Acts w/Child Under 14 w/ Force, Fear or Violence
	288(c)1	F/M	Lewd Acts w/Child under 15 w/10 Year Age Difference
	288.4	F/M	Arrangement of Meeting Minor for Lewd Behavior
	288.5	F	Continuous Sexual Abuse of a Child
	288a(b)(1)	F/M	Oral Copulation Person Under 18
	288a(b)(2)	F	Oral Copulation Person Under 16
	288a(c)	F	Oral Copulation of Minor Under 14 w/Force, Fear or Violence w/10 year Age Diff.
	288a(d)	F	Oral Copulation of Minor w/Disability in Concert w/Force, Fear, or Violence
	288.2	F/M	Sending Harmful Matter to a Minor
	289(a)(1)	F	Forcible Sexual Penetration of Minor
	289(h)	F/M	Sexual Penetration Person Under 18
	289(i)	F	Sexual Penetration Person Under 16
	289(j)	F	Sexual Penetration Under 14 w/10 Year Age Difference
	647.6	F	Annoy or Molest Child After Prior Conviction of Certfied Sex Offenses
	647.6(a)(1)	M	Annoy or Molest Child
	647.6(a)(2)	M	Annoy or Molest Child

Figure 2 (continued)

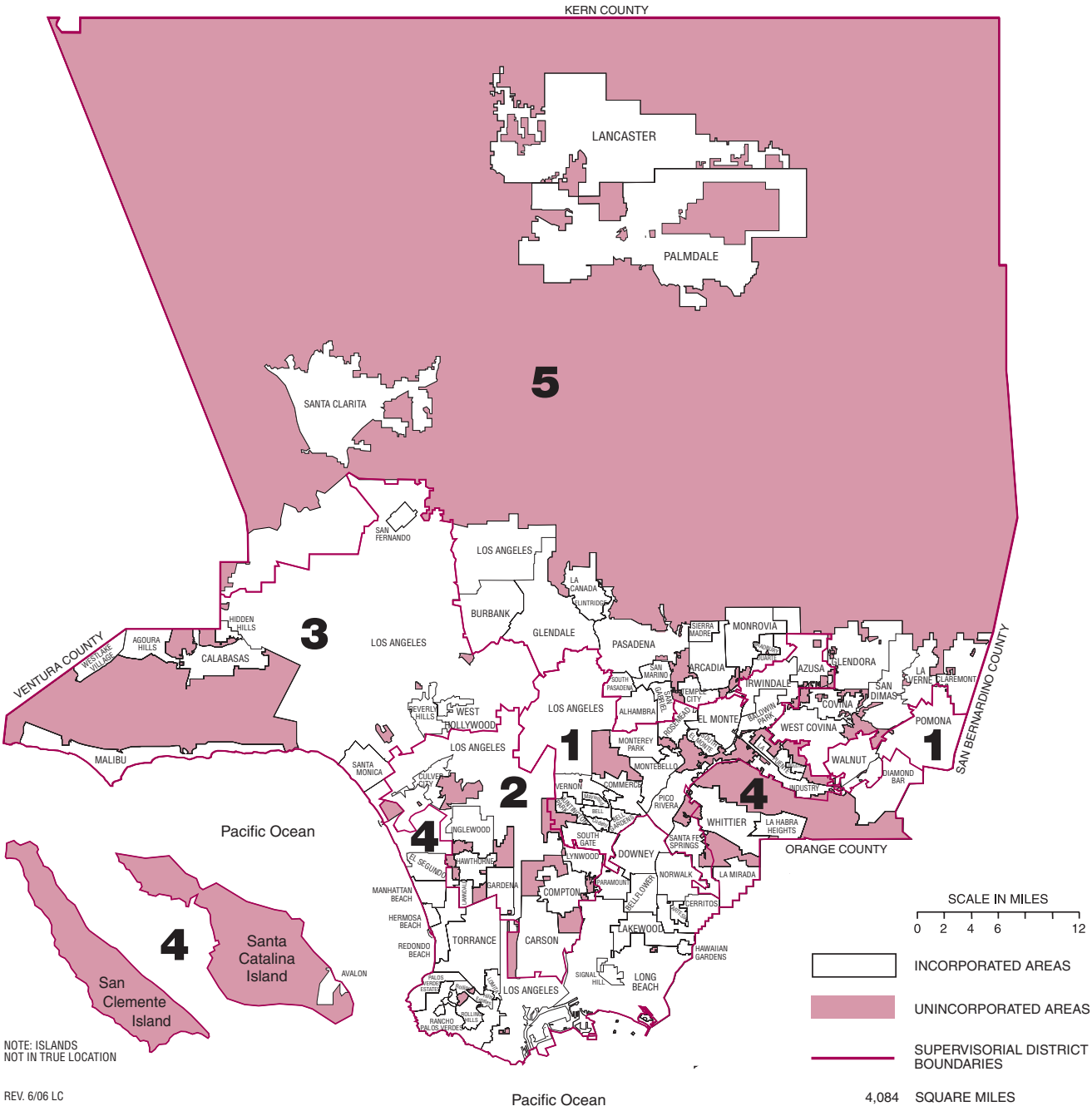
CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

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

Demographics

DEMOGRAPHICS

- Los Angeles County is 4,083 square miles in size and includes 88 incorporated cities.
- The total population for Los Angeles County is 10,170,292 (U.S. Census Bureau, 2015 Estimates). It is the most populous county in the United States.
- 0 – 17 years child population represent 24.5% of the population (2,753,895).
- The median age for Los Angeles County is 34.8 years.
- There are 793,811 children under 5 years of age.
- From the Lucile Packard Foundation for Children's Health and Kidsdata.org, the child population is 61.7% Hispanic, 17% Caucasian, 7.5% African American, 10.3% Asian, 3.2% Multiracial, 0.2% Native Hawaiian/Pacific Islander, and 0.1% American Indian/Alaskan Native.
- 140,863 live births were recorded in 2015 (Patient Dicharge Data 2015, Office of Statewide Health Planning and Development).




IT'S NOT A DREAM
IT'S REALITY

SECTION II:
SPECIAL REPORTS

Art by Aliyah Mongeau, ICAN Student Poster Art Contest

ICAN HOSPITAL NETWORK

Hospitals need better connections to child protection. An overview follows.

Narrative of topics and programs. State map with regions

County maps with PICU for nonfatal severe review

New programs for prevention and intervention

Current hospital list with numbers of cases served

Graphic display of data and teams

ICAN HOSPITAL NETWORK- PURPOSE AND PLANS

1. **The 64 Hospitals in the ICAN Hospital Network Serve The Very Young:** This includes almost all births and most injured children under age three. Homicide by caretaker increases with younger age. Hospital staff also serve anxious, depressed and intoxicated parents/caretakers.

2. **Hospitals Vary In Their Response To Child Maltreatment:** Hospitals provide different levels of competence and interest in reporting child abuse. There is little measure or quality assessment of their work.

3. **Healthcare Services Include Multiple Programs:** The majority of health services for children is in private general hospitals. Others include Fire EMT, Home Visitation Programs and School Nurses.

4. **The Network Addresses The Young And Response Variation:** A countywide network was created in 1981 with 6 hospital SCAN teams. Reports collected in a database increased from 50 to 500 reports a month in two years. A Dependency Court staff noted the increase in young children. Concerns about confidentiality ended the system but new legislation supports some data sharing.

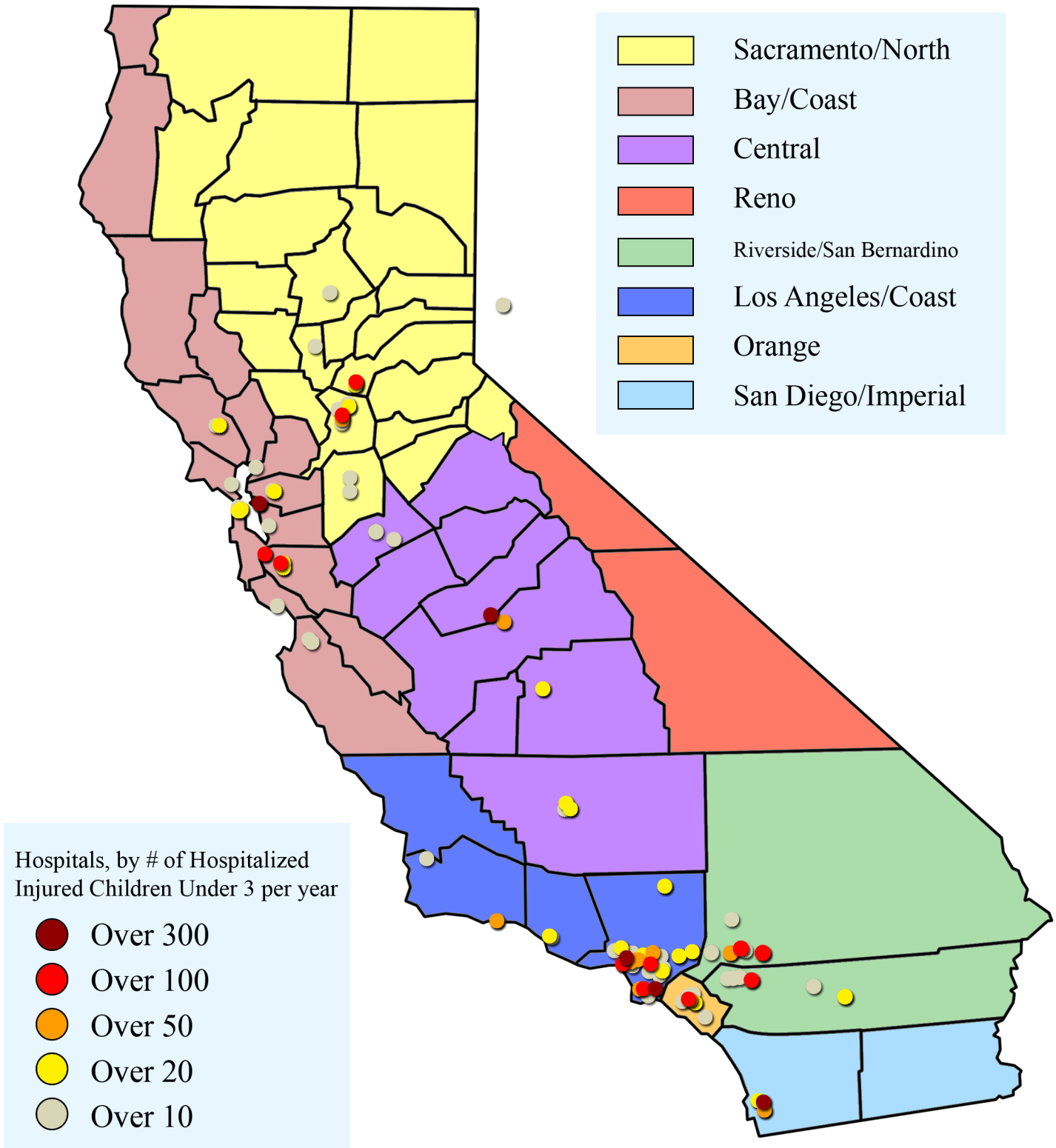
5. T**he Present System Activates The Network In Los Angeles County:** Hospital data identified 64 hospitals that serve 95% of LA County births. Injured children under age 3 have 91% served in Emergency Departments and 99% of those served as inpatients. New software will automate reports and create a database for system management.

6. **Nonfatal Severe Case Review Will Begin In 2017:** The review of nonfatal/severe abuse will be anchored in hospitals. That will focus on burn units and PICU and other severe injuries to be added.

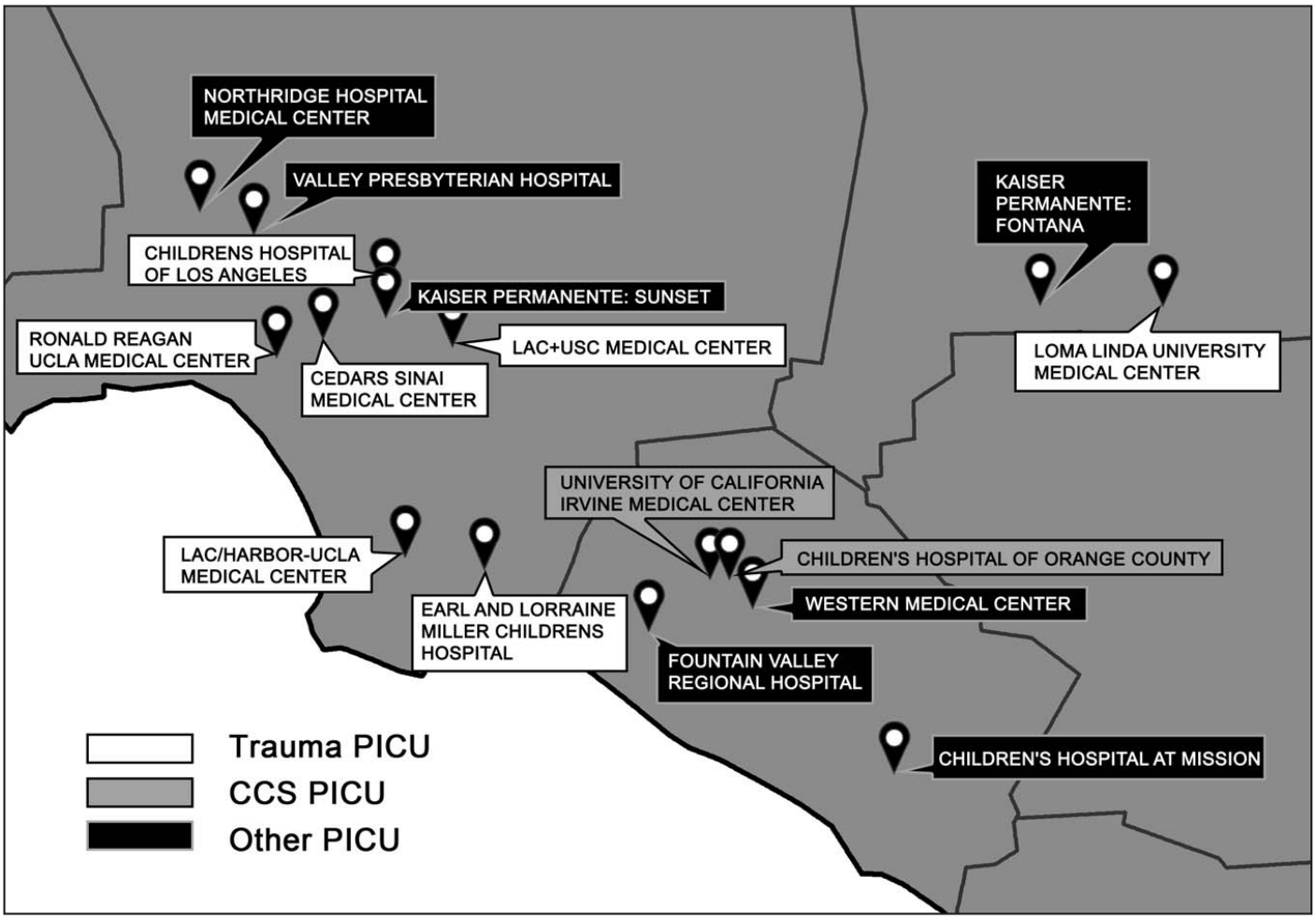
7. **STATEWIDE EXPANSION WILL BE UNDERWAY IN 2017:** ICAN has a defined state system to activate. Contacts also exist in other states. Programs will be added for high risk pregnancy. Software will automate the reporting system and provide hospitals a database to manage this reporting process.

HOSPITAL REGIONS

Hospital regions help manage the program; large hospitals help organize small hospitals.



***PICU HOSPITALS IN THE ICAN CALIFORNIA HOSPITAL DIRECTORY,* Southern California Area**



NEW PROGRAMS - COMING ATTRACTIONS

1. **Data Systems:** We will build a data program for hospitals to record, track and analyze their child abuse/neglect reports. We will add other medical systems including urgent care and Fire EMT.

2. **Hospitals Will Be Connected To Child Protection:** Hospital staff will be invited to refer suspicious child death cases and participate in child death review. We anticipate connections to Family and Children's Index and will encourage DCFS and law enforcement connections to SCAN teams.

3. **Hospitals Will Host Nonfatal/Severe Abuse Review:** There are multiple definitions of nonfatal/severe abuse. We begin with the California studies that use intensive care as a marker and will expand that with suspicious inpatient burns, and with pregnancy and certain STD that may be from sexual abuse. They need team review and hospitals are a necessary resource.

4. **Detection And Service Of Child Survivors:** Children who survive fatal/severe family violence are lost to us. Hospitals will play a role in detecting and serving them. The ICAN annual conference on traumatic child grief is a resource, working to connect agencies and build a referral network.

5. **Hospitals Will Build Working Groups By Topic:** Hospitals with similar resources and problems will be connected to share resources. This will include child burn services, pediatric intensive care, and birth services.

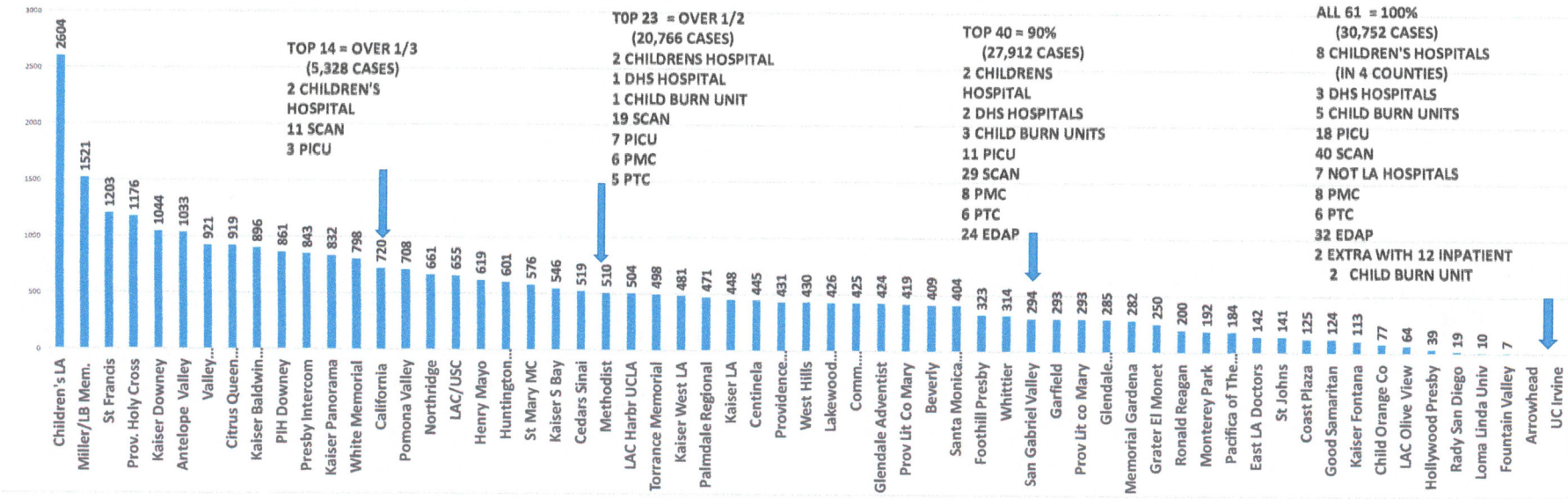
6. **Other Systems Will Be Connected**: This includes FIRE EMT who transport victims of violence and have responsibility to report their knowledge of the injury. The neonatal reporting system will be connected to perinatal risk services including DCFS, Law Enforcement and Probation. We will address the maze of resources needed including connections across jurisdictions and professions.

	Child Hospital	DHS Hospital	Burn Hospital	PICU CCS	Non-CSS PICU	Not LA County	SCAN Team	PMC	PTC	EDAP	Birth 125, 670	Emergency Department Patients Under 3 yrs 32, 750	Injured Untder 3 yrs
Children's LA	■			■			■	■	■	■		2604	336
Miller/LB Mem.	■			■			■	■	■	■	5332	1521	259
St Francis							■			■	4879	1203	9
Prov. Holy Cross										■	2927	1176	1
Kaiser Downey							■				3389	1044	21
Antelope Valley							■			■	4694	1033	13
Valley Presbyterian					■		■			■	3526	921	33
Citrus Queen Valley										■	3786	919	14
Kaiser Baldwin Park							■				2560	896	1
PIH Downey										■	1265	861	1
Presby Intercom							?				3399	843	7
Kaiser Panorama							■				1945	832	12
White Memorial							■			■	4012	798	28
California							■			■	4189	720	19
Pomona Valley							■			■	2079	708	10
Northridge				■			■	■	■	■	1442	661	60
LAC/USC		■	■	■			■	■	■	■	984	655	129
Henry Mayo							■			■	1118	619	4
Huntington Pasadena					■		■	■		■	3108	601	31
St Mary MC							■				2592	576	3
Kaiser S Bay							■				2041	546	7
Cedars Sinai				■			■	■	■	■	6343	519	28
Methodist										■	1700	510	12
LAC Harbr UCLA		■		■			■	■	■	■	753	504	65
Torrance Memorial			■				■			■	2981	498	45
Kaiser West LA							■				1766	481	11
Palmdale Regional							■					471	
Kaiser LA				■			■				2331	448	68
Centinela							■			■	782	445	4
Providence Tarzana					■		■	■		■	2375	431	25
West Hills			■				■			■	686	430	36
Lakewood Regional												426	
Comm. Huntington Park												425	
Glendale Adventist										■	2331	424	8
Prov Lit Co Mary										■	832	419	12
Beverly										■	726	409	9
Santa Monica UCLA				■			■				1519	404	29
Foothill Presby											688	323	1
Whittier							■				2433	314	4
San Gabriel Valley											2585	294	4
Garfield							■				3855	293	3
Prov Lit co Mary										■	2610	293	3

	Child Hospital	DHS Hospital	Burn Hospital	PICU CCS	Non-CSS PICU	Not LA County	SCAN Team	PMC	PTC	EDAP	Birth 125, 670	Emergency Department Patients Under 3 yrs 32, 750	Injured Untder 3 yrs
Glendale Memorial											1820	285	1
Memorial Gardena											1127	282	1
Greater El Monte												250	
Ronald Reagan											1666	200	32
Monterey Park											1393	192	1
Pacifica of The Valley												184	
East LA Doctors											755	142	2
St Johns											1757	141	2
Coast Plaza												125	3
Good Samaritan											3753	124	2
Kaiser Fontana											263	113	2
Child Orange Co												77	26
LAC Olive View											520	64	1
Hollywood Presby											3676	39	3
Rady San Diego												19	3
Loma Linda Univ											35	10	17
Fountain Valley											67	7	9
Arrowhead													4
UC Irvine													8

HOSPITALS SERVING LA COUNTY RESIDENTS - INJURED UNDER AGE THREE. (2014)

AS WE ADD HOSPITALS TO A WORKING NETWORK WE INCREASE THE NUMBERS OF CASES AND THE NUMBER AND TYPE OF RESOURCES.



THESE HOSPITALS ALSO SERVE 1,482 INPATIEINTS INJURED UNDER AGE THREE IN 57 HOSPITALS AND 113, 395 BIRTHS IN 50 HOSPITALS. ACTUAL NUMBERS ARE HIGHER BUT IN OTHER HOSPITALS
HOSPITAL DISCHARGE DATA FROM THE CALIFORNIA OFFICE OFFICE OF STATE HEALTH PLANNING AND DEVELOPMENT
WE WILL TRY TO REACH ALL CHILDREN SERVED AND WILL EXPAND DATA SYSTEMS AS WE ADD RESOURCES.

SCAN = SUSPECT CHILD ABUSE AND NEGLECT (HOSPITAL TEAM FOR CHILN LA D ABUSE), DHS HOSPITAL = LA COUNTY DHS HOSPITAL
BURN UNIT = SPECIAL SERVICE FOR BURNED CHILDREN, PICU = PEDIATRIC INTENSIVE CARE UNIT (CCS APPROVED AND OTHER)
PMC = PEDIATRIC MEDICAL UNIT, PTC PEDIATRIC TRAUMA CENTER, EDAP = EMERGENCY DEPARTMENT APPROVED FOR PEDIATIRCS

ICAN CHILD ABDUCTION TASK FORCE

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

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

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

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

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

The Task Force is coordinated by Find the Children. Find the Children places a strong emphasis on preventative education through community outreach programs such as their School Safety Programs for

preschool, elementary and middle school-aged children. 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 shows that in 2015, the Program served 51 children in 39 cases1 as compared to the 97 children in 69 cases served in 2014. This is a 44% decrease in caseload and a 47% decrease in the number of children served from the previous year. Both are a significant decrease over the previous year. The number of families served in 2015 is also lower than the ten-year average of 47.5 cases. As well, the number of children served is lower than the ten-year average of 62.7 children. These decreases can, in part, be attributed to the decrease in referrals received from the Department of Children and Family Services.

Figure 2 shows the ethnic breakdown for the 51 children served in calendar year 2015: 61% were Hispanic, 18% were African-American, 18% were Caucasian and finally, 3% were of other or unknown descent. Figure 3 shows the age range of the children served in calendar year 2015: 43% percent of the children served were age 5 or younger, 22% were age 6 to 10 and 35% were age 11 or older. Figure 4 shows that of the children served, 82% were under the jurisdiction of the Department of Children and Family Services, 8 % were cases referred by the Los Angeles District Attorney's office and 10% were through other sources such as Find the Children.

Figure 5 reflects trend data on the number of cases and children served by the Reunification Program for calendar year 2006 through 2015. Over the past 10-year period, the number of cases has averaged 47.5 per year, while the number of children served has averaged 62.7 per year. The number of cases and children served has fluctuated from year to year with 2014 still experiencing the greatest number of both cases (n=69) and children served (n=97). The significant spike in cases seen in 2014, as well as in 2012 and 2009, cannot be explained by any one factor. This also holds true when trying to explain the reason for the notable decrease in referrals between 2014 to 2015.

Figure 1 Number of Cases/Children Served By Reunification Program 2014 vs. 2015

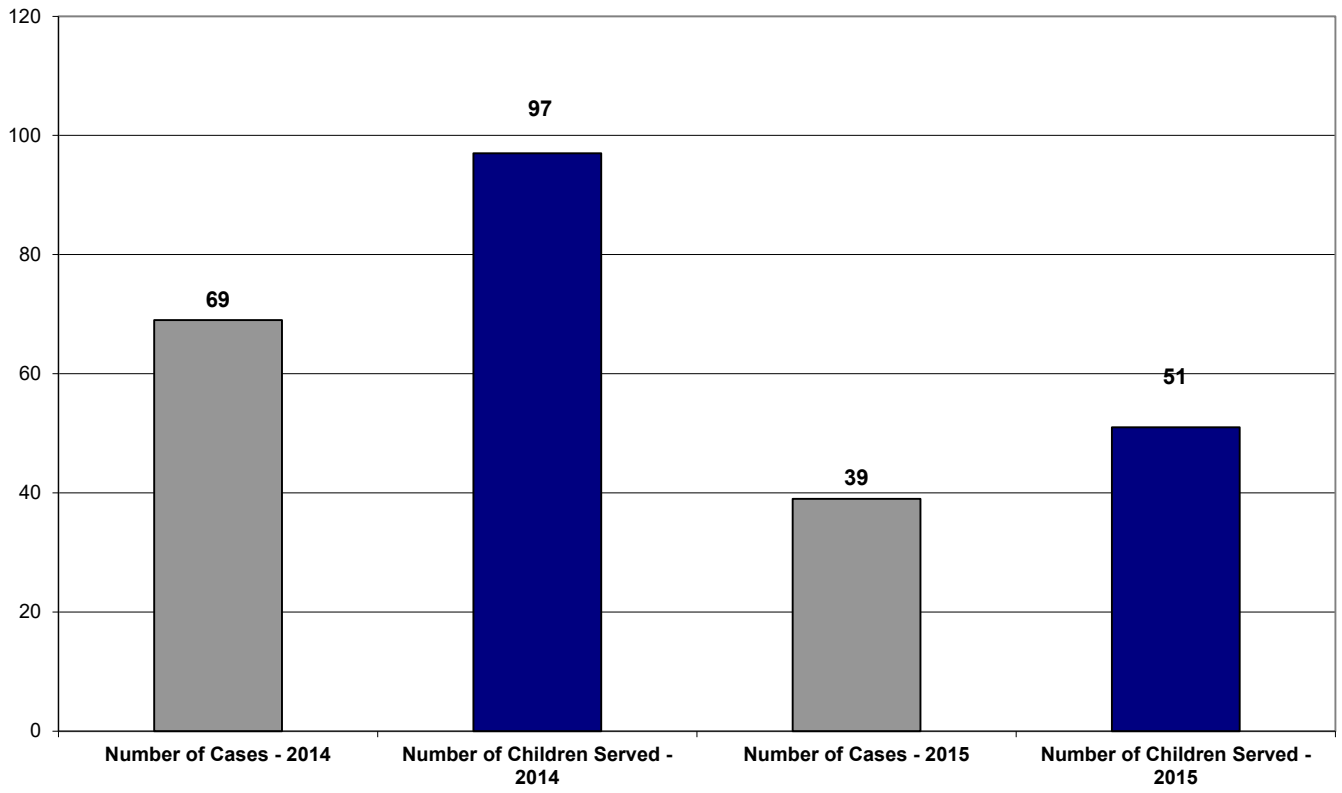


Figure 2 Ethnic Breakdown of Children Served - 2015 (N=51)

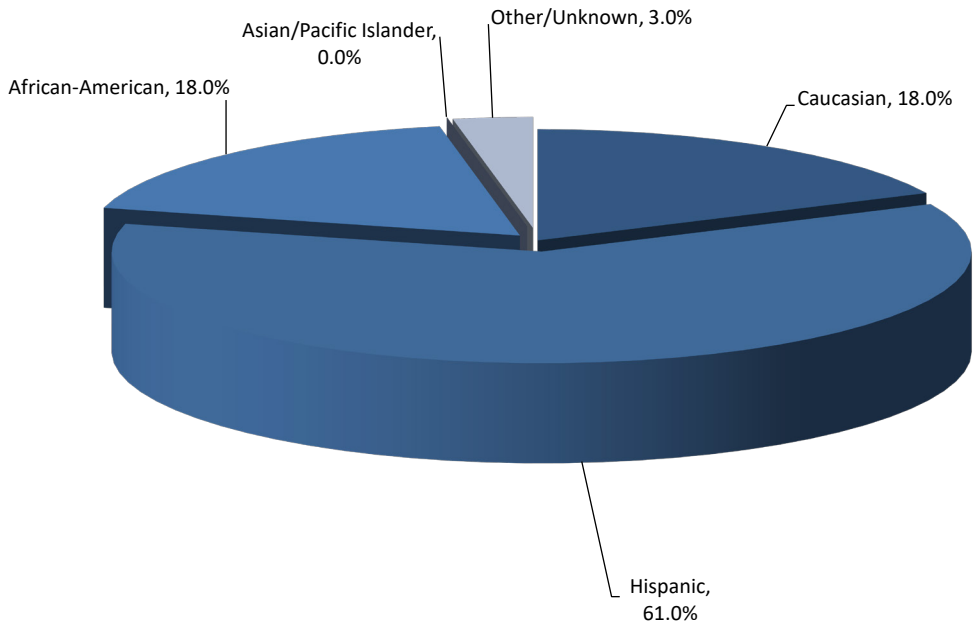


Figure 3

Age Range of Children Served - 2015
(N=51)

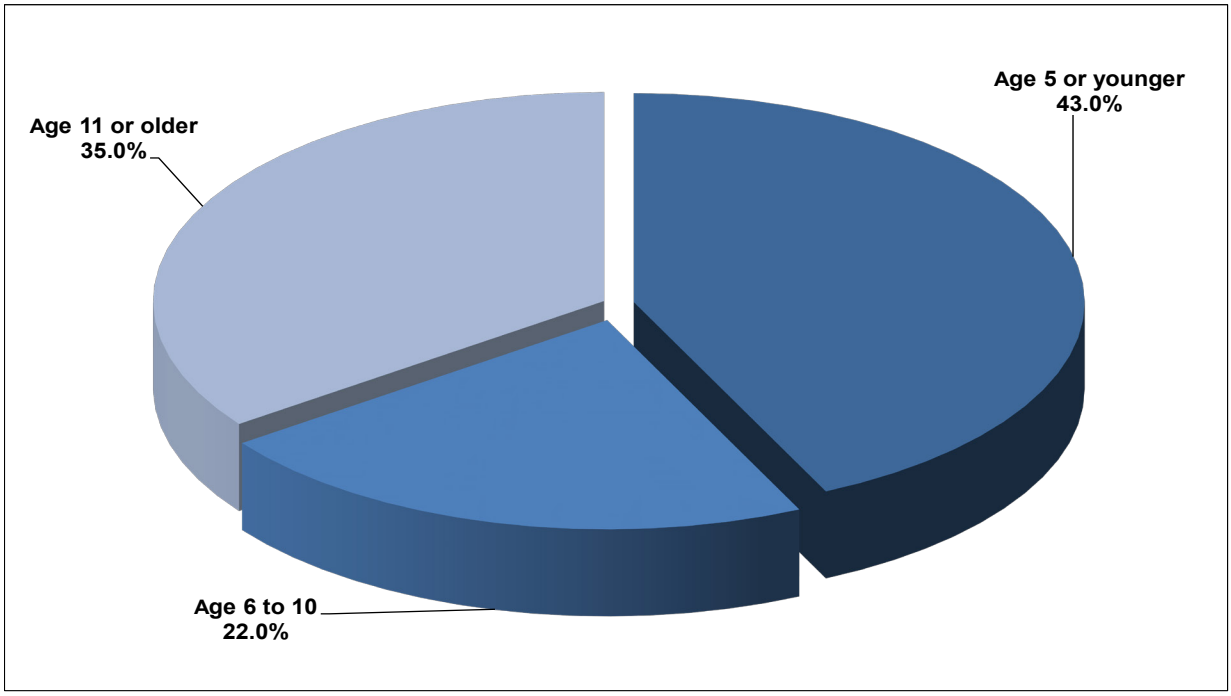


Figure 4

Percentage of Children Served Under DCFS Supervision - 2015
(N=51)

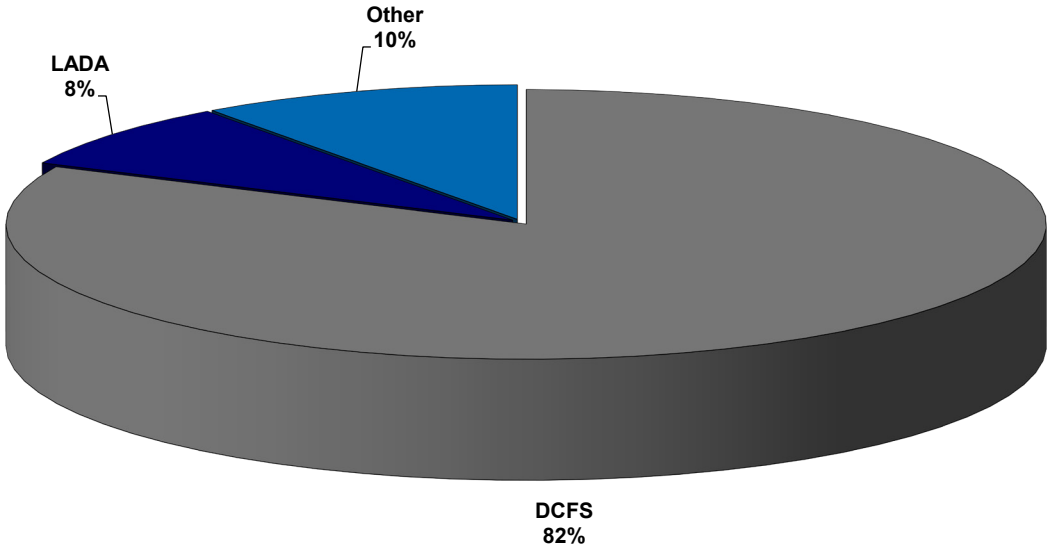
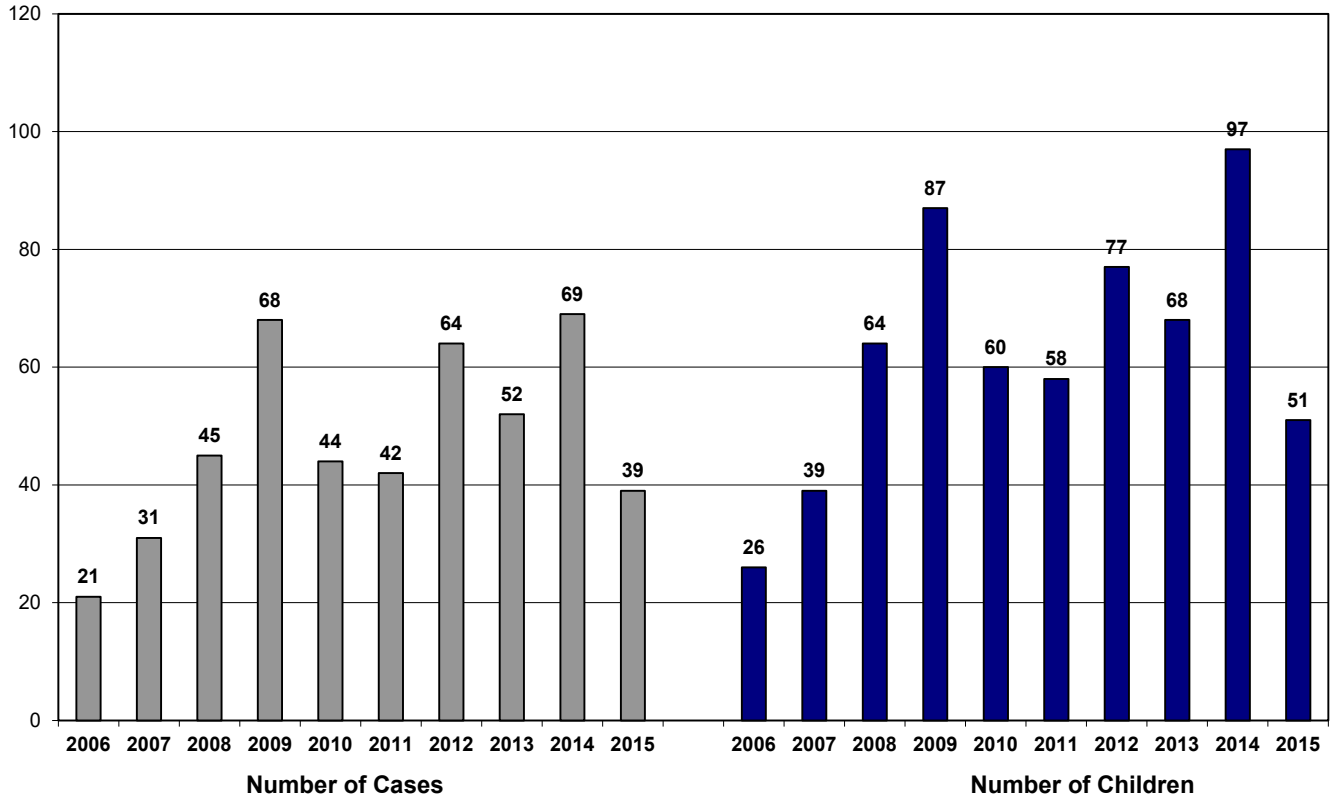


Figure 5 **Cases/Children Served by Reunification Program 2006 through 2015**



Be Kind and Cautious

DON'T HURT EACH OTHER

SECTION III:
ICAN AGENCY REPORTS

Art by Zoe Ayala, ICAN Student Poster Art Contest

CALIFORNIA DEPARTMENT OF JUSTICE

As a member of the Inter-Agency Council on Child Abuse and Neglect (ICAN) Data/Information Sharing Committee, the California Department of Justice (DOJ) provides the following information for the 2016 ICAN Report. The statistics used for this report are from the calendar year 2015.

CHILD ABUSE CENTRAL INDEX FACT SHEET

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

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

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

Functioning as a pointer system, the CACI receives and stores reports of suspected child abuse, pointing citizens, and agencies to the original investigative files that are maintained by the submitting agency. It is the obligation of the requestor to obtain a copy of the original investigative report from the submitting agency and for drawing independent conclusions regarding the quality of the evidence disclosed and its relevance for making decisions regarding employment, licensing, or placement of a child. The CACI contains 628,722 incident records of child abuse and 586,659 individual suspect names.

For additional information about the CACI, visit the California Attorney General's website at: http://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 2015, the DOJ conducted 28,127 expedited search requests for investigatory purposes.

Regulatory

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

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

During calendar year 2015, the DOJ responded to 5,844 Adam Walsh Act out-of-state foster care and adoption requests, and 607 citizen inquiry requests. 235,725 CACI searches were performed as a result of an applicant background check request.

Data Facts

- Authorized agencies submitted 6,497 reports to the DOJ for entry into the CACI (See Figure 1).
- Physical abuse is the most prevalent type of abuse. 2,340 reports were submitted representing 36% of the total reports entered into the CACI. The other types of abuse reported are as follows: mental abuse 1501 (23%), sexual abuse 1,361 (21%), severe neglect 1,232 (19%) and willful harming and/or corporal punishment 63 (1%).
- Of the 6,497 child abuse reports submitted, there were zero (0) reported deaths of a child. Los Angeles County submitted zero (0) of the child death reports.
- During 2015, Los Angeles County submitted 1,785 reports. The abuse determinations are as follows:
  a) 585 (33%) physical abuse
  b) 588 (33%) mental abuse
  c) 360 (20%) sexual abuse
  d) 225 (13%) severe neglect
  e) 27 (1%) willful harming and/or corporal punishment. (See Figure 2)

Inquiries May Be Directed To:

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

Email: CACI-inquiry@doj.ca.gov

Figure 1

2015 CHILD ABUSE SUMMARY REPORTS ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI) FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2015

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Alameda	132	53	17	28	32	2	0
Alpine	0	0	0	0	0	0	0
Amador	14	4	5	4	0	1	0
Butte	26	9	6	7	4	0	0
Calaveras	9	4	2	1	1	1	0
Colusa	6	0	4	1	0	1	0
Contra Costa	28	22	1	2	3	0	0
Del Norte	11	6	1	0	4	0	0
El Dorado	37	5	17	7	7	1	0
Fresno	109	52	10	15	32	0	0
Glenn	8	4	3	1	0	0	0
Humboldt	49	14	20	12	3	0	0
Imperial	18	11	3	0	4	0	0
Inyo	4	2	1	0	1	0	0
Kern	123	63	13	24	23	0	0
Kings	29	18	2	1	7	1	0
Lake	4	1	0	0	3	0	0
Lassen	27	13	9	4	1	0	0
Los Angeles	1785	585	588	225	360	27	0
Madera	26	13	5	1	6	1	0
Marin	45	8	7	24	6	0	0
Mariposa	1	1	0	0	0	0	0
Mendocino	13	2	9	1	1	0	0
Merced	73	36	17	7	10	3	0
Modoc	1	1	0	0	0	0	0
Mono	2	0	1	1	0	0	0
Monterey	72	40	3	5	24	0	0
Napa	16	10	1	0	5	0	0
Nevada	3	1	2	0	0	0	0
Orange	724	221	22	192	289	0	0
Placer	131	24	84	14	9	0	0
Plumas	3	0	0	3	0	0	0
Riverside	197	108	5	21	51	12	0

Figure 1 (continued)

2015 CHILD ABUSE SUMMARY REPORTS ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI) FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2015

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Sacramento	92	60	2	12	14	4	0
San Benito	2	0	2	0	0	0	0
San Bernardino	516	177	79	158	101	1	0
San Diego	845	212	307	183	138	5	0
San Francisco	88	46	10	20	11	1	0
San Joaquin	246	114	40	39	53	0	0
San Luis Obispo	23	8	3	8	4	0	0
San Mateo	100	44	26	24	5	1	0
Santa Barbara	100	43	18	23	16	0	0
Santa Clara	112	60	25	12	14	1	0
Santa Cruz	47	11	16	14	6	0	0
Shasta	126	17	62	35	12	0	0
Sierra	0	0	0	0	0	0	0
Siskiyou	16	7	6	2	1	0	0
Solano	68	35	2	17	14	0	0
Sonoma	60	19	16	16	9	0	0
Stanislaus	128	47	5	34	42	0	0
Sutter	3	2	1	0	0	0	0
Tehama	18	9	2	5	2	0	0
Trinity	3	1	1	1	0	0	0
Tulare	54	35	3	10	6	0	0
Tuolumne	13	4	4	3	2	0	0
Ventura	75	42	4	10	19	0	0
Yolo	23	7	8	4	4	0	0
Yuba	13	9	1	1	2	0	0
Totals	6,497	2,340	1,501	1,232	1,361	63	0
PERCENTAGE	**100%**	**36%**	**23%**	**19%**	**21%**	**1%**	

* 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, 2015

	Number	%	Physical	%	Mental	%
Los Angeles County	1,785		585	36%	588	23%
STATEWIDE TOTAL	**6,497**		**2,340**		**1,501**	
	Severe Neglect	**%**	**Sexual**	**%**	**Harmful Corporal**	**%**
LOS ANGELES COUNTY	**225**	**19%**	**360**	**21%**	**27**	**1%**
STATEWIDE TOTAL	**1,232**		**1,361**		**63**	

Glossary of Terms

CACI: Child Abuse Central Index.

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

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

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

LOS ANGELES POLICE DEPARTMENT

ABUSED CHILD SECTION AND CHILD PROTECTION SECTION

The Abused Child Section 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 10 years of age and under;
- Deaths of juveniles 10 years of age and under, 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 10 years of age and under.

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

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

SEXUALLY EXPLOITED CHILD UNIT

The Sexually Exploited Child Unit (SECU), 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;
- The cases involve multiple identified victims; and
- There has been substantial felony sexual conduct and the suspect is in a position of trust, such as a teacher, a coach or a clergy member.

The SECU Unit is also responsible for the investigation of the following:

- 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 from community members; and
- SECU provides child exploitation advice and expertise to the LAPD, including training for LAPD schools.

INTERNET CRIMES AGAINST CHILDREN UNIT

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

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

The ICAC Unit is also responsible for:

- The Investigation of child pornography websites, email spam, and Cyber Tips received from the National Center for Missing and Exploited Children (NCMEC);
- Managing the Los Angeles Regional Internet Crimes Against Children (LAICAC) Task Force;
- Conducting Internet safety presentations for children, parents, schools, and community groups; and,
- Providing internet-related child exploitation advice and expertise to the LAPD, including training for LAPD schools

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 abduction cases.
- Geographic Areas are referenced on the following pages in Graphs 2, 5, and 7.

Figure 1

LOS ANGELES POLICE DEPARTMENT
2015 CRIMES INVESTIGATED BY JUVENILE DIVISION

TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes ADW and battery)	731	53.28%
Sexual Abuse	462	33.67%
Endangering	60	4.37%
Homicide	3	0.22%
Others	116	8.46%
TOTALS	**1,372**	**100%**

Figure 2

LOS ANGELES POLICE DEPARTMENT
2015 CRIMES INVESTIGATED BY GEOGRAPHIC AREAS

TYPE	NUMBER	% of TOTAL
Physical Abuse *	0	0%
Sexual Abuse (Includes Child Annoying)	767	70.56%
Endangering (Includes Child Abandonment)	320	29.44%
Homicide	0	0%
TOTALS	**1,087**	**100%**

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

Figure 3

LOS ANGELES POLICE DEPARTMENT
2015 OTHER REPORTS INVESTIGATED BY JUVENILE DIVISION

TYPE	NUMBER	% of TOTAL
Injury	66	0.23%
Death	43	0.15%
Exploitation	11	0.04%
Internet Crime	1168	4.15%
SCAR Reports	26,891	95.43%
TOTALS	**28,179**	**100%**

Figure 3: *Indicates the number of* **other investigations**, *of a child abuse nature, conducted by Juvenile Division in 2015.*

Figure 4

LOS ANGELES POLICE DEPARTMENT
ARRESTS CONDUCTED BY JUVENILE DIVISION IN 2015

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	2	2.63%
Child Molest (288 PC)	32	42.10%
Child Endangering (273a PC)	1	1.32%
Child Abuse (273d PC)	34	44.74%
Others	7	9.21%
TOTALS	**76**	**100%**

Figure 4: *Indicates the number of* **arrests** *conducted by Juvenile Division in 2015.*

Figure 5

LOS ANGELES POLICE DEPARTMENT
ARRESTS CONDUCTED BY GEOGRAPHIC AREAS IN 2015

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	1	0.24%
Child Molest (288 PC)	209	50.48%
Child Endangering (273a PC)	0	0%
Child Abuse (273d PC)	148	35.75%
Others	56	13.53%
TOTALS	**414**	**100%**

Figure 5: *Indicates the number of **arrests** conducted by geographic Areas in 2015.*

Figure 6

LOS ANGELES POLICE DEPARTMENT
DEPENDENT CHILDREN TAKEN INTO PROTECTIVE CUSTODY BY JUVENILE DIVISION IN 2015

TYPE	NUMBER	% of TOTAL
300 WIC	341	100%
TOTALS	341	100%

Figure 6*: Indicates number of dependent children taken into protective custody by Juvenile DIVISION IN 2015.*

NOTE: JUVENILE DIVISION NO LONGER SEPARATES 300 WIC BY CATEGORY.

Figure 7

LOS ANGELES POLICE DEPARTMENT
DEPENDENT CHILDREN TAKEN INTO PROTECTIVE CUSTODY GEOGRAPHIC AREA IN 2014

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	208	34.61%
300 WIC (Sexual Abuse)	152	25.29%
300 WIC (Endangered/Neglect)	241	40.10%
TOTALS	**601**	**100%**

Figure 7*: Indicates the number of dependent children taken into protective custody by GEOGRAPHIC AREAS IN 2015.*

Figure 8

LOS ANGELES POLICE DEPARTMENT - THE AGE CATEGORIES OF CHILDREN WHO WERE VICTIMS OF CHILD ABUSE IN 2014

TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	TOTAL
Physical Abuse	42	21	19	20	102
Sexual Abuse	106	258	590	258	1,212
Endangering	189	103	66	17	375
TOTALS	**337**	**382**	**675**	**295**	**1689**

Figure 8: *Indicates the age categories of children who were victims of child abuse in 2015.*

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 – 2015 CHILD ABUSE FINDINGS

Juvenile Division

- The total investigations (crime and non-crime) conducted by the unit in 2015 (**29,551**) showed a decrease of (**3.61 percent**) from the number of investigations conducted in 2014 (**30,660**).
- Adult arrests by the unit in 2015 (**76**) showed a decrease of (**26.21 percent**) from the number of arrests made in 2014 (**103**).
- The number of dependent children cases investigated by the unit in 2015 (**341**) showed a decrease of (**30.12 percent**) from the number investigated in 2014 (**488**).

GEOGRAPHIC AREAS

- The total investigations conducted by the Areas in 2015 (**1087**) showed a decrease of (**5.06 percent**) from 2014 (**1,145**).
- Adult arrests made by the Areas in 2015 (**413**) showed a decrease of (**5.92 percent**) from 2014 (**439**).
- The number of dependent children handled by the Areas in 2015 (**601**) showed a decrease of (**26.61 percent**) from the number handled in 2014 (**819**).

Figure 9

LOS ANGELES POLICE DEPARTMENT
COMPARISON OF 2014 AND 2015

TYPE	2013	2014	% of CHANGE
Total Investigations	31,805	30,638	- 3.66%
Total Adult Arrests	542	489	- 9.77%
Dependent Children	1,307	942	- 27.92%

Figure 9: *Indicates a comparison of 2014 and 2015 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

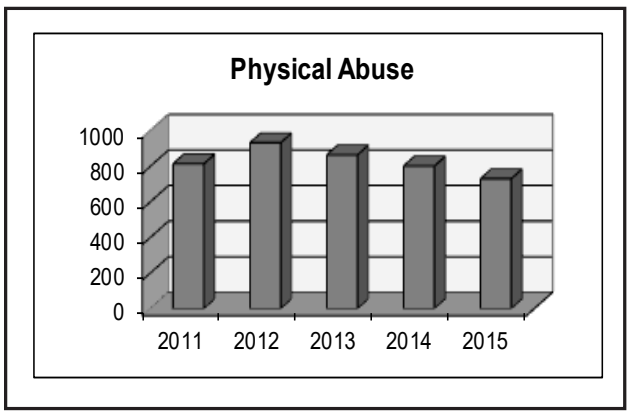


Figure 11: Crimes Investigated

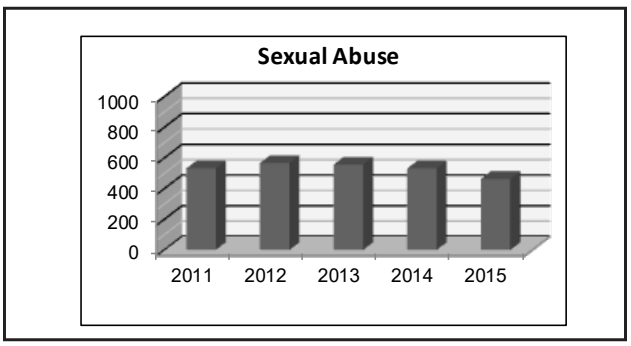


Figure 12: Crimes Investigated

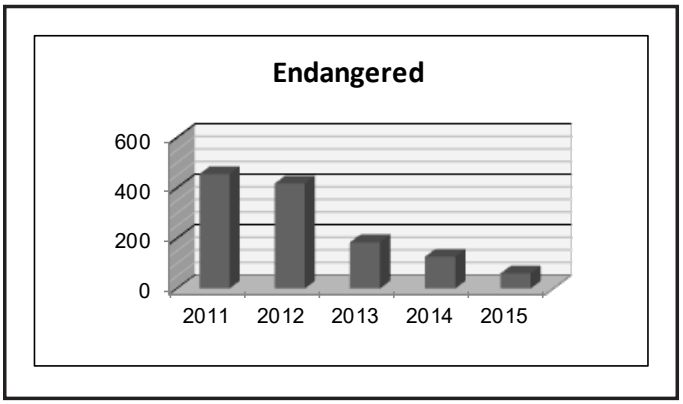


Figure 13: Crimes Investigated

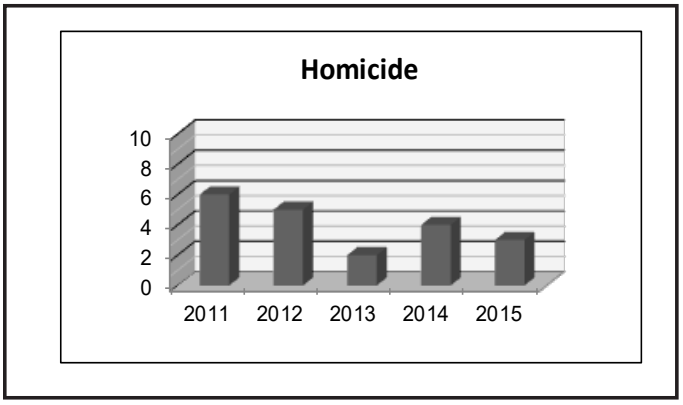


Figure 14: Other Investigations

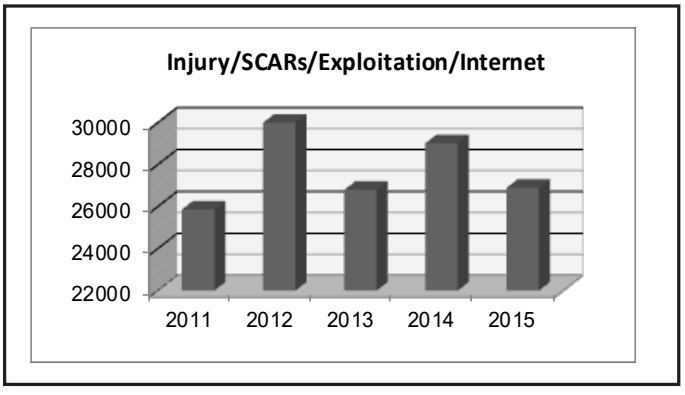


Figure 15: Other Investigations

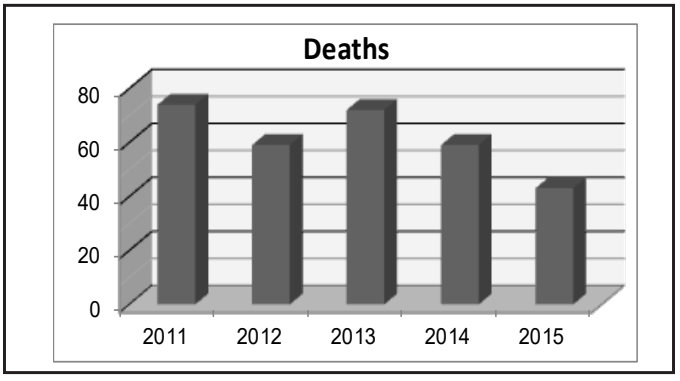
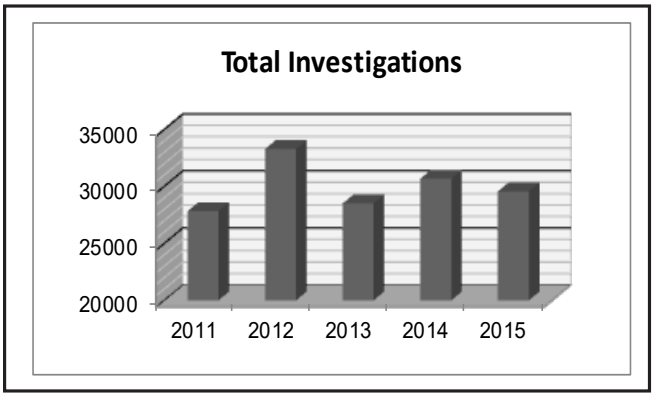


Figure 16: Total Investigations



GLOSSARY

ADW – Assault With a Deadly Weapon.

Child – A person under the age of 18 years.

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

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

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

Sexual Abuse – Any touching with a sexual context.

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

OFFICE OF THE LOS ANGELES CITY ATTORNEY

INTRODUCTION

The Los Angeles City Attorney plays a leading role in shaping the future of Los Angeles by fighting to improve the quality of life in our neighborhoods, reducing gang activity, preventing gun violence, standing up for consumers, protecting our environment and much more. The City Attorney's Office writes every municipal law for the City of Los Angeles and advises the City Council, Mayor and all City departments and commissions. The Office also defends the City in litigation, brings lawsuits on behalf of the People and prosecutes misdemeanor crimes such as domestic violence, drunk driving and vandalism. Our Office strives every day to help build a safe and strong Los Angeles.

OVERVIEW OF THE CITY ATTORNEY'S OFFICE

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

The City Attorney is Los Angeles' chief prosecutor, representing the People of the State of California in all criminal misdemeanor cases in the City of Los Angeles. With six branches 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, attendance at an alcohol program or batterer's treatment program, adherence to a criminal protective order, fines, 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 2015, this Office reviewed a total of 84,915 cases and filed 46,365 cases. Of all reviewed cases, 1,560 involved child abuse charges. Of the reviewed child abuse cases, 457 were filed. As a result of this continued commitment and dedication, Los Angeles is a safer place for children and families to live, work, and go to school.

FAMILY VIOLENCE OPERATIONS

Every day, the Office of the City Attorney confronts the serious problems of child abuse, neglect, exploitation and technology-facilitated crimes against children. The City Attorney Family Violence Operations division handles all cases of crimes against children along with elder abuse, stalking, and the most serious and difficult domestic violence cases handled by the Office. Efforts are multi-faceted, including specialized vertical prosecution, multi-agency state and federal task force participation, victim support services, legislative initiatives, law enforcement training, and community outreach as described below.

CHILD ABUSE PROSECUTION SECTION

The City Attorney's Office handles physical and sexual child abuse and neglect matters primarily through its specialized Child Abuse Prosecution Section in which experienced prosecutors vertically prosecute all cases of violence against children. 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. Skilled and dedicated victim advocates work with prosecutors to provide support to child victims, witnesses, and their families. Their combined efforts ensure better conviction rates and stricter sentencing, while providing needed resources and aid to victims of child abuse.

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.

PARTNERSHIP WITH STUART HOUSE – CHILD SEXUAL ABUSE CASES

The City Attorney's Office partners with the UCLA Rape Treatment Center and Stuart House on child sexual abuse cases. Stuart House is nationally recognized multi-disciplinary center that was created to address the needs of children who have been sexually abused. Its purpose is to serve as a one stop location for child sexual assault victims from their initial interview through the criminal justice system, and with comprehensive treatment, including long time therapy services. Stuart House is a warm, child and family-friendly environment intended to make victims and their families as comfortable as possible throughout the process. Victims are interviewed by a forensic interviewer, who asks questions in a non-leading way to allow the child to disclose as much detail about the abuse as possible. Other interested professionals observe the interview either in person or from a recording of the interview. The child is provided an acute or non-acute medical exam if necessary at the nearby Rape Treatment Center. Every child, whether a criminal case is filed or not, is given the opportunity to receive counseling at no cost by therapists who are experts in treating child sexual abuse.

Currently, the Los Angeles Police Department has 6 full-time detectives housed and working on cases at Stuart House, the District Attorney has 5 full-time prosecutors assigned to handle felony child sexual abuse cases and the City Attorney's Office has 2 prosecutors working part-time with Stuart House to handle misdemeanor child sexual abuse cases. In addition, DCFS currently has 2 full time social workers assigned to handle the child protection aspect of the cases. Trained advocates from Stuart House work with the victim and their family to help them through the court process, including a small mock courtroom to help kids know what to expect when they go to court.

CYBER CRIME AND CHILD ABUSE PREVENTION

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

I. CYBER CRIME TASK FORCE

In partnership with ICAN, the City Attorney's Office co-chairs the Los Angeles County Cyber Crime Task Force with the United States Attorney's Office and the FBI. Other Task Force participants include the

Los Angeles Police Department, the Internet Crimes Against Children Task Force (LAPD - ICAC), the Los Angeles County Sheriff's Department, the Los Angeles County District Attorney's Office, Disney, Fox Films, the Los Angeles Catholic Archdiocese, Santa Monica-UCLA Medical Center, the Anti-Defamation League (ADL), the Los Angeles County Office of Education and other governmental and private agencies. The primary role of this ICAN sub-committee is to conduct community outreach in the area of cyber and technology facilitated crimes.

Each Fall, the Task Force plans and hosts the Annual Cyber Crime Prevention Symposium. The team hosts over 400 middle and high school students as well as educators, parents and community members at the unique all day event. The goal of the Symposium is to educate the students and the community on cyber crimes, digital reputation, Internet predators, cyber bullying, and sextortion. This Symposium was held on October 29, 2015 at the California Endowment and has become an important yearly event on this important subject.

In addition to the presentations and workshops at the Symposium, the Task Force also sponsors a Cyber Crime Challenge for those schools who attend the event. In 2011, the Cyber Crime Prevention Symposium Task Force promoted its first Cyber Crime Challenge. The students who attend the Symposium are encouraged to use their imagination to develop a cyber safety school program to address issues including cyber bullying, risks of social media, sexting and other issues involving the Internet. In order to begin their project, students are expected to use the teaching points from the Symposium as the foundation for developing their program. Each school is judged on its creativity, students' implementation and impact of its program on its school's student body.

The 2015 Cyber Crime Challenge winners were first place winner St. Mary Magdalen School, located in Camarillo and second place winner St. Charles Borromeo School, located in North Hollywood. The winning schools were presented with money, trophies, certificates and CyberALLY training all valued at $2,500.

The Cyber Crime Prevention Symposium Task Force looks forward to spreading the word on cyber safety by offering the Cyber Crime Challenge again next year and encouraging even more schools to participate.

II. CYBER CRIME PREVENTION AND PUBLIC OUTREACH

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

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

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 public and private schools, health care workers, law enforcement, first responders and other personnel who are legally mandated reporters of child abuse. The 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 mandated reporter's failure to report.

CHILDREN EXPOSED TO VIOLENCE INITIATIVE

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.

Law enforcement and prosecutors have frequent encounters with these children within the criminal justice system. Many of these children end up in the criminal justice system as direct victims or witnesses to violence and some as perpetrators. It's important that law enforcement and the criminal justice system recognize these children as survivors of trauma in order to intervene and reduce the potential negative impact (re-traumatization) of the system on them.

To achieve the goal of systemic change and ensuring that all members of the criminal justice system, including law enforcement officers, prosecutors and relevant staff, work in a trauma informed manner, we have conducted a series of ongoing trainings to help staff understand the effect of exposure to violence and the impact of violence on child victims and witnesses.

TEEN COURT

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

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

Teen Court is located at many high schools, but originated at Dorsey High School with Los Angeles County Superior Court Presiding Judge David Wesley, who is committed to keeping youth on the right side of the court system. This program is beneficial because it allows the juvenile justice system to focus its resources on higher risk offenders and educates the public on how the court operates.

TRUANCY PREVENTION PROGRAM

In 2002, the Office of the Los Angeles City Attorney created the Truancy Prevention Program to address the problems of truant students. The program teaches parents of their legal responsibility to ensure that their children attend school through letters, brochures, general assemblies and hearings.

Truancy Prevention staff also support the efforts of the Los Angeles Unified School District at School Attendance Review Teams (SART) and School Attendance Review Boards (SARB). Similarly, Truancy Prevention staff work with the Los Angeles Police Department and Los Angeles School Police Department to conduct community outreach forums and individual family outreach.

In 2014, in partnership with the Los Angeles Superior Court's Teen Court, the City Attorney's Office created Truancy Teen Court. Truancy Teen Court is a pre-filing diversion program that allows parents to avoid prosecution by participating, with their children, in this innovative forum. A Superior Court Judge oversees

the Truancy Teen Court proceedings in which a jury, comprised of teens, asks questions to determine the reasons for truancy. With the assistance from the judge, the jury will determine the best solutions to combat truancy. Truancy Teen Court addresses the Court and the City Attorney's goal to create a shift from criminalization to prevention. Truancy Teen Courts recommend beneficial remediation orders and turn truancy cases into an overall learning experience for students, parents and the broader community.

Since inception, the Truancy Prevention Program has educated over 275,000 families about the importance of attending school. The program's letters have directed over 45,000 families to general assemblies. Subsequently, almost 5,134 families have been referred for further City Attorney intervention including one on one hearings. From these families, Pupil Services and Attendance (PSA) Counselors have taken approximately 811 families to SARB. To date, 125 parents have been prosecuted under the Education and Penal Codes. If parents are prosecuted, they can have their case dismissed by ensuring their child's attendance. In 2015, eight families avoided prosecution via Truancy Teen Court.

During the 2014-2015 school year, TPP implemented truancy prevention efforts at the following schools:

77th Division:
52nd Street Elementary School
Loren Milles Elementary School
Barack Obama Middle School

Foothill Division:
Haddon Avenue Elementary School

Harbor Division:
Wilmington Middle School

Hollenbeck Division:
Stevenson Middle School

Hollywood Division:
Joseph Le Conte Middle School
Vine Elementary School

Mission Division:
Sepulveda Middle School
Olive Vista Middle School
Vista Middle School
Arleta High School

Newton Division:
George Washington Carver
Los Angeles Academy Middle School

Olympic Division:
Berendo Middle School
Virgil Middle School

Rampart Division:
John H. Liechty Middle School

Southeast Division:
South Park Elementary School

Northeast Division:
Burbank Middle School
Florence Nightingale Middle School

Southwest Division:
Audubon Middle School
Foshay Learning Center (K-12)

Van Nuys Division:
Cardenas Middle School

The goal of the Truancy Prevention Program is to keep children in school, not to prosecute parents. Prosecution will be a tool of last resort when efforts to educate and assist the family have failed.

SAFE SCHOOL ZONES

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

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

Only enrolled students, or those with official school

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

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

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

NEIGHBORHOOD SCHOOL SAFETY PROGRAM

The Office of the Los Angeles City Attorney has created a new Neighborhood School Safety Program (NSSP) to facilitate comprehensive crime reduction strategies that will promote a crime free and safe environment in the neighborhoods surrounding schools and the routes students travel to and from school. The Neighborhood School Safety Program is facilitated by the Neighborhood School Safety Attorney who actively pairs intradepartmental resources with other available programs to improve the quality of life in the communities surrounding the participating schools.

Currently the Office of the City Attorney has critical resources available to help promote school safety: Neighborhood Prosecutors; Truancy Prevention; Gun Safety and Control; Tobacco Enforcement; Cyber Safety; Los Angeles Strategy Against Violent Environments Near Schools [LA Saves] - probation and patrol checks around schools; Anti-Gang Deputies; Family Violence Prosecutors; Code Enforcement Deputies; Citywide Nuisance Abatements; Environmental Safety Hazard Enforcement and the criminal branch deputies. The NSSP Attorney pairs existing resources with the needs of the selected schools.

The program is centered around regular meetings with the participating Schools' staff and parents to address safety concerns and implement innovative approaches to deter quality of life crimes occurring in the community that impact the schools' safety. There are currently four middle schools participating in the program, one located in each of the Los Angeles Police Department Bureaus. This comprehensive, collaborative approach promises to educate as well as effectuate positive change.

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

Los Angeles Strategy Against Violent Environments near Schools (LA SAVES), is a multi-agency law enforcement task force coordinated by the Los Angeles City Attorney's Office that conducts compliance checks on probationers, parolees and registered sex offenders who reside near school campuses to assure none is in violation of any law. On Tuesday, August 12, 2014, LA SAVES conducted one such operation near Vista Middle School resulting in nine felony arrests and the removal of five children from unsafe environments.

Since 2005, LA SAVES has targeted 1,700 residences of felony probationers and other felons resulting in the arrest of 396 individuals for felony probation or 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 61 weapons from felons, rescued more than 171 children from deplorable circumstances, and gained information that led to the opening of new cases to protect children.

LEGISLATION

The Office of the City Attorney strives to improve the quality of life for all Angelenos. 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 updating laws, and to solving the problems that challenge the City, our legislative efforts are a key part of our arsenal.

ANTI-GANG SECTION

The City Attorney's Anti-Gang Section continued implementation of its most recent injunctions and now supervises the enforcement of 46 injunctions covering 79 criminal street gangs, one tagging crew, and a group of narcotics dealers in the skid row area of downtown Los Angeles. The gang injunctions, which serve as restraining orders on gang members, have had a demonstrable affect on reducing street-level crime in the approximately 123 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.

HEARING PROGRAM

The Los Angeles City Attorney's Hearing Program offers an innovative approach to handling matters in which a crime has occurred, but criminal prosecution may not be the best way to address the problem. In some minor child abuse and neglect matters, cases are assigned to hearing officers who 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 2014, there were 533 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 is a state grant-funded program that assists victims of crime by providing state mandated services pursuant to Penal Code section 13835.5. These services include crisis intervention, court support, resource referrals, and assistance to victims in filing State of California Victims of Crime Compensation Applications. The program is funded by the State of California Restitution Fund, which is financed from fines and penalty assessments imposed on convicted criminals.

There are ten Victim Service Coordinators located in branch offices throughout the City of Los Angeles, eight of which are located directly in Los Angeles Police Department Divisions. In 2014, the Los Angeles City Attorney's Office Victim Assistance Program assisted 7,371 new victims of crime and assisted in the collection of $3,405,721.38 million in medical and wage losses, mental health counseling expenses, and funeral/burial expenses.

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 2015, there were 626 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 is a state grant-funded program that assists victims of crime by providing state mandated services pursuant to Penal Code section 13835.5. These services include crisis intervention, court support, resource referrals, and assistance to victims in filing State of California Victims of Crime Compensation Applications. The program is funded by the State of California Restitution Fund, which is financed from fines and penalty assessments imposed on convicted criminals.

There are ten Victim Service Coordinators located in branch offices throughout the City of Los Angeles, eight of which are located directly in Los Angeles Police Department Divisions. In 2015, the Los Angeles City Attorney's Office Victim Assistance Program assisted 7,066 new victims of crime and assisted in the collection of $3,405,721.38 in medical and wage losses, mental health counseling expenses, and funeral/burial expenses.

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

In 2015, there were 7,066 new victims referred to the program. Of the 7,066, there were 541 new victims of child sexual and physical abuse.

STATISTICS

In 2015, this Office reviewed a total of 84,915 cases and filed 46,365 cases. Of all reviewed cases, 1,560 involved ICAN-related matters. Of the reviewed cases, 457 were filed.

BREAKDOWN OF ICAN-RELATED CHARGES

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

SEXUAL ABUSE AND EXPLOITATION

In 2015, the Office reviewed 263 child sexual abuse and exploitation investigations regarding violations of the following California Penal Code sections:

261.5(a)	Unlawful sexual Intercourse with a minor, who is a under the age of 18 years
261.5(b-d)	Engages in an act of unlawful sexual intercourse with a minor, who is not more than three years older or three years young than the perpetrator
288(a)	Lewd Acts with Child Under 14
288(b)1	Lewd Acts with Child Under 14 with Force
288(c)1	Lewd Acts with Child Under 15/10 Year Difference
288a(b)(1)	Oral Copulation with Person Under 18
289(h)	Sexual Penetration with Person Under 18
311.11(a)	Possession of Child Pornography
647.6(a)(1)	Annoying or Molesting a Child under the age of 18 years
647.6(a)(2)	Engaging in conduct with an adult whom they believe to be a child when motivated by an abnormal sexual interest in a child

Of the 263 criminal investigations presented for filing consideration, 51 cases were filed and prosecuted as misdemeanors, 54 were referred to the City Attorney Hearing Program, and 158 were rejected. There was a disposition of 49 sexual abuse and exploitation cases. Of those 49 cases, 43 resulted in guilty pleas or convictions following jury trials.

CHILD ABUSE AND NEGLECT

In 2015, the Office reviewed 1,297 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
278.5	Child Concealment/Non-Custodial Person

Of those 1,297 investigations, 406 cases were filed and prosecuted as misdemeanors, 572 were referred to the City Attorney Hearing Program, and 319 were rejected. There were dispositions in 423 child abuse and neglect cases. Of those 423 cases, 369 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 safe place to live and to improve the quality of life for the City's residents at home, at school, at work, and at play. Great efforts are made each year to meet that goal and to ensure that all Los Angeles children have the opportunity for a safe and bright future.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

COURT OVERVIEW

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

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

The Los Angeles County Juvenile Division is headed by the Presiding Judge of the Juvenile Court and encompasses courts that adjudicate Dependency, Adoption, Delinquency, Status Offenses, and Non-Minor Dependents cases.

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) (WIC § 602). Status offense proceedings involve children who are alleged to be habitually disobedient, truant or beyond the control of the parent or guardian (engaging in non-criminal behavior that may be harmful to themselves) (WIC §601). Pursuant to WIC §450 and Assembly Bill 12, youth are eligible to receive the benefits of being granted non-minor dependent status and participating in extended foster care. These youth have successfully completed probation and their delinquency case is terminated. The youth are no longer on probation, are no longer subject to conditions of probation, and cannot be found in violation of probation along with the threat of incarceration.

There are five types of specialized Delinquency Courts in operation: The Juvenile Mental Health Court, the Juvenile Drug Courts, the 241.1 Crossover Court, the Department of Juvenile Justice (DJJ) Re-entry Court, and the Succeeding Through Achievement and Resilience (STAR) Court. The Juvenile Mental Health Court, located at Eastlake Juvenile Court, treats juvenile offenders who suffer from diagnosed mental disorders and mental disabilities. The Juvenile Drug Courts, located at the Eastlake, Inglewood, and Sylmar Juvenile Courts, provide voluntary comprehensive treatment programs for children who have committed drug- or alcohol-related offenses or demonstrated delinquent behavior and have had a history of drug use. The DJJ Re-entry Court located at Eastlake Juvenile Court, transitions youth returning home after completing their program at the Division of Juvenile Justice (formerly "California Youth Authority"). The STAR Court program identifies and supports victims of sex trafficking who are under-age and refers them to specialized help.

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

California's Fostering Connections to Success Act, also known as Assembly Bill 12, lays the foundation for a fundamental shift in how we approach and work with young adults, called non-minor dependents, in foster care. Enacted in September 2010, AB 12 permits the extension of foster care in certain circumstances until age 21, allowing youth to receive continued case management services focusing on self-sufficiency and independence, educational support, job skills training and career development, while at the same time still having an attorney and court supervision. Another important feature of extended foster care is the ability for this population to re-open their foster care case through the re-entry process should they need additional support, courtroom supervision and assistance with housing and/or education.

There are 25 Dependency Courts in the Los Angeles Court system. Twenty-three are located in the Edmund D. Edelman Children's Court in Monterey Park, and two are in the Alfred J. McCourtney Juvenile Justice Center in Lancaster and serve families and children residing in the Antelope Valley. One of the courtrooms at the Edelman Children's Court has been designated for private and agency adoptions and matters that fall within the Indian Child Welfare Act (25 U.S.C. § 1901 et. seq., CRC 439). One of the Dependency Courts hears matters involving the hearing-impaired. There are five Dependency Courts utilizing the Drug Court Parent Protocol, and all Dependency Courts are following the Drug Court Dependency Youth Protocol. The Court opened specialized courtrooms for AB 12, WIC 241.1., and Commercially Sexually Exploited Children (CSEC) in 2016.

In January 2016, the Juvenile Court in partnership with County Counsel, and Children's Law Center (CLC), and the Department of Children and Family Services (DCFS) initiated a dedicated courtroom to serve Commercially Sexually Exploited Children (CSEC) in the dependency system. The establishment of the dedicated court room, named the **D**edication to **R**estoration through **E**mpowerment, **A**dvocacy, and **M**entoring (DREAM) Court, was based on lessons learned from the Succeeding Through Achievement and Resilience (STAR) Court in the delinquency system. By having a dedicated Judicial Officer, and CSEC trained and informed County Counsel, CLC attorney, and DCFS staff, DREAM Court will allow for increased expertise, consistency in practice, and better outcomes for the CSEC population. The DREAM Court officially opened in February 2016.

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 retains custody of the child. Family Reunification services are provided to a parent whose child has been removed from his/her care and custody by the Court and placed outside their home. Prior to filing a petition in the Court, DCFS must make a reasonable effort to provide services that might eliminate the need for the intervention of the Court or removal of the child.

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

Findings of abuse or neglect are made at the Jurisdiction/Disposition hearing and may result in the Court declaring the child dependent and the parents and child subject to the jurisdiction of the Court. Family Maintenance and Reunification services for

the family are delineated in the disposition case plan, which is tailored by the Court to the requirements of each family, and provided to them under the 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 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 removal. To extend reunification services to the 12- or 18-month date, the Court, based upon its evaluation of the history of the case, must find a substantial likelihood of the child's return to the parent or guardian on or before the permanency planning hearing at the 18-month date (WIC §366.21, et. seq.).

If reunification services are terminated without the return of the child to the parent or guardian, the Court must establish a Permanent Plan for the child. Termination of reunification services without the return of the child to the parent is 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 those cases, 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 sexual abuse upon a child; etc.

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

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

2. The appointment of a Legal Guardian for the child. Legal Guardians have the same responsibilities as a parent to care for and supervise a child. However, legal guardianship provides less permanence, as a guardianship may be terminated by Court order or by operation of law when the child reaches the age of 18.

3. The Planned Permanent Living Arrangement (formerly Long Term Foster Care) is the least

stable plan for the child because the child has not been provided a home environment in which the individual(s) will commit to parent him or her into adulthood while providing the legal relationship of parent and child.

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

SUBSEQUENT AND SUPPLEMENTAL PETITIONS

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

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

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

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

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

CASELOAD OVERVIEW

The data collected at this time does not fully reflect the workload of the Dependency Courts. In addition to the statutorily mandated hearings (Detention/ Arraignment Hearing; Jurisdictional Hearing; Disposition Hearing; 6-, 12- and 18-month review hearings; Selection and Implementation Hearing), the Court, acting in the best interest of the child, must often schedule hearings to receive progress reports if it is determined that court-ordered services may be lacking. Interim hearings may be scheduled to handle matters that have not been or cannot be resolved without court intervention. Cases that are transferred from other counties must be immediately set on the Court's calendar. All of the courts have adoption hearings once a week, so that permanency occurs without delay.

ANALYSIS

In 2015, there were 7,408 WIC § 602 (delinquency) petitions filed. This was a decrease from 2013 and 2014. In 2014 there were 8,609 WIC § 602 petitions filed, and in 2013 there were 10,593 WIC §602 petitions filed. (Figure 1) The decrease in the number of petitions was due to a general decrease in crime, as well as more successful efforts at diverting low-risk offenders from the juvenile justice system.

At the end of 2014, there were 216 former probation youth who were active on WIC § 450 status, the extended AB 12 foster care program.

In 2015, new, subsequent and supplemental petitions were filed involving 24,402 children; of these, 13,598 children were before the Court with new WIC §300 (dependency) petitions. In addition, 8,764 supplemental and/or subsequent petitions were filed in 2015. New petitions were filed in 2,040 previously dismissed or terminated cases. (Figure 2)

From 2010 through 2013, there was an upward

trend in the number of petitions filed. The number of petitions, subsequent petitions, and reactivated petitions filed increased moderately every year until 2014; only the number of supplemental 387 and 388 petitions and reactivated petitions increased slightly in 2015.

Of the 13,598 new WIC §300 petitions, 8,408 cases went to disposition in 2015. Of those cases, out-of-home placement was ordered for 3,795 children. (It must be noted that one case may involve multiple children, and the different children may have different placements.) (Figure 3) This latter number indicates that 45% of the children whose cases went to disposition were placed in foster care. Analysis of the period from 2012 through 2015 shows that there has been a steady decrease in the number of children placed in foster care.

The number of new filings increased gradually from 2010 through 2013, decreasing slightly in 2014 through 2015; whereas, the number of supplemental and reactivated petitions slightly increased in 2015.

Overall, the composition of dependency filings has essentially increased until 2013, decreasing slightly in 2014 through 2015. New petitions comprised approximately 52% of total petition filings in 2010; whereas in 2015, new petitions comprised approximately 56% of total petition filings. (Figure 2)

EXITING THE DEPENDENCY COURT SYSTEM

The data indicates that from 2010 through 2015 on average 50% of the disposition hearings end with the removal of children from their parents or guardian. An average of 45 % of disposition hearings ended with the removal of children from their parents in 2015. (Figure 3) In 2015, 13,598 children were the subject of new Dependency court petitions, and 15,203 children had their cases dismissed or jurisdiction terminated. Last year was the first year in quite some time in which the number of children exiting the system increased significantly. (Figure 4)

The decrease in the number of children in the Dependency system reflects a reversal of a trend. The decrease is surprising since reductions in resources have made it more challenging for parents to receive the services they need in order to ultimately reunite with their children.

SELECTED FINDINGS

- The number of new WIC § 602 delinquency filings decreased significantly in 2015.
- The number of dependency filings increased moderately until 2014.
- New WIC §300 petitions constituted 56% of total filings in 2015.
- In 2015, 13,598 children entered the Dependency system as a result of new petitions being filed, and 15,203 children exited the system.
- Analysis of the period from 2014 through 2015 shows that there has been a slight decrease in the number of children placed in foster care.

Figure 1

JJUVENILE DELINQUENCY COURT
NEW 602 PETITIONS FILED

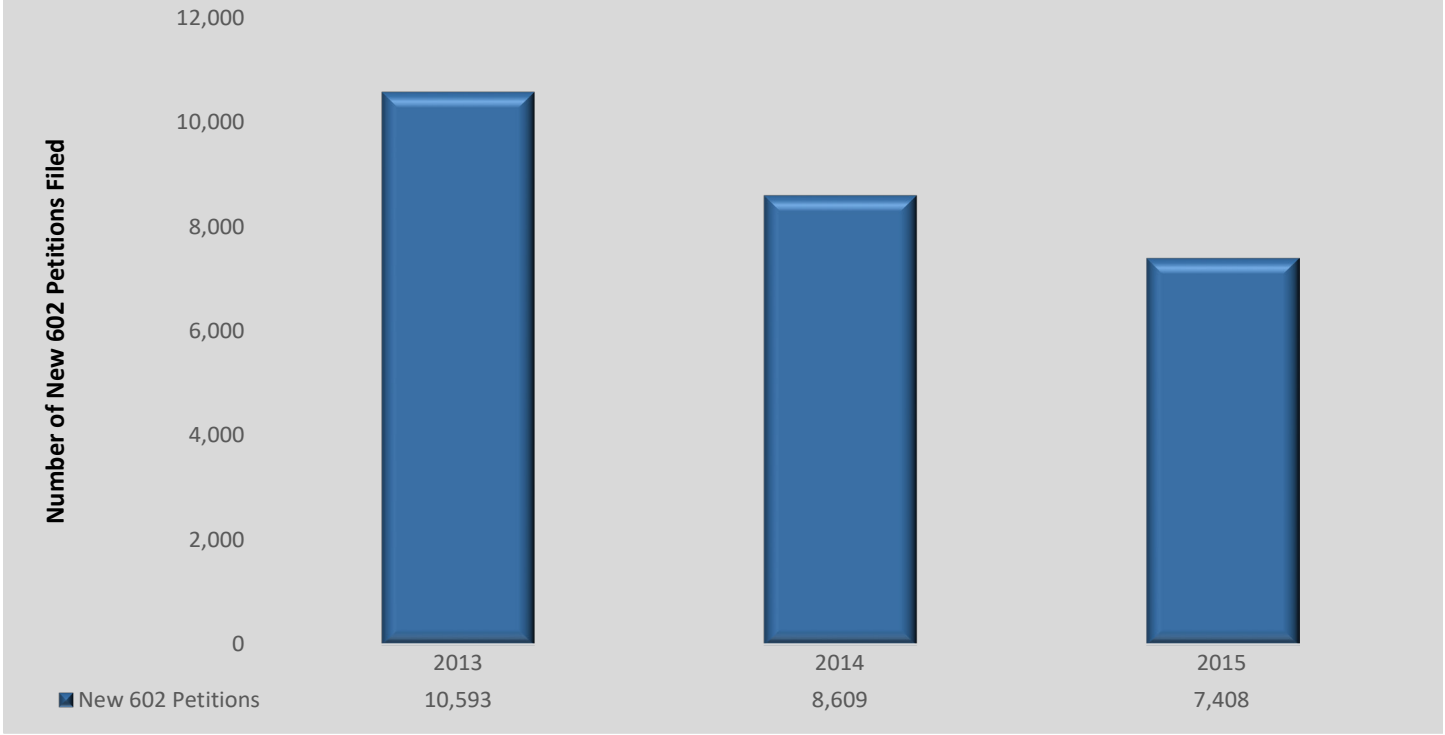


Figure 2

JUVENILE DEPENDENCY COURT
PETITIONS FILED
NEW, SUBSEQUENT, SUPPLMENTAL, AND REACTIVATED

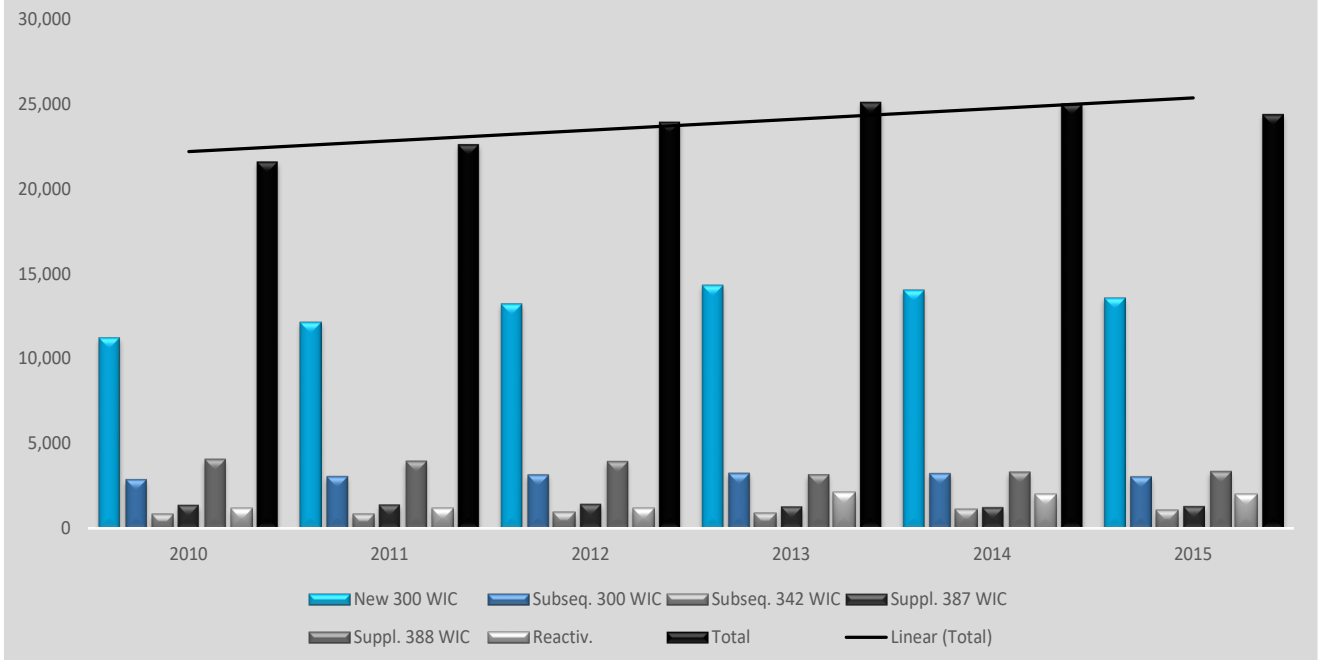


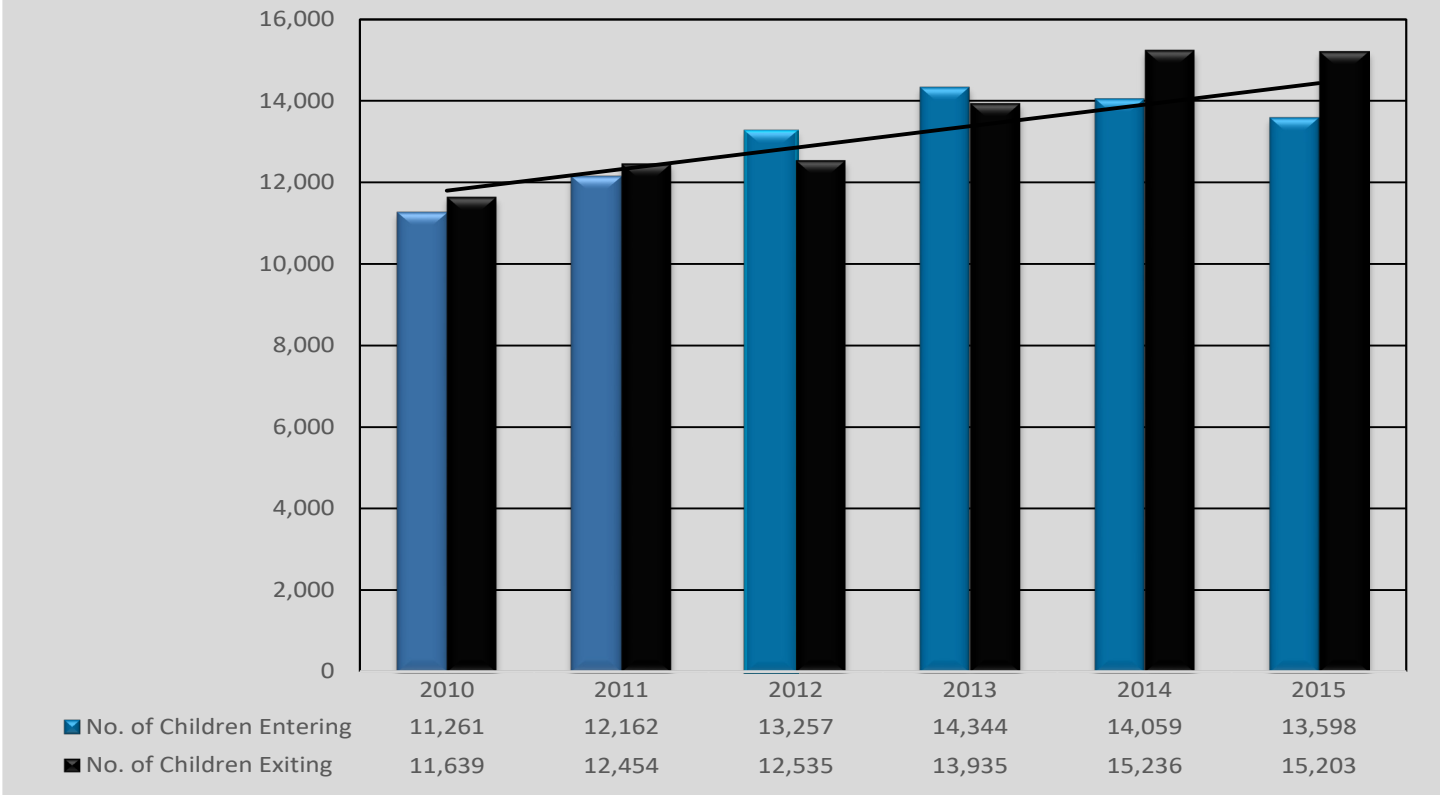
Figure 3

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

YEAR	TOTAL	HOME OF PARENT	SUITABLE PLACEMENT	OTHER PLACEMENT
2010	7,237	3,040 (42%)	3,836 (53%)	361 (5%)
2011	7,780	3,501 (45%)	4,046 (52%)	233 (3%)
2012	7,930	3,633 (46%)	4,037 (51%)	260 (3%)
2013	7,305	3,853 (53%)	3,239 (44%)	213 (3%)
2014	8,606	4,650 (54%)	3,730 (43%)	226 (3%)
2015	8,408	4,613 (55%)	3,667 (44%)	128 (1%)

Figure 4

JJUVENILE DELINQUENCY COURT
NEW CHILDREN ENTERING THE DEPENDENCY SYSTEM
AND EXISTING CHILDREN EXITING THE DEPENDENCY 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 6-, 12- or 18-month date.

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

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

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

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

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

WIC §366.26 Petition: For children who are adjudged dependent children of the Juvenile Court pursuant to subdivision (d) of Section 360, this section specifies the exclusive procedures for permanently terminating parental rights with regard to, or establishing legal guardianship of, the child while the child is a dependent child of the juvenile court.

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

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

WIC §450 Petition: A minor or non-minor who satisfies all of the following criteria is within the transition jurisdiction of the juvenile court.

WIC §601 Petition: Any person under 18 years of age who persistently or habitually refuses to obey the reasonable and proper orders or directions of his or her parents, guardian, or custodian, or who is beyond the control of that person, or who is under the age of 18 years when he or she violated any ordinance of any city or county of this state establishing a curfew based solely on age is within the jurisdiction of the juvenile court which may adjudge the minor to be a ward of the court.

WIC §602 Petition: Except as provided in Section 707, any person who is under 18 years of age when he or she violates any law of this state or of the United States or any ordinance of any city or county of this state defining crime other than an ordinance establishing a curfew based solely on age, is within the jurisdiction of the juvenile court, which may adjudge such person to be a ward of the court.

COUNTY OF LOS ANGELES

COUNTY OF LOS ANGELES FIRE DEPARTMENT

INTRODUCTION

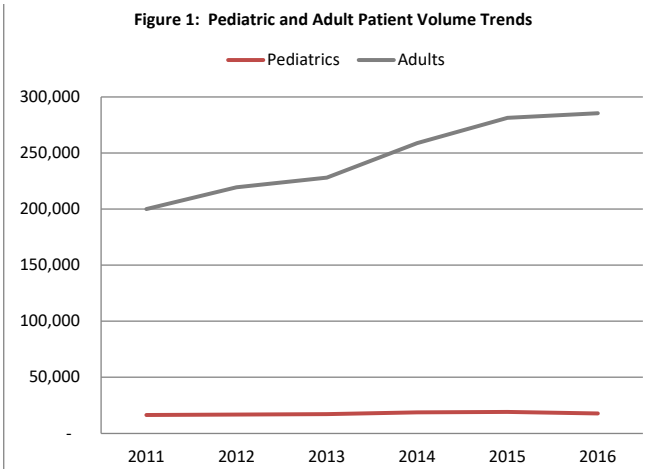
The County of Los Angeles Fire Department serves 58 District Cities and all unincorporated areas of Los Angeles County, spanning over 2,300 square miles, and protecting more than 4 million residents. Annually, the Department responds to approximately 400,000 requests for service, including fires, natural disasters, emergency medical services (EMS), mutual aid, and more. EMS incidents account for approximately 80 percent of the Department's total responses.

A majority of the care provided by emergency personnel occurs within the same environment that the illness or injury occurred. This presents a unique insight into the nature of the patient's condition, including possible cases of child maltreatment that may not be apparent to other providers in the continuum of care. Given the potential nature of these contacts, all emergency responders are mandated reporters and have been trained in identifying and reporting suspected abuse and neglect.

The County of Los Angeles Fire Department is proud to partner with the Inter-Agency Council on Child Abuse and Neglect (ICAN) on improving collaboration between agencies for the safety and well-being of children throughout the county.

PEDIATRIC PATIENT POPULATION

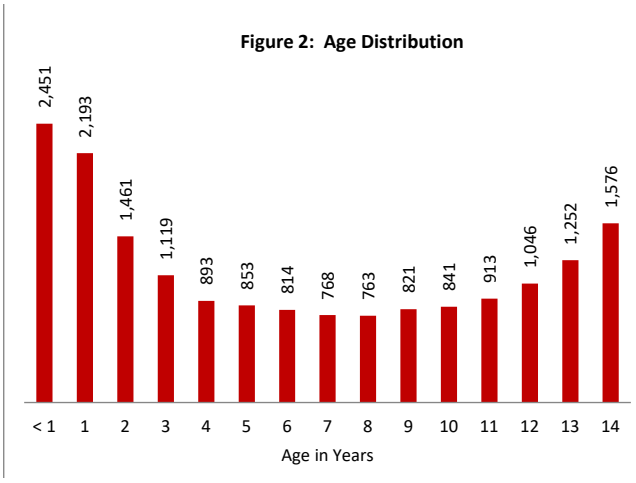
In 2016, the Department provided emergency medical care to 303,223 patients; 17,764 (6%) of these were pediatric patients, 14 years of age and younger. In stark contrast to the significant increase in adult patient contacts over recent years, the volume of pediatric patient contacts has remained consistent. Since 2011, the number of adult patients treated by the Department increased by 43%; the number of pediatric patients treated increased by only 9% (See Figure 1).



Approximately 75% of all pediatric patient contacts received transport to a 9-1-1 receiving center:

- 6,254 (35%) were transported with advanced life support (ALS) care.
- 6,668 (38%) were transported with basic life support (BLS) care.
- 151 (1%) were transported by helicopter with ALS care.

Infants and toddlers had the highest volume of incidents by age. Children ages 4 through 10 had the lowest volume of incidents by age.



See Figure 6 for a map of 2016 Pediatric Incidents by Countywide Statistical Area (SPA).

HEALTH & SAFETY

INFANTS AND YOUNG CHILDREN

Children five and under typically have different presenting conditions than older children and adults.

The most common provider impressions for infants and young children in 2016 were:

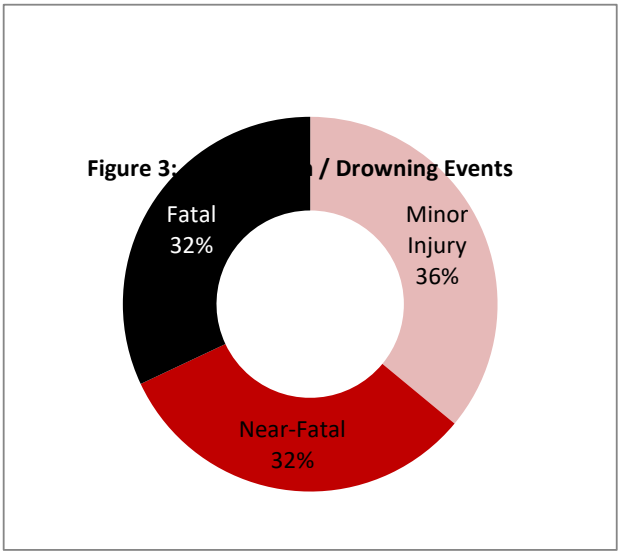
- Seizure (23%)
- Trauma / Injury (18%)
- Cold / Flu Symptoms (11%)
- Respiratory Distress (9%)
- Elevated Temperature / Fever (7%)
- Gastrointestinal Disorders (7%)

VEHICLE SAFETY

Traffic collisions were responsible for 3,355 pediatric patient contacts last year; 1,815 (54%) of these children had a reported injury. 434 (13%) had a significant injury and required ALS transport to a pediatric trauma center.

WATER SAFETY

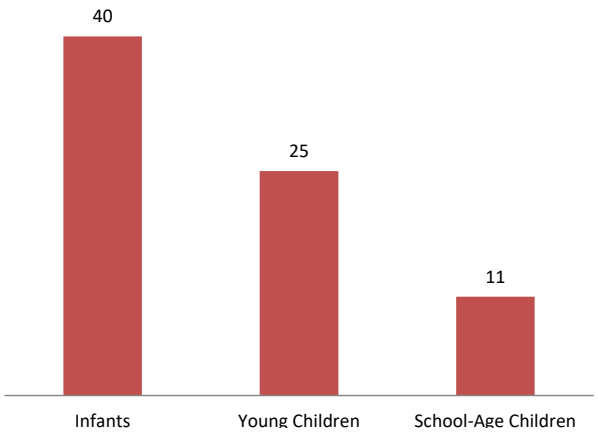
In 2016, there were 25 incidents of submersion or drowning; 20 (80%) occurred in residential pools. Two-thirds of these incidents resulted in respiratory or cardiac arrest. Nearly one-third of submersion events are fatal. Infants and young children are more commonly the victims of submersion or drowning, and accounted for 17 (74%) cases in 2016. There were two instances of infants drowning in a bathtub while unattended. (See Figure 3)



PEDIATRIC CARDIAC ARRESTS

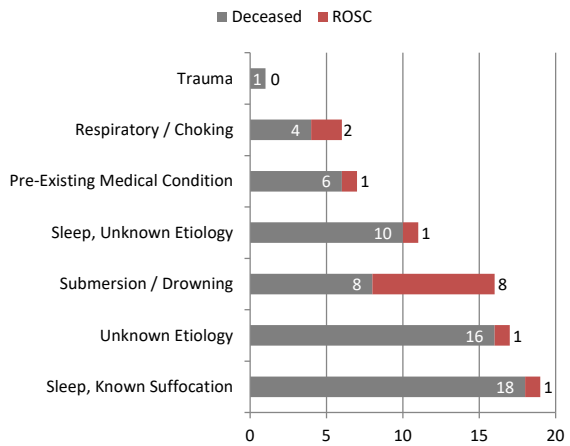
Pediatric cardiac arrests are among the most difficult cases for medical providers. In 2016, the Department provided care to 77 children in cardiac arrest. Infants under the age of one account for 52% of all pediatric cardiac arrests. (See Figure 4)

Figure 4: Cardiac Arrests Age Range Distribution



The most common etiology for pediatric cardiac arrests was suffocation while sleeping, including accidents related to bed-sharing, sleeping face down, and bedding obstructing the infant's mouth and nose. Cardiac arrest due to known suffocation while sleeping accounted for 19 cases; an additional 11 cases of cardiac arrest were associated with sleeping, but had no clear etiology. Return of spontaneous circulation (ROSC) occurred in 18% of all pediatric cardiac arrests with the highest survival rate (50%) among children who were victims of submersion or drowning. (See Figure 5)

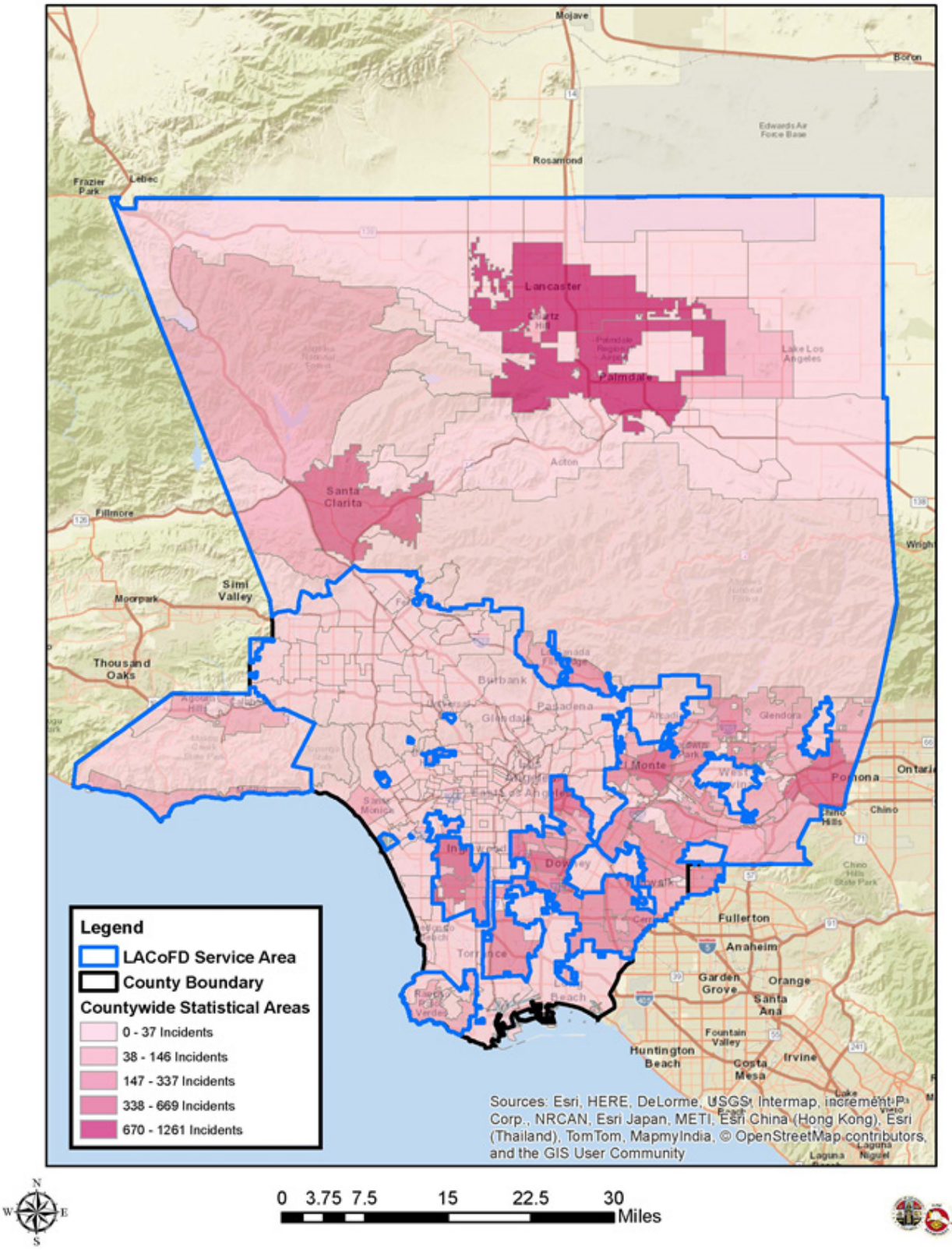
Figure 5: Pediatric Cardiac Arrest, Presumed Etiology



ABUSE & NEGLECT

In 2016, Department paramedics treated 39 victims of suspected abuse or neglect. Of these patients, 36 were victims of suspected physical abuse; 3 were victims of suspected sexual abuse. Approximately half of these patients were five years of age and under.

Figure 6: 2016 Pediatric Incidents by Countywide Statistical Area (SPA)



GLOSSARY

Advanced Life Support (ALS): invasive life-saving procedures that expand upon basic life support to include advanced airway management, intravenous infusions of medications, cardiac monitoring and defibrillation, electrocardiogram interpretation and other procedures conventionally used at the hospital level. ALS is provided by physicians, paramedics or by other specially trained professionals.

Basic Life Support (BLS): non-invasive life-saving procedures including cardiopulmonary resuscitation (CPR), use of an automated external defibrillator, bleeding control, splinting broken bones, artificial ventilation, basic airway management and administration of oral medications. BLS is usually provided by emergency medical technicians (EMT) or other similarly trained professionals.

Cardiac Arrest: a sudden, sometimes temporary, cessation of function of the heart.

Emergency Medical Services (EMS): the delivery of out-of-hospital emergency medical care and/or transport to definitive care for sick and injured patients.

Etiology: the cause or reason of a disease or condition.

Pediatric Patient: for Los Angeles County EMS providers, this is defined as patients who are 14 years of age and younger.

Pediatric Trauma Center: a hospital specially equipped and staffed to provide care to critically injured pediatric patients.

Provider Impression: the provider's explanation of the nature of a patient's condition, what the provider believes is wrong with the patient.

Respiratory Arrest: the cessation of breathing due to failure of the lungs to function effectively.

Return of Spontaneous Circulation (ROSC): the reappearance of effective cardiac activity after a period of cardiac arrest.

OFFICE OF COUNTY COUNSEL

DEPENDENCY DIVISION

The Dependency Division of the Office of the Los Angeles County Counsel is the largest division by size and in 2015 was budgeted for 119 attorneys. It is divided into eight sections, with each section supervised by a Section Head. The eight sections are composed of three Trial Sections, the Appellate Section, two Outstation Sections, the Warrant and Intake Detention Control Section (IDC), and the North County Section. The Division handled approximately 16,000 dependency cases involving approximately 33,000 children. The Division also handled approximately 500 appellate matters.

The primary mission of the Dependency Division is the litigation of dependency cases involving allegations of child abuse and neglect. The Office of the County Counsel, through this division, represents the Department of Children and Family Services ("DCFS"). DCFS is the agency charged with initiating petitions under Welfare and Institutions Code section 300 requesting the juvenile court to intervene in the lives of children who are alleged to be victims of child abuse. On average, DCFS will file 30 new petitions each day. The Dependency Division also supports DCFS in a range of programs and initiatives targeted to improve the dependency system.

The Dependency Trial Sections' staff dependency trial courts and the DCFS, IDC, which is responsible for initiating the dependency cases by the filing of a dependency petition. The dependency trial courts will typically handle over 20 scheduled hearings each day. The court calendar is supplemented by the initial petition hearings on newly filed cases. There are four Section Heads and 58 attorneys assigned to the Trial Sections.

The Outstation Sections staffs 17 DCFS regional offices. Attorneys assigned to this Section provide a wide range of advice related to existing and emergent dependency cases and investigations. This section develops and delivers extensive social worker training programs in dependency law and related issues. There are two Section Heads who supervise 19 attorneys, and help coordinate the training activities of the four attorneys who have assignments in the regional offices located in the North County.

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

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

The Dependency Division Appellate Section handles juvenile dependency appellate matters on behalf of DCFS. This section files responsive briefs and answers to writs filed by parents and children. The Appellate

Section also reviews cases for possible appellate action and will file an affirmative writ in circumstances where DCFS believes the court's order may place a child at risk or where an appeal would not be feasible due to time considerations. The Appellate Section seeks publication of appellate opinions and works with other counties to seek de-publication of unfavorable published opinions. There is a Section Head and 16 attorneys assigned to this section.

Among the published decisions from the Los Angeles County Juvenile Court issued by the Court of Appeal in 2015 were:

In re Angelina E. (2015) 233 Cal.App.4th 583:

After family reunification services were terminated in dependency case, mother filed petition for evidentiary hearing, requesting that court reinstate family reunification services. Her request was heard by two juvenile court commissioners, who denied mother's petition and terminated her parental rights. Mother appealed. The Court of Appeal held that a Superior Court Commissioner was authorized to hear dependency cases as juvenile court referee when she presided over mother's case.

In re Briana V. (2015) 236 Cal.App.4th 297:

DCFS filed dependency petition to establish juvenile court jurisdiction over three minor children, alleging that father had physically abused one child, failed to protect children, and sexually abused children. The juvenile court sustained the petition and ordered father to attend sexual abuse counseling. Father appealed. The Court of Appeal held father's appeal from jurisdictional findings against him was not justiciable, and the juvenile court did not abuse its discretion in ordering father to attend sexual abuse counseling.

In re Cole Y. (2015) 233 Cal.App.4th 1444:

DCFS filed a first amended dependency petition on behalf of a child alleging that father allowed unrelated adult and drug abuser to reside in home with unlimited access to child, and that father had positive toxicology screen for methamphetamines and amphetamines, had a history of drug abuse, and previously sustained allegation regarding drug abuse. The juvenile court declared child a dependent of the court, terminated case with family law exit order granting physical custody to mother and monitored visitation to father, and required father to complete various counseling programs as condition to modifying custody order. Father appealed. The Court of Appeal held that substantial evidence supported finding that child was at serious risk of physical harm, but juvenile court did not have authority to condition modification of exit order on proof of father's completion of certain programs and counseling.

In re Dakota J. (2015) 242 Cal.App.4th 619:

Juvenile dependency proceedings were commenced. The juvenile court issued dispositional order removing two older children from mother's physical custody and ordering suitable placement, even though children had been living with their step-grandfather. Mother appealed. The Court of Appeal held, as a matter of first impression, statute authorizing a dependent child's removal "from the physical custody of his or her parents or guardian or guardians with whom the child resides at the time the petition was initiated" did not apply, and the error in issuing removal order was prejudicial.

In re D.M. (2015) 242 Cal.App.4th 634:

DCFS filed dependency petition as to two children with jurisdictional allegations against their father for assaulting and raping their mother, and against the mother for spanking one of the children. The mother used her hand or a sandal to spank her two children on the buttocks on those "rare" occasions when lesser disciplinary measures proved ineffective, but never hard enough to leave bruises or marks. The juvenile court sustained jurisdictional allegations against the mother and the father. Mother appealed. The Court of Appeal held that spanking children does not categorically constitute "serious physical harm" under dependency statutes.

In re Emily D. (2015) 234 Cal.App.4th 438:

DCFS commenced a child dependency proceeding, and the juvenile court entered jurisdiction findings and disposition orders declaring the children dependents of the court, removed them from mother's care, and placed them with their fathers under DCFS supervision. Mother appealed. The Court of Appeal held that the juvenile court did not act as a partial advocate in violation of mother's right to due process when court requested that Department supply missing drug test results, that court had good cause to continue hearing for three days in order to obtain mother's drug test results, and court could delay ruling on mother's motion to dismiss in order to insist that Department produce mother's drug test

results.

In re I.B. (2015) 239 Cal.App.4th 367:

DCFS filed juvenile dependency petition. After petition was sustained at jurisdictional hearing, the Department provided notice of the action to certain Indian tribes pursuant to the Indian Child Welfare Act (ICWA). Following six-month review hearing, the juvenile court found that the ICWA did not apply, terminated reunification services, and later terminated parental rights. Mother appealed. The Court of Appeal held that the caseworker was required to provide follow up notice to tribes after receiving additional information regarding relatives, and failure to provide follow up notice was not harmless error.

In re Jesus M. (2015) 235 Cal.App.4th 104:

A child dependency proceeding was commenced, and the juvenile court assumed jurisdiction based on risk of physical harm, detained children from father, granted sole custody to mother, and terminated jurisdiction. Father appealed. The Court of Appeal held that evidence did not support finding of risk of physical harm, and that that the court's finding that Father's conduct—harassing the children's mother in violation of a family law restraining order and denigrating the mother to the children—placed the children at risk of emotional, but not physical injury, and that could not support assertion of jurisdiction under subdivision (b), which requires proof of physical harm or substantial risk of such harm.

In re Jonathan B. (2015) 235 Cal.App.4th 115:

DCFS filed dependency petition as to three siblings. The Juvenile Court sustained jurisdictional allegations against father and mother. Mother appealed, contending that the jurisdictional findings sustained against her under WIC 300, subdivisions (a) and (b)(1), were unsupported by substantial evidence because she took the proper actions to protect her children when the father assaulted her. The Court of Appeal held that evidence that father assaulted mother on two occasions five years apart was insufficient to support jurisdictional findings against mother.

In re Kadence P. (2015) 241 Cal.App.4th 1376:

DCFS filed a dependency petition pursuant to WIC 300 alleging the child needed the protection of the juvenile court. The juvenile court issued jurisdiction findings and a disposition order declaring child a dependent of the juvenile court and removing her from parents' custody. The parents appealed. The Court of Appeal held that evidence supported finding that child faced a "risk of serious physical harm or illness" from mother's drug use. In addition, the Court of Appeal found that the maternal grandmother's report that she believed she had ancestry in a particular American Indian tribe triggered a duty to give Indian Child Welfare Act ("ICWA") notice; and that the maternal great-uncle's report that child had ancestors from particular tribes also triggered a duty to give ICWA notice to those tribes. The Court of Appeal conditionally affirmed and remanded with directions to the DCFS to comply with the ICWA.

In re M.M. (2015) 236 Cal.App.4th 955:

DCFS filed dependency petition against the Mother, alleging that she had taken her four-year-old son with her when she went to solicit sex and, while incarcerated on charges of prostitution, failed to make appropriate plan for son's care and supervision. The juvenile court entered order adjudging son to be a dependent of juvenile court, removing son from mother's care and custody, and placing son with DCFS for suitable placement. Mother appealed. The Court of Appeal held that juvenile court violated the mother's statutory right to be present at contested jurisdiction and disposition hearing and the error in proceeding to adjudicate son a dependent of juvenile court without the mother present was not harmless. In addition, substantial evidence did not support finding that the Mother failed to make appropriate plan for son's care and supervision.

In re M.W. (2015) 238 Cal.App.4th 1444:

DCFS filed dependency petition seeking juvenile court jurisdiction over two minor children, alleging mother's history of substance and alcohol abuse and emotional problems rendered her incapable of providing regular care and supervision of children and placed them at risk of physical and emotional harm. Following no contest plea, the juvenile court found allegations true and determined that children were persons described in dependency petition. DCFS filed subsequent petition, alleging that father's criminal conduct endangered children's physical health and safety and that mother failed to protect children from sexual abuse and failed to press charges regarding alleged domestic violence. The juvenile court then found those allegations true and ordered children placed in suitable home. Mother appealed. The Court of Appeal held the

evidence was insufficient to support finding that prior domestic violence incident placed children at risk of current physical harm, and that mother's failure to obtain protective order in response to prior domestic violence incident did not place children at current risk of physical harm. In addition, the evidence was insufficient to support finding that mother knew or should have known of father's prior criminal conduct.

In re Natalie A. (2015) 243 Cal.App.4th 178:

DCFS filed dependency petition as to three children. After jurisdictional allegations were sustained against mother, DCFS filed a supplemental petition with jurisdictional allegations against father of neglect and inability to supervise or protect. The juvenile court sustained both jurisdictional allegations. Father appealed. The Court of Appeal held that evidence supported the finding that father's marijuana use rendered him unable to supervise or protect the children, the juvenile court properly required father to participate in drug testing and treatment.

In re Nicholas E. (2015) 236 Cal.App.4th 458:

DCFS filed dependency petition alleging that mother had engaged in conduct placing the children's physical and emotional health at risk. The mother moved to dismiss the petition because she and father are already litigating the custody of the children in family court. The juvenile court dismissed petition without hearing and DCFS appealed. The Court of Appeal held that the dismissal order was appealable, and dismissal of dependency petition on basis of allegedly offending parent's loss of custody improperly diluted dependency jurisdiction.

In re N.L. (2015) 236 Cal.App.4th 1460:

After a child was declared a dependent of the juvenile court and removed from her mother's custody, her father filed request for restraining order, seeking an order that mother stay at least 100 yards away from father and child. In support of his request for a restraining order, the father declared under penalty of perjury that the mother attempted to remove the child from school. The mother threatened father, struck him, leaving scratches on Father's hand and pulled his hair. The juvenile court issued restraining order and included child as a protected person. Mother appealed. The Court of Appeal held that evidence was insufficient to support inclusion of child as protected person in restraining order. The Court of Appeal noted that there was no evidence in the record that the mother had engaged in any violent or dangerous conduct toward, or made any threats to the child. There is no evidence that the mother's violent conduct or threats occurred in the child's presence.

In re Roxanne B. (2015) 234 Cal.App.4th 916:

DCFS filed petition pursuant to WIC 300 initiating dependency proceedings on behalf of a child, alleging that parents caused the child serious emotional damage. The juvenile court sustained the petition, and the parents appealed. The Court of Appeal held that the evidence was sufficient to support finding that child was suffering serious emotional damage, and the evidence was sufficient to support finding that parents were substantial cause of child's serious emotional damage.

In re Z.S. (2015) 235 Cal.App.4th 754:

After DCFS's dependency petition was sustained and the children were declared dependents, DCFS recommended that family reunification services be terminated. The juvenile court terminated reunification services, terminated mother and father's parental rights, and found children adoptable as a sibling set. After children's adoptions were finalized, father appealed and maternal grandmother joined in father's arguments. The Court of Appeal held father's notice of appeal from order terminating his parental rights was untimely, doctrine of constructive filing did not apply, father's notice of appeal from order finalizing adoptions was not a permissible collateral attack on order terminating his parental rights, any error in failing to provide proper notice of termination hearing was harmless, the Juvenile Court did not abuse its discretion in denying a continuance; the maternal grandmother did not have standing to challenge orders terminating parental rights and finalizing adoptions; and father did not have standing to challenge order finalizing adoptions.

THE PRACTICE OF DEPENDENCY LAW

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

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

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

PRE-FILLING 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 provides 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 Welfare and Institutions Code ("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 Adjudication. 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 Adjudication, County Counsel litigates the counts set forth in the petition to establish the legal basis for the court's assumption of jurisdiction. If it is necessary to call a child as a witness, County Counsel or the child's attorney may request that the court permit the child to testify out of the presence of the parents. The court will permit chambers testimony if the child 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 assure that the child tell the truth.

The social study report prepared by the CSW, attachments to the report, and hearsay statements in the report may be used as substantive evidence subject to specific objections. The CSW, as the preparer of the report, and other hearsay declarants must be available for cross-examination. Statements made by a child less than 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 less than three years old.

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

Reunification services are not ordered in all cases. If a parent is in custody, the court, may deny reunification 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 WIC section 361.5, subdivisions (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 under 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 are 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 that brought the child within the court's jurisdiction, the child is safe in the home, and jurisdiction may be terminated.

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

If the child was under the age of three on the date of initial removal from parental custody, the first six-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. Particularly, the court must take into consider the barriers of an incarcerated or institutionalized parent in determining whether to extend reunification services. The court also must determine, by clear and convincing evidence, that additional reunification services are in the child's best interest, and the parent is making significant and consistent progress, and there is a substantial probability that the child will be returned to the physical custody of his or her parent within the extended period.

(WIC section 366.25) The permanency hearing must occur within 24 months of the original detention of the child. If the child is not returned to the custody of his or her parents, the court must terminate reunification 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 a 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: A court hearing held prior to the jurisdictional hearing, in which the parties meet in an attempt to resolve the issues before the court.

Prima Facie Evidence: Evidence that, if uncontradicted, would support the requested finding. In a dependency proceeding, the court, at an initial hearing, needs only prima facie evidence that the child is described by 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.

LOS ANGELES COUNTY COMMUNITY CHILD ABUSE COUNCILS

OVERVIEW

The Los Angeles Community Child Abuse Councils consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils are to reduce the incidence of child abuse and neglect, and to educate the public about child abuse and family violence issues.

The membership of the Councils includes professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the issues surrounding child abuse and family violence.

In fiscal year 2015-2016, the Children's Bureau of Southern California (www.all4kids.org) was awarded the Department of Children and Family Services (DCFS) Los Angeles County Community Child Abuse Councils Coordination Services Grant ($100,000 each year for three years) to provide technical support and administrative oversight for the twelve child abuse prevention councils. Children's Bureau was also contracted to hire a part-time Community Child Abuse Council Coordinator to bring the 12 Council Chair Members together each month to help coordinate the joint service activities of the group to meet collective grant goals. Furthermore, the Council Coordinator interfaces with several ICAN committees on a regular basis (Child Death Review, Child & Adolescent Suicide Review, and Operations) to cross-share information and provide a community-based perspective with regard to child abuse prevention.

WHO ARE THE COUNCILS?

GEOGRAPHICALLY BASED COUNCILS

- Eastside Child Abuse Prevention Council (El Monte)
- End Abuse Long Beach
- Foothill Child Abuse and Domestic Violence Prevention Council
- Council for Child Abuse Prevention – Serving the San Fernando and Santa Clarita Valleys
- San Gabriel Valley Child Abuse Prevention Council
- Service Planning Area 7 Child Abuse Council
- Council for Child Abuse Prevention – Serving the San Fernando and Santa Clarita Valleys
- San Gabriel Valley Child Abuse Prevention Council

- Service Planning Area 7 Child Abuse Council
- Westside Domestic Violence Network
- YES2KIDS - Antelope Valley Child Abuse Prevention Council

POPULATION SPECIFIC/COUNTY-WIDE COUNCILS

- Advocacy Council for Abused Deaf Children
- Asian and Pacific Islander Children, Youth and Family Council
- LGBT Child Abuse Prevention Council
- Los Angeles County - Family, Children, Community Advisory Council

THE LOS ANGELES CHILD ABUSE COUNCILS ARE INVOLVED IN THE FOLLOWING JOINT PROJECTS:

- The Blue Ribbon Child Abuse Prevention Campaign (April);
- Publication of The Children's Advocate Newsletter;
- The Report Card Insert Project;
- 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;
- Monthly Meetings of the Council Chairs;
- Coordination of Suicide Resources and Prevention Inserts;
- Special Projects for Individual Councils.

FISCAL YEAR 2015-2016 SPECIAL PROJECTS

Each of the Los Angeles County Community Child Abuse Councils prepared and presented their Annual Child Abuse Project Applications during December of 2015 to February of 2016. Each project illustrated how the Council intended to use their allotted funds to support child abuse prevention activities within their respective communities and/or for their populations of interest. The types of activities varied from Council to Council and included many creative, resourceful and impactful primary prevention projects.

Examples of past special projects included:

- Mandated Reporter Trainings to the Community
- Parent workshop: "Grandparents Raising Grandchildren"
- Monthly trainings to service providers (CEU's often available) on topics such as Domestic Violence and Family Law Basics & Understanding Human Trafficking
- Understanding & Combating Institutional Racism in Child Welfare
- Transformational Leadership Development of Adolescents and Young Adults
- Cultural Awareness and Child Protective Services

In the 2015-16 contract year, the Councils each had $3,440.00 to spend on their special projects ($1,000 increase since the 2013-2014 year) and most are implemented in April during Child Abuse Awareness Month. The following illustrates a brief description of each Councils' activities during the year.

LOS ANGELES COUNTY FAMILY, CHILDREN, COMMUNITY ADVISORY COUNCIL (LAC-FCCAC) (AFRICAN-AMERICAN COUNCIL)

LAC-FCCAC sponsored a conference on April 21, 2016 entitled "Urban Female Youth and Teen Pregnancy…Impact on the Life Span of the Woman and Child" at Calvary Chapel Christian Church. The featured speaker was Kiana Shaw, who is dedicated to teaching teen girls life, leadership and empowerment skills through her foundation, Village of Truth and her company LeadHERship Academy. The other speaker was Michael Freeman, Co-Founder and Executive Director of Elevate Your G.A.M.E., a non-profit organization that conducts mentoring programs for urban youth in several Los Angeles area high schools. Both speakers gave stimulating presentations on teenage and young adult (ages 10-24) pregnancy and the serious issues that forever impact the future of each young woman, baby and father. The speakers also discussed that without positive intervention, the cycle of teen/young adult pregnancy will continue to impact all involved family members, their neighborhood, and surrounding community.

LAC-FCCAC also partnered with Elevate Your G.A.M.E. in a new project to support mentored youth by developing songs and music created in the hip/hop genre that will uplift and affirm youth in an attempt to encourage them to pursue their goals and teach them to develop healthy and respectful relationships. There are now four songs and corresponding curriculum available at www.elevateyourgame.org that can be listened to by youth individually or in a group. The songs can also be used by anyone to

mentor and encourage youth.

EASTSIDE CHILD ABUSE PREVENTION COUNCIL (EL MONTE)

In 2016, the Eastside Council hosted their Annual Heroes' Art Contest with the topic of "How I help in my community." Additionally, their "Awareness + Stop the Violence" Symposium was held on April 13, 2016 at the Grace Black Auditorium in El Monte, CA. A panel discussion of professionals regarding the impact of domestic violence and its relationship to child abuse also ensued. Lastly, a "Communication Familiar" Workshop for the community was held on May 19, 2016 regarding positive communication skills and parental resiliency.

SAN GABRIEL VALLEY CHILD ABUSE PREVENTION COUNCIL

On April 30, 2016, the San Gabriel Valley CAPC screened the documentary film "IN UTERO" which offered enlightening and oftentimes poignant interviews with experts and pioneers; "IN UTERO" paints a complex tapestry of the human experience from conception to birth. Tapping into cultural myths, popular movies, and technological trends, the film demonstrates how our experiences in utero preoccupy us throughout our lives.

Experts in the fast-growing field of epigenetics explain that we are not only our genes but a product of our environment as well, a proven fact that changes our perception of stress and exposures to the environment during pregnancy. The film looks at how these environmental effects are passed down generationally through our genes, making it scientifically plausible that a traumatic event that affected your grandmother could in fact leave a mark on your genes.

A panel followed the film presentation with Dr. Caron Post, Lee Ann Paddock, an adoptive parent and Dr. Suzanne Roberts, Pediatrician at Children's Hospital Los Angeles. The event closed with a presentation by Dr. Post regarding the intergenerational transmission of trauma and the power of resilience. The event had over 150 attendees with very positive feedback received on the film and panel presentation. Comments included: "the film was impactful and humbling," the "film was excellent, good connection to the stress in modern society," "How far back we are influenced by our environments, all of it was useful information to impart on our clients."

Special thanks to Sharon Tan, Ph.D, with the Department of Mental Health, for her collaboration with the Council and securing Continuing Education Units (CEUs) for participants.

LGBT CHILD ABUSE PREVENTION COUNCIL

For the sixth year in a row, the LGBT Child Abuse Prevention Council planned and coordinated the annual Embracing Diversity of GLBTQ Youth (E.D.G.Y.) Conference with Penny Lane Centers, a non-profit serving the needs of youth and families in Los Angeles County. The conference increases knowledge and awareness of the needs of LGBTQ Youth and families, and empowers social service and mental health professionals to support the LGBTQ community through an array of services and resources. The conference was held in November of 2015 at the Skirball Center. The LGBT Council was able to sponsor 40 professional scholarships which went to parent groups, social service providers, mental health professionals and educators who otherwise could not attend.

END ABUSE LONG BEACH

In 2015-2016, End Abuse Long Beach hosted monthly trainings for service providers throughout the Service Planning Area (SPA) 8 community. In the month of April, Barbara Hernandez, Psy.D., LMFT, LPCC spoke to the group regarding the "Clinical Aspects of Trauma and its Relationship to Commercially Sexually Exploited Children (CSEC)." The program explored the inherent issues surrounding CSEC in the United States, along with an understanding of how unresolved complex trauma has impacted this young population. Additionally, Dr. Hernandez further explored the notion that although we have become more experienced in the identification of CSEC, there is still much to be learned with regard to the risk factors, assessment, and clinical treatment of CSEC.

ADVOCACY COUNCIL FOR ABUSED DEAF CHILDREN (ACADC)

In 2016, the ACADC returned to active status with the Community Child Abuse Councils and on Saturday, April 30th, the group coordinated "A Healing Day: Changing Ourselves, Our Families and Our Community" which was a workshop offered for the Deaf Community. The collaborative workshop was hosted by Five Acres Deaf Services, Greater Los Angeles Agency on Deafness, Peace Over

Violence and My Choice Counseling. The workshop focused on positive ways to heal from trauma and abuse via hands-on therapeutic arts and resources were additionally provided for the Deaf Community.

FOOTHILL CHILD ABUSE AND FAMILY VIOLENCE PREVENTION COUNCIL

The Foothill Council hosted their annual Spring Conference on April 29, 2016 at the Almansor Court in the City of Alhambra. This conference trained social workers, mental health clinicians, and other social service providers in the Pasadena and surrounding areas on the topic of "Maternal Mental Health: Prevalence and Effects on the Individual and Family." The training emphasized all five protective factors and provided CEU's for attendees. The trainer for this event was Gabrielle Kaufman, Training Director at Maternal Mental Health NOW!

ASIAN AND PACIFIC ISLANDER CHILDREN YOUTH AND FAMILY COUNCIL (API-CYFC)

In the 2015-2016 year, the API-CYFC spent time regrouping, re-visioning, and recruiting for the Council. The history, mission and goals were revisited as well as current priorities to best serve the evolving needs of the API community were identified. Top priorities included organizing and maintaining a network of professionals; facilitating relationship between community-based organizations and local entities; and supporting the advancement of child abuse prevention and treatment programs. Another important identified goal was to expand and strengthen the Council by recruiting both former and new member agencies in order to better serve API families.

WESTSIDE DOMESTIC VIOLENCE NETWORK (WDVN)

On April 14, 2016, the WDVN hosted a "Law and Ethics in Treating Families with Domestic Violence" training for providers at the United Methodist Church in Santa Monica which focused on legal and ethical guidelines for clinicians providing treatment for families experiencing domestic violence. The speaker, Myles Montgomery, LCSW, JD, presented relevant legal codes that dictate practice along with best practice approaches to providing clinical support to children.

Additionally, The WDVN held a leadership workshop series for 22 professionals, who identify as people of color and work in local non-profits at the middle management level. The first event was a full-day training focusing on "Strength-based Leadership and Management" which included a personalized evaluation of each individual's leadership characteristics using the Strength-Finder tool. The second event was a half-day training centered around "Self Preservation in the Field." This training focused on supporting career longevity for providers that are consistently exposed to secondary trauma given their work with clients impacted by child abuse and family violence. The events were so successful, that all participants emphatically requested more trainings in the coming year to continue the momentum, dialog and support.

COUNCIL FOR CHILD ABUSE PREVENTION – SERVING THE SAN FERNANDO AND SANTA CLARITA VALLEY (SERVICE PLANNING AREA 2)

In April of 2016, as part of the SPA 2 Council's strategic plan, the group expanded its 2013-2014 poster campaign utilizing the opening of "Take One Moment" and following with a message that "parents that connect, imagine and play with their children are less likely to be emotionally or physically abusive." Posters were placed strategically throughout the San Fernando and Santa Clarita Valley in communities with high incidence of DCFS hotline calls.

SERVICE PLANNING AREA 7 CHILD ABUSE PREVENTION COUNCIL

On April 30, 2016, an experiential training called a "Reality Party" was held in the SPA 7 area to inform parents and community providers about the dangers of teen partying from a unique perspective. Participants engaged in a 30-minute walk-throughs of a mock "teen house party" that characterized the typical drinking, drug use, and other associated dangers, acted out by teenage actors. The "Reality Party" provided the group with insight into the culture of teen parties along with the very real pressures, prompting discussion regarding personal and community solutions. Following the walk-through, a question and answer session was conducted by mental health experts to help participants debrief.

YES 2 KIDS – ANTELOPE VALLEY CHILD ABUSE PREVENTION COUNCIL

For the past 13 years, Yes2Kids has conducted a Writing Contest for students in the Antelope Valley that encourages them to write about topics such as

the importance of family, respect, bullying, and how to stop child abuse. The theme for 2016 was "Let's Keep Them Smiling…" and winners were chosen from various grade levels to read their essays, and receive an award/prize. This year's awards ceremony was held on April 6, 2016, at the Larry Chimbole Cultural Center.

TOTAL PEOPLE, CHILDREN & FAMILIES INVOLVED OR IMPACTED

The Child Abuse Councils were asked to provide best estimates with regard to the number of children, families, and total people that were involved or impacted by the activities performed in the 2015-16 contract year throughout Los Angeles County. The following chart illustrates the combined output from all twelve Councils:

	Total People (includes adults and children)	Children	Families
Number of people involved or impacted by the projects:	61,595	21,235	24,946
Number of people with identified special needs involved or impacted by the projects:	203	252	318

TRAININGS/WORKSHOPS

A primary function of the Los Angeles County Community Child Abuse Councils is to provide their communities relevant and timely trainings/ workshops. In the 2015-16 contract year, 10 of the 12 Councils chose to provide at least one training or workshop on a wide range of topics and in total, 2,381 community members, students and professionals working in the child welfare field (social workers, mental health providers, etc.) received free or low cost trainings.

SATISFACTION SURVEYS

This year, 10 of the 12 Councils collected satisfaction surveys from individuals who attended their trainings, workshops or activities in an effort to gather feedback and information to inform future planning. Of those Councils that did not collect surveys, one was reinstated in March of 2016 and thus had limited time to plan/execute an event for April, and the other conducted a poster campaign and thus survey collection did not apply.

In considering the results of the Councils' satisfaction surveys, it was found that once these results were averaged, attendees indicated high marks for the trainers, information presented, and an increase in knowledge gained by attending the training.

DISTRIBUTED PRINTED PREVENTION MATERIALS

The Councils create and distribute a variety of community friendly child abuse prevention materials in numerous languages. Materials available in 2015-2016 include:

- "Daily Acts of Kindness Towards Children" Calendars (Languages: English, Spanish, Khmer, Tagalog, Korean, Vietnamese, Japanese and traditional Chinese);
- "Guide to Positive Parenting" (Languages: English & Spanish);
- "California Mandated Reporting, Easy Steps…" pamphlet (Languages: English & Spanish);
- "It only takes a minute to brighten a child's life" Bookmarks (Language: English);
- "Together We stand Up Against Bullying!" pamphlet (Languages: English, Spanish, traditional Chinese);
- "Resources for Families and Friends After a Suicide, Suicide Attempt or Threat" wallet cards (Languages: English & Spanish);
- "5 things to know" LGBT resource card (Languages: English & Spanish);
- "Safe Zone" stickers, created by the LGBT Council (Language: English);
- "Take One Moment" Poster Campaign for SPA 2 (Languages: English & Spanish);
- "Yes 2 Kids" brochure (Languages: English & Spanish).

In the 2015-16 contract year, the LACCCAC's distributed an estimated 41,450 printed prevention materials to community partners, parents, community residents and service providers within SPA's 1, 2, 3, 5, 6, 7 and 8.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The Los Angeles County Department of Children and Family Services (DCFS) began operations on December 1, 1984. The Department's 7,000+ staff provides legally mandated Emergency Response, Family Maintenance, Family Reunification, Permanent Placement and Adoptions services to children and families in its 20 Regional offices throughout the County.

OUR VISION

Children thrive in safe families and supportive communities.

OUR MISSION

DCFS practices a uniform service delivery model that measurably improves:

- Child safety
- Permanency
- Well-being

VALUES:

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

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

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

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

Responsiveness: We take needed action in a timely manner.

CURRENT GOALS

GOAL 1: CHILD AND FAMILY CENTERED PRACTICE

STRATEGY 1.1: Achieve Best Practices in Child Safety

Objective 1.1.1, Child Safety: Establish clear protocols and joint responsibility with other government agencies and community partners to ensure children who are known to DCFS are safe from maltreatment.

Objective 1.1.2, Core Practice Model: Ensure DCFS clients experience services consistent with the Department's Core Practice Model.

Objective 1.1.3, Eliminating Racial Disparity and Disproportionality: Reduce disparity and disproportionality for African American children.

Objective 1.1.4, Young Children in Care: Provide optimal services to all children in care focusing on the accelerated developmental needs of children under the age of five.

Objective 1.1.5, CSEC: Expand cooperation and integration with government agencies, service providers and the community to improve service delivery for "Commercially Sexually Exploited Children".

Objective 1.1.6, Self-Sufficiency: Promote self-sufficiency of Transitional Age Youth and young adults through opportunities and access to education, employment and vocational training.

Objective 1.1.7, Crossover Youth: Identify and link to services the foster youth who are at high risk of being arrested and/or referred to juvenile court for delinquent offenses.

STRATEGY 1.2: Meet Placement and Treatment Needs of the Children under DCFS Supervision

Objective 1.2.1, Child Well-being: Ensure that the educational, health and mental health needs are met for children under DCFS supervision.

Objective 1.2.2, Permanency for all Children: Assure children spend no more time than is absolutely necessary in out-of-home care.

Objective 1.2.3, Kinship Care: Ensure that whenever possible, children are placed in a relative home and/or maintain a connection to their family.

Objective 1.2.4, Placement Resources: Obtain rapid and appropriate placements for children in care that meet their unique needs and keep them safe.

GOAL II: OPERATIONAL EXCELLENCE

STRATEGY 2.1: Foster Effective and Caring Community Partnerships

Objective 2.1.1, Partnership and Collaboration: Ensure disclosure, clarity and inclusion are routine components of engagement with community partners and providers in all aspects of service delivery from reviewing outcomes to allocation of resources.

Objective 2.1.2, Community Engagement: Improve performance and build service capacity of community based organizations by developing a contracting and shared learning process that is achievable and effective.

Objective 2.1.3, Information Sharing: Strengthen the county-wide safety net to protect children at risk of abuse and neglect through improved information sharing.

STRATEGY 2.2: Ensure the Right People are doing the Right Job

Objective 2.2.1, Service Excellence: Create a culture of service excellence for both internal and external customers.

Objective 2.1.2, Workforce Excellence: Ensure that a skilled, professional workforce is hired and retained.

Objective 2.1.3, Staff Development and Training: Provide a comprehensive and innovative training curriculum.

STRATEGY 2.3: Pursue Optimal Design and Accompanying Work Systems

Objective 2.3.1, Information Systems: Modernize and innovate Departmental information systems.

Objective 2.12, Alignment: Enhance organizational productivity and accountability by aligning Federal, State and County mandates.

CHILD WELFARE SYSTEM/CASE MANAGEMENT SYSTEM (CWS/CMS) OUTCOMES SYSTEM

CWS/CMS Outcomes System, formerly known as The Child Welfare System Improvement and Accountability Act (AB 636) began on January 1, 2004, outlines how California counties are held accountable for ensuring the safety, permanence and well-being of children served by child welfare agencies. This statewide accountability system focuses on the reporting and measurement of results achieved for children.

AB 636 will improve services for children through the supporting of state and county partnerships; requiring counties to publicly share their results for children and families and collaboration with community partners; mandating county-specific system improvement plans; and encouraging of interagency coordination and shared responsibility for families.

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

- Children are protected from abuse and neglect.
- Whenever possible, children are safely maintained in their own homes.
- 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 received appropriate services to meet their educational needs.
- Children received 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: recurrence of maltreatment; maltreatment in foster care; placement stability; and timely permanence. These and other data are tracked and reported by the California Child Welfare Indicators Project (CCWIP); a collaboration between the University of California, Berkeley (UCB) and the California Department of Social Services (CDSS). The project is housed at UCB's School of Social Welfare and provides policymakers, child welfare workers, researchers, and the public with direct access to customizable information about California's child welfare system.

TITLE IV-E WAIVER

Implemented in July 2007, the Title IV-E Waiver (Waiver) provides DCFS the flexibility to use Title IV-E funds for innovative strategies to accelerate efforts to improve outcomes for children and families by improved array of services and supports available to children, youth and families involved in the child welfare and juvenile justice system; family engagement through a more individualized casework approach that emphasizes family involvement; increased child safety without an over-reliance on out-of-home care; improve permanency outcomes and timelines; improved child and family well-being and decreased recidivism and delinquency for youth on probation. The initial Waiver period ended on June 30, 2012 and the Waiver operated under a bridge period until the five-year Waiver Extension was granted on October 1, 2015. The Waiver's three initiatives are:

- The Core Practice Model;
- Enhanced Prevention and Aftercare; and
- Partnership for Families.

CHILD WELFARE SERVICES

Emergency Response Services

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

Family Maintenance Services

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

Family Reunification Services

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

Permanent Placement Services

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

PROTECTIVE SERVICES - REFERRALS RECEIVED

During Calendar Year (CY) 2015, there were 175,383 children who were referred to DCFS's Child Abuse Hotline for child abuse. An in-person investigation was required for 83.7% (146,800) of these referred children. As shown in Figure 1, there were 175,383 children referred during CY 2015 compared to 181,926 in CY 2014. This reflects a 3.6% decrease in referrals from CY 2014.

Figure 1 provides annual referral counts as far back as 1984, and Figure 2 provides referral data by Service Planning Area (SPA) for the current reporting period. Please refer to the Los Angeles County SPA maps and the ZIP Code list at the end of the DCFS report to identify the communities in each SPA.

Referrals Received by Allegation Type

Referrals for child abuse or neglect received by DCFS are categorized by eight reporting categories of abuse and neglect in Figure 3 and Figure 4 and are ranked by the order of severity as defined by CDSS. Please refer to the Glossary in this report for the Definitions of Abuse. Also included is the "At Risk, Sibling Abuse" category, which was added during the implementation of the CWS/CMS for siblings who may be at risk of abuse, but were not identified as victims.

- Sexual Abuse referrals decreased 6.8% from 16,475 in CY 2014 to 15,352 in CY 2015 and made up 8.8% of the referrals received in CY 2015.
- Physical Abuse referrals decreased 5.2% from 35,440 in CY 2014 to 33,614 in CY 2015 and were responsible for 19.2 % of the referrals received in CY 2015.
- Severe Neglect referrals decreased 9.1% from 3,168 in CY 2014 to 2,881 in CY 2015 and accounted for 1.6% of the referrals received in CY 2015
- General Neglect continues to be the most reported allegation; it is responsible for 33.6% of the children referred to DCFS during CY 2015, up from 32.7% in 2014. General Neglect referrals decreased 0.8% from 59,408 in CY 2014 to 58,918 in CY 2015.
- •Emotional Abuse referrals decreased 4.0% from 23,649 in CY 2014 to 22,712 in CY 2015 and accounted for 12.9% of the referrals received in CY 2015.
- Exploitation continues to be the least reported allegation, but Exploitation referrals increased 2.2% from 91 in CY 2014 to 93 in CY 2015.
- Caretaker Absence/Incapacity decreased 10.6% from 2,457 in CY 2014 to 2,196 in CY 2015 and was responsible for 1.3% of the referrals received in CY 2015.
- At Risk, Sibling Abuse represented 22.6% of the children referred in CY 2015. At Risk, Sibling Abuse referrals decreased 3.9% from 41,238 in CY 2014 to 39,617 in CY 2015.
- When children referred to DCFS because of Severe Neglect, General Neglect, and Caretaker Absence/Incapacity are combined into a single category of neglect, they represented 36.5% of the children referred in CY 2015, an increase from 35.7% in CY 2014.

REFERRALS BY AGE AND ETHNICITY

Figure 5 shows age and ethnicity of children during CY 2015.

- By race/ethnicity, among 175,383 children who were referred to DCFS in CY 2015, 58.3% were Hispanic/Latino, 18.2% African American, 11.7% Caucasian, Asian/Pacific Islander 1.9%, 0.7% Native American, and 9% other races.
- The number of referrals of Hispanic/Latino children decreased 5% from 107,555 in CY 2014 to 102,177 in CY 2015, and the number of referrals of African American children decreased 6.8% from 34,150 in CY 2014 to 31,843 in CY 2015.
- By age, 30.2% of referrals were children ages 5-9 years old, 21.4% children ages 14-15 years old, and 16.8% children ages birth-2 years old.
- The number of referrals of children ages 10-13 years old decreased 3.1% from 38,660 in CY 2014 to 37,447 in CY 2015 and the number of referrals of children ages 5-9 years old decreased 2.8% from 54,429 in CY 2014 to 52,907 in CY 2015.

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD

Figures 6, 7, and 8 report the in-home and out-of-home services caseload on the last day of CY 2015 (Point-in-Time data). DCFS' caseload decreased 3.8% from 36,273 in CY 2014 to 34,881 in CY 2015. These data represent the caseload breakdown by five child welfare service components: Emergency Response; Family Maintenance; Family Reunification; Permanent Placement and the newly designated Supportive Transition. On January 1, 2012, Assembly Bill 12 (AB 12) went into effect allowing young adults 18 – 21 years of age who were in out-of-home care on their 18th birthday to qualify for Extended Foster Care.

CHILD CHARACTERISTICS

Figures 9, 10, 11 and 12 report the demographic data on children served by DCFS for CY 2015 by age group, ethnicity and gender.

AGE

- CDCFS most vulnerable clients are children ages birth - 2 years old. The number of children in this age group decreased 0.4% from 7,209 in CY 2014 to 7,181 in CY 2015 and accounted 20.6% of the DCFS caseload.
- The number of children ages 3 – 4 years old decreased 5.5% from 4,506 in CY 2014 to 4,260 in CY 2015 and represented 12.2% of the DCFS caseload.
- The number of children ages 5 - 9 years old decreased 3.3% from 9,503 in CY 2014 to 9,191 in CY 2015 and made up 26.3% of the DCFS caseload.
- The number of children ages 10 - 13 years old decreased 4.5% from 5,948 in CY 2014 to 5,678 in CY 2015 and accounted for 16.3% of the DCFS caseload.
- The number of youth ages 14 - 15 years old decreased 7.5% from 3,114 in CY 2014 to 2,881 in CY 2015 and represented 8.3% of the DCFS caseload.
- The number of youth ages 16 -17 years old decreased 6.0% from 3,276 in CY 2014 to 3,080 in CY 2015 and accounted for 8.8% of the DCFS caseload.
- The number of young adults 18 years and older decreased 3.9% from 2,717 in CY 2014 to 2,610 in CY 2015 and represented 7.5% of the DCFS caseload.

ETHNICITY

- The number of Caucasian children increased 3.0% from 3,890 in CY 2014 to 4,008 in CY 2015 and accounted for 11.5% of the DCFS caseload.
- The number of Hispanic children decreased 4.1% from 21,895 in CY 2014 to 20,993 in CY 2015 and made up 60.2% of the DCFS caseload.
- The number of African-American children decreased 6.1% from 9,337 in CY 2014 to 8,763 in CY 2015 and represent 25.1% of the DCFS caseload.
- The number of Asian/Pacific Islander child population decreased 8.1% from 495 in CY 2014 to 455 in CY 2015 and accounted for 1.3% of the DCFS caseload.
- The American Indian/Alaskan Native, Filipino and Other populations represented for 0.5%, 0.6% and 0.8% of the DCFS child caseload, respectively.

GENDER

- In CY 2015, in the DCFS caseload was represented by 49.9% male and 50.1% female.

CHILDREN IN OUT-OF-HOME PLACEMENT

Figures 13, 14, 15, and 16 show the DCFS children who are in out-of-home placements as of December 31, 2015 (CY 2015) by SPA, facility type, and demographics. Children in Guardian Homes, Adoptive Homes, and Non-foster care placements are excluded from the out-of-home placement population. The number of children in out-of-home placement decreased 0.2% from 17,980 in CY 2014 to 17,946 in CY 2015.

- Children in Relative/Non-Relative Extended Family Member (Relative/NREFM) homes continue to represent the largest group in out-of-home placement. The number of children in the home of a relative/NREFM increased 2.3% from 9,238 in CY 2014 to 9,446 in CY 2015 and represented 52.6% of the children in out-of-home placements.
- The number of children in Foster Family Homes decreased 5% from 1,402 in CY 2014 to 1,332 in CY 2015 and accounted for 7.4% of out-of-home placements.
- The number of children in Foster Family Agency

Certified Homes decreased 2.2% from 5,157 in CY 2014 to 5,045 in CY 2015 and represented 28.1% of out-of-home placements.

- The number of children in Small Family Homes decreased 15% from 40 in CY 2014 to 34 in CY 2015 and accounted for 0.2% of the out-of-home placement.
- The number of children in Group Homes decreased 4% from 1,099 in CY 2014 to 1,055 in CY 2015 and represented 5.9% of out-of-home placements.
- The number of young adults in Supervised Independent Living Placements increased 1.3% from 989 in CY 2014 to 1,002 in CY 2015 and represented 5.6% of out-of-home placements.
- Other placement facility types include Court Specified Home. Children in this placement category account for 0.2% of children in out-of-home placement.

Figure 17 reports demographic information on children in Adoptive Homes.

- The number of children in adoptive homes increased 10.8% from 749 in CY 2014 to 830 in CY 2015.
- By age, the number of children ages birth - 2 years old in adoptive homes increased 18.8% from 165 in CY 2014 to 196 in CY 2015, and the number of children ages 5 – 9 years old increased 21.9% from 256 in CY 2014 to 312 in CY 2015. On the other hand, the number of children ages 3 – 4 years old decreased 5.6% from 196 in CY 2014 to 185 in CY 2015.
- By race/ethnicity, the number of Caucasian children in adoptive homes increased 12.8% from 109 in CY 2014 to 123 in CY 2015, and the number of Hispanic/Latino children increased 19.4% from 433 in CY 2014 to 517 in CY 2015. On the other hand, the number of African American children decreased 7.7% from 181 in CY 2014 to 167 in CY 2015.

PERMANANCY PARTNERS PROGRAM (P3)

The Permanency Partners Program (P3) was created in 2004 to provide family finding and engagement services to children and youth in Long Term Foster Care in need of permanent connections. Retired and part-time social workers are employed as secondary workers. The program focuses on searching for family and others who care about these children and have often been discounted from being a part of the child's life. The P3 workers utilize a variety of search techniques including computer and social media, to locate family, then helps them connect with children by setting up initial phone calls, assisting the child or family in drafting letters to one another, facilitating visitation, and even assisting the primary social worker with submitting placement paperwork. P3 services focus on providing permanency to children, which includes assisting parents with reunification, helping to identify and locate relatives and other adults to provide legal guardianship or adoption and provide lifelong connections to children growing up in the foster care system.

In 2010, DCFS began an intensive upfront family finding services to newly detained children who had no immediate family resources as part of a pilot program which was funded by a Diligent Recruitment Grant. The pilot program offered a dedicated P3 social worker for the Torrance, Pasadena and Compton offices. The grant funded pilot ended in September 2015 and showed an increase in relative placement and children returning home at a faster rate in the service group as compared to the control group. Additionally, since 2012 upfront family finding was expanded to all DCFS offices, with P3 social workers carrying a mixed caseload of both up front and back end cases. The former three grant offices now follow the same mixed caseloads as the other offices and upfront family finding continues across the county.

In 2015, the P3 program opened new P3 services for 1,030 children and youth. Additionally, in 2015 the following outcomes for children and youth who had received services were reported:

1. 476 children had a permanent plan established or identified
    - 289 children returned home to a parent (276 closed to DCFS, 13 still open to DCFS)
    - 94 children were adopted
    - 33 children were placed in adoptive placements
    - 54 children have had their case closed through Kin-Gap
    - 6 children are in Legal Guardianship and have a closed case
2. 128 children were moving towards a permanent plan

  - 17 children were moving toward reunification
  - 111 children were in the process of adoptive planning

- 363 youth exited DCFS care with an adult lifelong connection
- 63 youth exited care without a permanent connection

ADOPTION PLANNING

Figure 18 and Figure 19 show comparative data for children placed in adoptive homes annually by the Adoptions Division. During CY 2015, there were 1,530 children placed in adoptive homes compared to 1,336 placements in CY 2014.

241.1 HEARINGS

Figure 20, Figure 21 and Figure 22 represent data on youth referred for 241.1 Joint Assessment Hearings in CY 2015 by either Dependency Court or Delinquency Court. Children under the jurisdiction of the Dependency Court account for 0.9% of the youth referred, and 99.1% of the youth were referred by children by Delinquency Court.

ICAN PUBLIC WEB SITE

The public may access the DCFS CY 2014 Data Statement as part of the ICAN State of Child Abuse in Los Angeles County Report for 2014 at the following Web Site address:

http://ican4kids.org

Figure 1

LA COUNTY DCFS
TOTAL CHILDREN REFERRED TO DCFS CALENDAR YEARS 1984 THROUGH 2015

CALENDAR YEAR	CHILDREN
1984	74,992
1985	79,655
1986	103,116
1987	104,886
1988	114,597
1989	111,799
1990	108,088
1991	120,358
1992	139,106
1993	171,922
1994	169,638
1995	185,550
1996	197,784
1997	179,436
1998	157,062
1999	146,583
2000	151,108
2001	147,352
2002	161,638
2003	162,361
2004	154,993
2005	156,831
2006	162,711
2007	167,325
2008	166,745
2009	157,960
2010	170,471
2011	167,723
2012	181,827
2013	176,636
2014	181,926
2015	175,383

Note:

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

Figure 2

LA COUNTY DCFS
REFERRED CHILDREN BY SERVICE PLANNING AREA CALENDAR YEAR 2015

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN ECEIVED
SPA 1	1,777	11,313	13,090
SPA 2	4,065	24,402	28,467
SPA 3	3,161	17,777	20,938
SPA 4	2,946	14,481	17,427
SPA 5	557	2,628	3,185
SPA 6	4,187	28,496	32,683
SPA 7	3,132	18,216	21,348
SPA 8	3,721	21,212	24,933
Out-of-LA County	1,192	1,238	2,430
Out-of-Califorina	875	1,894	2,769
Invalid Address	2,970	5,143	8,113
TOTAL	**28,583**	**146,800**	**175,383**

Note:

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

Figure 3

LA COUNTY DCFS
REFERRED CHILDREN BY ALLEGATION TYPE 2015

ALLEGATION TYPE	CHILDREN	PERCENTAGE
Sexual Abuse	15,352	8.8
Physical Abuse	33,614	19.2
Severe Neglect	2,881	1.6
General Neglect	58,918	33.6
Emotional Abuse	22,712	12.9
Exploitation	93	0.1
Caretaker Absence/Incapacity	2,196	1.3
At Risk, Sibling Abuse	39,617	22.6
TOTAL	**175,383**	**100.0**

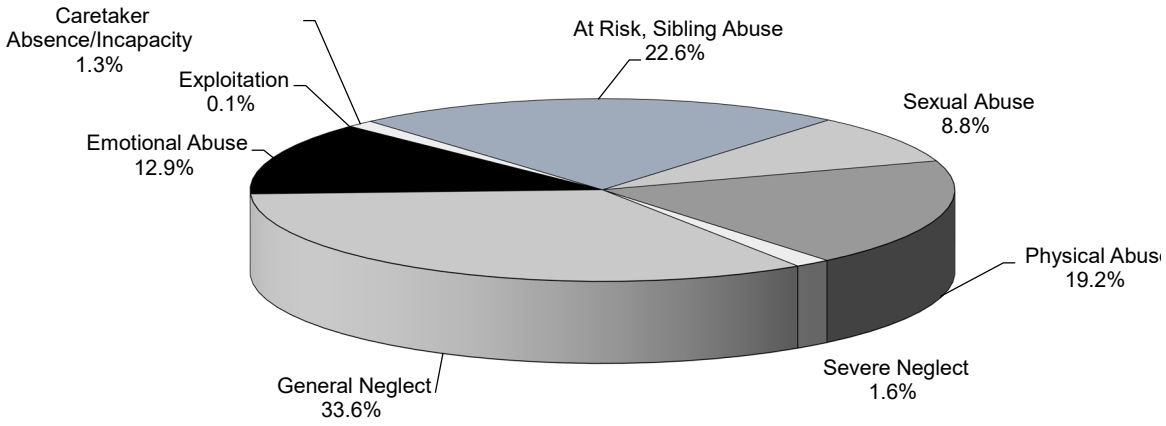
Source: CWS/CMS Datamart - Data as of 1/09/2016

Note:

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

Figure 4

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
REFERRED CHILDREN BY ALLEGATION TYPE
CALENDAR YEAR 2015



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

Figure 5

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
REFERRED CHILDREN BY AGE AND ETHNICITY
Calendar Year 2015

Ethnicity	Age Group							Total
	Birth-2 Yrs	3 - 4 Yrs	5 - 9 Yrs	10 - 13 Yrs	14 - 15 Yrs	16 - 17 Yrs	18+ Yrs	
White	3,092	2,029	5,974	4,771	2,399	2,281	14	20,560
Hispanic/Latino	15,877	11,086	31,688	22,138	11,341	9,960	87	102,177
African American	6,037	3,490	9,243	6,563	3,375	3,092	43	31,843
Asian/Pacific Islander	497	349	980	763	397	382	3	3,371
American Indian/Alaskan Native	80	31	113	75	49	41		389
Filipino	131	105	362	327	180	158	2	1,265
Other	3,802	2,056	4,547	2,810	1,328	1,221	14	15,778
GRAND TOTAL	**29,516**	**19,146**	**52,907**	**37,447**	**19,069**	**17,135**	**163**	**175,383**

Source: CWS/CMS Datamart - Data as of 1/09/2016

Note:

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

Figure 6

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD AS OF DECEMBER 31, 2015

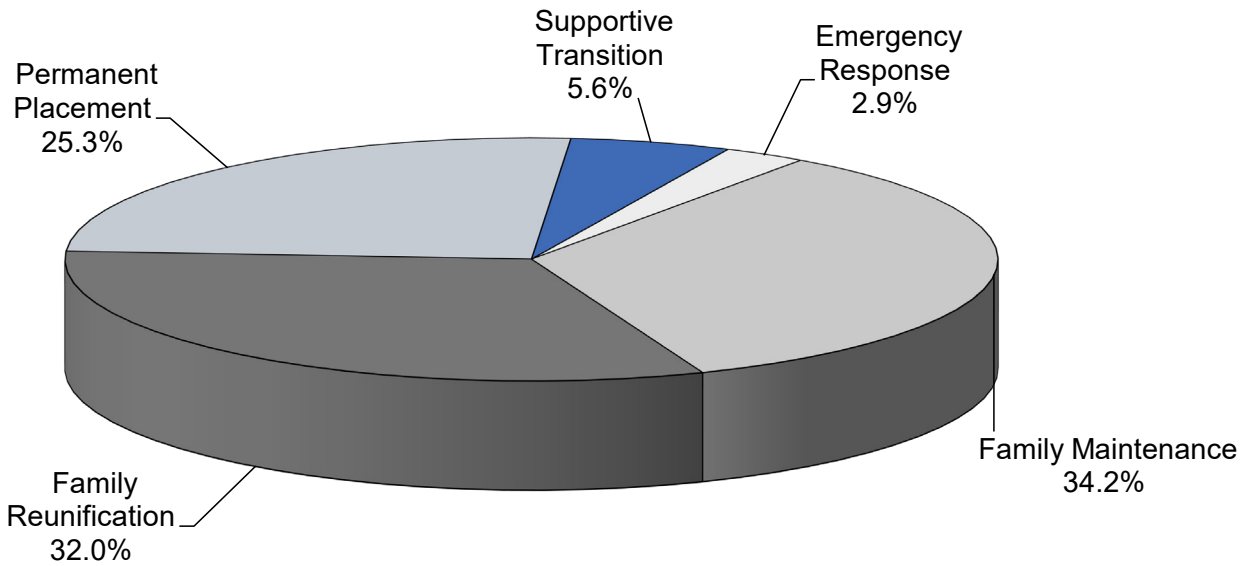
SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	1,001	2.9
Family Maintenance	11,937	34.2
Family Reunification	11,164	32.0
Permanent Placement	8,828	25.3
Supportive Transition	1,951	5.6
TOTAL	34,881	100.0

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 AS OF DECEMBER 31, 2015



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

Figure 8

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
IN-HOME AND OUT-OF-HOME SERVICES CASELOAD BY SERVICE PLANNING AREA
AS OF DECEMBER 31, 2015

SPA	In-Home	Out-of-Home Care							Out-of-Home Care Total	Non Foster Care	Adoptive Home	Guardian Home	In-Home and Out-of-Home Placement Total
		Relative/ NREFM Home	Foster Family Home	Foster Family Agency Certified Home	Small Family Home	Group Home	Supervised Independent Living Placement	Other					
1	1,452	1,149	241	895	3	25	114		2,427	4	85	213	4,181
2	2,435	1,066	124	369		128	102		1,789	36	93	150	4,503
3	1,289	1,075	144	698	9	442	98		2,466	56	83	237	4,131
4	1,219	484	23	135	1	75	49		767	9	46	65	2,106
5	125	85	17	36		39	13	2	192	2	8	18	345
6	3,279	1,598	291	539	6	102	168	8	2,712	4	81	418	6,494
7	1,649	1,112	89	630	5	9	86	3	1,934	27	106	151	3,867
8	1,651	1,298	276	351	1	124	126	4	2,180	14	94	327	4,266
Out-of-LA County	370	1,562	125	1,386	9	111	243	13	3,449	19	225	170	4,233
Out-of-California	65	6	2	6			1		15			4	84
Invalid Address	646	11					2	2	15	1	9		671
TOTAL	**14,180**	**9,446**	**1,332**	**5,045**	**34**	**1,055**	**1,002**	**32**	**17,946**	**172**	**830**	**1,753**	**34,881**

Figure 9

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES

TOAL IN-HOME AND OUT-OF-HOME SERVICES CASELOAD
CASELOAD CHILD CHARACTERISTICS AS OF DECEMBER 31, 2015

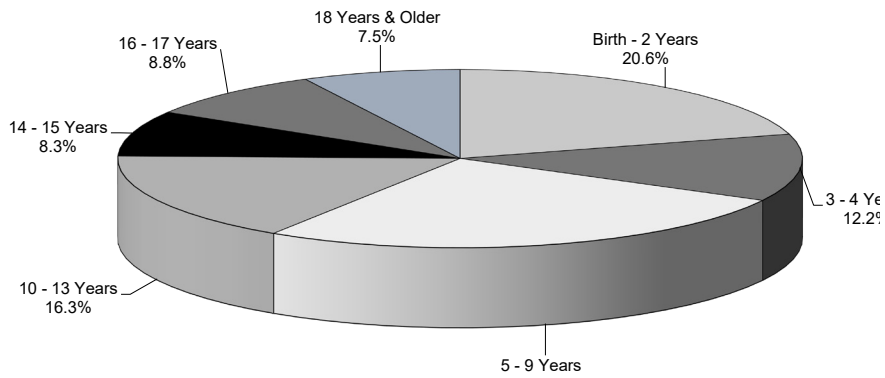
AGE GROUP	CHILDREN	PERCENTAGE
Birth - 2 Years	7,181	20.6
3 - 4 Years	4,260	12.2
5 - 9 Years	9,191	26.3
10 - 13 Years	5,678	16.3
14 - 15 Years	2,881	8.3
16 - 17 Years	3,080	8.8
18 Years & Older	2,610	7.5
TOTAL	**34,881**	**100.0**
ETHNICITY		
White	4,008	11.5
Hispanic	20,993	60.2
African-American	8,763	25.1
Asian/Pacific Islander	455	1.3
American Indian/Alaskan Native	176	0.5
Filipino	205	0.6
Other	281	0.8
TOTAL	**34,881**	**100.0**
GENDER		
Male	17,398	49.9
Female	17,483	50.1
TOTAL	**34,881**	**100.0**

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

Figure 10

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD - BY AGE GROUP
AS OF DECEMBER 31, 2015

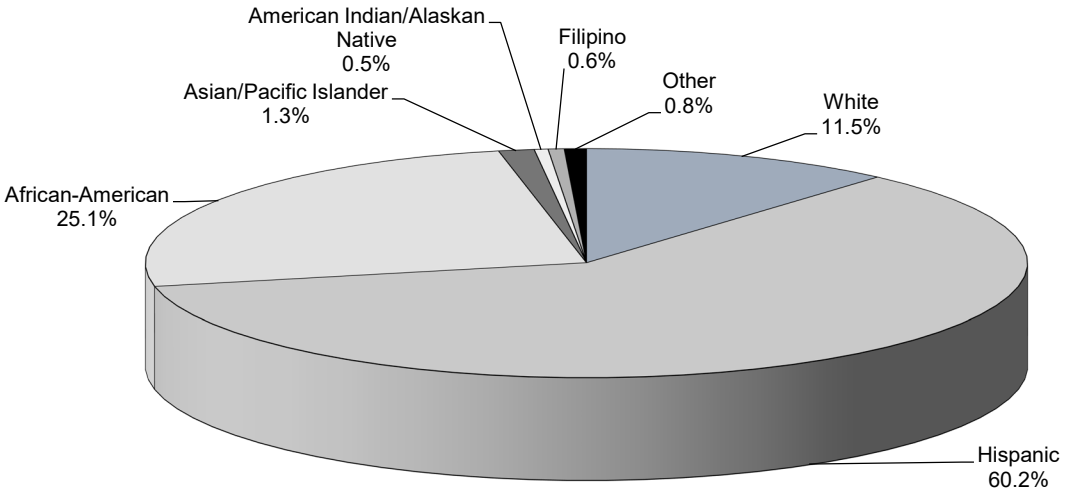


NOTE: Percentages may not add up to 100 percent due to rounding.

Figure 11

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD BY ETHNICITY
AS OF DECEMBER 31, 2015

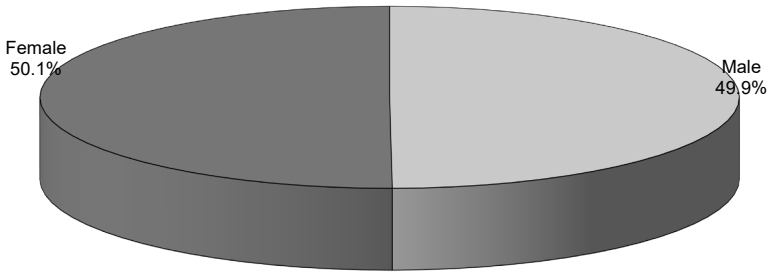


NOTE: Percentages may not add up to 100 percent due to rounding.

Figure 12

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES

IN-HOME AND OUT-OF-HOME SERVICES CASELOAD BY GENDER
AS OF DECEMBER 31, 2015



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

Figure 13

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, 2015

SERVICE PLANNING AREA (SPA)	RELATIVE/ NREFM HOME	FOSTER FAMILY HOME	FOSTER FAMILY AGENCY CERTIFIED HOME	SMALL FAMILY HOME	GROUP HOME	SUPERVISED INDEPENDENT LIVING PLACEMENT	OTHER	TOTAL
SPA 1	1,149	241	895	3	25	114		2,427
SPA 2	1,066	124	369		128	102		1,789
SPA 3	1,075	144	698	9	442	98		2,466
SPA 4	484	23	135	1	75	49		767
SPA 5	85	17	36		39	13	2	192
SPA 6	1,598	291	539	6	102	168	8	2,712
SPA 7	1,112	89	630	5	9	86	3	1,934
SPA 8	1,298	276	351	1	124	126	4	2,180
Out-of-LA County	1,562	125	1,386	9	111	243	13	3,449
Out-of-California	6	2	6			1		15
Invalid Address	11					2	2	15
TOTAL	**9,446**	**1,332**	**5,045**	**34**	**1,055**	**1,002**	**32**	**17,946**

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

Figure 14

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES

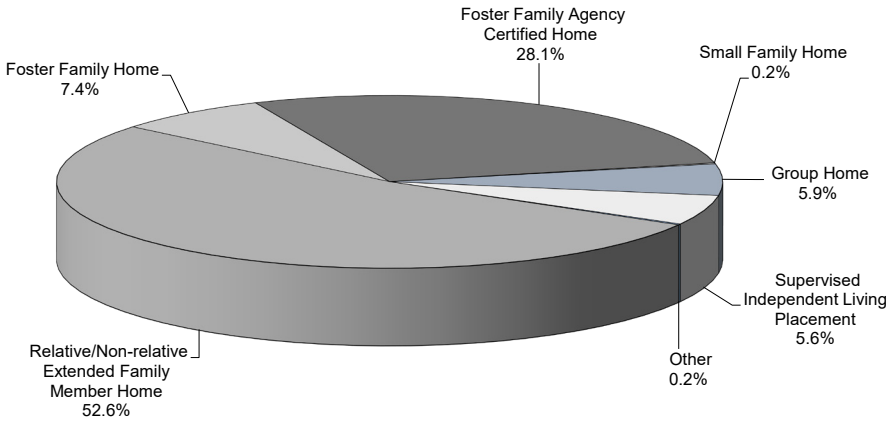
CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD (Excluding Guardian Home, Adoptive Home, and Non-Foster Care Placement Facility) As of December 31, 2015

FACILITY TYPE	CHILDREN	PERCENTAGE
Relative/Non-relative Extended Family Member Home	9,446	52.6
Foster Family Home	1,332	7.4
Foster Family Agency Certified Home	5,045	28.1
Small Family Home	34	0.2
Group Home	1,055	5.9
Supervised Independent Living Placement	1,002	5.6
Other (Shelter Care and Court Specified Home)	32	0.2
TOTAL OUT-OF-HOME PLACEMENT	**17,946**	**100.0**

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

Figure 15

LA COUNTY DCFS - CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD (Excluding Guardian Home, Adoptive Home and Non-Foster Care Placement Facility) AS OF DECEMBER 31, 2015



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

Figure 16

LA COUNTY DCFS OUT-OF-HOME SERVICES CASELOAD - CHILD CHARACTERISTICS As of December 31, 2015

CATEGORY	CHILDREN	PERCENTAGE
AGE GROUP		
Birth - 2 Years	4,114	22.9
3 - 4 Years	2,209	12.3
5 - 9 Years	4,341	24.2
10 - 13 Years	2,486	13.9
14 - 15 Years	1,350	7.5
16 - 17 Years	1,553	8.7
18 Years & Older	1,893	10.5
TOTAL	**17,946**	**100.0**
ETHNICITY		
White	2,179	12.1
Hispanic	10,152	56.6
African-American	5,087	28.3
Asian/Pacific Islander	204	1.1
American Indian/Alaskan Native	107	0.6
Filipino	96	0.5
Other	121	0.7
TOTAL	**17,946**	**100.0**
GENDER		
Male	8,873	49.4
Female	9,073	50.6
TOTAL	**17,946**	**100.0**

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

Figure 17

LA COUNTY DCFS CHILDREN IN ADOPTIVE PLACEMENT - CHILD CHARACTERISTICS As of December 31, 2015

CATEGORY	CHILDREN	PERCENTAGE
AGE GROUP		
Birth - 2 Years	196	23.6
3 - 4 Years	185	22.3
5 - 9 Years	312	37.6
10 - 13 Years	87	10.5
14 - 15 Years	30	3.6
16 - 17 Years	14	1.7
18 Years & Older	6	0.7
TOTAL	**830**	**100.0**
ETHNICITY		
White	123	14.8
Hispanic	517	62.3
African-American	167	20.1
Asian/Pacific Islander	14	1.7
American Indian/Alaskan Native	4	0.5
Filipino	5	0.6
TOTAL	830	100.0
GENDER		
Male	397	47.8
Female	433	52.2
TOTAL	**830**	**100.0**

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

Figure 18

LA DCFS ADOPTIONS PERMANENCY PLANNING CASELOAD CALENDAR YEARS 1984 THROUGH 2015

CALENDAR YEAR	CHILDREN PLACED IN ADOPTIVE HOMES DURING THE YEAR
1984	558
1985	524
1986	617
1987	541
1988	698
1989	696
1990	824
1991	1,000
1992	985
1993	1,049
1994	1,027
1995	1,035
1996	1,087
1997	1,346
1998	1,728
1999	2,532
2000	2,992
2001	2,871
2002	2,135
2003	1,842
2004	2,271
2005	2,273
2006	2,230
2007	2,240
2008	2,228
2009	2,148
2010	1,397
2011	1,540
2012	1,500
2013	1,336
2014	1,530
2015	1,535

Note: Counts subjected to changes due to system update.

Figure 20

LA DCFS - CHILDREN REFERRED FOR 241.1 JOINT ASSESSMENT HEARINGS CALENDAR YEAR 2015

REFERRALS FOR 241.1 JOINT ASSESSMENTS RECEIVED	Children
Referrals Categorized by Court of Origin	
Dependency Court	9
Delinquency Court	1,030
Referrals Categorized by Type	
Reversal (Returns from 600 to 300)	0
Reversal (New 300 After 602)	0
All Other 241.1 Referrals--Not Reversals from Delinquency	1,039
Inappropriate 241.1 Referrals Evaluated Out	0
DELINQUENCY COURT 241.1 HEARING DISPOSITIONS	
Dispositions Categorized By Type	
602 Disposition (Wards of Court)	36
Reversal/New 300 Requested and Denied--Child remains a 602	0
725A (Joint Supervision)	36
654 (Joint Supervision)	34
790 DEJ (Joint Supervision)	39
300/602 WIC (SP)	92
300/602 WIC (HOP)	27
300/602 WIC (CCP)	25
Other	4
Dismissal	24
Termination (Both Dependency and Delinquency)	1
Termination (By Delinquency) Open Dep Jurisdiction	7
Delinquency Court Jurisdiction Termed	0
Delinquency Court Jurisdiction Termed Due to Reversal from 600 to 300	0
Reversal/New 300 Requested and Denied-- Jurisdiction Terminated without a 300 Petition	0
Delinquency Court Dismissal of Petition	0
Transfer - MDT Program/Out of County	0
601 (Truancy)	0
TOTAL NUMBER OF DISPOSITION	325
DEPENDENCY COURT 241.1 HEARING DISPOSITIONS	
Dependency Court Petition Dismissal (child remaining a 602)	0
Dependency Court J/T before Delinq. Court Petition Dispo	0
Dependency Court Jurisdiction Termed (due to child remaining a 602)	0
Child Remains a 300/No Delinquency Court Jurisdiction	0
Child Remains a 300 Under Joint Supervision	0
New 300/Joint Supervision	0
654.2 WIC	1
602 WIC	3
300/602 WIC	7
Delinq Court Jurisdiction Termed/NEW 300	0
Dismissal	1
Other	0
TOTAL NUMBER OF DISPOSITIONS	12
TOTAL NUMBER OF DELINQUENCY AND DEPENDENCY COURT HEARING DISPOSITIONS	337
DISPOSITIONS BY PERCENTAGE	
Total number of 602s as a percent of total number of cases disposed	11%
Total number of cases under joint supervision as a percent of total number of cases disposed	34%
Total number of all other cases as a percent of total number of cases disposed	55%

Figure 19

LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILDREN PLACED IN ADOPTIVE HOMES Calendar Years 1984 Through 2015

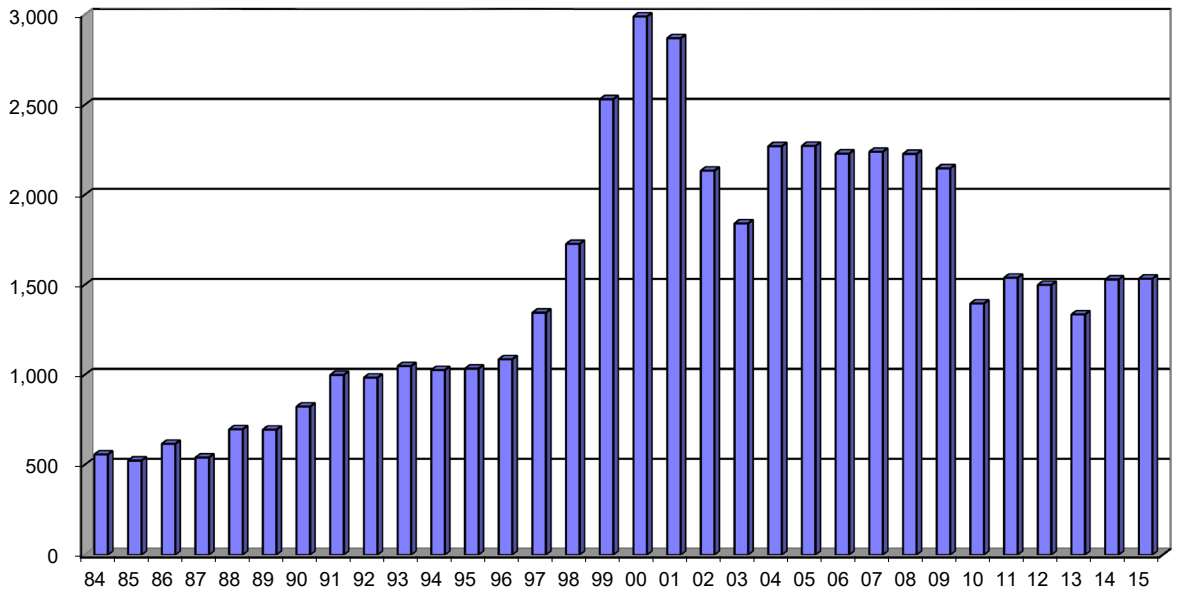


Figure 21

DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILDREN REFERRED FOR 241.1 JOINT ASSESSMENT HEARINGS BY COURT OF ORIGIN
Calendar Year 2015

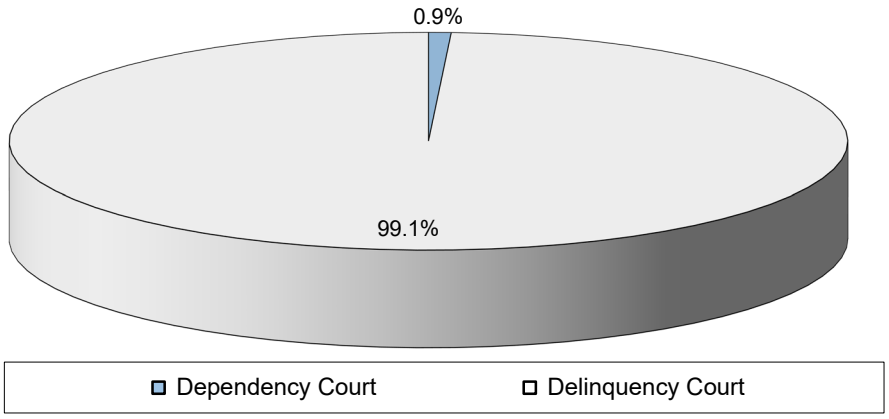
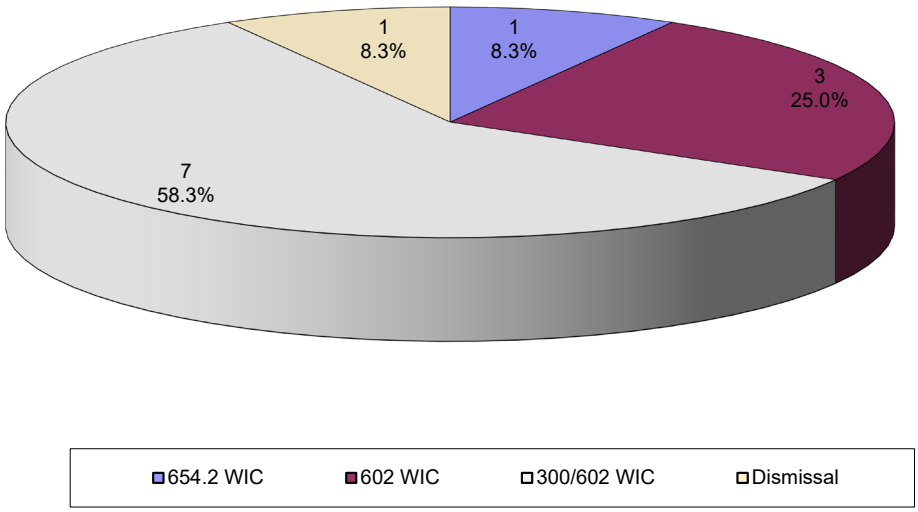
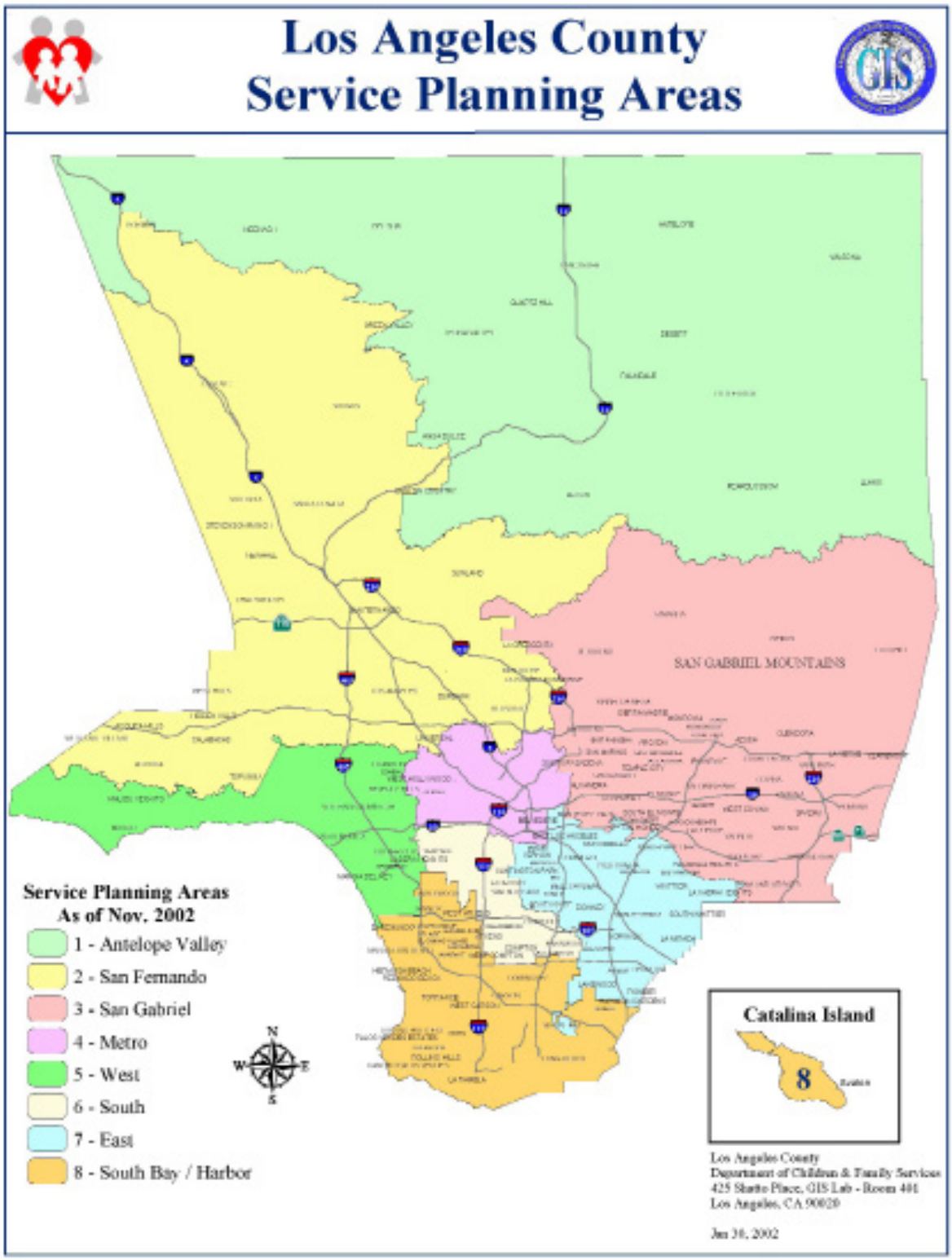


Figure 22

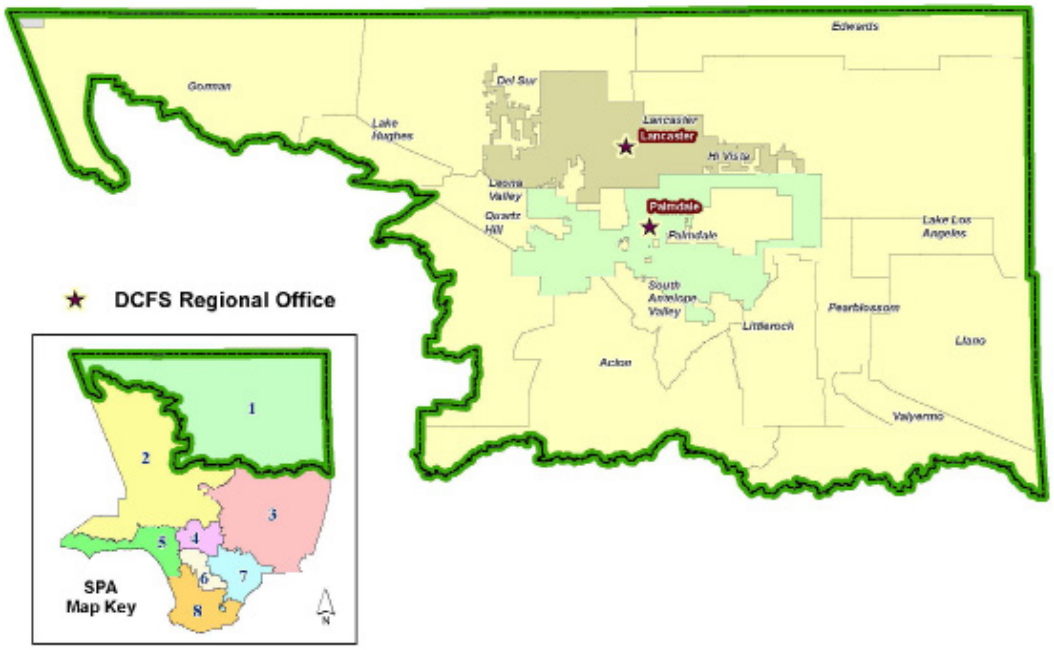
LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES
DEPENDENCY COURT 241.1 HEARING DISPOSITIONS
Calendar Year 2015



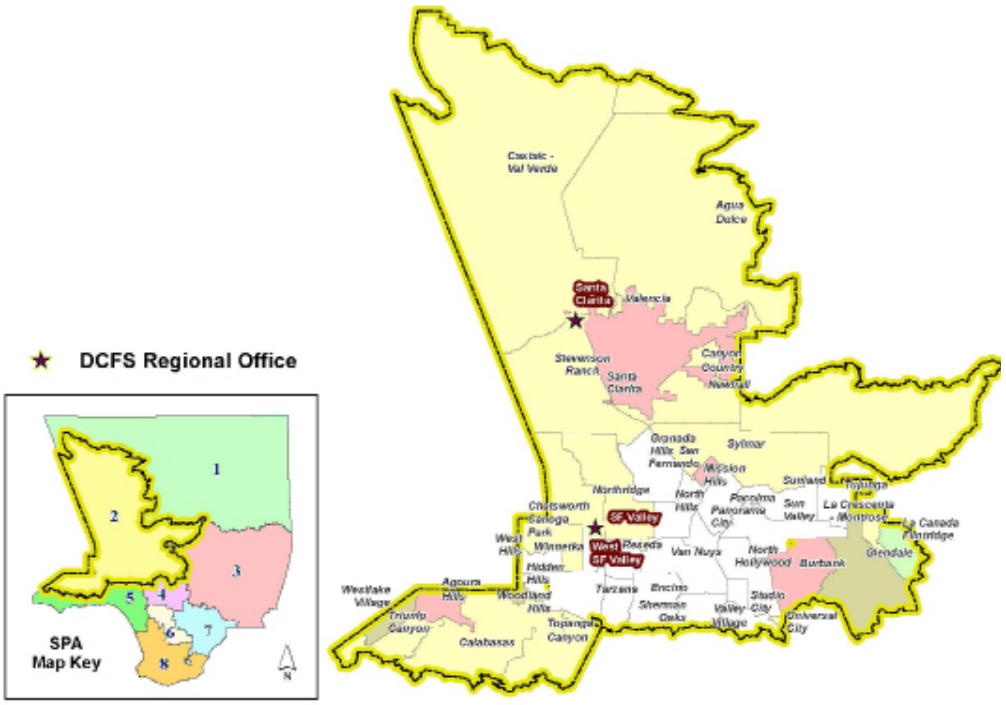
NOTE: Percentages may not add up to 100 percent due to rounding.


Los Angeles County
Service Planning Areas
GIS
SAN GABRIEL MOUNTAINS
Service Planning Areas
As of Nov. 2002
1 - Antelope Valley
2 - San Fernando
3 - San Gabriel
4 - Metro
5 - West
6 - South
7 - East
8 - South Bay / Harbor
N
W
E
S
Catalina Island
8
Los Angeles County
Department of Children & Family Services
425 Shatto Place, GIS Lab - Room 401
Los Angeles, CA 90020
Jan 30, 2002

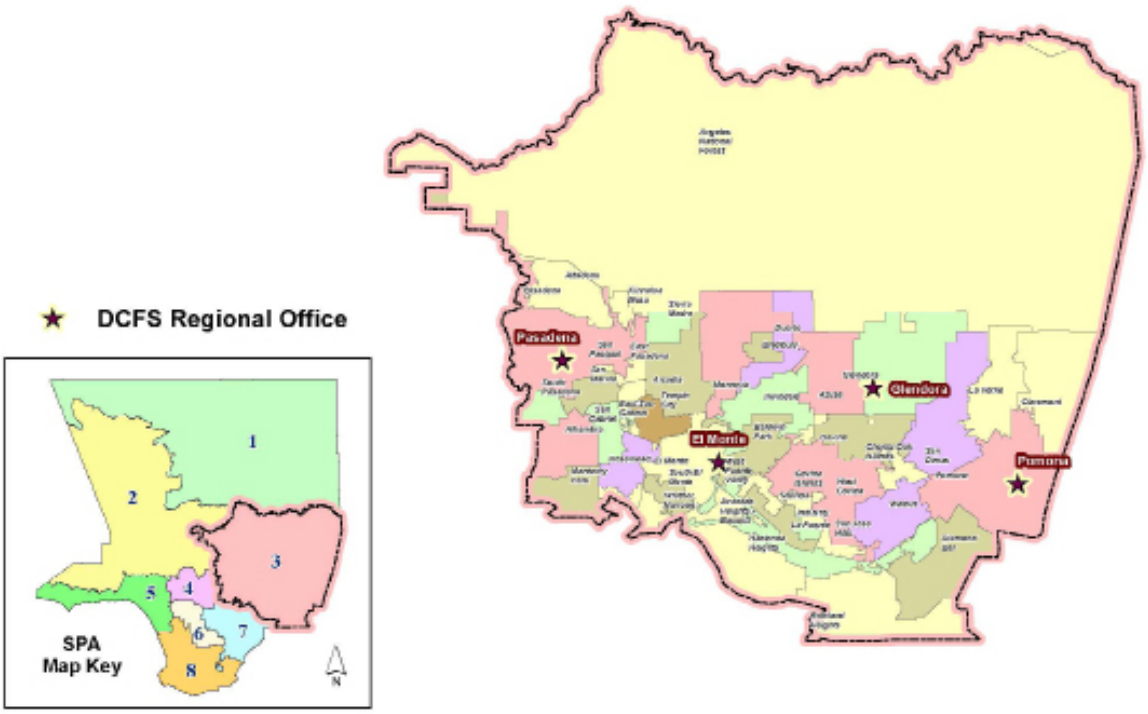
Service Planning Area (SPA) 1



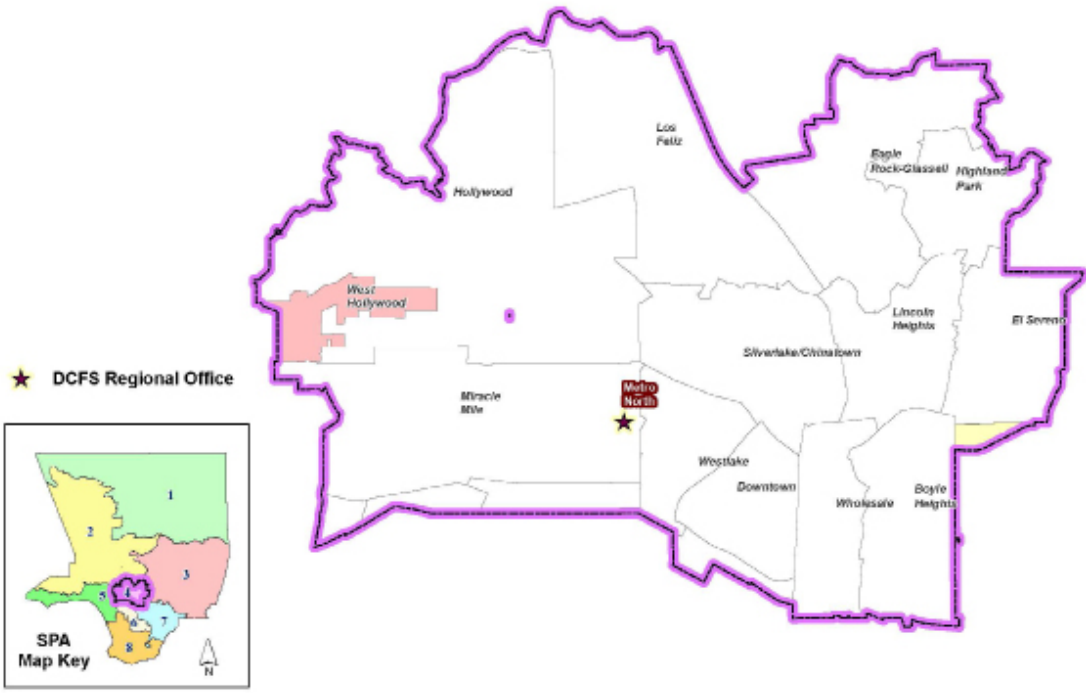
Service Planning Area (SPA) 2



Service Planning Area (SPA) 3



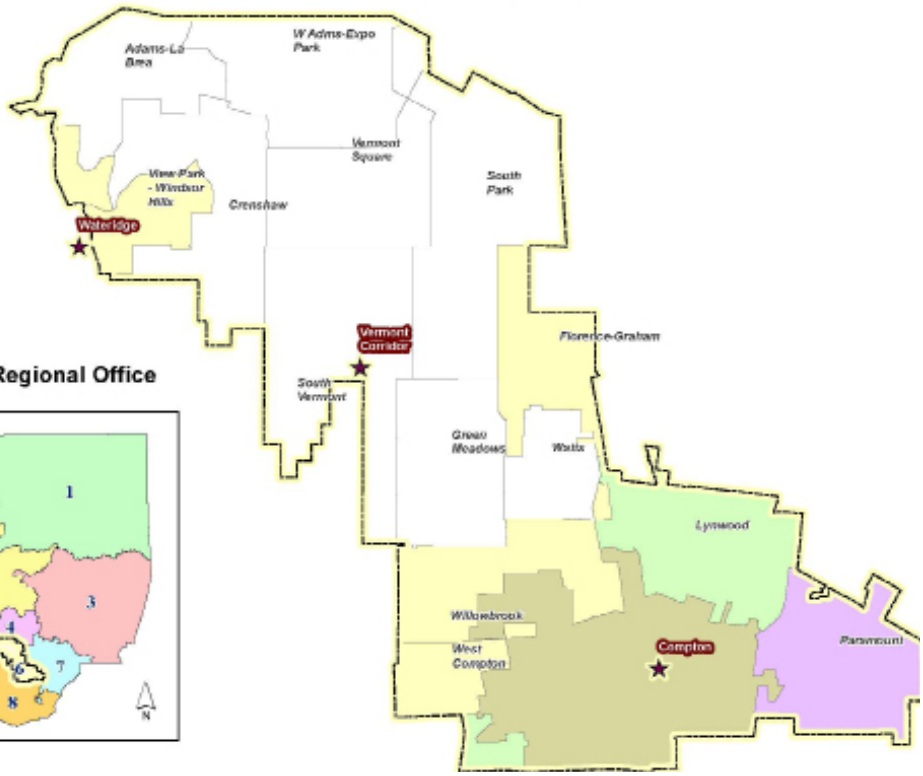
Service Planning Area (SPA) 4



Service Planning Area (SPA) 5

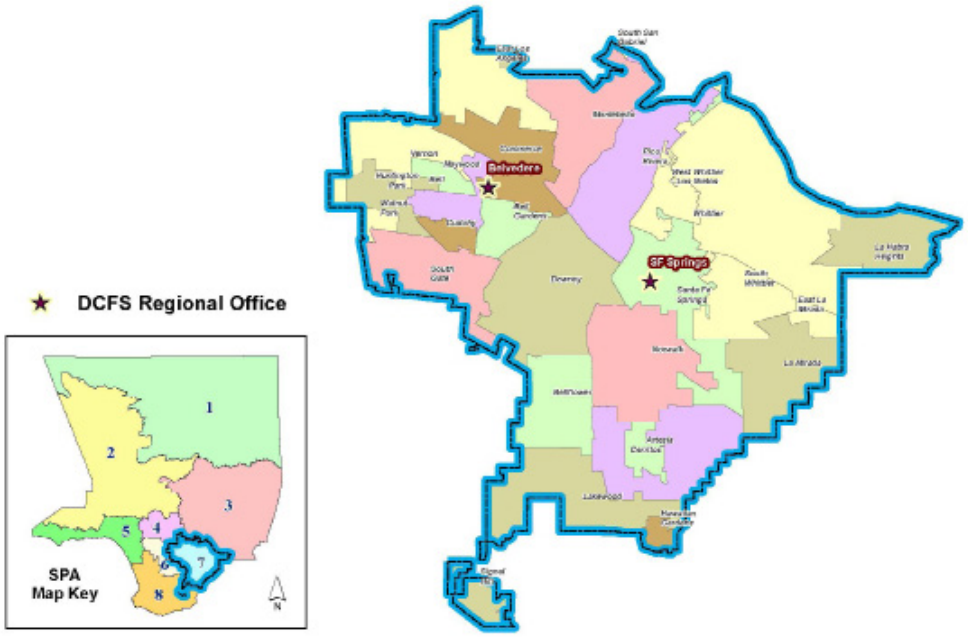
★ DCFS Regional Office

Service Planning Area (SPA) 6

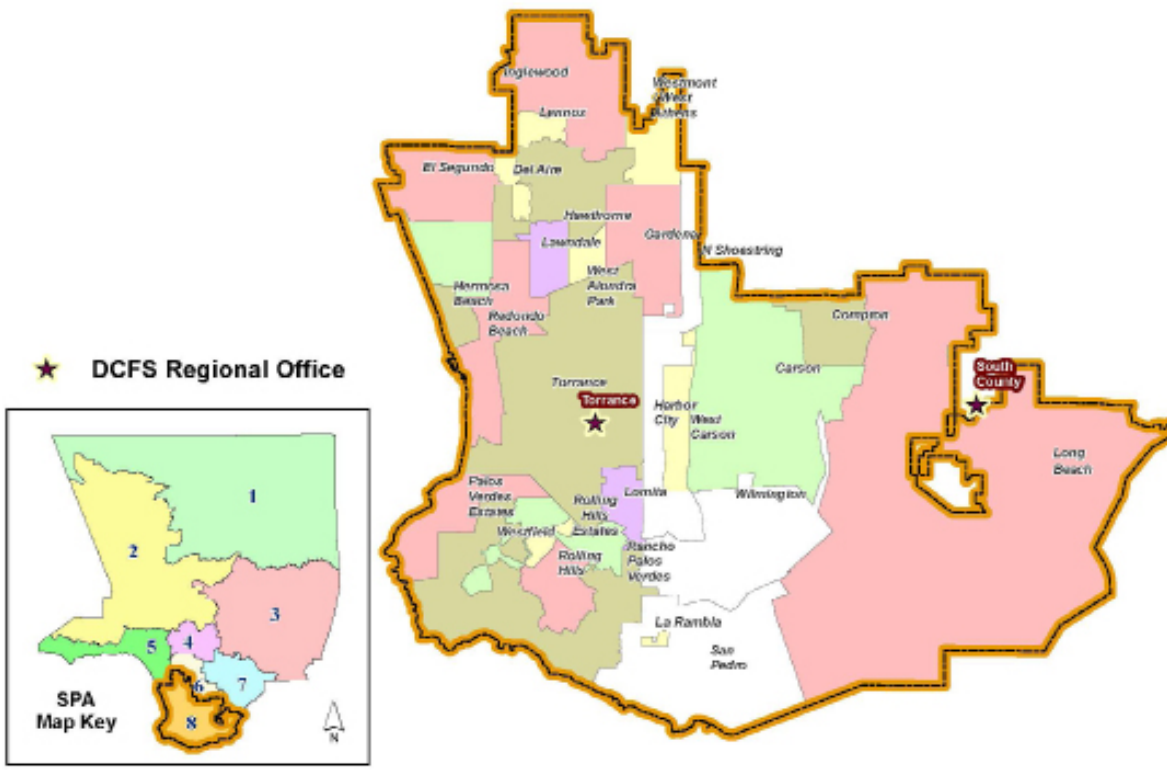


★ DCFS Regional Office

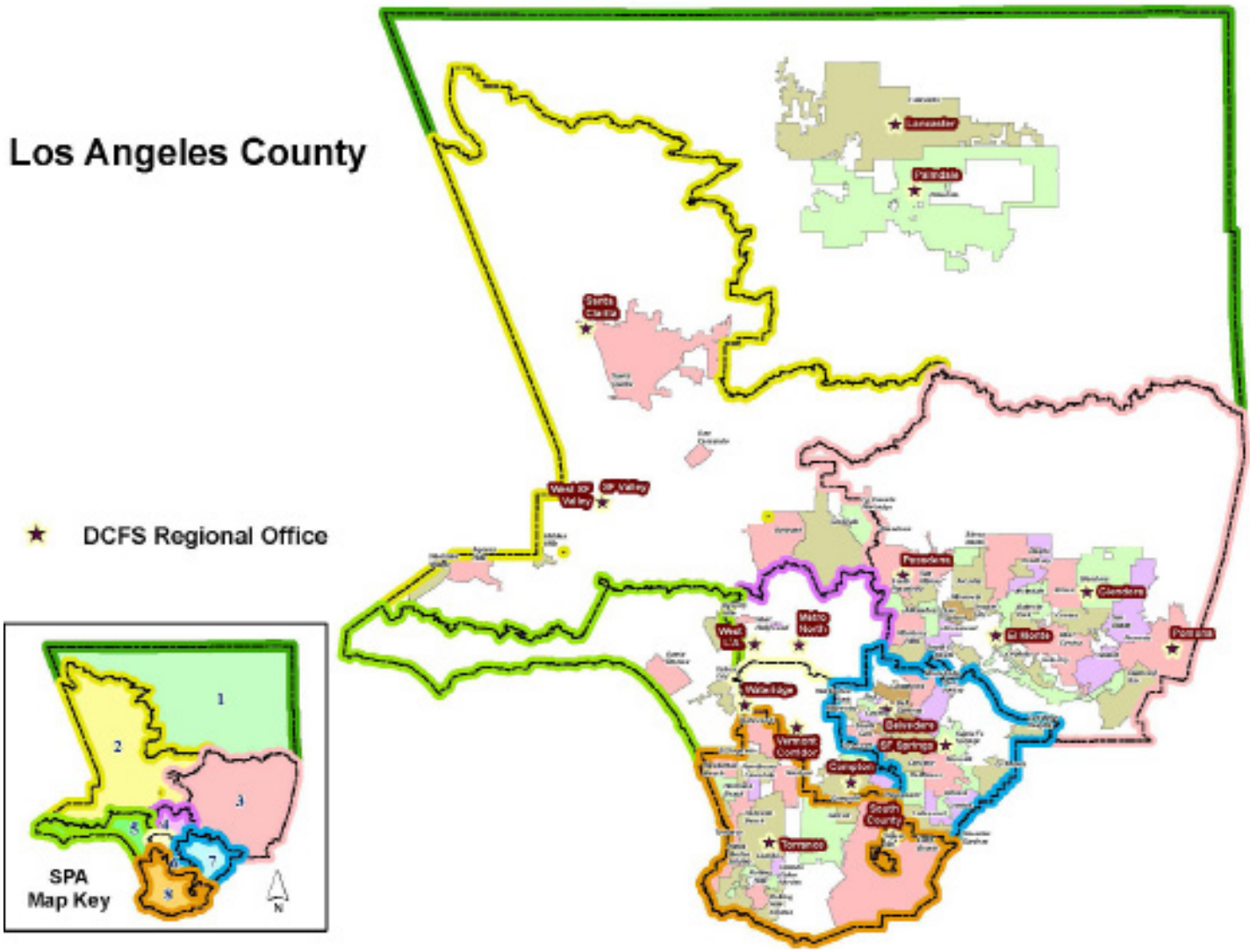
Service Planning Area (SPA) 7



Service Planning Area (SPA) 8



DCFS REGIONAL OFFICES



DCFS SERVICES PLANNING AREAS

SERVICE PLANNING AREA	DCFS OFFICE	ZIP CODE	CITY/COMMUNITY
SPA 1	Lancaster	93243	Lebec
SPA 1	Lancaster	93523	Edwards AFB
SPA 1	Lancaster	93532	Elizabeth Lake/Lake Hughes
SPA 1	Lancaster	93534	Lancaster
SPA 1	Lancaster	93535	Hi Vista
SPA 1	Lancaster	93536	Lancaster/Quartz Hill
SPA 1	Palmdale	93510	Acton
SPA 1	Palmdale	93543	Littlerock/Juniper Hills
SPA 1	Palmdale	93544	Llano
SPA 1	Palmdale	93550	Palmdale/Lake Los Angeles
SPA 1	Palmdale	93551	Palmdale
SPA 1	Palmdale	93552	Palmdale
SPA 1	Palmdale	93553	Pearblossom
SPA 1	Palmdale	93563	Valyermo
SPA 1	Palmdale	93591	Palmdale/Lake Los Angeles
SPA 2	San Fernando Valley	91040	Sunland (City of LA)/Shadow Hills (City of LA)
SPA 2	San Fernando Valley	91042	Tujunga (City of LA)
SPA 2	San Fernando Valley	91331	Arleta (City of LA)/Pacoima (City of LA)
SPA 2	San Fernando Valley	91352	Sun Valley (City of LA)
SPA 2	San Fernando Valley	91401	Van Nuys (City of LA)
SPA 2	San Fernando Valley	91402	Panorama City (City of LA)
SPA 2	San Fernando Valley	91403	Sherman Oaks (City of LA)/Van Nuys (City of LA)
SPA 2	San Fernando Valley	91405	Van Nuys (City of LA)
SPA 2	San Fernando Valley	91411	Van Nuys (City of LA)
SPA 2	San Fernando Valley	91423	Sherman Oaks (City of LA)/Van Nuys (City of LA)
SPA 2	San Fernando Valley	91601	North Hollywood (City of LA)
SPA 2	San Fernando Valley	91602	North Hollywood (City of LA)/Toluca Lake (City of LA)
SPA 2	San Fernando Valley	91604	North Hollywood (City of LA)/Studio City (City of LA)
SPA 2	San Fernando Valley	91605	North Hollywood
SPA 2	San Fernando Valley	91606	North Hollywood
SPA 2	San Fernando Valley	91607	North Hollywood (City of LA)/Valley Village (City of LA)
SPA 2	San Fernando Valley	91608	Universal City
SPA 2	Santa Clarita	91321	Santa Clarita (Newhall)
SPA 2	Santa Clarita	91340	San Fernando
SPA 2	Santa Clarita	91342	Lake View Terrace (City of LA)/Sylmar (City of LA)
SPA 2	Santa Clarita	91343	North Hills (City of LA)
SPA 2	Santa Clarita	91344	Granada Hills (City of LA)
SPA 2	Santa Clarita	91345	Mission Hills (City of LA)
SPA 2	Santa Clarita	91350	Agua Dulce/Saugus
SPA 2	Santa Clarita	91351	Santa Clarita (Canyon Country)
SPA 2	Santa Clarita	91354	Santa Clarita (Valencia)

DCFS SERVICES PLANNING AREAS

SERVICE PLANNING AREA	DCFS OFFICE	ZIP CODE	CITY/COMMUNITY
SPA 2	Santa Clarita	91355	Santa Clarita (Valencia)
SPA 2	Santa Clarita	91381	Stevenson Ranch
SPA 2	Santa Clarita	91382	Santa Clarita
SPA 2	Santa Clarita	91384	Castaic
SPA 2	Santa Clarita	91387	Canyon Country
SPA 2	Santa Clarita	91390	Santa Clarita
SPA 2	West San Fernando Valley	90290	Topanga
SPA 2	West San Fernando Valley	91301	Agoura/Oak Park
SPA 2	West San Fernando Valley	91302	Calabasas/Hidden Hills
SPA 2	West San Fernando Valley	91303	Canoga Park (City of LA)
SPA 2	West San Fernando Valley	91304	Canoga Park (City of LA)
SPA 2	West San Fernando Valley	91306	Winnetka (City of LA)
SPA 2	West San Fernando Valley	91307	West Hills (City of LA)
SPA 2	West San Fernando Valley	91311	Chatsworth (City of LA)
SPA 2	West San Fernando Valley	91316	Encino (City of LA)
SPA 2	West San Fernando Valley	91324	Northridge (City of LA)
SPA 2	West San Fernando Valley	91325	Northridge (City of LA)
SPA 2	West San Fernando Valley	91326	Porter Ranch (City of LA)
SPA 2	West San Fernando Valley	91330	Northridge (City of LA), California State University
SPA 2	West San Fernando Valley	91335	Reseda (City of LA)
SPA 2	West San Fernando Valley	91356	Tarzana (City of LA)
SPA 2	West San Fernando Valley	91361	Westlake Village
SPA 2	West San Fernando Valley	91362	Westlake Village
SPA 2	West San Fernando Valley	91364	Woodland Hills (City of LA)
SPA 2	West San Fernando Valley	91367	Woodland Hills (City of LA)
SPA 2	West San Fernando Valley	91406	Van Nuys (City of LA)
SPA 2	West San Fernando Valley	91436	Encino (City of LA)
SPA 3	El Monte	91731	El Monte
SPA 3	El Monte	91732	El Monte
SPA 3	El Monte	91733	South El Monte
SPA 3	El Monte	91745	La Puente (Hacienda Heights)
SPA 3	Glendora	91702	Azusa
SPA 3	Glendora	91706	Baldwin Park/Irwindale
SPA 3	Glendora	91722	Covina
SPA 3	Glendora	91723	Covina
SPA 3	Glendora	91724	Covina
SPA 3	Glendora	91740	Glendora
SPA 3	Glendora	91741	Glendora
SPA 3	Glendora	91744	Cityof Industry/La Puente/Valinda
SPA 3	Glendora	91746	Bassett/City of Industry/La Puente
SPA 3	Glendora	91748	Rowland Heights

DCFS SERVICES PLANNING AREAS

SERVICE PLANNING AREA	DCFS OFFICE	ZIP CODE	CITY/COMMUNITY
SPA 3	Glendora	91789	Diamond Bar/City of Industry/Walnut
SPA 3	Glendora	91790	West Covina
SPA 3	Glendora	91791	West Covina
SPA 3	Glendora	91792	West Covina
SPA 3	Pasadena	90032	El Sereno (City of LA)/Monterey Hills (City of LA)
SPA 3	Pasadena	90041	Eagle Rock (City of LA)
SPA 3	Pasadena	90042	Highland Park (City of LA)
SPA 3	Pasadena	90065	Cypress Park (City of LA)/Glassell Park (City of LA)
SPA 3	Pasadena	91001	Altadena
SPA 3	Pasadena	91006	Arcadia
SPA 3	Pasadena	91007	Arcadia
SPA 3	Pasadena	91010	Bradbury
SPA 3	Pasadena	91011	La Canada-Flintridge
SPA 3	Pasadena	91016	Monrovia
SPA 3	Pasadena	91020	Montrose
SPA 3	Pasadena	91023	Mount Wilson
SPA 3	Pasadena	91024	Sierra Madre
SPA 3	Pasadena	91030	South Pasadena
SPA 3	Pasadena	91046	Glendale (Verdugo City)
SPA 3	Pasadena	91101	Pasadena
SPA 3	Pasadena	91103	Pasadena
SPA 3	Pasadena	91104	Pasadena
SPA 3	Pasadena	91105	Pasadena
SPA 3	Pasadena	91106	Pasadena
SPA 3	Pasadena	91107	Pasadena
SPA 3	Pasadena	91108	San Marino
SPA 3	Pasadena	91125	Pasadena (California Institute of Technology)
SPA 3	Pasadena	91126	Pasadena (California Institute of Technology)
SPA 3	Pasadena	91201	Glendale
SPA 3	Pasadena	91202	Glendale
SPA 3	Pasadena	91203	Glendale
SPA 3	Pasadena	91204	Glendale (Tropico)
SPA 3	Pasadena	91205	Glendale (Tropico)
SPA 3	Pasadena	91206	Glendale
SPA 3	Pasadena	91207	Glendale
SPA 3	Pasadena	91208	Glendale
SPA 3	Pasadena	91210	Galleria (Glendale)
SPA 3	Pasadena	91214	La Crescenta
SPA 3	Pasadena	91501	Burbank
SPA 3	Pasadena	91502	Burbank
SPA 3	Pasadena	91504	Burbank (Glenoaks)

DCFS SERVICES PLANNING AREAS

SERVICE PLANNING AREA	DCFS OFFICE	ZIP CODE	CITY/COMMUNITY
SPA 3	Pasadena	91505	Burbank
SPA 3	Pasadena	91506	Burbank
SPA 3	Pasadena	91521	Burbank
SPA 3	Pasadena	91522	Burbank
SPA 3	Pasadena	91523	Burbank
SPA 3	Pasadena	91754	Monterey Park
SPA 3	Pasadena	91755	Monterey Park
SPA 3	Pasadena	91770	Rosemead
SPA 3	Pasadena	91775	San Gabriel
SPA 3	Pasadena	91776	San Gabriel
SPA 3	Pasadena	91780	Temple City
SPA 3	Pasadena	91801	Alhambra
SPA 3	Pasadena	91803	Alhambra
SPA 3	Pomona	91711	Claremont
SPA 3	Pomona	91750	La Verne
SPA 3	Pomona	91765	Diamond Bar
SPA 3	Pomona	91766	Phillips Ranch/Pomoona
SPA 3	Pomona	91767	Pomona
SPA 3	Pomona	91768	Pomona
SPA 3	Pomona	91773	San Dimas
SPA 4	Metro North	90004	Hancock Park (City of LA)
SPA 4	Metro North	90005	Koreatown (City of LA)
SPA 4	Metro North	90006	Pico Heights (City of LA)
SPA 4	Metro North	90010	Wilshire Blvd (City of LA)
SPA 4	Metro North	90012	Civic Center (City of LA)/Chinatown (City of LA)
SPA 4	Metro North	90013	Downtown Los Angeles (City of LA)
SPA 4	Metro North	90014	Los Angeles
SPA 4	Metro North	90015	Downtown Los Angeles (City of LA)
SPA 4	Metro North	90017	Downtown Los Angeles (City of LA)
SPA 4	Metro North	90020	Hancock Park (City of LA)
SPA 4	Metro North	90021	Downtown Los Angeles (City of LA)
SPA 4	Metro North	90026	Echo Park/Silverlake (City of LA)
SPA 4	Metro North	90027	Griffith Park (City of LA)/Los Feliz (City of LA)
SPA 4	Metro North	90028	Hollywood (City of LA)
SPA 4	Metro North	90029	Downtown Los Angeles (City of LA)
SPA 4	Metro North	90031	Montecito Heights (City of LA)
SPA 4	Metro North	90033	Boyle Heights (City of LA)
SPA 4	Metro North	90038	Hollywood (City of LA)
SPA 4	Metro North	90039	Atwater Village (City of LA)
SPA 4	Metro North	90057	Westlake (City of LA)
SPA 4	Metro North	90068	Hollywood (City of LA)

DCFS SERVICES PLANNING AREAS

SERVICE PLANNING AREA	DCFS OFFICE	ZIP CODE	CITY/COMMUNITY
SPA 4	Metro North	90071	ARCO Towers (City of LA)
SPA 5	West LA	90019	Country Club Park (City of LA)/Mid City (City of LA)
SPA 5	West LA	90024	Westwood (City of LA)
SPA 5	West LA	90025	Sawtelle (City of LA)/West Los Angeles (City of LA
SPA 5	West LA	90034	Palms (City of LA)
SPA 5	West LA	90035	West Fairfax (City of LA)
SPA 5	West LA	90036	Park La Brea (City of LA)
SPA 5	West LA	90045	LAX Area (City of LA)/Westchester (City of LA)
SPA 5	West LA	90046	Mount Olympus (City of LA)
SPA 5	West LA	90048	West Beverly (City of LA)
SPA 5	West LA	90049	Bel Air Estates (City of LA)/Brentwood (City of LA)
SPA 5	West LA	90056	Ladera Heights (City of LA)
SPA 5	West LA	90064	Cheviot Hills (City of LA)/Rancho Park (City of LA)
SPA 5	West LA	90066	Mar Vista (City of LA)
SPA 5	West LA	90067	Century City (City of LA)
SPA 5	West LA	90069	West Hollywood
SPA 5	West LA	90073	VA Hospital (Sawtelle)
SPA 5	West LA	90077	Bel Air Estates & Beverly Glen (City of LA)
SPA 5	West LA	90094	Playa Vista
SPA 5	West LA	90095	Los Angeles (UCLA)
SPA 5	West LA	90210	Beverly Hills/Beverly Glen (City of LA)
SPA 5	West LA	90211	Beverly Hills
SPA 5	West LA	90212	Beverly Hills
SPA 5	West LA	90230	Culver City
SPA 5	West LA	90232	Culver City
SPA 5	West LA	90263	Pepperdine University (Malibu)
SPA 5	West LA	90265	Malibu
SPA 5	West LA	90272	Castellemare (City of LA)/Pacific Highlands (City of LA)
SPA 5	West LA	90291	Venice (City of LA)
SPA 5	West LA	90292	Marina del Rey
SPA 5	West LA	90293	Playa del Rey (City of LA)
SPA 5	West LA	90401	Santa Monica
SPA 5	West LA	90402	Santa Monica
SPA 5	West LA	90403	Santa Monica
SPA 5	West LA	90404	Santa Monica
SPA 5	West LA	90405	Santa Monica
SPA 6	Compton	90059	Watts (City of LA)/Willowbrook
SPA 6	Compton	90061	South Central (City of LA)
SPA 6	Compton	90220	Compton/Rancho Dominguez
SPA 6	Compton	90221	East Rancho Dominguez
SPA 6	Compton	90222	Compton/Rosewood/Willowbrook

DCFS SERVICES PLANNING AREAS

SERVICE PLANNING AREA	DCFS OFFICE	ZIP CODE	CITY/COMMUNITY
SPA 6	Compton	90262	Lynwood
SPA 6	Compton	90723	Paramount
SPA 6	Vermont Corridor	90007	South Central (City of LA)
SPA 6	Vermont Corridor	90008	Baldwin Hills/Crenshaw (City of LA)/Leimert Park (City of LA)
SPA 6	Vermont Corridor	90016	West Adams (City of LA)
SPA 6	Vermont Corridor	90018	Jefferson Park (City of LA)
SPA 6	Vermont Corridor	90043	Hyde Park (City of LA)/View Park/Windsor Hills
SPA 6	Vermont Corridor	90044	Athens
SPA 6	Vermont Corridor	90062	South Central (City of LA)
SPA 6	Vermont Corridor	90089	USC (City of LA)
SPA 6	Wateridge	90001	Florence/South Central (City of LA)
SPA 6	Wateridge	90002	Watts (City of LA)
SPA 6	Wateridge	90003	South Central (City of LA)
SPA 6	Wateridge	90011	South Central (City of LA)
SPA 6	Wateridge	90037	South Central (City of LA)
SPA 6	Wateridge	90047	South Central (City of LA)
SPA 7	Belvedere	90022	East Los Angeles
SPA 7	Belvedere	90023	East Los Angeles (City of LA)
SPA 7	Belvedere	90040	Commerce, City of
SPA 7	Belvedere	90058	Vernon
SPA 7	Belvedere	90063	City Terrace
SPA 7	Belvedere	90201	Bell/Bell Gardens/Cudahy
SPA 7	Belvedere	90255	Huntington Park/Walnut Park
SPA 7	Belvedere	90270	Maywood
SPA 7	Belvedere	90640	Montebello
SPA 7	Belvedere	90660	Pico Rivera
SPA 7	S F Springs	90240	Downey
SPA 7	S F Springs	90241	Downey
SPA 7	S F Springs	90242	Downey
SPA 7	S F Springs	90280	South Gate
SPA 7	S F Springs	90601	Whittier
SPA 7	S F Springs	90602	Whittier
SPA 7	S F Springs	90603	Whittier
SPA 7	S F Springs	90604	Whittier
SPA 7	S F Springs	90605	Whittier/South Whittier
SPA 7	S F Springs	90606	Los Nietos
SPA 7	S F Springs	90631	La Habra Heights
SPA 7	S F Springs	90638	La Mirada
SPA 7	S F Springs	90639	La Mirada (Biola Univ.)
SPA 7	S F Springs	90650	Norwalk
SPA 7	S F Springs	90670	Santa Fe Springs

DCFS SERVICES PLANNING AREAS

SERVICE PLANNING AREA	DCFS OFFICE	ZIP CODE	CITY/COMMUNITY
SPA 7	S F Springs	90701	Cerritos
SPA 7	S F Springs	90703	Cerritos
SPA 7	S F Springs	90706	Bellflower
SPA 7	S F Springs	90716	Hawaiian Gardens
SPA 8	South County	90704	Avalon
SPA 8	South County	90712	Lakewood
SPA 8	South County	90713	Lakewood
SPA 8	South County	90715	Lakewood
SPA 8	South County	90731	San Pedro (City of LA)/Terminal Island (City of LA)
SPA 8	South County	90732	Rancho Palos Verdes
SPA 8	South County	90744	Wilmington (City of LA)
SPA 8	South County	90745	Carson
SPA 8	South County	90746	Carson
SPA 8	South County	90747	Carson (Cal State Univ. Dominguez Hills)
SPA 8	South County	90755	Signal Hill
SPA 8	South County	90802	Long Beach
SPA 8	South County	90803	Long Beach
SPA 8	South County	90804	Long Beach
SPA 8	South County	90805	North Long Beach (Long Beach)
SPA 8	South County	90806	Long Beach
SPA 8	South County	90807	Long Beach
SPA 8	South County	90808	Long Beach
SPA 8	South County	90810	Carson/Long Beach
SPA 8	South County	90813	Long Beach
SPA 8	South County	90814	Long Beach
SPA 8	South County	90815	Long Beach
SPA 8	South County	90822	Long Beach
SPA 8	South County	90831	Long Beach (World Trade Center)
SPA 8	South County	90840	Long Beach (Cal State University Long Beach)
SPA 8	South County	90846	Long Beach (Boeing)
SPA 8	Torrance	90245	El Segundo
SPA 8	Torrance	90247	Gardena
SPA 8	Torrance	90248	Gardena
SPA 8	Torrance	90249	Gardena
SPA 8	Torrance	90250	Hawthorne (Holly Park)
SPA 8	Torrance	90254	Hermosa Beach
SPA 8	Torrance	90260	Lawndale
SPA 8	Torrance	90261	Lawndale (Federal Bldg)
SPA 8	Torrance	90266	Manhattan Beach
SPA 8	Torrance	90274	Palos Verdes Estates/Rolling Hills/Rolling Hills E
SPA 8	Torrance	90275	Rancho Palos Verdes
SPA 8	Torrance	90277	Redondo Beach/Torrance

DCFS SERVICES PLANNING AREAS

SERVICE PLANNING AREA	DCFS OFFICE	ZIP CODE	CITY/COMMUNITY
SPA 8	Torrance	90301	Inglewood
SPA 8	Torrance	90302	Inglewood
SPA 8	Torrance	90303	Inglewood
SPA 8	Torrance	90304	Lennox
SPA 8	Torrance	90305	Inglewood
SPA 8	Torrance	90501	Torrance
SPA 8	Torrance	90502	Torrance
SPA 8	Torrance	90503	Torrance
SPA 8	Torrance	90504	Torrance
SPA 8	Torrance	90505	Torrance
SPA 8	Torrance	90506	Torrance (Camino College)
SPA 8	Torrance	90710	Harbor City (City of LA)
SPA 8	Torrance	90717	Lomita/Rancho Palos Verdes

GLOSSARY OF TERMS

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

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

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

CALENDAR YEAR (CY): A period of time beginning January 1 through December 31 for any given year.

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

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

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

CHILD WELFARE SERVICES/CASE MANAGEMENT SYSTEM (CWS/CMS): California's statewide-automated information system composed of multiple software applications that provide comprehensive case management functions.

DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS): The County of Los Angeles child protective services agency.

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

EMERGENCY SHELTER CARE: A temporary placement service, providing 24-hour care for a child who must be immediately removed from his or her own home or current foster placement and who cannot be returned to his or her own home or foster care placement. In the context of funding, emergency shelter care shall not exceed 30 calendar days in any one-placement episode.

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

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

EXPLOITATION: Forcing or coercing a child into performing functions, which are beyond his or her

capabilities or capacities, or into illegal or degrading acts. See "sexual exploitation."

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

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

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

FINAL DECREE OF ADOPTION: A court order granting the completion of the adoption.

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

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

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

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

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

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

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

LONG-TERM FOSTER CARE (LTFC) [AKA PLANNED PERMANENT LIVING ARRANGEMENT (PPLA)]: A juvenile court plan that places the child in the home of a foster caregiver until the child turns 18. The rights and responsibilities of the birth parents do not end, but the care, custody and control of the child remain with the juvenile court.

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

NON-RELATIVE EXTENDED FAMILY MEMBER (NREFM): Any adult caregiver who has established a familial or mentoring relationship with the child. The parties may include relatives of the child, teachers, medical professionals, clergy, neighbors and family friends.

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

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

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

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

PHYSICAL ABUSE: Means non-accidental bodily injury

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

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

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

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

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

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

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

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

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

SEXUAL ABUSE: 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.

STRUCTURED DECISION MAKING (SDM) SAFETY ASSESSMENT: Assesses the child's present danger and the interventions currently needed to protect the child. Assesses whether any children are likely to be in immediate danger of serious harm/maltreatment and determines what interventions should be initiated or maintained to provide appropriate protection.

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

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

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

TITLE IV-E: The section of the Social Security Act that provides for foster care maintenance payments for children placed in out-of-home care resulting from judicial determination or pursuant to voluntary agreement entered into by the child(ren)'s parent(s) or legal guardian(s) with a placement agency. The title of the Social Security Act that authorizes grants to states for child welfare services, foster care payments and adoption assistance.

TITLE IV-E WAIVER: The Title IV-E Waiver Capped Allocation Demonstration Project (CADP) five-year plan is also known as the "Title IV-E Waiver" or "the Waiver." The Waiver will allow DCFS and the Probation Department to test the effect of innovative flexible funding strategies to accelerate efforts to improve outcomes for children and families in Los Angeles County. These efforts will build upon system improvements already underway in DCFS, Probation, and their community partners.

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

UNSUBSTANTIATED (INCONCLUSIVE): An allegation is unsubstantiated if it can neither be proved nor disproved.

DEPARTMENT OF MEDICAL EXAMINER-CORONER

INTRODUCTION

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

As of 2015, the Department is headed by a Chief Medical Examiner-Coroner who is responsible for setting standards for the entire department and carrying out statutorily mandated ME-C functions. He is assisted by a Chief Deputy who is responsible for administration and all non-physician operations.

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

FORENSIC MEDICINE BUREAU

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

FORENSIC SCIENCE LABORATORIES BUREAU

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

The Forensic Science Laboratory is fully accredited by the prestigious American Society of Crime Laboratory Directors, and our Forensic Blood Alcohol testing program is licensed by the State of California.

HISTOLOGY LABORATORY

The histology laboratory facilitates the preparation of gross tissue specimens for microscopic examination by the medical staff. This includes hematoxylin and eosin stains, special stains, and immunohistochemical stains. Through the microscopic examination of tissue, our forensic pathologists can determine the age

and degree of injury, diagnose disease including cancers, evaluate cellular variation in tissue, and identify the presence of bacteria, medical disorders, and toxins such as asbestos.

TOXICOLOGY LABORATORY

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

SCANNING ELECTRON MICROSCOPY LABORATORY

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

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

OPERATIONS BUREAU

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

Under state law, all ME-C Investigators are sworn peace officers. The Investigator must meet the same stringent hiring standards as any other California law enforcement agency. The Department of Medical Examiner-Coroner is a California Peace Officer Standards and Training (POST) `1 0.

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

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

YOUTHFUL DRUNK DRIVER VISITATION PROGRAM (YDDVP)

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

ADMINISTRATIVE SERVICES BUREAU

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

PUBLIC SERVICES DIVISION

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

verify that a death is being investigated by the ME-C and "Port of Entry" letters to confirm that a decedent had no communicable disease, necessary for the decedent's admission into a foreign country after death.

CALIFORNIA GOVERNMENT CODE, SECTION 27491

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

STATISTICAL SUMMARY

In calendar year 2015, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 189 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2014, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 215, a decrease of 26 cases.

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

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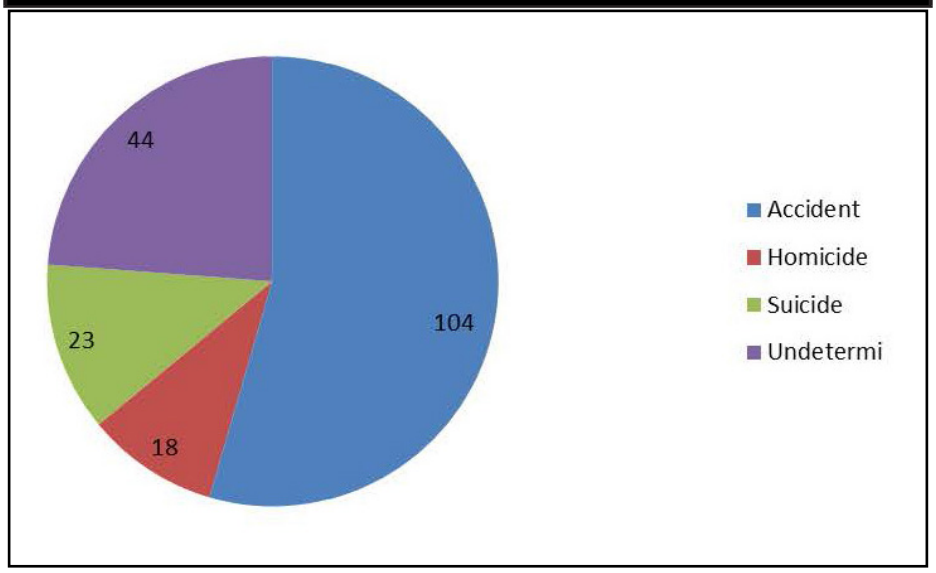
DEPARTMENT OF MEDICAL EXAMINER-CORONER
189 REPORTABLE ICAN CASES



DEPARTMENT OF MEDICAL EXAMINER-CORONER
SELECTED FINDINGS

By Cause of Death	2014	2015	Difference
Abandoned newborn	0	1	1
Children run over in driveway accident	4	2	-2
Bathtub drowning	1	2	1
Falling television sets	1	1	0
Traffic Accident age less than or equal 5 years old	6	0	-6
Swimming pool drowning, age less than 5 years old	8	5	-3

Figure 1

2015 DEATH STATISTICS
Case Comparison by Mode of Death & Gender (Total ICAN cases: 189)

By Mode of Death	2015 Total Cases	2015 % of Total	2014 Total Cases	2014 % of Total	Total Difference
Accident	104	55.02%	103	52.55%	1
Homicide	18	9.52%	15	7.65%	3
Suicide	23	12.16%	10	5.10%	13
Undetermined	44	23.30%	68	34.69%	-24
TOTAL	**189**	**100%**	**196**	**100%**	
By Gender	**2015 Total Cases**	**2015 % of Total**	**2014 Total Cases**	**2014 % of Total**	**Total Difference**
Female	68	36.00%	79	40.31%	-11
Male	120	63.50%	114	58.16%	6
Undetermined	1	0.50%	3	1.53%	-2
TOTAL	**189**	**100%**	**196**	**100%**	

Figure 2

2015 DEATH STATISTICS

Case Comparison by Ethnicity & Age (Total ICAN Cases: 189)

By Ethnicity	Total Cases	% of Total
Armenian	1	0.50%
Asian	10	5.30%
Black	46	24.34%
Caucasian	42	22.22%
Chinese	1	0.50%
Filipino	3	1.60%
Hispanic/latin american	72	38.10%
Korean	1	0.50%
Middle Eastern	2	1.05%
Samoan	1	0.50%
(Blank)	9	4.80%
Unknown	1	0.50%
TOTAL	189	100.0%

By Age	Total Cases	% of Total
Stillborn	24	11.99%
1 day – 30 days	8	4.23%
1 – 5 months	32	16.93%
6 months – 1 year	28	14.81%
2 years	4	2.11%
3	10	5.29%
4	3	1.58%
5	2	1.06%
6	1	1.02%
7	2	1.06%
8	4	2.11%
9	1	1.02%
10	1	1.02%
11	2	1.06%
12	3	1.58%
13	9	4.76%
14	7	3.70%
15	13	6.87%
16	11	5.78%
17	22	11.64%
(Blank)	2	1.06%
TOTAL	189	100.0%

Figure 3

2015 MODE OF DEATH: ACCIDENTS BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 104)

Accidents by Gender	Total Cases	% of Total
Female	43	41.75%
Male	60	57.28%
Unknown	1	0.97%
TOTAL	104	100.0%

Accidents by Ethnicity	Total Cases	% of Total
Unknown	1	0.96%
Armenian	1	0.96%
Asian	5	4.81%
Black	20	19.23%
Caucasian	21	20.19%
Chinese	1	0.96%
Filipino	1	0.96%
Hispanic/Latin American	47	45.19%
Samoan	1	0.96%
(Blank)	6	5.78%
TOTAL	104	100.0%

Accidents by Age	Total Cases	% of Total
Stillborn	17	16.35%
1 day – 30 days	3	2.88%
1 month – 5 months	6	5.77%
6 months – 1 year	13	12.50%
2 yrs	3	2.88%
3 yrs	9	8.65%
4 yrs	3	2.88%
5 yrs	2	1.92%
6 yrs	1	0.96%
7 yrs	2	1.92%
8 yrs	2	1.92%
11 yrs	2	1.92%
12 yrs	3	2.88%
13 yrs	5	4.81%
14 yrs	3	2.88%
15 yrs	11	10.58%
16 yrs	5	4.81%
17 yrs	13	12.50%
(Blank)	1	0.96%
TOTAL	104	100.0%

Figure 4

2015 MODE OF DEATH: ACCIDENTS by Cause of Death (Total ICAN Cases: 104)

Accidents By Cause of Death	Total Cases	% of Total
Abruptio Placentae	1	0.96%
Accidental poisoning by exposure to other gases	1	0.96%
Accidental Suffocation and Strangulation in Bed	3	2.88%
Accident auto vs pedestrian	3	2.88%
Accident by hot substances	1	0.96%
Accident motorcycle vs auto	1	0.96%
Asphyxia	1	0.96%
Auto driver injured person outside	1	0.96%
Auto passenger injured overturn traffic	1	0.96%
Auto vs auto driv pass traffic	3	2.88%
Auto vs fix stat pass non traffic	1	0.96%
Auto vs fixed stationary object	2	1.92%
Auto vs pass heavy transportation vehicle	2	1.92%
Auto vs person injury traffic accident	12	11.65%
Auto vs person out vehicle non	4	3.85%
Barbiturates	12	11.54%
Blunt force head trauma	1	0.96%
Blunt force injury	2	1.92%

Caught crus jammed pinched bet	1	0.96%
Choked on other objects caused obstruction	1	0.96%
Complications of medical device	1	0.96%
Contact with wasps-bees	1	0.96%
Dehydration accident	1	0.96%
Drown subm while in swimming pool	5	4.81%
Drowning accidental	2	1.92%
Due to lack of air	1	0.96%
During other medical care	1	0.96%
Exposure to excess natural heat	2	1.92%
Exposure uncontrolled fire in building	2	1.92%
Fall from furniture, tree	1	0.96%
Fall from one level to another	2	1.92%
Fall from roof, window	2	1.92%
Fall invol ice skate skis rolsk	1	0.96%
Fetal death of unspecified cause	1	0.96%
Food cause by obstruction choking	1	0.96%
Hanging-accident	1	0.96%
Methadone-accidental	2	1.92%
Methamphetamine-intent	1	0.96%
Occupant of pickup truck passenger	1	0.96%
Other specified drowning submersion	1	0.96%
Other specified diseases of stomach and duodenum	1	0.96%
Pedal cyclist injured in collision with car	2	1.92%
Struck by falling object	1	0.96%
Sudden Infant Death (SIDS)	1	0.96%
Swimming pool drowning	4	3.85%
Unspecified drugs-accidental	5	4.81%
Pedestrian injured in collision outside	1	0.96%
Pedal cyclist injured non-traffic	1	0.96%
Car occupant injured outside	1	0.96%
Occupant of heavy transport-pedestrian outside	1	0.96%
Occupant of heavy transport non-traffic	1	0.96%
W47	1	0.96%
TOTAL	104	100.0%

Figure 5

2015 MODE OF DEATH: HOMICIDE
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 18)

Homicides by Gender	Total Cases	% of Total
Female	4	22.22%
Male	14	77.78%
TOTAL	18	100%

Homicides by Ethnicity	Total Cases	% of Total
Black	7	38.89%
Caucasian	3	16.67%
Hispanic/Latin American	6	33.33%
Asian	1	5.56%
(Blank)	1	5.56%
TOTAL	18	100.0%

Homicides by Age	Total Cases	% of Total
1 month – 5 months	3	16.67%
6 months – 1 year	6	33.33%
2 yrs	1	5.56%
8 yrs	1	5.56%
9 yrs	1	5.56%
10 yrs	1	5.56%
15 yrs	1	5.56%
17 yrs	1	5.56%
Stillborn	1	5.56%
1 day to 30 days	1	5.56%
(Blank)	1	5.56%
TOTAL	18	100.00%

Figure 6

2015 MODE OF DEATH: HOMICIDE
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 18)

Homicides By Cause of Death	Total Cases	% of Total
Asphyxia	1	5.56%
Assault by Drowning Submersion	2	11.11%
Assault by Drugs Medication	1	5.56%
Assault by Sharp Object	4	22.22%
Blunt Force Injury	2	11.11%
Gunshot Wound Handgun Homicide	1	5.56%
Hanging-Strangulation	1	5.56%
Neglect Abandonment by Parent	2	11.11%
Other Maltreatment by Parent	2	11.11%
Other Maltreatment by Acquaintance	1	5.56%
Y05	1	5.56%
TOTAL	18	100.0%

Figure 7

2015 MODE OF DEATH: SUICIDE
BY GENDER, BY ETHNICITY, BY AGE, & BY CAUSE OF DEATH
(TOTAL ICAN CASES: 23)

Suicides by Gender	Total Cases	% of Total
Female	9	39.13%
Male	14	60.87%
TOTAL	23	100.0%

Suicides by Ethnicity	Total Cases	% of Total
Asian	1	4.35%
Hispanic/Latin American	9	39.13%
Caucasian	9	39.13%
Filipino	1	4.35%
Unknown	1	4.35%
TOTAL	23	100.0%

Suicides by Age	Total Cases	% of Total
13 yrs	3	13.04%
14 yrs	4	17.39%
15 yrs	1	4.35%
16 yrs	6	26.09%
17 yrs	9	39.13%
TOTAL	23	100.0%

By Cause of Death	Total Cases	% of Total
Gunshot wound	7	30.43%
Strangulation-Suicide	14	60.87%
Jumping from a high place	1	4.35%
Phencyclidine-Suicide	1	4.35%
TOTAL	23	100.0%

Figure 8

2015 MODE OF DEATH: UNDETERMINED
BY GENDER, BY ETHNICITY & BY AGE
(TOTAL UNDETERMINED CASES: 44)

Undetermined by Gender	Total Cases	% of Total
Female	12	27.27%
Male	32	72.73%
TOTAL	44	100.0%

Undetermined by Ethnicity	Total Cases	% of Total
Blank	1	2.27%
Asian	3	6.82%
Black	15	34.09%
Caucasian	9	20.45%
Filipino	1	2.27%
Hispanic/Latin American	11	25.00%
Korean	1	2.27%
Middle Eastern	2	4.55%
Unknown	1	2.27%
TOTAL	44	100.0%

Undetermined by Age	Total Cases	% of Total
Stillborn	6	13.64%
1 day to 30 days	4	9.09%
1- 5 months	21	47.73%
6 months to 1 year	9	20.45%
3 years	1	2.27%
8 years	1	2.27%
13 years	1	2.27%
(Blank)	1	2.27%
TOTAL	44	100.0%

Figure 9

MODE OF DEATH: UNDETERMINED BY CAUSE OF DEATH (TOTAL CASES 44)

Undetermined By Cause of Death	Total Cases	% of Total
Sudden unexpected infant death	10	22.73%
Asphyxiation	1	2.27%
Unknown cause of death	9	20.45%
Drowning-Undetermined Intent	1	2.27%
Drowning while in swimming pool	1	2.27%
Methamphetamine	1	2.27%
Other specified events	20	44.44%
Thrombosis	1	2.27%
TOTAL	**44**	**100.0%**

GLOSSARY OF TERMS

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

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

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

Decedent: A person who is dead.

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

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

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

Suicide: The intentional taking of one's own life.

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

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

The ME-C also modes a death as undetermined when the autopsy findings do not establish any cause of death and one of the following is present:

- Unsafe sleep surface
- Co-sleeping with adult
- Absent or inadequate scene investigation
- Non-prescribed sedative drugs detected
- Injuries present
- Poor nutrition/abnormal development
- Prior unexplained sibling death
- History of domestic violence
- Definite blood in the nose or airway

SHERIFF'S DEPARTMENT

SPECIAL VICTIMS BUREAU

The Los Angeles County Sheriff's Department, the largest in the United States, provides law enforcement services to nearly 3 million people in forty-two (42) contract cities and unincorporated county areas. The Special Victims Bureau (SVB) is one of six highly specialized bureaus in the Detective Division of the Sheriff's Department. SVB investigates physical child abuse, sexual child abuse 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. The SVB also assumes the investigative responsibility for felony adult sexual assaults.

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 District Attorneys 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 to continue providing quality service to the people of Los Angeles County.

Presently, fifty-five (55) Detectives, eight (8) Sergeants, three (3) Lieutenants, and one (1) Captain are assigned to Special Victims Bureau. SVB is comprised of six investigative regional teams. One sergeant is assigned to each team.

CHILD ABUSE INVESTIGATION PROCEDURES FOR LAW ENFORCEMENT

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

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

When the Sheriff's Department receives a SCAR, it is handled as a "call for service." This ensures a timely response to all SCARs received. The responding deputy will conduct a preliminary investigation of all alleged suspected child abuse or neglect calls. The deputy conducts a "face-to-face" interview with the victim or informant if the child in unable to communicate. If the deputy is at the child's residence, he/she will examine the living conditions, collect evidence, and interview the alleged suspect when applicable. Upon suspicion that a child has been abused or neglected, the deputy will write an Incident Report with the SCAR attached. The report is then processed and assigned to a Special Victims Bureau detective who will conduct a thorough and complete investigation. The case is presented to the District Attorney's Office for filing consideration based on the outcome of the investigation.

The E-SCAR system was implemented on April 13, 2009, at all Sheriff's stations. This new E-SCAR system is a refinement of the old SCAR system which was first operational in September 2003. The new system has revolutionized the methodology of cross-reporting between the Sheriff's Department and DCFS, has improved patrol response times to these calls, and has mitigated potentially further abuse or neglect of children. As of December 1, 2009, Special Victims Bureau assumed oversight responsibilities of the E-SCAR system. To ensure that SCARs are handled in a timely manner, a monthly SCAR "Clearance Status Report" is provided to all station captains for their review and disposition. Special Victims Bureau provides assistance regarding child abuse matters to all Sheriff's station personnel 24 hours a day.

.

Figure 1a

CASES REPORTED BY STATION AND TYPE OF ABUSE 2015

STATION	PHYSICAL	SEXUAL	TOTAL
Altadena	14	37	51
Avalon	-	3	3
Carson	44	94	138
Century	100	246	346
Cerritos	11	39	50
Community Colleges	0	4	4
Compton	99	216	315
County Services Bureau	0	0	0
Crescenta Valley	9	25	34
East Los Angeles	68	220	288
Industry	56	191	247
Lakewood	126	283	409
Lancaster	138	319	457
Lomita	27	46	73
Lost Hills/Malibu	30	79	109
Marina Del Rey	16	24	40
Metrolink	0	0	0
Norwalk	58	246	304
Palmdale	143	326	469
Parks Bureau	0	-	-
Pico Rivera	27	117	144
Pre-Employment	0	2	2
San Dimas	27	79	106
Santa Clarita Valley	81	272	353
South Los Angeles	59	147	206
Special Victims Bureau	8	90	98
Temple	68	177	245
Transit Services Bureau	4	17	21
Walnut/Diamond Bar	27	58	85
West Hollywood	2	47	49
TOTAL	**1,242**	**3,404**	**4,646**

Figure 1b

CASES REPORTED BY STATION AND TYPE OF ABUSE 2015

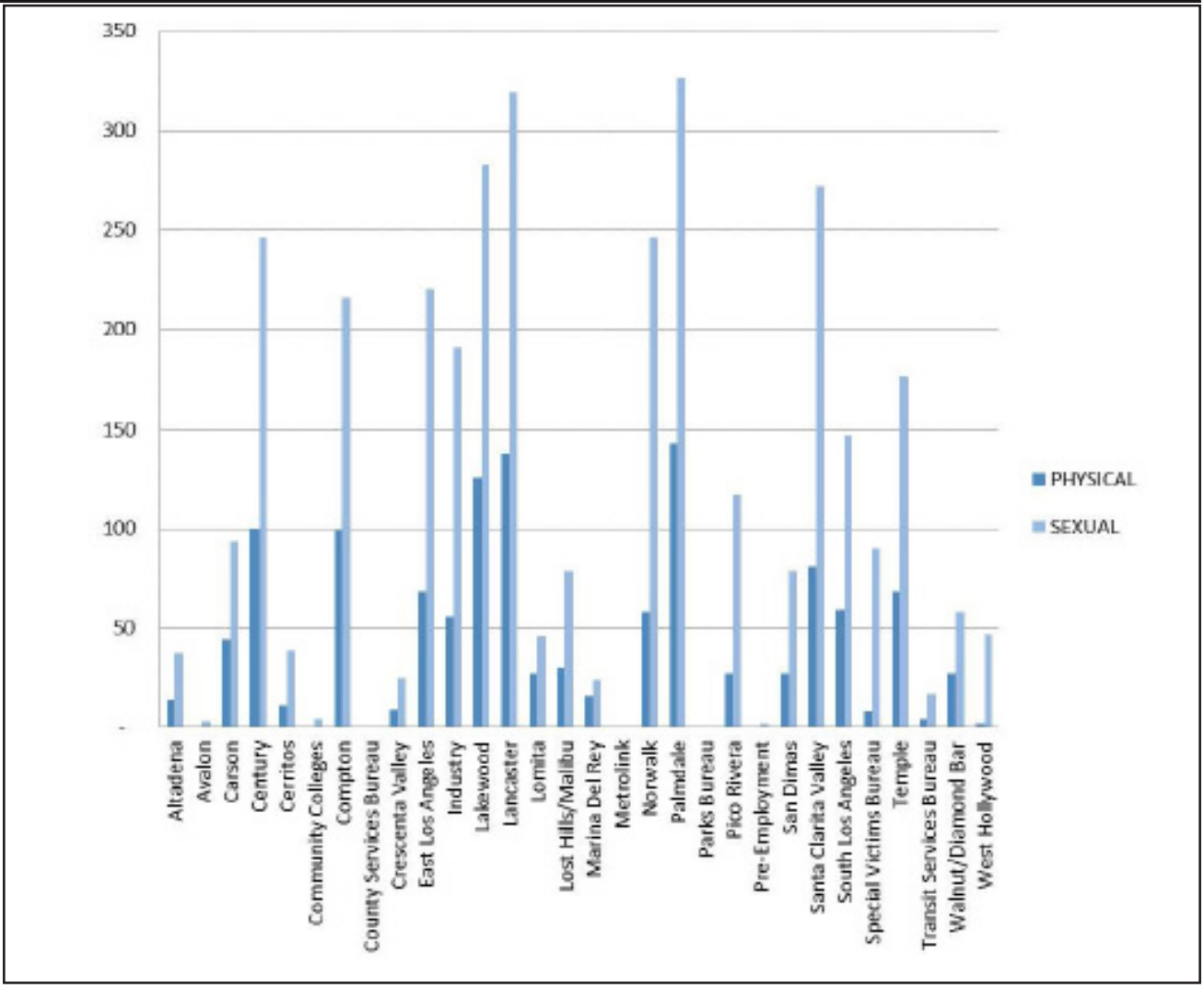


Figure 2

CASES BY SERVICE PLANNING AREAS (SPA) AND BY STATIONS - 2015

SPA	STATION	CASES
1	Lancaster	469
	Palmdale	457
	Total SPA 1	**926**
2	Crescenta Valley	34
	Lost Hills/Malibu	109
	Santa Clarita Valley	353
	Total SPA 2	**496**
3	Altadena	51
	Industry	247
	San Dimas	106
	Temple	245
	Walnut/Diamond Bar	85
	Total SPA 3	**734**
4	West Hollywood	49
	Total SPA 4	**49**
5	Marina Del Rey	40
	Total SPA 5	**40**
6	Century	346
	Compton	315
	Total SPA 6	**661**
7	Cerritos	50
	East Los Angeles	288
	Lakewood	409
	Norwalk	304
	Pico Rivera	144
	Total SPA 7	**1195**
8	Avalon	3
	Carson	138
	South Los Angeles	206
	Lomita	73
	Total SPA 8	**420**

SPA	STATION	CASES
Unassigned Bureaus	Community Colleges	4
	Metrolink	0
	Special Victims Bureau	98
	Transit Services Bureau	21
	County Services	0
	Parks Bureau	0
	Pre-Employment	2
	Total Unassigned Bureaus	**125**
Custody Fatalities	**Total Custody Facilities**	**0**
TOTAL	**Total Cases**	**4,649**

SPA PERCENTAGE

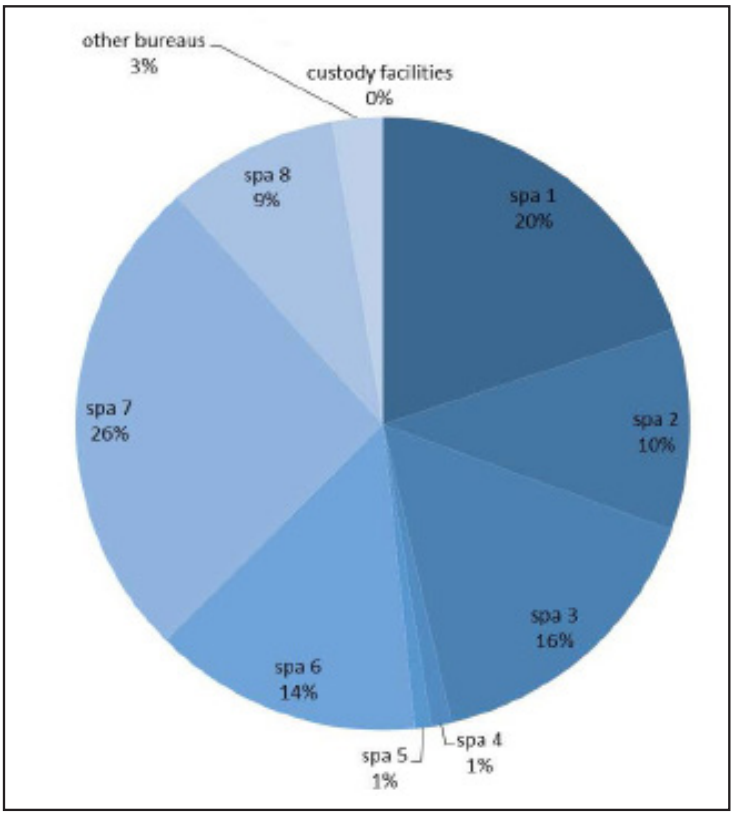


Figure 3a

CASES REPORTED BY STATION - 2015
COMPARISON OF CASES FOR TEN YEARS 2005 - 2015

STATION	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	TOTAL
Altadena	39	51	64	35	54	60	45	54	58	49	51	560
Avalon	3	5	11	5	5	4	5	5	8	4	3	58
Carson	144	157	113	113	149	173	137	159	142	85	138	1,510
Century	300	310	306	305	284	322	332	340	329	313	346	3,487
Century Regional Detention Facility	0	0	0	0	1	0	0	0	0	0	3	4
Cerritos	28	19	25	28	27	30	30	24	28	31	50	320
Community Colleges	0	0	5	2	1	2	3	3	0	2	4	22
Compton	201	228	230	241	260	291	216	238	237	236	345	2,693
County Services Bureau	0	0	0	0	0	0	0	9	5	5	-	19
Crescenta Valley	35	41	36	22	33	23	29	36	26	24	34	339
East Los Angeles	192	167	190	218	221	263	248	334	277	280	288	2,678
Industry	186	187	217	241	219	222	184	174	157	190	247	2,224
Lakewood	474	443	310	297	341	377	317	290	242	268	409	3,768
Lancaster	273	300	390	305	318	340	338	302	253	313	457	3,589
Lomita	62	60	52	58	51	69	67	63	65	52	73	672
Lost Hills/Malibu	60	66	48	46	69	73	78	84	82	64	109	779
Marina Del Rey	19	33	25	20	16	20	15	25	19	24	40	256
Metrolink	0	0	0	0	0	1	0	0	0	1	0	2
Narcotics Bureau	0	0	0	0	0	1	0	0	0	0	0	1
NCCF	0	0	0	0	0	1	0	1	1	0	0	3
Norwalk	242	242	134	197	238	233	192	244	189	194	304	2,409
Palmdale	246	318	272	231	282	303	238	326	314	344	369	3,243
Parks Bureau	0	0	0	0	0	0	0	5	2	5	-	12
Pico Rivera	124	119	124	164	166	150	112	134	131	110	144	1,478
Pitchess Detention Facility - North	0	0	0	0	1	0	0	0	0	0	0	1
Pre-Employment	0	0	3	3	2	0	0	3	0	0	2	13
San Dimas	75	88	73	74	114	106	99	96	84	63	106	978
Santa Clarita	209	217	212	186	264	246	225	253	209	199	353	2,573
South Los Angeles/Lennox	162	180	157	139	160	188	146	254	152	191	206	1,935
Special Victims Bureau	23	17	16	6	44	53	47	35	20	25	98	384
Temple	135	152	149	138	131	177	134	136	124	152	245	1,673
Transit Services	4	5	7	5	6	14	11	18	7	25	21	123
Walnut/Diamond Bar	68	78	73	78	70	74	74	130	70	72	85	872
West Hollywood	4	8	15	13	30	19	17	26	6	14	49	201
TOTAL	**3,308**	**3,491**	**3,257**	**3,170**	**3,557**	**3,835**	**3,339**	**3,801**	**3,237**	**3,335**	**4,549**	**38,879**

Figure 3b

REPORTED CHILD ABUSE CASES - 2015

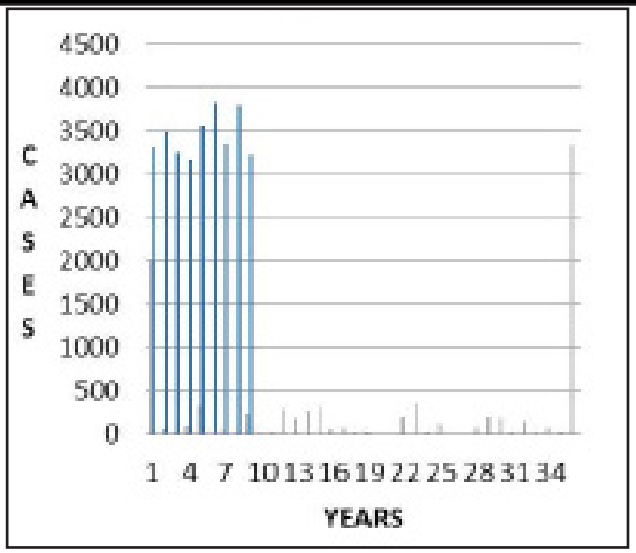


Figure 4a

VICITMS BY AGE AND TYPE OF ABUSE - 2015

	PHYSICAL		SEXUAL	
Under 3	167	11.4%	39	1.0%
3 to 4	128	8.7%	128	3.4%
5 to 9	397	27.0%	363	9.7%
10 to 14	443	30.1%	763	20.4%
15 to 17	249	16.9%	974	26.0%
over 18	87	5.9%	1472	39.4%
TOTAL	**1,471**	**100%**	**3,739**	**100%**

Figure 4b **VICTIMS BY AGE AND TYPE OF ABUSE -2015**

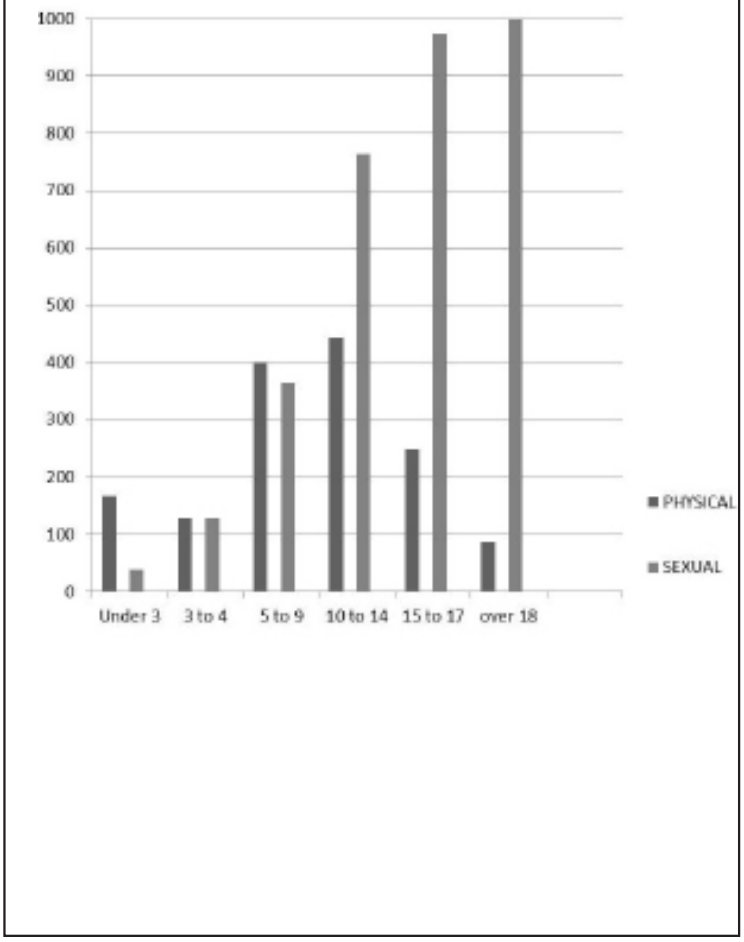


Figure 5a

VICTIMS BY GENDER AND TYPE OF ABUSE - 2015

	PHYSICAL		SEXUAL	
Male	731	49.69%	577	15.43%
Female	728	49.49%	2,709	72.45%
Unknown	12	0.82%	453	12.12%
TOTAL	**1,471**	**100.00%**	**2,352**	**100.00%**

Figure 5b

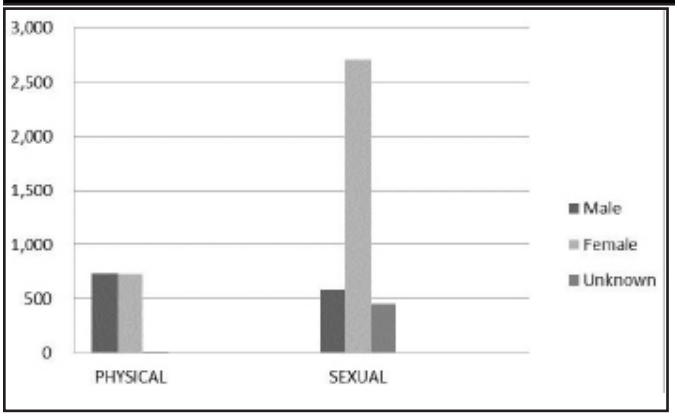


Figure 6 **VICTIMS BY ETHNICITY AND TYPE OF ABUSE - 2015**

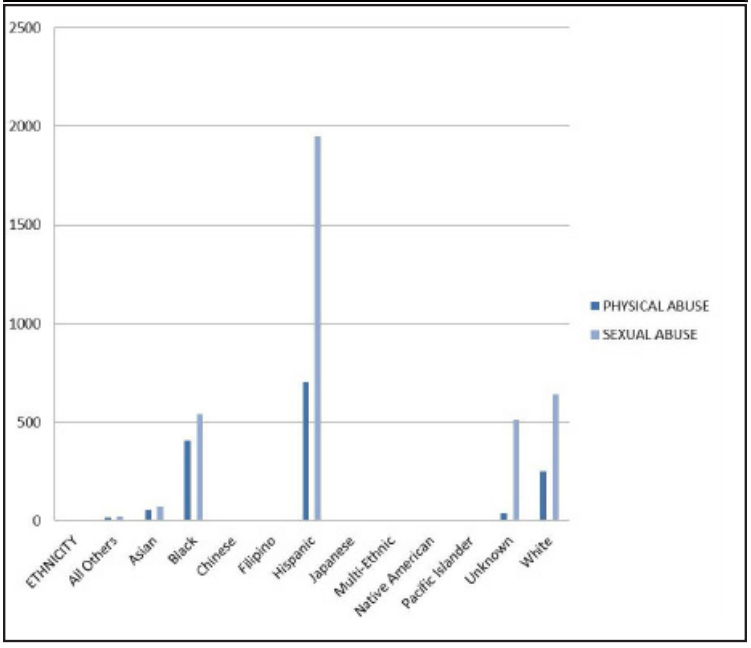


Figure 7a

SUSPECTS BY AGE AND TYPE OF ABUSE - 2015

	PHYSICAL		SEXUAL	
Under 18	14	1.1%	580	15.6%
18 to 24	102	7.7%	595	16.0%
25 to 45	646	48.8%	1010	27.2%
Over 45	561	42.4%	1524	41.1%
TOTAL	**1,323**	**100%**	**3,709**	**100%**

Figure 7b

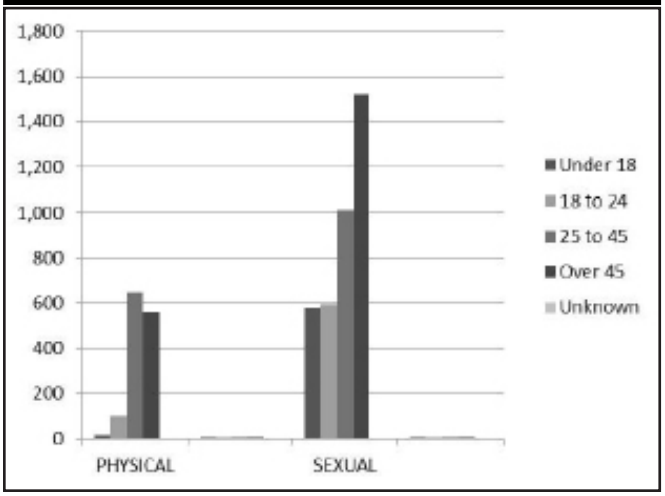


Figure 8

SUSPECTS BY GENDER AND TYPE OF ABUSE - 2015

	PHYSICAL		SEXUAL	
Male	579	43.70%	2,805	75.61%
Female	452	34.11%	199	5.36%
Unknown	294	22.19%	706	19.03%
TOTAL	1,325	100%	3,710	100%

Figure 8a

PHYSICAL ABUSE SUSPECTS 2015

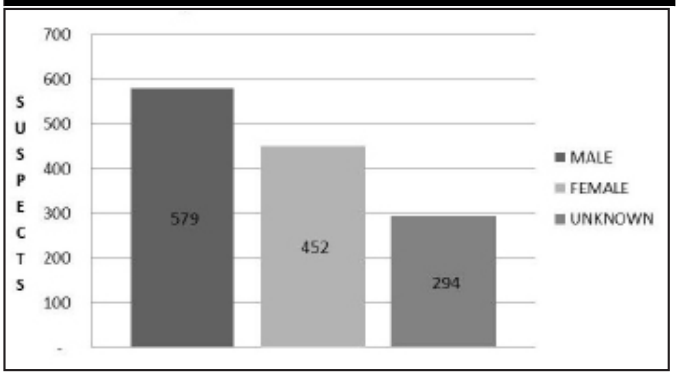


Figure 8b

SEXUAL ABUSE SUSPECTS 2015

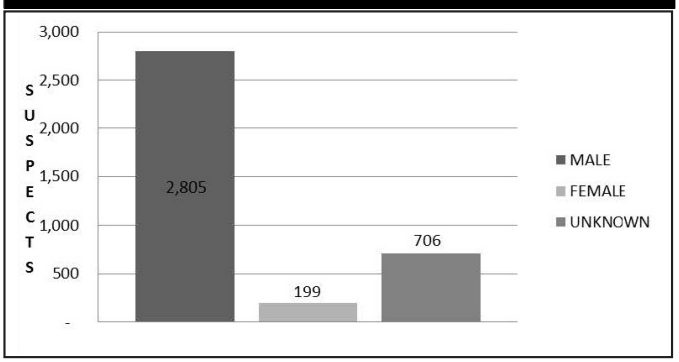


Figure 9a

SUSPECTS BY ETHNICITY AND TYPE OF ABUSE - 2015

ETHNICITY	PHYSICAL		SEXUAL	
All Others	14	1.06%	30	0.81%
Asian	45	3.40%	58	1.56%
Black	284	21.43%	571	15.39%
Chinese	0	0.00%	1	0.03%
Filipino	1	0.08%	0	0.00%
Hispanic	489	36.91%	1,735	46.77%
Japanese	0	0.00%	0	0.00%
Multi-Ethnic	0	0.00%	1	0.03%
Native American	1	0.08%	1	0.03%
Pacific Islander	3	0.23%	5	0.13%
Unknown	315	23.77%	855	23.05%
White	173	13.06%	453	12.21%
TOTAL	1,325	100%	3,710	100%

Figure 9b

SUSPECTS BY ETHNICITY AND TYPE OF ABUSE - 2015

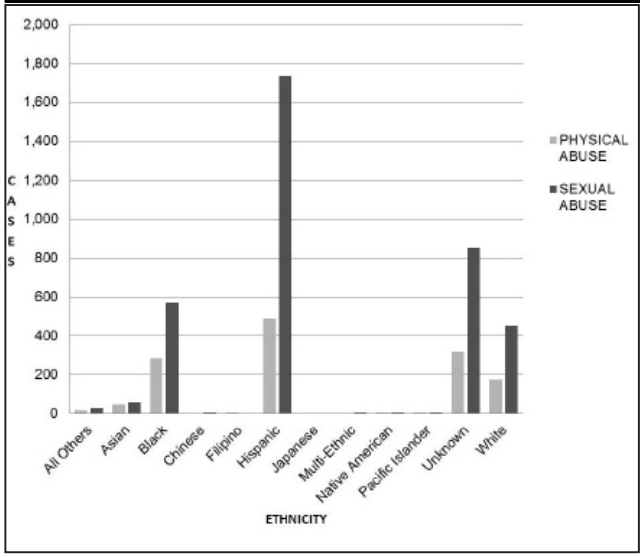


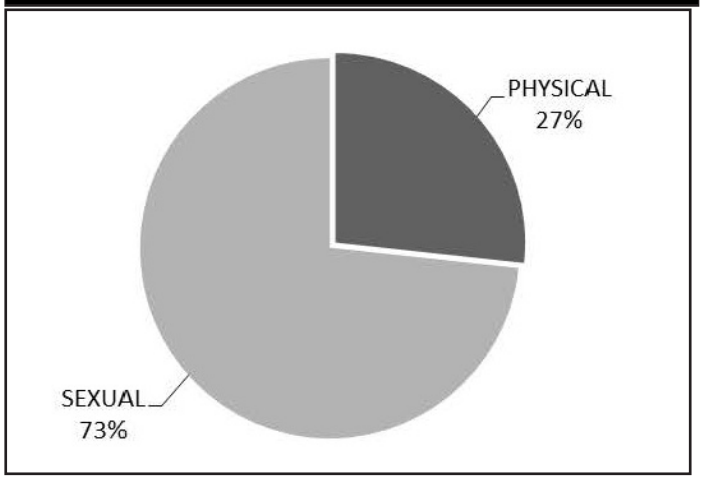
Figure 10a

CASES REPORTED BY ABUSE TYPE - 2015

PHYSICAL	SEXUAL	TOTAL
1,242	3,407	4,649

Figure 10b

CASES REPORTED BY ABUSE TYPE - 2015



GLOSSARY OF LAW ENFORCEMENT TERMS AND CHILD ABUSE RELATED LAWS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DISTRICT ATTORNEY'S OFFICE

INTRODUCTION

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

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

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

The District Attorney's Office prosecutes all felony crimes and all juvenile delinquency offenses committed in Los Angeles County, and misdemeanor crimes in the unincorporated areas of the county or in jurisdictions where cities have contracted for such service. Felonies are serious crimes for which the maximum punishment under the law is either state prison or death; misdemeanors are crimes for which the maximum punishment is a fine and/or county jail. Cases are referred by law enforcement agencies or by the Grand Jury. The District Attorney's Office is the largest local prosecuting agency in the nation with 2,064 permanent employees and 43 temporary employees. Of the permanent employees, 966 are full-time attorneys and 24 are part-time attorneys. In 2015, the District Attorney's Office reviewed 66,889 felony cases; 37,676, were filed and 29,213 were declined for filing. The District Attorney's Office reviewed 112,228 misdemeanor cases; 95,913 were filed and 16,315 were declined for filing.

THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

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

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

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

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

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

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

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

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

4. The prosecutor has considered the probability of conviction by an objective fact-finder and has determined that the admissible evidence is of such convincing force that it would warrant conviction of the crime charged by a reasonable and objective fact-finder after hearing all the evidence available to the prosecutor at the time of charging and after considering the most plausible, reasonably foreseeable defense inherent in the prosecution evidence.

If a case does not meet the above criteria, the DDA will decline to prosecute the case and write the reasons for the declination on a designated form. The reasons can include, but are not limited to:

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

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

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

- Allow for reasonable breaks and relief from examination during which the child witness may leave the courtroom [PC §868.8(a)]
- Remove its robe if it is believed that such formal attire may intimidate the child [PC §868.8(b)]
- Relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness [PC §868.8(c)]
- Provide for testimony to be taken during the hours that the child would normally be attending school [PC §868.8(d)]

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

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

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

SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

DDAs who are assigned the challenge of prosecuting cases in which children are victimized receive special training throughout their assignment to enhance their ability to effectively prosecute these cases. These DDAs work very closely with victim service representatives from the Los Angeles County District Attorney's Victim/Witness Assistance Program and

other agencies to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the criminal justice system.

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

SPECIAL DIVISIONS AND PROGRAMS

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

ABOLISH CHRONIC TRUANCY

The Abolish Chronic Truancy Program (ACT) is a District Attorney's Office crime prevention/ intervention program that enforces compulsory education laws by focusing on parental responsibility and accountability. ACT targets the parents and guardians of elementary school-aged children who are habitually truant and those who are in danger of becoming chronically truant. By addressing the problem early, during a stage of development when parents have greater control over the behavior of their children, the chances of students developing good attendance habits are increased. Likewise, the likelihood of truancy problems emerging in middle and high school years, a leading precursor to juvenile delinquency and later adult criminality, are decreased. Losing days of learning in elementary school years can cause children to fall behind in their education. It is often difficult for these truant students to catch up and compete academically with their peers. When successes for a student are few at school, attendance predictably drops, and the cycle of truancy becomes entrenched. This, in turn, drastically increases a student's likelihood of dropping out of high school.

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

ACT is now in partnership with approximately 380 schools in Los Angeles County. ACT personally contacted 4159 students and their parents to intervene in the cycle of truancy from September of 2015 to June of 2016. An independent review of the program by the Rand Corporation shows that year after year the program reduces unexcused absences in program participants by eight on average. Students who are in the ACT program have a greatly reduced chance of becoming a juvenile delinquent. Only 1% of students in the ACT program become delinquent during the time they are monitored by the program.

ACT personnel serve on School Attendance Review Boards. In 2015-2016, ACT personnel attended 1,545 School Attendance Review Board meetings. The program also conducts truancy information meetings for parents and students at the high school level and for parents of kindergarten students.

TRUANCY MEDIATION

Truancy mediation is an interim statutorily authorized step to avoid prosecution when students older than 13 and their parents are failing to adhere to the law through repeated unexcused absences, following strong intervention at the school site level that are close to or are resulting in chronic truancy as defined in Education Code Section 48263.6.

Truancy Mediation, as a final step before prosecution of the student and or their parent, is authorized by Welfare and Institutions Code section 601.3 and Education Code section 48263.5. The goal of mediation is to prevent further truancy and to restore the student to improved school attendance. However, if the mediation does not result in acceptable school

attendance, prosecution may be commenced. Depending upon the age of the student and the circumstances surrounding the failure to attend, the student; the parent; or, both may be prosecuted.

The Truancy Mediation Program received 593 referrals for mediation from September of 2015 to June of 2016. Of those cases referred for mediation, 94 cases were referred for prosecution. Even in the instance where there is a referral for prosecution, the goal of restoring the student to good attendance remains the primary consideration.

CHILD ABDUCTION SECTION

The Child Abduction Section was established in 1986. Child abduction cases involve cross-jurisdictional issues covering criminal, dependency, family law, and probate courts. The District Attorney's Office works in criminal court, civil court and under an international treaty in efforts to recover abducted children and punish the abductor when appropriate. The Child Abduction Section handles all child abduction cases under PC §§278 and 278.5, which include stranger, parental, relative, and other cases. The victim of the crime is the lawful custodian of the child. It is essential for the abducted child to be treated with particular sensitivity and understanding during the prosecution of these cases.

California civil law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction. The Child Abduction Section employs several District Attorney Investigators 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. Eighty signatory countries and territories 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 (http://da.lacounty.gov). The questionnaire that must be completed to obtain Family Code services may be downloaded and filled out in the privacy of the home and then brought to our downtown office located at the Hall of Justice, 211 W. Temple Street, Suite 1100, Los Angeles, CA 90012.

At the end of 2015, the Child Abduction Section was pursuing abductors in 325 open criminal cases, including sixteen filed in 2015. Fourteen of those cases were active in court pending hearings between arraignment and sentencing. During 2015, District Attorney Investigators initiated 196 new cases under the Family Code, while closing 244 cases. At the conclusion of 2015, the Child Abduction Section was pursuing abductors on behalf of Family Court in 110 open cases. During 2015, 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 22 cases. The Child Abduction Section also assisted county residents in recovering their children from other countries in 9 cases. In total, 47 children were recovered under The Hague Convention and returned to their countries of habitual residence.

The Child Abduction Section conducted numerous training sessions throughout 2015 including: the Los Angeles Police Department, the Los Angeles Sheriff Department, other law enforcement agencies, the Family Law Court, the California District Attorneys' Association, and other interested organizations. A key purpose of training law enforcement was to overturn the common misconception that a parent cannot be criminally prosecuted for abducting his or her own child. The training was designed to provide the necessary information to first responders and investigating officers in order to quickly get relevant information into local and national recovery systems, and to properly investigate and file these serious felony cases with the Child Abduction Section.

FAMILY VIOLENCE DIVISION

The Family Violence Division (FVD) was established in July 1994. FVD is responsible for the vertical prosecution of felony domestic violence and child physical abuse and endangerment cases in the Central Judicial District. At times, FVD deputies travel to different courthouses within Los Angeles County to vertically prosecute intimate partner and child homicide cases. Allocating special resources to abate serious spousal abuse in Los Angeles County was prompted by the 1993 Department of Justice report which found that one-third of the domestic violence calls in the State of California came from Los Angeles County. Children living in homes where domestic violence occurs are often subjected to

physical abuse as well as the inherent emotional trauma that results from an environment of violence in the home. FVD's staff includes DDAs, district attorney investigators, paralegals, victim service representatives, witness assistants, and clerical support staff. All of the staff is specially trained to deal sensitively with family violence victims. The goal is to make certain that the victims are protected and that their abusers are held justly accountable in a court of law for the crimes they commit.

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

A significant portion of the work done by FVD staff involves the prosecution of felony child physical abuse/endangerment cases. The harm to children ranged from injuries such as bruises, scarring, burns, broken bones, and brain damage to 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 2015, FVD was in the process of prosecuting 13 murder cases involving child victims and 25 murder cases involving intimate partner victims. When a murder charge under PC §187 is filed involving a child victim under the age of eight alleging child abuse leading to the death of the child, a second charge of assault resulting in death of a child under eight, a violation of PC §273ab, is also filed in most instances. It is extremely difficult to convict a parent of murdering their child because jurors must find that the parent acted with malice and intended to kill their child. In cases alleging the abuse of a child under eight leading to death, the jury need not find that the parent intended to kill the child. It is sufficient for the jury to find that the parent intended or permitted the abuse that led to the death of the child in order to convict. The punishment for violating PC §273ab is a sentence of 25 years to life in state prison – the same punishment for a conviction of first degree murder.

In child homicide cases where one parent, guardian, or caregiver kills a child, the law provides that the passive parent, guardian, or caregiver may, in some circumstances, be charged with the same crime as the person who actually inflicted the fatal injuries. The passive parent is one who has a duty of care for the child, knows he or she has that duty of care, and intentionally fails to perform that duty of care. In 2007, a FVD DDA prosecuted a case against a mother who knew that her spouse was a danger to their children, but left their son in the defendant's care. Although the mother knew or should have known that the defendant was abusing the child because she was in the same apartment as the defendant and child when the torture was occurring, the mother did not come to the aid of her child. After the child died, the mother helped the defendant attempt to cover-up the crime. Because there were no statutes on point, the DDA argued case law which discussed common law to support the charges against the mother. In 2008, the appellate court upheld the verdict and the California Supreme Court declined to review it. (People v. Rolon (2008) 160 Cal. App.4th 1206).

FVD attorneys also prosecute cases where a mother gives birth and then kills the baby or allows the baby to die. These crimes are typically committed with no witnesses present. The prosecution relies on medical evidence to prove that the child was born alive – the threshold issue in infanticide cases.

FVD attorneys also prosecute intimate partner homicide cases where children have observed one parent killing another. Forensic interviewers are utilized to determine what a child witness saw. When children must testify, FVD attorneys ensure that support persons are present in the courtroom and available to the child witness before and after court proceedings to help deal with the trauma associated with witnessing the crime and appearing in court with the parent accused of committing the crime. During and at the conclusion of court proceedings,

victim service representatives provide the child witness and guardians with referrals for counseling, relocation, and victims of crime financial assistance.

FVD utilizes all tools available to determine the appropriate charges to file. FVD, along with the VIP Divisions in Branch and Area Operations, Sex Crimes Division, Hardcore Gang Division, and Complaints Division utilize the Family and Children's Index (FCI) to determine what, if any, contacts the child victim or his or her family has had with other Los Angeles County agencies. FCI is a pointer system developed with the Inter-Agency Council on Child Abuse and Neglect (ICAN) and other county partners to ensure that critical information may be shared as deemed appropriate by each respective agency with other agencies to ensure child safety. It is anticipated that additional agencies will contribute information to the FCI and agree to the terms of use for it.

Additionally, DDAs who handle crimes with children as victims access the Electronic Suspected Child Abuse Reporting System known as E-SCARS. This collaborative database is an electronic system available to all primary law enforcement agencies in Los Angeles County, Department of Children and Family Services (DCFS) social workers, and prosecutors in both the District Attorney's Office and city prosecutor's 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.

In 2015, the Office of the District Attorney expanded its operation and created the E-SCARS Unit. The E-SCARS Unit is a specialized unit within the Family Violence Division. Staffed by four paralegals and a deputy-in-charge, the unit can now globally audit E-SCARS compliance by law enforcement, deputy district attorneys, and the Department of Child and Family Services (DCFS). Law enforcement generated 13,560 SCARS in 2015. The creation of the E-SCARS Unit enabled the District Attorney's Office to increase by 30% its capacity to review/audit SCARS.

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 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
- Training Committee
- FVD members attend Domestic Violence Death Review Team meetings which often explore cases where children are victims or witnesses in intimate violent homicide cases

FVD DDAs also are instrumental in reviewing new legislation. In 2000, the Safely-Surrendered Newborn Law passed. This law has the overarching goal of saving the lives of newborn children at risk of being abandoned and left to die 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. The District Attorney's Office drafted legislation regarding the issuance of domestic violence protective orders to close a loophole in current law and help ensure protection for children. Before Senate Bill 910 was drafted and signed by California's governor in 2014, existing law allowed criminal courts to issue protective orders for up to 10 years in domestic violence cases to protect spouses or partners of offenders during criminal proceedings and after offenders were released from prison or jail. SB 910 expands the definition of domestic violence for purposes of issuing a criminal protective order to include violence against a child of a party to domestic violence court proceedings.

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 court 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.

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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 UNIT

The Sexually Violent Predator (SVP) Unit 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 child forensic interviewer. The presence of all team members at one location provides enhanced communication and coordination. As with cases in the Sex Crimes Division, all cases at Stuart House are vertically prosecuted.

BRANCH AND AREA OPERATIONS VICTIM IMPACT PROGRAM

A majority of the DDAs assigned to vertically prosecute cases in which children are victimized are

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

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

The Victim Impact Program Advisory Working Group is comprised of subject matter experts on VIP-related crimes. The group's goals are: (1) identify and resolve chain-of-command ambiguities; (2) formalize VIP case suitability criteria; (3) determine the appropriate VIP staffing for each branch; (4) develop expertise within VIP and disseminate that expertise to Line Operations; (5) implement VIP into the Juvenile Division; and (6) identify and advocate on behalf of the VIP community various emerging VIP-related law enforcement/prosecution issues such as human trafficking. There are nine subcommittees: (1) policies and procedures; (2) colleges; (3) VIP legislation; (4) DIC meetings/agendas; (5) databases and technology; (6) VIP manual; (7) PC §17(b)(4) referral policy; (8) courthouse therapy dogs (to support child and other vulnerable witnesses); and (9) abusive head trauma and its effects. The subcommittees are comprised of a chairperson and members with interest and expertise on various topics. The information gleaned and recommendations made from each subcommittee are presented to the working group and management staff to enhance the prosecution of VIP-related cases.

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

HUMAN TRAFFICKING UNIT

Effective June 10, 2014, the Human Trafficking Unit (HTU) began operations. The HTU was created to efficiently and effectively combat the increasingly common crime of human trafficking (Penal Code Section 236.1 et seq.).

Human trafficking involves the use of force, fraud, coercion, or the false promise of a better life to recruit, harbor, transport, provide or obtain a person for the purposes of sexual or labor exploitation. The majority of human trafficking involves the commercial sexual exploitation of children, a multi-billion dollar a year criminal enterprise. These children are recruited from all over Los Angeles County, especially bus and train stations, schools, group homes and through social media. Many are runaways and have gone through the foster care system. Since the passage of Proposition 35 in 2012, the use of force, fear, fraud, deceit, violence, duress, menace or coercion are no longer required to prove human trafficking of children.

The Human Trafficking Unit is based out of the Sex Crimes Division and headed by the Coordinator of the HTU. The coordinator is responsible for working with human trafficking task forces operating in Los Angeles County, meeting with community-based human trafficking victim advocates, creating training protocols, and developing a human trafficking database.

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), the Strength United's Family Justice Center (formerly Valley CARES), Children's Advocacy Center for Child Abuse Assessment and Treatment and the Los Angeles County Harbor UCLA Medical Crisis Center in the South Bay, and the Violence Intervention program at Los Angeles County USC Medical Center are five programs that follow this model, similar to Stuart House in Santa Monica.

CENTER FOR ASSAULT TREATMENT SERVICES (CATS)

The Center for Assault Treatment Services (CATS) is operated out of the Northridge Hospital Medical Center and is the only designated Sexual Assault Response Team in the San Fernando and Santa Clarita Valleys. CATS' mission is to provide compassionate, comprehensive care to adult and child victims of sexual abuse in a supportive and comfortable environment through a coordinated collaborative effort. Results obtained from specialized forensic interviews and evidence collection conducted by nurses and nurse practitioners with advanced training as Sexual Assault Examiners are provided to law enforcement, local prosecutors and child protective services. In addition, CATS medical personnel provide 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.

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, Family Justice Center opened its doors in the San Fernando Valley to help people who have experienced domestic violence, sexual assault and child abuse. Strength United's Family Justice Center is a non-profit multidisciplinary program with a broad range of established relationships. The partners include law enforcement, CATS, DCFS, the District Attorney's Office, the City Attorney's Office, Mental Health and post-trauma treatment agencies, and a legal assistance organization. Strength United's Family Justice Center 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 the Family Justice Center 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 to assist children throughout Los Angeles County. 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, 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 multi-disciplinary team include forensic interviewers, law enforcement officers, mental health professionals, medical personnel, victim-advocates, and child protective services workers. In addition to attending the actual interview, prosecutors attend routine case review sessions. The Children's Advocacy Center's facilities have also been used to assist in the preparation and presentation of a Victim Impact Statement in court by young victims of child abuse.

In a further effort to minimize trauma to children, in 2015, the CAC began using therapy dogs at the CAC to greet and wait with children and their families. Therapy dogs empower victims and provide emotional support. There is a body of scientific evidence proving dogs are the one animal who impact our blood pressure and other health indicators in a positive way. Minimizing stress for victims and their families is consistent with our mission. Therapy dogs are routinely used at hospitals and recently started working at airports to alleviate stress for travelers. The CAC has taken a leadership role in

Los Angeles and is the first agency to start this kind of program by entering into a partnership with The Pet Prescription TEAM who provides the volunteer handlers and therapy dogs.

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 and retains that accreditation. To date, it has provided services for over 900 children and their families. The vast majority of clients are girls under the age of 12.

HARBOR UCLA CHILD CRISIS CENTER

The Harbor UCLA Child Crisis Center (Crisis Center) opened as a model project of the Los Angeles County Board of Supervisors in 1986. The Crisis Center provides services to children from birth through age 17 who are victims of physical or sexual abuse. It is designed to serve residents of the 22 cities within the South Bay area of Los Angeles County but will assist any county residents. The Crisis Center provides state-of-the-art expert assessment while reducing trauma to the child victims and their families. The Crisis Center offers expert medical evaluation, sexual assault examination, and forensic examination. Experienced professional forensic interviewers with specialized training interview the victims in a non-threatening, child-friendly environment, enabling the investigating officer, assigned DDA, and social workers to observe the entire interview behind a one-way mirror. Crisis Center interviews are audio and video 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. The courtrooms are dedicated to handling strictly domestic violence-related cases from arraignment through post-sentencing hearings. It is strongly encouraged that the DDAs assigned to these courts be experienced prosecutors with special training in the area of family violence.

JUVENILE DIVISION

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

SCHOOL ATTENDANCE REVIEW BOARD (SARB)

A minor's first contact with the juvenile justice system is often handled informally. For instance, the Hearing Officers and Deputy District Attorneys from the District Attorney's ACT, JOIN, SAGE and Truancy Mediation Program work with school districts' School Attendance Review Boards (SARBs) and School Attendance Review Teams (SARTs) to combat truancy. When students and/or their parents violate school attendance laws, the matters are often referred to the District Attorney's Office for a truancy mediation hearing. The goal of the mediation process is to return truants to school while holding them responsible for their actions. In lieu of immediate referral for prosecution, the student and parents are given an opportunity to enter into a District Attorney School Attendance Contract. By

entering into the contract, students and parents agree to immediately cease unexcused absences and tardies, to correct behavioral problems, and to adhere to SARB directives and other hearing officer resolutions. Failure to adhere to the contract can result in formal prosecution against the minors and their parents.

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

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

J.O.I.N. is a highly effective program because it provides intense supervision of the juvenile. In a three-year study, less than 5% of all youth who participated and completed the J.O.I.N. program reoffended. One of the advantages of J.O.I.N. is that it contacts the youthful offender within two weeks of an arrest — rather than the 60 days it may take for Delinquency Court to hear a matter. The program addresses the root causes of the delinquent behavior by providing a plan tailored to the specific needs of the youthful offender. J.O.I.N. partners with community based organizations to provide assistance to delinquent youth.

An example of community partnership, J.O.I.N. currently works with the Society for the Prevention of Cruelty to Animals Los Angeles (SPCA LA). The SPCA LA, in collaboration with the District Attorney's Office, designed a specialized curriculum to instill compassion, build self-esteem, and break patterns of poor behavior that disregards the dignity and sensibilities of others. Teaching Love & Compassion for Juvenile Offenders Program (jTLC) helps delinquent youth make healthier and more compassionate life choices. Students learn that compassion and kindness are effective ways to form lasting bonds and communicate effectively.

J.O.I.N. personnel also work closely with local school districts to make sure that students under their supervision are attending school. J.O.I.N. personnel participate in local School Attendance Review Boards that deal with truancy. Good school attendance is a key factor for a youthful offender in overcoming possible future criminality.

Since 2012 to date, the J.O.I.N. Program has received 5,275 case referrals for the purpose of diverting youthful offenders out of the juvenile justice system. Few of those who completed the program have reoffended. This program allows youthful offenders who commit first-time low level offenses the chance to avoid juvenile court and to participate in community programs that both encourage them and prevent future criminality through supervision; a tailored approach that direct the youth to community programs; and by ensuring good school attendance. The comprehensive nature of the program has resulted in a low re-offense rate and saves youth and their families from further involvement in the juvenile justice system.

THE FIRST STEP DIVERSION PROGRAM

The sexual trafficking of minors, also known as the Commercial Sexual Exploitation of Children (CSEC) is at a crisis level across the country and in Los Angeles County. District Attorney Jackie Lacey understands that children who may unwittingly become involved in sex trafficking are not juvenile delinquents and should not be treated as criminals. These children are indeed victims who have been manipulated by their traffickers for financial profit.

Consistent with that approach, in February 2014, the District Attorney's Office launched the First Step Diversion Program aimed at providing child victims of sex trafficking an opportunity to rebuild their lives before they are charged in juvenile court. Children who agree to enter the First Step Diversion Program will receive referral to services such as crisis intervention, sexual assault and mental health counseling, substance abuse treatment, education and other appropriate social services for up to one year. The District Attorney's Office has also partnered with a number of non-profit

community based organizations to provide a wide range of services. Those organizations include the YWCA of greater Los Angeles, Saving Innocence, Strength United (formerly Valley Trauma), and the Coalition to Abolish Slavery (C.A.S.T.), and Journey Out, formerly the Mary Magdalene Project. Our office is also joining forces with the Department of Children and Family Services, LAPD, LASD, and the Probation Department to identify children who have been arrested for other offenses but are at risk for sex trafficking.

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

DELINQUENCY COURT PROCEEDINGS

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

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

If one or more of the above factors are present but the DPO deems that a 24-hour secure detention facility is not necessary, the minor may be placed on home supervision (WIC §628.1). Under this program, the minor is released to a parent, guardian, or responsible relative pursuant to a written agreement that sets forth terms and conditions relating to standards of behavior to be adhered to during the period of release. Conditions of release could

include curfew, school attendance requirements, behavioral standards in the home, and any other term deemed to be in the best interest of the minor for his or her own protection or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the Delinquency Court at a detention hearing.

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

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

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

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

Under WIC §707(a) - (c), the prosecution may petition the court to find a minor unfit for juvenile court and send the case to adult court for prosecution. The court must consider each of the following factors in determining whether the minor's case should remain in juvenile court:

- The degree of criminal sophistication exhibited by the minor;
- Whether the minor can be rehabilitated prior to the expiration of the juvenile court's jurisdiction;
- The minor's previous delinquent history;
- The success of previous attempts by the juvenile court to rehabilitate the minor; 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.

MAJOR NARCOTICS DIVISION

Drug abuse damages all aspects of society, including innocent children and adult victims by destroying and tearing apart families, friends and loved ones. Drug dealers profit on the weakness of addicted users who often commit crime to support their habits. Unfortunately, homes across the nation have medicine cabinets that contain prescription medications that cause death every 24 minutes.

To combat the dangers of drug use and addiction, the District Attorney's Office pursues several strategies, such as Drug Court, which is an effective diversion program for drug abusers. When cases are not appropriate for Drug Court, the District Attorney's Office effectively investigates and prosecutes drug cases.

In order to disrupt and dismantle cartel operations and significant drug trafficking organizations in Los Angeles County, the District Attorney's Office created the Major Narcotics Division (MND). The division is comprised of specially trained prosecutors who vertically prosecute significant narcotics trafficking operations in collaboration with federal, state and local law enforcement agencies and task forces.

MND is also responsible for processing all state authorized wiretaps for the District Attorney's Office. Sophisticated drug cartels traffic hundreds of kilograms of narcotics into Los Angeles County, and related narcotics proceeds back to their source of supplies. These potentially deadly drugs find their way into residential neighborhoods where children

and adults are endangered. Not only are children and families at risk from the hazards of illegal narcotics, but also for the violence associated with narcotics transactions. Wiretaps are a vital and effective tool against organized crime and cartel-related activities. MND deputies instruct law enforcement on P.O.S.T. certified wiretap training to ensure compliance with the latest laws.

Prescription Drugs

Drugs are the No. 1 killer in the United States with the vast majority of deaths caused by prescription medications. As a result of a nationwide epidemic of prescription drug overdoses and deaths, the District Attorney's Office established a pharmaceutical diversion team within MND. Prosecutors assigned to the team, aggressively investigate and prosecute doctors and prescription providers in order to hold them accountable for their actions. The pharmaceutical diversion team recently convicted a Rowland Heights doctor of three counts of second-degree murder and 24 prescription related felonies for prescribing high levels of narcotics to young men causing numerous overdoses and deaths. This case received nationwide attention and was the first such conviction of its kind in the United States. The pharmaceutical diversion team lectures nationally to prosecutors and law enforcement on the investigation and prosecution of prescription providers.

Medical Marijuana Section (MMS)

Due to the prevalence of illegal marijuana operations throughout Los Angeles County, the District Attorney's Office created the Medical Marijuana Section (MMS) within MND. MMS is responsible for vertically prosecuting significant marijuana operations such as volatile Butane Honey Oil (BHO) extraction laboratories, illegal marijuana dispensaries, and sophisticated grow operations. As a result of a relatively simple and inexpensive BHO method for converting worthless shake marijuana into concentrated cannabis, BHO laboratories have been discovered in houses and apartments throughout the county. Due to the popularity of BHO manufacturing, MMS can only prosecute the most egregious laboratories in the LA County. The majority of MMS BHO cases involve explosions and fires that have decimated residential structures and caused serious injuries such as comas, third-degree burns, and an amputated leg. Since BHO laboratories operate inside residential properties to avoid detection by law enforcement, children and adults are placed in harm's way of becoming a victim of a massive explosion and fire.

Drug Endangered Children (DEC) Response Team

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

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 web site at http://da.lacounty.gov under "Top Documents." In addition to prosecuting gang members, the Office actively works to prevent or dissuade children from joining gangs.

THE CLEAR PROGRAM

In 1996, three year old Stephanie Kuhen was killed by gang members in northeast Los Angeles. Within a year, the multi-agency collaborative – Community Law Enforcement and Recovery (CLEAR) – was

created to facilitate the recovery of gang-infested communities by decreasing the criminal activity of targeted gangs. Deputy district attorneys, deputy city attorneys, law enforcement personnel, specifically dedicated LAPD officers, deputy probation officers, and members of the Department of Corrections are co-located in specific areas where they can focus their attention on the most active gang members. CLEAR has been identified as a highly successful gang suppression and prevention program.

SAGE (STRATEGY AGAINST GANG ENVIRONMENT)

The SAGE Program is aimed at improving the quality of life in neighborhoods by placing experienced Deputy District Attorneys 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. Those communities include the cities of La Mirada, Paramount, Bellflower and East Los Angeles. The Deputy District Attorneys teach 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.

EAST LOS ANGELES PARENT PROJECT

The goal of the East Los Angeles Parent Project is to reduce both gang membership and the number of juveniles becoming involved in the juvenile justice system, by improving the parenting skills of those whose children are at risk of joining gangs and/or committing crimes. The East Los Angeles Parent Project Collaboration includes the District Attorney's Office, the Los Angeles County Parks and Recreation Department, the Los Angeles Sheriff's Department, Supervisor Hilda Solis' office, the Los Angeles County Probation Department, and the Boys and Girls Club of East Los Angeles. Parent Project is offered at two different parks in East Los Angeles and is a component of the East Los Angeles Sheriff's Department Vital Intervention Directional Alternatives (VIDA) Program, a 16 week intervention program for "at risk" youth.

The East Los Angeles SAGE Deputy District Attorney works with VIDA by teaching Parent Project to the parents whose children are enrolled in the program. The SAGE Deputy District Attorney also participates in the Parent Project graduations.

Parent Project is open to any interested parent, but many of the attendees are referrals from the SAGE Deputy District Attorney, juvenile court, and school personnel. During the parenting classes, parents learn to identify potential gang and drug problems with their children, to hold their children accountable for their actions and choices, to develop an effective action plan to modify destructive and negative behavior, and how to speak to their children regarding important topics such as sex, dating, and drug abuse. The program stresses "active" supervision of the child and teaches the parent to take an interest in the child's friends, activities, and school. Parent Project has been effective in repairing broken relationships between parents and their children, in strengthening families, and in turning around the lives of "at risk" youth.

OFFICE WIDE UNITS

THE BUREAU OF VICTIM SERVICES

The Bureau of Victim Services (BVS)[1] has Victim Service Representatives (VSRs) who work as governmental victim advocates assisting victims of crimes of violence and threats of violence throughout the criminal justice process. The advocate's primary responsibility is to provide support to the victim. BVS advocates have received special training in state programs regarding restitution for victims of crime and advocacy and support for victims of violence. BVS advocates also have specialized training in assisting victims of child physical and sexual abuse, and assisting child victims of human trafficking. The assistance advocates provide is essential in cases with a child victim. Often, the advocate will be the first person associated with the District Attorney's Office with whom the child will meet.

The BVS advocates have been an instrumental partner in the District Attorney's First Step Program which provides assistance to victims of human trafficking.

1. In August, 2015, the Victim-Witness Assistance Program (VWAP) was renamed the Bureau of Victim Services to more accurately reflect the duties and responsibilities of the District Attorney's primary workforce to assist with lessening the emotional trauma, financial losses and often devastating impact of crimes on the lives of victims, witnesses, and their families.

The advocate explains each person's role in the criminal justice process while working to establish a rapport with the child. The advocate is available to participate in the pre-filing interview to give emotional support for the child victim and to provide a friendly, nurturing sense of care. The advocate assists the non-offending parents or guardians of the child victim to connect with appropriate counseling for children who either witness or are victims of violent crimes in order to promote the mental and emotional health of the child.

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

- Crisis intervention
- Emergency assistance
- Referrals for counseling, legal assistance and other resources
- Assistance in filing for California Victim Compensation
- Assistance obtaining restitution orders from a convicted defendant
- Referrals and information to appropriate community agencies and resources
- Public presentations explaining services available to victims

DISTRICT ATTORNEY PUBLIC AFFAIRS DIVISION

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

PROJECT L.E.A.D. (LEGAL ENRICHMENT AND DECISION-MAKING)

Project LEAD is an effective law-related education program for fifth-graders in public schools. Established in 1993, the 20-week curriculum places prosecutors and other criminal justice professionals inside the classroom one hour a week to teach students about the criminal justice system and the importance of making good decisions. 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 2015-2016 school year, 173 facilitators taught the curriculum to 2,200 students in 73 classrooms at 45 public schools throughout Los Angeles County. Participating schools are listed below:

Schools	Districts	Students
Ambler Avenue	Los Angeles	27
Ann Street	Los Angeles	16
Aragon Avenue	Los Angeles	53
Breed Street	Los Angeles	57
Castelar	Los Angeles	88
Centinela	Inglewood	72
Christopher Dena	Los Angeles	29
City Terrace	Los Angeles	68
Coliseum Street	Los Angeles	79
Dearborn	Los Angeles	35
Decker	Pomona	66
Edison	Long Beach	35
El Dorado	Lancaster	34
Euclid	Los Angeles	27
Foster Road	Norwalk/ La Mirada	30
Fourth Street	Los Angeles	25
George Washington	Compton	68

Gidley	El Monte	24
Gratts	Los Angeles	106
Halldale Avenue	Los Angeles	24
Hamasaki	Los Angeles	48
Huntington Drive	Los Angeles	43
Jane Addams	Long Beach	35
Jefferson	Paramount	75
Jefferson	Pasadena	65
Kelso	Inglewood	28
La Tijera	Inglewood	60
Lockwood Avenue	Los Angeles	25
Loren Miller	Los Angeles	35
Lorena Street	Los Angeles	76
Madison	Pomona	63
Magnolia Avenue	Los Angeles	59
McKinley	Compton	69
Murchison Street	Los Angeles	31
Murray	Azusa	23
Ninth Street	Los Angeles	14
Panorama City	Panorama City	59
Patrick Henry	Long Beach	101
Rosa Parks	Lynwood	84
Rosecrans	Compton	104
San Fernando	San Fernando	21
Sumac L-STEM	Las Virgenes	33
Union	Los Angeles	29
Utah Street	Los Angeles	27
Washington	Hawthorne	30

INFORMATIONAL MATERIALS

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

DATA GATHERING AND ANALYSIS

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

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

In assessing cases that were either dismissed or declined for filing (Figures 3, 4, 5 and 11), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus; lack of sufficient evidence; inadmissible search and seizure; interest of justice; deferral for revocation of parole; a probation violation was filed in lieu of a new filing; or a referral for misdemeanor consideration to another agency) a key factor may be that the victim is unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against a child or an adult, or domestic violence against a teenager or adults, the victim may decline to participate in a prosecution and not face the prospect of being incarcerated for contempt of court for failing to testify (CCP §1219). As a general principle, it is considered

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

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

Statistics reflecting the Child Abduction Section are reflected in one chart (Figure 9). It is important to note that the raw data contained in this Figure is also reflected in the overall numbers reported in Figures 2, 3 and 4. This chart is provided as a sample of the types of cases handled by a special unit and the numbers of cases prosecuted by specially trained, grant funded deputies As it is not uncommon for minors to commit acts of abuse against children, juvenile delinquency statistics detailing the number of felony and misdemeanor petitions filed, dismissed, and declined are included (Figures 12, 13, 14, 15, and 16). It is important to note the fact that the perpetrator of the offense is under the age of 18 is not the sole determinative factor in making a decision as to whether the minor perpetrated a criminal act against a child. A schoolyard fight between peers would not be categorized as an incident of child abuse nor would consensual sexual conduct between underage peers be automatically categorized as child molestation; but an incident involving a 17-year-old babysitter intentionally scalding a 6-year-old child with hot water would be investigated as a child abuse and an incident in which a 16-year-old cousin fondled the genitals of an 8-year-old family member would be investigated as a child molestation. A 16-year-old who punched his 16-year-old girlfriend in the face would be investigated as intimate partner violence.

Statistics regarding the gender of defendants are also included. It is important when comparing the years of available statistics covering juvenile delinquency offenses to remember that Proposition 21, as discussed in the Juvenile Division section of this report, took effect March 8, 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 (Figures 10 and 17). The majority of cases in the District Attorney's Office are filed in the jurisdiction where the crime occurred. The Zip Codes represent the address of the District Attorney's Office where the case was filed.

For the twelfth year, the report contains data regarding the number of child abuse cases filed that also included the filing of a count of Spousal Abuse within the meaning of PC §273.5 (Figure 22). The percentage of cases in which these offenses are joined has been consistent. From 2006 through 2010, this joinder occurred in 7% of the cases filed. In 2011 and 2012, this joinder occurred in 8% of the cases. In 2013 and 2014, 7% of the cases reflected this joinder and in 2015, 8% of cases.

SELECTED FINDINGS

- A total of 5,314 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2015.
- Of these, charges were filed in slightly less than 50% (2,563) of the cases reviewed. Felony charges were filed in 53% (1,351) of these matters. Misdemeanor charges were filed in 47% (1,212) of these matters.
- Of those cases declined for filing (a total of 2,751 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 27% of the declinations (744).
- In 77% of the adult cases filed involving child abuse, the gender of the defendant was male.
- Convictions were achieved in 90% of the case dispositions in 2015 involving adult offenders. Defendants received grants of probation in 64% (1,265) of these cases. State prison sentences were ordered in 27% (526) of the cases; with slightly under 1% (16) of the defendants receiving a life sentence in state prison.

- A total of 536 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.
- Of these, charges were filed in 34% (181) of the cases reviewed. Felony charges were filed in 93% (168) of these cases.
- Of the filed cases, 50% (91) alleged a violation of PC §288(a). Of the declined cases (355 – both felonies and misdemeanors), 46% (163) alleged a violation of PC §288(a).
- In 93% of the petitions filed involving child abuse, the gender of the minor was male.
- Sustained petitions (112) were achieved in 75% of the juvenile case dispositions in 2014.

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.

Figure 1

LIST OF PRIORITIZED STATUTES FOR 2015

CODE	STATUTE	FORM NO	ORDER
PC	187(A)		1
PC	273AB(A)		2
PC	273AB(B)		3
PC	273AB		4
PC	288.7(A)		5
PC	288.7(B)		6
PC	236.1(C)		7
PC	236.1(C)(1)		8
PC	236.1(C)(2)		9
PC	269(A)(1)		10
PC	269(A)(2)		11
PC	269(A)(3)		12
PC	269(A)(4)		13
PC	269(A)(5)		14
PC	187(A)		15
PC	261(A)(2)	001	16
PC	261(A)(2)	002	17
PC	236.1(B)		18
PC	236.1(A)		19
PC	264.1(B)(1)		20
PC	264.1(B)(2)		21
PC	207(B)		22
PC	207(C)	002	23
PC	207(D)	002	24
PC	207(A)	002	25
PC	207(A)	003	26
PC	208(B)		27
PC	288.5(A)		28
PC	288.5		29
PC	286(C)(2)(B)		30
PC	286(C)(2)(C)		31
PC	286(D)(2)		32
PC	286(D)(3)		33
PC	288A(C)(2)(B)		34
PC	288A(C)(2)(C)		35
PC	288A(D)(2)	001	36
PC	288A(D)(3)	001	37
PC	289(A)(1)(B)		38
PC	289(A)(1)(C)		39
PC	286(C)(1)		40
PC	286(C)	001	41
PC	288(B)(1)		42
PC	288(B)(2)		43
PC	288(B)		44
PC	288(A)		45

Figure 1

LIST OF PRIORITIZED STATUTES FOR 2015

CODE	STATUTE	FORM NO	ORDER
PC	288A(C)(1)		46
PC	288A(C)	001	47
PC	289(J)		48
PC	289(I)		49
PC	289(H)		50
PC	273A(A)		51
PC	273D(A)		52
PC	278		53
PC	278.5		54
PC	278.5(A)		55
PC	288(C)(1)		56
PC	288(C)		57
PC	286(B)(2)		58
PC	286(B)(1)		59
PC	288A(B)(1)		60
PC	266J		61
PC	266H(B)		62
PC	266H(B)(1)		63
PC	266H(B)(2)		64
PC	266I(B)		65
PC	266I(B)(1)		66
PC	266I(B)(2)		67
PC	266		68
PC	288A(B)(2)		69
PC	25100(A)		70
PC	311.4(B)		71
PC	311.2(A)		72
PC	311.2(C)		73
PC	311.10		74
PC	311.11(B)		75
PC	288.3(A)		76
PC	288.3(C)		77
PC	288.4(B)		78
PC	288.2(A)		79
PC	261.5(D)		80
PC	261.5(C)	002	81
PC	288.4(A)(2)		82
PC	647.6(C)(1)		83
PC	311.1(A)		84
PC	311.4(C)		85
PC	288.4(A)(1)		86
PC	271A		87
PC	25100(B)		88
PC	25200(A)		89
PC	25200(B)		90
PC	267		91

Figure 1

LIST OF PRIORITIZED STATUTES FOR 2015

CODE	STATUTE	FORM NO	ORDER
PC	288.2(B)		92
PC	647.6(C)(2)		93
PC	647.6(B)		94
PC	647.6(A)(2)	002	95
PC	647.6(A)(2)	001	96
PC	647.6(A)(1)	002	97
PC	647.6(A)(1)	001	98
PC	261.5(C)	001	99
PC	647.6(A)	002	100
PC	647.6(A)	001	101
PC	261.5(B)		102
PC	261.5		103
PC	273J(A)		104
PC	273A(B)		105
PC	273G		106
PC	311.1		107
PC	311.4(A)		108
PC	311.11(A)		109
PC	311.3(A)		110
PC	273I(A)		111
PC	273J(B)		112
PC	270.5		113
PC	272(A)(1)		114
PC	272(A)(1)		115

Figure 2a

TOTAL ADULT FILINGS BY CHARGE FOR 2006 THROUGH 2015

	2006		2007		2008		2009		2010	
CHARGE	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(B)(1)	0	1	1	1	0	0	1	0	0	0
PC12036(B)	0	0	0	0	0	0	0	0	0	0
PC12036(C)	0	0	0	0	0	1	0	0	0	0
PC187(A)	17	0	20	0	20	0	16	0	15	0
PC207(A)	11	0	18	0	23	0	14	0	11	0
PC207(B)	6	0	8	0	4	0	5	0	3	0
PC208(B)	1	0	0	0	0	0	1	0	0	0
PC236.1(A)	0	0	0	0	0	0	0	0	0	0
PC236.1(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	2	0
PC261.5	1	1	1	1	2	0	0	0	0	0
PC261.5(B)	0	17	0	18	0	24	0	20	0	17
PC261.5(C)	72	37	86	46	83	74	92	62	68	58
PC261.5(D)	27	6	42	6	42	9	29	9	29	8
PC264.1(B)(2)	0	0	0	0	0	0	0	0	0	0
PC266	0	0	0	0	1	0	2	0	2	0
PC266H(B)	0	0	0	0	0	0	0	0	2	0
PC266H(B)(1)	4	0	5	0	8	0	10	0	8	0
PC266H(B)(2)	6	0	2	0	6	0	3	0	1	0
PC266I(B)(1)	2	0	0	0	0	0	5	0	0	0
PC266I(B)(2)	1	0	0	0	0	0	0	0	0	0
PC266J	0	0	1	0	0	0	0	0	1	0
PC269	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	14	0	22	0	23	0	19	0	26	0
PC269(A)(2)	1	0	2	0	0	0	1	0	3	0
PC269(A)(3)	3	0	7	0	4	0	4	0	5	0
PC269(A)(4)	1	0	7	0	5	0	13	0	6	0
PC269(A)(5)	3	0	3	0	7	0	5	0	1	0
PC271A	2	3	1	6	0	2	0	2	0	2
PC272(A)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(1)	0	0	0	1	0	0	0	0	0	0
PC273A(A)	374	123	399	123	429	112	389	113	391	114
PC273A(B)	0	475	1	557	4	613	1	595	1	692
PC273AB	1	0	0	0	4	0	1	0	0	0
PC273AB(A)	0	0	0	0	0	0	0	0	0	0
PC273AB(B)	0	0	0	0	0	0	0	0	0	0
PC273D(A)	41	55	45	50	38	70	32	73	42	75
PC273G	0	0	0	14	0	1	0	1	0	3
PC278	11	4	11	3	12	1	13	1	9	0
PC278.5	4	2	1	1	0	2	1	0	0	1
PC278.5(A)	18	4	16	1	15	2	8	4	11	2
PC286(B)(1)	7	0	5	0	7	0	5	0	10	0
PC286(B)(2)	3	0	4	0	4	0	3	0	1	0
PC286(C)	0	0	1	0	0	0	1	0	1	0
PC286(C)(1)	8	0	8	0	1	0	6	0	1	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC286(C)(2)(C)	0	0	0	0	0	0	0	0	0	0
PC288(A)	410	0	382	0	396	0	381	0	285	0
PC288(B)	5	0	1	0	2	0	1	0	4	0
PC288(B)(1)	52	0	36	0	47	0	60	0	42	0

Figure 2a

TOTAL ADULT FILINGS BY CHARGE FOR 2006 THROUGH 2015

	2006		2007		2008		2009		2010	
CHARGE	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288(B)(2)	0	0	0	0	0	0	0	0	1	0
PC288(C)	0	0	0	0	0	0	0	0	1	0
PC288(C)(1)	85	1	76	1	88	1	92	0	84	0
PC288.2(A)	0	0	0	0	0	0	0	0	0	0
PC288.3(A)	0	0	0	0	0	0	0	0	7	0
PC288.4(A)(1)	0	0	0	0	0	0	0	0	0	0
PC288.4(B)	0	0	0	0	0	0	0	0	12	0
PC288.5	4	0	3	0	5	0	5	0	5	0
PC288.5(A)	110	0	116	0	125	0	136	0	125	0
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(A)	0	0	0	0	0	0	0	0	40	0
PC288.7(B)	0	0	0	0	0	0	0	0	32	0
PC288A(B)(1)	21	5	18	2	17	8	9	3	23	4
PC288A(B)(2)	4	0	4	0	8	0	7	0	7	0
PC288A(C)	0	0	1	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	7	0	1	0	2	0	0	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	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)	13	3	19	2	16	2	20	2	18	3
PC289(I)	12	0	12	0	15	0	19	0	7	0
PC289(J)	1	0	1	0	0	0	1	0	0	0
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.10	2	0	0	0	0	0	1	0	0	0
PC311.1(A)	1	0	4	0	9	0	12	0	14	1
PC311.11(A)	2	17	20	5	26	3	40	1	40	6
PC311.11(B)	2	0	1	0	1	0	0	0	3	0
PC311.2(A)	0	0	0	0	0	0	0	0	0	0
PC311.2(B)	0	0	2	0	2	0	2	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	1	0	1	0	1	0	0	0	0	0
PC311.3(A)	0	0	0	0	0	4	0	1	0	0
PC311.4(A)	0	0	0	0	0	0	0	0	1	0
PC311.4(B)	0	0	0	0	2	0	0	0	0	0
PC311.4(C)	1	0	1	0	1	0	1	0	1	0
PC647.6	0	2	0	0	0	0	0	0	1	0
PC647.6(A)	4	107	0	13	0	2	0	0	0	2
PC647.6(A)(1)	0	0	0	0	0	0	0	0	7	138
PC647.6(A)(2)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	0	3	3	1	3	0	1	1	6	0
PC647.6(C)(1)	0	0	0	0	0	0	0	0	0	0
PC647.6(C)(2)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	11	0	15	0	12	0	10	0	9	0
TOTAL	1,380	866	1,440	852	1,519	931	1,480	888	1,425	1,126
ANNUAL TOTAL	2,462		2,292		2,450		2,386		2,551	

Figure 2b

TOTAL ADULT FILINGS BY CHARGE FOR 2010 THROUGH 2015

	2011		2012		2013		2014		2015	
CHARGE	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12035(B)(1)	2	0	0	2	0	0	0	0	0	0
PC12036(B)	0	0	0	0	0	0	0	0	0	0
PC12036(C)	0	0	0	0	0	0	0	0	0	0
PC187(A)	16	0	13	0	12	0	12	0	16	0
PC207(A)	17	0	12	0	27	0	19	0	29	0
PC207(B)	6	0	2	0	4	0	5	0	0	0
PC208(B)	0	0	1	0	0	0	0	0	0	0
PC236.1(A)	0	0	14	0	2	0	12	0	7	0
PC236.1(B)	0	0	0	0	3	0	19	0	14	0
PC236.1(C)(1)	0	0	0	0	15	0	39	0	40	0
PC236.1(C)(2)	0	0	0	0	6	0	3	0	12	0
PC261(A)(2)	4	0	10	0	23	0	25	0	17	0
PC261.5	1	0	0	0	0	0	1	0	0	0
PC261.5(B)	0	21	0	13	0	15	0	25	0	15
PC261.5(C)	57	42	39	32	30	31	32	17	39	19
PC261.5(D)	24	3	12	6	11	4	13	3	11	1
PC264.1(B)(2)	0	0	2	0	8	0	0	0	3	0
PC266	0	1	0	0	0	0	0	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	6	0	14	0	2	0	2	0	0	0
PC266H(B)(2)	1	0	6	0	4	0	1	0	0	0
PC266I(B)(1)	4	0	3	0	0	0	0	0	1	0
PC266I(B)(2)	1	0	1	0	1	0	0	0	1	0
PC266J	0	0	0	0	0	0	0	0	0	0
PC269	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	20	0	27	0	21	0	25	0	12	0
PC269(A)(2)	2	0	0	0	0	0	0	0	0	0
PC269(A)(3)	2	0	4	0	3	0	4	0	3	0
PC269(A)(4)	4	0	3	0	11	0	4	0	5	0
PC269(A)(5)	1	0	3	0	1	0	3	0	2	0
PC271A	1	0	1	3	0	1	0	5	0	1
PC272(A)(1)	0	0	0	0	0	0	0	0	0	50
PC273A(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	375	115	332	102	326	86	374	78	366	84
PC273A(B)	0	746	0	786	1	761	1	904	0	879
PC273AB	0	0	0	0	0	0	0	0	0	0
PC273AB(A)	1	0	0	0	0	0	0	0	0	0
PC273AB(B)	3	0	3	0	2	0	4	0	6	0
PC273D(A)	43	73	41	50	35	59	34	57	29	34
PC273G	0	0	0	3	0	3	0	1	0	1
PC278	14	5	9	2	14	3	6	3	11	1
PC278.5	0	0	0	1	3	0	0	0	1	1
PC278.5(A)	8	3	10	2	11	1	4	0	3	6
PC286(B)(1)	6	1	6	2	3	2	5	2	5	1
PC286(B)(2)	3	0	2	0	1	0	2	0	0	0
PC286(C)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	2	0	6	0	3	0	2	0	4	0
PC286(C)(2)(B)	0	0	0	0	1	0	0	0	3	0
PC286(C)(2)(C)	4	0	3	0	0	0	3	0	1	0
PC288(A)	258	0	241	0	237	1	215	0	222	0
PC288(B)	1	0	4	0	2	0	1	0	0	0
PC288(B)(1)	45	0	33	1	33	0	21	0	21	0

Figure 2b

TOTAL ADULT FILINGS BY CHARGE FOR 2010 THROUGH 2015

	2011		2012		2013		2014		2015	
CHARGE	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288(B)(2)	0	0	0	0	0	0	1	0	1	0
PC288(C)	1	0	0	0	1	0	0	0	0	0
PC288(C)(1)	78	0	80	2	64	5	73	4	59	2
PC288.2(A)	0	0	6	2	1	0	0	0	0	0
PC288.3(A)	9	0	6	0	21	0	15	1	9	0
PC288.4(A)(1)	0	0	0	0	0	2	1	2	0	0
PC288.4(B)	5	0	7	0	5	0	39	0	3	1
PC288.5	2	0	1	0	4	0	2	0	1	0
PC288.5(A)	96	0	86	0	93	0	85	0	101	0
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(A)	45	0	40	0	50	0	42	0	53	0
PC288.7(B)	54	0	45	0	55	0	61	0	65	0
PC288A(B)(1)	29	1	18	7	10	5	25	1	16	4
PC288A(B)(2)	11	0	4	0	7	0	3	0	5	0
PC288A(C)	1	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	1	0	1	0	2	0	0	0	0	0
PC288A(C)(2)(B)	0	0	0	0	1	0	1	0	0	0
PC288A(C)(2)(C)	5	0	0	0	2	0	4	0	1	0
PC289(A)(1)(B)	1	0	0	0	1	0	1	0	1	0
PC289(A)(1)(C)	1	0	1	0	2	0	1	0	5	0
PC289(H)	15	0	12	4	8	1	13	3	17	4
PC289(I)	15	0	11	0	9	0	20	0	12	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
PC311.10	0	0	0	0	0	0	0	0	0	0
PC311.1(A)	15	0	37	1	64	0	72	1	56	1
PC311.11(A)	41	3	43	7	42	6	41	9	27	16
PC311.11(B)	5	0	6	0	8	0	9	0	8	0
PC311.2(A)	0	0	0	0	0	0	0	0	0	3
PC311.2(B)	1	0	1	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	5	0
PC311.2(D)	0	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	0	0	2	0	0	0	0	0	0
PC311.4(A)	0	0	1	0	0	0	0	0	0	0
PC311.4(B)	0	0	0	0	0	0	0	0	0	0
PC311.4(C)	2	0	3	0	0	0	2	0	2	0
PC647.6	0	2	0	1	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	5	107	7	104	3	116	6	93	2	87
PC647.6(A)(2)	0	0	0	3	0	0	0	2	1	1
PC647.6(B)	1	0	0	0	2	0	3	0	1	0
PC647.6(C)(1)	0	0	0	0	0	0	0	0	1	0
PC647.6(C)(2)	0	0	1	0	1	0	0	0	2	0
PC664/187(A)	16	0	12	0	16	0	13	0	13	0
TOTAL	1,387	1,123	1,286	1,138	1,328	1,102	1,424	1,211	1,351	1,212
ANNUAL TOTAL	2,510		2,424		2,430		2,635		2,563	

Figure 3a

TOTAL ADULT DISMISSALS BY CHARGE FOR 2006 THROUGH 2010

	2006		2007		2008		2009		2010	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC12035(B)(1)	0	0	1	0	0	0	0	0	0	0
PC12036(C)	0	0	0	0	0	1	0	0	0	0
PC187(A)	1	0	0	0	0	0	0	0	0	0
PC207	0	0	0	0	0	0	0	0	0	0
PC207(A)	0	0	1	0	3	0	1	0	0	0
PC207(B)	0	0	1	0	0	0	0	0	1	0
PC208	0	0	0	0	0	0	0	0	0	0
PC208(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(A)	0	0	0	0	0	0	0	0	0	0
PC236.1(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	0	0	0	0	0	0	0	0	0
PC261.5(C)	0	0	0	0	4	4	0	0	0	0
PC261.5(D)	1	0	0	1	0	0	0	0	1	1
PC264.1(B)(2)	0	0	0	0	0	0	0	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	2	0
PC266H(B)(1)	1	0	0	0	2	0	3	0	0	0
PC266H(B)(2)	0	0	1	0	3	0	2	0	0	0
PC266I(B)(1)	0	0	0	0	0	0	2	0	0	0
PC266J	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	0	0	2	0	0	0	3	0	0	0
PC269(A)(2)	0	0	0	0	0	0	1	0	0	0
PC269(A)(3)	0	0	1	0	1	0	0	0	0	0
PC269(A)(4)	0	0	0	0	1	0	0	0	0	0
PC269(A)(5)	0	0	0	0	1	0	1	0	0	0
PC271A	0	0	0	0	0	0	0	0	0	0
PC272(A)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	22	8	27	16	30	8	24	5	35	10
PC273A(B)	0	37	0	52	0	62	0	74	0	68
PC273AB(B)	0	0	0	0	0	0	0	0	0	0
PC273D(A)	6	4	6	8	4	11	4	11	1	7
PC273G	0	0	0	4	0	0	0	0	0	0
PC278	0	1	0	2	0	0	1	0	2	0
PC278.5	1	0	1	0	0	1	0	0	0	1
PC278.5(A)	1	1	2	1	1	1	2	2	1	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)	16	0	6	0	12	0	10	0	11	0
PC288(B)(1)	2	0	1	0	0	0	1	0	0	0
PC288(C)	0	0	0	0	0	0	0	0	0	0
PC288(C)(1)	6	0	1	0	0	0	2	0	5	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.4(B)	0	0	0	0	0	0	0	0	0	0
PC288.5	0	0	0	0	0	0	1	0	0	0
PC288.5(A)	3	0	3	0	6	0	4	0	4	0
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(A)	0	0	0	0	0	0	0	0	2	0
PC288.7(B)	0	0	0	0	0	0	0	0	3	0
PC288A(B)(1)	2	0	1	0	1	1	0	0	0	2
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0

Figure 3a

TOTAL ADULT DISMISSALS BY CHARGE FOR 2006 THROUGH 2010

	2006		2007		2008		2009		2010	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC288A(C)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	0	0	0	0	0	0	0	0
PC289(H)	0	0	0	0	0	0	0	0	0	0
PC289(I)	0	0	0	0	2	0	1	0	0	0
PC289(J)	0	0	0	0	0	0	0	0	0	0
PC311.1(A)	0	0	0	0	1	0	2	0	1	0
PC311.11(A)	1	0	1	1	2	1	7	0	4	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	1	0	1	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	0	0	0	0	1	0	0	0	0
PC311.4(B)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	0	0	0	0	0	1	18
PC647.6(A)(2)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	0	0	1	0	0	0	0	0	0	0
PC664/187(A)	0	0	1	0	0	0	0	0	0	0
TOTAL	63	51	58	85	75	91	73	92	74	107
ANNUAL TOTAL	114		143		166		165		181	

Figure 3b

TOTAL ADULT DISMISSALS BY CHARGE FOR 2011 THROUGH 2015

	2011		2012		2013		2014		2015	
CHARGE	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)	0	0	0	0	0	0	0	0	0	0
PC207	0	0	0	0	0	0	0	0	0	0
PC207(A)	0	0	1	0	0	0	2	0	1	0
PC207(B)	0	0	0	0	1	0	0	0	0	0
PC208	0	0	0	0	0	0	0	0	0	0
PC208(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(A)	0	0	1	0	0	0	2	0	0	0
PC236.1(B)	0	0	0	0	1	0	1	0	2	0
PC236.1(C)(1)	0	0	0	0	2	0	1	0	7	0
PC236.1(C)(2)	0	0	0	0	2	0	1	0	1	0
PC261(A)(2)	0	0	0	0	2	0	2	0	1	0
PC261.5(B)	0	0	0	0	0	0	0	3	0	2
PC261.5(C)	0	0	1	0	0	2	1	4	1	4
PC261.5(D)	0	0	0	0	0	0	0	0	1	0
PC264.1(B)(2)	0	0	0	0	4	0	0	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	3	0	6	0	0	0	1	0	0	0
PC266H(B)(2)	0	0	2	0	0	0	0	0	0	0
PC266I(B)(1)	0	0	0	0	0	0	0	0	0	0
PC266J	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	1	0	0	0	0	0	0	0	0	0
PC269(A)(2)	0	0	0	0	0	0	0	0	0	0
PC269(A)(3)	0	0	0	0	0	0	0	0	0	0
PC269(A)(4)	0	0	0	0	1	0	0	0	0	0
PC269(A)(5)	0	0	0	0	0	0	0	0	0	0

Figure 3b

TOTAL ADULT DISMISSALS BY CHARGE FOR 2011 THROUGH 2015

	2011		2012		2013		2014		2015	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC271A	0	0	0	0	0	1	0	1	0	0
PC272(A)(1)	0	0	0	0	0	0	0	0	0	12
PC273A(A)	18	10	0	0	15	5	16	4	20	4
PC273A(B)	0	76	0	0	0	48	0	88	0	82
PC273AB(B)	0	0	0	0	0	0	0	0	1	0
PC273D(A)	3	9	0	0	1	4	1	16	3	7
PC273G	0	0	0	0	0	0	0	1	0	0
PC278	4	0	0	0	1	0	0	0	0	0
PC278.5	0	0	0	0	1	0	0	0	0	0
PC278.5(A)	0	0	0	0	0	0	0	0	0	1
PC286(B)(1)	0	0	0	0	0	0	0	1	0	0
PC286(C)(1)	0	0	1	0	0	0	0	0	0	0
PC288(A)	11	0	10	0	5	0	5	0	7	0
PC288(B)(1)	0	0	0	0	2	0	2	0	4	0
PC288(C)	0	0	0	0	0	0	0	0	0	0
PC288(C)(1)	4	0	1	0	2	0	1	0	1	0
PC288.3(A)	0	0	0	0	1	0	0	0	0	0
PC288.4(B)	0	0	0	0	0	0	2	0	0	0
PC288.5	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	0	0	0	0	1	0	2	0	2	0
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(A)	2	0	1	0	0	0	0	0	2	0
PC288.7(B)	5	0	0	0	2	0	2	0	3	0
PC288A(B)(1)	1	0	0	0	0	1	0	0	0	0
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0
PC288A(C)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	0	0	0	0	0	0	0	0
PC289(H)	0	0	0	0	0	0	0	1	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	1	0	0	0	2	0	0	0
PC311.11(A)	1	1	5	0	5	0	2	0	1	0
PC311.11(B)	0	0	0	0	1	0	2	0	1	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
PC311.2(C)	0	0	0	0	0	0	0	0	1	0
PC311.3(A)	0	0	0	0	0	0	0	0	0	0
PC311.4(B)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	6	1	0	1	8	0	15	0	16
PC647.6(A)(2)	0	0	0	0	0	0	0	1	0	0
PC647.6(B)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	1	0	0	0	0	0	0	0	1	0
TOTAL	54	102	31	0	51	69	48	135	61	128
ANNUAL TOTAL	156		31		120		183		189	

Figure 4

TOTAL ADULT CASES DECLINED FOR FILING FOR 2006 THROUGH 2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
CHARGE	COUNT									
PC12035(B)(1)	3	1	3	1	1	1	0	0	0	0
PC12035(B)(2)	0	0	0	0	0	0	2	0	0	0
PC12036(B)	0	2	0	0	1	0	0	0	0	0
PC12036(C)	1	0	0	0	0	0	0	0	0	0
PC187(A)	0	7	0	0	0	3	1	3	0	1
PC207	0	0	0	0	0	0	0	0	0	0
PC207(A)	1	5	1	0	3	0	7	1	6	3
PC207(B)	1	3	4	2	2	1	2	0	1	0
PC236.1(A)	0	0	0	0	0	0	3	13	11	9
PC236.1(B)	0	0	0	0	0	0	0	0	1	7
PC236.1(C)	0	0	0	0	0	0	0	0	1	0
PC236.1(C)(1)	0	0	0	0	0	0	0	2	6	6
PC236.1(C)(2)	0	0	0	0	0	0	0	0	0	1
PC208	0	0	0	0	0	0	0	0	0	0
PC25100(A)	0	0	0	0	0	0	0	0	0	1
PC261(A)(2)	0	0	0	0	0	18	22	51	46	51
PC208(B)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	1	2	3	8	2	1	2	0	0
PC261.5(A)	1	1	1	3	2	0	0	0	0	0
PC261.5(B)	156	127	133	166	111	101	70	86	47	40
PC261.5(C)	249	293	274	239	304	231	180	166	149	157
PC261.5(D)	29	32	38	49	41	52	42	33	24	33
PC264.1(B)(2)	0	0	0	0	1	0	0	0	0	1
PC266	0	2	1	0	1	0	0	0	0	0
PC266H(B)	1	0	6	0	1	0	2	0	0	0
PC266H(B)(1)	2	1	3	2	1	0	4	2	2	3
PC266H(B)(2)	1	5	3	2	4	0	5	3	4	1
PC266I(B)(1)	0	0	0	0	0	1	0	0	0	1
PC266I(B)(2)	0	0	0	1	2	0	1	0	0	0
PC266J	1	0	1	1	0	3	0	0	0	0
PC267	1	0	0	0	0	0	0	0	0	0
PC269(A)(1)	1	2	2	4	2	8	5	7	6	9
PC269(A)(2)	0	1	0	0	0	0	0	2	0	0
PC269(A)(3)	0	0	1	2	1	0	1	1	0	0
PC269(A)(4)	0	0	0	1	0	1	0	0	0	2
PC269(A)(5)	0	1	1	0	0	1	0	1	1	1
PC271A	3	3	3	6	9	3	4	3	6	0
PC272(A)(1)	0	0	0	0	0	0	0	0	0	21
PC273A	1	1	1	2	0	0	0	0	0	0
PC273A(2)	2	0	0	0	0	0	0	0	0	0
PC273A(A)	502	461	478	479	534	549	947	836	778	624
PC273A(A)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(B)	150	233	245	243	335	308	388	388	372	389
PC273AB	3	3	3	4	6	1	1	0	0	1
PC273AB(A)	0	0	0	0	0	0	2	3	1	1
PC273D(A)	127	139	144	116	161	131	250	286	203	122
PC273G	1	1	1	6	4	1	3	1	3	2
PC273I(A)	0	0	0	3	1	0	3	0	0	0
PC278	55	40	20	25	13	24	17	24	22	14
PC278.5	18	9	5	15	6	11	10	12	16	17
PC278.5(A)	55	57	37	47	39	39	31	24	23	36

Figure 4

TOTAL ADULT CASES DECLINED FOR FILING FOR 2006 THROUGH 2015

CHARGE	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
	COUNT									
PC286(B)(1)	18	6	5	8	8	14	14	6	7	8
PC286(B)(2)	4	2	2	0	4	7	2	0	3	1
PC286(C)	0	0	0	0	0	0	0	1	0	1
PC286(C)(1)	2	3	1	8	6	2	1	2	1	2
PC286(C)(2)(B)	0	0	0	0	0	0	0	1	1	0
PC286(C)(2)(C)	0	0	0	0	0	1	4	1	0	0
PC288(A)	1,116	950	975	989	970	1,002	985	842	748	744
PC288(B)	0	0	0	2	4	1	0	1	1	3
PC288(B)(1)	15	14	16	19	25	20	14	12	11	17
PC288(B)(2)	0	0	0	0	0	3	0	1	1	1
PC288(C)	0	1	0	3	2	1	0	3	1	1
PC288(C)(1)	90	72	81	95	115	98	92	90	93	78
PC288.2(A)	0	0	0	0	0	0	3	5	0	0
PC288.2(B)	0	0	0	0	0	0	1	0	0	0
PC288.3(A)	0	0	0	0	3	8	5	6	8	7
PC288.4(A)(1)	0	0	0	0	0	0	0	1	0	0
PC288.4(A)(2)	0	0	0	0	1	0	0	0	0	0
PC288.4(B)	0	0	0	0	0	0	0	2	1	1
PC288.5	4	10	17	3	4	6	4	4	2	3
PC288.5(A)	35	37	85	78	90	104	101	96	96	94
PC288.5(B)	0	0	0	0	0	0	0	0	0	0
PC288.7(A)	0	0	0	0	24	21	18	21	23	33
PC288.7(B)	0	0	0	0	18	20	21	26	40	29
PC288A(B)(1)	27	9	17	18	25	22	35	18	13	21
PC288A(B)(2)	5	1	2	2	2	3	5	1	5	7
PC288A(C)	0	0	0	0	0	0	0	0	2	0
PC288A(C)(1)	3	4	2	5	7	3	3	3	3	6
PC288A(C)(2)(B)	0	0	0	0	0	0	1	1	0	0
PC288A(C)(2)(C)	0	0	0	0	0	0	1	1	1	3
PC288(A)(1)(B)	0	0	0	0	0	0	2	1	0	0
PC289(A)(1)(B)	0	0	0	0	0	0	0	0	1	3
PC289(A)(1)(C)	0	0	0	0	0	1	2	9	3	5
PC289(H)	5	8	5	6	10	13	6	7	3	9
PC289(I)	3	0	3	2	2	1	4	2	2	1
PC289(J)	1	0	0	0	1	2	4	1	0	0
PC311.1(A)	1	0	2	2	3	1	5	3	11	3
PC311.10	4	2	0	0	0	2	1	0	0	0
PC311.11(A)	0	7	8	9	12	27	20	16	23	25
PC311.11(B)	1	1	0	0	0	0	0	0	0	0
PC311.2(A)	0	0	0	0	0	0	0	0	0	2
PC311.2(B)	0	0	0	0	0	0	0	0	1	0
PC311.2(C)	0	0	0	0	0	0	0	0	0	1
PC311.2(D)	0	0	1	0	0	2	0	0	0	0
PC311.3(A)	0	0	0	0	2	2	1	1	1	0
PC311.4(A)	1	0	0	1	0	1	2	1	1	0
PC311.4(B)	0	0	0	0	0	1	0	0	0	1
PC311.4(C)	0	0	1	0	0	0	1	1	0	0

Figure 4

TOTAL ADULT CASES DECLINED FOR FILING FOR 2006 THROUGH 2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
CHARGE	COUNT									
PC647.6	1	0	0	2	1	0	0	0	1	0
PC647.6(A)	109	20	9	4	3	5	2	1	0	0
PC647.6(A)(1)	0	0	0	0	185	105	105	95	73	83
PC647.6(A)(2)	0	0	0	0	0	0	1	1	2	0
PC647.6(B)	4	2	2	4	2	5	3	1	1	3
PC647.6(C)(2)	0	0	0	0	0	0	0	0	2	0
PC664/187(A)	0	0	0	0	1	0	0	0	1	1
TOTAL	2,814	2,580	2,645	2,682	3,124	2,994	3,473	3,235	2,916	2,751

Figure 5

ADULT PRESENTED IN 2015

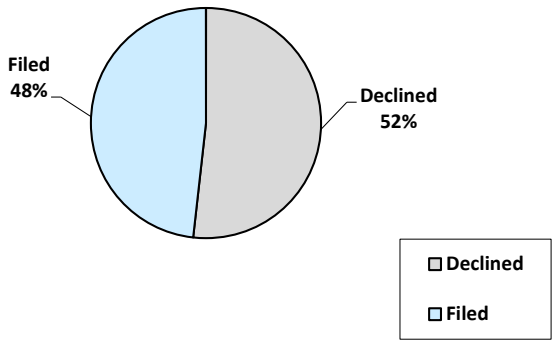


Figure 6

TOTAL ADULT DISPOSITIONS IN 2015

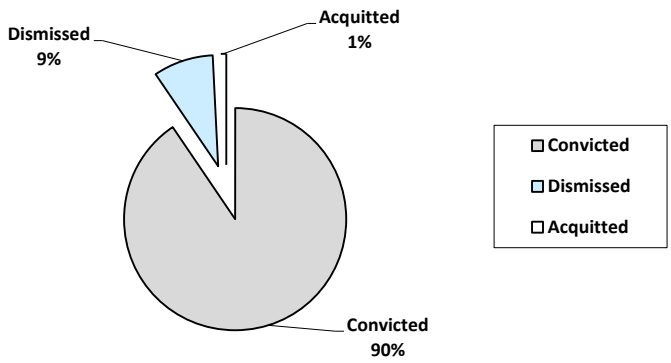


Figure 7

TOTAL ADULT CASES SENTENCED FOR 2006 THROUGH 2015

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
SENTENCE TYPE	COUNT									
LIFE	6	9	12	15	23	19	22	16	16	16
STATE PRISON	401	479	483	492	515	444	439	436	473	526
COUNTY JAIL 1170(H)	0	0	0	0	0	28	38	33	40	30
PROBATION	1,077	1,144	1,277	1,149	1,290	1,229	1,262	1,194	1,298	1,265
JAIL OR FINE	43	16	16	36	54	52	36	35	21	26

Figure 8

SENTENCE TYPE IN 2015

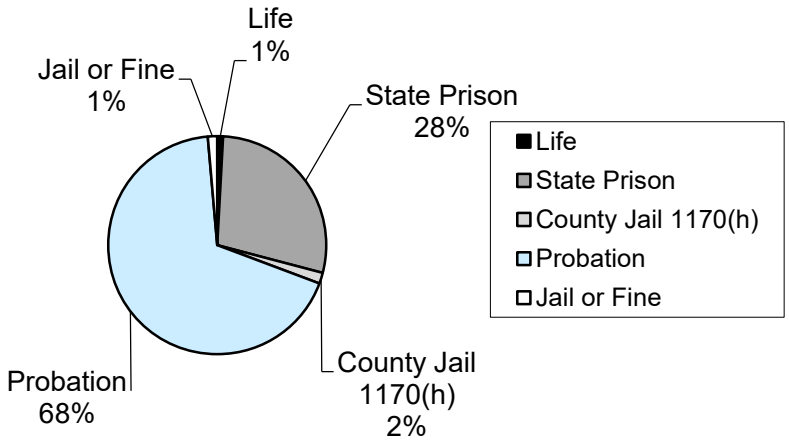


Figure 9

CHILD ABDUCTION CASES

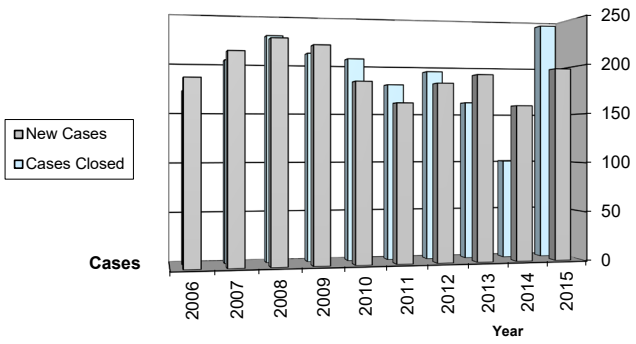


Figure 10

TOTAL ADULT CASES FILED BY ZIP CODE FOR 2006 THROUGH 2015

ZIP CODE	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
90007	17	34	41	45	49	45	59	61	39	32
90012	350	363	409	350	345	371	366	406	465	483
90022	35	30	50	42	69	62	81	76	52	34
90025	0	0	0	0	0	0	0	0	0	0
90045	75	57	65	73	75	88	57	55	66	50
90066	0	0	0	0	0	0	0	0	0	0
90210	13	12	7	5	12	8	6	4	0	0
90220	229	292	326	298	267	247	237	229	240	267
90231	0	0	0	0	0	0	0	0	0	0
90242	46	19	28	33	33	68	54	72	82	115
90255	0	0	0	0	0	0	0	0	0	0
90262	0	0	0	0	0	0	0	0	0	0
90265	3	3	5	9	7	9	15	0	0	0
90301	51	54	50	41	50	42	38	43	47	39
90401	0	0	0	0	0	0	0	0	0	0
90503	98	67	67	84	94	91	84	58	85	76
90602	50	63	75	68	42	70	67	27	0	0
90650	178	177	168	165	194	147	158	135	160	113
90703	0	0	0	0	1	0	3	0	1	0
90706	51	47	65	76	87	80	69	60	88	111
90802	130	83	64	69	74	100	104	81	73	109
91016	0	0	0	0	0	0	0	0	0	0
91101	55	88	78	63	75	79	71	65	58	50
91205	41	34	32	32	0	0	0	0	0	0
91206	0	0	0	0	36	54	53	59	32	49
91331	0	0	0	0	0	0	0	0	0	0
91340	86	89	94	96	87	118	110	116	83	93
91355	72	48	47	48	54	52	31	21	21	28
91401	81	94	122	80	81	56	81	82	105	114
91502	21	14	7	20	14	13	17	12	5	13
91731	63	79	65	72	63	74	61	77	102	84
91744	0	0	2	0	0	0	0	0	0	0
91766	166	181	206	214	241	242	226	216	193	236
91790	69	86	90	64	118	100	99	92	113	117
91801	53	40	61	68	86	82	68	72	112	77
93534	213	238	226	253	297	212	209	311	413	273
TOTAL	**2,246**	**2,292**	**2,450**	**2,368**	**2,551**	**2,510**	**2,424**	**2,430**	**2,635**	**2,563**

Figure 11a

TOTAL ADULT PRESENTED BY YEAR

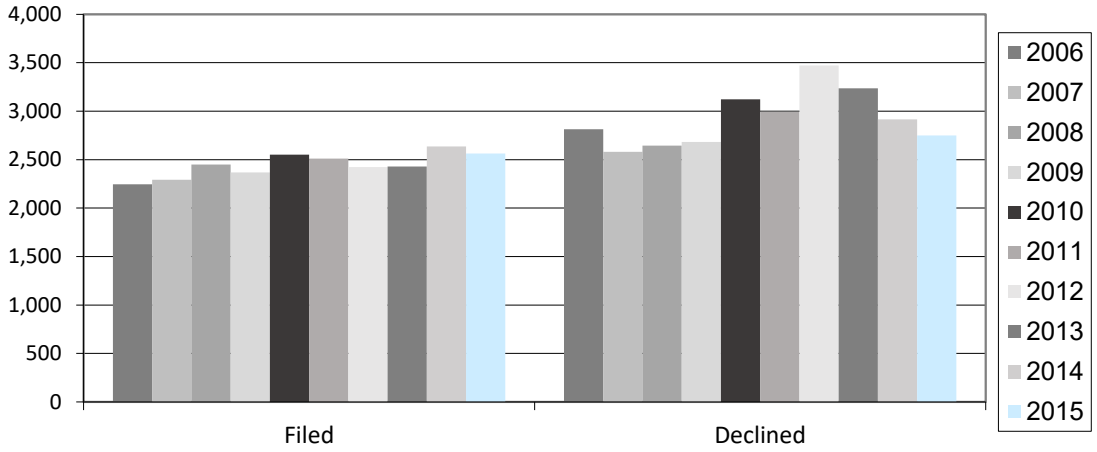


Figure 11b

TOTAL ADULT PRESENTED BY YEAR

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Filed	2,246	2,292	2,450	2,368	2,551	2,510	2,424	2,430	2,635	2,563
Declined	2,814	2,580	2,645	2,682	3,124	2,994	3,473	3,235	2,916	2,751

Figure 12a

TOTAL JUVENILE FILINGS BY CHARGE FOR 2006 THROUGH 2010

	2006		2007		2008		2009		2010	
CHARGE	**FELONY**	**MISD**	**FELONY**	**MISD**	**FELONY**	**MISD**	**FELONY**	**MISD**	**FELONY**	**MISD**
PC12036(B)	0	0	0	1	0	0	0	0	0	0
PC187(A)	0	0	0	0	0	0	0	0	0	0
PC207(A)	0	0	0	0	2	0	0	0	0	0
PC207(B)	0	0	0	0	0	0	0	0	1	0
PC208(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	0	0	1	0	0	0	0	0	0	0
PC261.5(B)	0	4	0	7	0	10	0	7	0	5
PC261.5(C)	3	0	1	0	3	2	2	0	2	2
PC261.5(D)	0	0	1	0	0	0	0	0	0	0
PC266H(B)(1)	0	0	0	0	2	0	0	0	0	0
PC266I(B)(2)	0	0	1	0	0	0	0	0	0	0
PC266J	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	1	0
PC269(A)(4)	0	0	0	0	0	0	0	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	7	0	12	0	13	0	7	0
PC273A(B)	0	2	0	8	0	7	0	5	0	4

Figure 12a

TOTAL JUVENILE FILINGS BY CHARGE FOR 2006 THROUGH 2010

	2006		2007		2008		2009		2010	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC273D(A)	2	0	2	0	0	0	2	0	4	0
PC273G	0	0	0	0	0	0	0	0	0	0
PC278	2	0	0	0	2	0	2	0	0	0
PC278.5	0	0	0	0	0	0	0	0	0	0
PC286(B)(1)	1	0	2	0	3	0	0	0	4	0
PC286(B)(2)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	1	0	2	0	0	0	3	0	0	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC286(D)(3)	0	0	0	0	0	0	0	0	0	0
PC288(A)	176	0	183	0	189	0	189	0	149	1
PC288(B)	1	0	0	0	0	0	0	0	1	0
PC288(B)(1)	28	0	44	0	46	0	63	0	64	0
PC288(C)	0	0	0	0	0	0	0	0	0	0
PC288(C)(1)	0	0	0	0	0	0	2	0	0	0
PC288.2(A)	0	0	0	0	0	0	0	0	0	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	22	0	22	0	19	0	23	0	17	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	1	0
PC288A(B)(1)	0	0	0	0	3	0	1	0	3	0
PC288A(B)(2)	0	0	0	0	0	0	1	0	0	0
PC288A(C)(1)	0	0	3	0	0	0	1	0	0	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC288A(D)(3)	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)	2	0	0	0	3	0	1	0	1	0
PC289(I)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	1	0	0	0	0	0	0	0
PC311.1(A)	0	0	0	0	0	0	1	0	0	0
PC311.11(A)	0	0	0	0	3	0	1	0	4	1
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	2	0	0	0	0	0	0	0	0	0
PC311.4(C)	0	0	0	0	0	0	0	0	0	0
PC647.6	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	6	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	0	0	0	0	0	0	12
PC647.6(B)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	0	0	0	0	0	0	1	0	0	0
TOTAL	247	12	270	16	287	19	306	12	259	25
ANNUAL TOTAL	294		259		286		306		318	

Figure 12b

TOTAL JUVENILE FILINGS BY CHARGE FOR 2011 THROUGH 2015

	2011		2012		2013		2014		2015	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC12036(B)	0	0	0	0	0	0	0	0	0	0
PC187(A)	0	0	0	0	0	0	0	0	0	0
PC207(A)	3	0	0	0	0	0	0	0	2	0
PC207(B)	0	0	0	0	0	0	0	0	0	0
PC208(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	1	0	2	0
PC261(A)(2)	3	0	12	0	2	0	5	0	7	0
PC261.5	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	1	6	0	11	0	14	0	9	0	5
PC261.5(C)	1	2	2	2	5	1	1	0	0	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	0	0	0	0	0	0	0	0
PC269(A)(1)	0	0	0	0	0	0	1	0	0	0
PC269(A)(3)	0	0	1	0	1	0	0	0	2	0
PC269(A)(4)	0	0	1	0	2	0	0	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)	4	0	12	0	8	0	2	0	4	0
PC273A(B)	0	2	0	12	0	9	0	4	0	2
PC273D(A)	3	0	1	0	2	0	1	1	2	0
PC273G	0	0	0	0	0	0	0	0	0	0
PC278	0	0	0	0	0	0	0	0	1	0
PC278.5	0	0	0	0	0	0	0	0	0	0
PC286(B)(1)	1	0	2	0	1	0	0	0	1	0
PC286(B)(2)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	4	0	1	0	0	0	0	0	0	0
PC286(C)(2)(B)	1	0	9	0	6	0	5	0	1	0
PC286(D)(3)	0	0	0	0	1	0	0	0	0	0
PC288(A)	149	0	149	0	142	0	99	0	91	0
PC288(B)	0	0	0	0	0	0	0	0	0	0
PC288(B)(1)	50	0	41	0	47	0	26	0	22	0
PC288(C)	0	0	0	0	0	0	0	0	0	0
PC288(C)(1)	0	0	0	0	0	0	0	0	0	0
PC288.2(A)	0	0	1	0	1	0	0	0	0	0
PC288.3(A)	0	0	0	0	0	0	2	0	3	0
PC288.5(A)	20	0	10	0	17	0	8	0	11	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
PC288A(B)(1)	3	0	1	0	4	0	0	1	3	0
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	1	0	0	0	1	0	0	0
PC288A(C)(2)(B)	1	0	5	0	4	0	3	0	4	0
PC288A(D)(3)	0	0	0	0	1	0	0	0	0	0
PC289(A)(1)(B)	0	0	6	0	4	0	1	0	1	0
PC289(A)(1)(C)	0	0	1	0	0	0	2	0	1	0

Figure 12b

TOTAL JUVENILE FILINGS BY CHARGE FOR 2011 THROUGH 2015

	2011		2012		2013		2014		2015	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC289(H)	1	0	0	1	1	0	3	0	0	0
PC289(I)	0	0	0	0	0	0	0	0	0	0
PC311.10	2	0	0	0	0	0	0	0	2	0
PC311.1(A)	0	0	0	0	0	0	1	0	0	0
PC311.11(A)	8	0	2	0	9	1	7	0	7	2
PC311.2(B)	0	0	1	0	0	0	0	0	0	0
PC311.2(D)	1	0	0	0	1	0	2	0	0	0
PC311.4(C)	0	0	1	0	0	0	0	0	1	0
PC647.6	0	1	0	0	0	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	7	0	10	0	2	0	2	0	4
PC647.6(B)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	0	0	0	0	0	0	0	0	0	0
TOTAL	256	18	260	36	259	27	171	17	168	13
ANNUAL TOTAL	274		296		286		188		181	

Figure 13

TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2006 THROUGH 2010

	2006		2007		2008		2009		2010	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC207(A)	0	0	0	0	1	0	0	0	0	0
PC261.5(B)	0	0	0	1	0	2	0	0	0	0
PC261.5(C)	0	0	0	0	0	0	0	0	0	1
PC266H(B)(1)	0	0	0	0	1	0	0	0	0	0
PC273A(A)	0	0	1	0	0	0	1	0	1	0
PC273A(B)	0	0	0	2	0	1	0	1	0	0
PC273D(A)	0	0	1	0	0	0	0	0	0	0
PC286(B)(1)	0	0	0	0	1	0	0	0	0	0
PC286(C)(1)	1	0	0	0	0	0	0	0	0	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC288(A)	9	0	14	0	12	0	19	0	11	1
PC288(B)	0	0	0	0	0	0	0	0	0	0
PC288(B)(1)	4	0	4	0	5	0	7	0	8	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	3	0	1	0	2	0	3	0	0	0
PC288A(B)(1)	0	0	0	0	1	0	0	0	0	0
PC288A(C)(1)	0	0	0	0	0	0	1	0	0	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC289(H)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	0	0	0	0	0	0	0	0	0	0
PC311.11(A)	0	0	0	0	0	0	0	0	1	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	0	0	1
TOTAL	17	0	21	3	23	3	31	1	21	4
ANNUAL TOTAL	17		24		26		32		25	

Figure 13a

TOTAL JUVENILE DISMISSALS BY CHARGE FOR 2011 THROUGH 2015

	2011		2012		2013		2014		2015	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC207(A)	0	0	0	0	0	0	0	0	1	0
PC261.5(B)	0	1	0	4	0	3	0	2	0	1
PC261.5(C)	0	2	0	2	1	0	0	0	0	0
PC266H(B)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	1	0	2	0	0	0	0	0	1	0
PC273A(B)	0	0	0	2	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	0	0
PC286(C)(2)(B)	0	0	0	0	0	0	1	0	0	0
PC288(A)	9	0	19	0	5	0	11	0	21	0
PC288(B)	0	0	0	0	0	0	0	0	0	0
PC288(B)(1)	3	0	4	0	2	0	2	0	4	0
PC288.3(A)	0	0	0	0	0	0	0	0	1	0
PC288.5(A)	0	0	2	0	2	0	1	0	1	0
PC288A(B)(1)	1	0	0	0	0	0	0	0	1	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	1	0
PC289(H)	0	0	0	0	0	0	0	0	0	0
PC311.10	0	0	0	0	0	0	0	0	1	0
PC311.2(D)	0	0	0	0	0	0	1	0	0	0
PC311.11(A)	0	0	1	0	0	0	1	0	1	2
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	3	0	1	0	0	0	1
TOTAL	14	3	28	11	10	4	17	2	33	4
ANNUAL TOTAL	17		39		14		19		37	

Figure 14

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2006 THROUGH 2010

	2006		2007		2008		2009		2010	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC207(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	0	0
PC261.5	6	0	1	0	0	3	0	7	0	1
PC261.5(A)	0	0	0	0	0	1	0	1	2	0
PC261.5(B)	0	26	0	13	0	44	0	46	0	61
PC261.5(C)	6	1	3	3	8	4	12	4	5	1
PC261.5(D)	0	0	0	1	0	0	1	1	0	0
PC264.1(B)(1)	0	0	0	0	0	0	0	0	0	0
PC264.1(B)(2)	0	0	0	0	0	0	0	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	0	0	0	0	0	0	1	0	1	0
PC269(A)(3)	0	0	0	0	0	0	1	0	0	0
PC271A	0	0	0	0	0	0	0	1	0	0
PC272(A)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	2	0	1	0	1	0	1	0	3	0

Figure 14

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2006 THROUGH 2010

	2006		2007		2008		2009		2010	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC273A(B)	0	2	0	3	0	1	0	2	0	0
PC273AB	0	0	0	0	0	0	0	0	0	0
PC273D(A)	0	0	0	0	1	0	0	0	0	0
PC273I(A)	0	0	0	0	0	0	0	0	0	0
PC278	0	0	0	0	0	0	0	0	0	0
PC278.5(A)	0	0	1	0	1	0	0	0	0	0
PC286(B)(1)	1	0	1	0	5	0	0	0	6	0
PC286(B)(2)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	1	0	0	0	0	0	1	0	0	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	0	0
PC286(C)(2)(C)	0	0	0	0	0	0	0	0	0	0
PC286(D)(3)	0	0	0	0	0	0	0	0	0	0
PC288(A)	182	0	119	0	156	0	202	0	183	0
PC288(B)	0	0	0	0	0	0	0	0	0	0
PC288(B)(1)	8	0	9	0	9	0	5	0	11	0
PC288(C)(1)	0	0	1	0	0	0	0	0	1	0
PC288.2(B)	0	0	0	0	0	0	0	0	0	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.5	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	1	0	0	0	1	0	2	0	4	0
PC288.7(B)	0	0	0	0	0	0	0	0	0	0
PC288A(B)(1)	0	0	2	0	1	0	2	0	4	0
PC288A(B)(2)	0	0	2	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	0	0	0	0	1	0	2	0
PC288A(C)(2)(B)	0	0	0	0	0	0	0	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)	0	0	0	1	0	0	1	0	1	1
PC289(I)	0	0	0	0	0	0	0	0	0	0
PC289(J)	0	0	0	0	0	0	0	0	0	0
PC311.1	0	0	0	0	0	0	0	0	0	1
PC311.1(A)	0	0	0	0	0	0	0	0	1	0
PC311.10	0	0	0	0	0	0	0	0	0	0
PC311.11(A)	0	0	0	0	0	0	3	0	6	0
PC311.2(A)	0	0	0	0	0	0	0	0	0	0
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	0	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	0	0	0	1	2	0	0	0	2
PC311.4(A)	0	0	0	0	0	0	0	0	0	0
PC311.4(C)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)	0	1	0	0	0	0	0	0	0	2
PC647.6(A)(1)	0	0	0	0	0	0	0	0	0	4
PC647.6(B)	0	0	0	0	0	0	2	0	0	0
TOTAL	207	30	140	21	184	55	235	62	230	73
ANNUAL TOTAL	237		161		239		297		303	

Figure 14a

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2011 THROUGH 2015

	2011		2012		2013		2014		2015	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC207(B)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	2	0
PC236.1(C)(2)	0	0	0	0	0	0	0	0	1	0
PC261(A)(2)	3	0	5	0	9	0	8	0	8	0
PC261.5	0	1	5	0	0	0	1	0	0	0
PC261.5(A)	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	75	0	89	0	106	0	97	0	98
PC261.5(C)	9	4	10	7	8	3	0	13	5	13
PC261.5(D)	0	0	1	0	0	0	0	0	0	0
PC264.1(B)(1)	0	0	2	0	0	0	0	0	0	0
PC264.1(B)(2)	0	0	0	0	0	0	1	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	0	0	0	0	0	0	1	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
PC272(A)(1)	0	0	0	0	0	0	0	0	0	1
PC273A(A)	2	0	5	0	1	0	2	0	2	0
PC273A(B)	0	0	0	2	0	0	0	2	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	1	0	0	0	0	0	0	0	0
PC278	0	0	0	0	0	0	0	0	1	0
PC278.5(A)	0	0	0	0	0	0	0	0	0	0
PC286(B)(1)	8	0	8	0	2	0	4	0	3	0
PC286(B)(2)	0	0	0	0	0	0	0	0	1	0
PC286(C)(1)	0	0	2	0	0	0	0	0	0	0
PC286(C)(2)(B)	0	0	1	0	1	0	2	0	1	0
PC286(C)(2)(C)	0	0	0	0	0	0	2	0	1	0
PC286(D)(3)	0	0	0	0	1	0	0	0	0	0
PC288(A)	162	0	223	1	216	0	171	0	163	0
PC288(B)	0	0	0	0	0	0	1	0	0	0
PC288(B)(1)	7	0	19	0	21	0	12	0	7	0
PC288(C)(1)	0	0	2	0	0	0	0	0	0	0
PC288.2(B)	0	0	0	0	1	0	0	0	0	0
PC288.3(A)	0	0	0	0	1	0	1	0	0	0
PC288.5	0	0	0	0	0	0	0	0	1	0
PC288.5(A)	1	0	2	0	4	0	2	0	5	0
PC288.7(B)	0	0	1	0	0	0	0	0	0	0
PC288A(B)(1)	2	0	5	0	7	0	9	0	7	1
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	0	0	0	0	0	0	1	0
PC288A(C)(2)(B)	0	0	0	0	1	0	1	0	0	0
PC288A(C)(2)(C)	0	0	0	0	0	0	0	0	3	0
PC289(A)(1)(B)	0	0	0	0	2	0	1	0	0	0
PC289(A)(1)(C)	0	0	1	0	0	0	0	0	0	0
PC289(H)	1	0	0	0	0	1	1	1	0	3

Figure 14a

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 2011 THROUGH 2015

	2011		2012		2013		2014		2015	
CHARGE	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
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	1	2	0	0	0	0
PC311.10	1	0	4	0	1	0	4	0	0	0
PC311.11(A)	5	0	8	0	3	0	4	0	10	1
PC311.2(A)	0	0	0	0	0	0	0	0	0	2
PC311.2(B)	0	0	0	0	0	0	1	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	1	0
PC311.2(D)	0	0	0	0	0	0	1	0	0	0
PC311.3(A)	0	7	1	0	0	0	0	0	0	1
PC311.4(A)	0	0	0	0	0	0	0	0	1	0
PC311.4(C)	0	0	0	0	1	0	0	0	0	0
PC647.6(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	1	7	0	9	0	4	0	12	0	10
PC647.6(B)	0	0	0	0	0	0	1	0	1	0
TOTAL	202	95	306	108	281	116	231	125	225	130
ANNUAL TOTAL	297		414		397		356		355	

Figure 15

JUVENILE PRESENTED IN 2015

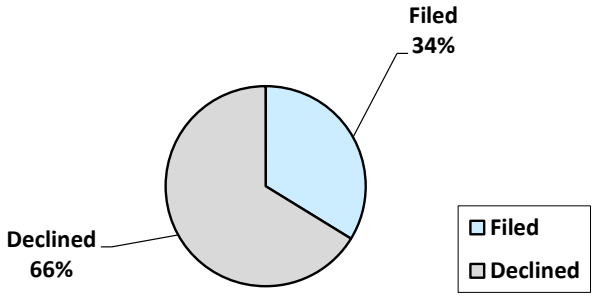


Figure 16

TOTAL JUVENILE DISPOSITIONS IN 2015

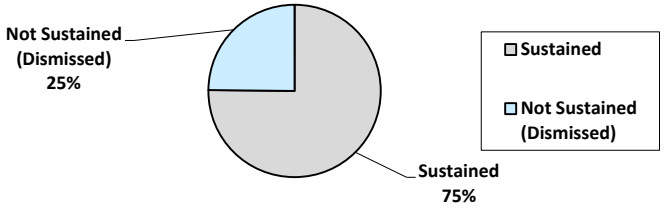


Figure 17

TOTAL JUVENILE CASES FILED BY ZIP CODE FOR 2006 THROUGH 2015

ZIP CODE	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
90001	19	28	34	19	20	22	31	8	0	0
90033	64	55	74	70	48	55	46	48	27	22
90220	18	24	29	23	20	25	27	59	37	29
90242	34	23	24	28	33	29	27	27	17	22
90301	13	25	20	13	23	21	21	17	21	7
90802	13	28	18	18	16	19	12	14	16	16
91101	17	14	22	20	15	21	26	25	18	11
91342	30	42	28	53	57	47	70	50	20	34
91766	46	32	34	49	33	20	22	23	19	25
93534	5	15	23	25	19	15	14	15	13	14

Figure 18

TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2006 THROUGH 2015

	2006				2007				2008				2009			
	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%
FEMALE	4,188	18%	35,677	19%	4,438	19%	37,088	19%	4,226	18%	38,447	19%	3,723	18%	37,876	20%
MALE	18,575	82%	155,992	81%	18,525	81%	160,042	81%	18,727	82%	163,295	81%	17,455	82%	150,822	80%
TOTAL	**22,763**		**191,669**		**22,963**		**197,130**		**22,953**		**201,742**		**21,178**		**188,698**	
	2010				2011				2012				2013			
	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%
FEMALE	3,410	18%	39,656	21%	3,029	19%	36,315	22%	2,552	19%	34,646	22%	1,898	19%	32,801	22%
MALE	15,469	82%	146,249	79%	13,080	81%	126,685	78%	10,577	81%	119,415	78%	8,304	81%	114,878	78%
TOTAL	**18,879**		**185,905**		**16,109**		**163,000**		**13,129**		**154,061**		**10,202**		**147,679**	
	2014				2015											
	JUVENILE	%	ADULT	%	JUVENILE	%	ADULT	%								
FEMALE	1,535	18%	32,543	22%	1,121	18%	32,492	22%								
MALE	6,859	82%	114,540	78%	5,189	82%	114,200	78%								
TOTAL	**8,394**		**147,083**		**6,310**		**146,692**									

Figure 19

CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 2006 THROUGH 2015

		FEMALE	MALE	TOTAL
2006	JUVENILE	12	247	**259**
	%	5%	95%	
	ADULT	392	1,854	**2,246**
	%	17%	83%	
2007	JUVENILE	18	268	**286**
	%	6%	94%	
	ADULT	464	1,828	**2,292**
	%	20%	80%	
2008	JUVENILE	24	282	**306**
	%	8%	92%	
	ADULT	536	1,913	**2,449**
	%	22%	78%	
2009	JUVENILE	14	304	**318**
	%	4%	96%	
	ADULT	452	1,916	**2,368**
	%	19%	81%	
2010	JUVENILE	4	280	**284**
	%	1%	99%	
	ADULT	550	2,001	**2,551**
	%	22%	78%	
2011	JUVENILE	11	263	**274**
	%	4%	96%	
	ADULT	552	1,958	**2,510**
	%	22%	78%	
2012	JUVENILE	18	278	**296**
	%	6%	94%	
	ADULT	517	1,907	**2,424**
	%	21%	79%	
2013	JUVENILE	14	272	**286**
	%	5%	95%	
	ADULT	546	1,884	**2,430**
	%	22%	78%	
2014	JUVENILE	4	184	**188**
	%	2%	98%	
	ADULT	585	2050	**2,635**
	%	22%	78%	
2015	JUVENILE	13	168	**181**
	%	7%	93%	
	ADULT	600	1963	**2,563**
	%	23%	77%	

Figure 20

TOTAL JUVENILE FILINGS BY GENDER FOR 2006 THROUGH 2015

		FEMALE	MALE	TOTAL
2006	CHILD ABUSE	12	247	**259**
	%	5%	95%	
	ALL CHARGES	4,188	18,575	**22,763**
	%	18%	82%	
2007	CHILD ABUSE	18	268	**286**
	%	6%	94%	
	ALL CHARGES	4,438	18,525	**22,963**
	%	19%	81%	
2008	CHILD ABUSE	24	282	**306**
	%	8%	92%	
	ALL CHARGES	4,226	18,727	**22,953**
	%	18%	82%	
2009	CHILD ABUSE	14	304	**318**
	%	4%	96%	
	ALL CHARGES	3,723	17,455	**21,178**
	%	18%	82%	
2010	CHILD ABUSE	4	280	**284**
	%	1%	99%	
	ALL CHARGES	3,410	15,469	**18,879**
	%	18%	82%	
2011	CHILD ABUSE	11	263	**274**
	%	4%	96%	
	ALL CHARGES	3,029	13,080	**16,109**
	%	19%	81%	
2012	CHILD ABUSE	18	278	**296**
	%	6%	94%	
	ALL CHARGES	2,552	10,577	**13,129**
	%	19%	81%	
2013	CHILD ABUSE	14	272	**286**
	%	5%	95%	
	ALL CHARGES	1,898	8,304	**10,202**
	%	19%	81%	
2014	CHILD ABUSE	4	184	**188**
	%	2%	98%	
	ALL CHARGES	1,535	6,859	**8,394**
	%	18%	82%	
2015	CHILD ABUSE	13	168	**188**
	%	7%	93%	
	ALL CHARGES	1,121	5,189	**6,310**
	%	18%	82%	

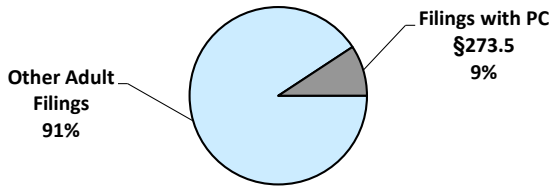
Figure 21

TOTAL ADULT FILINGS BY GENDER FOR 2006 THROUGH 2015

		FEMALE	MALE	TOTAL
2006	CHILD ABUSE	392	1,854	**2,246**
	%	17%	83%	
	ALL CHARGES	35,677	155,992	**191,669**
	%	19%	81%	
2007	CHILD ABUSE	464	1,828	**2,292**
	%	20%	80%	
	ALL CHARGES	37,088	160,042	**197,130**
	%	19%	81%	
2008	CHILD ABUSE	536	1,913	**2,449**
	%	22%	78%	
	ALL CHARGES	38,447	163,295	**201,742**
	%	19%	81%	
2009	CHILD ABUSE	452	1,916	**2,368**
	%	19%	81%	
	ALL CHARGES	37,876	150,822	**188,698**
	%	20%	80%	
2010	CHILD ABUSE	550	2,001	**2,551**
	%	22%	78%	
	ALL CHARGES	39,656	146,249	**185,905**
	%	21%	79%	
2011	CHILD ABUSE	552	1,958	**2,510**
	%	22%	78%	
	ALL CHARGES	36,315	126,685	**163,000**
	%	22%	78%	
2012	CHILD ABUSE	517	1,907	**2,424**
	%	21%	79%	
	ALL CHARGES	34,646	119,415	**154,061**
	%	22%	78%	
2013	CHILD ABUSE	546	1,884	**2,430**
	%	22%	78%	
	ALL CHARGES	32,801	114,878	**147,679**
	%	22%	78%	
2014	CHILD ABUSE	585	2,050	**2,635**
	%	22%	78%	
	ALL CHARGES	32,543	114,540	**147,083**
	%	22%	78%	
2015	CHILD ABUSE	600	1,963	**2,635**
	%	23%	77%	
	ALL CHARGES	32,492	114,200	**146,692**
	%	22%	78%	

Figure 22

FILINGS WITH PC §273.5 CHARGE VERSUS TOTAL FILINGS 2015



GLOSSARY OF TERMS

*Definition from Black's Law Dictionary, (8th ed. 2004)

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 – Electronic Suspected Child Abuse Report 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 contact with 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 occurring during the proceedings,* or due to a hung jury.

Motion - A written or oral application requesting a court to make a specified ruling or order.

Motion to Dismiss Pursuant to PC §995 - A motion made in superior court to dismiss a case on one or more counts based on insufficient evidence produced at the preliminary hearing.

Obscene Matter - Pursuant to PC §311(a), this means matter, taken as a whole, that to an average person, applying contemporary statewide standards, appeals to the prurient interest, that taken as a whole, depicts or describes sexual conduct in a patently offensive way, and that, taken as a whole, lacks serious literary, artistic, political, or scientific value.

Office Hearing - The District Attorney's Office handles certain criminal situations in a non-courtroom setting with the objective of solving problems before they become more serious. These criminal matters are minor in nature. The hearing officer speaks to both parties and attempts to resolve the matter. If that fails, a decision is made whether to file, seek additional information, or not file a complaint.

Petition - A formal written request presented to a court or other official body.* In juvenile court, the Probation Department requests the District Attorney's Office to file a petition for a juvenile. The charging document is called a petition in juvenile court, while the charging document is called an indictment, information, or complaint in adult court.

Petition (WIC §601) - Juvenile charging document prepared by the District Attorney's Office (and occasionally the probation officer) for those offenses (typically matters involving incorrigibility) that are not violations of the law if committed by an adult.

Petition (WIC §602) - Juvenile charging document prepared by the District Attorney's Office for those offenses that are violations of the law if committed by an adult.

Petition (WIC §777) - Juvenile charging document prepared by the District Attorney's Office for those offenses that constitute a violation of probation (making it necessary to modify the previous orders of the court).

Plea - An answer to formal charges by an accused. Possible pleas include guilty, nolo contendere or no contest, not guilty, and not guilty by reason of insanity.

Plea Bargaining - The process whereby the accused and the prosecutor negotiate a mutually satisfactory disposition of the case. This is also known as a case settlement or negotiated plea.

Preliminary Hearing - A criminal hearing to determine whether probable cause exists to prosecute an accused person. If sufficient evidence exists, the case will be held to answer and an information will be filed. At the hearing, the prosecution must establish a prima facie case, that is, show that a felony occurred and to raise strong suspicion that the defendant committed it.

Preponderance of Evidence - The standard of proof in a civil trial. It is less than required in a criminal trial (i.e., beyond a reasonable doubt). Specifically, the weight of evidence for guilt is deemed greater than the weight of evidence for innocence.

Pre-Sentence Report - A report by a probation officer made prior to sentencing that diagnoses offenders, predicts their chance of being rehabilitated, recommends to the court that specific sentence elements be imposed upon the defendant, and addresses the danger they pose to society.

Pre-Trial Hearing - The pre-trial hearing is held to facilitate case settlement prior to the trial. Various motions may also be heard at the pretrial.

Prima Facie - A term that usually refers to the strength of evidence of a criminal charge. Prima facie evidence is sufficient to establish a fact or 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 se 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.

PUBLIC DEFENDER'S OFFICE

Under the leadership of Chief Public Defender Ronald L. Brown, the Public Defender's Office provides legal representation to indigent individuals in the adult and juvenile delinquency courts of Los Angeles County as well as in state and federal appellate courts. Celebrating 100 years in 2014, the Los Angeles County Public Defender's Office is both the oldest and the largest full service local governmental defender in the United States. Our Mission is to resolutely defend the liberty interests of indigent clients, to protect their rights and to advocate for clients to access resources to be productive members of the community.

With offices in 34 separate locations throughout the County, in Fiscal Year 2014-15, the Public Defender's Office had 1,138 budgeted positions. There were 705 Deputy Public Defender I through IV attorney positions in addition to 38 managing attorney positions. Integral to the collaborative team are Public Defender employed paralegals, psychiatric social workers, investigators, secretaries, and clerical staff.

The Public Defender represents clients:

1. charged with felony and misdemeanor offenses;
2. charged in juvenile delinquency cases;
3. in sexually violent predator cases;
4. facing mental health commitments;
5. facing civil contempt matters;
6. in pre-judgment appeals and writs; and
7. in post-conviction matters including areas of police misconduct, intimate partner battering and its effects, claims involving factual innocence based on DNA, and AB109 revocation hearings.

In Fiscal Year 2015-16, the Public Defender represented clients in approximately 100,124 felony-related proceedings; 208,022 misdemeanor-related proceedings; and 29, 903 clients in juvenile delinquency proceedings.

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

SPECIAL PROJECTS OF THE PUBLIC DEFENDER

WOMEN'S RE-ENTRY COURT

Many women cycle daily through the doors of the Los Angeles County criminal justice system, the county jails and state prisons, and then back into the community without the appropriate services and programs to address the underlying issues that brought them into the system in the first place. The complex needs of women – surviving sexual and physical abuse, domestic violence, severe trauma, and chronic addiction have been well documented. Many of these women enter the criminal justice system, and over 60% face non-violent drug and property crimes. This rapid influx of women into the criminal justice system has resulted in an increased demand for appropriate evidence-based, gender-responsive programs for women in lieu of incarceration and/or upon parole. These programs are designed to break the cycle of substance abuse and crime and to positively impact the children of women offenders who are at high risk of continuing the intergenerational patterns of drug abuse, criminal behaviors, and neglectful parenting.

Research confirms that the pathways to crime for women are different than for men:

- A majority of women offenders have mental health disorders;
- Four in ten were physically or sexually abused before age 18;
- 64% of women imprisoned in California are mothers;
- Nearly one-third have children under the age of six;
- Half of these individuals were living with their children in the month prior to their arrest.

(Petersilia, Joan (2006) Understanding California Corrections: A Policy Research Program Report. California Policy Research Center, 1-88).

Few initiatives have focused specifically on treatment and services for women offenders. The Los Angeles County Public Defender has played a leadership role from concept to implementation of the Women's Re-entry Court (WRC). This first-in-California, second-in-the-country, prison-alternative pilot combines individually designed wraparound services in a residential facility with intensive judicial supervision for women parolees, including those with children, who face a subsequent felony charge and an imminent state prison commitment. The WRC is part of a long-term strategy to enhance public safety and promote individual accountability by addressing and treating underlying substance abuse and mental health issues; and providing education, parenting classes, job preparation and housing stability. Such a comprehensive approach promotes the successful return of formerly incarcerated individuals into local communities.

The primary objective of the WRC prison alternative pilot is to develop and implement an early assessment of mental health and substance abuse problems among women parolees in Los Angeles County who are under the jurisdiction of the Superior Court because they are facing a new non-violent, non-serious felony charge, or are otherwise simultaneously on parole and probation. The WRC pilot is voluntary, and only candidates facing an imminent state prison commitment are considered for the program. The WRC prison alternative pilot contemplates programming of up to two years, starting with residential treatment of at least six months at Prototypes Women's Center in Pomona, followed by intensive outpatient programming at Prototypes of up to a year, with an additional six months of aftercare. The WRC judge actively monitors the women's program progress and orders them to court for regular updates and to address any issues of concern.

The WRC prison alternative pilot represents a multi-agency collaborative effort of the following Los Angeles County partners:

- Countywide Criminal Justice Coordinating Committee (CCJCC)
- Department of Public Health, Substance Abuse Prevention and Control
- Los Angeles Superior Court
- Public Defender's Office
- Alternate Public Defender's Office
- District Attorney's Office
- Probation Department
- Sheriff's Department
- California Department of Corrections and Rehabilitation (CDCR)
- Prototypes

- UCLA Integrated Substance Abuse Programs (UCLA ISAP)

Funding from the initial CDCR Intergovernmental Partnership Grant (IPG) covered 25 women parolees per year and formal operations commenced in May 2007 for a two-and-a-half year period. After expiration of the initial grant, CDCR pledged three additional two-year grants based on the demonstration of successful, cost-efficient outcomes.

The WRC women participants are recommended by members of the WRC Team, including representatives from the Public Defender, District Attorney, Probation, and CDCR's Division of Adult Parole Operations. The Honorable Michael Tynan, who presides over the WRC and utilizes a Drug Court model approach, must approve the client's admission to the program. This approach combines intensive supervision, mandatory drug testing, positive reinforcement, appropriate sanctions, and court-supervised treatment to address the issues of addiction and criminal activity. The WRC also accepts non-parolee women facing an imminent state prison commitment, if slots from other existing funding streams are available.

Following acceptance into the WRC, service provider Prototypes conducts an in-depth, needs-based assessment and designs specific and appropriate wraparound services including the following:

- women-focused, evidence-based substance abuse treatment;
- evidence-based trauma treatment;
- mental health care;
- health and wellness education;
- education and employment training/placement;
- legal services;
- mentorship programs;
- financial management support;
- child support and family reunification services where appropriate;
- domestic violence education and domestic violence/trauma counseling;
- transportation and child care; and
- case worker support.

Women may bring up to two children eleven years of age or younger into the residential treatment program with them. Child development specialists work directly with the children and interface with the Department of Children and Family Services regarding reunification plans, where appropriate, thereby positively impacting the next generation.

The University of California at Los Angeles' Integrated Substance Abuse Programs conducted an extensive evaluation that was published in June 2011. The cumulative findings from the report indicate that high-risk women offenders can be successfully treated in the community. Participation and graduation rates exceed return to prison rates. None of the graduates were returned to custody. Re-entry women were receiving and receptive to an array of services, which were unavailable in the prison setting. In addition, the re-entry women had greater reductions in post-traumatic stress disorder (PTSD) and the corresponding symptoms of PTSD.

Project statistics from the start of the program in May 2007 through June 30, 2016, are as follows:

- 394 women have been formally admitted into the program;
- Of the 394 women formally admitted, only 65 women (17.5%) have been terminated from the program and sentenced to county jail or prison;
- One hundred percent of those who were formally admitted to the program have received substance abuse treatment and job development/placement services. In addition, most received individual therapy for co-occurring disorders;
- 176 women have graduated from the program; and
- Cost savings during a two year period were estimated at over $11 million based on projected incarceration cost savings less treatment costs.

THE VETERANS COURT PROGRAM

Veterans Court began as a pilot program on September 13, 2010. The program is a multi-agency collaborative effort of the Court, Public Defender, Alternate Public Defender, District Attorney, Department of Veterans Affairs (VA) and Public Counsel. This voluntary 18-month prison alternative program provides individually tailored reintegration, case management and treatment plans that promote sobriety, recovery, stability, social responsibility, family unity, self-reliance, and reduced recidivism. The Veterans Court is based on the Drug Court model, which combines intensive supervision,

mandatory drug testing, positive reinforcement, appropriate sanctions and court-supervised treatment to address veteran issues. The Veterans Court accepts veterans who have served in the U.S. military, are entitled to benefits through the VA, and suffer from post-traumatic stress disorder, traumatic brain injury, substance abuse, sexual trauma and mental health issues related to their military service. The Veterans Court team includes a judge, deputy district attorney, deputy public defender, deputy alternate public defender and the VA Outreach Specialist. Public Counsel assists the team on ancillary issues. Referrals to Veterans Court are made countywide by the participating agencies and privately retained defense counsel.

Prior to admission, the candidate is carefully screened for eligibility and suitability by the Veterans Court team and the treatment provider identified by the VA. The program is only available to veterans currently charged with non-serious, nonviolent felonies, who have no prior serious or violent "strike" convictions. However, a District Attorney exception protocol exists for veterans who are suitable but otherwise ineligible due to pending charges or prior convictions. Treatment is selected by the VA and approved by the Veterans Court judge. VA benefits cover most of the expenses of the selected program. Once accepted into the Veterans Court program, the VA provides daily supervision of the veteran and issues a progress report to the Veterans Court. The Veterans Court judge then orders the veteran to complete the treatment program and comply with any other terms and conditions of probation. Progress report court appearances are set by the Veterans Court judge as appropriate to meet each individual veteran's needs and ensure compliance with the goals of the program

Benefits

The program has demonstrated positive outcomes. Since September 13, 2010, two hundred forty-four (244) veterans have been accepted into the Veterans Court program. Since inception, there have been eighteen graduations, resulting in 105 veterans graduating the program.

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 Public Safety Realignment.

Finally, Veterans Court takes advantage of already established federally funded treatment and service programs to reduce County costs. A review of participants in the program between April 1, 2011 and March 31, 2012, determined that Veterans Court participants received approximately 10,000 days of federally funded VA treatment and ancillary services rather than being incarcerated or provided treatment at County expense. Additionally, approximately 25,550 State and County custody bed days were avoided by veterans' participation in the program. This equates to cost avoidance of over $3,000,000.

CO-OCCURRING DISORDERS COURT

The Public Defender was a key collaborative partner in the creation of the Co-Occurring Disorders Court (CODC). Public Defender staff has attended Mental Health Services Act Delegate's Meetings since early 2005 and was instrumental in voicing the need for such a court. The Public Defender is represented on the CODC Standing Committee. The mission of the Los Angeles County CODC Program is to provide both mental health and substance abuse treatment to those who voluntarily choose to enter into a contract with a court-supervised co-occurring disorders treatment program. Participants must engage in all phases of treatment with the hope of improving their quality of life, clinical functioning and possibly further benefiting by the reduction and/or dismissal of criminal charges.

The Co-Occurring Disorders Court utilizes a non-traditional approach to case resolution for those who suffer from mental illness and addiction. Rather than focusing only on the crimes they commit and the punishments they receive, Co-Occurring Disorders Court also attempts to address some of their underlying problems. The Los Angeles County CODC, which held its first session in April 2007, is built upon a unique partnership between the criminal 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. CODC is also dependent upon the creation of a non-adversarial courtroom atmosphere where a single bench officer and a dedicated team of court officers and staff

work together toward the common goals of breaking the cycle of drug abuse and criminal behavior, 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 2015-16:

- 1,930 candidates have been screened for CODC;
- 445 have been admitted to CODC; and
- 114 participants have graduated from the CODC.

COMMUNITY UNITING FOR RESOLUTION AND EMPOWERMENT "CURE"- DIVERSION PROGRAM FOR GANG RELATED OFFENSES

For over five years, the Alternative Sentencing/ Post-Plea Formal Diversion Program for Gang Related Offenses ("Gang Diversion"), also known as CURE (Community Uniting for Resolution and Empowerment), has gained local recognition as a successful form of collaborative justice.

The Los Angeles County Public Defender's Office (PD), the Los Angeles City Attorney's Office (LACA), the Los Angeles County Alternate Public Defender's Office (APD) and the Coalition for Responsible Community Development (CRCD) came together to develop a program with the common goal of reducing the rates of incarceration and recidivism among young adults aged 18-25 charged with non-violent gang related misdemeanors in the City of Los Angeles.

This program targets young, adult offenders who have committed gang-related, misdemeanor offenses or who exhibit risk factors predictive of gang membership. In lieu of jail time and informal probation conditions, participants voluntarily enter a no contest plea and commit to completing a supervised 18-month program. Successful participants receive educational and vocational skills and job readiness training to earn a reduction of the original charge(s) or a dismissal of their criminal case upon completion of the program. In applicable cases, participants are encouraged to petition for removal from enforcement of the City's civil gang injunctions.

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.

From May 2010 through June 30, 2016, 88 individuals have been accepted to CURE. Of those, 36 participants have graduated and 27 participants continue to work toward successful completion. Clients who decline CURE when initially offered or refuse to continue with the program, may accept a traditional disposition or proceed to trial. The CURE project is funded through grants provided by the Coalition for Responsible Community Development.

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, cases involving misapplication of the Sexual Offender Registration statutes, and in Proposition 36 "Three Strikes" cases. In addition to post-conviction assistance, PIAS attorneys provide ongoing training and litigation support for deputy public defenders confronting issues of peace officer misconduct.

DRUG TREATMENT COURTS AND PROPOSITION 36

The Public Defender was also a leader in creating and implementing the Drug Court Program in 1994. Drug Court is a collaborative program involving the Superior Court, Public Defender, District Attorney, and drug treatment providers to allow drug offenders with minimal criminal records to participate in a closely supervised drug treatment program instead of jail. Because of the tremendous success of this program that began in downtown Los Angeles, eleven 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 2015-16, 122 participants were admitted to the program.

Due to a budget shortfall and its impact on court operations, the Superior Court in 2009 integrated Proposition 36/Penal Code Section 1210 cases in regular calendar courts pursuant to the normal matrix. Additionally, since the Governor eliminated Offender Treatment Program funds in 2009, and Federal Stimulus funds expired on September 30, 2011, the County moved to a "fee for service" model for Proposition 36 treatment services on October 1, 2011. The County also revised its Services Matrix and created two levels of services based on risk level. Despite these challenges, Public Defender staff remains committed to accessing appropriate treatment services for all clients, including those qualifying under Proposition 36.

THE JUVENILE JUSTICE SYSTEM

During Fiscal Year 2015-16, the Public Defender's Office represented 29,903 clients in juvenile delinquency proceedings.

Many of these youth enter the juvenile justice system with serious, long-standing, and unaddressed educational and psychosocial problems that significantly contribute to their troublesome behavior. The underlying issues are mental health and substance abuse problems, cognitive learning disabilities, developmental disabilities, and the effects of sexual abuse, physical abuse and neglect.

According to the National Center for Mental Health and Juvenile Justice, the prevalence of mental disorders among youth in the juvenile justice system is two to three times higher than among youth in the general population. A 2006 fact sheet prepared by Physicians for Human Rights entitled "Mental Health in the Juvenile Justice System" states that 50-75% of incarcerated children have diagnosable mental health disorders and nearly half have substance abuse problems. Two-thirds of youth in the justice system have co-occurring disorders, which compound the challenges in diagnoses and treatment. The report also indicates that a number of studies demonstrate an association between conduct disorder, attention deficit hyperactivity disorder, and substance abuse. However, research indicates that in over 80% of these cases, the mental health disorder preceded the addictive disorder.

According to the Juvenile Court Judges of California, 50% of all youth in the juvenile delinquency system have undetected learning disabilities. Learning disabilities affect cognitive systems related to perception, attention, language, and the symbolization abilities required to learn to read and/or carry out mathematical calculations in an automatic manner. Clearly, youth with disabilities are over represented in the juvenile justice system. One study from the National Center on Education, Disability, and Juvenile Justice noted that the prevalence of youth with disabilities is three to five times greater in juvenile corrections populations than in public school populations.

Accordingly, many youth in the juvenile justice system, including many of those detained in juvenile halls and camps, suffer from significant learning, developmental, emotional, and behavioral disabilities that impede their ability to fully benefit from mainstream educational services. Many of these youth are covered by state and federal special education laws that mandate a continuum of educational program options for special education students. Assembly Bill 490, effective January 1, 2004, seeks to ensure educational rights and stability for foster youth. Through AB 490, the Legislature declared its intent to ensure that all pupils in foster care and those who are homeless as defined by the

federal McKinney-Vento Homeless Assistance Act (42 U.S.C. section 11301, et seq.) have a meaningful opportunity to meet the same rigorous state pupil academic achievement standards to which all pupils are held. Similar to the approach already utilized by the Public Defender, AB 490 places high emphasis on promoting educational advancement and stability by holding specific agencies accountable to maintain stable school placements and to ensure that each pupil is placed in the least restrictive educational programs and has access to the academic resources, services, extracurricular and enrichment activities that are available to all pupils.

Unfortunately, many of these disabilities are not diagnosed until these youth appear in the juvenile justice system and even then, all too often the juvenile delinquency system focuses only on the specific behavior or circumstances that bring delinquent children to the attention of law enforcement and the courts. For any number of reasons, the system fails to pay sufficient attention to the serious underlying issues that often lead youth into juvenile court charged with criminal or status offenses.

CLIENT ASSESSMENT RECOMMENDATION AND EVALUTION "CARE" PROJECT

Since its inception in 1999, the Juvenile Division of the Public Defender's Office has implemented its Client Assessment Recommendation and Evaluation (CARE) Project. The CARE Project focuses on early intervention with youth in delinquency court by addressing the cluster of underlying causes of delinquent behavior such as mental illness, intellectual disability, developmental disabilities, learning disabilities, emotional disturbances, and trauma. It is an advocacy model that is non-traditional in its vision and approach. The CARE Project provides a model continuum of legal representation that incorporates attention to the unaddressed psychosocial and educational needs of youth in the juvenile justice system while also emphasizing early intervention and accountability of both the youth involved and the agencies responsible for safeguarding the youth's interests.

Currently through the CARE Project, Los Angeles County Deputy Public Defenders collaborate with psychiatric social workers and resource attorneys from the earliest stage of the juvenile delinquency proceedings through disposition.

During Fiscal Year 2015-16, the Public Defender CARE Project employed 15 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 youth's special needs whether developmental, emotional, or psychological. Based on the assessment, an effective and individualized treatment plan is created to address the issues that put the youth at risk for delinquent behavior and aims to significantly reduce the likelihood of recidivism. The psychiatric social workers also provide consultation services which include early intervention to identify needed services as well as client support during the court process, advocacy with school systems, and recommendations for disposition plans in difficult cases.

The Public Defender resource attorneys advocate on behalf of juvenile clients to assure accountability by various outside agencies that are obligated to provide services to address the youth's educational and mental health needs. In reviewing school and mental health records and appearing at administrative hearings before schools and the Regional Centers, the attorneys work to ensure that youth receive appropriate special education services in the school districts and that the Regional Center system accepts eligible clients and that needed services are provided to their consumers. The success rate in obtaining services previously denied both by schools and the regional center system has been very high. In Fiscal Year 2015-16, the Public Defender's Office provided regional center assistance in 380 cases through the CARE Project.

CARE Project resource attorneys ensure that children with educational difficulties have current Individual Education Programs (IEPs) which identify special education needs and define specific services to be provided. In addition, they facilitate special program referrals to agencies such as the Regional Center system which provides services for youth with developmental disabilities. Resource attorneys also garner Department of Mental Health entitlements for their juvenile clients and provide consultation for other Deputy Public Defenders on complicated cases involving children coming from the Dependency Court system.

The Public Defender's office recognizes that traditional representation for these clients similar to that normally provided to adult clients is no safeguard against recidivism if other resources are not channeled toward those youth to assist

them in dealing with the many other challenges and obstacles they face outside of the courtroom. The Public Defender adheres to the philosophy that effective advocacy must encompass a holistic approach individually tailored to the particular needs of each unique client.

The Public Defender CARE Project, with partial funding from the Juvenile Accountability Block Grant (JABG), operates within all nine juvenile branches of the Los Angeles County Public Defender's Office. Deputy Public Defenders refer cases to the CARE Project. Referrals are for either Extended Services or Brief Services. Brief services are those which can be completed on the same day the request for services was made. Extended services extend beyond the date of the request for services. The referrals involve a variety of consultation services including: 1) Psychosocial and educational assessments; 2) early intervention to identify requisite services; 3) referrals to community resources which include substance abuse services (such as Alcoholics Anonymous–AA, Narcotics Anonymous-NA, after school activities such as the YMCA and parenting classes); 4) inter-agency advocacy that triggers Department of Mental Health, Regional Center and special education assistance; 5) client and family support during the court process; and 6) recommendations to the court for disposition plans and conditions of probation in difficult cases.

Psychosocial assessments often help Deputy Public Defenders to determine whether the youth represents a risk to the community and constitutes the basis for effective treatment plans likely to reduce re-offending by addressing the issues that otherwise would put the youth at risk for further delinquent behavior. The psychiatric social workers interview the juvenile clients along with their family members and other involved parties such as school counselors, team coaches, social workers working in dependency courts, foster parents and therapists. At the discretion of the Deputy Public Defenders, CARE Project psychiatric social workers prepare reports for the Deputy Public Defenders to present to the court. The information developed by the psychiatric social workers plays a key role to individualize and humanize the perception of each youth by busy bench officers who otherwise would not have the advantage of in-depth evaluations and insight about each youth and awareness of services available to implement an effective treatment plan. Consequently, more appropriate services are rendered to youth and their families to reduce recidivism while continuing to hold minors accountable.

By referring clients for evaluation, identification and intervention at the pre-trial stage, the Public Defender's Office focuses on abating the behaviors that prompted the filing of the juvenile petition in these cases. By beginning to design disposition plans at an early stage, members of the CARE Project team are able to provide the court with a better assessment of the youth's needs, present reasonable recommendations for appropriate conditions of probation and identify resources that will assist the child and his/her family to responsibly satisfy the conditions of probation. This approach enables the court to make orders that will foster accountability by both the youth and the system.

The current beneficiaries of the integrated components of these programs are the children, together with their families and communities, who receive services from attorneys, psychiatric social workers and resource attorneys. For example, children with special education needs are represented by Public Defender resource attorneys and psychiatric social workers at school district hearings, including IEP meetings. Advocacy by the Public Defender's Office on behalf of children entering the juvenile justice system has resulted in tremendous benefits for youth with disabilities and has provided them with a necessary continuum of educational program options in the school system that are mandated by state and federal law. Youth and their families also benefit from referrals to appropriate mental health residential and outpatient treatment programs, regional center services for youth with developmental and cognitive disabilities and referrals to other public and private service agencies.

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 the 1999 inception of the pre-adjudication component of the Public Defender CARE Project through June 2016, children have received project services in 23,522 cases. In Fiscal Year 2015-16, 13,220 services were provided to clients in 1,850 cases. Additionally, in Fiscal Year 2015-16, the Public Defender provided special education assistance to 1,185 clients and DMH assistance in 173 cases. On average, each youth served received 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 youth are involved in both the Delinquency and Dependency court systems and are themselves victims of abuse and neglect.

Overall, for Fiscal Year 2015-16, the Los Angeles County Juvenile Courts adopted 76% of the Public Defender disposition recommendations where CARE extended services were provided. Over the past fourteen years, the court on average has adopted 80% 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.

During Fiscal Year 2014-15, the Los Angeles County Quality and Productivity Commission awarded a $250,000 Productivity Investment Fund Grant to the Department to hire an independent reviewer to conduct an evaluation of the Client Assessment Recommendation Evaluation (CARE) Program. Resource Development Associates was selected as the independent reviewer and the evaluation is expected to be completed by the end of fiscal year 2016-2017.

THE DIVISON OF JUVENILE FACILITIES (DJF) UNIT

The passage of Senate Bill 459, effective January 1, 2004 (Chapter 4, Statutes of 2003), gave the Juvenile Court continuing jurisdiction over minors sent to the Division of Juvenile Facilities (DJF). SB 459 was a legislative attempt to ensure that courts take an active role in supervising youth who are committed to DJF 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's DJJ Unit monitors the care and confinement treatment provided to public defender youth at DJJ. An experienced attorney and paralegal are assigned to the Department's DJJ unit, which was created in the summer of 2004.

The population of youth housed in DJF facilities statewide has been significantly reduced from over 4,000 youth in 2004 to approximately 666 today. 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 DJF facility for juvenile offenders. In December of 2011, the California Department of Corrections and Rehabilitation officially closed the doors of the Southern Youth Correctional Reception Center-Clinic located in Norwalk.

Assembly Bill 1628 was signed into law in January 2010 (Chapter 729, Statutes of 2010). The primary purpose of AB 1628 was to eliminate DJF 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 on post release supervision. In February 2011, counties began to receive youth from DJF custody onto their probation caseloads as a result of the Juvenile Re-Entry Grant enacted by passage of AB 1628.

Through a combination of the recent legislative

changes and our successful advocacy since 2004, the number of youth the DJF unit assists has decreased. As of June 30, 2016, the Public Defender DJF Unit continues to represent 50 youth in DJF institutions throughout the state and 25 DJF re-entry clients. During Fiscal Year 2015-16, additional Public Defender DJF clients had their commitments modified by successful Welfare and Institutions Code Section 779 petitions. The DJF Unit also represents clients in county re-entry hearings, modification hearings and progress reports, as all DJF youth are realigned to local supervision as a result of AB 1628. While in DJF, public defender clients maintain contact with their DJF Unit attorney and paralegal through in person visits and phone calls to the four remaining DJF facilities: Ventura, O.H. Close and Chaderjian in Stockton, and Pinegrove Conservation Camp. The DJF Unit attorney and paralegal develop working relationships with the clients' DJF counselors, as well as with other staff at the institutions. They work to obtain clients' prior mental health and education records, review DJF documents in order to assess current treatment plans, and advocate for re-entry services. Upon release to the county on post release supervision, the Public Defender DJF Unit remains involved with their clients to assist with accessing services.

Advocacy within the institution often results in a change in the services provided to the client. The attorney and paralegal 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 are transferred to facilities where specialized counseling is available, thus enabling the clients to receive services necessary for them to successfully reintegrate into the community upon their release.

The Public Defender DJF Unit attorney also researches and prepares motions pursuant to Welfare and Institutions Code Section 731, requesting that the judge set a determinate term for the sentence. WIC Section 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 lawyer also pursues relief pursuant to WIC Section 779, which gives the juvenile court discretion to remove clients from DJF institutions in cases where appropriate services are not being provided. While current law allowed the juvenile court to modify or set aside a DJF commitment, WIC Section 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 DJF services were inadequate. A number of clients have been moved from DJF Youth Correctional Facilities to local suitable placements where their special needs can be addressed.

THE SB-9 UNIT

In December of 2013, the Los Angeles County Public Defender's office created a three-lawyer unit to address the re-sentencing needs of juveniles who were sentenced in adult court to life without the possibility of parole (LWOP). The lawyers in the SB-9 unit, named after Senate Bill 9, file petitions under Penal Code Section 1170(d)(2), as well as habeas writs on behalf of our clients. Whether a judge modifies a life without the possibility of parole (LWOP) sentence to a sentence where parole is possible is based upon the judge's discretion. Sentencing judges are to look at the transient qualities of youth as they existed at the time of the crimes, as well as the rehabilitative efforts of individuals.

JUVENILE MENTAL HEALTH COURT

The Public Defender's Office is actively involved in Juvenile Mental Health Court (JMHC), which began operating in October 2001, as a comprehensive, judicially-monitored program for juvenile offenders with diagnosed mental health disorders 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, child psychiatrist and a psychologist (both from UCLA), probation officers, and an educational liaison, develop an individualized case plan for each eligible youth referred to JMHC. The plan includes home, family, therapeutic, educational and adult transition services. A deputy public defender, with the

assistance of a psychiatric social worker, advocates on behalf of the child to secure mental health services from all available community resources.

The deputy public defender and psychiatric social worker work with the family, local mental health organizations, school districts, the Regional Center system, the Probation Department, and the Department of Children and Family Services, to obtain for the youth every benefit to which he or she is legally entitled. Implementation of the plan is monitored intensively on an ongoing basis for two years or as long as the minor remains on probation. One goal of JMHC is to reduce recidivism in the mentally ill population.

Since its inception in October 2001 through June 30, 2016, the JMHC has accepted 682 youth, and the Public Defender represented 582 of those youth. In Fiscal Year 2015-16, the JMHC accepted 33 new cases, 30 of which are serviced by the Public Defender's Office.

STAR COURT

STAR Court (Succeeding through Achievement and Resilience) is a collaborative court housed in Department 260 of the Compton Juvenile Court. The bench officer is Commissioner Catherine Pratt. The goal of STAR Court is to provide a holistic approach to addressing the traumas and unique issues of a trafficked youth. Counseling, suitable placement, if needed, and education are top priorities. Under the federal Trafficking Victims Protection Act, originally passed in 2000 and reauthorized in 2013 as part of the Violence Against Women Act, any person under the age of 18 who performs a commercial sex act is now considered a human trafficking victim, not a prostitute.

STAR Court is a post adjudication court. The participants are identified by defense attorneys, district attorneys and juvenile bench officers. Participation is voluntary. STAR Court receives referrals from every juvenile court in Los Angeles County. Public Defender cases referred to STAR Court are handled by a public defender resource attorney. The average monthly caseload our resource attorney carries is 60.

Along with a public defender resource attorney, STAR Court is staffed by a deputy district attorney, probation officers, a liaison from the Department of Children and Family Services (DCFS), educational consultants from Public Counsel, Alliance for Children's Rights, and Healthy Minds Consulting. Youth also may have mentors from Saving Innocence. All staff has been trained on commercial sexual exploitation of children (CSEC) issues.

Weekly Multi-Disciplinary Team (MDT) meetings are held to coordinate services for STAR court participants and to negotiate dispositions for new referrals and probation violations. In preparation for the MDT meeting, each minor is contacted, along with their parents or guardians, Wrap Around teams, suitable placement counselors, DCFS social workers, and dependency attorneys. This preparation is conducted to ensure that the resource attorney possesses a good understanding of the minor's needs. This approach is what makes STAR court successful.

According to court statistics, 73 percent of STAR Court participants have not been arrested for re-offending. Also, in June of 2015, 18 of the 25 STAR court participants that were scheduled to graduate high school achieved their goal and did graduate. Several of the graduates were presented with certificates of achievement by County Supervisor, Don Knabe.

STAR Court has received national attention and is being viewed as a model program. Probation and advocacy groups from across the country have interviewed STAR Court professionals with the goal of starting their own STAR Court in their respective states.

JUVENILE JUSTICE JEOPARDY

In collaboration with Los Angeles County's Chief Executive Office, District Attorney's Office, and the Department of Parks and Recreation, Public Defender attorneys, paralegals, investigators, social workers, and administrative staff assist local communities reclaim their parks at the summer community resource fairs entitled Parks After Dark. Beginning in 2010 with three parks, our staff hosted Juvenile Justice Jeopardy, an innovative computer game which aims to provide youth with scenario based, interactive lessons that will assist them in understanding the reality of juvenile justice law and police-youth interactions. The popularity of the game has grown and during the summer of 2015, our staff participated at nine different parks on seven separate nights.

JUVENILE DRUG TREATMENT COURT

Juvenile Drug Treatment Court attempts to resolve underlying problems of drug and alcohol abuse and is built upon a unique partnership between the juvenile justice community and drug treatment advocates. The courtroom atmosphere is non-adversarial, with a dedicated team of court officers and staff, including deputy public defenders who strive together to break the cycle of drug abuse. The Los Angeles County Juvenile Drug Treatment Court Programs are supervised, comprehensive treatment programs for non-violent youth. The programs are comprised of youth in both pre-adjudication and post-adjudication stages as well as high-risk probationers who are sometimes first placed in a 26-week residential facility before being transitioned into outpatient treatment.

Youth participate in the program voluntarily. In the pre-adjudication program, charges are suspended during the youth's participation while minors in the post-adjudication program admit charges in the petition prior to participation. Most youth participating in the pre-adjudication program are charged with committing offenses involving possession of narcotics or being under the influence of drugs and/or alcohol. Youth are generally eligible to participate in the post-adjudication program regardless of the charges so long as they are not heavily gang-entrenched or have an extensive history with violence or firearms. Even minors with WIC Section 707(b) charges may be allowed to participate in Juvenile Drug Treatment Court when they are amendable to treatment and the interests of justice are served.

Upon a finding of eligibility and suitability, the Juvenile Drug Treatment Court judge provisionally accepts the minor into the program. After the youth is accepted into the program, deputy public defenders continue representation throughout the youth's participation in Drug Court. In the pre-adjudication program, successful completion and graduation will result in the dismissal of charges. In the post-adjudication program, successful completion and graduation will result not only in termination of probation but dismissal of the charges as well. In the case of a successful completion and graduation where the youth has been convicted of WIC Section 707(b) charges, the court will consider a withdrawal of those charges and a dismissal at a future date if the deputy district attorney and deputy public defender can come to an agreement and in the interests of justice.

Failure or dismissal from the program will result in the reinstatement of criminal (delinquency) charges and subsequent prosecution on the pre-adjudicated charges or continuation on probation on the post-adjudication charges. Success in the Juvenile Drug Treatment Court Program is not solely measured by the number of graduates from the program, but rather whether the curriculum favorably impacted the youth to the extent that they are now considered drug-free.

Juvenile Drug Treatment Court providers direct participating youth through a 52-week curriculum which includes drug treatment, drug testing, frequent court appearances, and individual as well as group counseling. The programs are divided into three phases:

1. Phase one focuses on stabilization, orientation and assessment;
2. Phase two emphasizes intensive treatment; 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 youth's parents and family members are encouraged to participate in appropriate treatment sessions. Deputy public defenders receive training regarding addiction, treatment, and related issues which constitute an ongoing part of the therapeutic environment fostered in the Juvenile Drug Treatment Court.

There are currently three Juvenile Drug Treatment Courts:

- Sylmar (which began operations in 1998) handles both pre and post-adjudication matters;
- Eastlake (which began operations in 2001) handles post-adjudication matters only; and
- Inglewood (which began operations in 2004) handles pre-adjudication matters only.

For Fiscal Year 2015-16:

- Sylmar Court accepted 65 new participants and graduated 12 participants.
- Eastlake Court accepted 22 participants and graduated 9 participants.
- Inglewood Court accepted 16 new participants and had 2 graduates.

PROBATION DEPARTMENT

The Los Angeles County Probation Department (Probation) was established in 1903 with the enactment of California's first probation laws. As a criminal justice agency, Probation has expanded to become the largest Probation Department in the world.

The Chief Probation Officer has jurisdiction over the entire county, including all of the cities within its borders. The legal provisions setting forth the Chief's office, duties, and responsibilities are found in the California Welfare and Institutions Code (WIC) and the California Penal Code (PC).

Currently funded by an appropriation of approximately $885 million, Probation provides an extensive range of services through the efforts of over 6,670 employees deployed in more than 50 locations throughout the County. Probation serves all superior courts in the County. Its services to the community include supervising adults and juveniles on probation, recommending sanctions to the court, enforcing court orders, operating juvenile detention facilities and probation camps, and assisting victims. Probation also provides supervision services to individuals released from California State prisons for non-violent, non-serious, and non-sex offenses pursuant to AB109.

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 Deputy Probation Officer (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 of probation 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 SERVICES

Probation provides services to over 50,000 adults in Los Angeles County. The services consist of the

following operations: Pretrial Services Division, Adult Investigations, Adult Supervision, Specialized Programs, and AB109.

Pretrial Services - Since 1963, Pretrial Services has been at the forefront in providing crucial information to public entities concerned with community safety (i.e. law enforcement, the courts, Probation) on matters of detention, incarceration, and alternative sentencing. Pretrial Services (Pretrial) has employees located in the majority of courthouses throughout the county, and currently administers the following nine programs:

- **Bail Deviation Program:** In accordance with California Penal Code 1269©, the Bail Deviation Program is a free service that is available to any adult in jail (inmate) for an "open" (no criminal charges filed with the court) felony or misdemeanor charge in Los Angeles County. Pretrial employees gather information and conduct an assessment to determine the inmate's release suitability. The gathered information is provided to the on-duty bail commissioner, helping him or her in making a decision regarding the inmate's custody status. In addition, the service is also available to any member of law enforcement or prosecuting agencies who are seeking a change in the bail amount on an inmate, if they feel the set bail amount is too low for community safety or if the inmate is a potential flight risk. The pretrial employee presents this information to the on-duty bail commissioner for a decision.
- **Drug Court Program:** The Drug Court Program is available to non-violent defendants arrested for certain felony drug charges. Pretrial services submits a report to the court. With the court's approval, qualified defendants are placed in court-supervised, comprehensive treatment and rehabilitation programs. Drug Court's judges monitor the participation of the defendants, and those who successfully complete the program have their drug case dismissed.
- **Early Disposition Program:** The Early Disposition Program allows defendants and the courts to reach a final decision sooner on the defendant's criminal case, reducing the time and number of court hearings and avoiding a jury trial. The Los Angeles County District Attorney and Public Defender Offices screen defendants for early disposition of criminal cases.
- **Own Recognizance Program:** The Own Recognizance Program provides service to all Superior Courts in Los Angeles County handling felony criminal cases. Verified defendant information is provided to the courts, helping them in making decisions regarding a defendant's potential to be released from jail. Information is supplied to the court in a written report that includes an overall evaluation and recommendation regarding whether or not the defendant should be released from jail on his or her promise to appear for future court appearances.
- **Electronic Monitoring Program**: The Electronic Monitoring Program is available to the Superior Court of Los Angeles County as an alternative to custody in accordance with California Penal Code 1203.016. Authorized by the Board of Supervisors, Probation contracts with a private company to provide electronic monitoring services, as part of Los Angeles County's Community Based Alternatives to Custody. Eligible, post-sentenced adults in custody are screened for possible participation, including court-ordered participation. Defendants can be referred to the program on misdemeanor or felony cases either prior to conviction as a pretrial release, or after conviction as a sentencing option. If electronic monitoring is ordered by the court, special conditions such as breath alcohol testing, drug testing, counseling, community service, and/or substance abuse treatment may also be issued by the court while the defendants are electronically monitored.
- **Civil Court Name Change Petitions Program:** In January 1997, the California Code of Civil Procedure began requiring all persons seeking (petitioning) a civil name change (applicants) to be pre-screened. Applicants on active parole or who are sex offender registrants must be identified, because the law excludes them from legally changing their names. The Superior Court of Los Angeles County has requested Probation's Pretrial Services Division to conduct this screening process. Those applicants who fall into either of the above-mentioned exclusionary categories are identified.
- **Static 99 Program:** The Static 99 Program is designed to measure the risk prediction of sexual and violent reconviction of adult males who have already been charged with or convicted of at least one sexual offense against a child or a non-consenting adult. Pretrial Services employees administer a Static 99 risk assessment and prepare a report for the court's consideration.

- **Juvenile Sealing Program:** The closing and/or removal (sealing) of a person's juvenile records is established by law in the "California Rules of Court" rule 5.830 sealing records – former wards (persons who were under 18 years of age, and had the court make legal decisions on their behalf), under California Welfare and Institutions Code 781. A former ward of the court may request (petition) the court to have their juvenile records sealed. Determination under California Welfare and Institutions Code 781 must be made by the court in the county in which wardship was last terminated. To be eligible for sealing, the former ward must be age 18, or 5 years must have passed from the last arrest or discharge from probation, and must not have been convicted, in an adult court, of any felony or serious misdemeanor, and must be able to demonstrate that they are "rehabilitated" (not engaged in criminal activity).
- **DNA/Prop 69 Program:** Pursuant to California Proposition 69 (The DNA Fingerprint, Unsolved Crime and Innocence Protection Act) and under the provisions of California Penal Code 296, the Los Angeles County Probation Department must collect DNA samples and palm print impressions on all adult probationers convicted of felonies, misdemeanors with a DNA collection court order, misdemeanors with a prior felony conviction, or misdemeanors that require collection pursuant to PC 290 and PC 457.

  Probation must also collect DNA samples and palm print impressions on all juvenile probationers who have been adjudicated for a sustained petition of a felony or a qualifying misdemeanor. Pretrial Services employees collect DNA samples and palm print impressions for both adult probationers and juvenile probationers. Live Scan machines are operational at the collection sites to ensure compliance with the palm print impression-capturing requirement of Proposition 69.

ADULT INVESTIGATIONS

Deputy Probation Officer (DPO) investigators assigned to the Central Adult Investigations (CAI) and Adult Services Court Officer Team (ASCOT) offices are tasked with reviewing criminal case-related documents and automated records, interviewing principals and interested parties in the case, and evaluating the information so that they can formulate a recommendation and produce a report for the court's review and consideration. There are a variety of reports (i.e., Early Disposition, Pre-Plea, Probation and Sentence, Post Sentence, and Bench Warrant Pickup) that are produced by these same DPOs depending upon the nature/type of criminal proceedings. ASCOT's DPOs investigate complex criminal cases and are available to designated court locations for emergent on-site issues and/or questions, while CAI's DPOs handle the balance of incoming investigations, including those referred to and handled by the Early Disposition Program for expedited sentencing. The Custodian of Records, Supervision Intake and Drug Court DPOs are likewise attached to the ASCOT program and handle incoming requests for information from outside agencies and provide Supervision Intake and Drug Court supervision-related services, respectively.

The information and recommendations offered by the investigating DPOs are used to guide the court's sentencing decisions, including whether or not the named defendants are legally eligible and suitable for community-based supervision efforts by Probation.

ADULT SUPERVISION

Probation is responsible for the supervision of approximately 60,000 adults Probation offers a wide variety of supervision programs designed to ensure public safety, address victim issues, and foster positive behavioral change. Probation continues to seek innovative ways to improve public safety, reduce the risk of recidivism, and reduce the number of state prison commitments.

Supervision Intake Team - All persons ordered to report to Probation for felony probation supervision will report to the area office ordered by the court for intake. DPOs orient the probationer regarding the requirements of probation supervision, explain the court ordered conditions of supervision, and make referrals to the appropriate treatment provider if services are ordered by the court. They will also setup the financial account for the collection of victim restitution, court fines and fees, and payment for the cost of supervision. Once the orientation process is complete, the DPO refers the probationer to the appropriate area office for supervision.

Felony probationers are assigned to specific caseloads based on their score on a risk screening tool, criminal history, and/or the specific circumstances of the current offense. A probationer may be placed on any one of the following caseloads:

SPECIALIZED SUPERVISION

Proposition 36 - As part of the Substance Abuse Crime Prevention Act of 2000, non-violent drug offenders sentenced under Penal Code 1210 are assigned to a Proposition 36 caseload.

Automated Minimum Service Caseload - Probationers assigned to this caseload were assessed to have the lowest risk of continued criminal activity. They report monthly by kiosk which is located in most area offices.

Medium Risk Offender - These probationers were assessed to have a medium risk of continued criminal activity. They are required to meet monthly with their probation officer face to face and may report by kiosk once every quarter.

High Risk Offender - These probationers were assessed to present a high risk of continued criminal activity and pose a greater risk to the community. 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. They are required to meet with their DPO face-to-face at least twice per month.

Medium Risk - Narcotic Testing - Probationers assigned to this level of supervision were assessed to have a medium level of risk of re-offending and have a court ordered requirement to submit to a random narcotic testing. Once a month they report for submission of a urine sample for testing.

High Risk - Narcotics Testing - Probationers assigned to this level of supervision were assessed to have a high level of risk of re-offending and have a court ordered requirement to submit to random narcotic testing. They report for testing at least once a month for submission of a urine sample for testing.

Family Violence Caseloads - Probationers assigned to this caseload were convicted of specific crimes related to domestic violence, child abuse and endangerment, or elder abuse. Probationers are required to participate in an approved Batterers' Treatment Program and/or a state mandated program for child abuse.

Adult Gang Unit - Probationers assigned to this caseload are determined to be active gang members or associates, may have specific orders from the court regarding participating in gang activity, or have a requirement to register with local law enforcement as a gang offender. These probationers are seen once a month, face-to-face in the office and may be contacted in the field.

Sex Registrant - Probationers assigned to this level of supervision are required to register with local law enforcement pursuant to Penal Code 290, regardless of whether the current offense is a sex offense or not. The probationers report to the area office once a month for a face-to face meeting with their DPO. The DPO will also meet with the probationer once a month is the community. All eligible probationers assigned to the sex registrant caseload are required to be supervised in accordance with the Containment Model for Sex Offenders. This model requires eligible probationers to participate in State mandated sex offenders counseling while under supervision. In accordance with state law, all high risk sex offenders are placed on Global Positioning Satellite monitoring system for the duration of their felony probation supervision.

Alternative Treatment Caseload - This program was originally funded by a Byrne/JAG Federal Grant for the reduction of state prison commitments through enhanced, evidence-based practices in probation supervision to improve probation outcomes. The Alternative Treatment Caseload program is currently funded through California Senate Bill 678, which continues in the original mission of the Byrne/JAG Federal grant. This is the most intensive level of supervision for adult probationers, and uses Cognitive Behavioral Journals and intensive counseling to affect positive address risk factors to promote positive behavioral change.

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. Probationers in the Child Threat Unit must report to their DPO face-to-face. Additionally, Child Threat cases may require coordination with DCFS, the court, and/or treatment providers.

FINANCIAL EVALUATION TEAM

In addition to supervision services, Probation provides a Financial Evaluation Team to assist probationers in paying their court ordered victim restitution, fines, fees, and cost of supervision. Located in all Probation area offices, Financial Evaluators will use information provided by the probationer to determine how much they can afford to pay toward these court ordered charges.

AB 109

In April 2011, the California Legislature and Governor Brown passed sweeping public safety legislation (AB 109) that effectively shifted responsibility for certain populations of offenders from the state to the counties. Assembly Bill 109 establishes the California Public Safety Realignment Act of 2011 which allows for current non-violent, non-serious, and non-sex offenders, who after they are released from California State Prison, are to be supervised at the local County level. Instead of reporting to state parole officers, these offenders are to report to local county deputy probation officers.

AB109 is fashioned to meet the U.S. Supreme Court Order to reduce the prison population of the State's 33 prisons. Noteworthy is the fact that no inmates currently in state prison will be transferred to county jails or released early. The law, effective October 1, 2011 also mandates that individuals sentenced to non-serious, non-violent or non-sex offenses will serve their sentences in county jails instead of state prison.

As the lead agency for Post-Release Community Supervision, Probation has sole responsibility for determining eligibility, modifying risk levels, and determining the need for additional monitoring from law enforcement.

JUVENILE SERVICES

Probation provides investigation, supervision, and placement services to juvenile offenders. These identified services/programs support Probation's mission and serve as an arm of the Delinquency Court. DPOs recommend appropriate dispositions while preserving and enhancing the family unit, whenever possible.

Detention Services - Intake and Detention Control (IDC) - IDC is responsible for screening youth for admittance into Juvenile Hall in accordance with established procedures and legal requirements for detention. Juvenile Hall serves as an institutional setting that temporarily houses youth for primarily two reasons: prior to their court dates and/or after their court sentence and pending transition to out of home care. The three (3) Juvenile Halls in the County of Los Angeles are: Central Juvenile Hall, Los Padrinos Juvenile Hall, and Barry J. Nidorf Juvenile Hall.

Juvenile Hall Programs

Probation developed programs to address specific needs of juveniles in its care and custody. These programs include the following: Commercially Sexually Exploited Children (CSEC) at Central Juvenile Hall is a comprehensive program that assesses and addresses the needs of commercially, sexually exploited children through education, workshops, empowerment, and stakeholder collaboration; Services to Developmentally Disabled Minors is a program that focuses on identification, programmatic participation to assist with rehabilitation while in detention and referrals to the local Regional Centers; Women Empowering Young Women from the Inside Out Program at Los Padrinos Juvenile Hall serves female youth offering a one week program on improving female youth self esteem by recognizing their inner and outer beauty, positive qualities, various talents, and career goals; and the Elite Family Unit at Central Juvenile Hall is guided by a multi-agency steering committee to provide programming specifically designed to address the needs of detained youth under the jurisdiction of the DCFS and Probation supervision.

Community Detention Program - The Community Detention Program (CDP) provides intense electronically supported supervision for adjudicated and pre-adjudicated minors as a viable alternative to detention in a juvenile hall setting or from being removed from the community. DPOs hold participants accountable to pre-approved schedules of sanctioned activities, with their mobility confined to specific approved locations. Failure to cooperate with the stated provisions of CDP may result in the minor's return to secure detention, pending an appearance in court for violation proceedings.

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.

Dual Supervision - Welfare and Institutions Code (WIC) 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, DCFS, the Department of Mental Health, dependency attorneys, and delinquency attorneys to determine the appropriate plan for services and treatment for the minor. The Juvenile Dual Supervision Case Management Program supervises minors under legal jurisdiction of DCFS, through Dependency Court, and 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.

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.

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.

Drug Court - Juvenile Drug Court is designed to provide an alternative to current juvenile justice proceedings. 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 Probation and the 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.

601 Intake Program - Intake DPOs are assigned to eight geographic areas that overlap existing field service area office boundaries. They 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 are 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 (CBO), Police, DCFS, referrals for supervision under 236 WIC or 654 WIC, or filing a 601(a) WIC petition for incorrigibility.

Intensive Gang Supervision Program - This program provides intensive supervision of gang indentified probationers and aims to protect the community by closely monitoring the probationer's compliance with their terms and conditions of probation.

School-Based Supervision - School Based Supervision consists of programs that serve youth and families countywide. The programs and services are funded through the Juvenile Justice Crime Prevention Act (JJCPA) designed to provide a full spectrum of community-based services to both probation and at-risk youth. The school based program consists of DPOs assigned to high schools, middle schools, housing developments, and park (after-school enrichment) sites. These DPOs receive specialized training to provide individualized assessment, Strength-Based/Family-Centered case planning and management, and effective supervision. They work closely with parents and guardians in enforcing regular school attendance, behavior and school performance, as well as compliance with all other terms of probation. The primary objective is to increase the opportunity for probationers and/or at risk youth to achieve academic success, and to empower and support parents to become the primary change agent for their children.

RESIDENTIAL TREATMENT SERVICES

Camp Community Placement (CCP) provides intensive intervention in a residential treatment

setting. 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. Probation camps provide structured work experience, vocational training, education, specialized tutoring, athletic activities, and various types of social enrichment. Additional programming is provided by CBO and varies by camp as each camp is tailored to its population and purpose.

There are eleven (11) male camps, two (2) female camps, and one (1) closed residential placement facility for approximately 3,000 adjudicated youth annually. Camp youth range in age between 13-18 years, with an average stay of approximately six months and the average age of 16 years. Juvenile camps are a non-mandated, discretionary program pursuant to WIC 881.

Camp Community Transition Program (CCTP)- CCTP provides after-care services for youth transitioning from camp back into their own communities. The services begin prior to their release, followed by a 30 to 60-day intensively supervised transition period to ensure prompt school enrollment, community service and participation in selected programs provided by CBOs. Transitional plans include an emphasis on family participation.

PLACEMENT SERVICES

Probation's Placement Services Bureau (PSB) serves juvenile probationers whom the courts have ordered to be removed from home and suitably placed in either group homes, or in relative or non-relative care. Generally youth receive this type of dispositional order after less restrictive court sanctions have not resolved the identified issues. Youth are placed in environments best suited to meet their needs, which may include a smaller group home environment, a larger foster home facility, or a small family home. Youth may also benefit from outreach and prevention type services available through the foster care system designed to prevent their removal from home. PSB is comprised of the following units:

Placement Administrative Services (PAS)– Placement Administrative Services provides administrative support services. PAS is critical in the initial placement of youth in foster care. PAS ensures appropriate processing of all necessary documentation to provide funding and services to youth from the time they are ordered to placement until the time the order is terminated or the youth completes the placement program, or the youth is reunited with their family.

Residential-Based Services (RBS) – Placement DPOs are responsible for case management and monitoring the youth while in placement. They work with the youth and their families to identify areas of strength and risk in order to develop appropriate case plans to ensure prompt reunification and/or permanency. The work performed by RBS is mandated in large part through state and federal regulations, such as Division 31 of California Department of Social Services (CDSS).

Prospective Authorization Utilization Review Unit (PAUR) and Out-Of-Home Screening Unit (OHS) - This unit serves as the single point of contact for DPOs to clear all out-of-home placement recommendations prior to the submission of the report to the court. This unit also assists DPOs with receipt and processing of referrals for community-based services (in lieu of out-of-home placement) such as Functional Family Therapy, Multi-Systemic Therapy, Family Preservation and Functional Family Probation.

Placement to Community Transition Services (PCTS) – PCTS supports families as youth transition from out-of-home care settings and provides intensive in-home supervision and treatment services. PCTS also provides these services to youth ordered "Home on Probation" in an effort to prevent eventual out of home placement.

Youth Development Services (YDS) and Extended Foster Care (AB12) - Probation provides supportive services to transition age youth exiting foster care in an effort to provide foster care youth with the necessary skills, experiences, and assistance to ensure self-sufficiency, productivity and well-being. Youth who are on a suitable placement order at the time they turn 18 years old and who complete their probation may remain in foster care under a new jurisdiction also known as Transition Jurisdiction pursuant to WIC 450 until the age of 21.

Placement Permanency and Quality Assurance (PPQA) - This unit monitors PSB systems, including group homes to ensure the safety and stability of the youth while in an out-of-home care setting. PPQA is also responsible for permanency planning through Family Finding, Adoptions and the Legal Guardianship processes.

DIVISION OF JUVENILE JUSTICE (DJJ) UNIT

DPOs supervise juveniles placed on community-based probation supervision after being released from the State of California's Division of Juvenile Justice. DPOs assigned to this unit work closely with Probation's Special Enforcement Operations (armed unit) to provide case management services and assist probationers in reintegrating back into the community.

DOMESTIC MINOR SEX TRAFFICKING (DMST) PROGRAM

Probation is at the forefront of addressing a population not previously viewed as victims. The development of the Domestic Minor Sex Trafficking (DMST) program demonstrates Probation's understanding and commitment to girls and boys who have been sexually exploited. In the past, law enforcement and other government agencies have viewed the majority of this population of domestically trafficked youth as teens who have independently made the choice to engage in the criminal act of prostitution.

Probation has been working collaboratively with various committees, the courts, law enforcement, social service agencies, etc. to develop an effective prevention/intervention strategy for rehabilitative services for DCFS and Probation youth who are at risk or have been victims of sexual exploitation. Probation has had a paradigm shift in practice and mindset to view these children, not as criminals, but rather as victims.

In 2015 the Los Angeles County Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children was developed by the Sheriff's Department, DCFS, Probation, DMH, DHS, and advocacy agencies. The protocol creates a system in which law enforcement officers can identify victims of sexual exploitation and work collaboratively with County agencies and community based organizations to avoid arrest, keep the minors safe and provide them with the services they need to escape exploitation. The protocol was implemented in mid-August 2015 in Long Beach and Compton in South Los Angeles. A multiagency review committee was created to oversee the implementation of the protocol, analyze aggregate data, revise the Protocol as needed, assess the sufficiency of resources and report to the Board on the Protocol.

SELECTED FINDINGS

The data presented for adults were collected from Probation's Adult Probation System (APS). The data presented for juveniles were collected from the Juvenile Automated Index (JAI) system.

The number of adult referrals increased from 2014 to 2015 by 1.7%, 530 to 539. (Figure 1). The adult referrals for exploitation and severe neglect decreased by at least 30%. There were increases in the referrals for general neglect and sexual abuse. General neglect increased 12.5% and sexual abuse increased by 3.6% (Figure 1). Sexual abuse continues to be the number one child abuse offense for adult referrals: 507 of the 539 total cases referred to Probation were for sexual abuse.

The number of juvenile referrals decreased from 2014 to 2015 by 24%, 378 to 287. (Figure 12). Juvenile referrals for exploitation increased by 27.7%, from 18 to 23. Although juvenile referrals for sexual abuse decreased by 29.8% from 2014 to 2015, sexual abuse continues to be the number one child abuse offense for juvenile referrals: 230 of the 287 total cases referred to Probation were for sexual abuse. (Figure 12).

Figure 1

ADULT REFERRALS 2014 – 2015 BY TYPE

TYPE OF ABUSE/NEGLECT	PERCENTAGE OF CHANGE		2014	2015
EXPLOITATION	30%	DECREASE	20	14
GENERAL NEGLECT	12.5%	INCREASE	8	9
PHYSICAL ABUSE	-	INCREASE	0	1
SEVERE NEGLECT	38.4%	DECREASE	13	8
SEXUAL ABUSE	3.6%	INCREASE	489	507
OVERALL FROM 2014 TO 2015	1.7%	INCREASE	530	539

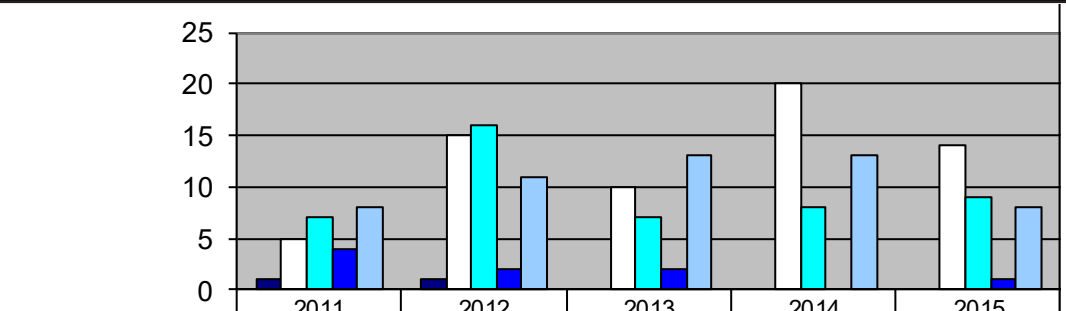
Figure 2

ADULT REFERRALS FOR 2011– 2015 BY TYPE

OFFENSE TYPE	2011	2012	2013	2014	2015
Caretaker Absence	1	1	-	-	-
Exploitation	5	15	10	20	14
General Neglect	7	16	7	8	9
Physical Abuse	4	2	2	-	1
Severe Neglect	8	11	13	13	8
Sexual Abuse	511	484	465	489	507
OVERALL TOTALS	536	529	497	530	539

Figure 2a

ADULT REFERRALS FOR 2011 – 2015



	2011	2012	2013	2014	2015
Caretaker Absence	1	1	0	0	0
Exploitation	5	15	10	20	14
General Neglect	7	16	7	8	9
Physical Abuse	4	2	2	0	1
Severe Neglect	8	11	13	13	8

Figure 2b

ADULT REFERRALS SEXUAL ABUSE 2011 – 2015

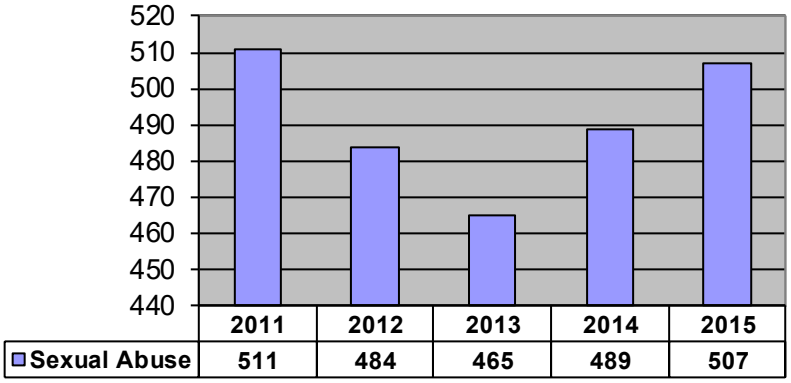


Figure 3

ADULT REFERRALS FOR 2014-2015 - BY AGE

AGE OF ADULT OFFENDER	2014	2015	PERCENTAGE OF CHANGE	
under age 20	12	11	8.3%	DECREASE
20-24	64	61	4.6%	DECREASE
25-29	71	67	5.6%	DECREASE
30-34	74	66	10.5%	DECREASE
35-39	63	87	38.0%	INCREASE
40-44	49	56	14.2%	INCREASE
45-49	64	52	18.7%	DECREASE
50 and over	133	139	4.5%	INCREASE

Figure 4

ADULT REFERRALS FOR 2014-2015 - BY ETHNICITY

ETHNICITY	2014	2015	PERCENTAGE OF CHANGE	
AFRICAN AMERICAN	56	53	5.3%	DECREASE
AMERICAN INDIAN	0	1	-	INCREASE
ASIAN/PACIFIC ISLANDER	8	10	25%	INCREASE
LATINO	373	312	16.3%	DECREASE
WHITE	60	65	8.3%	INCREASE
OTHER	33	16	51.5%	DECREASE
UNKNOWN	-	82	-	INCREASE

Figure 5

ADULT REFERRALS 2015 - BY ETHNICITY

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	TOTAL
AFRICAN AMER	0	13	12	8	6	3	7	4	53
AMERI INDIAN	0	0	0	0	0	0	1	0	1
ASIAN/PAC ISL	0	1	1	0	4	0	1	3	10
LATINO	9	28	34	41	59	33	23	85	312
WHITE	0	6	7	6	7	6	9	24	65
OTHER	0	3	2	1	3	1	0	6	16
UNKNOWN	**2**	**10**	**11**	**10**	**8**	**13**	**11**	**17**	**82**
TOTAL	**11**	**61**	**67**	**66**	**87**	**56**	**52**	**139**	**539**
PERCENT	**2.0%**	**11.3%**	**12.4%**	**12.3%**	**16.1%**	**10.4%**	**9.7%**	**25.8%**	**100%**

Figure 6

ADULT REFERRALS FOR 2014-2015 - BY AREA OFFICE AND GENDER

	2014		2015	
AREA OFFICE	MALE	FEMALE	MALE	FEMALE
ANTELOPE VALLEY	45	3	23	1
CENTRAL ADULT INVESTIGATION	93	12	130	3
EAST LOS ANGELES	2	0	0	0
EAST SAN FERNANDO VALLEY	53	3	94	5
FOOTHILL	8	0	8	0
HARBOR	53	0	35	1
LONG BEACH	13	0	27	0
POMONA VALLEY	104	2	82	2
PRETRIAL	-	-	7	0
RIO HONDO	45	1	36	1
SAN GABRIEL VALLEY	18	1	16	3
SANTA MONICA	46	3	23	1
SOUTH CENTRAL	23	2	36	5
TOTAL	**503**	**27**	**517**	**22**

Figure 7

ADULT AND JUVENIAL REFERRALS 2015 - BY TYPE

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
Exploitation	14	2.59%	23	8.0%	37
General Neglect	9	1.66%	2	.69%	11
Physical Abuse	1	.18%	16	5.5%	17
Severe Neglect	8	1.48%	16	5.5%	24
Sexual Abuse	507	94.0%	230	80.1%	737
TOTAL	**539**		**287**		**826**
PERCENT		**65.25%**		**34.75%**	**100%**

Figure 8

ACTIVE ADULT SUPERVISION 2015- BY AGE AND ETHNICITY

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	Total
AFRICAN AMER	2	18	19	28	42	26	31	119	**285**
AMERICAN INDIAN	0	0	1	0	0	0	0	0	**1**
ASIAN/PACIFIC ISL	0	5	3	4	4	3	1	8	**28**
LATINO	0	68	93	65	52	51	37	129	**495**
WHITE	0	26	25	21	34	28	35	135	**304**
OTHER	0	3	5	9	5	6	11	15	**54**
UNKNOWN	**3**	**4**	**1**	**4**	**2**	**3**	**3**	**6**	**26**
TOTAL	**5**	**124**	**147**	**131**	**139**	**117**	**118**	**412**	**1193**
PERCENT	**.4%**	**10.3%**	**12.3%**	**10.9%**	**11.6%**	**9.8%**	**9.9%**	**34.5%**	**100%**

Figure 9

ACTIVE ADULT SUPERVISION 2015 - BY ETHNICITY

ETHNICITY	TOTAL	PERCENT
African American	285	23.8%
American Indian	1	.08%
Asian/Pacific Islander	28	2.3%
Latino	495	41.4%
White	304	25.4%
Other	54	4.5%
Unknown	26	2.1%
TOTAL	**1193**	

Figure 10

ADULT CHILD THREAT WORKLOAD 2015 - BY AREA OFFICE

AREA OFFICE	2011	2012	2013	2014	2015
ANTELOPE VALLEY	84	83	84	91	94
CENTINELA	104	128	123	124	108
CRENSHAW	163	156	170	186	159
EAST LOS ANGELES	40	46	47	53	48
EAST SAN FERNANDO VAL	136	143	143	145	139
FIRESTONE	79	75	79	88	88
FOOTHILL	75	62	49	58	67
HARBOR	45	46	39	46	39
LONG BEACH	97	89	95	82	90
POMONA VALLEY	90	93	97	88	82
RIO HONDO	91	73	89	92	77
SAN GABRIEL VALLEY	60	70	79	82	83
SANTA MONICA	60	61	69	55	51
SOUTH CENTRAL	67	62	54	44	43
VALENCIA	32	32	24	25	25
TOTALS	**1223**	**1219**	**1241**	**1259**	**1193**

Figure 11

ADULT AND JUVENILE REFERRALS FOR 2014 RESULTING IN GRANTS OF PROBATION

AREA OFFICE	ADULTS	JUVENILES	TOTALS
ANTELOPE VALLEY	0	2	2
CAMP COMMUNITY PLACEMENT	0	2	2
CENTRAL ADULT INVESTIGATION	3	-	3
CENTINELA	3	7	10
CRENSHAW	9	5	14
EAST LOS ANGELES	2	3	5
EAST SAN FERNANDO VALLEY	3	7	10
FIRESTONE	5	2	7
FOOTHILL	3	0	3
HARBOR	3	1	4
LONG BEACH	0	3	3
NORTHEAST JUVENILE JUSTICE CENTER	-	3	3
POMONA VALLEY	2	4	6
RIO HONDO	5	4	9
RIVERVIEW	7	-	7
SAN GABRIEL VALLEY	3	4	7
SANTA MONICA	3	0	3
SOUTH CENTRAL	5	8	13
VALENCIA	1	0	1
TOTALS	**57**	**55**	**112**
PERCENT	**10.5%**	**19.1%**	

Of the 539 Child Abuse referrals received by the Adult Bureau in 2015, 57 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 287 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2015, 55 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.

Figure 12

JUVENILE REFERRALS - BY TYPE OF ABUSE FOR 2014-2015

TYPE OF ABUSE/NEGLECT	2014	2015	PERCENTAGE OF CHANGE	
Exploitation	18	23	27.7%	INCREASE
General Neglect	1	2	100%	INCREASE
Physical Abuse	17	16	5.9%	DECREASE
Severe Neglect	14	16	14.2%	INCREASE
Sexual Abuse	328	230	29.8%	DECREASE
OVERALL FROM 2014-2015	**378**	**287**	**24.0%**	**DECREASE**

Figure 13

JUVENILE REFERRALS FOR 2014 – 2015 - BY TYPE

	2011	2012	2013	2014	2015
Exploitation	15	5	13	18	23
General Neglect	12	1	1	1	2
Physical Abuse	55	25	11	17	16
Severe Neglect	14	30	14	14	16
Sexual Abuse	343	286	399	328	230
OVERALL TOTALS	**439**	**347**	**438**	**378**	**287**

Figure 14

JUVENILE REFERRALS FOR 2014- 2015 - BY AGE

AGE OF JUVENILES	2014	2015	PERCENTAGE OF CHANGE	
under 11	3	2	33.3%	DECREASE
11	14	5	64.2%	DECREASE
12	31	23	25.8%	DECREASE
13	46	29	36.9%	DECREASE
14	54	46	14.8%	DECREASE
15	47	35	25.5%	DECREASE
16	44	44	-	NO CHANGE
17	38	39	2.6%	INCREASE
18+	51	64	25.4%	INCREASE

Figure 15

JUVENILE REFERRALS FOR 2014- 2015- BY ETHNICITY

ETHNICITY	2014	2015	PERCENTAGE OF CHANGE	
African American	81	64	21.0%	DECREASE
Asian/Pac Islander	2	2	-	NO CHANGE
Latino	237	177	25.3%	DECREASE
White	41	31	24.3%	DECREASE
Other	17	13	23.5%	DECREASE

Figure 16

JUVENILE REFERRALS FOR 2014-2015 BY AREA OFFICE AND GENDER

	2014		2015	
AREA OFFICE	MALE	FEMALE	MALE	FEMALE
TRANSITIONS TO AREA OFFICE	59	7	17	5
ANTELOPE VALLEY	10	0	15	3
CAMPS	0	0	5	0
CENTINELA	31	4	28	4
CRENSHAW	31	4	20	1
EAST LOS ANGELES	16	2	9	0
FIRESTONE	21	2	10	0
FOOTHILL	14	2	10	0
HARBOR	8	2	9	2
LONG BEACH	9	1	9	0
NORTHEAST JUVENILE JUSTICE CENTER	24	7	24	2
POMONA VALLEY	10	0	15	3
RIO HONDO	22	0	17	4
SAN GABRIEL VALLEY	22	1	21	3
SANTA MONICA	10	1	7	0
SOUTH CENTRAL	37	1	23	0
VALENCIA	7	0	1	2
VAN NUYS	11	2	16	2
TOTALS	**342**	**36**	**256**	**31**

Figure 17

JUVENILE REFERRALS FOR 2015 BY AGE AND ETHNICITY

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMERICAN	0	2	7	4	10	13	14	7	7	**64**
ASIAN/ PACIFIC ISL	0	0	0	0	0	0	1	1	0	**2**
LATINO	2	3	15	23	28	18	22	21	45	**177**
WHITE	0	0	1	2	6	1	6	6	9	**31**
OTHER	0	0	0	0	2	3	1	4	3	**13**
TOTAL	**2**	**5**	**23**	**29**	**46**	**35**	**44**	**39**	**64**	**287**
PERCENT	**.7%**	**1.74%**	**8.0%**	**10.1%**	**16.0%**	**12.2%**	**15.3%**	**13.5%**	**22.2%**	**100%**

Figure 18

ADULT AND JUVENILE REFERRALS FOR 2015 BY TYPE OF ABUSE

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
EXPLOITATION	14	2.6%	23	8.0%	37
GENERAL NEGLECT	9	1.6%	2	.7%	11
PHYSICAL ABUSE	1	.2%	16	5.5%	17
SEVERE NEGLECT	8	1.5%	16	5.5%	24
SEXUAL ABUSE	507	94.1%	230	80.0%	737
TOTAL	**539**		**287**		**826**
PERCENT		**65.2%**		**34.8%**	**100%**

Figure 19

ACTIVE JUVENILE SUPERVISION FOR 2015 BY AGE AND ETHNICITY

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMERICAN	0	0	0	0	0	2	2	0	0	4
LATINO	0	0	4	6	3	8	2	7	10	40
WHITE	0	0	0	0	1	1	0	5	0	7
OTHER	0	0	0	0	0	0	2	1	1	4
TOTAL	**0**	**0**	**4**	**6**	**4**	**11**	**6**	**13**	**11**	**55**
PERCENT	**-**	**-**	**7.2%**	**11.0%**	**7.2%**	**20%**	**11.0%**	**23.6%**	**20%**	**100%**

Figure 20

ACTIVE JUVENILE SUPERVISION FOR 2015 - ETHNICITY

ETHNICITY	TOTAL	PERCENT
AFRICAN AMERICAN	4	7.2%
LATINO	40	72.8%
WHITE	7	12.8%
OTHER	4	7.2%
TOTAL	**55**	**100.0%**

Figure 21

ACTIVE JUVENILE SUPERVISON FOR 2015 BY AGE AND TYPE OF ABUSE

OFFENSE TYPE	Under 11	11	12	13	14	15	16	17	18+	TOTAL
EXPLOITATION	0	0	0	0	0	0	1	0	1	2
GENERAL NEGLECT	0	0	0	0	0	0	0	1	0	1
PHYSICAL ABUSE	0	0	0	0	0	0	0	1	0	1
SEVERE NEGLECT	0	0	0	0	0	2	1	4	0	7
SEXUAL ABUSE	0	0	4	6	4	9	4	7	10	44
TOTAL	**0**	**0**	**4**	**6**	**4**	**11**	**6**	**13**	**11**	**55**
PERCENT	**-**	**-**	**7.2**	**11.0%**	**7.2%**	**20%**	**11.0%**	**23.6%**	**20%**	**100%**

GLOSSARY OF TERMS

AB 109 - California safety legislation that shifted responsibility for certain populations of offenders from the state to the counties; It allows for current non-violent, non-serious, and non-sex offenders, who after they are released from California State Prison, are to be supervised at the local County level

Adjudication – a judicial decision or sentence; to settle by judicial procedure; for juveniles – a juvenile court process focused on whether the allegations or charges facing a juvenile are true

Adult - a person 18 years of age or older

Bail Commissioner - a person appointed by the state who may set the amount of bond for persons detained at a police station prior to arraignment in court; s/he recommends to the court the amount of bond that should be set for the defendant on each criminal case

Bench Officer - a judicial hearing officer (appointed or elected) such as a judge, commissioner, referee, arbitrator, or umpire, presiding in a court of law and authorized by law to hear and decide on the disposition of cases

California Youth Authority (CYA) – currently named the Department of Juvenile Justice or DJJ; the most severe sanction available to the juvenile court among a range of dispositional outcomes; it is a state run confinement facility for juveniles who have committed extremely serious or repeat offenses and/or have failed county-level programs, and require settings at the state level; CYA (now DJJ) facilities are maintained as correctional schools which are located throughout the state

Camp Community Placement - available to the juvenile court at a disposition hearing; a minor is placed in a secure or non-secure structured residential camp settings run by the Probation Department throughout the County (see Residential Treatment Program)

Caseload - the total number of adult/juvenile clients or cases on probation, assigned to an adult or juvenile Deputy Probation Officer; caseload size and level of service is determined by Probation Department policy

Child Abuse (or Neglect) – physical injury inflicted by other than accidental means upon a child by another person; includes sexual abuse, willful cruelty or unjustifiable punishment or injury or severe neglect

Child Threat (CTH) Caseload – a specialized caseload supervised by a CTH Deputy Probation Officer consisting of adults on formal probation for child abuse offenses or where there is reason to believe that defendant's (violent, drug abusing or child molesting) behavior may pose a threat child; Probation Department service standards require close monitoring of a defendant's compliance with court orders to ensure both the child's and parents' safety

Compliance - refers to the offender following, abiding by, and acting in accordance with the orders and instructions of the court as part of his/her effort to cooperate in his/her own rehabilitation while on probation (qualified liberty) given as a statutory act of clemency

Conditions of Probation - the portion of the court ordered sentencing option, which imposes obligations on the offender; may include restitution, fines, community service, restrictions on association, etc.

Controlled Substance – a drug, substance, or immediate precursor, which is listed in any schedule in Health and Safety Code Sections 11054, 11055, 11057, or 11058.

Court Orders - list of terms and conditions to be followed by the probationer, or any instructions given by the court

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

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

Department of Juvenile Justice or DJJ (formerly the California Youth Authority) – the most severe sanction available to the juvenile court among a range of dispositional outcomes; it is a state run confinement facility for juveniles who have committed

extremely serious or repeat offenses and/or have failed county-level programs, and require settings at the state level; DJJ facilities are maintained as correctional schools which are scattered throughout the state; a minor can remain in DJJ until age 25.

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

Disposition - the resolution of a case by the court, including the dismissal of a case, the acquittal of a defendant, the granting of probation or deferred entry of judgment, or overturning of a convicted defendant

Diversion - the suspension of prosecution of "eligible" youthful, first time offenders in which a criminal court determines the offender suitable for diverting out of further criminal proceedings and directs the defendant to seek and participate in community-based education, treatment or rehabilitation programs prior to and without being convicted, while under the supervision of the Probation Department; program success dismisses the complaint, while failure causes resumption of criminal proceedings

DPO - Deputy Probation Officer - a peace officer who performs full case investigation functions and monitors probationer's compliance with court orders, keeping the courts informed of probationer's progress by providing reports as mandated

Drug Abuse - the excessive use of substances (pharmaceutical drugs, alcohol, narcotics, cocaine, generally opiates, stimulants, depressants, hallucinogens) having an addictive-sustaining liability, without medical justification

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

High Risk - a classification referring to potentially dangerous, recidivist probationers who are very likely to violate conditions of probation and pose a potentially high level of peril to victims, witnesses and their families or close relatives; usually require in-person contacts and monitoring participation in treatment programs

Informal Probation -

- Juvenile -a six-month probation supervision program for minors opted by the DPO following case intake investigation of a referral, or ordered by the juvenile court without adjudication or declaration of wardship; it is a lesser sanction and avoids formal hearings, conserving the time of the DPO, court staff and parents and is seen as less damaging to a minor's record
- Adult - a period of probation wherein an individual is under the supervision of the Court as opposed to the Probation Officer. The period of probation may vary dependant on the circumstances of the case

Investigation - the process of investigating the factors of the offense(s) committed by a minor/adult, his/her social and criminal history, gathering offender, victim and other interested party input, and analyzing the relevant circumstances, culminating in the submission of recommendations to the court regarding sanctions and rehabilitative treatment options

Judgment – law given by court or other competent tribunal and entered in its dockets, minutes of record

Juvenile - a person who has not attained his/her 18th birthday

Juvenile Court - Superior Court which has jurisdiction over delinquent and dependent children

Minor - a person under the age of 18

Narcotic Testing - the process whereby a probationer must submit, by court order, to a drug test as directed, to detect and deter controlled substance abuse

Pre-Sentence Report - a written report made to the adult court by the DPO and used as a vehicle to communicate a defendant's situation and the DPO's recommendations regarding sentencing and treatment options to the judge prior to sentencing; becomes the official position of the court.

Probation Department Probation Grant - the act of bestowing and placing offenders (adults convicted of a crime and juveniles with allegations sustained at adjudication) on formal probation by a court of law and charging Probation with their supervisory care to ensure the fulfillment of certain conditions of behavior

Probation Violation – when the orders of the court are not followed or the probationer is re-arrested and charged with a new offense

Probationer - minor or adult under the direct supervision of a Deputy Probation Officer, usually with instructions to periodically report in as directed

Referral - the complaint against the juvenile from law enforcement, parents or school requesting Probation intervention into the case, or a criminal court order directing Probation to perform a thorough investigation of a defendant's case following conviction, and present findings and recommendations in the form of a pre-sentence report

Residential Treatment Program – this program is also referred to as the Camp Community Placement program. It provides intensive intervention in a residential setting over an average stay of 20 weeks. The Camp Community Placement program is an intermediate sanction alternative to probation in the community and incarceration in the California Youth Authority.

Sanction - a penalty for violation of law

Sentence -

- Juvenile - the penalty imposed by the court upon a juvenile with allegations found true in juvenile court; penalties imposed may include fines, community service, restitution or other punishment, terms of probation, residential camp placement or a commitment with the Department of Juvenile Justice (formerly CYA)
- Adult - the penalty imposed by the court upon a convicted defendant in a criminal judicial proceeding; penalties imposed may include fines, community service, restitution or other punishment, terms of probation, county jail or prison for the defendant

Substance Abuse - see Drug Abuse - the non-medical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture. For purposes of this glossary, non-medical use means:

- Use of prescription drugs in a manner inconsistent with accepted medical practice
- Use of over-the-counter drugs contrary to approved labeling; or
- Use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide

Trace - an amount of substance found in a newborn or parent that is insufficient to cause a parent to return to court on a probation violation, but is enough to authorize removal of a child from parental control

Unfit - a finding by a juvenile fitness hearing court that a minor was found to be unfit for juvenile court proceedings, and that the case will be transferred to adult court for the filing of a complaint; juvenile in effect will be treated as an adult

Victim - an entity or person injured or threatened with physical injury, or that directly suffers a measurable loss as a consequence of the criminal activities of an offender, or a "derivative" victim, such as the parent/guardian, who suffers some loss as a consequence of injury to the closely related primary victim, by reason of a crime committed by an offender

DEPARTMENT OF MENTAL HEALTH

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

THE MISSION OF THE CSOC

To enable children with emotional disorders to develop their ability to function in their families, school and community.

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

HOW THE CSOC FULFILLS ITS MISSION

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

- Manages a diverse continuum of programs that provide mental health care for children and families.
- Promotes the expansion of services through innovative projects, 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, 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 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, this report covers other programs for children and adolescents who are at risk for abuse or neglect. This report reviews the following programs: Katie A. programs (Screening, Assessment, Treatment, and Wraparound); Family Preservation; Family Reunification; Child Abuse Prevention Program; Juvenile Court Mental Health Services; Juvenile Halls; Dorothy Kirby Center; Challenger Memorial Youth Center and its associated Juvenile Justice Camps; D-Rate Assessment Unit; Level 14 Group Homes; and Community Treatment Facilities.

CHILDREN'S SYSTEM OF CARE BUREAU CHILD WELFARE DIVISION

Katie A. v. Bonta was a class action lawsuit that challenged the long-standing practice of confining abused and neglected children with mental health problems in costly hospitals and large group homes, or in foster homes without sufficient care rather than providing services that would enable them to stay in their homes and communities. Los Angeles County entered into a settlement agreement in May 2003 to develop and implement strategies to provide the plaintiff class with care and services consistent with good child welfare and mental health practice. On March 14, 2006, Federal Judge A. Howard Matz issued an injunction requiring that the County screen members of the plaintiff class to identify children and youth who may need individualized mental health services, and provide them with the Wraparound services and therapeutic foster care when appropriate.

The Child Welfare Division (CWD) of Los Angeles County DMH was created as part of the enhanced Specialized Foster Care (SFC) Mental Health Services Plan approved by the Board of Supervisors in October 2005. The division is a centralized DMH administrative structure to provide oversight and coordination of 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.

SFC staffing includes countywide as well as Service Area based implementation of program administration and co-locating staff. DMH SFC co-located staff are now working in all of the 19 DCFS Regional Offices and are a critical component of the Katie A. strategic plan. Its 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 attend and participate in

Team Decision-Making (TDM) meetings, and has an integral role in the Resource Management Process (RMP) that is applied in case planning. In addition, Child and Family Teams (CFTs) have also been implemented as a component of the Wraparound program since its inception.

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

Countywide, 4,859 children had a MAT assessment completed in FY 2014-2015, compared with 4,692 in FY 2013-2014, 4,352 in FY 2012-2013, 3,795 in FY 2011-2012, 3,731 in FY 2010-2011, and 3,417 in FY 2009-2010.

(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 child under DCFS supervision 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 RTS and CSAT summary reports of progress of all SPAs for screenings and referrals for the first nine months of FY 2014-2015 indicate that:

- 97.11% of children who were eligible for screening were screened for mental health needs.
- 97.48% of children who screened positive were referred to mental health services.
- 94.90% of children referred for services received mental health health service activities within the required timelines.
- Of the 18,801 children who screened positive on the MHST, 5 (0.05%) were determined to have acute needs, 105 (0.98%) were determined to have urgent needs, 9,958 (93.17%) were determined to have routine needs, and the acuity level of 620 (5.89%) remained to be determined.
- On average, the number of days between screening and referral to DMH for mental health services, based on their acuity of their need for services, was that children with acute needs were referred to DMH on the same day, children with urgent needs were referred to DMH in 1 day, and children with routine needs were referred to DMH in 5 days.
- On average, the number of days between referral to and receipt of a mental health service activity based on acuity of need for services was that children with acute needs received a service activity within the same day of the referral, that children with urgent needs received mental health service activity within one day of the referral, and that children with routine needs received a mental health service activity within 3 days of the referral.
- The rates for children who received a DMH service activity within the required timeframe, based on acuity, was that 100% of children with acute needs received services on the same day as the referral, 86.67% of children with urgent needs received services within 3 days of referral, and 98.36% of children with routine needs received services within 30 days of referral.

(3) Medical Hubs

Six Medical Hub clinics are operated by the Los Angeles County Department of Health Services

(DHS), providing mental health, forensic and medical screenings for children under the care of DCFS or at risk of entering the foster care system.

Between January 2013 and December 2013, 85.5% of newly detained children were referred to a Medical Hub for an Initial Medical Examination (IME), including the CIMH/MHST mental health screening tool, at a Medical Hub clinic. This is the same percentage of newly detained children referred to a Medical Hub for medical evaluation in the prior reporting period. Children and youth screening positive are reviewed for mental health assessment and linkage as needed. The County continues to report progress toward its goal that 100% of the newly detained children are referred to a Medical Hub for the initial Examination.

With permanent funding now established, during FY 2013-2014, DCFS implemented a partnership with DHS and Children's Hospital Los Angeles to outstation Clinical Social Workers (CSWs) and Public Health Nurses (PHNs) at the Medical Hubs on a full-time basis, including after hours at the 24/7 LAC/USC Medical Center Hub. The out-stationed CSWs continue to contribute to the efficiency of DCFS making referrals to the Hubs. The out-stationed PHNs are contributing to case management and care coordination to children served by the Medical Hubs.

In addition, the tracking tool, "Medical Hub Exam Results" is used to identify the status of the results of the IMEs received from the Medical Hubs through the E-mHub System, a web-based medical health information system on children under DCFS care.

(4) Training and Coaching

During the FY 2014-2015, The Department of Mental Health (DMH) Coaches continued to work on the implementation of the Shared Core Practice Model (SCPM). The DMH Coaches provided on-going monthly trainings to the DMH staff and mental health provider agencies. The trainings are experiential and highlight each practice element of the SCPM while incorporating coaching principles and a strengths based approach.

In addition, the DMH Coaches continued their efforts in implementing the training and coaching of the Child and Family Team (CFT) model. This training process includes the observation and application of the CFT model which consists of the following four step process:

1. Coach and Case Review;
2. Child and Family Team Engagement (Preparation)
3. Child & Family Team Meeting
4. Debriefing

The CFT training process is comprised of nine hours of classroom style training separated into three Modules that provide an in-depth overview and introduction to the process, the development of skills and strategies, and the application of learning. The training process is further enhanced through the practical application of the four step process. Additionally, the DMH Coaches provide on-going feedback and support to those involved in the learning process.

The training and coaching of the CFT process has specifically targeted RCL 12 and RCL 14 group home staff in addition to other elements of the DMH service delivery system. During FY 2014-2015, there were eight group homes throughout Los Angeles County who participated in the CFT training process.

Further, The DMH Coaches provided CFT training to administrative staff from the Children's Systems of Care (CSOC) with the support of the staff at the Violence Intervention Program (VIP) Clinic, to build capacity as the CSOC initiates the training process with intensive mental health providers.

(5) Family and Children's Index

FCI is the name given to the Los Angeles County customized application authorized by California Welfare and Institutions Code (WIC) section 18961.5. The statute allows children services, health services, law enforcement, mental health services, probation, schools, and social services agencies within counties to share specific information about families who have had relevant contacts with these agencies and who have been identified as being at risk for child abuse or neglect. The statute requires that each county develop their own "at-risk" definition. As a "pointer" system, FCI directs authorized users of participating agencies to other participating agencies who have had contact with the family subject to an initial search match made through the application. Once users are pointed to other agencies, the statute requires that confidential, substantive information about a family must be shared through the formation of Multi-Disciplinary Teams (MDTs), unless some other

legally permissible way to share that information already exists. The application can only store specific information as allowed by WIC 18961.5. It does so by receiving data from participating agency databases using a set of agency specific at-risk indicators (filters) that conform to the County's at-risk definition. Once these records are identified using those filters, allowable information is electronically imported into the FCI database.

Children's Countywide Services Division assumed FCI responsibilities from the Child Welfare Division in January 2014. During FY 2014-2015, there were a total of 1,526 completed inquiries.

KATIE A. TREATMENT SETTLEMENT

In 2002, a class action lawsuit (Katie A. v. Bonita) was filed against the State and Los Angeles County alleging that children in the county foster care system were not receiving the mental health services to which they were entitled. In 2003, the County of Los Angeles entered into a settlement agreement.

Under the terms of the County's settlement agreement, the County is obligated to make a number of systemic improvements regarding screening, assessment and service delivery to better serve children with mental health needs.

In the State's recent settlement agreement, California has agreed to take a series of actions intended to transform the way children and youth, in foster care or at imminent risk of foster care placement, receive access to mental health services, including assessment and individualized treatment, consistent with the Core Practice Model (CPM). Children/youth who have the most intensive and complex needs (Katie A. Subclass), have been designated to be given a more intensive array of mental health services that are delivered in a well-coordinated, comprehensive, community-based fashion, which are consistent with the Core Practice Model principles.

The Core Practice Model principles include: 1) strong engagement with and participation of the child/youth and family; 2) focus on the identification of the child/youth and family needs and strengths when assessing and planning services; 3) teaming across formal and informal support systems; 4) use of child/youth and family teams to identify strengths and needs, plan and track progress, and 5) provision of intensive home-based services.

KATIE A. TREATMENT PROGRAMS

(1) Wraparound

Wraparound is an interagency collaborative supported by DCFS, DMH and the Probation Department. In FY 2013-2014, there were 34 Wraparound agencies that provide multifaceted support, including mental health services. Tier I Wraparound is intended for children and youth who are currently placed or are at imminent risk of placement in a group home at a Rate Classification Level (RCL) 10 or above.

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

The Tier I Wraparound program serves children and youth ages 5-20.5 years of age who are under the jurisdiction of one or more County departments – DCFS, DMH or Probation and who are placed in, or at imminent risk of placement in a Rate Classification Level (RCL) 10-14 group home. The Tier II Wraparound program serves children and youth in the same age-range who have an open DCFS case, qualify for EPSDT and have an urgent and/or intensive mental health need which causes impairment at school, home or in the community. Any Probation client is eligible for Tier I Wraparound. Clients with dual supervision from DCFS and Probation are eligible for the Tier I Wraparound program and the Tier II Wraparound program.

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

The DCFS or Probation Liaison receives referrals for possible acceptance into Wraparound from their respective caseworker/referral source and conducts 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 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. One hundred percent of children with acute needs for mental health services received services on the same day as the referral. Eighty seven percent of children with urgent mental health needs received services within 3 days of referral.

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 develops goals and objectives for all life domains in which the child's mental health condition produces impaired functioning and "does whatever it takes" to assist the family to meet agreed-upon goals that are developed by the team.

All children and youth who are enrolled in the Wraparound program may be subject to a review. This review process includes a random selection of Wraparound and mental health records (clinical chart), parent/caregiver satisfaction surveys conducted by Parent Advocates, as well as the observation of one of the CFT meetings. This Wraparound Review seeks to ensure that the DMH clinical charts are consistent with Medi-Cal claiming guidelines and Wraparound practice. To carry out each review, DMH Wraparound administrative clinical staff coordinate with individual agencies that offer a Wraparound program and meet with its program manager to discuss staffing, staff qualifications, clinical supervision and Medi-Cal budget utilization. An exit conference is conducted with the program manager and staff to discuss the results of the review.

THE ELIMINATION OF WRAPAROUND TIERS

On May 1, 2015, the Wraparound program's two-tier administrative structure was eliminated and replaced by a consolidated program for which all clients have the same eligibility criteria. As a result of eliminating two tiers with distinctive criteria, a broader range of Wraparound clients who need more intensive mental health services may receive those services than when higher intensity services had been selectively designated for Wraparound clients previously identified as fulfilling Tier I criteria. The more stringent eligibility criteria for providing intensive services for Tier I clients had included an imminent risk of a RCL 10 or higher placement within 30 days, and meeting criteria for Severe Emotional Disturbance. The prior criteria for classifying clients in Tier II had been defined as having multiple behavioral challenges and showing at-risk behaviors and impairments at home, school and community.

The structure of the Wraparound program changed over the course of FY 2014-2015 as it evolved from a program with tiers, based on specified eligibility criteria, to a program with no tiers. During the first ten months of the year, the two-tier program structure and its eligibility criteria were retained. However, in the last two months of the year and thereafter, the eligibility of its clients was no longer based on tiers and membership in the Katie A. Subclass became the criterion for eligibility.

In order to describe the changes that occurred in the Wraparound program during FY 2014-2015, a summary will first be presented for the 783 clients who were enrolled in the Tier I Wraparound program and for the 1,564 clients that were enrolled in the Tier II Wraparound program between July 1, 2014 and April 30, 2015. An additional summary will then be presented to describe the 386 new clients that enrolled in the program during May, 2015 or June, 2015, the final two months of the Fiscal Year, after Tier I and Tier II had been eliminated.

TIER I WRAPAROUND PROGRAM

During the first ten months of FY 2014-2015, there were 783 children and youth enrolled in the Tier I Wraparound program with an average age of 14.3 years.

Figures 1, 2, 3 and 4 describe their gender, age-category, race/ethnicity.

The DSM diagnoses for Tier I Wrap clients and reported substance use are displayed in Figures 4, and 5. The most frequently assessed primary admission diagnoses were Other Diagnoses, Adjustment/Conduct Disorder/ADHD, Major Depression, Bipolar Disorders, and Anxiety Disorders. There were 28 clients with a primary or secondary diagnosis of Child Abuse and Neglect.

Figure 6 indicates that Marijuana or Polysubstance use was reported for less than one percent of the Tier I Wraparound clients.

TIER II WRAPAROUND PROGRAM

During the first 10 months of FY 2014-2015, 1,564 children and youth were enrolled in the Tier II Wraparound program with an average age of 11.4. This is notably younger than the average age of 14.3 observed for Tier I Wraparound clients.

Figures 7, 8, and 9 describe their gender, age-category, and ethnicity.

The DSM diagnoses of Tier II Wraparound clients and reported substance use are displayed in Figures 10, and 11. The most common primary admission diagnoses were Other Diagnoses, Adjustment/Conduct Disorder Disorder/ADHD, Major Depression, Anxiety Disorders, and Bipolar Disorders. There were 79 Tier II Wraparound clients who received a primary or secondary diagnosis of Child Abuse and Neglect.

Figure 12 indicates that Marijuana or Alcohol use is reported for less than one percent of Tier II Wraparound clients.

THE WRAPAROUND PROGRAM AFTER MAY 1, 2015

During the last two months of FY 2014-2015, 386 children and youth, with an average age of 12.3, were newly enrolled in the restructured Wraparound program with no tiers.

Figures 13, 14, and 15 describe their gender, age, and ethnicity.

The DSM diagnoses for clients in the Wraparound program not classified by tier are shown in Figures 16, and 17. Their most frequent primary admission diagnoses were Other Diagnoses, Major Depression, Adjustment/Conduct Disorder/ADHD, and Anxiety Disorders. There were 18 clients with a primary or secondary diagnosis of child abuse and neglect.

Figure 18 indicates an absence of reported substance use by Wraparound clients who enrolled in May or June.

PARENT/CAREGIVER SATISFACTION WITH THE WRAPAROUND PROGRAM

During FY 2014-2015, 109 telephone Satisfaction Surveys were confidentially administered by the Wraparound Program Administration to a random selection of parents and caregivers with a child/youth receiving Wraparound services from ten mental health providers. The surveys indicated that 103 respondents (95%) were satisfied with their Wraparound teams, that 100 (92%) felt that their family's identified needs were addressed by their team, and 102 (94%) would recommend Wraparound to other families.

(2) Intensive Field Capable Clinical Services (IFCCS)

All IFCCS clients are members of the Katie A. Subclass and, therefore, suitable to have their services planned and developed using the ICC and IHBS Procedure codes.

IFCCS are an array of services firmly grounded in the Shared Core Practice Model and are intended to expedite access to ICC and IHBS to Katie A. subclass members. IFCCS are targeted to youth who are in the process of being discharged from the Exodus Recovery Urgent Care Centers (UCCs), discharging from psychiatric hospitalizations, awaiting placement at the DCFS Children or Youth Welcome Centers, D-Rate with a 7-day notice or the subject of a joint response from the DMH Field Response Operations Team without a psychiatric hospitalization.

IFCCS is intended to ensure that children and families who have been more difficult to link to appropriate resources are effectively engaged as part of a Child and Family Team.

During FY 2014-2015, 220 clients were served by IFCCS. Of these, 45% were male and 55% female, and there were also 5% ages 0-5, 31% ages 6-10, 55% ages 11-15, and 9% ages 16-20.

(3) Intensive Treatment Foster Care (ITFC)

As with IFCCS, all ITFC clients belong to the Katie A. Subclass. Their services will, similarly, be supported through the use of ICC and IHBS.

The ITFC program is an intensive mental health treatment program that 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 team including a FFA social worker, an In-Home Support Counselor (IHSC) Therapist and, when needed, a psychiatrist. This treatment team provides the youth with individualized mental health services and supports while coordinating and teaming with any additionally needed services. ITFC foster

parents receive additional training hours, and have access to 24/7 support, and are active participants in the child's treatment. Children are placed after their needs are matched with the unique strengths and skills of the ITFC foster parents. Mental health clinicians are trained in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is provided if/when clinically appropriate. During FY 2014-2015, there were 138 ITFC placements.

PROGRAMS FOR CLIENTS WHO ARE ELIGIBLE FOR INTENSIVE CARE COORDINATION (ICC) AND INTENSIVE HOME BASED SERVICES (IHBS)

In August 2013, DMH implemented the Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS), which are types of specialty mental health services that are used to select, plan and document services in mental health treatment programs. The ICC and IBHS services may only be provided to: (a) those Wraparound clients who are members of the Katie A. Subclass; (b) clients in the Intensive Field Capable Services (IFCCS) program; and (c) clients in the Treatment Foster Care (TFC) program. All clients in the latter two programs must be members of the Katie A. Subclass.

ICC service components/activities include: assessing, service planning and implementation, service monitoring and adapting. IHBS are intensive, individualized and strength-based, needs-driven intervention activities that support the engagement and participation of the child/youth and significant support persons and to help the child/youth develop skills and achieve goals and objectives of the mental health plan of care.

Children/youth are considered by the State's settlement agreement to be members of the Katie A. Subclass if they meet the following criteria: have full-scope Medi-Cal; have an open DCFS case; meet medical necessity; are currently being considered for Wraparound, Treatment Foster Care, Therapeutic Behavioral Services; or currently being considered for group home placement (RCL 10 or above), a psychiatric hospital, or 24-hour mental health treatment facility; or who have experienced 3 or more placements in the last 24 months due to behavioral health needs.

Since children/youth in the Katie A. Subclass have the most intensive and complex needs, they need to be given correspondingly intense mental health services that are identified by the IHBS code combined with the enhanced effectiveness that may be gained when the ICC code is also used to develop a client's plan of care.

ICC includes targeted case management activities delivered primarily through a Child and Family Team (CFT) process that engages all members of the CFT.

IHBS are intensive, individualized, strength-based interventions with sufficient intensity to meet the mental health needs of the child/youth and achieve the goals of the treatment plan of each Katie A. subclass client. These intensive services are intended to preserve a family's integrity, and minimize inpatient psychiatric hospitalizations, out of home placements, and/or placements in juvenile detention centers.

QUALITY SERVICE REVIEW (QSR)

The QSR is a case-based review process selected by the Departments of Mental Health (DMH) and Children and Family Services (DCFS) to assess the effectiveness with which the underlying Shared Core Practice Model (SCPM) guiding treatment practice has been implemented by both departments. Each completed QSR provides a snapshot of what is working and what needs improvement in practice implementation as well as in child and family status. Performance indicators include: Engagement, Teamwork, and Planning, for example; and Child and Family Status indicators include: Safety, Stability, and Permanence. Percentage criteria have been established defining the minimal acceptable QSR score that must be achieved over a series of review cycles. The lawsuit will be met when a Service Planning Area (SPA) has achieved the required scores, and upon the following review, when the offices in that SPA demonstrate continued maintenance of the same or close to the original passing scores. In FY 2014-2015, there were 57 randomly selected cases (34 males and 23 females) that were evaluated applying the QSR in Los Angeles County. QSR was held in the following DCFS Regional offices during this time period: West Los Angeles, South County, Palmdale, Belvedere, Pomona and Compton. The end of the second QSR round occurred in October 2014. The third round began in February 2015 and is currently underway.

During FY 2014-2015, the core DMH QSR staffing remained the same since FY 2013-2014, consisting of 1 FTE Supervising Psychologist; 3 FTE Psychiatric Social Workers; 2 Clinical Psychologists ; 1 Mental Health Services Coordinator I and 1 Intermediate

Typist Clerk. The Team reviewed 26 cases with a DCFS partner. However, 2 of the 26 cases were reviewed by two DMH staff for training purposes. An additional 19 cases were reviewed by DMH managers and by other DMH Child Welfare Division and Specialized Foster Care staff with DCFS lead partners. 12 reviews were completed by DCFS staff, either with Katie A. Panel members (5xs), or twice with QSR/QI staff together (5xs) and twice with other DCFS managers and supervisors. Members of the Katie A. Panel or consultants to the Panel reviewed with DMH and DCFS staff ten times throughout FY 2014-2015, dividing their time between each group.

RESIDENTIALLY BASED SERVICES (RBS) PROGRAM

Los Angeles County was selected, along with San Bernardino, Sacramento, and San Francisco counties to implement an AB 1453 Residentially Based Services (RBS) demonstration project that seeks to shorten the time to establish a lasting placement in a family for children who are in residential placement. The RBS program is offered to clients under the jurisdiction of the Department of Children and Family Services (DCFS) at imminent risk of residential placement or who have been referred to an RCL 12 or 14 group home as determined by the County's Resource Management Process. The RBS program is an innovative approach to providing short-term therapeutic interventions with high-needs children and youth in group home care with aftercare to support their return to family. These therapeutic interventions allow the child/youth to stabilize and connect or reconnect with family, school and community in a timely manner.

RBS offers a safe and structured living situation where children and youth can be supported through intensive treatment interventions to reduce the intensity of their behaviors. Every child and youth enrolled in RBS receives an individualized Child and Family Team that gathers regularly to develop and implement the plan, to evaluate progress and to make adjustments to the plan as necessary. When the child/youth transitions home, the team will provide comprehensive and consistent supportive services to the child or youth and family in order to sustain the behavioral growth attained while in group care. RBS also ensures continuity of care as the child/youth will have the same direct team whether it's in a residential setting, parent's home, relative caregiver or foster home.

In Los Angeles County, the RBS program was initiated in December, 2010. In FY 2014-2015, 84 boys, and 26 girls ages 6-18 were enrolled in the RBS programs of Five Acres, Hillsides, and Hathaway-Sycamores.

Los Angeles had many more youths who participated in its annual evaluation than the other counties. It, therefore, completed more assessments, using the Child and Adolescent Needs and Strengths scale for Children and Adolescents with Child Welfare Involvement (CANS-CW). Los Angeles RBS youths improved from their baseline CANS assessment to their third follow-up assessment in the areas of child safety, mental health, family and caregiver needs and strengths, and child strengths.

Key innovations in the Los Angeles RBS program include: ongoing family/youth involvement, reliance on child and family teams, intensive treatment interventions in group care, family finding and engagement, parallel community interventions/ services, follow-up after-care services/supports, and crisis stabilization through temporary return to residential care.

In FY 2014-2015, 110 youths were served by the three RBS program providers. Their ethnicities were: 42% African American, .9% Native American, .9% Asian, 9% Caucasian, and 47% Hispanic/Latino.

At the beginning of FY 2014-2015, there were 56 youth in residential RBS group care. Of these, 16 achieved permanency status with biological parents, and 10 with kinship/relatives during the Fiscal Year. In addition, 8 clients stepped down from residential group care to a lower level of care and 2 clients re-enrolled in residential group care after stepping down to a lower level of care.

The 26 youth that reached permanency in FY 2014-2015 required an average of 18 months days in care to reach this goal. Hillsides reported that youth who were placed in the community with a parent had an average of 11 months in RBS residential. Five Acres reported their average length of time for RBS youth to reach permanency was 14 months. This included 9 months in the Residential phase of RBS and 5.0 months in the Community phase. Hathaway-Sycamores indicated the average length of time to reach permanency was 8 months.

The Youth Services Survey (YSS) and the Youth Services Survey for Families (YSS-F) were completed when the youth received RBS services

for three months or more. Youth and caregiver perceptions, on the YSS and YSS-F were very positive, reflecting favorable client and family perceptions about the services they received and about their own functioning. Overall combined data show scores above 87% with responses of strongly agree or agree all survey questions, approximately 4.0 on a 5-point scale, throughout their RBS participation.

Satisfaction survey results, assessed by items 1-15, were generally lower for the older population of youth, which is an expected result, given the challenges of teenage behavior, progress toward goals and their expectations about having a greater say in their treatment planning. Younger clients, who may have less severe behaviors as well as better outcomes, as assessed by items 16-22, showed higher satisfaction with treatment outcomes. The overall level of youth satisfaction as measured by the YSS was 90%, for more than 90% of younger clients, indicating that RBS services helped them improve coping skills and relationships and reflected staff sensitivity to their cultural/ethnic backgrounds. On the YSS-F, caregivers agreed that the RBS program provided youth with someone to talk to when troubled, and they felt comfortable speaking with staff about their children's problems. Families consistently showed higher satisfaction than youth across domains, although both subgroups had scores above 4. Youth expressed more satisfaction with social connectedness and less with functioning. Families were more satisfied with staff's cultural sensitivity and somewhat less

There was consensus among the service providers that a primary factor in a youth reaching permanency is having a connection with a parent or family member at the time of enrollment into the RBS program or soon after. Also the youth's level of participation in the program and treatment, combined with the youth's stability, may increase their opportunities for permanent placements.

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), or in the client's home. 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 2014-2015, there were 203 FP clients without medical insurance (indigent) served by DMH

service providers. Figures 19, 20, 21 describe their gender, age, and ethnicity. Their average age was 10.0. The largest percentage of the FP clients were referred by DCFS, with smaller proportions of clients referred by Probation and by school districts.

The DSM diagnoses for FP child and adolescent clients are presented in Figures 22 and 23. Their most frequent primary admission diagnoses were for Other Diagnoses, Adjustment/Conduct Disorder/ ADHD, Anxiety Disorders, and Major Depression. A primary or secondary diagnosis of Child Abuse and Neglect was given to 4 clients. Figure 24 indicates an absence of reported substance use by FP clients

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). The Task force meets monthly. Its members include LAPD, LASD, DCFS, County Counsel, the FBI, the U.S. 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 2014-2015, three of the DMH-contracted mental health providers, Los Angeles Child Guidance Clinic, the Children's Center of Antelope Valley 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 (LACGC) 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 servicing the community by ensuring easy access, promoting early intervention and culturally competent services. Services are family-centered and strength-based and aim to help children and families handle the problems that bring them to our door. The Clinic provides services in English and Spanish at three community based locations and at many public schools. In 2014-15, the LACGC reunification program served 10 children referred by Find the Children.

The team provides trauma informed services in a variety of modalities which may include individual and/or family therapy, targeted case management, individual rehabilitation and psychiatric services. The treatment team uses the conceptualization that trauma disrupts primary attachments and thus compromises the child's ability to regulate emotions and behaviors; this results in the delay of the development of appropriate competencies. Consequently, the therapeutic work is focused on enhancing family 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, trauma-informed cognitive-behavior therapy and art interventions as well as traditional talk therapy to assist the client and family in exploration and resolution of trauma stemming from the abduction, the recovery and/or reunification processes. 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.

In FY 2014-2015, the Children's Center of the Antelope Valley served eighteen children needing family reunification services. This AV program has had particularly positive results with abducted

children that had been referred through the Find the Children program in Los Angeles. Although there is no special funding pool for this program, the clients were distributed among other DMH contracts based on their insurance resources and medical necessity.

The AV reunification program is effective with abducted children since its entire clinical staff is trained in Trauma-Focused Cognitive Behavior Therapy (TF-CBT) which uses a psychotherapy treatment model that addresses the unique needs of children with Post-Traumatic Stress Disorder symptoms (PTSD) including depression, behavior problems and other difficulties related to traumatic life experiences. The program incorporates the Seeking Safety intervention, a present-time oriented therapy focused on attaining feelings of safety from trauma and PTSD. These two evidence-based practices, in excellent collaboration with law enforcement, DCFS and the FBI by the program's administrative staff has resulted in The Children's Center of the Antelope Valley being the premier agency in Northern Los Angeles County to handle and address reunification issues.

Foothill Family Services provides Medi-Cal, EPSDT, and DCFS CAPIT (Child Abuse Prevention, Intervention and Treatment) funded family reunification and community mental health services to children and TAY aged 0-18 years old referred by Find the Children. The 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. In FY 2014-2015, its reunification program served eighteen clients.

Foothill Family Services provides expertise in specialized services to children 0-5; their extensive school-based services, conveniently located offices, in-home and community based services for underserved and 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 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 children and Transition Age Youth (TAY) allow clients to work towards recovering from their abduction, experience an overall decrease in the symptoms, make progress towards their goals and show an increase in their community functioning.

Foothill Family provides linguistically and culturally appropriate community mental health services to children 0-5, school-age children and TAY throughout SPA 3. Services include: mental health services, medication support, targeted case management, psychological testing and crisis intervention. Services are provided by licensed or license eligible therapists, psychologists, experienced Child Specialists and licensed psychiatrists.

During FY 2014-2015 there were 54 Family Reunification clients with an average age of 8.3. Figures 25, 26 and 27 describe their gender, age-group and ethnicity.

Diagnostic information is presented in Figure 28 and 29. The most frequent Primary DSM admission diagnoses were reported for Family Reunification clients for Anxiety Disorders, Other Diagnoses, Major Depression and Adjustment/Conduct Disorders/ ADHD. One Family Reunification client received a primary admission diagnosis of Child Abuse and Neglect. Figure 28 documents an absence of reported substance use in this population.

JUVENILE COURT MENTAL HEALTH SERVICES (JCMHS)

In Los Angeles County, there are over 30,000 minors under the jurisdiction of the Juvenile Court. Many of these minors have needs for mental health services; approximately 10% are being treated with psychotropic medications. Juvenile Court judicial officers must make decisions regarding minors under their jurisdiction which affect and are influenced by the mental health of these minors. To optimally interface with the mental health provider system, it is vital for the Juvenile Court to have timely access to mental health consultation and liaison services. Juvenile Court Mental Health Services (JCMHS)

serves this function.

The mission of JCMHS is to optimize mental health care for children who are under the jurisdiction of the Juvenile Court. JCMHS accomplishes this goal through facilitation of effective Court decision making by helping all Court personnel obtain and interpret relevant mental health information and promoting collaboration between the various agencies in making and implementing plans to meet children's mental health needs.

When a child is referred to JCMHS, mental health information regarding the child is obtained by various means including direct clinical evaluation, speaking to others who are significant sources of information, reviewing clinical and other records etc. JCMHS consults with judges, attorneys, CSWs, probation officers, child advocates, family members and others and serves as liaison between them and members of the mental health provider system. This service facilitates the Court's understanding of minors' mental health problems and needs for services and enables the Court and related agencies to effectively access mental health resources on behalf of the child. JCMHS also provides a portal through which the mental health system is able to communicate with the Court system.

The mental health needs of Juvenile Court dependents and wards are often complex and their elucidation may best be accomplished by a multi-disciplinary approach. Recognizing this, JCMHS functions may be performed by clinicians of different disciplines working as a team.

Functions of JCMHS fall into three main categories:

(1) General MH Consultation And Liaison To Dependency Courts

Upon request by Juvenile Court personnel, JCMHS staff perform the following functions:

a) Upon request by Juvenile Court personnel, JCMHS staff perform the following functions:

b) Assessment by JCMHS to clarify a child's mental health needs, whether they are benefiting from existing services and if not, what new services should be provided.

c) Assisting the Court to determine when mental health evaluations would be useful in a given case and what types of evaluations to order.

d) Assisting the Court in understanding and interpreting the results of evaluations.

e) Facilitating obtaining information and services from the mental health system.

f) Providing information about mental health placement and treatment resources.

g) Facilitating multi-agency collaboration to meet mental health treatment goals.

h) Organizing case conferences to achieve collaboration in difficult or unusual cases.

i) These functions may be provided by any of the clinical staff.

(2) Participation In The Crossover Youth Project

Pursuant to the Juvenile Court WIC 241.1 Protocol:

a) A multi-agency (DCFS, Probation and DMH) evaluation of minors who appear to fall under both WIC 300 and 600 sections is performed. The product of this process is a report to the Court recommending which branch of the Juvenile Court (dependency or delinquency) should have jurisdiction. The role of JCMHS is to make mental health recommendations to the judicial officers to best meet the mental health needs of the minor.

b) JCMHS clinicians collaborate with the CSW and DPO to:

- Collect existing mental health information
- Obtain or perform new assessments if permitted by the minor's attorneys
- Determine the extent and nature of a minor's need for mental health services
- Recommendations are documented in a written JCMHS report which is incorporated in the overall multi-agency report
- Participate in multi-disciplinary team meetings to discuss findings and recommendations and appear in juvenile delinquency court hearings as requested
- Consult with co-located DMH staff (Specialized Foster Care) to share information regarding any mental health issues, services and needs of these youth in order to assist the Specialized Foster Care staff with their responsibilities with linking

minors to available and appropriate services

c) WIC 241.1 activities are primarily performed by Psychiatric Social Workers.

(3) Psychotropic Medication Treatment Monitoring and Quality Improvment

a) Pursuant to the Juvenile Court Psychotropic Medication Authorization Protocol: JCMHS medical staff (clinical pharmacist, psychiatrist) review all requests to the Juvenile Court for authorization to administer psychotropic medication to minors under Court jurisdiction and make recommendations to the Court as to the propriety of the proposed treatment. This enables the Court to obtain and properly interpret information relevant to decision making regarding such authorization. (Approximately 10,000 requests for Court authorization to administer psychotropic medication are reviewed each year.)

b) Pursuant to a request from children's judges or attorneys (see appendix): JCMHS medical staff perform an assessment of children's need for treatment with psychotropic medication, response to treatment, presence of adverse effects etc. and consult with their attorneys and judges regarding authorization of the treatment and/or intervention by the Court to effect changes in treatment.

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.

The majority of the clients were Probation referrals, with smaller proportions referred by DCFS or from a school district.

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 consists of Mental Health Clinical Program Heads (3), Psychiatrists (8), Senior Community Mental Health Psychologists (3), Clinical Psychologists (18), Supervising Psychiatric Social Workers (6), Psychiatric Social Workers (24), Mental Health Counselor Registered Nurses (3), Medical Case Workers (2), Recreation Therapists (1), Psychiatric Technicians (1), and Community Workers (1). Including clerical and administrative support staff, there are collectively more than 100 mental health staff in the three MHUs. There are also 12 community-based contract agencies providing care at satellite clinics serving the juvenile halls and assisting in linking the youth to services in the community.

In order to identify youth in need of mental health services who are entering the county juvenile halls, DMH screened all newly admitted youth. 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 and a clinical interview. 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 2014-2015, the Probation Electronic Medical Record System (PEMRS) was used for all youth incarcerated in the juvenile halls. PEMRS is

a combined medical/mental health record for Probation youth in the juvenile halls and camps. All youth are administered a full Juvenile Justice Assessment. After completing this assessment, the clinician determines if ongoing care will be required and, where appropriate, opens the case for on-going treatment. Juvenile justice clinical staff now enter all clinical documentation into the PEMRS system which is accessible from all sites within the system.

Also, during FY 2014-2015, enhanced identification and provision of services were continued by Probation and DMH for Developmentally Disabled youth (or youth suspected of having a Developmental Disability). Youth are screened by Probation during intake, and referred to Regional Center when appropriate. Probation and DMH complete multidisciplinary/multimodal assessment and develop Individual Habilitative Treatment Plans (IHTP) for these youths during the time they are incarcerated.

During FY 2014-2015, training in the Seeking Safety treatment approach was provided to juvenile justice clinical staff.

In FY 2014-2015, the number of youth who received a mental health screening were: 1,664 for Barry J. Nidorf Juvenile Hall, 1,951 for Central Juvenile Hall and 3,307 for Los Padrinos Juvenile Hall. These were 99% of all youths that were newly admitted to the three juvenile halls.

Of those screened and assessed, the average daily population of youths that were subsequently provided with treatment as open mental health cases was as follows: The average number of open mental health cases per month for the mental health units at Barry J. Nidorf Juvenile Hall, Central Juvenile Hall, and Los Padrinos Juvenile Hall were, respectively, 141, 183 and 132.

JCMHS uses the Brief Symptom Inventory (BSI) to track changes in clients' subjective distress over time in order to measure stabilization of a youth's mental health symptoms.

The average length of treatment, i.e. the range of time in treatment for youth at the juvenile hall, in the MHUs, is two to three weeks. Duration of stay has a bimodal distribution, with a very short stay for some youth (i.e., three to five days) and others with more serious problems staying for months. Clients' ages range from 12 to 19 with 67% male and 33% female. 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.

During FY 2014-2015, there was an increased focus on the identification and treatment of youth who are victims of human trafficking, particularly Commercially Sexually Exploited Children (CSEC). A number of trainings in identifying these victims were provided by the Probation Department. In addition, DMH began to provide trainings on identification and clinical treatment of CSEC victims.

Overall, there has been a drop in the number of youth incarcerated in the juvenile halls, as the Probation Department has actively worked to maintain youth in the community wherever possible. As a result, youth in the juvenile halls tend to have a more chronic criminal background and more serious mental health issues.

For the three juvenile halls combined, 4,967 unduplicated clients received mental health services during FY 2014-2015. Figures 31, 32 and 33 summarize their gender, age and ethnicity. The average age of the clients was 16.6.

Figure 34 and Figure 35 show that, for the juvenile hall cluster, the most prevalent primary DSM diagnoses were Other Diagnoses, Adjustment/ Conduct Disorder/ADHD, Major Depression, and Anxiety Disorders with a smaller frequency of Bipolar Disorders. An additional 12 clients received a primary or secondary diagnosis of Drug Induced Disorder or Dependence, and 24 clients received a diagnosis of Child Abuse and Neglect.

Substance use was an issue reported for 151 of the clients served at the three juvenile hall MHUs (Figure 36). Marijuana use, alcohol use, amphetamine use and polysubstance use were most frequently reported.

DOROTHY KIRBY CENTER

Dorothy Kirby (DKC) is a Probation residential treatment facility located in SPA 7 which provides services to clients from the entire county. Its MHU consists of a 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 DKC facility is located in SPA 7 and provides services to clients from the entire county. Its MHU consists of a 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 1 Mental Health Clinical Program Head, 1 Supervising Psychologist, 3 licensed Psychologists, 1 waivered Psychologist, 1 Mental Health Clinical Supervisor, 2 LCSW's. 2 MFT's, 1 waivered MSW, 1.5 Psychiatrists, 1 Substance Abuse Counselor, 1 Licensed Recreational Therapist, 1 Family Advocate, 1 Secretary, 4 clerical/support staff.

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 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 a face-to-face screening. The inter-departmental screening committee (Probation and DMH) then meets on the disposition of the case. During FY 2013-2014, 316 youth were screened, 100% were assessed at time of screening. Of these, 179 were admitted (56.6%) and received mental health services.

The MHU serves up to 140 adolescents and receives an average of 16 referrals from the juvenile courts 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. All of the Kirby population receives services. The average length of stay in treatment is 188 days. An average of 85 children were treated at DKC by the MHU each month.

During FY 2013-2014, the Kirby MHU served 141 youths. DKC is the main placement offered to females who have been targeted as Commercially Sexually Exploited Children (CSEC). There are two concurrent groups co-facilitated by a registered, waivered therapist and survivors of CSEC.

Also, during FY 2014-2015, the Kirby Day Treatment Intensive (DTI) program ended and transitioned to an Intensive Outpatient Services program (IOP). The IOP includes psychiatric services and provides individual, group and family therapy. Group treatment, and includes Dialectical Behavior Therapy (DBT), Seeking Safety, as well as substance abuse counseling groups and recreational therapy.

Figures 37, 38, and 39 present the gender, age, and ethnicity of 111 clients served at Dorothy Kirby's MHU in FY 2014-2015. DKC clients range in age from 12-17 years (82%), to 18-20 years (18%), with an average age of 16.3 years.

Figures 40 and 41 indicate that the most frequent primary admission diagnoses are Other Diagnoses, Adjustment/Conduct Disorder/ADHD, Major

Depression and Anxiety Disorders. No primary or secondary diagnoses of Child Abuse and Neglect were reported. Figure 42 reports Polysubstance Abuse, Marijuana use, or Alcohol use by less than 1 percent of DKC clients.

Juvenile Justice Camps

During Fiscal Year 14-15, DMH provided mental health services at the thirteen Probation Camps and the Camp Assessment Center operated by the Probation Department located throughout Los Angeles County. The camps are located in Lancaster, Lake Hughes, Sylmar, Malibu, Calabasas and San Dimas. The Mental Health services at the Probation Camps were expanded as a result of the Mental Health Service Act, Community Services and Support Plan which provided additional staffing to the camp programs. Most had Probation as their referring agency, with additional referrals from DCFS and school districts.

In October 2010, mental health staffing in the camps was further expanded. As a result, there is access to mental health services at all camps and enhanced mental health services at specific camps, particularly those which house youth on psychotropic medications. The Camps have mental health staff on-site 7 days per week and into the evening hours. In addition, Camp Navigators facilitate linkage for youth to community mental health services upon release. Three (3) clinic drivers and one community worker coordinate bringing families to multi-agency team meetings and to family therapy sessions.

Challenger Memorial Youth Center, located in Lancaster (SPA 1), is a multi-camp facility including six juvenile probation camps (McNair, Onizuka and Jarvis). Camp Onizuka houses youth who would have previously been transferred to the State Department of Juvenile Justice as part of the Youthful Offender Block Grant.

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). In 2014-15, Camp Kilpatrick was closed in order to rebuild the camp. The new campus will have a more homelike design with smaller living units. The Probation Department, the Department of Mental Health, Juvenile Court Health Services, the Arts Commission and various advocacy groups have participated in on-going planning meetings in order to define the LA Model for the new facility. The rebuilt facility is scheduled to be complete in April 2017.

The Southern Camp Region includes Camps Miller and Gonzales (in the Malibu/Calabasas area/ SPA 5); Camp Assessment Unit (in Sylmar/San Fernando/ SPA 2); and Camp Rockey, Afflerbaugh and Paige (in San Dimas/SPA 3). The Camp Assessment Unit is housed at Barry J. Nidorf Juvenile Hall. Mental Health, Probation and LACOE staff review youth with new camp orders to determine which camp can meet their needs. This review includes criminal risk, education and mental health factors.

Several camps have enhanced mental health services and house youth who require access to a Mental Health Psychiatrist, including Challenger, Rockey and Scott-Scudder. These camps have implemented the Integrated Treatment Model. As part of the model, Probation and Mental Health staff facilitate adapted Dialectical Behavior Therapy (DBT) groups to assist youth in learning skills to more effectively function in camp and in the community. All camps provide individual, family, group, collateral, and aftercare/linkage services.

During FY 2014-2015, based upon the average daily population of the camps, DMH clinical staff treated 85% of the total population. This includes co-facilitating Aggression Replacement Training (ART) and Adapted DBT groups with Probation staff in the various camps. In addition, DMH designed and implemented a 10 week Co-Occurring Disorder group series across the entire camp system. These groups are modeled on the SAMSHA programs which combine Cognitive Behavioral Treatment (CBT) interventions with motivational interviewing techniques. A five week psychoeducational group series was also provided to youth who did not have a substance use/abuse diagnosis. Youth in these groups were administered pre and post tests and there was a significant reduction in their motivation to use drugs and alcohol.

Across the camp programs, there is a Multi-Disciplinary Team (MDT) process wherein youth participate in MDTs which include DMH, Probation, LACOE, parents, outside school districts, among other key players. These MDTs occur within 10 days of admission to camp (initial MDT); as needed during their incarceration to address a range of issues (as needed MDT); and 30-45 days prior to release from camp (Transitional MDT). This process has greatly enhanced the coordinated case planning for each

youth during their camp stay and upon release to their communities and families. The number of unduplicated clients served by the camp mental health programs in FY 2014-2015 was 1,293.

Figures 43, 44, and 45 describe the gender, age, and ethnicity of the juvenile justice camp MHU clients. Two thirds of the clients were ages 12-17 and one third were ages 18-20. Their average age was 16.8.

Figures 46 and 47 indicate that the most common primary admission diagnoses for the juvenile justice camp clients were Other Diagnoses, Adjustment/ Conduct/Disorder/ADHD, Major Depression, and Anxiety Disorders. Four children received a diagnosis of Child Abuse and Neglect at admission.

Figure 48 indicates that there were 14 clients with reported marijuana use, 4 with reported amphetamine use, 4 with reported polysubstance use, and 2 with reported alcohol use.

D-rate Assessment/Case Management Unit

The Los Angeles County Department of Mental Health (DMH), D-Rate Program continues to be a collaborative program between The Department of Children & Family Services (DCFS) and DMH. DMH supervises licensed assessors who evaluate whether children meet criteria for a specialized increment foster care rate based on their presenting mental health symptoms and behaviors. In addition, the DMH D-Rate program re-assesses the D-Rate children every year thereafter. These assessments help to determine the appropriateness of the placement and mental health services of these children in D-Rate-approved foster homes.

The Department of Children & Family Services (DCFS) "Schedule D" Foster Care attempts to provide 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 are to 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.

When a D-Rate foster child is placed in a 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 in order to make a final determination. DMH D-Rate Unit then assists with coordinating care and assisting with appropriate mental health services. A DMH-contracted licensed clinician is 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 is usually located in any of the Los Angeles County Service Areas. D-Rate assessments are also conducted in out-of-county homes when necessary, also by DMH-contracted assessors.

Within a few weeks of assignment, the assessor completes a clinical assessment including findings regarding whether the client meets D-Rate criteria (based on DCFS D-Rate criteria) and recommendations are made regarding mental health, school needs, Regional Center Services and other services. The D-Rate assessor submits the report to the D-Rate Unit via electronic record and the recommendations are relayed. DMH Medical Case Workers followed up on all of the cases with caregivers, social workers and therapists, to ensure appropriate mental health services based on the recommendations of the contracted licensed clinician. The majority of the assessed cases were ultimately linked to County-contracted mental health provider agencies.

During FY 2014-2015, a total of 772 D-Rate Assessments were completed by contracted licensed clinicians. The completed assessments were reviewed by the DMH Unit Supervisor and returned to DCFS with recommendations regarding whether the client appears to meet D-Rate criteria. In addition, the Unit Supervisor also indicates whether other mental health services may be helpful to improve the client's level of functioning and alleviate mental health symptoms and problematic behaviors. The DCFS D-Rate Unit makes the final determination of D-Rate eligibility.

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 the School Districts. 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 diagnosis during the past year; plus a Suitable Placement Order or an Individualized Education Plan (IEP). DCFS contracts with and funds the group homes. DMH certifies that the RCL 14 group homes and the children placed there meet the State-defined RCL 14 mental health criteria. During FY 14-15 there were 53 RCL 14 beds, 47 of which were designated for males and 6 for females. The following service providers offered RCL 14 facilities: Bayfront Youth & Family Services (SPA 8), Olive Crest (SPA 7), San Gabriel Children's Center (SPA 3), and Hathaway-Sycamores (SPA 3). In FY 2014-2015, DMH provided services to 81 minors in RCL-14 group homes. The sources of referral for the 81 residents were approximately 50% (41) from DCFS, 2% (1) from the School Districts, and 48% (39) from Probation. The purpose of these treatment programs is to provide stability for children in a group home setting in order to nurture their growth and development and to allow them to succeed in an educational setting.

Community Treatment Facility (CTF)

The CTF is a relatively new State licensing category for residential placement of minors. It is a higher level of care than RCL 14 and was created as an alternative to the State Hospital. In FY 2014-2015 there were two CTF's with a total of 64 beds. Star View (SPA 8) offered 40 beds, 10 of which were designated for males and 30 for females. Vista del Mar (SPA 4) offered 24 CTF beds of which 20 are designated for females and 4 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 14-15 DMH provided services to 101 minors in the CTF level of care. The sources of referral for the 101 residents were approximately 87% (88) from DCFS, 2% (2) from the School Districts, and 11% (11) from Probation.

Specialized Linkage Services Unit

The Specialized Linkage Services Unit (SLSU), previously known as the Children's Inpatient Clinical Case Management Unit, began a program redesign near the beginning of the fiscal year. Changes to the Unit's operating procedures and functioning were implemented during a relatively short period of time. The Unit's personnel changed significantly, as retirements, transfers and new additions to the team occurred, including a new Program Head and new Mental Health Clinical Supervisor.

The SLSU participates in discharge planning teleconferences for DCFS and Probation minors who are being discharged from directly operated and county-contracted psychiatric hospitals. During FY 2014-2015, 1,199 discharge planning teleconferences were completed; 1,146 were completed for DCFS youth and 53 were completed for Probation youth. The goal of the discharge planning teleconference is to develop an appropriate discharge plan for each youth. Issues discussed on each call include client's presentation during hospitalization, placement plan upon discharge, status and efficacy of current mental health services, if any, and consideration of additional mental health service needs and. Recommendations for increased frequency of sessions immediately following hospital discharge can be made during a teleconference, for example.

In instances in which a youth is already connected to mental health services, the case manager's role is to confirm the plan for continuation of the mental health services, as well as to assess the appropriateness of the treatment modality, frequency and intensity of the services.

When the need for intensive mental health services is identified, the case managers make recommendations for specific mental health services, assist in the referral process and ensure that linkage has been completed. Referrals for intensive mental health services are frequently initiated by members of the team. During the 2014-2015 fiscal year, 84 referrals were completed for Intensive Field Capable Clinical Services (IFCCS) alone.

Once referrals have been completed, the case manager's duty is to confirm that linkage has been established. Linkage is defined by the minor's active participation in services, and confirmation of linkage occurs through a consultation with the treatment provider. Prior to case deactivation, the case manager consults with DCFS/Probation and mental health staff to assess the effectiveness of the youth's mental health services with the goal of reducing the risk of re-hospitalization.

SLSU engaged in follow up, discharge after care and case coordination with all Los Angeles County Medi-Cal minors in the following hospitals: Aurora-Charter Oak Hospital (Covina), BHC-Alhambra (Rosemead), Gateways Hospital (Los Angeles), UCLA-Resnick Neuropsychiatric Hospital (Los Angeles), LAC/USC

Inpatient Services (Los Angeles), Kedren Community Hospital (Los Angeles), College Hospital (Cerritos), College Hospital (Costa Mesa), and Del Amo Hospital (Torrance).

SELECTED FINDINGS

- The Family Preservation (FP) program treated 203 clients. Family Reunification served 54 outpatients. Rate Classification Level-14 (RCL-14) facilities treated 81, and Community Treatment Facilities (CTF) treated 101. Tier I Wraparound program services were given to 783. Tier II Wraparound program services were provided to 1,564. The post-May 1, 2015 Wraparound program treated 386. The three Juvenile Hall Mental Health Units (JHMHU) served 4,967. Dorothy Kirby Center provided mental health services to 111. At Challenger Memorial Youth Center and the Juvenile Justice Camps, 1,293 children/youth received mental health services. A total of 9,543 children and adolescents, potentially at-risk for child abuse or neglect, were served by these mental health treatment programs.
- The 2,990 Clients receiving mental health services in the three Wraparound programs, the Family Preservation and the Family Reunification programs were 31% of clients at the programs considered.
- DCFS-referred clients constituted 50% of the RCL-14 referrals and 87% of the CTF referrals.
- Clients in the Mental Health Units of the three juvenile halls made up 52% of the clients considered.
- Clients in the Mental Health Units at the Challenger Youth Center/ Juvenile Justice Camps and Dorothy Kirby Youth Center were 15% of the clients at the programs reviewed. Of these, 3% were identified as DCFS referred.
- Clients in Mental Health Units of the Youth Centers were distributed as follows: 92% in Challenger Youth Center/Juvenile Justice Camps, and 8% in Dorothy Kirby Center.
- The Tier I Wraparound program served 28 clients diagnosed with either a primary or a secondary admission DSM diagnosis of Child Abuse and Neglect (CAN). This is 18% of the total of the 158 clients diagnosed with CAN in all programs in that FY. The comparable counts for Tier I clients diagnosed with CAN was 20 in FY 13-14, 33 in FY 12-13, 52 in FY 11-12, 165 in FY 10-11, and 179 in FY 09-10.
- The Tier II Wraparound program, served 79 clients diagnosed with CAN. This is 50% of the total of 158 clients diagnosed with CAN in all of the programs considered. The comparable counts for Tier II clients diagnosed with CAN was 90 in FY 2013-2014, 70 in 2012-2013, 120 in FY 2011-2012, 278 in FY 2010-2011, and 207 in FY 2009-2010.
- The Wraparound Program, for May, 2015 through June, 2015, served 18 clients diagnosed with CAN. This is 11% of the 158 clients diagnosed with CAN in all of the programs considered.
- The Juvenile Hall Mental Health Units (JHMHUs) served 24 clients diagnosed with CAN. This is 15% of the CAN clients in the programs considered. The comparable counts for clients diagnosed with CAN in the JHMHUs was 33 in FY 2013-2014, 39 in FY 2012-2013, 58 in FY 2011-2012, 129 in FY 2010-2011, and 160 in FY 2009-2010.
- The FP program served 4 clients diagnosed with CAN. This is less than 1% of the total CAN clients in all of the programs considered. The comparable counts for clients diagnosed with CAN in the FP program was 5 in FY 2013-2014, 9 in FY 2012-2013, 25 in FY 2011-2012, 31 in FY 2010-2011, and 75 in FY 2009-2010.
- Of the 158 children at the treatment programs considered, that received a primary or secondary DSM diagnosis of Child Abuse and Neglect, the Tier II Wraparound program diagnosed and treated the largest percentage (50%). The proportion of children with CAN in the latter program was followed by the JHMHUs (15%), the Tier I Wraparound program (18%), and the 3-month Wraparound program (11%). These findings indicate that, for the mental health treatment programs considered during FY 2014-2015, the Tier II Wraparound program, the Juvenile Hall Mental Health Units, and the Tier I Wraparound program made the largest contribution to identifying and treating children diagnosed with Child Abuse and Neglect.

Figure 1

TIER I WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Gender	Count	Percent
Male	378	48.3%
Female	405	51.7%
TOTAL	783	100%

Figure 2

TIER I WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Age (Group)	Count	Percent
0-5	2	0.3%
6-11	132	16.9%
12-17	565	72.2%
18-20	84	10.7%
TOTAL	783	100%

Figure 3

TIER I WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Ethnicity	Count	Percent
African American	300	38.3%
American Native	1	0.1%
Asian	9	1.1%
Caucasian	58	7.4%
Hispanic	380	48.5%
Other	12	1.5%
Pacific Islander	1	0.1%
UNKNOWN	22	2.8%
TOTAL	783	100%

Figure 4

TIER I WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	69	8.8%
Anxiety Disorders	11	1.4%
Bipolar Disorders	22	2.8%
Child Abuse and Neglect	2	0.3%
Disorders Due to Medical Condition	1	0.1%
Drug Induced Disorders or Dependence	0	0.0%
Major Depression	100	12.8%
No Diagnosis or Diagnosis Deferred	11	1.4%
Other Diagnoses	564	72.0%
Schizophrenia/Psychosis	3	0.4%
TOTAL	783	100%

Figure 5

TIER I WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	7	0.9%
Anxiety Disorders	6	0.8%
Bipolar Disorders	2	0.3%
Child Abuse and Neglect	26	3.3%
Disorders Due to Medical Condition	1	0.1%
Drug induced Disorders or Dependence	0	0.0%
Major Depression	3	0.4%
No Diagnosis or Diagnosis Deferred	1	0.1%
Other Diagnoses	736	94.0%
Schizophrenia/Psychosis	1	0.1%
TOTAL	783	100%

Figure 6

TIER I WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	1	0.1%
No Substance Abuse	781	99.7%
Polysubstance Abuse	1	0.1%

Sedatives and Opioids	0	0.0%
Undetermined	0	0.0%
TOTAL	783	100%

Figure 7

TIER II WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Gender	Count	Percent
Female	709	45.3%
Male	854	54.6%
Not Reported	1	0.1%
TOTAL	1,564	100%

Figure 8

TIER II WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Age (Group)	Count	Percent
0-5	71	4.5%
6-11	698	44.6%
12-17	757	48.4%
18-20	38	2.4%
TOTAL	1,564	100%

Figure 9

TIER II WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Ethnicity	Count	Percent
African American	357	22.8%
American Native	4	0.3%
Asian	20	1.3%
Caucasian	108	6.9%
Hispanic	990	63.3%
Other	30	1.9%
Pacific Islander	0	0.0%
Unknown	55	3.5%
TOTAL	1,564	100%

Figure 10

TIER II WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	286	18.3%
Anxiety Disorders	54	3.5%
Bipolar Disorders	13	0.8%
Child Abuse and Neglect	1	0.1%
Disorders Due to Medical Condition	0	0.0%
Drug Induced Disorders or Dependence	1	0.1%
Major Depression	119	7.6%
No Diagnosis or Diagnosis Deferred	12	0.8%
Other Diagnoses	1,076	68.8%
Schizophrenia/Psychosis	2	0.1%
TOTAL	1,564	100%

Figure 11

TIER II WRAPAROUND PROGRAM

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	10	0.6%
Anxiety Disorders	22	1.4%
Bipolar Disorders	0	0.0%
Child Abuse and Neglect	78	5.0%
Disorders Due to Medical Condition	0	0.0%
Drug induced Disorders or Dependence	1	0.1%
Major Depression	7	0.4%
No Diagnosis or Diagnosis Deferred	5	0.3%
Other Diagnoses	1,441	92.1%
Schizophrenia/Psychosis	0	0.0%
TOTAL	1,564	100%

Figure 12

TIER II WRAPAROUND PROGRAM (JULY THROUGH APRIL - FY 2014-2015)

Admit Substance Abuse	Count	Percent
Alcohol	1	0.1%
Amphetamines	2	0.1%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	2	0.1%
No Substance Abuse	1,559	99.7%
Polysubstance Abuse	0	0.0%
Sedatives and Opioids	0	0.0%
Undetermined	0	0.0%
TOTAL	1,564	100%

Figure 13

WRAPAROUND PROGRAM (MAY 2015 THROUGH JUNE 2015)

Gender	Count	Percent
Female	184	47.7%
Male	202	52.3%
TOTAL	386	100%

Figure 14

WRAPAROUND PROGRAM (MAY 2015 THROUGH JUNE 2015)

Age (Group)	Count	Percent
0-5	6	1.6%
6-11	133	34.5%
12-17	215	55.7%
18-20	32	8.3%
TOTAL	386	100%

Figure 15

WRAPAROUND PROGRAM (MAY 2015 THROUGH JUNE 2015)

Ethnicity	Count	Percent
African American	90	23.3%
American Native	2	0.5%
Asian	5	1.3%
Caucasian	21	5.4%
Hispanic	243	63.0%
Other	11	2.8%
Pacific Islander	3	0.8%
Unknown	11	2.8%
TOTAL	386	100%

Figure 16

WRAPAROUND PROGRAM (MAY 2015 THROUGH JUNE 2015)

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	36	9.3%
Anxiety Disorders	10	2.6%
Bipolar Disorders	9	2.3%
Child Abuse and Neglect	1	0.3%
Disorders Due to Medical Condition	0	0.0%
Drug Induced Disorders or Dependence	0	0.0%
Major Depression	37	9.6%
No Diagnosis or Diagnosis Deferred	0	0.0%
Other Diagnoses	292	75.6%
Schizophrenia/Psychosis	1	0.3%
TOTAL	386	100%

Figure 17

WRAPAROUND PROGRAM (MAY 2015 THROUGH JUNE 2015)

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	3	0.8%
Anxiety Disorders	5	1.3%
Bipolar Disorders	0	0.0%
Child Abuse and Neglect	17	4.4%
Disorders Due to Medical Condition	0	0.0%
Drug induced Disorders or Dependence	1	0.3%
Major Depression	1	0.3%
No Diagnosis or Diagnosis Deferred	3	0.8%
Other Diagnoses	356	92.2%
Schizophrenia/Psychosis	0	0.0%
TOTAL	386	100%

Figure 18

WRAPAROUND PROGRAM (MAY 2015 THROUGH JUNE 2015)

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	0	0.0%
No Substance Abuse	386	100.0%
Polysubstance Abuse	0	0.0%
Sedatives and Opioids	0	0.0%

Undetermined	0	0.0%
TOTAL	386	100%

Figure 19

FAMILY PRESERVATION PROGRAM

Gender	Count	Percent
Female	105	51.7%
Male	98	48.3%
TOTAL	203	100%

Figure 20

FAMILY REUNIFICATION PROGRAM

Age (Group)	Count	Percent
0-5	47	23.2%
6-11	78	38.4%
12-17	65	32.0%
18-20	13	6.4%
TOTAL	203	100%

Figure 21

FAMILY REUNIFICATION PROGRAM

Ethnicity	Count	Percent
African American	12	5.9%
American Native	0	0.0%
Asian	7	3.4%
Caucasian	8	3.9%
Hispanic	166	81.8%
Other	5	2.5%
Unknown	5	2.5%
TOTAL	203	100%

Figure 22

FAMILY REUNIFICATION PROGRAM

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	76	37.4%
Anxiety Disorders	7	3.4%
Bipolar Disorders	2	1.0%
Child Abuse and Neglect	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Drug Induced Disorders or Dependence	0	0.0%
Major Depression	5	2.5%
No Diagnosis or Diagnosis Deferred	5	2.5%
Other Diagnoses	108	53.2%
Schizophrenia/Psychosis	0	0.0%
TOTAL	203	100%

Figure 23

FAMILY REUNIFICATION PROGRAM

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	2	1.0%
Anxiety Disorders	0	0.0%
Bipolar Disorders	0	0.0%
Child Abuse and Neglect	4	2.0%
Disorders Due to Medical Condition	0	0.0%
Drug induced Disorders or Dependence	0	0.0%
Major Depression	0	0.0%
No Diagnosis or Diagnosis Deferred	1	0.5%
Other Diagnoses	196	96.6%
Schizophrenia/Psychosis	0	0.0%
TOTAL	203	100%

Figure 24

FAMILY REUNIFICATION PROGRAM

Admit Substance Abuse	Count	Percent
Alcohol	0	0.0%
Amphetamines	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	0	0.0%
No Substance Abuse	203	100.0%
Polysubstance Abuse	0	0.0%
Sedatives and Opioids	0	0.0%
Undetermined	0	0.0%
TOTAL	203	100%

Figure 25

FAMILY PRESERVATION PROGRAM

Gender	Count	Percent
Female	23	42.6%
Male	31	57.4%
TOTAL	54	100%

Figure 26

FAMILY REUNIFICATION PROGRAM

Age (Group)	Count	Percent
0-5	24	44.4%
6-11	21	38.9%
12-17	9	16.7%
18-20	0	0.0%
TOTAL	54	100%

Figure 27

FAMILY REUNIFICATION PROGRAM

Ethnicity	Count	Percent
Caucasian	4	7.4%
African American	16	29.6%
Hispanic	27	50.0%
American Native	0	0.0%
Asian/ Pacific Islander	1	1.8%
Other	3	5.6%
Unknown	3	5.6%
TOTAL	54	100%

Figure 28

FAMILY REUNIFICATION PROGRAM

Primary DSM Diagnosis	Count	Percent
Drug Induced Disorders or Dependence	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Schizophrenia/Psychosis	0	0.0%
Bipolar Disorders	0	0.0%
Major Depression	1	2.6%
Anxiety Disorders	20	51.2%
Other Diagnoses	11	28.2%
Adjustment/Conduct Disorder/ADHD	2	5.1%
Child Abuse and Neglect	1	2.6%
No Diagnosis or Diagnosis Deferred	4	10.3%
TOTAL	54	100%

Figure 29

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	3	6.1%
Adjustment/Conduct Disorder/ADHD	0	0.0%
Child Abuse and Neglect	0	0.0%
No Diagnosis or Diagnosis Deferred	46	93.9%
TOTAL	54	100%

Figure 30

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	54	54.0%
TOTAL	54	100%

Figure 31

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

Gender	Count	Percent
Female	1,090	21.9%
Male	3,877	78.1%
TOTAL	4,967	100%

Figure 32

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

Age (Group)	Count	Percent
0-5	3	0.1%
6-11	5	0.1%
12-17	3,582	72.1%
18-20	1,377	27.7%
TOTAL	4,967	100%

Figure 33

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

Ethnicity	Count	Percent
African American	1,535	30.9%
American Native	11	0.2%
Asian/ Pacific Islander	36	0.7%
Caucasian	271	5.5%
Hispanic	2,765	55.7%
Other	94	1.9%
Pacific Islander	6	0.1%
Unknown	249	5.0%
TOTAL	4,967	100%

Figure 34

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

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	548	11.0%
Anxiety Disorders	49	1.0%
Bipolar Disorders	25	0.5%
Child Abuse and Neglect	3	0.1%
Disorders Due to Medical Condition	0	0.0%
Drug Induced Disorders or Dependence	6	0.1%
Major Depression	264	5.3%
No Diagnosis or Diagnosis Deferred	271	5.5%
Other Diagnoses	3,800	76.5%
Schizophrenia/Psychosis	1	0.0%
TOTAL	4,967	100%

Figure 35

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

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	48	1.0%
Anxiety Disorders	30	0.6%
Bipolar Disorders	1	0.0%
Child Abuse and Neglect	21	0.4%
Disorders Due to Medical Condition	0	0.0%
Drug induced Disorders or Dependence	6	0.1%
Major Depression	9	0.2%
No Diagnosis or Diagnosis Deferred	4	0.1%
Other Diagnoses	4,848	97.6%
Schizophrenia/Psychosis	0	0.0%
TOTAL	4,967	100%

Figure 36

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

Admit Substance Abuse	Count	Percent
Alcohol	11	0.2%
Amphetamines	9	0.2%
Cocaine	1	0.0%
Hallucinogens	0	0.0%
Inhalants	1	0.0%
Marijuana	125	2.5%
No Substance Abuse	4,816	97.0%
Polysubstance Abuse	3	0.1%
Sedatives and Opioids	0	0.0%
Undetermined	1	0.0%
TOTAL	4,967	100%

Figure 37

DOROTHY KIRBY CENTER

Gender	Count	Percent
Female	41	36.9%
Male	70	63.1%
TOTAL	111	100%

Figure 38

DOROTHY KIRBY CENTER

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	91	82.0%
18-20	20	18.0%
TOTAL	111	100%

Figure 39

DOROTHY KIRBY CENTER

Ethnicity	Count	Percent
African American	40	36.0%
American Native	0	0.0%
Asian	2	1.8%
Caucasian	12	10.8%
Hispanic	50	45.0%
Other	3	2.7%
Pacific Islander	0	0.0%
Unknown	4	3.6%
TOTAL	111	100%

Figure 40

DOROTHY KIRBY CENTER

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	9	8.1%
Anxiety Disorders	0	0.0%
Bipolar Disorders	1	0.9%
Child Abuse and Neglect	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Drug Induced Disorders or Dependence		0.0%
0		9.9%
0.0%	0	0.0%
Major Depression	8	7.2%
No Diagnosis or Diagnosis Deferred	0	0.0%
Other Diagnoses	93	83.8%
Schizophrenia/Psychosis	0	0.0%
TOTAL	111	100%

Figure 41

DOROTHY KIRBY CENTER

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorders/ADHD	1	0.9%
Anxiety Disorders	5	4.5%
Bipolar Disorders	0	0.0%
Child Abuse and Neglect	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Drug induced Disorders or Dependence	0	0.0%
Major Depression	1	0.9%
No Diagnosis or Diagnosis Deferred	0	0.0%
Other Diagnoses	104	93.7%
Schizophrenia/Psychosis	0	0.0%
TOTAL	111	100%

Figure 42

DOROTHY KIRBY CENTER

Admit Substance Abuse	Count	Percent
Alcohol	1	0.9%
Amphetamines	0	0.0%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	3	2.7%
No Substance Abuse	106	95.5%
Polysubstance Abuse	1	0.9%
Sedatives and Opioids	0	0.0%
Undetermined	0	0.0%
TOTAL	111	100%

Figure 43

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Gender	Count	Percent
Female	182	14.1%
Male	1,111	85.9%
TOTAL	1,293	100%

Figure 44

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Age (Group)	Count	Percent
0-5	0	0.0%
6-11	0	0.0%
12-17	866	67.0%
18-20	427	33.0%
TOTAL	1,293	100%

Figure 45

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Ethnicity	Count	Percent
African American	421	32.6%
American Native	2	0.2%
Asian/ Pacific Islander	7	0.5%
Caucasian	35	2.7%
Hispanic	789	61.0%
Other	17	1.3%
Pacific Islander	1	0.1%
Unknown	21	1.6%
TOTAL	1,293	100%

Figure 46

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Primary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	137	10.6%
Anxiety Disorders	11	0.9%
Bipolar Disorders	2	0.2%
Child Abuse and Neglect	0	0.0%
Disorders Due to Medical Condition	0	0.0%
Drug Induced Disorders or Dependence		0.3%
0		1.2%
0.0%	3	0.2%
Major Depression	25	1.9%
No Diagnosis or Diagnosis Deferred	18	1.4%
Other Diagnoses	1,100	85.1%
Schizophrenia/Psychosis	0	0.0%
TOTAL	1,293	100%

Figure 47

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Secondary DSM Diagnosis	Count	Percent
Adjustment/Conduct Disorder/ADHD	28	2.2%
Anxiety Disorders	6	0.5%
Bipolar Disorders	0	0.0%
Child Abuse and Neglect	4	0.3%
Disorders Due to Medical Condition	0	0.0%
Drug induced Disorders or Dependence	1	0.1%
Major Depression	2	0.2%
No Diagnosis or Diagnosis Deferred	3	0.2%
Other Diagnoses	1,249	96.6%
Schizophrenia/Psychosis	0	0.0%
TOTAL	1,293	100%

Figure 48

CHALLENGER YOUTH CENTER/ JUVENILE JUSTICE CAMPS

Admit Substance Abuse	Count	Percent
Alcohol	2	0.2%
Amphetamines	4	0.3%
Cocaine	0	0.0%
Hallucinogens	0	0.0%
Inhalants	0	0.0%
Marijuana	14	1.1%
No Substance Abuse		97.8%
1,269		0.7%
98.1%	1	0.1%
Polysubstance Abuse	4	0.3%
Sedatives and Opioids	0	0.0%
Undetermined	0	0.0%
TOTAL	1,293	100%

GLOSSARY OF CHILDREN'S MENTAL HEALTH TERMS

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by italics have their own separate definitions. The term service or services is used frequently in this glossary. The reader may wish to look up service before reading the other definitions.

Assessment: A professional review of a child's and family's needs that is done when they first seek services. The assessment of the child includes a review of physical and mental health, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the treatment provider and family decide what kind of treatment and supports, if any, are needed.

Case Manager: An individual who organizes and coordinates services and supports for children with emotional problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

Case Management: A service that helps people arrange appropriate and available services and supports. As needed, a case manager coordinates mental health, social work, education, health, vocational, transportation, advocacy, respite, and recreational services. The case manager makes sure that the child's and family's changing needs are met. (This definition does not apply to managed care.)

Children and Adolescents at Risk for Mental Health Problems: Children at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

Continuum of Care: A term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. (See system of care and wraparound services.)

Coordinated Services: Child-serving organizations, along with the family, talk with each other and agree upon a plan of care that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. Case management is necessary to coordinate services (See wraparound services).

Cultural Competence: Help that is sensitive and responsive to cultural differences. Service providers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.

Day Treatment: A non-residential, intensive and structured clinical program provided for children and adolescents who are at imminent risk of failing in the public school setting as a result of their behavior related to a mental illness and who have impaired family functioning. The primary focus of Day Treatment is 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.

SPA: SPA is the acronym designating each of eight Service Planning Areas developed by the County of Los Angeles Departments of Planning and Health Services. The SPAs are as follows: 1-Antelope Valley, 2-San Fernando Valley, 3-San Gabriel Valley, 4-Metro, 5-West, 6-South, 7-East, 8-South Bay.

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

MATERNAL CHILD & ADOLESCENT HEALTH PROGRAMS

Overview

Child maltreatment, whether in the form of physical, sexual, emotional abuse and/or neglect, adversely affects the developing child and increases the risks for emotional, behavioral, social, and physical problems throughout the child's life. Experiences of abuse or neglect occurring as early as the first year of life may lead to symptoms of poor psychological well-being, such as depression, anxiety, difficulties in forming and developing healthy relationships. It also increases the likelihood of developing negative behavioral consequences such as future alcohol and substance abuse, eating disorders, and criminal and violent behaviors. These high-risk behaviors may lead to serious long-term health problems for the individual, as well as significant social and economic costs for the community.[1]

The mission of the Los Angeles County Department of Public Health (DPH) is to protect health, prevent disease and injury, 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
- Nurse Family Partnership Program

1. Child Welfare Information Gateway. (2013). Long-term consequences of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf

- Sudden Infant Death Syndrome Program

This report is divided into three sections. The first section provides background on MCAH Programs and their activities related to prevention of child abuse and neglect, along with relevant statistics that illustrate the reach and impact of the respective programs. The second section presents a comprehensive data review of infant and child deaths in Los Angeles County using the most recent mortality data currently available from the State of California, with comparative trends going back as far as ten years. The third section, included for the first time in this edition of the report, summarizes relevant survey data from the Los Angeles Mommy and Baby Follow Up Project, demonstrating information related to family stressors and resiliency, which represent risk and protective factors for child abuse and neglect.

SECTION 1. HEALTH PROMOTION AND CHILD ABUSE PREVENTION WITHIN MCAH PROGRAMS

BLACK INFANT HEALTH PROGRAM (BIH)

BIH was established in 1989 in response to the alarmingly and disproportionately high infant mortality rates in the African-American community. This community-based program identifies at-risk pregnant and parenting African-American women, 18 years and older, and assists them to access healthcare and other family support services to improve their health and the health of their infants and families.

BIH, in coordination with five subcontractors, implements two BIH perinatal intervention strategies: Prenatal Care Outreach (PCO) and Social Support Empowerment (SSE). PCO links African-American mothers to accessible healthcare services, primarily prenatal care and pediatric services. SSE is a facilitated series of eight classes that combine peer support, health education, personal skill building, and self-efficacy techniques for African-American women.

BIH ensures access for clients to a variety of medical and social services by maintaining working relationships with a cross-section of collaborators throughout the County. These collaborators include: March of Dimes; Healthy African-American Families; First 5 LA; Women, Infants, and Children (WIC); various community, civic, and state leaders; the faith/religious community; and obstetrical/gynecological providers.

Although BIH does not directly provide child abuse and domestic violence services, the program creates a culture that encourages client empowerment and awareness. By providing social support to women enrolled in the program, BIH begins to ameliorate some of the underlying risk factors that lead to child abuse. Appropriate referrals are given to clients for potential child abuse and domestic violence cases.

Data for the most recent fiscal year shows that BIH Program subcontractors served 913 African-American mothers and their infants during the period July 1, 2015 through June 30, 2016. 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. During fiscal year 2015-2016:

- CAHPP continued to manage the Choose Health Los Angeles Child Care program, which, during the most recent year, provided 2291 child care workers with the necessary tools to promote the healthy physical, psychosocial and emotional development of children enrolled in their programs. Child care workers were trained to serve healthy foods and engage children in appropriate physical activities to reduce their risk for acquiring the many chronic diseases that put them at increased risk for maltreatment by caregivers who are unprepared to handle the stress associated with caring for children with special needs. The training uses nutrition and physical activity as avenues to foster healthy relationships between children and their caregivers to ensure that they are able to thrive. Since the program's inception three years ago, over 5,800 child care workers have been trained and nearly 25,000 parents in the same communities have received healthy living resources to reinforce the information given to professionals, such as easily prepared healthy meal recipes, physical activity ideas for families, guidance on how to read food labels, and how to maintain a simple garden. Program evaluation results highlight that caregivers understand their importance as healthy role models for the children in their care. After training, more caregivers were participating in physical activity alongside the

children, reading food labels and implementing written nutrition policies, and speaking with parents about healthy choices.

- CAHPP participated on the California Foster Youth Pregnancy Prevention Institute Continuing Improvement team to help the Department of Children and Family Services develop a more effective infrastructure to ensure that DCFS-served youth gain timely access to reproductive health services. As a result of this collaboration, DCFS has begun to work more closely with the Nurse Family Partnership Program to increase the enrollment of eligible pregnant teens into the program. CAHPP also supported the successful efforts of DCFS to develop and implement an agency-mandated Sexual Health Conversations training for Children's Social Workers, Public Health Nurses, and Youth Development Services-Life Coaches. To date, 24% of the mandated DCFS and DPH staff have successfully completed this training.

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 health stakeholders working on childrens', families', and individuals' health issues and access to health coverage

CHOI was established in 1997 to provide coordinated health coverage outreach to low-income children, families and individuals in order to enroll them in health insurance programs. Through this activity, CHOI aims to reduce the number of uninsured in Los Angeles County. CHOI administers a multi-million dollar health coverage outreach, enrollment, utilization and retention program and has received funding from various sources, including First 5 LA and the State Department of Health Care Services (DHCS). DPH has matched First 5 LA funding by receiving Medi-Cal Administrative Activity (MAA) dollars for enrolling clients into Medi-Cal. With these funding sources, CHOI contracts with 19 community-based organizations, schools, local governments, hospitals and health care providers to provide direct client services. Organizations are encouraged to be holistic in their approach to 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 community enrollment workers in Los Angeles County on the full range of available coverage programs and best practices.

In FY 2015-16, CHOI continued leading the collaborative partnership of five Los Angeles County (LAC) Departments funded to conduct Medi-Cal outreach and enrollment to 7 hard-to-reach populations in the County (persons with mental health and substance use disorders, the homeless, young men of color, persons who are imprisoned or about to be released back into the community, families of mixed immigration status, and persons with limited English proficiency). The partnership aims to enroll as many newly-eligible individuals as possible into the Medi-Cal program. Collaborative partners include the Los Angeles County Department of Public Health (DPH), the Department of Health Services (DHS), the Department of Public Social Services (DPSS), the Department of Mental Health (DMH), and the Sheriff's Department (LASD), along with 37 community contractors and sub-contractors and over 200 community-based organizations. Two years into the grant partnership, the Collaborative has outreached to over 236,000 Medi-Cal eligible individuals in LA County, assisted with over 39,700 Medi-Cal applications and confirmed enrollment for over 25,000 individuals.

CHOI recently received an additional grant from DHCS for Medi-Cal Retention and Renewal Assistance Beginning July 2015 and ending December 2016. Time and resource-intensive, this grant aims to assist all Medi-Cal beneficiaries with their renewals, including assisting with re-determination paperwork and troubleshooting obstacles and barriers that arise that keep individuals from retaining their Medi-Cal benefits. One year into the Medi-Cal Renewal Assistance grant, CHOI contractors have provided renewal and retention troubleshooting and advocacy assistance to over 11,800 individuals.

CHOI activities during FY 2015-2016 included:

- Comprehensive health coverage outreach, enrollment, utilization and retention services, funded by First 5 LA and the State Dept. of Health Care Services;
- Implementation, including intensive training on the Medi-Cal Program and the CHOI online data tracking system for the DHCS Medi-Cal Outreach & Enrollment Grant Collaborative and

its 37 Community-based contractors and sub-contractors;

- Full implementation of the DHCS Medi-Cal Renewal Assistance Grant; and
- Planning and early implementation of SB 75 legislation, also known as Health For All Kids, which expands eligibility for full-scope Medi-Cal Benefits to all children up through age 18, regardless of immigration status. CHOI has acted as convener and facilitator for the SB 75 Operations and Community Advocacy Workgroups, helping to facilitate communication between stakeholders and pave the way for successful implementation of

During FY 2015-2016, CHOI contracted agencies outreached to 106,000 individuals, completed 26,400 health coverage applications, and achieved a confirmed enrollment rate of 85% across all health programs. In addition, CHOI contracted agencies provided over 59,000 separate instances of troubleshooting assistance and referrals to clients who were facing obstacles in obtaining, accessing and maintaining health care coverage and other social services.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM (CLPPP)

Established in 1991, CLPPP continues to identify and manage lead exposure in children who live in Los Angeles County (age 0-21 years) through specific program activities such as elevated blood lead level surveillance; outreach and education to families and foster homes, juvenile detention, care givers, primary care providers, students; and case management. Presently among all open cases, CLPPP provides care for five patients who resides in foster care and three juvenile patients in detention with retained lead bullets due to firearm injuries. Blood lead levels (BLL) that meet state case criteria are identified and managed. Based on state and federal guidelines and recommendations, Public Health Nurses (PHNs) and Environmental Health Specialists (EHS) conduct case management activities including home visits and environmental investigations to:

- Identify source of lead exposure
- Eliminate lead hazards
- Reduce blood lead level
- Reduce or eliminate consequences of lead exposure

During fiscal year 2015-16, CLPPP provided full case management services to 143 children ages 0-21 years old of which 54 children were newly identified cases. In addition to these state defined cases, over 3,000 children were reported with BLLs greater than or equal to 5 mcg/dL (micrograms per deciliter). As resources allowed, 244 of these children received modified case management services which included health teachings over the phone, and educational materials in the mail; and at the request of the medical providers and upon referral by the PHN, EHS consultation and investigations were conducted in their homes.

In January 2012, the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Childhood Lead Poisoning Prevention (ACLPP) submitted a report, Low Level Exposure Harms Children: A Renewed Call for Primary Prevention. Based on a growing number of scientific studies that show that even low BLLs can cause adverse health effects, the report recommended that the CDC change its "blood lead level of concern," which was at 10 mcg/dL. ACLPP recommended that BLLs should be linked to data from the National Health and Nutritional Examination Survey (NHANES) to identify children who are exposed to lead hazards. This new level is based on the population of children aged 1-5 years in the United States who are in the top 2.5% of children when tested for lead in their blood. Currently, that is 5 mcg/dL of lead in blood which means that more children will be identified as having lead exposure earlier and action can be taken earlier.

In March 2013, in accordance with the CDC recommendation, Los Angeles CLPPP implemented a change to its case closure criteria from two venous BLLs less than 15 mcg/dL drawn six months apart to two venous BLL, 5mcg/dL or less, drawn six months apart. CLPPP continues to implement this lowered closure criteria in FY 2015-16 to comply with CDC's recommended reference lead value. Services include additional follow up activities by the PHNs to reinforce health education messages, to identify and eliminate lead hazards, and to monitor decrease in BLLs.

Effective July 1, 2016, the California Department of Public Health's Childhood Lead Poisoning Prevention Branch (CLPPB) will change the case definition guidelines to one venous BLL greater than 14.5 mcg/dL or two BLLs equal to or greater than 9.5

mcg/dL drawn at least 30 days apart with the second BLL required to be a venous draw. Additionally, the CLPPB's closure criteria will change to two or more venous BLLs demonstrating that the child's BLL is trending downward to less than 9.5 mcg/dL for at least one year with the most recent of which is less than 4.5 mcg/dL. All other objectives of the case management plan must be achieved as well in order to close a case. The changes in the case definition and closure criteria is expected to increase the case management workload by three-fold, and for cases to remain open for a longer period of time until closure criteria is met. Supplemental state funding will be awarded to support the additional nursing case management and environmental investigation activities.

Preventing lead exposure is the best way to protect children from lead poisoning. CLPPP continued efforts to decrease the prevalence of lead exposure to children by raising awareness of lead poisoning prevention to parents, schools, doctors, students, and care givers, through lead poisoning prevention education presentations and materials, provider office visits, and lead consultation throughout Los Angeles County.

COMPREHENSIVE PERINATAL SERVICES PROGRAM (CPSP)

CPSP was 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 2015-2016, there were 413 certified CPSP providers in Los Angeles County. CPSP staff conducted a successful pilot project to decrease infant morbidity and mortality from pertussis by promoting Tdap vaccine for women in their third trimester of pregnancy. Tdap is a combination vaccine that protects against three potentially life-threatening bacterial diseases: tetanus, diphtheria, and pertussis (whooping cough). CPSP staff also collaborated with March of Dimes for the Comenzando Bien/ Becoming a Mom training, a culturally appropriate curriculum that addresses the needs of low income women and their families to reduce the incidence of premature births.

In addition to training, program staff conducted 144 quality assurance site 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 Public Health Nurses (PHNs) 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 2015-2016, 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 about L.A. HOPE, see http://publichealth.lacounty.gov/mch/LAHOPE/LAHOPE.htm.

- Maintained partnership with CityMatCH, the Association of Maternal & Child Health Programs (AMCHP), and National Healthy Start Association (NHSA), who together launched an Action Learning Collaborative (ALC) using a national team approach focused on eliminating racial disparities in infant mortality. The ALC addresses the need for maternal and child health leaders to learn what has worked across the country from both peers and subject matter experts; discuss how to tailor interventions for community, local and state practice; and become part of a larger learning community linked to other efforts to undo institutional racism and eliminate health disparities and its impact on birth outcomes. During FY 2014-2015, the ALC continued to maintain and update a website as well as compiled a training tool kit for health care providers and community members to understand and identify the impact of racism on infant mortality. For more information about ALC, see http://publichealth.lacounty.gov/mch/LACALC/LACALC_index.htm.

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 nearly four decades, targets low income, socially disadvantaged, first-time mothers and their children to help improve pregnancy outcomes, the quality of parenting, child health and development and maternal life-course. 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; and
- Delay subsequent pregnancies.

PHNs 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. Over the course of 52 home visits, the nurses focus on addressing their clients' personal health, child health, discipline, childcare, maternal role development, maternal life-course development, and social support.

NFP-trained PHNs assess the needs of mothers and newborns and provide them with support, education, unconditional positive regard and referrals to services for any identified problems that cannot be adequately addressed within the NFP model. When the infant is approximately 10 weeks old, PHNs and parents discuss the importance of nurturing children through physical and emotional security, trust, and respect. When the baby is approximately five months old nurse home visitors discuss topics with the parents such as sexual, emotional, and physical abuse. PHNs refer families for additional social and support services if risk factors for child abuse and neglect are observed.

Beginning with FY 2011-2012, NFP's 14 PHNs were joined by an additional 24 nurses with funding from the Mental Health Services Act (MHSA), Prevention and Early Intervention (PEI) program within the Department of Mental Health (DMH). One Mental Health Worker (MHW) was also hired and trained in the NFP model to assist clients in their home who have compromising mental health challenges. Since inception of this service, many clients have benefitted from the therapeutic relationship established with the MHT. For those clients whose acuity level is higher than what can safely be treated in the home, the MHT has been indispensable in creating linkages to more intensive community-based mental health services. NFP was expanded within Service Planning Areas (SPAs) 1, 4, 6 & 8, and countywide for the deaf and hard of hearing community with these MHSA funds. Twenty (20) NFP nurses were trained in American Sign Language (ASL) to be culturally and linguistically competent to serve this special population. The NFP partnership with DMH and the University of Southern California School of Social Work has helped to facilitate establishment of and improve the current limited access to quality resources for pregnant women with mental health

needs. NFP also added additional staff using Patient Protection Affordable Care Act funding as part of the national Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. NFP can now serve 975 families with 39 nurses. Fiscal year data shows that NFP program outcomes continue to match or exceed the national and benchmark standards in many areas as set by Dr. Olds as well as those set in Healthy People 2020, such as having premature births (37 weeks gestation or less) at 8.4% for fiscal year June 2015 to June 2016, below the Healthy People 2020 target of 11.4%.

As of June 30, 2016, NFP has cumulatively enrolled 5,434 clients with a median age of 17 years (52.2% of them are 17 years old or younger) since expansion in FY 2000. During the last 16 years, NFP has had only 28 children removed from their mothers during infancy (0.6%) for abuse/neglect, a very low number when compared to outcomes for young mothers generally throughout the nation and Los Angeles. The majority of NFP referrals come from the Women-Infant-Child (WIC) Nutrition Program, although many special needs foster children are referred from the Alliance for Children's Rights from clients served within the Department of Children & Families Services. Nurse Family Partnership, Children's Alliance, and the Department of Children and Family Services co-presented at the Sixth National Summit on Quality in Home Visiting Programs, highlighting the Memorandum of Understanding, as well as successes and lessons learned and since the MOU was signed in 2012.

During 2015-2016, NFP continued participation in the Family and Children's Index (FCI) system used by direct-service County departments. In addition, NFP administration in collaboration with MCAH administration, began the "Home Visitation Consortium" (HV Consortium), consisting of Policy, Operations and Community Advisory Board (CAB) Subcommittees. The goal of the HV consortium is to develop generalized home visiting policies for Los Angeles, establish a referral matrix to ensure matching the best programs to the client's needs, and identify standardized data for collection among all home visiting programs serving pregnant women/youth or families with children 0-5 years old. Facilitators for this group have been hired through First-5 Los Angeles.

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 2015-2016, the SIDS Program coordinated the following activities:

- Received and processed 37 presumptive Sudden Infant Death Syndrome (SIDS) referrals from the Coroner's Office;
- Contacted 37 parents/caregivers who experienced a presumed SIDS death, to receive grief and bereavement support services and/or grief and bereavement materials;
- Conducted 12 healing grief support groups. More than 35 families who experienced fetal or infant loss were provided grief and bereavement support;
- 1 Faith Based Organization headquarters, representing over 30 churches and their congregations participated in posting SIDS program messages in their Sunday bulletin, website, Facebook and Twitter accounts;
- 5 nursing schools/universities representing 135 students have received safe infant sleep education: written and audio visual materials;
- 47 nurses from Nurse Family Partnership (NFP) received SIDS/Safe Infant Sleep materials (National Institute of Child Health and Human Development flyers and DVDs);
- 77 CPSP clinics received Safe Infant Sleep information and materials. The Safe Infant Sleep DVD is being played in the lobby of the clinics.
- 3660 LAC employees had the access to the Paystub View Announcement and the safe infant sleep recommendations.
- 32 Child Care Providers and 35 parents received

safe to sleep education through DVD and print materials;

- More than 7000 Safe Infant Sleep brochures and flyers in English and Spanish have been distributed to hospitals, colleges/universities, Community Based Organizations and Faith Based Organizations. Also, a Safe Infant Sleep DVD has been distributed to different organization to be played in their lobby; and
- 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).

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 infant mortality rate in Los Angeles County in 2013 was 4.4 infant deaths per 1,000 live births, up very slightly from the rate of 4.3 in 2012 which reflects 52 fewer deaths. This small change in rate reflects more the decreasing number of live births in Los Angeles, a trend that has persisted over the past decade, while the actual number of infant deaths barely changed at all (570 compared to 567 the previous year). More generally, it should be noted that the infant mortality rate in Los Angeles County has remained well below the national target set by the U.S. Department of Health and Human Services in Healthy People 2020 (6.0 deaths per 1,000 live births for more than a decade. Furthermore, the overall trend in Los Angeles County over the last ten years has shown marked improvement with infant mortality rates decreasing. (Figure 1).

Figure 2 shows infant mortality rates stratified by race/ethnicity in Los Angeles County for years 2004 through 2013. 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 2013, African-Americans experienced a rate of 10.4 infant deaths per 1,000 live births, more than twice as high as the next highest group and the overall rate for the County. Despite showing some up and down fluctuations the past few years, the rate for African-Americans has been trending downward for a number of years, compared to the period 2006-2008, when the race-specific rate was close to 12.0. 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 2013, while Figure 5 presents the same statistics in tabular form for all years from 2004 through 2013. SPA 1 (Antelope Valley) had the highest infant mortality rate in 2013 (6.8 per 1000 live births) and has had the highest infant mortality rate for all SPAs during most of the years tabulated, followed by SPA 6 (South) with a rate of 6.4 in 2013. The traditionally higher rates in SPAs 1 and 6 reflect the disproportionately high infant mortality rates in the African American community and the concentration of African American residents living in those regions of the county. Although still displaying the highest infant mortality rate among SPAs, Antelope Valley (SPA 1) did show a decrease in infant mortality compared to the previous year, as did SPAs 3 (East), 4 (Metro), 5 (West), and 8 (South Bay). Only SPAs 2 (San Fernando), 6 (South) and 7 (East) did not show a decrease in infant mortality rate compared to 2012. For the County overall, the

Figure 6 lists the five most common causes of infant deaths in Los Angeles County in 2013, along with their ordinal position in the previous year for comparison. The top five causes of death and their ordinal positions have not changed at all since last year. What is notable from this list is that four of the

five causes relate directly to conditions arising either prenatally (during embryonic or fetal development) or perinatally (during the birthing process). Therefore, preventing these deaths, where possible, would require advances and improvements in preconception health, prenatal care, and medical care during the perinatal period. For example, appropriate intake of folic acid by all women of child-bearing age would significantly lower the risk of neural tube defects, which contributes to deaths in the first (largest) category. Other improvements in health promotion and prenatal care during the gestational period would impact the number of short gestation and low-birthweight infants, the second most common cause of death. SIDS is the only cause of death listed in the top five that is not directly linked to conditions arising in the prenatal or perinatal period. The number of deaths in this category could be positively impacted by better promotion of safe sleep practices to all parents and caregivers, such as putting all babies to sleep on their back, and discouraging bed sharing with adults or older children.

Figure 7 shows infant mortality rates on in Los Angeles County specifically attributed to child abuse and neglect for all years 2004 through 2013 stratified by gender. The total number of infant deaths related to child abuse remain very small each year (generally less than or equal to 5), thus the calculated death rates tend to be quite unstable as an annual change of only a few deaths will be responsible for a large relative percentage change in the corresponding rate. Ongoing child death review along with appropriate quality improvement measures as a result of review continue to keep this number small.

B. DEATH RATES AND CAUSES OF DEATH AMONG CHILDREN

The crude child death rate used in this report measures the number of deaths among children ages 1-17, per 100,000 children, for all causes. This definition explicitly excludes infant deaths. Throughout the twentieth century and continuing to the present, the child death rate continues to decline as medical science and public health improve.

Figure 8 illustrates the trend in the crude death rate for children in Los Angeles County for years 2004 through 2013. The rate of 13.9 deaths per 100,000 in 2013 continues the fairly steady decline in the child death rate that has continued for more than a decade.

Figure 9 shows child death rates for years 2004 through 2013 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 (24.5 per 100,000 population), well above the other groups included in the figure. On a positive note, the child death rate for African-Americans showed an impressive decrease in 2013, and has had a steeper decline over the past decade compared to other racial/ethnic subpopulations, decreasing the size of the disparity to some degree.

Figure 10 presents child death rates for each SPA in Los Angeles County in 2013 in graphical form and provides trend data in tabular form for years 2004 through 2013. In 2013, the child death rate was highest in SPA 1 (Antelope Valley) at 20.1 followed closely by SPA 6 (South) at 18.4 deaths per 100,000 children ages 1 to 17. Although all SPAs show some fluctuation in child death rate year to year, SPA 1 and SPA 6 tend to have the highest rates for the years inclusive in the table. It is encouraging to see that 2013 marked an impressive decrease in child death rates in both SPA 1 and SPA 6.

Figure 11 shows the five most common causes of child death in Los Angeles County in 2013 for three different age categories. Their ordinal position from the prior year is included for comparison. For children ages 1 to 4, and ages 5 to 12, accidents (unintentional injuries) are the first or second leading cause of death both in 2013 and in the previous year. In theory, all accidents are preventable occurrences 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 5 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 deaths. Of the 215 deaths represented in the table for youth ages 13 to 19, 170 deaths (79%) are attributed to just those three causes. Clearly, the area of injury and violence prevention remains ripe for intervention and presents an opportunity to make a significant impact on child death in the adolescent population.

Figure 12 shows death rates related to abuse and neglect among children ages 1 to 17 based on

International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07, stratified by gender for the years 2004 through 2013. Numbers of deaths in this category are very small (often 5 or less per year), with the corresponding rates also being consistently very low.

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 4.4 infant deaths per 1,000 live births in 2013 represents a very small increase compared to the rate the previous year (4.3). The overall trend in infant mortality rate in Los Angeles County over the past decade has been downward and has remained below the national Healthy People 2020 target of 6.0 infant deaths per 1,000 live births since 1996.
- African-Americans continue to have the highest infant mortality rate among race/ethnic groups, more than twice as high as the next highest group and the overall County rate.
- Region-specific infant mortality rates in 2013 were highest in SPA 1 (Antelope Valley) and SPA 6 (South). This likely reflects the disproportionately high rate in African Americans and the concentration of African American residents in those regions of the County.
- 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 had shown a consistent downward trend for several years and decreased further in 2013. African-American children ages 1 to 17 had the highest death rate among the major race/ethnic groups represented, a consistent disparity; however, the African-American rate dropped markedly in 2013 compared to the previous year. Among SPAs, SPA 1 (Antelope Valley) had the highest child death rate, followed closely by SPA 6 (South). It is encouraging that both of those areas had significant decreases in child death rates compared to the previous year.
- Three of the top 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 which may be preventable.
- The number of deaths attributed to child abuse and neglect in 2013 remained very small (5 or fewer) for both infants and for children ages 1 to 17. Thus, small fluctuations in the number of deaths year to year may create large variations in the associated population rate. That said, it is possible that the true number of deaths associated with abuse and neglect may be higher due to underreporting and challenges in post-mortem investigations.

SECTION 3. MEASURES OF FAMILY STRESS AND RESILIENCE: DATA FROM THE LOS ANGELES MOMMY AND BABY (LAMB) PROJECT

The Los Angeles Mommy and Baby (LAMB) Project is a public health surveillance project developed by the Maternal, Child, and Adolescent Health Programs of Los Angeles County in 2004. The LAMB Project collects countywide population-based survey data on maternal attitudes and experiences before, during, and shortly after pregnancy. Since its inception in 2005, the project has helped community programs design strategies with an emphasis on preconception and interconception health to improve birth outcomes. The LAMB Surveillance Report has been shared with community stakeholders and other public health officials to continuously monitor and improve birth outcomes in Los Angeles County. Several important collaborative groups and task forces have convened to address health disparities and issues identified from analyses of LAMB data. For more information about LAMB, please visit:

www.LALAMB.ph.lacounty.gov

In 2014, the LAMB Follow-Up Project contacted mothers who had initially responded to the survey in 2012 to collect further data now that the index child had reached two years. The goals of LAMB Follow-up are to: 1) expand existing Maternal and Child Health surveillance systems; 2) provide a comparison group and comprehensive longitudinal data on social determinants, health and well-being, in addition to birth and health care outcomes, to evaluate policies and services targeting mothers, infants, and toddlers; and 3) close the gaps in knowledge related to child behavior, health, access to health care, and school readiness among LAC's 2-year-olds. There were 3,488 mothers who responded to the 2014 LAMB Follow Up survey, resulting in an adjusted response rate of 62%, representing 125,514 mothers in Los Angeles County.

Research has shown that adverse childhood experiences affects early childhood development and psychosocial well-being which may have lasting impact well into adulthood . Figures 13 and 14 present analyses from the LAMB cohort data linking the 2012 survey responses with the 2014 follow up responses for selected strengthening families' framework measurable indicators:

- Parents have less stress, greater competence in managing stress, greater anger management (coping) skills.
- Parents are free of issues that negatively impact parenting, including substance abuse, symptoms of depression, and domestic violence
- Parents demonstrate efficacy, including the capacity to seek help; and
- Parents are connected to community social institutions, services, and supports

Figure 13 stratifies data by race/ethnic group while figure 14 presents geographic comparisons by SPA.

Figure 15 shows the stressful life events experienced among toddlers based on mother's account from the LAMB Follow-up Project. The information presented may provide opportunities to improve deliverying coordinated support and services for families in Los Angeles County.

SUMMARY OF KEY FINDINGS

- About 7 in 10 mothers (70.8%) felt able to manage their stress. Latina mothers (63.5%) and mothers who lived in SPA 6 – South (57.0%) were least able to manage stress.
- Nearly half of mothers (45.9%) felt overwhelmed by the demand of her children when the child turned two years old. Higher percentages of White (60.3%) and Asian Pacific Islander (API) mothers (56.2%) felt overwhelmed by the demand of their children as compared to African American (49.2%) and Latina (38.8%) mothers.

ISSUES NEGATIVELY IMPACT PARENTING

- About 1 in 7 mothers (14.0%) experienced some type of domestic violence during pregnancy and about 1 in 14 mothers (7.1%) after pregnancy. The prevalence was highest among African American mothers. Mothers who lived in SPAs 1 – Antelope Valley and SPA 6- South reported the highest percentages of domestic violence during pregnancy (17.8% & 16.5% respectively) and after pregnancy. (9.4% & 9.9% respectively)
- Nearly 1 in 4 mothers (24.7%) felt depressed for longer than two weeks during the past year. Higher prevalence of African American (33.9%) and Latina mothers (28.4%) were depressed as compared to White (16.0%) and Asian Pacific Islander mothers. (15.2%)

PARENTAL CAPACITY TO SEEK HELP & CONNECTION TO SERVICES AND SUPPORT

- Nearly 9 in 10 mothers (88.0%) knew where to go for parenting information.
- Only about one third (33.9%) knew where to turn for help for food or shelter in emergency. A higher prevalence of African American (47.3%) and Latina mothers (36.2%) knew where to go as compared to White (27.3%) and API (23.8%) mothers.
- Nearly 1 in 10 mothers received home visitation services during pregnancy or during her child's first year of birth.

HOME SAFETY

- This section describes selected risk factors for early childhood injuries. Almost all mothers reported that her child was constantly monitored during bathing (98.5%) and that all medicines and cleaning supplies were properly stored in child proof locations (96.8%). The percentage who stated that safety caps covered all unused electrical outlets (85.2%), and that swimming pools, ponds, irrigation ditches, stock tanks

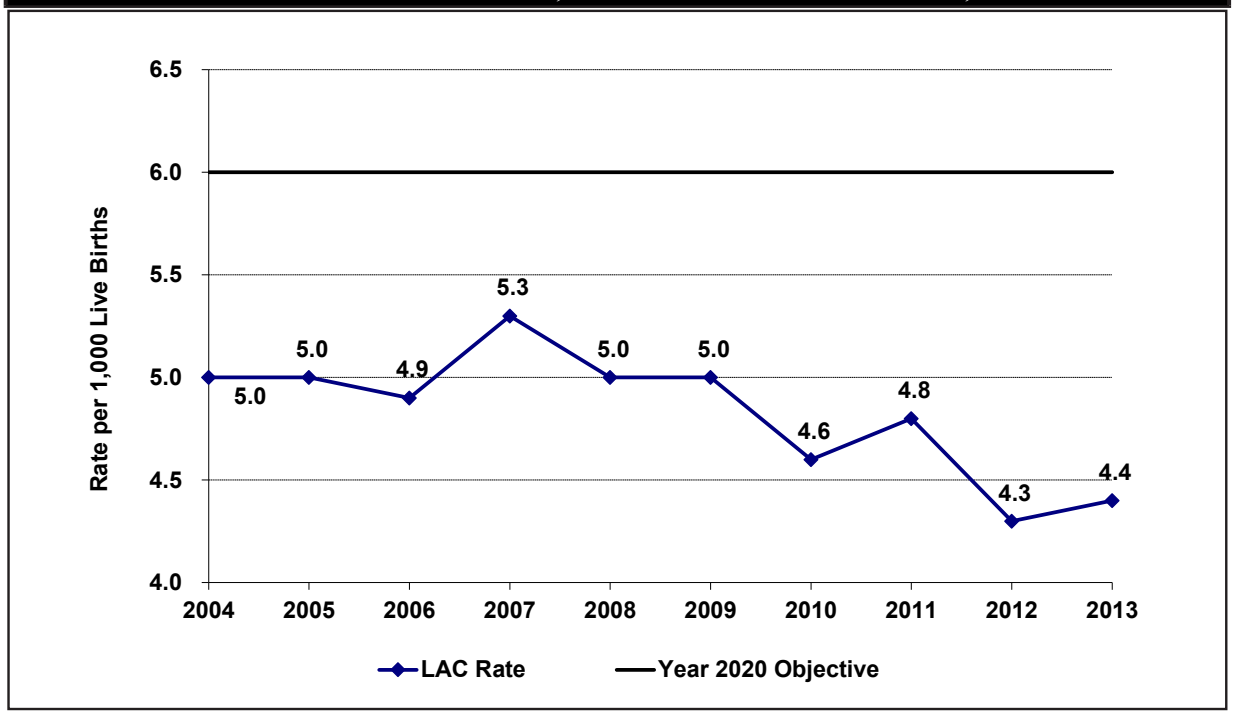
or canals on property are protected by fences (86.7%) also was high. However, more health and safety messaging efforts may be needed to ensure TVs and bookcases are bolted to walls to prevent crush injuries, as only two-thirds of mothers responded affirmatively to that question (67.1%).

STRESSFUL LIFE EVENTS AMONG TODDLERS

- Nearly one in five (19.2%) toddlers had experienced a change in household members including a new sibling.
- About one in 7 (15.3%) toddlers had witnessed conflicts between parents.
- One in 10 (10.0%) toddlers had ever experienced the death of a close family members.
- Nearly one in 10 (9.5%) of toddlers had been away from either parent for longer than one month period. African American toddlers had the highest prevalence at 20%.
- Nearly one in 10 (9.4%) toddlers had experienced an overnight stay in the hospital not including right after birth.
- Nearly one in 33 (2.8%) toddlers had witnessed violence and physical abuse in person; and
- Nearly one in 50 (1.5%) toddlers had witnessed alcoholism, drug abuse or mental health disorder.

Figure 1:

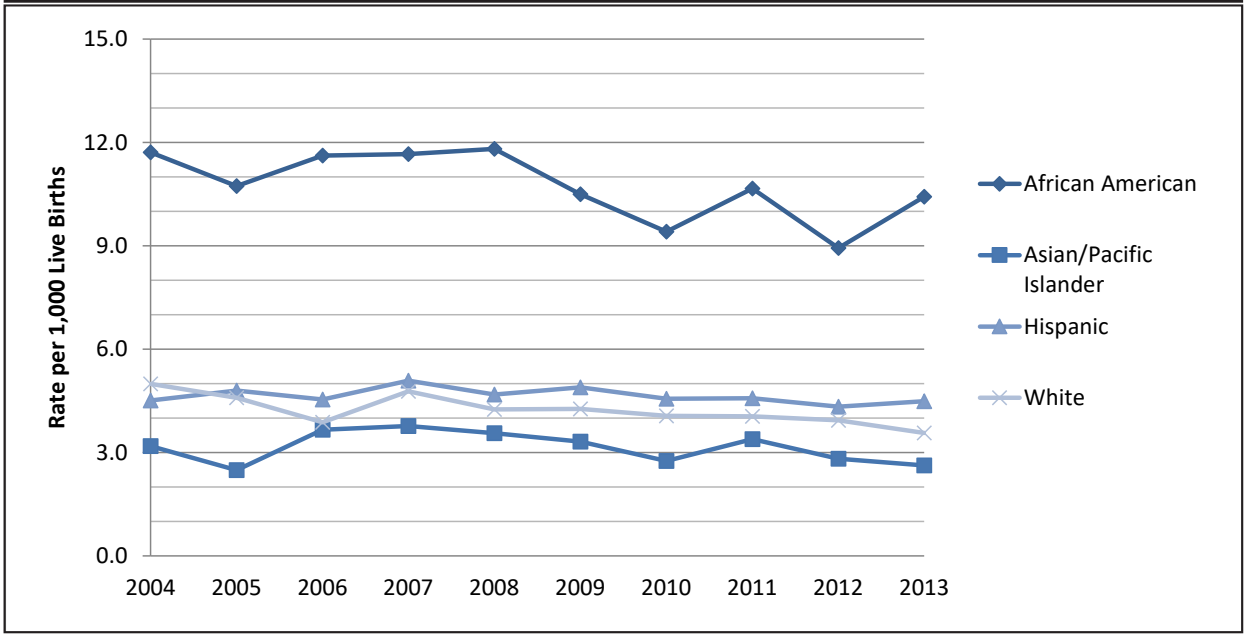
INFANT MORTALITY RATE, LOS ANGELES COUNTY, 2004-2013



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, 2004-2013

Figure 2:

INFANT MORTALITY RATE BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2004-2013



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, 2004-2013

Figure 3

INFANT MORTALITY RATE BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2004-2013

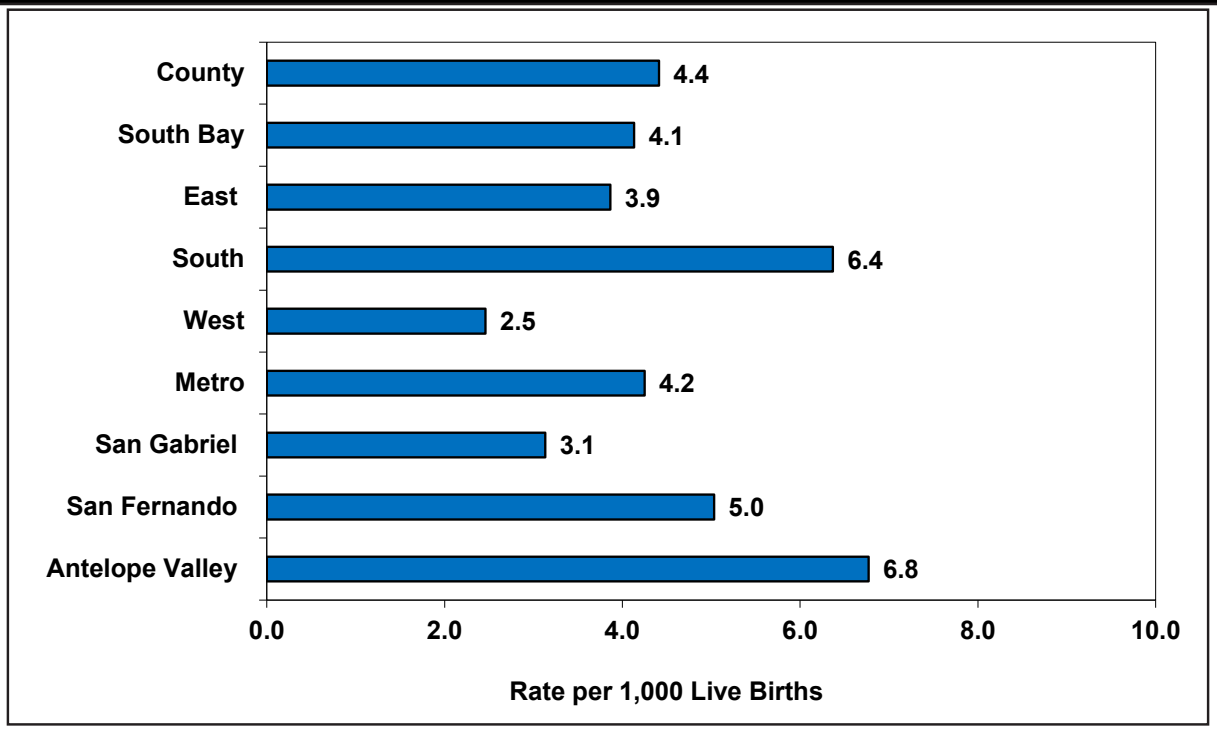
		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
African American	Number of Deaths	136	123	134	133	136	116	101	110	90	103
	Number of Live Births	11,610	11,459	11,531	11,406	11,509	11,047	10,735	10,316	10,069	9,880
	Rate	11.7	10.7	11.6	11.7	11.8	10.5	9.4	10.7	8.9	10.4
Asian/ Pacific Islander	Number of Deaths	53	41	61	67	61	55	44	56	56	53
	Number of Live Births	16,611	16,453	16,665	17,769	17,129	16,577	15,949	16,538	19,832	20,168
	Rate	3.2	2.5	3.7	3.8	3.6	3.3	2.8	3.4	2.8	2.6
Hispanic	Number of Deaths	428	455	438	487	434	424	371	357	329	326
	Number of Live Births	94,894	94,780	96,490	95,686	92,643	86,642	81,372	77,993	75,899	72,645
	Rate	4.5	4.8	4.5	5.1	4.7	4.9	4.6	4.6	4.3	4.5
White	Number of Deaths	137	122	102	123	106	102	96	95	92	85
	Number of Live Births	27,439	26,569	26,279	25,758	24,910	23,902	23,633	23,466	23,382	23,821
	Rate	5.0	4.6	3.9	4.8	4.3	4.3	4.1	4.0	3.9	3.6
County	Number of Deaths	757	745	738	812	742	704	617	619	567	570
	Number of Live Births	151,504	150,377	151,837	151,813	147,684	139,679	133,160	130,313	131,697	128,526
	Rate	5.0	5.0	4.9	5.3	5.0	5.0	4.6	4.8	4.3	4.4

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, 2004-2013

Figure 4

INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2013



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. 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, 2013

Figure 5

INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2004-2013

		Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay	County Total
2004	Infant Deaths	29	162	111	76	29	135	92	116	757
	Live Births	5,210	28,930	25,786	17,173	6,894	22,418	22,038	22,802	151,504
	Rate/1,000	5.6	5.6	4.3	4.4	4.2	6.0	4.2	5.1	5.0
2005	Infant Deaths	37	149	127	72	18	126	98	115	745
	Live Births	5,575	28,878	25,525	16,491	6,804	22,170	21,773	22,649	150,377
	Rate/1,000	6.6	5.2	5.0	4.4	2.6	5.7	4.5	5.1	5.0
2006	Infant Deaths	46	121	120	79	27	122	100	114	738
	Live Births	6,140	29,369	25,702	16,759	6,855	22,546	21,299	22,791	151,837
	Rate/1,000	7.5	4.1	4.7	4.7	3.9	5.4	4.7	5.0	4.9
2007	Infant Deaths	55	135	142	76	18	150	104	126	812
	Live Births	6,366	29,445	25,757	16,550	6,923	22,521	21,371	22,254	151,813
	Rate/1,000	8.6	4.6	5.5	4.6	2.6	6.7	4.9	5.7	5.3
2008	Infant Deaths	39	134	113	77	31	135	100	107	742
	Live Births	6,087	28,229	24,927	15,994	6,968	22,372	20,834	21,892	147,684
	Rate/1,000	6.4	4.7	4.5	4.8	4.4	6.0	4.8	4.9	5.0
2009	Infant Deaths	44	141	102	62	22	123	88	121	704
	Live Births	5,820	26,896	23,469	15,167	6,915	20,743	19,390	20,911	139,679
	Rate/1,000	7.6	5.2	4.3	4.1	3.2	5.9	4.5	5.8	5.0
2010	Infant Deaths	33	114	91	71	22	120	68	94	617
	Live Births	5,700	25,935	22,271	14,202	6,939	19,580	18,585	19,899	133,160
	Rate/1,000	5.8	4.4	4.1	5.0	3.2	6.1	3.7	4.7	4.6
2011	Infant Deaths	45	114	85	63	23	113	83	91	619
	Live Births	5,618	25,341	22,237	13,928	6,730	18,864	18,023	19,265	130,313
	Rate/1,000	8.0	4.5	3.8	4.5	3.4	6.0	4.6	4.7	4.8
2012	Infant Deaths	40	96	85	59	20	113	64	89	567
	Live Births	5,701	25,097	24,669	13,698	6,905	18,379	17,531	19,112	131,697
	Rate/1,000	7.0	3.8	3.4	4.3	2.9	6.1	3.7	4.7	4.3
2013	Infant Deaths	38	123	78	55	17	113	66	76	567
	Live Births	5,613	24,443	24,888	12,942	6,908	17,742	17,076	18,388	128,526
	Rate/1,000	6.8	5.0	3.1	4.2	2.5	6.4	3.9	4.1	4.4

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. 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, 2004-2013

Figure 6

LEADING CAUSES OF DEATH AMONG INFANTS, LOS ANGELES COUNTY, 2013

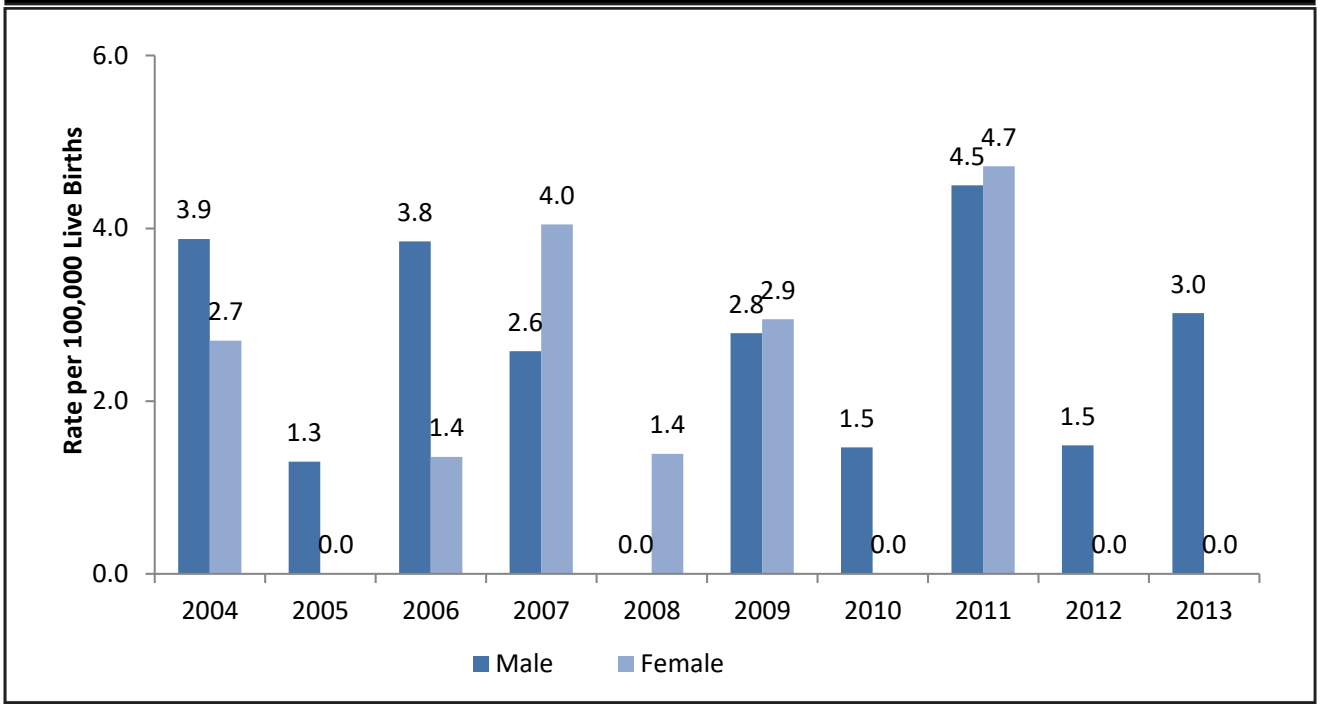
Rank	Children Less Than 1 Year Old	# of Deaths	2012 Rank
1	Congenital Malformations, Deformations & Chromosomal Abnormalities	136	1
2	Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified	125	2
3	Other Perinatal Conditions or Conditions Originating in the Perinatal Period	71	3
4	Sudden Infant Death Syndrome (SIDS)	44	4
5	Newborn Affected by Complications of Placenta, Cord, & Membranes	22	5

Note: 2012 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, 2013

Figure 7

CHILD ABUSE RELATED INFANT DEATH RATES BY GENDER, LOS ANGELES COUNTY, 2004-2013

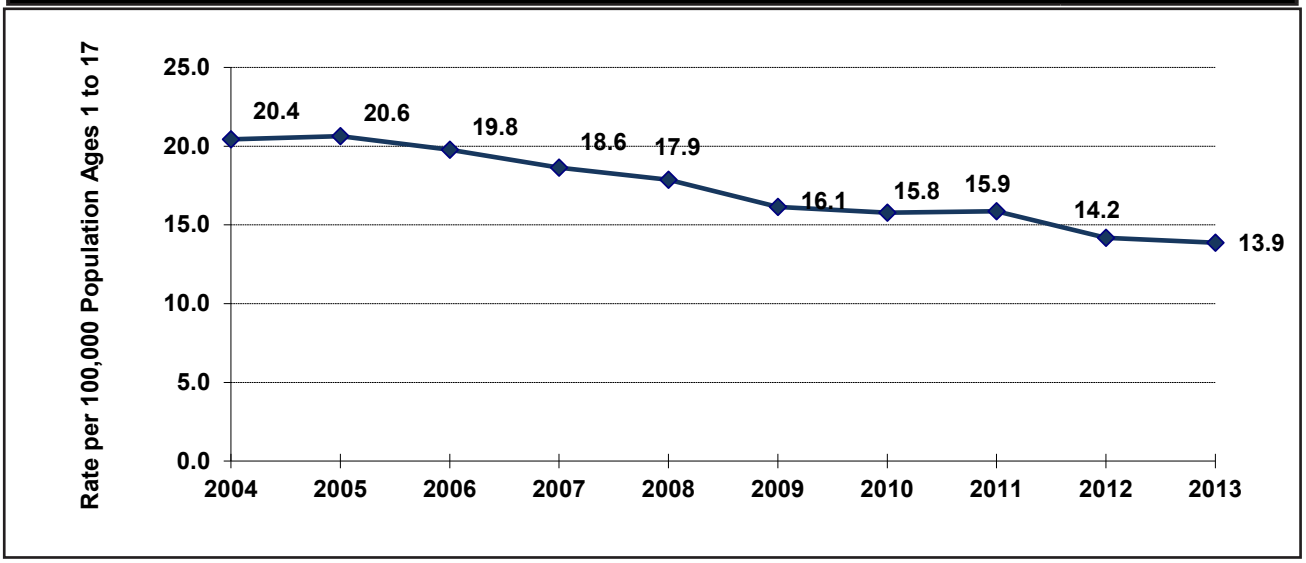


Notes: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07. Sum of gender totals may not add up to County total due to records that do not specify gender.

Source: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2004-2013

Figure 8

CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17, LOS ANGELES COUNTY, 2004-2013



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, 2004-2013. Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

Figure 9a

CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2004-2013

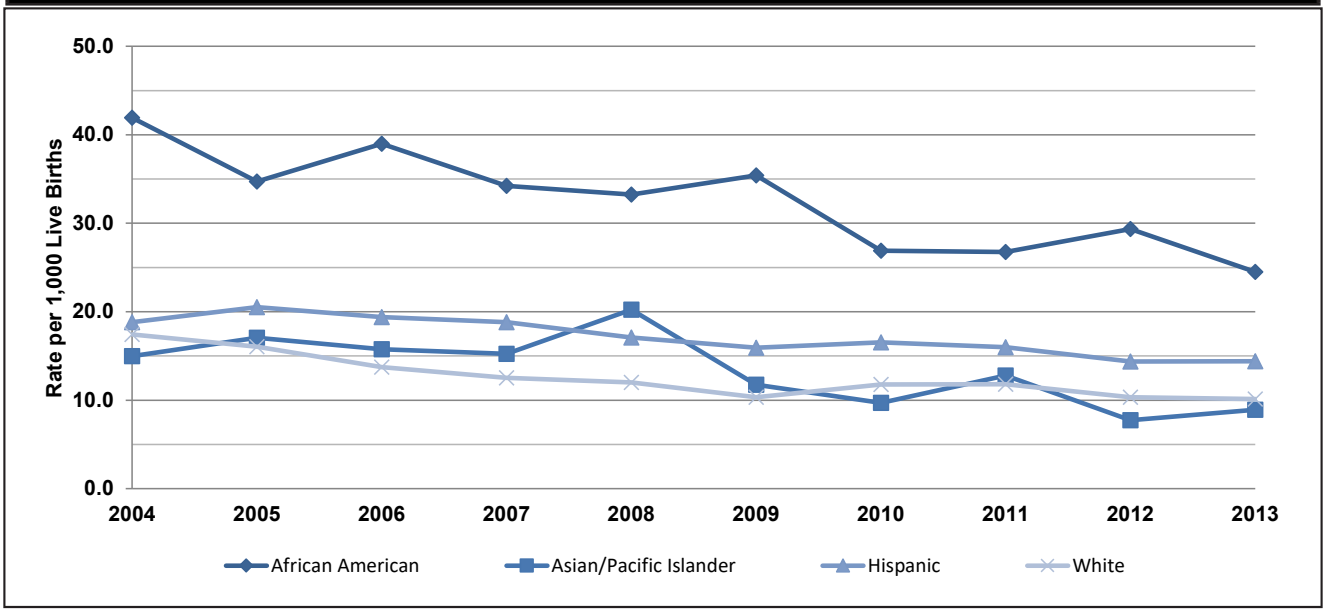


Figure 9b

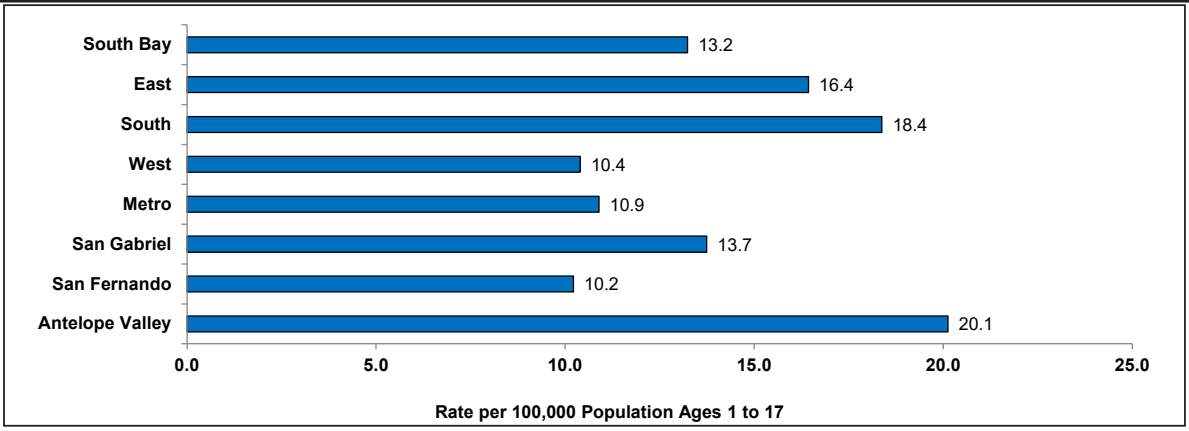
	African American			Asian/Pacific Islander			Hispanic			White			County		
	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate	Number of Deaths	Population, 1-17	Rate
2004	110	262,353	41.9	41	273,678	15.0	295	1,566,467	18.8	93	533,656	17.4	540	2,642,752	20.4
2005	88	253,573	34.7	45	263,772	17.1	327	1,592,499	20.5	85	529,861	16.0	546	2,646,298	20.6
2006	95	243,737	39.0	40	253,548	15.8	314	1,619,391	19.4	73	531,156	13.7	525	2,654,064	19.8
2007	83	242,579	34.2	39	255,826	15.2	300	1,593,242	18.8	66	526,401	12.5	489	2,624,157	18.6
2008	79	237,625	33.2	52	257,046	20.2	270	1,579,881	17.1	62	516,432	12.0	464	2,596,425	17.9
2009	81	228,756	35.4	30	255,052	11.8	247	1,550,204	15.9	53	512,130	10.3	412	2,551,454	16.1
2010	58	215,691	26.9	25	257,308	9.7	253	1,530,040	16.5	57	483,915	11.8	393	2,491,924	15.8
2011	50	186,914	26.8	30	234,802	12.8	222	1,388,903	16.0	50	423,561	11.8	355	2,237,504	15.9
2012	53	180,555	29.4	18	232,437	7.7	197	1,369,916	14.4	43	415,508	10.3	312	2,201,619	14.2
2013	44	179,500	24.5	21	235,525	8.9	199	1,382,172	14.4	42	414,056	10.1	307	2,214,409	13.9

Note: Due to the updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable. 2010 population estimates were based on previous projections, not 2010 Census enumerations.

Sources: California Department of Public Health, Center for Health Statistics, OHIR Vital Statistics Section, 2004-2013. Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

Figure 10

CHILD DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2013



		Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay	County Total
2004	Child Deaths	28	106	67	50	13	125	64	66	**540**
	Pop 1 - 17	100,562	522,609	469,279	289,216	105,633	340,159	397,926	417,368	**2,642,752**
	Rate	27.8	20.3	14.3	17.3	12.3	36.7	16.1	15.8	**20.4**
2005	Child Deaths	28	107	89	51	11	112	61	84	**546**
	Pop 1 - 17	100,183	526,687	464,966	292,219	108,055	340,424	397,183	416,581	**2,646,298**
	Rate	27.9	20.3	19.1	17.5	10.2	32.9	15.4	20.2	**20.6**
2006	Child Deaths	38	70	78	52	14	110	82	74	**525**
	Pop 1 - 17	101,691	528,877	461,694	300,129	106,858	342,644	395,033	417,138	**2,654,064**
	Rate	37.4	13.2	16.9	17.3	13.1	32.1	20.8	17.7	**19.8**
2007	Child Deaths	25	73	83	41	10	94	75	75	**489**
	Pop 1 - 17	101,405	522,885	454,718	297,396	108,534	339,162	386,726	413,331	**2,624,157**
	Rate	24.7	14.0	18.3	13.8	9.2	27.7	19.4	18.1	**18.6**
2008	Child Deaths	30	71	77	39	16	93	68	66	**464**
	Pop 1 - 17	101,485	518,887	447,183	295,849	108,695	336,494	379,781	408,051	**2,596,425**
	Rate	29.6	13.7	17.2	13.2	14.7	27.6	17.9	16.2	**17.9**
2009	Child Deaths	20	72	63	48	12	77	55	61	**412**
	Pop 1 - 17	101,282	516,361	438,278	282,443	109,834	330,138	372,410	400,708	**2,551,454**
	Rate	19.7	13.9	14.4	17.0	10.9	23.3	14.8	15.2	**16.1**
2010	Child Deaths	21	56	65	27	11	78	78	55	**393**
	Pop 1 - 17	98,582	500,955	426,677	278,705	110,029	326,797	360,484	389,965	**2,491,924**
	Rate	21.3	11.2	15.2	9.7	10.0	23.9	21.6	14.1	**15.8**
2011	Child Deaths	27	63	49	35	14	77	34	53	**355**
	Pop 1 - 17	108,788	465,592	386,462	207,344	94,037	289,695	334,620	350,966	**2,237,504**
	Rate	24.8	13.5	12.7	16.9	14.9	26.6	10.2	15.1	**15.9**
2012	Child Deaths	26	56	43	20	10	72	53	32	**312**
	Pop 1 - 17	104,398	459,637	376,447	208,206	95,485	285,936	326,518	344,992	**2,201,619**
	Rate	24.9	12.2	11.4	9.6	10.5	25.2	16.2	9.3	**14.2**
2013	Child Deaths	21	47	52	23	10	53	54	46	**307**
	Pop 1 - 17	104,346	459,949	378,321	211,087	96,181	288,427	328,562	347,536	**2,214,409**
	Rate	20.1	10.2	13.7	10.9	10.4	18.4	16.4	13.2	**13.9**

Notes: Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17. 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, 2004-2013 Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

Figure 11

LEADING CAUSES OF DEATH FOR CHILDREN BY AGE CATEGORIES, LOS ANGELES COUNTY, 2013

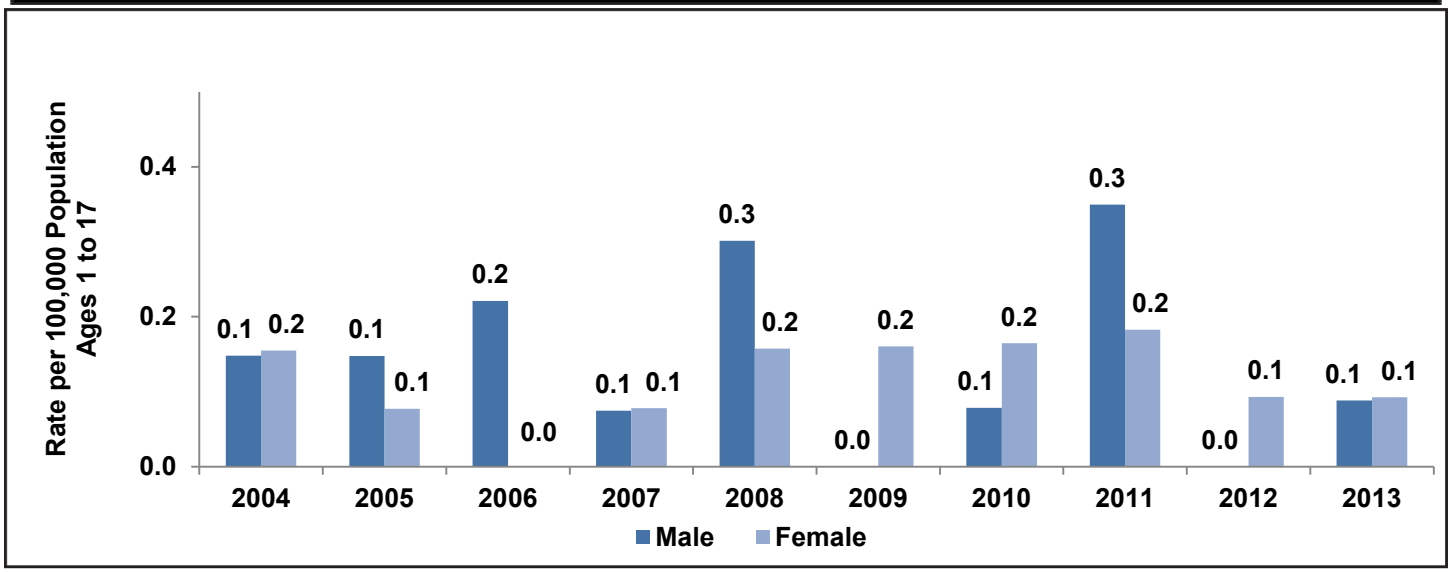
Rank	Children Ages 1 to 4	# of Deaths	2012 Rank
1	Accidents (Unintentional Injuries)	18	1
2	Congenital Malformations, Deformations & Chromosomal Abnormalities	16	3
3	Malignant Neoplasms	13	2
4	Assault (Homicide)	11	4
5	Diseases of the Circulatory System	6	10
	Children Ages 5 to 12		
1	Malignant Neoplasms	30	1
2	Accidents (Unintentional Injuries)	20	2
3	Congenital Malformations, Deformations & Chromosomal Abnormalities	11	3
4	Diseases of the Nervous System	9	3
5	Assault (Homicide)	5	6
5	Metabolic Disorders	5	7
	Youth Ages 13 to 19		
1	Accidents (Unintentional Injuries)	75	2
2	Assault (Homicide)	64	1
3	Malignant Neoplasms	33	4
4	Intentional Self-Harm (Suicide)	31	3
5	Diseases of the Circulatory System	12	5

Note: 2012 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, 2013

Figure 12

CHILD ABUSE RELATED DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY GENDER, LOS ANGELES COUNTY, 2004-2013



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. Due to the 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, 2004-2013. State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO

Figure 13

SELECTED CHILD ABUSE PREVENTION INDICATORS BY MOTHERS' RACE/ETHNICITY LOS ANGELES MOMMY AND BABY PROJECT (LAMB) FOLLOW UP PROJECT, 2014

	Los Angeles County (%)	White (%)	Latina (%)	African American (%)	Asian Pacific Islande (%)
Competence in Stress Management					
Able to manage stress	70.8	86.6	63.5	70.5	81.1
Felt overwhelmed by demand of her children	45.9	60.3	38.8	49.2	56.2
Issues Negatively Impact Parenting					
Experienced domestic violence[1] during pregnancy	14.0	11.7	14.3	20.2	12.9
Experienced domestic violence[1] after pregnancy	7.1	4.4	8.0	9.8	5.6
Binged drinking[2]	18.0	15.3	19.3	23.8	12.9
Felt depressed for longer than two weeks	24.7	16.0	28.4	33.9	15.2
Parental Capacity to Seek Help & Connection to Services and Support					
Knew where to go for parenting information	88.0	95.0	85.1	90.2	89.6
Knew where to go for help in emergency	33.9	27.3	36.2	47.3	23.8
Received home visitation services[3]	9.5	6.2	11.0	13.6	5.2
Home Safety					
Adult watches child in bathtub at all times	98.5	97.7	99.0	98.7	97.7
Swimming pools/bodies of water are protected by fences	86.7	91.5	87.3	80.1	81.7
Medicines, cleaning supplies stored in child proof place	96.8	94.5	98.1	97.6	93.7
Safety caps on unused electrical outlets	85.2	83.9	85.5	88.9	84.2
TV and bookcases bolted to wall	67.1	62.6	69.9	64.9	63.1

Analyses excludes those with missing responses to the particular questions of interest.

[1] Based on mother's positive responses to physical, sexual, verbal and emotional threats and abuses during and after pregnancy.

[2] Binge drinking is defined as 4+ drinks in two hour time span at least once in the past month

[3] Received home visitation services during pregnancy or during the child's first year of birth

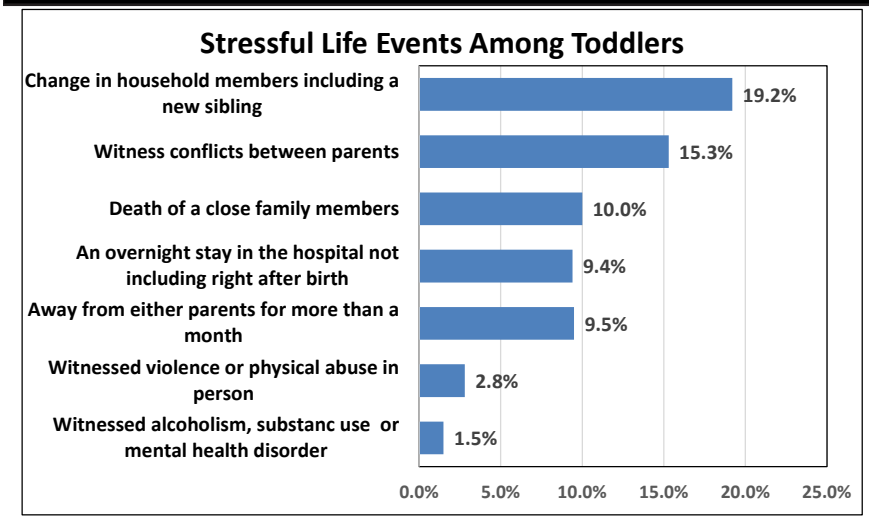
Figure 14

SELECTED CHILD ABUSE PREVENTION INDICATORS BY SERVICE PLANNING AREA LOS ANGELES MOMMY AND BABY PROJECT (LAMB) FOLLOW UP PROJECT, 2014

	Los Angeles County (%)	SPA 1 - Antelope Va (%)	SPA 2 - San Fernand (%)	SPA 3 - San Gabriel (%)	SPA 4 - Metro (%)	SPA 5 - West (%)	SPA 6 - South (%)	SPA 7 - East (%)	SPA 8 - South Bay (%)
Competence in Stress Management									
Able to manage stress	70.8	72.9	78.5	70.5	73.3	87.7	57.0	66.2	69.8
Felt overwhelmed by demand of her children	45.9	43.5	54.8	47.6	39.7	61.9	38.0	40.0	44.6
Issues Negatively Impact Parenting									
Experienced domestic violence[1] during pregnancy	14.0	17.8	13.1	14.4	10.7	11.1	16.4	15.1	13.6
Experienced domestic violence[1] after pregnancy	7.1	9.4	5.3	5.8	8.9	4.4*	9.9	7.7	6.4
Binged drinking[2]	18.0	20.2	16.5	17.7	15.0	14.7	18.7	21.1	19.2
Felt depressed for longer than two weeks	24.7	25.6	22.5	26.6	19.3	17.0	37.0	24.8	20.5
Parental Capacity to Seek Help & Connection to Services and Support									
Knew where to go for parenting information	88.0	87.9	90.0	87.5	85.1	95.4	82.8	88.3	89.9
Knew where to go for help in emergency	33.9	51.3	31.4	26.5	38.5	21.9	41.8	33.8	33.7
Received home visitation services[3]	9.5	12.1	5.0	8.1	12.5	6.7*	19.0	10.4	5.5
Home Safety									
Adult watches child in bathtub at all times	98.5	99.3	99.3	98.9	97.7	97.0	99.0	98.4	97.7
Swimming pools/bodies of water are protected by fences	86.7	87.9	90.2	87.9	87.2	88.1	83.3	85.8	83.2
Medicines, cleaning supplies stored in child proof place	96.8	99.1	96.3	96.6	96.2	92.8	98.4	96.9	97.1
Safety caps on unused electrical outlets	85.2	85.5	86.0	83.0	82.9	84.1	90.1	83.8	85.4
TV and bookcases bolted to wall	67.1	69.2	65.8	64.9	67.0	58.6	74.5	69.5	64.8

Figure 15

STRESSFUL LIFE EVENTS AMONG TWO YEAR OLD LOS ANGELES MOMMY & BABY FOLLOW UP PROJECT 2014



Service planning area based on mother's residence at time of birth

Analyses excludes those with missing responses to the particular questions of interest.

*Signifies that the estimate is statistically unstable (relative standard error > 25%) and therefore may not be appropriate to use for planning or policy purposes.

[1] Based on mother's positive responses to physical, sexual, verbal and emotional threats and abuses during and after pregnancy.

[2] Binge drinking is defined as 4+ drinks in two hour time span at least once in the past month

[3] Received home visitation services during pregnancy or during the child's first year of birth

DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Department of Public Social Services (DPSS) has an operating budget of $3.941 billion and 13,792 employees for Fiscal Year (FY) 2015-2016. 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; 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 in is unsuitable.

DPSS MISSION

"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 2015, DPSS provided public assistance to a monthly average of 4.6 million individuals, including In-Home Supportive Services (IHSS). The IHSS program provides supportive services to aged, blind, or disabled individuals who are unable to perform personal and household services needed to maintain independent living and who cannot remain safely in their homes unless such services are provided. The Cal-Learn program provides intensive case management services to CalWORKs eligible pregnant/parenting teens under the age of 19 with the goal of completing their high school education. The program provides assistance with transportation, ancillary payments for all of their school needs, and child care. Teens who turn age 19 may volunteer to participate in Cal-Learn until they complete their high school education or turn age 20 if they meet certain requirements.

CASELOAD CHARACTERISTICS BY SERVICE PLANNING AREAS (SPA) – CITIZENSHIP STATUS, PRIMARY LANGUAGE, AND ETHNIC ORIGIN

Figures 1.a through 1.9 display the total number of individuals aided by citizenship status and ethnic origin, and the total number of cases aided broken down by primary language for all programs by SPA.

AIDED CASELOAD

In total, there was a 5.4% increase (180,237) in the number of individuals receiving assistance for all programs combined from December 2014 to September 2015 (Figure 2).

The following DPSS programs provide services where children are most likely to receive aid:

CalWORKs

Since January 1, 1998, the CalWORKs program has continued to transition participants from Welfare-to-Work. To continue achieving the goal of Welfare Reform, DPSS has developed programs which help participants achieve self-sufficiency in a time-limited welfare environment. DPSS' Welfare-to-Work programs currently provide the following services:

- Child Care;
- Transportation;
- Ancillary Expenses (work clothing/uniforms, tools, books, etc.);
- Treatment programs for Substance Use Disorder, Domestic Violence, and Mental Health service needs; and
- Post-Employment Services (PES), where employed participants, who meet the criteria, can receive transportation, childcare, and ancillary expenses. Expanded PES is available for up to 12 months for former CalWORKs participants whose case was terminated due to employment and who meet the established criteria.

Although recent economic turmoil and a high unemployment rate caused an increase in the number of people receiving CalWORKs since 2008, there was a slight decrease from 2014 to 2015. In September 2015, 396,945 individuals received cash assistance from CalWORKs. This represents a 3.74% decrease (-15,420 individuals) compared to 412,365 individuals aided in December 2014 (Figure 2). The number of participants receiving assistance through the CalWORKs program slowly declined from December 2011 through September 2015 (Figure 6).

CalFresh

The CalFresh program has experienced a steady increase in the number of participants since 2007. In December 2014, there were 1,191,285 aided individuals. By September 2015, that number had reduced to 1,182,726 individuals, which represents a decrease of 0.72% (-8,559 individuals), (Figure 2). Overall, since 2006, the CalFresh program has seen an increase of 86.3% in the number of individuals receiving benefits. Detailed annual data can be found in Figure 8.

Medi-Cal Assistance Only (MAO)

In December 2014, there were 2,705,644 individuals receiving Medi-Cal benefits. By September 2015, the number of individuals enrolled in Medi-Cal had increased to 2,901,798. This represents a 7.25% increase (196,154) in individuals served (Figure 2). Detailed annual data can be found in Figure 7.

Cal-Learn Program

In 2015, DPSS served a monthly average of 1,466 Cal-Learn participants. This represents a 21% decrease from a monthly average of 1,854 participants served during Calendar Year 2014 (Figure 4).

CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS, AND STAFF TRAINING

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

Since its inception, the Child Abuse Prevention training program has been delivered to DPSS public contact staff, including Social Workers, GAIN Services Workers, Eligibility Workers, clerical staff, and managers. To ensure that all DPSS public contact staff receive the training, the program is incorporated into DPSS new employee orientation.

During the training, staff is informed of the types of child abuse, indicators of such abuse, provisions of the reporting law, and DPSS employees' reporting responsibilities and procedures. The staff also reviews and discusses materials related to the indicators of child abuse.

Emphasized in the training program is violence between household members, which often endangers children. The Los Angeles County Domestic Violence Council provides Domestic Violence training to all DPSS public contact staff.

In 2015, DPSS made a total of 314 child abuse referrals to the Department of Children and Family Services. This represented a 2% increase from the 309 referrals made in 2014 (Figure 3).

Figure 1a:

DPSS CASELOAD CHARACTERISTICS - SEPTEMBER 2015*
LOS ANGELES COUNTY TOTALS

		CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Total Aided								
Cases*		162,378	90,525	677	5,894	1,622,970	587,840	202,217
Persons**		396,945	91,021	808	6,580	2,901,798	1,182,726	202,216
Age Of Aided Persons								
Under 1		15,139	0	0	0	27,416	25,325	7
1-2		39,209	0	0	1	97,681	72,797	145
3-5		59,971	0	0	4	161,330	113,914	937
6-12		126,676	2	2	9	374,463	255,752	4,817
13-15		42,526	0	1	3	154,023	87,948	2,305
16-17		25,201	1	0	10	103,091	51,934	1,414
18		4,004	1,250	17	0	59,946	23,303	791
19		2,382	1,802	18	8	55,689	17,764	837
20		3,029	1,904	14	2	53,508	16,192	903
21-59		78,063	79,070	605	905	1,394,452	456,462	48,765
60-65		657	6,728	64	662	139,000	35,020	21,274
Over 65		88	264	87	4,976	281,199	26,315	120,021
TOTAL		**396,945**	**91,021**	**808**	**6,580**	**2,901,798**	**1,182,726**	**202,216**
Average Age Of Aided Adults								
Average Age		32	41	41	72	45	39	68
Gender Of Aided Persons								
Adult	**Male**	15,377	58,845	383	2,284	823,141	243,582	71,058
	Female	66,258	32,173	422	4,269	1,100,707	331,474	121,533
Children	**Male**	158,021	2	2	20	497,084	305,129	6,448
	Female	157,289	1	1	7	480,866	302,541	3,177
TOTAL		**396,945**	**91,021**	**808**	**6,580**	**2,901,798**	**1,182,726**	**202,216**

*Due to the system conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable.

* Cases are defined as an Assistance Unit of one or more persons.

** Persons are defined as being separate individuals.

Figure 1b:

DPSS CASELOAD CHARACTERISTICS - SEPTEMBER 2015*
LOS ANGELES COUNTY TOTALS

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	379,160	84,136	1	40	2,134,542	1,087,062	N/A
Legal Immigrants	17,250	6,848	803	6,527	362,357	94,611	N/A
Other	457	31	4	3	12,122	984	N/A
Undocumented Immigrants	78	6	0	10	392,777	69	N/A
TOTAL	**396,945**	**91,021**	**808**	**6,580**	**2,901,798**	**1,182,726**	**N/A**
Primary Language of Aided Cases							
Armenian	2,634	1,250	307	1,185	27,845	8,951	33,254
Cambodian	247	45	1	18	3,450	975	2,344
Chinese	327	128	10	167	51,173	3,737	14,807
English	106,832	83,891	89	504	992,126	397,912	78,382
Farsi	370	122	107	133	6,527	1,520	5,966
Korean	113	109	10	246	21,934	1,386	5,827
Russian	250	99	7	190	5,843	876	7,201
Spanish	50,852	4,625	114	3,186	472,165	167,826	43,145
Tagalog	36	30	7	84	6,206	525	4,494
Vietnamese	262	125	0	33	14,185	2,696	3,586
Other	455	101	25	148	21,516	1,436	3,211
TOTAL	**162,378**	**90,525**	**677**	**5,894**	**1,622,970**	**587,840**	**202,217**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	351	276	0	2	3,250	1,736	417
Asian	9,240	2,011	47	755	312,704	48,336	38,047
Black	80,630	35,076	25	67	241,474	203,723	35,098
Hispanic	258,174	27,702	135	3,501	1,740,353	739,591	60,407
White	30,639	14,001	557	1,907	360,883	116,900	66,739
Other	17,911	11,955	44	348	243,134	72,440	1,508
TOTAL	**396,945**	**91,021**	**808**	**6,580**	**2,901,798**	**1,182,726**	**202,216**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 1.1:

DPSS CASELOAD CHARACTERISTICS SEPTEMBER - 2015*
SERVICE PLANNING AREA 1

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	30,897	2,161	0	0	94,509	65,016	N/A
Legal Immigrants	472	82	3	93	8,677	2,630	N/A
Other	36	1	0	0	208	34	N/A
Undocumented Immigrants	1	0	0	0	9,545	1	N/A
TOTAL	**31,406**	**2,244**	**3**	**93**	**112,939**	**67,681**	**N/A**
Primary Language of Aided Cases							
Armenian	3	0	0	2	48	9	82
Cambodian	0	0	0	0	13	3	8
Chinese	1	1	0	1	49	5	7
English	10,547	2,141	0	11	40,679	22,178	6,367
Farsi	0	0	1	0	15	2	21
Korean	0	0	0	2	64	7	15
Russian	0	0	0	0	9	0	4
Spanish	1,398	73	1	63	12,677	4,572	1,438
Tagalog	0	0	0	1	52	5	75
Vietnamese	0	0	0	0	74	1	11
Other	18	2	0	3	373	43	95
TOTAL	**11,967**	**2,217**	**2**	**83**	**54,053**	**26,825**	**8,123**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	48	2	0	0	198	144	47
Asian	259	22	0	7	2,958	813	301
Black	12,447	857	0	1	19,154	20,854	3,301
Hispanic	13,266	571	1	72	64,242	32,616	2,435
White	4,066	561	1	7	19,558	10,199	1,951
Other	1,320	231	1	6	6,829	3,055	88
TOTAL	**31,406**	**2,244**	**3**	**93**	**112,939**	**67,681**	**8,123**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 1.2

DPSS CASELOAD CHARACTERISTICS SEPTEMBER 2015*
SERVICE PLANNING AREA 2

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	49,925	8,340	1	15	404,790	162,465	N/A
Legal Immigrants	7,444	1,571	520	2,142	80,904	27,169	N/A
Other	72	2	0	0	2,448	159	N/A
Undocumented Immigrants	6	0	0	2	75,977	13	N/A
TOTAL	**57,447**	**9,913**	**521**	**2,159**	**564,119**	**189,806**	**N/A**
Primary Language of Aided Cases							
Armenian	2,378	1,081	299	978	23,042	7,966	26,853
Cambodian	1	2	0	0	63	10	51
Chinese	0	1	0	6	626	35	179
English	12,412	7,904	23	171	196,854	55,605	11,004
Farsi	288	95	71	94	3,660	1,202	3,317
Korean	10	6	0	23	2,755	134	658
Russian	128	44	4	96	2,157	469	2,475
Spanish	7,609	567	15	433	89,278	27,438	7,239
Tagalog	11	7	0	28	1,669	138	1,246
Vietnamese	11	6	0	1	1,484	313	393
Other	157	45	7	43	3,336	499	1,345
TOTAL	**23,005**	**9,758**	**419**	**1,873**	**324,924**	**93,809**	**54,760**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	50	32	0	0	538	294	75
Asian	1,075	203	3	94	41,967	6,650	4,192
Black	3,723	1,483	1	6	18,657	12,161	1,636
Hispanic	36,031	3,095	15	485	303,252	110,288	9,223
White	14,280	4,049	479	1,446	149,782	50,301	39,185
Other	2,288	1,051	23	128	49,923	10,112	449
TOTAL	**57,447**	**9,913**	**521**	**2,159**	**564,119**	**189,806**	**54,760**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 1.3

DPSS CASELOAD CHARACTERISTICS SEPTEMBER 2015* SERVICE PLANNING AREA 3

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	45,882	10,158	0	1	359,543	146,290	N/A
Legal Immigrants	1,676	604	46	682	76,143	11,493	N/A
Other	55	9	0	0	2,405	158	N/A
Undocumented Immigrants	12	0	0	0	53,541	8	N/A
TOTAL	**47,625**	**10,771**	**46**	**683**	**491,632**	**157,949**	**N/A**
Primary Language of Aided Cases							
Armenian	35	11	3	28	788	94	1,451
Cambodian	7	3	0	4	407	49	202
Chinese	272	105	8	120	41,281	2,998	11,051
English	13,478	10,144	7	44	165,658	53,712	9,408
Farsi	6	2	6	7	147	24	112
Korean	7	2	0	15	1,761	84	296
Russian	1	0	0	2	57	7	52
Spanish	5,168	353	13	326	57,416	17,729	5,763
Tagalog	6	0	0	5	850	53	745
Vietnamese	200	89	0	20	9,388	1,908	2,365
Other	70	10	5	27	3,549	217	608
TOTAL	**19,250**	**10,719**	**42**	**598**	**281,302**	**76,875**	**32,053**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	44	63	0	1	570	284	57
Asian	2,337	464	13	207	132,621	16,582	16,167
Black	3,419	1,612	0	2	16,076	10,199	1,791
Hispanic	36,044	5,753	13	363	259,289	108,410	9,523
White	3,257	1,694	18	56	38,954	12,878	4,324
Other	2,524	1,185	2	54	44,122	9,596	191
TOTAL	**47,625**	**10,771**	**46**	**683**	**491,632**	**157,949**	**32,053**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 1.4

DPSS CASELOAD CHARACTERISTICS DECEMBER 2014
SERVICE PLANNING AREA 4

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	37,182	14,852	0	9	244,141	125,624	N/A
Legal Immigrants	1,878	1,672	66	1,321	51,597	13,809	N/A
Other	55	7	0	0	1,964	136	N/A
Undocumented Immigrants	10	2	0	5	62,560	9	N/A
TOTAL	**39,125**	**16,533**	**66**	**1,335**	**360,262**	**139,578**	**N/A**
Primary Language of Aided Cases							
Armenian	194	147	3	157	3,388	783	4,048
Cambodian	16	1	0	2	282	39	140
Chinese	35	13	0	22	4,781	491	2,397
English	8,297	14,856	18	117	116,100	47,786	6,728
Farsi	11	4	9	6	302	46	287
Korean	81	80	10	143	11,474	900	3,383
Russian	103	48	3	78	2,654	323	3,407
Spanish	7,956	1,262	17	666	70,639	28,081	6,863
Tagalog	9	20	1	31	2,008	216	1,093
Vietnamese	17	15	0	4	895	173	203
Other	40	14	3	17	3,725	198	240
TOTAL	**16,759**	**16,460**	**64**	**1,243**	**216,248**	**79,036**	**28,789**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	37	41	0	0	416	218	45
Asian	1,360	463	19	269	50,860	7,748	8,093
Black	3,017	4,467	4	13	17,217	13,064	1,994
Hispanic	32,071	6,721	19	712	224,123	99,978	8,816
White	1,900	2,290	22	289	42,831	11,236	9,672
Other	740	2,551	2	52	24,815	7,334	169
TOTAL	**39,125**	**16,533**	**66**	**1,335**	**360,262**	**139,578**	**28,789**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 1.5

DPSS CASELOAD CHARACTERISTICS SEPTEMBER 2015*
SERVICE PLANNING AREA 5

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	5,402	5,437	0	1	71,743	25,622	N/A
Legal Immigrants	405	263	26	115	9,267	1,898	N/A
Other	6	1	0	0	391	12	N/A
Undocumented Immigrants	2	0	0	0	5,740	1	N/A
TOTAL	**5,815**	**5,701**	**26**	**116**	**87,141**	**27,533**	**N/A**
Primary Language of Aided Cases							
Armenian	1	0	0	2	36	5	29
Cambodian	1	0	0	0	5	2	2
Chinese	1	1	0	2	325	20	53
English	2,169	5,583	8	28	50,556	17,599	3,065
Farsi	49	16	10	19	1,932	186	1,963
Korean	1	1	0	1	297	17	40
Russian	10	6	0	10	669	51	1,088
Spanish	292	61	4	29	6,520	1,395	555
Tagalog	0	1	0	1	73	7	22
Vietnamese	0	0	0	1	55	6	10
Other	28	11	0	13	1,352	84	133
TOTAL	**2,552**	**5,680**	**22**	**106**	**61,820**	**19,372**	**6,960**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	20	17	0	0	178	83	16
Asian	132	66	2	17	6,431	827	394
Black	2,161	2,408	1	7	9,806	8,529	587
Hispanic	1,728	596	4	34	24,212	6,730	883
White	1,033	1,353	17	48	31,921	6,897	5,007
Other	741	1,261	2	10	14,593	4,467	73
TOTAL	**5,815**	**5,701**	**26**	**116**	**87,141**	**27,533**	**6,960**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 1.6

DPSS CASELOAD CHARACTERISTICS SEPTEMBER 2015*
SERVICE PLANNING AREA 6

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	98,325	15,712	0	5	301,642	228,522	N/A
Legal Immigrants	1,953	1,143	18	726	41,898	14,682	N/A
Other	78	2	4	2	1,340	177	N/A
Undocumented Immigrants	23	3	0	2	79,335	19	N/A
TOTAL	**100,379**	**16,860**	**22**	**735**	**424,215**	**243,400**	**N/A**
Primary Language of Aided Cases							
Armenian	0	1	0	0	11	2	5
Cambodian	3	1	0	1	37	16	39
Chinese	3	0	0	1	87	6	21
English	27,261	15,759	6	31	109,900	73,926	18,136
Farsi	0	2	0	0	11	3	5
Korean	2	11	0	16	884	58	384
Russian	0	0	0	1	18	3	8
Spanish	14,346	1,042	12	612	90,782	40,246	6,172
Tagalog	0	0	0	0	63	4	40
Vietnamese	0	0	0	1	34	7	15
Other	23	2	2	15	2,789	65	94
TOTAL	**41,638**	**16,818**	**20**	**678**	**204,616**	**114,336**	**24,919**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	51	29	0	0	241	154	43
Asian	380	107	0	20	4,132	1,276	700
Black	34,391	10,570	5	24	78,223	74,206	15,994
Hispanic	60,648	3,618	16	649	310,458	152,136	7,527
White	752	501	1	6	4,732	2,499	459
Other	4,157	2,035	0	36	26,429	13,129	196
TOTAL	**100,379**	**16,860**	**22**	**735**	**424,215**	**243,400**	**24,919**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 1.7

DPSS CASELOAD CHARACTERISTICS SEPTEMBER 2015*
SERVICE PLANNING AREA 7

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	49,266	2,349	0	5	271,623	137,645	N/A
Legal Immigrants	1,451	469	41	851	42,563	10,839	N/A
Other	49	2	0	1	1,040	123	N/A
Undocumented Immigrants	9	0	0	0	52,478	7	N/A
TOTAL	**50,775**	**2,820**	**41**	**857**	**367,704**	**148,614**	**N/A**
Primary Language of Aided Cases							
Armenian	2	2	0	7	140	17	450
Cambodian	13	5	0	3	437	86	275
Chinese	7	4	1	7	1,425	75	732
English	13,226	2,210	3	37	104,886	36,553	7,913
Farsi	1	1	0	1	25	5	20
Korean	6	0	0	25	1,754	71	391
Russian	1	0	0	0	26	4	28
Spanish	7,252	553	26	670	78,360	26,329	10,380
Tagalog	2	2	0	5	507	47	360
Vietnamese	1	3	0	2	425	52	145
Other	56	4	2	8	1,177	139	306
TOTAL	**20,567**	**2,784**	**32**	**765**	**189,162**	**63,378**	**21,000**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	43	8	0	0	363	165	53
Asian	672	55	1	52	20,389	3,155	2,698
Black	3,043	153	1	1	7,899	5,955	962
Hispanic	43,093	2,105	35	756	297,771	126,986	14,995
White	2,013	293	1	16	18,000	6,354	2,186
Other	1,911	206	3	32	23,282	5,999	106
TOTAL	**50,775**	**2,820**	**41**	**857**	**367,704**	**148,614**	**21,000**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 1.8

DPSS CASELOAD CHARACTERISTICS SEPTEMBER 2015*
SERVICE PLANNING AREA 8

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	54,018	20,534	0	4	301,663	167,643	N/A
Legal Immigrants	1,706	920	53	468	39,197	10,460	N/A
Other	101	6	0	0	1,729	171	N/A
Undocumented Immigrants	14	1	0	0	42,765	11	N/A
TOTAL	**55,839**	**21,461**	**53**	**472**	**385,354**	**178,285**	**N/A**
Primary Language of Aided Cases							
Armenian	0	0	1	2	47	6	54
Cambodian	203	33	1	8	2,134	762	1,584
Chinese	1	0	0	3	747	21	236
English	17,062	20,691	22	56	159,041	76,116	13,696
Farsi	8	2	3	4	184	21	147
Korean	3	7	0	17	1,919	84	586
Russian	2	0	0	1	117	8	81
Spanish	5,830	632	13	306	52,631	19,133	3,958
Tagalog	7	0	6	12	809	49	846
Vietnamese	27	8	0	3	1,327	188	396
Other	51	13	2	19	4,179	147	341
TOTAL	**23,194**	**21,386**	**48**	**431**	**223,135**	**96,535**	**21,925**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	53	79	0	1	564	342	71
Asian	2,853	581	9	74	40,875	10,350	5,024
Black	16,696	11,047	13	12	62,187	51,341	7,859
Hispanic	29,830	4,326	18	342	202,359	87,106	5,804
White	2,591	2,331	5	20	37,475	12,249	2,951
Other	3,816	3,097	8	23	41,894	16,897	215
TOTAL	**55,839**	**21,461**	**53**	**472**	**385,354**	**178,285**	**21,924**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 1.9

DPSS CASELOAD CHARACTERISTICS SEPTEMBER 2015*
SERVICE PLANNING AREA UNKNOWN**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
Citizenship Status of Aided Persons							
Citizen	8,263	4,593	0	0	84,888	28,235	N/A
Legal Immigrants	265	124	30	129	12,111	1,631	N/A
Other	5	1	0	0	597	14	N/A
Undocumented Immigrants	1	0	0	1	10,836	0	N/A
TOTAL	**8,534**	**4,718**	**30**	**130**	**108,432**	**29,880**	**N/A**
Primary Language of Aided Cases							
Armenian	21	8	1	9	345	69	282
Cambodian	3	0	0	0	72	8	43
Chinese	7	3	1	5	1,852	86	131
English	2,380	4,603	2	9	48,452	14,437	2,065
Farsi	7	0	7	2	251	31	94
Korean	3	2	0	4	1,026	31	74
Russian	5	1	0	2	136	11	58
Spanish	1,001	82	13	81	13,862	2,903	777
Tagalog	1	0	0	1	175	6	67
Vietnamese	6	4	0	1	503	48	48
Other	12	0	4	3	1,036	44	49
TOTAL	**3,446**	**4,703**	**28**	**117**	**67,710**	**17,674**	**3,688**
Ethnic Origin of Aided Persons							
American Indian / Alaskan Native	5	5	0	0	182	52	10
Asian	172	50	0	15	12,471	935	478
Black	1,733	2,479	0	1	12,255	7,414	974
Hispanic	5,463	917	14	88	54,647	15,341	1,201
White	747	929	13	19	17,630	4,287	1,004
Other	414	338	3	7	11,247	1,851	21
TOTAL	**8,534**	**4,718**	**30**	**130**	**108,432**	**29,880**	**3,688**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

**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 SEPTEMBER 2015* COMPARED TO DECEMBER 2013

Program	Dec. 2014	Sep. 2015	Change	% Change
CalWORKs	412,365	396,945	-15,420	-3.74%
General Relief	93,486	91,021	-2,465	-2.64%
CAPI	6,147	6,580	433	7.04%
Refugee	958	808	-150	-15.66%
Medical Assistance Only	2,705,644	2,901,798	196,154	7.25%
CalFresh	1,191,285	1,182,726	-8,559	-0.72%
IHSS	197,647	202,216	4,569	2.31%
TOTAL ALL PROGRAMS **	**3,339,390**	**3,519,627**	**180,237**	**5.40%**

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

**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 - DECEMBER 2015

Month	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	12/14 change	12/14 % change
Jan.	20	26	16	23	7	11	5	19	14	27	28	1	7%
Feb.	24	16	13	14	5	9	9	17	28	15	24	9	32%
Mar.	21	31	12	12	7	11	3	26	8	27	17	-10	-125%
Apr.	34	41	15	11	13	7	14	25	17	26	23	-3	-18%
May	15	29	13	17	13	3	11	24	16	28	13	-15	-94%
June	32	31	12	14	11	5	16	24	21	28	15	-13	-62%
July	36	26	13	9	14	10	11	23	35	25	34	9	26%
Aug.	36	34	15	12	8	8	12	15	27	28	42	14	52%
Sept.	20	21	20	7	6	4	5	12	24	33	49	16	67%
Oct.	26	27	22	20	9	14	6	13	30	35	31	-4	-13%
Nov.	24	14	17	3	13	6	8	15	29	27	21	-6	-21%
Dec.	17	3	7	4	12	3	13	9	17	10	17	7	41%
TOTAL	**305**	**299**	**175**	**146**	**118**	**91**	**113**	**222**	**266**	**309**	**314**	**5**	**2%**

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.

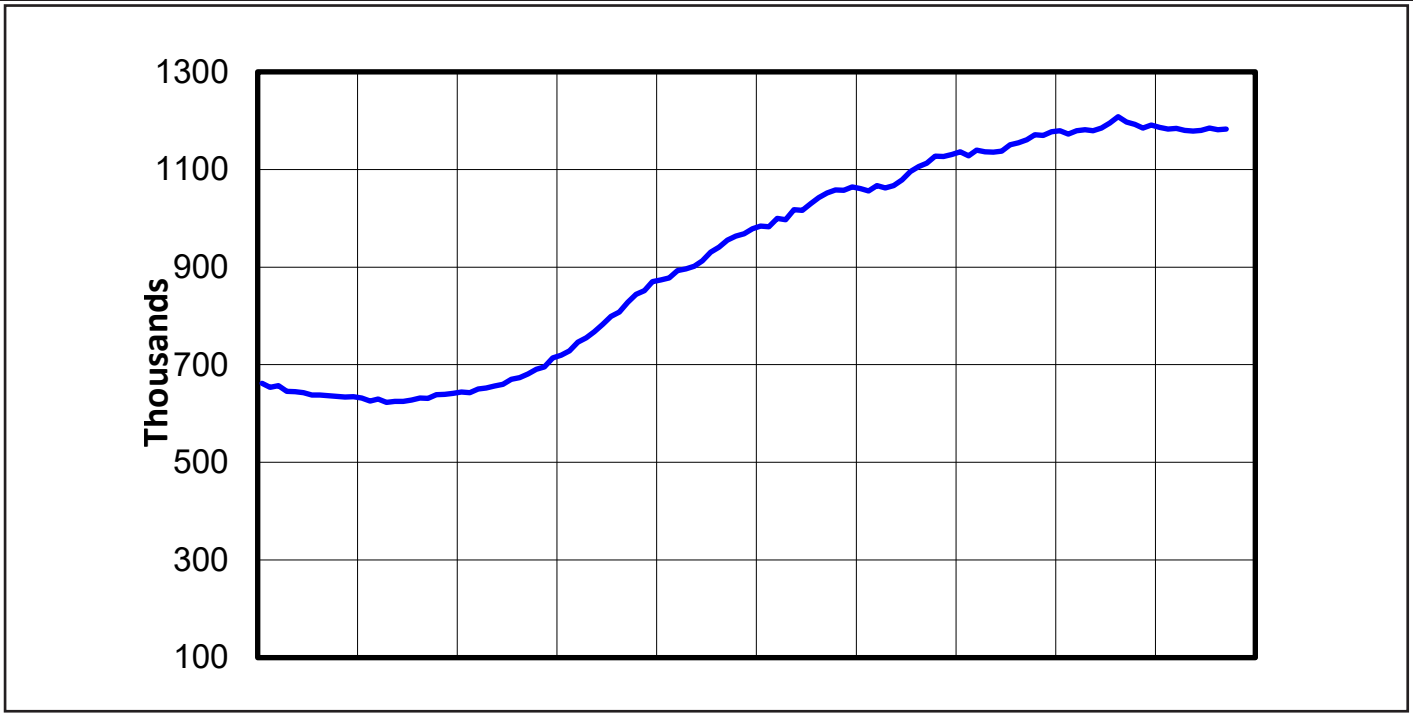
Figure 4

CAL-LEARN PARTICIPANTS SERVED
JANUARY 2007 - DECEMBER 2015

Month	2007	2008	2009	2010	2011	2012	2013	2014	2015	14/15 change	14/15 % change
Jan.	2,181	2,465	2,735	3,064	2,923	2,270	2,104	1,931	1,640	-291	-15%
Feb.	2,234	2,492	2,832	3,109	2,948	2,169	2,125	1,893	1,574	-319	-17%
Mar.	2,155	2,470	2,891	3,134	2,912	2,431	2,100	1,929	1,576	-353	-18%
Apr.	2,186	2,514	2,920	3,200	2,934	2,471	2,114	1,947	1,450	-497	-26%
May	2,270	2,586	2,982	3,235	2,741	2,370	1,851	1,996	1,524	-472	-24%
June	2,307	2,549	2,953	3,149	2,350	2,382	2,158	1,961	1,571	-390	-20%
July	2,250	2,474	2,870	2,932	2,115	2,211	2,111	1,862	1,456	-406	-22%
Aug.	2,292	2,493	2,862	2,960	1,836	2,181	2,110	1,785	1,384	-401	-22%
Sept.	2,305	2,535	2,888	2,992	2,134	2,182	2,019	1,826	1,377	-449	-25%
Oct.	2,408	2,556	3,009	3,030	2,057	2,265	2,017	1,726	1,400	-326	-19%
Nov.	2,450	2,650	3,077	3,014	2,208	2,167	1,924	1,681	1,301	-380	-23%
Dec.	2,488	2,751	3,074	2,991	2,214	2,192	1,966	1,707	1,341	-366	-21%
AVERAGE	**2,294**	**2,545**	**2,924**	**3,068**	**2,448**	**2,274**	**2,050**	**1,854**	**1,466**	**-388**	**-21%**

Figure 5

INDIVIDUALS AIDED – ALL AIDS COMBINED
JANUARY 2006-SEPTEMBER 2015*

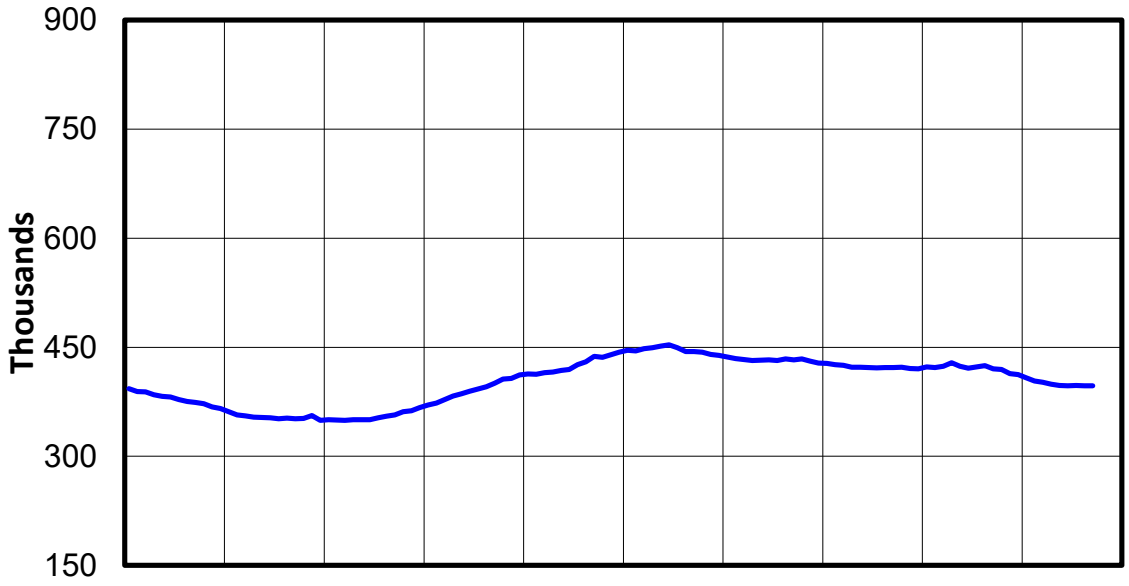


Month	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Jan.	661,664	631,850	644,368	719,388	873,906	983,972	1,061,099	1,136,598	1,179,471	1,186,689
Feb.	653,479	625,321	642,827	728,164	877,708	982,952	1,056,530	1,128,269	1,172,986	1,183,204
Mar.	657,003	629,729	650,233	745,955	893,254	999,836	1,067,474	1,140,185	1,179,917	1,184,511
Apr.	645,412	622,860	652,132	755,533	896,310	997,431	1,062,493	1,136,567	1,181,939	1,180,608
May	644,941	624,750	656,361	767,382	902,170	1,017,987	1,067,010	1,135,966	1,179,271	1,178,959
June	642,842	624,827	659,778	782,354	912,861	1,016,668	1,078,877	1,137,764	1,185,357	1,180,615
July	638,219	627,626	670,143	799,325	930,781	1,029,907	1,095,676	1,150,909	1,195,491	1,185,244
Aug.	637,972	631,525	673,922	807,965	941,140	1,042,754	1,106,581	1,154,695	1,208,242	1,181,789
Sep.	636,555	630,752	681,301	827,823	955,463	1,052,181	1,112,889	1,161,054	1,197,541	1,182,726
Oct.	635,344	638,796	690,571	844,497	963,522	1,058,355	1,127,190	1,171,438	1,192,513	*
Nov.	633,506	639,412	695,872	852,054	968,213	1,057,476	1,126,961	1,170,317	1,185,306	*
Dec.	634,763	641,215	713,748	870,368	978,920	1,064,647	1,130,714	1,177,740	1,191,285	*

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 6

INDIVIDUALS AIDED - CALWORKS
JANUARY 2006 - SEPTEMBER 2015*

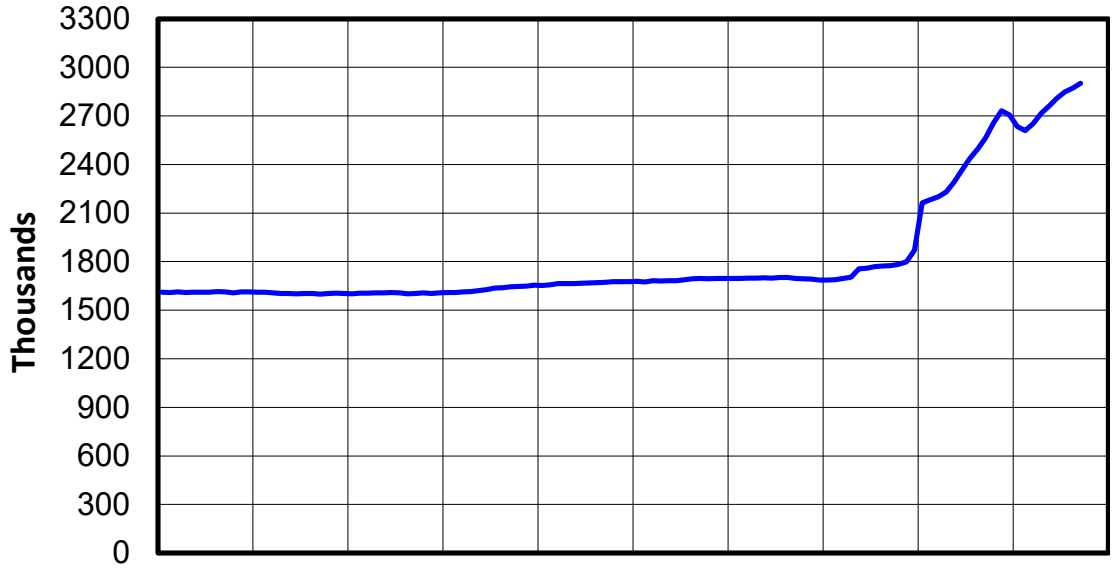


Month	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Jan.	393,222	361,495	350,311	370,631	413,178	445,949	436,846	427,728	422,896	408,172
Feb.	389,308	357,170	349,868	373,398	412,969	445,154	434,536	426,054	422,249	403,662
Mar.	388,639	355,533	349,622	378,222	414,952	447,929	433,157	425,255	424,066	401,779
Apr.	384,683	354,031	350,448	382,959	415,809	449,363	431,619	422,502	428,680	399,015
May	382,422	353,662	350,578	385,883	418,101	451,770	432,124	422,504	423,974	397,553
June	381,675	353,094	350,570	389,509	419,613	453,164	432,684	421,889	421,206	397,045
July	378,299	351,664	352,835	392,490	426,282	449,303	431,612	421,707	422,817	397,353
Aug.	375,389	352,669	355,100	395,902	429,910	444,096	434,159	422,294	424,883	397,157
Sep.	374,190	351,816	357,008	400,534	437,714	444,308	432,602	422,137	420,169	396,945
Oct.	372,159	352,014	361,378	406,371	436,323	443,415	434,071	422,511	419,533	*
Nov.	368,084	355,989	362,652	406,992	439,859	440,023	431,092	420,873	413,804	*
Dec.	365,841	349,574	367,163	411,842	443,245	438,715	428,294	420,513	412,365	*

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 7

INDIVIDUALS AIDED – MEDICAL ASSISTANCE ONLY
JANUARY 2006 - SEPTEMBER 2015*

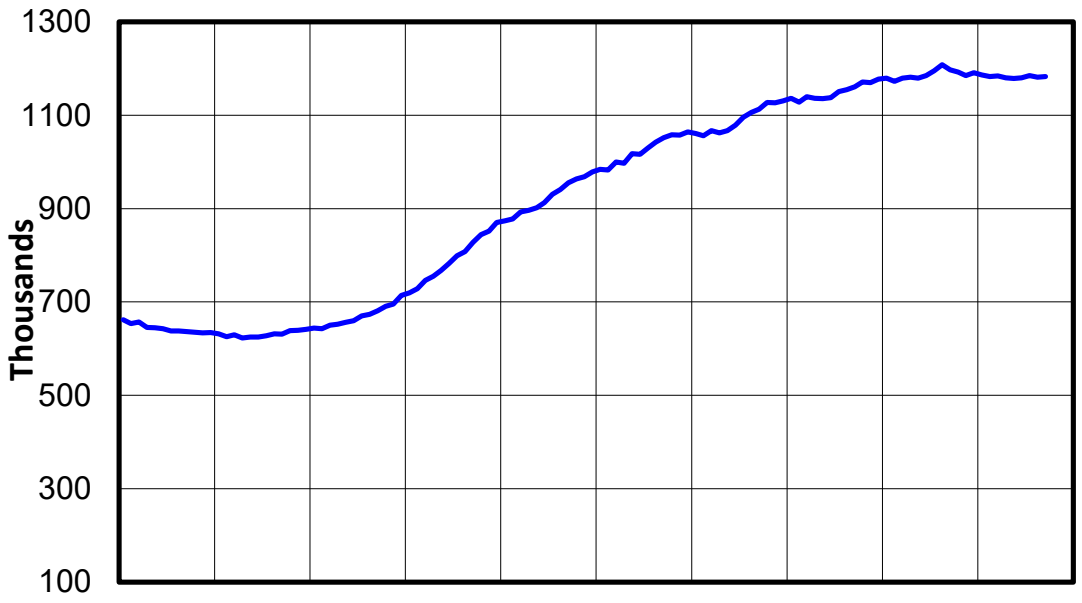


Month	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Jan.	1,610,580	1,610,495	1,601,826	1,608,284	1,652,545	1,677,657	1,695,530	1,686,728	2,162,087	2,635,084
Feb.	1,609,912	1,611,324	1,604,958	1,609,965	1,656,625	1,674,595	1,696,763	1,688,211	2,181,648	2,609,119
Mar.	1,612,873	1,606,981	1,605,420	1,612,871	1,664,015	1,681,467	1,698,376	1,695,285	2,200,120	2,652,143
Apr.	1,608,581	1,603,501	1,607,132	1,615,916	1,665,214	1,680,359	1,698,100	1,704,905	2,229,067	2,716,127
May	1,610,182	1,604,117	1,607,865	1,621,134	1,663,980	1,681,497	1,700,809	1,755,996	2,288,191	2,758,728
June	1,611,201	1,601,343	1,609,248	1,627,826	1,665,971	1,683,049	1,697,665	1,759,649	2,364,689	2,809,686
July	1,373,812	1,611,515	1,602,534	1,607,295	1,637,703	1,668,643	1,687,322	1,701,787	1,768,550	2,436,427
Aug.	1,392,970	1,615,820	1,603,846	1,602,051	1,639,215	1,669,561	1,694,711	1,701,649	1,773,011	2,496,469
Sep.	1,395,267	1,612,472	1,600,003	1,603,149	1,643,871	1,672,275	1,696,079	1,695,450	1,775,355	2,564,799
Oct.	1,387,259	1,607,194	1,603,238	1,607,896	1,646,630	1,677,012	1,693,154	1,693,886	1,783,230	2,657,203
Nov.	1,380,600	1,612,304	1,604,229	1,603,186	1,648,758	1,675,728	1,696,764	1,691,766	1,797,981	2,732,673
Dec.	1,389,196	1,612,219	1,602,354	1,607,228	1,655,341	1,677,283	1,695,805	1,686,556	1,870,380	2,705,644

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

Figure 8

INDIVIDUALS AIDED - CALFRESH
JANUARY 2006 - SEPTEMBER 2015*



Month	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Jan.	661,664	631,850	644,368	719,388	873,906	983,972	1,061,099	1,136,598	1,179,471	1,186,689
Feb.	653,479	625,321	642,827	728,164	877,708	982,952	1,056,530	1,128,269	1,172,986	1,183,204
Mar.	657,003	629,729	650,233	745,955	893,254	999,836	1,067,474	1,140,185	1,179,917	1,184,511
Apr.	645,412	622,860	652,132	755,533	896,310	997,431	1,062,493	1,136,567	1,181,939	1,180,608
May	644,941	624,750	656,361	767,382	902,170	1,017,987	1,067,010	1,135,966	1,179,271	1,178,959
June	642,842	624,827	659,778	782,354	912,861	1,016,668	1,078,877	1,137,764	1,185,357	1,180,615
July	638,219	627,626	670,143	799,325	930,781	1,029,907	1,095,676	1,150,909	1,195,491	1,185,244
Aug.	637,972	631,525	673,922	807,965	941,140	1,042,754	1,106,581	1,154,695	1,208,242	1,181,789
Sep.	636,555	630,752	681,301	827,823	955,463	1,052,181	1,112,889	1,161,054	1,197,541	1,182,726
Oct.	635,344	638,796	690,571	844,497	963,522	1,058,355	1,127,190	1,171,438	1,192,513	*
Nov.	633,506	639,412	695,872	852,054	968,213	1,057,476	1,126,961	1,170,317	1,185,306	*
Dec.	634,763	641,215	713,748	870,368	978,920	1,064,647	1,130,714	1,177,740	1,191,285	*

*Due to the conversion from legacy systems to the LEADER Replacement System (LRS), some data from October through December 2015 is unavailable

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
- Either parent is continually absent from the home in which the child is living
- When both parents are in the home, the Principal Wage Earner worked less than 100 hours in the four week period before applying for CalWORKs cash aid.

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.

Greater Avenues For Independence (GAIN): The GAIN program provides employment-related services to CalWORKs participants to help them find employment, stay employed, and move on to higher paying jobs, which will ultimately lead to self-sufficiency and independence.

General Relief (GR): Is a County-funded program that provides cash aid to indigent adults who are ineligible for Federal or State programs.

In-Home Supportive Services (IHSS): 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 which provides the primary case management for the programs administered by DPSS.

Medi-Cal Assistance Only (MAO): Provides comprehensive medical benefits to low-income families and individuals. Depending on their income and resource levels, individuals and families may be eligible for a no-cost or a share-of-cost Medi-Cal Program.

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

Cal-Learn: Is a mandatory program for CalWORKs participants who are under 19 years of age, are pregnant or parenting, and have not yet completed their high school education. The Cal-Learn program is designed to address long-term welfare dependency by encouraging and assisting teen parents on the CalWORKs program to remain in or return to school. Cal-Learn focuses on providing these youths with the following supportive services needed to complete their high school education or equivalent:

- Intensive case management services
- Payments for child care, transportation, and school expenses
- $100 bonuses up to four times a year for satisfactory school progress
- $500 one-time-only bonus for receiving a high school diploma or its equivalent.

PUBLIC LIBRARY

NO-FAULT LIBRARY CARD FOR FOSTER CHILDREN

The County of Los Angeles Public Library reaches out to children in at-risk populations. While some foster children in Los Angeles County have caregivers who take on the financial responsibility necessary in securing a library card for their foster children, many of them are reluctant to take on that responsibility. In the event of a change in placement, the child may use the card irresponsibly and the original caregiver may be responsible for subsequent library fines or charges for lost library materials.

Since October 2002, the Public Library and the Department of Children and Family Services (DCFS) have worked together to provide a "no-fault" library card for foster children. DCFS is responsible for any fines or overdue materials and fees for lost materials checked out by foster children enrolled in the program. Currently, more than 983 children have received library cards through this program. There were 163 children who received the no-fault library card in Fiscal Year (FY) 2015-2016.

LIBRARY CARDS FOR PROBATION YOUTH

During FY 2015-2016 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 2015-2016, 1,039 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. Total number of library cards issued through this program: 27,420.

The Library and Probation Department continued exploring how to expand their partnership. In August, 2016, a library was opened at the Los Padrinos Juvenile Hall. The Library also began hosting book clubs at several Probation camps.

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 711,577 times. In FY 2015–2016, more than 70,153 students used the service.

EARLY CHILDHOOD PROGRAMS

Family Place

Family Place is designed to assist families to strengthen their knowledge about support for their children's early childhood development and learning. The Public Library provides warm, welcoming spaces for parents and children to learn together. The Libraries provide parent/child workshops where parents are introduced to community resources that can assist them to answer questions and deal with issues of child rearing. In 2015-2016, the County Library expanded the programming from 71 Family Place sites to 81. Over 58,951 children and caregivers were reached through the library programs and parent training as compared to 55,684 the previous fiscal year.

The County of Los Angeles Public Library also for the sixth year will host the Family Place Training Institute at the West Coast Family Place Training Center, based out of the Carson Regional Library which was originally funded by the California State Library and First 5 Los Angeles. Librarians will spend three days in September, 2016 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.

LUNCH @ THE LIBRARY

In collaboration with Department of Parks and Recreation, the Library hosted two Lunch @ the Library programs. Children and teens were able to receive free lunch, Monday-Friday, during the summer months at the Norwalk and Carson libraries. 2,700 free meals were served to youths who participated in the program.


Don't
Hurt
ME,
LOVE
ME

SECTION IV:
ICAN ORGANIZATIONAL SUMMARY

Art by Aiden Rivas, ICAN Student Poster Art Contest

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

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

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

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

ICAN STAFF

DEANNE TILTON
ICAN Executive Director

EDIE SHULMAN
ICAN Assistant Director

SANDY DE VOS
ICAN Program Administrator

CATHY WALSH
ICAN Program Administrator

TOM FRASER
ICAN Program Administrator

KARLA LATIN
Administrative Assistance

SABINA ALVAREZ
ICAN Secretary

ICAN ASSOCIATES STAFF

PAUL CLICK
Technology Manager

KENNETH RIOS
Project Coordinator

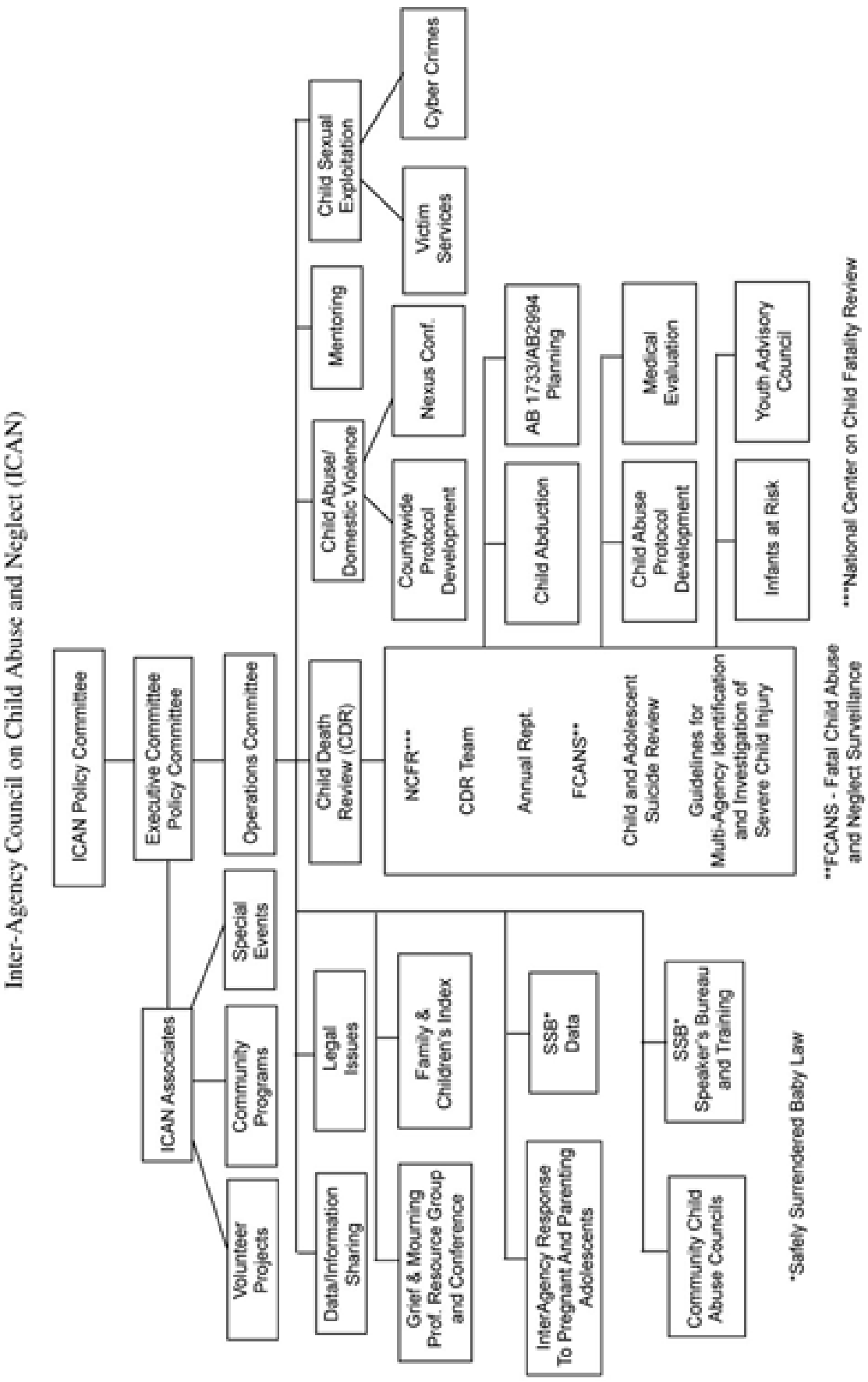
JOHN SOLANO
IT Coordinator

LAURA SPARKS
Bookkeeper

FOR FURTHER INFORMATION CONTACT:

INTER-AGENCY COUNCIL
ON CHILD ABUSE & NEGLECT
4024 N. DURFEE AVE.
EL MONTE, CA 91732

Phone: (626) 455-4585
Fax: (626) 444-4851
Websites: www.ican4kids.org


Inter-Agency Council on Child Abuse and Neglect (ICAN)
ICAN Policy Committee
Executive Committee Policy Committee
Operations Committee
ICAN Associates
Special Events
Community Programs
Volunteer Projects
Child Death Review (CDR)
Data/Information Sharing
Legal Issues
Family & Children's Index
Grief & Mourning Prof. Resource Group and Conference
InterAgency Response To Pregnant And Parenting Adolescents
SSB* Data
Community Child Abuse Councils
SSB* Speaker's Bureau and Training
*Safely Surrendered Baby Law
Child Abuse/ Domestic Violence
Mentoring
Child Sexual Exploitation
Cyber Crimes
Victim Services
Nexus Conf.
Countywide Protocol Development
NCFR***
CDR Team
Annual Rept.
FCANS**
Child and Adolescent Suicide Review
Guidelines for Multi-Agency Identification and Investigation of Severe Child Injury
Child Abduction
AB 1733/AB2994 Planning
Child Abuse Protocol Development
Medical Evaluation
Infants at Risk
Youth Advisory Council
**FCANS - Fatal Child Abuse and Neglect Surveillance
***National Center on Child Fatality Review

ICAN COMMITTEES

POLICY COMMITTEE

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

COUNTY EXECUTIVES POLICY COMMITTEE

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

OPERATIONS COMMITTEE

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

OPERATIONS EXECUTIVE COMMITTEE

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

ICAN ASSOCIATES

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

CHILD DEATH REVIEW TEAM

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

DATA/INFORMATION SHARING

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

LEGAL ISSUES

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

TRAINING

Provides and facilitates intra and inter agency training. (Meets monthly).

CHILD ABUSE COUNCILS

Provides interface of membership of 12 community child abuse councils involving hundreds of organizations and professionals with ICAN. Councils are interdisciplinary with open membership and organized geographically, culturally, and ethnically. Coordinates public awareness campaigns, provides networking and training for professionals, identifies public policy issues and opportunities for public/private, community-based projects. (Meets monthly).

CHILD ABUSE/DOMESTIC VIOLENCE

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

GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP AND CONFERENCE

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

FAMILY AND CHILDREN'S INDEX

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

CHILD ABDUCTION

Public/private partnership to respond to needs of

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

AB 1733/AB 2994 PLANNING

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

INTER-AGENCY RESPONSE TO PREGNANT AND PARENTING ADOLESCENTS

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

CHILD ABUSE PROTOCOL DEVELOPMENT

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

CHILD ABUSE EVALUATION REGIONALIZATION

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

NATIONAL CENTER ON CHILD FATALITY REVIEW (NCFR)

In November 1996, ICAN was designated as the NCFR and serves as a national resource to state and local child death review teams. NCFR resources are available at http://ican4kids.org.

CHILD AND ADOLESCENT SUICIDE REVIEW TEAM

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

INFANTS AT RISK

Works with hospitals, DCFS and community agencies regarding the reporting of infants at risk of abuse/ neglect due to perinatal substance exposure. . (Meets monthly).

CHILD SEXUAL EXPLOITATION COMMITTEE (CSEC)

Focuses on Internet Crimes Against Children, Child Prostitution, and Human Trafficking of Children through the coordination of local, state, and federal agencies and service providers. The goal is to improve the effectiveness of the prevention, identification, investigation, prosecution and provision of services for victims of these crimes. To best meet these goals, a separate subcommittee on Cyber Crime Prevention was formed to develop prevention efforts leaving the CSEC Committee to focus on victim services.

MULTI-AGENCY IDENTIFICATION AND INVESTIGATION OF SEVERE AND FATAL CHILD INJURY

With the support of a grant from the Office of Emergency Services (OES), ICAN updated the LA County SCAN team registers, collected existing SCAN and Child Death Review protocols, and surveyed literature for trends and standards, surveyed data systems among agencies to assist in information sharing.

SAFELY SURRENEDERED BABY LAW (SSBL)

Responsible for notifying the Board of Supervisors, Chief Administrative Office, and others of safe surrenders and abandonments, as well as collecting and analyzing data on these cases and preparing an annual written report to the Board of Supervisors. ICAN maintains a Speakers' Bureau, which has trained nearly a thousand individuals in the public and private sectors. ICAN also is responsible for maintaining the County of Los Angeles Safely Surrendered Baby Law website known as BabySafeLA and responding to the various inquires for information and public information material.

NEXUS PLANNING COMMITTEE

Develops and plans ICAN's annual NEXUS conference; a large multi-disciplinary conference addressing "Violence in the Home and It's Effects on Children." (Meets periodically during planning months)

ICAN ASSOCIATES

ICAN Associates is a private/non-profit organization which supports the LA County Inter-Agency Council on Child Abuse and Neglect (ICAN) and the important issues addressed by ICAN. The Board of ICAN Associates consists of business, media and community leaders.

ICAN Associates supports ICAN through the provision of services including dissemination of materials, hosting media campaigns, sponsorship of educational forums, support of direct and indirect services to prevent child abuse and neglect as well as promoting integration and collaboration among child service agencies. Further, ICAN Associates sponsors special events for vulnerable and abused children, publishes newsletters, and coordinates community educational projects. The formation of ICAN Associates represents one of the first and most effective public/private partnerships in the nation addressing the critical issues and needs surrounding child abuse and neglect.

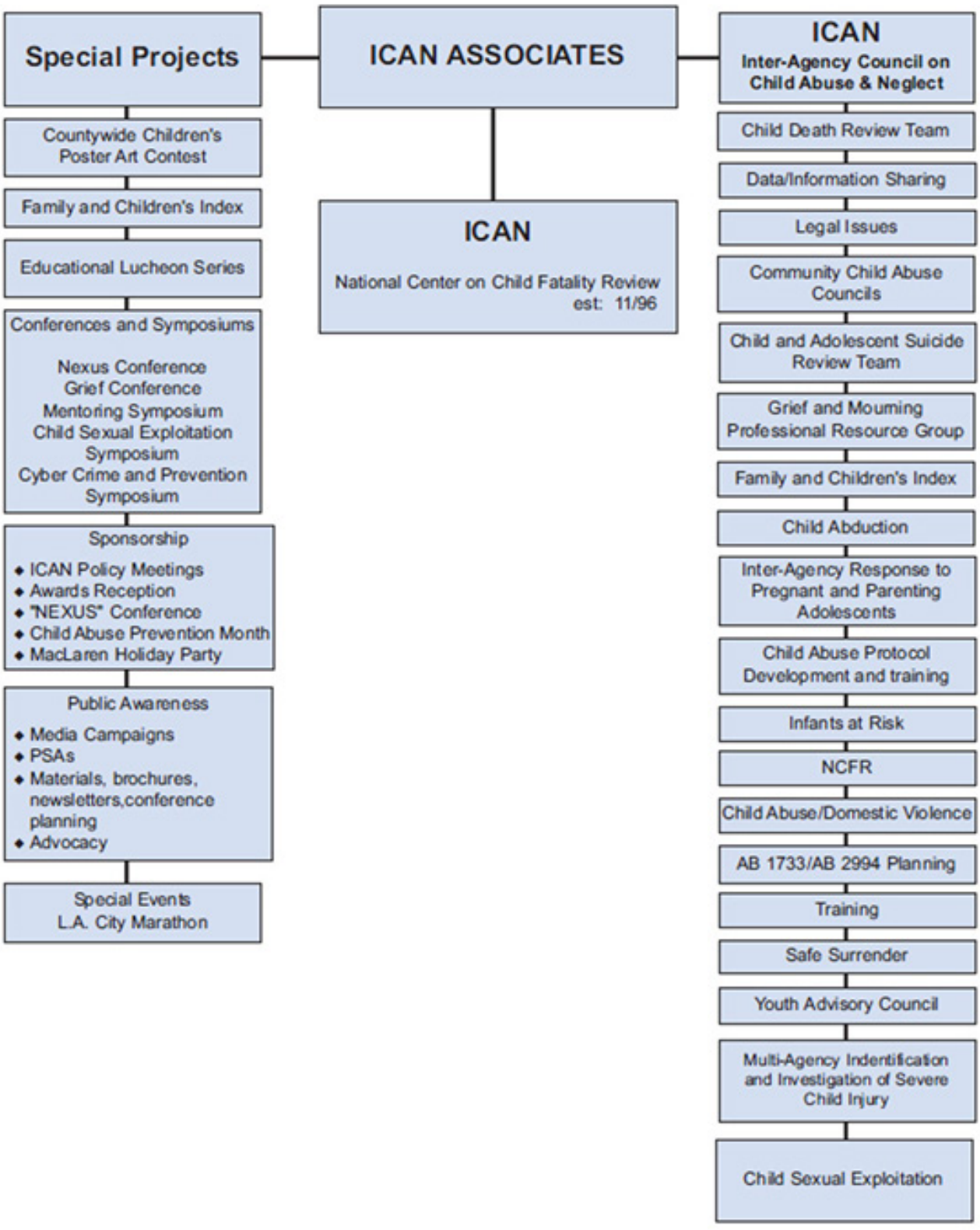
ICAN Associates has been extremely successful in securing funding through grants and corporate sponsorships:

In November 1996, ICAN/ICAN Associates launched the ICAN National Center on Child Fatality Review (ICAN/NCFR) at a news conference held in connection with the United States Department of Justice and United States Department of Health and Human Services. Funding for this major national project was facilitated through the efforts of ICAN Associates. Generous support was secured through the United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention; Times Mirror Foundation and the family of Chief Medical Examiner Lakshmanan Sathyavagiswaran.

ICAN/ICAN Associates continues to provide statewide Child Death Review Team Training designed to address a range of issues to benefit the overall development and functioning of Child Death Review Teams throughout the State. The training curriculum is funded through a grant from the California Department of Social Services (CDSS).

In October 2016, ICAN Associates sponsored the 21st Annual NEXUS Conference, in conjunction with The Department of Children and Family Services (DCFS), community groups and ICAN agencies. The conference presented an opportunity to hear from local, state and national experts, about the impact of all forms of violence within the home on children as well as potential solutions. The information presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

ICAN Associates again sponsored the Annual Child Abuse Prevention Month Children's Poster Art Contest which raises awareness about child abuse in schools throughout Los Angeles County. Children in the 4th, 5th and 6th grades and in special education classes participate in this contest. The children's artwork is displayed at the California Department of Social Services in Sacramento, Edmund D. Edelman Children's Court, L. A. County Office of Education, District Attorney's Office, and Hollywood Library and in numerous national publications.


ICAN ASSOCIATES
Special Projects
Countywide Children's Poster Art Contest
Family and Children's Index
Educational Luncheon Series
Conferences and Symposiums
Nexus Conference
Grief Conference
Mentoring Symposium
Child Sexual Exploitation Symposium
Cyber Crime and Prevention Symposium
Sponsorship
ICAN Policy Meetings
Awards Reception
"NEXUS" Conference
Child Abuse Prevention Month
MacLaren Holiday Party
Public Awareness
Media Campaigns
PSAs
Materials, brochures, newsletters,conference planning
Advocacy
Special Events
L.A. City Marathon
ICAN
National Center on Child Fatality Review
est: 11/96
ICAN
Inter-Agency Council on Child Abuse & Neglect
Child Death Review Team
Data/Information Sharing
Legal Issues
Community Child Abuse Councils
Child and Adolescent Suicide Review Team
Grief and Mourning Professional Resource Group
Family and Children's Index
Child Abduction
Inter-Agency Response to Pregnant and Parenting Adolescents
Child Abuse Protocol Development and training
Infants at Risk
NCFR
Child Abuse/Domestic Violence
AB 1733/AB 2994 Planning
Training
Safe Surrender
Youth Advisory Council
Multi-Agency Indentification and Investigation of Severe Child Injury
Child Sexual Exploitation

ICAN EXECUTIVE DIRECTOR

DEANNE TILTON DURFEE
Doc.Hc

HONORARY CHAIRPERSON

LINDSAY WAGNER
Producer/Actor

PRESIDENT

KAY HOFFMAN
Movie and Television Producer, Retired

SECRETARY

STACEY SAVELLE
LA County Children and Family Services, Retired

TREASURER

ALISON WILCOX
UCLA Faculty

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MONICA HYLANDE-LATTE
The Fun Fund, Clinical Psychologist,
Child Advocate

MICHELE VICENCIA JONDLE
CIC, Senior Vice President,
HUB International Insurance Services

BEVERLY KURTZ
Los Angeles County Museum of Art Docent Council

SALLIE PERKINS
Actress, Retired

ELAINE TREBEK-KARES
CEO, IN-HOUSE Media & Entertainment,
Founder ICAN Associates

FOUNDERS

LADY SARAH CHURCHILL

ELAINE TREBEK-KARES

SYBIL BRAND

CHRISTINA CRAWFORD

BOURNE MORRIS

FRANK VICENCIA, ESQ.

The Los Angeles Community Child Abuse Councils consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect, and to raise public awareness of child abuse and family violence issues. The membership of the Councils is made up of professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the problems of child abuse and family violence. The Child Abuse Councils Coordination Project facilitates the joint projects of the 12 Community Councils. Since the child abuse councils are volunteer organizations, and most members have full time jobs apart from their involvement with the councils, it is important that our projects can be implemented easily and quickly. The Coordination Project also serves the councils by providing technical assistance and professional education, advocating for children issues, and networking with other councils and agencies on behalf of the Councils. The Coordination Project has been in existence since 1987, and has been a non-profit corporation since March 1998. The Coordination Project acts as contractor with the Los Angeles County Department of Children and Family Services and the Office of Child Abuse Prevention (OCAP) to provide services to benefit the 12 Child Abuse Councils in their efforts to prevent child abuse.

The Los Angeles Community Child Abuse Councils are involved in the following nine joint projects:

- The April Child Abuse Prevention Campaign
- Publication of The Children's Advocate Newsletter
- The Report Card Insert Project
- Coordination of Non-Profit Bulk Mailings and emails
- Establishment and Maintenance of a Los Angeles Community Child Abuse Councils Website
- Training and Technical Assistance to the Community Relating to Child Abuse and Family Violence Issues
- Networking Meetings
- Coordination of Suicide Resource Prevention and Postvention Cards
- Special Projects for Individual Councils

For further information about the Los Angeles Community Child Abuse Councils contact Monika McCoy, at (818) 790-9448 or visit our website at lachildabusecouncils.org.

Community Child Abuse Council Coordinator
Sara La Croix, Children's Bureau (213) 344-8217

COMMUNITY CHILD ABUSE COUNCILS

Advocacy Council For Abused Deaf Children
Jean Marie Hunter (626) 798-6793

Asian Pacific Child Abuse Council
Nicole Chan (213) 808-1701

Family, Children, Community Advisory Council
Sandra Guine (213) 639-6443

Gay, Lesbian, Bisexual, And Transgender (Glbt) Child Abuse Prevention Council
Mark Abelson (323) 646-2419

YES2KIDS - Antelope Valley Child Abuse Prevention Council
Charles Avila (661) 940-9530

Foothill Child Abuse and Domestic Violence Prevention Council
Erica Villalpando (626) 373-2900

End Abuse Long Beach
Vicki Doolittle (562) 421-5297

San Fernando and Santa Clarita Valley Child Abuse Prevention Council
Deborah Davies (818) 667-5690

San Gabriel Valley Child Abuse Prevention Council
Karen Nutt (626) 919-1091

Eastside Child Abuse Prevention Council
Roxana Maselli (909) 912-4362

Service Planning Area 7 Child Abuse Council
Norma Yoquez (562) 777-1410 Ext. 114

Westside Domestic Violence Network
Jennifer Chen Speckman


BANDAGES CAN NOT MEND ABUSE
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SECTION V:
APPENDIX

Art by Sofia Scolari, ICAN Student Poster Art Contest

A significant accomplishment of the Los Angeles Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Subcommittee in the 1980's was to provide Los Angeles area agencies with a common definition of child abuse to serve as a reporting guideline. One purpose of this effort was to achieve compatibility with reporting guidelines used by the State of California.

Additionally, it was hoped that a common definition would enhance our ability to better measure the extent of our progress and our problems, independent of the boundaries of particular organizations. As you read the reports in this document you will see that this hope is certainly being realized. Since their inception, the definitions have increasingly been applied by ICAN agencies with each annual report that has been published. This year's Data Analysis Report is no exception. This year, more than half of the reporting agencies have been able to apply them to their reports in one way or another.

The Data/Information Sharing Sub-committee hopes that as operational automated systems are implemented and enhanced by ICAN agencies, these classifications will be considered and more fully institutionalized. We believe that over time, their use will enable the agencies to achieve a more unified and effective focus on the issues. The seven reporting categories are defined as follows:

PHYSICAL ABUSE

A physical injury which is inflicted by other than accidental means on a child by another person. Physical abuse includes deliberate acts of cruelty, unjustifiable punishment, and violence towards the child such as striking, throwing, biting, burning, cutting, twisting limbs.

SEXUAL ABUSE

Any sexual activity between a child and an adult or person five years older than the child.

This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse.

SEVERE NEGLECT

The child's welfare has been risked or endangered or has been ignored to the degree that the child has failed to thrive, has been physically harmed or there is a very high probability that acts or omissions by the caregiver would lead to physical harm. This includes children who are malnourished, medically diagnosed nonorganic failure to thrive, or prenatally exposed to alcohol or other drugs.

GENERAL NEGLECT

The person responsible for the child's welfare has failed to provide adequate food, shelter, clothing, supervision, and/or medical or dental care. This category includes latchkey children when they are unable to properly care for themselves due to their age or level of maturity.

EMOTIONAL ABUSE

Emotional abuse means willful cruelty or unjustifiable inappropriate punishment of a child to the extent that the child suffers physical trauma and intense personal/public humiliation.

EXPLOITATION

Exploitation exists when a child is made to act in a way that is inconsistent with his/her age, skill level, or maturity. This includes sexual exploitation in the realm of child pornography and child prostitution. In addition, exploitation can be economic, forcing the child to enter the job market prematurely or inappropriately; or it can be social with the child expected to perform in the caretaker role, or it can be through technology through use of a computer, the telephone, or the internet.

CARETAKER ABSENCE/INCAPACITY

This refers to situations when the child is suffering either physically or emotionally, from the absence of the caretaker. This includes abandoned children, children left alone for prolonged periods of time without provision for their care, as well as children who lack proper parental care due to their parents' incapacity, whether physical or emotional.