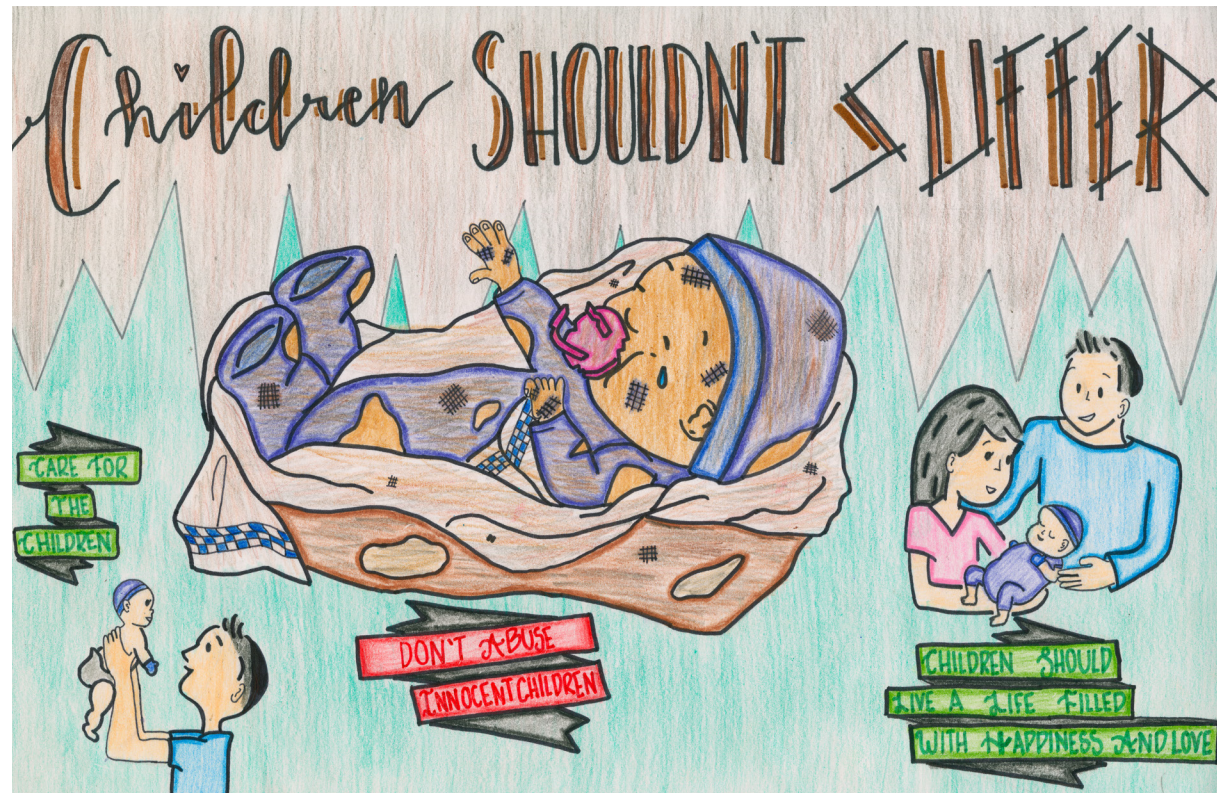


# THE STATE OF CHILD ABUSE in Los Angeles County

Compiled from 2017 Data



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

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

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



ICAN 2018



**ICAN** 2018  
Inter-Agency Council on Child Abuse and Neglect

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THE STATE OF CHILD ABUSE in Los Angeles County  
Compiled from 2017 Data





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REPORT COMPILED FROM 2017 DATA

## THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY

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

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

Current Page Cover art by Renee Yan, ICAN Student Poster Art Contest  
Front Page Cover art by Sofia Reyes, ICAN Student Poster Art Contest  
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GIVE LOVE

STOP ABUSE







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







This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect (ICAN), with the work of the ICAN Data/Information Sharing Committee, features data from ICAN member agencies about activities primarily for Calendar Year (CY) 2017 and Fiscal Year (FY) 2017-2018, 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 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-third 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 Lozano for his technical expertise and support in the production of this final document.





This is the 33rd annual 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. The full agency reports provide 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 2017, 187 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 35 cases from 2016. This reflects a trend noted between 2011 and 2015 when the reported child deaths from Homicide, Suicide, Accidents, and Undetermined causes dropped a total of 52 cases.

The number of children killed by a parent, relative or caregiver was 8, a decrease from 14 in 2016. It should be noted that the number of 8 child abuse deaths from homicide is the lowest number of deaths recorded in the previous 26 years.

Child victims age two and under accounted for 62.5% (5) of the 8 homicides by a parent, relative or caregiver.

Children of African American and Hispanic ethnicities combined to account for 7 reported child abuse homicides.

### **DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

There was a slight increase in the number of children referred during CY 2017, 172,635 compared to 166,830 referred in CY 2016, reflecting 3.4% increase.

There was an average of 14,386 children who were referred to DCFS per month in CY 2017. Of these, a monthly average of 11,660 children (82%) required an in-person investigation.

The most vulnerable DCFS clients are children in the age group Birth - 2 Years. This population represented 20.8% of the total DCFS child caseload; the number of children in this age group category exhibited a 1.3 % decrease from 7,263 at the end of CY 2016 to 7,172 at the end of CY 2017.

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 2017(58,757) reflects a 0.6% increase from the 58,434 referred for the same allegation in CY 2016.

Severe Neglect referrals decreased 20.2% from 2,184 in CY 2016 to 1,743 in CY 2017 and were responsible for 1% of all referrals received in CY 2017.

Children at risk due to sibling abuse represented 22.8% of the children referred in CY 2017. At Risk, Sibling Abuse referrals increased (for the first time in four years) 1.3% from 38,649 in CY 2016 to 39,326 in CY 2017.

Youth in the age group 16 - 17 years again accounted for 8.3% of the total caseload. The number of youth in this age group shows a 3.7% volume decrease (for the fourth consecutive year), from 2,991 at the end of CY 2016 to 2,879 at the end of CY 2017.

Hispanic children continue to be the largest of all ethnic groups represented among DCFS children and account for just over 56.7% of the total caseload; although their numbers decreased 7% from 21,021 in CY 2016 to 19,555 in CY 2017.

The number of children in a Foster Family Agency Certified Home reflects a 9.2% decrease from 4,919 at the end of CY 2016 to 4,465 at the end of CY 2017, and represents 24.5% 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 38.5% (7,008) of the total children (18,207) in out-of-home placement at the end of CY 2017, a decrease of 26.4% from the 9,513 in 2016.

Consistent with prior years, children age 13 years and under account for 76.4% of the total DCFS caseload. 33.3% of the total DCFS child caseload consisted of children less than five years of age.

Supervised Independent Living Placement children account for 5.1% of the total children in out-of-home placement, decreased 5.5% from CY 2016. 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 a decrease from 974 at the end of CY 2016 to 920 at the end of CY 2017. 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 decreased 16.2% from 137 in CY 2016 to 131 in CY 2017, and the number of Hispanic/Latino children increased 8.47% from 590 in CY 2016 to 640 in CY 2017. The number of African American children showed an increase of 3.65% from 219 in CY 2016 to 227 in CY 2017.

### **CALIFORNIA DEPARTMENT OF JUSTICE**

The Central Index recorded 1,648 child abuse reports from Los Angeles County in 2017. This represents approximately 24% of the state's total reports. This is a decrease from 2016 when 1,998 cases comprising 29% of the State's total came from Los Angeles County.

The abuse determinations were as follows:

- a) 514 (23%) Physical Abuse
- b) 481 (32%) Mental Abuse
- c) 474 (28%) Sexual Abuse
- d) 159 (12%) Severe Neglect
- e) 20 (41%) Willful Harming and/or Corporal Punishment.

State-wide, authorized agencies submitted 6,739 reports to the DOJ for entry into the CACI.

CACI data reflects 6 child death reports state-wide for 2017. Los Angeles County submitted 2 of the death reports.

### **DEPARTMENT OF PUBLIC HEALTH**

The Department of Public Health (DPH) focuses on primary prevention, or "upstream" strategies to reduce the incidence of child abuse and neglect. Programs and strategies aimed at reducing risk factors, enhancing protective factors, and addressing general conditions of inequity (social determinants) result in stronger and healthier family units and communities whereby parents, infants, and children are able to thrive.

The DPH section of the report details numerous programs contained within the Bureau of Health

Promotion, including those that treat and assist persons with substance use disorders (SUD), identify and coordinate services for children with special health care needs, and supply case management services (through home visiting and/or via community based outreach) to high risk pregnant and parenting families to ensure healthy births, and stable, positive, nurturing home environments for infants and young children.

California Children's Services (CCS) provides diagnostic, treatment, rehabilitative and care coordination/case management services for children and youth with special health care needs. For FY 2017/18, CCS handled nearly 50,000 cases and reviewed and processed close to 120,000 requests for medical care and related services.

Child Health and Disability Prevention Program (CHDP) provides preventive services and health assessments for children and youth with family incomes up to 266% of federal poverty level regardless of residency status. There are roughly 2,300 CHDP providers in Los Angeles County and approximately 770,000 health assessments conducted each year. DPH staff provided direct care coordination for almost 2,000 children and youth for follow-up of medical, dental, and other health conditions identified in CHDP screenings.

The Health Care Program for Children in Foster Care (HPCFC) is a public health nursing program located in county child welfare service agencies and probation departments to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care. Los Angeles County's HPCFC serves approximately 21,000 children annually.

DPH maintains the County's vital records (birth and death certificates) and provides trend data on overall infant and child death rates for the population as well as listing the most common causes. A striking and consistent finding year to year is the large disparity in black infant mortality compared to other races. The rate of infant mortality among black or African Americans was 10.4 deaths per 1,000 live births in 2016, more than twice the rate for the County population as a whole.

The Black Infant Health (BIH) program is a longstanding state-funded initiative to reduce this disparity. Participants learn proven strategies to reduce stress and to further develop life skills with the aim to achieve healthy births and



provide optimal care for their infants. Due to the persistence of the marked disparity in black infant mortality, DPH launched the African American Infant Mortality (AAIM) reduction initiative in 2017/18 to complement and extend beyond the current BIH program. As research accumulates demonstrating that this disparity is explained at least in part by the physiologic impact of intergenerational chronic stress. AAIM activities and strategies are designed to provide necessary supports to women in order to mitigate and counter those societal stresses.

Home visiting programs are another evidence-based strategy effective at strengthening families and reducing risk factors for a variety of negative child and family outcomes, including abuse and neglect. The Nurse Family Partnership (NFP) is one such program that DPH administers directly. During 2017/18, NFP served nearly 900 clients countywide. There were 34 clients (4%) that had reports made to Department of Children and Family Services, but only one single case that was substantiated for child neglect.

Efforts to expand access to home visitation throughout the county are underway with assistance from Department of Mental Health. Client capacity will be increased for NFP and DPH will fund two additional models, Healthy Family America and Parents as Teachers. It is estimated that these three programs combined will allow an additional 3,300 clients to be served.

Substance Abuse Prevention and Control (SAPC) division funds a number of treatment and recovery support programs aimed at youth and parent/guardians, such as Promoting Safe and Stable Families – Time-Limited Family Reunification, Family Dependency Drug Court, and Women and Children’s Residential Treatment Services, among others. The totality of such programs aimed at these target populations served 3,000 clients countywide during FY 2017/18.

In addition to maintaining vital records and analyzing trends for the Los Angeles County population, DPH also performs periodic surveillance via the Los Angeles Mommy and Baby (LAMB) survey that gathers data on maternal experience before, during, and shortly after pregnancy. A LAMB follow-up survey is performed on the same sample of women when the child reaches two years of age. Numerous questions to measure levels of parental and family stress and resilience, connectivity to community support, and home safety provide data that can aid in

evaluating policies and services targeting mothers, infants, and toddlers and help target gaps in services and disparities among specific sub-populations.

### **COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH**

During FY 2016-2017, the Family Preservations Agencies referred 1071 individuals to Family Preservation Mental Health Services. There were 291 FP consumers without medical insurance (indigent) served by DMH FP service providers. Seventy-eight percent of the FP consumers without insurance were FP adults.

During FY 2016-2017, DMH provided mental health services at ten Probation Camps and the Camp Assessment Center operated by the Probation Department located throughout Los Angeles County. The camps are located in Lancaster, Santa Clarita, Malibu, Calabasas and San Dimas. Based upon the average daily population of the camps, DMH clinical staff treated over 85% of the total population. The Probation Camps served 1,312 unduplicated children and youth. Services include co-facilitation of 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 children and 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. DMH conducts a number of Seeking Safety groups throughout the camps.

Out of the 1,312 children and youth in the Probation Camp population, 85% were males and 15% were females. Out of the 85% of the male population, approximately 62% were Latinos, 37% were African Americans, 3% were Caucasians, and 1% were Others. Out of the 15% of the female population, 48% were Latina, 43% were African Americans, 7% were Caucasians, and 1% were Others. With regard to the age of the Probation Camp population, the leading age groups were 17 years of age (39%), 16 years of age (24%), and 18 years of age (21%).

### **OFFICE OF THE LOS ANGELES CITY ATTORNEY**





In 2017, the Los Angeles City Attorney's Office reviewed a total of 1,301 investigations involving misdemeanor ICAN-related offenses, and down (for the fourth consecutive year) from the 1,520 reviewed in 2016.

Of the 1,301 investigations, 490 were filed. There were dispositions in 368 sexual abuse and child abuse and neglect cases resulting in guilty pleas or convictions following jury trials.

### **DISTRICT ATTORNEY'S OFFICE**

In 2017, a total of 5,089 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants. This marks an increase from the 4,999 cases that were submitted in 2016, but less than that 5,314 noted in 2015, and the 5,551 in 2014. Charges were filed in slightly less than 48% (2,450) of the cases reviewed. Felony charges constituted 53% (1,289) and misdemeanor charges, 47% (1,161) of these matters.

Of those cases declined for filing (a total of 2,639 for both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) (sex abuse) accounted for 25% of the declinations (672).

Consistent with prior years, 79% of the adult cases filed involving child abuse, the gender of the defendant was male.

Convictions were achieved in 91% of cases filed involving adult offenders. Defendants received grants of probation in 69% (1,189) of these cases; State prison sentences were ordered in 26% (444) of the cases; and, slightly less than 1% (16) of the defendants received a life sentence.

### **DEPENDENCY COURT**

Although the number of new filings reflect a steady decrease since 2013, in 2017, 14,032 children were brought into the juvenile court system under new WIC §300 petitions; this is an increase of 358 from the 13,674 children that entered in 2016, and the second consecutive year of increases.

For the fifth consecutive year the number of new WIC §602 (delinquency) petitions decreased, albeit slightly. In 2017, 5,864 WIC §602 petitions were filed compared to 6,249 filed in 2016, and the 7,408 filed in 2015. The continuing drop in 602 filings is broadly attributed to a general decrease in crime, as well as more successful efforts at diverting low-risk offenders from the juvenile justice system.

In 2017 the number of children exiting the dependency system was significantly less than the number of children entering. In 2017, 14,032 children entered the Dependency system, and 11,154 children exited the system, the largest margin to date.

New WIC §300 petitions constituted 57% of total filings in 2017, consistent with the prior year.

More children adopted out of the system in 2017; 1451 compared to 1110 in 2016, a significant increase.

### **LAW ENFORCEMENT**

LAPD investigated a total of 2,574 child abuse cases in 2017, up slightly from the 2,551 in 2016, while LASD conducted 3,770 child abuse investigations in 2017, down 6.2% from the 4,017 investigations in 2016.

### **Independent Police Agencies**

The top five independent police agencies accounted for approximately 41% of investigations of all Suspected Child Abuse Reports (SCARS). These agencies included Long Beach (2,938), Pomona (1,129), El Monte (793), Inglewood (711), and South Gate (679). Long Beach PD, with the greatest number accounted for 19% all the Independent Police Agency SCARS.

The overall number of SCARS increased by roughly 6% from 14,416 in 2016 to 15,246 in 2017, and the number of reports not investigated also increased from 945 in 2016 to 1218 in 2017.

### **PROBATION**

The number of adult referrals has been dropping steadily since 2009 and decreased by .87% from the previous year, from 459 in 2016 to 455 in 2017.

The number of juvenile referrals for child abuse offenses decreased by 6.93% from the previous year, and dropped from 202 in 2016 to 188 in 2017. The number of juvenile referrals for exploitation reflected a significant decrease of 25%, from 24 in 2016 to 18 in 2017.

Consistent with prior years, sexual abuse again constituted the clear majority of child abuse referrals for both adults and juveniles. In 2017, 89% of adult referrals and 71.8% of juvenile referrals were for sex related offenses. However, juvenile sexual abuse referrals were down significantly (12.3%) from 154



in 2016 to 135 in 2017.

Juvenile physical abuse referrals (generally for murder/attempted murder of a child; and gang related) increased (91.6%) from 12 in 2016 to 23 in 2017.

**LOS ANGELES COUNTY PUBLIC DEFENDER'S OFFICE**

In FY 2017-2018, the Public Defender represented clients in approximately 110,034 felony-related proceedings; 345,305 misdemeanor-related proceedings; and 20,263 clients in juvenile delinquency proceedings. These figures represent increases in felony and misdemeanor proceedings, and decreases in juvenile delinquency proceedings.

**DEPARTMENT OF PUBLIC SOCIAL SERVICES**

In total, there was a 2.15% increase (76,676) in the number of individuals receiving assistance for all programs combined from December 2016 (3,521,509) to December 2017 (3,597,185). This increase is primarily due to the Medi-Cal Assistance program, which increased in individuals served by 19.83% (549,750).

In 2017 the number of CalWORKs aided individuals decreased by 7.32% (-24,903) down from 339,974 in 2016. The Cal-Learn program also decreased 16%, from a monthly average of 1,243 served in 2016 to a monthly average served of 1,040 in 2017.

In 2017 DPSS made fewer (34%) suspected child abuse referrals to DCFS; down from 232 in 2016 to 152 in 2017.

**COUNTY OF LOS ANGELES FIRE DEPARTMENT, EMS**

In 2018 the department provided 344,984 patients with medical care, 7% (25,011) of whom were pediatric patients 17 years of age and younger.

In 2018, there were a total of 594 cases of adolescent intoxication or poisoning, a 34% increase when compared to the previous year. Of these cases, 4% (24) involved both alcohol and drug use, 16% (92) indicated alcohol intoxication, and 80% (477) involved the use of recreational drugs, prescription drugs, and/or other household chemicals or poisons.

In 2018, Xanax and Marijuana were the most common of the recreational drugs reported. Inhaled/smoked (82%) Marijuana was the most common

route, while edible/ingested accounted for only 18% of cases.

Approximately 72% of all adolescent patient contacts received transport to a 911 receiving center.

**LOS ANGELES COUNTY COMMUNITY CHILD ABUSE COUNCILS**

There are currently 12 community-based councils throughout Los Angeles County. It is estimated that in FY 2017 2018, 45,028 adults and children (13,211 families) were involved with or impacted by the various projects and activities of the councils.

The Councils distributed and estimated 47,190 printed prevention materials to community partners.

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

**Commentary**

The number of children referred for suspected abuse or neglect increased in Los Angeles County. In 2016, the number of referrals received by the Hotline was 168,830, compared to 172,635 in CY 2017. However, year to year comparisons are problematic. In 2018, the initial numbers again indicate a dip to 159,989, reflecting the up and down trend line of the past several years.

Los Angeles County consistently remains the highest reporting CPS agency in the state, accounting for 24% of the total Child Abuse Central Index (CACI) reports received by DOJ in 2017. However, the number of CACI reports from Los Angeles continues to indicate that child abuse is under-reported to the index. LA County provided in-person responses to 139,923 referrals and 14,032 children were brought into the Dependency Court in 2017, yet only 1,647 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 (58,757), unfounded or inconclusive allegations, or families being referred to alternative community services that would not be reported to the central index. The low number is also related to law enforcement agencies not reporting to CACI, since January 2012, when legislation excluded law enforcement from reporting.

By removing law enforcement from reporting to the index, a significant group of abusers, those outside of the family, were excluded from CACI. All cases



where children are abused in day care, school settings, playgrounds, etc., were not reported to the index. This legislation effectively eliminated important offender information should a clearance be requested on a person or provider who would be in a caregiving role, or on any subsequent allegations.

In February 2018, State Assembly Bill 2005 was introduced to return law enforcement to the reporting requirements for the Child Abuse Central Index. The Bill was subsequently vetoed by the Governor.

LAPD and LASD report the majority of child abuse investigations (61% for LASD and 46% for LAPD) involve sex abuse allegations; an indication that more prevention efforts could be directed at this particular abuse category.

Referrals to DCFS are up slightly, as are new WIC 300 petition filings.

2017 marked a return to a year in which more children are entering the DCFS/Dependency system than exiting, with the largest margin (21%) seen in recent years separating the two.

The number of cases submitted to the District Attorney for filing consideration was up, for the first time in six years, as were the Public Defender numbers for felonies and misdemeanors. The number of State prison sentences at disposition, 26%, (444) are comparable to prior years.

The number of children in Relative/Non-Relative Extended Family Member care continues to represent the largest child population in out-of-home care (38%), although the overall numbers decreased significantly, 26%, from 9,513 in 2016 to 7,008 in 2017. 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 we continue to see in ICAN Death Review cases, special efforts need to continue to ensure that relatives are able to establish and maintain appropriate safety limits when it comes to visitation and following court orders with offending parents and step-parents.

Remaining disproportionately in the DCFS caseload, African American children continue to be overrepresented in the child welfare system. African American children are disproportionately represented at a rate of 24% of the total caseload, while they are only 7.4% of the general population. The relatively high numbers of African American

children within the child welfare system is chronic.

In 2017, African American children also account for 50% of the reported homicides by a parent, relative or caregiver; a consistently high percentage seen over time.

Some of the markers for stress have shown improvement over the past year in terms of the impact on the young children and families of Los Angeles County: nearly one in twelve (7.7%) toddlers had experienced an overnight stay in a hospital not including right after birth, down from one in ten in 2016; one in twelve (7.7%) had been away from either parent for longer than one month (African American toddlers were at 19%), down from one in ten in 2016; and about 2% of toddlers had witnessed violence and physical abuse in person, down from 3% in 2016. Mothers are also impacted in this environment: about one in eight mothers (12%) experienced some type of domestic violence during pregnancy, down from one in seven in 2016, and about 1 in twenty mothers (5%) after pregnancy, down from one in fourteen in 2016.

DCFS is reporting that 11% of all referrals (12,241) were related to domestic violence (DV) in 2017, up slightly from 2016 figures. We encourage the agencies still struggling to capture and report DV data to develop and adopt the thresholds and criteria necessary to begin tracking, collecting and reporting on this important social statistic. It is only through our full understanding of the totality of this issue that we can begin to substantively address it on a systemic scale.

According to the Juvenile Court Judges of California, 50% of all youth in the juvenile delinquency system have undetected learning disabilities. It is also estimated that 50-75% of incarcerated children have diagnosable mental health disorders, half of whom have substance abuse problems.

Drug and alcohol intoxication among adolescents is up 34% (594 cases in 2018) when compared to the previous year. Of these cases 4% (24) involved both alcohol and drug use, 16% (92) indicated alcohol intoxication, and 80% (477) involved the use of recreational drugs, prescription drugs, and/or other household chemicals or poisons. Xanax and marijuana were the most common recreational drugs seen by our LA County Fire EMS.

In 2017, CNN reported more Americans lost to drugs than the 58,000 U.S. military casualties during the





Vietnam war. Drug overdose deaths were predicted to reach an all time high of 71,600 (heroin overdoses are up an estimated 533% since 2002). The child welfare system in Los Angeles County has not escaped this epidemic.

Additionally, the ICAN Child and Adolescent Suicide Review Team often identifies a history of Marijuana use in the cases reviewed.

This report encourages a 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 shared work experiences and responsibilities (outside of their unique perspectives) within the context of the entire child protection system. There is value in this level of collaboration as our agencies grow in their understanding of one another and reflect this understanding in the coming together 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.



## **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 2018 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 list criminal offense code sections, identifying relevant child abuse offenses which allow ICAN agencies to verify and consistently report the offenses which should be included as child abuse offenses. The breakdown of these sections into six child abuse and neglect categories permits consistency in the quantification of child abuse activity compiled by the agencies, particularly the law enforcement agencies that use these criminal offense code sections. Use of this list may reveal offenses not counted in the past and therefore maximize the number of child abuse cases counted by each agency.



Figure 1

**LOS ANGELES COUNTY INDEPENDENT LAW ENFORCEMENT AGENCY (LEA) CHILD ABUSE DATA**  
 Based on Electronic Suspected Child Abuse Reports (E-SCARs) January 2017- December 2017

#	LEA	Population	Submitted SCAR	Forwarded Scar Received	Rerouted SCAR	Cleared In One Day	Cleared In Two Days	Cleared In More Than 3 Days	Cleared in More Days
1	Long Beach PD (2974)	469,450	2938	36	0	1733	464	366	411
2	Pomona PD (1137)	152,939	1129	8	0	42	78	98	919
3	El Monte PD (814)	116,109	793	21	2	243	105	107	357
4	Inglewood PD (717)	110,598	711	6	2	17	14	24	660
5	South Gate PD (693)	95,430	679	14	0	44	100	103	446
6	Pasadena PD (637)	142,677	617	20	0	82	59	49	447
7	Hawthorne PD (617)	87,859	604	13	0	241	85	83	208
8	Whittier PD (562)	86,838	546	16	1	200	82	42	237
9	Downey PD (549)	113,092	535	14	1	120	83	86	259
10	Glendale PD (510)	203,054	504	6	0	24	31	23	432
11	Huntington Park PD (487)	58,822	484	3	1	127	81	52	225
12	Torrance PD (456)	146,758	450	6	0	30	16	7	403
13	Baldwin Park PD (426)	76,402	411	15	0	137	62	38	186
14	West Covina PD (413)	107,598	395	18	0	111	106	62	134
15	Montebello PD (367)	63,192	348	19	0	30	31	36	270
16	Gardena PD (350)	60,224	337	13	0	15	18	17	296
17	Burbank PD (313)	104,834	305	8	1	125	53	28	105
18	Alhambra PD (304)	85,396	292	12	0	80	35	28	161
19	Bell Gardens PD (275)	42,747	269	6	0	150	38	20	67
20	Covina PD (271)	48,462	259	12	0	128	23	9	111
21	Bell PD (257)	35,811	245	12	0	53	27	24	136
22	Azusa PD (253)	49,864	245	8	0	32	13	10	198
23	Santa Monica PD (242)	92,306	239	3	1	17	20	14	190
24	Monterey Park PD (208)	61,044	202	6	1	9	10	11	177
25	Redondo Beach PD (188)	67,908	185	3	0	2	1	2	182
26	San Fernando PD (174)	24,714	173	1	0	130	20	7	16
27	La Verne PD (165)	32,461	161	4	0	12	4	6	124
28	Monrovia PD (159)	37,061	155	4	0	47	24	5	80
29	Glendora PD (154)	52,445	152	2	0	2	0	0	151
30	Arcadia PD (141)	58,799	140	1	0	5	5	5	126
31	Culver City PD (122)	39,283	121	1	0	4	6	11	101
32	San Gabriel PD (122)	40,514	119	3	0	22	18	17	65
33	Beverly Hills PD (92)	34,484	92	0	1	3	4	2	82
34	Claremont PD (75)	36,015	70	5	1	11	4	0	57
35	South Pasadena PD (72)	25,888	68	4	0	10	15	3	44
36	Manhattan Beach PD (56)	35,924	55	1	0	2	0	4	50
37	Signal Hill PD (48)	11,622	48	0	0	21	6	2	17
38	El Segundo PD (43)	16,853	43	0	0	0	2	1	40
39	Sierra Madre PD (34)	11,038	34	0	0	3	2	2	27
40	Palos Verdes Estates PD (27)	13,544	27	0	0	7	4	5	11
41	Hermosa Beach PD (27)	19,708	27	0	0	6	2	1	18
42	San Marino PD (25)	33,400	25	0	0	1	0	0	24
43	Irwindale PD (9)	1,461	9	0	1	3	0	1	2
44	Vernon PD (5)	113	5	0	0	0	0	0	5
	<b>TOTAL</b>	<b>3,204,741</b>	<b>15246</b>	<b>324</b>	<b>13</b>	<b>4081</b>	<b>1751</b>	<b>1411</b>	<b>8257</b>





Figure 1 (cont)

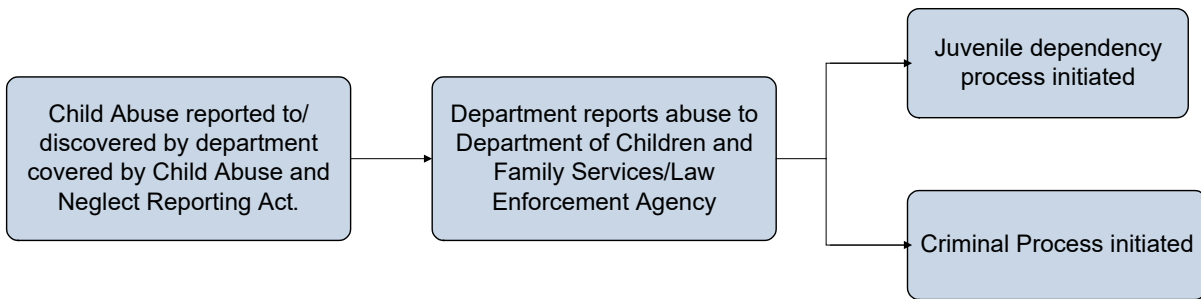
**LOS ANGELES COUNTY INDEPENDENT LAW ENFORCEMENT AGENCY (LEA) CHILD ABUSE DATA**  
**Based on Electronic Suspected Child Abuse Reports (E-SCARs) January 2017- December 2017**

#	LEA	Unopened SCAR	Pending SCAR	LEA Generated	Crime Suspected	Crime Suspected No Child Abuse	No Crime Suspected	No Investigation
1	Long Beach PD (2974)	0	0	0	1149	104	1715	6
2	Pomona PD (1137)	0	0	0	250	44	582	261
3	El Monte PD (814)	0	0	0	247	56	436	73
4	Inglewood PD (717)	0	0	0	111	96	410	98
5	South Gate PD (693)	0	0	0	200	34	453	6
6	Pasadena PD (637)	0	0	0	144	92	384	17
7	Hawthorne PD (617)	0	0	0	132	49	366	70
8	Whittier PD (562)	0	0	0	131	44	328	58
9	Downey PD (549)	0	0	0	110	38	353	47
10	Glendale PD (510)	0	0	0	122	59	323	6
11	Huntington Park PD (487)	0	1	0	141	67	266	11
12	Torrance PD (456)	0	0	0	45	49	315	47
13	Baldwin Park PD (426)	0	1	2	96	4	298	25
14	West Covina PD (413)	0	0	0	90	39	214	70
15	Montebello PD (367)	0	0	0	92	33	233	9
16	Gardena PD (350)	0	2	2	88	42	169	47
17	Burbank PD (313)	0	1	0	48	54	207	2
18	Alhambra PD (304)	0	0	0	52	30	217	5
19	Bell Gardens PD (275)	0	0	0	50	16	149	60
20	Covina PD (271)	0	0	0	43	42	141	45
21	Bell PD (257)	0	17	0	84	12	120	24
22	Azusa PD (253)	0	0	0	62	2	166	23
23	Santa Monica PD (242)	0	0	0	33	17	157	34
24	Monterey Park PD (208)	0	0	0	53	38	110	6
25	Redondo Beach PD (188)	0	1	1	20	3	150	13
26	San Fernando PD (174)	0	0	1	84	4	69	16
27	La Verne PD (165)	0	13	6	31	1	64	50
28	Monrovia PD (159)	0	2	1	15	9	116	16
29	Glendora PD (154)	0	1	0	25	1	117	10
30	Arcadia PD (141)	0	0	0	24	10	90	17
31	Culver City PD (122)	0	0	0	10	25	85	2
32	San Gabriel PD (122)	0	0	0	38	15	66	3
33	Beverly Hills PD (92)	0	0	0	16	9	53	13
34	Claremont PD (75)	0	2	0	14	4	47	7
35	South Pasadena PD (72)	0	0	0	10	1	56	5
36	Manhattan Beach PD (56)	0	0	0	7	6	41	2
37	Signal Hill PD (48)	0	1	1	12	3	30	1
38	El Segundo PD (43)	0	0	0	12	0	27	4
39	Sierra Madre PD (34)	0	0	0	3	5	22	4
40	Palos Verdes Estates PD (27)	0	0	0	4	0	18	5
41	Hermosa Beach PD (27)	0	0	0	8	3	16	0
42	San Marino PD (25)	0	0	0	3	0	22	0
43	Irwindale PD (9)	0	2	0	1	0	5	0
44	Vernon PD (5)	0	0	0	1	0	4	0
	<b>TOTAL</b>	<b>0</b>	<b>44</b>	<b>14</b>	<b>3911</b>	<b>1160</b>	<b>9210</b>	<b>1218</b>



Flow Chart I

**REPORTING DEPARTMENTS INVOLVEMENT IN CHILD ABUSE CASES - 2017**

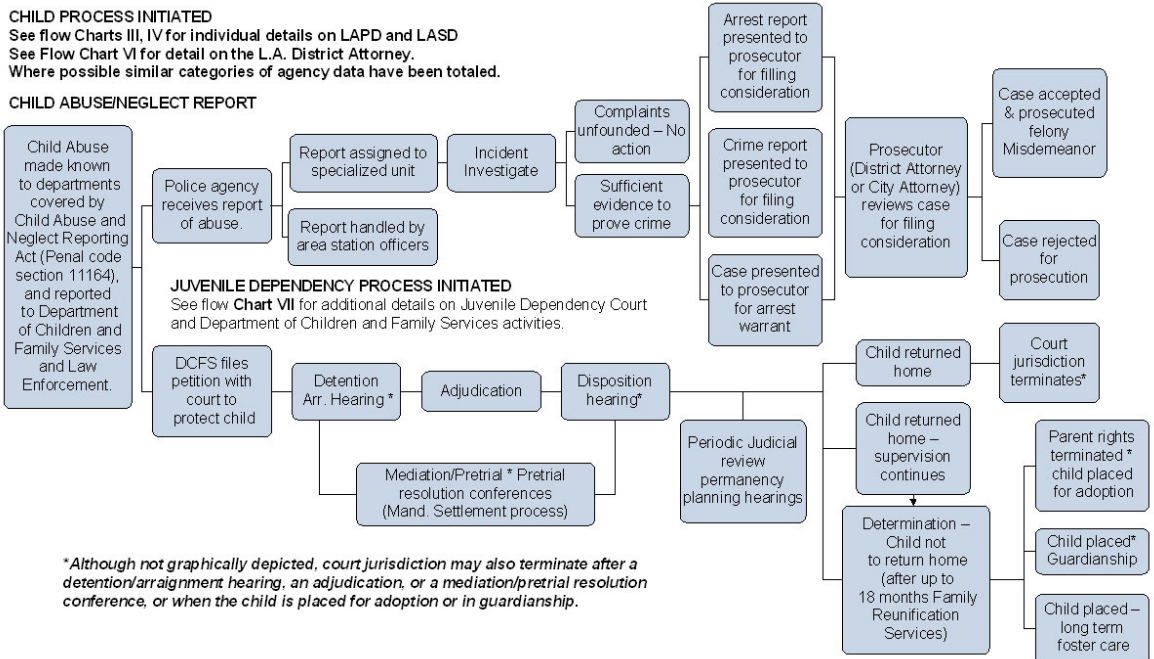


**REPORTING DEPARTMENTS WORKLOAD**

<b>CHIEF MEDICAL EXAMINER CORONER (Reportable ICAN Child Deaths)</b>	187
<b>L. A. COUNTY PROBATION DEPARTMENT (Adult Referrals for Child Abuse Offenses)</b>	455
<b>DEPT. OF PUBLIC SOCIAL SERVICES (Referrals Made to DCFS)</b>	152
<b>LOS ANGELES POLICE DEPARTMENT</b>	3,989
<b>L.A. COUNTY SHERIFF'S DEPT. SVB (Number of Child Abuse Investigations)</b>	3,770
<b>DEPT. OF CHILDREN &amp; FAMILY SERVICES (Number of Suspected Child Abuse Referrals)</b>	172,635

Flow Chart II

**ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES**

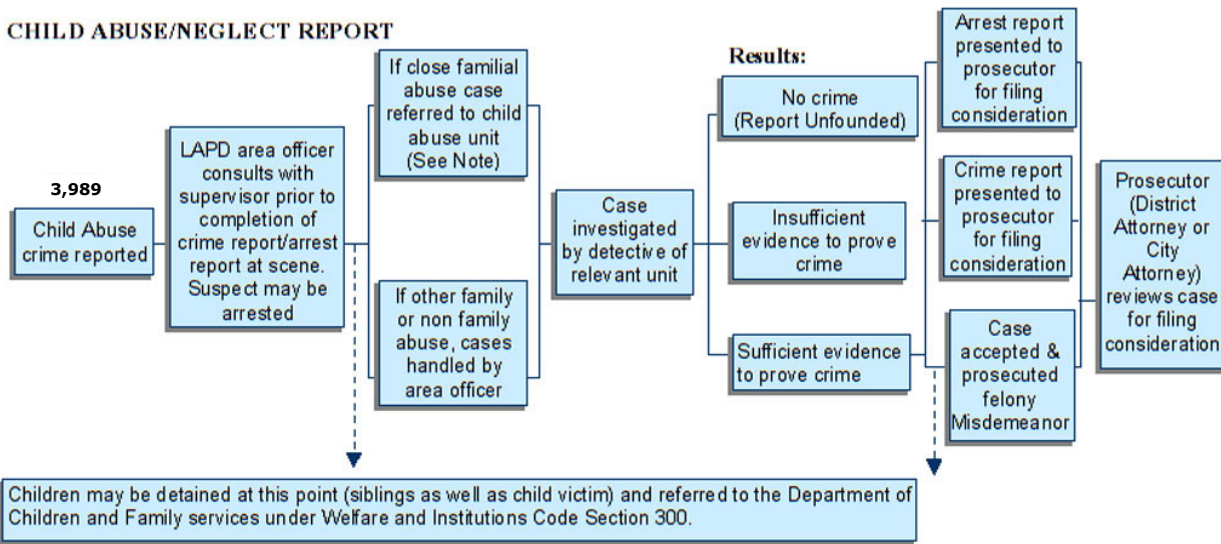




Flow Chart III

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

**CHILD ABUSE/NEGLECT REPORT**



**NOTE:**

**Case Count Definition**

*Endangering cases:*

*Multiple victims in same family = 1 report case*

*All other cases:*

*Each victim = 1 report case*

**Abused Child Unit Responsibilities**

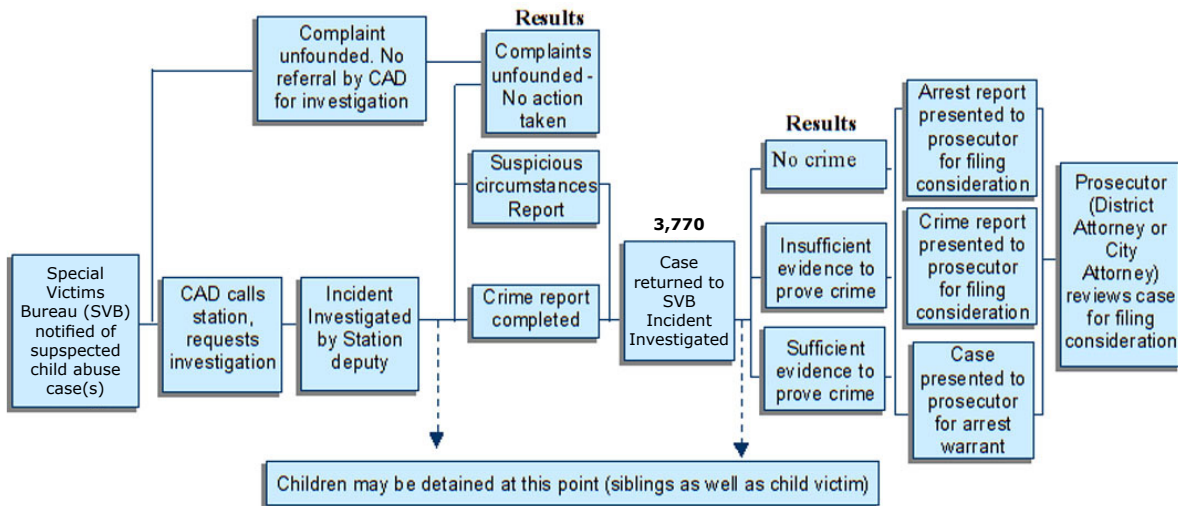
Abused Child Unit handles abuse involving parents, step parent, legal guardian, common law spouse.

**GEOGRAPHIC AREA RESPONSIBILITIES**

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

Flow Chart IV

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



**Note: Case Count Definition**

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

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

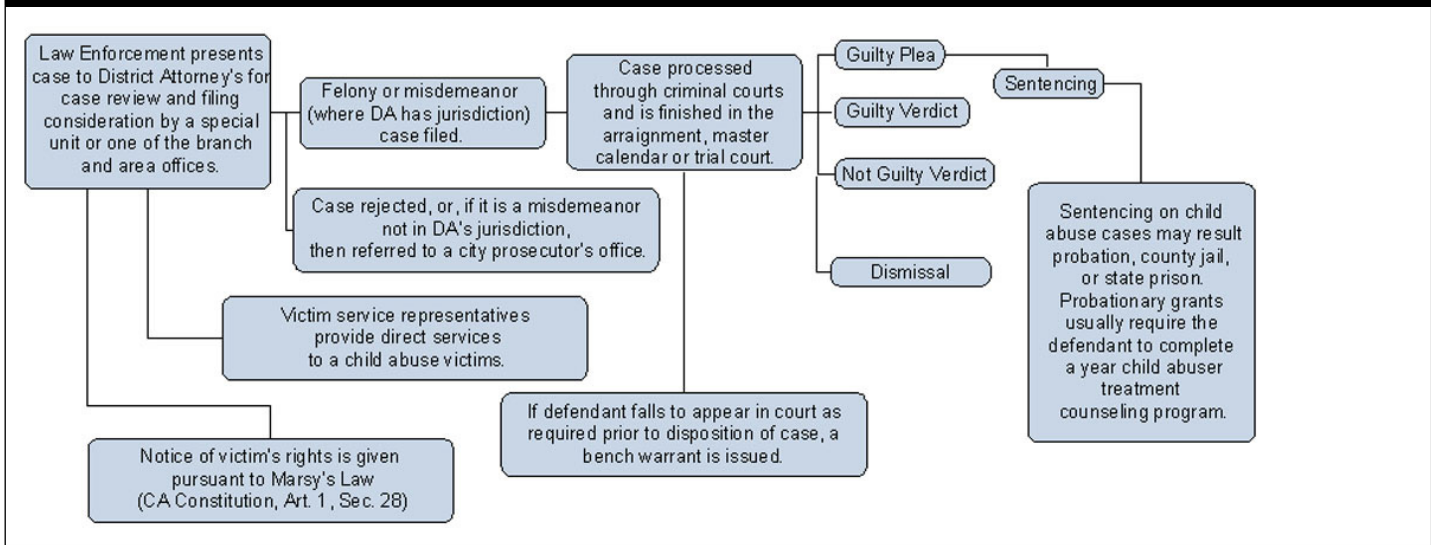
See the Los Angeles Sheriff's Department Report for more details on their workload.





Flow Chart V

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



Flow Chart VI

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

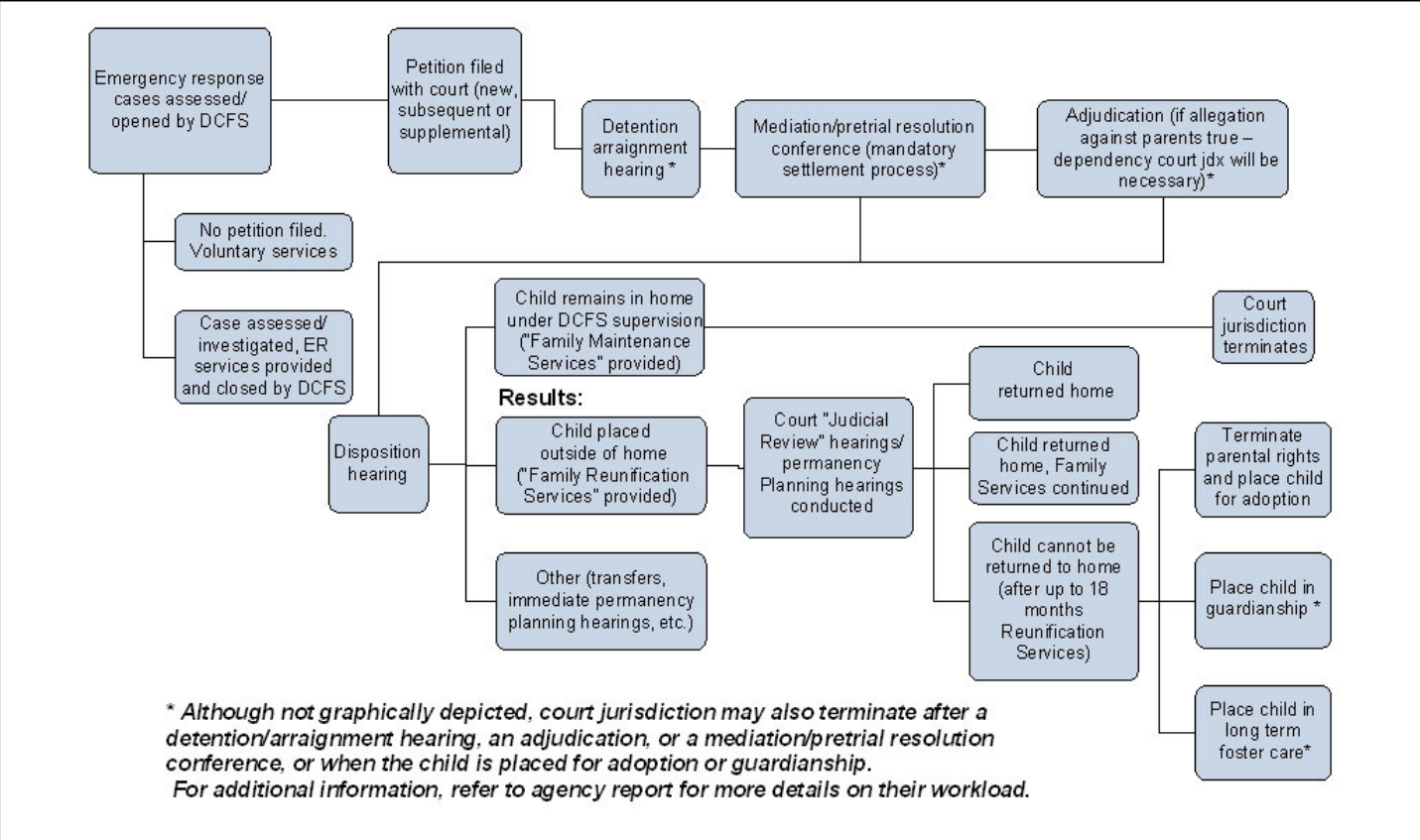




Figure 2

### CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

Child Abuse/ Neglect Category	Offense Code	FELONY/MISD	DESCRIPTION
Physical Abuse	187 (a)	F	Murder
	207 (a)	F	Kidnapping
	207 (b)	F	Attempt Kidnap Child Under 14
	273ab	F	Assault Resulting in Death of Child Under 8
	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 Violence
	286(b)(1)	M	Sodomy w/Person Under 18
	286(b)(2)	F	Sodomy w/Person Under 16
	286 c	F	Sodomy w/Person 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 Certified 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
Exploitation	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**

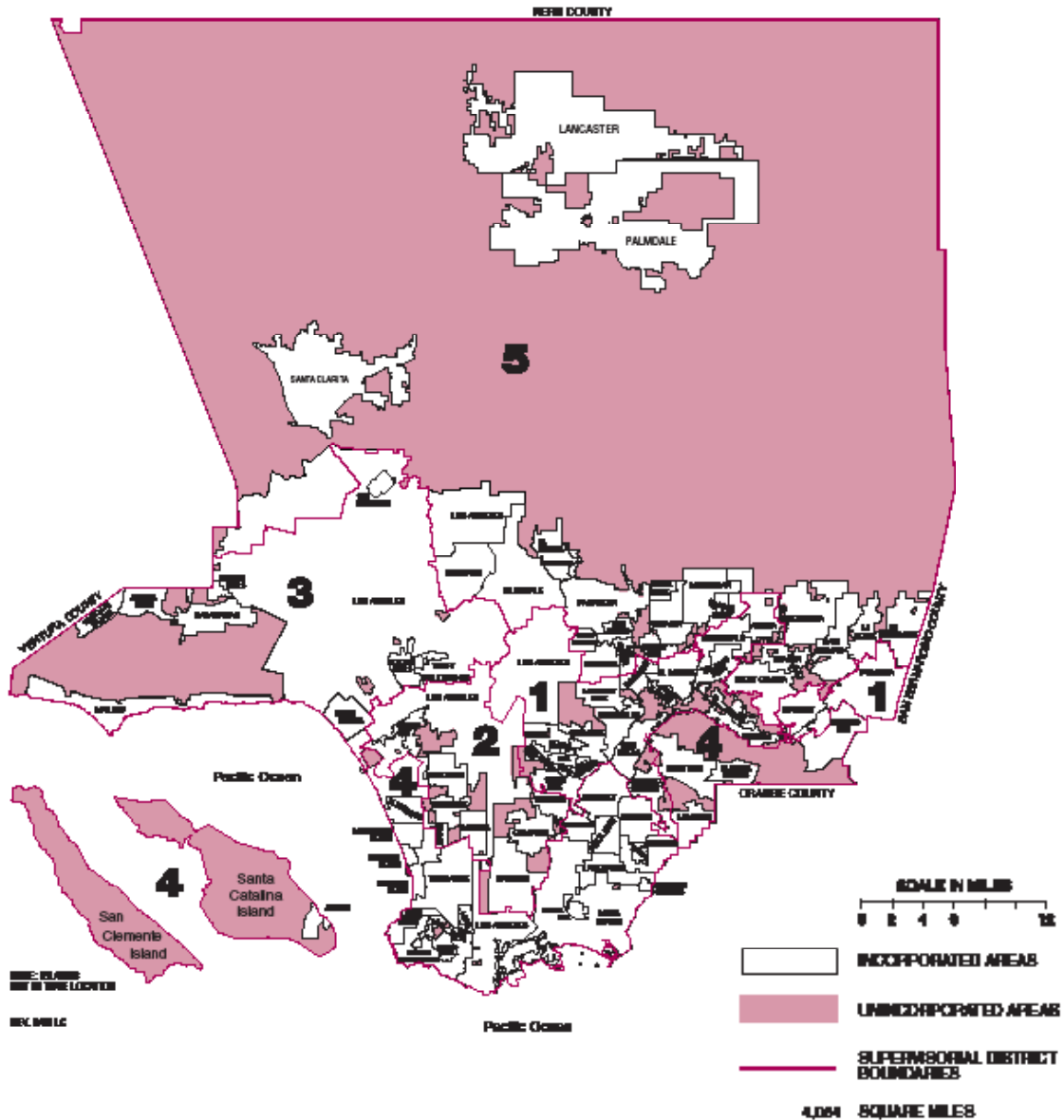
- Los Angeles County is 4,083 square miles in size and includes 88 incorporated cities.
- The total population for Los Angeles County is 10,163,507 (U.S. Census Bureau, 2017 Estimates). It is the most populous county in the United States.
- 0 – 17 years child population represent 22.2% of the population (2,324,873).
- The median age for Los Angeles County is 35.6 years.
- There are 799,311 children under 5 years of age.
- From the Lucile Packard Foundation for Children’s Health and [Kidsdata.org](http://Kidsdata.org), the child population is

51.4% Hispanic, 26.9% Caucasian, 5.3% African American, 11% Asian, 4.7% Multiracial, 0.4% Native Hawaiian/Pacific Islander, and 0.4% American Indian/Alaskan Native.

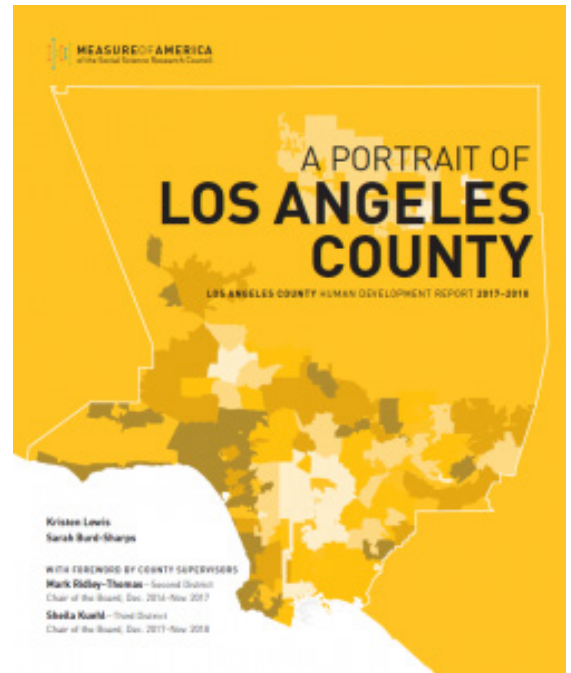
- 116,677 live births were recorded in 2017 (Los Angeles County Department of Public Health).

**UNINCORPORATED AREAS**

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







# A PORTRAIT OF LOS ANGELES COUNTY

## **INTRODUCTION**

A Portrait of Los Angeles County is an exploration of how LA County residents are faring in terms of well-being and equity. It examines well-being and access to opportunity using the human development framework and index, presenting American Human Development (HD) Index scores for LA County places and demographic groups and exploring a range of critical issues, including health, education, living standards, environmental justice, housing, homelessness, violence, and inequality.

The American Human Development Index, a supplement to the gross domestic product and other money metrics, tells the story of how ordinary people are doing. The index is based on the Human Development Index developed by the United Nations, the gold standard for measuring the well-being of people in every nation. This report is the fifth that Measure of America has produced on the state of California; previous reports include A Portrait of Marin, A Portrait of Sonoma County, and two volumes of A Portrait of California.

For this report, a ranked index has been calculated for 106 cities and unincorporated areas in LA County as well as the thirty-five community plan areas within the City of Los Angeles; for major racial and ethnic groups; for women and men; and for US- and foreign-born LA County residents.

## **KEY FINDINGS:**

### **American Human Development Index**

LA County's overall HD Index score is 5.43 out of 10, which is higher than the US value of 5.17. This average masks huge variation, however. Some places and groups of Angelenos have very high scores and enjoy the highest levels of well-being in the country, while others face challenges akin to those found in impoverished areas of Appalachia and the Mississippi Delta.

The highest-scoring locale in LA County is the City of San Marino at 9.43, and the lowest-scoring is Florence-Graham at 2.44.

The American Human Development Index scores of Los Angeles County's major racial and ethnic groups vary





from relatively high scores for Asian and white Angelenos to far lower scores for Native American, black, Native Hawaiian and other Pacific Islander, and Latino residents. Among these groups, Asians score the highest on the HD Index (7.37), and Latinos score the lowest (4.32).

## **A Long and Healthy Life**

If LA County were a country, it would rank eleventh in the world in longevity, with a life expectancy of 82.1 years. Angelenos can expect to live nearly three years longer than the average American and several months longer than the average Californian.

Walnut Park has the county's longest life expectancy, a remarkable 90.5 years, while Sun Village has the shortest, 75.8 years. For an in-depth exploration of life expectancy in LA County by place, see *Highway to Health: Life Expectancy in Los Angeles County*.

Among major racial and ethnic groups, the longest-lived population is Asians, with a life expectancy of 87.3 years. Native Hawaiians and other Pacific Islanders (NHOPI) have a life expectancy of 75.4 years—almost a dozen-year gap. Asian and Latino Angelenos live longer than the average LA County resident; the remaining groups have life expectancies below the county average.

Among Asian subgroups large enough to allow for reliable calculations, Indian and Chinese Angelenos have the longest life expectancy (88.1 years) and Filipinos have the shortest (85.5 years)—though the Filipino life expectancy is still 3.4 years longer than the countywide average.

Women's life expectancy is 4.9 years longer than men's. Women live longer than their male counterparts in every racial and ethnic group, though the size of the gap varies.

## **Access to Education**

LA County lags behind the United States as a whole in educational attainment, in large part due to the comparatively large share of adults without a high school degree. LA County scores 4.96 on the Education Index (compared to 5.11 for the US), and more than one in five adult Angelenos lack a high school diploma.

The highest-ranking community in LA County is Westwood in the City of LA (home to UCLA), with an Education Index score of 9.95. The lowest-ranking community, with a score of just 1.24, is Florence-Graham, which also ranks the lowest on the overall HD Index.

Asians score the highest on the Education Index at 7.12, followed closely by whites at 7.02. The next-highest scores are significantly lower—4.69 for NHOPI and 4.64 for blacks. The lowest-scoring group is Latinos at 2.80; more than 40 percent of Latino adults over age 25 lack a high school diploma.

Overall, women (5.10) tend to have higher educational attainment levels than men (4.82) in LA County, though this trend is flipped among Asians and NHOPI; in these groups, men edge out women.

The disconnected youth rate—the share of young people ages 16–24 who are neither working nor in school—is a statistic that MOA calculates using public use microdata areas (PUMAs). There is a strong relationship between well-being in a community and the rate of young people who are connected to school or work. The overall youth disconnection rate in LA County (11.8 percent) is slightly lower than the US rate (12.3 percent). The area in LA with the lowest youth disconnection rate is West Central/Westwood and West LA in the City of LA (3.9 percent), and the area with the highest rate is South Central and Watts, also in the City of LA (23.0 percent).

## **A Decent Standard of Living**

Median personal earnings in LA County are \$30,700, slightly less than the US median of \$31,416. The range within LA County, however, is striking—from a peak of \$82,813 in Palos Verdes Estates to a mere \$16,044 in Westwood, no doubt due to the large student population there. Median personal earnings are the wages and



salaries of the person in the middle of the earnings distribution; half the population earns more than the median, and half earns less.

Whites earn the most (\$47,600) in LA County among the major racial and ethnic groups; this is the only component of the index for which whites outscore Asians (\$38,000). Latinos in LA County earn the least, with median personal earnings of \$22,600. Black Angelenos earn \$6,500 more than blacks in the United States as a whole. Despite outscoring men in the overall HD Index and in both health and education, women earn less than men in every racial and ethnic group and tend to occupy lower-paying occupations and industries. Women continue to take on a disproportionate amount of unpaid caretaking labor, incur motherhood penalties, and experience wage discrimination.

## CONCLUSION

Shoring up the foundations of well-being for all county residents as well as building on the strengths and expanding the opportunities of the groups that are struggling today is key to a flourishing LA County tomorrow. The report thus concludes with an ambitious goal: to increase well-being for all county residents and narrow the gaps between groups, resulting in a one-point increase in the HD Index, from today's 5.43 to 6.43, by 2025.

To achieve this goal in a way that results in measurable well-being improvements for all, with a focus on the county's most vulnerable residents, the following areas are priorities:

**Health:** Addressing the social determinants of health, including economic security, through targeted efforts will extend life expectancy for all and achieve significant gains for the groups with the lowest life expectancies. Increase average life expectancy countywide by six months, from 82.1 years to 82.6 years, over this eight-year period and increase life expectancy for black, Native Hawaiian and other Pacific Islander, and Native American residents to 80 years.

**Education:** Investing in parental education, quality child care, early childhood education, school integration, funding equality, and young people at risk for disconnection increases the likelihood that students will enroll in school and complete their degrees. Increase enrollment by 10 percent and boost adult educational attainment by 10 percent, focusing in particular on Struggling LA and Precarious LA and on Latinos countywide.

**Earnings:** Increasing wages, improving workforce training and protections, and reducing the gender earnings gap will lift median personal earnings, enabling greater economic security and a chance for all Angelenos to invest in themselves and provide a safe, stable environment for the next generation. Increasing median earnings in the county by \$8,000 (in inflation-adjusted dollars) over the eight-year period with an eye toward income equality will require a laser focus on workers whose median personal earnings are very low, namely Latinos and those in Precarious LA (\$19,000 annual median personal earnings) and Struggling LA (\$25,000).

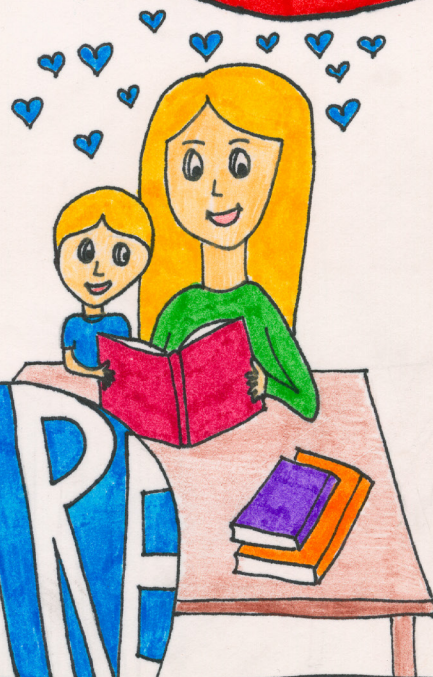
*Source: A Portrait of Los Angeles County 2017-18. Life Expectancy: Measure of America calculations using mortality data from the CDPH and population data from the US Census Bureau, 2010-2014. Education and earnings: US Census Bureau ACS, 2011-2015.*

*Lewis, Kristen and Sarah Burd-Sharps. A Portrait of Los Angeles County 2017-18. New York: Social Science Research Council, 2017.*

[http://secure-web.cisco.com/1M1oFLf17i-FBUS\\_lk2ptqheJKyZkLI6Yccf1qLNPminktJ\\_c1sJzK\\_3RoAVibqPbN64Gi6aho8W7x3WEDvDvX4S94Eo0v-IYM8Qoci4vZqJ6jivb4Bqe-FBc8lfQn9PtkzftL9hYRLXBHQUhvtXfQGuT2nW2MudcFA9XYQA9okDLjL04HnuElrJBb3TD1-scpT-QOH1FEV5-XUBR92Y3NTZbZbGYD-VyrmVHgrPbM3WbVtpL-KcvNTYSeMucMIGjDuBUCPnomnfrzGBcqVFDpYPHmPytkEQeCLEgF3YxgbLbfJgBEGk1fO6Fz6k3SAOyK4OH1YMSFGJXwMdLZ75iyht4vB0hEcuHrgolAITXO9mcFvnHIMg4AXEa\\_uZd3O1\\_Y/http%3A%2F%2Fwww.measureofamerica.org%2Flos-angeles-county%2F](http://secure-web.cisco.com/1M1oFLf17i-FBUS_lk2ptqheJKyZkLI6Yccf1qLNPminktJ_c1sJzK_3RoAVibqPbN64Gi6aho8W7x3WEDvDvX4S94Eo0v-IYM8Qoci4vZqJ6jivb4Bqe-FBc8lfQn9PtkzftL9hYRLXBHQUhvtXfQGuT2nW2MudcFA9XYQA9okDLjL04HnuElrJBb3TD1-scpT-QOH1FEV5-XUBR92Y3NTZbZbGYD-VyrmVHgrPbM3WbVtpL-KcvNTYSeMucMIGjDuBUCPnomnfrzGBcqVFDpYPHmPytkEQeCLEgF3YxgbLbfJgBEGk1fO6Fz6k3SAOyK4OH1YMSFGJXwMdLZ75iyht4vB0hEcuHrgolAITXO9mcFvnHIMg4AXEa_uZd3O1_Y/http%3A%2F%2Fwww.measureofamerica.org%2Flos-angeles-county%2F)



# Kids Need..... ATTENTION



PLAY CARE

LOVE FEED







## **SECTION II: SPECIAL REPORT**





# CASA OF LOS ANGELES

## ***About CASA of Los Angeles***

In 1977, a Seattle juvenile court judge concerned about making drastic decisions with insufficient information conceived the idea of citizen volunteers speaking up for the best interests of abused and neglected children and youth in the courtroom. From that first program has grown a network of nearly 1,000 CASA and guardian ad litem programs that are recruiting, training and supporting volunteers in 49 states and the District of Columbia.

CASA of Los Angeles (CASA/LA) was one of the first CASA programs, beginning in 1978 under the leadership of Judge Peter Giannini, who secured a four-year federal start-up grant. The program, then known as the Child Advocates Office, was under the guidance of Presiding Judge of Juvenile Court, Richard “Skip” Byrne and Supervising Judge Paul Boland.

In 1983, Friends of Child Advocates, now CASA of Los Angeles, founded by Jacqueline Dolan, organized a public/private partnership to increase awareness and raise money for the recruitment, training, and support of volunteer advocates for abused and neglected children and youth under the care of the dependency court.

CASA/LA had thrived under the support of the Los Angeles County Superior Court for many years leading up to 2010 when statewide budget cuts substantially limited the Court’s ability to financially assist the program. CASA/LA then transformed into an independent non-profit organization supported largely by community donors.

Today, CASA/LA is one of the largest CASA programs in the country, affiliated with the California CASA Association and the National CASA Association of 950 community-based programs and over 85,000 volunteers serving 260,000 children and youth nationwide.

## ***CASA Volunteer Training***

The CASA/LA volunteer screening process is designed to ensure that all potential volunteers are competent to fulfill their CASA volunteer role, and are willing to commit the time and energy necessary to effectively present and advance the best interests of children and youth. All CASA volunteers must be cleared through the Los Angeles Superior Court’s human resources department via a local security clearance; live scan (fingerprints) submitted to the Department of Justice (DOJ), Federal Bureau of Investigation (FBI) and the Child Abuse Central Index (CACI); Social Security number verification; and a check of the National Sex Offender Public Website.

All CASA volunteers must complete a rigorous 40-hour in-person and online training administered by the CASA program before being appointed as a CASA volunteer.

The CASA program seeks to make successful matches between a CASA volunteer and a child/youth. During

<sup>1</sup> Court Appointed Special Advocate

<sup>2</sup> A guardian ad litem is a unique type of guardian in a relationship that has been created by a court order only for the duration of a legal action. Courts appoint these special representatives for infants, minors, and mentally incompetent persons, all of whom generally need help protecting their rights in court.

training, a CASA volunteer is asked to complete a CASA profile indicating any preferences regarding age, gender, geographic region, and advocacy areas. Volunteers are expected to be open to matches that do not meet their preferences. Once a CASA volunteer selects a case, the court paperwork is processed, and the CASA volunteer is appointed and begins their advocacy work.

### ***CASA/LA Advocacy Program***

CASA/LA advocacy program is composed of CASA volunteers who are supervised by professional staff including a director of advocacy, advocacy team managers and advocate supervisors. CASA/LA's main office is located at Edmund D. Edelman Children's Court in Monterey Park with a satellite office at Alfred J. McCourtney Juvenile Justice Center in Lancaster.

CASA volunteers spend their time visiting the children and youth they have been appointed to, attending court hearings, speaking and meeting with case parties that include social workers, lawyers, caregivers, and countless others to ensure the child has their unique needs met, as well as writing court reports and updating CASA/LA's online case management system, Efforts to Outcomes - ETO.

### ***CASA/LA Referral Process***

Children and youth between the ages of 0-21 currently living in Los Angeles County and who have an open dependency case at the Edmund D. Edelman Children's Court or the Alfred J. McCourtney Juvenile Justice Center in Los Angeles County may be eligible for a CASA volunteer.

Once a referral is submitted to the court, the judge on the case will decide whether or not to approve the referral. If the judge approves the referral, CASA/LA will then review the case to determine whether it is appropriate for a CASA volunteer. If the referral is accepted, the child or youth will be placed on the waitlist for a match. In FY2018, CASA/LA received 647 referrals (9% more than FY2017 and 38% more than FY2016).

### ***Day-of-Court Assistance***

CASA/LA also trains and manages children's court assistants (CCA) who provide "day-of-court" advocacy for children and youth who are experiencing their first time in court or are attending court without a guardian or escort. They speak with children in the shelter care activity area at Edmund D. Edelman Children's Court before their hearings, escort them to and from the courtrooms, and are available to assist children and youth who may need emotional support before or after a hearing. Their overall goal is to ease children's anxieties and be responsive to their needs when they attend court hearings. In FY2018, CCA volunteers dedicated 3,027 hours assisting 3,276 children in the shelter care activity area at Edelman Children's Court.

### ***Fiscal Year 2018 Outcomes***

The 2018 fiscal year (FY2018) was a remarkable year of growth. CASA/LA served 1,124 unique children and youth (18% more than in FY2017 and 39% more than in FY2016), we received 647 case referrals (9% more than in FY2017 and 38% more than in FY2016), we trained 402 new CASA volunteers (25% more than FY2017 and 100% more than FY2016), and appointed 931 unique volunteers (an increase of 25% from FY2017 and 67% from FY2016). CASA volunteers enhance the lives of the children and youth they serve by improving youth outcomes around safety, permanency, and well-being. In FY2018, CASA volunteer helped to reduce the number of placements per child from 4.0 to 1.7 and helped significantly reduce the number of children on psychotropic medications by 83%.

In FY2018, CASA/LA appointed a CASA volunteer to 1,124 unique children and youth. Most children and youth were between the ages of 12 and 17 years old and were of Hispanic/Latino or African-American ethnic backgrounds

CASA volunteers spend countless hours meeting with caregivers, social workers, family members, attorneys,



school and medical personnel, and many others. They also attend court hearings and write court reports to help the court make informed decisions that are in the best interest of the child.

On average, a CASA volunteer is appointed to a child for two years and advocate in the areas of permanency, safety, and well-being. A primary objective for a CASA volunteer is to assist in stabilizing their appointed child or youth's placement by helping to identify options for a long-term and safe home, whether that is at home with one or both parents or identifying a legal guardian or adoptive home.

In FY2018, CASA volunteers were able to help 57% children and youth move from a non-permanent placement to a permanent placement such as home of parent, adoptive home, legal guardianship, relative placement, and non-minor dependent transitional housing. Also, 33% of children who had been removed from their family's home were reunified with their families. CASA volunteer's efforts to stabilize a child or youth helped decrease the number of placements from an average of 4.0 placement changes before being appointed to a CASA volunteer to 1.7 placement changes after CASA appointment.

Many children and youth in the foster care system experience the mental health impact of trauma, neglect, and abuse. CASA volunteers assist the child or youth's team by ensuring that they have access to the mental health assessments and services that they need to heal. CASA volunteers are also instrumental in monitoring and evaluating psychotropic medications that are often prescribed to children and youth in care. In FY2018, 83% of children and youth who were prescribed psychotropic medication at the start of their CASA appointment were no longer prescribed psychotropic medication at the end of their appointment.

### ***About CASA Volunteers***

In FY2018, 931 CASA volunteers advocated on behalf of 1,124 children and youth. This was a 25% increase from FY2017 and 67% from FY2016. Most volunteers were females, between the ages of 55 and 65 or 21 and 35, and were Caucasian/Non-Latino. In FY2018, CASA volunteers dedicated 115,000 hours to advocate on behalf of their appointed child or youth. They also attended 1,786 hearings, wrote 1,860 court reports, completed 9,193 child visits, and met with case parties 14,736 times. Also, 38% of CASA volunteers were educational rights holders and 29% were developmental decision makers.

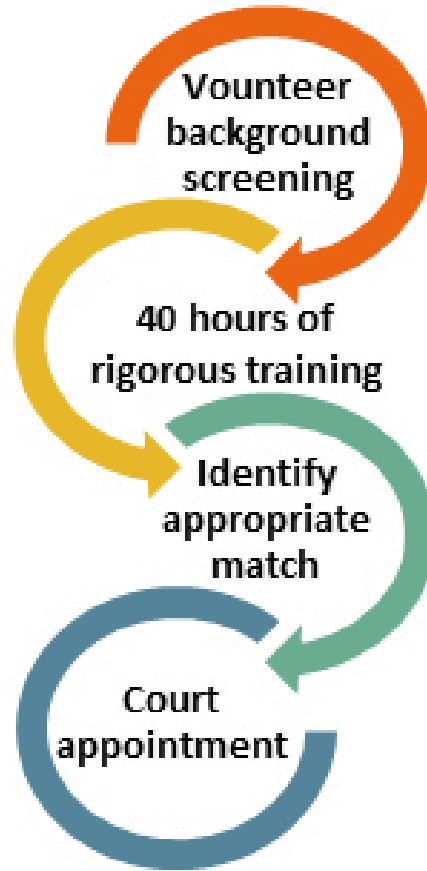
### ***Looking to the Future***

CASA/LA is continually focused on harnessing its data to improve organizational processes and strengthening its advocacy model. In FY19, CASA/LA continued its focus on expanding its reach and serving a larger portion of children in the Los Angeles County dependency system by using programmatic and operational data to reduce the cost of serving children while improving the quality of its advocacy program. To do this, CASA/LA is working on a number of strategies. First, CASA/LA is working collaboratively with other CASA programs across the United States to build a standard set of metrics that all CASA programs will use to track outcomes and will also begin the long road to developing an evidence-based model. More immediately, CASA/LA began a collaborative data strategy planning project to assure that current data metrics continue to allow CASA/LA to track the impact of its advocacy program while also remaining agile enough to identify areas of improvement and growth. Lastly, CASA/LA has developed a set of short-term advocacy programs that will help fill specific needs in the child welfare system and support recruitment and retention of CASA volunteers.

<sup>3</sup> An educational rights holder is an adult identified or appointed by the court to make educational decisions for a child, non-minor, or non-minor dependent.

<sup>4</sup> A developmental decision maker is an adult identified or appointed by the court to make developmental-services decisions for a child, non-minor, or non-minor dependent who is receiving Regional Center services.

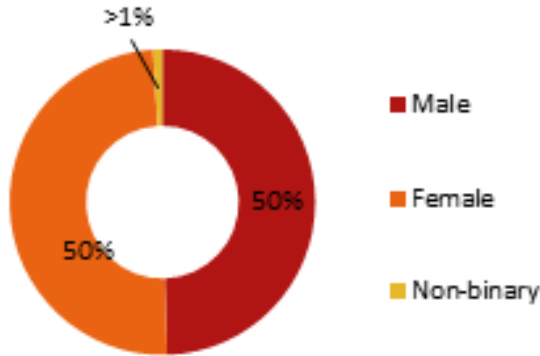
**FIGURE 1. CASA VOLUNTEER PROCESS**



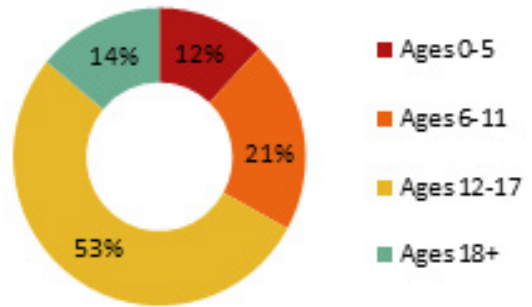
**FIGURE 2. CASA ADVOCACY MODEL**



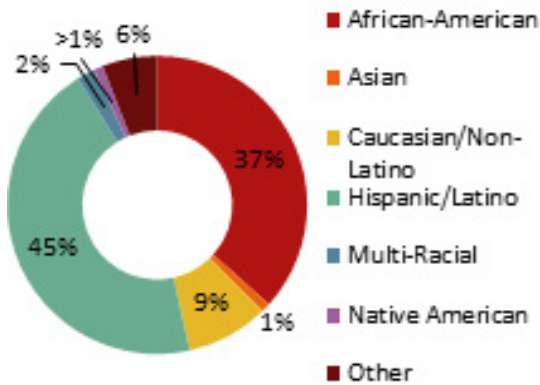
**FIGURE 3. CHILD'S GENDER**



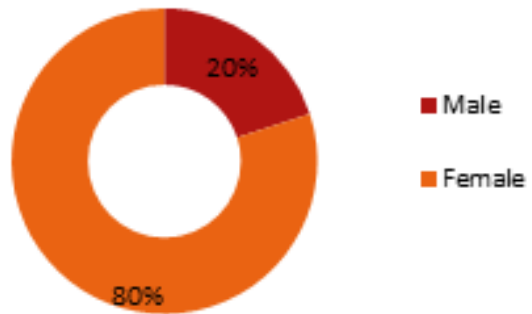
**FIGURE 4. CHILD'S AGE**



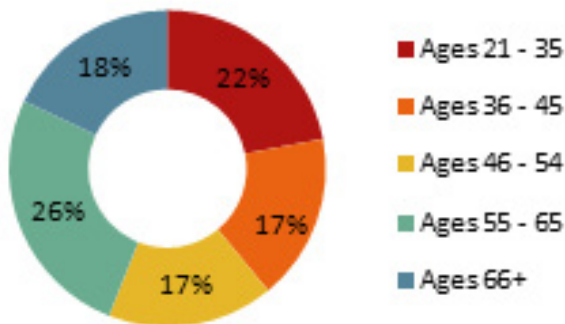
**FIGURE 5. CHILD'S RACE/ETHNICITY**



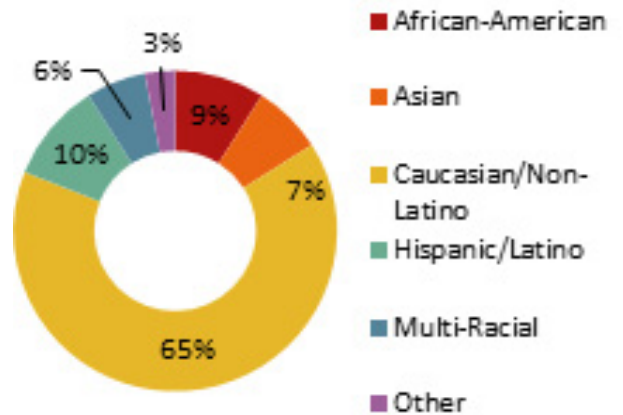
**FIGURE 6. CASAs GENDER**



**FIGURE 7. CASAs AGE**



**FIGURE 8. CASAs RACE/ETHNICITY**









# 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;

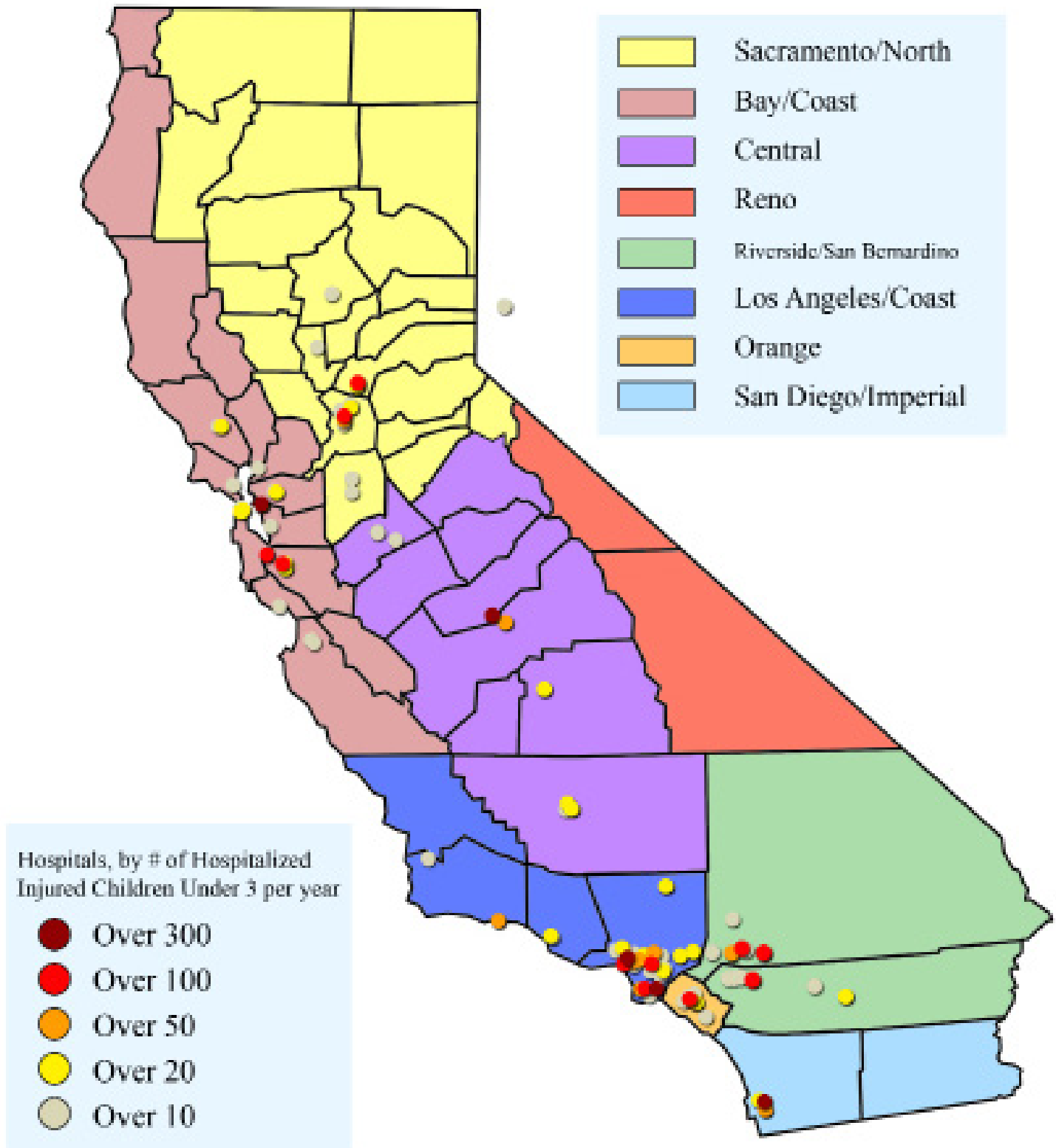
Current hospital list with numbers of cases served; and,

Graphic display of data and teams.

The ICAN Hospital Network includes both a “State of the Art” and “State of the Practice”. When we refer to the “State of the Art” we are referring to special skills and programs; when we refer to the “State of the Practice” we are referring our knowledge, skills and abilities. This project has been focused on the reports of suspected child abuse, especially those under the age of three. These reports, which focus on young children, provides an opportunity for prevention. It is a goal of the project to assist hospitals with increasing their overall reporting of child abuse.

Among the ICAN Hospital Network’s goals for 2019, will be to reach out to outpatient programs such as intensive care (PICUs) and burn services, with our central focus on reviewing inpatient and outpatient data from children ages 0-3.

This project began with a state-wide ICAN grant to write guidelines for investigation of fatal and severe child abuse. During the period of the initial grant, the Network worked with more than 100 hospitals statewide, in both urban and rural communities. In the last few years, the focus has moved to Los Angeles County – with a population of approximately ten million – as a more manageable dataset. We still have a statewide goal to connect hospitals with themselves – for common data and sharable resources. We continuously work to balance the concern of confidential records and the need to share records for the protection of children.

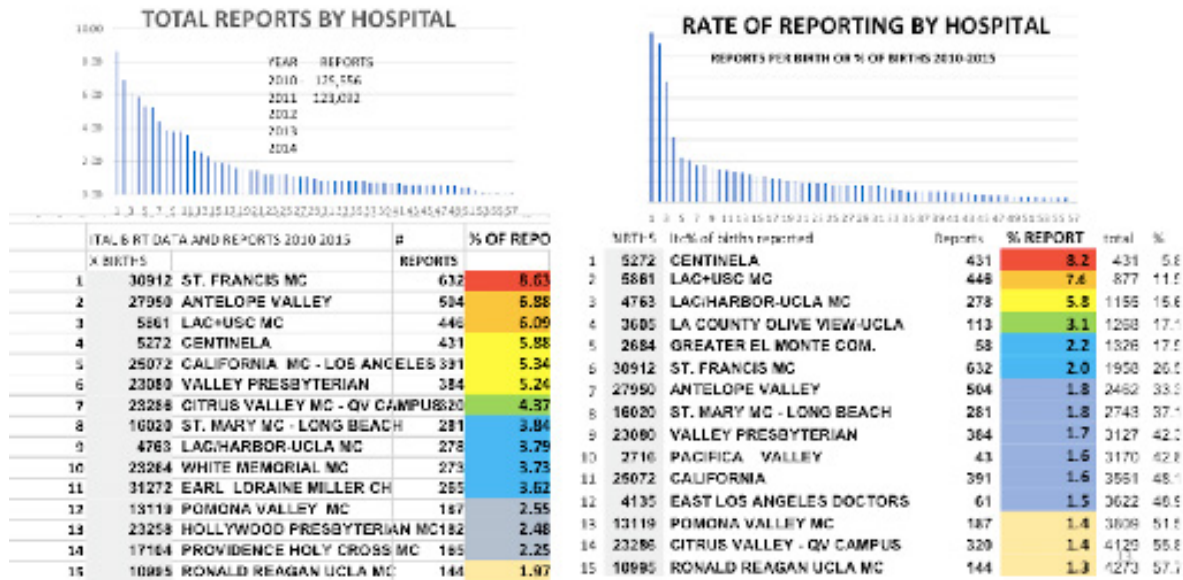


Additional funding needed to include (statewide) 12 burn hospitals service's and 25 trauma PICUs. These could potentially create one team to identify and review nonfatal severe cases.

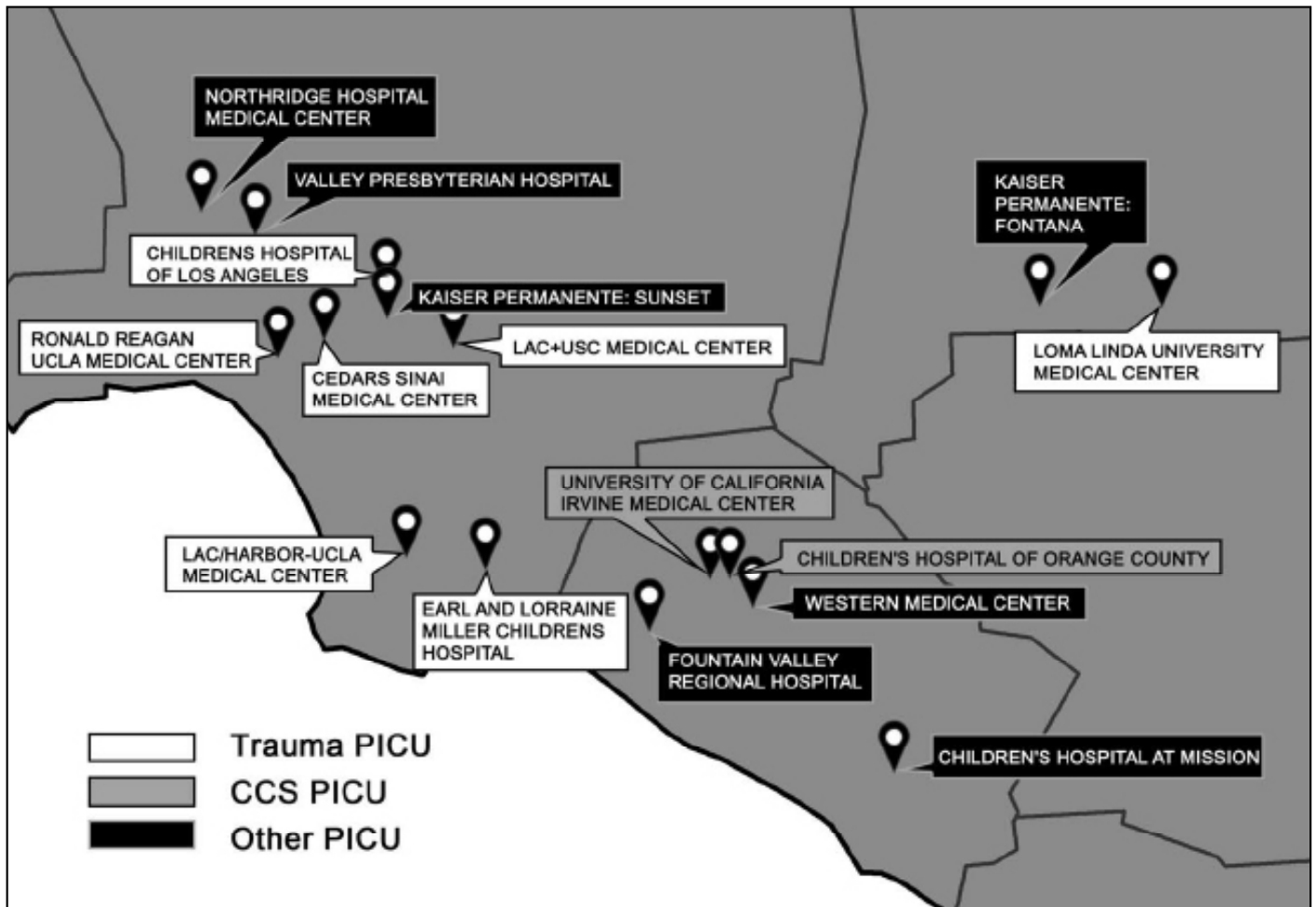


# Expect increased reports, particularly at birth.

HOSPITAL REPORTS AGE 0-4 DAYS 2010 -2015



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





	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 Under 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





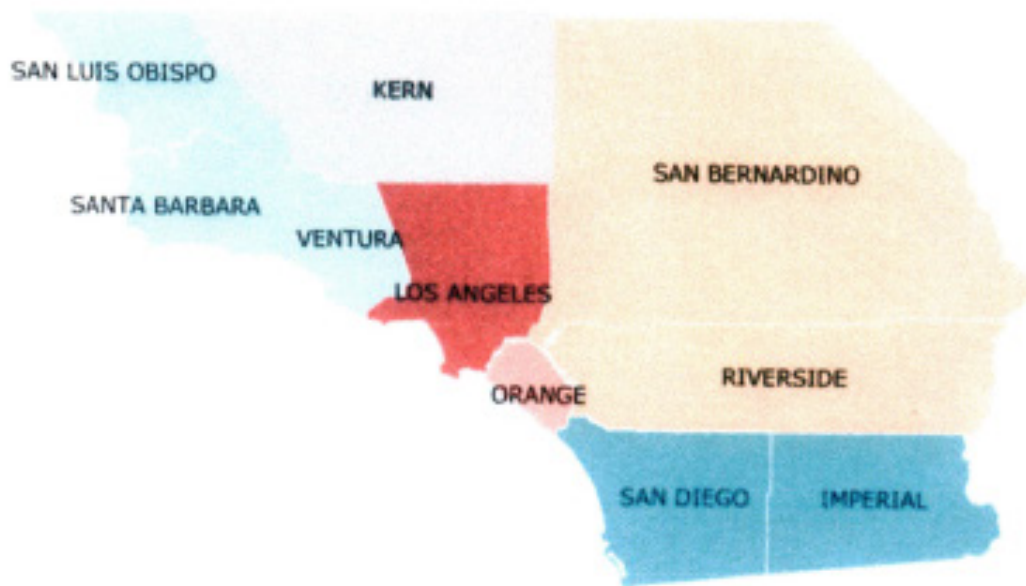
	Child Hospital	DHS Hospital	Burn Hospital	PICU CCS	Non-CSS PICU	Not LA County	SCAN Team	PMC	PTC	EDAP	Birth 125, 670	Emergency Department Patients Under 3 yrs 32, 750	Injured Untder 3 yrs
Garfield											3855	293	3
Prov Lit co Mary											2610	293	3
Glendale Memorial											1820	285	1
Memorial 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



# Southern California

## 21 Million People in 10 Counties

### 3<sup>rd</sup> largest “state” (1 California 2 Texas)



These counties share multi-county cases-

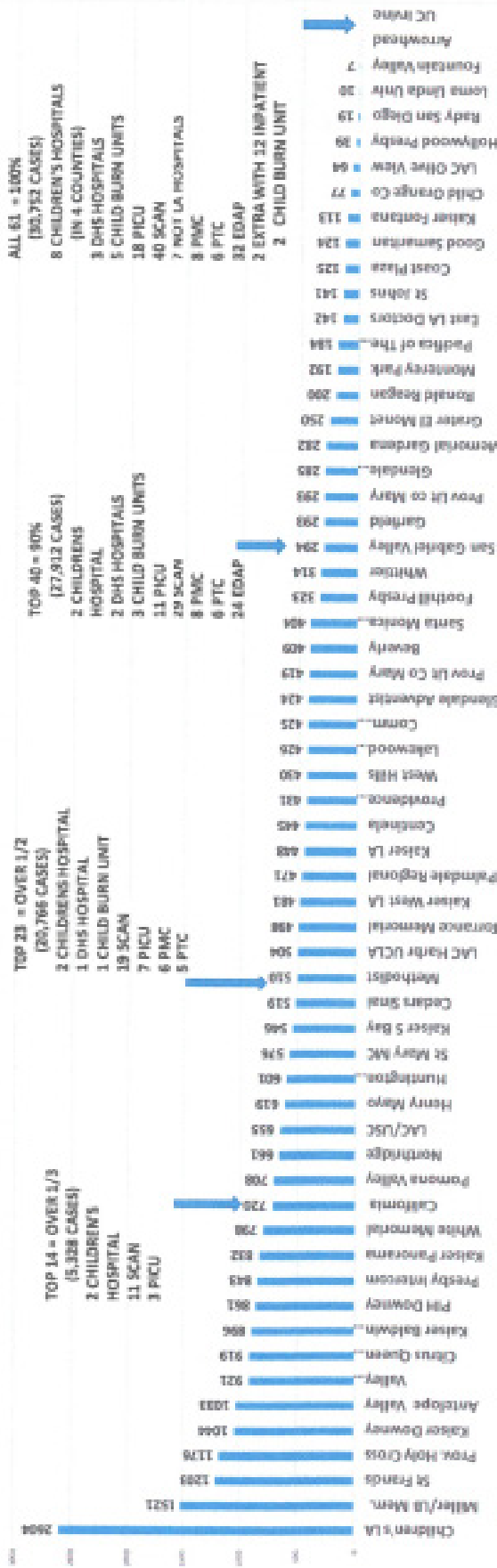
- 10 Child Fatality Review Teams
- More than 100 hospitals with:
  1. Maternity Services
  2. Injures Ages 0-3

ICAN is connecting Hospital child abuse services  
Child Fatality Review Teams to share resources and  
coordinate multi-county cases.



# 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 1,462 INFANTS UNDER AGE THREE IN 57 HOSPITALS AND 133,395 BIRTHS IN 50 HOSPITALS. ACTUAL NUMBERS ARE HIGHER BUT IN OTHER HOSPITALS HOSPITAL DISCHARGE DATA FROM THE CALIFORNIA 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 CHILD ABUSE), DHS HOSPITAL = LA COUNTY DHS HOSPITAL BURN UNIT = SPECIAL SERVICE FOR BURNED CHILDREN, PICU = PEDIATRIC INTENSIVE CARE UNIT (CCS APPROVED AND OTHERS) PMC = PEDIATRIC MEDICAL UNIT, PTC = PEDIATRIC TRAUMA CENTER, EDAP = EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS







# 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 2017, the Program served 21 children in 14 cases as compared to the 33 children in 23 cases served in 2016. This is a 36.4% decrease in caseload and a 39.1% decrease in the number of children served from the previous year, a significant decrease. The number of families served in 2017 is also lower than the ten-year average of 44.6 cases, as well, the number of children served is lower than the ten-year average of 59.5 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 21 children served in calendar year 2017: 80% were Hispanic, 5% were African-American, 10% were Caucasian and finally, 5% were of other or unknown descent. Figure 3 shows the age range of the children served in calendar year 2017: 33% percent of the children served were age 5 or younger, 33% were age 6 to 10 and 33% were age 11 or older. Figure 4 shows that of the children served, 95% were under the jurisdiction of the Department of Children and Family Services, no cases were referred by the Los Angeles District Attorney's office and 5% 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 2007 through 2017. Over the past 11-year period, the number of cases has averaged 44.6 per year, while the number of children served has averaged 59.5 per year. The number of cases and children served has fluctuated from year to year with 2014 still showing 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 from 2014 to 2017.

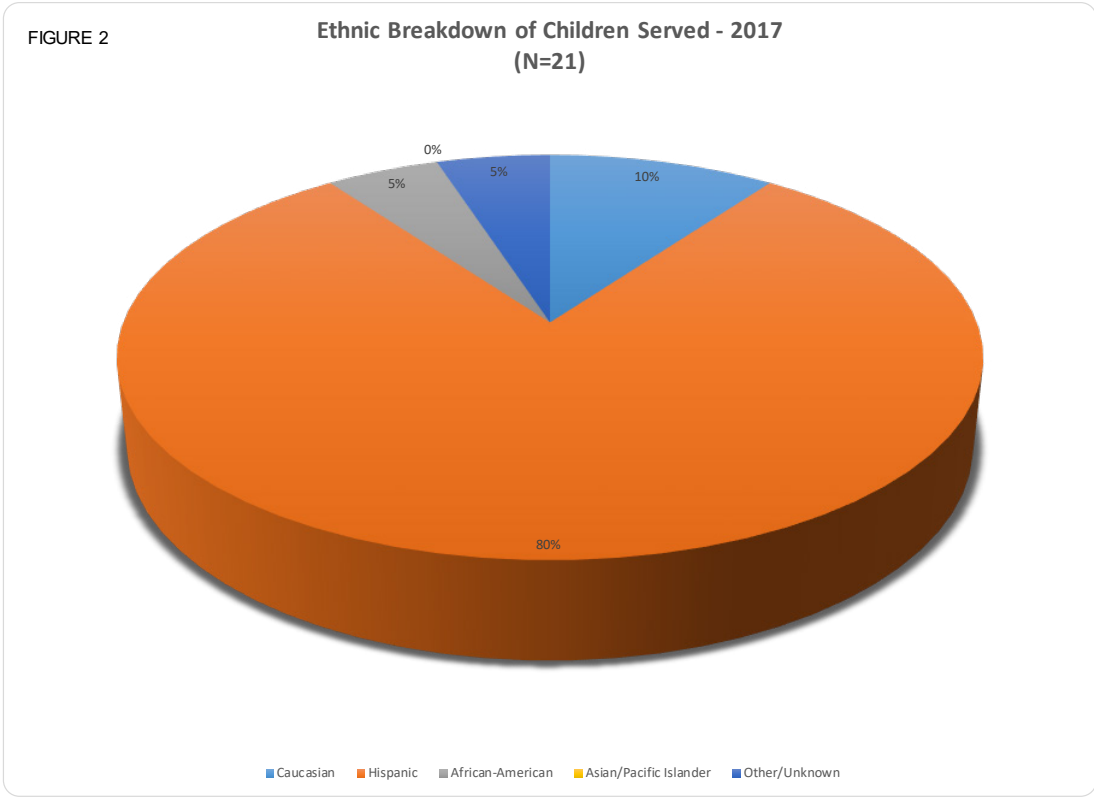
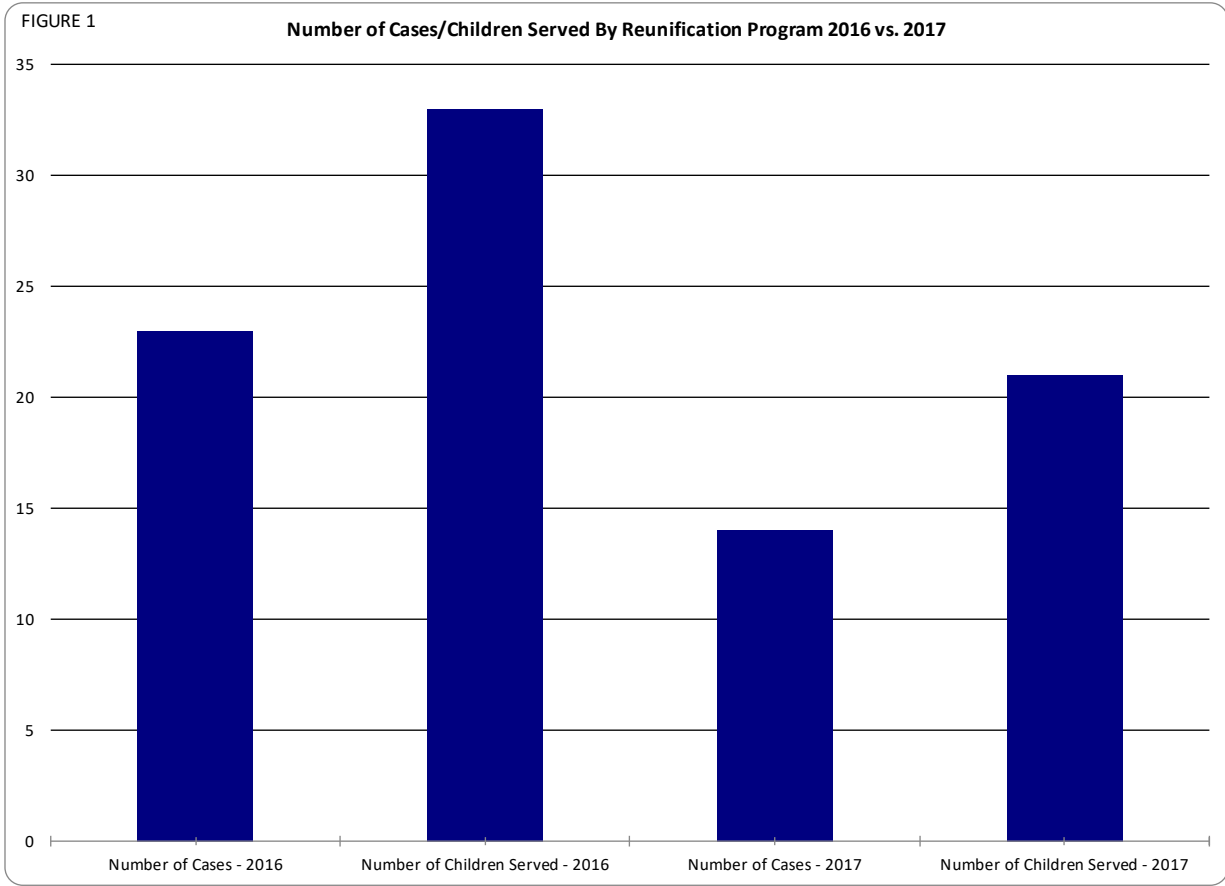




FIGURE 3

Age Range of Children Served - 2017  
(N=21)

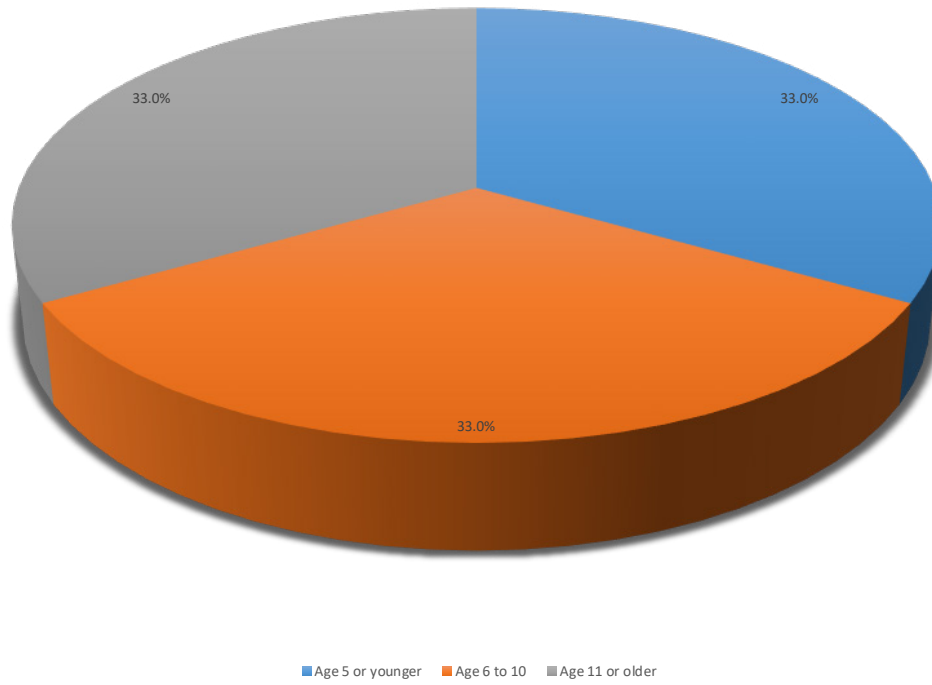


FIGURE 4

Percentage of Children Served Under DCFS Supervision - 2017  
(N=21)

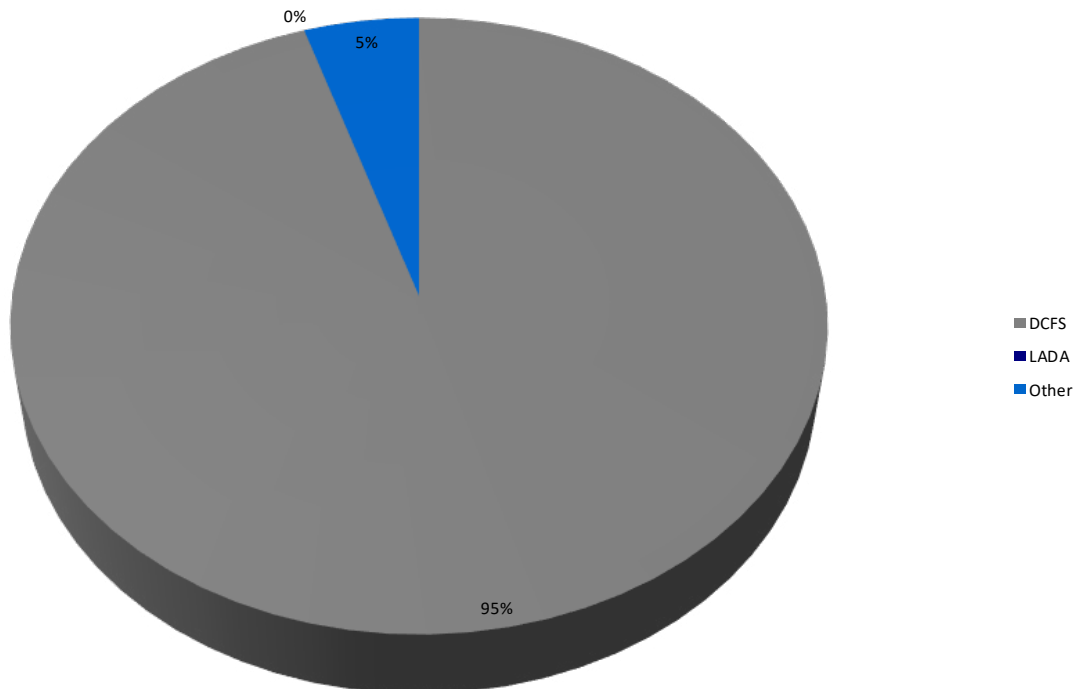
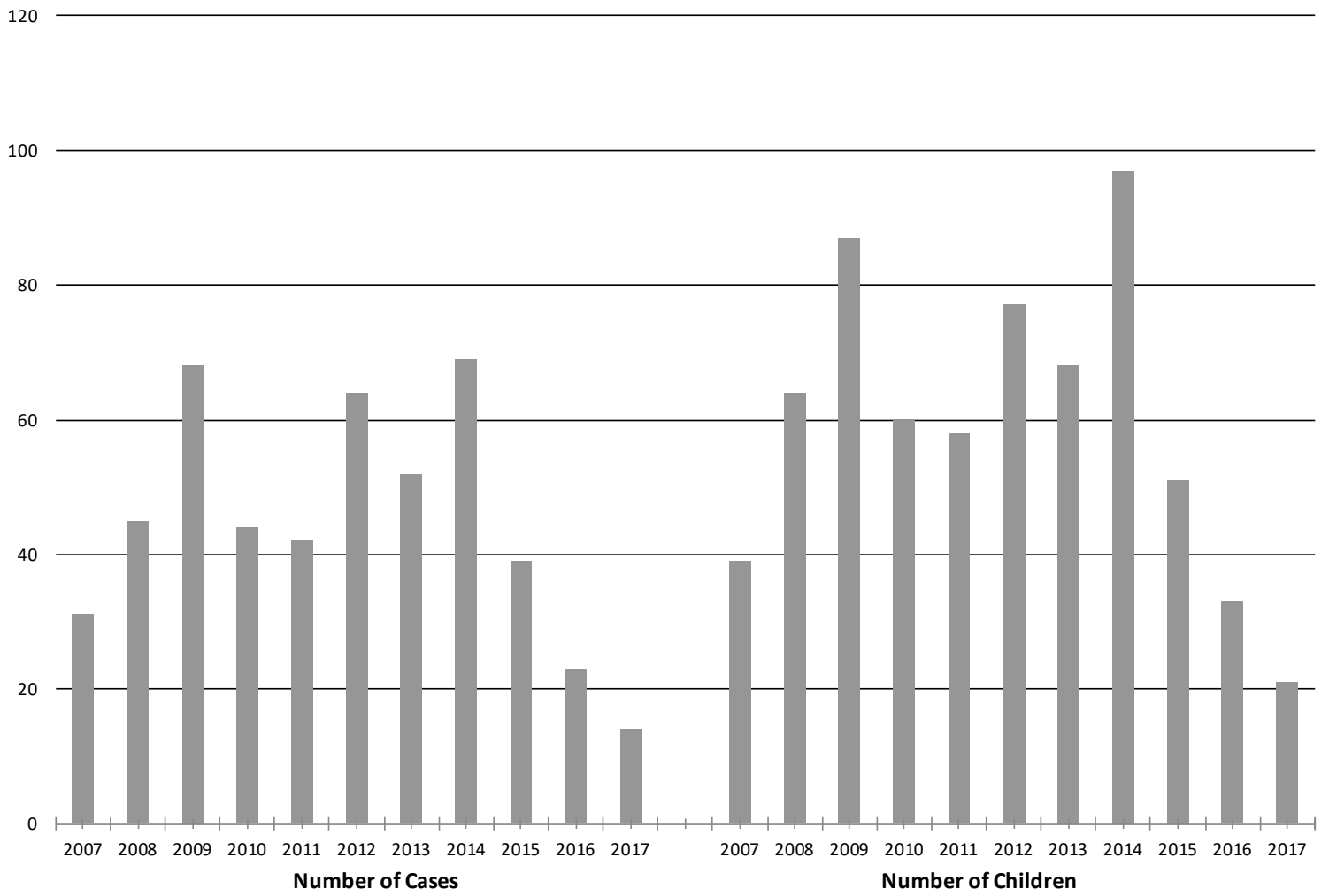






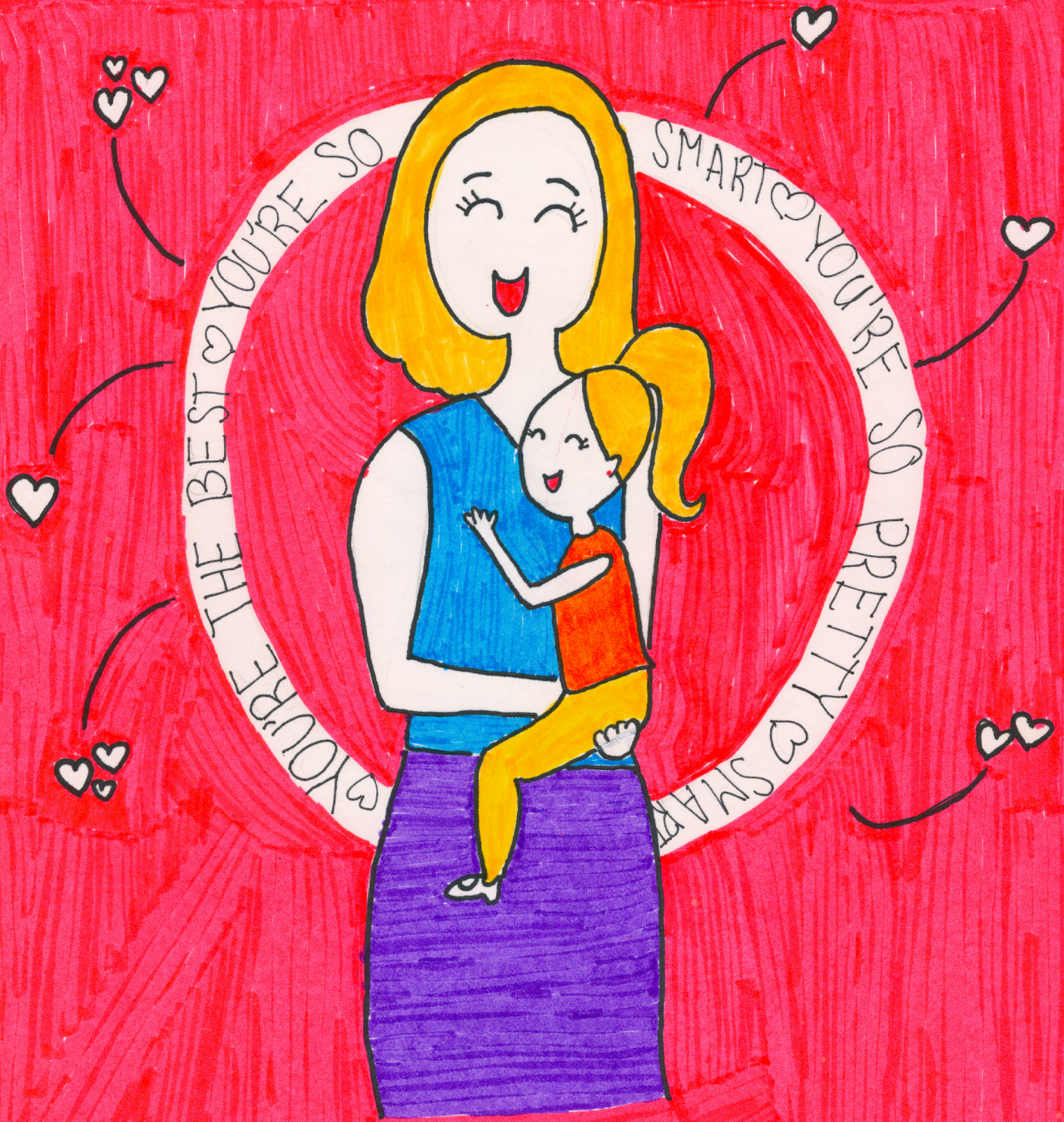
FIGURE 5

Cases/Children Served by Reunification Program 2007 through 2017





# MAKE THEM



# FEEL BETTER





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







# 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 2018 ICAN Report. The statistics used for this report are from the calendar year 2017.

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

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

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

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

Functioning as a pointer system, the CACI receives and stores reports of suspected child abuse, pointing citizens, and agencies to the original investigative files that are maintained by the submitting agency. It is the obligation of the requestor to obtain a copy of the original investigative report from the submitting agency and for drawing independent conclusions regarding the quality of the evidence disclosed and its relevance for making decisions regarding employment, licensing, or placement of a child. The CACI contains 639,630 incident records of child abuse and 597,050 individual suspect names.

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

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

### ***INVESTIGATORY***

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

All incoming child abuse reports are entered and searched against the CACI entries to identify any prior reports of child abuse that involve the identified suspect(s). Additionally, the DOJ provides information on an expedited basis to child protection agencies for emergency child placement and to law enforcement as a child abuse investigative tool. During calendar year 2017, the DOJ conducted 29,526 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 2017, the DOJ responded to 6,630 Adam Walsh Act out-of-state foster care and adoption requests, and 807 citizen inquiry requests. 215,768 CACI searches were performed as a result of an applicant background check request.

**DATA FACTS**

- Authorized agencies submitted 6,739 reports to the DOJ for entry into the CACI (See Figure 1).
- Physical abuse is the most prevalent type of abuse. 2,218 reports were submitted representing 33% of the total reports entered into the CACI. The other types of abuse reported are as follows: mental abuse 1,496 (22%), sexual abuse 1,698 (25%), severe neglect 1,275 (19%) and willful harming and/or corporal punishment 49 (1%).
- Of the 6,739 child abuse reports submitted, there were 6 reported deaths of a child. Los Angeles County submitted two (2) of the child death reports.
- During 2017, Los Angeles County submitted 1,648 (24%) of 6,739 statewide total. The abuse determinations are as follows:
  - a) 514 (23%) physical abuse
  - b) 481 (32%) mental abuse
  - c) 159 (12%) severe neglect
  - d) 474 (28%) sexual abuse
  - e) 20 (41%) 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](mailto:CACI-inquiry@doj.ca.gov)



Figure 1

**2017 CHILD ABUSE SUMMARY REPORTS  
ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI)  
FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2017**

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Alameda	112	46	9	20	36	1	0
Alpine	0	0	0	0	0	0	0
Amador	1	1	0	0	0	0	0
Butte	24	5	7	11	1	0	0
Calaveras	21	6	7	7	1	0	0
Colusa	13	2	7	2	2	0	0
Contra Costa	48	15	16	4	13	0	0
Del Norte	6	4	2	0	0	0	0
El Dorado	41	10	14	14	3	0	0
Fresno	200	75	25	50	46	1	0
Glenn	13	3	3	3	4	0	0
Humboldt	57	14	21	11	11	0	0
Imperial	13	5	1	2	5	0	0
Inyo	2	0	1	1	0	0	0
Kern	176	68	20	51	36	1	0
Kings	25	12	6	1	6	0	0
Lake	0	0	0	0	0	0	0
Lassen	35	9	18	5	1	2	0
Los Angeles	1648	514	481	159	474	20	2
Madera	56	14	6	1	35	0	0
Marin	14	2	3	5	4	0	0
Mariposa	2	0	1	1	0	0	0
Mendocino	23	10	7	1	5	0	0
Merced	40	16	7	4	13	0	0
Modoc	7	2	4	1	0	0	0
Mono	11	3	6	1	1	0	0
Monterey	67	25	9	15	18	0	0
Napa	31	14	7	3	7	0	0
Nevada	3	2	0	1	0	0	0
Orange	718	181	33	223	281	0	0
Placer	116	20	63	28	5	0	0
Plumas	1	0	0	1	0	0	0
Riverside	284	114	12	21	120	17	1

Figure 1 (continued)

**2017 CHILD ABUSE SUMMARY REPORTS  
ENTERED IN THE CHILD ABUSE CENTRAL INDEX (CACI)  
FOR THE PERIOD OF JANUARY 1 - DECEMBER 31, 2017**

County	Total	Physical	Mental	Severe Neglect	Sexual	Harming Corporal	Deaths*
Sacramento	79	45	3	17	14	0	0
San Benito	11	3	0	0	7	1	0
San Bernardino	713	308	156	102	147	0	1
San Diego	706	158	210	196	140	2	0
San Francisco	33	11	6	9	7	0	0
San Joaquin	352	157	66	42	87	0	1
San Luis Obispo	47	18	2	17	8	2	0
San Mateo	93	39	19	24	11	0	0
Santa Barbara	44	24	1	12	7	0	0
Santa Clara	164	59	64	22	19	0	0
Santa Cruz	37	8	12	9	8	0	0
Shasta	161	21	70	52	18	0	0
Sierra	1	0	1	0	0	0	0
Siskiyou	10	2	3	0	5	0	0
Solano	47	21	3	13	10	0	0
Sonoma	67	17	16	21	13	0	0
Stanislaus	120	43	16	37	23	1	0
Sutter	6	3	3	0	0	0	0
Tehama	14	6	2	3	3	0	0
Trinity	9	2	6	1	0	0	0
Tulare	36	15	6	6	9	0	0
Tuolumne	16	6	2	4	4	0	0
Ventura	81	36	12	10	23	0	1
Yolo	54	20	12	16	5	1	0
Yuba	30	4	9	15	2	0	0
<b>TOTALS</b>	<b>6,739</b>	<b>2,218</b>	<b>1,496</b>	<b>1,275</b>	<b>1,698</b>	<b>49</b>	<b>6</b>
<b>PERCENTAGE</b>	<b>100%</b>	<b>33%</b>	<b>22%</b>	<b>19%</b>	<b>25%</b>	<b>1%</b>	

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





Figure 2

**NUMBER OF CACI REPORTS SUBMITTED BY LOS ANGELES COUNTY  
JANUARY 1 - DECEMBER 31, 2017**

County	Number	%	Physical Abuse	%	Mental Abuse	%
Los Angeles	1,648	24%	514	23%	481	32%
STATEWIDE TOTAL	6,739		2,218		1,496	
County	Severe Neglect	%	Sexual Abuse	%	Harming/ Corporal	%
LOS ANGELES	159	12%	474	28%	20	41%
STATEWIDE TOTAL	1,275		1,698		49	





# 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, coach or clergy member.



The SECU 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 lured the child away for the purpose of having sex with the child;
- 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 LAPD maintains 21 community police stations known as Geographic Areas. Each Area is responsible for the following juvenile investigations relating to child abuse and endangerment cases:

- Unfit homes, endangering, and dependent child cases;
- Child abuse 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 Figures 2, 5, and 7.





Figure 1

LOS ANGELES POLICE DEPARTMENT 2017 CRIMES INVESTIGATED BY JUVENILE DIVISION		
TYPE	NUMBER	% of TOTAL
Physical Abuse (Includes Simple and Aggravated Assault)	731	48.35%
Sexual Abuse	544	35.98%
Endangering	52	3.44%
Homicide	2	0.13%
Others	183	12.10%
<b>TOTALS</b>	<b>1,512</b>	<b>100%</b>

Figure 1: Indicates the number of crimes investigated by Juvenile Division in 2017.

Figure 2

LOS ANGELES POLICE DEPARTMENT 2017 CRIMES INVESTIGATED BY GEOGRAPHIC AREAS		
TYPE	NUMBER	% of TOTAL
Physical Abuse	155	14.59%
Sexual Abuse (Includes Child Annoying)	648	61.02%
Endangering (Includes Child Abandonment)	259	24.39%
Homicide	0	0%
<b>TOTALS</b>	<b>1,062</b>	<b>100%</b>

Figure 2: Indicates the number of crimes investigated by Geographic Areas in 2017.

Figure 3

LOS ANGELES POLICE DEPARTMENT 2017 OTHER REPORTS INVESTIGATED BY JUVENILE DIVISION		
TYPE	NUMBER	% of TOTAL
Injury	58	0.20%
Death	47	0.16%
Exploitation	2	0.01%
Internet Crime	1413	4.93%
SCAR Reports	27,120	94.70%
<b>TOTALS</b>	<b>28,640</b>	<b>100%</b>

Figure 3: Indicates the number of other investigations, of a child abuse nature, conducted by Juvenile Division in 2017.

Figure 4

LOS ANGELES POLICE DEPARTMENT ARRESTS CONDUCTED BY JUVENILE DIVISION IN 2017		
TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	2	1.94%
Child Molest (288 PC)	33	32.04%
Child Endangering (273a PC)	2	1.94%
Child Abuse (273d PC)	54	52.43%
Others	12	11.65%
<b>TOTALS</b>	<b>103</b>	<b>100%</b>

Figure 4: Indicates the number of arrests conducted by Juvenile Division in 2017.



Figure 5

**LOS ANGELES POLICE DEPARTMENT  
ARRESTS CONDUCTED BY GEOGRAPHIC AREAS IN 2017**

TYPE	NUMBER	% of TOTAL
Homicide (187 PC)	0	0%
Child Molest (288 PC)	130	36.83%
Child Endangering (273a PC)	133	37.67%
Child Abuse (273d PC)	39	11.05%
Others	51	14.45%
<b>TOTALS</b>	<b>353</b>	<b>100%</b>

Figure 5: Indicates the number of arrests conducted by Geographic Areas in 2017.

Figure 6

**LOS ANGELES POLICE DEPARTMENT  
DEPENDENT CHILDREN TAKEN INTO PROTECTIVE CUSTODY BY JUVENILE  
DIVISION IN 2017**

TYPE	NUMBER	% of TOTAL
300 WIC (Welfare Institution Code)	222	100%
<b>TOTALS</b>	<b>222</b>	<b>100%</b>

Figure 6: Indicates number of dependent children taken into protective custody by Juvenile Division in 2017. 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 2017**

TYPE	NUMBER	% of TOTAL
300 WIC (Physical Abuse)	151	38.92%
300 WIC (Sexual Abuse)	92	23.71%
300 WIC (Endangered/Neglect)	145	37.37%
<b>TOTALS</b>	<b>388</b>	<b>100%</b>

Figure 7: Indicates the number of dependent children taken into protective custody by Geographic Areas in 2017.

Figure 8

**LOS ANGELES POLICE DEPARTMENT - THE AGE CATEGORIES OF CHILDREN WHO  
WERE VICTIMS OF CHILD ABUSE IN 2017**

TYPE	0-4 YRS	5-9 YRS	10-14 YRS	15-17 YRS	TOTAL
Physical Abuse	35	23	44	41	143
Sexual Abuse	106	264	612	214	1,196
Endangering	206	104	84	20	414
<b>TOTALS</b>	<b>347</b>	<b>391</b>	<b>740</b>	<b>275</b>	<b>1,753</b>

Figure 8: Indicates the age categories of children who were victims of child abuse in 2017.

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 – 2016 CHILD ABUSE FINDINGS**

**Juvenile Division**

- The total investigations (crime and non-crime) conducted by the unit in 2017 (**30,152**) showed a decrease of (**3.27** percent) from the number of investigations conducted in 2016 (**29,197**).
- Adult arrests by the unit in 2017 (**103**) showed an increase of (**24.09** percent) from the number of arrests made in 2016 (**83**).
- The number of dependent children cases investigated by the unit in 2017 (**230**) showed a decrease of (**30.55** percent) from the number investigated in 2016 (**341**).

**GEOGRAPHIC AREAS**

- The total investigations conducted by the Areas in 2017 (**1,062**) showed a decrease of (**1.82** percent) from 2016 (**1,043**).
- Adult arrests made by the Areas in 2017 (**353**) showed a decrease of (**12.18** percent) from 2016 (**402**).
- The number of dependent children handled by the Areas in 2017 (**388**) showed a decrease of (**4.90** percent) from the number handled in 2016(**408**).

Figure 9

**LOS ANGELES POLICE DEPARTMENT  
COMPARISON OF 2016 AND 2017**

TYPE	2016	2017	% of CHANGE
Total Investigations	30,240	31,214	+3.31%
Total Adult Arrests	485	456	- 5.97%
Dependent Children	638	610	- 4.38%

Figure 9: Indicates a comparison of 2016 and 2017 totals from Juvenile Division and Geographic Areas, and the percentage of change between the two years.

**ABUSED CHILD UNIT FIVE-YEAR TRENDS**

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

Figure 10: Crimes Investigated

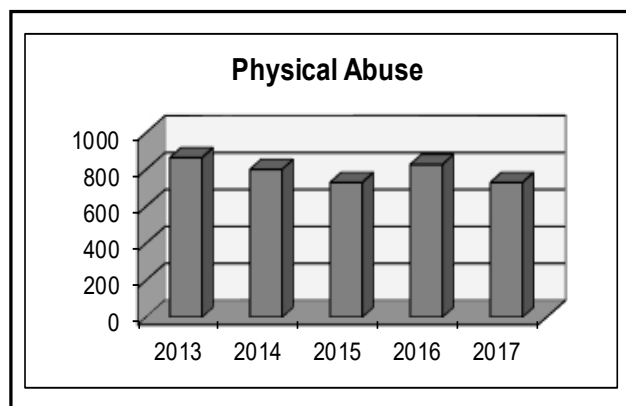


Figure 11: Crimes Investigated

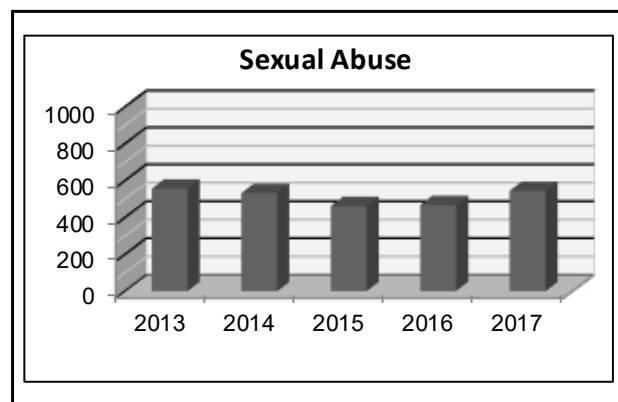




Figure 12: Crimes Investigated

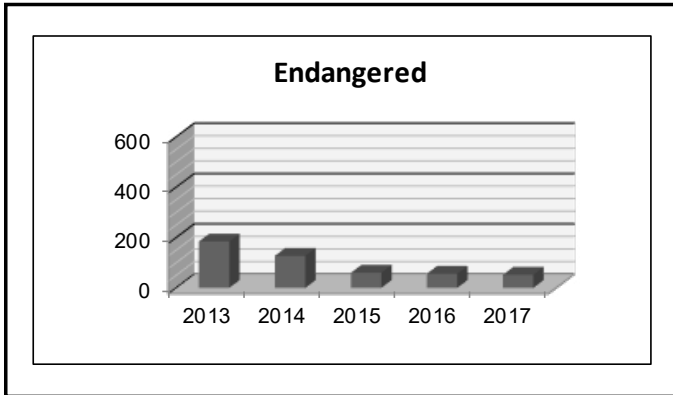


Figure 13: Crimes Investigated

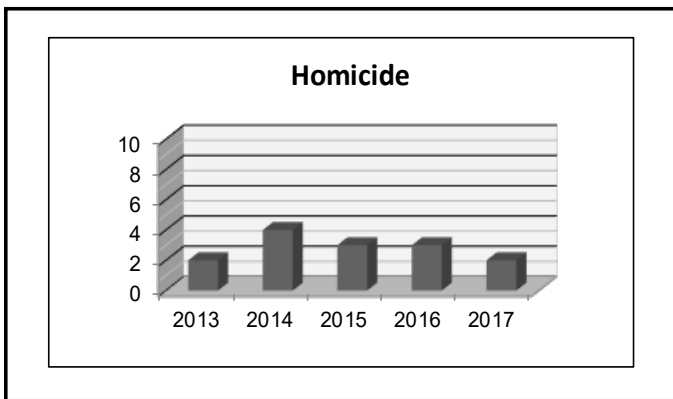


Figure 14: Other Investigations

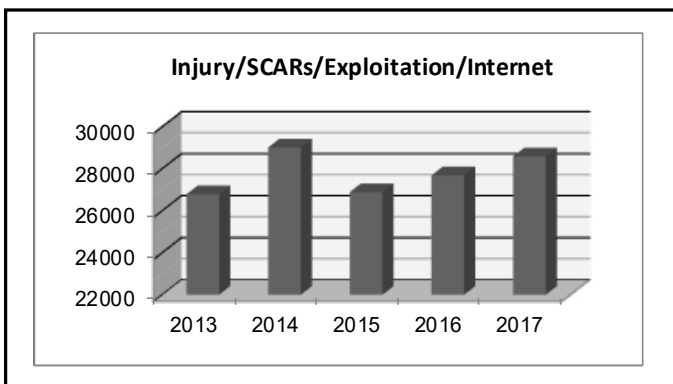


Figure 15: Other Investigations

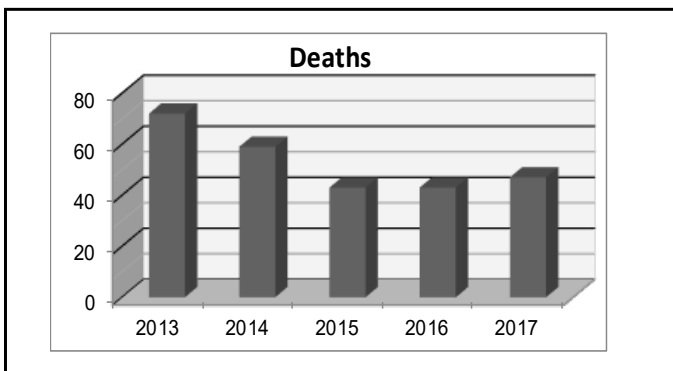
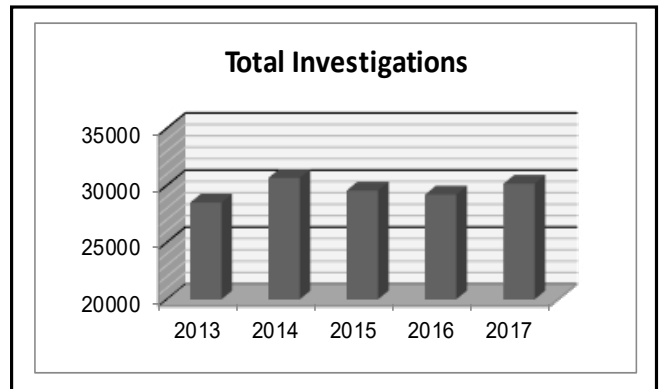


Figure 16: Total Investigations



**GLOSSARY**

**ADW** – Assault With a Deadly Weapon.

**Child** – A person under the age of 18 years.

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

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

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

**Sexual Abuse** – Any touching with a sexual context.

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





# 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 and protecting our environment. 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, driving under the influence, gun violence and vandalism. The 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, property, domestic violence, child abuse and exploitation, and violent gang crimes.

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

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

Upon disposition of a case by plea or conviction, the defendant is sentenced by the court. 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, and/or probation and may be ordered to make restitution to the victim. Conditions of probation may include appropriate counseling, attendance at an alcohol or batterer's treatment program, adherence to a criminal protective order, fines, parenting classes, or other terms of probation that aim at preventing recidivism. This paragraph is out of place.

In 2017, this Office reviewed a total of 69,642 cases and filed 37,547 cases. Of all reviewed cases, 1,321 involved child abuse charges. Of the reviewed child abuse cases, 507 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 comprised of a prosecutor, victim advocate, and an investigator. 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 Assistance Program.

### **CHILDREN EXPOSED TO VIOLENCE INITIATIVE**

The City Attorney launched an important initiative to address the issue of children in our community who are exposed to community and domestic violence. "Through Their Eyes" is a comprehensive initiative aimed at assuring the professionals of the criminal justice system are trauma-informed and thus, better able to recognize and properly address children who are exposed to trauma as a result of their exposure to violence.

Law enforcement and prosecutors have frequent

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

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.

### **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 a nationally recognized multi-disciplinary center that was created to address the needs of children who have been sexually abused. Its purpose is to serve as a one stop location for child sexual assault victims from their initial interview with law enforcement and prosecutors to comprehensive treatment, including long term therapy services. Stuart House is a warm, child and family-friendly environment intended to make victims and their families as comfortable as possible throughout the process. Victims are interviewed by a social worker, who asks questions in a non-leading way to allow the child to disclose as much detail about the abuse as possible. The child is provided an acute or non-acute medical exam if necessary at the nearby Rape Treatment Center. Every child, whether a criminal case is filed or not, is given the opportunity to receive cost-free counseling by therapists who are experts in treating child sexual abuse.

Currently, the Los Angeles Police Department has six full-time detectives housed and working on cases at Stuart House, the District Attorney has five 5 full-time prosecutors assigned to handle felony child sexual abuse cases and the City Attorney's Office has two2 prosecutors working part-time with Stuart House to handle misdemeanor child sexual abuse cases. In addition, DCFS currently has two2 full-time social workers assigned to handle the child protection aspect of the cases. Trained advocates from Stuart House work with the victims and their families 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 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 about cyber crimes, digital reputation, Internet predators, cyber bullying, and sextortion. This Symposium was held on October 16, 2017 at the California Endowment located in the City of Los Angeles and has become an important annual event.

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. 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 programs. Each school is judged on its creativity, students' implementation and impact of its program on its school's student body.

The 2017 Cyber Crime Challenge winners were St. Charles Borromeo School, located in North Hollywood, receiving the Technology and Research Award; Our Lady of Guadalupe School, located in Hermosa Beach, receiving the Technology Innovation Award; and St. Thomas More, located in Alhambra, receiving the Creativity Award. The winning schools were presented with money, trophies and certificates. 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.

### **THE NEIGHBORHOOD SCHOOL SAFETY PROGRAM**

The Neighborhood School Safety Program (NSSP) is a comprehensive crime reduction strategy that promotes a safe environment in neighborhoods surrounding schools and the routes students travel to and from school. The program centers around addressing environmental concerns, collaborating with the participating school principals and parents to address safety concerns and implementing innovative approaches to deter quality of life crimes occurring in the community that impact the schools' safety. During the 2017 school year, 20 cases were prosecuted involving crimes that impacted student safety and a total of 87 schools were added to the Program.



## **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 delinquency juvenile court. Once a juvenile agrees to have his case heard before the Teen Court, a sitting Los Angeles Superior Court judge presides over the proceedings. The juvenile 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 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 she/he should receive. If the judge agrees with the "jury," the youth 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 out 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 is 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 (TPP) has educated over 300,664 families about the importance of attending school and the legal consequences for parents for failing to send their child to school. The program's letters have directed 45,035 families to general assemblies. Subsequently, 5,401 families have been referred for further City Attorney intervention including one-on-one hearings. TPP Staff have also served as panelists at approximately 1,045 SARB hearings. To date, 131 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.

During the 2016-2017 school year, TPP implemented truancy prevention efforts at the following schools:

### **San Fernando Division:**

Gridley Street Elementary School

### **North Hollywood Division:**

James Madison Middle School  
Sun Valley Magnet School

### **Foothill Division:**

Pacoima Middle School

### **Mission Division:**

Sepulveda Middle School

### **West Valley Division:**

Mulholland Middle School

### **Topanga Division:**

John A. Sutter Middle School



**Newton:**

Los Angeles Academy Middle School

**Wilshire Division:**

Johnnie L. Cochran Jr. Middle School

**Harbor Division:**

Phineas Banning Senior High School  
Wilmington Middle School

**Southeast Division:**

Dymally High School  
Ninety-Third Street Elementary School  
One Hundred Seventh Street Elementary School

**Southwest Division:**

Audubon Middle School  
Foshay Learning Center (K-12)  
Susan Miller Dorsey High School

**77th Division:**

Augustus Hawkins High School  
52nd Street Elementary School  
Loren Miller Elementary School

**Hollenbeck Division:**

Robert Louis Stevenson 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.

**GANG AND GUN PROSECUTION SECTION**

The Gang and Gun Prosecution Section is responsible for both criminal and civil matters involving gangs and gang violence citywide. The Section is responsible for the vertical prosecution of gang-related crimes, gang enhancements pursuant to Penal Code Section 186.22, prosecution of gang injunction violations, and graffiti vandalism cases. The Section heavily focuses on firearm-related crimes, including possession of loaded and concealed firearms, by prohibited persons, brandishing, assault and discharge, assault weapons, gun storage violations, and transactional crimes involving a firearm. The Section also focuses its efforts on securing injunctions against targeted gangs and the civil and criminal enforcement of those injunctive efforts. The Section works in partnership with multi-agency law enforcement teams such as the CLEAR (Community Law Enforcement and Recovery) program. In addition, the Section is also responsible for administering the Gang Alternative Sentencing and

Removal Petition Programs as well as supporting the Gun Violence Prevention Coordinator and Crime Gun Intelligence Center prosecutor.

**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 2017, there were 434 child abuse, neglect, sexual abuse and exploitation matters referred to the City Attorney's Office Hearing Program after review by an attorney for filing consideration.

**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 25 Victim Service Coordinators located in branch offices throughout the City of Los Angeles, 15 of which are located directly in Los Angeles Police Department Divisions. In 2017, the Los Angeles City Attorney's Office Victim Assistance Program assisted 8,716 new victims of crime and assisted in the collection of \$2,756,142.27 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 2017, there were 8,716 new victims referred to the program. Of the 8,716, there were 990 new victims of child sexual and physical abuse.

**STATISTICS**

In 2017, this Office reviewed a total of 69,642 matters and filed 37,547 cases. Of all reviewed cases, 1,301 involved ICAN-related matters. Of the reviewed cases, 490 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 2017, the Office reviewed 254 child sexual abuse and exploitation investigations regarding violations of the following California Penal Code sections:

Code Section	Description
261.5(a)	Unlawful sexual intercourse with a minor, who is a under the age of 18 years
261.5(b-d)	Engages in an act of unlawful sexual intercourse with a minor, who is not more than three years older or three years younger than the perpetrator
288a(b)(1)	Oral Copulation with a Person Under 18
288(c)1	Lewd Acts with a Child Under 15/10 Year Difference
288.2(a)(1)	Sending harmful matter to a minor
288.2(a)(2)	Sending harmful matter to a minor (non-sexual)
288.4(a)(1)	Arranging a meeting with a minor to expose oneself
289(h)	Sexual Penetration with Person Under 18
311.3(a)	Sexual Exploitation of a Child
311.11(a)	Possession of Child Pornography
647.6(a)(1)	Annoying or Molesting a Child under the age of 18 years
647.6(a)(2)	Engaging in conduct with an adult whom they believe to be a child when motivated by an abnormal sexual interest in a child

Of the 254 criminal investigations presented for filing consideration, 65 cases were filed and prosecuted as misdemeanors, 42 were referred to the City Attorney Hearing Program, and 147 were rejected. There was a disposition of 45 sexual abuse and exploitation cases. Of those 45 cases, 37 resulted in guilty pleas or convictions following jury trials.

**CHILD ABUSE AND NEGLECT**

In 2017, the Office reviewed 1,067 child abuse and neglect investigations involving violations of the California Penal Code sections listed below:

Code Section	Description
271	Desertion of Child under 14 with Intent to Abandon
271a	Abandonment or Failure to Maintain Child under 14
272	Contributing to the Delinquency of Persons Under 18
273a(a)	Willful Harm or Injury to Child
273a(b)	Willful Harm or Injury to Child
273d(a)	Corporal Punishment or Injury to Child
278.5	Child Concealment/Non-Custodial Person

Of those 1,067 investigations, 442 cases were filed and prosecuted as misdemeanors, 392 were referred to the City Attorney Hearing Program, and 233 were rejected. There were dispositions in 396 child abuse and neglect cases. Of those 396 cases, 331 resulted in guilty pleas or convictions following jury trials.

**CONCLUSION**

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







# 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 has been terminated. The youth are no longer on probation, are no longer subject to conditions of probation, and cannot be found in violation of probation along with the threat of incarceration.

There 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 28 Dependency Courts in the Los Angeles Court system. Twenty-five are located in the Edmund D. Edelman Children's Court in Monterey Park, and three 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. One of the courtrooms hears matters that fall within the Indian Child Welfare Act (25 U.S.C. § 1901 et. seq., CRC 439). Another courtroom 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, Children's Law Center (CLC), and the Department of Children and Family Services (DCFS) initiated a dedicated courtroom to serve Commercially Sexually Exploited Children (CSEC) in the dependency system. The establishment of the dedicated courtroom, named the Dedication to Restoration through Empowerment, Advocacy, and Mentoring (DREAM) Court, was based on lessons learned from the STAR Court in the 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, which is achieved when a child is protected from abuse, feels secure and nurtured within a stable and permanent home.

To act in the best interest of the child, the Court must safeguard the parents' fundamental right to raise their child and the child's right to remain a part of the family of origin by preserving the family 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 and/or Disposition hearing and may result in the Court declaring the child a dependent and the parents and child subject to the jurisdiction of the Court. Family Maintenance and Reunification services for the family are delineated in the disposition case plan, which is tailored by the Court





to the requirements of each family, and provided to them under the 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 and set a Permanency Planning Hearing to consider the most appropriate plan for the child. The code provides circumstances under which the Court may in its discretion order no reunification services for a parent (WIC § 361.5). Examples are when a parent has inflicted serious physical abuse upon a child; has a period of incarceration that exceeds the time period set for reunification; has inflicted sexual abuse upon a child; etc.

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

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



adulthood while providing the legal relationship of parent and child.

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

**SUBSEQUENT AND SUPPLEMENTAL PETITIONS**

Subsequent and supplemental petitions may be filed within existing cases by DCFS, the parents, and persons who are not a party to the original action. These petitions are filed to protect and/or assert the rights of parties, including the rights and interests of the child. Due Process issues exist whenever a petition is filed in the Dependency Court. The Court will appoint counsel (if appropriate), to set these matters for contested hearings, and, if the parents are receiving reunification services, resolve the new petitions while maintaining compliance within the statutory 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/Arrest 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 hear adoption hearings, so that permanency occurs without delay.

**ANALYSIS**

The number of WIC § 602 (delinquency) petitions filed has significantly decreased since 2013. In 2017, there were 5,864 WIC § 602 (delinquency) petitions filed compared with 10,593 WIC § 602 petitions filed in 2013. (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.

In 2017, new, subsequent and supplemental petitions were filed involving 23,164 children; of these, 14,032 children were before the Court with new WIC § 300 (dependency) petitions. In addition, 7,555 supplemental and/or subsequent petitions were filed. New petitions were filed in 1,580 previously dismissed or terminated cases. (Figure 2)

From 2015 through 2017, there was an upward trend in the number of WIC § 300 petitions filed. Although the number of petitions, subsequent petitions, and reactivated petitions increased moderately from 2013 until 2014, only the number of WIC § 300 petitions and subsequent WIC § 300 petitions increased slightly in 2017.

The number of new petition filings decreased gradually from 2013 through 2014, and increased gradually from 2015 through 2017. Overall, new



petitions comprised approximately 57% of total petition filings from 2013 through 2017. (Figure 2)

### **EXITING THE DEPENDENCY COURT SYSTEM**

The data indicates in 2017, 14,032 children were the subject of new Dependency court petitions, and 11,154 children had their cases dismissed or jurisdiction terminated. Unfortunately, in 2017, the number of children exiting the system decreased considerably compared to the number of children exiting the system from 2014 through 2015. (Figure 3)

The increase in the number of children in the Dependency system was not 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.

The data indicates that of the children who had their cases terminated in 2017, 1,415 children were adopted out of the system, compared to 1,321 children in 2013. (Figure 4)

### **SELECTED FINDINGS**

- The number of WIC § 602 (delinquency) petitions filed has significantly decreased since 2013.
- The number of dependency filings increased moderately until 2014.
- New WIC § 300 petitions constituted 57% of total filings in 2017.
- In 2017, 14,032 children entered the Dependency system as a result of new petitions being filed, and 11,154 children exited the system.
- In 2017, 1,415 children were adopted out of the dependency system, compared to 1,321 children in 2013.



Figure 1

### JUVENILE DELINQUENCY COURT NEW 602 PETITIONS FILED

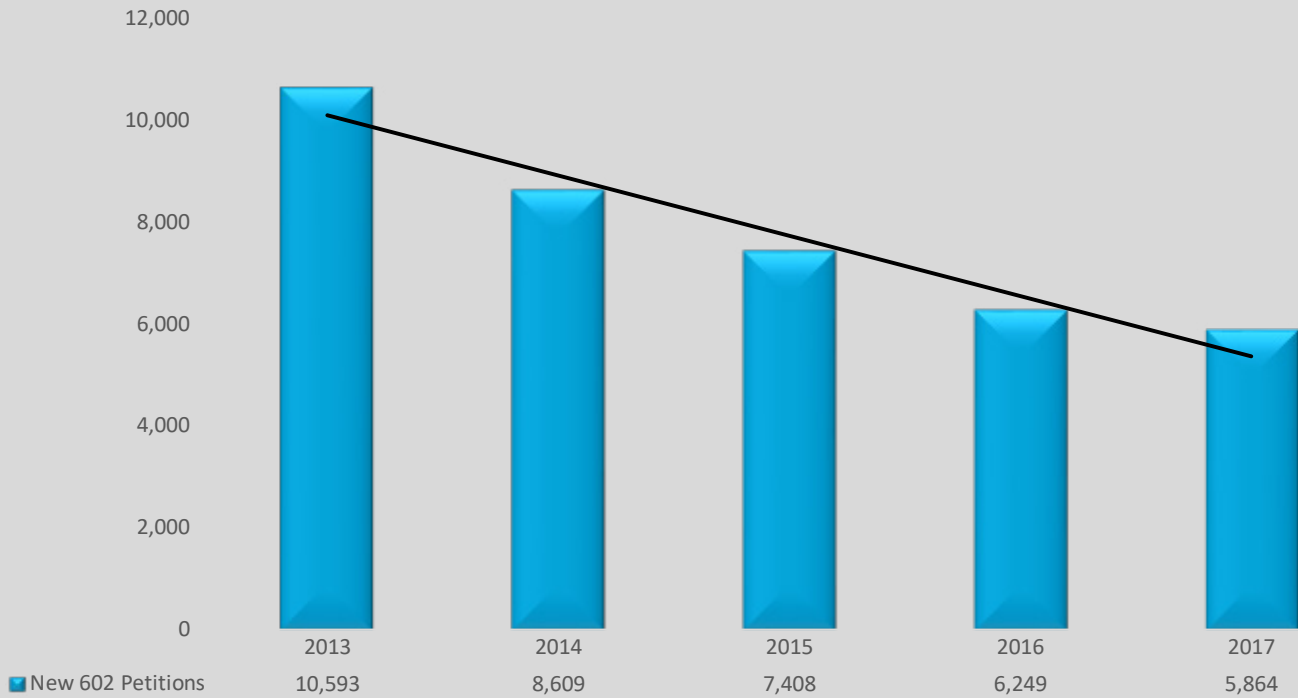


Figure 2

### JUVENILE DEPENDENCY COURT PETITIONS FILED NEW, SUBSEQUENT, SUPPLEMENTAL, AND REACTIVATED

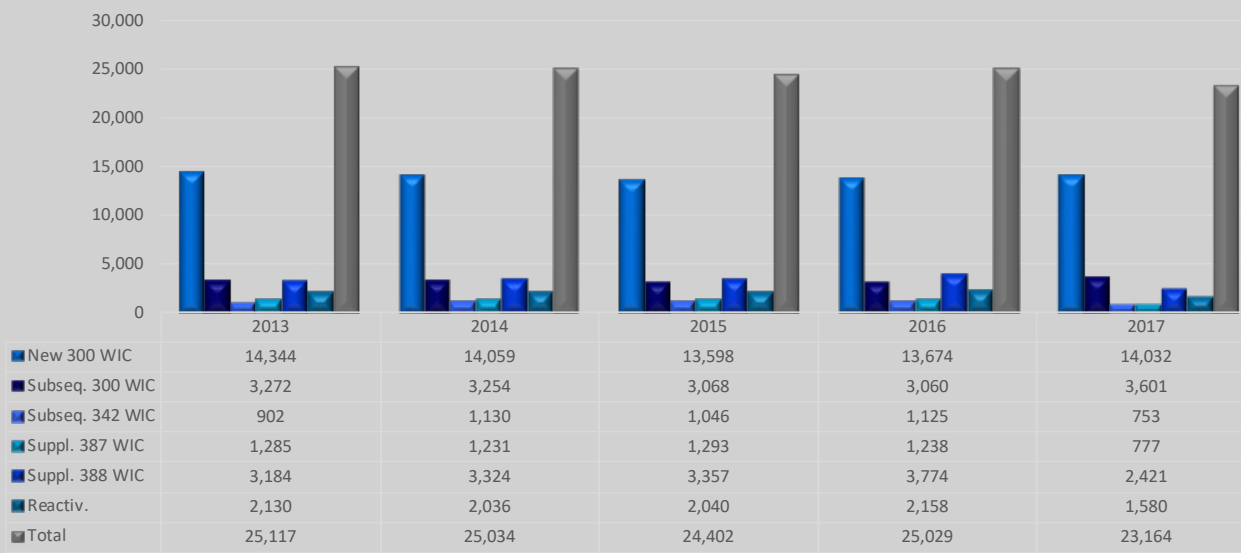




Figure 3

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

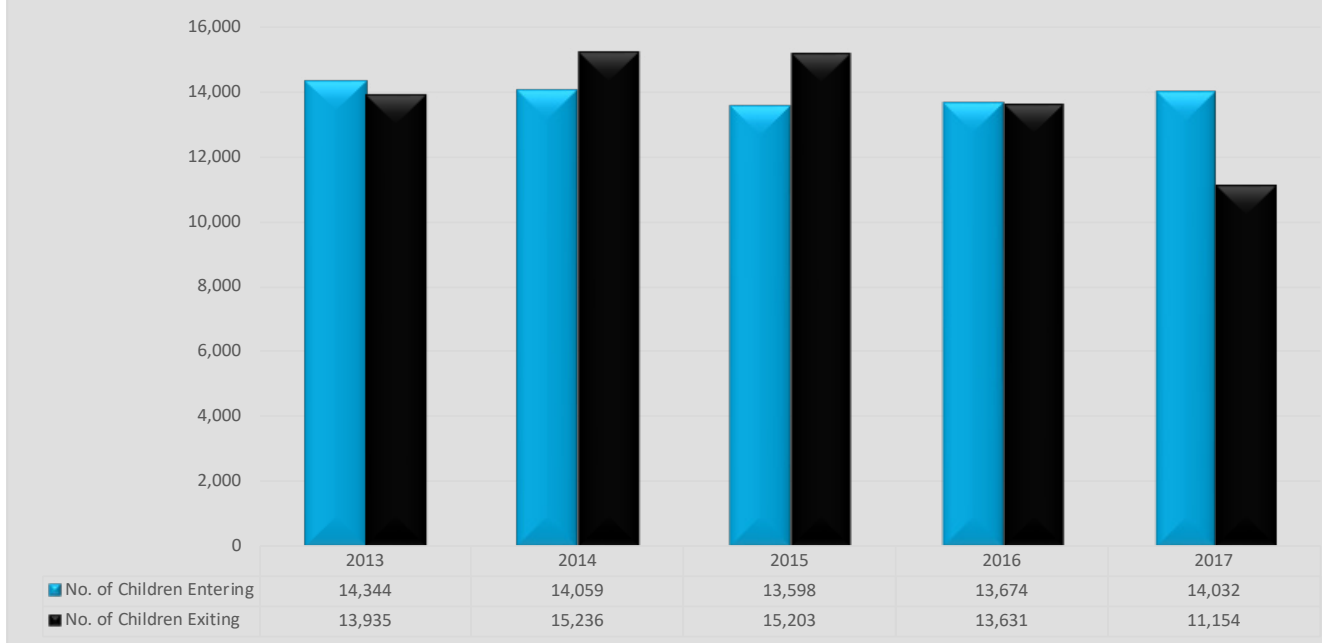
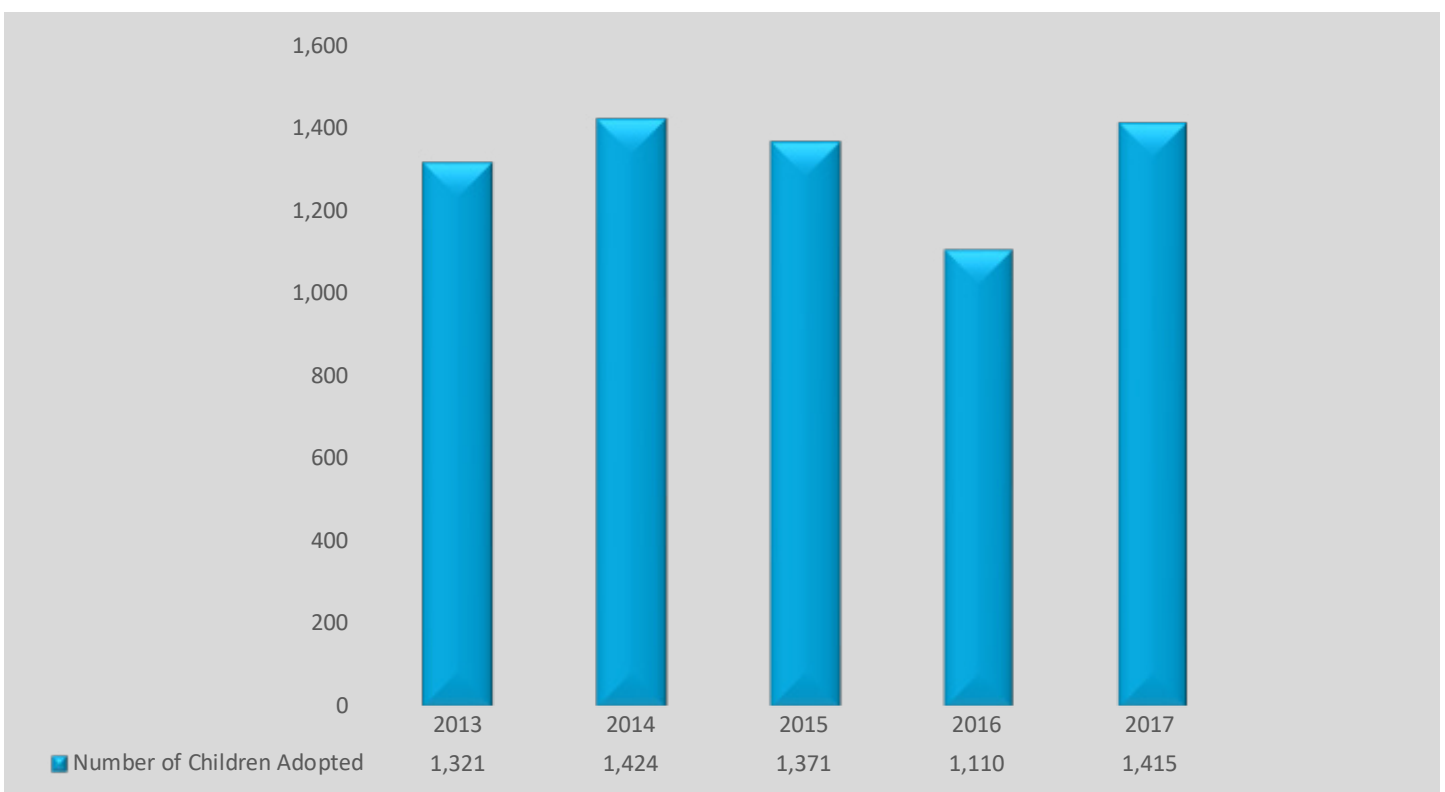


Figure 4

**JUVENILE DELINQUENCY COURT  
NUMBER OF CHILDREN ADOPTED**







## 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 criteria within the code section is within the transition jurisdiction of the juvenile court.

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

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



# COUNTY OF LOS ANGELES





# COUNTY OF LOS ANGELES FIRE DEPARTMENT 2018 PEDIATRIC STATISTICS

## INTRODUCTION

The County of Los Angeles Fire Department serves 59 District Cities and all unincorporated areas of Los Angeles County, spanning over 2,300 square miles, and protecting more than 4 million residents. The Department responds to over 400,000 requests for service annually. These responses include fires, natural disasters, emergency medical services (EMS), mutual aid, and more. EMS incidents account for approximately 80 percent of the Department's total responses.

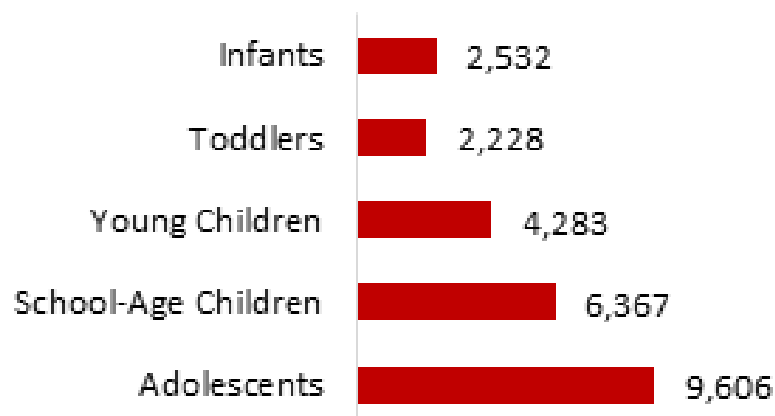
A majority of the care provided by emergency personnel occurs within the same environment that the illness or injury occurred. This presents a unique insight into the nature of the patient's condition, including possible cases of child maltreatment that may not be apparent to other providers in the continuum 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 2018, the Department provided emergency medical care to 344,984 patients; 25,011 (7%) of these were pediatric patients, 17 years of age and younger. Infants (0-11 months), toddlers (12-23 months), and young children (2-5 years) combined account for 36% of all pediatric patients. School-age children (6-12 years) and adolescents (13-17) account for 25% and 38% respectively .

Figure 1: Distribution by Age Category





Approximately 72% of all pediatric patient contacts receive transport to a 9-1-1 receiving center:

- 7792 (43%) were transported with advanced life support (ALS) care.
- 10,190 (57%) were transported with basic life support (BLS) care.
- 154 (9%) were transported by helicopter with ALS care.

**Service Planning Areas (SPA)**

The Department provides services across all Los Angeles County SPAs and within the City of La Habra (Orange County). East County (SPA 7) and adjacent San Gabriel Valley (SPA 3) had the highest volumes of pediatric patient contacts. 82% of the helicopter transports for pediatric patients occurred in North County, including Antelope Valley (SPA 1) and Santa Clarita (SPA 2). See figure 2 for a breakdown of the pediatric patient volume by SPA and see Figure 7 for the corresponding map of the Los Angeles County SPAs.

*Figure 2*  
**2017 PEDIATRIC PATIENT INCIDENTS BY SPA**

SPA	CITY/COMMUNITY	COUNT
SPA 1	Antelope Valley	3,970
SPA 2	San Fernando	1,967
SPA 3	San Gabriel	5,847
SPA 4	Metro	68
SPA 5	West	689
SPA 6	South	1,949
SPA 7	East	6,240
SPA 8	South Bay	3,895
OTHER	La Habra	361

**HEALTH & SAFETY**

**Infants, Toddlers, & Young Children**

Children five years and younger typically have different presenting conditions than school-age children and adolescents. The top provider impressions for these age groups in 2018 were:

- Seizure (19%)
- Trauma / Injury (16%)
- Respiratory Distress (11%)

- Cold / Flu (6%)
- Fever (5%)

**School-Age Children**

With school-age children, there was a significant decrease in 9-1-1 utilization for cold/flu symptoms. The most common presenting conditions for school-age children in 2018 is consistent with prior years:

- Trauma / Injury (36%)
- Behavioral Disorder (10%)
- Seizure (9%)
- Gastrointestinal/Genitourinary (5%)
- Syncope (4%)

**Adolescents**

With the adolescent patient population, the most common provider impressions are:

- Trauma / Injury (30%)
- Behavioral Disorder (19%)
- Seizure (6%)
- Overdose / Poisoning / Ingestion (6%)
- Syncope (5%)

In 2018, there were a total of 594 cases of adolescent intoxication or poisoning, a 34% increase when compared to the previous year. Of these cases, 4% (24) involved both alcohol and drug use, 16% (92) indicated alcohol intoxication, and 80% (477) involved the use of recreational drugs, prescription drugs, and/or other household chemicals or poisons. The following is a breakdown of reasons for drug/poison use:

- Recreational Use (90%)
- Accidental or Unknown (6%)
- Suicide Attempt (4%)

In 2018, Xanax and Marijuana were the most common of the recreational drugs reported. Inhaled/smoked (82%) Marijuana was the most common route, while edible/ingested accounted for only 18% of cases.

**Vehicle Safety**

Traffic collisions were responsible for 3,789 pediatric patient contacts last year; 2,502 (66%) of these children had a reported injury. 351 (9%) had a significant injury and required ALS transport to a pediatric trauma center.

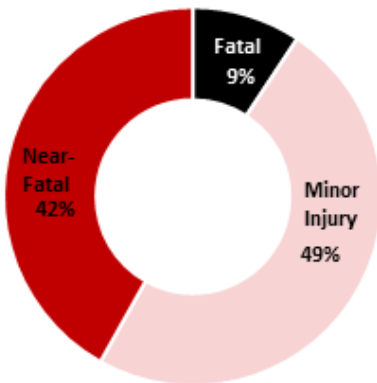




### Water Safety

In 2018, there were 44 incidents of submersion or drowning; 25 (57%) occurred in residential pools. Nearly half (22) of these incidents resulted in respiratory or cardiac arrest, four of which were fatal. Young children are more commonly victims of submersion or drowning, comprising 24 (55%) cases in 2018. (See Figure 3)

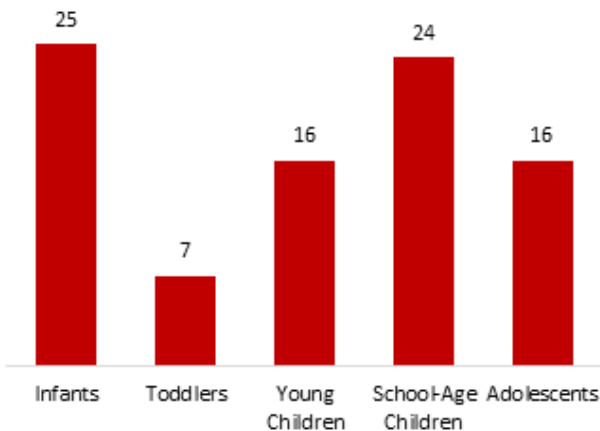
Figure 3: Submersion / Drowning Events



### Pediatric Cardiac Arrests

Pediatric cardiac arrests are among the most difficult cases for medical providers. In 2018, the Department provided care to 88 children in cardiac arrest.

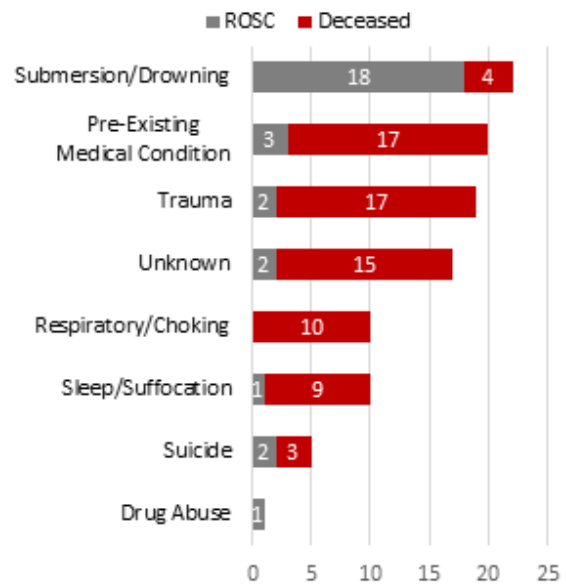
Figure 4: Cardiac Arrest Age Distribution by Age Category



Infants account for 28% of all pediatric cardiac arrests and the most common presumed cause of death is sleep/suffocation related. Adolescents had the second highest rate of cardiac arrest with the most common presumed cause of death being pre-existing medical condition, and the second being suicide.

Return of spontaneous circulation (ROSC) occurred in 18% of all pediatric cardiac arrests. The highest survival rate among children was with victims of submersion or drowning. (See Figure 5)

Figure 5: Pediatric Cardiac Arrest, Presumed Etiology\*



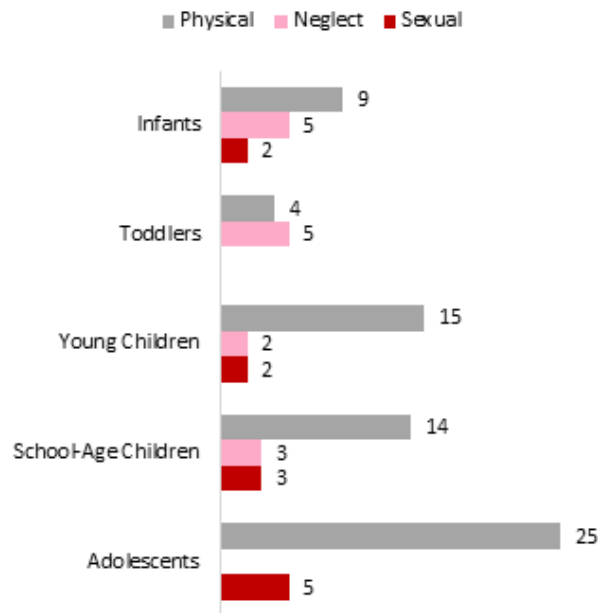
\* 8 patients had more than one presumed etiology.

### ABUSE & NEGLECT

In 2018, Department paramedics treated 94 victims of suspected abuse or neglect. Of these patients, 67 were victims of suspected physical abuse, 15 were victims of suspected neglect, and 12 were victims of suspected sexual abuse. Approximately half of these patients were five years of age and under. Physical assault was the most common report abuse across all age categories, except for toddlers, and accounted for 71% of reports of suspected abuse.



Figure 6. Abuse & Neglect by Age Category



**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.



# 2018 Pediatric Patients by Service Planning Area







# OFFICE OF THE ALTERNATE PUBLIC DEFENDER

The Office of the Alternate Public Defender (APD) was created by the Los Angeles County Board of Supervisors (BOS) in 1993 to provide high quality and caring legal representation to indigent persons charged with crimes in Los Angeles County criminal courts where the Public Defender declared a conflict of interest.

## ***REPRESENTATION OF INDIGENT ADULTS***

The APD provides high level and cost-effective representation in all Los Angeles County criminal courts.

The APD represents indigent clients charged with misdemeanor, felony, and mental health court cases. The APD also handles pre-judgment writs and appeals and limited post-conviction matters.

In Fiscal Year 2017-18 the APD handled 15,743 felony, and 23,127 misdemeanor matters.

The APD currently employs 334 full time employees including attorneys, paralegals, investigators, psychiatric social workers, IT workers and secretarial staff.

## ***Adult Specialty Courts***

The APD participates in a wide variety of specialty courts including: The Community Collaborative Courts, Woman's Re-Entry Court, Veterans Court, Co-Occurring Disorders Court, and Sentenced Offender Drug Court (SODC).

## ***Justice Partner Collaborations***

The APD also participates in a variety of inter-agency collaborations and BOS sponsored committees including: Bail Reform, Department 95 Stakeholder Meetings Diversion Outreach and Opportunities for Recovery (LA DOOR), Felony Incompetent to Stand Trial Program (FIST), Homeless Initiative, Immigration Deferred Action Task Force, Immigration Protection and Advancement Taskforce (IPAA), Justice Partner Meeting, Law Enforcement Assisted Diversion (LEAD), Mental Health Advisory Meeting, Mental Health Court Think Tank, Misdemeanor Incompetent to Stand Trial Program (MIST), Office of Diversion and Re-entry Steering Committee (ORD), Office of Immigrant Affairs Committee, and the Sherriff Civilian Oversight Commission.

## ***REPRESENTATION OF CHILDREN IN THE JUVENILE JUSTICE SYSTEM***

The Los Angeles County Board of Supervisors (BOS) ordered that the APD begin representing children in all Los Angeles Delinquency Courts by November 1, 2016.

The APD currently staffs every delinquency court in Los Angeles county and represents children in pre- and post-dispositional matters including: WIC 601, 602 and WIC 777-779 petitions, AB 12/212 matters, transfer



cases, educational law matters, school disciplinary hearings, individualized education plans (IEPS), competency proceedings and Regional Center referrals.

In Fiscal Year 2017-18 the APD handled approximately 5,400 juvenile matters.

### ***Juvenile Specialty Courts***

The APD staffs and participates in all delinquency court specialty programs including: 241.1 pilot project, Juvenile Mental Health Court, Department of Juvenile Justice Return Court (DJJ), Juvenile Drug Courts, and Succeeding Through Achievement and Resilience Court (STAR).

### ***Juvenile Justice Partner Collaborations***

In addition, the APD participates in a variety of juvenile justice related committees and BOS directed collaborations including: 241.1 Subcommittee, Commercial Sexual Exploitation of Children Steering Committee (CSEC), CSEC Probation Reform and Implementation Team, Delinquency Prevention Subcommittee, Juvenile Competency Protocol Committee, ODR Juvenile Subcommittee, Probation Commission Meetings, Probation Governance Study Committee, Probation Workgroup Committee, Probation Transport Restraint Protocol Subcommittee, Juvenile Roundtable Meeting, Psychotropic Medication Workgroup, Victim Witness Testimony Protocol Committee (VWT), VWT Immunity Agreement Subcommittee, and the Youth Diversion and Development Subcommittee.

### ***Best Practices***

APD adheres to the Holistic Representation model as the guiding principle of its delinquency operation. The Holistic Representation model focuses not just on the child's legal case, but on the "root" causes of the child's legal predicament. The Holistic Representation model emphasizes that until "root" causes are identified; the child's long-term well-being cannot be addressed.

### ***Interdisciplinary Team Approach***

APD's Juvenile Division utilizes psychiatric social workers, educational rights attorneys, immigration attorneys, and paralegals who, along with our trial attorneys, and appellate department, make up the core of our holistic interdisciplinary team. This team works alongside parents, experts, community members, probation, and others, to uncover psychological, social, biological or other factors impacting the child, and allows us to provide independent treatment options and dispositional alternatives to the court. The interdisciplinary team approach reduces incarceration and helps develop long term solutions for our vulnerable client base.



# OFFICE OF COUNTY COUNSEL

## VISION

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

The primary mission of the Dependency Division is the litigation of dependency cases involving allegations of child abuse and neglect. The Office of the County Counsel, through this division, represents the Department of Children and Family Services (DCFS). DCFS is the agency charged with initiating petitions under Welfare and Institutions Code section 300 requesting the juvenile court to intervene in the lives of children who are alleged to be victims of child abuse. On average, DCFS will file 35 new petitions each day between Edmund D. Edelman Children's Court in Monterey Park and the Alfred J. McCourtney Juvenile Justice Center in Lancaster. The Dependency Division also supports DCFS in a range of programs and initiatives targeted to improve the dependency system.

The Dependency Division Court Sections staff the dependency trial courts and Intake Detention Control (IDC), which is responsible for preparing and filing dependency petitions. The dependency trial courts will typically handle over 20 scheduled hearings each day, as well as new filings. The trial courts now include specialized courts. The "18 and Up" court handles cases for foster youth age 18-21 transitioning from the foster care system to adulthood. The Dedication to Restoration through Empowerment, Advocacy, and Mentoring court (DREAM court), which opened in February 2016, hears most of the cases for children who are commercially sexually exploited in Los Angeles County. The average open caseload in DREAM court is 150 children. The Indian Child Welfare Act court hears most of the dependency cases involving American Indian children in the county, which is home to the largest urban Native population in the country, and includes representatives from most of the federally recognized Indian tribes as well as many Native California tribes who are in the process of becoming federally recognized.

In 2017, the juvenile court opened one new courtroom, and staff was increased to handle the additional workload. This section also handles legislation, confidentiality, and child fatality reviews.

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

The Warrant desk handles issues relating to emergency response investigations. They review new petitions and assist on removal orders, interview orders, and investigative search warrants each month. The 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 desk, as well as attorneys working other assignments in the Office of the County Counsel.



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

The 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 Division Chief 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 2017 were:

*In re A.L. (2017) 18 Cal.5th 1044*

Parents challenged the juvenile court's finding that a mother's mental illness placed her 11- and 15-year-old children at substantial risk of serious physical harm for the purposes of W&C section 300, subdivision (b) (1) and that the children's father failed to protect the children from their mother's mental illness.

The Court of Appeal reversed. Substantial evidence did not support the juvenile court's finding that the mother's long-term mental illness placed her 11- and 15-year-old children at substantial risk of serious physical harm where no child had ever been harmed by the mother, the children were otherwise well cared for, and the father acted quickly to obtain appropriate help. Substantial evidence did not support a finding that the father failed to protect the children from the mother's mental illness where it was the first time the mother had become physical with family members, the children were never left alone with the mother, and the father promptly sought assistance from law enforcement.

*In re C.M. (2017) 15 Cal.App.5th 376*

A mother challenged a juvenile court's order directing

the child protective agency to immediately remove her child from her care if there was "any evidence" the child was exposed to the child's stepfather or that the mother violated the terms of a restraining order prohibiting the stepfather from having any contact with the child. The Court of Appeal reversed, ruling that the juvenile court's conditional order contravened specific statutory requirements for notice and the opportunity to be heard, the burden and standard of proof, and the factual findings required to remove a dependent child from the custody of his or her parent.

*In re C.V. (2017) 15 Cal.App.5th 566*

Both parents challenged the assumption of dependency jurisdiction over the child based on the father's possession of an unloaded rifle and ammunition in the home. The Court of Appeal reversed. Substantial evidence did not support a finding of jurisdiction under W&IC § 300(b)(1). The child was an infant and, therefore, could not have gained access to the gun. Also, by the time of the jurisdictional hearing, the father was sentenced to prison for almost three years, and the mother was ordered not to allow the father back in the home after his release. Therefore, the agency could not show how, at the time of the jurisdictional hearing, the child was at substantial risk of serious physical harm.

*In re Hannah D. (2017) 9 CA5th 662*

A father appealed from the order terminating parental rights to challenge orders made at the hearing setting the W&IC 366.26 hearing. He urged the orders were appealable because the juvenile court did not give him an oral advisement of the requirement to file a petition for extraordinary writ. Though the father received a written advisement of the writ requirement, the statute and court rules mandate an oral advisement. The Court of Appeal affirmed. The order setting the W&IC 366.26 hearing, and all ancillary orders, is not appealable without the timely filing of a petition for extraordinary writ. When a parent is present at the hearing, the court shall advise him/her orally of the writ requirement, but where the parent receives a written advisement, the court's failure to give an oral advisement does not excuse the parent from filing a writ petition to challenge the order setting the W&IC 366.26 hearing.

*In re H.C. (2017) 17 Cal.App.5th 1261*

The juvenile court terminated its jurisdiction over



a married nonminor dependent on the basis that she was no longer eligible for extended foster care and continued dependency jurisdiction. The Court of Appeal reversed. Nothing in the federal and state statutes governing nonminor dependents indicate that marriage is a disqualifying event. Further, the California Department of Social Services determination, as memorialized in its All-County Letter No. 11-69, that nonminor dependents were not eligible for extended foster care, merely interpreted the statutes and, under the circumstances surrounding the All-County Letter, did not prevent the juvenile court from continuing jurisdiction over the married nonminor dependent.

In re J.L.(2017) 10 Cal.App.5th 913

A mother appealed the order terminating her parental rights claiming the court erred in failing to comply with the Indian Child Welfare Act (ICWA). The Court of Appeal affirmed. The juvenile court properly determined the child protective agency did not violate the ICWA's inquiry and notice provisions. Where the mother did not know whether she had American Indian heritage of any kind, did not know the names of the relatives who might have had such heritage, and had heard only a vague reference to possible heritage, such " 'family lore' " of possible American Indian heritage did not trigger the social worker's duty to conduct a further inquiry into the children's possible Indian ancestry. The agency's duty to pursue further inquiry was not triggered, and the juvenile court had properly admonished the mother to inform the agency or the court if she obtained "clarifying information" of any possible American Indian ancestry because such additional information would have the potential to trigger the agency's inquiry and noticing duties.

In re J.P. (2017) 14 Cal.App.5th 616

A father appealed a juvenile court's reunification plan. Father immigrated to the United States from Myanmar with two of his four children. Father speaks only Burmese or Karen. The Court of Appeal reversed and remanded. The juvenile court abused its discretion in ordering a dispositional case plan that a father could not participate in due to his language barrier, as a child protective agency reported it had been unable to locate any treatment options in the languages father spoke and understood. The remedy is for a child protective agency and juvenile court to provide language assistance to the father.

In re J.S. (2017) 10 Cal.App.5th 1071

A mother appealed from the termination of parental rights contending her due process rights were violated when the juvenile court refused to allow her to testify about the child's relationship with his siblings.

The Court of Appeal reversed. It was not harmless error when the juvenile court refused to allow a parent to testify about the child's relationship with a sibling at a W&IC section 366.26 hearing. Because there was an absence of or conflict in the evidence, the juvenile court erred when it did not allow the parent to testify as to the child's relationship with a sibling and thereby prevented the parent from providing evidence regarding the sibling relationship exception to the termination of parental rights at issue.

*In re Kayla W. (2017) 16 Cal.App.5th 409*

A mother challenged the juvenile court's findings that she lacked standing to appear and had no right to appointed counsel in dependency proceedings involving her child, who was the subject of a probate legal guardianship. The Court of Appeal reversed and remanded. As a noncustodial parent, the mother had standing to participate in the dependency case and was entitled to be present at the disposition hearing. Further, the mother was entitled to appointed counsel at the disposition hearing, assuming she was not able to afford private counsel, because the child protection agency sought to have the child placed in out-of-home care.

*In re Matthew C. (2017) 9 Cal.App.5th 1090*

A mother contested a juvenile court's detention and dispositional orders temporarily denying her visitation with her son. The Court of Appeal affirmed and denied her writ petition. The juvenile court's order suspending visitation at detention was appropriate where the mother was still hospitalized after having been badly beaten by the father, and where it was unclear whether it was the mother or the father who had intentionally burned and bitten the minor, thereafter abandoning him. The mother's behavior presented a continued threat both to herself and to her young son. The child was seriously injured, and thus it was reasonable for the juvenile court to conclude the infant should not be subjected to any additional stress during his healing process. The juvenile court did not err in denying visitation at the disposition hearing and concluded that parental visitation may be denied during the reunification period if such visitation would be inconsistent with the physical or emotional well-being of the child. The evidence amply supported





the court's conclusion to deny visitation at both the detention and disposition hearings.

*In re M.R. (2017) 8 Cal.App.5th 101*

A mother and a father appealed from a juvenile court's finding that their children were at substantial risk of serious physical harm based on the mother's arrest for driving under the influence of alcohol while the children and the father were in the car. The Court of Appeal held that substantial evidence supported the juvenile court's jurisdictional findings because even if the drunk driving was a one-time episode, the parents minimized the seriousness of the incident, mother had not enrolled in any alcohol education programs, and the parents' acceptance of responsibility for their conduct appeared to worsen, rather than improve, as the dependency proceedings progressed. Furthermore, there was evidence of an alcohol-related episode of domestic violence in the past.

*In re N.S. (2017) 97 Cal.App.4th 167*

A nonminor dependent sought a writ of mandate or prohibition prohibiting any inquiry into any of her psychotherapist's confidential communications with her. The Court of Appeal granted the writ. To qualify for extended foster care, a nonminor dependent must either participate in certain services or have a medical condition that prevented him or her from participating in such services. The child protective agency had previously found that the nonminor had such a medical condition preventing her from participating in the services. The agency subsequently asked the juvenile court to terminate jurisdiction over her. The juvenile court erred by finding the nonminor had waived her right to maintain confidentiality of psychotherapist/patient communications. She did not tender her mental health condition when she testified she understood she was eligible for foster care because her medical condition prevented her from attending services, which was consistent with the child protective agency's earlier conclusion. The child protective agency cannot have access to confidential psychotherapist/patient communications based on the nonminor's testimony as to the agency's own reasons for previously recommending extended foster care for her, nor did she tender her psychotherapist/patient confidential communications by offering into evidence a letter from her therapist verifying she was, and is, eligible for extended foster care. The letter did nothing more than provide documentation required by an All-County Letter, verifying she qualified for extended foster care.

*In re R.G. (2017) 18 Cal.App.5th 273*

A dependent minor who was subsequently the subject of a juvenile wardship petition contended a juvenile court erred by refusing to refer the matter for a W&IC § 241.1 assessment report and hearing prior to taking jurisdiction. The Court of Appeal reversed. A juvenile court erred where the only report filed prior to the juvenile court's determination to treat the minor as "dual status" was filed by the probation department, reflected no consultation with child protective agency personnel even though the minor was a dependent of the court at that time, and did not contain all the requirements of a W&IC § 241.1 assessment. Further, nothing indicated that the appropriate parties were notified of the report prior to the hearing or that the hearing would even involve a W&IC § 241.1 determination. Under these circumstances, the minor's due process rights were implicated and the error was NOT harmless beyond a reasonable doubt.

*In re R.T. (2017) 3 Cal.App.5th 622*

A mother appealed a juvenile court's assumption of jurisdiction over her "incorrigible" teenage child pursuant to W&IC § 300(b)(1), contending that (b) (1) required a finding of parental fault or neglect. The Second District Court of Appeal, Division Two, affirmed, finding that W&IC § 300(b)(1) did not require parental fault or neglect. The California Supreme Court affirmed. The Court concluded that the plain language of the first clause of W&IC § 300(b)(1) authorizes dependency jurisdiction without a finding that parental fault or neglect is responsible for his or her failure or inability to adequately supervise or protect the child. The Court disapproved of *In re Precious D. (2010) 189 Cal.App.4th 1251* to the extent that it is inconsistent with this holding.

**THE PRACTICE OF DEPENDENCY LAW**

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

The purpose of Dependency Court, as embodied in the statutes that govern it, is to provide for the safety and protection of each child under its jurisdiction and to preserve and strengthen the child's family ties whenever possible. Parenting is a fundamental right that may not be disturbed unless a parent is acting in





a way that is contrary to the safety and welfare of the child. A child is removed from parental custody only if it is necessary to protect him or her from harm. When the court determines that removal of a child is necessary, reunification of the child with his or her family becomes the primary objective.

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

### A. PRE-FILING PROCEDURES

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

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

### B. INITIAL HEARING

The purpose of the initial petition hearing is to advise parents of the allegations in the petition and to decide detention issues. Based on prima facie evidence submitted in the CSW's detention report, the court makes a determination whether (1) the child should remain detained and (2) if the child comes within the

description of Welfare and Institutions Code ("WIC") section 300 (a) - (j). County Counsel advocates on behalf of DCFS for continued detention if it appears necessary for the safety and protection of the child because of the following circumstances:

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

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

### C. JURISDICTION

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

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

Alternatively, the matter may be set for Adjudication. If the child is detained from the parent's home, the matter must be calendared within 15 court days. If the child is released to a parent, the time for trial is 30 calendar days. At the Adjudication, County Counsel litigates the counts set forth in the petition to establish the legal basis for the court's assumption of jurisdiction. If it is necessary to call a child as a witness, County Counsel or the child's attorney may request that the court



permit the child to testify out of the presence of the parents. The court will permit chambers testimony if the child is (1) intimidated by the courtroom setting, (2) afraid to testify in front of his or her parents, or (3) it is necessary to assure that the child tell the truth.

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

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

**D. DISPOSITION**

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

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

If a child is removed from parental custody, the court may order family reunification services. 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 seventeen statutory grounds under which a court may deny reunification services to the parent. Those grounds are:

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



section 361.5, subdivisions (b)(3), (5) or (6);

- The child has been conceived under Penal Code Sections 288 or 288.5 (rape);
- The child has been willfully abandoned which has caused serious danger to the child, or the child has been voluntarily surrendered;
- Reunification services have been terminated for a sibling after the sibling was removed from the home and the parent or guardian has not made a reasonable effort to treat the problem that led to the removal of the sibling;
- Parental rights were terminated on a sibling, and the parent or guardian has not made a reasonable effort to treat the problems that led to the removal of the sibling;
- The parent or guardian has been convicted of a violent felony as defined in Penal Code section 667.5;
- The parent or guardian is a chronic abuser of drugs or alcohol, and has resisted court ordered treatment;
- The parent or guardian has advised the court that he or she is not interested in receiving family reunification services or having the child placed in his or her custody;
- The parent or guardian has on one or more occasions abducted the child or the child's sibling;
- That the parent or guardian has been required by the court to be registered on a sex offender registry under the federal Adam Walsh Child Protection and Safety Act of 2006; or
- That the parent or guardian knowingly participated in, or permitted, the sexual exploitation of the child.

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

## E. REVIEW HEARINGS

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

(WIC section 366.21 (e).) If the court has ordered family reunification services, the subsequent review hearings are held every six months. At each of the review hearings, the court reviews the status of the child and the progress the parents have made with their case plan. The court is mandated to return the child to the custody of his or her parents unless it finds by a preponderance of the evidence that return would

create a substantial risk of detriment to the safety, protection, physical, or emotional well-being of the child. Failure of a parent to participate regularly and make substantive progress in court-ordered treatment programs is prima facie evidence that return of the child would be detrimental.

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

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

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

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



selected.

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

- A relative caretaker is unwilling or unable to adopt because of circumstances that do not include an unwillingness to accept legal or financial responsibility for the child, and removal of the child from the relative would be detrimental to the child.
- Termination would be detrimental to the child because the parents have maintained regular visitation and contact with the child, the child will benefit from continuing the relationship, and the benefit from continuing the parental relationship will outweigh the benefit derived from the permanence of an adoptive home.
- Termination would be detrimental to the child because a child 12 years of age or older does not wish to be adopted.
- Termination would be detrimental to the child because the child requires residential treatment and adoption is unlikely or undesirable.
- Termination would be detrimental to the child because there would be substantial interference with a child's sibling relationship,
- Termination would be detrimental to the child because the child is living with a non-relative caretaker who is unwilling or unable to adopt because of exceptional circumstances, and removal of the child from that home would be detrimental to the child.
- Termination would not be in the best interest of the child because there would be a substantial interference with the Indian child's connection to his or her tribal community or the child's tribal membership rights.
- Termination would not be in the best interest of the child because the Indian child's tribe has identified guardianship or long term foster care with a fit or willing relative as an appropriate plan.

(WIC Section 366.3) After the permanency hearing, the court reviews the status of the child at least once every six months. The court determines the progress made to provide a permanent home for the child and efforts extended to find and maintain significant relationships between the child and individuals who are important

to the child. Sibling relationships are evaluated and maintained where possible. Emancipation and independent living services which have been offered are reviewed for the teenager as he or she approaches adulthood.

**F. NON MINOR DEPENDENTS**

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

**GLOSSARY**

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

**Chambers** -The judge or hearing officer's office.

**Command Post** - The DCFS office that handles after hour emergency detentions

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

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

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

**Disposition** - If the child is found to be a person described in 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 to facilitate reunification of the family.

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

**Indian Child Welfare Act** - Federal law enacted to protect and preserve American Indian Families





**Initial hearing** - See detention hearing

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

**Legal Guardianship** - Legal authority and responsibility for the care of a child.

**Non-related Extended family Member** - An adult caregiver who has an established familial or mentoring relationship with the child.

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

**Planned Permanent Living Arrangement** - Formerly Long Term foster care. A permanent plan for a dependent child for whom neither adoption nor legal guardianship is a viable plan.

**Preponderance of Evidence** - The standard of proof 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 and may not remain safely in the home of the parent or guardian in order to make detention findings

**Review hearing** - Hearings which occur every six months during which the court reviews the appropriateness of the case plan

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

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

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

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







# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

The Los Angeles County Department of Children and Family Services (DCFS) began operations on December 1, 1984. The Department's 9,000+ staff provides legally mandated Emergency Response, Family Maintenance, Family Reunification, Permanent Placement and Adoptions services to children and families in its 20 Regional offices throughout the County.

## ***VISION***

Children thrive in safe families and supportive communities.

## ***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 2: 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 2.2.2, Workforce Excellence: Ensure that a skilled, professional workforce is hired and retained.

Objective 2.2.3, 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 2.3.2, Alignment: Enhance organizational productivity and accountability by aligning Federal, State and County mandates.

### **Child Welfare Services/Case Management System (CWS/CMS) Outcomes System**

Child Welfare Services/Case Management System (CWS/CMS) Outcomes System, formerly known as The Child Welfare System Improvement and Accountability Act (AB 636) began on January 1, 2004, 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 an 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 and is scheduled to end on September 30, 2019. The Waiver's three initiatives are:

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

### **CHILD WELFARE SERVICES**

#### **Emergency Response**

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

#### **Family Maintenance**

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

## Family Reunification

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

## Permanent Placement

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

## PROTECTIVE SERVICES - REFERRALS RECEIVED

During Calendar Year (CY) 2017, there were 172,635 children who were referred to DCFS Child Abuse Hotline for child abuse. An in-person investigation was required for 81.1% (139,927) of these referred children. As shown in Figure 1, there were 172,635 children referred during CY 2017 compared to 168,830 in CY 2016. This reflects a 2.3% increase in referrals from CY 2016.

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 by Allegation Type

Referrals for child abuse or neglect received by DCFS are categorized by seven 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 Child Welfare Services/Case Management System (CWS/CMS) for siblings who may be at risk of abuse, but were not identified as victims. Figure 5 shows age and ethnicity of children during CY 2017.

- Sexual Abuse referrals increased 8.6% from 14,705 in CY 2016 to 15,970 in CY 2017 and made up 9.3% of the referrals received in CY 2017.

- Physical Abuse referrals decreased 0.6% from 29,508 in CY 2016 to 29,345 in CY 2017 and were

responsible for 17.0 % of the referrals received in CY 2017.

- Severe Neglect referrals decreased 20.2% from 2,184 in CY 2016 to 1,743 in CY 2017 and accounted for 1.0% of the referrals received in CY 2017.

- General Neglect continues to be the most reported allegation; it is responsible for 34.0% of the children referred to DCFS during CY 2017, slightly down from 34.6% in 2016. General Neglect referrals increased 0.6% from 58,434 in CY 2016 to 58,757 in CY 2017.

- Emotional Abuse referrals increased 9.1% from 23,076 in CY 2016 to 25,172 in CY 2017 and accounted for 14.6% of the referrals received in CY 2017.

- Exploitation continues to be the least reported allegation, but Exploitation referrals increased 49.0% from 153 in CY 2016 to 228 in CY 2017.

- Caretaker Absence/Incapacity decreased 1.3% from 2,121 in CY 2016 to 2,094 in CY 2017 and was responsible for 1.2% of the referrals received in CY 2017.

- At Risk, Sibling Abuse represented 22.8% of the children referred in CY 2017. At Risk, Sibling Abuse referrals increased 1.8% from 38,649 in CY 2016 to 39,326 in CY 2017.

- 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 36.3% of the children referred in CY 2017, a 0.9% decrease from 37.2% in CY 2016.

## Domestic Violence Related Referrals

The primary data source for domestic violence related referrals is the SDM database. According to the SDM database, the total number of referrals that were related to domestic violence in CY 2017 was 12,241 which represented 11.0% of all referrals in CY 2017. The total number of referrals that were related to domestic violence in CY 2016 was 11,777 which represented 10.6% of all referrals in CY 2016.

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

Figures 6 and 7 represent the in-home and out-of-home services caseload by service type on the last day of CY 2017 (Point-in-Time data). DCFS





caseloads decreased by 1.0% from 34,847 in CY 2016 to 34,485 in CY 2017. 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. Figure 8 represents in-home and out-of-home services caseload by facility type and SPA.

### **CHILD CHARACTERISTICS**

Figures 9, 10, 11, and 12 report the demographic data on children served by DCFS for CY 2017 by age group, ethnicity and gender.

#### **Age**

- DCFS most vulnerable clients are children ages birth - 2 years old. The number of children in this age group decreased 1.3% from 7,263 in CY 2016 to 7,172 in CY 2017 and accounted 20.8% of the DCFS caseload.
- The number of children ages 3 – 4 years old decreased 0.4% from 4,337 in CY 2016 to 4,318 in CY 2017 and represented 12.5% of the DCFS caseload.
- The number of children ages 5 - 9 years old decreased 2.4% from 9,147 in CY 2016 to 8,930 in CY 2017 and made up 25.9% of the DCFS caseload.
- The number of children ages 10 - 13 years old increased 2.5% from 5,788 in CY 2016 to 5,934 in CY 2017 and accounted for 17.2% of the DCFS caseload.
- The number of youth ages 14 - 15 years old decreased 0.04% from 2,738 in CY 2016 to 2,737 in CY 2017 and represented 7.9% of the DCFS caseload.
- The number of youth ages 16 -17 years old decreased 3.7% from 2,991 in CY 2016 to 2,879 in CY 2017 and accounted for 8.3% of the DCFS caseload.
- The number of young adults 18 years and older decreased 2.6% from 2,583 in CY 2016 to 2,515 in CY 2017 and represented 7.3% of the DCFS caseload.

#### **Ethnicity**

- The number of White children decreased 16.2% from 3,953 in CY 2016 to 3,311 in CY 2017 and accounted for 9.6% of the DCFS caseload.
- The number of Hispanic children decreased 7% from 21,021 in CY 2016 to 19,555 in CY 2017 and made up 56.7% of the DCFS caseload.
- The number of African-American children decreased 4.8% from 8,743 in CY 2016 to 8,326 in CY 2017 and represent 24.1% of the DCFS caseload.
- The number of Asian/Pacific Islander child population increased 16.9% from 484 in CY 2016 to 566 in CY 2017 and accounted for 1.6% of the DCFS caseload.

#### **Gender**

- In CY 2017, the DCFS caseload was evenly represented by male and female.

### **CHILDREN IN OUT-OF-HOME PLACEMENT**

California's Continuum of Care Reform (CCR) is a series of reforms that advance the state's goal of having all children live as members of committed, nurturing, and permanent families. Its provisions will reduce the use of congregate care placement settings for children and youth, increase the use of home-based family care, and decrease the length of time required to achieve permanency. As part of this reform, homes that were formally listed as Relative/Non-Relative Extended Family Member (Relative/NREFM) and Foster Home have been categorized as Resource Family Home. Effective 1/1/17 Resource Family Approval (RFA) established "one" approval process for any prospective foster, adoption, relative or non-related extended family member known as a "resource family home" once "Approved." Caregivers in existence prior to 1/1/17 shall be converted to RFA categories by 12/31/20. As a result, some of our current caregivers are not RFA approved.

Figures 13, 14, 15, and 16 show the DCFS children who are in out-of-home placements as of December 31, 2017 (CY 2017) by SPA, facility type, and demographics. Figure 17 reports demographic information on children in Adoptive Homes. 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 increased 1.5% from

17,935 in CY 2016 to 18,207 in CY 2017.

- 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 decreased 26.3% from 9,513 in CY 2016 to 7,008 in CY 2017 and represented 38.5% of the children in out-of-home placements. This shift is representative of the change in categorization of Relative/NREFM homes being captured under the Resource Family Home (RFH) category.
- The number of children in Foster Family Homes decreased 0.6% from 1,427 in CY 2016 to 1,419 in CY 2017 and accounted for 7.8% of out-of-home placements.
- The number of children in Foster Family Agency Certified Homes decreased 9.2% from 4,919 in CY 2016 to 4,465 in CY 2017 and represented 24.5% of out-of-home placements.
- As part of the implementation of the CCR, the number of Foster Family Agency Certified Resource Family Homes dramatically increased 4320% from five in CY 2016 to 221 in CY 2017 and represented 1.2% of out-of-home placements. This is a shift away from the previous category of Foster Family Agency (FFA) Foster Home.
- The number of children in Small Family Homes remained the same from 34 in CY 2016 to 34 in CY 2017 and accounted for 0.2% of the out-of-home placement.
- The number of children in Group Homes decreased 10.5% from 1,029 in CY 2016 to 921 in CY 2017 and represented 5.1% of out-of-home placements.
- The number of young adults in Supervised Independent Living Placements decreased 5.5% from 974 in CY 2016 to 920 in CY 2017 and represented 5.1% of out-of-home placements.
- The number of Resource Family Homes (RFH) Non-Relative RFH homes increased 156250% from two in CY 2016 to 3,127 in CY 2017 and represented 17.2% of out-of-home placements. A total of 3,125 Resource Family Home (RFH) Relative RFH homes were added in CY 2017.
- A new category of placement, Short Term Residential Therapeutic Program (STRTP) was added in 2017. A total of 43 Short Term Residential Therapeutic Program placements were added in CY

2017.

- Other placement facility types include County Shelter, Tribal, and Court Specified Homes. The number of children in this placement category increased 53.1% from 32 in CY 2016 to 49 in CY 2017 and represented 0.3% of children in out-of-home placement.

### **PERMANANCY PARTNERS PROGRAM (P3)**

The Permanency Partners Program (P3) was created in 2004 to provide family finding services to youth in long term foster care in need of permanent connections. Retired and part-time social workers are employed as secondary workers and focus on searching for family and others who care about the youth and would like to reconnect/support them. The P3 workers utilize a variety of search techniques including online investigative platforms and social media to locate family, then helps them connect with youth through phone calls and visits, and assists the primary social worker with placement paperwork. P3 services focus on providing permanency to youth, which includes reunifying with parents, identifying relatives and other adults to provide legal guardianship or adoption and lifelong connections.

In May 2016, the Los Angeles County Board of Supervisors requested that P3 implement a protocol to provide family finding efforts to children as close to the time of detention as possible. In October 2016, an upfront pilot program commenced in the Glendora and Santa Fe Springs offices to provide family finding services to children within days of detention. At the end of 2017, preparations began to expand the pilot to the West Los Angeles and Vermont Corridor offices; with an implementation start date of January 1, 2018. As of December 2017, 75 children were actively receiving P3 upfront family finding services in the two pilot offices. Of those, 59% were in a foster home, 25% were in a relative/NREFM home, 9% were in a group home, 5% were in home of parent and 2% had an unidentified placement. Additionally, 236 children had received upfront family finding services for 90 days and are currently open to DCFS. Of those, 43% were in a foster home, 35% were in a relative home, 16% were in home of parent, 5% were in a group home, >1% were either AWOL, in a non-foster care placement or in a short term residential placement.

In 2017, the P3 program provided P3 services for 1,214 children and youth with the following outcomes:



1. 1031 cases were closed to Department with the following outcomes:

- 591 youth had a permanent plan established
  - o 330 youth returned home to a parent and had their child welfare case closed
  - o 180 youth were adopted
  - o 68 youth had a legal guardian appointed and their case closed through Kin-Gap
  - o 13 youth were in legal guardianship prior to their case closing due to emancipation
- 430 youth exited DCFS care with an adult lifelong connection
- 10 youth exited care without a permanent connection

2. 183 youth were moving towards a permanent plan

- 42 youth were moving towards reunification with a parent
- 121 youth who were previously opposed to adoption were involved in the adoption planning
- 20 youth had a plan of legal guardianship identified and were moving through the court process

### **ADOPTION PLANNING**

Figures 18 and 19 show the number of children placed in Adoptive Homes from CY 1984 through CY 2017. During CY 2017, there were 1,776 children placed in adoptive homes compared to 1,691 placements in CY 2016.

### **241.1 HEARINGS**

Figures 20, 21, and 22 represent data on youth referred for 241.1 Joint Assessment Hearings by either Dependency Court or Delinquency Court. Children under the jurisdiction of the Dependency Court account for 0.1% of the youth referred, and 99.9% of the youth were referred by Delinquency Court.

### **ICAN PUBLIC WEB SITE**

[www.ican4kids.org](http://www.ican4kids.org)

The public may access the DCFS CY 2017 Data Statement as part of the ICAN State of Child Abuse in Los Angeles County Report for 2017 at the following

Web Site address:

<http://www.ican4kids.org>

Figure 1

**LA COUNTY DCFS  
TOTAL CHILDREN  
REFERRED TO DCFS  
CALENDAR YEARS 1984  
THROUGH 2017**

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
2016	168,830
2017	172,635

Note:

- Beginning with CY 2014, data on children referred to DCFS are from CWS/CMS Datamart, an up-to-date DCFS database which offers a more complete and definitive number of children referred to DCFS. Please note that the total number of referred children is higher than the number reported in the DCFS CY 2017 Fact Sheet.

Figure 2

**LA COUNTY DCFS  
TOTAL CHILDREN REFERRED CHILDREN BY SERVICE  
PLANNING AREA 2017**

SERVICE PLANNING AREA (SPA)	EVALUATED OUT	IN-PERSON RESPONSE	TOTAL REFERRAL CHILDREN RECEIVED
SPA 1	1,785	10,882	12,667
SPA 2	5,303	24,025	29,328
SPA 3	3,470	17,353	20,823
SPA 4	3,227	13,249	16,476
SPA 5	674	2,856	3,530
SPA 6	5,299	27,042	32,341
SPA 7	3,733	17,503	21,236
SPA 8	4,097	18,954	23,051
Out-of-LA County	1,083	1,183	2,266
Out-of-California	4,037	6,880	10,917
Invalid Address	32,708	139,927	172,635
<b>TOTAL</b>	<b>28,463</b>	<b>153,463</b>	<b>181,926</b>

Note:

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

Figure 3

**LA COUNTY DCFS  
REFERRED CHILDREN BY ALLEGATION TYPE 2017**

ALLEGATION TYPE	CHILDREN	PERCENTAGE
Sexual Abuse	15,970	9.3
Physical Abuse	29,345	17.0
Severe Neglect	1,743	1.0
General Neglect	58,757	34.0
Emotional Abuse	25,172	14.6
Exploitation	228	0.1
Caretaker Absence/Incapacity	2,094	1.2
At Risk, Sibling Abuse	39,326	22.8
<b>TOTAL</b>	<b>172,635</b>	<b>100.0</b>

Source: CWS/CMS Datamart - Data as of 1/14/2015

Note:

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



Figure 4

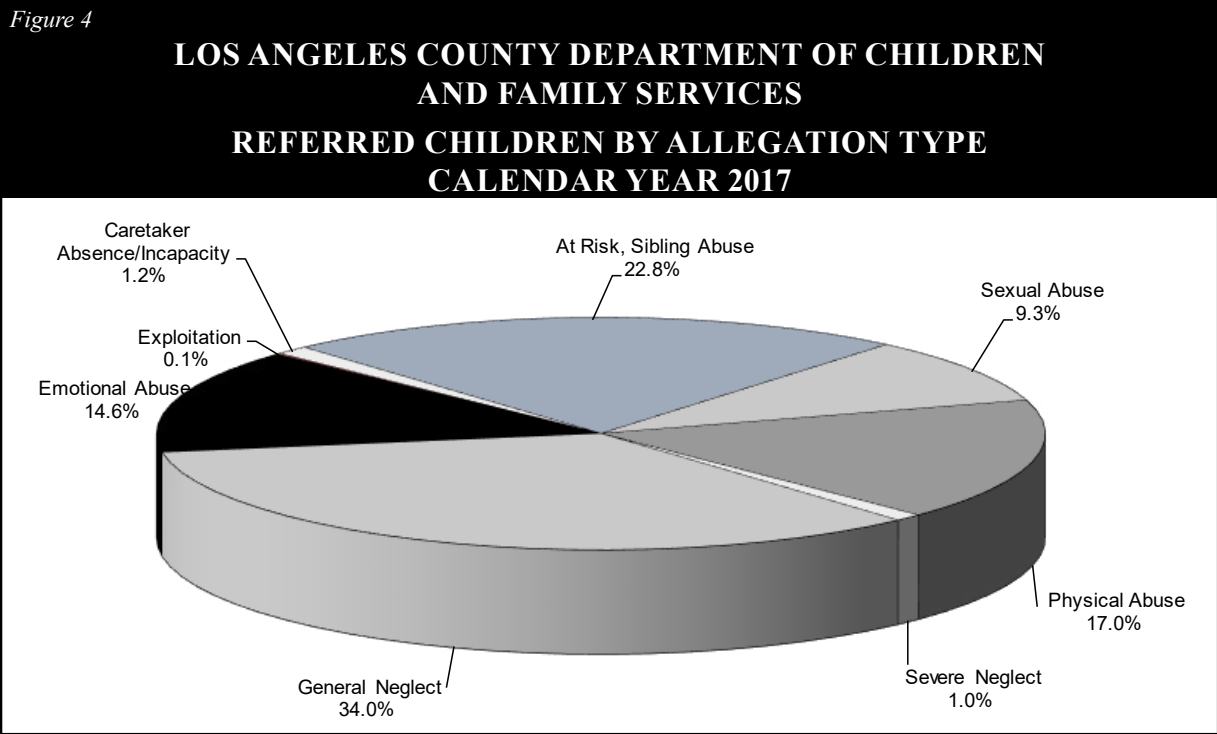


Figure 5

### LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES REFERRED CHILDREN BY AGE AND ETHNICITY Calendar Year 2017

Ethnicity	Age Group							Total
	Birth-2 Yrs	3 - 4 Yrs	5 - 9 Yrs	10 - 13 Yrs	14 - 15 Yrs	16 - 17 Yrs	18+ Yrs	
White	2,542	1,595	4,888	4,281	2,135	1,913	11	17,365
Hispanic/Latino	15,403	10,485	30,453	24,256	11,262	10,477	63	102,399
African American	5,454	3,417	9,007	6,127	3,079	3,126	19	30,229
Asian/Pacific Islander	613	445	1,292	1,198	553	647	4	4,752
American Indian/Alaskan Native	52	25	60	43	38	38	1	257
Other	4,062	2,149	5,008	3,439	1,537	1,424	14	17,633
<b>GRAND TOTAL</b>	<b>28,126</b>	<b>18,116</b>	<b>50,708</b>	<b>39,344</b>	<b>18,604</b>	<b>17,625</b>	<b>112</b>	<b>172,635</b>

Source: CWS/CMS Datamart - Data as of 1/14/2015

Note:

- Beginning with CY 2014, data on children referred to DCFS are from CWS/CMS Datamart, an up-to-date DCFS database which offers a more complete and definitive number of children referred to DCFS. Please note that the total number of referred children is higher than the number reported in the DCFS CY 2017 Fact Sheet.





Figure 6

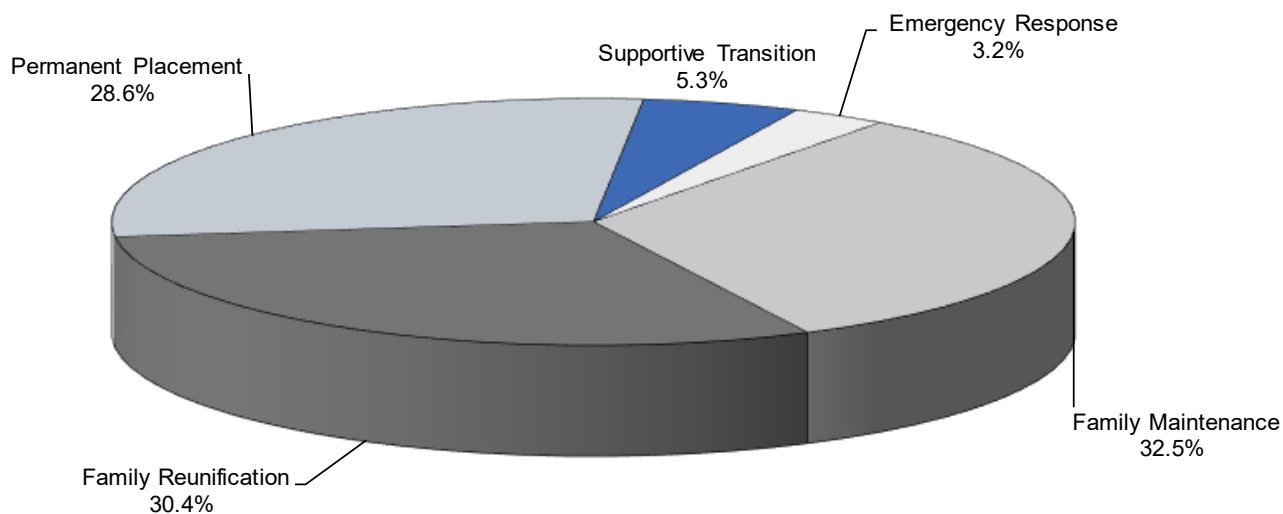
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
IN-HOME AND OUT-OF-HOME SERVICES CASELOAD AS OF DECEMBER 31, 2017**

SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	1,104	3.2
Family Maintenance	11,220	32.5
Family Reunification	10,467	30.4
Permanent Placement	9,873	28.6
Supportive Transition	1,821	5.3
<b>TOTAL</b>	<b>34,485</b>	<b>100.0</b>

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, 2017**



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, 2017**

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	Foster Family Agency Certified Resource Family Home	Small Family Home	Group Home	Supervised Independent Living Placement	Resource Family Home	Short Term Residential Therapeutic Program	Other							
1	1,453	865	310	770	41	2	27	100	470						4	100	210	4,352
2	2,285	769	136	365	44	2	103	75	417						25	137	128	4,487
3	1,262	734	151	568	10	14	364	76	352	41					32	140	173	3,920
4	1,325	365	28	116	9		48	76	196						18	43	58	2,283
5	110	53	11	38	5		36	16	37						2	18	15	341
6	2,971	1,211	324	471	2	5	112	128	526						1	101	403	6,265
7	1,385	794	108	539	12	1	8	93	393						22	127	142	3,626
8	1,554	799	253	326	9	2	114	108	466						15	120	265	4,033
Out-of-LA County	376	1,415	98	1,268	89	8	108	247	270	2					25	323	158	4,417
Invalid Address	749	3		4			1	1								2	1	761
<b>TOTAL</b>	<b>13,470</b>	<b>7,008</b>	<b>1,419</b>	<b>4,465</b>	<b>221</b>	<b>34</b>	<b>921</b>	<b>920</b>	<b>3,127</b>	<b>43</b>	<b>49</b>	<b>18,207</b>	<b>144</b>	<b>1,111</b>	<b>1,553</b>	<b>34,485</b>		



Figure 9

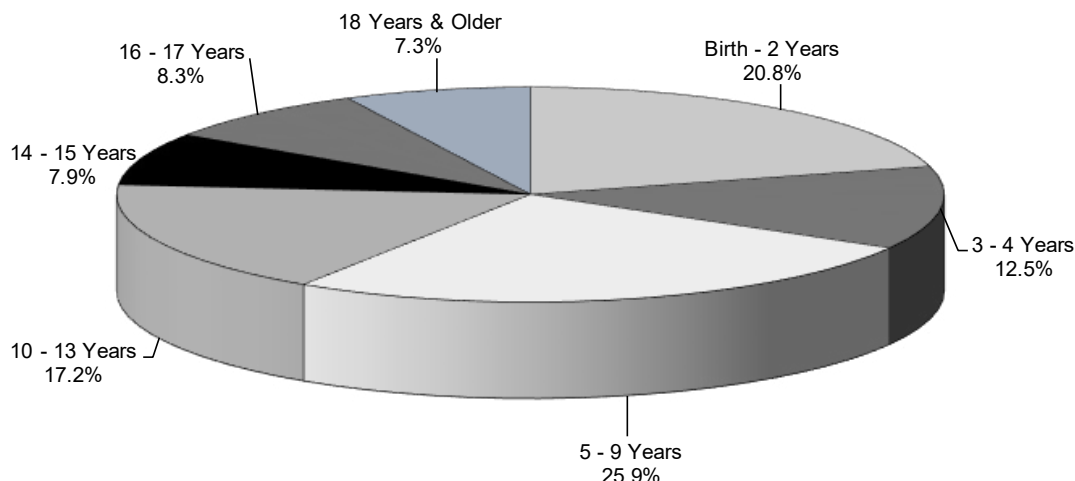
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
IN-HOME AND OUT-OF-HOME SERVICES  
CASELOAD CHILD CHARACTERISTICS AS OF DECEMBER 31, 2017**

AGE GROUP	CHILDREN	PERCENTAGE
Birth - 2 Years	7,172	20.8
3 - 4 Years	4,318	12.5
5 - 9 Years	8,930	25.9
10 - 13 Years	5,934	17.2
14 - 15 Years	2,737	7.9
16 - 17 Years	2,879	8.3
18 Years & Older	2,515	7.3
<b>TOTAL</b>	<b>34,485</b>	<b>100.0</b>
ETHNICITY		
White	3,311	9.6
Hispanic	19,555	56.7
African-American	8,326	24.1
Asian/Pacific Islander	566	1.6
American Indian/Alaskan Native	86	0.2
Other	2,641	7.7
<b>TOTAL</b>	<b>34,485</b>	<b>100.0</b>
GENDER		
Male	17,229	50.0
Female	17,256	50.0
<b>TOTAL</b>	<b>34,485</b>	<b>100.0</b>

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, 2017**

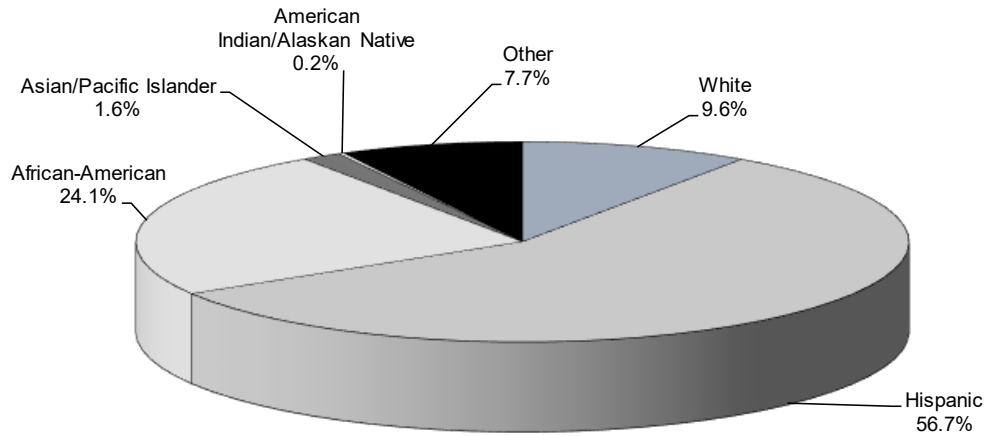


NOTE: Percentages may not add up to 100 percent due to rounding.



Figure 11

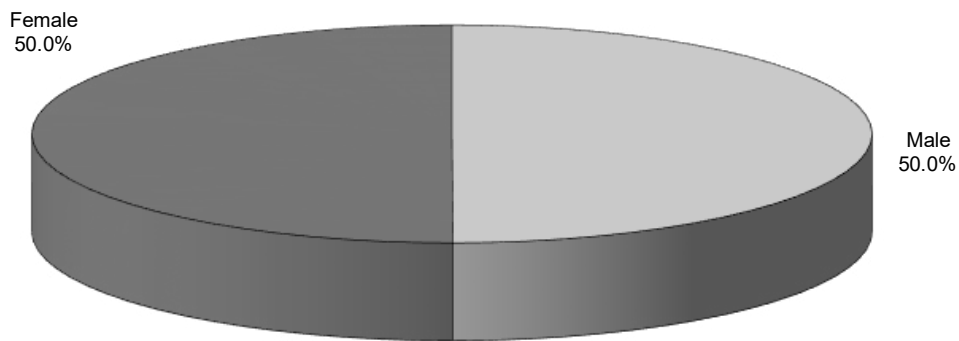
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
IN-HOME AND OUT-OF-HOME SERVICES CASELOAD BY ETHNICITY  
AS OF DECEMBER 31, 2017**



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, 2017**



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, 2017**

SERVICE PLANNING AREA (SPA)	RELATIVE/NREFM* HOME	FOSTER FAMILY HOME	FOSTER FAMILY AGENCY CERTIFIED HOME	FOSTER FAMILY AGENCY CERTIFIED RESOURCE FAMILY HOME	SMALL FAMILY HOME	GROUP HOME	SUPERVISED INDEPENDENT LIVING PLACEMENT	RESOURCE FAMILY HOME	SHORT TERM RESIDENTIAL THERAPEUTIC PROGRAM	OTHER	TOTAL
SPA 1	865	310	770	41	2	27	100	470			2,585
SPA 2	769	136	365	44	2	103	75	417		1	1,912
SPA 3	734	151	568	10	14	364	76	352	41	3	2,313
SPA 4	365	28	116	9		48	76	196		1	839
SPA 5	53	11	38	5		36	16	37			196
SPA 6	1,211	324	471	2	5	112	128	526		10	2,789
SPA 7	794	108	539	12	1	8	93	393		2	1,950
SPA 8	799	253	326	9	2	114	108	466		2	2,079
Out-of-LA County	1,415	98	1,268	89	8	108	247	270	2	30	3,535
Invalid Address	3		4			1	1				9
<b>TOTAL</b>	<b>7,008</b>	<b>1,419</b>	<b>4,465</b>	<b>221</b>	<b>34</b>	<b>921</b>	<b>920</b>	<b>3,127</b>	<b>43</b>	<b>49</b>	<b>18,207</b>

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

Figure 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, 2017**

FACILITY TYPE	CHILDREN	PERCENTAGE
Relative/Non-relative Extended Family Member Home	7,008	38.5
Foster Family Home	1,419	7.8
Foster Family Agency Certified Home	4,465	24.5
Foster Family Agency Certified Resource Family Home	221	1.2
Small Family Home	34	0.2
Group Home	921	5.1
Supervised Independent Living Placement	920	5.1
Resource Family Home	3,127	17.2
Short Term Residential Therapeutic Program	43	0.2
Other (Shelter Care and Court Specified Home)	49	0.3
<b>TOTAL OUT-OF-HOME PLACEMENT</b>	<b>18,207</b>	<b>100.0</b>

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, 2017**

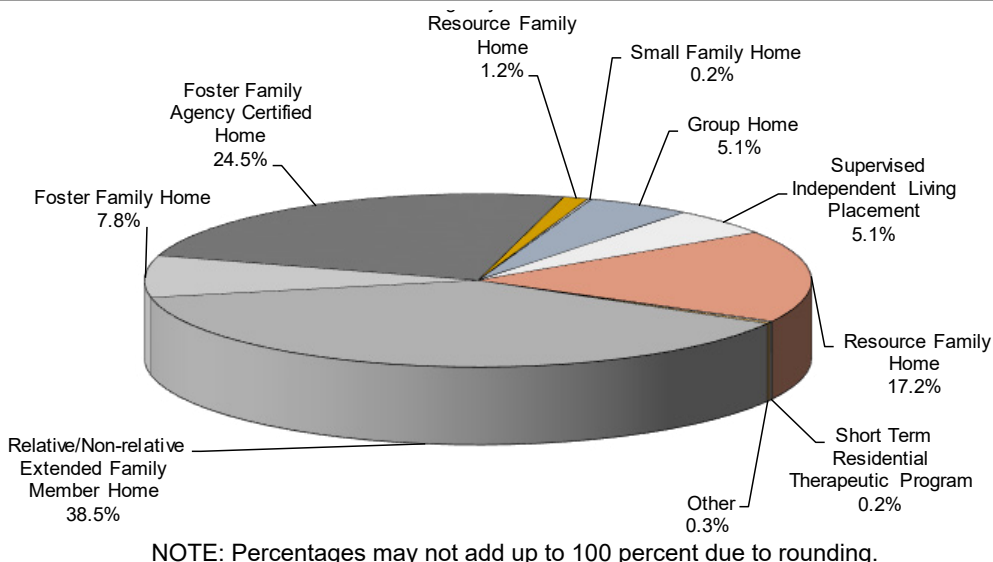


Figure 16

**LA COUNTY DCFS  
OUT-OF-HOME SERVICES CASELOAD - CHILD  
CHARACTERISTICS As of December 31, 2017**

CATEGORY	CHILDREN	PERCENTAGE
<b>AGE GROUP</b>		
Birth - 2 Years	4,184	23.0
3 - 4 Years	2,293	12.6
5 - 9 Years	4,379	24.1
10 - 13 Years	2,723	15.0
14 - 15 Years	1,261	6.9
16 - 17 Years	1,451	8.0
18 Years & Older	1,916	10.5
<b>TOTAL</b>	<b>18,207</b>	<b>100.0</b>
<b>ETHNICITY</b>		
White	1,800	9.9
Hispanic	9,274	50.9
African-American	4,828	26.5
Asian/Pacific Islander	242	1.3
American Indian/Alaskan Native	55	0.3
Other	2,008	11.0
<b>TOTAL</b>	<b>18,207</b>	<b>100.0</b>
<b>GENDER</b>		
Male	9,027	49.6
Female	9,180	50.4
<b>TOTAL</b>	<b>18,207</b>	<b>100.0</b>

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, 2017**

CATEGORY	CHILDREN	PERCENTAGE
<b>AGE GROUP</b>		
Birth - 2 Years	271	24.4
3 - 4 Years	299	26.9
5 - 9 Years	355	32.0
10 - 13 Years	134	12.1
14 - 15 Years	37	3.3
16 - 17 Years	12	1.1
18 Years & Older	3	0.3
<b>TOTAL</b>	<b>1,111</b>	<b>100.0</b>
<b>ETHNICITY</b>		
White	131	11.8
Hispanic	640	57.6
African-American	227	20.4
Asian/Pacific Islander	10	0.9
American Indian/Alaskan Native	0	0.0
Other	103	9.3
<b>TOTAL</b>	<b>1,111</b>	<b>100.0</b>
<b>GENDER</b>		
Male	555	50.0
Female	556	50.0
<b>TOTAL</b>	<b>1,111</b>	<b>100.0</b>

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



Figure 18

**LA DCFS  
ADOPTIONS  
PERMANENCY  
PLANNING CASELOAD  
CALENDAR YEARS 1984  
THROUGH 2017**

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
2016	1,691
2017	1,776

Note: Counts subjected to changes due to system update.

Figure 20

**CHILDREN REFERRED FOR 241.1 JOINT ASSESSMENT HEARINGS CY 2017**

REFERRALS FOR 241.1 JOINT ASSESSMENTS RECEIVED	Children
<b>Referrals Categorized by Court of Origin</b>	
Dependency Court	1
Delinquency Court	929
<b>Referrals Categorized by Type</b>	
Reversal (Returns from 600 to 300)	0
Reversal (New 300 After 602)	0
All Other 241.1 Referrals--Not Reversals from Delinquency	930
Inappropriate 241.1 Referrals Evaluated Out	0
<b>DELINQUENCY COURT 241.1 HEARING DISPOSITIONS</b>	
<b>Dispositions Categorized By Type</b>	
602 Disposition (Wards of Court)	36
Reversal/New 300 Requested and Denied--Child remains a 602	0
725A (Joint Supervision)	44
654 (Joint Supervision)	54
790 DEJ (Joint Supervision)	26
300/602 WIC (SP)	88
300/602 WIC (HOP)	14
300/602 WIC (CCP)	16
Other	11
Dismissal	24
Termination (Both Dependency and Delinquency)	0
Termination (By Delinquency) Open Dep Jurisdiction	1
Delinq Court Jurisdiction Termed	0
Delinq Court Jurisdiction Termed Due to Reversal from 600 to 300	0
Reversal/New 300 Requested and Denied--Jurisdiction Termed without a 300 Pet	0
Delinq Court Dismissal of Pet.	0
Transfer: MDT Program/Out of County	0
601 (Truancy)	0
<b>TOTAL NUMBER OF DISPOSITION</b>	<b>314</b>
<b>DEPENDENCY COURT 241.1 HEARING DISPOSITIONS</b>	
<b>Dispositions Categorized By Type</b>	
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
725(a) WIC	2
602 WIC	0
300/602 WIC	1
Delinq Court Jurisdiction Termed/NEW 300	0
Dismissal	0
Other	0
<b>TOTAL NUMBER OF DISPOSITIONS</b>	<b>3</b>
<b>TOTAL NUMBER OF DELINQUENCY AND DEPENDENCY COURT HEARING DISPOSITIONS</b>	<b>317</b>
<b>DISPOSITIONS BY PERCENTAGE</b>	
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	40%
Total number of all other cases as a percent of total number of cases disposed	49%



Figure 19

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
CHILDREN PLACED IN ADOPTIVE HOMES Calendar Years 1984 Through 2017**

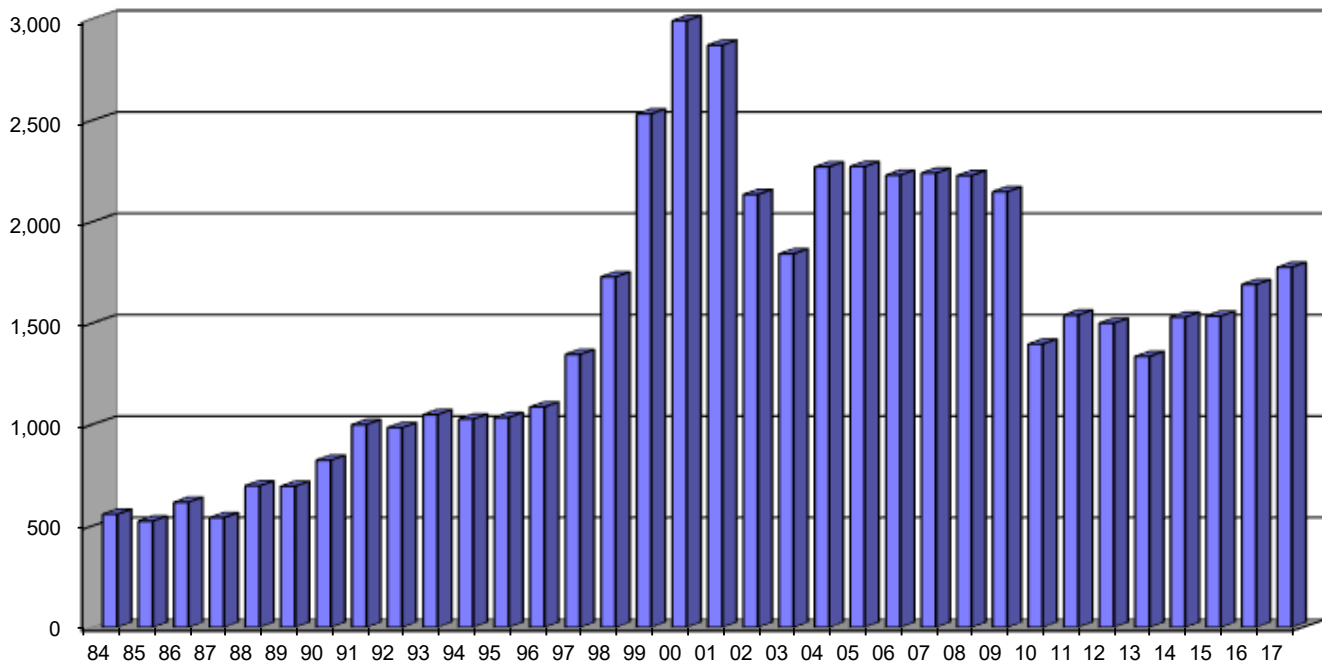


Figure 21

**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
CHILDREN REFERRED FOR 241.1 JOINT ASSEMENT HEARINGS BY COURT OF ORIGIN  
Calendar Year 2017**

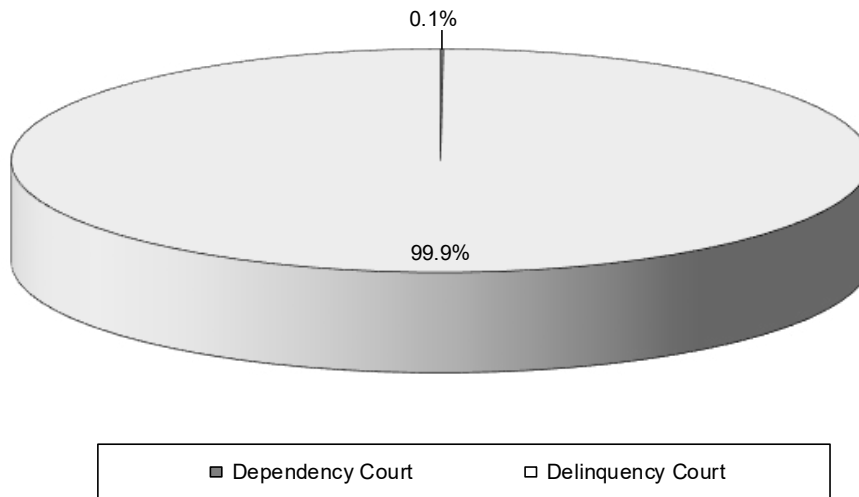
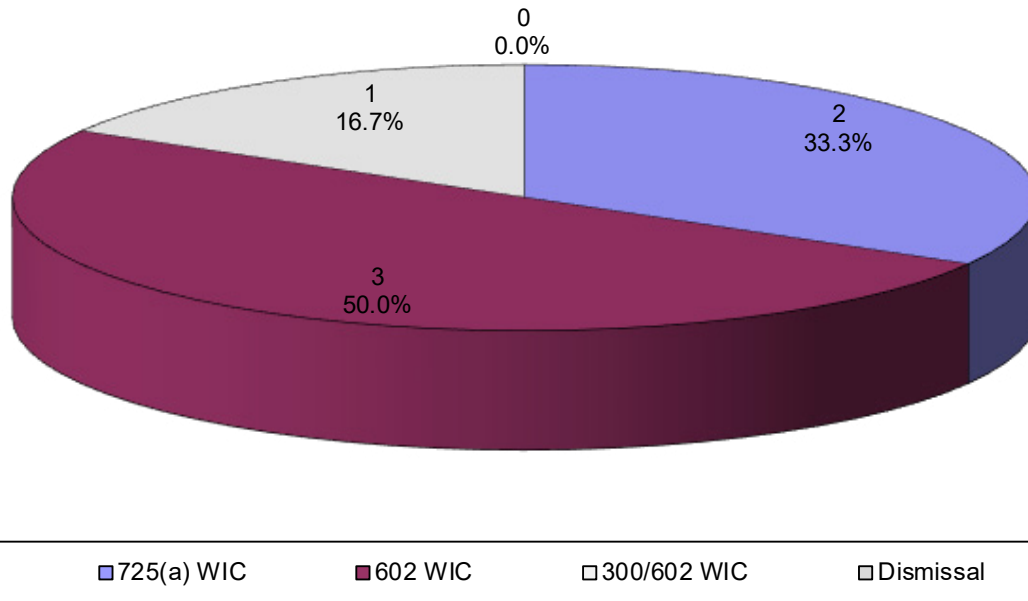




Figure 22

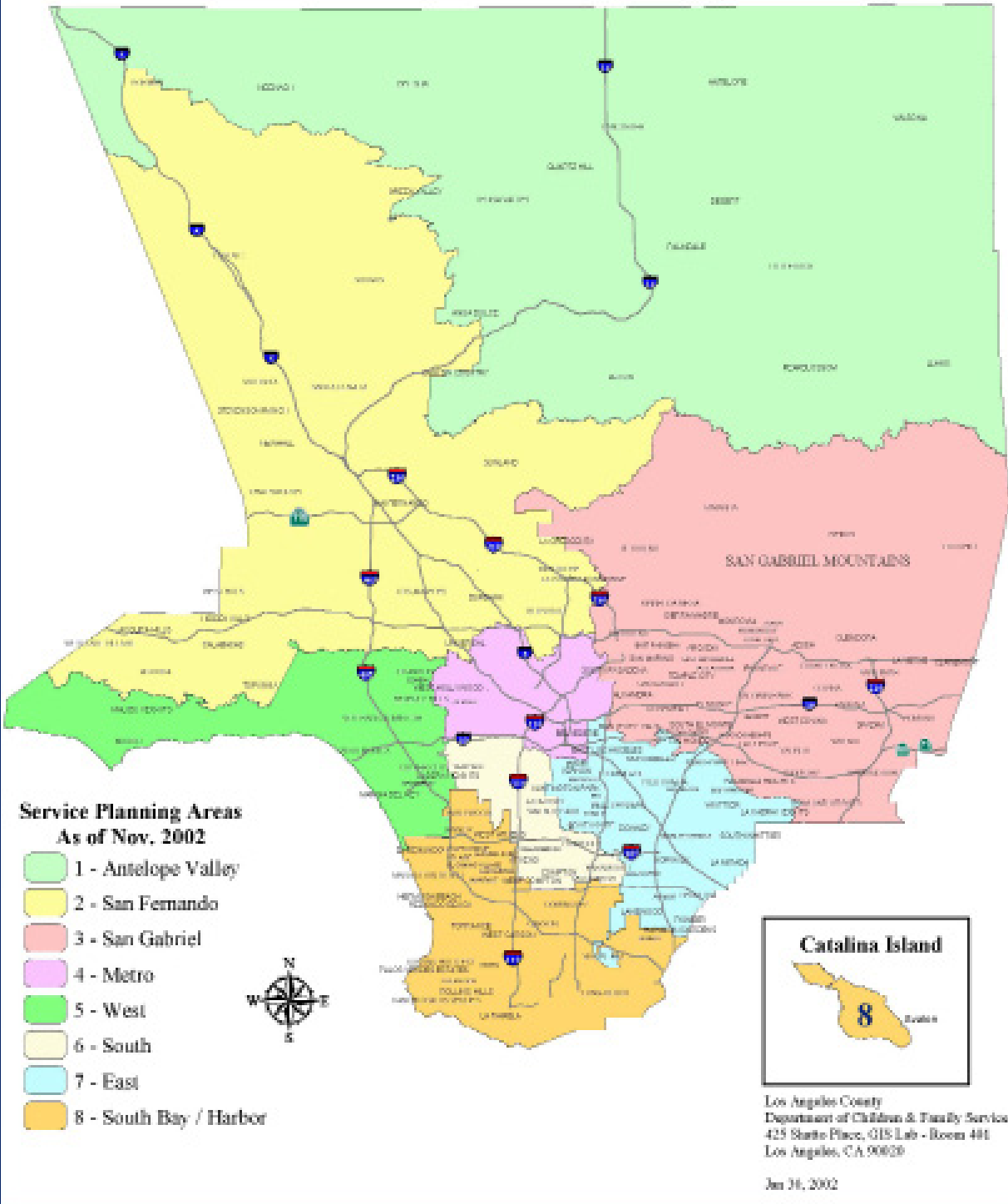
**LOS ANGELES COUNTY DEPARTMENT OF CHILDREN AND FAMILY SERVICES  
DEPENDENCY COURT 241.1 HEARING DISPOSITIONS  
Calendar Year 2017**



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



# Los Angeles County Service Planning Areas









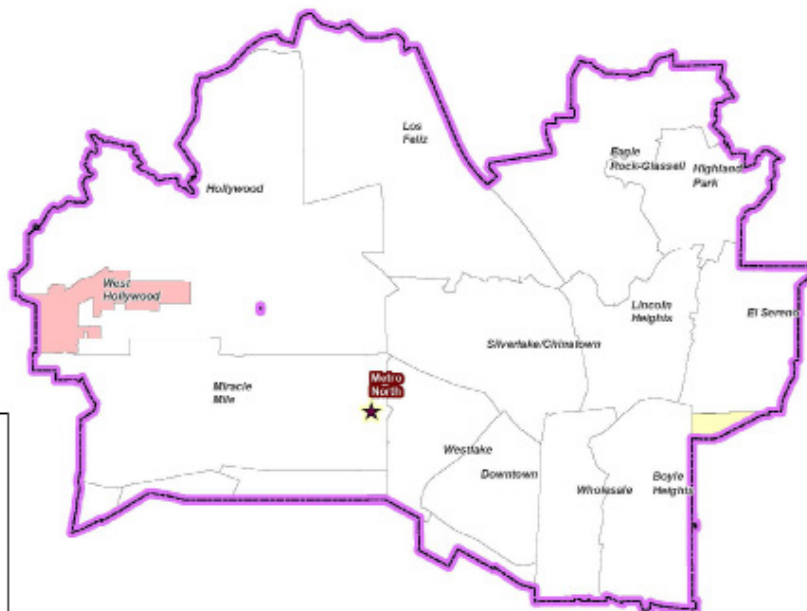
### Service Planning Area (SPA) 3

★ DCFS Regional Office



### Service Planning Area (SPA) 4

★ DCFS Regional Office





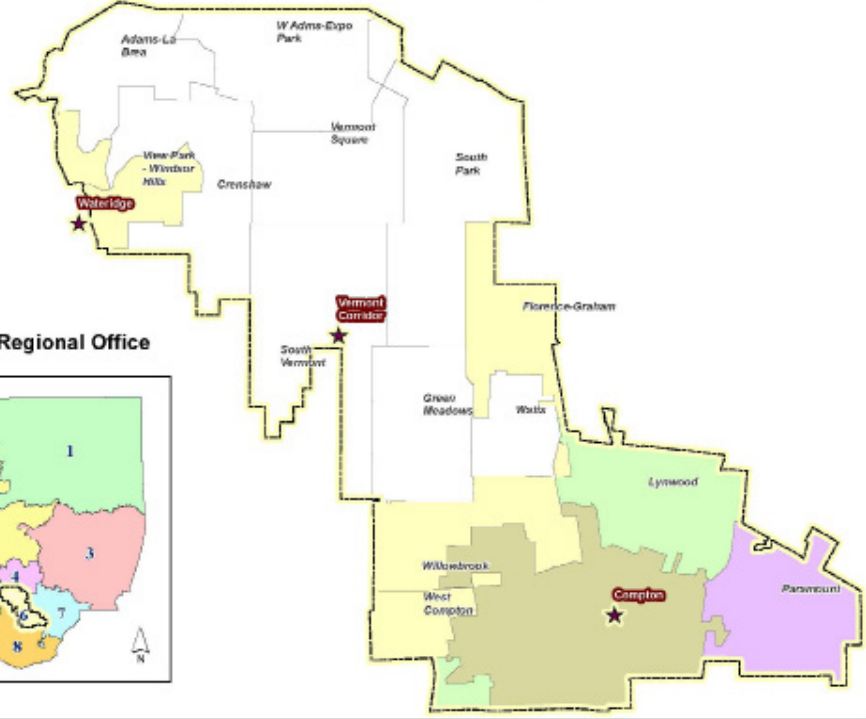
### Service Planning Area (SPA) 5



★ DCFS Regional Office



### Service Planning Area (SPA) 6



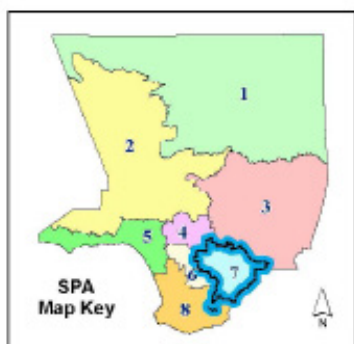
★ DCFS Regional Office





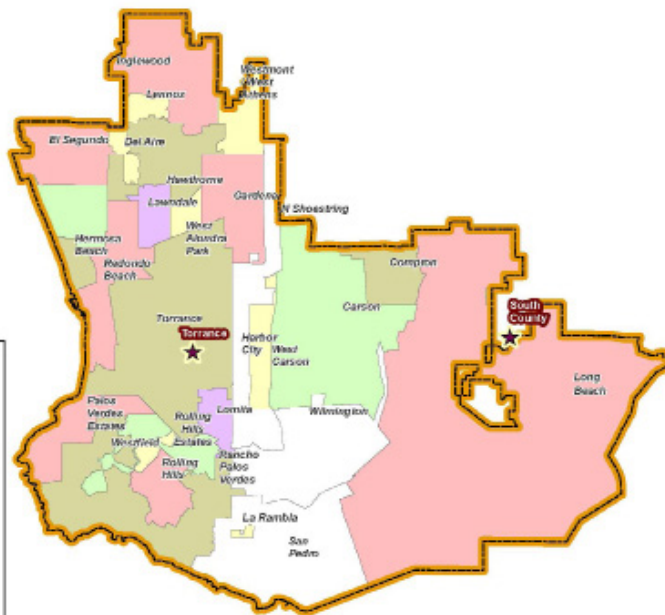
### Service Planning Area (SPA) 7

★ DCFS Regional Office



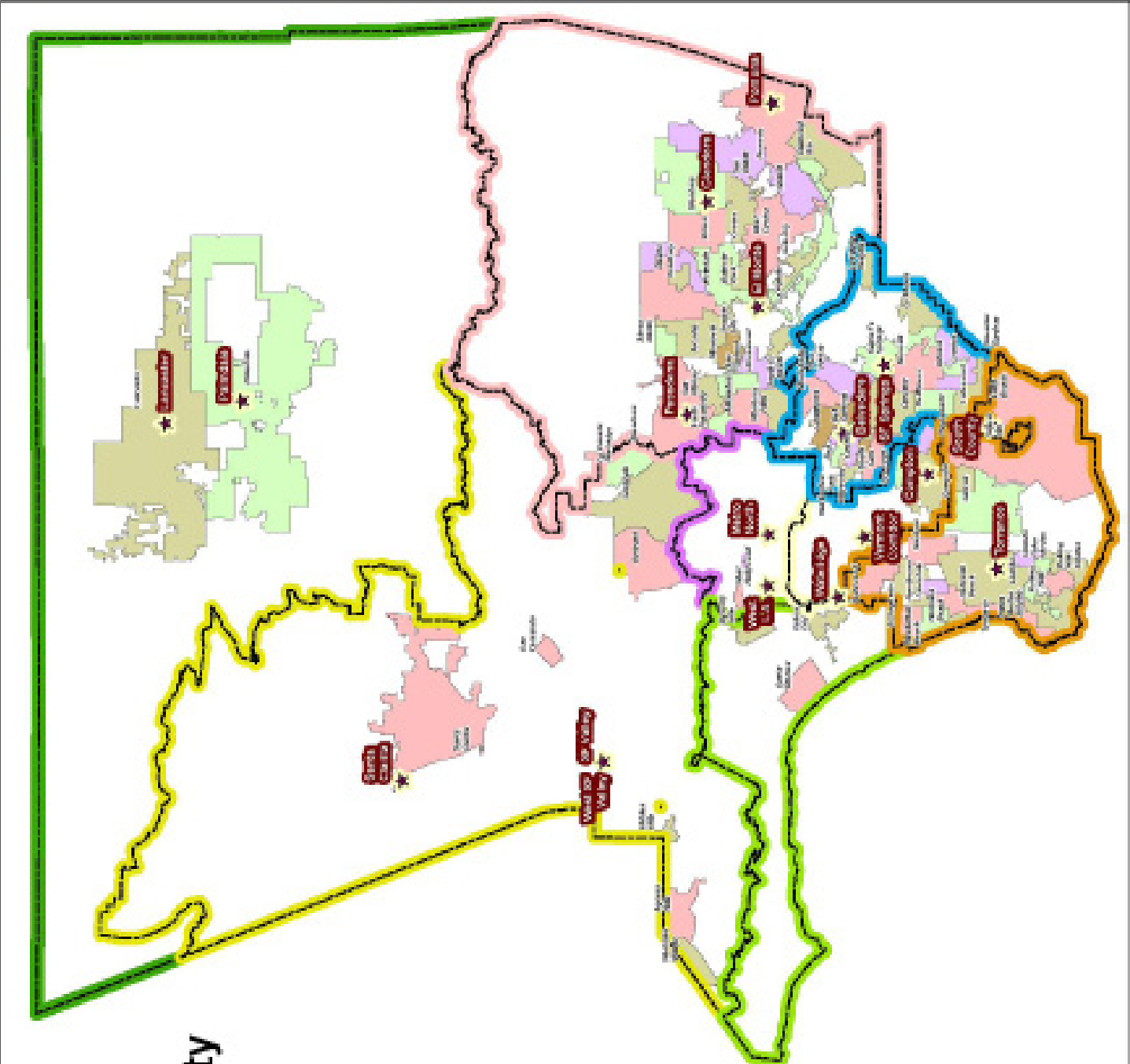
### Service Planning Area (SPA) 8

★ DCFS Regional Office

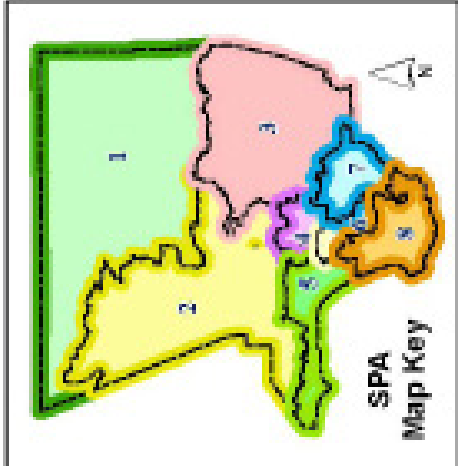




# Los Angeles County



★ DCFS Regional Office







## GLOSSARY OF TERMS

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

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

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

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

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES (CDSS):** The state agency in California responsible for aiding, servicing and protecting needy children and adults. At the same time, the Department strives to strengthen and encourage individual responsibility and independence for families. By managing and funding its programs, the objectives of the Department are carried out through

the 4,200 employees located in 51 offices throughout the state, the 58 county welfare departments, offices and a host of community-based organizations.

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

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

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

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

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

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



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

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

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

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

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

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

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

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

**FOSTER FAMILY HOME (RESOURCE FAMILY HOME):** Any home in which 24-hour non-medical care and supervision are provided in a family setting

in the licensee’s family residence for not more than six foster children inclusive of the member’s family.

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

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

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

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

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

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

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

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



**OUT-OF-HOMECARE:** 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-SUFFICIENCY:** 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 2017, 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) 10.

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 2017, after a review of the cases based on the ICAN-established criteria, of the total child deaths reported, 187 were referred to the Inter-

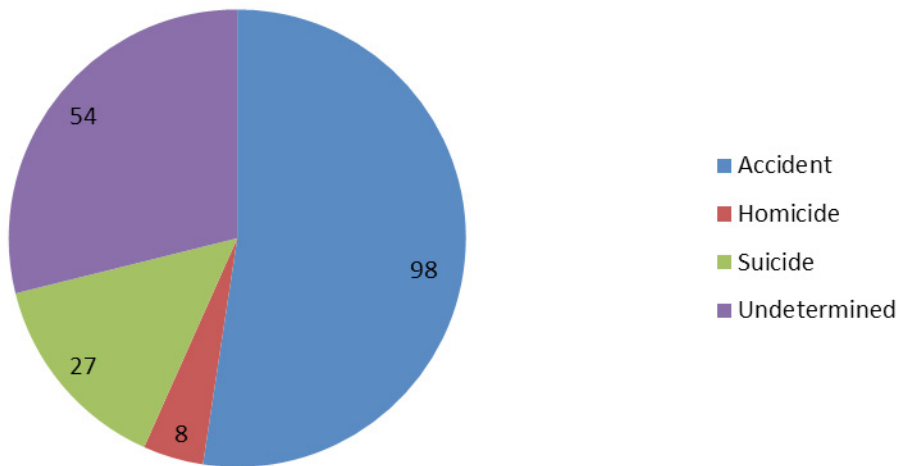
Agency Council on Child Abuse and Neglect for tracking and follow-up. In calendar 2016, the total child deaths referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up was 222, a decrease of 35 cases.

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.



**DEPARTMENT OF MEDICAL EXAMINER-CORONER  
196 REPORTABLE ICAN CASES**

**187 Reportable ICAN Cases**



**DEPARTMENT OF MEDICAL EXAMINER-CORONER  
SELECTED FINDINGS**

By Cause of Death	2016	2017	Difference
Abandoned newborn	0	0	0
Bathtub drowning	1	4	3
Falling television sets	0	0	0
Traffic Accident age less than or equal 5 years old	15	7	-8
Swimming pool drowning, age less than 5 years old	3	5	2





Figure 1

<b>2017 DEATH STATISTICS</b>					
<b>Case Comparison by Mode of Death &amp; Gender (Total ICAN cases: 187)</b>					
By Mode of Death	2017 Total Cases	2017 % of Total	2016 Total Cases	2016 % of Total	Total Difference
Accident	98	52.41%	95	42.79%	3
Homicide	8	4.28%	14	6.31%	-6
Suicide	27	14.44%	14	6.31%	13
Undetermined	54	28.88%	99	44.59%	-45
<b>TOTAL</b>	<b>187</b>	<b>100%</b>	<b>222</b>	<b>100%</b>	
By Gender	2017 Total Cases	2017 % of Total	2016 Total Cases	2016 % of Total	Total Difference
Female	76	40.64%	78	35.14%	-2
Male	110	58.82%	142	63.96%	-32
Undetermined	1	0.53%	2	0.90%	-1
<b>TOTAL</b>	<b>187</b>	<b>100%</b>	<b>222</b>	<b>100%</b>	

Figure 2

<b>2017 DEATH STATISTICS</b>					
<b>Case Comparison by Ethnicity &amp; Age (Total ICAN Cases: 187)</b>					
By Ethnicity	Total Cases	% of Total	By Age	Total Cases	% of Total
Asian	6	3.21%	Stillborn	33	17.65%
Black	40	21.39%	1 day – 30 days	8	4.28%
Caucasian	40	21.39%	1 – 5 months	40	21.39%
Filipino	1	0.53%	6 months – 1 year	24	12.83%
Hispanic/latin american	88	47.06%	2 years	2	1.07%
Middle Eastern	2	1.07%	3	5	2.67%
Pacific Islander	1	0.53%	4	1	0.53%
(Blank)	3	1.6%	5	4	2.14%
Unknown	6	3.21%	7	3	1.60%
<b>TOTAL</b>	<b>187</b>	<b>100.0%</b>	8	1	0.53%
			9	2	1.07%
			10	3	1.60%
			11	2	1.07%
			12	5	2.67%
			13	5	2.67%
			14	8	4.28%
			15	9	4.81%
			16	9	4.81%
			17	21	11.23%
			(BLANK)	2	1.07%
			<b>TOTAL</b>	<b>187</b>	<b>100.0%</b>



Figure 3

2017 MODE OF DEATH: ACCIDENTS BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 98)					
Accidents by Gender	Total Cases	% of Total	Accidents by Age	Total Cases	% of Total
Female	41	41.84%	Stillborn	28	28.57%
Male	56	57.14%	1 day – 30 days	4	4.08%
Unknown	1	1.02%	1 month – 5 months	4	4.08%
<b>TOTAL</b>	<b>98</b>	<b>100.0%</b>	6 months – 1 year	14	14.29%
			2 yrs	2	2.04%
			3 yrs	3	3.06%
			4 yrs	1	1.02%
			5 yrs	3	3.06%
			7 yrs	2	2.04%
			8 yrs	1	1.02%
			9 yrs	2	2.04%
			10 yrs	2	2.04%
			11 yrs	2	2.04%
			12 yrs	3	3.06%
			13 yrs	1	1.02%
			14 yrs	4	4.08%
			15 yrs	5	5.10%
			16 yrs	5	5.10%
			17 yrs	11	11.22%
			(Blank)	1	1.02%
			<b>TOTAL</b>	<b>98</b>	<b>100.0%</b>

Accidents by Ethnicity	Total Cases	% of Total
Unknown	3	3.06%
Asian	4	4.08%
Black	12	12.24%
Caucasian	26	26.53%
Filipino	1	1.02%
Hispanic/Latin American	47	47.96%
Middle Eastern	1	1.02%
(Blank)	4	4.08%
<b>TOTAL</b>	<b>98</b>	<b>100.0%</b>

Figure 4

2017 MODE OF DEATH: ACCIDENTS by Cause of Death (Total ICAN Cases: 98)		
Accidents By Cause of Death	Total Cases	% of Total
Abruptio Placentae	1	1.02%
Accident Auto vs Pedestrian	2	2.04%
Asphyxia	2	2.04%
Asphyxia in Bed	5	5.10%
Auto Driv Fix Stat Traffic Acc	2	2.04%
Auto Driv Pass Non Traff Acc	4	4.08%
Auto vs Auto Driv Pass Traffic	9	9.18%
Auto vs Auto Van Truck Traffic	2	2.04%
Auto vs Pass Heavy Transp Veh	1	1.02%
Auto vs Person Injur Traf Acc	8	8.16%
Auto vs Person Out Vehicle Non	1	1.02%
Auto vs Fix Object	1	1.02%
Auto vs Bicycle	1	1.02%
Auto vs Auto	1	1.02%
Barbiturates	11	11.22%
Bath Tub Drowning	4	4.08%
Drown Subm While in Swim Pool	2	2.04%



Drowning Accidental	3	3.06%
Drowning and Submer Nat Water	1	1.02%
Exposure Uncontro Fire in Bldg	1	1.02%
Fall From Roof, Window	1	1.02%
Food Caus Obstruction Choking	2	2.04%
Methadone – Accidental	3	3.06%
Methamphetamine - Intent	2	2.04%
Methamphetamine Toxicity	5	5.05%
Opiate Toxicity	2	2.04%
Mixed Drug Toxicity	1	1.02%
Air Embolus	2	2.04%
Methadone – Intent	2	2.04%
Occ of Pickup Trk Van Coll Ped	1	1.02%
Oth Specif Drowning Submersion	1	1.02%
Pedal Cyclist Injured in Collision with Car	1	1.02%
Person Outside Pickup – PED	1	1.02%
Swimming Pool Drowning	2	2.04%
Train vs Train Passenger Acc	1	1.02%
Unspecified Drugs – Accidental	8	8.16%
Blank	2	2.04%
<b>TOTAL</b>	<b>98</b>	<b>100.0%</b>

Figure 5

**2017 MODE OF DEATH: HOMICIDE  
BY GENDER, BY ETHNICITY, & BY AGE (TOTAL ICAN CASES: 8)**

Homicides by Gender	Total Cases	% of Total	Homicides by Age	Total Cases	% of Total
Female	3	37.50%	Stillborn	1	12.50%
Male	5	62.50%	1 month – 5 months	3	37.50%
<b>TOTAL</b>	<b>8</b>	<b>100%</b>	6 months – 1 year	1	12.50%
			3 yrs	1	12.50%
			5 yrs	1	12.50%
			7 yrs	1	12.50%
			<b>TOTAL</b>	<b>8</b>	<b>100.00%</b>

Homicides by Ethnicity	Total Cases	% of Total
Black	4	50.00%
Hispanic/Latin American	3	37.50%
Asian	1	12.50%
<b>TOTAL</b>	<b>8</b>	<b>100.0%</b>

Figure 6

**2017 MODE OF DEATH: HOMICIDE  
(TOTAL ICAN CASES: 8)**

Homicides By Cause of Death	Total Cases	% of Total
Assault By Bodily Injury	1	12.50%
During Other Medical Care	1	12.50%
Neg by Oth Specifed Persons	1	12.50%
Non-human specimens	3	37.50%
Oth Maltreatment by Parent	1	12.50%
Blank	1	12.50%
<b>TOTAL</b>	<b>8</b>	<b>100.0%</b>



Figure 7

2017 MODE OF DEATH: SUICIDE BY GENDER, BY ETHNICITY, BY AGE, & BY CAUSE OF DEATH (TOTAL ICAN CASES: 27)					
<b>Suicides by Gender</b>			<b>Suicides by Age</b>		
Female	Total Cases	% of Total	10 yrs	Total Cases	% of Total
Male	7	25.93%	12 yrs	1	3.70%
<b>TOTAL</b>	<b>27</b>	<b>100.0%</b>	13 yrs	2	7.41%
			14 yrs	4	14.81%
			15 yrs	4	14.81%
			16 yrs	3	11.11%
			17 yrs	9	33.33%
			<b>TOTAL</b>	<b>27</b>	<b>100.0%</b>
<b>Suicides by Ethnicity</b>			<b>By Cause of Death</b>		
Black	Total Cases	% of Total	Gunshot wound handgun suicide	Total Cases	% of Total
Asian	2	7.41%	Intent Self Pois by Drugs	5	18.52%
Hispanic/Latin American	1	3.70%	Other Drugs	2	7.41%
Caucasian	15	55.56%	Jumping from a high place	1	3.70%
Middle Eastern	8	29.63%	Strangulation-suicide	18	66.67%
<b>TOTAL</b>	<b>27</b>	<b>100.0%</b>	<b>TOTAL</b>	<b>27</b>	<b>100.0%</b>

Figure 8

2017 MODE OF DEATH: UNDETERMINED BY GENDER, BY ETHNICITY & BY AGE (TOTAL UNDETERMINED CASES: 68)					
<b>Undetermined by Gender</b>			<b>Undetermined by Age</b>		
Female	Total Cases	% of Total	Stillborn	Total Cases	% of Total
Male	25	46.30%	1 day to 30 days	4	7.41%
<b>TOTAL</b>	<b>54</b>	<b>100.0%</b>	1- 5 months	4	7.41%
			6 months to 1 year	33	61.11%
			3 years	9	16.67%
			16 years	1	1.85%
			17 years	1	1.85%
			(Blank)	1	1.85%
			<b>TOTAL</b>	<b>54</b>	<b>100.0%</b>
<b>Undetermined by Ethnicity</b>					
Asian	Total Cases	% of Total			
Black	1	1.85%			
Caucasian	22	40.74%			
Hispanic/Latin American	5	9.26%			
Pacific Islander	23	42.59%			
Unknown	1	1.85%			
<b>TOTAL</b>	<b>54</b>	<b>100.0%</b>			



Figure 9

<b>MODE OF DEATH: UNDETERMINED BY CAUSE OF DEATH (TOTAL CASES 68)</b>		
<b>Undetermined By Cause of Death</b>	<b>Total Cases</b>	<b>% of Total</b>
Other specified events undetermined	33	61.11%
Sudden infant death (SIDS)	9	16.67%
Unspecified event undetermined intent	12	22.22%
<b>TOTAL</b>	<b>54</b>	<b>100.0%</b>

**GLOSSARY OF TERMS**

**Accident**

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

**Autopsy**

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

**Death**

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

- (a) Irreversible cessation of circulatory and respiratory functions, or
- (b) Irreversible cessation of all functions of the entire brain

**Decedent**

A person who is dead.

**Homicide**

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

**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:

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







# 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. Special Victims Bureau (SVB) is one of eight highly specialized bureaus in the Detective Division of the Sheriff's Department. SVB investigates physical child abuse and sexual child abuse which occur within the Sheriff's Department jurisdiction. Cases of child endangerment, 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; however, neglect and abandonment cases are included. 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, sixty (60) 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 18,000 SCARs yearly from DCFS.

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

The E-SCAR system was implemented on April 13, 2009, at all Sheriff's stations. This new E-SCAR system is a refinement of the old SCAR system which was first operational in September 2003. The new system has revolutionized the methodology of cross-reporting between the Sheriff's Department and DCFS, has improved patrol response times to

these calls, and has mitigated potentially further abuse or neglect of children. As of December 1, 2009, Special Victims Bureau assumed oversight responsibilities of the ESCAR 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.



LASD CHILD ABUSE - ICAN STATS			
NORTH	PHY	SEX	TOTAL
11 LAN	86	209	295
22 LHS	12	27	39
26 PLM	70	142	212
06 SCV	51	116	167
09 WHD	3	8	11
TOTAL	222	502	724
CENTRAL	PHY	SEX	TOTAL
18 AVA		6	6
21 CEN	56	145	201
28 CPT	45	92	137
02 ELA	49	168	217
27 MDR	3	8	11
03 SLA	29	83	112
TOTAL	182	502	684
SOUTH	PHY	SEX	TOTAL
16 CAS	43	45	88
23 CER	11	17	28
13 LKD	80	134	214
17 LMT	11	22	33
04 NWK	77	120	197
15 PRV	23	64	87
TOTAL	245	402	647
EAST	PHY	SEX	TOTAL
07 ALD	12	20	32
12 CVS	8	8	16
14 IDT	33	118	151
08 SDM	19	52	71
05 TEM	22	101	123
29 WAL	31	43	74
TOTAL	125	342	467
OTHER UNITS	6	28	34
GR TOTAL	780	1776	2556
% OF TOTAL	31%	69%	
SUSPICIOUS CIRCUMSTANCES POSSIBLE CRIMINAL CASES / ADULT SEX ASSAULT CASES	TOTAL: 1214		
GRAND TOTAL	3770		

LASD CHILD ABUSE - ICAN STATS	
NORTH	NEGLECT AND ABANDONMENT
11 LAN	29
22 LHS	4
26 PLM	22
06 SCV	16
09 WHD	2
TOTAL	73
CENTRAL	
18 AVA	0
21 CEN	13
28 CPT	9
02 ELA	11
27 MDR	1
03 SLA	7
TOTAL	41
SOUTH	
16 CAS	5
23 CER	1
13 LKD	19
17 LMT	3
04 NWK	7
15 PRV	2
TOTAL	37
EAST	
07 ALD	2
12 CVS	0
14 IDT	9
08 SDM	3
05 TEM	5
29 WAL	4
TOTAL	23
OTHER UNITS	4
GR TOTAL	178



**PHYSICAL AND SEXUAL CASES BY SERVICE PLANNING AREAS (SPA) AND BY STATIONS - 2017**

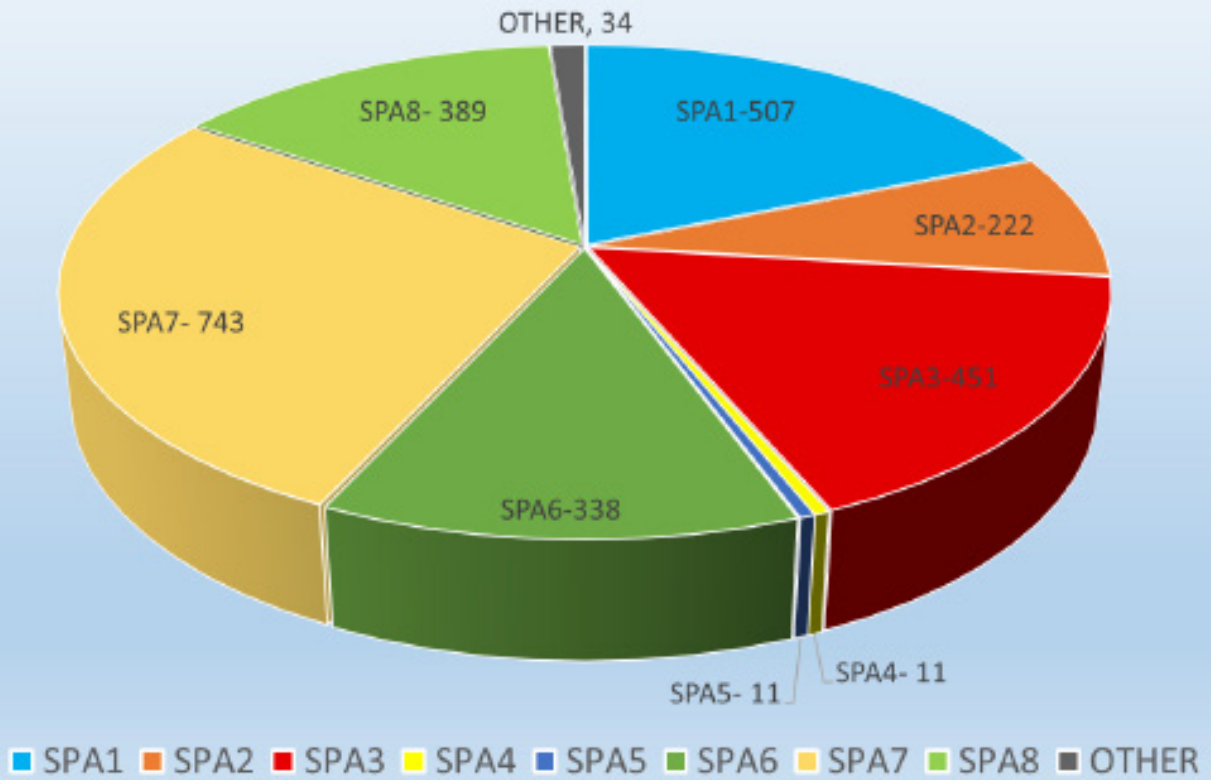
(SPA)	STATION	CASES	TOTALS
1	Lancaster	295	
	Palmdale	212	
	Total SPA 1		
2	Crescenta Valley	16	
	Lost Hills/Malibu	39	
	Santa Clarita Valley	167	
	Total SPA 2		
3	Altadena	32	
	Industry	151	
	San Dimas	71	
	Temple	123	
	Walnut/Diamond Bar	74	
	Total SPA 3		
4	West Hollywood	11	
	Total SPA 4		
5	Marina Del Rey	11	
	Total SPA 5		
6	Century	201	
	Compton	137	
	Total SPA 6		
7	Cerritos	28	
	East Los Angeles	217	
	Lakewood	214	
	Norwalk	197	
	Pico Rivera	87	
	Total SPA 7		
8	Avalon	6	
	Carson	88	
	South Los Angeles	112	





8 (CONT.)	Lomita	33	
	Total SPA 8		389
Other Units			34

LASD CHILD ABUSE PHYSICAL AND SEXUAL CASES BY SERVICE PLANNING AREA (SPA) - 2017





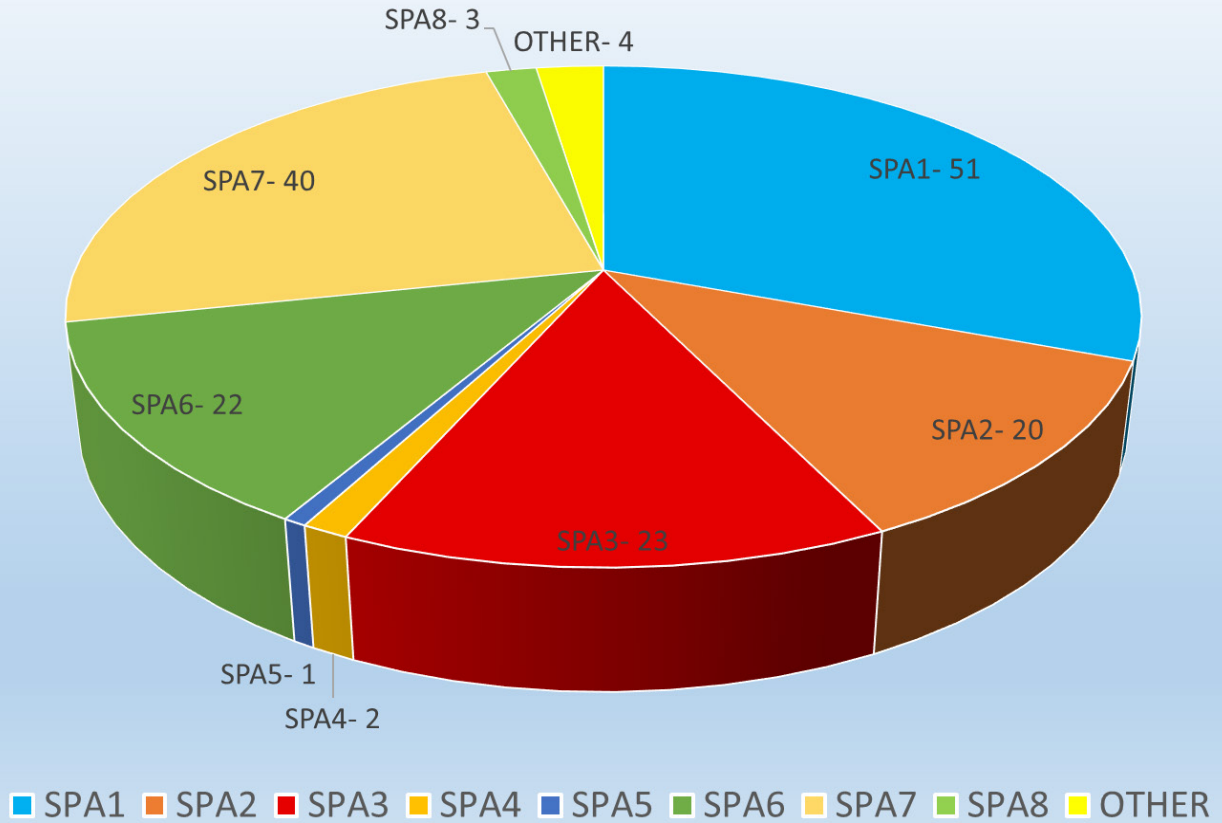
**NEGLECT AND ABANDONMENT CASES BY SERVICE PLANNING AREAS (SPA) AND BY STATIONS - 2017**

(SPA)	STATION	CASES	TOTALS
1	Lancaster	29	
	Palmdale	22	
	Total SPA 1		
2	Crescenta Valley	0	
	Lost Hills/Malibu	4	
	Santa Clarita Valley	16	
	Total SPA 2		
3	Altadena	2	
	Industry	9	
	San Dimas	3	
	Temple	5	
	Walnut/Diamond Bar	4	
	Total SPA 3		
4	West Hollywood	2	
	Total SPA 4		
5	Marina Del Rey	1	
	Total SPA 5		
6	Century	13	
	Compton	9	
	Total SPA 6		
7	Cerritos	1	
	East Los Angeles	11	
	Lakewood	19	
	Norwalk	7	
	Pico Rivera	2	
	Total SPA 7		
8	Avalon	0	
	Carson	5	
	South Los Angeles	7	

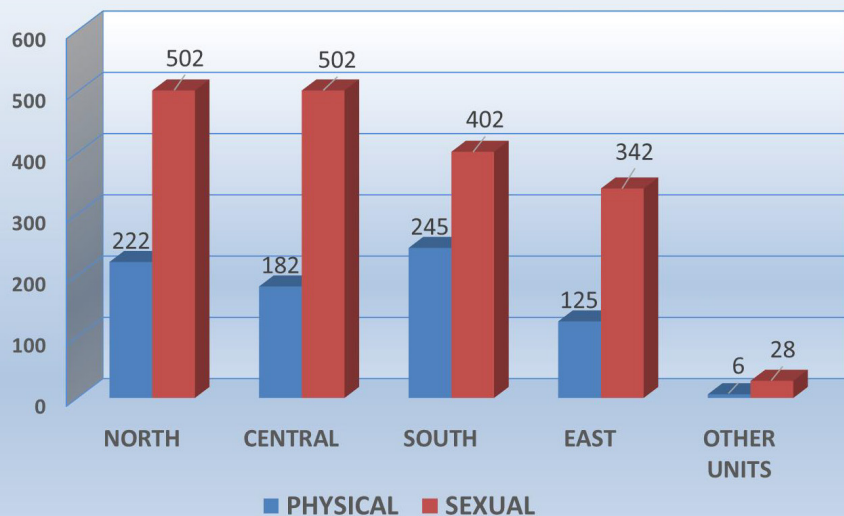


8 (CONT.)	Lomita	3	
	Total SPA 8		15
Other Units			4

LASD CHILD ABUSE NEGLECT AND ABANDONMENT CASES BY SERVICE PLANNING AREA (SPA) - 2017



LASD 2017 Physical and Sexual Child Assault Cases By Division

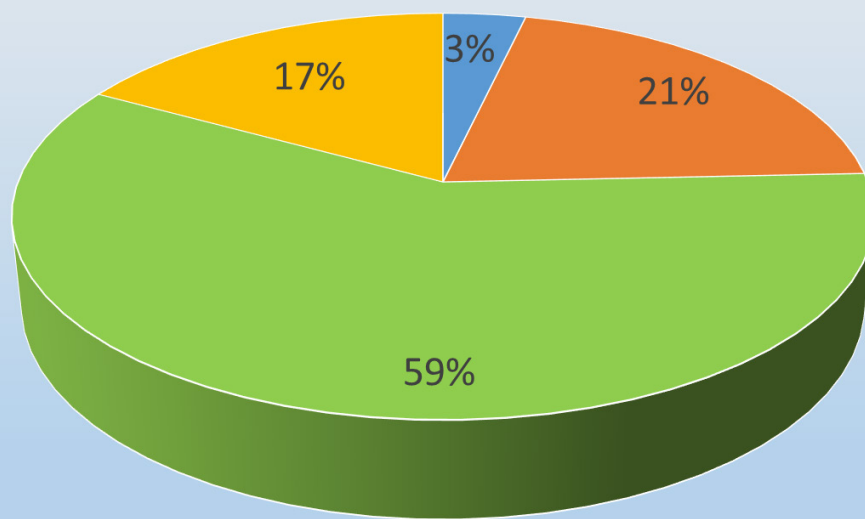




### LASD 2017 Child Neglect and Abandonment Cases By Division



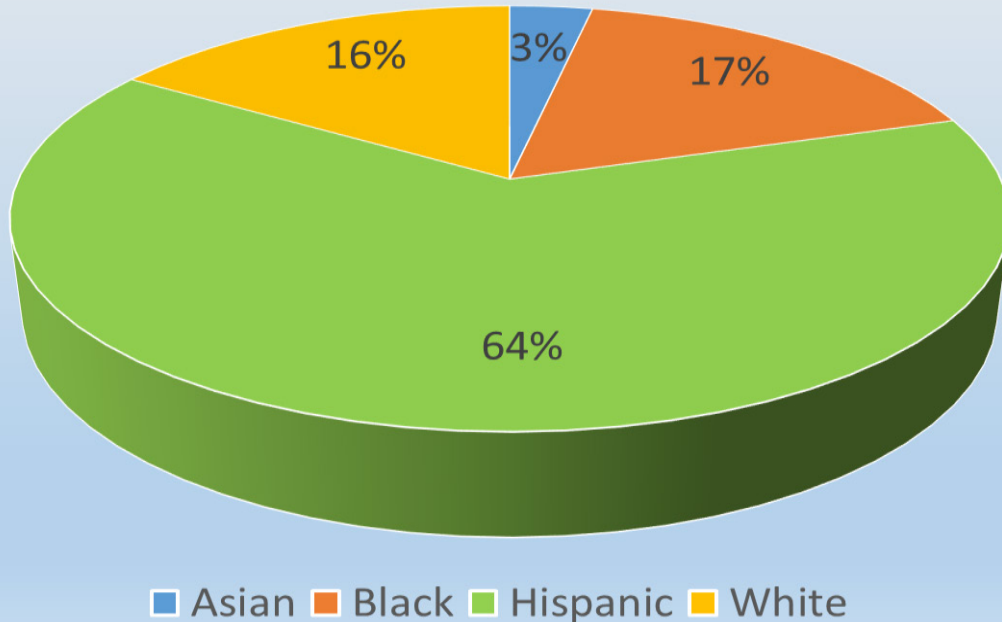
### Los Angeles County Sheriff's Department Male Victims by Ethnicity



■ Asian ■ Black ■ Hispanic ■ White



## Los Angeles County Sheriff's Department Female Child Abuse Victims by Ethnicity



### 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 to inflict 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 residents of the county and is dedicated to serving the special needs of child victims and witnesses.

Every year in Los Angeles County, thousands of children are reported to law enforcement and child protective service agencies as victims of abuse and neglect. Dedicated professionals investigate allegations of sexual abuse, physical abuse, and severe neglect involving our most vulnerable population, our children. All too often, the perpetrators of these offenses are those in whom children place the greatest trust – parents, grandparents, foster parents, guardians, teachers, clergy members, coaches, and trusted family friends. The child victim is a primary concern of the District Attorney's Office throughout the prosecution process. Skilled prosecutors are assigned to handle these cases, and victim/witness advocates are readily available to assist the children. District Attorney personnel have the best interests of the child victim 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 Services Representatives from the Bureau of Victim Services who work with the prosecutors to ensure justice for the youngest victims of crime.

The District Attorney's Office prosecutes all felony crimes and all juvenile delinquency offenses committed in Los Angeles County, 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 2,196 permanent employees and 34 temporary employees. Of the permanent employees, 985 are full-time attorneys and 12 are part-time attorneys. In 2017, the District Attorney's Office reviewed 73,514 felony cases; 41,778, were filed and 31,736 were declined for filing. The District Attorney's Office reviewed 109,762 misdemeanor cases; 91,542 were filed and 18,220 were declined for filing.



## **THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM**

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

The vast majority of cases are initially presented to the District Attorney's Office by a local law enforcement agency. When these cases are subject to vertical prosecution under the above criteria, the detective presenting the case is directed to the appropriate DDA for initial review of the police reports. In cases where the child victim is available and it is anticipated that the child's testimony will be utilized at trial, it is strongly encouraged that a pre-filing interview is conducted involving the child, the assigned DDA, and the investigating officer because it is essential to establish rapport between the child and the DDA assigned to evaluate and prosecute the case. In cases alleging sexual abuse of a child, the interview is required absent unusual circumstances. The interview provides the child with an opportunity to get to know the prosecutor and allows the prosecutor the opportunity to assess the child's competency to testify. The court will only allow the testimony of a witness who can demonstrate 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 Bureau of Victim Services. The Victim Services Representative will work closely with the child and the child's family (if appropriate) to ensure that they are informed of the options and services available to them, such as counseling or medical assistance. Victim Services Representatives are available for assistance and are specially trained to handle domestic abuse cases where the child is victimized. Such cases may involve domestic violence between teenagers or between an adult in a domestic relationship with a person under the age of 18.

As with Sex Crimes, the victim cannot be placed in custody for failing to testify (CCP §1219). Instead, the District Attorney's Office will make every attempt to secure the victim's cooperation by utilizing all available resources in order to keep the victim safe. Resources include referrals from the District Attorney's Office's Victim Services Representatives to domestic violence counselors or medical practitioners.

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

1. After a thorough consideration of all pertinent facts presented following a complete investigation, the prosecutor is satisfied that the evidence proves that the accused is guilty of the crime to be charged;
2. There is legally sufficient, admissible evidence of the basic elements of the crime to be charged;
3. There is legally sufficient, admissible evidence of the accused's identity as the perpetrator of the crime



charged; and

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

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

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

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

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

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

These provisions come under the general directive that the court "shall take special precautions to provide for the comfort and support of the minor and to protect the

minor from coercion, intimidation, or undue influence as a witness..." provided in the Penal Code (PC §868.8).

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

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

### **SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM**

DDAs who are assigned the challenge of prosecuting cases in which children are victimized receive special training throughout their assignment to enhance their ability to effectively prosecute these cases. These DDAs work very closely with Victim Services Representatives from the Bureau of Victim Services and other agencies to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the criminal justice system.

The District Attorney's Office has long recognized that the key to successful prosecution is constant communication with victims during the criminal court process. DDAs who vertically prosecute cases are responsible for keeping victims and their parents or guardians apprised of court dates, disposition offers, and sentencing. In 2009, voters enacted Proposition 9 – Marsy's Law, which amended the California



Constitution, Article 1, Section 28. This constitutional provision enumerates certain 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 as part of their overall mandate or specifically for the purpose of recognizing the special nature of prosecutions in which children are involved in the trial process as either victims or witnesses.

**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 and middle school-aged children who are habitually truant and those who are in danger of becoming chronically truant. By addressing the problem early, during a stage of development when parents have greater control over the behavior of their children, the chances of students developing good attendance habits are increased. Likewise, the likelihood of truancy problems emerging in middle and high school years, a leading precursor to juvenile delinquency and later adult criminality, 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 primarily with 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 to zero tolerance for truancy.

ACT is now in partnership with approximately 418 schools in Los Angeles County. ACT personally contacted the parents of 7,832 students to intervene in the cycle of truancy from August 2017 to June 2018. 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 days on average. Students who are in the ACT program have a greatly reduced chance of becoming a juvenile delinquent. Only 1 percent 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 2017, ACT personnel attended 347 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 fail to adhere to the law through repeated unexcused absences, following strong intervention at the school site level.

Truancy mediation, as a final step before prosecution of the students and/or their parents, is authorized by Welfare and Institutions Code §601.3 and Education Code §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 370 referrals for mediation from September 2017 to June 2018. Of those cases referred for mediation, 50 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 (DAIs) to recover children wrongfully taken and return them to their custodial parent(s). In addition, the Child Abduction Section handles all cases arising under the Hague Convention on the Civil Aspects of International Child Abduction. There are now 83 signatory countries and territories with respect to the Hague Convention on the Civil Aspects of International Child Abduction.

Services available to the public are explained on the District Attorney's Office's website ([da.lacounty.gov](http://da.lacounty.gov)). The questionnaire that must be completed to obtain Family Code services may be downloaded and filled out in the privacy of the home and then brought to our downtown office located at the Hall of Justice, 211 W. Temple Street, Suite 300, Los Angeles, CA 90012.

In 2017, 29 defendants were filed upon, resulting in 25 new DA cases. As of the end of 2017, there were 9 pending cases involving 13 defendants.

In 2017, the DAIs initiated 123 new cases under the Family Code and closed 150 cases. In 2017, the DAIs successfully completed 66 recoveries resulting in the return of 101 children.

The Child Abduction Section assisted with 21 cases litigated under the terms of the Hague Convention, resulting in the recovery of 30 children.

The Child Abduction Section continues to conduct numerous training sessions with the Los Angeles

Police Department (LAPD), the Los Angeles Sheriff's Department, other law enforcement agencies, the Family Law Court, the California District Attorneys' Association, and other interested organizations. This training is critical because we are still finding agencies, or members of these agencies, operating under a misconception that a parent cannot be criminally prosecuted for abducting his or her own child. The training is designed to provide the necessary information to first responders and investigating officers in order to quickly get relevant information into local and national recovery systems, and to properly investigate and file these serious felony cases with the Child Abduction Section.

## **FAMILY VIOLENCE DIVISION**

The Family Violence Division (FVD) was established in July 1994. 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 Deputy District Attorneys, District Attorney Investigators, paralegals, Victim Services Representatives, witness assistants, and clerical support staff. All of the staff are specially trained to deal sensitively with family violence victims. The goal is to make certain that the victims are protected and that their abusers are held justly accountable in a court of law for the crimes they commit.

FVD specializes in prosecuting intimate partner and child homicides and attempted homicides, child abuse, and intimate partner sex cases. It also handles cases involving serious and recidivist family violence offenders who commit crimes such as intimate partner corporal injury, criminal threats, stalking, etc. FVD's staff is actively involved in legislative advocacy and many inter-agency prevention, intervention, and educational efforts throughout the county. Consistent with its mission, FVD 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.

A significant portion of the work done by FVD staff involves the prosecution of felony child physical abuse/ endangerment cases. The harm to children ranges from injuries such as bruises, scarring, burns, broken bones, and brain damage to death. In many instances, the abuse was long-term; there were instances, however, wherein a single incident of abuse resulted in a felony filing. At the conclusion of 2017, FVD was in the process of prosecuting 18 murder cases involving child victims and 20 murder cases involving intimate partner victims. When a murder charge under PC §187 is filed involving a child victim under the age of eight and the death is due to abuse of the child, a second charge of assault resulting in death of a child under eight, a violation of PC §273ab, is also filed in most instances. It 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 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 abuse or homicide cases where one parent, guardian, or caregiver abuses or kills a child, the law provides that the passive parent, guardian, or caregiver may also be held criminally liable. The passive parent is one who has a duty of care for the child, knows he or she has that duty of care, and intentionally fails to perform that duty of care. In 2008, the appellate court upheld the verdict in a case filed by FVD against the passive parent, solidifying case law in support of such charges (*People v. Rolon* (2008) 160 Cal. App.4th 1206). The premise used in *Rolon*, continues to be used by FVD prosecutors today. In 2017, the mother of a two-year-old child was charged with second-degree murder after she left the child in the care of her abusive boyfriend. When she came home and discovered the badly injured child, she initially failed to take the child to the hospital, and when she finally did, she tried to hide the abuse, by applying make-up to his injuries. She was convicted of the second-degree murder for her failure to act to help her child.

Additionally, FVD attorneys prosecute intimate partner

homicide cases where children have observed one parent killing another. Forensic interviewers are utilized to determine what a child witness saw. When children must testify, FVD attorneys ensure that support persons are present in the courtroom. In addition, the District Attorney's Office now has two facility dogs who are able to attend court proceedings with victims to provide emotional support while testifying. These services are available to the child witness before and after court proceedings to help deal with the trauma associated with witnessing the crime and appearing in court to testify against the parent accused of committing the crime. During and at the conclusion of court proceedings, Victim Services Representatives provide the child witness and guardians with referrals for counseling, relocation, and victims of crime financial assistance.

FVD deputies also collaborate with multidisciplinary teams to improve the understanding of child abuse and endangerment cases and child homicide cases. FVD deputies are active members of numerous Inter-Agency Council on Child Abuse and Neglect (ICAN) Committees.

Additionally, the District Attorney's Office coordinates monthly meetings of the Domestic Violence Death Review Team, which often explore cases where children are victims or witnesses in intimate partner homicide cases.

The District Attorney's Office is also instrumental in proposing and reviewing new legislation. In 2017, the District Attorney's Office proposed legislation to amend PC §1202.4(f)(3)(F) to add PC §§ 288.5 and 288.7 to the list of crimes that allow child sexual assault victims to collect restitution for non-economic losses.

The District Attorney's Office also drafted legislation regarding the issuance of domestic violence protective orders to close a loophole in the law and help ensure protection for children. Before the legislative amendment in 2014, existing law allowed criminal courts to issue protective orders for up to 10 years in domestic violence cases to protect the named victim in the case, but failed to take into account the children who were present during the incident. The amendment expanded the judge's authority to issue protective orders that included children who were present during the domestic violence.

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 also co-sponsored the legislation. AB 1687 amended Civil Code §56.10 by adding §56.103. The 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 majority of a FVD deputy's duties involves the vertical prosecution of criminal cases. In the course of their work, FVD deputies utilize a number of tools available to them including the Family and Children's Index (FCI) to determine what, if any, contacts the child victim or his or her family has had with other Los Angeles County agencies. FCI is a pointer system developed with ICAN and other county partners to ensure that critical information may be shared as deemed appropriate by each respective agency with other agencies to ensure child safety.

In addition to the work done in the courtroom, the DDAs in the unit speak to various government agencies and community based organizations on the topic of mandated reporting. Under the Child Abuse and Neglect Reporting Act (PC §11164, et seq.), people in specified professions must report child abuse where they have reasonable objective suspicions that it is occurring. Failure of the mandated reporter to file the necessary report with law enforcement or the child protective agency may result in misdemeanor prosecution. The attorneys in FVD also train deputies in other units within the District Attorney's Office to ensure the uniform treatment of child abuse cases.

DDAs who handle crimes with children as victims or witnesses also access the Electronic Suspected Child Abuse Reporting System (ESCARS).

### **ESCARS Unit**

In 2015, the District Attorney's Office expanded its operation and created the ESCARS Unit. The ESCARS Unit is a specialized unit within the Family Violence

Division. Staffed by four paralegals and a Deputy-in-Charge, the unit audits ESCARS compliance by law enforcement, DDAs, and the Department of Children and Family Services (DCFS). The Unit is also responsible for training law enforcement and DDAs on the system throughout Los Angeles County. In 2017, there were 59,737 Suspected Child Abuse Reports (SCARs) uploaded to ESCARS; 14,844 were law enforcement generated. The District Attorney's Office audits the use of the system to ensure that this vital tool is being used effectively and in a timely manner by law enforcement agencies and prosecutors. The creation of the ESCARS Unit enabled the District Attorney's Office to increase by 30 percent, its capacity to review/audit SCARs.

ESCARS is a collaborative database and an electronic system available to all law enforcement agencies in Los Angeles County, DCFS social workers, and prosecutors in the District Attorney's Office. There is a Memorandum of Understanding between the District Attorney's Office, DCFS, and the Los Angeles County Sheriff's Department in regards to ESCARS and Operational Agreements with all 45 independent law enforcement agencies. This innovative system allows information to be shared quickly and securely with first responders in law enforcement and DCFS. In June 2017, the ESCARS website was relaunched with an entirely new design, which included user-friendly technology, as well as performance enhancements. The enhancements included a Child Fatality Indicator and a Domestic Violence status tab. With the relaunch, critical information needed to investigate allegations of child abuse and neglect is available to law enforcement not only within the confines of the station, but out in the field via mobile devices.

### **ESCARS:**

- Expedites inter-agency response to sensitive cases;
- 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; and
- Ultimately may save children's lives.

### **Complex Child Abuse Section**

In September 2016, the Complex Child Abuse Section (CCAS) of the Family Violence Division was created to enable prosecutors to better protect children at risk, prosecute those who abuse them, and safeguard the integrity of the convictions obtained. The section



was the natural outgrowth of increased recognition that abusive head trauma cases and cases involving severe abuse and neglect causing death pose many challenges. In these cases, the cause of death or catastrophic injuries are complicated and a differential diagnosis must be applied to rule out all other possible causes in order to arrive at a homicide. Such challenges mandate that prosecutors be prepared to handle an array of medical and legal issues and adeptly respond to the mounting defense attacks to the underlying facts and science in these cases.

CCAS consists of a Deputy-in-Charge, two trial deputies, and a paralegal. The section handles all cases involving suspected abusive head trauma in a child under the age of eight, whether or not the injuries result in death. The section also handles any death of a child under the age of eight involving medically complex causes of death or time of death issues.

CCAS prosecutors receive specialized training in abusive head trauma and child abuse homicides. They utilize a multi-disciplinary team approach, working closely with detectives, child abuse pediatricians, and social workers from the beginning of an investigation to the end of a criminal proceeding. The potential for maximizing positive outcomes in these cases are greatly enhanced because all team members are able to share the facts of the case and medical findings, and address and resolve any issues in real time in a confidential setting.

Since its formation, CCAS has fielded approximately 80 calls for assistance from law enforcement and child abuse pediatricians on new cases in the initial stages of an investigation. The section has also been involved in reviewing, filing, declining, resolving, or taking to trial an additional 70 complex child abuse cases. CCAS prosecutors have provided training on child physical abuse, abusive head trauma, and child homicides to law enforcement and prosecutors. They regularly attend and contribute valuable insight at ICAN Death Review meetings and Suspected Child Abuse and Neglect hospital meetings. CCAS prosecutors have also done presentations with child abuse pediatricians, law enforcement, and social workers at various child abuse summits and conferences.

### **SEX CRIMES DIVISION**

The Sex Crimes Division is comprised of four separate sections: the Sex Crimes Section, the Sexually Violent Predator Section, Stuart House, and the Human Sex Trafficking Section.

### **Sex Crimes Section**

DDAs assigned to the Sex Crimes section vertically prosecute all felony sexual assaults that occur in the Central Judicial District. DDAs handle cases involving both child and adult victims and work closely with victim advocates from our Bureau of Victim Services who are specially trained to work with sexual assault victims.

In cases alleging sexual abuse of a child, forensic interviews are often conducted and videotaped. The DDA and investigating officer watch the interview through a one-way window and are able to monitor the interview and provide input to the forensic interviewer. This method reduces both the number of people present in the interview as well as the number of times the minor victim has to be interviewed. In cases where a forensic interview is not conducted, the assigned DDA will interview the victim prior to a filing decision being made. This interview is important to both build rapport with the child as well as establish the number and types of charges that will be filed.

Since many cases of child sexual abuse are committed by individuals in the child's home, DCFS and Dependency Court are often involved with a child who is a named victim in a criminal prosecution. The DDA vertically prosecuting the criminal case obtains relevant DCFS records and often keeps the social worker apprised of the status of the criminal proceedings.

The DDA assigned to the case is responsible for making the filing decision and makes all court appearances, from arraignment through jury trial. Contact between the DDA and the victim is maintained throughout the proceedings and any potential settlement of the case is discussed with the victim's parent or guardian and the victim herself or himself, depending upon their age. At the time of sentencing, the victim and/or the victim's parents or guardian are entitled by law to address the court regarding the impact the defendant's crimes have had on the child.

### **Sexually Violent Predator Unit**

The Sexually Violent Predator (SVP) Unit handles cases in which the District Attorney's Office seeks a civil commitment in a mental hospital for individuals who have been convicted of a delineated sexually violent crime against an adult or child victim, and who also have a current diagnosed mental disorder that makes it likely that they will engage in sexually violent





behavior if they are released into the community.

A true finding by a jury under SVP law results in the offender receiving an indeterminate commitment to a state hospital where he or she will be given the opportunity to participate in a mental health program designed to confront and treat the disorder. The offender may periodically apply for release into the community. If it is determined that the offender presents a continued threat to the community, the SVP commitment will continue.

### **Stuart House**

Stuart House is a multi-disciplinary center located in Santa Monica. Its staff includes DDAs, law enforcement officers, certified social workers, victim advocates, and therapists. The Stuart House handles cases involving sexual assaults committed on children under the age of 18. Each case is vertically prosecuted by the assigned DDA. Sexual assault examinations are performed at the neighboring Santa Monica Rape Treatment Center. The Stuart House model significantly reduces trauma to the child by utilizing forensic interviewing and a team approach for investigation and prosecution of the case and wrap around services for the victim, including counseling on the premises. The presence of all team members at one location provides enhanced communication and coordination to ensure less trauma to these very young victims.

### **Human Sex Trafficking Section**

Any person who actually or attempts to cause, induce or persuade a minor to engage in a commercial sex act is guilty of human sex trafficking of a minor. The commercial sexual exploitation of children is a multi-billion-dollar-a-year criminal enterprise. These children are recruited from all over Los Angeles County, the State, and the country, especially from bus and train stations, schools, group homes, and through social media. Many are runaways and have gone through the dependency system.

The District Attorney's Office remains committed to a comprehensive approach to combating human sex trafficking. This includes not only prosecuting the trafficker to the fullest extent of the law, but also holding those accountable who purchase sex from children. To address the prevalence of human sex trafficking in Los Angeles County, the District Attorney's Office secured funding to further staff the Human Sex Trafficking Section (HSTS), which was established in 2014 and

expanded in October 2016. The HSTS consists of a Deputy-in-Charge and three trial deputies who are all specially trained in prosecuting sex trafficking cases. To further target and prevent human sex trafficking, two DAIs serve on task forces that investigate human trafficking cases and rescue and recover victims of exploitation and trafficking. (Human labor trafficking is prosecuted by the Organized Crimes Division of the District Attorney's Office.) The District Attorney's Office has also dedicated a victim-witness assistance advocate who has specialized training to support human trafficking victims.

All human sex trafficking cases are vertically prosecuted. This allows for the most effective and efficient prosecution while minimizing further trauma to victims. Vertical prosecution, which is the assignment of a specially-trained and experienced prosecutor to the handling of all aspects of a case from filing to sentencing, is a best practice in the District Attorney's Office in cases involving vulnerable victims.

The District Attorney's Office maintains its commitment to collaborate with our law enforcement partners and other county agencies in order to better serve the needs of commercially sexually exploited children. A Deputy District Attorney (from the HSTS) is assigned to the Los Angeles Regional Human Trafficking Task Force. The HSTS works closely with our law enforcement partners to identify, rescue, and support victims of human trafficking while focusing on obtaining a prosecution and conviction of their exploiters and traffickers in an effort to protect both current and future victims. The District Attorney's Office continues to work with other agencies to facilitate providing mental health and medical services, counseling and other support to victims of sexual exploitation and trafficking.

The HSTS also conducts trainings for law enforcement, prosecutors, advocates, and the general public about human sex trafficking. Training helps to promote an understanding of what human sex trafficking in Los Angeles County truly looks like so that victims can be recovered and not return to the life of commercial sexual exploitation and trafficking.

There is a human trafficking data base which tracks the human trafficking cases filed in Los Angeles County.

### **BRANCH AND AREA OPERATIONS VICTIM IMPACT PROGRAM**

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





directly to Branch Offices with a caseload that covers both adult and child victims. The Branch and Area Victim Impact Program (VIP) obtains justice for victims through vertical prosecution of cases involving family violence, sex crimes, stalking, elder and dependent adult abuse/neglect, hate crimes, human sex trafficking, and child physical abuse/endorsement. VIP represents a firm commitment to ensure well-trained and qualified deputies are assigned to vertically prosecute crimes against individuals, often targeted as a result of their vulnerability. The goal of the program is to obtain justice for victims while holding offenders justly accountable for their criminal acts. At each of the 11 Branches, the District Attorney appoints an experienced DDA as the VIP Deputy-in-Charge (DIC) to manage the DDAs assigned to VIP. The DIC works closely with the assigned DDAs to ensure that all cases are appropriately prepared and prosecuted. All VIP DDAs receive enhanced training in the investigation and prosecution of vulnerable victim crimes, current legal issues, forensic evidence, potential defenses, and trial tactics. DDAs assigned to Stuart House and DDAs assigned to VIP in the Alhambra, Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, San Fernando, Van Nuys, Torrance, and Pomona Branches, also specialize in the prosecution of cases involving child victims as part of Multi-Disciplinary Teams.

The VIP DICs and Victim Impact Program Advisory Working Group (VIP Advisory Working Group) meet every other month to discuss trends in the prosecution of VIP-related cases, new laws, and best practices. Training is provided on developments in the law and topical subjects. The VIP Working Group is comprised of subject matter experts on VIP-related crimes. Head deputies, assistant head deputies from the Family Violence Division, the Sex Crimes Division, and the Juvenile Division, as well as, deputies-in-charge from VIP, the Elder Abuse Section, the Stalking Unit, Juvenile, and Stuart House participate in the meetings and share their expertise on pertinent topics. The VIP Advisory Working Group's goals are:

1. Review, recommend, and implement office policies and practices for VIP-related cases;
2. Analyze VIP case suitability criteria;
3. Review VIP statistics and 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 sex trafficking.

There are nine subcommittees:

1. Policies and Procedures
2. Colleges;
3. VIP Legislation;
4. DIC Meetings/Agendas;
5. VIP Manual;
6. Human Sex Trafficking;
7. PC §17(b)(4) Referral Policy;
8. Child Abuse MDT Coordination; and
9. Elder/Dependent Adult Abuse Case Reporting System.

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 members and executive management staff to enhance the prosecution of VIP-related cases.

***MULTI-DISCIPLINARY CENTERS IN LOS ANGELES COUNTY***

Best practice for cases involving child victims is to pursue a multidisciplinary team (MDT) approach to the investigation as well as any interview of a child. A multidisciplinary response to child abuse allegations typically includes representation from law enforcement, the Department of Children and Family Services, the District Attorney's Office (both prosecution and the Bureau of Victim Services), and mental health and medical professionals. The purpose of MDT and interagency collaboration is to coordinate intervention and share information that optimizes results and reduces potential trauma to children and their families. The District Attorney's Office actively participates in all the following MDTs: The Center for Assault Treatment Services, Children's Advocacy Center for Child Abuse Assessment and Treatment, the Family Justice Center (formerly Valley CARES), the Los Angeles County Harbor UCLA Medical Crisis Center in the South Bay, Sexual Assault Response Teams, Suspected Child Abuse and Neglect Teams, and the Violence Intervention Program at Los Angeles County USC Medical Center. These MDTs follow a model that is similar to Stuart House in Santa Monica, which was previously mentioned under the Sex Crimes Division section.

***Children's Advocacy Centers***

Children's advocacy centers (CAC(s)) provide forensic interviews of children in addition to other services. A



children's advocacy center is a child-friendly facility that provides a coordinated, evidence-based response by law enforcement, child protection, prosecution, mental health, and medical and victim advocacy professionals to investigate abuse, help children heal from abuse, and hold offenders accountable. A CAC's mission is to protect the child, provide justice, and promote healing. The National Children's Alliance is the national association and accrediting body for CACs.

### **Center for Assault Treatment Services**

The Center for Assault Treatment Services (CATS) is operated out of the Northridge Hospital Medical Center and is the only designated Sexual Assault Response Team in the San Fernando and Santa Clarita Valleys. CATS' mission is to provide compassionate, comprehensive care to adult and child victims of sexual abuse in a supportive and comfortable environment through a coordinated collaborative effort. Results obtained from specialized forensic interviews and evidence collection conducted by nurses and nurse practitioners, with advanced training as Sexual Assault Examiners, are 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 a day/7 days-per-week and is utilized by federal and local law enforcement.

### **Children's Advocacy Center for Child Abuse Assessment and Treatment**

The Children's Advocacy Center for Child Abuse and Treatment (Children's Advocacy Center) is a multi-disciplinary, non-profit agency that provides forensic interviews of children who witness criminal acts and/or are victims of sexual or physical abuse. While these interviews are being conducted, prosecutors, law enforcement officers, and child protective services workers watch via closed circuit TV 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. 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, the Children's Advocacy Center uses therapy dogs at the Children's Advocacy Center to greet and wait with children and their families. Therapy dogs empower victims and provide emotional support.

The Children's Advocacy Center is a collaborative effort by local professionals working in the field of child abuse, including DDAs. The Children's Advocacy Center opened its doors in July 2004, and is accredited by the National Children's Alliance. The Children's Advocacy Center is located in the city of Covina.

### **Harbor UCLA Child Crisis Center**

The Harbor UCLA Child Crisis Center, now the KIDS Hub, opened as a model project of the Los Angeles County Board of Supervisors in 1986. The KIDS Hub provides services to children from birth through age 17 who are victims of physical, sexual or emotional 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 resident. The hub provides state-of-the-art expert assessment while reducing trauma to the child victims and their families. The Hub offers expert medical evaluation for children involved with the Department of Children and Family Services, acute sexual assault examination, and forensic examinations for physical abuse, as well as, non-acute sexual abuse. Experienced professional forensic interviewers with specialized training interview the victims in a non-threatening, child-friendly environment, enabling the investigating officer, assigned DDA, and social workers to observe the entire interview behind a one-way mirror. The forensic interviews are video recorded.

There is an on-site DCFS CSW and DMH therapists. DDAs and law enforcement are not housed at the facility but attend the forensic interviews for their assigned cases. Child victims will receive a mental health screening and linkage (if needed) by the Department of Mental Health. Additionally, the child abuse pediatricians are available to consult on child physical and sexual abuse issues and often provide training in the community.



### Family Justice Center

A Family Justice Center (FJC) is a multiagency and multidisciplinary service center that provides services to victims of domestic violence, sexual assault, elder or dependent adult abuse, or human trafficking in one location in order to reduce the number of times victims must tell their story, reduce the number of places victims must go for help, and increase access to services and support for victims and their children. The involved agencies may include law enforcement, medical, prosecution, victim advocates, domestic violence shelters, rape crisis centers, child protection, and legal services as well as others. The core concept is to provide one place where victims can go to talk to an advocate, plan for their safety, interview with a police officer, meet with a prosecutor, receive medical assistance, receive information on shelters, and get help with transportation.

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. 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. 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 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.

### Sexual Assault Response Teams

A Sexual Assault Response Team (SART) is a coordinated interdisciplinary intervention model between law enforcement; crime lab; prosecution; and medical and advocacy experts to meet the forensic needs of the criminal justice system and the medical and emotional needs of sexual assault victims, including children. SART provides a forensic medical exam of children. The mission of SART is to counter the experience of sexual assault with a sensitive and competent multidisciplinary response, to support efforts to restore well-being to the victim,

and to bring responsible person(s) to justice. There are 11 SART sites in Los Angeles County and each SART may consist of law enforcement, district attorney's offices, rape crisis centers, sexual assault forensic examination teams, crime laboratories, child protective services, victim and witness assistance centers, and forensic interview centers as well as others. The components of a SART exam include obtaining a detailed history of events, documenting physical injury, forensic evidence collection including DNA and trace evidence, healthcare treatment and referrals, and crisis intervention and referrals. Sexual Assault Response Teams meet on a regular basis for case review and may be co-located at a CAC or FJC. The Los Angeles County Department of Health has developed SART center standards. Deputy District Attorneys regularly participate in SART meetings.

### Suspected Child Abuse and Neglect Teams

Suspected Child Abuse and Neglect (SCAN) teams are comprised of child abuse medical experts, hospital social workers, children social workers, law enforcement, prosecutors, and local child advocacy groups and other service providers. SCAN teams meet at hospitals on a regular basis to discuss suspected child abuse cases. Their main objectives are to review cases of child abuse and neglect with emphasis on identification, assessment, and treatment planning. Medical professionals provide expert opinions on the causes of injuries and treatment; social workers provide family history and dependency proceeding status; law enforcement provides investigation updates; prosecutors provide information about legal issues; and advocates discuss service options. The team also examines ways to prevent any additional abuse or neglect to the child and siblings in the home. Deputy District Attorneys regularly participate in SCAN meetings.

### JUVENILE DIVISION

The District Attorney's Juvenile Division is charged with the responsibility of petitioning the Delinquency Court for action concerning juvenile offenders who perpetrate crimes in Los Angeles County. This mandate falls under Welfare and Institutions Code (WIC) §602. The Juvenile Division is under the auspices of the Bureau of Specialized Prosecutions. It is divided 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, and the Delinquency Court to monitor and mentor youths who appear to be on the threshold of involvement in serious criminal activity.

### School Attendance Review Board

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

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 up to one year. If the minor commits another offense or fails to adhere to the J.O.I.N.

contract, the original case is referred for prosecution.

J.O.I.N. is a highly effective program. It aims to address the root causes of the delinquent behavior. One example is J.O.I.N.'s partnership with the Society for the Prevention of Cruelty to Animals Los Angeles (SPCALA). The SPCALA, in collaboration with the District Attorney's Office and the Los Angeles County Superior Court, designed a specialized curriculum to instill compassion, build self-esteem and help break the cycle of violence.

The curriculum is part of the Teaching Love & Compassion for Juvenile Offenders Program (JTLC). JTLC helps towards making 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. offers intense supervision and monitoring of the juvenile, and metes out consequences for the crime often within two weeks of an arrest — rather than the 60 days it may take for Delinquency Court to hear a matter. In a two-year study, approximately 11 percent of all youth who participated in J.O.I.N. reoffended, meaning 89 percent did not reoffend.

### Informal Probation

Minors can also be placed on informal probation by the Probation Department prior to intervention by the court. After an arrest, a minor can be:

- Counseled and released;
- Placed in informal programs through the school, law enforcement agency, or Probation;
- Referred to the District Attorney's Office for filing consideration pursuant to WIC §626; or
- Referred by the District Attorney's Office to Probation for informal processing under WIC §652.

In many instances, a deputy probation officer (DPO) assigned to review a case will decide to continue to handle the matter informally and reserve sending the referral to the District Attorney's Office for filing consideration. If the minor complies with the terms of informal supervision, the case does not come to the attention of the District Attorney's Office or the Delinquency Court; if the minor fails to comply, the DPO could then decide to refer the case for filing consideration.

A minor is ineligible for informal probation with the Probation Department if he or she was arrested for:





- Sale or possession for sale of a controlled substance;
- Possession of narcotics on school grounds;
- Assault with a deadly weapon upon a school employee;
- Possession of a firearm or weapon at school;
- A crime listed in WIC §707(b);
- An offense involving gang activity or requiring restitution in excess of \$1,000; or
- If the minor has:
  - o Previously been placed on informal probation and has committed a new offense;
  - o Is 14 or older and has been arrested for a felony; or
  - o Is 13 or younger and has a previous felony arrest (WIC §§652 and 653.5).

**WIC §241.1 Dual Status Protocol**

In 2004, the Legislature passed AB 129 which permits counties to develop a system where a youth can simultaneously be under the formal jurisdiction of the Delinquency Court and of the Dependency Court provided there is agreement among the Probation Department, DCFS, and the Juvenile Court. In 2007, the County of Los Angeles drafted and implemented the WIC §241.1 Dual Status Protocol (Protocol) and initiated a pilot project in the Pasadena Delinquency Court. The Protocol 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, the Department of Mental Health, and the minor's dependency attorney.

**Delinquency Court Proceedings**

If a minor is delivered by law enforcement to probation personnel at a juvenile hall facility, the DPO to whom the minor is presented determines whether the minor remains detained. There are three Juvenile Halls in Los Angeles County, all of which are under the supervision of the Probation Department. They are located in Sylmar (Barry J. Nidorf Juvenile Hall), East Los Angeles (Central Juvenile Hall), and Downey (Los Padrinos Juvenile Hall). If a minor 14 years of age or older is accused of personally using a firearm or having committed a serious or violent felony as listed under WIC §707(b), detention must continue until the minor is brought before a judicial officer. In all other instances, the DPO can only continue to detain the minor if one or more of the following is true:

- The minor lacks proper and effective parental care;
- The minor is destitute and lacking the necessities of home;
- The minor's home is unfit;
- It is a matter of immediate and urgent necessity for the protection of the minor or a reasonable necessity for the protection of the person or property of another;
- The minor is likely to flee;
- The minor has violated a court order; or
- The minor is physically dangerous to the public because of a mental or physical deficiency, disorder, or abnormality (if the minor is in need of mental health treatment, the court must notify the Department of Mental Health).

If one or more of the above factors are present but the DPO deems that a 24-hour secure detention facility is not necessary, the minor may be placed on home supervision (WIC §628.1). Under this program, the minor is released to a parent, guardian, or responsible relative pursuant to a written agreement that sets forth terms and conditions relating to standards of behavior to be adhered to during the period of release. Conditions of release could include curfew, school attendance requirements, behavioral standards in the home, and any other term deemed to be in the best interest of the minor for his or her own protection or the protection of the person or property of another. Any violation of a term of home supervision may result in placement in a secure detention facility subject to a review by the Delinquency Court at a detention hearing.

If the minor is detained, a DDA must decide whether





to file a petition within 48 hours of arrest, excluding weekends and holidays. A detention hearing must be held before a judicial officer within 24 hours of filing (WIC §§ 631(a) and 632). When a minor appears before a judicial officer for a detention hearing, the Delinquency Court must consider the same criteria as previously weighed by the DPO in making the initial decision to detain the minor. There is a statutory preference for release if reasonably appropriate (WIC §§202 and 635). At the conclusion of the detention hearing, the court may release the minor to a parent or guardian, place the minor on home supervision, or detain the minor in a secure facility.

In November 2016, the California Electorate enacted Proposition 57, which eliminated direct filing of a minor's case in adult court. A minor may only be transferred to adult court jurisdiction after a petition is filed and a motion to transfer to adult court is heard by the juvenile court having jurisdiction over the minor. WIC §707(a) now governs the types of cases and the burden of proof in motions to transfer to adult court.

If a minor's case remains in juvenile court, the minor has a right to an adjudication. The adjudication is similar to a court trial. 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).

### **MAJOR NARCOTICS DIVISION**

Drug abuse damages all aspects of society, including innocent children and adult victims, by destroying families and relationships. Drug dealers profit from the weakness of addicted users who often commit crimes to support their habits. Five years ago, medicine cabinets containing prescription medications across the nation contributed to making drugs the No. 1 accidental killer in the United States with the vast majority of deaths caused by prescription drugs resulting in one death every 24 minutes. In August 2018, the Centers for Disease Control and Prevention (CDC) indicated that 2017 drug overdose deaths surpassed 72,000 based on provisional estimates. This represents an increase of more than 6,000 deaths compared to the previous year. This amounts to a staggering 200 drug overdose deaths every day or one death every 8 minutes. This increase was driven primarily by the continued surge of deaths involving synthetic opioids, a category that includes fentanyl.

In order to disrupt and dismantle cartels and drug trafficking organizations in Los Angeles County, the District Attorney's Office created the Major Narcotics Division (MND). The division is comprised of specially-trained prosecutors who vertically prosecute significant narcotics trafficking operations in collaboration with federal, state, and local law enforcement agencies and task forces.

MND attorneys investigate, prosecute, and resolve significant narcotics trafficking cases using a variety of tools, including wiretaps. Wiretaps are a vital and effective tool against organized crime and cartel-



related activities. MND deputies train Southern CA peace officers at P.O.S.T. certified wiretap trainings to ensure compliance with laws. MND is responsible for processing all state authorized wiretaps for the District Attorney's Office, including non-narcotics wiretaps to investigate crimes such as murder, human trafficking, and kidnapping for ransom. MND also serves as a resource for other sophisticated electronic surveillance methods. Drug cartels traffic thousands of kilograms of narcotics into Los Angeles County and thousands of dollars of narcotics proceeds out of Los Angeles County. These deadly drugs find their way into residential neighborhoods where children and adults are endangered. Not only are children and families at risk from the hazards relating to the use and abuse of illegal narcotics, but also from the violence associated with narcotics transactions where weapons are often involved. MND deputies lecture on a variety of topics to attorneys, judges, law enforcement, and community groups.

### **Prescription Drug Overdoses and Deaths**

In response to epidemic prescription drug overdoses and deaths throughout the United States, the District Attorney's Office established a team of MND prosecutors to aggressively investigate and prosecute doctors and prescription providers that divert prescription drugs that endanger the lives of others and hold them accountable for their actions. In October 2015, this team of MND prosecutors convicted a Rowland Heights doctor of three counts of second-degree murder and 24 prescription-related felonies for her involvement in prescribing high levels of narcotics to young men, which caused numerous overdoses and deaths. This landmark case received national attention and was the first such conviction of its kind in the United States.

### **More Drug Deaths than Vietnam War Casualties**

In September 2017, CNN reported that more American lives have been lost to drugs than the 58,000 U.S. military casualties during the Vietnam War. Drug overdose deaths were predicted to reach an all-time high of 71,600 in 2017. In 2016, approximately 11.8 million Americans misused opioids. Opioids include prescription drugs, such as hydrocodone and oxycodone, as well as illegal drugs, such as heroin and fentanyl. Fatal overdoses related to heroin are skyrocketing. In 2002, there were 2,089 heroin deaths. In 2016, there were an estimated 13,219 heroin deaths – a 533 percent increase.

### **Prescriptions and Illegal Opioids Such As Synthetic Fentanyl**

In August 2018, the Washington Post released an article entitled "Record overdose deaths in U.S. show danger of fentanyl, other synthetic drugs." The article stated, "For years, much of the focus has been on curbing the supply of illicit opioid painkillers from doctors and pharmacies to people who abuse the drugs. Now, there is some evidence that battle may be succeeding. The CDC data shows that deaths involving hydrocodone and oxycodone appear to have flattened out, offering possible hope that painkiller deaths might have peaked." During that same month and year, the New York Times reported that preliminary CDC data indicates nearly 30,000 deaths in 2017 involved synthetic opioids. This is an increase of more than 9,000 deaths from the prior year.

As a result, the team of MND prosecutors have made fentanyl a priority. One of its priorities is proposed state legislation to add weight enhancements for fentanyl in order to hold defendants accountable for trafficking kilogram quantities. California currently has weight enhancements for heroin, cocaine, and cocaine base, as well as methamphetamine, amphetamine, PCP, and its analogs. Fentanyl is a synthetic opioid which is cheap and relatively easy to make. It is often mixed with other drugs such as heroin and cocaine. Worst of all, fentanyl is roughly 50 times more potent than heroin. A few grams can kill a person.

### **Cannabis Operations Unit**

Due to the prevalence of illegal cannabis activities throughout Los Angeles County, the District Attorney's Office created the Cannabis Operations Unit (COU) within MND. COU is responsible for vertically prosecuting significant cannabis operations such as laboratories, illegal dispensaries, and sophisticated grow operations. COU also deals with volatile and flammable butane honey oil (BHO) laboratories that manufacture concentrated cannabis. Since the BHO method is simple to perform, cheap to execute, and likely to have a high profit margin, it has become increasingly popular. Due to the popularity of BHO manufacturing, COU only prosecutes the most egregious laboratories in Los Angeles County that generally involve fires and explosions in residential areas. Some BHO cases involve decimated homes, deaths, and severe injuries such as an amputated leg. Since the overwhelming majority of fires and explosions occur in residential neighborhoods, children, pets, and adults are at risk. COU files child endangerment and



animal cruelty charges when applicable.

As a result of the passage of Proposition 64, COU prosecutors also serve as chairpersons and committee members under the purview of the Office of Cannabis Management, which serves as the countywide coordinating body to assist the Los Angeles County Board of Supervisors and County departments with the implementation of cannabis policies and priorities related to commercial cannabis activities within Los Angeles County.

### **Drug Endangered Children 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 to create the Drug Endangered Children Response Team (DEC). DEC specializes in addressing clandestine laboratories that endanger children and other vulnerable members of society. 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 the physical well-being, as well as the emotional effects of drug exposure. The DEC program utilizes the DCFS Multi-Agency Response Team staff to respond to DEC identified referrals. This team conducts DEC investigations and provides additional services that address a wide variety of high profile criminal activities where children are present. 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. In addition to prosecuting gang members, the District Attorney's 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.

### **OFFICE WIDE UNITS THE BUREAU OF VICTIM SERVICES**

The Bureau of Victim Services (BVS)<sup>1</sup> has Victim Services Representatives who work as governmental victim advocates assisting victims of crimes of violence and threats of violence throughout the criminal justice process. The advocate's primary responsibility is to provide support to the victim. BVS advocates have received special training in state programs regarding restitution for victims of crime and advocacy and support for victims of violence. BVS advocates also have specialized training in assisting victims of child physical and sexual abuse, and assisting child victims of human trafficking. The assistance advocates provide is essential in cases with a child victim. Often, the advocate will be the first person associated with the District Attorney's Office with whom the child will meet.

The BVS advocates have been an instrumental partner in the District Attorney's First Step Program, which provides assistance to victims of human trafficking.

The advocate explains each person's role in the criminal justice process while working to establish a rapport with the child. The advocate is available to participate in the pre-filing interview to give emotional support for the child victim and to provide a friendly,

<sup>1</sup> In August, 2015, the Victim-Witness Assistance Program 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; and
- 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 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 2017-2018 school year, 246 facilitators taught the curriculum to approximately 3,000 students in 96 classrooms at 56 public schools throughout Los Angeles County. Participating schools are listed below:

Schools	Districts	Students
Alcott	Pomona	32
Ann Street	Los Angeles	17
Aragon Avenue	Los Angeles	60
Bertrand Avenue	Los Angeles	54
Breed Street	Los Angeles	61
Castelar	Los Angeles	90
Christopher Dena	Los Angeles	22
City Terrace	Los Angeles	48
Coliseum Street	Los Angeles	30
Crossroads Community Day School	Lancaster	12
Dearborn Charter Academy	Los Angeles	28
Decker	Pomona	64
El Dorado	Lancaster	33
Euclid	Los Angeles	31
Foster Road	Norwalk/La Mirada	36
Fourth Street	Los Angeles	94
George Washington	Compton	36
Gratts Learning Academy	Los Angeles	85
Halldale Avenue	Los Angeles	30
Hancock Park	Los Angeles	30
Highland Oaks	Arcadia	32
Howard Tanner	Paramount	60
Huntington Drive	Los Angeles	55





Jane Addams	Long Beach	70
Jefferson	Pasadena	35
Julia B. Morrison	Norwalk/La Mirada	127
Kelso	Inglewood	60
La Tijera	Inglewood	58
Laurel Street	Compton	34
Lockwood Avenue	Los Angeles	55
Loren Miller	Los Angeles	30
Lorena Street	Los Angeles	56
Madison	Pomona	64
Magnolia Avenue	Los Angeles	60
McKinley	Compton	66
Monte Vista	Los Angeles	31
Multnomah Street	Los Angeles	58
Murchison Street	Los Angeles	30
Ninth Street	Los Angeles	54
Nueva Vista	Bell	35
Patrick Henry	Long Beach	120
Prisk	Long Beach	35
Riviera	Torrance	60
Roosevelt	Long Beach	70
Rosa Parks	Lynwood	33
Rosecrans	Compton	68
San Fernando	Los Angeles	124
Sharp	Los Angeles	68
Sumac L-STEM	Las Virgenes	32
Thomas Edison	Long Beach	105
Tibby	Compton	35
Union Avenue	Los Angeles	35
Utah Street	Los Angeles	50
Vine	West Covina	28
Washington	Hawthorne	34
West Wind	Lancaster	40

**INFORMATIONAL MATERIALS**

The District Attorney’s Office produces a wide variety of pamphlets to inform the public of its programs and services for crime victims and the community. Topics include domestic violence, child abuse, child abuse reporting, hate crimes, crime victims’ rights, and a guide for navigating the criminal justice system. Pamphlets are available online at: [da.lacounty.gov](http://da.lacounty.gov).

**DATA GATHERING AND ANALYSIS**

In order to maximize accuracy in representing the work done by the District Attorney's Office in prosecuting cases involving child abuse and neglect, data is gathered based upon a case filing. When a case is filed, the case number represents one unit for data

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

A priority list was established based upon seriousness of the offense (Figure 1) from which the data sought would be reflected under the most serious charge filed. In other words, if the most serious charge presented against the perpetrator was a homicide charge reflecting a child death but additional charges were also presented and filed alleging child physical abuse or endangerment, then the conduct would be reflected only under the statistics gathered using PC §187 in the category of total filings (Figure 2). If, at the conclusion of the case, the Murder (PC §187) charge was dismissed for some reason but the case resulted in a conviction on a lesser or different charge (such as Assault Resulting in Death of a Child Under Age 8, PC §273ab), that statistic would be reflected as a conviction under the statistics compiled for the lesser or different charge (Figures 6 and 7).

In assessing cases that were either dismissed or declined for filing (Figures 3, 4, 5 and 11), it is important to keep in mind that among the reasons for declining to file a case (lack of corpus delicti, lack of sufficient evidence, inadmissible search and seizure, interest of justice, deferral for revocation of parole, a probation violation was filed in lieu of a new filing, or a referral for misdemeanor consideration to another agency) a key factor may be that the victim is unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against a child or an adult, or domestic violence against a teenager or adults, the victim may





decline to participate in a prosecution and not face the prospect of being incarcerated for contempt of court for failing to testify (CCP §1219). As a general principle, it is considered essential to protect the child victim from additional harm; forcing a child to participate in the criminal justice process against his or her will would not meet these criteria. This deference to the greater goal of protection of the victim results in some cases which would ordinarily meet the filing criteria to be declined and others which have already been filed to be dismissed or settled for a compromise disposition.

A synopsis of the charges used to compile this report is included as an addendum to this narrative. Sentencing data is broken down to cover cases in which a defendant has received a life sentence, a state prison sentence, or a probationary sentence (Figures 7 and 8). A probationary sentence includes, in a vast majority of cases, a sentence to county jail for up to 1 year as a term and condition of probation under a 5-year grant of supervised probation.

Statistics reflecting the Child Abduction Section are reflected in one chart (Figure 9). It is important to note that the raw data contained in this Figure is also reflected in the overall numbers reported in Figures 2, 3 and 4. This chart is provided as a sample of the types of cases handled by a special unit and the numbers of cases prosecuted by specially trained, grant funded deputies.

As it is not uncommon for minors to commit acts of abuse against children, juvenile delinquency statistics detailing the number of felony and misdemeanor petitions filed, dismissed, and declined are included (Figures 12, 13, 14, 15, and 16). It is important to note the fact that the perpetrator of the offense is under the age of 18 is not the sole determinative factor in making a decision as to whether the minor perpetrated a criminal act against a child. A schoolyard fight between peers would not be categorized as an incident of child abuse nor would consensual sexual conduct between underage peers be automatically categorized as child molestation; but an incident involving a 17-year-old babysitter intentionally scalding a 6-year-old child with hot water would be investigated as a child abuse and an incident in which a 16-year-old cousin fondled the genitals of an 8-year-old family member would be investigated as a child molestation. A 16-year-old who punched his 16-year-old girlfriend in the face would be investigated as intimate partner violence.

Statistics regarding the gender of defendants are also included. It is important when comparing the years

of available statistics covering juvenile delinquency offenses to remember that Proposition 21, which took effect March 8, 2000, is no longer the law after Proposition 57 was passed in November 2016. This factor may make any meaningful comparisons between the statistics during the 16-year period Proposition 21 was in effect and the periods before Proposition 21 was enacted and after Proposition 57 was passed difficult. Adult and juvenile comparisons are provided, as are comparisons among both groups for total cases filed by the District Attorney's Office compared to a gender breakdown for child abuse related offenses (Figures 18, 19, 20, and 21).

Information contained by zip code is provided as a means of determining how children in different areas of the county are impacted by these crimes (Figures 10 and 17). The majority of cases in the District Attorney's Office are filed in the jurisdiction where the crime occurred. The zip codes represent the address of the District Attorney's Office where the case was filed.

For the thirteenth 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 2007 through 2010, and in 2013 and 2014, this joinder occurred in 7% of the cases filed. In 2011, 2012, and 2015, this joinder occurred in 8% of the cases. In 2016 and 2017, 9% of the cases reflected this joinder.

### **SELECTED FINDINGS**

- A total of 5,089 cases relating to child abuse and neglect were submitted for filing consideration against adult defendants in 2017.
- Of these, charges were filed in slightly less than 48% (2,450) of the cases reviewed. Felony charges were filed in 53% (1,289) of these matters. Misdemeanor charges were filed in 47% (1,161) of these matters.
- Of those cases declined for filing (a total of 2,639 - both felonies and misdemeanors), cases submitted alleging a violation of PC §288(a) accounted for 25% of the declinations (672).
- In 79% of the adult cases filed involving child abuse, the gender of the defendant was male.
- Convictions were achieved in 91% of the case dispositions in 2017 involving adult offenders. Defendants received grants of probation in 69% (1,189) of these cases. State prison sentences were ordered in 26% (444) of the cases; with slightly under



1% (16) of the defendants receiving a life sentence in state prison.

- A total of 465 cases relating to child abuse and neglect were submitted for filing consideration against juvenile offenders.
- Of these, charges were filed in 29% (133) of the cases reviewed. Felony charges were filed in 88% (117) of these cases.
- Of the filed cases, 39% (52) alleged a violation of PC §288(a). Of the declined cases (332 – both felonies and misdemeanors), 40% (133) alleged a violation of PC §288(a).
- In 96% of the petitions filed involving child abuse, the gender of the minor was male.
- Sustained petitions (68) were achieved in 69% of the juvenile case dispositions in 2017.

### **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 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 2017**

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
PC	288A(C)(1)		46
PC	288A(C)	001	47

Figure 1

**LIST OF PRIORITIZED STATUTES FOR 2017**

CODE	STATUTE	FORM NO	ORDER
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



*Figure 1a*  
**LIST OF PRIORITIZED STATUTES FOR 2017**

CODE	STATUTE	FORM NO	ORDER
PC	311.2(C)		073
PC	311.10		074
PC	311.11(B)		075
PC	288.3(A)		076
PC	288.3(C)		077
PC	288.4(B)		078
PC	288.2(A)		079
PC	261.5(D)		080
PC	261.5(C)	002	081
PC	288.4(A)(2)		082
PC	647.6(C)(1)		083
PC	311.1(A)		084
PC	311.4(C)		085
PC	288.4(A)(1)		086
PC	271A		087
PC	25100(B)		088
PC	25200(A)		089
PC	25200(B)		090
PC	267		091
PC	288.2(B)		092
PC	647.6(C)(2)		093
647.6(B)		094	
647.6(A)(2)	002	095	
647.6(A)(2)	001	096	
647.6(A)(1)	002	097	
647.6(A)(1)	001	098	
261.5(C)	001	099	
647.6(A)	002	100	
647.6(A)	001	101	
261.5(B)		103	
261.5		104	
273J(A)		105	
273A(B)		106	
273G		107	
311.1		108	
311.4(A)		109	
311.11(A)		110	
311.3(A)		111	
273I(A)		112	
273J(B)		113	
270.5		114	
272(A)(1)		115	



Figure 2

**TOTAL ADULT FILINGS BY CHARGE FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC236.1(A)	0	0	0	0	0	0	0	0	14	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
PC 25100(A)	0	0	0	0	0	0	0	0	0	0
PC 25100(B)	0	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	2	0	4	0	10	0
PC261.5	2	0	0	0	0	0	1	0	0	0
PC261.5(B)	0	24	0	20	0	17	0	21	0	13
PC261.5(C)	83	74	92	62	68	58	57	42	39	32
PC261.5(D)	42	9	29	9	29	8	24	3	12	6
PC264.1(B)(2)	0	0	0	0	0	0	0	0	2	0
PC266	1	0	2	0	2	0	0	1	0	0
PC266H(B)	0	0	0	0	2	0	0	0	0	0
PC266H(B)(1)	8	0	10	0	8	0	6	0	14	0
PC266H(B)(2)	6	0	3	0	1	0	1	0	6	0
PC266I(B)(1)	0	0	5	0	0	0	4	0	3	0
PC266I(B)(2)	0	0	0	0	0	0	1	0	1	0
PC266J	0	0	0	0	1	0	0	0	0	0
PC269(A)(1)	23	0	19	0	26	0	20	0	27	0
PC269(A)(2)	0	0	1	0	3	0	2	0	0	0
PC269(A)(3)	4	0	4	0	5	0	2	0	4	0
PC269(A)(4)	5	0	13	0	6	0	4	0	3	0
PC269(A)(5)	7	0	5	0	1	0	1	0	3	0
PC271A	0	2	0	2	0	2	1	0	1	3
PC272(A)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	429	112	389	113	391	114	375	115	332	102
PC273A(B)	4	613	1	595	1	692	0	746	0	786
PC273AB	4	0	1	0	0	0	0	0	0	0
PC273AB(A)	0	0	0	0	0	0	1	0	0	0
PC273AB(B)	0	0	0	0	0	0	3	0	3	0
PC273D(A)	38	70	32	73	42	75	43	73	41	50
PC273G	0	1	0	1	0	3	0	0	0	3
PC278	12	1	13	1	9	0	14	5	9	2
PC278.5	0	2	1	0	0	1	0	0	0	1
PC278.5(A)	15	2	8	4	11	2	8	3	10	2
PC286(B)(1)	7	0	5	0	10	0	6	1	6	2
PC286(B)(2)	4	0	3	0	1	0	3	0	2	0
PC286(C)	0	0	1	0	1	0	0	0	0	0
PC286(C)(1)	1	0	6	0	1	0	2	0	6	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	4	0	3	0
PC288(A)	396	0	381	0	285	0	258	0	241	0
PC288(B)	2	0	1	0	4	0	1	0	4	0
PC288(B)(1)	47	0	60	0	42	0	45	0	33	1
PC288(B)(2)	0	0	0	0	1	0	0	0	0	0





Figure 2

**TOTAL ADULT FILINGS BY CHARGE FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288(C)	0	0	0	0	1	0	1	0	0	0
PC288(C)(1)	88	1	92	0	84	0	78	0	80	2
PC288.2(A)	0	0	0	0	0	0	0	0	6	2
PC288.3(A)	0	0	0	0	7	0	9	0	6	0
PC288.4(A)(1)	0	0	0	0	0	0	0	0	0	0
PC288.4(B)	0	0	0	0	12	0	5	0	7	0
PC288.5	5	0	5	0	5	0	2	0	1	0
PC288.5(A)	125	0	136	0	125	0	96	0	86	0
PC288.7(A)	0	0	0	0	40	0	45	0	40	0
PC288.7(B)	0	0	0	0	32	0	54	0	45	0
PC288A(B)(1)	17	8	9	3	23	4	29	1	18	7
PC288A(B)(2)	8	0	7	0	7	0	11	0	4	0
PC288A(C)	0	0	0	0	0	0	1	0	0	0
PC288A(C)(1)	1	0	2	0	0	0	1	0	1	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	5	0	0	0
PC289(A)(1)(B)	0	0	0	0	0	0	1	0	0	0
PC289(A)(1)(C)	0	0	0	0	0	0	1	0	1	0
PC289(H)	16	2	20	2	18	3	15	0	12	4
PC289(I)	15	0	19	0	7	0	15	0	11	0
PC289(J)	0	0	1	0	0	0	0	0	0	0
PC311.10	0	0	1	0	0	0	0	0	0	0
PC311.1(A)	9	0	12	0	14	1	15	0	37	1
PC311.11(A)	26	3	40	1	40	6	41	3	43	7
PC311.11(B)	1	0	0	0	3	0	5	0	6	0
PC311.2(A)	0	0	0	0	0	0	0	0	0	0
PC311.2(B)	2	0	2	0	0	0	1	0	1	0
PC311.2(C)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	1	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	4	0	1	0	0	0	0	0	2
PC311.4(A)	0	0	0	0	1	0	0	0	1	0
PC311.4(B)	2	0	0	0	0	0	0	0	0	0
PC311.4(C)	1	0	1	0	1	0	2	0	3	0
PC647.6	0	0	0	0	1	0	0	2	0	1
PC647.6(A)	0	2	0	0	0	2	0	0	0	0
PC647.6(A)(1)	0	0	0	0	7	138	5	107	7	104
PC647.6(A)(2)	0	0	0	0	0	0	0	0	0	3
PC647.6(B)	3	0	1	1	6	0	1	0	0	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	1	0
PC664/187(A)	12	0	10	0	9	0	16	0	12	0
<b>TOTAL</b>	<b>1,519</b>	<b>931</b>	<b>1,480</b>	<b>888</b>	<b>1,425</b>	<b>1,126</b>	<b>1,387</b>	<b>1,123</b>	<b>1,286</b>	<b>1,138</b>
<b>ANNUAL TOTAL</b>	<b>2,450</b>		<b>2,368</b>		<b>2,551</b>		<b>2,510</b>		<b>2,424</b>	



Figure 2a

**TOTAL ADULT FILINGS BY CHARGE FOR 2013 THROUGH 2017**

CHARGE	2013		2014		2015		2016		2017	
	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)	12	0	12	0	16	0	22	0	20	0
PC207(A)	27	0	19	0	29	0	30	0	26	0
PC207(B)	4	0	5	0	0	0	2	0	0	0
PC208(B)	0	0	0	0	0	0	0	0	1	0
PC236.1(A)	2	0	12	0	7	0	9	0	1	0
PC236.1(B)	3	0	19	0	14	0	20	0	13	0
PC236.1(C)(1)	15	0	39	0	40	0	65	0	71	0
PC236.1(C)(2)	6	0	3	0	12	0	1	0	8	0
PC 25100(A)	0	0	0	0	0	0	2	0	0	0
PC 25100(B)	0	0	0	0	0	0	0	0	0	1
PC261(A)(2)	23	0	25	0	17	0	18	0	22	0
PC261.5	0	0	1	0	0	0	0	0	0	0
PC261.5(B)	0	15	0	25	0	15	0	11	0	13
PC261.5(C)	30	31	32	17	39	19	11	17	24	17
PC261.5(D)	11	4	13	3	11	1	5	4	12	0
PC264.1(B)(2)	8	0	0	0	3	0	0	0	0	0
PC266	0	0	0	0	0	0	1	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	2	0	2	0	0	0	1	0	0	0
PC266H(B)(2)	4	0	1	0	0	0	0	0	0	0
PC266I(B)(1)	0	0	0	0	1	0	2	0	5	0
PC266I(B)(2)	1	0	0	0	1	0	0	0	1	0
PC266J	0	0	0	0	0	0	0	0		0
PC269(A)(1)	21	0	25	0	12	0	11	0	9	0
PC269(A)(2)	0	0	0	0	0	0	1	0	1	0
PC269(A)(3)	3	0	4	0	3	0	2	0	1	0
PC269(A)(4)	11	0	4	0	5	0	2	0	2	0
PC269(A)(5)	1	0	3	0	2	0	1	0	1	0
PC271A	0	1	0	5	0	1	1	1	0	1
PC272(A)(1)	0	0	0	0	0	50	0	75	0	46
PC273A(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	326	86	374	78	366	84	323	84	332	83
PC273A(B)	1	761	1	904	0	879	0	870	0	852
PC273AB	0	0	0	0	0	0	0	0	0	0
PC273AB(A)	0	0	0	0	0	0	0	0	3	0
PC273AB(B)	2	0	4	0	6	0	0	0	1	0
PC273D(A)	35	59	34	57	29	34	40	48	37	41
PC273G	0	3	0	1	0	1	0	1	0	2
PC278	14	3	6	3	11	1	14	4	16	0
PC278.5	3	0	0	0	1	1	1	0	10	1
PC278.5(A)	11	1	4	0	3	6	7	2	3	3
PC286(B)(1)	3	2	5	2	5	1	4	0	4	1
PC286(B)(2)	1	0	2	0	0	0	0	0	3	0
PC286(C)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	3	0	2	0	4	0	2	0	1	0
PC286(C)(2)(B)	1	0	0	0	3	0	0	0	1	0



Figure 2a

**TOTAL ADULT FILINGS BY CHARGE FOR 2013 THROUGH 2017**

CHARGE	2013		2014		2015		2016		2017	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC286(C)(2)(C)	0	0	3	0	1	0	1	0	5	0
PC288(A)	237	1	215	0	222	0	173	0	180	0
PC288(B)	2	0	1	0	0	0	0	0	0	0
PC288(B)(1)	33	0	21	0	21	0	22	1	18	0
PC288(B)(2)	0	0	1	0	1	0	0	0	1	0
PC288(C)	1	0	0	0	0	0	0	0	0	0
PC288(C)(1)	64	5	73	4	59	2	49	1	54	1
PC288.2(A)	1	0	0	0	0	0	0	0	0	0
PC288.3(A)	21	0	15	1	9	0	14	0	13	0
PC288.4(A)(1)	0	2	1	2	0	0	0	2	0	3
PC288.4(B)	5	0	39	0	3	1	15	0	20	0
PC288.5	4	0	2	0	1	0	3	0	2	0
PC288.5(A)	93	0	85	0	101	0	78	0	63	0
PC288.7(A)	50	0	42	0	53	0	47	0	52	0
PC288.7(B)	55	0	61	0	65	0	47	0	69	0
PC288A(B)(1)	10	5	25	1	16	4	16	2	16	2
PC288A(B)(2)	7	0	3	0	5	0	4	0	6	0
PC288A(C)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	2	0	0	0	0	0	1	0	1	0
PC288A(C)(2)(B)	1	0	1	0	0	0	2	0	3	0
PC288A(C)(2)(C)	2	0	4	0	1	0	6	0	3	0
PC289(A)(1)(B)	1	0	1	0	1	0	3	0	0	0
PC289(A)(1)(C)	2	0	1	0	5	0	3	0	3	0
PC289(H)	8	1	13	3	17	4	16	2	14	1
PC289(I)	9	0	20	0	12	0	13	0	10	0
PC289(J)	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)	64	0	72	1	56	1	57	1	76	1
PC311.11(A)	42	6	41	9	27	16	20	4	29	6
PC311.11(B)	8	0	9	0	8	0	11	0	17	0
PC311.2(A)	0	0	0	0	0	3	0	6	0	4
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	5	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	0	0	0	0	0	0
PC311.4(A)	0	0	0	0	0	0	0	0	1	0
PC311.4(B)	0	0	0	0	0	0	0	0	0	0
PC311.4(C)	0	0	2	0	2	0	1	0	1	0
PC647.6	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)	3	116	6	93	2	87	3	93	0	81
PC647.6(A)(2)	0	0	0	2	1	1	0	2	0	0
PC647.6(B)	2	0	3	0	1	0	2	1	1	1
PC647.6(C)(1)	0	0	0	0	1	0	0	0	1	0
PC647.6(C)(2)	1	0	0	0	2	0	4	0	1	0
PC664/187(A)	16	0	13	0	13	0	0	0	0	0
<b>TOTAL</b>	<b>1,328</b>	<b>1,102</b>	<b>1,424</b>	<b>1,211</b>	<b>1,351</b>	<b>1,212</b>	<b>1,209</b>	<b>1,232</b>	<b>1,289</b>	<b>1,161</b>
<b>ANNUAL TOTAL</b>	<b>2,430</b>		<b>2,635</b>		<b>2,563</b>		<b>2,441</b>		<b>2,450</b>	



Figure 3

**TOTAL ADULT DISMISSALS BY CHARGE FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	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	1	0	0	0	0	0	0	0	0
PC207(A)	3	0	1	0	0	0	0	0	1	0
PC207(B)	0	0	0	0	1	0	0	0	0	0
PC236.1(A)	0	0	0	0	0	0	0	0	1	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)	4	4	0	0	0	0	0	0	1	0
PC261.5(D)	0	0	0	0	1	1	0	0	0	0
PC264.1(B)(2)	0	0	0	0	0	0	0	0	0	0
PC266H(B)	0	0	0	0	2	0	0	0	0	0
PC266H(B)(1)	2	0	3	0	0	0	3	0	6	0
PC266H(B)(2)	3	0	2	0	0	0	0	0	2	0
PC266I(B)(1)	0	0	2	0	0	0	0	0	0	0
PC269(A)(1)	0	0	3	0	0	0	1	0	0	0
PC269(A)(2)	0	0	1	0	0	0	0	0	0	0
PC269(A)(3)	1	0	0	0	0	0	0	0	0	0
PC269(A)(4)	1	0	0	0	0	0	0	0	0	0
PC269(A)(5)	1	0	1	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	0
PC273A(A)	30	8	24	5	35	10	18	10	0	0
PC273A(B)	0	62	0	74	0	68	0	76	0	0
PC273AB(B)	0	0	0	0	0	0	0	0	0	0
PC273D(A)	4	11	4	11	1	7	3	9	0	0
PC273G	0	0	0	0	0	0	0	0	0	0
PC278	0	0	1	0	2	0	4	0	0	0
PC278.5	0	1	0	0	0	1	0	0	0	0
PC278.5(A)	1	1	2	2	1	0	0	0	0	0
PC286(B)(1)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	0	0	0	0	0	0	0	0	1	0
PC288(A)	12	0	10	0	11	0	11	0	10	0
PC288(B)(1)	0	0	1	0	0	0	0	0	0	0
PC288(C)(1)	0	0	2	0	5	0	4	0	1	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	1	0	0	0	0	0	0	0
PC288.5(A)	6	0	4	0	4	0	0	0	0	0
PC288.7(A)	0	0	0	0	2	0	2	0	1	0
PC288.7(B)	0	0	0	0	3	0	5	0	0	0
PC288A(B)(1)	1	1	0	0	0	2	1	0	0	0
PC289(H)	0	0	0	0	0	0	0	0	0	0
PC289(I)	2	0	1	0	0	0	0	0	0	0



Figure 3

**TOTAL ADULT DISMISSALS BY CHARGE FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC311.1(A)	1	0	2	0	1	0	0	0	1	0
PC311.11(A)	2	1	7	0	4	0	1	1	5	0
PC311.11(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(B)	1	0	1	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	0	0	0
PC311.3(A)	0	1	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	0	0	0	1	18	0	6	1	0
PC647.6(A)(2)	0	0	0	0	0	0	0	0	0	0
PC647.6(B)	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)	0	0	0	0	0	0	1	0	0	0
<b>TOTAL</b>	<b>75</b>	<b>91</b>	<b>73</b>	<b>92</b>	<b>74</b>	<b>107</b>	<b>54</b>	<b>102</b>	<b>31</b>	<b>0</b>
<b>ANNUAL TOTAL</b>	<b>166</b>		<b>165</b>		<b>181</b>		<b>156</b>		<b>31</b>	





Figure 3a

**TOTAL ADULT DISMISSALS BY CHARGE FOR 2013 THROUGH 2017**

CHARGE	2013		2014		2015		2016		2017	
	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
PC207(A)	0	0	2	0	1	0	0	0	3	0
PC207(B)	1	0	0	0	0	0	0	0	0	0
PC236.1(A)	0	0	2	0	0	0	0	0	0	0
PC236.1(B)	1	0	1	0	2	0	3	0	1	0
PC236.1(C)(1)	2	0	1	0	7	0	7	0	1	0
PC236.1(C)(2)	2	0	1	0	1	0	0	0	0	0
PC261(A)(2)	2	0	2	0	1	0	1	0	1	0
PC261.5(B)	0	0	0	3	0	2	0	1	0	0
PC261.5(C)	0	2	1	4	1	4	1	0	1	2
PC261.5(D)	0	0	0	0	1	0	1	0	1	0
PC264.1(B)(2)	4	0	0	0	0	0	0	0	0	0
PC266H(B)	0	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	0	0	1	0	0	0	0	0	0	0
PC266H(B)(2)	0	0	0	0	0	0	0	0	0	0
PC266I(B)(1)	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	0	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)	1	0	0	0	0	0	0	0	0	0
PC269(A)(5)	0	0	0	0	0	0	0	0	0	0
PC271A	0	1	0	1	0	0	0	0	0	0
PC272(A)(1)	0	0	0	0	0	12	0	17	0	3
PC273A(A)	15	5	16	4	20	4	16	5	16	6
PC273A(B)	0	48	0	88	0	82	0	75	0	81
PC273AB(B)	0	0	0	0	1	0	0	0	0	0
PC273D(A)	1	4	1	16	3	7	0	5	3	10
PC273G	0	0	0	1	0	0	0	0	0	0
PC278	1	0	0	0	0	0	0	0	4	0
PC278.5	1	0	0	0	0	0	0	0	0	0
PC278.5(A)	0	0	0	0	0	1	0	0	1	2
PC286(B)(1)	0	0	0	1	0	0	0	0	0	0
PC286(C)(1)	0	0	0	0	0	0	0	0	0	0
PC288(A)	5	0	5	0	7	0	3	0	4	0
PC288(B)(1)	2	0	2	0	4	0	1	0	0	0
PC288(C)(1)	2	0	1	0	1	0	0	0	0	0
PC288.3(A)	1	0	0	0	0	0	0	0	1	0
PC288.4(B)	0	0	2	0	0	0	0	0	2	0
PC288.5	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	1	0	2	0	2	0	0	0	2	0
PC288.7(A)	0	0	0	0	2	0	0	0	3	0
PC288.7(B)	2	0	2	0	3	0	3	0	1	0
PC288A(B)(1)	0	1	0	0	0	0	1	0	0	1
PC289(H)	0	0	0	1	0	0	0	0	1	0
PC289(I)	0	0	0	0	0	0	0	0	0	0



Figure 3a

**TOTAL ADULT DISMISSALS BY CHARGE FOR 2013 THROUGH 2017**

CHARGE	2013		2014		2015		2016		2017	
	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC311.1(A)	0	0	2	0	0	0	0	0	2	0
PC311.11(A)	5	0	2	0	1	0	0	0	3	1
PC311.11(B)	1	0	2	0	1	0	4	0	0	0
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	1	0	0	0	0	0
PC311.3(A)	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	1	8	0	15	0	16	0	7	0	8
PC647.6(A)(2)	0	0	0	1	0	0	0	1	0	0
PC647.6(B)	0	0	0	0	0	0	0	0	0	0
PC647.6(C)(2)	0	0	0	0	0	0	1	0	0	0
PC664/187(A)	0	0	0	0	1	0	0	0	0	0
<b>TOTAL</b>	<b>51</b>	<b>69</b>	<b>48</b>	<b>135</b>	<b>61</b>	<b>128</b>	<b>42</b>	<b>111</b>	<b>51</b>	<b>114</b>
<b>ANNUAL TOTAL</b>	<b>120</b>		<b>183</b>		<b>189</b>		<b>153</b>		<b>165</b>	

Figure 4

**TOTAL ADULT CASES DECLINED FOR FILING FOR 2008 THROUGH 2017**

CHARGE	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
	COUNT									
PC12035(B)(1)	3	1	1	1	0	0	0	0	0	0
PC12035(B)(2)	0	0	0	0	2	0	0	0	0	0
PC12036(B)	0	0	1	0	0	0	0	0	0	0
PC187(A)	0	0	0	3	1	3	0	1	0	0
PC207(A)	1	0	3	0	7	1	6	3	6	4
PC207(B)	4	2	2	1	2	0	1	0	7	0
PC236.1(A)	0	0	0	0	3	13	11	9	9	6
PC236.1(B)	0	0	0	0	0	0	1	7	9	24
PC236.1(C)	0	0	0	0	0	0	1	0	0	0
PC236.1(C)(1)	0	0	0	0	0	2	6	6	14	21
PC236.1(C)(2)	0	0	0	0	0	0	0	1	2	7
PC25100(A)	0	0	0	0	0	0	0	1	2	0
PC261(A)(2)	0	0	0	18	22	51	46	51	50	42
PC261.5	2	3	8	2	1	2	0	0	4	0
PC261.5(A)	1	3	2	0	0	0	0	0	0	0
PC261.5(B)	133	166	111	101	70	86	47	40	44	35
PC261.5(C)	274	239	304	231	180	166	149	157	117	131
PC261.5(D)	38	49	41	52	42	33	24	33	20	31
PC264.1(B)(2)	0	0	1	0	0	0	0	1	0	0
PC266	1	0	1	0	0	0	0	0	0	0
PC266H(B)	6	0	1	0	2	0	0	0	0	0
PC266H(B)(1)	3	2	1	0	4	2	2	3	2	0
PC266H(B)(2)	3	2	4	0	5	3	4	1	0	0
PC266I(B)(1)	0	0	0	1	0	0	0	1	0	0
PC266I(B)(2)	0	1	2	0	1	0	0	0	0	0
PC266J	1	1	0	3	0	0	0	0	0	0
PC269(A)(1)	2	4	2	8	5	7	6	9	4	3
PC269(A)(2)	0	0	0	0	0	2	0	0	0	0
PC269(A)(3)	1	2	1	0	1	1	0	0	1	0



Figure 4

**TOTAL ADULT CASES DECLINED FOR FILING FOR 2008 THROUGH 2017**

CHARGE	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
	COUNT									
PC269(A)(4)	0	1	0	1	0	0	0	2	0	0
PC269(A)(5)	1	0	0	1	0	1	1	1	0	2
PC271A	3	6	9	3	4	3	6	0	6	2
PC272(A)(1)	0	0	0	0	0	0	0	21	22	13
PC273A	1	2	0	0	0	0	0	0	0	0
PC273A(A)	478	479	534	549	947	836	778	624	557	543
PC273A(B)	245	243	335	308	388	388	372	389	361	491
PC273AB	3	4	6	1	1	0	0	1	0	0
PC273AB(A)	0	0	0	0	2	3	1	1	0	1
PC273AB(B)	0	0	0	0	0	0	0	0	0	1
PC273D(A)	144	116	161	131	250	286	203	122	90	110
PC273G	1	6	4	1	3	1	3	2	1	0
PC273I(A)	0	3	1	0	3	0	0	0	1	0
PC278	20	25	13	24	17	24	22	14	24	13
PC278.5	5	15	6	11	10	12	16	17	17	11
PC278.5(A)	37	47	39	39	31	24	23	36	22	26
PC286(B)(1)	5	8	8	14	14	6	7	8	6	6
PC286(B)(2)	2	0	4	7	2	0	3	1	2	2
PC286(C)	0	0	0	0	0	1	0	1	0	0
PC286(C)(1)	1	8	6	2	1	2	1	2	4	4
PC286(C)(2)(B)	0	0	0	0	0	1	1	0	2	0
PC286(D)(2)	0	0	0	1	4	1	0	0	2	1
PC286(C)(2)(C)	0	0	0	0	0	0	0	0	0	1
PC288(A)	975	989	970	1,002	985	842	748	744	720	672
PC288(B)	0	2	4	1	0	1	1	3	1	1
PC288(B)(1)	16	19	25	20	14	12	11	17	8	18
PC288(B)(2)	0	0	0	3	0	1	1	1	1	0
PC288(C)	0	3	2	1	0	3	1	1	0	0
PC288(C)(1)	81	95	115	98	92	90	93	78	80	74
PC288.2(A)	0	0	0	0	3	5	0	0	1	0
PC288.2(B)	0	0	0	0	1	0	0	0	0	0
PC288.3(A)	0	0	3	8	5	6	8	7	5	5
PC288.3(C)	0	0	0	0	0	0	0	0	1	0
PC288.4(A)(1)	0	0	0	0	0	1	0	0	1	0
PC288.4(A)(2)	0	0	1	0	0	0	0	0	0	0
PC288.4(B)	0	0	0	0	0	2	1	1	3	3
PC288.5	17	3	4	6	4	4	2	3	1	0
PC288.5(A)	85	78	90	104	101	96	96	94	127	94
PC288.7(A)	0	0	24	21	18	21	23	33	24	35
PC288.7(B)	0	0	18	20	21	26	40	29	22	36
PC288A(B)(1)	17	18	25	22	35	18	13	21	17	23
PC288A(B)(2)	2	2	2	3	5	1	5	7	6	2
PC288A(C)	0	0	0	0	0	0	2	0	0	0
PC288A(C)(1)	2	5	7	3	3	3	3	6	4	2
PC288A(C)(2)(B)	0	0	0	0	1	1	0	0	1	4
PC288A(C)(2)(C)	0	0	0	0	1	1	1	3	2	3
PC288A(D)(3)	0	0	0	0	0	0	0	0	2	0



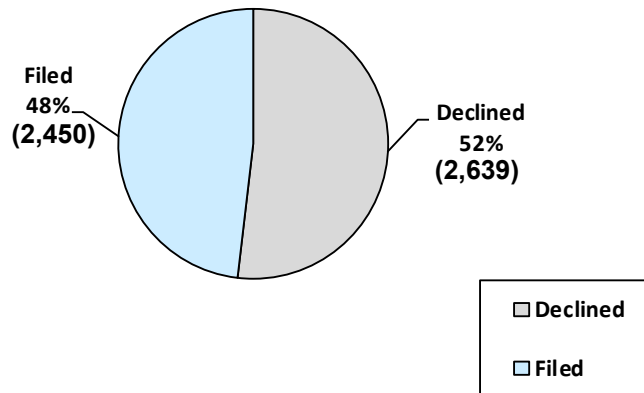
Figure 4

**TOTAL ADULT CASES DECLINED FOR FILING FOR 2008 THROUGH 2017**

CHARGE	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
PC288(A)(1)(B)	0	0	0	0	2	1	0	0	0	0
PC289(A)(1)(B)	0	0	0	0	0	0	1	3	5	4
PC289(A)(1)(C)	0	0	0	1	2	9	3	5	5	5
PC289(H)	5	6	10	13	6	7	3	9	13	7
PC289(I)	3	2	2	1	4	2	2	1	1	5
PC289(J)	0	0	1	2	4	1	0	0	1	0
PC311.1	0	0	0	0	0	0	0	0	1	0
PC311.1(A)	2	2	3	1	5	3	11	3	7	1
PC311.10	0	0	0	2	1	0	0	0	0	0
PC311.11(A)	8	9	12	27	20	16	23	25	16	21
PC311.11(B)	0	0	0	0	0	0	0	0	2	2
PC311.2(A)	0	0	0	0	0	0	0	2	2	1
PC311.2(B)	0	0	0	0	0	0	1	0	0	0
PC311.2(C)	0	0	0	0	0	0	0	1	0	0
PC311.2(D)	1	0	0	2	0	0	0	0	0	0
PC311.3(A)	0	0	2	2	1	1	1	0	1	0
PC311.4(A)	0	1	0	1	2	1	1	0	0	0
PC311.4(B)	0	0	0	1	0	0	0	1	0	1
PC311.4(C)	1	0	0	0	1	1	0	0	0	1
PC647.6	0	2	1	0	0	0	1	0	0	0
PC647.6(A)	9	4	3	5	2	1	0	0	0	1
PC647.6(A)(1)	0	0	185	105	105	95	73	83	66	85
PC647.6(A)(2)	0	0	0	0	1	1	2	0	1	0
PC647.6(B)	2	4	2	5	3	1	1	3	1	2
PC647.6(C)(2)	0	0	0	0	0	0	2	0	1	0
PC664/187(A)	0	0	1	0	0	0	1	1	0	0
<b>TOTAL</b>	<b>2,645</b>	<b>2,682</b>	<b>3,124</b>	<b>2,994</b>	<b>3,473</b>	<b>3,235</b>	<b>2,916</b>	<b>2,751</b>	<b>2,558</b>	<b>2,639</b>

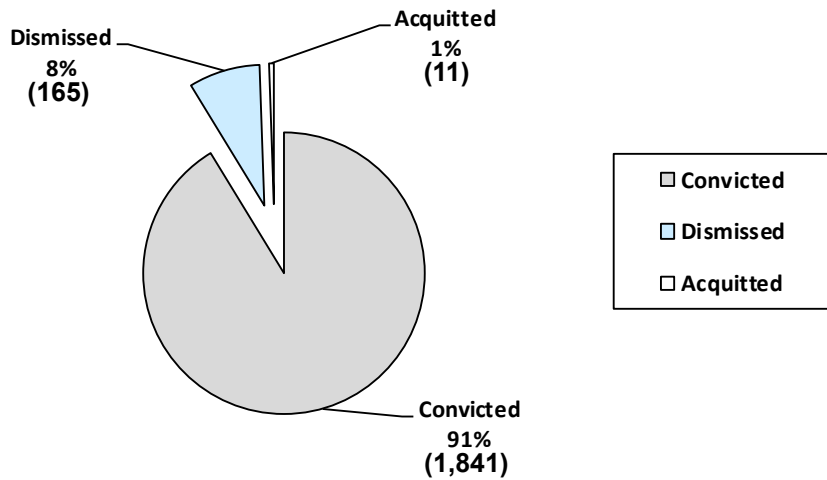
Figure 5

**ADULT PRESENTED IN 2017**





**Figure 6**  
**TOTAL ADULT DISPOSITIONS IN 2017**



**Figure 7**  
**TOTAL ADULT CASES SENTENCED FOR 2008 THROUGH 2017**

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
<b>SENTENCE TYPE</b>	<b>COUNT</b>									
<b>LIFE</b>	12	15	23	19	22	16	16	16	12	16
<b>STATE PRISON</b>	483	492	515	444	439	436	473	526	434	444
<b>COUNTY JAIL 1170(H)</b>	0	0	0	28	38	33	40	30	32	36
<b>PROBATION</b>	1,277	1,149	1,290	1,229	1,262	1,194	1,298	1,265	1,216	1,189
<b>JAIL OR FINE</b>	16	36	54	52	36	35	21	26	29	27

**Figure 8**  
**SENTENCE TYPE IN 2017**

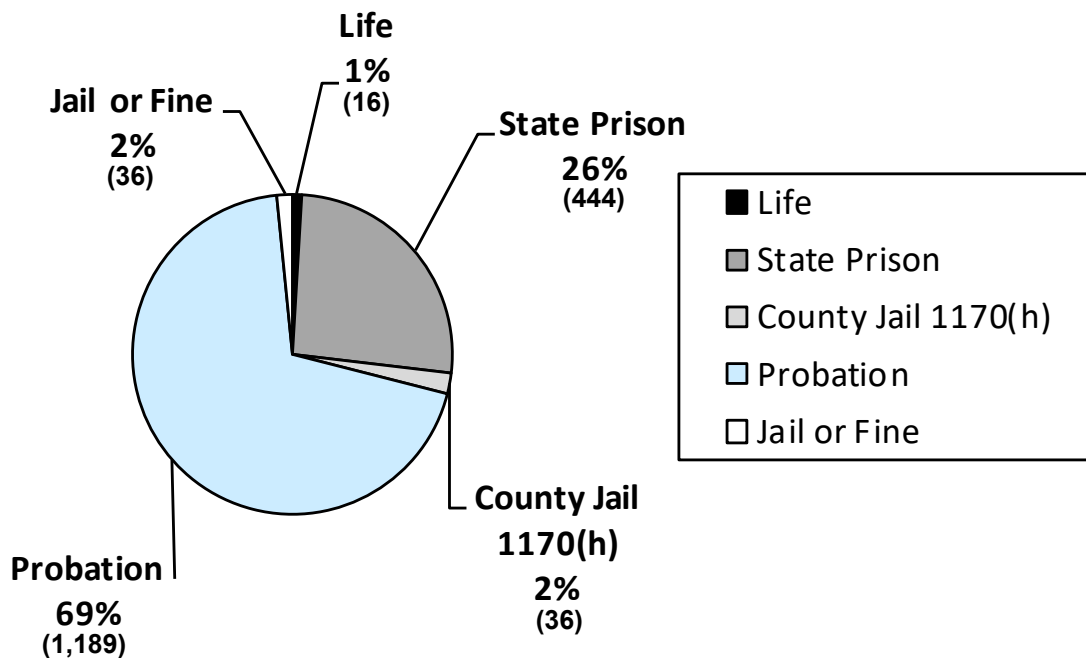






Figure 9

**CHILD ABDUCTION CASES**

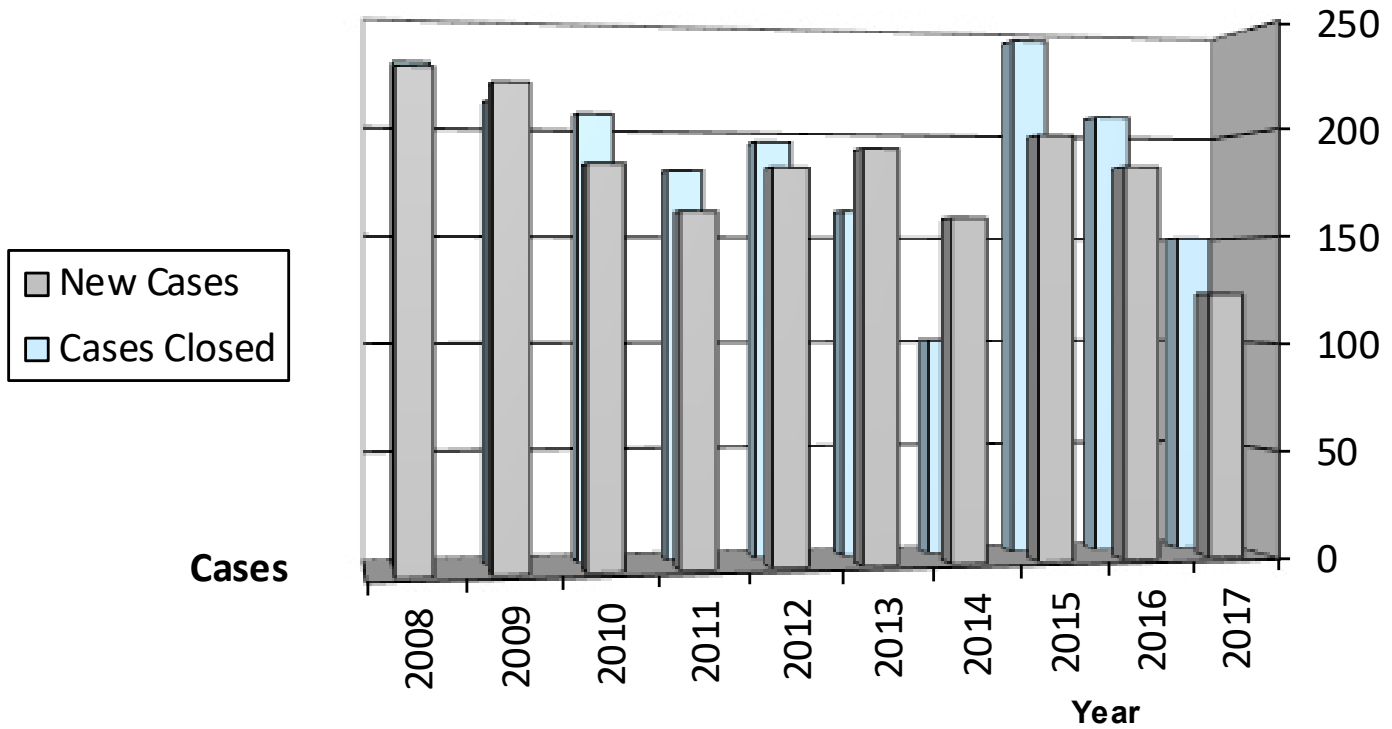


Figure 10

**TOTAL ADULT CASES FILED BY ZIP CODE FOR 2008 THROUGH 2017**

ZIP CODE	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
90007	41	45	49	45	59	61	39	32	28	22
90012	409	350	345	371	366	406	465	483	460	523
90022	50	42	69	62	81	76	52	34	47	50
90045	65	73	75	88	57	55	66	50	59	46
90210	7	5	12	8	6	4	0	0	0	0
90220	326	298	267	247	237	229	240	267	267	241
90242	28	33	33	68	54	72	82	115	134	139
90265	5	9	7	9	15	0	0	0	0	0
90301	50	41	50	42	38	43	47	39	44	46
90503	67	84	94	91	84	58	85	76	67	68
90602	75	68	42	70	67	27	0	0	0	1
90650	168	165	194	147	158	135	160	113	92	89
90703	0	0	1	0	3	0	1	0	1	0
90706	65	76	87	80	69	60	88	111	118	133
90802	64	69	74	100	104	81	73	109	99	70
91101	78	63	75	79	71	65	58	50	40	60
91205	32	32	0	0	0	0	0	0	0	0
91206	0	0	36	54	53	59	32	49	46	52
91340	94	96	87	118	110	116	83	93	104	103



91355	47	48	54	52	31	21	21	28	46	41
91401	122	80	81	56	81	82	105	114	80	82
91502	7	20	14	13	17	12	5	13	9	1
91731	65	72	63	74	61	77	102	84	68	88
91744	2	0	0	0	0	0	0	0	0	0
91766	206	214	241	242	226	216	193	236	178	212
91790	90	64	118	100	99	92	113	117	127	95
91801	61	68	86	82	68	72	112	77	85	77
93534	226	253	297	212	209	311	413	273	242	211
<b>TOTAL</b>	<b>2,450</b>	<b>2,368</b>	<b>2,551</b>	<b>2,510</b>	<b>2,424</b>	<b>2,430</b>	<b>2,635</b>	<b>2,563</b>	<b>2,441</b>	<b>2,450</b>

Figure 11

**TOTAL ADULT PRESENTED BY YEAR**

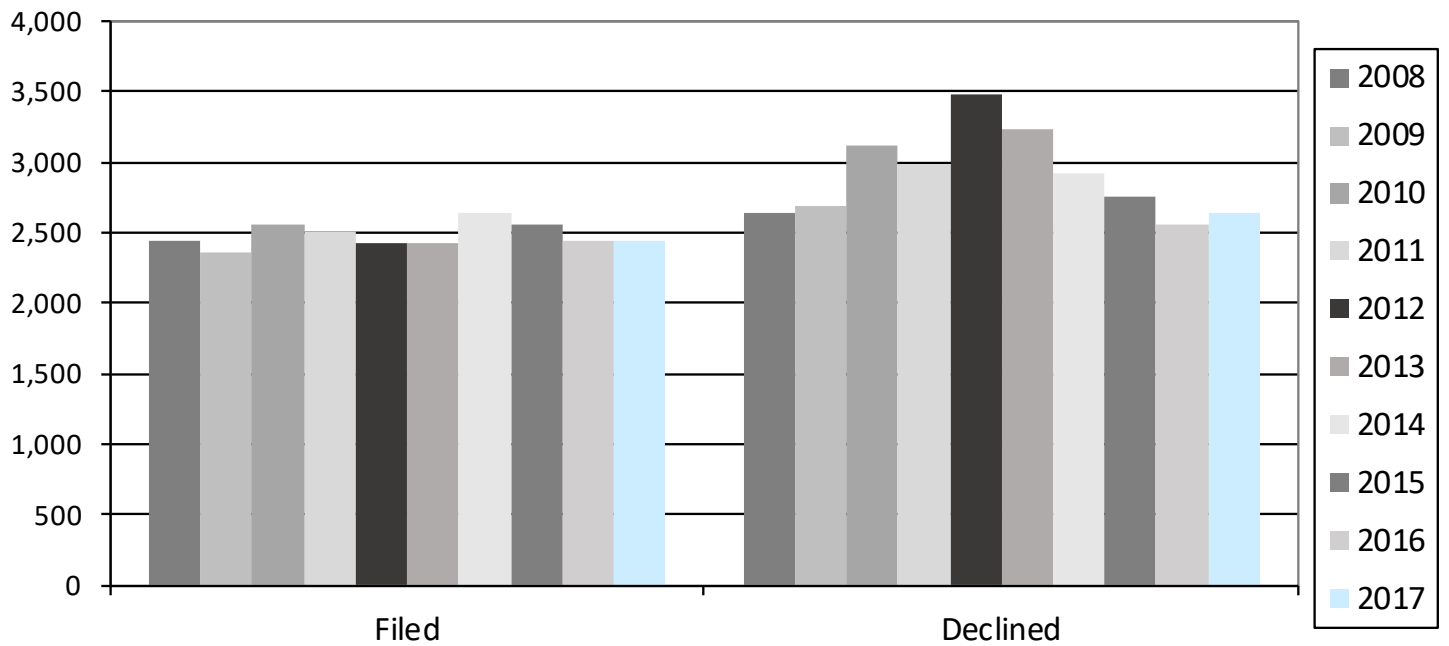




Figure 12

**TOTAL JUVENILE BY CHARGE FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC12036(B)	0	0	0	0	0	0	0	0	0	0
PC207(A)	2	0	0	0	0	0	3	0	0	0
PC207(B)	0	0	0	0	1	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	3	0	12	0
PC261.5	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	10	0	7	0	5	1	6	0	11
PC261.5(C)	3	2	2	0	2	2	1	2	2	2
PC261.5(D)	0	0	0	0	0	0	0	0	0	0
PC266H(B)(1)	2	0	0	0	0	0	0	0	0	0
PC266I(B)(2)	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	1	0	0	0	1	0
PC269(A)(4)	0	0	0	0	0	0	0	0	1	0
PC273A(A)	12	0	13	0	7	0	4	0	12	0
PC273A(B)	0	7	0	5	0	4	0	2	0	12
PC273D(A)	0	0	2	0	4	0	3	0	1	0
PC278	2	0	2	0	0	0	0	0	0	0
PC286(B)(1)	3	0	0	0	4	0	1	0	2	0
PC286(C)(1)	0	0	3	0	0	0	4	0	1	0
PC286(C)(2)(B)	0	0	0	0	0	0	1	0	9	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)	189	0	189	0	149	1	149	0	149	0
PC288(B)	0	0	0	0	1	0	0	0	0	0
PC288(B)(1)	46	0	63	0	64	0	50	0	41	0
PC288(C)(1)	0	0	2	0	0	0	0	0	0	0
PC288.2(A)	0	0	0	0	0	0	0	0	1	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	19	0	23	0	17	0	20	0	10	0
PC288.7(B)	0	0	0	0	1	0	0	0	0	0
PC288A(B)(1)	3	0	1	0	3	0	3	0	1	0
PC288A(B)(2)	0	0	1	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	1	0	0	0	0	0	1	0
PC288A(C)(2)(B)	0	0	0	0	0	0	1	0	5	0
PC288A(C)(2)(C)	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	6	0
PC289(A)(1)(C)	0	0	0	0	0	0	0	0	1	0
PC289(H)	3	0	1	0	1	0	1	0	0	1
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	2	0	0	0
PC311.1(A)	0	0	1	0	0	0	0	0	0	0
PC311.11(A)	3	0	1	0	4	1	8	0	2	0
PC311.2(B)	0	0	0	0	0	0	0	0	1	0



Figure 12

**TOTAL JUVENILE BY CHARGE FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD	FELONY	MISD
PC311.2(C)	0	0	0	0	0	0	0	0	0	0
PC311.2(D)	0	0	0	0	0	0	1	0	0	0
PC311.4(C)	0	0	0	0	0	0	0	0	1	0
PC647.6	0	0	0	0	0	0	0	1	0	0
PC647.6(A)(1)	0	0	0	0	0	12	0	7	0	10
PC647.6(B)	0	0	0	0	0	0	0	0	0	0
PC664/187(A)	0	0	1	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>287</b>	<b>19</b>	<b>306</b>	<b>12</b>	<b>259</b>	<b>25</b>	<b>256</b>	<b>18</b>	<b>260</b>	<b>36</b>
<b>ANNUAL TOTAL</b>	<b>306</b>		<b>318</b>		<b>284</b>		<b>274</b>		<b>296</b>	

Figure 12a

**TOTAL JUVENILE FILINGS BY CHARGE FOR 2013 THROUGH 2017**

CHARGE	2013		2014		2015		2016		2017	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC12036(B)	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	0	0
PC236.1(C)(1)	0	0	1	0	2	0	0	0	2	0
PC261(A)(2)	2	0	5	0	7	0	7	0	10	0
PC261.5	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	14	0	9	0	5	0	2	0	0
PC261.5(C)	5	1	1	0	0	0	0	0	1	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	1	0	0	0
PC269(A)(1)	0	0	1	0	0	0	0	0	0	0
PC269(A)(3)	1	0	0	0	2	0	0	0	0	0
PC269(A)(4)	2	0	0	0	0	0	0	0	0	0
PC273A(A)	8	0	2	0	4	0	3	0	2	0
PC273A(B)	0	9	0	4	0	2	0	3	0	8
PC273D(A)	2	0	1	1	2	0	1	0	0	0
PC278	0	0	0	0	1	0	1	0	0	0
PC286(B)(1)	1	0	0	0	1	0	2	0	2	0
PC286(C)(1)	0	0	0	0	0	0	1	0	0	0
PC286(C)(2)(B)	6	0	5	0	1	0	4	0	3	0
PC286(C)(2)(C)	0	0	0	0	0	0	0	0	1	0
PC286(D)(3)	1	0	0	0	0	0	0	0	0	0
PC288(A)	142	0	99	0	91	0	68	0	52	0
PC288(B)	0	0	0	0	0	0	0	0	0	0
PC288(B)(1)	47	0	26	0	22	0	10	0	12	0
PC288(C)(1)	0	0	0	0	0	0	0	0	0	0
PC288.2(A)	1	0	0	0	0	0	0	0	0	0
PC288.3(A)	0	0	2	0	3	0	0	0	0	0
PC288.5(A)	17	0	8	0	11	0	9	0	16	0
PC288.7(B)	0	0	0	0	0	0	0	0	0	0
PC288A(B)(1)	4	0	0	1	3	0	2	0	1	0
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0



Figure 12a

**TOTAL JUVENILE FILINGS BY CHARGE FOR 2013 THROUGH 2017**

CHARGE	2013		2014		2015		2016		2017	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288A(C)(1)	0	0	1	0	0	0	0	0	1	0
PC288A(C)(2)(B)	4	0	3	0	4	0	1	0	1	0
PC288A(C)(2)(C)	0	0	0	0	0	0	1	0	0	0
PC288A(D)(3)	1	0	0	0	0	0	0	0	0	0
PC289(A)(1)(B)	4	0	1	0	1	0	4	0	1	0
PC289(A)(1)(C)	0	0	2	0	1	0	0	0	3	0
PC289(H)	1	0	3	0	0	0	2	0	0	0
PC289(J)	0	0	0	0	0	0	0	0	1	0
PC311.1	0	0	0	0	0	0	1	0	0	0
PC311.10	0	0	0	0	2	0	0	0	0	0
PC311.1(A)	0	0	1	0	0	0	0	0	0	0
PC311.11(A)	9	1	7	0	7	2	9	2	6	1
PC311.2(B)	0	0	0	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	0	0	1	0	1	0
PC311.2(D)	1	0	2	0	0	0	0	0	0	0
PC311.4(C)	0	0	0	0	1	0	0	0	0	0
PC647.6	0	0	0	0	0	0	0	0	0	0
PC647.6(A)(1)	0	2	0	2	0	4	0	4	0	7
PC647.6(B)	0	0	0	0	0	0	0	0	1	0
PC664/187(A)	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>259</b>	<b>27</b>	<b>171</b>	<b>17</b>	<b>168</b>	<b>13</b>	<b>128</b>	<b>11</b>	<b>117</b>	<b>16</b>
<b>ANNUAL TOTAL</b>	<b>286</b>		<b>188</b>		<b>181</b>		<b>139</b>		<b>133</b>	

Figure 13

**TOTAL JUVENILE DISMISSALS BY FILING FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(A)	1	0	0	0	0	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	0	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	2	0	0	0	0	0	1	0	4
PC261.5(C)	0	0	0	0	0	1	0	2	0	2
PC266H(B)(1)	1	0	0	0	0	0	0	0	0	0
PC266I(B)(2)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	0	0	1	0	1	0	1	0	2	0
PC273A(B)	0	1	0	1	0	0	0	0	0	2
PC273D(A)	0	0	0	0	0	0	0	0	0	0
PC286(B)(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)	12	0	19	0	11	1	9	0	19	0
PC288(B)(1)	5	0	7	0	8	0	3	0	4	0
PC288.3(A)	0	0	0	0	0	0	0	0	0	0
PC288.5(A)	2	0	3	0	0	0	0	0	2	0
PC288A(B)(1)	1	0	0	0	0	0	1	0	0	0
PC288A(C)(1)	0	0	1	0	0	0	0	0	0	0
PC288A(C)(2)(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
PC311.10	0	0	0	0	0	0	0	0	0	0





Figure 13

**TOTAL JUVENILE DISMISSALS BY FILING FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC311.2(D)	0	0	0	0	0	0	0	0	0	0
PC311.11(A)	0	0	0	0	1	1	0	0	1	0
PC647.6(A)(1)	0	0	0	0	0	1	0	0	0	3
<b>TOTAL</b>	<b>23</b>	<b>3</b>	<b>31</b>	<b>1</b>	<b>21</b>	<b>4</b>	<b>14</b>	<b>3</b>	<b>28</b>	<b>11</b>
<b>ANNUAL TOTAL</b>	<b>26</b>		<b>32</b>		<b>25</b>		<b>17</b>		<b>39</b>	

Figure 13a

**TOTAL JUVENILE DISMISSALS BY FILING FOR 2013 THROUGH 2017**

CHARGE	2013		2014		2015		2016		2017	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC207(A)	0	0	0	0	1	0	0	0	0	0
PC261(A)(2)	0	0	0	0	0	0	0	0	1	0
PC236.1(C)(1)	0	0	0	0	0	0	0	0	1	0
PC261.5(B)	0	3	0	2	0	1	0	1	0	0
PC261.5(C)	1	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	1	0	0	0
PC273A(A)	0	0	0	0	1	0	0	0	1	0
PC273A(B)	0	0	0	0	0	0	0	1	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	1	0
PC286(C)(2)(B)	0	0	1	0	0	0	0	0	0	0
PC288(A)	5	0	11	0	21	0	12	0	14	0
PC288(B)(1)	2	0	2	0	4	0	0	0	2	0
PC288.3(A)	0	0	0	0	1	0	0	0	0	0
PC288.5(A)	2	0	1	0	1	0	1	0	2	0
PC288A(B)(1)	0	0	0	0	1	0	1	0	1	0
PC288A(C)(1)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(2)(B)	0	0	0	0	1	0	0	0	0	0
PC289(A)(1)(C)	0	0	0	0	0	0	0	0	1	0
PC311.10	0	0	0	0	1	0	0	0	0	0
PC311.2(D)	0	0	1	0	0	0	0	0	0	0
PC311.11(A)	0	0	1	0	1	2	3	1	3	0
PC647.6(A)(1)	0	1	0	0	0	1	0	0	0	4
<b>TOTAL</b>	<b>10</b>	<b>4</b>	<b>17</b>	<b>2</b>	<b>33</b>	<b>4</b>	<b>18</b>	<b>3</b>	<b>27</b>	<b>4</b>
<b>ANNUAL TOTAL</b>	<b>14</b>		<b>19</b>		<b>37</b>		<b>21</b>		<b>31</b>	

Figure 14

**TOTAL JUVENILE DECLINATIONS FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
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	3	0	5	0
PC261.5	0	3	0	7	0	1	0	1	5	0
PC261.5(A)	0	1	0	1	2	0	0	0	0	0
PC261.5(B)	0	44	0	46	0	61	0	75	0	89
PC261.5(C)	8	4	12	4	5	1	9	4	10	7
PC261.5(D)	0	0	1	1	0	0	0	0	1	0



Figure 14

**TOTAL JUVENILE DECLINATIONS FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC264.1(B)(1)	0	0	0	0	0	0	0	0	2	0
PC264.1(B)(2)	0	0	0	0	0	0	0	0	0	0
PC269(A)(1)	0	0	1	0	1	0	0	0	0	0
PC269(A)(3)	0	0	1	0	0	0	0	0	0	0
PC269(A)(4)	0	0	0	0	0	0	0	0	0	0
PC271A	0	0	0	1	0	0	0	0	0	0
PC272(A)(1)	0	0	0	0	0	0	0	0	0	0
PC273A(A)	1	0	1	0	3	0	2	0	5	0
PC273A(B)	0	1	0	2	0	0	0	0	0	2
PC273D(A)	1	0	0	0	0	0	0	0	1	0
PC273I(A)	0	0	0	0	0	0	0	1	0	0
PC278	0	0	0	0	0	0	0	0	0	0
PC278.5(A)	1	0	0	0	0	0	0	0	0	0
PC286(B)(1)	5	0	0	0	6	0	8	0	8	0
PC286(B)(2)	0	0	0	0	0	0	0	0	0	0
PC286(C)(1)	0	0	1	0	0	0	0	0	2	0
PC286(C)(2)(B)	0	0	0	0	0	0	0	0	1	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)	156	0	202	0	183	0	162	0	223	1
PC288(B)	0	0	0	0	0	0	0	0	0	0
PC288(B)(1)	9	0	5	0	11	0	7	0	19	0
PC288(C)(1)	0	0	0	0	1	0	0	0	2	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	2	0	4	0	1	0	2	0
PC288.7(B)	0	0	0	0	0	0	0	0	1	0
PC288A(B)(1)	1	0	2	0	4	0	2	0	5	0
PC288A(B)(2)	0	0	0	0	0	0	0	0	0	0
PC288A(C)(1)	0	0	1	0	2	0	0	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	1	0
PC289(H)	0	0	1	0	1	1	1	0	0	0
PC311.1	0	0	0	0	0	1	0	0	0	0
PC311.1(A)	0	0	0	0	1	0	0	0	0	0
PC311.10	0	0	0	0	0	0	1	0	4	0
PC311.11(A)	0	0	3	0	6	0	5	0	8	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)	1	2	0	0	0	2	0	7	1	0
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



Figure 14

**TOTAL JUVENILE DECLINATIONS FOR 2008 THROUGH 2012**

CHARGE	2008		2009		2010		2011		2012	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC647.6(A)	0	0	0	0	0	2	0	0	0	0
PC647.6(A)(1)	0	0	0	0	0	4	1	7	0	9
PC647.6(B)	0	0	2	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>184</b>	<b>55</b>	<b>235</b>	<b>62</b>	<b>230</b>	<b>73</b>	<b>202</b>	<b>95</b>	<b>306</b>	<b>108</b>
<b>ANNUAL TOTAL</b>	<b>239</b>		<b>297</b>		<b>303</b>		<b>297</b>		<b>414</b>	

Figure 14a

**TOTAL JUVENILE DECLINATIONS FOR 2013 THROUGH 2017**

CHARGE	2013		2014		2015		2016		2017	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC236.1(C)(1)	0	0	0	0	2	0	0	0	3	0
PC236.1(C)(2)	0	0	0	0	1	0	0	0	0	0
PC261(A)(2)	9	0	8	0	8	0	7	0	18	0
PC261.5	0	0	1	0	0	0	0	0	0	0
PC261.5(A)	0	0	0	0	0	0	0	0	0	0
PC261.5(B)	0	106	0	97	0	98	0	85	0	92
PC261.5(C)	8	3	0	13	5	13	3	22	2	4
PC261.5(D)	0	0	0	0	0	0	0	0	0	0
PC264.1(B)(1)	0	0	0	0	0	0	0	0	0	0
PC264.1(B)(2)	0	0	1	0	0	0	0	0	0	0
PC269(A)(1)	0	0	1	0	0	0	0	0	0	0
PC269(A)(3)	0	0	0	0	0	0	0	0	0	0
PC269(A)(4)	0	0	0	0	0	0	1	0	0	0
PC271A	0	0	0	0	0	0	0	0	0	0
PC272(A)(1)	0	0	0	0	0	1	0	0	0	0
PC273A(A)	1	0	2	0	2	0	1	0	1	0
PC273A(B)	0	0	0	2	0	0	0	0	0	1
PC273D(A)	0	0	0	0	0	0	1	0	0	0
PC273I(A)	0	0	0	0	0	0	0	0	0	0
PC278	0	0	0	0	1	0	0	0	0	0
PC278.5(A)	0	0	0	0	0	0	0	0	0	0
PC286(B)(1)	2	0	4	0	3	0	1	0	3	0
PC286(B)(2)	0	0	0	0	1	0	1	0	1	0
PC286(C)(1)	0	0	0	0	0	0	1	0	0	0
PC286(C)(2)(B)	1	0	2	0	1	0	0	0	2	0
PC286(C)(2)(C)	0	0	2	0	1	0	0	0	0	0
PC286(D)(3)	1	0	0	0	0	0	0	0	0	0
PC288(A)	216	0	171	0	163	0	146	0	133	1
PC288(B)	0	0	1	0	0	0	2	0	0	0
PC288(B)(1)	21	0	12	0	7	0	7	0	6	0
PC288(C)(1)	0	0	0	0	0	0	0	0	0	0
PC288.2(B)	1	0	0	0	0	0	0	0	0	0
PC288.3(A)	1	0	1	0	0	0	0	0	0	0
PC288.5	0	0	0	0	1	0	1	0	0	0
PC288.5(A)	4	0	2	0	5	0	2	0	7	0
PC288.7(B)	0	0	0	0	0	0	1	0	0	0
PC288A(B)(1)	7	0	9	0	7	1	15	3	11	0



Figure 14a

**TOTAL JUVENILE DECLINATIONS FOR 2013 THROUGH 2017**

CHARGE	2013		2014		2015		2016		2017	
	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd	Felony	Misd
PC288A(B)(2)	0	0	0	0	0	0	0	0	4	0
PC288A(C)(1)	0	0	0	0	1	0	1	0	4	0
PC288A(C)(2)(B)	1	0	1	0	0	0	0	0	4	0
PC288A(C)(2)(C)	0	0	0	0	3	0	1	0	3	0
PC289(A)(1)(B)	2	0	1	0	0	0	0	0	0	0
PC289(A)(1)(C)	0	0	0	0	0	0	1	0	1	0
PC289(H)	0	1	1	1	0	3	1	0	10	0
PC311.1	0	0	0	0	0	0	0	0	0	0
PC311.1(A)	1	2	0	0	0	0	0	0	14	0
PC311.10	1	0	4	0	0	0	0	0	0	0
PC311.11(A)	3	0	4	0	10	1	6	1	0	0
PC311.2(A)	0	0	0	0	0	2	0	1	0	3
PC311.2(B)	0	0	1	0	0	0	0	0	0	0
PC311.2(C)	0	0	0	0	1	0	2	0	0	0
PC311.2(D)	0	0	1	0	0	0	0	0	1	0
PC311.3(A)	0	0	0	0	0	1	0	4	0	0
PC311.4(A)	0	0	0	0	1	0	0	0	0	0
PC311.4(C)	1	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	4	0	12	0	10	0	6	0	3
PC647.6(B)	0	0	1	0	1	0	0	0	0	0
<b>TOTAL</b>	<b>281</b>	<b>116</b>	<b>231</b>	<b>125</b>	<b>225</b>	<b>130</b>	<b>202</b>	<b>122</b>	<b>228</b>	<b>104</b>
<b>ANNUAL TOTAL</b>	<b>397</b>		<b>356</b>		<b>355</b>		<b>324</b>		<b>332</b>	

Figure 15

**TOTAL JUVENILE PRESENTED IN 2017**

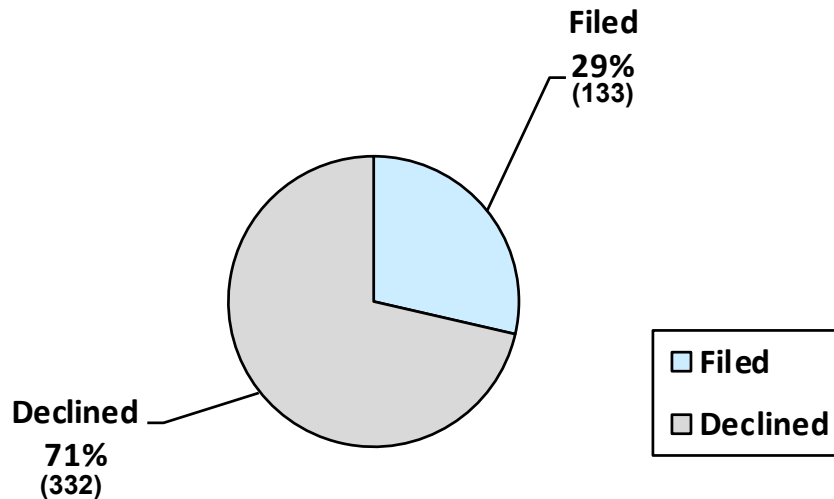




Figure 16

**TOTAL JUVENILE DISPOSITIONS IN 2017**

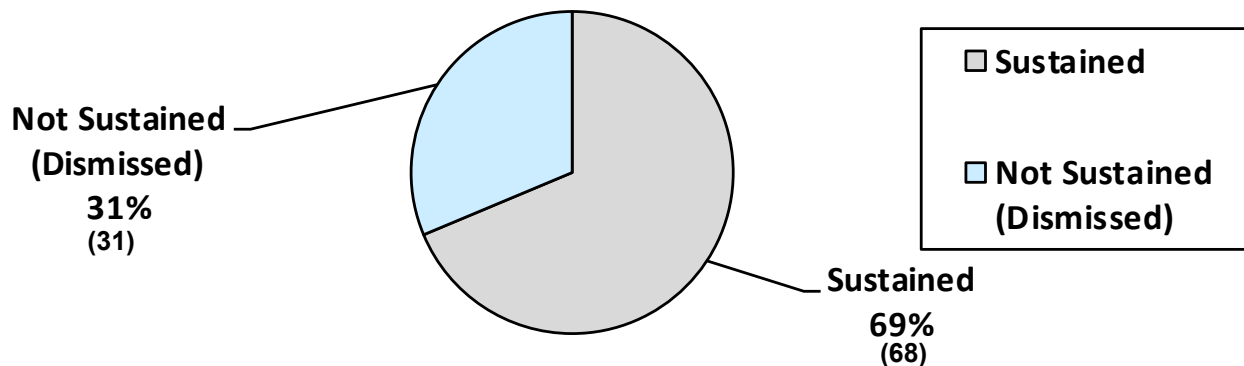


Figure 17

**TOTAL JUVENILE CASES FILED BY ZIP CODE FOR 2008 THROUGH 2017**

ZIP CODE	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
90001	34	19	20	22	31	8	0	0	0	0
90033	74	70	48	55	46	48	27	22	38	44
90220	29	23	20	25	27	59	37	29	21	15
90242	24	28	33	29	27	27	17	22	10	10
90301	20	13	23	21	21	17	21	7	13	12
90802	18	18	16	19	12	14	16	16	10	9
91101	22	20	15	21	26	25	18	11	3	0
91342	28	53	57	47	70	50	20	34	22	17
91766	34	49	33	20	22	23	19	25	14	17
93534	23	25	19	15	14	15	13	14	8	9





Figure 18

**TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2008 THROUGH 2012**

	2007				2008				2009			
	JUV.	%	ADULT	%	JUV.	%	ADULT	%	JUV.	%	ADULT	%
<b>FEMALE</b>	4,438	19%	37,088	19%	4,226	18%	38,447	19%	3,723	18%	37,876	20%
<b>MALE</b>	18,525	81%	160,042	81%	18,727	82%	163,295	81%	17,455	82%	150,822	80%
<b>TOTAL</b>	<b>22,963</b>		<b>197,130</b>		<b>22,953</b>		<b>201,742</b>		<b>21,178</b>		<b>188,698</b>	

2010				2011			
JUV.	%	ADULT	%	JUV.	%	ADULT	%
3,410	18%	39,656	21%	3,029	19%	36,315	22%
15,469	82%	146,249	79%	13,080	81%	126,685	78%
<b>18,879</b>		<b>185,905</b>		<b>16,109</b>		<b>163,000</b>	

Figure 18a

**TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2013 THROUGH 2017**

	2013				2014				2015			
	JUV.	%	ADULT	%	JUV.	%	ADULT	%	JUV.	%	ADULT	%
<b>FEMALE</b>	1,898	19%	32,801	22%	1,535	18%	32,543	22%	1,121	18%	32,492	22%
<b>MALE</b>	8,304	81%	114,878	78%	6,859	82%	114,540	78%	5,189	82%	114,200	78%
<b>TOTAL</b>	<b>10,202</b>		<b>147,679</b>		<b>8,394</b>		<b>147,083</b>		<b>6,310</b>		<b>146,692</b>	

2016				2017			
JUV.	%	ADULT	%	JUV.	%	ADULT	%
944	18%	27,533	21%	825	18%	26,545	21%
4,342	82%	104,136	79%	3,821	82%	102,455	79%
<b>5,286</b>		<b>131,669</b>		<b>4,646</b>		<b>129,000</b>	

Figure 19

**CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 2008 THROUGH 2012**

	2008				2009				2010			
	JUV.	%	ADULT	%	JUV.	%	ADULT	%	JUV.	%	ADULT	%
<b>FEMALE</b>	24	8%	536	22%	14	4%	452	19%	4	1%	550	22%
<b>MALE</b>	282	92%	1,913	78%	304	96%	1,916	81%	280	99%	2,001	78%
<b>TOTAL</b>	<b>306</b>		<b>2,449</b>		<b>318</b>		<b>2,368</b>		<b>284</b>		<b>2,551</b>	

2011				2012			
JUV.	%	ADULT	%	JUV.	%	ADULT	%
11	4%	552	22%	2,552	19%	34,646	22%
263	96%	1,958	78%	10,577	81%	119,415	78%
<b>274</b>		<b>2,510</b>		<b>13,129</b>		<b>154,061</b>	



Figure 19a

**CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 2013 THROUGH 2017**

	2013				2014				2015			
	JUV.	%	ADULT	%	JUV.	%	ADULT	%	JUV.	%	ADULT	%
<b>FEMALE</b>	14	5%	546	22%	4	2%	585	22%	13	7%	600	23%
<b>MALE</b>	272	95%	1884	78%	184	98%	2050	78%	168	93%	1963	77%
<b>TOTAL</b>	<b>286</b>		<b>2,430</b>		<b>188</b>		<b>2,635</b>		<b>181</b>		<b>2,563</b>	

2016				2017			
JUV.	%	ADULT	%	JUV.	%	ADULT	%
12	9%	625	26%	5	4%	523	21%
127	91%	1,816	74%	128	96%	1,927	79%
<b>139</b>		<b>2,441</b>		<b>133</b>		<b>2,450</b>	

Figure 20

**TOTAL JUVENILE FILINGS BY GENDER FOR 2008 THROUGH 2012**

	2008				2009				2010			
	JUV.	%	ADULT	%	JUV.	%	ADULT	%	JUV.	%	ADULT	%
<b>FEMALE</b>	24	8%	4,226	18%	14	4%	3,723	18%	4	1%	3,410	18%
<b>MALE</b>	282	92%	18,727	82%	304	96%	17,455	82%	280	99%	15,469	82%
<b>TOTAL</b>	<b>306</b>		<b>22,953</b>		<b>318</b>		<b>21,178</b>		<b>284</b>		<b>18,879</b>	

2011				2012			
JUV.	%	ADULT	%	JUV.	%	ADULT	%
11	4%	3,029	19%	18	6%	2,552	19%
263	96%	13,080	81%	278	94%	10,577	81%
<b>274</b>		<b>16,109</b>		<b>296</b>		<b>13,129</b>	

Figure 20a

**TOTAL JUVENILE FILINGS BY GENDER FOR 2013 THROUGH 2017**

	2013				2014				2015			
	JUV.	%	ADULT	%	JUV.	%	ADULT	%	JUV.	%	ADULT	%
<b>FEMALE</b>	14	5%	1,898	19%	4	2%	1,535	18%	13	7%	1,121	18%
<b>MALE</b>	272	95%	8,304	81%	184	98%	6,859	82%	168	93%	5,189	82%
<b>TOTAL</b>	<b>286</b>		<b>10,202</b>		<b>188</b>		<b>8,394</b>		<b>181</b>		<b>6,310</b>	

2016				2017			
JUV.	%	ADULT	%	JUV.	%	ADULT	%
12	9%	944	18%	5	4%	825	18%
127	91%	4,342	82%	128	96%	3,821	82%
<b>139</b>		<b>5,286</b>		<b>133</b>		<b>4,646</b>	



Figure 21

**TOTAL ADULT FILINGS BY GENDER FOR 2008 THROUGH 2012**

	2008				2009				2010			
	JUV.	%	ADULT	%	JUV.	%	ADULT	%	JUV.	%	ADULT	%
<b>FEMALE</b>	536	22%	38,447	19%	452	19%	37,876	20%	550	22%	39,656	21%
<b>MALE</b>	1,913	78%	163,295	81%	1,916	81%	150,822	80%	2,001	78%	146,249	79%
<b>TOTAL</b>	<b>2,449</b>		<b>201,742</b>		<b>2,368</b>		<b>188,698</b>		<b>2,551</b>		<b>185,905</b>	

2011				2012			
JUV.	%	ADULT	%	JUV.	%	ADULT	%
552	22%	36,315	22%	517	21%	34,646	22%
1,958	78%	126,685	78%	1,907	79%	119,415	78%
<b>2,510</b>		<b>163,000</b>		<b>2,424</b>		<b>154,061</b>	

Figure 21a

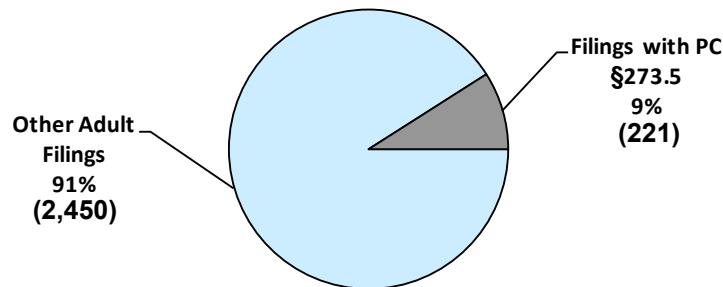
**TOTAL FILINGS BY GENDER (ALL CHARGES) FOR 2013 THROUGH 2017**

	2013				2014				2015			
	JUV.	%	ADULT	%	JUV.	%	ADULT	%	JUV.	%	ADULT	%
<b>FEMALE</b>	546	22%	32,801	22%	585	22%	32,543	22%	600	23%	32,492	22%
<b>MALE</b>	1,884	78%	114,878	78%	2,050	78%	114,540	78%	1,963	77%	114,200	78%
<b>TOTAL</b>	<b>2,430</b>		<b>147,679</b>		<b>2,635</b>		<b>147,083</b>		<b>2,563</b>		<b>146,692</b>	

2016				2017			
JUV.	%	ADULT	%	JUV.	%	ADULT	%
625	26%	27,533	21%	523	21%	26,545	21%
1,816	74%	104,136	79%	1,927	79%	102,455	79%
<b>2,441</b>		<b>131,669</b>		<b>2,450</b>		<b>129,000</b>	

Figure 22

**FILINGS WITH PC §273.5 CHARGE VERSUS TOTAL FILINGS  
2017**





**GLOSSARY OF TERMS**

**Accusatory Pleading** - An indictment, information, or complaint by which the government begins a criminal prosecution.\*

**Acknowledgment of Discovery** - A form signed by the defense attorney acknowledging the receipt or inspection of specified documents relating to the court case.

**Adjudication** - The legal process of resolving a dispute; the process of judicially deciding a case.\* In criminal court, this term generally means a determination of guilty or not guilty. When used to describe a proceeding in juvenile delinquency court, it describes the trial process under which the judge hears evidence as the trier of fact in order to determine whether a petition filed on behalf of the minor in court is found to be true (sustained petition) or not true (dismissed). As the purpose of a delinquency court proceeding is to determine the truth of the matter alleged and, if sustained, develop a rehabilitation plan on behalf of the minor, a true finding by the court resulting from an adjudication does not have the same consequences as a conviction for a similarly charged adult defendant.

**Adult** - Age when a person is considered legally responsible for his or her actions. For criminal actions, all persons 18 years of age and over in California are considered adults. In some cases, juveniles may be tried as adults.

**Amend a Complaint or Information** - One amends a complaint or information by adding or deleting from it. This must be approved by the court. It can be done either by interlineation or by submitting a new document containing the charges. Generally, a complaint or information is amended based on newly discovered evidence or to conform to proof presented at a court hearing.

**Appeal** - A proceeding undertaken to have a decision reconsidered by a higher authority; especially, the submission of a lower court's or agency's decision to a higher court for review and possible reversal.\* The appellate court may refuse to hear the case, affirm the lower court's ruling, or reverse or overturn the lower court ruling on the issue(s) being appealed.

**Appellate Court** - A court of review which determines whether or not the ruling and judgments of the lower court were correct.

**Arraignment** – The initial step in a criminal prosecution

whereby the defendant is brought before the court to hear the charges and enter a plea.\* The defendant is given a copy of the complaint, petition, or other accusatory instrument, and informed of his or her constitutional rights.

**Arrest** - The physical taking of a person into custody for violating the law, the purpose of which is to restrain the accused until he can be held accountable for the offense at court proceedings. The legal requirement for an arrest is probable cause.

**Arrest Warrant** – A warrant issued by a disinterested magistrate after a showing of probable cause, directing a law-enforcement officer to arrest and take a person into custody.\*

**Bail** - A monetary or other form of security given to ensure the appearance of the defendant at every stage of the proceedings in lieu of actual physical confinement in jail.

**Bench Warrant** - A writ issued directly by a judge to a law-enforcement officer, especially for the arrest of a person who has been held in contempt, has been indicted, has disobeyed a subpoena, or has failed to appear for a hearing or trial.\*

**Beyond a Reasonable Doubt** - The burden of proof in a criminal trial. The California jury instruction defines reasonable doubt as: It is not a mere possible doubt; because everything relating to human affairs is open to some possible or imaginary doubt. It is that state of the case which, after the entire comparison and consideration of all of the evidence, leaves the minds of the jurors in that condition that they cannot say they feel an abiding conviction of the truth of the charge.

**Booking** - An administrative record of an arrest made in police stations listing the offender's name, address, physical description, date of birth, employer, time of arrest, offense, and the name of arresting officer. Photographing and fingerprinting the offender are also part of the booking process.

**Burden of Proof** - A party's duty to prove a disputed assertion or charge.\*

**Case Law** - Law derived from previous court decisions, as opposed to statutory law which is passed by legislature.

**Certified Plea** - Occurs when a defendant pleads guilty or no contest to a felony charge, 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.

**Corpus Delicti** - The material substance on which a crime has been committed; the physical evidence of a crime.\*

**Count** - The part of a charging instrument alleging that the suspect has committed a distinct offense.\* In law enforcement, this is the number of offenses with which a suspect has been charged. For instance, one count of PC §211 (robbery) and two counts of PC §244 (assault with a caustic substance). In other criminal justice agencies (District Attorney's Office, courts, etc.) this is the sequence number identifying a charge on the

accusatory pleading document. For instance, Count 1 is for PC §211, Count 2 is for PC §244, and Count 3 is for PC §244.

**Court Calendar** - A list of matters scheduled for trial or hearing.

**Court Case** - A case that has been identified, numbered, and is recognized by the court system. Not to be confused with a District Attorney case (see below).

**Credit** - Time in days that reduces an inmate's sentence term. Credits are typically issued for "good time and work time" or time in custody already served by a defendant.

**Crime** - Any act that lawmakers designated as forbidden and subject to punishment imposed by the courts.

**De Novo Hearing** - In juvenile court proceedings, the rehearing where the judgment in the initial hearing is set aside and the new hearing takes place before a judge as if the first hearing never occurred. The de novo hearing may occur when the first hearing was held before a referee.

**Defendant** - The accused in criminal proceedings.

**Demurrer** - A written document filed (or plea entered) by a defendant that attacks the accusatory pleading for failing to state sufficient facts to constitute a public offense.

**Dennis H. Hearing** - An optional juvenile detention hearing requested by the defense to attack the sufficiency of the evidence presented by the District Attorney's Office that the minor has committed a crime or crimes which require the continued detention of the minor.

**Detention Hearing** - In delinquency court, a hearing held by a juvenile court to determine whether a juvenile accused of delinquent conduct should be detained, continued in confinement, or released pending an adjudicatory hearing.\*

**Determinate Sentence** - A jail term of a specified duration.\*

**Diagnostic** - In appropriate juvenile cases, the court has the power to order a diagnostic report from the California Department of Corrections and Rehabilitation, Division of Juvenile Justice regarding whether the juvenile would benefit from any of the



programs offered by the Department of Corrections and Rehabilitation, Juvenile Division. In adult cases, the court can refer a convicted defendant to the California Department of Corrections and Rehabilitation pursuant to PC §1203.03 for a 90-day period and a diagnostic report recommending whether the defendant should be committed to state prison.

**Discovery** - Procedure whereby one party to an action gains information held by another party.

**Dismiss a Case** - To terminate a case without a trial or conviction.

**Disposition** - For juvenile offenders, the equivalent of sentencing for adult offenders. Possible dispositions are dismissal of the case, release of the juvenile to parental custody, place the juvenile on probation, or send juvenile to a county institution or state correctional institution.

**District Attorney Case** - When crimes are committed, law enforcement conducts an investigation, then submits its reports to the District Attorney's Office for filing consideration. If sufficient evidence exists to prove the case beyond a reasonable doubt, the reviewing Deputy District Attorney will file the appropriate charges. The charging document, police reports, attorneys' work product, and other evidence constitute the District Attorney case. A case may represent more than one defendant and more than one count. Both adult and juvenile District Attorney's cases have an internal number as well as the official case number issued by the Superior Court. The cases may be tracked in the District Attorney's Office internal computer system, PIMS (Prosecutor's Information Management System).

**Diversion Program** - A pretrial program that refers certain criminal defendants, especially youth offenders and first-time offenders, to rehabilitative community programs, the charges being placed on hold until, and ultimately reduced or dismissed after, benchmarks such as counseling for mental health, drug abuse, or employment are met.\*

**Docket** - A formal record in which a judge or court clerk briefly notes all the proceedings and filings in a court case.\*

**Double Jeopardy** - The fact of being prosecuted or sentenced twice for substantially the same offense. Double jeopardy is prohibited by the Fifth Amendment.\*

**Edsel P. Hearing** - A juvenile court hearing to determine if there is sufficient prima facie evidence to substantiate that a WIC §707b offense (which gives rise to the presumption that the juvenile is not fit to be tried as a juvenile) has been committed.

**Enhancement/Allegation** - Statutes that increase the punishment for a crime.

**ESCARS** – Electronic Suspected Child Abuse Report System accessible by all emergency response social workers, law enforcement officials, and prosecutors that provides information on current and prior instances of abuse and neglect involving children and families.

**Evidence** - Something (including testimony, documents, and tangible objects) that tends to prove or disprove the existence of an alleged fact.\*

**Expert Witness** - A witness qualified by knowledge, skill, experience, training, or education to provide a scientific, technical, or other specialized opinion about the evidence or a fact issue.\*

**Expungement of Record** - The removal of a conviction from a person's criminal record.\*

**Family and Children's Index (FCI)** – An 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 usually punishable by imprisonment for more than one year or by death.\*

**Filing** - In the District Attorney's Office, this is the process where the prosecutor reviews the facts and evidence presented by law enforcement to make a determination as to whether crimes may be charged, and if so, what the appropriate charges are. The prosecutor evaluates the case to determine not only whether all of the legal elements of the crimes are present but also whether it is reasonably likely that the trier of fact could find the accused guilty beyond a reasonable doubt. Once the charging document is prepared in the District Attorney's Office, it is then filed in Superior Court.

**Fitness Hearing** - A hearing to determine if a juvenile should be tried as an adult rather than remain in the juvenile system.





**Grand Jury** - A group of citizens (usually 23 in number) that investigates wrongdoing and that, after hearing evidence submitted by the prosecutor, decide by majority vote whether to indict defendants. Grand jury proceedings are conducted in secret and without the presence of the accused or his attorney.

**Habeas Corpus Proceeding** - A hearing to determine the legality of a person's confinement.

**Hearing** - A judicial session, usually open to the public, held for the purpose of deciding issues of fact or of law, sometimes with witnesses testifying.\*

**Held to Answer** - In felony cases, a magistrate decides at the preliminary hearing whether there is sufficient cause to believe the defendant is guilty of felony charges.

**Home on Probation** - A juvenile delinquency court disposition which allows a minor to remain in his home while complying with the terms and conditions of probation.

**Home Supervision Program (HSP)** - A program in which persons who would otherwise be detained in the juvenile hall are permitted to remain in their homes pending court disposition of their cases, under the supervision of a probation officer.

**Hung Jury** - A jury that is unable to reach agreement about whether a defendant is guilty or not guilty. This allows the prosecution to retry the case if it chooses unless the trial judge decides otherwise and dismisses the case.

**In Lieu of Filing** - A procedure where a probation violation petition is filed pertaining to the facts of a new crime instead of filing a new criminal complaint on those same facts.

**Indeterminate Sentence** - An open-ended sentence, such as from 25 to life, that gives correctional authorities the right to determine the amount of time actually served within the prescribed limits.

**Indictment** - A written accusation returned by a grand jury charging an individual with a specified crime after determining probable cause.

**Informal Probation** - Supervised probation of a juvenile offender. This status may be granted by a probation officer (in lieu of requesting the filing of a petition) or by the court (suspending the delinquency proceedings) prior to adjudication. This is similar to diversion in the

adult system.

**Information** - Like the complaint or indictment, a formal charging document.

**Infraction** - A crime that is not punishable by imprisonment.

**In Propria Persona (also known as In Pro Per, or Pro Per)** - Refers to a defendant who represents his or herself in a legal action. The defendant has a legal right to counsel but also has the right to self-representation. Before the court may accept a waiver to the right to counsel, it must satisfy itself that the defendant is making a knowing and intelligent waiver of that right. For capital (death penalty) cases in California, the court is statutorily obligated to appoint defense counsel even if the defendant asks to act as his or her own attorney.

**Interlineation** - The changing of a charging document, with court approval, by all parties writing the change on their copy of the charging document.

**Jeopardy** - The risk of conviction and punishment that a criminal defendant faces at trial. Jeopardy attaches in a jury trial when the jury is empaneled, and in a bench trial when the first witness is sworn.\*

**Joinder** - The joining of several offenses into one charging document which either arise from the same factual incident or are offenses of the same nature.

**Jurisdiction** - The type (e.g., territorial, subject matter, appellate, personal, etc.) or range of a court's or law enforcement agency's authority.

**Jury** - A group of citizens, randomly selected from the community, chosen to hear evidence and decide questions of fact in a trial.

**Juvenile Court Jurisdiction** - Under WIC §602, any person under the age of 18 years when he or she violates any law of California or the United States, or any city or county of California defining crime (other than an ordinance establishing curfew based solely on age), is within the jurisdiction of the juvenile court, which may adjudge such person to be a ward of the court, except in those circumstances where the offense provides that the juvenile may be tried as an adult.

**Law Enforcement Agency** - Agency with the responsibility of enforcing the laws and preserving the peace of its jurisdiction.



**Lawful Custody** - As used in reference to the Safe-Surrender law in PC §271.5, Health and Safety Code §1255.7 defines "lawful custody" as physical custody of a minor 72 hours old or younger accepted by a person from a parent of the minor, who the person believes in good faith is the parent of the minor, with the specific intent and promise of effecting the safe surrender of the minor.

**Minor** - Someone who has not reached full legal age; a child or juvenile.\*

**Minute Order** - An order recorded in the minutes of the court rather than directly on a case docket.\*

**Misdemeanor** - A crime that is less serious than a felony and is usually punishable by fine, penalty, forfeiture, or confinement in a place other than prison.\*

**Mistrial** - A trial that a judge brings to an end, without a determination on the merits, because of a procedural error or serious misconduct occurring during the proceedings,\* or due to a hung jury.

**Motion** - A written or oral application requesting a court to make a specified ruling or order.

**Motion to Dismiss Pursuant to PC §995** - A motion made in superior court to dismiss a case on one or more counts based on insufficient evidence produced at the preliminary hearing.

**Obscene Matter** - Pursuant to PC §311(a), this means matter, taken as a whole, that to an average person, applying contemporary statewide standards, appeals to the prurient interest, that taken as a whole, depicts or describes sexual conduct in a patently offensive way, and that, taken as a whole, lacks serious literary, artistic, political, or scientific value.

**Office Hearing** - The District Attorney's Office handles certain criminal situations in a non-courtroom setting with the objective of solving problems before they become more serious. These criminal matters are minor in nature. The hearing officer speaks to both parties and attempts to resolve the matter. If that fails, a decision is made whether to file, seek additional information, or not file a complaint.

**Petition** - A formal written request presented to a court or other official body.\* In juvenile court, the Probation Department requests the District Attorney's Office to file a petition for a juvenile. The charging document is called a petition in juvenile court, while the charging

document is called an indictment, information, or complaint in adult court.

**Petition (WIC §601)** - Juvenile charging document prepared by the District Attorney's Office (and occasionally the probation officer) for those offenses (typically matters involving incorrigibility) that are not violations of the law if committed by an adult.

**Petition (WIC §602)** - Juvenile charging document prepared by the District Attorney's Office for those offenses that are violations of the law if committed by an adult.

**Petition (WIC §777)** - Juvenile charging document prepared by the District Attorney's Office for those offenses that constitute a violation of probation (making it necessary to modify the previous orders of the court).

**Plea** - An answer to formal charges by an accused. Possible pleas include guilty, nolo contendere or no contest, not guilty, and not guilty by reason of insanity. **Plea Bargaining** - The process whereby the accused and the prosecutor negotiate a mutually satisfactory disposition of the case. This is also known as a case settlement or negotiated plea.

**Preliminary Hearing** - A criminal hearing to determine whether probable cause exists to prosecute an accused person. If sufficient evidence exists, the case will be held to answer and an information will be filed. At the hearing, the prosecution must establish a prima facie case, that is, show that a felony occurred and to raise strong suspicion that the defendant committed it.

**Preponderance of Evidence** - The standard of proof in a civil trial. It is less than required in a criminal trial (i.e., beyond a reasonable doubt). Specifically, the weight of evidence for guilt is deemed greater than the weight of evidence for innocence.

**Pre-Sentence Report** - A report by a probation officer made prior to sentencing that diagnoses offenders, predicts their chance of being rehabilitated, recommends to the court that specific sentence elements be imposed upon the defendant, and addresses the danger they pose to society.

**Pre-Trial Hearing** - The pre-trial hearing is held to facilitate case settlement prior to the trial. Various motions may also be heard at the pretrial.

**Prima Facie** - A term that usually refers to the strength of evidence of a criminal charge. Prima facie evidence



is sufficient to establish a fact or raise a presumption unless disproved or rebutted; based on what seems to be true on first examination, even though it may later be proved to be untrue.\*

**Probable Cause** - A reasonable ground to suspect that a person has committed or is committing a crime or that a place contains specific items connected with a crime.\* The evidentiary criterion necessary to sustain an arrest or the issuance of an arrest or search warrant; less than an absolute certainty or "beyond a reasonable doubt" but greater than mere suspicion or "hunch."

**Probation** - A procedure whereby a convicted defendant is not punished by incarceration alone but is released for a designated period of time subject to conditions imposed by the court. One of the conditions of probation can be a period of incarceration in local (county) institutions.

**Probation Violation** - When a person does not abide by one or more of the conditions of his probation.

**Probation/Sentencing Hearing** - A hearing after a defendant has been found guilty or pled guilty where the sentence is imposed.

**Register of Action** - A formal record of the events that have occurred in a superior court case maintained by the court clerk.

**Registration** - Pursuant to PC §290, persons convicted of certain sexual offenses must give all pertinent identifying information to the law enforcement agency in the area where they live and, if applicable, where they attend a university, college, or community college within a certain time period. This requirement is often for life.

**Safe-Surrender Site** - As defined in Health and Safety Code §1255.7, (a) a location designated by the board of supervisors of a county to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5 and (b) a location within a public or private hospital that is designated by that hospital to be responsible for accepting physical custody of a minor child who is 72 hours old or younger from a parent or individual who has lawful custody of the child and who surrenders the child pursuant to PC §271.5.

**Sealing of Records** - The act or practice of officially preventing access to particular records, in the absence

of a court order.\*

**Search Warrant** - A judge's written order authorizing a law enforcement officer to conduct a search of a specified place and to seize evidence.\*

**Sentence** - The criminal sanction imposed by the court upon a convicted defendant. When there are multiple charges, the court may sentence concurrently or consecutively. If the sentences are concurrent, they begin the same day and sentence is completed after the longest term has been served. If the sentence is to be served consecutive to another charge, the defendant must complete the first sentence before the other term of incarceration begins. Within one court case, sentences for charges can be consecutive and if the defendant has more than one court case, sentences for each court case can be consecutive.

**Severance** - Can involve the separating of two or more defendants named in the same charging document. Also, can involve the separating of two or more charges against a defendant into multiple cases.

**Stay** - A judicial order whereby some action is forbidden or held in abeyance until some event occurs or the court rescinds its order.

**Submission on Transcript (SOT)** - If the defendant waives his right to a jury trial and the right to confront and cross-examine witnesses, and the Deputy District Attorney concurs, the case may be submitted to the judge on the preliminary hearing transcript.

**Subpoena** - A court order directing a person to attend a court proceeding.

**Subpoena Duces Tecum (SDT)** - A court order directing a witness to bring to court documents that are under the witness' control.

**Sustain the Petition** - The judicial finding in a juvenile delinquency case. If the court finds the allegations to be true, it sustains the petition; this is functionally equivalent to a guilty verdict. If the petition is not sustained, the court will find the petition not true; this is functionally equivalent to a not guilty verdict.

**Trier of Fact (also known as the Fact Finder)** - Hears testimony and reviews evidence to rule on a factual issue. In a preliminary hearing, a magistrate is the trier of fact. In a jury trial, jurors are the triers of fact. In a court trial, the judge is the trier of fact. In all instances, the court rules on the law.



**Venue** - The place designated for trial.

**Vertical Prosecution** - The prosecution of a defendant whereby a specific prosecutor is assigned for the duration of the case.

**Witness** - One who gives evidence in a cause before a court and who attests or swears to facts or gives or bears testimony under oath.

**Wobbler** - A criminal offense that is punishable as either a felony or a misdemeanor.

**Writ** - An appellate remedy seeking an order from a higher court either to mandate or prohibit action in the lower court where the criminal case is pending.

*\*Definition from Black's Law Dictionary, (10th ed. 2014)*



# PUBLIC DEFENDER'S OFFICE

## FISCAL YEAR 2017-18

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. During Fiscal Year 2017-2018, the Office was led by Interim Chief Public Defender, Kenneth I. Clayman and subsequently, Nicole Davis Tinkham. On October 3, 2018, Ricardo D. García was sworn in by the Los Angeles County Board of Supervisors as the 11th Public Defender to lead the Office.

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 2017-18, the Public Defender's Office had 1,159 budgeted positions. There were 708 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 2017-18, the Public Defender represented clients in approximately 110,034 felony-related proceedings; 345,305 misdemeanor-related proceedings; and 20,263 clients in juvenile delinquency proceedings. It should be noted that the 2017-18 data for felonies and misdemeanors significantly increased from the previous year due to the changes in capturing data.

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**

**PROPOSITION 47**

In November 2014, California voters passed legislation (Penal Code section 1170.18) which gave individuals convicted of specific felony offenses (e.g. drug possession, grand theft, second degree burglary, writing bad checks, petty theft with a prior, etc.) the opportunity to apply or petition for a reduction of a felony conviction to a misdemeanor conviction. Originally, the State law mandated a three year sunset date for filing petitions and applications. However, in 2016 the California Legislature extended the filing deadline until 2022.

The Los Angeles County Public Defender's Office identified approximately 800,000 cases, and possibly 500,000 individuals, potentially eligible for relief under the law. In an effort to create awareness among the population impacted by the law, the department sent letters to those convicted in Los Angeles County courts, informing them of the new law and its benefits. Our Office also created the Los Angeles County Proposition 47 website (<http://Prop47.lacounty.gov>) which connects clients directly to the Public Defender's Prop 47 legal team. The website among other things, provides a calendar of legal clinics where Public Defender attorneys and paralegals assist those seeking post-conviction relief. Individuals who visit the site the can also make an online request for assistance. As of December 3, 2018, the department has filed 47,531 petitions/applications for relief. Approximately 40,000 petitions/applications have been granted. The Public Defender has participated in over 189 legal clinics and outreach events since 2015.

**JAIL MENTAL HEALTH LIAISON**

The Jail Mental Health Liaison (JMHL) program is a collaborative project with the Sheriff's Department, the Department of Health Services, and the Department of Mental Health to improve services to incarcerated mentally ill and developmentally disabled clients throughout the criminal justice process. This pilot program commenced in 2015 with grant funding. The JMHL program consists of a Public Defender Psychiatric Social Worker (PSW) who is co-located in the jail. The PSW works with clients who have cases in the Airport and Lancaster courts.

The PSW has direct access to Public Defender clients throughout the jail. Conversations between the PSW and client are protected under attorney client privilege. The PSW promptly conveys critical mental health information to the clients' attorneys. The program's PSW works closely with the attorney to develop disposition plans linking the client to mental health services. Case resolutions are tailored to meet the clients' mental health needs, thus leading to better outcomes.

The PSW also collaborates with the Sheriff, Department of Health Services, and the Department of Mental Health to ensure that clients with mental health problems receive appropriate in-custody and post-release services and programming. Sheriff jail staff notifies the PSW about clients who need assistance and attention. At the request of the Sheriff, the PSW may intervene when a client is refusing to go to court or take medication. Consequently, problems are addressed immediately.

Since 2016, the Jail Mental Health Liaison Program has served over 850 clients, and 148 forcible cell extractions were prevented.

**COMMUNITY COLLABORATIVE COURTS**

The Community Collaborative Courts program (CCC) is designed to provide treatment to the most vulnerable populations in the criminal justice system. Persons accepted into the CCC include those suffering from mental illness and substance use disorder, veterans, victims of sex trafficking, and at-risk transitional age youth. Most of these persons are charged with felony offenses or facing pending felony probation violations. For many of these persons, the CCC is the final alternative to prison.

Persons referred to the CCC are screened by the Probation Department for their suitability. The Department of Health Services will also screen referrals if mental illness is suspected.

If a person is accepted into the CCC, the person is placed on probation for three to five years and then supervised by the Probation Department for the term of probation. The CCC's criminal justice partners will agree on a treatment program that is tailored to meet the person's particular needs. The person's participation in the treatment program is a condition of their probation. Programming can include residential treatment, sober living with out-patient treatment, and community after-care. For those with mental





illness, the Department of Mental Health may place the person in a residential mental health program or into a Full Service Partnership if the person has out-patient status. The person may earn a dismissal under Penal Code section 1203.4 upon successful completion of the CCC.

The CCC started in December 2015. It currently is in operation in four courthouses – Central, Van Nuys, Compton, and Long Beach.

### **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; and
- Half of these individuals were living with their children in the month prior to their arrest.

(Petersilia, Joan (2006) Understanding California Corrections: A Policy Research Program Report. California Policy Research Center, 1-88).

Few initiatives have focused specifically on treatment and services for women offenders. The Los Angeles County Public Defender has played a leadership role

from concept to implementation of the Women's Re-entry Court (WRC). This first-in-California, second-in-the-country, alternative sentencing program combines individually designed wraparound services in a residential facility with intensive judicial supervision for women defendants, including those with children, who face felony charges and an imminent jail or state prison commitment. The WRC is part of a long-term strategy to enhance public safety and promote individual accountability by addressing and treating underlying substance abuse and mental health issues; 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 WRC program is voluntary, and only candidates facing a sentence in jail or prison are considered for the program. The WRC model contemplates programming of up to two years, starting with residential treatment of at least 60 to 180 days at Prototypes Women's Center in Pomona, followed by intensive outpatient programming at Prototypes of up to a year, with an additional six months of aftercare. The WRC court actively monitors the women's program progress and orders them to court for regular updates and to address any issues of concern.

The WRC alternative sentencing drug court represents a multi-agency collaborative effort of the following Los Angeles County partners:

- Countywide Criminal Justice Coordinating Committee;
- Department of Mental Health;
- Los Angeles Superior Court;
- Public Defender's Office;
- Alternate Public Defender's Office;
- District Attorney's Office;
- Probation Department;
- Sheriff's Department;
- Los Angeles City Attorney's Office;
- Prototypes; and
- Drug Medical and Substance Abuse Prevention and Control (SAPC), under the auspices of the Los Angeles County Department of Public Health.

The WRC women participants are chosen by members of the WRC Team, including their lawyers from the Public Defender, the District Attorney, and the bench officer who presides over the WRC. The drug court model combines intensive supervision, mandatory drug testing, mental health treatment



where needed, positive reinforcement, appropriate sanctions and court-supervised treatment to address the issues of addiction and criminal activity.

Following acceptance into the WRC, 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 with them into the residential treatment program up to two children twelve years of age or younger. Child development specialists work directly with the children and interface with the Department of Children and Family Services regarding reunification plans, where appropriate, thereby positively impacting the next generation.

The University of California at Los Angeles' Integrated Substance Abuse Programs conducted an extensive evaluation that was published in June 2011. The cumulative findings from the report indicate that high-risk women offenders can be successfully treated in the community. Participation and graduation rates exceed return to prison rates. None of the graduates were returned to custody. Re-entry women were receiving and receptive to an array of services, which were unavailable in the prison setting. In addition, the re-entry women had greater reductions in post-traumatic stress disorder (PTSD) and the corresponding symptoms of PTSD.

**VETERANS COURT**

The Veterans Court pilot program began on September 13, 2010. The program is a multi-agency collaborative effort of the Court, Public Defender, Alternate Public Defender, District Attorney, Department of Veterans Affairs (VA) and Public Counsel. This voluntary

18-month prison alternative program provides individually tailored reintegration, case management and treatment plans that promote sobriety, recovery, stability, social responsibility, family unity, self-reliance, and reduced recidivism. The 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 bench officer, 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 available to veterans who are currently charged with felonies or felony probation violations. Veterans who are facing serious or violent felony charges, and/or have prior "strike" convictions, are reviewed on a case by case basis. Treatment is selected by the VA and approved by the Veterans Court judge. VA benefits cover all expenses of the selected program. Once accepted into the Veterans Court program, the VA provides close supervision of the veteran and presents regular progress reports to the Veterans Court. The Veterans Court judge then orders the veteran to participate in the treatment program and comply with any other terms and conditions of probation which the Court imposes. Court appearances to monitor the Veteran's progress are scheduled by the judge as appropriate to meet each individual veteran's needs and ensure compliance with the goals of the program

**BENEFITS**

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 established federally funded treatment and service programs to reduce County costs. A review of the Veteran's Court program between July 1, 2016 and June 30, 2017, determined that participants received approximately 27,000 days of federally funded VA treatment and ancillary services, rather than incarceration or treatment at County expense. This participation equates to avoidance of State and County incarceration costs of over \$5,000,000.

### **CO-OCCURRING DISORDERS COURT**

The Public Defender was a key collaborative partner in the creation of the Co-Occurring Disorders Court (CODC). Public Defender staff 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.

The Public Defender screens clients for legal criteria eligibility and, 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.

### **SENTENCED OFFENDER DRUG COURT**

The Sentenced Offender Drug Court (SODC) is a substance use disorder treatment program that is available as an alternative to prison. SODC is designed for clients suffering from substance use disorder and who have a sincere desire to become clean and sober. Once accepted into SODC, the participant is placed on probation for three to five years. Treatment begins with placement in a county jail treatment pod for 104 days. The participant is then placed in either residential treatment or sober living for 60 days followed by out-patient treatment. Upon the completion of SODC, the participant will earn a charge reduction and/or dismissal.

### **COMMUNITY UNITING FOR RESOLUTION AND EMPOWERMENT**

For over eight 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, the Los Angeles City Attorney's Office, the Los Angeles County Alternate Public Defender's Office, and the Coalition for Responsible Community Development (CRCDD) 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. When applicable, 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:

- Obtaining a high school diploma or GED;
- Receiving mental health counseling;
- Attending a substance abuse program;
- Housing assistance;
- Job assistance; and
- Alternatives to engaging in the gang lifestyle.

In addition, all gang diversion participants attend a monthly court appearance to enable the city attorney, public defender and CRCD liaison to provide the court with a progress report and to hold each participant accountable for his or her success in the program.

Since May 2010, 118 individuals have been accepted to the Gang Diversion program. Of those, 65 have graduated from the program and 11 participants continue to work toward successful completion. Clients who decline the Gang Diversion program when initially offered or refuse to continue with the program, may accept a traditional disposition or proceed to trial. The project is funded through CRCD grants that are essential to the continued success of misdemeanor offenders' transition from jail to the community.

**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 where DNA could be used to exonerate clients under Penal Code Section 1405, cases involving misapplication of the Sexual Offender Registration statutes, and in Proposition 36 "Three Strikes" cases. Effective January 1, 2019 PIAS attorneys will also assist clients convicted of Penal Code Section 187 who qualify for resentencing pursuant Senate Bill 1437. 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, twelve adult Drug Courts and four Juvenile Drug Courts now operate in Los Angeles County. Additionally, in 1998, a second collaborative effort resulted in the creation of the Sentenced Offender's Drug Court, a highly successful program involving more intensive and jail based therapeutic treatment as an alternative to prison for drug addicted offenders including parolees subsequently charged with new crimes.

Due to a budget shortfall and its impact on court operations, 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 2017-18, the Public Defender's Office represented 20,263 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.

Furthering our holistic legal approach, we have enhanced our juvenile division's training program by adding a full-time attorney trainer. With the passing of AB 703, effective July 1, 2016, our attorneys receive a minimum of 12 hours of training in such topics as child and adolescent brain development, special education, competence and mental health issues, among others.

### **CLIENT ASSESSMENT RECOMMENDATION AND EVALUATION "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 2017-18, the Public Defender CARE Project employed 16 psychiatric social workers (14 psychiatric social workers and two supervising social workers) and eight 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 2017-18, the Public Defender's Office provided regional center assistance in 199 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 operates within all eight 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:

- Psychosocial and educational assessments;
- Early intervention to identify requisite services;
- 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);
- Inter-agency advocacy that triggers Department of Mental Health, Regional Center and special education assistance;
- Client and family support during the court process; and
- 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 "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 CARE Project through June 2018, children have received project services in 25,716 cases. In Fiscal Year 2017-18, 8,954 services were provided in 1,219 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 2017-18, the Los Angeles County Juvenile Courts adopted 73% of the Public Defender disposition recommendations where CARE extended services were provided. Over the past decade, the court on average has adopted 79% 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.

The CARE Project, with a grant received by the Los Angeles County Quality and Productivity Commission, was evaluated by Resource Development Associates (RDA) during fiscal year 2016-17. RDA's evaluation found the CARE Project to be a "highly effective approach to defense that results in reduced negative contact with the juvenile justice system and improved dispositional outcomes for clients."

In August of 2017, the Public Defender was awarded a grant funded under the Juvenile Justice Crime Prevention Act (JJCPA) in the amount of \$705,657 for the addition of six psychiatric social workers to the CARE Project. The grant was renewed in 2018.

### **THE DIVISION OF JUVENILE JUSTICE (DJJ) UNIT**

The passage of Senate Bill 459, effective January 1, 2004, gave the Juvenile Court continuing jurisdiction over minors sent to the Division of Juvenile Justice (DJJ). SB 459 was passed to ensure that courts take an active role in supervising youth who are committed to DJJ by mandating the following:

- 1) Juvenile Courts are now required to set a maximum term of confinement (Welfare and Institutions Code section 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 section 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 section 1766).

In 2011, Assembly Bill 1628 realigned youth released from DJJ from state parole to the counties. The primary purpose of AB 1628 was to eliminate DJJ parole 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. Since 2011, the public defender's office has represented realigned youth from DJJ custody at their reentry hearings, progress reports, and modification hearings as a result of the passage of AB 1628.

An experienced attorney and social worker are assigned to the Department's DJJ unit. Together they monitor the care and confinement and treatment provided to public defender youth at DJJ, prepare the

youth for their hearing before the Board of Juvenile Hearings, and represent the realigned youth once released to the county for reentry supervision. The population of youth housed in DJJ facilities statewide has been significantly reduced from over 4,000 youth in 2004 to approximately 608 today and through a combination of the recent legislative changes and our successful advocacy since 2004, the number of youth the DJJ unit assists has decreased. As of June 30, 2018, the Public Defender DJJ Unit continues to represent over 45 youth in DJJ institutions throughout the state and over 25 re-entry clients on supervised release after completing a DJJ commitment. During Fiscal Year 2017-18, additional DJJ clients had their commitments modified by successful Welfare and Institutions Code section 779 petitions.

While in DJJ, public defender clients maintain contact with their DJJ Unit attorney and social worker through in person visits and phone calls to the four DJJ youth correctional facilities: Ventura, O.H. Close and Chaderjian in Stockton, and at Pinegrove Conservation Camp. The DJJ Unit attorney and social worker develop working relationships with the clients' DJJ counselors, as well as with other staff at the institutions. They work to obtain clients' prior mental health and education records, review DJJ 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 DJJ 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 social worker participate in obtaining special education services for their clients inside DJJ and attend IEP meetings on behalf of their institutionalized clients. They ensure that clients are transferred within the facilities to access specialized counseling and services when available, thus enabling their clients to receive the treatment necessary for them to successfully reintegrate into the community upon their release.

The DJJ Unit also researches and prepares motions pursuant to Welfare and Institutions Code section 731 (c), requesting that the judge set a determinate term for the sentence no longer than necessary than needed for rehabilitation and also pursues relief pursuant to WIC section 779, which gives the juvenile court discretion to remove clients from DJJ institutions in cases where appropriate services are not being provided. Current law allows the juvenile



court to modify or set aside a DJJ commitment and provides that “[t]his section does not limit the authority of the court to change, modify, or set aside an order of commitment after a noticed hearing and upon a showing of good cause that the Youth Authority is unable to, or failing to provide treatment consistent with section 734.” Courts have granted these motions after holding hearings and finding that DJJ services were inadequate or no longer necessary.

The DJJ Unit also actively promotes positive change from justice partners and through legislative measures. The DJJ Unit serves as members on the Los Angeles Juvenile Justice Task Force, which is a collaborative effort to meet the needs of DJJ reentry youth. Currently, the Juvenile Justice Task Force is comprised of juvenile justice partners from the courts, district attorney’s office, probation, CDCR and CBOs. The DJJ Unit also interfaces with members of Mayor’s office and various CBOs during monthly Blue Ribbon Commission meetings to collaborate on issues relevant to DJJ reentry.

Legislatively, the DJJ Unit has also actively participated with justice partners. Last year, the DJJ Unit worked to restore honorable discharge for youth released to county supervision. Senate Bill 625, effective this January, restored the ability of the Board of Juvenile Hearings (BJH) to grant honorable discharge for youth realigned to county supervision. This year, the DJJ Unit worked on Assembly Bill 2595 which clarifies the language in Welfare & Institutions Code §731(c), that upon committing a youth to DJJ, the court shall set a confinement period based upon the individual facts and circumstances for the time period deemed appropriate to achieve rehabilitation. The bill further makes clear that the court retains jurisdiction under juvenile court jurisdictional time limits (Welfare & Institutions Code, §607.1) and establishes conditions for the youth’s supervision upon release from DJJ (Welfare & Institutions Code §1766). This reaffirmation, promoting local accountability, is in keeping with juvenile realignment, which realigned youth from state to local control and realigned funding to the counties to provide evidence-based supervision, detention and rehabilitative services. AB 2595 was signed into law and is effective January 1, 2019.

### **JUVENILE MENTAL HEALTH COURT**

The Public Defender’s Office was integrally involved in the creation of 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, 2018, the JMHC has accepted 737 youth, and the Public Defender represented 627 of those youth. In Fiscal Year 2017-18, the JMHC accepted 35 new cases, 20 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 Judge 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 70. 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 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, 83 percent of STAR Court participants tracked to age 24 have not been arrested for re-offending in Los Angeles County for prostitution related offenses.

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 2017, our staff participated at 23 different parks on 15 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:

- Phase one focuses on stabilization, orientation and assessment;
- Phase two emphasizes intensive treatment; and
- 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 four Juvenile Drug Treatment Courts:

1. Sylmar (which began operations in 1998) handles both pre and post-adjudication matters;
2. Eastlake (which began operations in 2001) handles post-adjudication matters only; and
3. Inglewood (which began operations in 2004) handles pre-adjudication matters only; and
4. Lancaster (which began operations in 2017 handles both pre and post-adjudication matters).

For Fiscal Year 2017-18:

- Sylmar Court accepted 16 new participants and six successfully graduated.

- Eastlake Court accepted 12 new participants and graduated four participants.
- Inglewood Court accepted nine new participants and had two successfully graduate.
- Lancaster accepted twenty new participants and had six successful graduate.





# 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 \$935 million, Probation provides an extensive range of services through the efforts of over 6,500 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 60,000 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 has employees located in the majority of courthouses throughout the county, and currently administers the following nine programs:

**Bail Deviation Program:** In accordance with PC 1269(c), 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 Services 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 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 PC 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 Los Angeles County 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 conduct this screening process. Those applicants who fall into either of the above-mentioned exclusionary categories are identified.

**Static 99 Program:** Static 99 is a validated, sex offender specific risk assessment to determine the extent of supervision and the specific community services that will be utilized in order to assist the probationer from creating further victimization. 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 the 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 WIC 781. A former ward of the court may request (petition) the court to have their juvenile records sealed. Determination under WIC 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 have 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 PC 296, Probation 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 under Felony Probation supervision per year. 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. These 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 PC 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 violence in a domestic setting, 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/or may be contacted in their communities.

Sex Registrant - Probationers assigned to this level of supervision are required to register with local law enforcement pursuant to PC 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 in 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 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 the 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, the 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 that effectively shifted responsibility for certain populations of offenders from the state to the counties. Assembly Bill 109 (AB 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 (PRCS), Probation has sole responsibility for determining eligibility, modifying risk levels, and determining the need for additional monitoring from law enforcement. Probation is currently supervising approximately 12,000 adults who are on PRCS supervision. These individuals are referred to as post-released supervised persons (PSP) because they are not technically on probation or parole.

**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: 1) prior to their court dates and/or after their court sentence, and 2) pending transition to out of home care. The three (3) Juvenile Halls in Los Angeles County are: Central Juvenile Hall in the City of Los Angeles, Los Padrinos Juvenile Hall in Downey, and Barry J. Nidorf Juvenile Hall in Sylmar. The combined total population for the three (3) juvenile halls is approximately 700 youth. Detention services is a mandated program pursuant to WIC 850.

**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 Writers 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 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:** WIC 241.1 (a) provides that whenever a minor appears to come within the description of both WIC Section 300 and Section 601 or 602, the child protective services department and the probation department shall determine which status will best serve the interests of the 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, and dependency 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:** 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 at least six peers. Probation collaborates with the court, other law enforcement agencies, schools, attorneys, and community-based organizations in this program.

**Drug Court:** Juvenile Drug Court is designed to provide an 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 WIC 236 or WIC 654, or filing a WIC 601 petition for incorrigibility.

**Intensive Gang Supervision Program:** This program provides intensive supervision of gang identified 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 probation. The school based program consists of DPOs assigned to high schools and housing developments. DPOs receive specialized training to provide individualized assessments, Strength-Based/Family-Centered case planning and management, and effective supervision. They work closely with parents/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 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 CBOs and varies by camp as each camp is tailored to its population and purpose.

There are nine (9) male camps and one (1) female camp that house approximately 350-400 youth. 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. In 2017 there were approximately 900 Probation youth in placement. 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 this population 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 until the age of 21 under a new jurisdiction known as Transition Jurisdiction pursuant to WIC 450.

**Placement Permanency and Quality Assurance (PPQA):** This unit monitors PSB systems, including 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 (formally California Youth Authority). 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.

Probation and the Los Angeles Superior Court partnered to provide referrals to specialized services for underage victims of sex trafficking. In 2011 Probation and the courts successfully applied for a Title II grant to fund the DMST program and a specialized court program - Succeeding Through Achievement and Resilience (STAR) Court. STAR Court is aimed at providing intervention and assistance to youth involved in human sex trafficking and to implement rehabilitation services for the victims.

In 2015 the Los Angeles County Law Enforcement First Responder Protocol for Commercially Sexually Exploited Children (CSEC) 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. Throughout 2017, Probation and its partners continued to implement the protocol countywide, collect aggregate data, revise the Protocol as needed, assess the sufficiency of resources and report to the Board of Supervisors 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.

Although slight, overall the number of adult referrals decreased from 2016 to 2017 by .87%, 459-455. (Figure 1). The most significant changes were increases in exploitation, 140%; 10 to 24. Whereas, referrals from 2015 to 2016, had decreased by 28%; 14 to 10. There was an increase in severe neglect, 13.3%; 15 to 17. The adult referrals for physical abuse decreased by 100% from 2016 to 2017, 2 to 0 referrals. Most noteworthy is the total number of adult referrals in 2017 was the lowest in five years (figure 2). Nonetheless, sexual abuse continues to be the number one offense for adult referrals: 405 of the 455, or 89% of total cases referred to Probation were for sexual abuse.

The number of juvenile referrals decreased from 2015 to 2016 by 29.6%, 287 to 202. And from 2016 to 2017 by 6.9%, 202 to 188 (Figure 12). The decreases were reflected in the referrals for exploitation and sexual abuse. Referrals for physical abuse increased significantly by 91.6%, from 12 to 23 referrals. There was no change in referrals for severe neglect. Similar to the adult referrals, juvenile referrals for child offenses in 2017 were the lowest in the last five years (Figure 13). Furthermore, like the adult population, sexual abuse continues to be the number one child abuse offense for juvenile referrals: 135 of 188, or 71.8% of total cases referred to Probation were for sexual abuse. (Figure 13).





Figure 1

**ADULT REFERRALS 2016 - 2017  
BY TYPE**

PERCENTAGE OF CHANGE		2016	2017	TYPE
DECREASE	100%	1	0	CARETAKER ABSENCE
INCREASE	140%	10	24	EXPLOITATION
INCREASE	12.5%	8	9	GENERAL NEGLECT
DECREASE	100%	2	0	PHYSICAL ABUSE
INCREASE	13.3%	15	17	SEVERE NEGLECT
DECREASE	4.2%	423	405	SEXUAL ABUSE
DECREASE	.87%	459	455	OVERALL FROM 2016 TO 2017

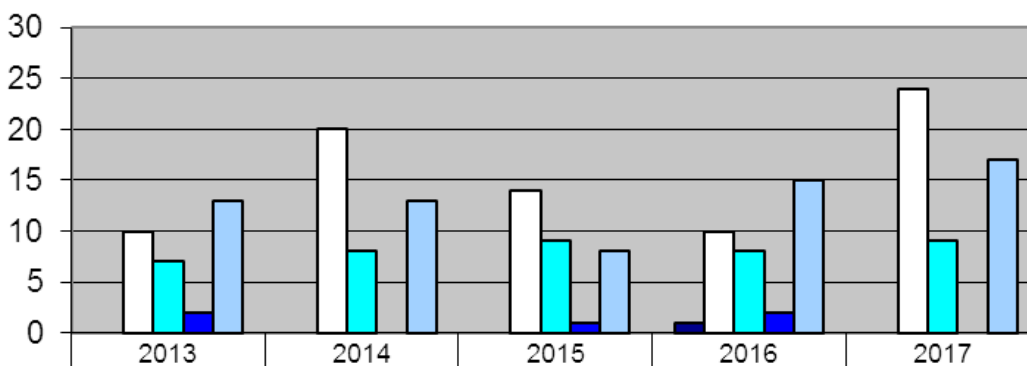
Figure 2

**ADULT REFERRALS 2013 - 2017  
BY TYPE**

OFFENSE TYPE	2013	2014	2015	2016	2017
CARETAKER ABSENCE	-	-	-	1	0
EXPLOITATION	10	20	14	10	24
GENERAL NEGLECT	7	8	9	8	9
PHYSICAL ABUSE	2	-	1	2	0
SEVERE NEGLECT	13	13	8	15	17
SEXUAL ABUSE	465	489	507	423	405
<b>OVERALL TOTALS</b>	<b>497</b>	<b>530</b>	<b>539</b>	<b>459</b>	<b>455</b>

Fig 2a

**ADULT REFERRALS  
2013 - 2017**



■ Caretaker Absence	0	0	0	1	0
□ Exploitation	10	20	14	10	24
■ General Neglect	7	8	9	8	9
■ Physical Abuse	2	0	1	2	0
■ Severe Neglect	13	13	8	15	17



Fig 2b

**ADULT REFERRALS  
SEXUAL ABUSE 2013- 2017**

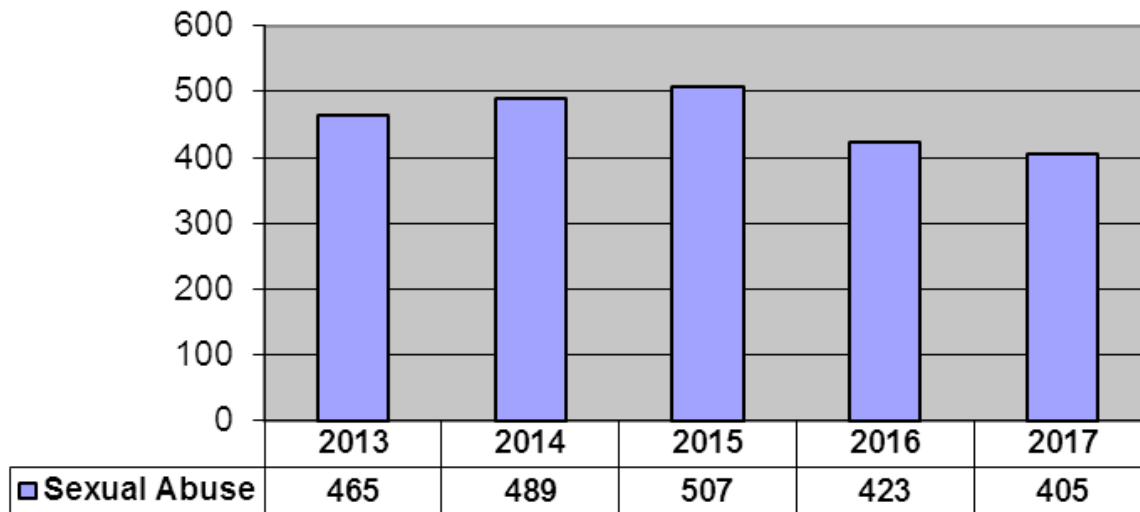


Figure 3

**ADULT REFERRALS 2016 - 2017  
BY AGE**

PERCENTAGE OF CHANGE		2016	2017	AGE OF ADULT OFFENDER
DECREASE	9.0%	11	10	<b>UNDER AGE 20</b>
DECREASE	20.3%	59	47	<b>20-24</b>
INCREASE	15.6%	51	59	<b>25-29</b>
INCREASE	15.6%	51	59	<b>30-34</b>
INCREASE	6.8%	73	78	<b>35-39</b>
DECREASE	12.5%	56	49	<b>40-44</b>
DECREASE	20.8%	48	38	<b>45-49</b>
INCREASE	4.5%	110	115	<b>50 AND OVER</b>

Figure 4

**ADULT REFERRALS 2016 - 2017  
BY ETHNICITY**

PERCENTAGE OF CHANGE		2015	2016	ETHNICITY
INCREASE	14.5%	48	55	<b>AFRICAN AMERICAN</b>
DECREASE	41.6%	12	7	<b>ASIAN/PACIFIC ISLANDER</b>
DECREASE	12.0%	281	247	<b>LATINO</b>
INCREASE	100%	38	76	<b>WHITE</b>
INCREASE	200%	5	15	<b>OTHER</b>
DECREASE	26.6%	75	55	<b>UNKNOWN</b>
DECREASE	8.5%	82	75	<b>UNKNOWN</b>



Figure 5

**ADULT REFERRALS 2017  
BY AGE & ETHNICITY**

ETHNICITY	UNDER 20	20-24	25-29	30-34	35-39	40-44	45-49	50-50+	TOTAL
AFRICAN AMER	1	10	8	11	9	2	3	11	55
ASIAN/PAC ISL	0	2	1	1	1	0	0	2	7
LATINO	4	23	35	29	40	31	26	59	247
WHITE	1	3	7	9	16	6	6	28	76
OTHER	1	0	1	1	4	2	1	5	15
UNKNOWN	3	9	7	8	8	8	2	10	55
<b>TOTAL</b>	<b>10</b>	<b>47</b>	<b>59</b>	<b>59</b>	<b>78</b>	<b>49</b>	<b>38</b>	<b>115</b>	<b>455</b>
<b>PERCENT</b>	<b>2.1%</b>	<b>10.3%</b>	<b>12.9%</b>	<b>12.9%</b>	<b>17.1%</b>	<b>10.7%</b>	<b>8.3%</b>	<b>25.2%</b>	<b>100%</b>

Figure 6

**ADULT REFERRALS 2016 - 2017  
BY AREA OFFICE AND GENDER**

AREA OFFICE	2015		2016	
	MALE	FEMALE	MALE	FEMALE
ANTELOPE VALLEY	14	1	38	5
CENTRAL ADULT INVESTIGATION	120	8	103	8
EAST SAN FERNANDO VALLEY	65	3	62	2
FOOTHILL	8	1	8	0
HARBOR	30	1	34	1
LONG BEACH	22	0	17	1
POMONA VALLEY	76	1	72	2
PRETRIAL	5	0	-	-
RIO HONDO	29	0	26	2
SAN GABRIEL VALLEY	26	0	12	2
SANTA MONICA	18	1	12	6
SOUTH CENTRAL	27	2	40	2
<b>TOTAL</b>	<b>441</b>	<b>18</b>	<b>424</b>	<b>31</b>

Figure 7

**ADULT AND JUVENILE REFERRALS 2017  
BY TYPE**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
EXPLOITATION	24	5.2%	18	9.5%	42
GENERAL NEGLECT	9	1.9%	2	1.0%	11
PHYSICAL ABUSE	-	-	23	12.2%	23
SEVERE NEGLECT	17	3.7%	10	5.3%	27
SEXUAL ABUSE	405	89.0%	135	71.8%	540
<b>TOTAL</b>	<b>455</b>		<b>188</b>		<b>643</b>
<b>PERCENT</b>		<b>70.7%</b>		<b>29.3%</b>	<b>100%</b>



Figure 8

**ACTIVE ADULT SUPERVISION 2017  
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	25	27	24	26	31	36	114	285
AMER INDIAN	0	0	1	0	0	0	0	0	1
ASIAN/PAC ISL	0	4	7	2	7	3	6	3	32
LATINO	1	68	97	75	62	42	39	130	514
WHITE	2	13	18	40	31	17	32	127	280
OTHER	0	2	3	4	6	5	6	11	37
UNKNOWN	1	10	5	11	8	6	7	9	57
<b>TOTAL</b>	<b>6</b>	<b>122</b>	<b>158</b>	<b>156</b>	<b>140</b>	<b>104</b>	<b>126</b>	<b>394</b>	<b>1206</b>
<b>PERCENT</b>	<b>.49%</b>	<b>10.1%</b>	<b>13.1%</b>	<b>12.9%</b>	<b>11.6%</b>	<b>8.6%</b>	<b>10.4%</b>	<b>32.6%</b>	<b>100%</b>

Figure 9

**ACTIVE ADULT SUPERVISION 2017  
BY ETHNICITY**

ETHNICITY	TOTAL	PERCENT
AFRICAN AMERICAN	285	23.6%
AMERICAN INDIAN	1	.08%
ASIAN/PACIFIC ISLANDER	32	2.6%
LATINO	514	42.6%
WHITE	280	23.2%
OTHER	37	3.0%
UNKNOWN	57	4.7%
<b>TOTAL</b>	<b>1206</b>	

Figure 10

**ADULT CHILD THREAT WORKLOAD  
2013 - 2017  
BY AREA OFFICE**

AREA OFFICE	2013	2014	2015	2016	2017
ANTELOPE VALLEY	84	91	94	101	98
CENTINELA	123	124	108	95	106
CRENSHAW	170	186	159	179	164
EAST LOS ANGELES	47	53	48	44	42
EAST SAN FERNANDO VAL	143	145	139	139	131
FIRESTONE	79	88	88	100	92
FOOTHILL	49	58	67	66	64
HARBOR	39	46	39	43	48
LONG BEACH	95	82	90	94	85
POMONA VALLEY	97	88	82	72	67
RIO HONDO	89	92	77	67	69
RIVERVIEW	0	0	0	1	1
SAN GABRIEL VALLEY	79	82	83	79	88
SANTA MONICA	69	55	51	60	49
SOUTH CENTRAL	54	44	43	36	71
VALENCIA	24	25	25	28	31
<b>TOTALS</b>	<b>1241</b>	<b>1259</b>	<b>1193</b>	<b>1204</b>	<b>1206</b>



Figure 11

**ADULT AND JUVENILE REFERRALS 2017  
RESULTING IN GRANTS OF PROBATION**

<b>ANTELOPE VALLEY</b>	<b>1</b>	<b>1</b>	<b>2</b>
<b>CENTRAL ADULT INVESTIGATION</b>	<b>3</b>	<b>-</b>	<b>3</b>
<b>CENTINELA</b>	<b>2</b>	<b>-</b>	<b>2</b>
<b>CRENSHAW</b>	<b>6</b>	<b>4</b>	<b>10</b>
<b>EAST LOS ANGELES</b>	<b>4</b>	<b>-</b>	<b>4</b>
<b>EAST SAN FERNANDO VALLEY</b>	<b>3</b>	<b>7</b>	<b>10</b>
<b>FIRESTONE</b>	<b>3</b>	<b>1</b>	<b>4</b>
<b>FOOTHILL</b>	<b>3</b>	<b>1</b>	<b>4</b>
<b>HARBOR</b>	<b>3</b>	<b>-</b>	<b>3</b>
<b>LONG BEACH</b>	<b>2</b>	<b>2</b>	<b>4</b>
<b>NORTHEAST JUVENILE JUSTICE CENTER</b>	<b>-</b>	<b>1</b>	<b>1</b>
<b>POMONA VALLEY</b>	<b>4</b>	<b>3</b>	<b>7</b>
<b>RIO HONDO</b>	<b>5</b>	<b>1</b>	<b>6</b>
<b>SAN GABRIEL VALLEY</b>	<b>4</b>	<b>4</b>	<b>8</b>
<b>SOUTH CENTRAL</b>	<b>6</b>	<b>7</b>	<b>13</b>
<b>VALENCIA</b>	<b>3</b>	<b>-</b>	<b>3</b>
<b>TOTALS</b>	<b>52</b>	<b>32</b>	<b>84</b>
<b>PERCENT</b>	<b>11.4%</b>	<b>17.0%</b>	
<b>SANTA MONICA</b>	<b>2</b>	<b>2</b>	<b>4</b>
<b>SOUTH CENTRAL</b>	<b>4</b>	<b>8</b>	<b>12</b>
<b>VALENCIA</b>	<b>2</b>	<b>-</b>	<b>2</b>
<b>TOTALS</b>	<b>72</b>	<b>37</b>	<b>109</b>
<b>PERCENT</b>	<b>15.6%</b>	<b>18.3%</b>	

Of the 455 Child Abuse referrals received by the Adult Bureau in 2017, 52 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 188 Juvenile Child Abuse offense referrals received by the Juvenile Bureau in 2017, 32 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 2016 - 2017  
BY TYPE**

<b>PERCENTAGE OF CHANGE</b>		<b>2016</b>	<b>2017</b>	<b>TYPE OF ABUSE/NEGLECT</b>
DECREASE	25%	24	18	<b>EXPLOITATION</b>
NO CHANGE	-	2	2	<b>GENERAL NEGLECT</b>
INCREASE	91.6%	12	23	<b>PHYSICAL ABUSE</b>
NO CHANGE	-	10	10	<b>SEVERE NEGLECT</b>
DECREASE	12.3%	154	135	<b>SEXUAL ABUSE</b>
DECREASE	6.9%	202	188	<b>OVERALL FROM 2016 TO 2017</b>





**Figure 13**

**JUVENILE REFERRALS 2013 - 2017  
BY TYPE**

TYPE	2013	2014	2015	2016	2017
EXPLOITATION	13	18	23	24	18
GENERAL NEGLECT	1	1	2	2	2
PHYSICAL ABUSE	11	17	16	12	23
SEVERE NEGLECT	14	14	16	10	10
SEXUAL ABUSE	399	328	230	154	135
<b>OVERALL TOTALS</b>	<b>438</b>	<b>378</b>	<b>287</b>	<b>202</b>	<b>188</b>

**Figure 14**

**JUVENILE REFERRALS 2016 - 2017  
BY AGE**

PERCENTAGE OF CHANGE	2016	2017	AGE OF JUVENILES
INCREASE 20%	5	6	<b>UNDER 11</b>
INCREASE 50%	4	6	<b>11</b>
DECREASE 57.8%	19	8	<b>12</b>
INCREASE 78.5%	14	25	<b>13</b>
INCREASE 18.5%	27	32	<b>14</b>
DECREASE 51.3%	37	18	<b>15</b>
INCREASE 5.4%	37	39	<b>16</b>
DECREASE 14.7%	34	29	<b>17</b>
NO CHANGE -	25	25	<b>18+</b>

**Figure 15**

**JUVENILE REFERRALS 2015 - 2016  
BY ETHNICITY**

PERCENTAGE OF CHANGE	2016	2017	TYPE OF ABUSE/NEGLECT
DECREASE 20%	35	28	<b>AFRICAN AMERICAN</b>
DECREASE 33.3%	3	2	<b>ASIAN/PAC ISLANDER</b>
DECREASE 1.4%	137	135	<b>LATINO</b>
DECREASE 18.1%	22	18	<b>WHITE</b>
NO CHANGE -	5	5	<b>OTHER</b>



**Figure 16**

**JUVENILE REFERRALS 2016 – 2017  
BY AREA OFFICE AND GENDER**

AREA OFFICE	2016		2017	
	MALE	FEMALE	MALE	FEMALE
TRANSITIONS TO AREA OFFICE	0	0	1	0
ANTELOPE VALLEY	6	2	7	1
CAMPS	3	0	1	0
CENTINELA	8	4	13	2
CRENSHAW	20	3	15	2
EAST LOS ANGELES	7	1	6	0
FIRESTONE	5	1	6	0
FOOTHILL	8	0	8	0
HARBOR	6	1	5	0
LONG BEACH	6	1	7	2
NORTHEAST JUVENILE JUSTICE CENTER	15	2	20	3
POMONA VALLEY	16	1	16	1
RIO HONDO	18	0	5	0
SAN GABRIEL VALLEY	13	1	22	2
SANTA MONICA	2	2	3	0
SOUTH CENTRAL	19	2	20	2
VALENCIA	5	1	4	0
VAN NUYS	23	0	14	0
<b>TOTALS</b>	<b>180</b>	<b>22</b>	<b>173</b>	<b>15</b>

**Figure 17**

**JUVENILE REFERRALS 2017  
BY AGE AND ETHNICITY**

ETHNICITY	Under 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMER	2	2	0	6	4	3	8	2	1	28
ASIAN/PAC ISL	0	0	0	0	1	0	0	0	1	2
LATINO	4	3	6	12	24	14	28	22	22	135
WHITE	0	0	2	6	3	0	3	4	0	18
OTHER	0	1	0	1	0	1	0	1	1	5
<b>TOTAL</b>	<b>6</b>	<b>6</b>	<b>8</b>	<b>25</b>	<b>32</b>	<b>18</b>	<b>39</b>	<b>29</b>	<b>25</b>	<b>188</b>
<b>PERCENT</b>	<b>3.1%</b>	<b>3.1%</b>	<b>4.2%</b>	<b>13.2%</b>	<b>17.0%</b>	<b>9.5%</b>	<b>20.7%</b>	<b>15.4%</b>	<b>13.2%</b>	<b>100%</b>



Figure 18

**ADULT AND JUVENILE REFERRALS 2017  
BY TYPE**

OFFENSE TYPE	ADULT	PERCENT	JUVENILE	PERCENT	TOTAL
EXPLOITATION	24	5.2%	18	9.5%	42
GENERAL NEGLECT	9	1.9%	2	1.0%	11
PHYSICAL ABUSE	0	-	23	12.2%	23
SEVERE NEGLECT	17	3.7%	10	5.3%	27
SEXUAL ABUSE	405	89.0%	135	71.8%	540
TOTAL	455		188		643
PERCENT		70.6%		29.2%	

Figure 19

**ACTIVE JUVENILE SUPERVISION 2017  
BY AGE AND ETHNICITY**

ETHNICITY	UNDER 11	11	12	13	14	15	16	17	18+	TOTAL
AFRICAN AMER	0	0	0	0	0	0	1	1	0	2
ASIAN/PAC ISL	0	0	0	0	0	2	0	0	0	2
LATINO	0	0	1	0	5	7	5	6	3	27
WHITE	0	0	0	0	1	0	0	0	0	1
TOTAL	0	0	1	0	6	9	6	7	3	32
PERCENT	-	-	3.1%	-	18.7%	28.1%	18.7%	21.8%	9.3%	

Figure 20

**ACTIVE JUVENILE SUPERVISION 2017  
BY ETHNICITY**

ETHNICITY	TOTAL	PERCENT
AFRICAN AMERICAN	2	6.2%
ASIAN/PAC ISL	2	6.2%
LATINO	27	84.3%
WHITE	1	3.1%
TOTAL	32	



Figure 21

**ACTIVE JUVENILE SUPERVISION 2017  
BY AGE AND TYPE**

ETHNICITY	UNDER 11	11	12	13	14	15	16	17	18+	TOTAL
EXPLOITATION	0	0	0	0	1	1	0	1	0	3
GENERAL NEGLECT	0	0	0	0	0	0	1	0	0	1
PHYSICAL ABUSE	0	0	0	0	0	0	3	0	0	3
SEVERE NEGLECT	0	0	0	0	0	0	0	4	0	4
SEXUAL ABUSE	0	0	1	0	5	8	2	2	3	21
TOTAL	0	0	1	0	6	9	6	7	3	32
PERCENT	-	-	3.1%	-	18.7%	28.1%	18.7%	21.8%	9.3%	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

**Kiosk** - a small stand-alone structure that provides information and services on a computer screen

**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** - the suspension of a jail sentence that allows a person convicted of a crime a chance to remain in the community, instead of going to jail; the offenders (adults convicted of a crime and juveniles with allegations sustained at adjudication) must follow certain court-ordered rules and conditions under the supervision of a deputy probation officer; typical conditions may include performing community service, meeting with your deputy probation officer, refraining from using illegal drugs or excessive alcohol, avoiding certain people and places, completing rehabilitative programs, and appearing in court during requested times; also known as a grant of probation

**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 and youth.

## **MISSION STATEMENT**

To assist children and youth with emotional disorders in developing their ability to function within their families, schools and communities.

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

Department of Mental Health fulfills its mission by:

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

## **PROGRAMS RELATED TO CHILD ABUSE AND NEGLECT**

This report presents the characteristics of child and youth who are victims of, or are at risk of child abuse and neglect and are receiving mental health services in programs provided by DMH.

Among such programs are those that serve young children who are in or at risk of entering the child welfare system. These include:

- Mental Health Services Act (MHSA) funded 0-5 Full Service Partnership (FSP) program, which is an intensive treatment program for children with mental health needs, who are in or at risk of entering the child welfare system.
- DMH directly operated programs which includes Ties for Families and Young Mothers and Well Babies 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.
- 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.

In addition, this report covers other programs for children and youth who are at risk for abuse or neglect. This report also reviews the following programs: Multidisciplinary Assessment Team (MAT); Wraparound; Family Preservation; Family Reunification; Juvenile Court Mental Health Services; Juvenile Halls; Dorothy Kirby Center; Challenger Memorial Youth Center and its associated Juvenile Justice Camps; D-Rate Assessment Unit; Rate Certification Level (RCL) 14 Group Homes; and Community Treatment Facilities.

### **CHILD WELFARE DIVISION**

Katie A. v. Bonta was a class action lawsuit that challenged the long-standing practice of confining abused and neglected children and youth with mental health problems in costly hospitals and large group homes, or in foster homes without sufficient care instead of 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 effective child welfare and mental health practice. On March 14, 2006, Federal Judge A. Howard Matz issued an injunction requiring that the County screen members of the plaintiff class to identify children and youth who may need individualized mental health services, 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. CWD is a centralized DMH administrative structure that provides oversight and coordination of countywide activities related to providing mental health services for children and youth in the county's child welfare system. CWD works closely with DCFS Administrators, the DMH Executive Management Team, 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-located staff. DMH SFC co-located staff are currently assigned to the 19 DCFS Regional Offices and are a critical component of the Katie A. strategic plan. Its SFC staff improves access for children and youth 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 participate in Child and Family Team (CFT) meetings.

### **KATIE A. SERVICES**

#### **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) Wraparound children and youth who are members of the Katie A. Subclass; (b) children and youth in the Intensive Field Capable Clinical Services (IFCCS) program; and (c) children and youth in the Treatment Foster Care (TFC) program. All children and youth in the latter two programs must be members of the Katie A. Subclass.

ICC components include: service planning and service monitoring. IHBS services are intensive, individualized and strength-based, needs-driven intervention activities that support the engagement and participation of the child and youth and significant support persons. IHBS helps the child and youth develop skills and achieve goals and objectives of the mental health plan of care.

Children and youth are considered by the State's settlement agreement to be members of the Katie A. Subclass if they 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 and 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 treatment code combined with the enhanced effectiveness that may be gained when the ICC code is also used to describe the child or youth'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 Katie A. subclass children and youth. 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.

During Calendar Year 2016, out of 10,450 Katie A. subclass children and youth, 4,215 children and youth (40%) received ICC interventions and 4,235 children and youth (41%) received IHBS interventions.

## **KATIE A. PROGRAMS**

### **Coordinated Services Action Team (CSAT)**

The CSAT is an administrative network in each DCFS regional office that coordinates screening and assessment of: newly detained, newly opened and non-detained, and 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 Services Linkage Specialist (SLS) to assist CSWs in identifying service linkages, and also monitors effective service delivery. In May 2009, CSAT initiated a monthly Referral and Tracking System (RTS) Summary Data Report that tracks rates of screenings and referrals.

The data for Calendar Year 2016 is presented below:

- 95.59% of children and youth who were eligible for screening were screened for mental health needs.

- 97.57% of children and youth who screened positive were referred to mental health services.

- 95.78% of children and youth referred for services received mental health service activities within the required timelines.

- Of the 17,435 children and youth who screened positive on the MHST, 3 children and youth (0.02%) were determined to have acute needs, 127 (0.73%) children and youth were determined to have urgent needs, 16,512 (97.71%) children and youth were determined to have routine needs, and 793 (4.55%) children and youth's acuity level remained to be determined.

- On average, children and youth with acute needs received a mental health service activity within the same day of the referral. On average, children and youth with urgent needs received a mental health service activity within one day of the referral. On average, children and youth with routine needs received a mental health service activity within two days of the referral.

- The rate of children and youth who received a mental health service within required timeframes according to acuity; for CY 2016, was the following: 100% of children and youth with acute needs received DMH services on the same day as the referral. 94.49% of children and youth with urgent needs received DMH services within three days of the referral. 98.09% of children and youth with routine needs received DMH services within 30 days of the referral.

### **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 receives a comprehensive assessment of their medical, dental, educational, caregiver and mental health needs. DMH service providers complete the MAT assessment within 45 days of receiving a referral and independent of the DCFS detention process. The DMH MAT provider conducts a standard Infancy, Childhood and Relationship Enrichment Initial Assessment (ICARE) or the Child/Adolescent Full 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, 4,812 children and youth had a MAT assessment completed in FY 2016-2017.

### **The Role of the DMH Staff Co-Located at the DHS Medical Hubs**

The DMH Co-located Mental Health Services at the Medical Hub Clinics is a collaboration between the Departments of Mental Health (DMH), Children and Family Services (DCFS), and Health Services (DHS). The purpose of this co-location is to improve the identification of mental health needs of children and youth brought to the hubs (DCFS involved children and youth who are in the investigative stage of the process or newly detained) and to improve linkage to specialty mental health services for those children and youth who need such services. In addition to mental health screening, assessment and service linkage, DMH assists DCFS and DHS through consultation and with crisis intervention when necessary. These services are provided at the following DHS Medical Hub facilities: Martin Luther King, Jr. Medical Center, Olive View Medical Center, High Desert Regional Medical Center and Harbor-UCLA Medical Center.

The co-located mental health staff prioritize children and youth ages birth to five, Commercially Sexually Exploited Children (CSEC), children discharged from psychiatric hospitals, and those in need of immediate crisis intervention. The target population is referred directly by the DCFS social worker or by the DHS medical staff.

Services provided by DMH staff co-located at the DHS Medical HUBs include:

- Screening and assessing children and youth to identify their mental health needs.
- Providing clinical consultations regarding specific cases referred by DCFS and DHS staff.
- Providing crisis intervention as needed.
- Serving as system navigators to coordinate, access, link, and monitor services to ensure children and youth receive the appropriate level of mental health services needed. The co-located mental health staff will coordinate and navigate services across Service Areas (SAs).
- Services are provided in English and Spanish, or translation will be provided for other languages as needed.

Specific mental health services are offered at the medical hubs as immediate same day assessments of the child or youth's current mental, emotional and behavioral health status. Crisis evaluation progress notes permit unplanned services for psychiatric emergencies that require a timelier response than a regularly scheduled visit. A brief screening tool is also used to determine the need for and scheduling of linkage to expedited mental health services. Mental health consultation is available on request to the DHS medical provider and the DCFS CSW.

### **Family and Children's Index (FCI)**

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 2016-2017, there were a total of 1,909 completed inquiries.

### **Wraparound**

The Wraparound Program is an intensive mental health services program that serves children and youth ages 0-21 years and are Medi-Cal eligible. The program is a collaboration between the Department of Mental Health (DMH), the Department



of Children and Family Services (DCFS) and the Probation Department. In FY 2016-2017, there were 48 Wraparound service providers at 100 sites throughout the County that delivered such Wraparound services.

Wraparound services are integrated, community-based and incorporate Intensive Case Coordination (ICC) and Intensive Home Based Services (IHBS) within the treatment plan. Children, youth and their families, and other relevant support persons are engaged in a planning process that identifies the “underlying needs” to be addressed and promotes the “voice and choice” of those involved, in order to identify the individualized services and supports needed to achieve the desired goals. While goals are individualized, they are centered around preserving the family’s integrity, allowing the child and youth to live and grow up in a safe, stable, and permanent family environment, minimizing the need for higher levels of care.

The Wraparound program serves children or youth who are receiving services from one or more County departments, DCFS or Probation, and present with intensive mental health needs, behavioral and or delinquency problems. The children and youth must be either at risk of transitioning to a higher level of care or returning home from a community setting. Services rendered are to assist in alleviating symptoms, reduce placement disruption or incarceration, prevent future psychiatric hospitalizations, and improve family’s overall capacity to support children and youth.

Wraparound Liaisons receive referrals from their respective referral source, screen them for appropriateness to services, and assign the referral to a Wraparound provider within the Service Area (SA). Wraparound Providers must make face-to-face contact with the family within 24 hours for enrollment into the program.

In order to define, implement, and review the specific services that need to be provided to meet the child and youth and family’s needs, in accordance with the Shared Core Practice Model, the Wraparound provider convenes a Child and Family Team (CFT) weekly meeting. The CFT is an essential component that develops goals and objectives for all life domains in which the child and youth’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.

During FY 2016-2017, 4,764 children and youth

were served in the Wraparound program.

### **Intensive Field Capable Clinical Services (IFCCS)**

In addition, child and youth in the IFCCS program are also 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 services by Katie A. subclass members. IFCCS are targeted to children and youth who have had multiple placement disruptions, children and youth discharging from psychiatric hospitalizations, awaiting placement at the 72- hour Transitional Shelter Care (TSC) sites, or are 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 youth with Intensive Mental Health needs have consistency in receiving services regardless of placement disruption. The IFCCS team follows the child/youth regardless of placement to ensure continuity of care and maintain meaningful relationships.

DMH expanded IFCCS services to increase the immediate availability of intensive mental health services for children with high mental health needs. DMH expanded this program to 765 treatment slots in 2016 to improve the responsiveness of the mental health treatment system. IFCCS provides an array of individualized, intensive home-based mental health services that are organized through Child and Family Teams. IFCCS providers are able to offer a full range of mental health services, including individual and family therapy, Intensive Care Coordination (ICC) and In-Home Based Services (IHBS).

During FY 2016-2017, 868 unduplicated children and youth were served by IFCCS. Of these, 471 (54%) were female and 397 (46%) were male.

### **Intensive Treatment Foster Care (ITFC)**

ITFC children and youth belong to the Katie A. Subclass. Their services are also 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 provides 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 Foster Family Agency (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 other needed service programs. 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 2016-2017, there were 133 ITFC placements. Of these, 50 (38%) were female and 83 (62%) were male.

**KATIE A.- SUPPORT TO STAFF AND PROVIDERS**

**Training and Coaching**

During the FY 2016-2017, The Department of Mental Health's (DMH) Coaching Unit implemented the Child and Family Teaming (CFT) Model in the Immersion Service Areas (SA) 3, 6, and 7. During this reporting period, the DMH Coaches trained Facilitators from the Wraparound agencies in those identified SAs as well as DMH Wraparound Administration Staff. The DMH Coaches provided series of trainings in each of the SAs. The series of training included: Shared Core Practice Model (SCPM), Overview: Preparing for Child and Family Teaming, 2 Day CFT Facilitator Training, and Underlying Needs Training.

DMH Coaches offered intensive coaching to the providers across Service Areas (SA). Intensive coaching was individualized and tailored to meet the agency's needs and provided continuous modeling of the CFT facilitation skills. It reinforced strength-based practice principles including family's voice and choice. It emphasized service crafting, individualized interventions, tailored to meet the child and youth's underlying needs and recognizing the impact of trauma. The agencies participating from SA 3 were Bienvenidos/Hillsides Family Agency, California Mentor Family Support Services, Foothill Family Services, and Spiritt Family Services. The Wraparound agencies participating from SA 6 were Vista del Mar, Star View, St. Anne's and Special Services for Groups-Weber. The agencies participating from SA 7 were Alma Family Services, Florence Crittenton Services, Helpline Youth

Counseling, and Masada Homes. The agencies not participating in the intensive coaching were invited to participate in monthly coaching conference calls that provided an opportunity for consultations and continued learning of the CFT process. Additionally, the DMH Coaches were available to provide individualized coaching sessions and consultation as needed.

**Quality Service Review (QSR)**

The Quality Service Review (QSR) is a partnership between the Department of Mental Health (DMH) and the Department of Children and Family Services (DCFS) in which case-based reviews are conducted in order to measure the Countywide implementation of the Shared Core Practice Model (SCPM) 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 or youth and family status. Practice Indicators include: Engagement, Teamwork, and Assessment & Understanding; and Child and Family Status Indicators include: Safety, Permanence, and Emotional Well-being. In accordance with the Katie A. Lawsuit, 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 fulfilled when each Service Area (SA) has achieved the required scores, and upon the subsequent review, when the offices in that SA demonstrate continued maintenance of the same or close to the original passing scores. In Fiscal Year (FY) 2016-2017, there were 69 randomly selected cases (33 males, 36 females) that were evaluated applying the QSR in Los Angeles County. QSR was held in the following DCFS Regional offices during this time period: Wateridge, Santa Fe Springs, Santa Clarita/West San Fernando Valley, South County, West Los Angeles, and Pasadena. The Third Round of reviews began in February 2015 (includes FY 2016-2017) and ended in October 2017. The Fourth Round will begin in February 2018 and is anticipated to end in February 2021.

**ADDITIONAL MENTAL HEALTH PROGRAMS FOR CHILDREN INVOLVED WITH PROBATION AND CHILD WELFARE**

**Residentially Based Services (RBS) Program**

In December 2010, Los Angeles County, along with San Bernardino, Sacramento, and San Francisco counties were selected to implement an AB 1453 Residentially Based Services (RBS) demonstration





project that sought to shorten the time to establish a lasting placement in a family for children who were in residential placement. The RBS program was offered to children and youth 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 or youth to stabilize and connect or reconnect with family, school and community in a timely manner.

RBS offered a safe and structured living situation where children and youth could 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 met regularly to develop and implement treatment plans, to evaluate progress, and to make adjustments to the plan as necessary. When the child or youth transitioned home, the team provided 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 ensured continuity of care as the child or youth had the same direct team whether it's in a residential setting, parent's home, relative caregiver or foster home.

In FY 2016-2017, 125 children or youth, with an average age of 13.0 years, were served by the three RBS program providers. Of these, 103 (82%) were male, and 22 (18%) female. Their ethnicities were approximately: 43% African American, 11% Caucasian, 38% Hispanic/Latino, and 10% other.

Of the 125 children or youth placed in residential RBS group care during FY 2016-2017, 10 achieved permanency status with biological parents, 7 with kinship/relatives, 1 with legal guardians and 1 with non-related extended family members. In addition, 15 children or youth stepped down from residential group care to a lower level of care and 2 children or youth re-enrolled in residential group care after stepping down to a lower level of care. During this reporting period, 6 (5%) youth used crisis stabilization services with a total of 16 crisis stabilization episodes.

The average length of stay required for a child or

youth to reach permanency was 17 months for legal discharge to biological parents, 13 months for discharge to a relative, 16 months for discharge to non-related extended family, and 12 months for discharge to a legal guardian.

All three RBS Providers recognized the following factors contributing to a youth's achieving permanency placement: family and/or caregiver involvement in the child or youth's program while in placement; having an involved CSW motivated to help the child or youth achieve permanency placement; and having resources for family finding efforts. Other factors individual RBS Providers identified included: early development of a discharge plan; utilization of family cottages on site; use of mobile crises teams and crises stabilization services; and use of aftercare services. One provider reported that the total number of previous foster care placements was negatively correlated to RBS graduation so that the chance of a child achieving permanency placement decreased significantly with each additional placement.

Similarly, all three RBS Providers reported that the most important factors contributing to a child or youth stepping down to a lower level of care included: family and caregiver involvement; an involved CSW motivated to facilitate the child or youth's progression; and inclusion of strong aftercare supports. Individual RBS Providers emphasized the importance of additional factors, such as early discharge planning; linkages to community supports such as sports programs, skill building programs, or readiness to work programs; and use of CFT or other pre-placement meetings to prepare youth and family for the transition.

Currently, RBS is scheduled to close on December 31, 2018 as recent legislative changes to CCR require group home placements to transition to Short Term Residential Therapeutic Programs (STRTP). Key innovations developed through the Los Angeles County RBS program include: improved intensive treatment interventions with youth in congregate care, the importance of ongoing family involvement in the youth's treatment, effective use of child and family teams, the necessity of family finding and engagement, parallel community interventions/services, follow-up with after-care services and supports, and crisis stabilization through temporary return to residential care. These innovations and others will continue to be refined and elaborated as the RBS programs transition and function as STRTP's.



## 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 or youth at risk of abuse, neglect and delinquent behavior. The program's model is a community-based collaborative approach that focuses on preserving families experiencing challenges related to child abuse, neglect, and/or child exploitation by providing a range of services that promote empowerment and self-sufficiency. These support services are designed to keep children or youth 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 Area (SA).

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 child's home. A SA-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 the 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 or youth 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: 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 2016-2017, the Family Preservations Agencies referred 1071 individuals to Family Preservation Mental Health Services. There were 291 FP consumers without medical insurance (indigent) served by DMH FP service providers. Seventy-eight percent of the FP consumers without insurance were FP adults.

## 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 or youth, 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 or youth 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 consumers 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 2016-2017, three of the DMH-contracted mental health providers, Los Angeles Child Guidance Clinic, Didi Hirsch Mental Health Services and Foothill Family Services provided culturally sensitive, crisis-oriented consultation, assessment and treatment immediately following the recovery of a child or youth who has been abducted, often by a non-custodial parent.

These 3 programs served 8 children and youth, with 50% were males and 50% were females. Two children were under the 0-5 age category, two children were under the 6-11 age category, and 4 youth were under the 12-17 age category. The ethnicity composition includes 3 African Americans, 1 Caucasian, 3 Latino, and 1 Other.

### **Los Angeles Child Guidance Clinic**

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 through its Walk-in Center and providing services in the field—homes, schools and community-based locations. LACGC also promotes early intervention through its 0-5 years old programs and prevention and early intervention services. LACGC services are family-centered and strength-based. The LACGC provides services in English and Spanish and has three community based offices.

Children are referred to the LACGC's Outpatient Program by Find the Children. LACGC's Community Access Coordinator assigns the child and family to a Clinical Therapist who conducts a psychosocial assessment, using the LACDMH Child/Adolescent Initial Assessment. The Clinical Therapist may include a Family Advocate and as a team they work with the child, siblings and parents.

LACGC Clinical staff use a trauma informed perspective with a variety of modalities which may include individual and/or family therapy, targeted case management, individual rehabilitation and psychiatric services. They conceptualize a trauma history as a factor that may have disrupted primary attachments and thus compromised the child or youth's ability to regulate emotions and behaviors. Consequently, the therapeutic work is focused on enhancing family relationships and developing connectedness

as a path to recovery and building resiliency and competencies. The therapist considers the child and family as crucial to treatment planning and engages them as active partners in goal setting. They utilize play therapy, trauma-informed cognitive-behavioral therapy and art interventions as well as traditional talk therapy to assist the child or youth and family in the exploration and resolution of trauma stemming from the abduction, the recovery and/or reunification processes. Family Advocates assist the child with skill building, work closely with parents to establish appropriate structure in the home and provide the family with needed community resources.

In FY 2016-17, LACGC received three Family Reunification referrals from Find the Children. One family declined; another began the initial psychosocial assessment but the child moved out of the service area before services could start; the third child met his treatment goals and his case was closed successfully.

### **Didi Hirsch Mental Health Services**

The Family Reunification Program at Didi Hirsch continues to provide services to children and youth who have been recovered from abduction. Therapy, case management and psychiatry services have been offered at all of our Child and Family Programs, including; Mar Vista, Inglewood, Taper, Metro and Glendale. In the fiscal year 2016-17, Didi Hirsch received 7 referrals from Find the Children, 4 of those referrals were opened but only 2 received treatment.

The Inglewood Child and Family program worked with 3 of the referrals. A sibling set was seen for intake but was closed due to barriers to attending assessment sessions. The other child was 3 years old when he first came to treatment. He was seen initially using an evidence based practice called Child-Parent Psychotherapy and then moved to family therapy. The 4th youth was seen at the Mar Vista site. He was a 13 years-old boy who had been abducted by his mother and reunited with his father. He received psychotherapy which included clinic-based, and community-based services. The therapist did utilize the Abduction Reunification Task Force in navigating legal and safety issues surrounding this case. His case was closed after more than a year of treatment after he successfully met his treatment goals.

The therapists involved with the Family Reunification Program at Didi Hirsch this year were: Doribeth Tardillow, MFT (Inglewood); David Alvarado,



registered CSW (Inglewood) and Reyna Orellana Vega, registered CSW (Mar Vista).

The Abduction Reunification Program was coordinated through the Mar Vista site. The Child Abduction task force meetings are facilitated by Find the Children staff and County Council and includes representatives from ICAN, the District Attorney's office, the Sheriff Dept., FBI, LAPD, DCFS, Didi Hirsch and other mental health providers.

### **Foothill Family Services**

Foothill Family provides an Medi-Cal funded Family Reunification program to children and TAY aged youth 0-18 years old referred by Find the Children. The goals are to assist in the child's recovery from child abduction; reduce the children and youth's mental disability; enable youth 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 the maintenance or improvement of physical health as it relates to mental health goals. In FY 2016-2017, its reunification program served one child.

Foothill Family 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 children and youth; and services for children and youth 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 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 evidence-based Child Parent Psychotherapy (CPP), Incredible Years (IY), and Parent Child Interaction Therapy (PCIT).

Foothill Family's family reunification services for children and Transition Age Youth (TAY) allow children and youth to work towards recovering from their abduction, experience an overall decrease in the symptoms, make progress towards their goals and show improvement in their community functioning.

Foothill Family's Family Reunification Program 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.

### **DMH D-Rate Unit Program**

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 and youth 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 and youth.

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. At that time, DCFS forwards cases over to DMH D-Rate Unit for review and possibly D-Rate Assessment, if required.

Within days of assignment, the assessor completes a clinical assessment including findings regarding whether the child/youth 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.

More recently, the DMH D-Rate Unit completes a search to identify if a current mental health assessment exists for the child/youth. If one exists, DMH sends it securely to DCFS. If DCFS finds it current and useful, no D-Rate Assessment is made and the case is closed. DCFS ultimately always makes the final determination. If there is no current mental health assessment that can be provided, or the one that was sent does not assist them, we then push forward for D-Rate Assessment.

DMH D-Rate Unit then assists with coordinating care by sharing recommendations, etc. with DCFS, therapists and caregivers. In addition, DMH assists with appropriate mental health service identification, referrals and resources. 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.

During FY 2016-2017, a total of 355 D-Rate Assessments were completed by contracted licensed clinicians. This total number is much lower due to the more recent search of a current mental health assessment. The current Mental Health Assessments are utilized in lieu of reassessing the child. If a child/youth is assessed, the completed assessment is reviewed by the DMH Unit Supervisor and returned to DCFS with recommendations regarding whether the child/youth appears to meet D-Rate criteria. In addition, the D-Rate Assessor also indicates whether other mental health services may be helpful to improve the child/youth'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 services for severely emotionally disturbed children and youth placed in RCL 14 Group Homes by DCFS, Probation, and the School Districts. Criteria for placement at the RCL 14 Group Home 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 and youth placed there meet the State-defined RCL 14 mental health criteria. During FY 16-17 there were 41 RCL 14 Group Home beds. All 41 beds were designated for males. The following service providers offered RCL 14 Group Home facilities: Olive Crest (6 beds, SPA 7), San Gabriel Children's Center (18 beds, SPA 3), and Hathaway-Sycamores (17 beds, SPA 3). It should be noted that Olive Crest closed their 6 bed home midway through FY 16-17. In FY 16-17 DMH provided services to 50 minors in RCL-14 Group Homes. The sources of referral for the 50 residents were approximately 58% (29) from DCFS, 0% (0) from the School Districts, and 42% (21) 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 State licensing category for residential placement of minors. It is a higher level of care than the RCL 14 Group Home and was created as an alternative to the State Hospital. In FY 2016-2017 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 Group Home 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 2016-2017 DMH provided services to





81 minors in the CTF level of care. The sources of referral for the 81 residents were approximately 85% (69) from DCFS, 1% (1) from the School Districts, and 14% (11) from Probation.

### Specialized Linkage Services Unit

The Specialized Linkage Services Unit (SLSU) participates in discharge planning teleconferences for DCFS and Probation minors who are being discharged from directly operated and county-contracted psychiatric hospitals. During the 2016-2017 fiscal year, 1,032 discharge planning teleconferences were completed; 1,023 were completed for DCFS youth and 9 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 may include child/youth's presentation during hospitalization, placement plan upon discharge, status and efficacy of current mental health services, educational and regional center concerns, and consideration of additional mental health service needs. Also included in each discharge planning teleconference is a discussion of psychotropic medication, including medication type, dosage, prescriptions and court authorizations. Recommendations for increased frequency of sessions immediately following hospital discharge can also be made during a teleconference.

When children and youth do not have mental health services at the time of the discharge planning teleconference, the case manager assists in identifying which service(s) would be appropriate to meet the level of need for the individual, and the case manager completes the referral. Once the referral is 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 consultation with the treatment provider and/or the Agency of Primary Responsibility (APR), which is the Department of Children and Family Services (DCFS) or the Department of Probation. The purpose of these communications is to assess the effectiveness of the youth's mental health services and are completed prior to case deactivation in the Unit. The ultimate goal of all SLSU activities is to reduce the risk of re-hospitalization.

In instances in which a child/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. This is done by communicating directly with the service provider and/or the representative from the APR.

SLSU engaged in follow up, discharge aftercare and case coordination with all Los Angeles County Medi-Cal minors in the following Los Angeles County 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).

## JUVENILE JUSTICE

### Juvenile Court Mental Health Services (JCMHS)

In Los Angeles County, there are over 30,000 children and youth under the jurisdiction of the Juvenile Court. Many of these children and youth have needs for mental health services; approximately 10% are being treated with psychotropic medications. Juvenile Court judicial officers must make decisions regarding children and youth under their jurisdiction which affect and are influenced by the mental health of these children and youth. 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 and youth 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 or youth 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 and youth 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 children and youth's mental health problems and needs for services and enables the Court and related agencies to effectively access mental health resources on behalf of the child and youth. JCMHS also provides a portal through which the mental health system is able to communicate with the Court system.

The mental health needs of Juvenile Court dependents and wards are often complex and 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:

### **GENERAL MH CONSULTATION AND LIAISON TO DEPENDENCY COURTS**

Upon request by Juvenile Court personnel, JCMHS staff perform the following functions:

- Assessment by JCMHS to clarify a child/youth's mental health needs, whether they are benefiting from existing services and if not, what new services should be provided.
- Assisting the Court to determine when mental health evaluations would be useful in a given case and what types of evaluations to order.
- Assisting the Court in understanding and interpreting the results of evaluations.
- Facilitating obtaining information and services from the mental health system.
- Providing information about mental health placement and treatment resources.
- Facilitating multi-agency collaboration to meet mental health treatment goals.
- Organizing case conferences to achieve collaboration in difficult or unusual cases.

These functions may be provided by any of the clinical staff.

### **PARTICIPATION IN THE CROSSOVER YOUTH PROJECT**

Pursuant to the Juvenile Court WIC 241.1 Protocol:

A multi-agency (DCFS, Probation and DMH)

evaluation of children and youth who appear to fall under both WIC 300 and 600 sections is performed. The product of this process is a report to the Court recommending which branch of the Juvenile Court (dependency or delinquency) should have jurisdiction. The role of JCMHS is to make mental health recommendations to the judicial officers to best meet the mental health needs of the minor.

JCMHS clinicians collaborate with the CSW and DPO to:

- Collect existing mental health information.
- Obtain or perform new assessments if permitted by the minor's attorneys.
- Determine the extent and nature of a child/youth's need for mental health services.
- Recommendations are documented in a written JCMHS report which is incorporated in the overall multi-agency report.
- Participate in multi-disciplinary team meetings to discuss findings and recommendations and appear in juvenile 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 children and youth in order to assist the Specialized Foster Care staff with their responsibilities with linking minors to available and appropriate services.
- WIC section 241.1 activities are primarily performed by Psychiatric Social Workers.

### **PSYCHOTROPIC MEDICATION TREATMENT MONITORING AND QUALITY IMPROVEMENT**

a. Pursuant to the Juvenile Court Psychotropic Medication Authorization Protocol:

JCMHS medical staff (clinical pharmacist or psychiatrist) review all requests to the Juvenile Court for authorization to administer psychotropic medication to children and youth under Court jurisdiction and make recommendations to the Court as to the propriety of the proposed treatment. This enables the Court to obtain and properly interpret information relevant to decision making regarding such authorization. (Approximately 10,000 requests for Court authorization to administer psychotropic medication are reviewed each year.)





b. Pursuant to a request from children and youth's judges or attorneys:

JCMHS medical staff perform assessments of children or youth's need for treatment with psychotropic medication, response to treatment, presence of adverse effects etc. and consult with their attorneys and judges regarding authorization of the treatment and/or intervention by the Court to effect changes in treatment.

### Juvenile Hall Mental Health Units

Each year, approximately 6,000 children and youth are booked into the County's three juvenile halls. In order to identify children and youth in need of mental health services, all newly admitted youth are screened and assessed by a mental health professional as part of a systematic process. During FY 2016-2017, DMH also began to administer the Commercial Sexual Exploitation Identification Tool (CSE-IT) to all newly admitted youth. The CSE-IT helps to identify youth who may be involved in, or at high risk of, being victims of trafficking. Children and youth who are identified during the screening and assessment process as needing on-going care are assigned to a DMH treating clinician.

During FY 2016-2017, DMH screened, assessed and treated approximately 5,809 unduplicated children and youth at the three juvenile halls.

In order to meet the complex needs of children and youth, a number of specialized units were developed to provide enhanced services for children and youth with high mental health and other needs. These units include the following: Girl's and Boy's CARE Units, Girl's and Boy's Enhanced Supervision Units and the Developmentally Disabled Unit. Probation screens all newly admitted children and youth for potential developmental disabilities and refers any children and youth who screen positive to the Regional Center. DMH, the Los Angeles County Office of Education (LACOE), and Probation complete multidisciplinary/multimodal assessments for these children and youth and develop Individual Habilitative Treatment Plans (IHTP) for each children and youth during the time that they are incarcerated.

DMH staff are available in all three juvenile halls 7 days a week, extended hours including evening and weekends to screen, assess, provide treatment and respond to crises that arise. In all the juvenile halls, DMH staff are co-located on the living units to be readily available to children and youth and Probation

staff. In addition, there are confidential Access to Care boxes on every living unit so that children and youth can anonymously request services. These are checked by DMH staff 7 days a week.

DMH has multi-disciplinary staff, including psychiatrists, psychologists, licensed clinical social workers, marriage and family counselors and case managers. High quality psychiatric services are available at all three juvenile halls. There is a 24 hour on-call psychiatrist schedule which is widely distributed through-out the system in case there are emergencies after hours. Within the juvenile justice programs, DMH uses the Probation Electronic Medical Record System (PEMRS) which is a combined medical and mental health record. PEMRS allows staff to access clinical work which has been done in any of the facilities.

Out of the total of 5,809 children and youth in Juvenile Halls, 83% were males and 17% were females. Out of the 83% of the male population, 59% were Latinos, 34% were African Americans, 5% were Caucasians, and 1% were Others. Out of the 17% of the female population, 52% were Latinas, 41% were African Americans, 6% were Caucasians, and less than 1% were Others.

### Dorothy Kirby Center

Dorothy Kirby Center (DKC) is a probation residential treatment facility located in SPA 7 which provides services to children and youth from the entire county. Its Mental Health Unit (MHU) consists of a treatment program within the boundaries of a secure residential placement facility directly operated by the Probation Department. The MHU functions under a Memorandum of Understanding between DMH and Probation.

The staff of the mental health unit consisted of one Mental Health Clinical Program Manager II, two Mental Health Clinical Supervisors, two LCSW's, one MSW, three LMFT's, six Licensed Psychologists, one and a half Psychiatrists, one Substance Abuse Counselor, one Licensed Recreational Therapist, one Community Worker/Family Advocate, one Staff Assistant, and four Clerical/Support Staff.

Dorothy Kirby's MHU is a secure (locked) residential treatment center serving youth male and females between the ages of 13-18. All youth referred to 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 Dorothy Kirby Screening Committee (Probation and DMH) then meets on the disposition of the case. During FY 2016-2017, 256 youth were screened, 100% were assessed at time of screening. Of those screened, 104 were admitted (41%) and received mental health services. All youth were referred by Probation and include youth on dual supervision with Probation and DCFS.

The MHU served up to 104 youth and received an average of 21 referrals from the Juvenile Courts each month. All referrals come through the Juvenile Court system. All youth are wards of the Juvenile Court, having had criminal petitions brought against them and sustained. In addition, many have extensive criminal arrest records. All have ICD-10-CM diagnoses and functional impairment. 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 197 days. An average of 66 youth were treated at DKC by the MHU each month.

Youth admitted to DKC have exhibited maladaptive and delinquent behaviors that have been influenced by an identifiable mental disorder. In addition, DKC accepts females who have been targeted as Commercially Sexually Exploited Children (CSEC). DKC operates as an Intensive Outpatient Services (IOP) program. The IOP program includes individual, group and family therapy, medication support services and crisis intervention. Group therapies include Dialectical Behavior Therapy (DBT) groups, Seeking Safety and Substance Abuse groups.

### Juvenile Justice Camps

During FY 2016-2017, DMH provided mental health services at ten Probation Camps and the Camp Assessment Center operated by the Probation Department located throughout Los Angeles County. The camps are located in Lancaster, Santa Clarita, Malibu, Calabasas and San Dimas.

Over the past seven years, mental health staffing at all Camps has been enhanced. 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 children and youth

on psychotropic medications. The Camps have mental health staff on-site 7 days a week and into the evening hours. In addition, Camp Navigators facilitate linkage for children and 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.

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 and Scott-Scudder (Girls Camps in Saugus/SPA 2). Challenger Memorial Youth Center, located in Lancaster (SPA 1), is a multi-camp facility including four Juvenile Probation Camps (McNair, Onizuka, Smith 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 Southern Camp Region includes Camp Gonzales (in the Malibu/Calabasas area/ SPA 5); 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 children and youth with new camp orders to determine which camp can meet their needs. This review includes criminal risk, education and mental health factors.

In FY 2014-2015, 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 Campus Kilpatrick re-opened in July of 2017.

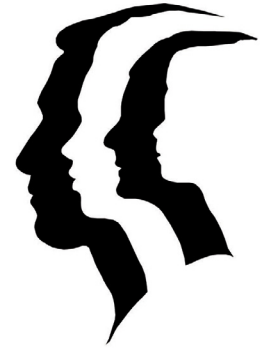
Several camps have enhanced mental health services and house children and youth who require access to a Mental Health Psychiatrist, including Challenger, Rockey and Scott-Scudder. These camps practice integrated treatment model. As part of the model, Probation and Mental Health staff co-facilitate adapted 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 2016-2017, based upon the average daily population of the camps, DMH clinical staff treated over 85% of the total population. The Probation Camps served 1,312 unduplicated children and youth. Services include co-facilitation of 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 children and 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. DMH conducts a number of Seeking Safety groups throughout the camps.

Across the camp programs, there is a Multi-Disciplinary Team (MDT) process wherein children and 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 a 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.

Out of the 1,312 children and youth in the Probation Camp population, 85% were males and 15% were females. Out of the 85% of the male population, approximately 62% were Latinos, 37% were African Americans, 3% were Caucasians, and 1% were Others. Out of the 15% of the female population, 48% were Latina, 43% were African Americans, 7% were Caucasians, and 1% were Others. With regard to the age of the Probation Camp population, the leading age groups were 17 years of age (39%), 16 years of age (24%), and 18 years of age (21%).



# DEPARTMENT OF PUBLIC HEALTH

## **OVERVIEW**

Child maltreatment, whether in the form of physical, sexual, emotional abuse and/or neglect, adversely affects the developing child and increases the risks for emotional, behavioral, social, and physical problems throughout the child's life. Experiences of abuse or neglect occurring as early as the first year of life may lead to symptoms of poor psychological well-being, such as depression, anxiety, or difficulties in forming and developing healthy relationships. It also increases the likelihood of developing negative behavioral consequences such as future alcohol and substance abuse, eating disorders, and 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.<sup>1</sup>

The mission of the Los Angeles County Department of Public Health (DPH) is to protect health, prevent disease and injury, and promote health and well-being for everyone in Los Angeles County. DPH recognizes the significant physical, emotional, and psychosocial impact of child abuse and neglect on child development and makes every effort to prevent these adverse outcomes through primary prevention efforts that focus on healthy child development, family resiliency and economic self-sufficiency. DPH seeks to achieve this by partnering with communities to mitigate risk factors for child abuse such as poverty, lack of social support and services, and limited access to healthcare. Our programs are committed to improving 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.

This agency report is divided into three sections. The first section provides background on selected Divisions within the DPH Bureau of Health Promotion and highlights their programs and activities related to health and well-being of children and support for family strengthening and stability, along with relevant statistics that illustrate the reach and impact of their respective programs. The second section presents a comprehensive data review of infant and child deaths in Los Angeles County using the most recent mortality data currently available from the State of California, with comparative trends going back as far as ten years. The third section summarizes relevant survey data from the Los Angeles Mommy and Baby Project, demonstrating information related to family stressors and resiliency, which represent risk and protective factors for child abuse and neglect.

## **SECTION 1. CHILD WELLNESS AND FAMILY STRENGTHENING WITHIN THE DPH BUREAU OF HEALTH PROMOTION**

### **DIVISION OF CHILDREN'S MEDICAL SERVICES**

The mission of Children's Medical Services (CMS) is to ensure that children and youth with special health care needs and those from low-income families have access to health services and family assistance that maximize their physical, mental and social health, their overall development and their well-being.

CMS provides a broad array of health care services including prevention screening, diagnosis, treatment, rehabilitation and care coordination/case management for Los Angeles County's most vulnerable children and youth, including those with serious, life-threatening or chronic conditions, low-income and indigent children and youth, and children and youth in foster care.

1. Child Welfare Information Gateway. (2013). Long-term consequences of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from [https://www.childwelfare.gov/pubs/factsheets/long\\_term\\_consequences.pdf](https://www.childwelfare.gov/pubs/factsheets/long_term_consequences.pdf)





CMS administers California Children's Services, the Medical Therapy Program, the Pediatric Palliative Care Program, the Child Health and Disability Program, the Health Care Program for Children in Foster Care, and the CMS Edelman Children's Court Pediatric Program.

### California Children's Services

California Children's Services (CCS) provides diagnostic, treatment, rehabilitative and care coordination/case management services for children and youth under 21 years of age with special health care needs. Examples of CCS-eligible conditions include chronic medical conditions such as cystic fibrosis, hemophilia, cerebral palsy, heart disease, cancer, traumatic injuries, and infectious diseases producing major complications.

On an annual basis CCS has an active caseload exceeding 47,000 and serves over 70,000 children and youth. During Fiscal Year (FY) 2017-2018 CCS had 47,878 cases and reviewed and processed 118,071 requests for medical care and related services. The most frequent diagnostic categories during FY 2017-2018 fiscal year were: (1) Congenital Cardiac Anomalies; (2) Cerebral Palsy and related encephalopathies; (3) Hearing Loss (all types); (4) Diabetes Mellitus (Type I and II); (5) Clefts of Palate and Lip; (6) Epilepsy and Seizure Disorders (all types); (7) Respiratory Distress Syndrome (related to prematurity); and (8) Leukemia (all types).

In addition to the care coordination work of the CCS nurse case managers, during FY 2017-2018 the CCS medical team provided over 5,000 written consultations which included medical consultations; audiology consults; formal dental consults and case notes.

### Medical Therapy Program

The Medical Therapy Program (MTP) was established in 1945 in cooperation with the Department of Education to serve children and young adults under the age of 21, with certain eligible physical disabilities. The MTP provides medical case conferences, and physical and occupational therapy services to children and youth at 22 Medical Therapy Units (MTUs) located in school settings throughout Los Angeles County.

The MTP provides medically necessary physical therapy (PT) and occupational therapy (OT) services for eligible patients and coordinates with local school districts and regional centers in providing care. The MTP works together with patients and their

families on therapy goals focusing on self-care and mobility skills, visits homes or schools to assess specific equipment needs and attends Individualized Education Plan (IEP) meetings.

During FY 2017-2018, the MTP provided services to 4,664 clients. The major diagnostic categories of children and youth served the MTP differ from those of the CCS program. Cerebral palsy and related encephalopathies comprise slightly more than half of the groups served (51.9%); followed by spinal cord injury/disease, including spina bifida (9.6%); and congenital orthopedic abnormalities (6.4%). Neuropathies and other disorders of the peripheral nervous system comprise 6.3% and arthritis and other arthropathies accounted for 5.3%. During FY 2017-2018, the MTP provided 41,286 occupational and physical therapy visits.

MTP care is provided using a team approach. The team, in addition to the patient and their family, may include an orthopedic surgeon, pediatrician, occupational therapist, physical therapist, nurse, social worker, nutritionist, orthotist, outside agencies, and school personnel who specialize in the care of children and young adults with special health care needs. The MTP also conducts therapy groups in order to provide treatment in a manner that is relevant to the child, engage their family, and encourage participation in community activities. These therapy groups include topics and foci such as life after high school, community transportation, hip hop and hula dance groups, cheer camp, karate camp, fashion shows, gardening, and yoga.

### Pediatric Palliative Care Program

The Pediatric Palliative Care Program provides eligible children and their families with palliative care services during the course of the child's illness, while concurrently pursuing curative treatment for the child's life limiting or life threatening medical condition. PPC offers services, through local participating hospice and home health agencies, to help children and their families during the course of the child's illness with the goal of improving quality of life as well as reducing hospital stays, medical transports and emergency room visits. Services include care coordination, family training, respite care, expressive therapies, and family bereavement counseling. PPC reached a record enrollment during FY 2017-2018 of 104 cases.

### Child Health and Disability Prevention Program

The Child Health and Disability Prevention Program (CHDP) provides preventive services and health





assessments for children and youth (up to age 21 for Medi-Cal members and up to age 19 for the uninsured) with family incomes up to 266% of the federal poverty level (FPL) regardless of immigration status. Services are provided through private physicians, local health departments, community clinics, managed health care plans, and some school districts. There are approximately 2,290 CHDP providers at 905 CHDP sites. In Los Angeles County there are approximately 770,000 CHDP health assessment conducted each year. Although most eligible children and youth receive services through managed care plans, CHDP receives and reviews over 350,000 Confidential Screening/Billing Reports for children and youth each year. When problems are noted on a report, Public Health Nurse (PHN) follow-up and provide a full range of care coordination. During FY 2017-2018 CHDP:

- Conducted site reviews for, and approved/reapproved, more than 256 CHDP provider sites.
- Provided direct care coordination for more than 1,981 children and youth, for follow-up of medical, dental, and other health conditions identified in CHDP screenings.
- Conducted vision screening, audiometric screening, and nutrition/Body Mass Index (BMI) trainings for CHDP providers. The number of trainings and participating staff for FY 2017-2018 are provided in the table below.

TRAININGS FOR CHDP PROVIDER SITES FY 2017-2018		
	Trainings	Staff
Vision	133	425
Audiometric	142	533
Nutrition (WHO Growth Charts & BMI)	90	521
BMI/Lead/Dental	47	147

WHO: World Health Organization

### Health Care Program for Children in Foster Care

Children and youth in foster care have significant health care needs. Almost nine in ten young children entering the foster care system (87%) have physical health problems; with 55% having two or more chronic conditions.<sup>2</sup> Almost a quarter of children entering foster care have three or more chronic conditions.<sup>3 4</sup> More than one third (35%) of children and adolescents enter foster care with

significant dental and oral health problems.<sup>5</sup> This vulnerable population has long been recognized as requiring rapid, comprehensive health assessment and coordinated health case management.<sup>6</sup>

The Health Care Program for Children in Foster Care (HCPFC) is a public health nursing program located in county child welfare service agencies and probation departments to provide public health nurse (PHN) expertise in meeting the medical, dental, mental and developmental needs of children and youth in foster care. Los Angeles County's HCPFC serves approximately 21,000 children annually.

The services provided by HCPFC PHNs include:

- Coordination of medical, dental and mental health care;
- Coordination of health services for children in out-of-county and out-of-state placements;
- Expediting referrals for medical, dental, mental health and developmental services;
- Providing medical education and training for foster care team members, probation officers, judges, school nurses and caregivers on the special health care needs of children and youth in foster care;
- Assisting children's social workers in interpreting medical report and medical findings; and
- Assisting foster caregivers in obtaining timely comprehensive health assessments and dental examinations.

During FY 2017-2018 HCPFC PHNs provided 53,936 consultations, coordinated 22,874 physical exams, coordinated 13,753 dental exams, coordinated/verified medical homes<sup>7</sup> for 33,431 children and youth, coordinated/verified 32,687 immunizations, and conducted 47,328 reviews of psychotropic medication.

2. L. K. Leslie, J. N. Gordon, L. Meneken, K. Premji, K. L. Michelmore, and W. Ganger. "The Physical, Developmental, and Mental Health Needs of Young Children in Child Welfare by Initial Placement Type." *Journal of Developmental & Behavioral Pediatrics*, June 2005, v26 i3 p 177(9).

3 Ibid.

4 K. Allen. Medicaid Managed Care for Children in Child Welfare. Center for Health Care Strategies. April 2008. Available at [www.chcs.org](http://www.chcs.org).

5 American Academy of Pediatrics, Healthy Foster Care America Initiative. Accessed April 30, 2014 at [http://www2.aap.org/fostercare/dental\\_health.html](http://www2.aap.org/fostercare/dental_health.html)

6 American Academy of Pediatrics, Committee on Early Childhood, Adoption, and Dependent Care. "Health Care of Young Children in Foster Care." *Pediatrics* Vol. 109 No. 3 March 1, 2002 pp. 536-541. Accessed April 30, 2014 at <http://pediatrics.aappublications.org/content/109/3/536.full.html>

7 The medical home, also known as the patient-centered medical home (PCMH), is a team-based health care delivery model led by a health care provider to provide comprehensive and continuous medical care to patients with a goal to obtain maximal health outcomes.



**CMS Edelman Children’s Court Pediatric Program**

The CMS Edelman Children’s Court Pediatric Program provides board certified, pediatric expertise to assess and inform court personnel of alternative placement strategies or treatment options for court involved children and youth with special health care needs. Edelman Court personnel have grown accustomed to this important information in the select cases where it is necessary, and have come to depend on this medical advice and expertise before they can properly rule on the disposition of a child’s dependency placement.

During FY 2017-2018, the CMS Court Pediatrician and Medical Director conducted over 100 in-depth consultations. The Court caseload continues to grow, with the number of new Coordinated Health Services Referrals and Orders (pediatric consults) ordered by Judicial Officers (Judges, Commissioners, and Referees) at Edelman and at the McCourtney Juvenile Justice Center in Lancaster more than tripling since the previous fiscal year. In addition to consultations, the Court Pediatrician provides presentations to groups of Judicial Officers and attorneys (and others, such as ICAN) on a variety of health and medical topics currently under discussion at the Court. The Court Pediatrician and Medical Director participate on the Coroner’s Interagency Child Death Review Conference. The Interagency Child Death Review has also led to improved collaboration with other group members from Department of Children and Family Services (DCFS), Department of Health Services (DHS) Medical Hub Clinics, Department of Mental Health (DMH), Coroner’s office, and others.

**DIVISION OF MATERNAL CHILD AND ADOLESCENT HEALTH**

The mission of Maternal, Child and Adolescent Health (MCAH) Programs 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:

- African American Infant Mortality Reduction Initiative
- Black Infant Health Program

- Children’s Health Outreach Initiative
- Childhood Lead Poisoning Prevention Program
- Comprehensive Perinatal Services Program
- Fetal Infant Mortality Review Program
- Human Trafficking/Commercial Sexual Exploitation Workgroup
- Nurse Family Partnership Program
- Sudden Infant Death Syndrome Program

**African American Infant Mortality (AAIM) Reduction Initiative**

Due to a persistent disparity between black/African American and white infant mortality rates, with black babies dying at three times the rate of white babies annually, MCAH has given priority to activities that complement and extend beyond the current Black Infant Health program with a goal to significantly reduce the rate of African American infant mortality. Data demonstrate that the disparity is not explained simply by lifestyle choices or personal attributes, but by the impact on the body of living in a racist society, an effect known as “weathering.”

AAIM activities leading up to and during FY 2017-2018 included:

- An initial AAIM convening with countywide stakeholders in June 2017 to share data and stories and to build interest in partnering around this issue.
- A second convening in November 2017 during which attendees were invited to inform an eventual DPH AAIM Action Plan via participation in multiple ad hoc advisory committees, including mental health, prenatal and pediatric clinical intervention, doula and birth support, and community and social support.
- The public presentation of a draft Action Plan document entitled A Pathway to Equity in April 2018 during a kickoff event for Public Health Week. The document divides DPH proposed solutions to reduce AAIM into three strategy areas: (1) to reduce women’s exposure to socially mediated stress, (2) to help women block the pathway from social stress to physiological stress, and (3) to intervene early to reduce the impact of stress on health. Community and stakeholder feedback was requested through the remainder of the fiscal year.

**Black Infant Health Program (BIH)**

BIH was established in 1989 in response to the alarmingly and disproportionately high infant



mortality rate in the African American community. This community-based program addresses the problem of poor birth outcomes and health disparities affecting African American women and their infants.

Experts believe that social and economic stressors and racism play important roles in poor birth outcomes for African American women, and with these factors in mind, in 2015 the California Department of Public Health modified the BIH Program model to focus on a group experience that builds social support to buffer the negative effects of stress, and that empowers participants to make positive choices for their lives.

MCAH entered into agreements in September 2016 with four (4) community-based organizations to implement the revised BIH Program. The four (4) community-based organizations are: The Children's Collective Inc.; Great Beginnings for Black Babies Inc.; Children's Bureau of Southern California; City of Pasadena Public Health. Enrollment of clients in the revised program model began in January 2017.

Within a culturally affirming environment and honoring the unique history of African-American women, BIH aims to help women have healthy babies. Participants learn proven strategies to reduce stress and to further develop life skills. This is accomplished as participants attend an empowerment-focused prenatal group, and engage in complementary case management services. Weekly group sessions help women build social support, access their strengths and set health-promoting goals.

Participants are encouraged to commit to the full 20-week group intervention (10-week prenatal; 10-week postpartum) and all services are free.

Participants are eligible for program services if they are an African American woman (18 years of older), currently 30 weeks or less pregnant and residing in designated target area.

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); 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 Fiscal Year 2017-18 shows that 229 African American pregnant women enrolled into BIH Program services.

### **Children's Health Outreach Initiatives Program (CHOI)**

CHOI was established in 1997 to provide coordinated health coverage outreach to underserved children, families and individuals 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 leveraged existing funding streams, including First 5 LA funding, to receive Medi-Cal Administrative Activity (MAA) dollars for enrolling clients into Medi-Cal. With these funding sources, CHOI contracts with 17 community-based organizations (CBOs), 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 as needed. CHOI sponsors comprehensive training for agency staff and community enrollment workers on available coverage programs and best practices for supporting enrollment, retention, and use of benefits.

In FY 2017-18, CHOI continued leading the collaborative partnership of five Los Angeles County (LAC) Departments funded to conduct Medi-Cal outreach and enrollment to seven hard-to-reach populations in the County: persons with mental health and substance use disorders; homeless individuals; young men of color; persons preparing for release from the County jail; families of mixed immigration status; and persons with limited English proficiency. The aim of the partnership was to enroll as many newly-eligible individuals as possible into the Medi-Cal program. In 2017-18, CHOI continued its partnership with the the Los Angeles County Sheriff's Department (LASD) in addition to the 17 CBOs. Four years into the grant partnership, the Collaborative has outreached to over 450,000 Medi-



Cal eligible individuals in LA County, assisted with over 100,000 Medi-Cal applications and confirmed enrollment of more than 90,000 individuals.

CHOI received an additional grant from DHCS for Medi-Cal Retention and Renewal Assistance that was implemented from July 2015 through December 2016. The project aimed to support all Medi-Cal beneficiaries with renewals, including assisting with re-determination paperwork and troubleshooting obstacles and barriers that arise. This project resulted in CHOI contractors providing support for continued Medi-Cal enrollment to more than 11,800 individuals.

CHOI activities during FY 2017-2018 included:

- Comprehensive health coverage outreach, enrollment, utilization and retention services, funded by the State Dept. of Health Care Services and MAA;
- Provision of intensive training on the Medi-Cal Program and the CHOI online data tracking system for the DHCS Medi-Cal Outreach and Enrollment Grant Collaborative;
- Outreach to nearly 88,000 individuals, completed more than 21,000 health coverage applications, and achieved a confirmed enrollment rate of greater than 90% across all health programs.
- CHOI contracted agencies provided troubleshooting assistance and referrals to clients who were facing obstacles in obtaining, accessing and maintaining health care coverage and other social services including CalFresh, WIC, mental health services, legal services for housing and domestic violence, dental/oral health, immigration, Regional Center Support, and Individual Education Plans (IEPs).

**Childhood Lead Poisoning Prevention Program (CLPPP)**

Established in 1991, CLPPP continues to identify and manage lead exposure in children and youth who live in Los Angeles County (age 0-21 years) through specific program activities such as elevated blood lead level surveillance; outreach and education to families and foster homes, juvenile detention, care givers, primary care providers, students; and case management. Among all open cases in Fiscal Year 2017-2018, CLPPP provided and cared for five patients who reside in foster care and four 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, and
- Reduce or eliminate consequences of lead exposure

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 14.5 mcg/dL drawn six months apart to two venous BLL, 4.5 mcg/dL or less, drawn six months apart. CLPPP continues to implement this lowered closure criteria in FY 2016-17 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) changed the case definition guidelines to one venous BLL greater than or equal to 14.5 mcg/dL or two BLLs greater than or equal to 9.5 mcg/dL drawn at least 30 days apart. The second BLL must be a venous draw. Additionally, CLPPB’s closure criteria changed 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. The most recent BLL prior to closure must be 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. These changes in the case definition and closure criteria have resulted in cases remaining open for longer periods of time before closure criteria is met. Supplemental state funding has been awarded to support additional nursing case management and environmental investigation activities.

During fiscal year 2017-18, CLPPP provided case management services to over 600 children and youth ages 0-21 years old of which 280 were newly identified cases. In addition to these state defined cases, over 2,500 children were reported with BLLs greater than or equal to 5 mcg/dL (micrograms per deciliter). As resources allowed, 400 of these children received modified case management services which included health teachings over the phone, and educational materials mailed to their caregiver.

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 2017-2018, there were 389 certified CPSP providers in Los Angeles County. Program staff conducted 43 provider trainings, and 225 quality assurance and provider status site visits with CPSP providers in an effort to promote quality care for pregnant women and newborns and to ensure

compliance with Title 22 CPSP regulations. CPSP providers were educated on pertussis and the importance of providing Tdap vaccination during the third trimester of every pregnancy.

### **Fetal Infant Mortality Review Program (FIMR)**

FIMR was implemented in 12 California counties in 1994 to assess the causes of fetal and infant deaths in areas with high rates of prenatal mortality. The goal of the program is to improve birth outcomes 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 2017-2018, the FIMR Program:

- Maintained the Fetal-Infant Mortality Expanded Surveillance System (FIMESS) database which captures fetal death record information 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>; and
- 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 2016-2017, 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](http://publichealth.lacounty.gov/mch/LACALC/LACALC_index.htm).

• Hosted 12 Peer-Parent Support Group for Grieving Parents meeting. Close to 60 parents participated; one healthy baby was born.

• AAIM (African American Infant Mortality) Health Initiative convened over 7 core groups meeting; LAC DPH staff lead the collaborative. Two key stakeholder convenings were hosted:

- First convening: Sixty community based stakeholders attended and identified cross-collaborative opportunities and interventions to improve the birth outcomes for African American infants.

- Second convening: Ninety four community based stakeholders attended. Activities included breakout sessions focused in one of 3 key areas for intervention. (clinical, community, support services), in addition to a group giving feedback on upcoming focus groups to be held in January throughout the County.

**Human Trafficking/Commercial Sexual Exploitation Workgroup**

The Divisions of CMS and MCAH co-chair the Department of Public Health Human Trafficking/Commercial Sexual Exploitation (HT/CSE) Workgroup, which includes members from numerous DPH programs. The vision of the Workgroup is: A world without human trafficking, including commercial sex exploitation. The mission of the Workgroup is: To prevent the spread of human trafficking, including labor and sex trafficking, and commercial sex exploitation; to identify people and populations who

are at risk of, impacted by, or are survivors of HT; and to enhance, strengthen and build Los Angeles County Department of Public Health capacity to serve those survivors and respond to their needs. The Workgroup has developed an implementation plan for 2017-2018. The areas of focus of the work plan include: (1) Internal DPH capacity development; (2) Internal policy development; and (3) External partnership development.

The Workgroup has emphasized assessing and assisting with training needs of DPH staff to increase their capacity to effectively address HT/CSEC. The workgroup has recommended a minimum of Commercially Sexually Exploited Children (CSEC) 101 training for all staff having direct contact with those potentially impacted by human trafficking. The staff who were trained this past year, include:

• 70 nurses from the Nurse Family Partnership Program, LA Unified School District and other healthcare professionals participated in a training sponsored by the Probation Department on CSEC/Human Trafficking on identification and methods to assure an appropriate response if abuse or HT is suspected

• 20 representatives from DPH programs participated in a training on human trafficking in labor and commercial sexual exploitation issues developed and provided by Coalition to Abolish Slavery and Trafficking (CAST)

• 96 Community Health Services clinical staff attended a training on CSEC/Human Trafficking 101 and domestic violence

• 163 Public Health Center field staff participated in a CSEC/Human Trafficking 101 training and an additional session on Domestic Violence

• 40 Community Health Services staff and community service providers in Pomona attended a session provided by the Office of Women’s Health, the Injury and Violence Prevention Program and the Pomona Police Department on trauma informed care, community resources, self-care, and HT community efforts

• 60 CHS staff at the Martin Luther King Wellness Center attended a Probation Department sponsored training on Trauma Informed Care, Community Resources, Self-Care, and HT Community efforts

• 500 Environmental Health staff, including all field inspectors, attended a training on human trafficking focusing labor and commercial sexual exploitation provided by CAST.



- 300 Children's Medical Services nurses received training on Trauma Informed Care, Community Resources, Self-Care, Compassionate Fatigue and Cyber Security

### **Nurse Family Partnership (NFP)**

NFP is an evidence-based home visitation program that 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 28th week (preferably before their 16th week) of pregnancy and continue until the child reaches his/her second birthday. During home visits, PHNs work with clients to address their personal health, child health, discipline, childcare, maternal role development, maternal life-course development, and social support.

NFP-trained PHNs assess the needs of mothers and newborns and provide them with support, education, unconditional positive regard and referrals to needed services. When the infant is approximately 10 weeks old, PHNs and parents discuss the importance of nurturing children through physical and emotional security, trust, and respect. Because being pregnant or parenting is challenging, nurse home visitors educate and increase the awareness of harmful behavior such as sexual, emotional, and physical abuse. PHNs refer families for additional social and support services if risk factors for child abuse and neglect are observed.

Beginning with FY 2011-2012, the Mental Health

Services Act (MHSA), Prevention and Early Intervention (PEI) program within the Department of Mental Health (DMH) funded additional nurses to expand the NFP program to serve more high risk pregnant mothers in LA County. In 2017, in addition to the one mental health worker (MHW), a Spanish speaking mental health worker was hired to provide mental health therapy to monolingual Spanish speaking clients. The home visiting MHW assist clients who have minor mental health issues and refer clients who have more serious mental health issues to the mental health clinics. Since inception of this service, many clients have benefitted from the coordinated services between nurses and MHW and the strengthened relationship established with the clients. For those clients whose acuity level is higher than what can safely be treated in the home, the MHW has been indispensable in creating linkages to more intensive community-based mental health services. Starting in 2017, NFP service is available to all Service Planning Areas (SPAs) countywide and for the deaf and hard of hearing community. In addition to serving the mainland Los Angeles County, one NFP nurse also serves the under-served high-risk clients in Catalina Island. Those clients are mainly the children of service workers who live on the island to provide services to tourists.

During fiscal year 2017-18, NFP nurses served nearly 900 clients countywide. The median age for NFP clients is 19 years old: The age group breakdown includes 4.1% less than 15 years; 49% between the age of 15-21; 21% were between 22-25; 22% were between 16-35, and 3.8% were greater than 36 years old.

- Among clients who reported race, the breakdown was 3.7% American Indian or Alaska Native; 2.8% Asian, 13.4% Black or African American, 0.5% Native Hawaiian or other Pacific Islander; and 79.6% white. In terms of ethnicity, about 75% of clients identified as Hispanic or Latina.

- The top three referral sources are from health care providers/clinics (32%); Women, Infant and Children (WIC) (23%), and other home visiting programs (20%).

- Thirty-eight percent (38%) of the NFP clients reported having serious chronic medical conditions. Additionally, NFP served two (2) blind and four (4) deaf or hard of hearing clients.

- There were 279 births among NFP clients in FY 17-18. Of those births, 1.4% of the infants screened required further developmental evaluation.



- Thirty-four clients (4%) were reported to Department of Children and Family Services (DCFS) for possible neglect or abuse. Of those reported, one claim DCFS substantiated one claim for child neglect.
- To better serve high risk clients, NFP made enrollment exceptions for clients referred from DCFS, the Alliance for Children’s Rights, Public Counsel, and Children’s Law Center who were beyond 28 weeks of pregnancy.

During 2017-2018, in response to a Los Angeles County Board of Supervisors Motion, Department of Public Health (DPH) was charged to lead an expansion of home visitation programs to serve as many at risk pregnant and parenting clients as possible. With help from the Department of Mental Health, DPH is in the process of implementing two additional evidence-based models, Healthy Family America (HFA) and Parents as Teachers (PAT), to serve even more at-risk pregnant and parenting clients in Los Angeles. It is estimated, together with NFP, an additional 3300 clients will be served.

NFP continued to participate and utilize the Family and Children’s Index (FCI) system used by direct-service County departments to further identify multi-agency involved clients who are most at risk at child abuse and neglect. In addition, NFP are active members of the Los Angeles County Perinatal and Early Childhood Home Visitation (HV) Consortium with overall emphasis in policy, referrals, data and best practices. The goal of the HV consortium is to develop generalized home visiting policies for Los Angeles, establish a referral matrix to ensure matching the best programs to the client’s needs, and identify standardized data for collection among all home visiting programs serving pregnant women/ youth or families with children 0-5 years old. Facilitators for this group have been hired through First 5 Los Angeles.

**Sudden Infant Death Syndrome (SIDS) Program**

In compliance with state mandates, the County coroner reports all presumptive Sudden Infant Death Syndrome (SIDS) cases to the California Department of Public Health and to the local SIDS Program. Subsequently, an assigned 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 2017-2018, 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 39 families who experienced fetal or infant loss were provided grief and bereavement support;
- 3 nursing schools/universities representing 90 students have received safe infant sleep education including 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);
- 115 Comprehensive Perinatal Services Program (CPSP) providers received Safe Infant Sleep information and materials. The Safe Infant Sleep DVD is being played in the lobby of the clinics;
- Contact letter sent to LAC birthing hospitals who have the highest number of SIDS cases (SPA 1, 4, and 6). This letter informs them of SIDS statistics for their hospitals, and provide with resources available online (safe infant sleep video and print materials from the National Institute of Child Health and Development);
- Black Infant Health (BIH) program from Service Planning Areas (SPAs 4,6,7 & 8 received Safe Infant Sleep training.
- 97 Child Care Providers from SPAs 4,6,7 & 8 received safe to sleep education.
- 3,660 Los Angeles County employees had the access to the Paystub View Announcement and the Safe Infant Sleep recommendations;
- More than 5,000 Safe Infant Sleep brochures and flyers in English and Spanish have been distributed to hospitals, colleges/universities, Community Based Organizations and Faith Based Organizations. Also, a Safe Infant Sleep DVD has been distributed to different 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 consumers and professionals. (<http://publichealth.lacounty.gov/mch/sids/sids.htm>)

### **DIVISION OF SUBSTANCE ABUSE PREVENTION AND CONTROL**

The Substance Abuse Prevention and Control (SAPC) division is tasked with implementing policies and strategies to prevent and minimize the harms of substance use disorders (SUD), and to oversee the specialty SUD treatment system for those who are directly or indirectly affected by alcohol and other drug misuse. Its mission is to lead and facilitate the delivery, through its contracted community-based agencies, of a full spectrum of prevention, treatment and recovery support services in Los Angeles County proven to reduce the impact of substance abuse and addiction.

A core SAPC strategic priority is to maximize opportunities available under the recently approved Drug Medi-Cal Organized Delivery Systems (DMC-ODS) Waiver to better integrate SUD treatment services for both youth and adults into Los Angeles County's mental and physical health care delivery system.<sup>8</sup> The DMC-ODS Waiver launched on July 1, 2017. Among SAPC's key programs that integrate SUD services with the mental and physical health systems aimed at youth or parents/guardians are:

- California Work Opportunity and Responsibility to Kids (CalWORKs)
- Promoting Safe and Stable Families – Time-Limited Family Reunification (PSSF-TLFR)
- Family Dependency Drug Court (FDDC)
- Substance Use Disorder – Trauma-Informed Parent Support (SUD-TIPS)
- Women and Children's Residential Treatment Services (WCRTS)
- Pregnant and Parenting Women (PPW)
- Youth System of Care (YSOC)

#### **California Work Opportunity and Responsibility to Kids**

CalWORKs is a time-limited Department of Public Social Services program in partnership with SAPC and other Los Angeles County agencies. The program provides financial assistance to eligible needy families with or expecting children to help pay for housing, food, utilities, clothing, medical care, and other necessary expenses. CalWORKs recipients must participate in Welfare-to-Work activities, which include employment, job search,

assessment, education and training, community service, SUD treatment, mental health services, and domestic violence counseling. In Fiscal Year 2017-2018, a total of 383 patients engaged in SUD treatment services.

#### **Promoting Safe and Stable Families - Time Limited Family Reunification**

PSSF-TLFR is a time-limited Department of Children and Family Services (DCFS) reunification program in partnership with SAPC and other Los Angeles County agencies. The program is designed to provide services to families/guardians when children have been removed from parental custody for 15 months or less. The parents and/or caretakers have been directed to enter SUD treatment services as a part of their family reunification plan. In Fiscal Year 2017-2018, a total of 186 patients engaged in SUD treatment services.

#### **Family Dependency Drug Court**

FDDC is a partnership between the DCFS and SAPC. The target populations are adult male/female parents (age 18 and older) who have children under the supervision of DCFS and the Juvenile Dependency Court and are experiencing a SUD that appears to be a significant barrier to family reunification. Treatment services

(12 months) are made available to parents with active DCFS cases focusing on family reunification. Parents enter the program on a voluntary basis and are under court supervision for the duration of treatment. In Fiscal Year 2017-2018, 70 patients entered this program, with 20 dependents reunited with their parents.

#### **Substance Use Disorder – Trauma-Informed Parent Support**

SUD-TIPS is a pilot project program in partnership between SAPC, the Department of Children and Family Services (DCFS) and the Department of Mental Health (DMH). The three-year program has co-located Client Engagement and Navigation Services (CENS) staff in DCFS regional offices. The placement of CENS staff in these offices ensures greater access to trauma-informed SUD services and prevention and early intervention for mental health (MH) services for DCFS-involved parents/caregivers.

<sup>8</sup> Los Angeles County Health Agency 2016-2017 Annual Report, [http://file.lacounty.gov/SDSInter/dhs/1026193\\_HealthAgencyreport\\_revised\\_07\\_07\\_17PM\\_mk.pdf](http://file.lacounty.gov/SDSInter/dhs/1026193_HealthAgencyreport_revised_07_07_17PM_mk.pdf)





These services are intended to link DCFS involved families with timely and responsive support services to address any substance use needs. In Fiscal Year 2017-2018, a total of 144 patients were screened and 132 engaged in SUD/MH treatment services.

**Women and Children’s Residential Treatment Services**

WCRTS was originally funded through a five-year grant from the Federal Center for Substance Abuse Treatment, a division of the U.S. Department of Health and Human Services and is now legislated through the California Health and Safety Code (HSC) Section 11757.65. The program pursues four primary goals and a number of desired outcomes for pregnant women and women with children in residential SUD treatment settings. These goals and outcomes include, but are not limited to, the following:

1. Demonstrate that SUD treatment services improve outcomes for women, children, and the family unit as a whole;
2. Provide services to promote safe and healthy pregnancies and perinatal outcomes; and
3. Free women and their families from substance abuse.

In Fiscal Year 2017-2018, a total of 209 patients engaged in SUD treatment services.

**Pregnant and Parenting Women**

PPW is a SAPC program for pregnant and parenting women with SUDs, including: pregnant women, women with dependent children, women attempting to regain custody of their children, postpartum women and their children, or women with substance exposed-infants. SAPC contracted agencies provide women-specific services for treatment and recovery from alcohol and other substances, along with diverse supportive services for women and their children. Perinatal programs must meet the requirements set forth in the California Department of Health Care Services’ Perinatal Service Network Guidelines. In Fiscal Year 2017-2018, a total of 49 patients engaged in SUD treatment services.

**Youth System of Care**

YSOC is a SAPC program aimed at improving and enhancing the infrastructure and capacity of youth-specific SUD treatment programs. With the launch of the Drug Medi-Cal Waiver in Fiscal Year 2017-2018, covered levels of care for youth ages 12-17 have been expanded to include the following:

- Outpatient for At-Risk Youth
- Outpatient
- Intensive Outpatient
- Residential
- Withdrawal Management
- Opioid Treatment program
- Medication for Addition Treatment

Moreover, additional services have been incorporated within the youth benefit package:

- Family Therapy
- Case Management
- Recovery Support Services
- Field-Based Services

In Fiscal Year 2017-2018, a total of 1,971 youth patients engaged in SUD treatment services. Youth admitted to treatment displayed the following characteristics:

- 17 years old (36.1%)
- Male (69.3%)
- Latino (77.4%)
- Using Marijuana (80.5%)
- Admitted to Outpatient Treatment (77.8%)

**SECTION 2. OVERVIEW OF LOS ANGELES COUNTY INFANT AND CHILD DEATH DATA**

The figures described in this section of the report use data derived from death certificates combined with County population estimates in order to calculate rates for all-cause mortality of infants and children and to provide comparative trends for different racial/ethnic groups and different geographic regions. We also identify the most common causes of death for infants and children. Although most of these figures do not provide information specific to child abuse and neglect, as the repository for vital records for Los Angeles County and the primary agency responsible for overall health assessment and epidemiology, DPH includes these figures to better inform readers of this report on general mortality trends for infants and children.

**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 2016 was 4.0 infant deaths per 1,000 live births, an increase of 0.1 from the previous two years, or essentially unchanged, which maintains a general trend downward that has been consistent for more than a decade, despite occasional yearly fluctuations (see Figure 1). Moreover, 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 many years.

Figure 2 shows infant mortality rates stratified by race/ethnicity in Los Angeles County for years 2007 through 2016. 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/ethnicity groups. Aside from expected annual fluctuations, the trend in mortality for African American infants appears to be rather flat for the past several years (10.4 deaths per 1,000 live births in 2016), and well above the Healthy People 2020 target of 6.0 infant deaths per 1000 live births, while the corresponding rates for Whites, Hispanics and Asians are clustered more closely together, and consistently well below the HP2020 target (Figure 2). Although the causes for this consistent and alarming disparity may be multifactorial, the role of historic and persistent discrimination and the resulting social inequities produced must be considered as a significant causative factor. DPH has attempted to address this disparity for a number of years with direct interventions including the Black Infant Health program and home visiting services such as Nurse Family Partnership (see program descriptions in Section 1). More recently DPH has become home to the newly launched Center for Health Equity for the Los Angeles County Health Agency and African American Infant Mortality (AAIM) is one of its initial priority topics. The AAIM Reduction initiative will develop and implement strategies countywide to address some of the systemic and structural causes

which have allowed this particular health disparity to persist. Early activities for the AAIM initiative during Fiscal Year 2017-18 are presented in Section 1 of the report. Figure 3 presents similar data in tabular form, and includes the actual number of deaths and live births among the various race/ethnicity 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, Area Health Officers are responsible for public health planning and delivery of services in one or more SPAs according to the specific identified health needs of the local communities in the SPA. The bar graph in Figure 4 compares infant mortality by Service Planning Area in 2016, while Figure 5 presents the same statistics in tabular form for all years from 2007 through 2016. SPA 6 (South) had the highest infant mortality rate in 2016 (7.1 per 1000 live births), followed by SPA 1 (Antelope Valley) with a rate of 6.5 in 2016. 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.

Figure 6 lists the five most common causes of infant deaths in Los Angeles County in 2016, along with their ordinal position in the previous year for comparison. The top five causes of death and their ordinal positions have not changed since last year. What is notable from this list is that four of the five causes relate directly to conditions arising either prenatally (during embryonic or fetal development) or perinatally (during the birthing process). 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 women of child-bearing age significantly lowers 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 in Los Angeles County specifically attributed to child abuse and neglect for all years 2007 through 2016 stratified by gender. The total number of infant deaths related to child abuse remain very small each year (generally less than 5), thus the calculated death rates tend to be quite unstable as an annual change of only one or two 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 health care and public health improve.

Figure 8 illustrates the trend in the crude death rate for children in Los Angeles County for years 2007 through 2016. The rate of 12.0 deaths per 100,000 in 2016 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 2007 through 2016 stratified by race/ethnicity. The child death rates show consistent disparities similar to the infant mortality data (Figure 2), with African-Americans demonstrating the highest child death rate in the County (23.3 per 100,000 population), well above the other groups included in the figure.

Figure 10 presents child death rates for each SPA in Los Angeles County in 2016 in graphical form and provides trend data in tabular form for years 2007 through 2016. In 2016, the child death rate was highest in SPA 4 (Metro) at 15.4 followed closely by SPA 6 (South) at 14.8 deaths per 100,000 children ages 1 to 17.

Figure 11 shows the five most common causes of child death in Los Angeles County in 2016 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) appear on the list both in 2016 and 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 193 deaths represented in the table for youth ages 13 to 19, 147 deaths (76%) 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 2007 through 2016. 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 4.0 infant deaths per 1,000 live births in 2016 represents a minimal change compared to the rate the previous year (3.9). 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/ethnicity groups (10.4 deaths per 1,000 live births in 2016), more



than twice as high as the next highest group and the overall County rate.

- Region-specific infant mortality rates in 2014 were highest in SPA 6 (South) and SPA 1 (Antelope Valley). This likely reflects the disproportionately high infant mortality rate for 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 has shown a consistent downward trend for several years and decreased further in 2016. African-American children ages 1 to 17 had the highest death rate among the major race/ethnicity groups represented, a consistent disparity. Among SPAs, SPA 4 (Metro) had the highest child death rate, followed by SPA 6 (South).
- 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 should be preventable events.
- The number of deaths attributed to child abuse and neglect in 2016 remained very low (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 Division of Maternal, Child, and Adolescent Health in 2004. The LAMB Project collects countywide population-based survey data on maternal attitudes and experiences before, during, and shortly after pregnancy. Since its first implementation 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](http://www.LALAMB.ph.lacounty.gov)

In 2014, the LAMB Follow-Up Project was launched. Mothers who had initially responded to the LAMB survey in 2012 were contacted 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. The second cohort to be sampled for follow up data occurred in 2016 based on mothers who were initially surveyed in 2014. There were 2,679 mothers who responded to the 2016 LAMB Follow Up survey, resulting in an adjusted response rate of 52.1%, representing a total survey population of 128,822 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.<sup>9</sup> Figures 13 and 14 present analyses from the LAMB cohort data linking the 2014 survey responses with the 2016 follow up responses for selected strengthening families' framework<sup>10</sup> 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.

<sup>9</sup> The Truth About ACES. [Rwjf.org/aces](http://Rwjf.org/aces)

<sup>10</sup> Strengthening Families, A Protective Factor



Figure 13 stratifies data by race/ethnicity group while figure 14 presents geographic comparisons by SPA.

Figure 15 shows the stressful life events experienced by toddlers according to the mother's account from the LAMB Follow-up survey. The information presented may provide opportunities to improve delivery of coordinated support and services for families in Los Angeles County.

### **Summary of Key Findings**

#### **Mother's Perception of Parental Stress**

- About 7 in 10 mothers (71.3%) stated that they had ways to manage their stress. Latina mothers (62.7%) and mothers who lived in SPA 6 – South (51.8%) were less likely to report having ways to manage stress.
- Nearly half of mothers (47.8%) felt overwhelmed by the demands of caring for her child (at two years of age) at least some of the time. Higher percentages of White (58.5%) and Asian Pacific Islander (API) mothers (48.7%) felt overwhelmed by the demand of their children as compared to African American (43.7%) and Latina (44.2%) mothers.

#### **Issues Negatively Impact Parenting**

- About one in eight mothers (12.2%) experienced some type of domestic violence during pregnancy and about 1 in 20 mothers (5.0%) after pregnancy. The prevalence was highest among African American mothers. The prevalence was not presented at the SPA level as estimates were unstable due to small numbers.
- Nearly one in four mothers (24.7%) felt depressed for longer than two weeks during the past year. Higher prevalence of African American (31.0%) and Latina mothers (28.1%) were depressed as compared to White (17.6%) and Asian Pacific Islander mothers. (16.8%)

#### **Parental Capacity to Seek Help & Connection to Services and Support**

- Nearly nine in 10 mothers (88.0%) knew where to go for parenting information.
- Only about one third (34.9%) knew where to turn for help for food or shelter in emergency. A higher prevalence of African American (53.7%) and Latina mothers (40.2%) knew where to go as compared to White (29.8%) and API (16.6%) mothers.
- Nearly one 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 (96.0%). The percentage who stated that safety caps covered all unused electrical outlets (88.4%), and that swimming pools, ponds, irrigation ditches, stock tanks or canals on property are protected by fences (83.9%) 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 less than three-fourths of mothers responded affirmatively to that question (72.3%).

#### **Stressful Life Events among Toddlers**

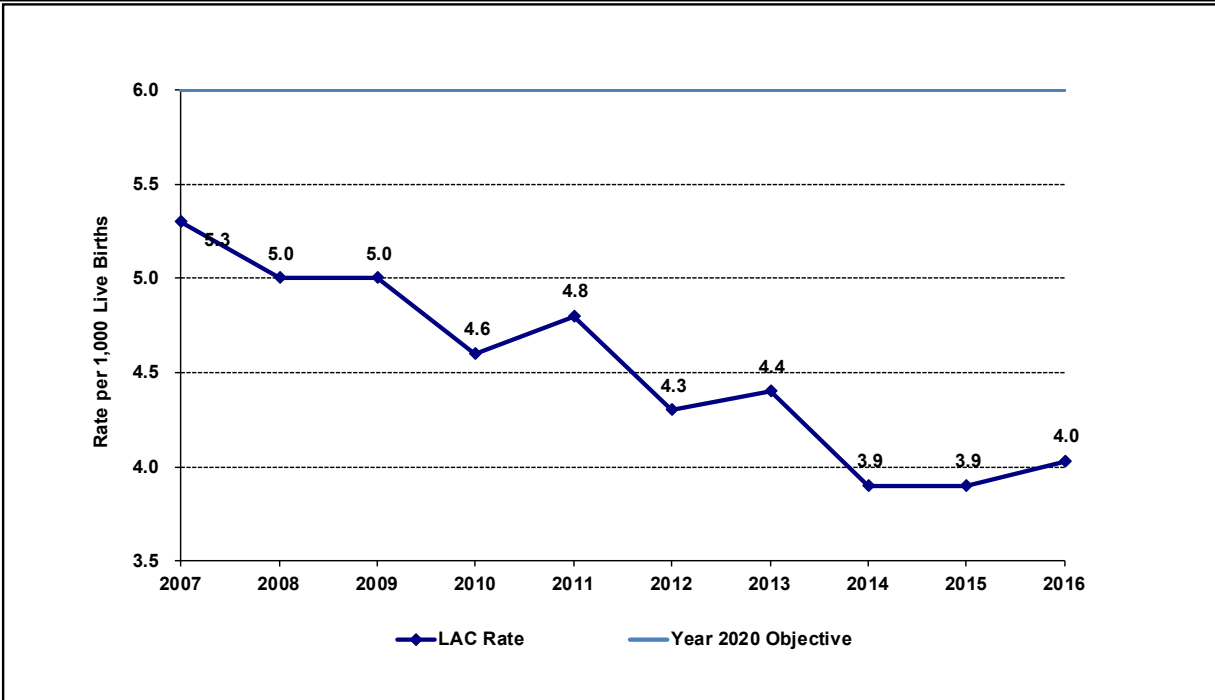
- Nearly one in five (17.9%) toddlers had experienced a change in household members including a new sibling.
- About one in seven (15.1%) toddlers had witnessed conflicts between parents.
- One in 10 (9.3%) toddlers had experienced the death of a close family member.
- Nearly one in 12 (9.6%) toddlers had been away from either parent for longer than one month period. African American toddlers had the highest prevalence (19.1%).
- Nearly one in 12 (7.7%) toddlers had experienced an overnight stay in the hospital not including right after birth.
- 2.3% of toddlers had witnessed violence and physical abuse in person.
- 1.5% of toddlers had witnessed alcoholism, drug abuse or mental health disorder.





Figure 1:

**INFANT MORTALITY RATE, LOS ANGELES COUNTY, 2007-2016**

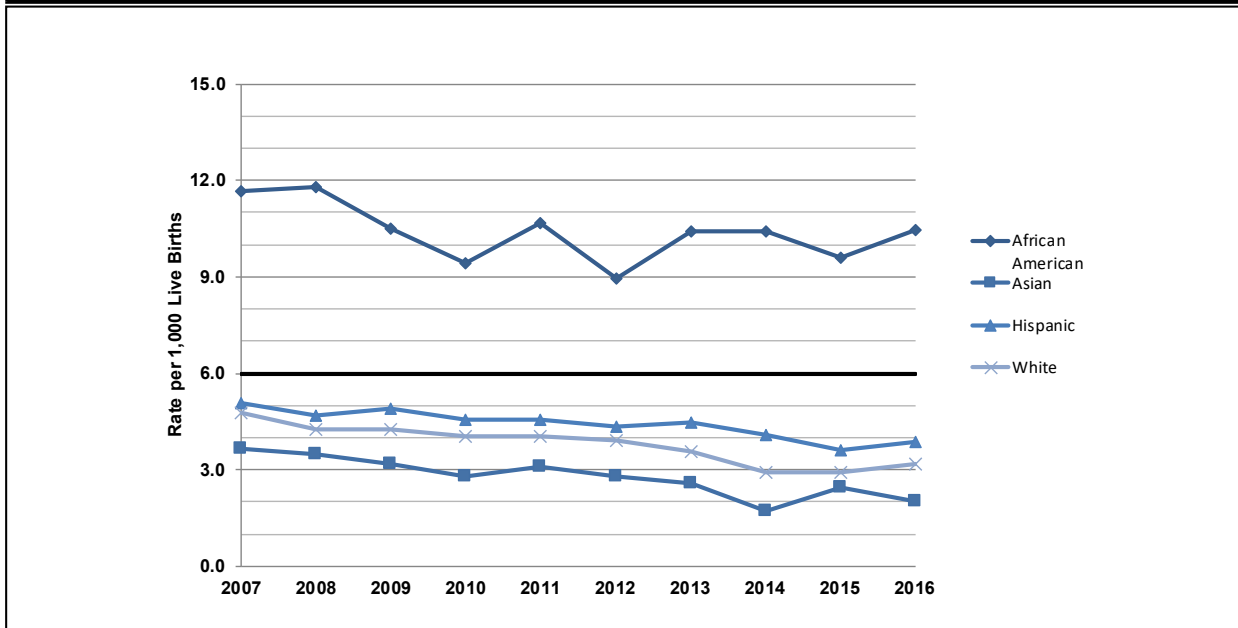


HP2020 Target: 6.0 infant deaths per 1,000 live births (information available at <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>)

Source: 2007-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018.

Figure 2:

**INFANT MORTALITY RATE BY RACE/ETHNICITY, LOS ANGELES COUNTY, 2007-2016**



HP2020 Target: 6.0 infant deaths per 1,000 live births (information available at <https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>)

Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.

Source: 2007-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018.





Figure 3

**INFANT MORTALITY RATE BY RACE/ETHNICITY,  
LOS ANGELES COUNTY, 2007-2016**

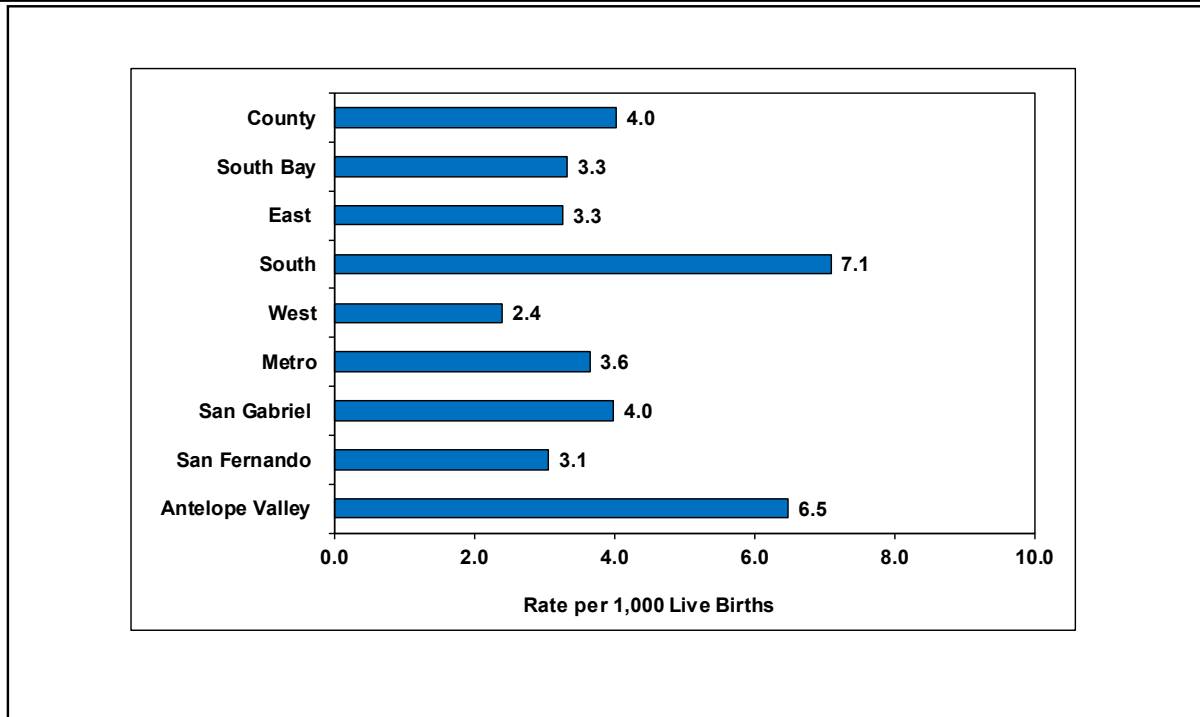
		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
African American	Number of Deaths	133	136	116	101	110	90	103	75	81	88
	Number of Live Births	11,406	11,509	11,047	10,735	10,316	10,069	9,880	9,069	8,432	8,425
	Rate	11.7	11.8	10.5	9.4	10.7	8.9	10.4	8.3	9.6	10.4
Asian	Number of Deaths	63	58	51	43	50	54	51	38	47	40
	Number of Live Births	17,186	16,552	16,046	15,499	16,086	19,366	19,773	22,287	19,113	19,608
	Rate	3.7	3.5	3.2	2.8	3.1	2.8	2.6	1.7	2.5	2.0
Hispanic	Number of Deaths	487	434	424	371	357	329	326	291	252	261
	Number of Live Births	95,686	92,643	86,642	81,372	77,993	75,899	72,645	71,566	69,724	67,666
	Rate	5.1	4.7	4.9	4.6	4.6	4.3	4.5	4.1	3.6	3.9
White	Number of Deaths	123	106	102	96	95	92	85	68	68	73
	Number of Live Births	25,758	24,910	23,902	23,633	23,466	23,382	23,821	23,327	23,169	22,808
	Rate	4.8	4.3	4.3	4.1	4.0	3.9	3.6	2.9	2.9	3.2
County	Number of Deaths	812	742	704	617	619	567	570	502	482	495
	Number of Live Births	151,813	147,684	139,679	133,160	130,313	131,697	128,526	130,150	124,442	122,941
	Rate	5.3	5.0	5.0	4.6	4.8	4.3	4.4	3.9	3.9	4.0

Note: Infant mortality rate is defined as infant deaths occurring at less than 365 days of age per 1,000 live births.

Source: 2007-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018.

Figure 4

**INFANT MORTALITY RATE BY SERVICE PLANNING AREA (SPA),  
LOS ANGELES COUNTY, 2016**



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, 2007-2016**

		Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay	County Total
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
2014	Infant Deaths	33	86	69	45	18	91	78	81	502
	Live Births	5,473	24,923	27,203	12,732	6,898	17,504	16,410	18,397	130,150
	Rate/1,000	6.0	3.5	2.5	3.5	2.6	5.2	4.8	4.4	3.9
2015	Infant Deaths	32	94	64	41	22	84	59	82	482
	Live Births	5,539	24,296	23,672	12,489	6,665	16,958	16,515	17,737	124,442
	Rate/1,000	5.8	3.9	2.7	3.3	3.3	5.0	3.6	4.6	3.9
2016	Infant Deaths	36	74	96	43	16	119	52	58	495
	Live Births	5,555	24,165	24,048	11,789	6,678	16,786	15,941	17,420	122,941
	Rate/1,000	6.5	3.1	4.0	3.6	2.4	7.1	3.3	3.3	4.0

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: 2007-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018.



Figure 6

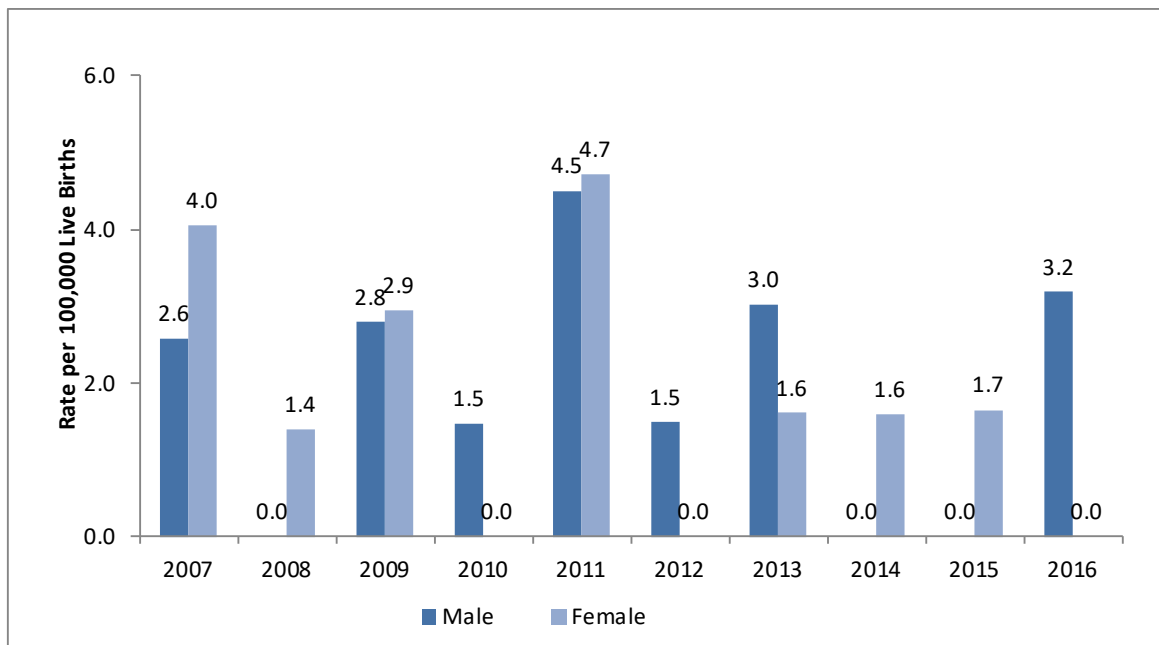
**LEADING CAUSES OF DEATH AMONG INFANTS,  
LOS ANGELES COUNTY, 2016**

Rank	Children Less Than 1 Year Old	# of Deaths	2012 Rank
1	Congenital Malformations, Deformations & Chromosomal Abnormalities	114	1
2	Disorders Related to Short Gestation & Low Birthweight, Not Elsewhere Classified	97	2
3	Other Perinatal Conditions or Conditions Originating in the Perinatal Period	74	3
4	Sudden Infant Death Syndrome (SIDS)	39	4
5	Newborn Affected by Complications of Placenta, Cord, & Membranes	27	5

Source: 2007-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018.

Figure 7

**CHILD ABUSE RELATED INFANT DEATH RATES BY GENDER,  
LOS ANGELES COUNTY, 2007-2016**



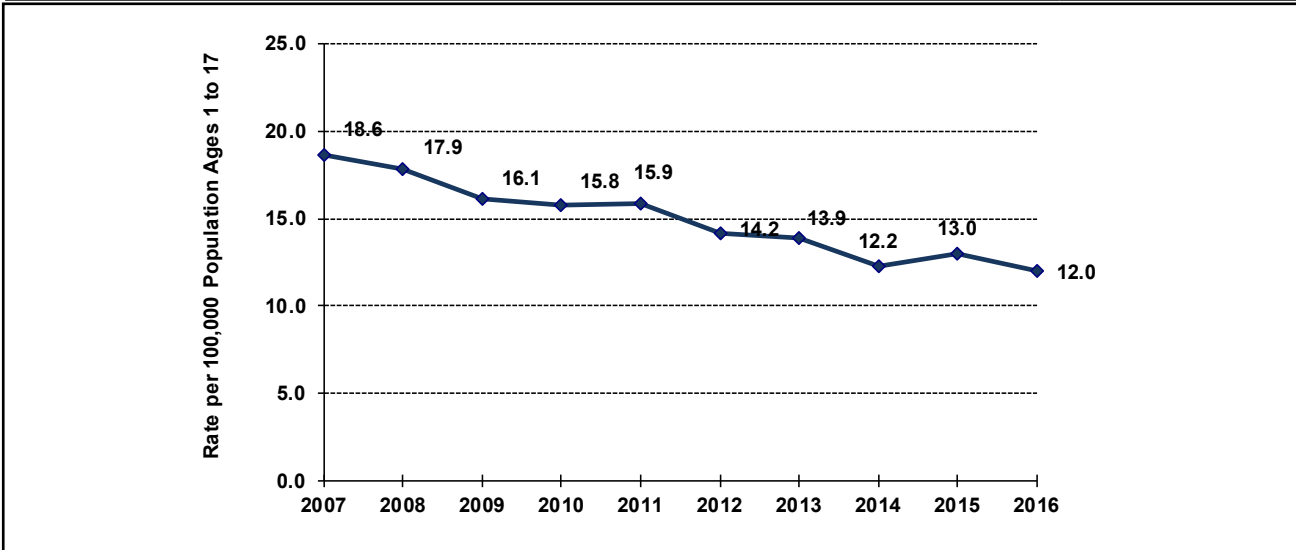
Notes: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07. Sum of gender totals may not add up to County total due to records that do not specify gender.

Source: 2007-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018.



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.  
 Source: 2007-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018. 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, 2007-2016**

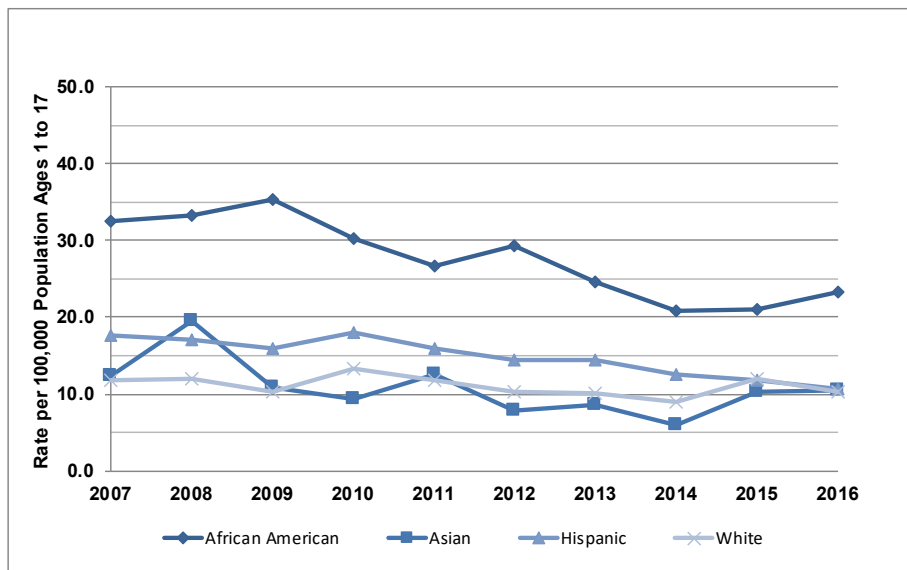


Figure 9b

	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
2007	83	255,236	32.5	33	265,178	12.4	300	1,693,543	17.7	66	554,668	11.9	489	2,775,007	17.6
2008	79	237,625	33.2	49	251,419	19.5	270	1,579,881	17.7	62	516,432	12.0	464	2,596,425	17.9
2009	81	228,756	35.4	27	248,622	10.9	247	1,550,204	15.9	53	512,130	10.3	412	2,551,454	16.1
2010	58	192,005	30.2	22	235,209	9.4	253	1,409,142	18.0	57	430,444	13.2	393	2,275,924	17.3
2011	50	186,914	26.8	29	229,183	12.7	222	1,388,903	16.0	50	423,561	11.8	355	2,237,504	15.9
2012	53	180,555	29.4	18	227,103	7.9	197	1,369,916	14.4	43	415,508	10.3	312	2,201,619	14.2
2013	44	179,500	24.5	20	230,072	8.7	199	1,382,172	14.4	42	414,056	10.1	307	2,214,409	13.9
2014	38	182,684	20.8	14	234,029	6.0	171	1,367,520	12.5	38	421,263	9.0	271	2,214,836	12.0
2015	38	180,164	21.1	24	233,570	10.3	162	1,370,078	11.8	51	422,511	12.1	287	2,215,373	13.0
2016	41	176,299	23.3	24	230,410	10.4	146	1,358,191	10.7	43	419,140	10.3	264	2,192,759	12.0

Notes: Due to updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable. Data presented in this report are not comparable to those presented in previous iterations due to recategorization of race/ethnicity groupings.

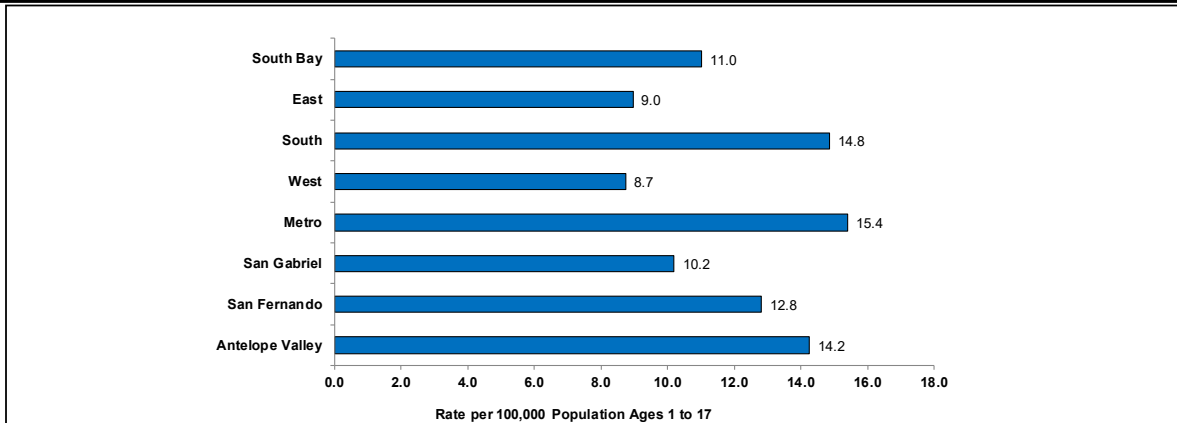
Source: 2007-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018. Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO





Figure 10

**CHILD DEATH RATE (PER 100,000) AMONG CHILDREN AGES 1 TO 17 BY SERVICE PLANNING AREA (SPA), LOS ANGELES COUNTY, 2016**



		Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay	County Total
2007	Child Deaths	25	73	83	41	10	94	75	75	489
	Pop 1 - 17	107,192	552,995	481,127	314,871	115,583	360,628	409,269	433,342	2,775,007
	Rate	23.3	13.2	17.3	13.0	8.7	26.1	18.3	17.3	17.6
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	111,737	473,160	395,701	208,928	93,441	293,802	343,044	356,111	2,275,924
	Rate	18.8	11.8	16.4	12.9	11.8	26.5	22.7	15.4	17.3
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
2014	Child Deaths	23	44	47	25	8	43	35	46	271
	Pop 1 - 17	102,749	461,604	376,599	215,395	99,570	286,289	324,911	347,719	2,214,836
	Rate	22.4	9.5	12.5	11.6	8.0	15.0	10.8	13.2	12.2
2015	Child Deaths	19	52	39	26	17	52	35	47	287
	Pop 1 - 17	101,427	464,547	373,492	218,690	101,663	287,194	321,383	246,977	2,215,373
	Rate	18.7	11.2	10.4	11.9	16.7	18.1	10.9	19.0	13.0
2016	Child Deaths	14	59	37	34	9	43	28	38	264
	Pop 1 - 17	98,253	460,516	362,859	220,865	102,895	289,617	312,448	345,306	2,192,759
	Rate	14.2	12.8	10.2	15.4	8.7	14.8	9.0	11.0	12.0

Notes: Child death rate is defined as the number of deaths occurring in children ages 1 to 17 per 100,000 population ages 1 to 17. Due to updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.

Source: 2007-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018. Population Estimates prepared by Walter R. McDonald & Associates, Inc. (WRMA) for Urban Research, LA County CAO



Figure 11

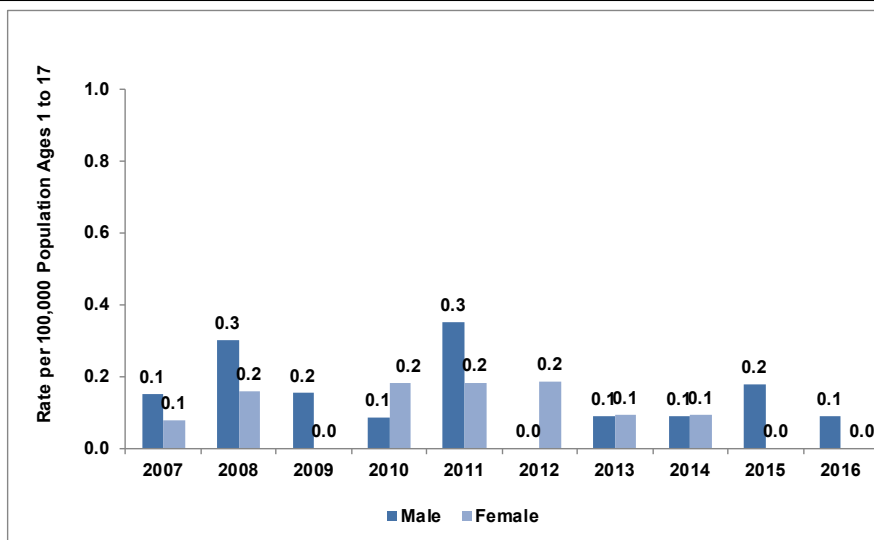
**LEADING CAUSES OF DEATH FOR CHILDREN BY AGE CATEGORIES, LOS ANGELES COUNTY, 2016**

Rank	Children Ages 1 to 4	# of Deaths	2015 Rank
1	Congenital Malformations, Deformations & Chromosomal Abnormalities	13	2
2	Assault (Homicide)	9	4
2	Malignant Neoplasms	9	3
4	Accidents (Unintentional Injuries)	8	1
4	Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	8	7
<b>Children Ages 5 to 12</b>			
1	Malignant Neoplasms	20	1
2	Congenital Malformations, Deformations & Chromosomal Abnormalities	10	5
3	Accidents (Unintentional Injuries)	9	3
4	Diseases of the Nervous System	6	3
4	Disease of Respiratory System	6	2
<b>Youth Ages 13 to 19</b>			
1	Accidents (Unintentional Injuries)	66	1
2	Assault (Homicide)	57	2
3	Malignant Neoplasms	29	4
4	Intentional Self-Harm (Suicide)	24	3
5	Diseases of the Circulatory System	17	6

Source: 2015-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018.

Figure 12

**CHILD ABUSE RELATED DEATH RATE AMONG CHILDREN AGES 1 TO 17 BY GENDER, LOS ANGELES COUNTY, 2007-2016**



Notes: Diagnoses for child abuse injury include International Classification of Diseases 10th Revision (ICD 10) codes Y06-Y07. Due to the updated population estimates, rates calculated in previous ICAN DPH reports may not be comparable.

Sources: 2007-2016 Birth & Death Statistical Files; analyzed by the Los Angeles County Department of Public Health, Maternal, Child, and Adolescent Health (MCAH) Programs, October 2018. 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, 2016**

	Los Angeles County (%)	White (%)	Latina (%)	African American (%)	Asian Pacific Islander (%)
<b>Perception of Parental Stress</b>					
Felt overwhelmed by demand of her children <sup>1</sup>	47.8	58.5	44.2	43.7	48.7
Has ways to manage stress	71.3	88.7	62.7	74.4	77.3
<b>Issues Negatively Impact Parenting</b>					
Experienced domestic violence <sup>2</sup> during pregnancy	12.2	13.5	11.2	22.6	9.8
Experienced domestic violence <sup>2</sup> after pregnancy	5.0	3.7	5.1	9.3	4.5*
Engaged in binge drinking <sup>3</sup>	14.5	12.0	16.4	20.3	9.3
Felt depressed for longer than two weeks	24.2	17.6	28.1	31.0	16.8
<b>Parental Capacity to Seek Help &amp; Connection to Services and Support</b>					
Knew where to go for parenting information	88.0	95.3	85.7	89.1	86.6
Knew where to go for help in emergency	34.9	29.8	40.2	53.7	16.6
Received home visitation services <sup>4</sup>	11.1	7.5	12.6	22.1	5.9
<b>Home Safety</b>					
Adult watches child in bathtub at all times	98.5	97.9	99.4	98.5	96.3
Swimming pools/bodies of water are protected by fences	83.9	85.8	84.3	79.6	82.7
Medicines, cleaning supplies stored in child proof place	96.0	95.2	98.6	98.5	88.3
Safety caps on unused electrical outlets	88.4	82.8	91.2	89.8	85.0
TV and bookcases bolted to wall	72.3	68.1	77.7	66.5	62.6

Analyses exclude those with missing responses to the particular questions of interest.

<sup>1</sup> Felt overwhelmed Sometimes/Usually/Always vs. Never/Rarely

<sup>2</sup> Based on mother's positive responses to physical, sexual, verbal and emotional threats and abuses during and after pregnancy.

<sup>3</sup> Binge drinking is defined as 4+ drinks in two hour time span at least once in the past month

<sup>4</sup> 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, 2016**

	Los Angeles County	SPA 1 - Antelope Valley	SPA 2 - San Fernando	SPA 3 - San Gabriel	SPA 4 - Metro	SPA 5 - West	SPA 6 - South	SPA 7 - East	SPA 5 - South Bay
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
<b>Perception of Parental Stress</b>									
Felt overwhelmed by demand of her children <sup>1</sup>	47.8	41.5	48.3	48.6	50.8	64.2	39.0	50.3	45.6
Has ways to manage stress	74.8	75.3	76.2	70.0	73.3	82.4	51.8	69.7	73.8
<b>Issues Negatively Impact Parenting</b>									
Experienced domestic violence <sup>2</sup> during pregnancy	12.2	14.7	12.0	12.4	13.4	14.2	15.3	7.5	11.2
Experienced domestic violence <sup>2</sup> after pregnancy	14.5	15.4	11.3	13.6	14.0	15.9	14.6	16.2	17.6
Engaged in binge drinking <sup>3</sup>	24.2	33.1	17.1	24.8	22.2	22.1	30.0	24.7	26.5
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
<b>Parental Capacity to Seek Help &amp; Connection to Services and Support</b>									
Knew where to go for parenting information	88.0	93.3	90.6	88.4	86.6	93.9	82.0	87.9	87.0
Knew where to go for help in emergency	34.9	60.4	37.8	26.9	27.0	20.5	41.6	35.8	39.1
Received home visitation services <sup>4</sup>	11.1	23.8	10.2	7.7	9.9	4.1*	16.7	11.9	11.1
<b>Home Safety</b>									
Adult watches child in bathtub at all times	98.5	98.2	98.8	97.5	99.6	97.7	98.9	99.1	98.1
Swimming pools/bodies of water are protected by fences	83.9	84.2	89.3	84.1	80.5	86.4	78.9	84.0	82.0
Medicines, cleaning supplies stored in child proof place	96.0	99.4	97.4	91.8	94.6	92.9	98.3	99.3	96.4
Safety caps on unused electrical outlets	88.4	90.7	90.2	86.7	85.8	81.8	94.1	88.8	86.0
TV and bookcases bolted to wall	72.3	75.6	71.2	66.8	65.9	70.2	80.4	79.7	71.5

**Figure 14 cont.**

Service planning area based on mother’s residence at time of birth

Analyses exclude 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.

<sup>1</sup> Felt overwhelmed Sometimes/Usually/Always vs. Rarely/Never

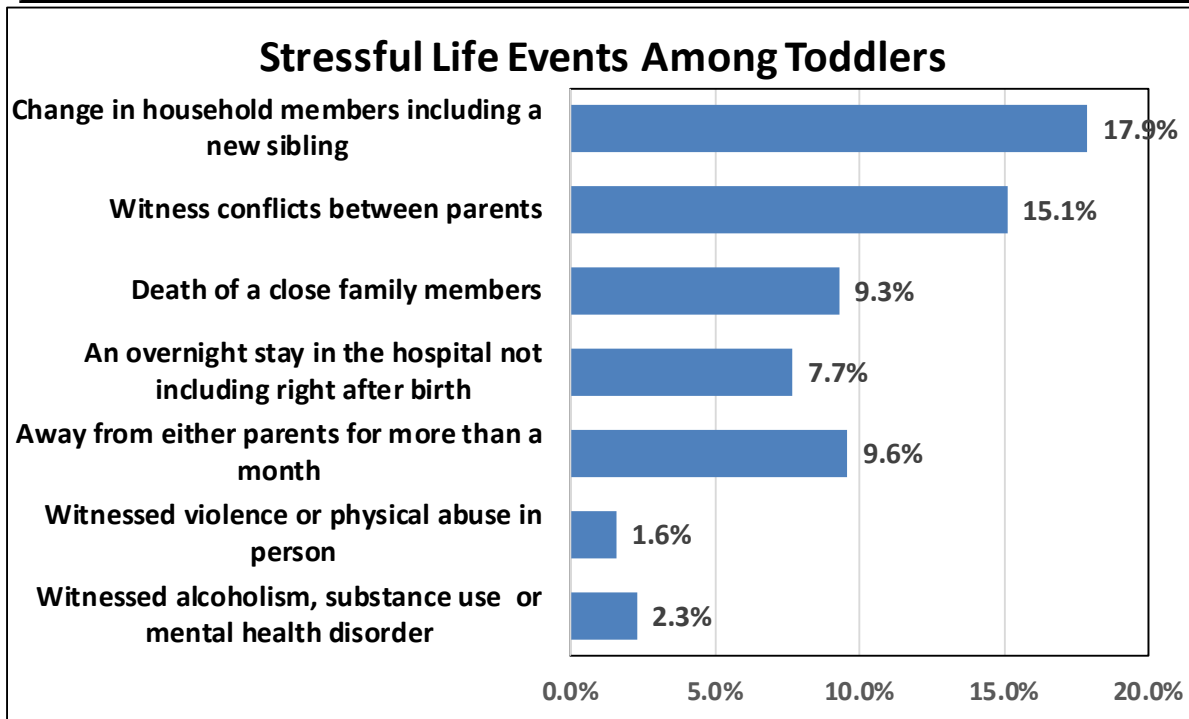
<sup>2</sup> Based on mother’s positive responses to physical, sexual, verbal and emotional threats and abuses during and after pregnancy.

<sup>3</sup> Binge drinking is defined as 4+ drinks in two hour time span at least once in the past month

<sup>4</sup> Received home visitation services during pregnancy or during the child’s first year of birth

*Figure 15*

**STRESSFUL LIFE EVENTS AMONG TWO YEAR OLD  
LOS ANGELES MOMMY & BABY FOLLOW UP PROJECT. 2016**









# DEPARTMENT OF PUBLIC SOCIAL SERVICES

The Department of Public Social Services (DPSS) had an operating budget of \$4.2 billion and 13,820 employees for Fiscal Year (FY) 2017-2018. 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 the professional development of its staff and promotes shared leadership, teamwork, and individual responsibility.

DPSS believes that as it moves toward 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 partnerships.

## ***DPSS PROGRAMS***

The State and Federal assistance programs that DPSS administers include California Work Opportunity and Responsibility to Kids (CalWORKs), CalFresh and Medi-Cal. DPSS also administers the Cal-Learn program for CalWORKs eligible pregnant/parenting teens under the age of 19 working toward completing their high school education, the In-Home Supportive Services (IHSS) Program, General Relief (GR) program for the County's indigent adult population, General Relief Opportunities for Work (GROW) program for the GR employable population, Cash Assistance Program for Immigrants (CAPI), and a portion of the Refugee Resettlement Program; Refugee Cash Assistance (RCA) and Refugee Social Services. The goal of these programs is to provide the essentials of food, clothing, shelter, and medical care to eligible families and individuals. In 2017, DPSS provided public assistance to a monthly average of 3.6 million individuals, including IHSS.

## ***CASELOAD CHARACTERISTICS BY SERVICE PLANNING AREAS (SPA) – CITIZENSHIP STATUS, PRIMARY LANGUAGE, AND ETHNIC ORIGIN***

Figures 1.a through 1.9 display the total number of individuals aided by citizenship status and ethnic origin, and the total number of cases aided broken down by primary language for all programs by SPA.

## **AIDED CASELOAD**

In total, there was a 2.15% increase (76,676) in the number of individuals receiving assistance for all programs combined from December 2016 to December 2017 (Figure 2).

The following DPSS programs provide services where children are most likely to receive aid:

### **CalWORKs**

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 2016 to 2017. In December 2017, 315,071 individuals received cash assistance from CalWORKs. This represents a 7.32% decrease (-24,903 individuals) compared to 339,974 individuals aided in December 2016 (Figure 2). The number of participants receiving assistance through the CalWORKs program slowly declined from December 2011 through December 2017 (Figure 6).

### **CalFresh**

The CalFresh program has experienced a steady increase in the number of participants since 2008. In December 2016, there were 1,131,596 aided individuals. By December 2017, that number had decreased to 1,110,758 individuals, which represents a decrease of 1.84% (-20,838 individuals), (Figure 2). Overall, since 2008, the CalFresh program has seen an increase of 55.6% in the number of individuals receiving benefits. Detailed annual data can be found in Figure 8.

### **Medi-Cal**

In December 2016, there were 3,321,456 individuals receiving Medi-Cal benefits. By December 2017, the number of individuals enrolled in Medi-Cal had decreased to 3,069,071. This represents a 7.60% decrease (-252,385) in individuals served (Figure 2). Detailed annual data can be found in Figure 7.

### **Cal-Learn Program**

In 2017, DPSS served a monthly average of 1,040 Cal-Learn participants. This represents a 16% decrease from a monthly average of 1,243 participants served during Calendar Year 2016 (Figure 4).

## **CHILD ABUSE PREVENTION, CHILD ABUSE REFERRALS, AND STAFF TRAINING**

A major focus of DPSS is to ensure that all its employees are active participants in child abuse prevention. 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 are informed of the types of child abuse, indicators of such abuse, provisions of the reporting law, and DPSS employees' reporting responsibilities and procedures. Staff also review and discuss materials related to the indicators of child abuse.

Violence between household members, which often endangers children, is emphasized in the training program. The Los Angeles County Domestic Violence Council provides Domestic Violence training to all DPSS public contact staff.

In 2017, DPSS made a total of 152 child abuse referrals to the Department of Children and Family Services. This represented a 34% decrease from the 232 referrals made in 2016 (Figure 3).

### **Linkages**

The Linkages Partnership is an interdepartmental service coordination partnership between the Department of Children and Family Services (DCFS) and DPSS to address common barriers that limit parents' ability to parent and their ability to work. Los Angeles County's Linkages protocols are part of case work practice to enhance service delivery, strengthen families through economic self-sufficiency and focus on child safety.

Linkages serves families by ensuring DCFS families who are not currently connected to DPSS services, but could be, are provided an expedited method to access needed services. Those families involved in

both DCFS and DPSS maximize available services and resources, and engage in coordinated case planning to assist parents with creating a safe and stable home for their children while working toward economic self-sufficiency.

Figure 1a:

**DPSS CASELOAD CHARACTERISTICS - DECEMBER 2017**  
**LOS ANGELES COUNTY TOTALS**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services	
<b>Total Aided</b>								
<b>Cases*</b>	134,285	79,275	217	6,661	1,713,865	562,578	219,526	
<b>Persons**</b>	315,071	79,953	246	7,437	3,069,071	1,110,758	219,525	
<b>Age Of Aided Persons</b>								
<b>Under 1</b>	11,786	0	0	0	37,869	23,303	13	
<b>1-2</b>	30,735	0	0	0	96,571	62,436	161	
<b>3-5</b>	46,402	0	0	5	154,547	96,641	1,218	
<b>6-12</b>	109,033	0	0	14	379,421	232,756	6,297	
<b>13-15</b>	37,761	0	0	10	155,927	81,778	2,727	
<b>16-17</b>	22,777	0	0	4	106,855	49,207	1,772	
<b>18</b>	2,589	708	9	5	60,051	19,855	878	
<b>19</b>	1,095	1,052	15	3	56,517	14,702	903	
<b>20</b>	1,531	1,226	7	1	53,093	13,165	993	
<b>21-59</b>	50,903	69,467	184	1,071	1,529,440	433,340	51,752	
<b>60-65</b>	406	6,977	20	753	155,604	42,598	23,853	
<b>Over 65</b>	53	523	11	5,571	283,176	40,977	128,958	
<b>TOTAL</b>	<b>315,071</b>	<b>79,953</b>	<b>246</b>	<b>7,437</b>	<b>3,069,071</b>	<b>1,110,758</b>	<b>219,525</b>	
<b>Average Age of Aided Adults</b>								
<b>AVERAGE AGE</b>	<b>31</b>	<b>41</b>	<b>38</b>	<b>71</b>	<b>43</b>	<b>40</b>	<b>68</b>	
<b>Gender Of Aided Persons</b>								
<b>Adult</b>	<b>Male</b>	11,047	51,377	125	2,583	919,695	237,364	77,823
	<b>Female</b>	45,530	28,576	121	4,821	1,218,186	327,273	129,514
<b>Children</b>	<b>Male</b>	129,657	0	0	20	474,057	274,534	8,279
	<b>Female</b>	128,837	0	0	13	457,133	271,587	3,909
<b>TOTAL</b>	<b>315,071</b>	<b>79,953</b>	<b>246</b>	<b>7,437</b>	<b>3,069,071</b>	<b>1,110,758</b>	<b>219,525</b>	

\*Cases are defined as an Assistance Unit of one or more person.

\*\* Persons are defined as being separate individuals.



Figure 1b:

**DPSS CASELOAD CHARACTERISTICS - DECEMBER 2017  
LOS ANGELES COUNTY TOTALS**

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
<b>Citizen</b>	298,303	71,904	0	28	2,165,158	1,000,976	N/A
<b>Legal Immigrants</b>	12,987	5,927	246	7,335	397,238	90,809	N/A
<b>Other</b>	3,746	2,111	0	70	78,222	18,783	N/A
<b>Undocumented Immigrants</b>	35	11	0	4	428,453	190	N/A
<b>TOTAL</b>	<b>315,071</b>	<b>79,953</b>	<b>246</b>	<b>7,437</b>	<b>3,069,071</b>	<b>1,110,758</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
<b>Armenian</b>	2,351	1,117	99	1,294	33,338	9,285	34,933
<b>Cambodian</b>	173	61	0	28	3,403	773	2,505
<b>Chinese</b>	85	44	0	126	20,895	1,797	15,225
<b>English</b>	89,034	73,182	35	715	1,051,842	387,889	86,772
<b>Farsi</b>	283	119	27	136	7,222	1,573	6,359
<b>Korean</b>	77	117	0	235	19,001	1,603	6,967
<b>Russian</b>	216	91	6	182	6,361	955	7,230
<b>Spanish</b>	41,407	4,025	40	3,550	515,210	152,095	48,063
<b>Tagalog</b>	30	32	0	79	5,223	660	4,367
<b>Vietnamese</b>	181	81	0	40	14,355	2,429	3,732
<b>Other</b>	448	406	10	276	37,015	3,519	3,373
<b>TOTAL</b>	<b>134,285</b>	<b>79,275</b>	<b>217</b>	<b>6,661</b>	<b>1,713,865</b>	<b>562,578</b>	<b>219,526</b>
<b>Ethnic Origin of Aided Persons</b>							
<b>American Indian/ Alaskan Native</b>	402	291	0	7	4,006	1,895	422
<b>Asian</b>	5,148	1,618	16	890	315,109	43,840	40,918
<b>Black</b>	64,028	30,061	9	68	246,264	190,141	37,433
<b>Hispanic</b>	165,839	16,100	38	3,449	1,650,182	549,510	68,092
<b>Native Hawaiian/ Pacific Islander</b>	817	189	0	6	4,988	2,797	0
<b>White</b>	29,904	15,749	171	2,223	405,449	138,895	69,881
<b>Two or more races</b>	38,930	10,494	9	546	264,528	138,635	0
<b>Other</b>	10,003	5,451	3	248	178,545	45,045	2,779
<b>TOTAL</b>	<b>315,071</b>	<b>79,953</b>	<b>246</b>	<b>7,437</b>	<b>3,069,071</b>	<b>1,110,758</b>	<b>219,525</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.1:

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2017  
SERVICE PLANNING AREA 1**

	CalWORKs	General Relief	Refugee	CAPI	Medi-cal Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
<b>Citizen</b>	27,522	5,660	0	0	113,771	73,368	N/A
<b>Legal Immigrants</b>	343	135	0	104	10,547	2,870	N/A
<b>Other</b>	219	109	0	0	2,008	959	N/A
<b>Undocumented Immigrants</b>	3	1	0	0	11,154	10	N/A
<b>TOTAL</b>	<b>28,087</b>	<b>5,905</b>	<b>0</b>	<b>104</b>	<b>137,480</b>	<b>77,207</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
<b>Armenian</b>	5	2	0	3	58	21	110
<b>Cambodian</b>	2	0	0	0	16	4	5
<b>Chinese</b>	1	0	0	0	18	2	12
<b>English</b>	9,960	5,735	0	12	56,010	30,994	8,337
<b>Farsi</b>	0	0	0	1	26	6	28
<b>Korean</b>	1	0	0	0	54	9	18
<b>Russian</b>	0	0	0	1	10	1	9
<b>Spanish</b>	1,362	106	0	73	15,644	4,812	2,013
<b>Tagalog</b>	1	0	0	2	50	12	81
<b>Vietnamese</b>	1	0	0	0	68	5	15
<b>Other</b>	20	13	0	0	236	84	112
<b>TOTAL</b>	<b>11,353</b>	<b>5,856</b>	<b>0</b>	<b>92</b>	<b>72,190</b>	<b>35,950</b>	<b>10,740</b>
<b>Ethnic Origin of Aided Persons</b>							
<b>American Indian/ Alaskan Native</b>	61	16	0	0	242	189	52
<b>Asian</b>	145	30	0	6	3,256	816	382
<b>Black</b>	11,240	2,862	0	0	24,738	25,256	4,330
<b>Hispanic</b>	9,392	817	0	77	68,232	27,881	3,395
<b>Native Hawaiian/ Pacific Islander</b>	17	11	0	0	119	72	0
<b>White</b>	3,420	1,393	0	11	23,080	12,236	2,377
<b>Two or more races</b>	2,708	554	0	9	12,038	7,794	0
<b>Other</b>	1,104	222	0	1	5,775	2,963	204
<b>TOTAL</b>	<b>28,087</b>	<b>5,905</b>	<b>0</b>	<b>104</b>	<b>137,480</b>	<b>77,207</b>	<b>10,740</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.2

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2017  
SERVICE PLANNING AREA 2**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	38,999	7,147	0	9	397,406	156,082	N/A
Legal Immigrants	6,537	1,428	169	1,702	89,892	27,339	N/A
Other	556	219	0	8	16,607	3,470	N/A
Undocumented Immigrants	4	0	0	1	79,864	33	N/A
<b>TOTAL</b>	<b>46,096</b>	<b>8,794</b>	<b>169</b>	<b>1,720</b>	<b>583,769</b>	<b>186,924</b>	<b>N/A</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	2,173	986	99	725	28,167	8,366	28,697
Cambodian	2	0	0	0	67	9	48
Chinese	0	0	0	0	107	6	172
English	10,254	6,911	9	192	192,355	58,371	12,825
Farsi	233	85	18	65	4,208	1,212	3,654
Korean	4	3	0	18	2,108	148	749
Russian	129	43	0	61	2,530	555	2,612
Spanish	6,106	522	13	363	91,995	25,273	8,208
Tagalog	12	6	0	17	1,363	198	1,296
Vietnamese	7	4	0	4	1,490	349	426
Other	107	38	3	39	2,371	556	1,458
<b>TOTAL</b>	<b>19,027</b>	<b>8,598</b>	<b>142</b>	<b>1,484</b>	<b>326,761</b>	<b>95,043</b>	<b>60,145</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/ Alaskan Native	44	35	0	0	596	272	82
Asian	727	179	5	78	41,240	7,256	4,727
Black	2,878	1,172	4	3	19,025	11,711	1,746
Hispanic	22,993	1,745	12	358	282,838	83,791	10,674
Native Hawaiiin/ Pacific Islander	25	4	0	2	341	123	0
White	13,214	3,970	147	1,130	163,180	56,149	42,124
Two or more races	4,863	1,129	1	65	43,214	20,327	0
Other	1,352	560	0	84	33,335	7,295	791
<b>TOTAL</b>	<b>46,096</b>	<b>8,794</b>	<b>169</b>	<b>1,720</b>	<b>583,769</b>	<b>186,924</b>	<b>60,144</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.3

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2017  
SERVICE PLANNING AREA 3**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
<b>Citizen</b>	36,100	8,631	0	0	376,480	135,081	N/A
<b>Legal Immigrants</b>	1,037	543	5	603	81,011	10,486	N/A
<b>Other</b>	490	289	0	4	12,152	2,729	N/A
<b>Undocumented Immigrants</b>	6	1	0	0	58,641	35	N/A
<b>TOTAL</b>	<b>37,633</b>	<b>9,464</b>	<b>5</b>	<b>607</b>	<b>528,284</b>	<b>148,331</b>	<b>N/A</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
<b>Armenian</b>	30	14	0	9	903	108	1,443
<b>Cambodian</b>	9	3	0	3	395	41	210
<b>Chinese</b>	60	41	0	53	15,933	1,327	11,425
<b>English</b>	11,225	8,853	2	51	186,222	52,598	10,507
<b>Farsi</b>	3	1	0	4	217	27	115
<b>Korean</b>	3	5	0	7	1,691	101	358
<b>Russian</b>	4	1	0	3	109	9	48
<b>Spanish</b>	4,218	327	0	302	62,761	16,446	6,130
<b>Tagalog</b>	3	2	0	6	743	60	704
<b>Vietnamese</b>	138	63	0	17	9,560	1,652	2,466
<b>Other</b>	129	84	2	81	26,434	1,625	608
<b>TOTAL</b>	<b>15,822</b>	<b>9,394</b>	<b>4</b>	<b>536</b>	<b>304,968</b>	<b>73,994</b>	<b>34,014</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
<b>American Indian/ Alaskan Native</b>	49	41	0	3	530	242	50
<b>Asian</b>	1,439	369	1	197	137,962	14,888	16,857
<b>Black</b>	2,849	1,474	0	0	17,475	9,606	1,908
<b>Hispanic</b>	22,101	2,897	1	302	238,585	76,803	10,435
<b>Native Hawaiian/ Pacific Islander</b>	32	8	0	1	396	159	0
<b>White</b>	3,463	2,054	2	37	49,497	16,765	4,420
<b>Two or more races</b>	6,452	2,070	1	49	46,012	24,313	0
<b>Other</b>	1,248	551	0	18	37,827	5,555	344
<b>TOTAL</b>	<b>37,633</b>	<b>9,464</b>	<b>5</b>	<b>607</b>	<b>528,284</b>	<b>148,331</b>	<b>34,014</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.4

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2017  
SERVICE PLANNING AREA 4**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	29,708	13,329	0	14	235,448	115,235	N/A
Legal Immigrants	1,378	1,478	36	3,085	52,815	13,234	N/A
Other	474	417	0	38	10,264	2,486	N/A
Undocumented Immigrants	3	1	0	1	63,503	22	N/A
<b>TOTAL</b>	<b>31,563</b>	<b>15,225</b>	<b>36</b>	<b>3,138</b>	<b>362,030</b>	<b>130,977</b>	<b>N/A</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	140	112	0	549	3,420	751	3,898
Cambodian	6	2	0	6	254	31	160
Chinese	17	2	0	66	3,204	381	2,433
English	6,997	13,618	10	275	122,840	47,557	7,456
Farsi	6	9	2	37	337	59	280
Korean	62	84	0	164	10,148	1,026	3,951
Russian	74	36	4	108	2,644	295	3,296
Spanish	6,619	1,122	16	1,487	72,472	25,014	7,534
Tagalog	3	11	0	40	1,582	207	1,041
Vietnamese	13	7	0	15	809	134	193
Other	39	114	3	102	2,198	391	258
<b>TOTAL</b>	<b>13,976</b>	<b>15,117</b>	<b>35</b>	<b>2,849</b>	<b>219,908</b>	<b>75,846</b>	<b>30,500</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/ Alaskan Native	32	56	0	2	882	280	47
Asian	817	449	6	440	48,757	7,829	8,844
Black	2,308	4,487	2	28	18,280	13,391	2,195
Hispanic	21,834	4,202	16	1,436	198,967	75,467	9,735
Native Hawaii/ Pacific Islander	21	12	0	2	180	69	0
White	1,935	2,761	9	917	47,295	13,669	9,398
Two or more races	4,013	2,436	3	222	30,550	16,215	0
Other	603	822	0	91	17,119	4,057	281
<b>TOTAL</b>	<b>31,563</b>	<b>15,225</b>	<b>36</b>	<b>3,138</b>	<b>362,030</b>	<b>130,977</b>	<b>30,500</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.



Figure 1.5

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2017  
SERVICE PLANNING AREA 5**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	4,825	5,403	0	0	64,870	26,107	N/A
Legal Immigrants	268	239	7	121	10,196	1,880	N/A
Other	188	239	0	0	7,838	1,124	N/A
Undocumented Immigrants	0	0	0	1	6,617	3	N/A
<b>TOTAL</b>	<b>5,281</b>	<b>5,881</b>	<b>7</b>	<b>122</b>	<b>89,521</b>	<b>29,114</b>	<b>N/A</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	1	1	0	1	43	9	34
Cambodian	0	0	0	0	4	2	4
Chinese	1	0	0	1	65	4	62
English	2,109	5,714	3	35	52,046	18,666	3,173
Farsi	25	20	3	22	1,944	217	2,035
Korean	1	2	0	0	247	23	47
Russian	4	9	1	6	703	60	1,098
Spanish	258	68	0	29	6,758	1,460	550
Tagalog	0	1	0	0	61	11	19
Vietnamese	0	0	0	0	55	5	14
Other	22	32	0	14	743	134	136
<b>TOTAL</b>	<b>2,421</b>	<b>5,847</b>	<b>7</b>	<b>108</b>	<b>62,669</b>	<b>20,591</b>	<b>7,172</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/ Alaskan Native	13	17	0	0	181	76	19
Asian	92	60	1	16	5,944	844	413
Black	2,185	2,381	0	0	11,700	8,866	612
Hispanic	1,245	436	0	30	22,937	5,730	889
Native Hawaiian/ Pacific Islander	12	6	0	1	113	47	0
White	837	1,785	6	58	30,766	8,070	5,097
Two or more races	421	456	0	5	4,909	2,158	0
Other	477	740	0	12	12,971	3,323	142
<b>TOTAL</b>	<b>5,282</b>	<b>5,881</b>	<b>7</b>	<b>122</b>	<b>89,521</b>	<b>29,114</b>	<b>7,172</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.6

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2017**  
**SERVICE PLANNING AREA 6**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
<b>Citizen</b>	79,832	12,682	0	2	314,525	210,945	N/A
<b>Legal Immigrants</b>	1,346	880	7	572	48,343	13,852	N/A
<b>Other</b>	857	277	0	6	7,607	3,092	N/A
<b>Undocumented Immigrants</b>	12	5	0	1	84,761	39	N/A
<b>TOTAL</b>	<b>82,047</b>	<b>13,844</b>	<b>7</b>	<b>581</b>	<b>455,236</b>	<b>227,928</b>	<b>N/A</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
<b>Armenian</b>	0	1	0	0	13	4	3
<b>Cambodian</b>	2	2	0	0	38	12	36
<b>Chinese</b>	1	0	0	0	251	28	32
<b>English</b>	23,481	12,854	4	43	127,349	70,279	19,676
<b>Farsi</b>	1	1	0	1	22	6	9
<b>Korean</b>	1	16	0	16	1,089	91	539
<b>Russian</b>	1	2	0	1	31	8	7
<b>Spanish</b>	11,965	815	3	464	101,669	36,405	7,307
<b>Tagalog</b>	3	0	0	0	65	7	34
<b>Vietnamese</b>	1	0	0	0	96	18	13
<b>Other</b>	31	77	0	8	569	194	101
<b>TOTAL</b>	<b>35,487</b>	<b>13,768</b>	<b>7</b>	<b>533</b>	<b>231,192</b>	<b>107,052</b>	<b>27,757</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
<b>American Indian/ Alaskan Native</b>	94	37	0	1	424	297	42
<b>Asian</b>	164	86	1	25	5,661	1,019	876
<b>Black</b>	27,532	8,448	1	22	76,527	68,378	16,879
<b>Hispanic</b>	41,691	2,129	3	436	302,309	119,645	9,076
<b>Native Hawaiian/ Pacific Islander</b>	135	12	0	0	561	410	0
<b>White</b>	1,828	891	2	16	12,923	6,658	521
<b>Two or more races</b>	8,228	1,243	0	72	38,752	23,159	0
<b>Other</b>	2,375	998	0	9	18,079	8,362	363
<b>TOTAL</b>	<b>82,047</b>	<b>13,844</b>	<b>7</b>	<b>581</b>	<b>455,236</b>	<b>227,928</b>	<b>27,757</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.7

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2017  
SERVICE PLANNING AREA 7**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
<b>Citizen</b>	38,699	1,865	0	1	286,018	126,940	N/A
<b>Legal Immigrants</b>	868	350	8	632	46,469	10,386	N/A
<b>Other</b>	417	66	0	9	7,425	1,724	N/A
<b>Undocumented Immigrants</b>	3	0	0	0	57,938	19	N/A
<b>TOTAL</b>	<b>39,987</b>	<b>2,281</b>	<b>8</b>	<b>642</b>	<b>397,850</b>	<b>139,069</b>	<b>N/A</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
<b>Armenian</b>	1	0	0	6	98	18	442
<b>Cambodian</b>	6	7	0	3	422	75	289
<b>Chinese</b>	3	0	0	2	367	30	734
<b>English</b>	10,873	1,809	0	36	111,387	34,836	8,754
<b>Farsi</b>	1	1	1	1	29	4	15
<b>Korean</b>	3	1	0	14	1,461	99	527
<b>Russian</b>	0	0	1	1	29	6	26
<b>Spanish</b>	6,102	416	5	504	84,148	24,922	11,352
<b>Tagalog</b>	1	3	0	3	449	58	332
<b>Vietnamese</b>	2	2	0	4	394	53	152
<b>Other</b>	45	10	1	11	1,480	214	310
<b>TOTAL</b>	<b>17,037</b>	<b>2,249</b>	<b>8</b>	<b>585</b>	<b>200,264</b>	<b>60,315</b>	<b>22,933</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
<b>American Indian / Alaskan Native</b>	40	12	0	0	366	160	49
<b>Asian</b>	301	54	1	49	20,467	2,809	2,935
<b>Black</b>	2,536	154	0	1	8,839	5,968	1,039
<b>Hispanic</b>	26,920	1,090	4	495	281,199	92,913	16,468
<b>Native Hawaiiin/ Pacific Islander</b>	71	4	0	0	539	255	0
<b>White</b>	2,507	333	2	22	24,171	9,526	2,208
<b>Two or more races</b>	6,665	549	1	64	46,845	24,016	0
<b>Other</b>	947	85	0	11	15,424	3,422	234
<b>TOTAL</b>	<b>39,987</b>	<b>2,281</b>	<b>8</b>	<b>642</b>	<b>397,850</b>	<b>139,069</b>	<b>22,933</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.8

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2017  
SERVICE PLANNING AREA 8**

	CalWORKs	General Relief	Refugee	CAPI	Medi-Cal Assistance Only	CalFresh	In-Home Supportive Services
<b>CITIZENSHIP STATUS OF AIDED PERSONS</b>							
Citizen	37,884	17,075	0	2	349,936	146,459	N/A
Legal Immigrants	1,117	864	13	451	54,566	10,186	N/A
Other	506	490	0	3	13,453	3,084	N/A
Undocumented Immigrants	4	3	0	0	62,956	26	N/A
<b>TOTAL</b>	<b>39,511</b>	<b>18,432</b>	<b>13</b>	<b>456</b>	<b>480,911</b>	<b>159,755</b>	<b>N/A</b>
<b>PRIMARY LANGUAGE OF AIDED CASES</b>							
Armenian	0	2	0	0	620	6	61
Cambodian	142	47	0	16	2,077	577	1,727
Chinese	1	1	0	1	896	15	239
English	12,546	17,570	7	61	187,727	70,268	15,161
Farsi	10	2	2	2	390	35	143
Korean	2	6	0	13	2,012	99	707
Russian	4	0	0	1	285	17	88
Spanish	4,481	642	3	293	75,916	16,956	4,463
Tagalog	5	9	0	9	843	101	825
Vietnamese	16	5	0	0	1,775	205	406
Other	46	37	1	19	2,605	284	363
<b>TOTAL</b>	<b>17,253</b>	<b>18,321</b>	<b>13</b>	<b>415</b>	<b>275,146</b>	<b>88,563</b>	<b>24,183</b>
<b>ETHNIC ORIGIN OF AIDED PERSONS</b>							
American Indian/ Alaskan Native	64	76	0	1	699	359	76
Asian	1,373	389	1	73	48,263	7,929	5,512
Black	10,857	9,042	2	14	64,985	43,839	8,336
Hispanic	17,802	2,765	2	269	240,516	63,071	6,684
Native Hawaii/ Pacific Islander	449	132	0	0	2,523	1,533	0
White	2,295	2,524	3	23	49,339	14,349	3,172
Two or more races	4,942	2,020	3	58	38,945	19,020	0
Other	1,729	1,484	2	18	35,641	9,655	403
<b>TOTAL</b>	<b>39,511</b>	<b>18,432</b>	<b>13</b>	<b>456</b>	<b>480,911</b>	<b>159,755</b>	<b>24,183</b>

N/A = This data is not tracked by the Case Management, Information and Payrolling System.

Figure 1.9

**DPSS CASELOAD CHARACTERISTICS DECEMBER 2017  
SERVICE PLANNING AREA UNKNOWN\***

	CalWORKs	General Relief	Refugee	CAPI	Medical Assistance Only	CalFresh	In-Home Supportive Services
<b>Citizenship Status of Aided Persons</b>							
Citizen	4,712	110	0	0	26,517	10,681	N/A
Legal Immigrants	92	9	1	65	3,351	562	N/A
Other	61	8	0	2	1,155	208	N/A
Undocumented Immigrants	0	0	0	0	2,967	2	N/A
<b>TOTAL</b>	<b>4,865</b>	<b>127</b>	<b>1</b>	<b>67</b>	<b>33,990</b>	<b>11,453</b>	<b>N/A</b>
<b>Primary Language of Aided Cases</b>							
Armenian	0	0	0	1	16	2	245
Cambodian	4	0	0	0	130	21	26
Chinese	0	0	0	2	54	4	116
English	1,592	116	0	8	15,906	4,327	883
Farsi	3	0	1	2	49	7	80
Korean	0	0	0	2	191	6	71
Russian	0	0	0	0	20	4	46
Spanish	297	7	0	41	3,847	805	506
Tagalog	2	0	0	1	67	5	35
Vietnamese	3	0	0	0	108	8	47
Other	8	2	0	2	379	35	27
<b>TOTAL</b>	<b>1,909</b>	<b>125</b>	<b>1</b>	<b>59</b>	<b>20,767</b>	<b>5,224</b>	<b>2,082</b>
<b>Ethnic Origin of Aided Persons</b>							
American Indian/ Alaskan Native	4	1	0	0	85	20	5
Asian	91	2	0	6	3,510	440	372
Black	1,627	37	0	0	4,656	3,082	388
Hispanic	1,858	19	0	46	14,617	4,224	736
Native Hawaiiin/ Pacific Islander	53	0	0	0	215	127	0
White	399	37	0	9	5,134	1,441	564
Two or more races	597	21	0	2	3,067	1,447	0
Other	236	10	1	4	2,706	672	17
<b>TOTAL</b>	<b>4,865</b>	<b>127</b>	<b>1</b>	<b>67</b>	<b>33,990</b>	<b>11,453</b>	<b>2,082</b>

\* Unknown counts represent cases with addresses that cannot be geocoded for various reasons such as P.O. Box addresses, incomplete addresses, etc.

N/A = This data is not tracked by the Case Management, Information and Payrolling System.



Figure 2

### INDIVIDUALS AIDED - ALL AID PROGRAMS DECEMBER 2017 COMPARED TO DECEMBER 2016

PROGRAM	DEC. 2016	DEC. 2017	CHANGE	% CHANGE
CalWORKs	339,974	315,071	-24,903	-7.32%
General Relief	78,938	79,953	1,015	1.29%
CAPI	7,197	7,437	240	3.33%
Refugee	1,027	246	-781	-76.05%
Medi-Cal Assistance Only	3,321,456	3,069,071	-252,385	-7.60%
CalFresh	1,131,596	1,110,758	-20,838	-1.84%
IHSS	213,831	219,525	5,694	2.66%
<b>TOTAL ALL PROGRAMS*</b>	<b>3,521,509</b>	<b>3,597,185</b>	<b>75,676</b>	<b>2.15%</b>

\* This total represents an unduplicated count of individuals across all programs since some individuals are aided in more than one program.

Figure 3

### CHILD ABUSE REFERRALS JANUARY 2007 - DECEMBER 2017

MONTH	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	16/17 change	16/17 % change
Jan.	16	23	7	11	5	19	14	27	28	16	22	6	38%
Feb.	13	14	5	9	9	17	28	15	24	12	15	3	25%
Mar.	12	12	7	11	3	26	8	27	17	18	19	1	6%
Apr.	15	11	13	7	14	25	17	26	23	8	12	4	50%
May	13	17	13	3	11	24	16	28	13	14	15	1	7%
June	12	14	11	5	16	24	21	28	15	24	13	-11	-46%
July	13	9	14	10	11	23	35	25	34	15	14	-1	-7%
Aug.	15	12	8	8	12	15	27	28	42	38	9	-29	-76%
Sept.	20	7	6	4	5	12	24	33	49	29	11	-18	-62%
Oct.	22	20	9	14	6	13	30	35	31	21	9	-12	-57%
Nov.	17	3	13	6	8	15	29	27	21	19	11	-8	-42%
Dec.	7	4	12	3	13	9	17	10	17	18	2	-16	-89%
<b>TOTAL</b>	<b>175</b>	<b>146</b>	<b>118</b>	<b>91</b>	<b>113</b>	<b>222</b>	<b>266</b>	<b>309</b>	<b>314</b>	<b>232</b>	<b>152</b>	<b>-80</b>	<b>-34%</b>

Some of the referrals may have been for the same children.

Referral counts are from two sources:

- DPSS employees observing incidents which indicate abuse/neglect and making referrals to the Departmental of Children and Family Services
- Data collated from reports received from DPSS Welfare Fraud Prevention & Investigation Section.

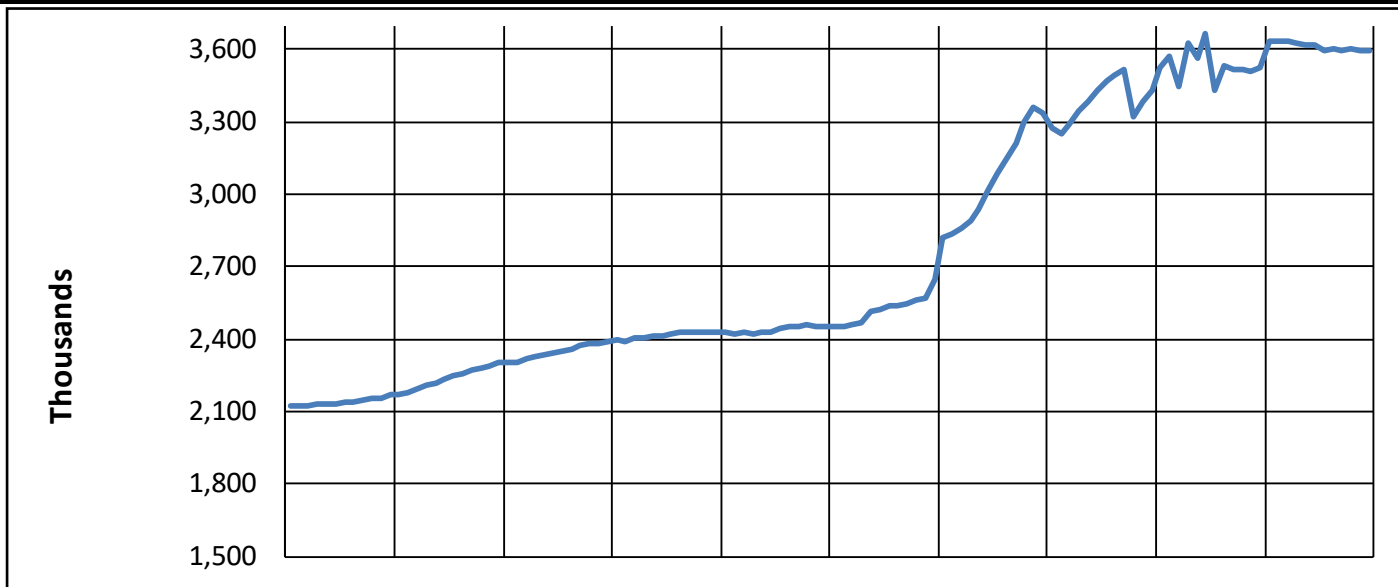
Figure 4

**CAL-LEARN PARTICIPANTS SERVED  
JANUARY 2008 - DECEMBER 2017**

<b>MONTH</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>15/16 CHANGE</b>	<b>15/16 % CHANGE</b>
<b>Jan.</b>	2,465	2,735	3,064	2,923	2,270	2,104	1,931	1,640	1,279	1,093	-186	-15%
<b>Feb.</b>	2,492	2,832	3,109	2,948	2,169	2,125	1,893	1,574	1,386	1,068	-318	-23%
<b>Mar.</b>	2,470	2,891	3,134	2,912	2,431	2,100	1,929	1,576	1,300	1,087	-213	-16%
<b>Apr.</b>	2,514	2,920	3,200	2,934	2,471	2,114	1,947	1,450	1,220	1,085	-135	-11%
<b>May</b>	2,586	2,982	3,235	2,741	2,370	1,851	1,996	1,524	1,264	1,090	-174	-14%
<b>June</b>	2,549	2,953	3,149	2,350	2,382	2,158	1,961	1,571	1,325	1,105	-220	-17%
<b>July</b>	2,474	2,870	2,932	2,115	2,211	2,111	1,862	1,456	1,281	1,031	-250	-20%
<b>Aug.</b>	2,493	2,862	2,960	1,836	2,181	2,110	1,785	1,384	1,281	1,003	-278	-22%
<b>Sept.</b>	2,535	2,888	2,992	2,134	2,182	2,019	1,826	1,377	1,200	974	-226	-19%
<b>Oct.</b>	2,556	3,009	3,030	2,057	2,265	2,017	1,726	1,400	1,167	1,003	-164	-14%
<b>Nov.</b>	2,650	3,077	3,014	2,208	2,167	1,924	1,681	1,301	1,105	966	-139	-13%
<b>Dec.</b>	2,751	3,074	2,991	2,214	2,192	1,966	1,707	1,341	1,106	980	-126	-11%
<b>AVERAGE</b>	<b>2,545</b>	<b>2,924</b>	<b>3,068</b>	<b>2,448</b>	<b>2,274</b>	<b>2,050</b>	<b>1,854</b>	<b>1,466</b>	<b>1,243</b>	<b>1,040</b>	<b>-202</b>	<b>-16%</b>

Figure 5

**INDIVIDUALS AIDED – ALL AIDS COMBINED  
JANUARY 2008 - DECEMBER 2017**

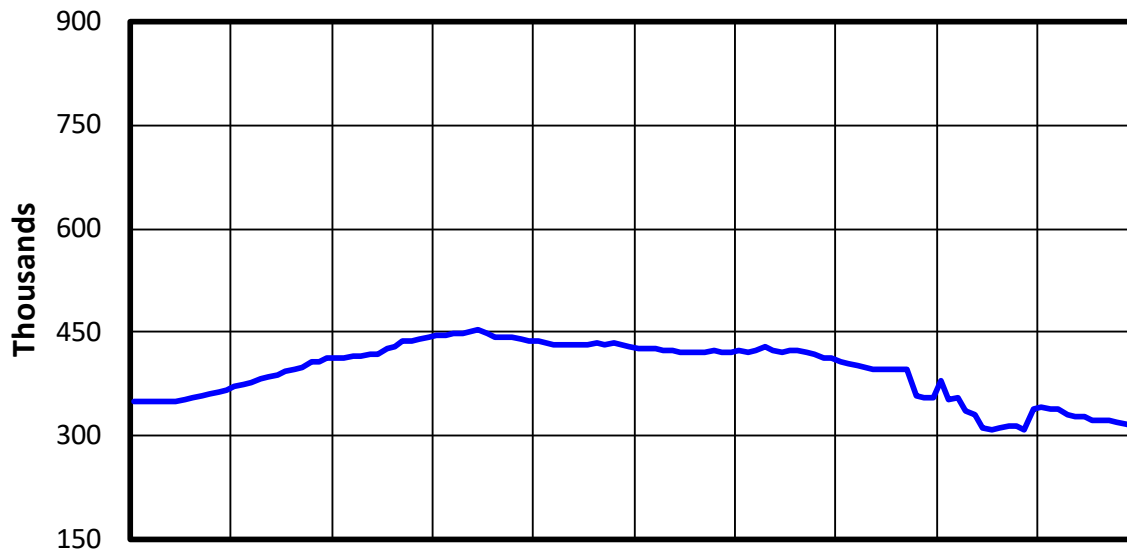


Month	2008	2009	2010	2011	2012	2013	2014	2015*	2016	2017
Jan.	2,120,743	2,174,614	2,303,749	2,394,585	2,426,501	2,453,083	2,819,136	3,276,776	3,521,223	3,636,266
Feb.	2,121,664	2,180,687	2,306,162	2,389,716	2,422,909	2,450,013	2,836,009	3,251,645	3,571,953	3,636,166
Mar.	2,126,084	2,195,497	2,321,333	2,403,761	2,426,841	2,461,628	2,859,833	3,287,979	3,445,798	3,637,284
Apr.	2,129,358	2,206,577	2,327,154	2,403,859	2,423,481	2,470,580	2,889,876	3,343,995	3,629,884	3,623,256
May	2,131,845	2,216,924	2,331,869	2,413,553	2,427,711	2,519,023	2,941,694	3,382,329	3,565,747	3,617,792
June	2,135,562	2,232,040	2,340,068	2,416,384	2,431,477	2,523,361	3,016,511	3,430,119	3,668,179	3,615,427
July	2,139,790	2,249,143	2,352,189	2,420,344	2,442,987	2,536,910	3,088,345	3,466,141	3,432,513	3,598,312
Aug.	2,138,281	2,256,283	2,360,927	2,426,295	2,451,696	2,542,506	3,151,339	3,490,545	3,528,925	3,600,783
Sep.	2,144,760	2,271,473	2,372,707	2,431,316	2,450,230	2,546,656	3,208,954	3,519,627	3,517,353	3,598,481
Oct.	2,155,204	2,283,036	2,379,568	2,429,646	2,457,086	2,558,888	3,296,854	3,318,533	3,520,528	3,599,094
Nov.	2,154,415	2,287,582	2,380,834	2,428,279	2,453,757	2,571,969	3,363,249	3,387,795	3,512,738	3,598,421
Dec.	2,167,776	2,302,924	2,389,268	2,429,214	2,450,333	2,647,528	3,339,390	3,430,557	3,521,509	3,597,185

\*2015 4th quarter data submitted after the LRS implementation.

Figure 6

**INDIVIDUALS AIDED - CALWORKS  
JANUARY 2008 - DECEMBER 2017**

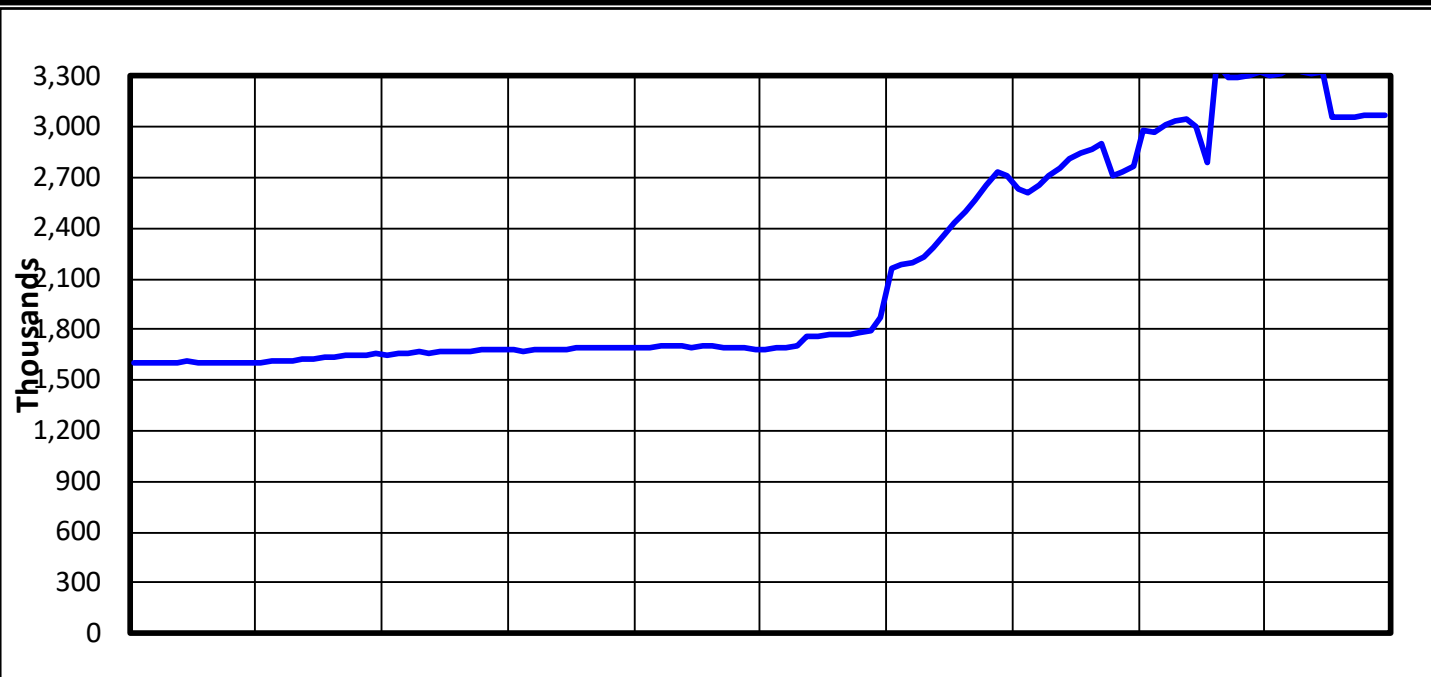


Month	2008	2009	2010	2011	2012	2013	2014	2015*	2016	2017
Jan.	350,311	370,631	413,178	445,949	436,846	427,728	422,896	408,172	380,972	342,943
Feb.	349,868	373,398	412,969	445,154	434,536	426,054	422,249	403,662	352,957	340,075
Mar.	349,622	378,222	414,952	447,929	433,157	425,255	424,066	401,779	355,241	338,187
Apr.	350,448	382,959	415,809	449,363	431,619	422,502	428,680	399,015	336,865	331,598
May	350,578	385,883	418,101	451,770	432,124	422,504	423,974	397,553	332,131	328,216
June	350,570	389,509	419,613	453,164	432,684	421,889	421,206	397,045	311,555	326,948
July	352,835	392,490	426,282	449,303	431,612	421,707	422,817	397,353	309,655	323,778
Aug.	355,100	395,902	429,910	444,096	434,159	422,294	424,883	397,157	313,020	323,419
Sep.	357,008	400,534	437,714	444,308	432,602	422,137	420,169	396,945	313,272	322,207
Oct.	361,378	406,371	436,323	443,415	434,071	422,511	419,533	359,021	313,368	321,178
Nov.	362,652	406,992	439,859	440,023	431,092	420,873	413,804	355,275	309,553	317,225
Dec.	367,163	411,842	443,245	438,715	428,294	420,513	412,365	354,376	339,974	315,071

\*2015 4th quarter data submitted after the LRS implementation.

Figure 7

**INDIVIDUALS AIDED – MEDI-CAL ASSISTANCE  
JANUARY 2008 - DECEMBER 2017**



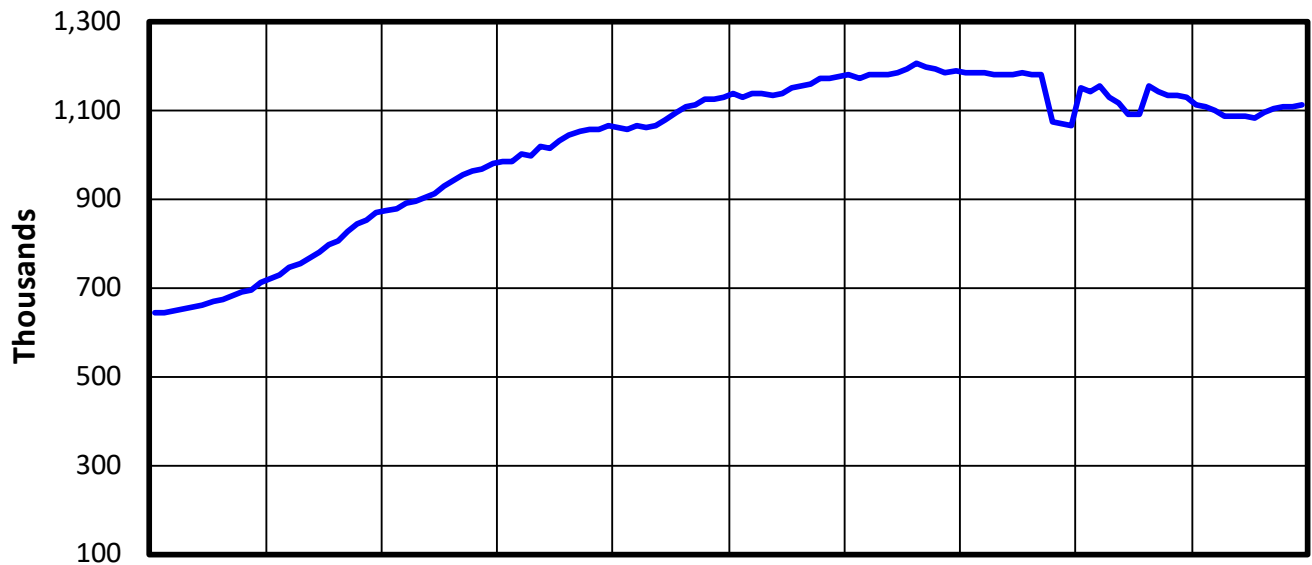
Month	2008	2009	2010	2011	2012	2013	2014	2015*	2016	2017
Jan.	1,601,826	1,608,284	1,652,545	1,677,657	1,695,530	1,686,728	2,162,087	2,635,084	2,985,013	3,307,201
Feb.	1,604,958	1,609,965	1,656,625	1,674,595	1,696,763	1,688,211	2,181,648	2,609,119	2,968,570	3,316,921
Mar.	1,605,420	1,612,871	1,664,015	1,681,467	1,698,376	1,695,285	2,200,120	2,652,143	3,010,138	3,349,365
Apr.	1,607,132	1,615,916	1,665,214	1,680,359	1,698,100	1,704,905	2,229,067	2,716,127	3,031,869	3,322,548
May	1,607,865	1,621,134	1,663,980	1,681,497	1,700,809	1,755,996	2,288,191	2,758,728	3,048,192	3,317,709
June	1,609,248	1,627,826	1,665,971	1,683,049	1,697,665	1,759,649	2,364,689	2,809,686	3,003,444	3,325,148
July	1,607,295	1,637,703	1,668,643	1,687,322	1,701,787	1,768,550	2,436,427	2,847,792	2,792,108	3,057,055
Aug.	1,602,051	1,639,215	1,669,561	1,694,711	1,701,649	1,773,011	2,496,469	2,872,428	3,384,397	3,053,283
Sep.	1,603,149	1,643,871	1,672,275	1,696,079	1,695,450	1,775,355	2,564,799	2,901,798	3,294,583	3,058,186
Oct.	1,607,896	1,646,630	1,677,012	1,693,154	1,693,886	1,783,230	2,657,203	2,716,683	3,289,591	3,068,041
Nov.	1,603,186	1,648,758	1,675,728	1,696,764	1,691,766	1,797,981	2,732,673	2,736,803	3,307,710	3,068,299
Dec.	1,607,228	1,655,341	1,677,283	1,695,805	1,686,556	1,870,380	2,705,644	2,771,706	3,321,456	3,069,071

\*2015 4th quarter data submitted after the LRS implementation.



Figure 8

**INDIVIDUALS AIDED - CALFRESH  
JANUARY 2008 - DECEMBER 2017**



Month	2008	2009	2010	2011	2012	2013	2014	2015*	2016	2017
Jan.	644,368	719,388	873,906	983,972	1,061,099	1,136,598	1,179,471	1,186,689	1,150,095	1,114,113
Feb.	642,827	728,164	877,708	982,952	1,056,530	1,128,269	1,172,986	1,183,204	1,140,474	1,106,457
Mar.	650,233	745,955	893,254	999,836	1,067,474	1,140,185	1,179,917	1,184,511	1,155,876	1,099,615
Apr.	652,132	755,533	896,310	997,431	1,062,493	1,136,567	1,181,939	1,180,608	1,128,110	1,087,449
May	656,361	767,382	902,170	1,017,987	1,067,010	1,135,966	1,179,271	1,178,959	1,115,784	1,085,333
June	659,778	782,354	912,861	1,016,668	1,078,877	1,137,764	1,185,357	1,180,615	1,089,288	1,087,512
July	670,143	799,325	930,781	1,029,907	1,095,676	1,150,909	1,195,491	1,185,244	1,092,816	1,083,889
Aug.	673,922	807,965	941,140	1,042,754	1,106,581	1,154,695	1,208,242	1,181,789	1,155,558	1,096,976
Sep.	681,301	827,823	955,463	1,052,181	1,112,889	1,161,054	1,197,541	1,182,726	1,142,246	1,102,956
Oct.	690,571	844,497	963,522	1,058,355	1,127,190	1,171,438	1,192,513	1,073,836	1,133,735	1,109,216
Nov.	695,872	852,054	968,213	1,057,476	1,126,961	1,170,317	1,185,306	1,068,797	1,132,088	1,110,217
Dec.	713,748	870,368	978,920	1,064,647	1,130,714	1,177,740	1,191,285	1,064,892	1,131,596	1,110,758

\*2015 4th quarter data submitted after the LRS implementation.

## GLOSSARY OF TERMS

**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.

**California Work Opportunity And Responsibility to Kids (CalWORKs):** Provides temporary financial assistance, no-cost Medi-Cal, and employment-focused services to families with minor children who may or may not have income, and their property limit is below State maximum limits for their family size. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food and other necessary expenses.

In addition, the family must meet one of the following deprivations:

- Either parent is deceased
- Either parent is physically or mentally incapacitated
- Either parent is continually absent from the home in which the child is living
- When both parents are in the home, the Principal Wage Earner worked less than 100 hours in the four-week period before applying for CalWORKs cash aid.

Since January 1, 1998, the CalWORKs program has continued to transition participants from 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 an array of work supports and barrier removal services.

**Cal-Learn:** Is a mandatory program for CalWORKs participants who are under 19 years of age, are pregnant or parenting, and have not yet completed their high school education. The Cal-Learn program is designed to address long-term welfare dependency by encouraging and assisting teen parents on the CalWORKs program to remain in or return to school. Cal-Learn focuses on providing these youth with the following supportive services needed to complete their high school education or equivalent:

- Intensive case management services
- 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.

**Cash Assistance Program for Immigrants (CAPI):** Provides cash to certain aged, blind, and disabled legal non-citizens ineligible for Supplemental Security Income/State Supplemental Payment (SSI/SSP) 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.

**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.

**Greater Avenues For Independence (GAIN) / General Relief Opportunities for Work (GROW):** These programs provide employment-related services to CalWORKs or GR participants to help them find employment, stay employed, and move on to higher paying jobs, which will ultimately lead to self-sufficiency and independence.

**General Relief (GR):** Is a County-funded program that provides cash aid to indigent adults who are ineligible for Federal or State programs.

**In-Home Supportive Services (IHSS):** Enables low-income aged, blind, and/or disabled individuals to remain safely in their own homes by paying eligible providers to provide personal care, domestic, and other services.

**LEADER Replacement System (LRS):** Is the automated system which provides the primary case management for the programs administered by DPSS.

**Medi-Cal:** 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 Employment Program (REP):** REP provides employment-related services, case management, and training to refugees during their first five years in the United States and to asylees during their first five years they are granted asylum. REP is administered by DPSS.

**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.



# LOS ANGELES COUNTY COMMUNITY CHILD ABUSE COUNCILS

## **OVERVIEW**

The Los Angeles County 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 educate the public about child abuse and family violence issues.

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

In fiscal year 2017-2018, the Children's Bureau of Southern California ([www.all4kids.org](http://www.all4kids.org)) continued to support the Department of Children and Family Services' (DCFS) Los Angeles County Community Child Abuse Councils Coordination Services Grant (\$100,000 each year from 2015-2018). Children's Bureau provided technical assistance and administrative oversight to the 12 Child Abuse Prevention Councils with the Community Child Abuse Council Coordinator bringing all Chair Members together monthly to align the joint service activities of the group and meet collective goals. Furthermore, the Council Coordinator interfaced with several ICAN committees on a regular basis (Child Death Review, Child & Adolescent Suicide Review, and Operations) to cross-share information and provide a community-based perspective with regard to 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 (SPA 2)
- San Gabriel Valley Child Abuse Prevention Council
- Service Planning Area 7 Child Abuse Council
- Westside Anti-Violence Authority



- AFFIRM - Antelope Valley Child Abuse Prevention Council (formerly Yes2Kids)

### **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 (African-American Council)

### **The Los Angeles Child Abuse Councils are involved in the following joint projects:**

- The Blue Ribbon Child Abuse Prevention Campaign (held in April for Child Abuse Prevention and Awareness Month);
- Publication of The Children's Advocate Newsletter;
- The Report Card Insert Project;
- Establishment and Maintenance of a Los Angeles County 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 Insert Cards; and
- Special Projects for Individual Councils.

### **FISCAL YEAR 2017-2018 SPECIAL PROJECTS**

Each of the Los Angeles County Community Child Abuse Councils prepared and presented their Annual Child Abuse Project Applications between December of 2017 and February of 2018. 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 target populations. The types of activities varied by Council and included many creative, resourceful and impactful primary prevention projects.

Examples of past special projects include:

- Mandated Reporter Trainings for the Community;
- Caregiver workshops: "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; and
- Cultural Awareness and Child Protective Services.

In 2017-18, the Councils each had \$3,435 to spend on their special projects and most were implemented in April during Child Abuse Awareness Month. The following illustrates a brief description of each Councils' activities during the year, however, most are implemented during the months of March and April.



### **Advocacy Council for Abused Deaf Children (ACADC)**

The ACADC, established in 1991 to systemically address maltreatment among Deaf children, is a collaborative effort comprised of many community agencies that serve the Deaf population. Efforts are based in education, service, resources, and community involvement to best serve the Deaf Community. The goal of the ACADC is to prevent abuse and promote the development of appropriate and quality treatment resources for families with a Deaf member within Los Angeles County. This goal can only be accomplished by creating a network of service providers and agencies who are culturally and linguistically sensitive and knowledgeable of the community in which the Council serves. ACADC is committed to providing advocacy and quality services to the Deaf Community.

As a part of this commitment, in April of 2018, the ACADC hosted a workshop entitled “See Something, Say Something: Recognizing Trauma in Deaf Children.” This workshop (tailored for professionals) provided insightful information on how to recognize and respond to trauma specifically for Deaf children. The workshop received such a positive response, that the ACADC is committed to providing this as an annual event while also extending the event for 2 days.

### **Asian & Pacific Islander, Children, Youth and Family Council (API CYFC)**

In the Fall of 2018, the Asian Pacific Islander Children, Youth, and Family Council (API-CYFC) centered efforts around promoting a public awareness campaign with the Asian Pacific Counseling and Treatment Centers (APCTC) that focused on the dangers of leaving children unattended in vehicles. The Public Service Announcement (PSA) informs Chinese speaking as well as other parents, caregivers, and the general public about the dangers of leaving children unattended in cars. The PSA has been broadcasted on various Asian media outlets including TV, radio, popular magazines, and social media. The Councils’ hope is to significantly reduce risk and injury to children particularly in the summer months when weather temperatures are at their highest and children are at greatest risk for injury or death. To view the PSA, please visit <https://youtu.be/UQ7acclkrk>

### **Council for Child Abuse Prevention-Serving the San Fernando & Santa Clarita Valleys (SPA 2)**

On April 21, 2018 the Council again partnered with the SPA 2 Council for Family Well-Being to provide the second community gathering entitled “Working Hand in Hand: Fostering Strong Families.” This dynamic event had a primary goal to raise awareness and educate the community at large about efforts needed, and those currently being made, to prevent child abuse and neglect. The Council aimed to engage stakeholders in dialogue and increase the understanding of the DCFS Core Practice Model and its intersection with prevention efforts along with building a community coalition around “bystander responsibility” (ownership of all community stakeholders to shift from a “me and mine” to a “we and ours” approach to child and family well-being).

### **Eastside Child Abuse Prevention Council (El Monte)**

In the 2017-18 contract year, the Eastside Council supported a variety of events and activities aimed at improving the lives of families in the El Monte area. Eastside hosted their 13th Annual Heroes’ Art Contest for children on April 18th (Child Abuse Awareness Month) and entries were judged within age categories for a total of nine winners. In conjunction with the Art Contest, Eastside also co-sponsored the “Annual Resource Fair for Providers” with the SPIRITT Partnership for Families Program. The Fair included a panel presentation as well as recognition of the art contest winners with their awards.

### **End Abuse Long Beach (EALB)**

On April 12, 2018 the EALB Council hosted a training by Alyce LaViolette, MS, MFT, entitled “Women, Vicarious Trauma and Sexual Harassment.” The goal of this training was to provide a dynamic speaker to draw a larger/newer audience to the EALB monthly trainings and provide an opportunity to reach a larger audience with printed prevention materials. Attendance at this training increased to 50 people, up from the average of 32 (including 27 new visitors, many of whom became regular attendees after this).

### **Foothill Child Abuse and Family Violence Prevention Council**

The Foothill Council hosted their Annual Spring Conference on April 6, 2018, from 9am-4pm, at the Almanson



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 “Bullying” presented by Dr. Judy Chiasson from the Los Angeles Unified School District (LAUSD). The training provided Continuing Education Units (CEUs) for interested attendees.

### **LAC-Family, Children, Community Advisory Council (African American Council)**

The Los Angeles County Family, Children, Community, Advisory Council (LAC-FCCAC) continued partnering with Elevate Your G.A.M.E., specifically their Mentoring Thru Music Program. Elevate Your G.A.M.E. mentors 9th-12th graders in nine high schools: Cabrillo High, Centennial High, Compton High, Crenshaw High, Dominguez High, Harbor Teacher Preparatory, Frederick Douglas Academy, Long Beach Academy, View Park Preparatory, and students in the Northpointe Apartments in the City of Long Beach.

Over 1,600 students have been mentored since the program’s inception in 2002, and they have a 95% graduation rate. Their students have received scholarships and have been accepted to universities across the United States. Examples are: UCLA, Tuskegee, Xavier, Pepperdine, UC Berkley, and Biola. The Mentoring Thru Music Program starts a conversation with youth using music videos and/or songs. Elevate Your G.A.M.E. have created 13 songs with curriculum that anyone can access through their website ([www.elevateyourgame.org](http://www.elevateyourgame.org)).

In April of 2018, the LAC-FCCAC also hosted an Annual Conference on the “Resilience of Children, Families, and Communities” at Calvary Chapel Christian Church in Los Angeles. The speakers were Ruth Beaglehole, Founder of Echo Parenting & Education and Jeanette Yoffe, Executive Director of Yoffe Therapy.

### **LGBT Child Abuse Prevention Council**

For the tenth year in a row, the LGBT Child Abuse Prevention Council has helped plan and coordinate the Annual Embracing Diversity of GLBTQ Youth (E.D.G.Y.) Conference sponsored by Penny Lane. The conference increases knowledge and awareness of the needs of GLBTQ youth and families, and empowers social service and mental health professionals to support the GLBTQ community through an array of workshops, services and resources. The conference was held in November of 2018 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, law enforcement, probation, legal service providers for children, and educators who otherwise could not attend.

### **San Gabriel Valley Child Abuse Prevention Council**

On April 29, 2018, the SGV Council and Parents’ Place hosted a community Information/Resource Fair and Festival to support special needs children and families. Nearly 100 vendors attended to provide information to families who have children with developmental disabilities. The Information Fair & Festival also provided a safe space where families who have children with special needs could celebrate people of all abilities.

### **SPA 7 Child Abuse Prevention Council**

On March 9, 2018, the SPA 7 Child Abuse Prevention Council hosted their second “Youth Male CHOICES Conference” at Rio Hondo College for boys grades 8-12 to encourage personal and academic success. The youth heard from motivational speakers, toured Rio Hondo College and were given access to a variety of positive resources.

### **Westside Anti-Violence Authority (WAVA)**

On March 6, 2018, the WAVA screened the film “Home Truth: The Legal & Emotional Impact on One DV Survivor” at the Ken Edwards Center, 1527 4th Street in Santa Monica. The event was free and was followed by a panel discussion with local providers around central themes in the film. In April, the WAVA also provided a training to service providers around the “Assessment of Partner Abuse: Lessons from the Queer Community” which was well attended.



**Yes 2 Kids - Antelope Valley Child Abuse Prevention Council (now called AFFIRM AV)**

For the past 15 years, Yes2Kids has conducted a Writing Contest for students in the Antelope Valley (1st grade through 12th grade) that encourages creativity and expression around topics such as respect, bullying, and how to stop child abuse. Twenty-four winners (1st and 2nd Place in each grade level) were chosen to read their essays, and received prizes at the Annual Awards Night on April 11, 2018 at the Chimbole Cultural Center.

**TOTAL ADULTS, 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 adults that were involved or impacted by the activities performed in 2017-18 throughout Los Angeles County. The following chart illustrates the combined output from 11 of 12 Councils:

	Children	Families	Total Adults
<b>Number of people involved or impacted by the projects:</b>	17,452	13,211	27,576
<b>Number of people with identified special needs involved or impacted by the projects: (Note: Not all Councils collect data on those with special needs)</b>	956	2,607	610

**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 2017-18, 11 of the 12 Councils chose to provide at least one training or workshop on a wide range of topics, and in total, 2,458 community members, students and professionals working in the child welfare field (social workers, mental health providers, etc.) received free or low-cost trainings.

**Distributed Printed Prevention Materials**

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

- “Daily Acts of Kindness Towards Children” Calendars (Languages: English, Spanish, Khmer, Tagalog, Korean, Vietnamese, Japanese, traditional Chinese)
- “Guide to Positive Parenting” (Languages: English, Spanish and traditional Chinese)
- “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)
- “Yes 2 Kids” brochure (Languages: English & Spanish)

In 2017-18, the LACCCAC distributed an estimated 47,190 printed prevention materials to community partners, parents, residents and service providers, to name a few, throughout Los Angeles County.





Stop  
Abusing  
Make the  
World a better  
place





# **SECTION IV: ICAN ORGANIZATIONAL SUMMARY**



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

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

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

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

### **ICAN STAFF**

**DEANNE TILTON**  
ICAN Executive Director

**EDIE SHULMAN**  
ICAN Assistant Director

**NANCY URQUILLA**  
ICAN Program Administrator

**MARIANNE YAMATO**  
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

**LILY LIEU**  
Accountant

### **FOR FURTHER INFORMATION CONTACT:**

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4024 N. DURFEE AVE.  
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Phone: (626) 455-4585

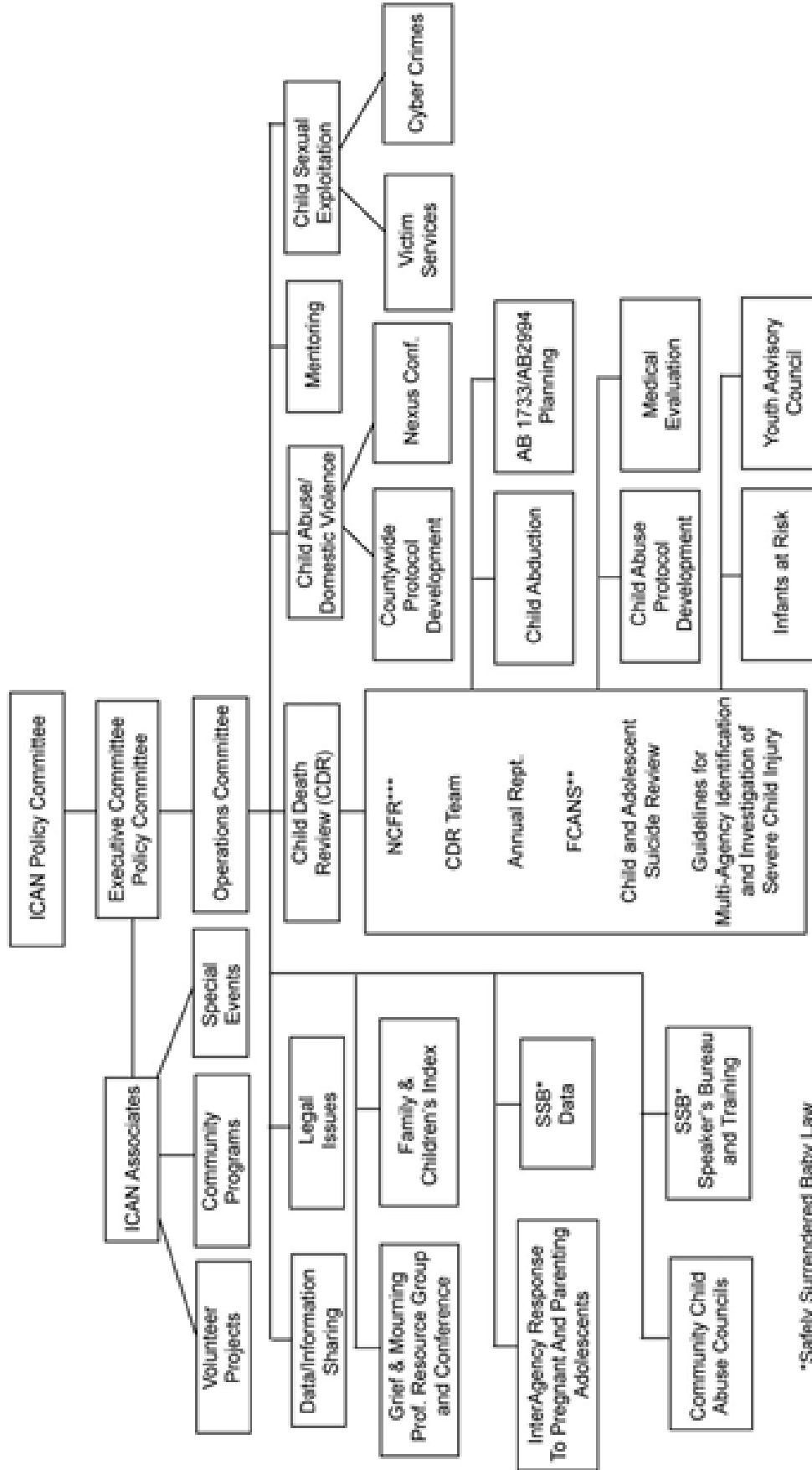
Fax: (626) 444-4851

Websites: [www.ican4kids.org](http://www.ican4kids.org)





Inter-Agency Council on Child Abuse and Neglect (ICAN)



\*\*FCANS - Fatal Child Abuse and Neglect Surveillance

\*\*Safety Surrendered Baby Law

\*\*\*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 SURRENDERED BABY LAW (SSBL)**

Responsible for notifying the Board of Supervisors, Chief Administrative Office, and others of safe surrenders and abandonments, as well as collecting and analyzing data on these cases and preparing an annual written report to the Board of Supervisors. ICAN maintains a Speakers' Bureau, which has trained nearly a thousand individuals in the public and private sectors. ICAN also is responsible for maintaining the County of Los Angeles Safely Surrendered Baby Law website known as BabySafeLA and responding to the various inquires for information and public information material.

#### **NEXUS PLANNING COMMITTEE**

Develops and plans ICAN's annual NEXUS conference; a large multi-disciplinary conference addressing "Violence in the Home and It's Effects on Children." (Meets periodically during planning months)



## **ICAN ASSOCIATES**

ICAN Associates is a private/non-profit organization which supports the LA County Inter-Agency Council on Child Abuse and Neglect (ICAN) and the important issues addressed by ICAN. The Board of ICAN Associates consists of business, media and community leaders.

ICAN Associates supports ICAN through the provision of services including dissemination of materials, hosting media campaigns, sponsorship of educational forums, support of direct and indirect services to prevent child abuse and neglect as well as promoting integration and collaboration among child service agencies. Further, ICAN Associates sponsors special events for vulnerable and abused children, publishes newsletters, and coordinates community educational projects. The formation of ICAN Associates represents one of the first and most effective public/private partnerships in the nation addressing the critical issues and needs surrounding child abuse and neglect.

ICAN Associates has been extremely successful in securing funding through grants and corporate sponsorships:

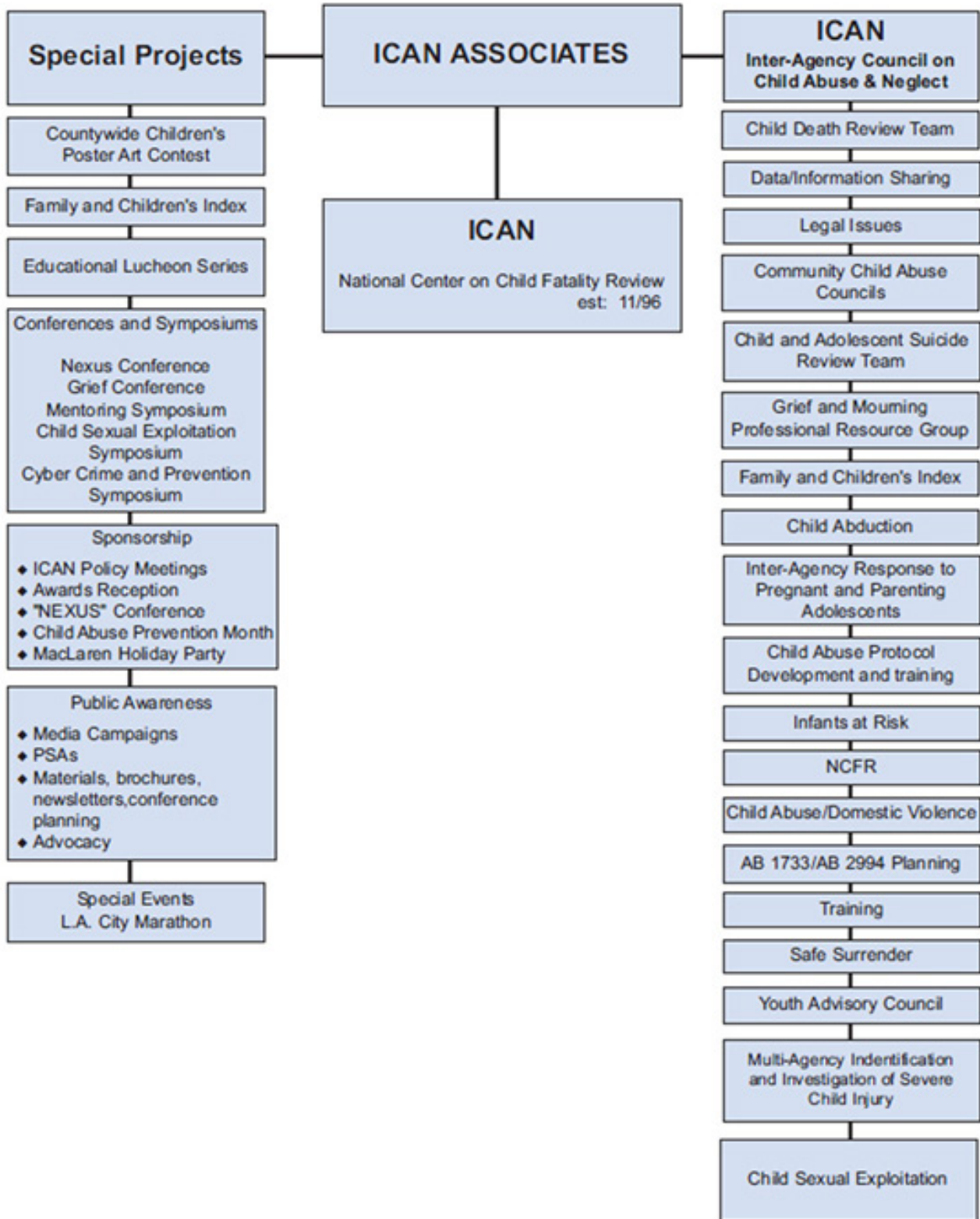
In November 1996, ICAN/ICAN Associates launched the ICAN National Center on Child Fatality Review (ICAN/NCFR) at a news conference held in connection with the United States Department of Justice and United States Department of Health and Human Services. Funding for this major national project was facilitated through the efforts of ICAN Associates. Generous support was secured through the United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention; Times Mirror Foundation and the family of Chief Medical Examiner Lakshmanan Sathyavagiswaran.

ICAN/ICAN Associates provides statewide Child Death Review Team Training designed to address a range of issues to benefit the overall development and functioning of Child Death Review Teams throughout the State. The training curriculum was funded through a grant from the California Department of Social Services (CDSS).

In October 2018, ICAN Associates sponsored the 23<sup>rd</sup> Annual NEXUS Conference, in conjunction with The Department of Children and Family Services (DCFS), community groups and ICAN agencies. The conference presented an opportunity to hear from local, state and national experts, about the impact

of all forms of violence within the home on children as well as potential solutions. The information presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

ICAN Associates again sponsored the Annual Child Abuse Prevention Month Children's Poster Art Contest which raises awareness about child abuse in schools throughout Los Angeles County. Children in the 4th, 5th and 6th grades and in special education classes participate in this contest. The children's artwork is displayed at the California Department of Social Services in Sacramento, Edmund D. Edelman Children's Court, L. A. County Office of Education, District Attorney's Office, and Hollywood Library and in numerous national publications.







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**DEANNE TILTON-DURFEE**

Doc.Hc

**CHAIRPERSON**

**LINDSAY WAGNER**

Producer/Actor

**TREASURER**

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**ELAINE TREBEK-KARES**

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Founder ICAN Associates

**PETER WOLF**

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**CHRISTINA CRAWFORD**

**BOURNE MORRIS**

**FRANK VICENCIA, ESQ.**

**SALLIE PERKINS**



The Los Angeles Community Child Abuse Councils consist of 12 community-based councils throughout Los Angeles County. The mission of the Councils is to reduce the incidence of child abuse and neglect, and to raise public awareness of child abuse and family violence issues. The membership of the Councils is made up of professionals working in the fields of child welfare, education, law enforcement, health and mental health as well as parents and anyone concerned about the problems of child abuse and family violence. The Child Abuse Councils Coordination Project facilitates the joint projects of the 12 Community Councils. Since the child abuse councils are volunteer organizations, and most members have full time jobs apart from their involvement with the councils, it is important that our projects can be implemented easily and quickly. The Coordination Project also serves the councils by providing technical assistance and professional education, advocating for children issues, and networking with other councils and agencies on behalf of the Councils. The Coordination Project has been in existence since 1987, and has been a non-profit corporation since March 1998. The Coordination Project acts as contractor with the Los Angeles County Department of Children and Family Services and the Office of Child Abuse Prevention (OCAP) to provide services to benefit the 12 Child Abuse Councils in their efforts to prevent child abuse.

The Los Angeles Community Child Abuse Councils are involved in the following 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](http://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**  
Eric Escareno (626) 773-9216

**Asian Pacific Child Abuse Council**  
Nina Loc (213) 808-1720, Nayon Kang (213) 365 7400

**LAC Family, Children, Community Advisory Council**  
Sandra Guine (310) 327-9294

**LGBTChild Abuse Prevention Council**  
Mark Abelson (323) 646-2419

**AFFIRM - Antelope Valley Child Abuse Prevention Council**  
Rosie Mainella, Mark Carter (661) 208-4455

**Foothill Child Abuse and Family Violence Prevention Council**  
Erica Villalpando (626)227-5670

**End Abuse Long Beach**  
Rosa Velazquez-Gutierrez [rosa.velazquez-gutierrez@longbeach.com](mailto:rosa.velazquez-gutierrez@longbeach.com), Tory Cox [torycox@usc.edu](mailto:torycox@usc.edu)

**San Fernando and Santa Clarita Valley**  
Deborah Davies (818) 988-4430

**San Gabriel Valley Child Abuse Prevention Council**  
Karen Nutt [knutt59@msn.com](mailto:knutt59@msn.com)

**Eastside Child Abuse Prevention Council**  
Connie Preciado-Gonzalez (626) 442-1400

**Service Planning Area 7 Child Abuse Council**  
Norma Yoquez (562) 777-1410 X112, Maria Duarte (562) 777-201-1008

**Westside Domestic Violence Network**  
Alex Atienzo [info@westsideanti-violenceauthority.org](mailto:info@westsideanti-violenceauthority.org)

Sara LaCroix [saralacroix@all4kids.org](mailto:saralacroix@all4kids.org)





The  
bruises  
will go  
away but  
the pain will  
remain







# **SECTION V: APPENDIX**



A significant accomplishment of the Los Angeles Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Subcommittee in the 1980's was to provide Los Angeles area agencies with a common definition of child abuse to serve as a reporting guideline. One purpose of this effort was to achieve compatibility with reporting guidelines used by the State of California.

Additionally, it was hoped that a common definition would enhance our ability to better measure the extent of our progress and our problems, independent of the boundaries of particular organizations. As you read the reports in this document you will see that this hope is certainly being realized. Since their inception, the definitions have increasingly been applied by ICAN agencies with each annual report that has been published. This year's Data Analysis Report is no exception. This year, more than half of the reporting agencies have been able to apply them to their reports in one way or another.

The Data/Information Sharing Sub-committee hopes that as operational automated systems are implemented and enhanced by ICAN agencies, these classifications will be considered and more fully institutionalized. We believe that over time, their use will enable the agencies to achieve a more unified and effective focus on the issues. The seven reporting categories are defined as follows:

### **PHYSICAL ABUSE**

A physical injury which is inflicted by other than accidental means on a child by another person. Physical abuse includes deliberate acts of cruelty, unjustifiable punishment, and violence towards the child such as striking, throwing, biting, burning, cutting, twisting limbs.

### **SEXUAL ABUSE**

Any sexual activity between a child and an adult or person five years older than the child.

This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse.

### **SEVERE NEGLECT**

The child's welfare has been risked or endangered or has been ignored to the degree that the child has failed to thrive, has been physically harmed or there is a very high probability that acts or omissions by the caregiver would lead to physical harm. This includes children who are malnourished, medically diagnosed nonorganic failure to thrive, or prenatally exposed to alcohol or other drugs.

### **GENERAL NEGLECT**

The person responsible for the child's welfare has failed to provide adequate food, shelter, clothing, supervision, and/or medical or dental care. This category includes latchkey children when they are unable to properly care for themselves due to their age or level of maturity.

### **EMOTIONAL ABUSE**

Emotional abuse means willful cruelty or unjustifiable inappropriate punishment of a child to the extent that the child suffers physical trauma and intense personal/public humiliation.

### **EXPLOITATION**

Exploitation exists when a child is made to act in a way that is inconsistent with his/her age, skill level, or maturity. This includes sexual exploitation in the realm of child pornography and child prostitution. In addition, exploitation can be economic, forcing the child to enter the job market prematurely or inappropriately; or it can be social with the child expected to perform in the caretaker role, or it can be through technology through use of a computer, the telephone, or the internet.

### **CARETAKER ABSENCE/INCAPACITY**

This refers to situations when the child is suffering either physically or emotionally, from the absence of the caretaker. This includes abandoned children, children left alone for prolonged periods of time without provision for their care, as well as children who lack proper parental care due to their parents' incapacity, whether physical or emotional.



