

ICAN

Inter-Agency Council on Child Abuse and Neglect

Los Angeles County ♦ ICAN Data/Information Sharing Subcommittee
(626) 455-4585 Fax (626) 444-4851 Email dtilton@co.la.ca.us

2001



<i>Number</i>	<i>Percentage</i>
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<i>318</i>	<i>80.5%</i>
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<i>48</i>	<i>12.2%</i>
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<i>29</i>	<i>07.3%</i>
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	<i>100%</i>
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ICAN

Report Compiled From 2000 Data

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY

ICAN

Deanne Tilton, Executive Director

Los Angeles County Inter-Agency Council on Child Abuse and Neglect
4024 North Durfee Avenue ♦ El Monte, CA 91732
(626) 455-4585 Fax (626) 444-4851 Email dtilton@co.la.ca.us



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



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Los Angeles Unified School District

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Educator/Clergyman

Maxine B. Russell
Educator/Counselor

Rita Saenz, Director
California Department of Social Services

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Richard Shumsky
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Director, Mental Health

Carol Weller
Educator



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Los Angeles Police Department

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Calif. Dept. of Social Services

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Roseann Donnelly
Community and Senior Services

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Dept. of Health Services

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King/Drew Medical Center

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Probation Department

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Community and Senior Services

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Los Angeles Community Child Abuse Councils

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Dept. of Mental Health
Children and Youth Services

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Shayla Lever
Los Angeles Unified School District
Child Abuse Prevention Office

Penny Markey
Public Library

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Los Angeles County Office of Education

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Medical Director

Los Angeles County Fire Dept.

Velia Rosales

Dept. of Parks and Recreation

Max Schmidl

Chief Administrative Office

Elizabeth Stephens

Dept. of Children and Family Services

Alison Towle

Community Development Commission

Amaryllis Watkins

Dept. of Children and Family Services

Patsy Wilson

Internal Services Department

Dr. Zohreh Zarnegar

Dept. of Mental Health



DATA/INFORMATION SHARING COMMITTEE MEMBERS

Elizabeth Stephens

Committee Chairperson
Los Angeles County
Department of Children and Family Services

Nora J. Baladerian, Ph.D

Disability, Abuse & Personal Rights Project
CAN DO! - Child Abuse & Neglect Disability
Outreach Program

Julie Beardsley

Los Angeles County
Department of Mental Health

Pam Booth

Los Angeles County
Office of the District Attorney

Cynthia Hernandez Buter

Los Angeles County
Superior Court

Steve Carey

Los Angeles Police Department

Christopher D. Chapman

Los Angeles County
Internal Services Department

Martha Cook

California Department of Justice

Jeanne DiConti

Office of Los Angeles City Attorney

Michael Durfee, M.D.

Los Angeles County
Department of Health Services

Joe Estrada

Los Angeles County
Probation Department

Eileen Gomez

Los Angeles County
Department of Coroner

Doug Harvey

California Department of Social Services

Cheryl Jones

Los Angeles County
Office of Public Defender

John Langstaff

ICAN

Sheri Lewis

Los Angeles County
Department of Public Social Services

Diana Liu

Los Angeles County
Department of Health Services

Penny S. Markey

Los Angeles County
Public Library

Chris Minor

Los Angeles County
Sheriff's Department

Thomas Nguyen

Los Angeles County
Department of Children and Family Services

Arthur Rubenstein

Los Angeles County
Office of Education

Edie Shulman

ICAN

Sue Thompson

Office of Court Appointed
Special Advocate (CASA)

Patsy Wilson

Los Angeles County
Internal Services Department

David Zippin

Los Angeles County
Department of Mental Health



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Board of Directors, Riviera Country Club

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TMCT Ventures

Kendall Wolf
Landmark Entertainment Group

Legal Counsel

Elizabeth S. Bluestein, Esq.
Attorney, Gibson, Dunn and Crutcher

LOS ANGELES COUNTY CHILD ABUSE COORDINATION PROJECT

Marjorie Gins, Liaison (626) 287-4086

Community Child Abuse Councils
Advocacy Council for Abused Deaf Children

Kristen Amey (818) 677-2099

Indian Child Welfare Advisory Board

Karen Millett (213) 250-4973

Antelope Valley Child Abuse Prevention Council

Carol Ballensky (661) 940-9530

Asian Pacific Child Abuse Council

Larry Lue (213) 808-1700

Family, Children, Community Advisory Council

Sandra Guine (213) 639-6444

Foothill Child Abuse Council

Pat Avery (626) 795-6907

Long Beach Child Abuse & Domestic Violence Prevention Council

Mitch Mason (562) 903-5017

Los Angeles Child Abuse Council

Rosa Arevalo (310) 390-0551

San Fernando Valley Child Abuse Council

Sue Meier (818) 716-8491

San Gabriel Valley Family Violence Council

Diane Cortes (626) 359-9358

Service Planning Area 6 Child Abuse Council

Laticia Shaw (213) 290-7111

Service Planning Area 7 Child Abuse Council

Georganne Bruce (562) 904-9590

Sandra Klein (562) 692-0383



ICAN DATA ANALYSIS REPORT FOR 2001

South Bay Family Violence Council

Doris Boyington

(310) 970-1921

Westside Child Trauma Council

Susan Moan-Hardie

(310) 576-1879

INTRODUCTION

This unique report, published by the Los Angeles County Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Committee, features data from ICAN agencies about activities for 2000, or 1999/2000 for some agencies. The report includes some information about programs, but is intended primarily to provide visibility to data about child abuse in Los Angeles County and information drawn from that data. Much of the report assumes the reader has a basic knowledge of the functions and organization of ICAN and its member agencies. The Appendix describes ICAN's organizational structure.

In this seventeenth edition of the *State of Child Abuse in Los Angeles County*, we are once again pleased to include the artwork of winning students from the ICAN Associates 15th Annual Child Abuse Prevention Month Poster Contest, held in early 2000. The contest, entitled "Lets Take Care of Our Children," gave 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.

Section I of the report highlights the inter-agency nature of ICAN by providing reports, conclusions and recommendations that transcend agency boundaries. Significant findings from participating agencies are included here, as well as special reports. Section II includes special reports from ICAN Associates; the California Department of Social Services, including Community Care Licensing, and the Disability, Abuse and Personal Rights Project. Also included is our annual inter-agency analysis of data collec-

tion. This report continues to evolve, providing an opportunity to view from a more global perspective the inter-agency linkages of the child abuse system.

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

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

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



INTER-AGENCY COUNCIL ON CHILD ABUSE AND NEGLECT

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

Twenty-nine County, City, State and Federal agency heads are members of the ICAN Policy Committee, along with UCLA, five private sector members appointed by the Board of Supervisors, an ICAN youth representative and the Children's Planning Council. ICAN's Policy Committee is comprised of the heads of each of the member agencies. The ICAN Operations Committee, which includes designated child abuse specialists from each member agency, carries out the activities of ICAN through its work as a committee and through various standing and ad hoc subcommittees. Sixteen community based inter-disciplinary child abuse councils interface with ICAN and provide valuable information to ICAN regarding many child abuse related issues. ICAN

Associates is a private non-profit corporation of volunteer business and community members who raise funds and public awareness for programs and issues identified by ICAN. In 1996, ICAN was designated as the National Center on Child Fatality Review by the U.S. Department of Justice.

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

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

For further information contact:
Inter-Agency Council on Child Abuse & Neglect
4024 N. Durfee Road
El Monte, CA 91732
(626) 455-4585 Fax (626) 444-4851

Deanne Tilton
ICAN Executive Director

Penny Weiss
ICAN Assistant Director

J.Betty Bell
ICAN Associates Project Director

Eddie Shulman
ICAN Program Analyst

Tish Sleeper
ICAN Program Analyst

John Langstaff
ICAN Program Analyst

Camile Salas
Administrative Assistant

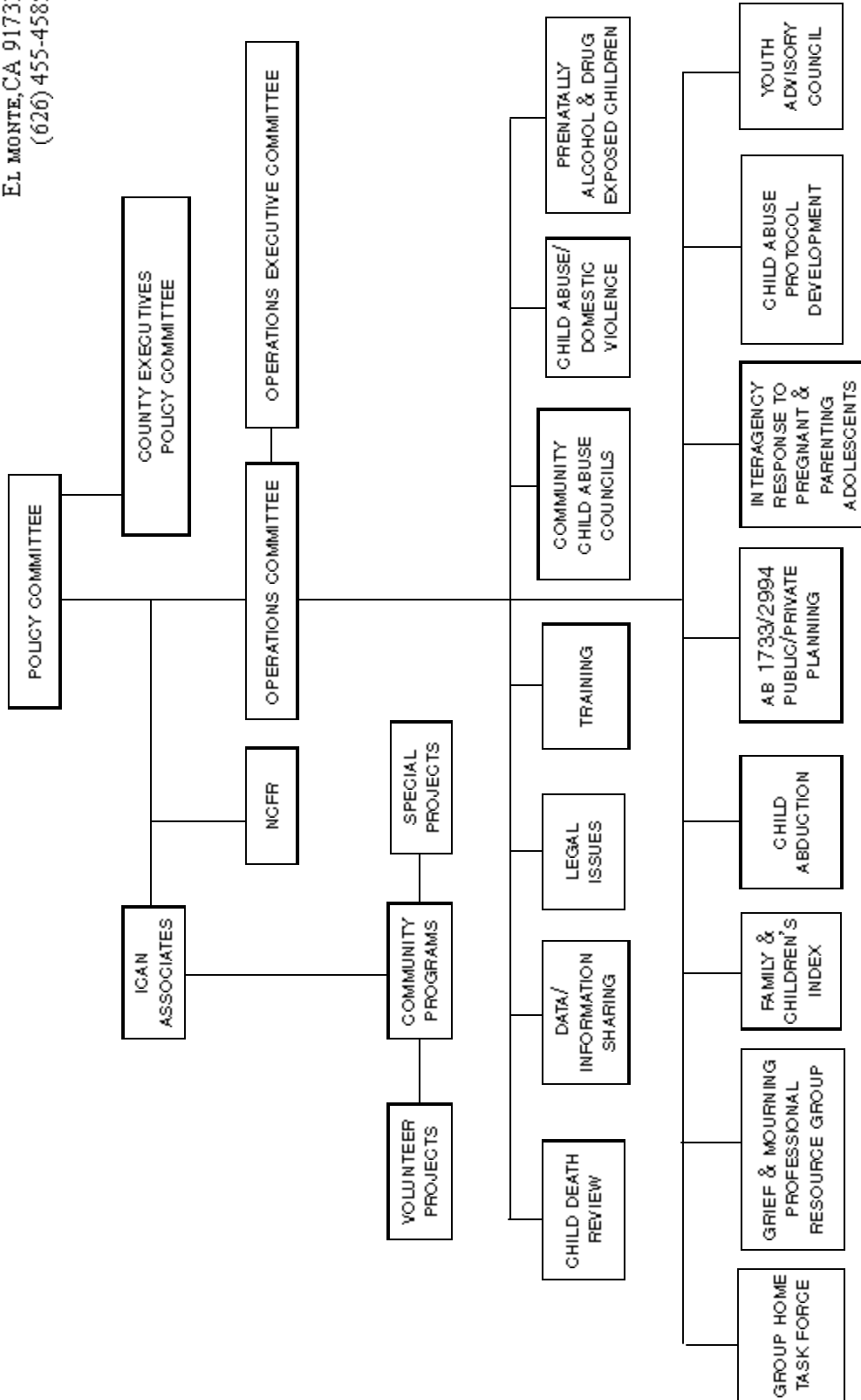
Tammi Taylor
ICAN Associates Development Manager

Sabina Alvarez
ICAN Secretary

Yolanda Barros
ICAN Secretary

ICAN DATA ANALYSIS REPORT FOR 2001

INTER-AGENCY COUNCIL ON CHILD
 ABUSE AND NEGLECT (ICAN)
 4024 N. DURFEE AVENUE
 EL MONTE, CA 91732
 (626) 455-4585



POLICY COMMITTEE

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

COUNTY EXECUTIVES POLICY COMMITTEE

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

OPERATIONS COMMITTEE

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

OPERATIONS EXECUTIVE COMMITTEE

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

ICAN ASSOCIATES

Private incorporated fundraising arm and support organization for 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 Roxie Roker Memorial Fund, L.A. City Marathon fundraiser, MacLaren Holiday Party and countywide Children's Poster Art Contest. Promotes projects developed by ICAN (e.g., Family and

Children's Index). (Meets monthly)

CHILD DEATH REVIEW TEAM

Provides Multiagency review of intentional and preventable child deaths for better case management and for system improvement. Issues 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 monthly)

TRAINING

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

CHILD ABUSE COUNCILS

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

CHILD ABUSE/DOMESTIC VIOLENCE

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

PRENATALLY ALCOHOL/DRUG EXPOSED CHILDREN

Works to improve the system rendering services to drug/alcohol exposed children and their families. Provides training on evaluating needs of prenatally substance exposed infants and their families; assists in developing and identifying resources to serve drug impacted families. (Meets monthly)

GRIEF AND MOURNING PROFESSIONAL RESOURCE GROUP

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

FAMILY AND CHILDREN'S INDEX

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

CHILD ABDUCTION

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

AB 1733/AB 2994 PLANNING

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

INTERAGENCY RESPONSE TO PREGNANT AND PARENTING ADOLESCENTS

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

CHILD ABUSE PROTOCOL DEVELOPMENT

Develops a countywide protocol for interagency response to suspected child abuse and neglect. (Meets monthly, no set day)

GROUP HOME TASK FORCE

Developed an out-of-home placement monitoring system. Assessed current monitoring systems for out-of-home placements and based on this assessment, created an MOU between the Department of Children and Family Services, Los Angeles County Auditor-Controller, Los Angeles County

Chief Administrative Office, Los Angeles County Probation Department and California Department of Social Services, Community Care Licensing Division. (Meets monthly)

NCFR

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

CHILD AND ADOLESCENT SUICIDE STUDY GROUP

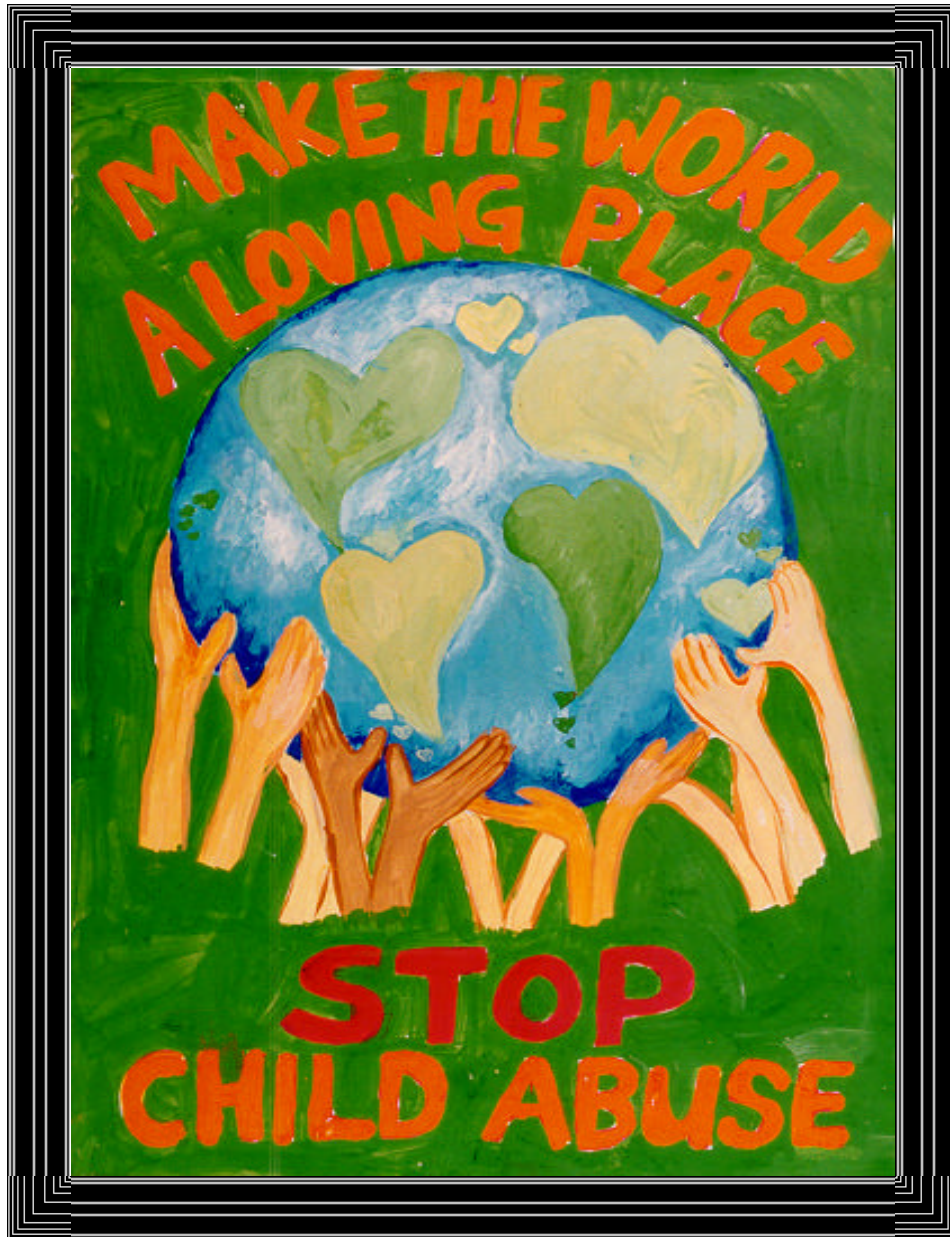
Multi-disciplinary sub-group of the ICAN Child Death Review Team. Reviews child and adolescent suicides. Analyzes trends and makes recommendations aimed at the recognition and prevention of suicide and suicidal behaviors. (Meets monthly)

YOUTH ADVISORY COUNCIL

Committee comprised of youth ages 15 - 24 dedicated to working on projects aimed at reducing family violence. Council also helps to advise the work of other ICAN committees to ensure that a youth perspective is included. (Meets monthly)



YOUTH DEMOGRAPHICS • SELECTED FINDINGS
CONCLUSIONS • RECOMMENDATIONS



JEAN MIN
TOPEKA DRIVE SCHOOL



YOUTH DEMOGRAPHICS

This year, we are again pleased to have data on overall youth demographics for Los Angeles County. These figures are provided by the State of California, Department of Finance. The data are presented here to give the reader a baseline of youth age from

which to draw comparisons when examining other data presented by the various agencies represented in this book.

Figure 1

**POPULATION ESTIMATE BY AGE
Los Angeles County, 1992 - 2000**

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

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

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

Figure 2

**POPULATION ESTIMATE BY AGE
Los Angeles County, 1992 - 2000**

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

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



Figure 3

**POPULATION ESTIMATE BY RACE/ETHNICITY FOR YOUTH AGES 17 AND UNDER
Los Angeles County, 1992 - 1999**

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

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

Figure 4

**POPULATION ESTIMATE BY RACE/ETHNICITY FOR YOUTH AGES 17 AND UNDER
Los Angeles County, 1992 - 1999**

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

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





SELECTED FINDINGS

Child Abuse and Disabilities

- Statewide reports of abuse of children with identified developmental disabilities dropped from 175 in 1999 to 163 in 2000, a decrease of 6.9%.
- In Los Angeles County, reports of abuse of children with identified developmental disabilities dropped from 59 in 1999 to 40 during 2000, a decrease of 32.2%.

Department of Public Social Services

- The Food Stamps Only (FSO) caseload dropped by 12,403 (12.1%).
- The Medi-Cal Assistance Only (MAO) caseload increased by 16,147 (1.8%).
- The total number of persons receiving aid (total aided persons = 1,769,878) increased by 1,806 (0.1%) between December 1999 and December 2000.
- DPSS made 41 more referrals to DCFS during 2000 than in 1999, an increase of 5.8% (751 total referrals).
- During 2000, the number receiving assistance through the CalWORKS - 2 Parent program increased to 133,810 compared to 1999's 131,566.

Department of Children and Family Services

- 151,108 Emergency Response (ER) child case openings/assessments occurred in 2000, a 3.1% increase over the 146,583 openings/assessments in 1999.
- Of the opened referrals, 141,502 (93.2%) were closed because the Children's Social Worker (CSW) concluded that the child(ren) and family did not require ongoing protective services.
- 151,108 ER child case openings/assessments occurred in 2000:
 - 43,217 (28.6%) were general neglect;
 - 28,257 (18.7%) were at "At Risk, Sibling

- Abuse" and "Substantial Risk;"
- 26,897 (17.8%) were physical abuse;
- 21,608 (14.3%) were emotional abuse;
- 14,053 (9.3%) were caretaker absence/incapacity;
- 13,298 (8.8%) were sexual abuse;
- 3,475 (2.3%) were severe neglect; and
- 303 (0.2%) were exploitation.
- When general neglect, severe neglect, and caretaker absence/incapacity are combined, this category accounts for 40.2% of the total ER reasons for service for 2000.
- The total end-month caseload for December 2000 (that is, total ER, FM, FR, and PP children under supervision) was 54,651, down 15.5% from the total caseload of 64,656 in December of 1999.
- 40.2% of the caseload were African American; 39.1% were Hispanic; 16.1% were White; 2.4% were Asian/Pacific Islander; 0.5% were American Indian/Alaskan Native; 0.4% were Filipino; and 1.3% were Other.
- The age groups served by DCFS were: 12.9% age 0-2 years; 10.2% age 3-4 years; 29.7% age 5-9 years; 23.6% age 10-13 years; and 23.6% age 14 and older.
- A total of 38,273 children were in Out-of-Home care as of December 31, 2000, a decline of 21.3% from 1999. 47.8% were placed with relatives; 19.5% were placed in Foster Family Agency Homes; 10.5% were placed in Foster Homes; and 5.6% were placed in Group Homes. The remainder were placed in Small Family Homes, with Non-Related Legal Guardians, on Trial Visits in the home of parents, in MacLaren Children's Center, Other (Tribal, Medical Facility, Court Specified), in prospective adoptive homes pending finalization, or



were AWOL.

- Adoptive placements rose by 342 children to 2,874 in 2000 (a 13.5% increase over 1999).

Los Angeles County Superior Court- Juvenile Dependency Court*

- 8,015 WIC 300 cases were filed in 2000, a 10.1% decrease from 1999, continuing a trend of fewer new WIC 300 filings each year since 1996.
- Total calendar year filings declined by 11.8%, while total petitions and reviews were up 2.4% over 1999.
- Subsequent WIC 342 petitions decreased by 1,051 (19.5%) from 1999, while supplemental WIC 387 and WIC 388 petitions decreased by 223 (5.5%) from 1999.
- Suitable Placement orders (ordering children to homes other than that of a parent) at disposition were made on 4,640 (67.0%) of cases in 2000. In 1999, Suitable Placement orders were made on 66.3% of the cases at disposition.
- 17,519 children had their cases/jurisdiction terminated in 2000, 5,486 (45.6%) more than in 1999.
- 9,504 more children exited the court system than entered in 2000.

*Section 300 of the California Welfare and Institutions Code (WIC) outlines the circumstances under which DCFS and/or law enforcement agencies may petition the Juvenile Dependency Court to assume temporary custody of at-risk minors.

A WIC 342 subsequent petition is filed when a new allegation is made regarding a child already under the court's jurisdiction. For example, a child who has been declared a dependent of the court due to physical abuse subsequently discloses that he or she was sexually abused as well.

A WIC 387 supplemental petition is filed to change or modify a previous order to remove a minor from the physical custody of a parent, guardian, relative, or friend and

direct placement in a foster home, or commitment to a private or county institution.

A WIC 388 supplemental petition allows a parent, another person having an interest in a child, or the child to state facts sufficient to support any change of circumstance or new evidence which would require a change of a previous order or termination of jurisdiction.

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

- FCB investigated 3,136 cases involving 3,901 alleged victims of child abuse in 2000, up from 3,754 alleged victims investigated in 1999 (a 3.9% increase).
- 2,649 of the alleged victims were female (67.9%). 1,554 (39.9%) of the total victims were age 9 years or younger.
- 2,177 (55.8%) of the FCB investigations were for sexual abuse, while 1,724 (44.2%) were for physical abuse.
- Of the sexual abuse cases investigated, 94.3% of the suspects were male; of the physical abuse cases, 57% were male.
- 2,047 cases (65.3% of all year 2000 cases investigated) were submitted to the District Attorney's Office for review, with 45.3% filed and 54.7% rejected.

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

Los Angeles Police Department*
Abused Child Unit**

- The Abused Child Unit (ACU) investigated a total of 1,694 crimes in 2000, a 4.7% decrease from 1999; 814 (48.0%) were for physical abuse; 447 (26.4%) were for sexual abuse and 425 (25.1%) were for endan-



germent. The Unit also investigated 8 homicides in 2000 (11 homicides were investigated by ACU in 1999).

- ACU arrested 245 persons for abuse in 2000, a decrease of 45.4% from 1999 (following a 53.8% increase in ACU arrests in 1999 over 1998); 107 were arrested for child molestation; 81 for child endangering; 48 for physical abuse; and 9 for homicide.
- ACU filed WIC 300 petitions with the dependency court on behalf of 1,679 children in 2000 (a 10.3% decrease from 1999). 50.7% were due to child endangering; 33.4% were due to physical abuse; and 15.9% were due to sexual abuse.

Geographic Areas

- In the geographic areas of LAPD, a total of 2,907 crimes were investigated. Of the 2,907 crimes investigated, 221 (7.6%) were for physical abuse; 1,669 (57.4%) were for sexual abuse/child annoying; and 1,017 (35.0%) were for endangerment.
- In LAPD geographic areas, 582 suspects were arrested for child abuse offenses in 2000. Of the 582 arrests, 531 (91.2%) were for sexual abuse; 25 (4.3%) were for child endangering; and 26 (4.5%) were for physical abuse.

Combined Abused Child Unit and Geographic Areas

- Total year 2000 investigations increased by 3.9% over 1999.
- Total year 2000 child abuse arrests increased by 20.4% over 1999.
- Total year 2000 WIC 300 Dependency Court filings by LAPD declined by 0.9% from 1999.

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

LAPD is divided into 18 geographic areas. Each geographic area station is responsible for investigation of unfit homes,

child endangering and dependent children cases, as well as cases in which the perpetrator is not a parent, step-parent, legal guardian, or common-law spouse. Geographic area stations also investigate cases in which the child receives an injury but is not the primary object of the attack. Cases which do not meet the established criteria of the Abused Child Unit are also investigated by the geographic area stations.

Los Angeles County District Attorney's Office

- Total child abuse crimes submitted for filing to the District Attorney's Office during 1999 reflected a decrease of 4% in felonies from 1998, and a 10% decrease in misdemeanors submitted for filing.
- During 2000, 2,483 (65.5%) child abuse cases presented by law enforcement agencies were filed by the District Attorney's Office, while 1,306 (34.5%) were declined. In 1999, 2,431 (58.8%) were filed and 1,703 (41.2%) were declined.
- 400 cases of 288(a) PC, Lewd Act with a Child Under the Age of 14, sought against adult defendants were declined during 2000. In 1999, 783 such cases were declined.

Probation Department

- The number of adult referrals received for child abuse offenses decreased 3.5%, from 856 in 1999 to 826 in 2000.
- Juveniles referred for child abuse offenses increased from 433 in 1999 to 738 in 2000, an increase of 70.4%.
- 784 juveniles were under supervision for child abuse offenses in 2000, up 47.9% from 530 in 1999.
- The vast majority of adults and juveniles referred to Probation for child abuse offenses were for sexual abuse offenses: 1,365 of 1,564 total referrals (87%).

California Department of Justice - Child Abuse Program

- In 2000, a total of 6,146 Los Angeles

County reports of child abuse and neglect investigations were entered in the Child Abuse Central Index (CACI), compared with 8,100 reports entered in CACI in 1999, a decline of 24.1%. Los Angeles County reports accounted for 15.1% of the state total of 40,728 during 2000.

- 53.3% of Los Angeles County's 2000 CACI entries were for physical abuse, 30.1% were for sexual abuse, and the rest (16.7%) were for severe neglect and mental abuse. 4 child deaths from Los Angeles County were entered in CACI in 2000, down from 14 deaths entered in 1999.

Department of Coroner

- In 2000, 254 cases of child death were reported by the Coroner to ICAN for tracking and follow-up. Cases are reported by the Coroner to ICAN in accordance with a protocol established by ICAN and the Coroner to identify deaths most likely related to child abuse and neglect. The data do not represent the total number of child deaths in Los Angeles County.

- 35 cases of homicide by caregiver were reported to ICAN during 2000, compared with 44 during 1999.

- 23 suicides by youth were reported during 2000, compared with 27 during 1999.

Department of Mental Health - Children's System of Care

- The number of Mental Health clients under the supervision of the juvenile justice system in 2000 was 4,842, an increase of 34.3% over the 3,606 Mental Health clients under the supervision of the juvenile justice system during 1999.

- 39,922 children and youth received Short-Doyle Mental Health services in Fiscal Year 1999-2000, an increase 15,062 (60.6%) over FY 1998-1999.

- The Mental Health AB1733/2994 Family Preservation and Child Abuse Prevention Program served 1,801 clients in 1999-2000, compared with 948 the previous year, an increase of 90.0%.

- Of the 39,922 children and youth served during 1999-2000 under Short-Doyle Medical funding, the Department of Children and Family Services was the Agency of Primary Responsibility in 23.9% of the cases, and the Probation Department was the Agency of Primary Responsibility in 7.6% of the cases.

- Of the 39,922 children and youth served during 1999-2000 under Short-Doyle Medical funding, 34.1% were Hispanic, 29.6% were African American, 18.3% were Caucasian, 3.1% were Asian and 13.6 % were Unknown/Missing ethnicity.

Department of Health Services

Data on Substance Exposed Newborns Assessed at Risk of Endangerment provided by the Department of Health Services' Child Abuse Prevention Program (CAPP):****

- A total of 470 reports of substance exposed newborns were collected by DHS CAPP during 2000, an increase of 235 (100%). King-Drew Medical Center (n=82) reported the greatest number of cases followed by LAC+USC Medical Center (n=73), Harbor-UCLA Medical Center (n=48) and California Medical Center (n=36). In all, 28 hospitals reported at least one substance exposed newborn to CAPP during 2000, compared with 17 during 1999.

- The most often reported substance use/abuse by mothers was cocaine/crack (n=296) followed by marijuana (n=127), amphetamine (n=77) and methamphetamine (n=47).

- Of the 1,868 deaths of youth age 21 years and younger reported for 1999, 1,016 (54.4%) were among children age 4 years and younger, and 45.0% were under age 1 year.

- Male infant mortality rates declined from 8.7 per 1,000 live births in 1990 to 5.8 per 1,000 live births in 1999, and the female infant mortality rate declined from 7.3 per



1,000 live births in 1990 to 4.9 per 1,000 live births in 1999.

- The African American infant mortality rate during 1999 was 10.5 per 1,000 live births; for White infants the rate was 5.2 per 1,000 live births; for Hispanic infants the rate was 5.0 per 1,000 live births; and among Asian infants the rate was 3.7 per 1,000 live births.

****Limited specific child abuse data are available in CAPP since an efficient and effective data collection system is still in development within DHS. The substance exposed newborn assessed at risk of endangerment should be interpreted with caution, and not be generalized to the county as whole. It can only be used to suggest trends, rather than point to definitive conclusion.

Countywide indicators reflect data available through 1999.

Child Advocates Office

- The Child Advocates Office's Court Appointed Special Advocates (CASA) represented 933 children in FY 2000-2001, an increase of 12.3% over 1999-2000.

Community Care Licensing Division

- The California Department of Social Services Community Care Licensing Division (CCL) licensed 17,125 Los Angeles County facilities with a total capacity of 277,993 children during 2000, compared with 15,152 facilities with a capacity of 263,106 children during 1999.

- The CCL Legal Office closed 168 Los Angeles County cases involving allegations of abuse, severe neglect or child death in 2000, compared with 114 cases closed by the legal division in 1999, an increase of 47.4%.





CONCLUSIONS

A mixture of increases and decreases in child abuse/child welfare-related data among agencies in Los Angeles County occurred during 2000. A selected summary of increases and decreases noted during 2000 includes:

Increases Reported:

Children and Family Services

- Emergency response case openings/assessments increased by 3.1% over 1999, to 151,108.
- Adoptive placements continued a multi-year upward trend, increasing by 342 children to 2,874 in 2000, an increase of 13.5%.

Department of Public Social Services

- The total number of persons receiving aid (total aided persons = 1,769,878) increased by 1,806 (0.1%) between December 1999 and December 2000.
- The Medi-Cal Assistance Only (MAO) caseload increased by 16,147 (1.8%).
- DPSS made 41 more referrals to DCFS during 2000 than in 1999, an increase of 5.8% (751 total referrals).
- During 2000, the number receiving assistance through the CalWORKS - 2 Parent program increased to 133,810 compared to 1999's 131,566.

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- 17,519 children had their cases/jurisdiction terminated in 2000, 5,486 (45.6%) more than in 1999.
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1999 (a 3.9% increase).

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- In LAPD geographic areas, 582 suspects were arrested for child abuse offenses in 2000. Of the 582 arrests, 531 (91.2%) were for sexual abuse, 25 (4.3%) were for child endangering, and 26 (4.5%) were for physical abuse.
- Total year 2000 combined Geographic Areas and Abused Child Unit investigations increased by 3.9% over 1999.
- Total year 2000 combined Geographic Areas and Abused Child Unit child abuse arrests increased by 20.4% over 1999.

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Decreases Reported:

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- ACU arrested 245 persons for abuse in 2000, a decrease of 45.4% from 1999 (following a 53.8% increase in ACU arrests in 1999 over 1998); 107 were for child molestation, 81 were for child endangering, 48 were for physical abuse and 9 were arrested for homicide.
- A total of 1,679 children had WIC 300 petitions filed with the dependency court by ACU on their behalf in 2000 (a 10.3% decrease from 1999). 50.7% were due to child endangering, 33.4% were due to physical abuse and 15.9% were due to sexual abuse.



Probation Department

- The number of adult referrals received for child abuse offenses decreased 3.5%, from 856 in 1999 to 826 in 2000.

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- Male infant mortality rates declined from 8.7 per 1,000 live births in 1990 to 5.8 per 1,000 live births in 1999, and the female infant mortality rate declined from 7.3 per 1,000 live births in 1990 to 4.9 per 1,000 live births in 1999.

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- Statewide reports of abuse of children with identified developmental disabilities dropped from 175 in 1999 to 163 in 2000, a decrease of 6.9%.
- In Los Angeles County, reports of abuse of children with identified developmental disabilities dropped from 59 in 1999 to 40 during 2000, a decrease of 32.2%.

Department of Coroner

- Child homicide by caregivers decreased to 35 in 2000, compared with 44 in 1999.





RECOMMENDATIONS

Recommendation One: Child Abuse and Domestic Violence

RECOMMENDATION:

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

RATIONALE:

There is growing consensus that child abuse is part of the continuum of domestic violence within families. Family violence frequently does not involve only violence between domestic partners or against children; frequently there is a nexus between intimate partner violence and child abuse. Case data on this nexus would help to assess the extent to which children are exposed to family violence and would aid planning and protocol development efforts among county departments and private sector agencies which serve these children and families.

Recommendation Two: Protocol for Responding to Domestic Violence

RECOMMENDATION:

An ICAN Task Force to develop protocols for the response to domestic violence when children reside in the home should be convened by the Department of Children and Family Services, Sheriff's Department, Los Angeles Police Department, District Attorney's Office, City Attorney's Office,

Department of Community and Senior Services Domestic Violence Unit and representatives from the independent police agencies. In addition, County Counsel, Department of Public Social Services, Office of Education, Department of Health Services, Department of Mental Health, Probation Department and Los Angeles County Prosecutors Association should participate as needed with this Task Force. It is further recommended that ICAN invite the Los Angeles County Domestic Violence Council to jointly participate in this effort.

RATIONALE:

SB961 was recently returned to the California State Legislature without Governor Davis' signature. The bill would have required child protective agencies, in collaboration with local law enforcement, to develop protocols for responding to domestic violence in homes where children reside. In his letter to the Legislature regarding return of this bill, Governor Davis wrote: "Although I fully support collaboration between agencies in cases involving domestic violence where children are present in the home, I believe the goals of this bill can be accomplished through existing resources. Specifically, the Office of Criminal Justice Planning (OCJP) provides nearly \$3 million a year of federal funding to 25 counties across the state for the Violence Against Women Vertical Prosecution Program (VAW-VP). Therefore, I am directing the OJCP to require VAW-VP grantees to develop these protocols as a condition of receiving this funding."

Despite the bill's return to the Legislature, the need for collaborative approaches to responding to domestic violence remains

vital. Each agency listed has contact with a significant number of families with histories of domestic violence and child abuse. Therefore, collaborative development of comprehensive strategies for dealing with such families is imperative. Protocol development would serve to identify available services as well as gaps in relevant child abuse and domestic violence-related services.

Recommendation Three: Reporting on Recidivism

RECOMMENDATION:

In the 2000 State of Child Abuse in Los Angeles County report, the following recommendation was approved by the ICAN Policy Committee:

Recommendation Two: Reporting on Recidivism

The Department of Children and Family Services is encouraged to design and develop a system for collecting and reporting data on recidivism, as well as any other relevant, collectible data elements related to: 1) the number of former WIC 300 dependents who are declared dependents again following termination of jurisdiction; and 2) the number of children placed in adoptive homes, with dependency court jurisdiction terminated and for whom a Final Decree of Adoption was granted, who are subsequently declared WIC 300 dependents. These data should include reasons for their re-entry into the dependency court system, i.e., what categories of abuse and/or neglect were alleged and sustained in court.

Rationale:

The Department of Children and Family Services offers a variety of services to its client-families aimed at altering dysfunctional behavior which brought the child(ren) and family into the dependency system. "Success" could be defined in these cases as successfully completing court-ordered services and pro-

grams outlined in the case plan, and having court jurisdiction terminated. Data on recidivism would help to evaluate the long-term effectiveness of services and programs, and point to those correlated with long-term successful family functioning. In adoptions, the same rationale is true.

CDSS, as the owner and manager of the Child Welfare Services/Case Management System (CWS/CMS), must coordinate with DCFS to provide the requested data.

Data on recidivism has not been collected or published at this time. Therefore, it is recommended that DCFS collect the requested data and report back on its findings at the November, 2002, meeting of the ICAN Policy Committee, and yearly at the November Policy Committee meetings thereafter. It is also recommended that, to the extent possible, DCFS track data including identifying information on re-reporting of cases previously found to be inconclusive or unfounded.

RATIONALE:

The rationale for the request made in the 2000 report remains relevant; information on recidivism could highlight successful programs and services, identify system improvements or areas of needed improvement, and provide one measure of the effectiveness of services provided to improve family functioning and to ensure long-term stability and permanence for children under DCFS supervision. Tracking of inconclusive or unfounded cases will be a critical factor in assessing the effectiveness of the Proposition 10 Child Abuse Prevention Initiative.

Recommendation Four: Program Performance Outcome Data

RECOMMENDATION:

ICAN agencies are encouraged to collect and report program performance outcome data reflecting improvement in services



delivery related to the well being of children, families and caregivers.

RATIONALE:

ICAN agencies provide a variety of programs and services designed to improve the well being of their client children and families. Agencies generally have measures of performance related to the services provided. The successful provision of these services, as well as available outcome data, should be documented and reported publicly.

Recommendation Five: Identification of Children with Disabilities

RECOMMENDATION:

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

RATIONALE:

The most recent national research on child abuse among children with disabilities found that there is an increased incidence rate of 3.4 times that of children with no identified disabilities. Data is not available from Los Angeles County agencies on children with disabilities. They are more vulnerable than other children and continue their heightened vulnerability throughout their childhoods. This recommendation is intended to assure that children with disabilities are specifically identified when they enter the child protective services system. Implementation of this recommendation would initiate a body of information about how children with disabilities are served in Los Angeles County when they are referred for child abuse and neglect. Further, we could learn of the incidence of disability as a direct result of abuse and neglect.

Recommendation Six: Data on Children with Disabilities

RECOMMENDATION:

The Department of Children and Family Services (DCFS) should convene a liaison team to resolve problems in the identification of children with disabilities, as well as collection and reporting of data regarding this vulnerable population. DCFS might work with the Area X Board on Developmental Disabilities, for example, which has a written plan to address child abuse. The Area Board oversees the seven Regional Centers in Los Angeles County. Other collaborative entities should include the Los Angeles City Department on Disability, the Los Angeles County Office of Education, the Los Angeles Unified School District, and the County Departments of Mental Health and Health, as well as the OCJP-funded CAN/DO (Child Abuse and Neglect/Disability Outreach) Project. The Americans with Disabilities Act could be used as a guideline for refining disability categories.

RATIONALE:

All children with disabilities (approximately 12% of the child population) should receive attention, not only those with developmental disabilities (approximately 4% of the child population). To assure uniformity among data collectors, teams convene to establish how definitions and categories are developed, agree upon definitions and categories, and develop simple methods to update existing data collection forms and processes. A multi-agency, team approach is needed to ensure that children with disabilities are properly identified by DCFS and its community and public agency partners.

Recommendation Seven: Follow-up

RECOMMENDATION:

ICAN agencies identified in any recommendation contained in the annual Data and Information Sharing Committee Report, *The*

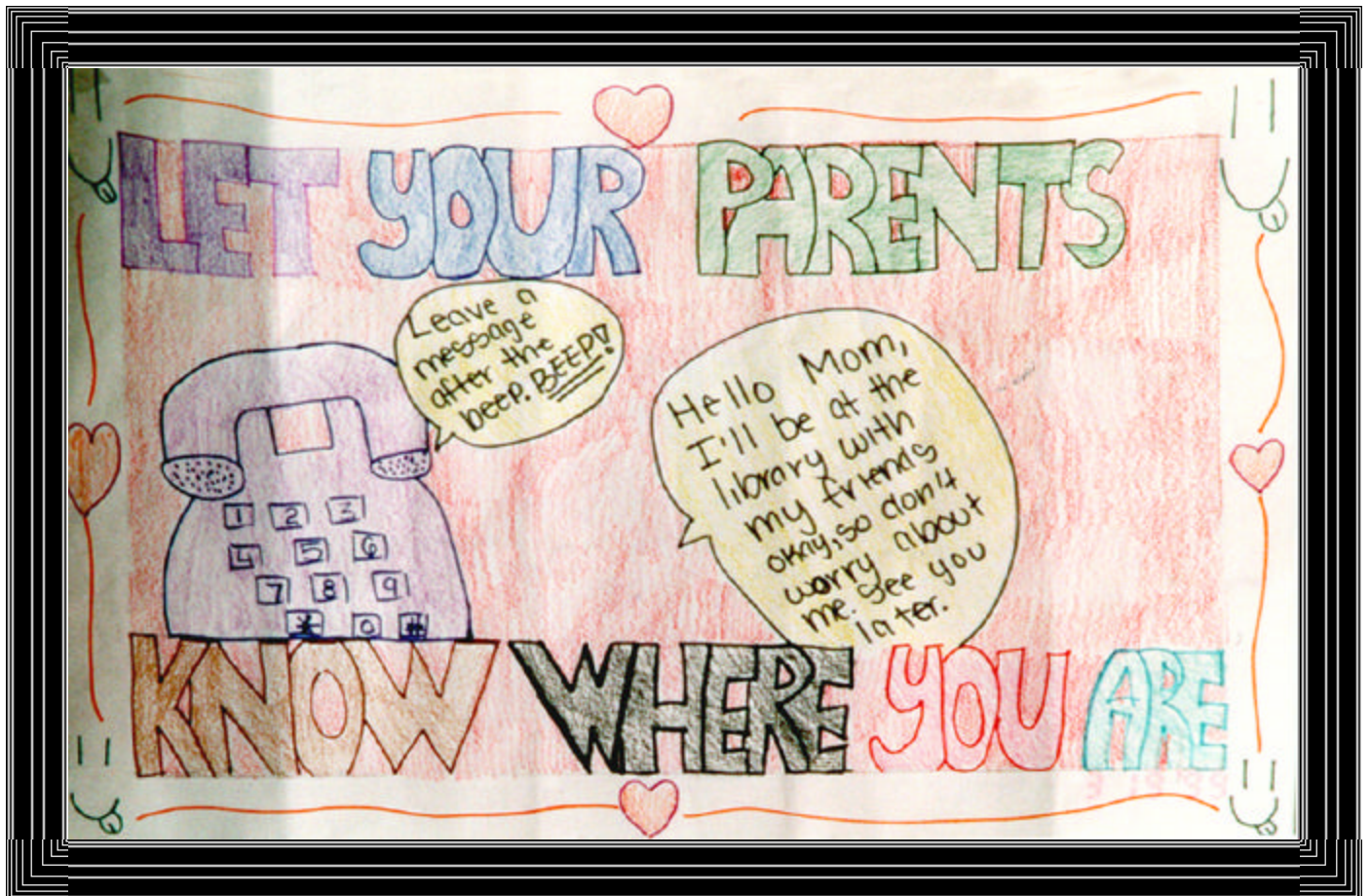
State of Child Abuse in Los Angeles County, should provide information on their agency's follow-up action in response to the approved recommendation. Information on follow-up action taken should be included in the agency data statement submitted to ICAN for inclusion in *The State of Child Abuse in Los Angeles County* for the subsequent year.

RATIONALE:

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



AN ANALYSIS OF INTER-AGENCY DATA COLLECTION



ANNA URQUIZA
HAWTHORNE



AN 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 *2001 State of Child Abuse in Los Angeles County* report presents data unique to each agency which may include the type of abuse/neglect involved, detailed information on the victim, or the extent of the agency's work. This special inter-agency section of the report attempts to show the data connections which exist between agencies and information areas which could be expanded.

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

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

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

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

I. List of Child Abuse and Neglect Sections

Figures 1 and 2 list criminal offense code sections, identifying relevant child abuse

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

II. Flow Charts

Flow Charts were developed to:

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

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



Figure 1

CHILD ABUSE/NEGLECT OFFENSES BY CATEGORY

Child Abuse/Neglect Category	Offense Code	Felony/ Misd.	Description
*Physical Abuse	187PC	F	Murder
*Physical Abuse	192PC	F	Manslaughter
Physical Abuse	A207(B)PC	F	Att Kidnap Child Under 14.
Physical Abuse	207(B)PC	F	Kidnap Child Under 14 Yrs of Age.
Physical Abuse	273dPC	F	Inflict Injury Upon Child.
Physical Abuse	273dPC	M	Inflict Injury Upon Child.
Sexual Abuse	A288PC	F	Attempt Lewd Acts With Child.
Sexual Abuse	220/288PC	F	Aslt To Comm Lewd Acts With Child.
Sexual Abuse	261.5PC	F	Unlawful Sexual Intercourse Minor.
Sexual Abuse	261.5PC	M	Unlawful Sexual Intercourse Minor.
Sexual Abuse	**264.1PC	F	Aid'g/Abett'g Rape Penetration w/ For. Object
Sexual Abuse	**285PC	F	Incest.
Sexual Abuse	286(B)(1)PC	F	Sodomy With Person Under 18 Yrs.
Sexual Abuse	286(B)(1)PC	M	Sodomy With Person Under 18 Yrs.
Sexual Abuse	286(B)(2)PC	F	Sodomy With Person Under 16 Yrs.
Sexual Abuse	286(C)PC	F	Sodomy Pers Under 14 or With Force
Sexual Abuse	288(A)PC	F	Lewd Acts With Child Under 14.
Sexual Abuse	288(B)PC	F	Lewd Act With Child Under 14 Force.
Sexual Abuse	288A(B)1PC	F	Oral Copulation Person Under 18.
Sexual Abuse	288A(B)1PC	M	Oral Copulation Person Under 18.
Sexual Abuse	288A(B)2PC	F	Oral Copulation Person Under 16.
Sexual Abuse	288A(C)PC	F	Oral Copulation Person Under 14/10 Year Diff.
Sexual Abuse	288.2(A)PC	F	Providing Lewd Material to Minor.
Sexual Abuse	288.2(A)PC	M	Providing Lewd Material to Minor.
Sexual Abuse	288.5(A)PC	F	Continuous Sexual Abuse of Child.
Sexual Abuse	**289(A)PC	F	Sex Penetration Foreign Object With Force.
Sexual Abuse	**289(B)PC	F	Sex Penetration Foreign Object Incomp.
Sexual Abuse	647.6PC	F	Annoy or Molest Child/With Priors.
Sexual Abuse	647.6PC	M	Annoying or Molesting Child.
General Neglect	270PC	M	Failure to Provide.
General Neglect	270.5(A)PC	M	Failure to Accept Minor Child Into Home.
General Neglect	272PC	M	Contribute Delinquency Minor.
General Neglect	273ePC	M	Send Minor to Improper Place.
General Neglect	273fPC	M	Send Minor to Immoral Place.

AN ANALYSIS OF INTER-AGENCY DATA COLLECTION



Child Abuse/Neglect Category	Offense Code	Felony/Misd.	Description
General Neglect	273gPC	M	Immoral Acts Before Child.
General Neglect	313.1(A)PC	M	Give Harmful Matter to Child.
General Neglect	277PC	F	Deprive Custody Right of Another.
General Neglect	278.5(A)PC	F	Violation of Custody Decree.
General Neglect	278.5(A)PC	M	Violation of Custody Decree.
General Neglect	278.5(B)PC	F	Violation of Custody/Visitation Decree.
Severe Neglect	273a(a)PC	F	Willful Cruelty to Child/Endangerment.
Severe Neglect	273a(a)PC	M	Willful Cruelty to Child/Endangerment.
Severe Neglect	273a(b)PC	M	Willful Cruelty to Child/Endangerment.
Severe Neglect	278PC	F	Child Stealing.
Severe Neglect	280(A)PC	M	Remove Conceal Child Subject to Adopt.
Severe Neglect	280(B)PC	F	Remove Conceal Child Subject to Adopt.
Exploitation	266jPC	F	Procure Child Under 14 Fem Lewd Acts.
Exploitation	266PC	F	Seduce Minor Fem For Prost.
Exploitation	266PC	M	Seduce Minor Fem For Prost.
Exploitation	267PC	F	Abduct Minor For Prostitution.
Exploitation	311.10(A)PC	F	Ad/Dist Obscene Mat Depict Minor.
Exploitation	311.11(A)PC	M	Poss/Control Child Pornography.
Exploitation	311.11(B)PC	F	Obs Matter Depict Minor W/Prior.
Exploitation	311.2(B)PC	F	Obscene Matter Depict One Under 18.
Exploitation	311.2(B)PC	M	Obscene Matter Depict One Under 18.
Exploitation	311.3(A)PC	F	Depict Sex Conduct Child Under 14.
Exploitation	311.3(A)PC	M	Depict Sex Conduct Child Under 14.
Exploitation	311.4(A)PC	M	Use Minor For Obscene Matter.
Exploitation Matter.	311.4(B)PC	F	Use Minor Under 17 For Obscene
Exploitation Matter.	311.4(C)PC	F	Use Minor Under 17 For Obscene
Caretaker Absence	271APC	F	Abandon Nonsupp Etc Child Under 14.
Caretaker Absence	271APC	M	Abandon Nonsupp Etc Child Under 14.
Caretaker Absence	271PC	F	Desert Child Under 14 With Int Aband.
Caretaker Absence	271PC	M	Desert Child Under 14 With Int Aband.

* If information available from ICAN Child Death Review Team.

** If victim under 18.



Figure 2

CHILD ABUSE/NEGLECT OFFENSES BY CODE

Offense Code	Felony/ Misd.	Description	Child Abuse/Neglect Category
187PC	F	Murder	*Physical Abuse
192PC	F	Manslaughter	*Physical Abuse
A207(B)PC	F	Att Kidnap Child Under 14.	Physical Abuse
A288PC	F	Attempt Lewd Acts W/ Child.	Sexual Abuse
207(B)PC	F	Kidnap Child Under 14 Yrs of Age.	Physical Abuse
220/288PC	F	Aslt to Comm Lewd Acts W/ Child.	Sexual Abuse
261.5P	F	Unlawful Sexual Intercourse Minor.	Sexual Abuse
261.5PC	M	Unlawful Sexual Intercourse Minor.	Sexual Abuse
264.1PC	F	Aiding/Abetting Rape Penetration W/For. Obj.	Sexual Abuse
266jPC	F	Procure Child Under 14 For Lewd Acts.	Exploitation
266PC	F	Seduce Minor Fem For Prost.	Exploitation
266PC	M	Seduce Minor Fem For Prost.	Exploitation
267PC	F	Abduct Minor For Prostitution.	Exploitation
270PC	M	Failure to Provide.	Gen'l. Neglect
270.5(A)PC	M	Failure to Accept Minor Child Into Home.	Gen'l. Neglect
271APC	F	Abandon Nonsupp Etc Child Und 14.	Caretaker Absence
271APC	M	Abandon Nonsupp Etc Child Und 14.	Caretaker Absence
271PC	F	Desert Child Under 14 W Int Aband.	Caretaker Absence
271PC	M	Desert Child Under 14 W Int Aband.	Caretaker Absence
272PC	M	Contribute Delinquency Minor.	Gen'l. Neglect
273a(a)PC	F	Willful Cruelty to Child/Endangerment.	Severe Neglect
273a(a)PC	M	Willful Cruelty to Child/Endangerment.	Severe Neglect
273a(b)PC	M	Willful Cruelty to Child/Endangerment.	Severe Neglect
273dPC	F	Inflict Injury Upon Child.	Physical Abuse
273dPC	M	Inflict Injury Upon Child.	Physical Abuse
273ePC	M	Send Minor to Improper Place.	Gen'l. Neglect
273fPC	M	Send Minor to Immoral Place.	Gen'l. Neglect
273gPC	M	Immoral Acts Before Child.	Gen'l. Neglect
277PC	F	Deprive Custody Right of Another.	Gen'l. Neglect
278.5(A)PC	F	Viol of Custody Decree.	Gen'l. Neglect
278.5(A)PC	M	Viol of Custody Decree.	Gen'l. Neglect
278.5(B)PC	F	Viol of Custody/Visit Decree.	Gen'l. Neglect
278PC	F	Child Stealing.	Severe Neglect
280(A)PC	M	Remove Conceal Child Subj to Adopt.	Severe Neglect
280(B)PC	F	Remove Conceal Child Subj to Adopt.	Severe Neglect

AN ANALYSIS OF INTER-AGENCY DATA COLLECTION



Offense Code	Felony/ Misd.	Description	Child Abuse/Neglect Category
285PC	F	Incest.	Sexual Abuse
286(B)(1)PC	F	Sodomy W Person Under 18 Yrs.	Sexual Abuse
286(B)(1)PC	M	Sodomy W Person Under 18 Yrs.	Sexual Abuse
286(B)(2)PC	F	Sodomy W Person Under 16 Yrs.	Sexual Abuse
286(C)PC	F	Sodomy Pers Und 14 or W Force	Sexual Abuse
288(A)PC	F	Lewd Acts With Child Under 14.	Sexual Abuse
288(B)PC	F	Lewd Act W Child Under 14 Force.	Sexual Abuse
288A(B)1PC	F	Oral Copulation Pers Under 18.	Sexual Abuse
288A(B)1PC	M	Oral Copulation Pers Under 18.	Sexual Abuse
288A(B)2PC	F	Oral Copulation Person Under 16.	Sexual Abuse
288A(C)PC	F	Oral Cop Pers Under 14/10 Year Diff.	Sexual Abuse
288.2(A)PC	F	Providing lewd material to minor.	Sexual Abuse
288.2(A)PC	M	Providing Lewd Material to Minor.	Sexual Abuse
288.5(A)PC	F	Continuous Sexual Abuse of Child.	Sexual Abuse
289(A)PC	F	Sex Penetration Foreign Obj W Force.	Sexual Abuse
289(B)PC	F	Sex Penetration Foreign Obj Incomp.	Sexual Abuse
311.10(A)PC	F	Ad/Dist Obscene Mat Depict Minor.	Exploitation
311.11(A)PC	M	Poss/Control Child Pornography.	Exploitation
311.11(B)PC	F	Obs Matter Depict Minor W/Prior.	Exploitation
311.2(B)PC	F	Obscene Matter Depict One Und 18.	Exploitation
311.2(B)PC	M	Obscene Matter Depict One Und 18.	Exploitation
311.3(A)PC	F	Depict Sex Conduct Child Under 14.	Exploitation
311.3(A)PC	M	Depict Sex Conduct Child Under 14.	Exploitation
311.4(A)PC	M	Use Minor For Obscene Matter.	Exploitation
311.4(B)PC	F	Use Minor Und 17 For Obscene Matter.	Exploitation
311.4(C)PC	F	Using Minor Und 17 For Obsc Matter.	Exploitation
313.1(A)PC	M	Give Harmful Matter to Minor.	Gen'l. Neglect
647.6PC	F	Annoy or Molest Child/With Priors.	Sexual Abuse
647.6PC	M	Annoying or Molesting Child.	Sexual Abuse

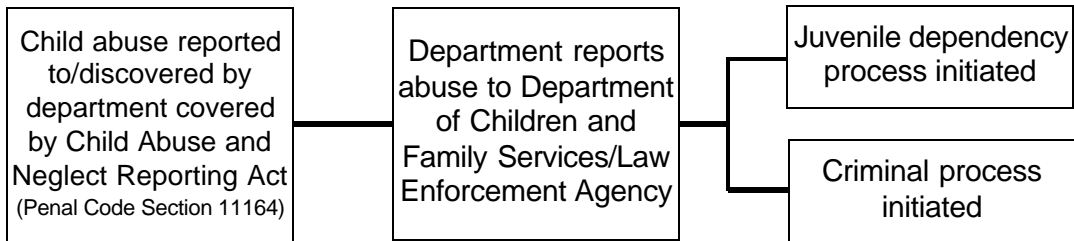
* If information available from ICAN Child Death Review Team.

** If victim under 18.



Flow Chart 1

**REPORTING DEPARTMENTS
Involvement in Child Abuse Cases • 2000**



Reporting Departments Workload

Chief Medical Examiner Coroner	255
L. A. County Probation Department	1,564
L. A. County Office of Education	8,553
Dept. of Public Social Services	751
Los Angeles Police Department	5,799
L.A. County Sheriff's Dept. JIB	3,136
Dept. of Children & Family Services	151,942

Flow Chart II
ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES 2000

Child Process Initiated

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

Child Abuse/Neglect Report

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

Police agency receives report of a abuse

Report assigned to specialized unit
 Report handled by area station officers

Incident investigated

Complaints unfounded - No action taken
 Sufficient evidence to prove crime

Arrest report presented to prosecutor for filing consideration
 Crime report presented to prosecutor for filing consideration
 Case presented to prosecutor for arrest warrant

Case accepted & prosecuted
 Felony 2,485
 Misdemeanor 704
 Case rejected for prosecution

Juvenile Dependency Process Initiated

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

D.C.F.S. files petition with court to protect child

Detention Arr. hearing *

Adjudication *

Disposition hearing *

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

Periodic Judicial review/ permanency planning hearings

Child returned home
 Child returned home - supervision continues
 Determination - child not to return home (after up to 18 months Family Reunification Services)

Court jurisdiction terminates *
 Parental rights terminated * - child placed for adoption
 Child placed - long term foster care
 Child placed * Guardianship

8,936

6,964

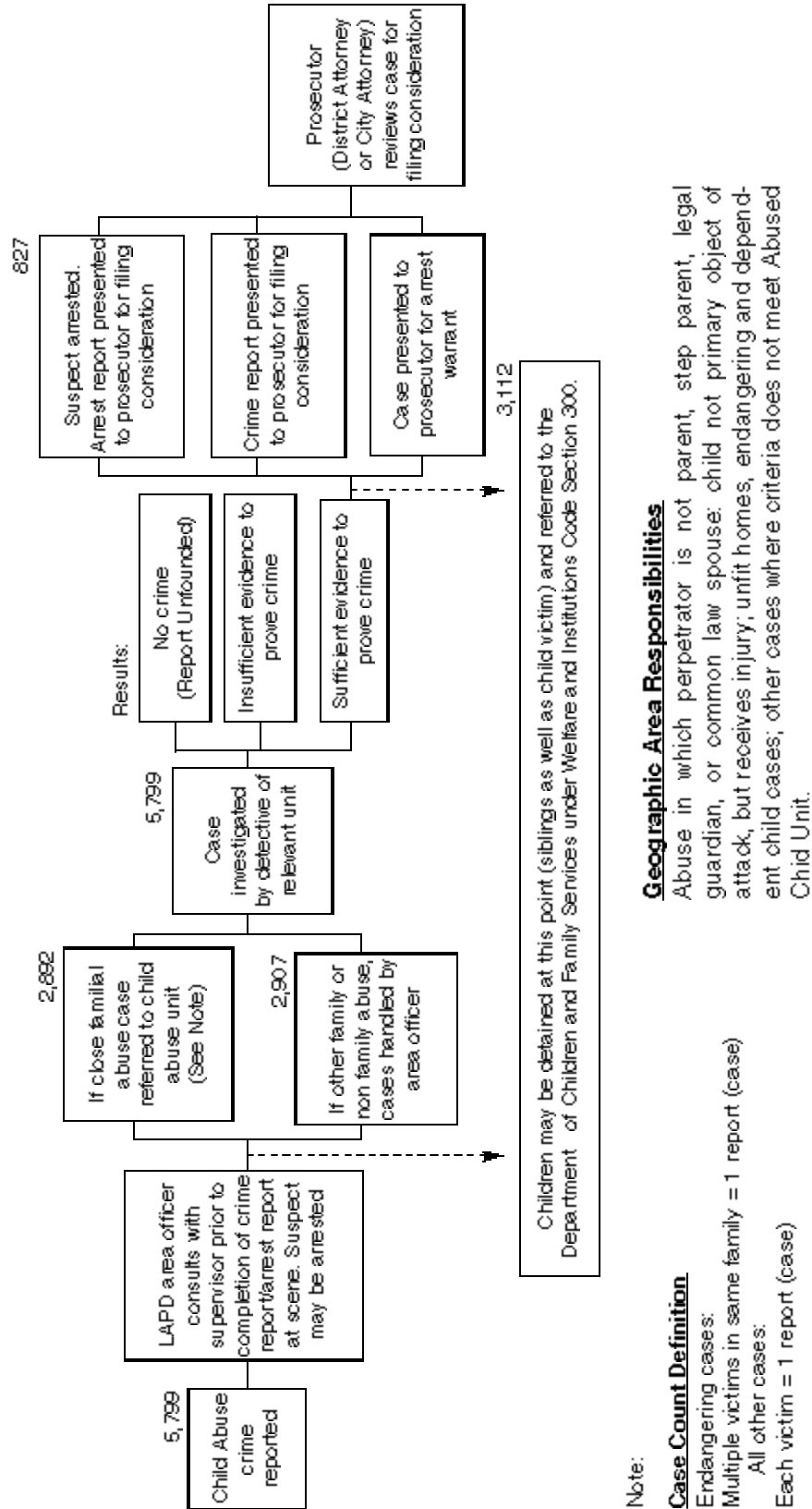
16,119

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

Flow Chart III

LOS ANGELES POLICE DEPARTMENT

Involvement In Child Abuse Cases • 2000



Note:

Case Count Definition

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

Child Abuse Unit Responsibilities

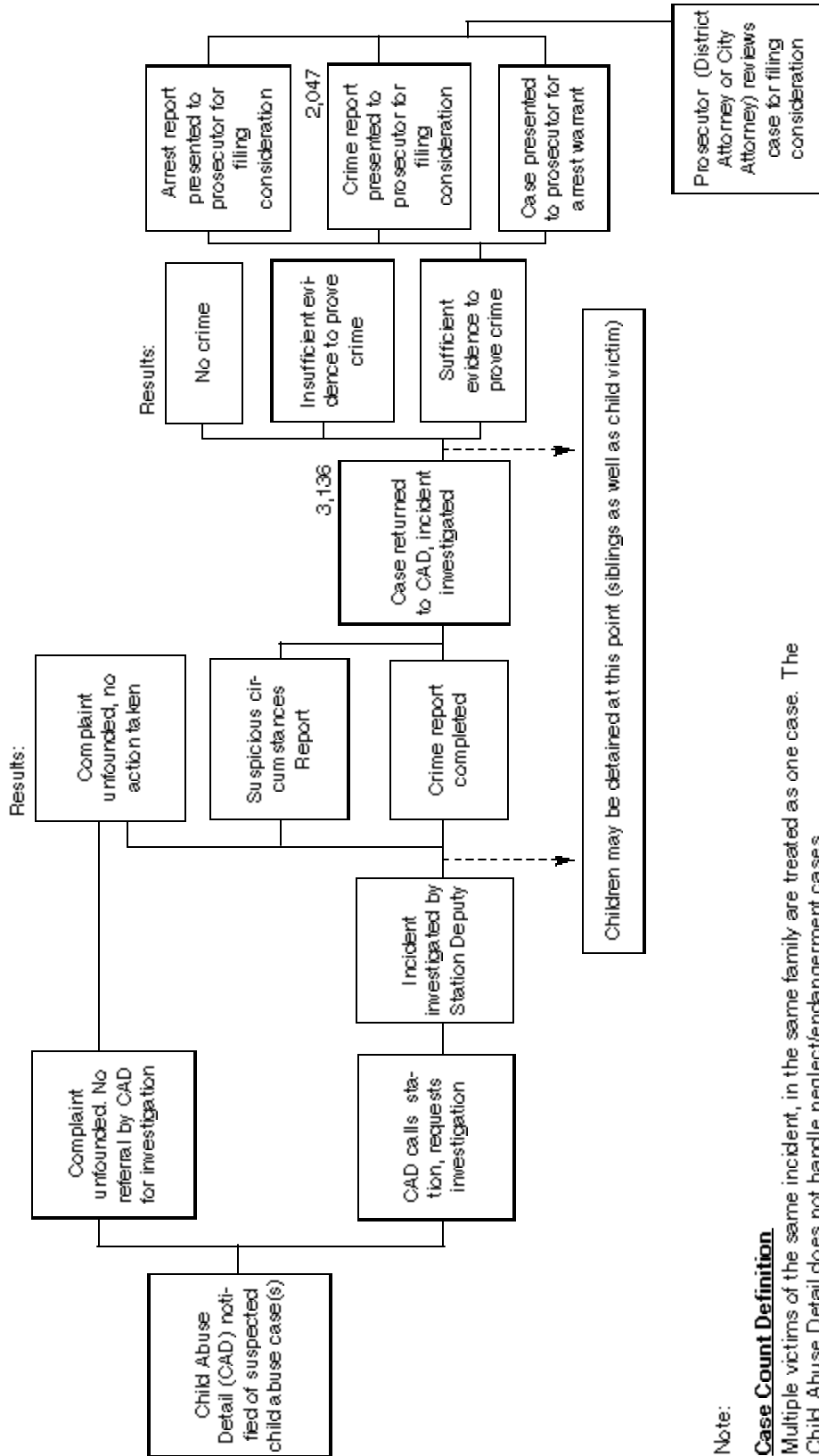
Child Abuse Unit handles abuse involving parents, step parent, legal guardian, common law spouse.

Geographic Area Responsibilities

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

See the LAPD Report for more details on their workload.

Flow Chart IV
LOS ANGELES SHERIFF'S DEPARTMENT
 Involvement In Child Abuse Cases • 2000



Note:

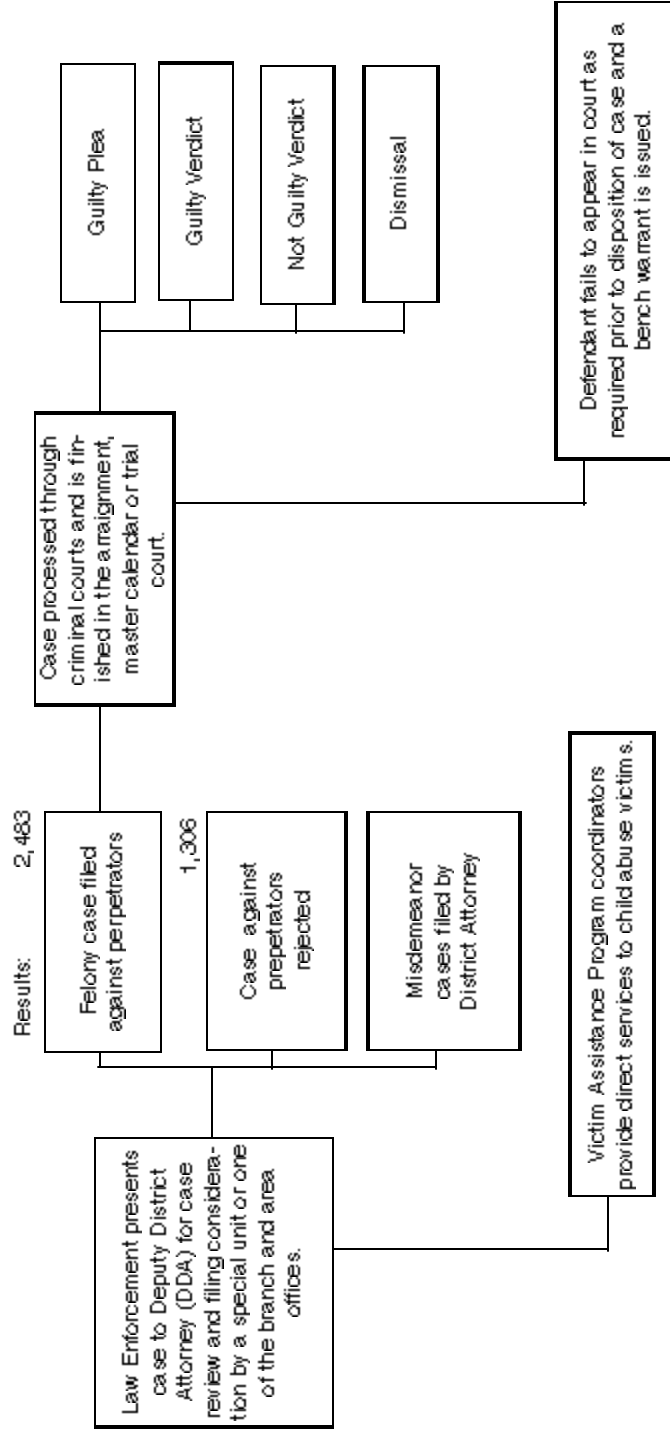
Case Count Definition

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

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

Flow Chart VI

LOS ANGELES DISTRICT ATTORNEY
 Involvement In Child Abuse Cases • 2000

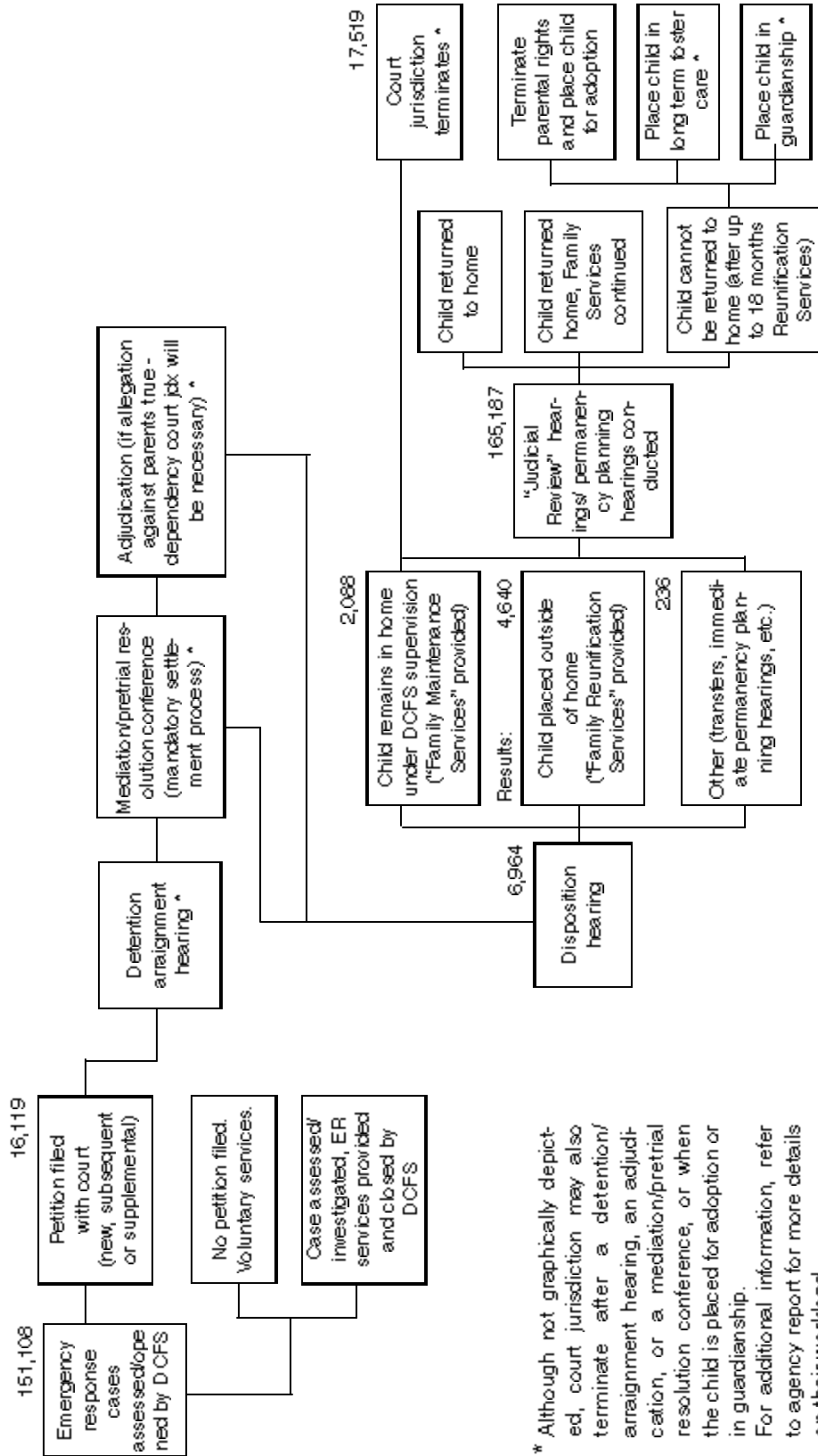


Data provided by District Attorney's Office.
 See District Attorney Data Report for complete data.

Flow Chart VII

JUVENILE DEPENDENCY COURT/DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Involvement In Child Abuse Cases • 2000



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

Flow Chart VIII

LOS ANGELES COUNTY INDEPENDENT POLICE AGENCY DATA

Involvement in Child Abuse Cases During 2000

AGENCY	TOTAL POPULATION	CHILD POPULATION	2000 INVESTIGATIONS	2000 ARRESTS	CHILDREN PLACED IN PROTECTIVE CUSTODY
ALHAMBRA	92,000	28,000*	45	7	4
ARCADIA	53,054	12,354	33	7	11
AZUSA	44,500	14,373	15	15	9
BELL GARDENS	44,054	unavailable	28	5	2
CLAREMONT	33,500	5,950	71	23	15
COVINA	46,837	14,567	23	8	10
EL MONTE	115,965	39,505	762	148	287
EL SEGUNDO	16,000	2,800	29	4	5
GLENDALE	203,000	40,000	150	44	12*
GLENDORA	53,761	30,000	65	7	0
HAWTHORNE	84,000	35,000	448	30	35
INGLEWOOD	112,600	22,500	78*	33*	unavailable
LONG BEACH	461,522	134,639	728	97	234
LOS ANGELES	3,694,820	981,388	5,799	827	3,112
MANHATTAN BEACH	33,094*	5,270*	31	0	0
MONROVIA	41,000	9,500	37	8	unavailable
MONTEBELLO	62,150	19,515	81	7	9
MONTEREY PARK	67,409	15,504	52	7	8
PASADENA	133,000	35,000	141	32	224
POMONA	131,723	43,195	186	59	unavailable
REDONDO BEACH	65,600	unavailable	41	16	unavailable
SAN MARINO	14,000	6,000	14	0	0
SIERRA MADRE	10,386	3,000	5	0	0
SOUTH GATE	96,375	34,278	24	5	12
SOUTH PASADENA	24,000*	4,866*	43	4	3
TORRANCE	140,000	50,000	38	9	5
VERNON	130	40	0	0	0
WEST COVINA	105,080	29,952	74	28	14
WHITTIER	83,680	21,000*	58	19	23



SPECIAL REPORTS



LAUREN CASSIDY
WONDERLAND AVENUE



SPECIAL REPORTS

- **ICAN Associates**
- **ICAN Multi-Agency Child Death Review Team**
- **Child Abduction**
- **California Department of Social Services-
Community Care Licensing Division**
- **Child Abuse and Developmental Disabilities**
- **Children's Planning Council Scorecard**

ICAN ASSOCIATES

ICAN Associates is a private/non-profit organization which supports the Inter-Agency Council on Child Abuse and Neglect (ICAN) and the important issues addressed by ICAN. The Board of ICAN Associates consists of business, media and community leaders.

ICAN Associates supports ICAN through the provision of services including dissemination of materials, hosting media campaigns, sponsorship of educational forums, support of direct and indirect services to prevent child abuse and neglect as well as promoting integration and collaboration among child service agencies. Further, ICAN Associates sponsors special events for vulnerable and abused children, publishes newsletters, and coordinates community educational projects. The formation of ICAN Associates represents one of the first and most effective public/private partnerships in the nation addressing the critical issues and needs surrounding child abuse and neglect.

ICAN has been extremely successful in securing funding through grants and corporate sponsorships:

- In November 1996, ICAN/ICAN Associates launched the ICAN National Center on Child Fatality Review (ICAN/NCFR) at a news conference held in connection with the United States Department of Justice and United States Department of Health and Human Services. Funding for this major national project was facilitated through the efforts of ICAN Associates. Generous support was secured through the United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention; Times Mirror Foundation and the family of Chief Medical Examiner Lakshmanan Sathyavagiswaran. The NCFR web site is at www.ICAN-NCFR.org. During 2000, the NCFR expanded its offerings of training materials, data, listservs and newsletters, and was re-funded by the Department of Justice for FY 2001
- ICAN/ICAN Associates continues to provide statewide Child Death Review Team Training designed to address a range of issues to benefit the overall development and functioning of Child Death Review Teams throughout the State. The training curriculum is funded through grants from the Governor's Office of Criminal Justice Planning (OCJP) and the California Department of Social Services (CDSS). A nationwide satellite child death review team training was developed during 1999 and broadcast in March of 2000
- The Times Mirror Company continues to assist ICAN Associates with their challenge grant to help fund the work of ICAN and its critically needed services for abused and neglected children.
- On Thursday, November 9, 2000, ICAN Associates sponsored "NEXUS V" in conjunction with California Department of Social Services (CDSS), Office of Criminal Justice Planning (OCJP); community groups and ICAN agencies. The Westin Bonaventure Hotel and Suites in Los Angeles provided the exquisite setting and was the principal sponsor of the conference. The conference presented an opportunity to hear from local, state

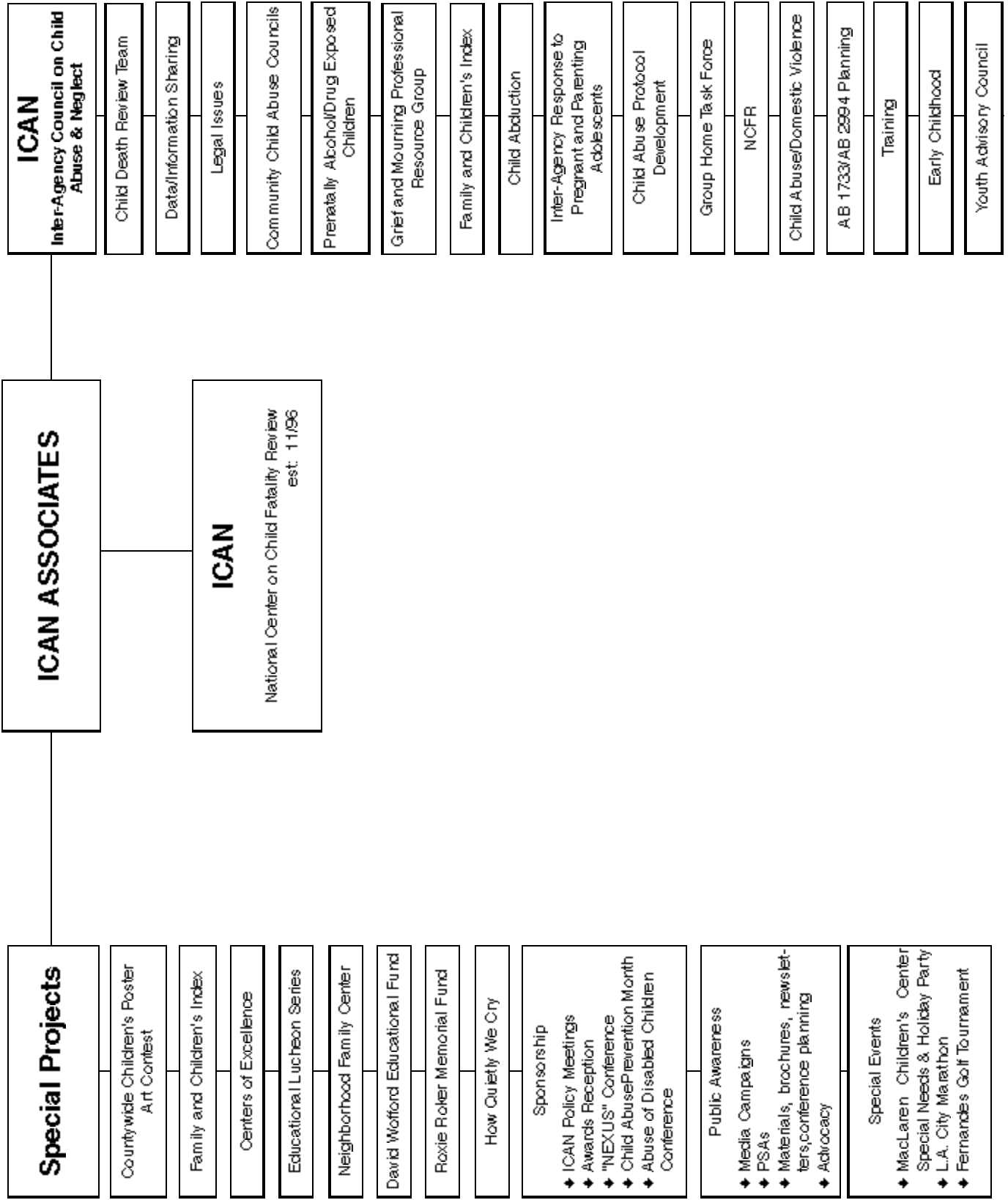
and national experts, about the impact of all forms of violence within the home on children as well as potential solutions. It is hoped that the information presented will inspire professionals and volunteers to develop and participate in efforts aimed at preventing violence in the home and in communities.

- ICAN Associates sponsored the 15th Annual Child Abuse Prevention Month Children's Poster Art Contest which raises awareness about child abuse in schools throughout Los Angeles County. Children in the 4th, 5th and 6th grades and in special education classes participate in this contest. The children's artwork is displayed at the California Department of Social Services in Sacramento, Edmund D. Edelman Children's Court, L. A. County Office of Education, District Attorney's Office, Hollywood Library and in numerous national publications.
- ICAN Associates was honored to serve as one of the official charities of the XV Los Angeles Marathon. Funds raised from this event are used to assist in various projects for abused and neglected children.
- For the past 12 years, the Annual Fernandes Golf Tournament has raised funds for ICAN Associates. This event is a result of the efforts of individuals and businesses in the city of Chino and surrounding communities and is held in memory of Bob, Gary and Tony Fernandes.
- ICAN Associates hosted its 23rd Annual MacLaren Children's Center Holiday Party for children in protective custody. ICAN Associates also continues to help

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

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

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





ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM



MARK RIVERA
REPETTO

ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM

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

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

TEAM PROCEDURES

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

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

- Homicide by caregiver, parent or other family member (Note: homicides of chil-

dren age 14 and under which were not perpetrated by a caregiver, parent or other family member are briefly discussed in the Team report but are not reviewed in as detailed a fashion as other child deaths that meet Team protocol.)

- Suicide
- Accidental death age 14 and under, with the exception of drowning deaths through age 17
- Undetermined death age 14 and under

(NOTE: Fetal deaths (unborn children over 20 weeks gestation) are included in this protocol.)

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

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



receive in-depth Team review are reviewed in the annual *ICAN Child Death Review Team Report*.

Information from the Department of Coroner is located in the "ICAN Agency Reports" Section of this report which details the 254 year 2000 child deaths reviewed by the Team. A more detailed, separate report, the *ICAN Child Death Review Team Report for 2001*, which is available from the ICAN office, provides analysis of the multiple agency records for these children and their families, case summaries of some of these deaths, and conclusions and recommendations made by the Team. It should be noted that, in some cases, the Coroner's Office utilizes a separate classification system than ICAN and there may be minor discrepancies in figures provided in the Coroner's Section with this report. ICAN is working with the Coroner to align classification systems and rectify discrepancies.

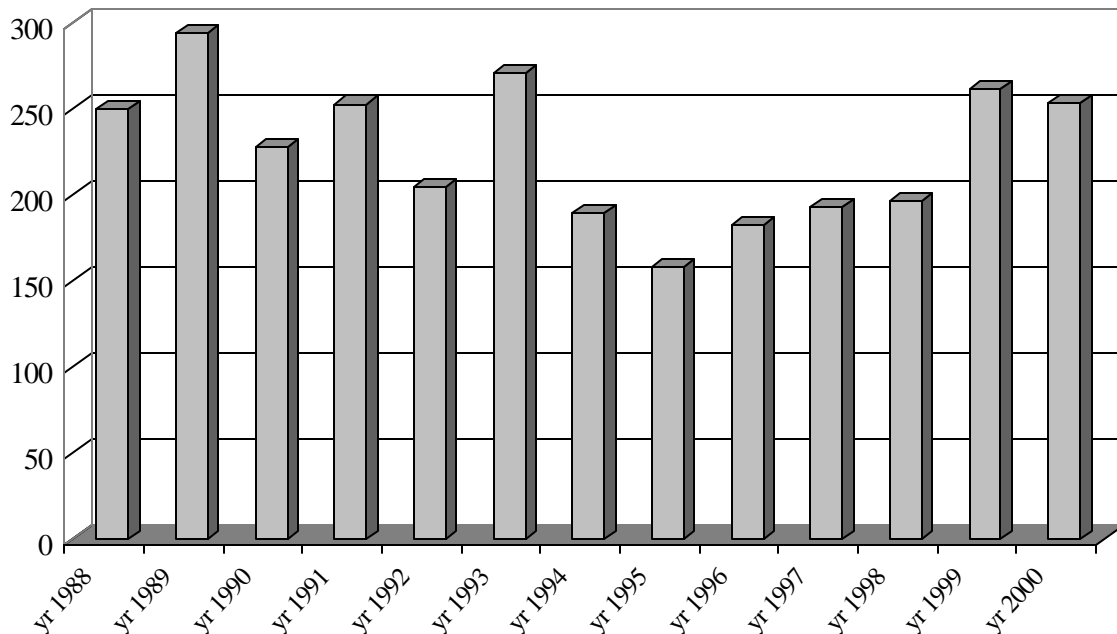
MULTI-YEAR TRENDS

Figure 1 illustrates the total number of deaths from years 1984 through 2000 that were reviewed by the Team. As seen in Figure 1, there was a steady increase in the number of cases that were referred for Team review until 1990 when there was a decrease in total referrals. This decline reflected modifications in reporting procedures within the Department of Coroner to ensure that cases were not prematurely reported to the Team prior to the finalization of the cause of death. In 1998, review of accidental, undetermined and homicides by other than parent/caretaker/family member was expanded; the age of review was raised from ten to twelve (with the exception of accidental drowning deaths that were reviewed through age 17 since 1997). In 1999, the number of cases referred to the Team rose, in part, as the Team's protocol expanded to include accidental automobile deaths. In 2000, the number of cases

Figure 1

TOTAL CASES REFERRED

To ICAN Child Death Review Team by Coroner • 1988-2000





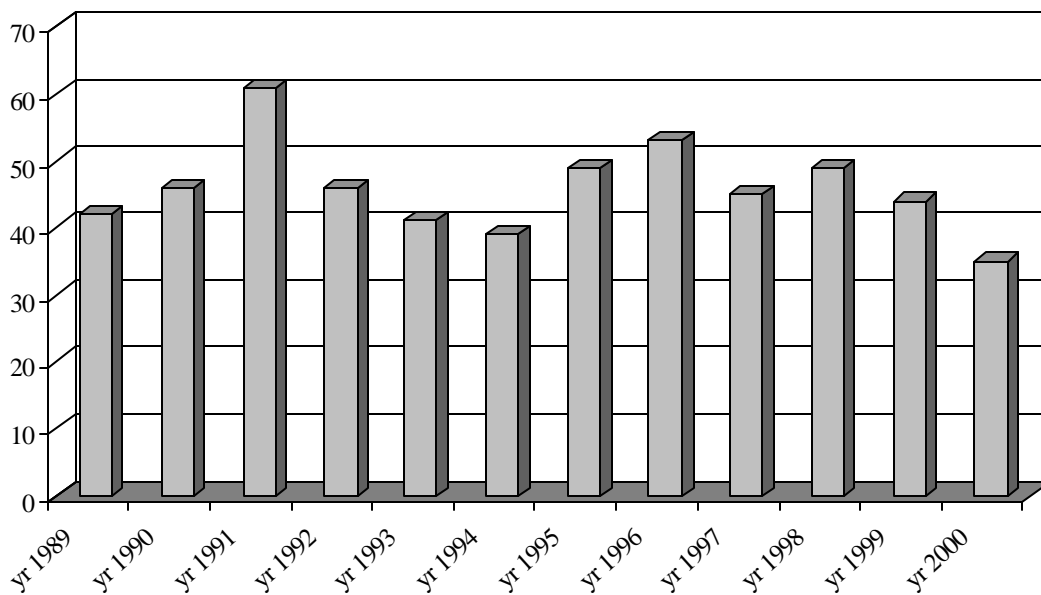
referred to the Team decreased slightly although the age of review for accidental, undetermined and homicide deaths by other than parent/caretaker/family member was raised from age twelve to age fourteen.

In 2000, there was a 3% decrease in the number of deaths reported from 1999. This is reflected in a 20% decrease in the number of child homicides by parents/caregivers/family members reported from 1999, a 2% increase in the number of accidental deaths reported from 1999, a 15% decrease in the number of child and adolescent suicides reported from 1999, and a 3% increase in the number of undetermined deaths reported from 1999. There was also a 23% decrease in the number of fetal deaths reported from 1999.

homicides perpetrated by parent/caregiver/family member for years 1989 through 2000. There were 35 child homicides by parent/caregiver/family member in 2000, a 20% decrease from the 44 such homicides in 1999. The average number of homicides by parents/caregivers/family members reported over the past 12 years is 45.8 per year. The number of homicides of children 12 years old and younger that were perpetrated by strangers and others outside of the family is very small compared to the number that are perpetrated by parents/caregivers and other family members. On the other hand, homicides of children age 13 and 14 are primarily perpetrated by strangers and others outside of the family rather than by parents/caregivers/family members.

Figure 2 displays the numbers of child

Figure 2
HOMICIDES DEATHS • 1989-2000





In 2000, there were 59 undetermined deaths, a slight increase over the 57 cases reported in 1999. Figure 3 displays the number of undetermined child deaths since 1989. The number of undetermined deaths has averaged 21.75 per year over the past 12-year period. This low average can be explained by the low number of referrals made in earlier years (1989 - 1996). There has been a steady increase in the number of undetermined deaths referred by the Coroner that meet Team protocol since 1989 with a low of 3 cases referred in 1989 and this year's high of 59.

Data on accidental deaths has been expanded over the decade that the Team has collected data on suspicious deaths. Figure 4 provides detail on the number of

accidental deaths that have met Team protocol for the past 12 years. The number of accidental deaths increased 2% in 2000 from 134 accidental deaths reported in 1999 to 137 reported in 2000. However, as previously stated, it should be noted that accidental deaths were expanded from age 12 to age 14 in 2000; 15 of the accidental deaths reported in 2000 were of children age 13 and 14 who would not have been included in previous years' protocols. Autopedestrian accidents were the leading cause of accidental death in 2000, followed by automobile accidents, drowning and deaths associated with maternal substance abuse.

Figure 3
UNDETERMINED DEATHS • 1989-2000

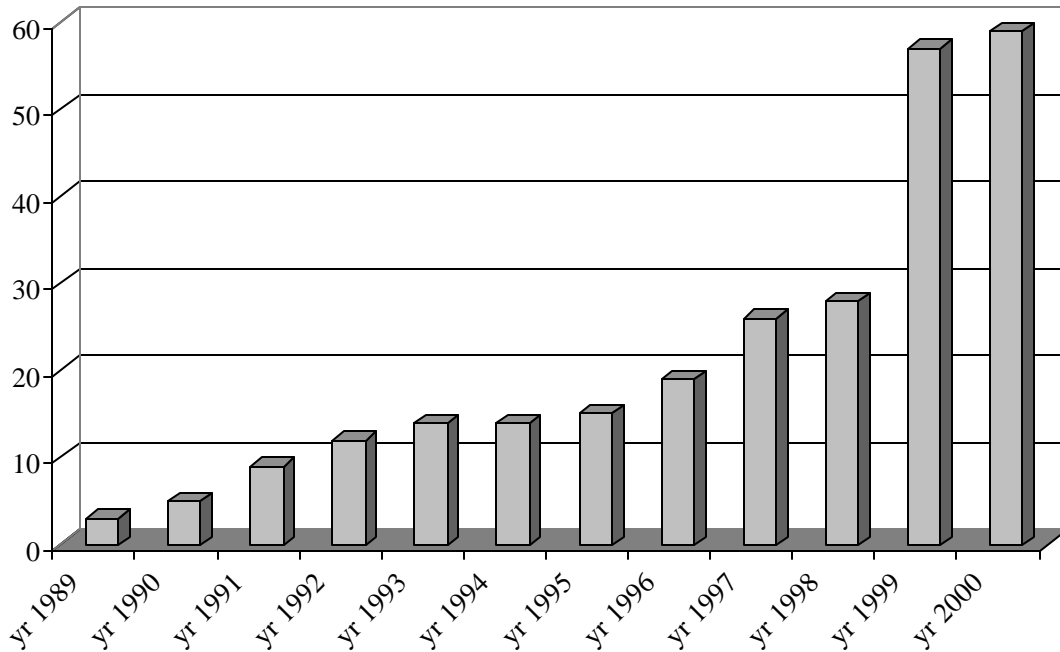
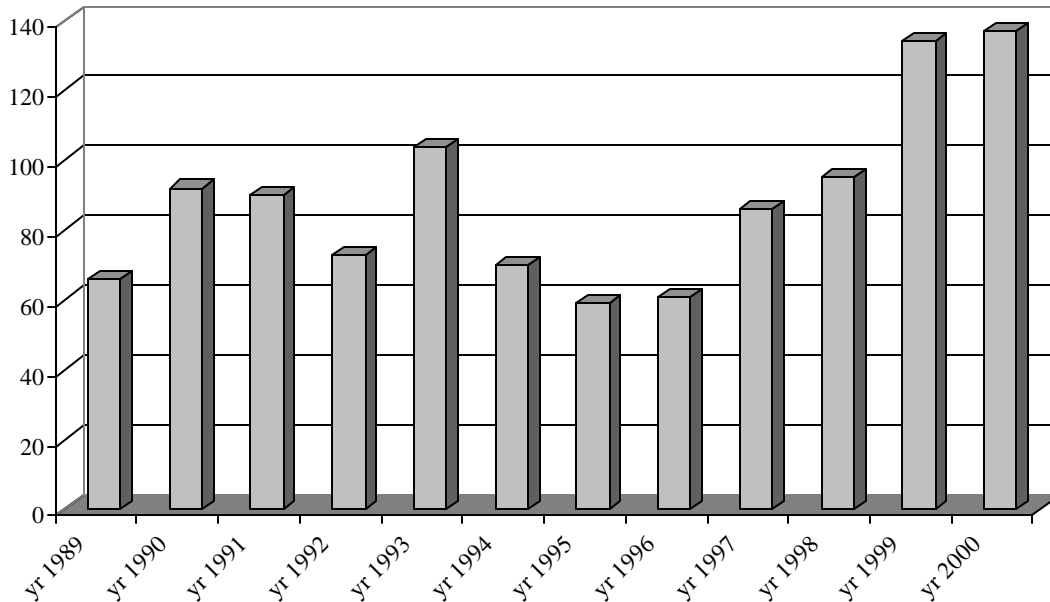




Figure 4
ACCIDENTAL CHILD DEATHS • 1989-2000



Data on adolescent suicides have been collected by the Team since late 1987. Figure 5 illustrates the number of suicides referred to the Team over the past 13 years. In 2000, 23 adolescent suicides were reviewed by the Child Death Review Team. It should be noted that in 2000, a separate Child and Adolescent Suicide Review Team began to review suicide cases; many of these cases received in-depth multi-disciplinary reviews by this Team. The age of adolescent suicides decreased through 1999 when the youngest reported suicide victim was 10 years old. However, in 2000, suicide victims were most often older teens, predominantly age 16 or 17 years old; there were no 15-year olds, one 14-year old and one 13-year old. There were no suicides of children younger than age 13 in 2000.

The Team has been receiving reports of fetal deaths since 1987. Figure 6 provides a

summary of the number of fetal deaths received over the past 12 years. In 2000, 30 fetal deaths that met Team protocol were referred by the Coroner, a 23% decrease over the number of fetal deaths reported in 1999. The number of fetal deaths referred to the Team fluctuates from year to year. These deaths are predominantly due to intrauterine fetal demise, most frequently with a notation of maternal drug abuse and/or fetal tissues that were positive for drugs at the time of autopsy. In 2000, fetal deaths associated with maternal drug abuse represented the fourth leading cause of accidental child death. Generally, a small number of fetal deaths, 2 to 4 per year, are ruled homicide; however, in 2000, no fetal homicides were reported to the Team. Fetal homicides are most frequently the result of the mother's assault or murder.

Figure 5
TEEN SUICIDES • 1988-2000

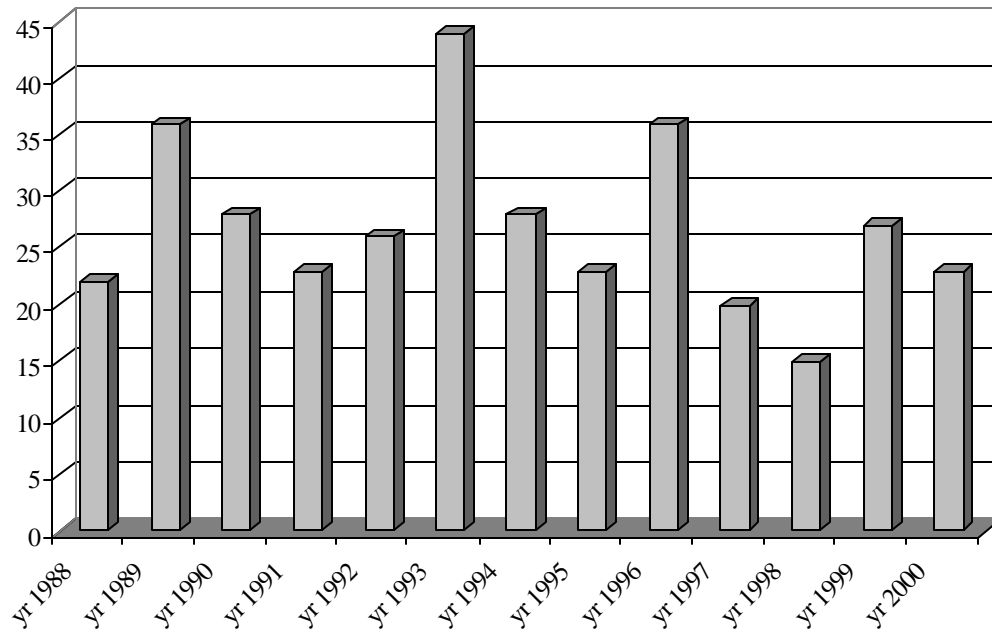
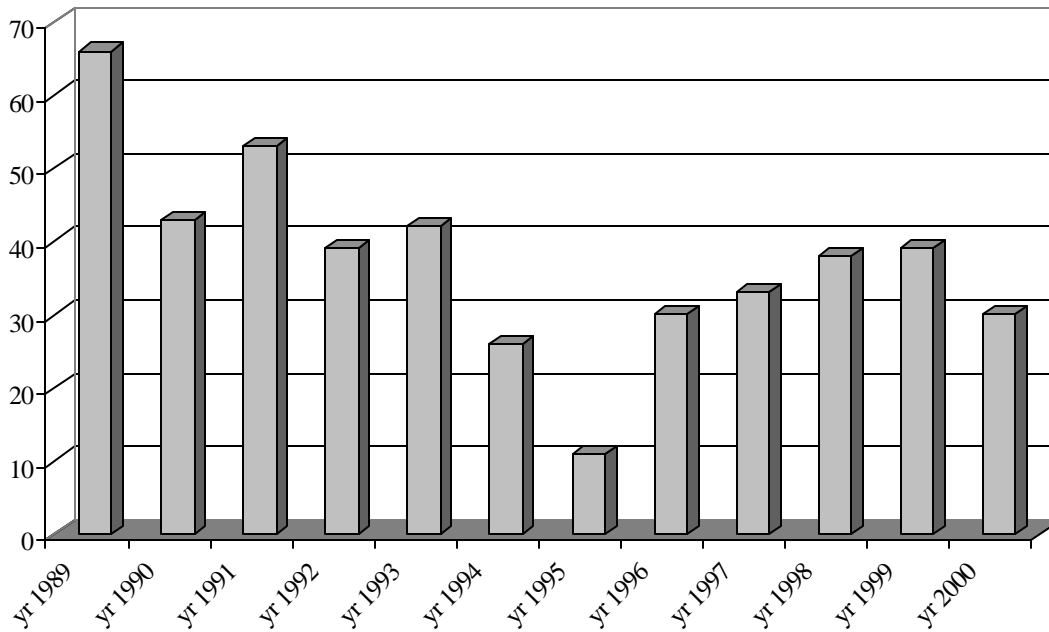


Figure 6
FETAL DEATHS • 1989-2000



ICAN CHILD ABDUCTION TASK FORCE



STEPHEN GOLDSMITH & JAKE MANDEL
WESTMARK SCHOOL

ICAN CHILD ABDUCTION TASK FORCE

REUNIFICATION OF MISSING CHILDREN PROGRAM

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

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

In September 1995, the project was expanded countywide. The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, made funding available for mental health services at two additional community mental health sites, the HELP Group in the San Fernando Valley and Plaza Community Services in East Los Angeles. Training was

conducted for law enforcement agencies throughout the county; Department of Children and Family Services social workers, mental health therapists from the HELP Group, Plaza Community Services and District Attorney Victim Assistance staff to familiarize them with the program and its benefits.

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

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

The program is coordinated by Find the Children. In order to monitor and evaluate the progress of cases receiving services, Find the Children holds monthly meetings where all cases are reviewed and assessed for further action.

In 2000, 102 children in 91 cases were served by the program. The increase in

caseload over previous years is due to increased outreach on the part of Find the Children and Task Force participants. The inclusion of children abducted from the Los Angeles Department of Children and Family Services has created a significant increase in caseload for Find the Children and the Task Force. Task Force members have created specific protocols and trainings for social workers and law enforcement regarding abductions from foster care.

Of the 102 children served by the program in 2000: 52 were Caucasian, 44 were Hispanic and 6 were African American. 80% of the children served were under 10 years of age.



COMMUNITY CARE LICENSING DIVISION



JESUS PINTO, JR.
LYDIA JACKSON

COMMUNITY CARE LICENSING DIVISION

ABUSE IN LICENSED OUT OF HOME CARE

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

The program can best be described by looking at the three distinct functions of a regulatory enforcement program: Prevention Compliance, Enforcement.

PREVENTION

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

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

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

COMPLIANCE

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

ENFORCEMENT

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

ORGANIZATIONAL STRUCTURE

District Offices

CCLD maintains five District Offices in the Los Angeles Region:

- Los Angeles Northwest Child Day Care District Office
- Los Angeles Residential Northern Valleys District Office
- Los Angeles Child Day Care East District Office
- Los Angeles Residential East District Office
- Los Angeles Residential West District Office

Staff assigned to these offices monitor facilities for compliance with CCL laws and regulations by conducting group orientations for potential applicants; issuing or denying licenses; investigating complaints against facilities; initiating or recommending

enforcement actions against facilities, including referrals or legal action; meeting with facility industry representatives, advocate groups, the general public, private organizations and government agencies to develop and promote close working relationships; and performing mandated on-site facility visits.

Regional Office

The Los Angeles Regional Office maintains a small support staff and the Investigation Section for the Region. The Investigation Section is responsible for the more serious complaints in community care facilities.

The Regional Manager is responsible for the planning, organizing and directing of the Regional Investigation Section and the licensing activities of the District Offices.

Central Operations Branch

The Central Operations Branch, located in Sacramento, performs all program and policy development functions and coordinates the administrative support activities for CCLD.

Legal Division

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

Licensure Categories

CCLD licenses facilities for both adults and children who require out-of-home care. For the purposes of this report, only those categories which serve children are listed. Placement agencies that serve children in these facilities may include, but are not lim-

ited to, Los Angeles County Department of Children and Family Services, Probation Department, or one of the State contracted Regional Centers.

Family Child Care Homes

Family Child Care Homes provide care in the licensees' own homes for periods of less than 24 hours per day while the parents or guardians of the children are away. Family Child Care homes have a licensed capacity of six or fewer children, or with an assistant, a maximum of 14 children.

Day Care Centers

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

Licensed Foster Family Homes

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

Transitional Housing Placement Program (THPP)

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

Group Homes

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

Small Family Homes

Small Family Homes provide care 24-hours a day in the licensee's family residence for six or fewer children who are mentally disordered, developmentally disabled or physically handicapped and who require special care and supervision as a result of such disabilities.

Adoption & Foster Family Agencies

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

Day Care Center For Mildly-Ill Children

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

Infant Care Center

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

School Age Child Day Care Centers

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

Table 1

L.A. COUNTY LICENSED FACILITIES

As of 12/00

<u>Type of Facility</u>	<u>Total Capacity</u>	<u>No. of Facilities</u>
Adoption Agency	N/A	19
Day Care Center	145,955	2,574
Day Care - III	25	3
Family Child Care	83,068	8,961
Foster Family Agency	N/A	80
Foster Family Agency - sub	N/A	44
Certified Foster Family Home	N/A	1,058
Foster Family Home	7,605	2,981
Group Home	4,191	371
Infant Center	6,930	323
School Age DC	29,615	569
Small Family Home	579	132
Transitional Housing Place Program	25	10
TOTAL	277,993	17,125

INVESTIGATIVE SERVICE REQUEST PRIORITY CRITERIA

A. Priority 1 (Mandatory Referral)

1. Complaints of sexual abuse that involve the penetration of the genitals, anus, or mouth for the sexual gratification of any of the parties when one party is a victim or in a position of trust. This would include, but not limited to, rape, oral copulation, sodomy, and use of a foreign object when:

- a. The victim is a client.
- b. The suspect is the licensee, facility staff, a relative of the licensee or unknown, an individual who resides with the licensee or known.
- c. The abuse is alleged to have occurred in the facility or while the client was under the control and/or direction of the licensee/staff.

2. Physical abuse complaints that involve acts resulting in great bodily injury such as broken bones, severe cuts, head injuries, burns, when:

- a. The victim is a client.
 - b. The suspect is the licensee, facility staff, a relative of the licensee, an individual who resides in the facility or unknown.
 - c. The abuse is alleged to have occurred in the facility or while the client was under the control and/or direction of the licensee/staff.
3. Death complaints involving death of a client where death occurred either at the facility or hospitalization, and where questionable factors exist in explaining the condition of the client or reasons for the death are not known.
4. Complaints of unlicensed facility operations where a Temporary Suspension Order is in effect or the license has been revoked. (Acceptance criteria is waived.)
5. Severe neglect of client which results in the client suffering great bodily injury. This includes, but is not limited to, stage 3 and 4 dermal ulcers, malnutrition, dehydration, hypothermia, etc.

B. Priority 2 (Mandatory Referrals)

1. Sexual abuse complaints that involve unlawful sexual behavior such as voyeurism, masturbation, exhibitionism, inappropriate sexual touching and/or fondling when:

- a. The victim is a client.
- b. The suspect is the licensee, facility staff, a relative of the licensee, an individual who resides in the facility or unknown.
- c. The abuse is alleged to have occurred in the facility or while the client was under the control and/or direction of the licensee/staff.

2. Physical abuse complaints that involve acts resulting in minor injuries or bruises when:

- a. The victim is a client.
- b. The suspect is the licensee, facility staff, a relative of the licensee, an individual who resides in the facility or unknown.
- c. The abuse is alleged to have occurred in the facility or while the client was under the control and/or direction of the licensee/staff.

3. Complaints of actions or omissions by a facility operator, the licensee, a facility employee, volunteers, another client or unidentified suspects that may result in felony offenses, such as robbery, arson, grand theft, mistreatment of a dependent adult, or use of illegal drugs.

4. Complaints of unlicensed facilities with more than one (1) client after the District Office or RIS staff has made the initial visit and the facility has failed to comply

5. Complaints of ritualistic abuse without elements of Priority 1 allegations.

C. Priority 3 (Optional Referral)

1. Complaints of physical abuse that involve acts such assault and/or battery, shoving or pushing which does not result in injuries.

2. Complaints of actions by a licensee, facility employee, volunteer, other clients, or an unidentified suspect of misdemeanor offenses which include, but are not limited to, neglect, misuse of medications or lack of supervision.

3. Complaints of unlicensed operation for facilities which care for a single client when the district office cannot obtain compliance.

D. Priority 4 (District Office Responsibility)

Complaints of physical punishment defined as spanking by using the hand, lack of supervision that did not result in any abuse or injury, unsanitary conditions and other regulatory violations that are the responsibility of the District Office.

Definitions

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

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

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

D. Unlicensed Facility: providing care and supervision to more than one (1) client without the required license when the facility is not exempt from licensure. Any one of the following conditions must exist to establish unlicensed operation.

1. The facility is providing care or supervision, as defined in the CCLD Evaluator Manual, or Health and Safety code.

2. The facility is providing care and supervision to more than (1) client.

3. The facility accepts or retains residents who demonstrate the need for care and supervision.

4. The facility represents itself as a licensed community care facility, or child day care facility.

E. Ritualistic Abuse: ritualistic abuse is a brutal form of child abuse that can involve sexual abuse, physical abuse, and/or the use of frightening rituals.



Table 2

ALLEGATIONS OF ABUSE/SEVERE NEGLECT/DEATH CASES RECEIVED BY LOS ANGELES REGIONAL INVESTIGATION SECTION (LRIS) OF CCLD IN 2000

Type of Facility	Physical Abuse	Sexual Abuse	Severe Neglect	Questionable Death
RETURNED TO DISTRICT OFFICE FOR INVESTIGATION BY ANALYST	49	8	13	1
FULL INVESTIGATION BY LRIS INVESTIGATOR	336	184	53	15
PRELIMINARY INVESTIGATION BY LRIS INVESTIGATOR	47	15	2	0
ASSIGNMENT/TASK BY LRIS INVESTIGATOR	150	9	3	0
UNLICENSED BY LRIS INVESTIGATOR	0	0	1	1
TOTAL	582	200	58	36

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

COMMUNITY CARE LICENSING DIVISION



Table 3

ABUSE/SEVERE NEGLECT/DEATH VIOLATIONS RECEIVED BY CCLD LEGAL DIVISION IN 2000

<u>Type of Facility</u>	<u>Cases Received</u>
Family Child Care	55
Day Care Center	12
Foster Family Home	55
Certified Foster Family Home	11
Small Family Home	5
Group Home	33
Foster Family Agency	68
Foster Family Agency Suboffice	8
Adoption Agency	2
Day Care Center - III	1
Infant Center	2
School Age Day Care	2
TOTAL	254

Table 4

ABUSE/SEVERE NEGLECT/DEATH VIOLATIONS SERVED BY CCLD LEGAL DIVISION IN 2000

<u>Type of Facility</u>	<u>Cases Received</u>
Family Child Care	87
Day Care Center	15
Foster Family Home	123
Certified Foster Family Home	3
Small Family Home	12
Group Home	55
Foster Family Agency	78
Foster Family Agency Suboffice	6
Adoption Agency	0
Day Care Center - III	0
Infant Center	1
School Age Day Care	3
TOTAL	383

Table 3 provides data on the number of cases of abuse, severe neglect and deaths received by CCLD Legal Division in calendar year 2000. The number of violations do not represent individual, separate cases sent for Legal action. Each case may have up to 5 violations each.

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



Table 5

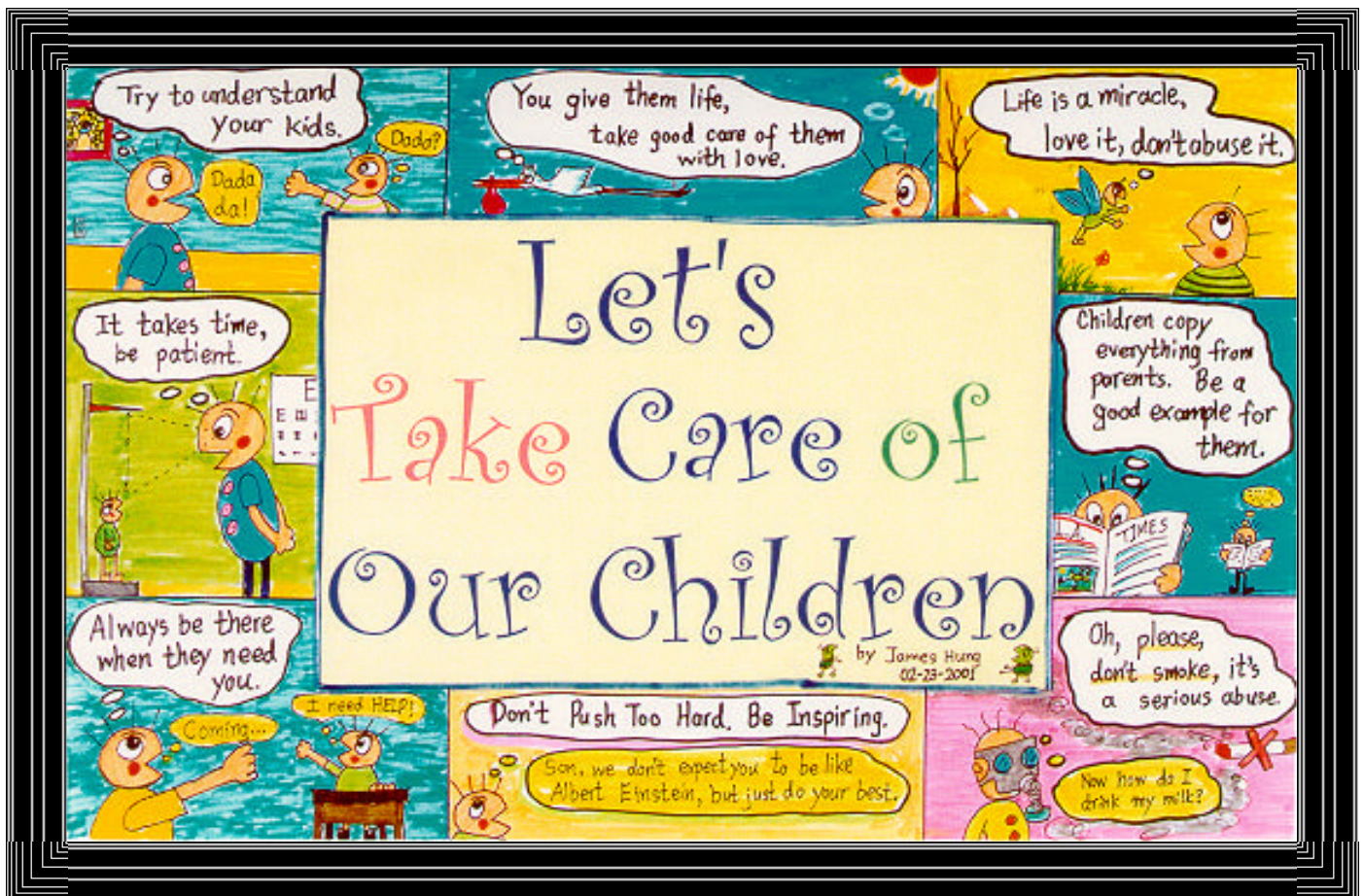
VIOLATIONS OF ABUSE/SEVERE NEGLECT/DEATH CLOSED BY CCLD LEGAL OFFICE IN 2000

Type of Facility	Physical Abuse	Sexual Abuse	Severe Neglect	Questionable Death	Total
Family Child Care	11	9	15	1	36
Day Care Center	1	1	2	0	4
Foster Family Home	22	12	26	0	60
Small Family Home	2	1	2	0	5
Group Home	5	6	7	0	18
Foster Family Agency	16	13	8	2	39
Foster Family Agency (Suboffice)	0	0	1	2	3
Certified Foster Home	1	0	0	0	1
Adoption Agency	0	0	0	0	0
Day Care Center - III	0	0	0	0	0
Infant Center	0	0	0	0	0
School Age Day Care	1	1	0	0	2
TOTAL	59	43	61	5	168

Table 5 provides data on the number of cases of abuse, severe neglect and death in L.A. County closed by CDSS Legal Division in calendar year 2000. Due to the complexity of the legal process, it is entirely possible that a case may be received and not served, served and not closed in the same year. There are a variety of circumstances that determine how quickly a legal case can be resolved.



CHILD ABUSE AND DEVELOPMENTAL DISABILITIES



JAMES HUNG
GRANADA

CHILD ABUSE AND DEVELOPMENTAL DISABILITIES

INTRODUCTION

This report utilizes data obtained by the State Department of Justice (DOJ) during calendar year 2000. It includes data from 1991 through 2000 for comparison purposes. The data set used has this caveat, "This data reflects all 2000 child abuse investigation reports received by the Department of Justice from January 1, 2000 to December 31, 2000. There is a caveat, that the number of reports may not reflect the number of victims, as there may be multiple victimization categories into which a child may fall."

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

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

Definitions:

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

"Developmental disability means a disability which originates before an individual attains age 18, continues, or can be expected to continue indefinitely, and constitutes a substantial handicap for such individual...this term shall include

mental retardation, cerebral palsy, epilepsy, autism...and [other] handicapping conditions found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals, but shall not include other handicapping conditions that are solely physical in nature." (WIC Sec. 4512 Div 4.5).

The Problem:

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

In a report published by the National Academy Press in May 2001, the results of an extensive research project led by Patricia Sullivan and others at Boystown in Omaha, Nebraska were described. This included their findings that children with disabilities were victims of abuse at rates 3 times that of generic children, and were four times more likely than generic children to be victims of neglect. (P19)

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



subsidiary of the Department of Health and Human Services.

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

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

Purpose of This Report:

The purpose of this report is to present the data from the Child Abuse Investigator's Report Forms for 2000, and compare the data to the findings of the previous years, focusing on Los Angeles County. In addition to Los Angeles County, the Counties of San Diego, Orange and Ventura which are comparable in population and are geographically close are examined. Further, information from additional counties are reported for significant data that may have emanated from

their districts. This year 31 of the 58 counties (50%) in California filed reports of children with disabilities, compared to 29 in 1999's report of substantiated cases, and 35 in 1998. These idiosyncratic fluctuations are reflected, it appears, in the actual data.

Findings

A. STATEWIDE COMPARISON OF TOTAL ABUSE REPORTS AND REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES 1991-2000 (Table 1)

Comparing the total number of child abuse reports for children with and without disabilities, the reports for children with disabilities decreased slightly as did the number of reports for generic children. This continues the steady decline in reports that began in 1997. Although generic reports increased in 1999 then decreased this year, the reports for children with developmental disabilities continued it's decline. This represents a 9.5% decrease in number of reports for children with disabilities, compared to an decrease for the generic population of 9%. There is no significant difference. However, this does not reflect the hoped for increase in reports that may have occurred as a result of increased awareness of reporting responsibilities as a result of training programs that have proliferated during the past year.

Table 1

CALIFORNIA DEPARTMENT OF JUSTICE:

Comparison of Total Child Abuse Reports with Reports on Children with Developmental Disabilities Statewide 1991-2000

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



B. 2000 STATEWIDE COMPILATION OF REPORTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES (Table 2)

1. Eleven percent of all reports are for children 5 years of age or younger, 38% under 8 years of age, and 58% under 11. Reporting peaks at age cohort 6-8. Twenty four percent of reports are for children between 15-17 years of age, fully 42% ages 12 and over. This represents a shift from prior years, but as the numbers are still so small, it is difficult to make a reasonable interpretation of these data. In total only 163 reports were filed statewide.

2. Physical abuse is the most frequently reported type of abuse (53%) whereas last year the percentage was 44%. Most cases are reported at ages 6-8 (32%) followed by ages 9-11 (20%). Whereas last year fifty percent of all physical abuse reports were for children under 8 years of age, this has shifted to fully 52% between ages 6-11. This may be due to improved reporting from the schools, yet

the sources for the reports remains unstudied.

3. Sexual abuse reports (31% of all reports) are highest for ages 15-17 (33%) with the next largest reporting age group being 9-11, an alarming finding at 27%. No reports were made for children 5 and under.

4. Severe neglect is least frequently reported (4% of all reports). With only half the reports made last year (6 this year, 12 in 1999) Statewide, as with mental abuse, present data shows that most neglected children with disabilities are between 0-8 (84%). Sixty-seven percent of neglect reports were for children under age 5.

5. Mental abuse reporting was next in reporting frequency, representing 12% of all reports. Statewide only 20 reports were made, thus meaningful inferences cannot be made. Interestingly, 45% were in the age group combination of ages 12-17. Fully 30% were in the age group 6-8.

Table 2

DOJ:

2000 Statewide Child Abuse Reports of Children with Developmental Disabilities. All Counties Combined by Type of Abuse and Age of Child

Child Age	Total Reports		Physical		Mental		Neglect		Sexual	
	n	%	n	%	n	%	n	%	n	%
0-2	4	2	2	2	1	5	1	17	0	0
3-5	15	9	10	12	2	10	3	50	0	0
6-8	43	27	28	32	6	30	1	17	8	16
9-11	33	20	17	20	2	10	0	0	14	27
12-14	29	18	13	15	4	20	0	0	12	24
15-17	39	24	16	19	5	25	1	17	17	33
TOTAL	163	100	86	100	20	100	6	101	51	100
Percentages		100		53		12		4		31



C. COMPARING COUNTY WITH STATE-WIDE FINDINGS FOR 2000 (Tables 3, 4 and 5)

1. Table 3 provides comparative data of all generic abuse reports and those for children with disabilities for Los Angeles, Orange, San Diego, Sacramento and San Bernardino Counties from 1991 to 2000. Each county has a different reporting pattern over the years including idiosyncratic fluctuations. This year most Counties show a decrease from last year, Sacramento County stays the same, and San Bernardino had the only increase. Orange county had the greatest drop from 7 to 2 reports.

2. Only two counties reported 20 or more cases, and only 8 reporting 5 or more, down from 10 last year. (See Table 4.) This year only 3 counties reported abuse of children in the 0-2 year cohort as was the case last year, compared with 8 counties in 1997. Statewide, only 4 cases were reported in this age group and 15 cases between 3-5 years of age, making 19 total cases reported for the State under age 5.

NOTE: This data is extremely disappointing as well as surprising considering the growing interest and activity in improving data collection and reporting systems in general. The small numbers as well as the decreases in reporting for children with disabilities is not mirrored in the reports for generic children, and may indicate that data collection and output systems changes must be made, if Los Angeles and the State of California wish to demonstrate an interest in attending to the needs of these children. In contrast, increased attention to the very young children as a result of the efforts of the Child Death Review Team has caused a surge in information about their deaths as well as data on the number and ages of chil-

dren murdered through abuse. The Child Death Review Team Data reports, and the U.S. Advisory Board on Child Abuse and Neglect report of 1995 both indicate that the majority of fatal child abuse occurs before the age of 2 years. The increase for this age range may reflect increased awareness, and pending inclusion of children with disabilities in Child Death Review Team agendas, information on their status may be improved from this perspective and activity. The fact that only 19 (down from 25 last year) reports on children with disabilities under age 5 were made this year may signal a need for additional training in data documentation or a revamping of the data collection or management system or program.

3. After Los Angeles, San Bernardino then Ventura report the most child abuse cases overall (Table 4). Total numbers of reports from San Bernardino are lower by more than nearly 1/2 of Los Angeles and 1/3 from Ventura. But it appears the comparative numbers differ substantially, in that of 6,146 cases, Los Angeles reports 40 as having a disability, while of only 2,449, San Bernardino reports 21, reflecting a higher reporting rate, which is also true for the other counties.

4. The relative percentages of abuse types changed significantly from last year with the increase in physical abuse and decreases in neglect and sexual abuse:

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

Table 3

A. Comparing Total Reports and Children with Disabilities by Year 1991-1998 by County

	Total # Abuse Reports (DOJ Report) L.A. COUNTY	Total # Reports Abuse/Disability (DOJ Data) Reports L.A. COUNTY	TOTAL v DISABLED ORANGE COUNTY	TOTAL v DISABLED SAN DIEGO	TOTAL v DISABLED SACRAMENTO	TOTAL v DISABLED SAN BERNARDINO
1991	10,939	84	7,809 23	6,936 15		
1992	12,300	83	8,343 44	6,614 10		
1993	12,647	62	8,252 15	8,075 5		
1994	12,479	86	9,370 45	7,464 5	2,877 36	3,694 30
1995	11,614	113	7,894 24	6,055 2	36	38
1996	10,962	179	7,612 51	7,366 11		
1997	9,905	118	7,819 46	5,165 12	2,559 44	2,431 25
1998	8,049	1266	7,134 622	7,734 248	2,276 452	1,975 404
1999	8,100	59	7,299 7	8,404 7	2,322 6	2,279 15
2000	6,146	40	7,864 2	6,167 6	2,746 6	2,449 21

Table 4

Highest Number of Child Abuse Reports by County, Age, Dominant Type of Abuse

A. Of the 8 Counties Reporting 6 or More Abuse Cases of Children with Disabilities (Ranked by number of reports)
 B. Of the remaining Counties within Top Ten Numbers of Reports

County	Total Cases Generic	Total Cases with Disabilities	Largest Category by Age	Predominant Type of Abuse	Rank in State by Number of All Reports	Ranking on # of Reports of Children with Disabilities
Los Angeles	6,146	40	6-8	Physical	3	1
San Bernardino	2,449	21	6-8	Sexual	5	2
Ventura	1,386	13	6-8	Physical	7	3
Santa Clara	687	10	6-8	Physical	11	4
Alameda	762	8	9-11, 15-17	Physical	10	5
Butte	618	6	15-17	Physical	12	6
Sacramento	2,746	6	9-11	Physical	4	7
San Diego	6,167	6	= distribution	Physical	2	8

County	Total Cases Generic	Total Cases with Disabilities	Largest Category by Age	Predominant Type of Abuse	Rank in State by Number of Reports	Ranking List on Reports of Children with Disabilities
Riverside	2,059	3	3-5	= distribution	6	9
Kern	1,021	2	= distribution	= distribution	8	10
Orange	7,864	2	= distribution	= distribution	1	10
Santa Barbara	828	0	n/a	n/a	9	n/a



Table 5

Department of Justice:

Child Abuse Reports on Children with Developmental Disabilities Los Angeles County 1994-2000

AGE Year	TOTAL REPORTS				PHYSICAL				MENTAL				NEGLECT				SEXUAL																										
	94	95	96	97	98	99	00	94	95	96	97	98	99	00	94	95	96	97	98	99	00	94	95	96	97	98	99	00															
0-2	4	2	10	5	4	4	1	2	1	5	4	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0									
3-5	13	17	29	16	4	3	3	7	10	18	7	1	1	2	0	2	2	0	0	0	1	3	1	2	3	1	0	0	3	4	7	6	2	2	0								
6-8	26	24	40	21	15	16	21	15	19	27	13	10	10	13	2	0	1	1	1	2	3	1	1	3	3	0	0	0	8	4	9	4	4	4	5								
9-11	15	24	49	20	10	13	9	8	20	33	10	5	9	6	0	0	3	0	0	1	0	0	0	5	1	1	1	0	7	4	8	9	4	2	3								
12-14	17	25	28	26	6	16	2	9	10	14	19	2	6	2	0	0	1	0	0	5	0	0	1	0	1	0	0	0	8	14	13	6	4	5	0								
15-17	11	21	23	30	15	7	4	4	14	10	22	8	2	1	0	1	3	1	0	2	1	1	2	0	1	1	0	0	6	4	10	6	6	3	2								
UK																																											
TTL	86	113	179	118	54	59	40	45	74	107	75	30	32	24	2	3	10	2	1	10	5	7	6	14	10	3	1	1	32	30	48	31	20	16	10								



D. LOS ANGELES COUNTY (Tables 5 and 6)

1. The total number of children reported decreased from 59 last year to 40 this year. This can be compared to 118 reports made in 1997. What could be causing the steady decline in reports?
2. Children with developmental disabilities in all age categories were been identified as victims of abuse.
3. Most children reported for abuse were in the 6-8 year age category (52.5%), and 22.5% were between 9-11 years old, representing fully 75% of all cases between ages 6 and 11 years of age.
4. The largest number of reports were for physical abuse (60%). Of these most children reported were in the 6-8 year age category (32.5%). Fifteen percent were 9-11 years old and 52% were under 11.
5. Sexual abuse accounts for 25 percent of all reports, with no significant difference from 27% last year. Reporting peaks at the age category of 6-8 (50%)

followed by 33% ages 9-11. Overall, 83% of reported sexual abuse victims were under age 11. There are no reports of sexual abuse in the 0-5 age group.

6. Reporting for severe neglect remained the same this year at only 2% of all reports. There were reports only for children ages 0 -2.

7. Reporting of mental abuse varies significantly from 10 last year to 5 this year, jumping from only one report in 1998. All reported cases are for children older than three years. The fact that reports begin after age 3 may reflect that pre-school professionals may be reporting more frequently than before. It is widely acknowledged in the disability and child development field that children are teased, ridiculed and humiliated, and in greater numbers if they have any type of disability or other significant distinction. It seems unlikely that these few reports are a true reflection of the amount of mental suffering inflicted upon children with disabilities.

Table 6

LOS ANGELES COUNTY CHILD ABUSE REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES PERCENTAGES BY AGE AND TYPE OF ABUSE FOR 2000

Age Group	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse	Total
0-2	0.0	0.0	2.5	0.0	2.5
3-5	5.0	2.5	0.0	0.0	7.5
6-8	32.5	7.5	0.0	12.5	52.5
9-11	15.	0.0	0.0	7.5	22.5
12-14	5.0	0.0	0.0	0.0	5.0
15-17	2.5	2.5	0.0	5.0	10.0
TOTAL	60.0	12.5	2.5	25.0	100.0

CHILD ABUSE AND DEVELOPMENTAL DISABILITIES



E. Contiguous or Comparable County Comparisons (Table 7)

This table is presented to provide the reader with a quick view of the raw data for each nearby county by age and type of abuse. Los Angeles and Ventura are the only counties with reports in the 0-2 year age cohort, and these reports are scattered across physical abuse, severe neglect and mental abuse. Including all four counties, there is a total of ten reports of mental abuse for 2000. Orange, San Diego and Ventura report no abuse cases of Severe Neglect for children with disabilities, Los Angeles filed one report.

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

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

Table 7
2000 COMPARATIVE CHART OF ABUSE BY AGE AND TYPE FOR LOS ANGELES, ORANGE, SAN DIEGO AND VENTURA COUNTIES

2000	LOS ANGELES					ORANGE					SAN DIEGO					VENTURA				
	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL	PA	MA	SN	SA	TTL
0-2	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	0	2
3-5	2	1	0	0	3	0	0	0	0	0	1	1	0	0	2	0	0	0	0	0
6-8	13	3	0	5	21	0	0	0	0	0	2	0	0	0	2	2	1	0	1	4
9-11	6	0	0	3	9	0	0	0	1	1	0	0	0	0	0	1	1	0	0	2
12-14	2	0	0	0	2	1	0	0	0	1	0	0	0	0	0	1	1	0	0	2
15-17	1	1	0	2	4	0	0	0	0	0	0	0	0	2	2	2	1	0	0	3
TTL					40					2					6					13

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

Table 8
COMPARISON OF GENERIC REPORTS BY TYPE OF ABUSE BY SELECTED COUNTIES AND STATE TOTALS FOR 2000

	TOTAL REPORTS of Child Abuse	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse
State of California	40,728	19,751	9,940	1,633	9,404
Los Angeles	6,146	3,276	876	147	1,847
Orange	7,864	2,957	3,346	165	1,396
San Diego	6,167	2,431	2,704	143	889
San Bernardino	2,449	1,195	261	173	820
Riverside	2,059	1,069	350	155	485
Ventura	1,386	822	246	23	295

CONCLUSIONS

Identification of child abuse victims with developmental disabilities is inconsistent with their representation in the population (3-5%). Great fluctuations in reporting over time and across abuse types do not mirror findings in research studies directed toward this particular population. The disproportionately low identification of children with disabilities among abused children indicates a great need for improved identification, reporting, intervention and service for these children, since it is recognized that abuse is a significant problem for children with disabilities. Additionally, the discrepancies between counties may indicate a need for improvement in reporting, training, data collection, or other factor. Particularly the differences among the data of all prior years in which data has been collected (from 1991) and this year (2000) indicate that there are continuing problems in the data collection procedures.

RECOMMENDATIONS:

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

STATE:

- The State Department of Social Services should work together with the Department of Developmental Services and the Department of Justice to uniformly collect, disseminate and utilize data regarding the abuse of children with disabilities served by these entities providing services to children in the State of California.
- The State Departments that have responsibility for children with disabilities who may become victims of abuse should work together in an Inter-Departmental collaboration to assure data collection. A mechanism for such a collaboration was identified

and begun in October 1997 at the Statewide Think Tank on Abuse and Disability in Los Angeles, attended by these agencies. This mechanism is an ACTION PLAN, that identifies immediate needs and how to address them. This can be assisted with OCJP and the Children's Justice Act through coordination with the CAN/DO Project (Child Abuse & Neglect/Disability Outreach Project) through Arc Riverside.

LOS ANGELES COUNTY:

- Each agency contributing data to this ICAN report should include information on child abuse victims with disabilities, as represented in their jurisdictions.
- The recommendations made in the 1994 ICAN report should receive official attention. A Task Force should be developed including DCFS, DOJ and appropriate law enforcement agencies including the Victim's Assistance Program and assigned to monitor progress on those recommendations to assure that they are considered by the appropriate officials and agencies. These are restated below.
- DCFS should engage with Regional Centers and State Developmental Centers to collect and utilize data regarding the abuse of children served by these entities providing services to children within Los Angeles County.
- The Area Board X on Developmental Disabilities that serves all children with developmental disabilities in Los Angeles County should form a liaison with DCFS to assure appropriate data collection and utilization systems. (NOTE: The Area Board already has a written plan to address abuse that could be implemented.)

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

- Modify or monitor procedures so that all reports that should be forwarded to DOJ are in fact forwarded. In this way, the problem of

the failure of all Child Abuse and Neglect reports being forwarded to DOJ can be foreclosed.

- The disability status of the child should be indicated on the DCFS form that is used to indicate substantiation status of the case. This data should be collected and made available for the annual report, and should clarify intervention procedures. All types of disability should be identified, defined and included.
- All child protection workers who are required to complete the forms should receive training in how to use the identifier for disabilities, and the importance of completing this item.
- All child protection workers should have clarification as to their personal liability to civil suit when indicating the child has a disability. Legal counsel can assist; perhaps an indication that the child is "possibly" or "may be" a child with a disability would relieve any possibility of the civil suits the workers state that they fear. An opinion from the Attorney General should be requested by DCFS.
- DOJ and DCS should develop an easy way for workers to correctly identify children with developmental and other disabilities. DCFS could call upon experts in the field to assist with this. DOJ could do the same, seek assistance and consultation, as well as training. The Child Abuse & Neglect/Disability Outreach Project (CAN/DO) of Arc Riverside could be contacted by these agencies for consultation.

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

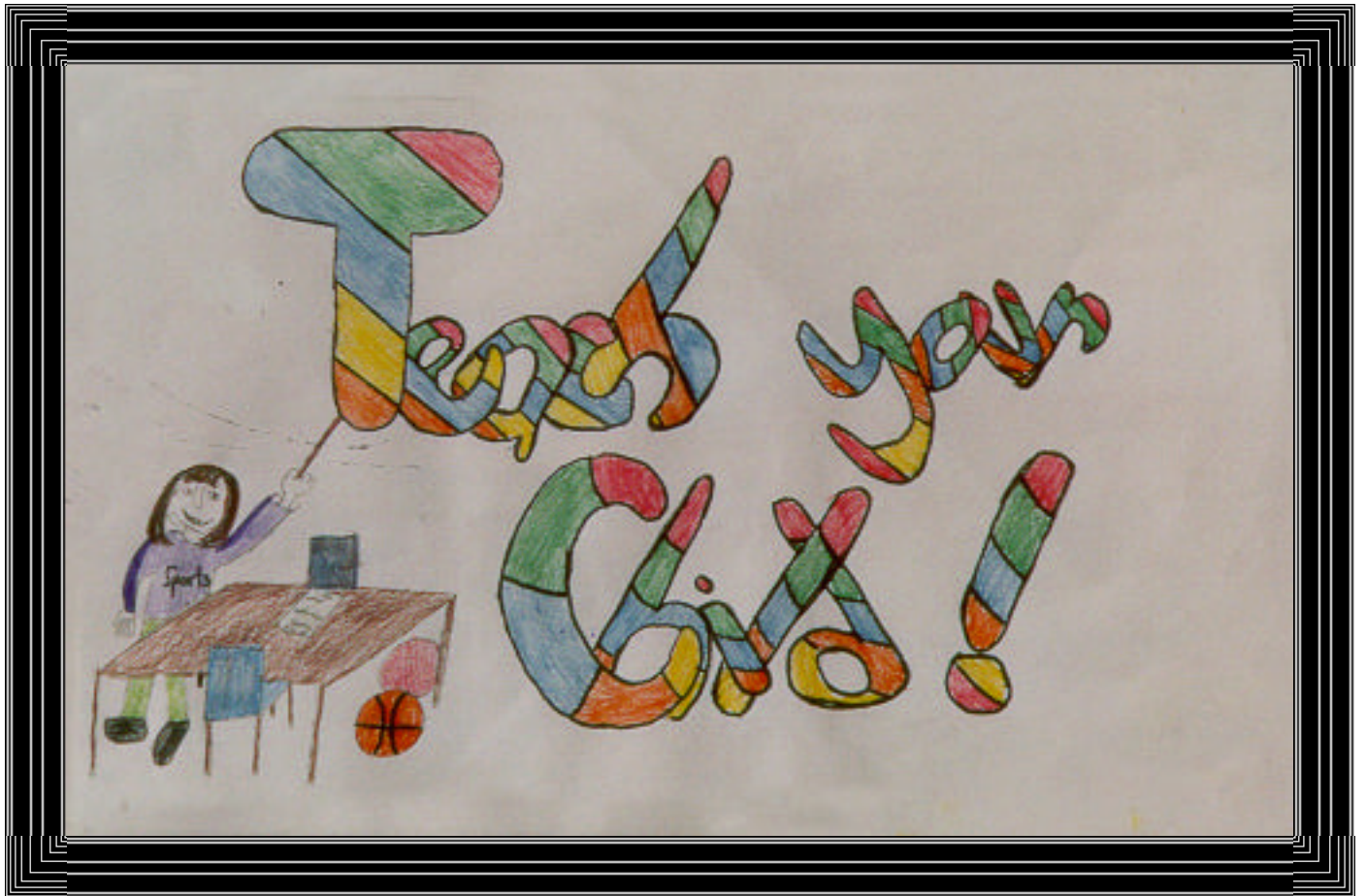
CAN/DO (Child Abuse & Neglect/Disability Outreach) is a project of Arc Riverside, funded by the Governor's Office of Criminal Justice Planning. One of the tasks of the Project is to collect and disseminate information on data on child abuse and disability. This report is one of the products of the project.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





CHILDREN'S PLANNING COUNCIL

CHILDREN'S SCORECARD



VERONICA SOTO
YORBA

LOS ANGELES COUNTY

CHILDREN'S SCORECARD 2000

What the Children's ScoreCard Tells Us

The Children's ScoreCard is an important tool for monitoring the health and well-being of the county's children and families. Indicators never tell the whole story, but they do however offer valuable snapshots capturing the reality of children's lives in Los Angeles County. Indicators can provide focus for our efforts to improve systems serving children and families and basic conditions at the community level. Indicators offer reliable measures to track over time so that we may chart our progress. The following are examples of what can be gleaned from the ScoreCard and represent areas of improvement and continued challenge for each outcome of child well-being. The commitment to the ScoreCard and data development in Los Angeles County is strong; the commitment to employ such information in

the change process must be equally resolute. In this sense, the ScoreCard is not only data but a mechanism for disseminating information, soliciting and providing feedback, and promoting reflection to facilitate improvement in conditions and outcomes for children.

Economic Well-Being

One-third - or an estimated 830,000 - of the county's **children live in extreme poverty** (at or below the federal poverty level. The 1999 federal poverty level for a family of four is an annual income of \$16,895). Nearly one-half - about 1.2 million - of the county's children live barely above this level, at 133% of poverty. While economic prosperity has improved for some over time and the overall proportion of the county's children in poverty declined, the disparities across the county are striking.

Figure 1

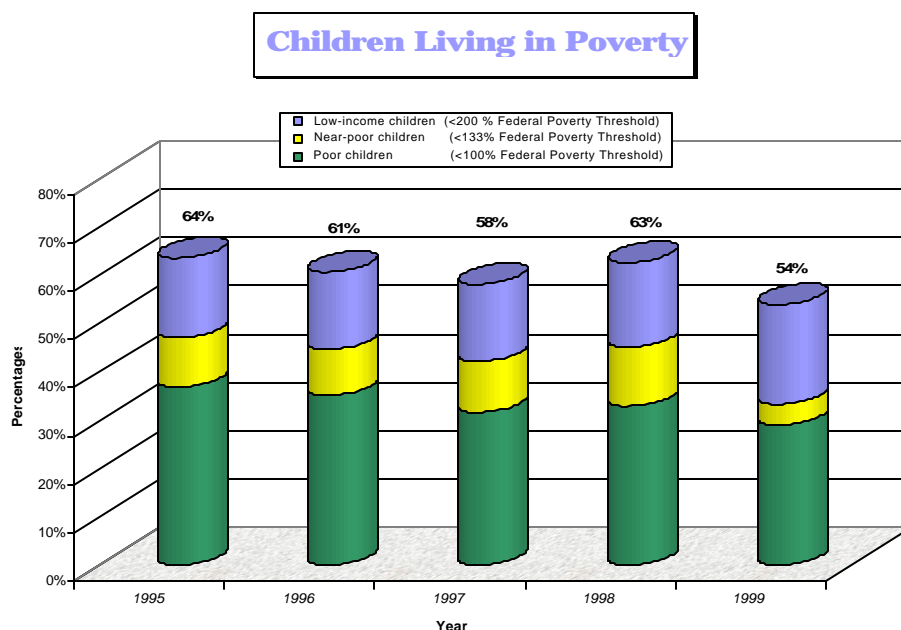
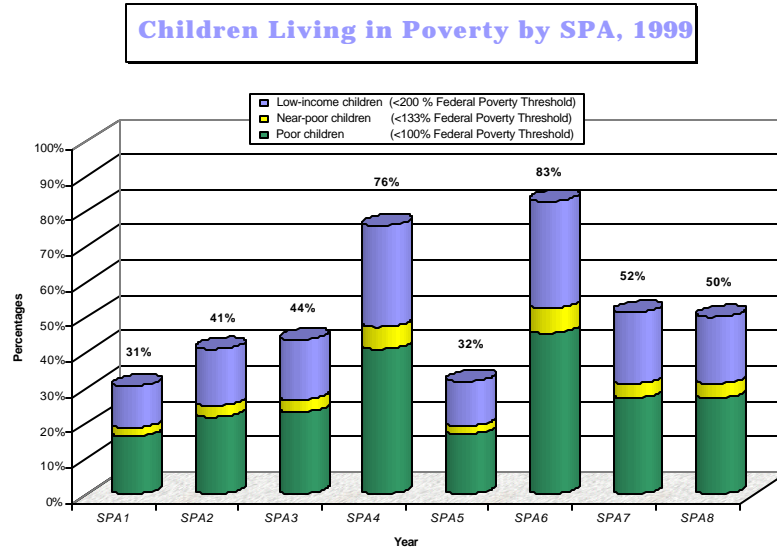


Figure 2



At the same time, changes in the nation's welfare system have challenged state and local governments to redefine the safety net and support for those in need. The decline in the numbers of **children supported by CalWORKs** from 1995 to 1999 dramatizes

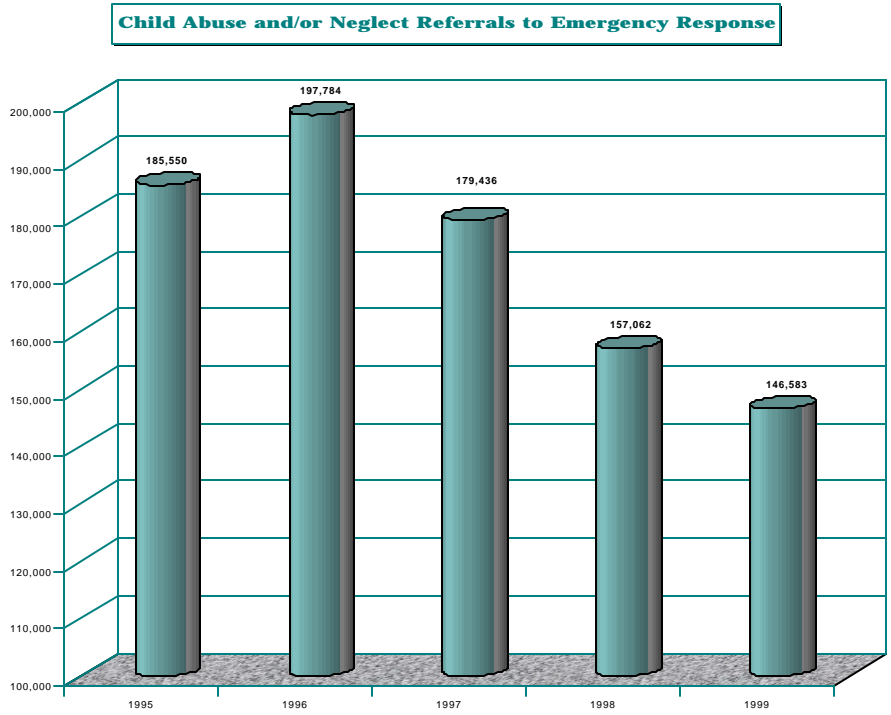
these changes. In a five-year period, the number of children supported by CalWORKs was halved.

Safety and Survival

The number of child abuse and neglect referrals to Emergency Response in 1999 were one third lower in 1999 compared to 1997 which begs the question as to why. The numbers not only portray hard-

ships for children living in desperate conditions, but of the challenges inherent to identifying and investigating cases of abuse and neglect, and protecting children from future harm.

Figure 3



Good Health

Lack of adequate health insurance has been identified as the single most important barrier to health care services for children in the United States. Compared to **children with health insurance**, children who are uninsured are more likely to lack a regular

provider, receive fewer immunizations and other well-child care, to rely on emergency rooms for their care, and go without needed care for health conditions such as ear and throat infections and asthma. One in five of the county's children lack health insurance.

Figure 4

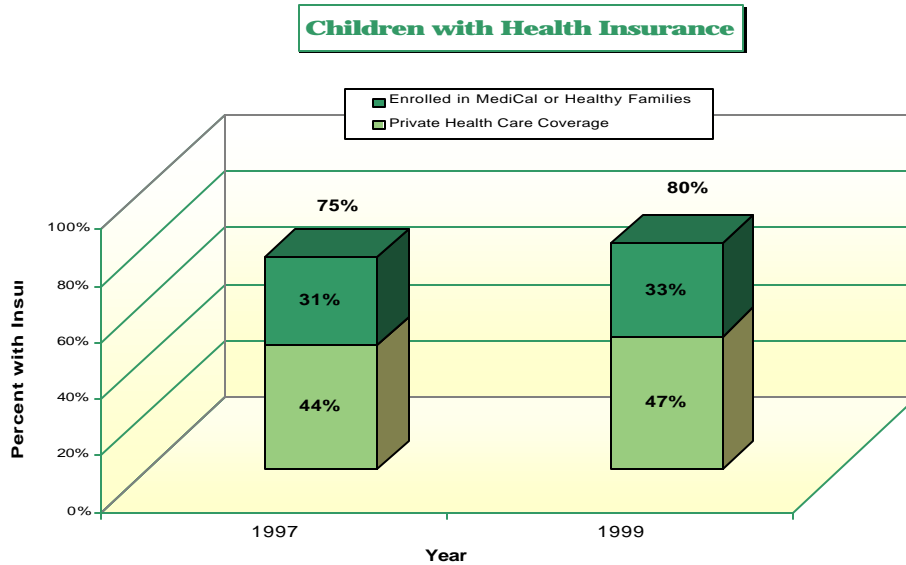
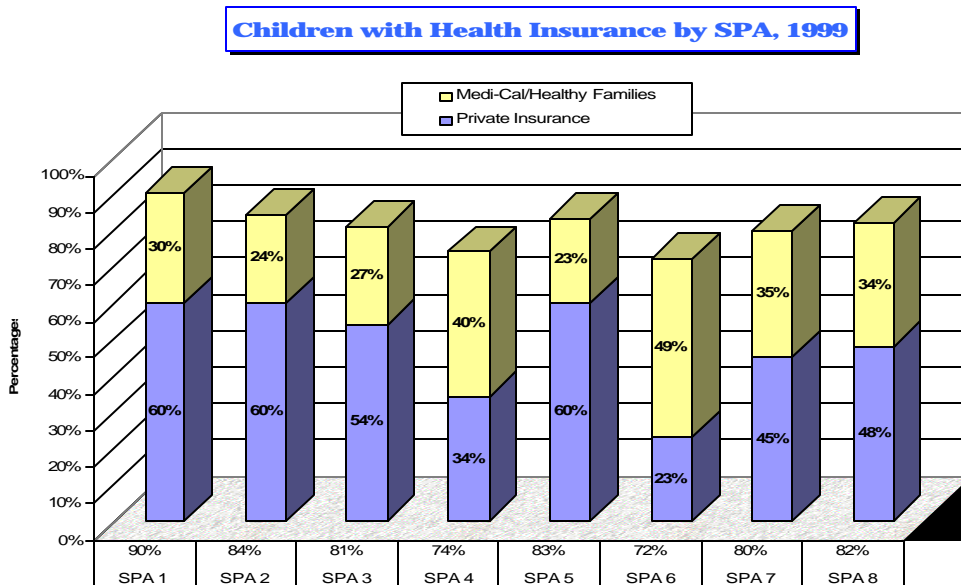


Figure 5





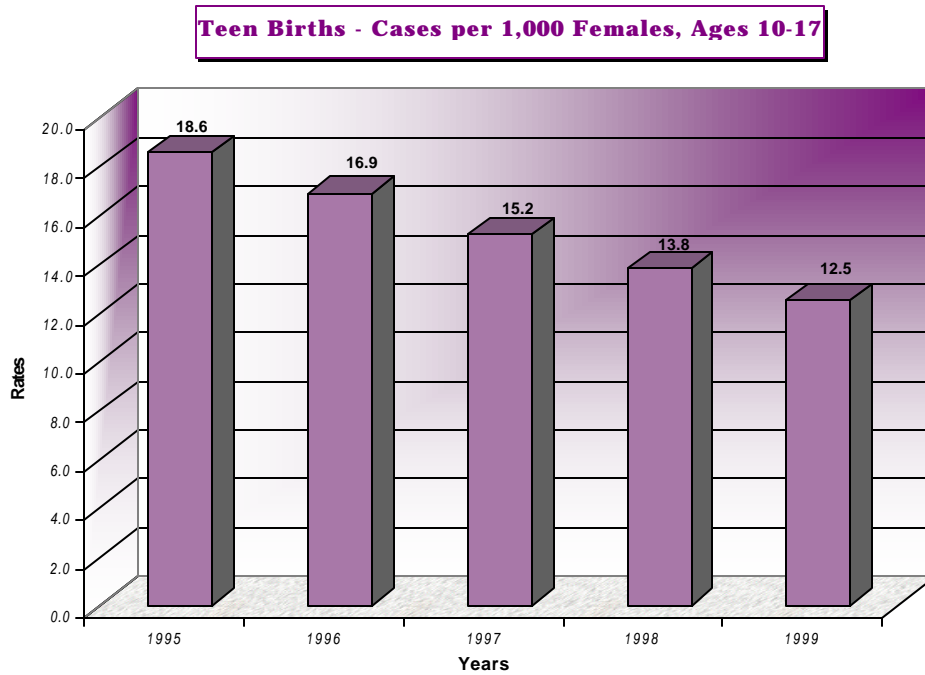
CHILDREN'S SCORECARD

Social and Emotional Well-Being

One predictor of a child's social and emotional well-being can be associated with **teen births**. Between 1995 and 1999 there has been a steady decline - a decline of over 25% over a five year period. This pos-

itive trend downward encourages us that we can "turn the curve" on conditions of well-being when there is commitment, joint effort, and dedicated resources toward a common goal.

Figure 6



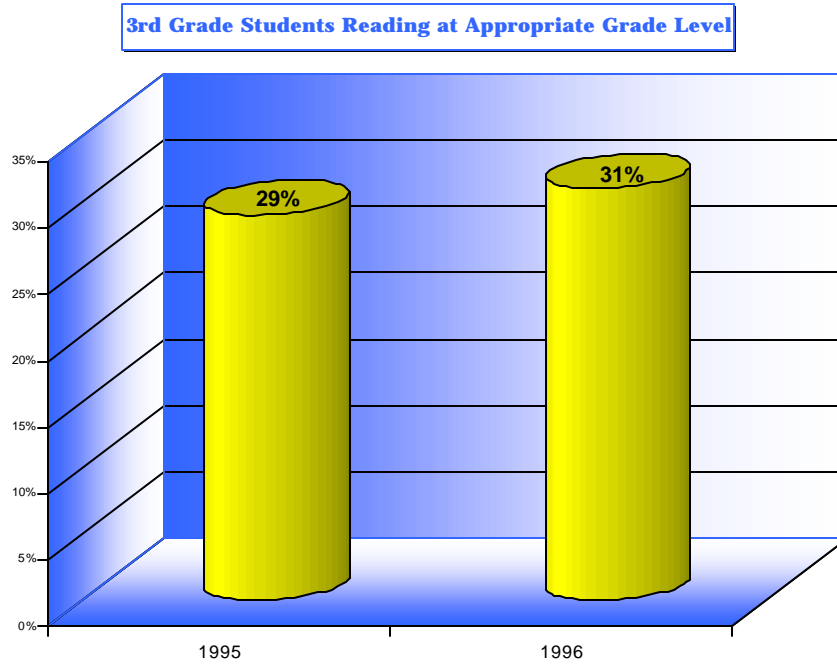


Education and Workforce Readiness

A key indicator to show whether kids are ready for school is the **reading level at grade 3**. Reading by grade level will measure the success of early literacy, which will, in turn, portend improvement in the proportion of children who complete high school. Thus, reading by grade 3 is an important

milestone for all children and one that will reflect successes in the promotion of early literacy.

Figure 7



DEPARTMENT OF PUBLIC SOCIAL SERVICES



STEPHANIE TAM
WILLIAM NORTHRUP MIDDLE SCHOOL

DEPARTMENT OF PUBLIC SOCIAL SERVICES

STATE AND FEDERAL ASSISTANCE

The Department of Public Social Services (DPSS) has an operating budget of \$3.12 billion and 13,454 employees for FY 2000-2001. The department's primary responsibilities, as mandated by public law, are:

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

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

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

OUR MISSION

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

OUR PHILOSOPHY

We believe that we can help those we service to enhance the quality of their lives, provide for themselves and their families, and make positive contributions to the community.

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

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

DPSS PROGRAMS

The federal and State assistance programs that DPSS administers include California Work Opportunity and Responsibility to Kids (CalWORKs), the Refugee Resettlement Program (RRP), Food Stamps, and Medical Assistance Only (MAO). DPSS also administers the General Relief (GR) Program for the County's indigent population and the Cash Assistance Program for Immigrants (CAPI). The goal of these programs is to provide the basic essentials of food, clothing, shelter, and medical care to eligible families and individuals. In calendar year 2000, DPSS provided financial aid to a monthly average of 1.75 million persons, including In-Home Supportive Services (IHSS).



CalWORKs Program

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

While the implementation of Welfare Reform has presented many challenges for Los Angeles County, it has also provided unique opportunities to improve the lives of families. In particular, those opportunities help families overcome personal barriers to employment in the areas of domestic violence, substance abuse and mental health and by offering post employment services.

Total Caseload

As shown in Figure 1, using December 1999 and 2000 as points in time for comparison, the aided persons receiving cash assistance fell by 1.33% (9,005). Decreases in the CalWORKs one parent households were partially offset by increases in the CalWORKs two-parent households, Refugee Resettlement Programs and the Cash Assistance Program for Immigrants.

The chart also shows that the persons receiving non-cash assistance increased by about 1% (10,811). Most of this increase resulted from the addition of 16,147 persons to the Medi-Cal Assistance Only program as part of an intensive departmental effort to enroll non-insured children in this program. In addition, 7,067 persons were added to

the In-Home Supportive Services program. These increases were offset by a drop in the number of persons receiving Food Stamps Only.

Overall, there was a 0.1% (1,806) increase in the number of persons receiving assistance through DPSS. Refer to Figures 3, 4, 5 and 6 for recent trends on persons aided in the CalWORKs-FG, CalWORKs-U, FSO and MAO Programs respectively.

Ethnic Origin and Primary Language Characteristics

Figure 1-7 displays the percentages of cases by ethnic origin and the primary language in which the head of the Assistance Unit chose to exchange information. This information is based on December 2000 Ethnic Origin and Primary Language Characteristics for the entire department.

Child Abuse Referrals & Staff Training

A major focus of the Department is to ensure that staff are active participants in child abuse prevention (see Figure 1-8). In 1987, Staff Development implemented a comprehensive Child Abuse Prevention training program. The primary purpose of this training is to inform DPSS public contact employees about the seriousness of the child abuse problem in Los Angeles County and the employees' mandated reporting responsibilities.

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

During the training session, the trainees are shown a video which describes the types of child abuse, indicators of such abuse, provisions of the reporting law, and DPSS staff reporting responsibilities and

procedures. The trainees are also given handouts related to the indicators of child abuse and the handout material is discussed.

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

SIGNIFICANT FINDINGS

By December 2000, the overall family and adult caseloads had increased to 1,769,878 from 1,768,072 persons receiving aid in December 1999. This represented a 0.1% (1,806) increase in persons receiving aid.

Los Angeles County's unemployment rate decreased from 5.2% in December 1999 to 4.6% in December 2000. The California Employment Development Department estimated Los Angeles County's civilian labor force at 4,812,000 in December 2000 with 222,000 persons unemployed.

The following represents caseload changes in programs where children are most likely to receive aid:

CalWORKs

The number receiving assistance through the CalWORKs - 1 Parent (FG) program in December 2000 was 466,552 which is 1.7% or 8,119 persons below December 1999's 474,671 persons.

The CalWORKs - 2 Parent (U) caseload experienced a slight increase of 1.7% or 2,244 persons.

During calendar year 2000, the number receiving assistance through the CalWORKs - 2 Parent (U) program increased to 133,810 compared to 1999's 131,566.

FSO

The number of FSO recipients dropped from 102,852 in December 1999 to 90,449 in December 2000, representing a decrease of 12.1% (12,403).

MAO

The number of persons receiving MAO increased by 1.8% from 892,420 in December 1999 to 908,567 in December 2000. The increase in MAO aided counts are as a result of the Child Medi-Cal Enrollment Project (CMEP) and the Medi-Cal outreach efforts to address the unmet health care needs of uninsured children in Los Angeles County.

CHILD ABUSE REFERRALS

In calendar year 2000, the number of child abuse referrals made to the Department of Children & Family Services increased by 41 (5.8%). The total number of child abuse referrals in 2000 was 751.

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



GLOSSARY

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

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

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

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

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

In-Home Supportive Services (IHSS)

enables low-income elderly, disabled or blind individuals to remain safely at home by providing funds for in-home personal care and domestic services.

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

Refugee Resettlement Program (RRP)

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



Figure 1

PERSONS AIDED - ALL DPSS PROGRAMS

December 1999 – December 2000

Cash Assistance Programs

	1999	2000	Change	% Change
CalWORKs - 1 Parent	474,671	466,552	-8,119	-1.71%
CalWORKs - 2 Parent	131,566	133,810	2,244	1.71%
General Relief	63,572	58,658	-4,914	-7.73%
Refugee Resettlement Program	375	786	411	109.60%
Cash Assistance Program for Immigrants	4,673	6,046	1,373	29.38%
Total Cash Assistance Persons Aided	674,857	665,852	-9,005	-1.33%

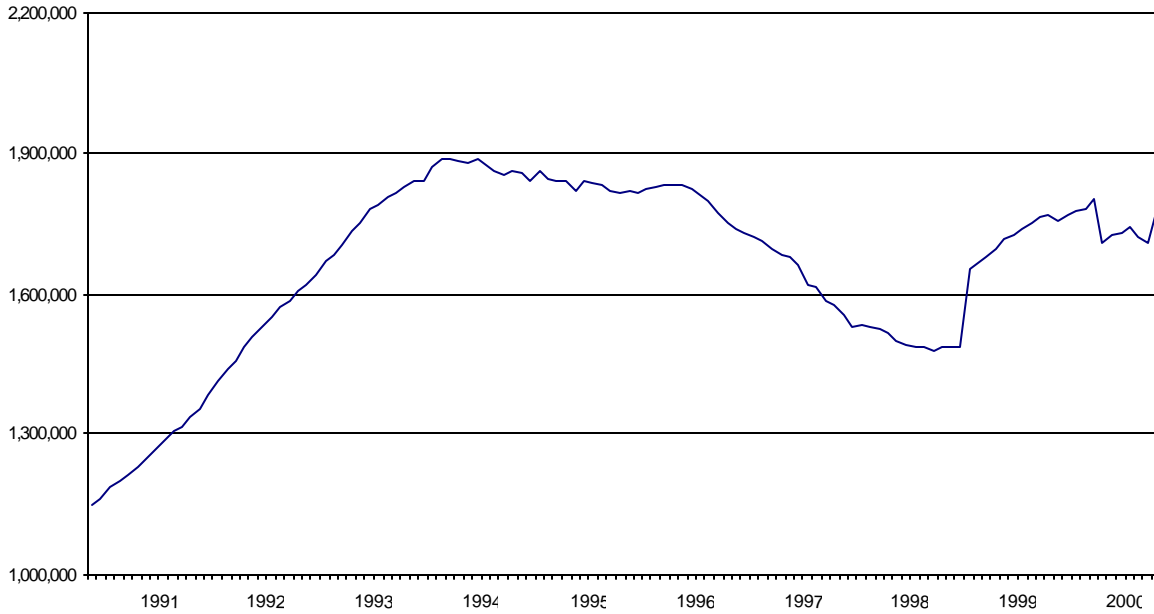
Non-Cash Assistance Programs

IHSS	97,943	105,010	7,067	7.22%
MAO	892,420	908,567	16,147	1.81%
FSO	102,852	90,449	-12,403	-12.06%
Total Non-Cash Assistance Persons Aided	1,093,215	1,104,026	10,811	1.0%

Total All Programs Persons

Aided	1,768,072	1,769,878	1,806	.10%
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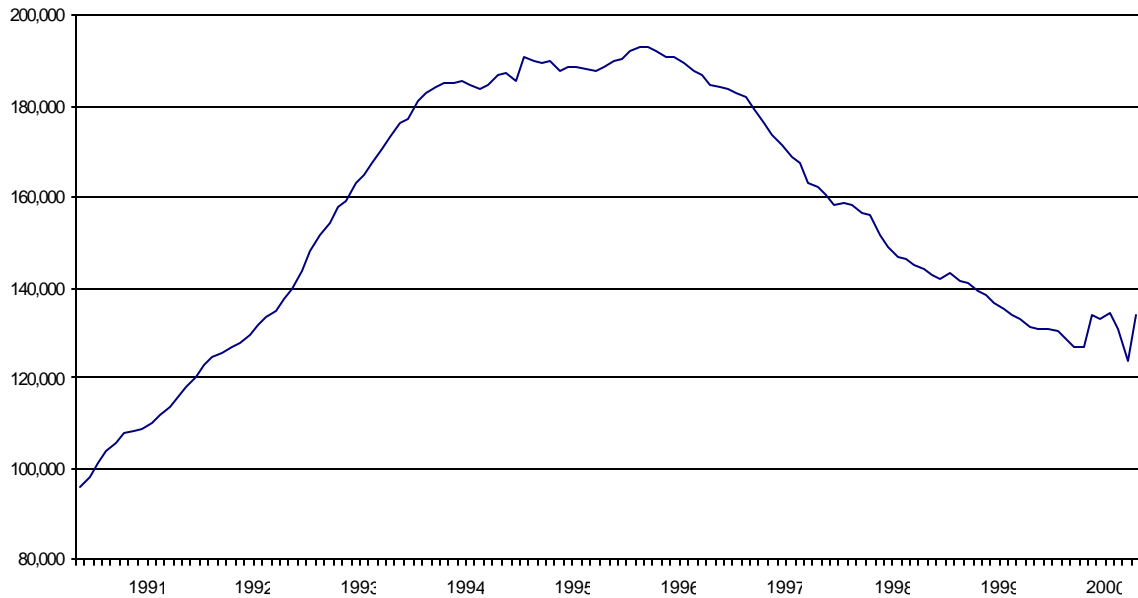
Figure 2
PERSONS AIDED - ALL AID TYPES COMBINED
 January 1991 to December 2000



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Jan	1,150,529	1,355,763	1,618,696	1,838,536	1,856,959	1,815,720	1,739,691	1,553,899	1,483,869	1,756,212
Feb	1,160,098	1,382,085	1,635,868	1,837,625	1,840,912	1,813,789	1,726,450	1,530,151	1,486,946	1,766,419
Mar	1,184,703	1,412,368	1,669,406	1,871,302	1,863,833	1,825,136	1,720,143	1,534,206	1,652,199	1,778,684
Apr	1,200,895	1,436,061	1,681,585	1,883,571	1,844,758	1,826,820	1,712,033	1,530,926	1,665,832	1,781,558
May	1,212,091	1,456,294	1,703,818	1,886,793	1,843,275	1,831,350	1,693,943	1,521,529	1,676,300	1,803,096
Jun	1,228,318	1,482,726	1,735,982	1,881,832	1,843,183	1,831,991	1,679,816	1,517,219	1,694,090	1,710,715
Jul	1,245,662	1,506,330	1,753,476	1,877,714	1,821,202	1,830,611	1,675,458	1,496,928	1,716,905	1,722,308
Aug	1,265,220	1,525,569	1,780,514	1,886,676	1,836,626	1,822,112	1,662,085	1,490,182	1,724,536	1,730,694
Sep	1,282,074	1,549,004	1,786,347	1,875,197	1,833,234	1,811,154	1,619,097	1,484,360	1,737,460	1,741,645
Oct	1,304,534	1,573,829	1,805,626	1,864,484	1,832,172	1,799,175	1,612,337	1,487,282	1,751,308	1,718,963
Nov	1,315,386	1,583,850	1,813,953	1,854,080	1,819,413	1,775,240	1,583,948	1,476,617	1,761,779	1,708,055
Dec	1,335,847	1,605,328	1,826,169	1,862,424	1,813,271	1,753,156	1,575,466	1,487,157	1,768,072	1,769,878

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

Figure 3
PERSONS AIDED - CALWORKS 2 PARENT
 January 1991 to December 2000



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Jan	549,773	609,335	637,301	682,268	698,072	687,051	652,669	578,417	518,314	131,123
Feb	554,373	614,121	640,224	681,770	691,939	684,692	647,937	569,585	512,021	130,930
Mar	562,609	617,607	646,683	690,332	701,854	684,346	644,573	568,511	510,601	130,446
Apr	567,509	619,688	650,504	693,112	696,575	683,120	639,809	564,894	507,464	128,391
May	570,779	620,454	651,670	694,075	696,120	682,890	629,705	558,755	500,846	127,210
Jun	574,680	625,762	656,892	694,341	695,009	679,411	615,440	553,377	496,858	126,978
Jul	578,237	623,865	659,205	690,610	687,348	675,752	611,984	546,358	496,744	133,827
Aug	586,646	627,439	667,607	692,496	695,808	672,386	607,501	540,869	490,095	132,788
Sep	591,036	631,182	667,264	689,599	695,329	667,384	599,871	533,755	488,595	134,495
Oct	598,129	633,972	673,020	689,758	695,054	665,034	597,613	530,703	484,318	131,165
Nov	600,010	632,209	675,452	689,669	688,392	662,289	587,860	525,259	477,780	123,664
Dec	606,437	638,679	678,368	696,960	687,223	656,356	584,856	524,842	474,671	133,810

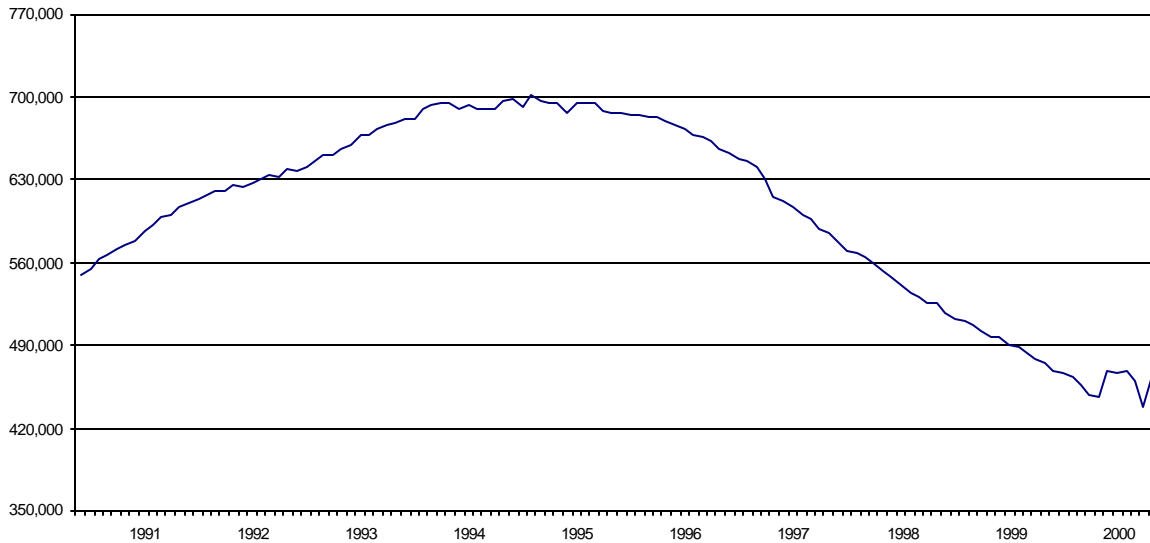
Note: Effective July 2000, the data includes actual counts from LEADER districts. Data from May 1999 to June 2000 includes estimated LEADER counts.



Figure 4

PERSONS AIDED - CALWORKS 1 PARENT

January 1991 to December 2000



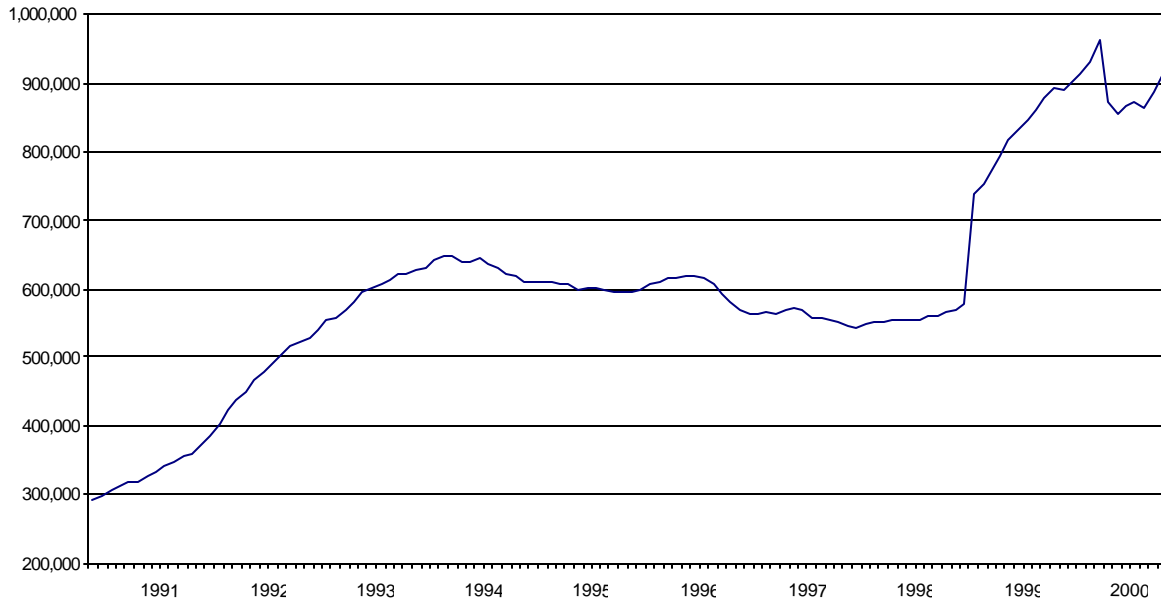
	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Jan	95,898	118,115	139,850	176,160	187,391	189,666	184,437	160,377	142,907	468,046
Feb	98,056	120,652	143,377	177,201	185,941	190,384	184,039	158,306	142,139	465,514
Mar	101,447	123,095	148,236	181,091	190,709	192,265	182,841	158,719	143,102	462,602
Apr	104,226	124,705	151,521	182,862	189,707	193,103	182,234	157,953	141,471	455,391
May	106,030	125,506	154,553	184,339	189,536	193,108	179,402	156,341	140,914	448,201
Jun	108,106	127,043	157,639	184,876	189,612	192,079	176,335	155,725	139,464	445,836
Jul	108,591	127,913	159,248	185,088	187,439	190,905	173,657	151,535	138,417	467,858
Aug	108,772	129,667	163,087	185,263	188,810	190,710	171,542	148,821	136,509	466,491
Sep	110,275	131,939	164,606	184,577	188,660	189,317	168,678	146,603	135,362	469,099
Oct	112,086	133,497	167,679	183,788	188,434	188,063	167,577	146,279	134,057	456,510
Nov	113,414	134,863	170,512	184,591	188,109	186,981	163,221	144,785	132,907	437,361
Dec	115,649	137,491	173,347	186,811	188,695	184,798	162,070	144,246	131,566	466,552

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

Figure 5

PERSONS AIDED - MAO

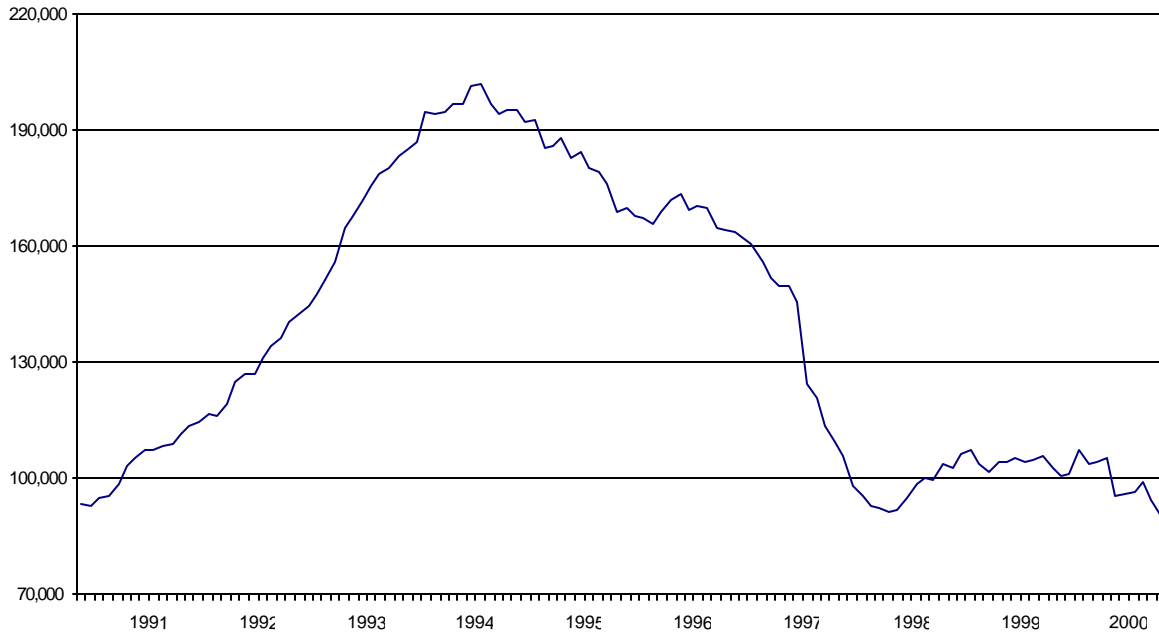
January 1991 to December 2000



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Jan	93,502	113,109	142,421	184,650	194,993	169,613	163,457	105,559	102,517	889,755
Feb	92,936	114,641	144,694	187,120	192,160	167,614	161,988	97,595	106,243	902,304
Mar	94,638	116,111	147,477	194,421	192,786	167,074	160,371	95,013	106,907	914,589
Apr	95,657	116,052	151,318	193,914	185,351	165,795	156,038	92,842	103,383	931,347
May	98,451	119,187	155,459	194,252	185,957	169,031	151,406	91,952	101,812	961,482
Jun	103,175	124,873	164,570	196,796	187,728	171,846	149,604	91,388	104,357	870,789
Jul	105,339	126,966	167,432	196,823	182,491	173,110	149,266	91,819	104,479	853,517
Aug	106,878	126,956	171,721	201,308	184,100	169,450	145,430	94,868	105,463	865,679
Sep	107,010	131,064	175,231	201,817	180,132	169,930	124,163	98,676	104,315	871,567
Oct	108,464	134,075	178,656	196,665	179,051	169,509	120,538	100,107	104,668	863,525
Nov	109,006	136,052	180,263	193,793	175,752	164,657	113,236	99,441	105,767	886,356
Dec	111,690	140,480	183,209	195,400	168,958	163,939	109,365	103,417	102,852	908,567

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

Figure 6
PERSONS AIDED - FSO/MIXED FOOD STAMPS
 January 1991 – December 2000



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Jan	294,032	371,013	530,107	628,241	611,805	596,484	570,327	545,557	571,007	100,246
Feb	298,492	385,421	539,877	630,038	607,762	597,735	564,166	541,932	577,075	101,379
Mar	306,871	403,519	554,940	641,434	611,831	606,724	563,039	547,734	736,143	107,508
Apr	313,301	421,464	558,232	648,740	608,059	611,286	564,277	551,182	754,584	103,393
May	315,949	437,053	568,970	648,310	606,154	616,143	563,326	551,338	773,607	104,376
Jun	320,434	449,904	583,067	639,771	604,854	616,606	570,008	553,940	792,953	105,136
Jul	326,716	468,592	593,173	639,518	599,987	618,514	571,714	554,563	814,968	95,758
Aug	333,523	479,311	602,109	643,344	602,215	617,597	568,862	555,691	829,576	96,009
Sep	340,869	491,317	605,398	635,820	601,480	614,457	559,167	555,105	844,984	96,450
Oct	348,415	506,651	614,201	628,729	599,205	605,973	558,273	561,363	862,429	99,123
Nov	354,128	514,869	619,183	622,231	595,753	592,418	554,113	559,878	879,336	94,460
Dec	360,781	521,957	623,521	617,687	594,630	578,977	552,039	565,886	892,420	90,449

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

DEPARTMENT OF PUBLIC SOCIAL SERVICES

Figure 7

ETHNIC ORIGIN AND PRIMARY LANGUAGE CASE COUNTS IN APRIL 2000*

Aid Program	CalWORKs 1 Parent		CalWORKs 2 Parent		GR	CAPI		FSO		MAO		IHSS		
ETHNIC ORIGIN														
ASIAN	8,204	4.7%	5,344	14.7%	2,459	4.3%	4,418	73.1%	2,042	4.5%	57,462	11.5%	9,567	9.1%
BLACK	54,656	31.5%	1,960	5.4%	30,476	53.0%	33	0.5%	13,043	28.7%	48,517	9.7%	27,069	25.8%
HISPANIC	95,323	54.9%	20,959	57.5%	13,374	23.3%	752	12.4%	23,121	50.9%	304,973	61.3%	25,986	24.7%
WHITE	15,140	8.7%	8,103	22.3%	10,790	18.8%	837	13.9%	7,106	15.6%	86,419	17.3%	42,218	40.2%
OTHER	340	0.2%	50	0.1%	320	0.6%	6	0.1%	142	0.3%	1,082	0.2%	170	0.2%
TOTALS	173,663	100%	36,416	100%	57,419	100%	6,046	100%	45,454	100%	498,453	100%	105,010	100%

PRIMARY LANGUAGE

ARMENIAN	1,687	1.0%	5,163	14.2%	1,830	3.2%	414	6.8%	395	0.9%	8,604	1.7%	16,118	15.3%
CAMBODIAN	2,203	1.3%	863	2.4%	78	0.1%	15	0.2%	40	0.1%	787	0.2%	1,075	1.0%
CHINESE	772	0.4%	1,038	2.9%	245	0.4%	2,257	37.3%	402	0.9%	14,215	2.9%	5,134	4.9%
ENGLISH	109,080	62.9%	9,577	26.3%	49,145	85.7%	206	3.4%	27,831	61.1%	235,645	47.2%	47,850	45.6%
FARSI	231	0.1%	379	1.0%	132	0.2%	195	3.2%	118	0.3%	1,749	0.4%	3,047	2.9%
KOREAN	130	0.1%	57	0.2%	592	1.0%	724	12.0%	73	0.2%	6,429	1.3%	1,844	1.8%
RUSSIAN	397	0.2%	468	1.3%	277	0.5%	77	1.3%	129	0.3%	1,954	0.4%	6,315	6.0%
SPANISH	57,304	33.0%	16,504	45.2%	4,444	7.7%	753	12.5%	15,967	35.1%	219,896	44.0%	17,957	17.1%
VIETNAMESE	1,610	0.9%	2,215	6.1%	510	0.9%	366	6.1%	366	0.8%	4,791	1.0%	1,972	1.9%
OTHER	249	0.1%	152	0.4%	166	0.3%	1,039	17.2%	133	0.3%	4,383	0.9%	3,698	3.5%
TOTALS	173,663	100%	36,416	100%	57,419	100%	6,046	100%	45,454	100%	498,453	100%	105,010	100%

PERSONS

KEY TO ACRONYMS

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

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



Figure 8

DPSS EMPLOYEES' REPORTS TO THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES OF CHILD ABUSE/NEGLECT

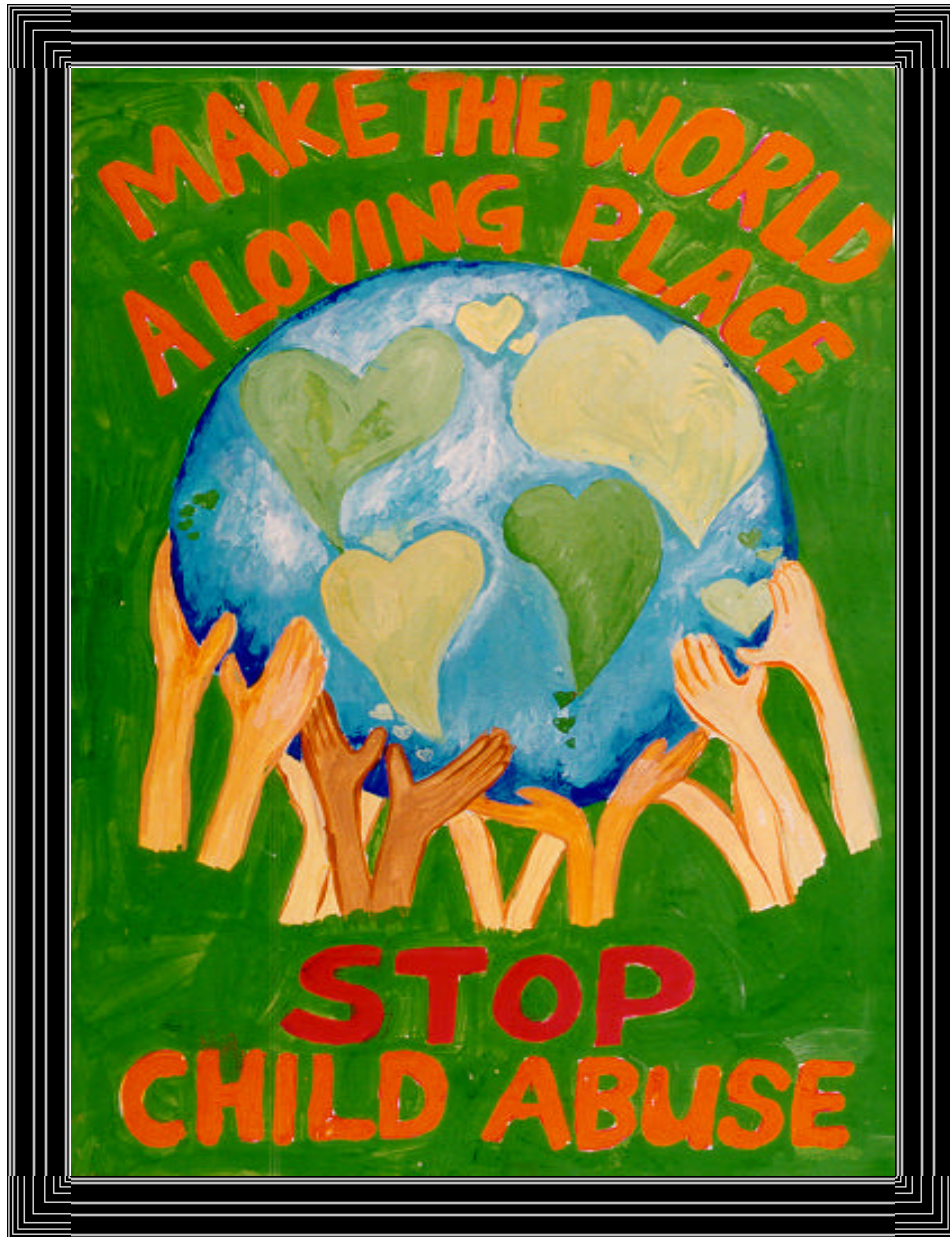
Program	1996	1997	1998	1999	2000	Change Number	1999 - 2000 Percent
JJAN	133	120	80	78	59	-19	-24.4%
FEB	141	110	86	41	42	1	2.4%
MAR	161	101	88	70	64	-6	-8.6%
APR	125	110	104	49	64	15	30.6%
MAY	111	89	73	67	87	20	29.9%
JUN	146	93	88	54	78	24	44.4%
JUL	149	121	99	49	65	16	32.7%
AUG	177	113	98	85	61	-24	-28.2%
SEP	141	111	75	69	58	-11	-15.9%
OCT	120	85	71	65	59	-6	-9.2%
NOV	93	80	17	53	53	0	0.0%
DEC	101	58	40	30	61	31	103.3%
TOTAL	1,598	1,191	919	710	751	41	5.8%

* This percent figure is not a total; it represents the overall percentage change of referrals from calendar year 1999 to 2000. Some of the referrals may have been for the same children, as DPSS makes referrals from two sources: 1) Staff observing incidents which indicate abuse/neglect, and 2) Data collected from reports received over the Department's fraud reporting hot line.

Source: Child Abuse Referral Monthly Report



LOS ANGELES COUNTY OFFICE OF EDUCATION



JEAN MIN
TOPEKA DRIVE SCHOOL



LOS ANGELES COUNTY OFFICE OF EDUCATION

ANNUAL REPORT OF SUSPECTED CHILD ABUSE CASES

Data are presented in this report on the incidence of reported child abuse among children attending public schools and other public educational programs such as Alternative Education and State Preschools in Los Angeles County. Child abuse cases are reported for the following categories: **Sexual Abuse, Physical Abuse General Neglect, Emotional Abuse** and **Other**. The category **Other** represents unique situations that are not adequately covered in the general specified categories listed above.

Los Angeles County Office of Education (LACOE) has received all the reported cases of child abuse in the school districts of Los Angeles County for the 2000-2001 school year. The total of 8,553 reported cases represents .05% of the 2000-2001-enrollment total of 1,681,787 students for Los Angeles County.

Physical abuse is by far the most widespread reported form of abuse accounting for 61% (5,197 cases) of all reported cases. **Sexual Abuse** accounted for 13% (1,146 cases) and **General Neglect** for 18% (1,516 cases) of all reported cases. **Emotional Abuse** accounted for 5% (413) of the reported cases of child abuse last year. The category of **Other** accounted for the least frequent form of abuse (3% or 281 cases). It is noteworthy that the school districts' response to our request for child abuse information was very high this year. School districts with very high student enrollments, such as Los Angeles Unified School District and Long Beach Unified School District are included. This provides a more comprehensive and more accurate picture of reported

child abuse cases in Los Angeles County.

Los Angeles County targeted Child Abuse Prevention as one of its primary goals this year. Collaborating with law enforcement, the District Attorney's Office, and public/community agencies LACOE sponsored a Countywide Child Abuse Prevention workshop. Child Abuse reporting requirements, recognition of child abuse signs and support for individuals filing reports was the focus of the workshop. Response to this workshop was overwhelming. Attendees included teams from various school districts throughout the county. Participants included school personnel (nurses, teachers site and district administrators), law enforcement personnel, medical personnel, DCFS and the Los Angeles County Sheriff's Department. Many potential participants were unable to attend; due to the high volume of requests LACOE has agreed to repeat this workshop in the future.

In the 2001-2002 school year LACOE is planning a Parent Academy focusing on assisting parents with successful positive strategies for their children to succeed behaviorally and socially.

Figure 1
TYPE OF ABUSE 2000-2001

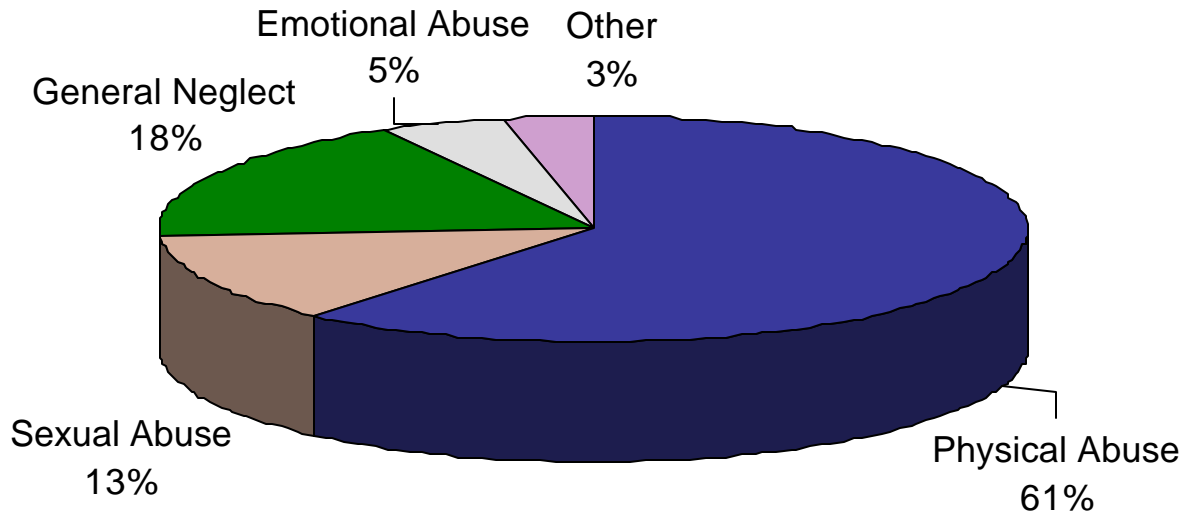
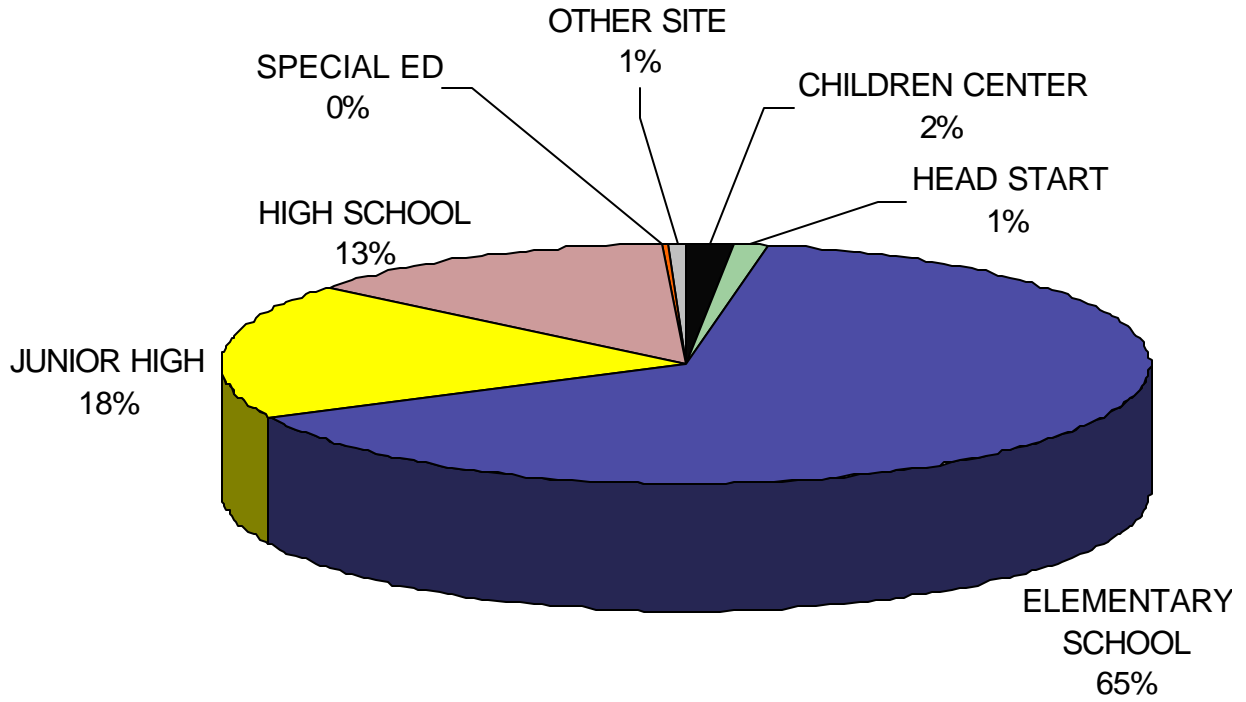




Figure 2
CHILD ABUSE BY TYPE OF SCHOOL 2000-2001





ICAN DATA ANALYSIS REPORT FOR 2001

Figure 3
GENERAL NEGLECT

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
ABC UNIFIED	0	0	4	0	0	0	0
ACTON-AGUA DULCE UNIFIED	0	0	1	1	0	0	0
ALHAMBRA SCHOOL DISTRICT	1	0	19	0	3	0	0
ARCADIA UNIFIED	0	0	2	1	2	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	7	3	3	0	0
BALDWIN PARK UNIFIED	0	0	2	4	1	0	0
BASSETT UNIFIED	0	0	4	0	1	0	0
BELLFLOWER UNIFIED	0	0	12	0	1	0	0
BEVERLY HILLS	0	0	1	0	0	0	0
BONITA UNIFIED	0	0	2	0	0	0	0
BURBANK UNIFIED	0	0	9	3	3	0	0
CASTAIC UNION SCHOOL DISTRICT	0	0	3	2	0	0	0
CENTINELA VALLEY UNION HIGH	0	0	0	0	0	0	0
CHARTER OAK UNIFIED	0	0	2	0	0	0	0
CLAREMOUNT UNIFIED	0	0	3	2	0	0	1
COMPTON UNIFIED	0	0	0	0	0	0	0
COVINA-VALLEY UNIFIED	2	0	13	3	0	0	0
CULVER CITY UNIFIED	0	0	5	4	2	1	0
DOWNEY UNIFIED	0	0	17	1	6	0	1
DUARTE UNIFIED	0	0	1	0	0	0	0
EAST WHITTIER CITY	0	0	7	1	0	0	0
EASTSIDE UNION	0	0	2	0	0	0	0
EL MONTE CITY	1	0	8	2	0	0	0
EL MONTE UNION HIGH	0	0	0	0	2	0	0
EL RANCHO UNIFIED	0	0	6	2	0	0	0
EL SEGUNDO UNIFIED	0	0	0	2	0	0	0
GARVEY SCHOOL DISTRICT	0	0	2	1	0	0	0
GLENDALE UNIFIED	1	0	9	0	0	0	0
GLENDORA UNIFIED	0	0	0	0	1	0	0
GORMAN ELEMENTARY	0	0	1	1	0	0	0
HACIENDA LA PUENTE UNIFIED	0	4	13	3	1	0	0
HAWTHORNE ELEMENTARY	0	0	10	2	0	0	0
HERMOSA BEACH CITY	0	0	0	1	0	0	0
HUGHES-ELIZABETH LAKES	0	0	0	0	0	0	0
INGLEWOOD UNIFIED	0	0	0	0	0	0	0
KEPPEL UNION	0	0	6	2	0	0	0
LA CANADA UNIFIED	0	0	1	1	0	0	0
LANCASTER SCHOOL DISTRICT	0	0	0	0	0	0	0
LAS VIRGENES UNIFIED	0	0	1	0	0	0	0
LAWNDALE ELEMENTARY	0	0	6	0	0	0	0
LENNOX ELEMENTARY	0	0	12	1	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	1	1	0	0	0
LONG BEACH UNIFIED	2	0	40	11	1	0	0
LOS ANGELES CO OFFICE OF ED	0	0	0	0	10	0	0
LOS ANGELES UNIFIED	17	0	616	144	70	13	7
LOS NIETOS SCHOOL DISTRICT	0	0	0	0	0	0	0
LOWELL JOINT ELEMENTARY	0	0	1	0	0	0	0
LYNWOOD UNIFIED	0	0	0	0	0	0	0
MANHATTAN BEACH	0	0	0	0	0	0	0
MONROVIA UNIFIED	0	1	11	1	0	0	0



Figure 3 (cont.)

GENERAL NEGLECT

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
MONTEBELLO UNIFIED	0	0	12	6	0	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	1	0	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	7	0	0	0	0
NORWALK-LA MIRADA UNIFIED	0	1	8	2	1	0	0
PALMDALE ELEMENTARY	0	2	12	2	0	0	0
PALOS VERDES UNIFIED	0	0	0	0	0	0	0
PARAMOUNT UNIFIED	0	0	28	0	2	0	0
PASADENA UNIFIED	0	0	11	1	3	0	0
POMONA UNIFIED	0	2	30	4	3	0	0
REDONDO BEACH UNIFIED	0	0	7	0	0	0	0
ROSEMEAD ELEMENTARY	0	0	3	0	0	0	0
ROWLAND UNIFIED	0	0	16	4	1	0	0
SAN GABRIEL UNIFIED	0	0	5	2	1	0	0
SAN MARINO UNIFIED	0	0	0	1	0	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	16	7	7	0	0
SAUGUS UNION	0	0	16	0	0	0	0
SOUTH PASADENA UNIFIED	0	0	3	1	0	0	0
SOUTH WHITTIER	0	0	2	0	0	0	0
SULPHUR SPRINGS UNION	0	0	7	0	0	0	0
TEMPLE CITY UNIFIED	0	0	4	0	0	0	0
TORRANCE UNIFIED	2	0	13	0	0	0	0
VALLE LINDO	0	0	0	0	0	0	0
WALNUT VALLEY UNIFIED	0	0	2	3	0	0	0
WEST COVINA UNIFIED	0	0	3	2	0	0	0
WESTSIDE UNION	0	0	6	1	0	0	0
WHITTIER CITY	0	0	7	4	0	0	0
WHITTIER UNION	0	0	0	0	2	0	0
WILLIAM S HART UNION HIGH	0	0	0	3	4	0	0
WILSONA ELEMENTARY	0	0	1	0	0	0	0
WISEBURN ELEMENTARY	0	0	1	2	0	0	0
TOTAL	26	10	1081	245	131	14	9

Figure 4

EMOTIONAL ABUSE

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
ABC UNIFIED	0	0	5	1	2	0	0
ACTON-AGUA DULCE UNIFIED	0	0	0	0	0	0	0
ALHAMBRA SCHOOL DISTRICT	0	0	10	0	1	0	1
ARCADIA UNIFIED	0	0	0	1	0	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	1	2	2	0	0
BALDWIN PARK UNIFIED	0	0	3	3	0	0	0
BASSETT UNIFIED	0	0	0	0	2	0	0
BELLFLOWER UNIFIED	0	0	3	0	2	0	0
BEVERLY HILLS	0	0	0	0	1	0	0
BONITA UNIFIED	0	0	0	1	0	0	0
BURBANK UNIFIED	0	0	0	3	0	0	0
CASTAIC UNION SCHOOL DISTRICT	0	0	0	0	0	0	0
CENTINELA VALLEY UNION HIGH	0	0	0	0	2	0	0
CHARTER OAK UNIFIED	0	0	0	0	0	0	0
CLAREMOUNT UNIFIED	0	0	0	0	3	0	0
COMPTON UNIFIED	0	0	0	0	0	0	0
COVINA-VALLEY UNIFIED	0	0	1	6	2	0	0
CULVER CITY UNIFIED	0	0	1	2	1	0	0
DOWNEY UNIFIED	0	0	9	2	3	0	0
DUARTE UNIFIED	0	0	0	0	0	0	0
EAST WHITTIER CITY	0	0	4	1	0	0	0
EASTSIDE UNION	0	0	2	0	0	0	0
EL MONTE CITY	0	3	0	1	0	0	0
EL MONTE UNION HIGH	0	0	0	0	2	0	0
EL RANCHO UNIFIED	0	1	4	0	0	0	0
EL SEGUNDO UNIFIED	0	0	0	0	0	0	0
GARVEY SCHOOL DISTRICT	0	0	0	0	0	0	0
GLENDALE UNIFIED	0	0	8	0	0	0	0
GLENDORA UNIFIED	0	0	0	0	3	0	0
GORMAN ELEMENTARY	0	0	0	0	0	0	0
HACIENDA LA PUENTE UNIFIED	0	0	4	0	1	0	0
HAWTHORNE ELEMENTARY	0	0	2	1	0	0	0
HERMOSA BEACH CITY	0	0	0	0	0	0	0
HUGHES-ELIZABETH LAKES	0	0	0	0	0	0	0
INGLEWOOD UNIFIED	0	0	0	0	0	0	0
KEPPEL UNION	0	0	2	0	0	0	0
LA CANADA UNIFIED	0	0	1	0	1	0	0
LANCASTER SCHOOL DISTRICT	0	0	30	9	0	0	0
LAS VIRGENES UNIFIED	0	0	1	0	2	0	0
LAWNDALE ELEMENTARY	0	0	1	0	0	0	0
LENNOX ELEMENTARY	0	0	5	0	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	0	1	0	0	0
LONG BEACH UNIFIED	0	0	9	2	1	0	0
LOS ANGELES CO OFFICE OF ED	0	0	0	0	6	0	0
LOS ANGELES UNIFIED	1	0	81	18	18	1	1
LOS NIETOS SCHOOL DISTRICT	0	0	0	0	0	0	0
LOWELL JOINT ELEMENTARY	0	0	0	0	0	0	0
LYNWOOD UNIFIED	0	0	0	0	0	0	0
MANHATTAN BEACH	0	0	2	0	3	0	0
MONROVIA UNIFIED	0	0	0	1	0	0	0



Figure 4 (cont.)

EMOTIONAL ABUSE

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
MONTEBELLO UNIFIED	0	1	5	2	3	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	0	0	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	6	0	0	0	0
NORWALK-LA MIRADA UNIFIED	0	2	2	0	2	0	0
PALMDALE ELEMENTARY	0	0	2	0	0	0	0
PALOS VERDES UNIFIED	0	0	0	0	0	0	0
PARAMOUNT UNIFIED	0	0	6	0	2	0	0
PASADENA UNIFIED	0	0	0	0	3	0	0
POMONA UNIFIED	0	0	7	5	1	0	0
REDONDO BEACH UNIFIED	0	0	3	1	0	0	0
ROSEMEAD ELEMENTARY	0	0	1	1	0	0	0
ROWLAND UNIFIED	0	0	2	0	0	0	0
SAN GABRIEL UNIFIED	0	0	2	0	0	0	0
SAN MARINO UNIFIED	0	0	0	0	1	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	5	2	3	0	0
SAUGUS UNION	0	0	5	0	0	0	0
SOUTH PASADENA UNIFIED	0	0	0	0	0	0	0
SOUTH WHITTIER	0	0	2	0	0	0	0
SULPHUR SPRINGS UNION	0	0	1	0	0	0	0
TEMPLE CITY UNIFIED	0	0	2	0	5	0	0
TORRANCE UNIFIED	0	0	0	0	0	0	0
VALLE LINDO	0	0	1	0	0	0	0
WALNUT VALLEY UNIFIED	0	0	1	2	1	0	0
WEST COVINA UNIFIED	0	0	1	0	0	0	0
WESTSIDE UNION	0	0	3	1	0	0	0
WHITTIER CITY	0	0	2	0	0	0	0
WHITTIER UNION	0	0	0	0	3	0	0
WILLIAM S HART UNION HIGH	0	0	0	3	1	0	0
WILSONA ELEMENTARY	0	0	0	0	0	0	0
WISEBURN ELEMENTARY	0	0	1	0	0	0	0
TOTAL	1	7	249	72	83	0	1



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Figure 5

SEXUAL ASSAULT

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
ABC UNIFIED	0	0	3	0	1	0	0
ACTON-AGUA DULCE UNIFIED	0	0	2	1	0	0	0
ALHAMBRA SCHOOL DISTRICT	3	0	4	0	4	0	0
ARCADIA UNIFIED	0	0	0	0	0	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	5	7	3	0	0
BALDWIN PARK UNIFIED	0	0	0	1	0	0	0
BASSETT UNIFIED	0	3	6	0	1	0	0
BELLFLOWER UNIFIED	0	0	5	0	1	0	0
BEVERLY HILLS	0	0	1	0	1	0	0
BONITA UNIFIED	0	0	1	0	1	0	0
BURBANK UNIFIED	0	0	5	3	1	0	0
CASTAIC UNION SCHOOL DISTRICT	0	0	0	1	0	0	0
CENTINELA VALLEY UNION HIGH	0	0	0	0	2	0	0
CHARTER OAK UNIFIED	0	0	1	0	0	0	0
CLAREMOUNT UNIFIED	0	0	3	2	3	0	1
COMPTON UNIFIED	0	0	0	0	0	0	0
COVINA-VALLEY UNIFIED	0	0	1	3	0	0	0
CULVER CITY UNIFIED	0	0	3	5	2	0	0
DOWNEY UNIFIED	0	0	5	4	3	0	0
DUARTE UNIFIED	0	0	0	1	0	0	0
EAST WHITTIER CITY	0	0	2	6	0	0	0
EASTSIDE UNION	0	0	1	1	0	0	0
EL MONTE CITY	7	4	7	1	0	0	0
EL MONTE UNION HIGH	0	0	0	0	3	0	0
EL RANCHO UNIFIED	0	0	8	1	1	0	0
EL SEGUNDO UNIFIED	0	0	0	0	0	0	0
GARVEY SCHOOL DISTRICT	1	0	0	0	0	0	0
GLENDALE UNIFIED	0	0	0	0	0	0	0
GLENDORA UNIFIED	0	0	0	0	0	0	0
GORMAN ELEMENTARY	0	0	0	0	0	0	0
HACIENDA LA PUENTE UNIFIED	0	4	10	0	1	0	0
HAWTHORNE ELEMENTARY	0	0	3	4	0	0	1
HERMOSA BEACH CITY	0	0	0	0	0	0	0
HUGHES-ELIZABETH LAKES	0	0	0	0	0	0	0
INGLEWOOD UNIFIED	0	0	3	0	1	0	0
KEPPEL UNION	0	0	1	1	0	0	0
LA CANADA UNIFIED	0	0	0	0	0	0	0
LANCASTER SCHOOL DISTRICT	0	1	12	1	0	1	0
LAS VIRGENES UNIFIED	0	0	0	0	2	0	0
LAWNDALE ELEMENTARY	0	0	1	0	0	0	0
LENNOX ELEMENTARY	0	0	7	1	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	0	0	0	0	0
LONG BEACH UNIFIED	1	2	13	10	5	0	0
LOS ANGELES CO OFFICE OF ED	0	0	0	0	4	0	0
LOS ANGELES UNIFIED	16	0	409	151	135	6	23
LOS NIETOS SCHOOL DISTRICT	0	0	0	0	0	0	0
LOWELL JOINT ELEMENTARY	0	0	0	0	0	0	0
LYNWOOD UNIFIED	0	0	0	0	0	0	0
MANHATTAN BEACH	0	0	0	0	0	0	0
MONROVIA UNIFIED	0	0	1	1	0	0	0



Figure 5 (cont.)

SEXUAL ASSAULT

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
MONTEBELLO UNIFIED	0	0	4	8	3	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	0	0	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	3	0	0	0	0
NORWALK-LA MIRADA UNIFIED	0	0	7	1	2	0	0
PALMDALE ELEMENTARY	0	0	4	0	0	0	0
PALOS VERDES UNIFIED	0	0	0	0	0	0	0
PARAMOUNT UNIFIED	0	0	24	0	4	0	2
PASADENA UNIFIED	0	0	1	1	3	0	0
POMONA UNIFIED	0	0	7	6	8	0	0
REDONDO BEACH UNIFIED	0	0	2	2	0	0	0
ROSEMEAD ELEMENTARY	0	0	0	0	0	0	0
ROWLAND UNIFIED	0	0	5	0	1	0	0
SAN GABRIEL UNIFIED	0	0	4	2	1	0	0
SAN MARINO UNIFIED	0	0	0	0	0	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	15	1	5	0	0
SAUGUS UNION	0	0	3	0	0	0	0
SOUTH PASADENA UNIFIED	0	0	1	0	0	0	0
SOUTH WHITTIER	0	0	0	1	0	0	0
SULPHUR SPRINGS UNION	0	0	4	0	0	0	0
TEMPLE CITY UNIFIED	0	0	1	2	0	0	0
TORRANCE UNIFIED	1	0	5	1	1	0	0
VALLE LINDO	0	0	0	0	0	0	0
WALNUT VALLEY UNIFIED	0	0	1	0	0	0	0
WEST COVINA UNIFIED	0	0	0	0	1	0	0
WESTSIDE UNION	0	0	5	1	0	0	0
WHITTIER CITY	0	0	1	0	0	0	0
WHITTIER UNION	0	0	0	0	9	0	0
WILLIAM S HART UNION HIGH	0	0	0	0	0	0	0
WILSONA ELEMENTARY	0	0	2	0	0	0	0
WISEBURN ELEMENTARY	0	0	2	0	0	0	0
TOTAL	29	14	624	232	213	7	27



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Figure 6

PHYSICAL ABUSE

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
ABC UNIFIED	0	2	48	4	9	0	0
ACTON-AGUA DULCE UNIFIED	0	0	3	0	1	0	0
ALHAMBRA SCHOOL DISTRICT	6	0	100	0	19	0	5
ARCADIA UNIFIED	0	0	6	1	12	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	1	30	12	7	0	0
BALDWIN PARK UNIFIED	1	0	13	4	1	0	0
BASSETT UNIFIED	0	0	22	0	2	0	0
BELLFLOWER UNIFIED	0	0	23	1	4	0	0
BEVERLY HILLS	0	0	15	0	3	0	0
BONITA UNIFIED	0	0	7	2	2	0	0
BURBANK UNIFIED	1	0	37	17	12	0	6
CASTAIC UNION SCHOOL DISTRICT	0	0	4	4	0	0	0
CENTINELA VALLEY UNION HIGH	0	0	0	0	9	0	0
CHARTER OAK UNIFIED	0	0	3	0	1	0	0
CLAREMOUNT UNIFIED	0	0	13	1	10	0	3
COMPTON UNIFIED	0	0	3	0	0	0	0
COVINA-VALLEY UNIFIED	5	0	24	17	6	0	0
CULVER CITY UNIFIED	0	0	11	15	7	0	0
DOWNEY UNIFIED	0	0	71	21	27	0	0
DUARTE UNIFIED	0	1	5	1	0	0	0
EAST WHITTIER CITY	0	0	53	17	0	0	0
EASTSIDE UNION	0	0	13	2	0	0	0
EL MONTE CITY	2	8	24	5	0	0	0
EL MONTE UNION HIGH	0	0	0	0	14	0	0
EL RANCHO UNIFIED	0	5	17	7	3	0	0
EL SEGUNDO UNIFIED	0	0	0	0	3	0	0
GARVEY SCHOOL DISTRICT	0	1	12	5	0	0	0
GLENDALE UNIFIED	4	0	28	0	4	0	0
GLENDORA UNIFIED	0	0	0	0	6	0	0
GORMAN ELEMENTARY	0	0	3	0	0	0	0
HACIENDA LA PUENTE UNIFIED	0	5	25	6	7	0	0
HAWTHORNE ELEMENTARY	0	0	58	11	0	0	0
HERMOSA BEACH CITY	0	0	1	0	0	0	0
HUGHES-ELIZABETH LAKES	0	0	1	0	0	0	0
INGLEWOOD UNIFIED	0	1	1	3	2	0	0
KEPPEL UNION	0	0	9	2	0	0	0
LA CANADA UNIFIED	0	0	8	0	1	0	0
LANCASTER SCHOOL DISTRICT	0	5	50	8	0	4	0
LAS VIRGENES UNIFIED	0	0	0	0	6	0	0
LAWNDALE ELEMENTARY	0	0	8	0	0	0	0
LENNOX ELEMENTARY	0	0	31	3	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	2	9	0	0	0
LONG BEACH UNIFIED	3	0	152	42	17	0	0
LOS ANGELES CO OFFICE OF ED	0	0	0	0	37	0	0
LOS ANGELES UNIFIED	66	0	1899	608	315	34	4
LOS NIETOS SCHOOL DISTRICT	0	0	1	0	0	0	0
LOWELL JOINT ELEMENTARY	0	0	0	1	0	0	0
LYNWOOD UNIFIED	0	0	0	0	0	0	0
MANHATTAN BEACH	0	0	4	0	3	0	0
MONROVIA UNIFIED	0	2	10	1	4	0	0



Figure 6 (cont.)

PHYSICAL ABUSE

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
MONTEBELLO UNIFIED	0	0	19	26	9	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	2	0	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	16	0	0	0	0
NORWALK-LA MIRADA UNIFIED	0	7	40	10	6	0	0
PALMDALE ELEMENTARY	0	9	27	3	0	0	0
PALOS VERDES UNIFIED	0	0	3	0	0	0	0
PARAMOUNT UNIFIED	0	0	71	0	18	0	0
PASADENA UNIFIED	0	0	9	5	3	0	0
POMONA UNIFIED	1	1	38	23	20	0	0
REDONDO BEACH UNIFIED	0	0	17	0	5	0	0
ROSEMEAD ELEMENTARY	0	2	19	1	0	0	0
ROWLAND UNIFIED	0	0	42	8	10	0	0
SAN GABRIEL UNIFIED	0	0	16	5	5	0	1
SAN MARINO UNIFIED	0	0	1	0	0	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	24	5	12	0	0
SAUGUS UNION	0	0	36	0	0	0	0
SOUTH PASADENA UNIFIED	0	0	4	1	1	0	0
SOUTH WHITTIER	0	0	5	1	0	0	0
SULPHUR SPRINGS UNION	0	0	26	0	0	0	0
TEMPLE CITY UNIFIED	0	0	17	7	6	0	0
TORRANCE UNIFIED	0	0	30	10	3	0	0
VALLE LINDO	0	0	1	0	0	0	0
WALNUT VALLEY UNIFIED	0	0	18	5	9	0	0
WEST COVINA UNIFIED	0	0	12	2	1	0	0
WESTSIDE UNION	0	0	13	1	0	0	0
WHITTIER CITY	0	0	23	5	0	0	0
WHITTIER UNION	0	0	0	0	14	0	0
WILLIAM S HART UNION HIGH	0	0	0	13	9	0	0
WILSONA ELEMENTARY	0	0	9	2	0	0	0
WISEBURN ELEMENTARY	0	0	2	2	0	0	0
TOTAL	89	50	3388	965	685	1	19



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Figure 7

OTHER CHILD ABUSE CASES

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education
ABC UNIFIED	0	0	0	0	0	0
ACTON-AGUA DULCE UNIFIED	0	0	0	0	0	0
ALHAMBRA SCHOOL DISTRICT	0	0	1	0	0	0
ARCADIA UNIFIED	0	0	0	0	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	0	0	0	0
BALDWIN PARK UNIFIED	0	0	0	0	0	0
BASSETT UNIFIED	0	0	0	0	0	0
BELLFLOWER UNIFIED	0	0	0	0	0	0
BEVERLY HILLS	0	0	0	0	0	0
BONITA UNIFIED	0	0	0	0	0	0
BURBANK UNIFIED	0	0	0	0	0	0
CASTAIC UNION SCHOOL DISTRICT	0	0	0	0	0	0
CENTINELA VALLEY UNION HIGH	0	0	0	0	0	0
CHARTER OAK UNIFIED	0	0	0	0	0	0
CLAREMOUNT UNIFIED	0	0	0	0	0	0
COMPTON UNIFIED	0	0	0	0	0	0
COVINA-VALLEY UNIFIED	0	0	0	0	0	0
CULVER CITY UNIFIED	0	0	0	0	0	0
DOWNEY UNIFIED	0	0	0	0	0	0
DUARTE UNIFIED	0	0	0	0	0	0
EAST WHITTIER CITY	0	0	0	0	0	0
EASTSIDE UNION	0	0	0	0	0	0
EL MONTE CITY	0	0	0	0	0	0
EL MONTE UNION HIGH	0	0	0	0	1	0
EL RANCHO UNIFIED	0	0	0	0	0	0
EL SEGUNDO UNIFIED	0	0	0	0	0	0
GARVEY SCHOOL DISTRICT	0	0	0	0	0	0
GLENDALE UNIFIED	0	0	0	0	0	0
GLENDORA UNIFIED	0	0	0	0	0	0
GORMAN ELEMENTARY	0	0	0	0	0	0
HACIENDA LA PUENTE UNIFIED	0	0	0	0	0	0
HAWTHORNE ELEMENTARY	0	0	0	0	0	0
HERMOSA BEACH CITY	0	0	0	0	0	0
HUGHES-ELIZABETH LAKES	0	0	0	0	0	0
INGLEWOOD UNIFIED	0	0	0	0	0	0
KEPPEL UNION	0	0	0	0	0	0
LA CANADA UNIFIED	0	0	0	0	0	0
LANCASTER SCHOOL DISTRICT	0	0	0	0	0	0
LAS VIRGENES UNIFIED	0	0	0	0	0	0
LAWNDALE ELEMENTARY	0	0	0	0	0	0
LENNOX ELEMENTARY	0	0	0	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	0	0	0	0
LONG BEACH UNIFIED	0	0	0	0	0	0
LOS ANGELES CO OFFICE OF ED	0	0	0	0	0	0
LOS ANGELES UNIFIED	2	0	182	36	32	9
LOS NIETOS SCHOOL DISTRICT	0	0	0	0	0	0
LOWELL JOINT ELEMENTARY	0	0	0	0	0	0
LYNWOOD UNIFIED	0	0	0	0	0	0
MANHATTAN BEACH	0	0	0	0	0	0
MONROVIA UNIFIED	0	1	1	0	0	0



Figure 7 (cont.)

OTHER CHILD ABUSE CASES

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education
MONTEBELLO UNIFIED	0	0	0	0	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	0	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	0	0	0	0
NORWALK-LA MIRADA UNIFIED	0	0	0	0	0	0
PALMDALE ELEMENTARY	0	1	2	0	0	0
PALOS VERDES UNIFIED	0	0	0	0	0	0
PARAMOUNT UNIFIED	0	0	8	0	3	0
PASADENA UNIFIED	0	0	0	0	0	0
POMONA UNIFIED	0	0	0	0	0	0
REDONDO BEACH UNIFIED	0	0	0	0	0	0
ROSEMEAD ELEMENTARY	0	0	0	0	0	0
ROWLAND UNIFIED	0	0	4	3	0	0
SAN GABRIEL UNIFIED	0	0	0	0	0	0
SAN MARINO UNIFIED	0	0	0	0	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	0	0	0	0
SAUGUS UNION	0	0	0	0	0	0
SOUTH PASADENA UNIFIED	0	0	0	0	0	0
SOUTH WHITTIER	0	0	0	0	0	0
SULPHUR SPRINGS UNION	0	0	4	0	0	0
TEMPLE CITY UNIFIED	0	0	0	0	0	0
TORRANCE UNIFIED	0	0	0	0	0	0
VALLE LINDO	0	0	0	0	0	0
WALNUT VALLEY UNIFIED	0	0	0	0	0	0
WEST COVINA UNIFIED	0	0	0	0	0	0
WESTSIDE UNION	0	0	0	0	0	0
WHITTIER CITY	0	0	0	0	0	0
WHITTIER UNION	0	0	0	0	0	0
WILLIAM S HART UNION HIGH	0	0	0	0	0	0
WILSONA ELEMENTARY	0	0	0	0	0	0
WISEBURN ELEMENTARY	0	0	0	0	0	0
TOTAL	2	2	202	39	36	0



ICAN DATA ANALYSIS REPORT FOR 2001

Figure 8

CHILD ABUSE CASES BY ETHNICITY

School District	African American	American Indian	Asian	Filipino	Hispanic	Pacific Islander	White	Other
ABC UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ACTON-AGUA DULCE UNIFIED	1	0	1	0	0	0	7	0
ALHAMBRA SCHOOL DISTRICT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ARCADIA UNIFIED	0	0	16	0	1	0	8	0
AZUSA UNIFIED SCHOOL DISTRICT	6	0	0	0	63	2	14	2
BALDWIN PARK UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
BASSETT UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
BELLFLOWER UNIFIED	10	0	1	0	20	1	20	0
BEVERLY HILLS	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
BONITA UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
BURBANK UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CASTAIC UNION SCHOOL DISTRICT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CENTINELA VALLEY UNION HIGH	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CHARTER OAK UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CLAREMOUNT UNIFIED	13	0	1	0	16	0	15	0
COMPTON UNIFIED	1	0	0	0	2	0	0	0
COVINA-VALLEY UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CULVER CITY UNIFIED	14	1	0	0	29	0	14	0
DOWNEY UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DUARTE UNIFIED	2	0	3	0	3	0	0	0
EAST WHITTIER CITY	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EASTSIDE UNION	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EL MONTE CITY	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EL MONTE UNION HIGH	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EL RANCHO UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
EL SEGUNDO UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
GARVEY SCHOOL DISTRICT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
GLENDALE UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
GLENDORA UNIFIED	0	0	1	0	2	0	6	1
GORMAN ELEMENTARY	0	0	0	0	3	0	2	0
HACIENDA LA PUENTE UNIFIED	4	0	11	0	57	0	12	0
HAWTHORNE ELEMENTARY	34	0	4	0	45	3	5	1
HERMOSA BEACH CITY	0	0	0	0	0	0	2	0
HUGHES-ELIZABETH LAKES	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
INGLEWOOD UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
KEPPEL UNION	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LA CANADA UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LANCASTER SCHOOL DISTRICT	41	0	0	2	29	0	48	1
LAS VIRGENES UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LAWNDALE ELEMENTARY	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LENNOX ELEMENTARY	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LITTLE LAKE SCHOOL DISTRICT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LONG BEACH UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LOS ANGELES CO OFFICE OF ED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LOS ANGELES UNIFIED	777	0	104	0	3225	0	448	360
LOS NIETOS SCHOOL DISTRICT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LOWELL JOINT ELEMENTARY	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LYNWOOD UNIFIED	0	0	0	0	0	0	0	0
MANHATTAN BEACH	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MONROVIA UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Figure 8 (cont.)

CHILD ABUSE CASES BY ETHNICITY

School District	African American	American Indian	Asian	Filipino	Hispanic	Pacific Islander	White	Other
MONTEBELLO UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
MOUNTAIN VIEW ELEMENTARY	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NEWHALL SCHOOL DISTRICT	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NORWALK-LA MIRADA UNIFIED	7	0	0	0	57	0	17	10
PALMDALE ELEMENTARY	19	0	0	0	20	0	25	0
PALOS VERDES UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
PARAMOUNT UNIFIED	31	1	1	1	117	6	11	0
PASADENA UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
POMONA UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
REDONDO BEACH UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ROSEMEAD ELEMENTARY	0	0	7	2	14	0	4	0
ROWLAND UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SAN GABRIEL UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SAN MARINO UNIFIED	0	0	2	0	0	0	1	0
SANTA MONICA-MALIBU UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SAUGUS UNION	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SOUTH PASADENA UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
SOUTH WHITTIER	0	0	0	0	10	0	1	0
SULPHUR SPRINGS UNION	1	0	1	0	9	0	31	0
TEMPLE CITY UNIFIED	0	0	18	0	5	0	20	1
TORRANCE UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
VALLE LINDO	0	0	0	0	2	0	0	0
WALNUT VALLEY UNIFIED	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
WEST COVINA UNIFIED	2	1	1	0	16	0	2	0
WESTSIDE UNION	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
WHITTIER CITY	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
WHITTIER UNION	0	1	1	0	16	0	10	0
WILLIAM S HART UNION HIGH	1	0	1	0	9	0	22	0
WILSONA ELEMENTARY	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
WISEBURN ELEMENTARY	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TOTAL	964	4	174	5	3770	12	745	376

Figure 9
ETHNIC ENROLLMENT IN LOS ANGELES COUNTY PUBLIC SCHOOLS - 2000-2001

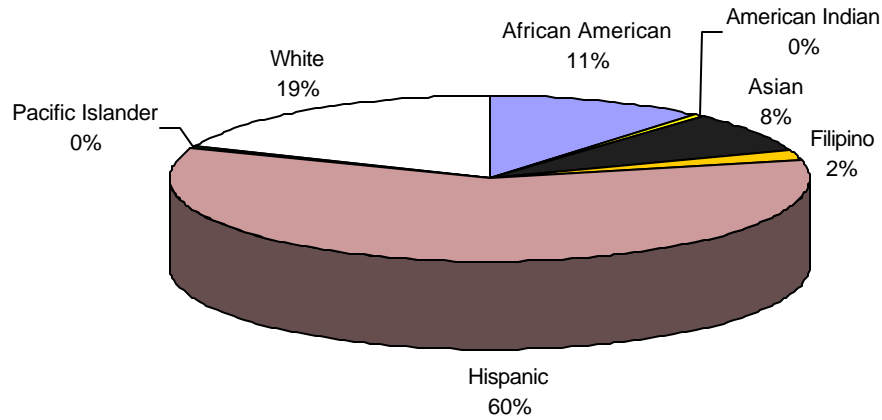
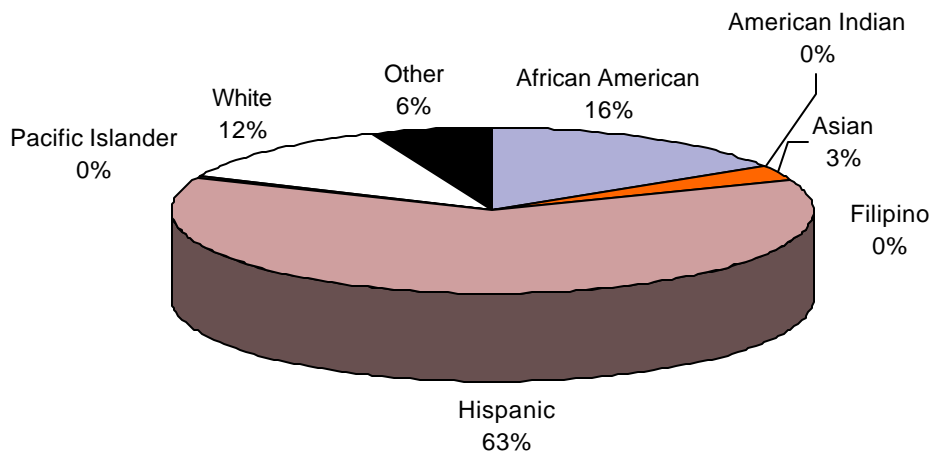


Figure 10
ETHNIC COMPOSITION 2000-2001





DEPARTMENT OF HEALTH SERVICES



TYRONE M. THAMES, JR.
LUGO

DEPARTMENT OF HEALTH SERVICES

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

Program Specific Information Related to Child Abuse

Child Abuse Prevention Program (CAPP) established within Maternal, Child and Adolescent Health Programs (MCAH) under Family Health Program serves as the lead agency in the Department of Health Services (DHS) to prevent and reduce the

occurrences of child abuse in Los Angeles County. The goal of the program is to protect the safety and welfare of all children. CAPP reaches its goal by raising awareness of child abuse/neglect issues through trainings and conferences; improving child abuse reporting in health care professionals by developing protocols and administering appropriate trainings; disseminating health education materials and other pertinent information such as parenting tips; and conducting needs assessment by gathering pertinent data. CAPP works closely with the Inter-Agency Council on Child Abuse Neglect (ICAN), Children's Planning Council, community based organizations, Federal government, State departments, programs within DHS such as Injury and Violence Prevention Program, and other county departments such as Department of Children and Family Services (DCFS),

Sheriff's Department and District Attorney Office to address issues of child abuse and neglect. The following describes the publications available at CAPP and their distribution, and outreach and educational activities conducted by CAPP in Fiscal Year 99-00.

- The Child Abuse Directory of Health Professionals was first developed by CAPP as a resource tool to help professionals accessing the SCAN (Suspected Child Abuse Neglect) & CART (Child Abuse Resource Team) teams in the public and private hospitals. By using the

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

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



Directory, professionals spend less time finding the appropriate individuals who could provide needed services for their clients. The Directory is updated annually, and has been distributed to over 1,500 child abuse advocates, children service workers, community agencies, drug & alcohol treatment centers, domestic violence councils, shelters, hospitals, clinics, public health providers, and anyone upon request.

- The Professionals Guide Back to Basics about Child Abuse is an invaluable resource tool and functions as an immediate reference guide for professionals. Copies are distributed at all in-services and conferences conducted by CAPP. During Fiscal Year 99-00, approximately 2,500 copies were distributed.
- The Parenting Tips is a tool developed to address child development needs, disciplining, and prevention techniques that would be useful to parents. With the assistance from the Los Angeles Unified School District, this publication has been translated into Armenian, Cambodian, Korean, Chinese, Spanish and Vietnamese. CAPP provides an average of 100 pamphlets per month to community agencies and individuals. Approximately 5,000 copies have been distributed.
- The Parenting Resource Guide is a listing of community agencies and organizations which provide parenting classes throughout Los Angeles County for professionals. The Guide is organized according to the eight Service Planning Areas (SPA). Over 1,000 Parenting Resource Guides were distributed

Many problems emerging early in life cycle may be prevented by improving maternal health habits, parental behavior, and physical and psychological context in which the family functions.

throughout Los Angeles County during this year.

- CAPP sponsored two separate all day conferences on "Current Issues on Child Abuse & Neglect" held in the southern part and in the eastern part of the County. A half-day conference co-sponsored with the Los Angeles County Society for Prevention of Cruelty to Animals titled "The Relationship of Child Abuse to Animal Abuse" was held in the central part of the County. The CAPP annual conference, "Talking to Adolescents about Sexuality" was held in the southwestern part of the County. Finally, a half day training on "Domestic Violence and Child Abuse" sponsored by CAPP was held in the East Los Angeles Area. An average of two hundred and fifty professionals and community representatives attended each conference.
 - During April, the Child Abuse Prevention Month, CAPP distributed 450,000 child abuse prevention bookmarks, posters and bumper stickers.
- CAPP staff continue to provide consultation and training to professionals, community groups, churches, business groups, managed health care units and staff from other city, county, and state departments. These consultations include new and present legislation, policy development, case management, child development, grief and mourning, child death, reporting laws and the interrelationships among child abuse, family violence, and community violence.



The Child Abuse and Neglect Reporting Act (CANRA) mandates that health practitioners report known or reasonably suspected child abuse to a child protective agency. Any indication of maternal substance abuse shall lead to an assessment of the needs of the mother and child. Figures 1 and 2 present the numbers of reported Los Angeles County substance exposed newborns assessed at risk of endangerment by hospital and by types of substance for calendar year 2000. CAPP received a total of 470 reports from 27 hospitals for this period. This represented a 100% increase in the number of reports compared to 1999 (235 reports), and a 68.8% increase in the number of reporting hospitals between 1999 and 2000. This increase illustrates the intensive efforts by the CAPP staff to contact hospitals to request neonatal at risk reports. In 2000, LAC King Drew Medical Center reported the greatest number of cases (n=82) followed by LAC USC Medical Center (n=73) and LAC Harbor UCLA Medical Center (n=48). The most often reported substance use/abused by mothers was cocaine/crack (n=296) followed by marijuana (n=127) and amphetamine (n=77).

It is important to realize that these data represent the number of reports collected by DHS, not the total number of reports made. The results should be interpreted with caution, and not generalized to Los Angeles County as a whole.

Within DHS, several programs conduct activities and interventions designed to minimize violence and child abuse/neglect in the homes of high risk families. The rationale

is that many problems emerging early in the life cycle of a child may be prevented by improving maternal health habits, parental behavior, and physical and psychological context in which the family functions. These programs include the Nurse Family Partnership Program, Comprehensive Perinatal Services Program, the Prenatal Care Guidance Program, the Perinatal Outreach and Education Program, and the Black Infant Health Program.

Nurse Family Partnership (NFP) is an

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

This NFP Program is replicating Olds' Model to improve the following outcomes among the program participants: 1) increasing

the number of normal weight infants delivered; 2) decreasing the number of mothers who smoke; 3) decreasing the number of substantiated reports of child abuse or neglect; 4) decreasing the number of emergency room and urgent care encounters for injuries or ingestion of poisons among infants and toddlers; 5) increasing the number of mothers in the labor force; 6) increasing the number of mothers who are enrolled in school or a GED program; 7) reducing the number who use alcohol during pregnancy;

To minimize violence and child abuse/neglect in the homes of high risk families, several programs within DHS attempt to address these issues prenatally. These programs include the Nurse Family Partnership Program, the Comprehensive Perinatal Services Program, the Prenatal Care Guidance Program, the Perinatal Outreach and Education Program, and the Black Infant Health Program

and, 8) delaying subsequent pregnancies.

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

As of July 2001, the NFP has enrolled a total of 448 mothers into the program.

Comprehensive Perinatal Services Program (CPSP) provides enhanced, comprehensive services to pregnant women through certified public and private obstetrical providers. In addition to basic medical care, providers are required to provide multidisciplinary (nutrition, health education and psychosocial) assessments, reassessments, individualized care plans and coordination from initial entry into prenatal care through the postpartum period. Health habits including the use of tobacco, alcohol and other drugs are part of the assessment and client education focus throughout pregnancy. The CPSP office conducts outreach to prospective providers and assists them through the State CPSP provider certification process. The CPSP staff also provide training, consultation and technical assistance related to protocol development, reimbursement of services, and other programmatic/clinic implementation issues to the certified providers. The certified CPSP provider may receive a quality assurance visit from the CPSP staff on an as-needed basis. During Fiscal Year 99-00, 46 CPSP providers/clinics received Child Abuse/Domestic Violence training from the CPSP office.

Prenatal Care Guidance Program (PCG) provides ongoing case management services to pregnant and postpartum women

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

During Fiscal Year 99-00, the Public Health Nurses maintained an average of 28 clients per month with a continued focus on outreach to incarcerated female adolescents. Two thousand and eighty seven home visits were conducted to new and ongoing case managed clients by seven Public Health Nurses. An average of 40 prenatal referrals were made to tobacco cessation programs; and screening for second hand smoke resulted in an average of 50 household members who were referred to tobacco cessation programs. Four hundred and ninety one initial assessments were provided to incarcerated female adolescents in the County's juvenile halls, resulting in 403 referrals made to various health-related services; 125 were pregnant teens.

Perinatal Outreach and Education Program (POE) provides care coordination, patient advocacy, and extended access to services for low income pregnant and postpartum women, and women of childbearing age. Pregnant women who meet the POE

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

During Fiscal Year 99-00, a total of 396 clients and families were case managed by the POE subcontractors. The number of home visits to clients were based on POE case managers' professional discretion of need. All clients were seen face-to-face at least once each month. A total of 675 health education sessions were conducted. Seven thousand one hundred and thirty five one-to-one outreach assessments were conducted during this year. Through outreach, health education and case management activities, 328 clients were identified for possible referral to smoking cessation programs, and of these, 178 accepted the refer-

als.

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

Countywide Indicators Related to Child and Adolescent Mortality

Figure 3 presents deaths among children and youth aged 21 and under by age and gender for Los Angeles County in 1999. The total number of deaths among children and youth aged 21 and under was 1,868 in 1999, a 4.7% decrease in numbers compared to 1,960 in 1998. It is noteworthy that deaths occurring at age less than 1 year old comprise 45.0% of all deaths age 21, and under and 54.2 of all deaths age 18 and under. The majority of these infant deaths are due to certain conditions originating from the perinatal period or caused by congenital abnormality as presented in Figure 4. Unintentional injuries were one of the leading causes of deaths for toddlers and young children in 1999.



Infant mortality rate is defined as the number of infant deaths occurring at less than 365 days per 1,000 live births. Since the beginning of the 20th century, infant mortality rates have been declining rapidly. This progress can be attributed primarily to the advancement in health status due to modern medical technology, better living conditions and access to care. Risk factors for infant mortality include, but are not limited to, race/ethnicity, pre-maturity, low birth weight, maternal substance (ex. alcohol, tobacco and illicit drug) use or abuse, inadequate prenatal care, maternal medical complications during pregnancy, short inter-pregnancy interval, injury and infection. Overall infant mortality rates for Los Angeles County declined from 8.0 per 1,000 live births in 1990 to 5.4 per 1,000 live births in 1999 representing a 32.5% decrease in rates. In general, the decline is consistent for both males and females. Infant mortality rate for males decreased from 8.7 per 1,000 live births in 1990 to 5.8 per 1,000 live births in 1999, and for females, from 7.3 per 1,000 live births to 4.9 per 1,000 live births during the same period as shown in figure 5. Figure 6 represents infant mortality by race/ethnicity for Los Angeles County in 1999. African Americans experienced the highest rate of infant mortality of 10.5 per 1,000 live births in 1999. African American infant deaths comprised 17.1% of all infant deaths in 1999. Although Hispanics experienced a lower infant mortality rate (5.0 per 1,000 live births), they experienced the highest number of infant deaths (n=485), comprising 57.7% of all infant deaths.

Birth weight has been demonstrated as

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

Figure 7 shows the percents of low birth weight and very low birth weight for California and Los Angeles County from 1990 to 1999. Between 1990 and 1999, the percent of low birth weight live births in Los Angeles County increased from 6.02% to

Overall infant mortality rates for Los Angeles County have declined from 8.0 per 1,000 live births in 1990 to 5.4 per 1,000 live births in 1999 representing a 32.5 percent decrease in rates.

Between 1990 and 1999, the percent of low birth weight increased from 6.02% to 6.55%. This increase was primary due to the increase in multiple births.



6.55%. This increase was primarily due to the increase in multiple births (i.e. twin, triplet, and etc.). Between 1990 and 1999, the proportions of multiple births within low birth weight infants increased from 16.75% to 22.76%. When adjusting for birth type (singleton v.s. multiple births), the percent of low birth weight for singletons increased slightly from 5.12% in 1990 to 5.20% in 1999. However, the numbers of low birth weight infants decreased from 10,225 in 1990 to 7,903 in 1999. The percent of low birth weight for multiple births increased from 48.63% in 1990 to 55.89% in 1999, and the numbers increased from 2,058 in 1990 to 2,329 in 1999. The same phenomenon holds true for very low birth weight.

Figure 8 depicts the trend of low birth weight and very low birth weight percents by race/ethnicity for Los Angeles County in 1999. African Americans experienced the highest percents of low birth weight and very low birth weight. African American low birth weight and very low birth weight live births comprised 16.8% and 20.6% of the total low birth weight and very low birth weight live births respectively. It is worth noting that African American low birth weight percent was approximately twice compared to the general population. While Hispanic population experienced a lower percent of low birth weight, they comprised the largest number of low birth weight babies, 54.3% of all low birth weight infants in 1999.

Figure 9 shows the number and rate of hospitalizations due to head injury for children ages 4 and under by selected demo-

graphic factors in Los Angeles County, 1998. A hospitalization was categorized as attributable to head injury if any of the specific diagnostic classifications applying to head injury were included in any of the reason for admission identifiers. It is not unreasonable to speculate that a portion of these head injuries may be attributable to child abuse. Four hundred and eighty nine hospitalizations resulted from injuries to the head

in 1998, a 33.0% decrease from 730 in 1994. African American children have the highest rate of hospitalization due to head injuries; however, Hispanic children comprise more than half of all head injury hospitalizations for children ages 4 and under. Male children are more likely to be hospitalized for head injuries as compared to females. Infants have a higher rate of being hospitalized for head injuries as compared to toddlers.

Figure 10 presents deaths among adolescents aged 15 to 19 by selected causes of injuries in Los Angeles County between 1990 and 1998. Homicide rates were the highest between 1990 and

1998 compared to mortality rates due to motor vehicle crashes and suicide. Nevertheless, the rates of homicide among adolescents aged 15 to 19 decreased from a peak of 63.2 per 100,000 adolescent population aged 15 to 19 in 1995 to 32.1 per 100,000 in 1998 representing a 49.2% decrease in rates. In general, mortality rates due to motor vehicle crashes among adolescents in Los Angeles County have been decreasing over time. The rates decreased from 23.4 per 100,000 adoles-

African American children aged 4 and under have the highest rate of hospitalization due to head injuries; however, Hispanic children comprise more than half of all head injury hospitalizations for children ages 4 and under.

Deaths due to homicide, motor vehicle crashes and suicide accounted for 69.5 percent of all causes of deaths among adolescent aged 15 to 19 in 1998.



cents aged 15 to 19 in 1990 to 10.6 per 100,000 in 1998 representing a 54.7% decrease in rates. Suicide rates among adolescents aged 15 to 19 decreased from 8.0 per 100,000 adolescents aged 15 to 19 in 1990 to 5.1 per 100,000 in 1998 representing a 36.3% decrease. It is noteworthy that deaths due to homicide, motor vehicle crashes and suicide accounted for 69.5% of all causes of deaths among adolescent aged 15 to 19 in 1998. It is important to realize that the causes of suicide among adolescents are very different from those among adults. Youth intervention and prevention programs for adolescent deaths due to homicide, motor vehicle crashes and suicide need to focus at a macro level involving a network of individuals and agencies from schools, mental health, health services, media, families, faith community and other entities which impact adolescent development.

Teen Pregnancy

Los Angeles County has shown a steady decrease in teen birth rates in the past decade for all age groups (<15, 15 to 17 and 18 to 19) as seen in Figure 11. The birth rate to adolescent females aged 15 to 19 years old declined by 26.9% from 77.3 per 1,000 in 1990 to 56.5 per 1,000 in 1999. Given that approximately half of all teen pregnancies result in births, the estimated teen pregnancy rate for adolescent females 15 to 19 years old in 1999 can be as high as 113.0 per 1,000. The estimated teen pregnancy rate for females aged 15 to 17 may be as high as 68.8 per 1,000 almost twice compared to the Healthy People 2010 Objective: to reduce teen pregnancy to no more than 43 per 1,000 adolescent girls aged 15 to 17

years old. Risk factors associated with teen pregnancy include, but are not limited to, alcohol and drug abuse, history of violence and delinquency, failing or dropping out of school, and early initiation of sexual activities.

Figure 12 shows the distribution of repeat teen live births to mothers aged 15 to 19 by race/ethnicity from 1990 to 1999. Repeat teen birth is defined as the number of births to teen mothers who already have one or more children. Between 1990 and 1999, Hispanic and African American teens continued to experience highest percents of repeat teen births compared to White and Asian Pacific Islander teens. The overall percent of repeat teen births to mothers 15 to 19 years of age in Los Angeles County between 1990 and 1999 remained essentially steady, ranging from 22 to 23 percent. Approximately 80% of these births occur to mothers aged 18 to 19 years.

Figure 13 shows the percent of live births to mothers 19 and under by father's age for Los Angeles County, 1999. The majority of live births to teen mothers were fathered by males less than 20, or 20 to 24 years of age. However, it is noteworthy that significant proportions of the births to the youngest mothers (<15, 15 and 16) were fathered by males whose ages were unknown (49.7%, 29.2% and 24.1% respectively). This may be attributed to unwillingness to disclose such information for fear of prosecution of fathers for statutory rape. This may also be attributed to teen mother's unrealistic expectation of her future with the father of the child. Both can have serious emotional and psychological repercussions.

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

The birth rate to adolescent females aged 15 to 19 years old declined by 26.9% from 77.3 per 1,000 in 1990 to 56.5 per 1,000 in 1999.



Figure 14 shows the percent of live births to mothers 17 years and under by mother's age and race/ethnicity. For Los Angeles County in 1999, Hispanic teen births (aged 12-17), as a percentage of all births in each individual teen age group, ranged from 75% to 87%; for African Americans, the range was 10% to 25%. However, the percentages of total Hispanic and African American live

births to mothers of all ages in Los Angeles County for the same were 62% and 9% respectively. Therefore, the percentages of Hispanic and African American teen mothers among all teen births are higher than the percentages of Hispanic and African-American live births to mothers of all ages.

Figure 1

DEPARTMENT OF HEALTH SERVICES

Reported Substance Exposed Newborns Assessed At Risk of Endangerment for Calendar Year 2000 by Hospital Received as of 06/29/01

Reporting Hospital	Number of Reports
LAC Martin Luther King Medical Center	82
LAC USC Medical Center	73
LAC Harbor UCLA Medical Center	48
California Medical Center	36
St. Francis Medical Center	32
Valley Presbyterian Hospital	30
St. Mary's Medical Center	29
LAC Olive View Medical Center	27
Cedars Sinai Medical Center	23
Kaiser Hospital - Cadillac	12
LA Metropolitan Medical Center	11
Kaiser Hospital - Bellflower	8
Presbyterian Intercommunity Hospital	8
Torrance Memorial Medical Center	7
Garfield Medical Center	5
Lakewood Regional Medical Center	5
Whittier Hospital	5
Suburban Medical Center	4
Garfield Medical Center	3
Kaiser Hospital - Harbor City	3
Kaiser Hospital - Sunset	3
Kaiser Hospital - West LA	3
Little Company of Mary Hospital	3
Memorial Hospital of Gardena	3
West Hills	3
Pacific Alliance Medical Center	2
East LA Doctor's Hospital	1
Good Samaritan Hospital - LA	1
Total	470

Source: Child Abuse Prevention Program, DHS

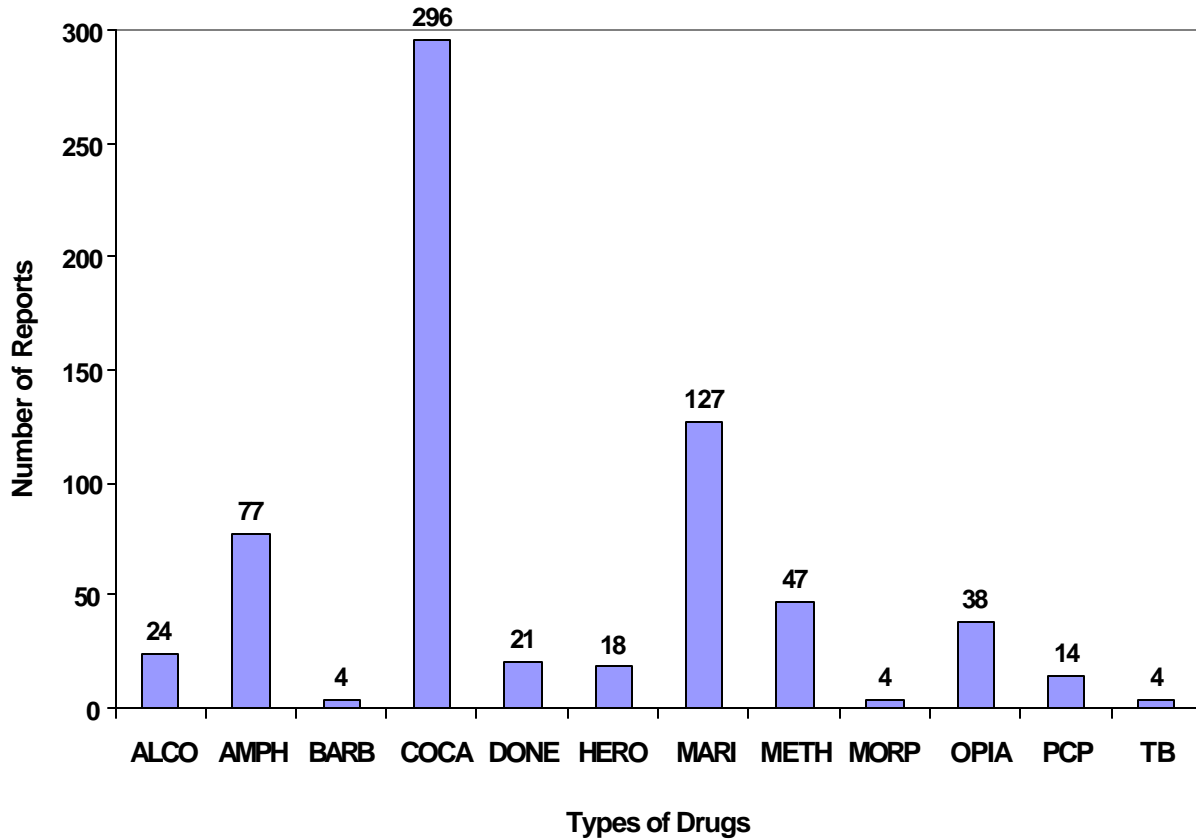
Figure 2

DEPARTMENT OF HEALTH SERVICES

Substance Exposed Newborns Assessed At Risk of Endangerment for Calendar Year 2000

by Types of Substance

Received as of 06/29/01



- | | |
|-----------------------------|-------------------------------|
| <i>ALCO</i> = Alcohol | <i>METH</i> = Methamphetamine |
| <i>AMPH</i> = Amphetamine | <i>MORP</i> = Morphine |
| <i>BARB</i> = Barbituate | <i>OPIA</i> = Opiate |
| <i>COCA</i> = Cocaine/Crack | <i>PCP</i> = PCP |
| <i>DONE</i> = Methadone | <i>TB</i> = Tobacco |
| <i>HERO</i> = Heroin | |
| <i>MARI</i> = Marijuana | |

Source: Child Abuse Prevention Program, DHS

DEPARTMENT OF HEALTH SERVICES

Figure 3

DEPARTMENT OF HEALTH SERVICES

Deaths Among Children and Youth Ages 0 - 21 by Age and Gender

Los Angeles County, 1999

Age	Gender						Total		
	Male			Female			Number	Population	Rate
	Number	Population	Rate	Number	Population	Rate			
Less Than 1*	465	79,955	5.8	376	76,197	4.9	841	156,153	538.6
1	37	86,080	43.0	41	82,454	49.7	78	168,534	46.3
2	22	85,949	25.6	27	82,285	32.8	49	168,234	29.1
3	18	86,073	20.9	11	82,425	13.3	29	168,498	17.2
4	12	87,984	13.6	7	83,997	8.3	19	171,981	11.0
5	16	91,787	17.4	7	87,869	8.0	23	179,656	12.8
6	8	94,135	8.5	12	89,557	13.4	20	183,692	10.9
7	11	99,799	11.0	16	95,088	16.8	27	194,887	13.9
8	14	99,429	14.1	13	95,323	13.6	27	194,752	13.9
9	8	85,236	9.4	9	81,415	11.1	17	166,651	10.2
10	13	78,135	16.6	5	74,439	6.7	18	152,574	11.8
11	15	74,858	20.0	9	71,459	12.6	24	146,317	16.4
12	11	70,551	15.6	9	67,800	13.3	20	138,351	14.5
13	14	70,461	19.9	12	67,207	17.9	26	137,668	18.9
14	26	66,845	38.9	7	63,802	11.0	33	130,647	25.3
15	35	64,871	54.0	12	61,745	19.4	47	126,616	37.1
16	48	65,320	73.5	14	62,081	22.6	62	127,401	48.7
17	72	61,647	116.8	26	58,887	44.2	98	120,534	81.3
18	76	65,032	116.9	17	61,528	27.6	93	126,560	73.5
19	83	63,110	131.5	19	59,311	32.0	102	122,421	83.3
20	89	59,538	149.5	21	55,976	37.5	110	115,514	95.2
21	88	59,013	149.1	17	55,750	30.5	105	114,763	91.5
Total	1,181			687			1,868		

Note: *Death rate to children less than 1 is defined as the number of deaths occurring at less than 365 days of age per 100,000 live births to ensure comparability with death rates for other ages. Denominator for overall death rate for children less than 1 includes 6 live births whose gender were unknown. Death rates for other age groups are calculated as the number of deaths occurring at the specific age interval per 100,000 age-specific population.

Source: 1999 birth and death records from the California Department of Health Services, Center for Health Statistics.

State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details. 1970-2020, Sacramento California, December, 1998



Figure 4

DEPARTMENT OF HEALTH SERVICES

Leading Causes of Death for Children Ages 12 and Under by Residence

Los Angeles County, 1999

Children Less Than 1 Year Old

Certain Conditions Originating from the Perinatal Period (1)

Congenital Abnormality (2)

Sudden Infant Death Syndrome (3)

Heart Disease (4)

Homicide (5)

Children Ages 1 to 4

Unintentional Injuries (1)

Congenital Abnormality (2)

Homicide (3)

Malignant Neoplasm (4)

Certain Infectious and Parasitic Disease (5)

Children Ages 5 to 12

Unintentional Injuries (1)

Congenital Abnormality (2)

Malignant Neoplasm (3)

Homicide (4)

Certain Infectious and Parasitic Disease (4)

Source: 1999 death records from the California Department of Health Services, Center for Health Statistics

Figure 5

DEPARTMENT OF HEALTH SERVICES
 Infant Mortality Rate by Gender
 Los Angeles County, 1990-1999

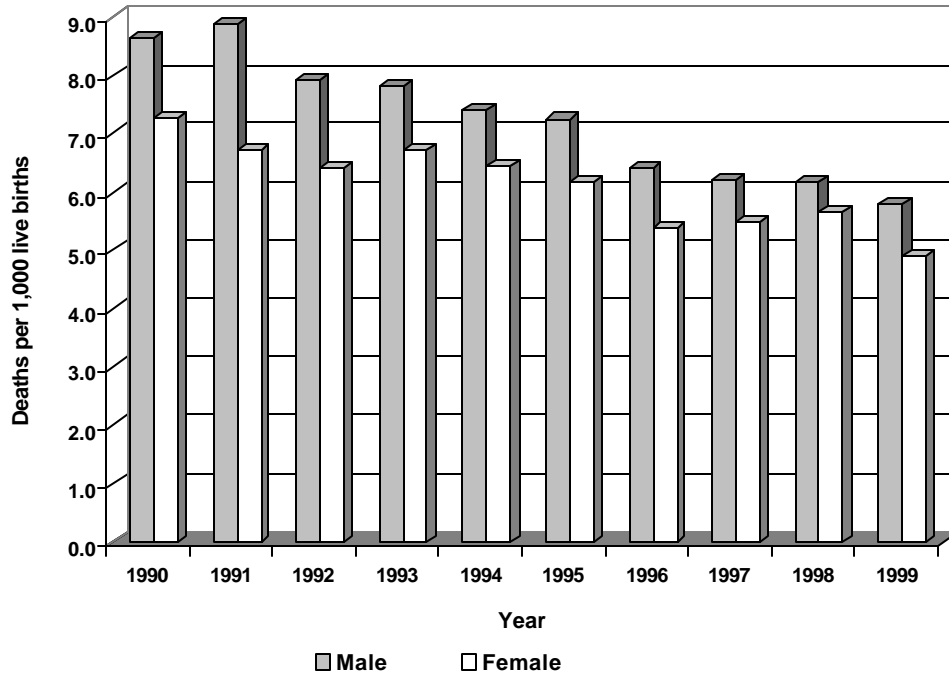
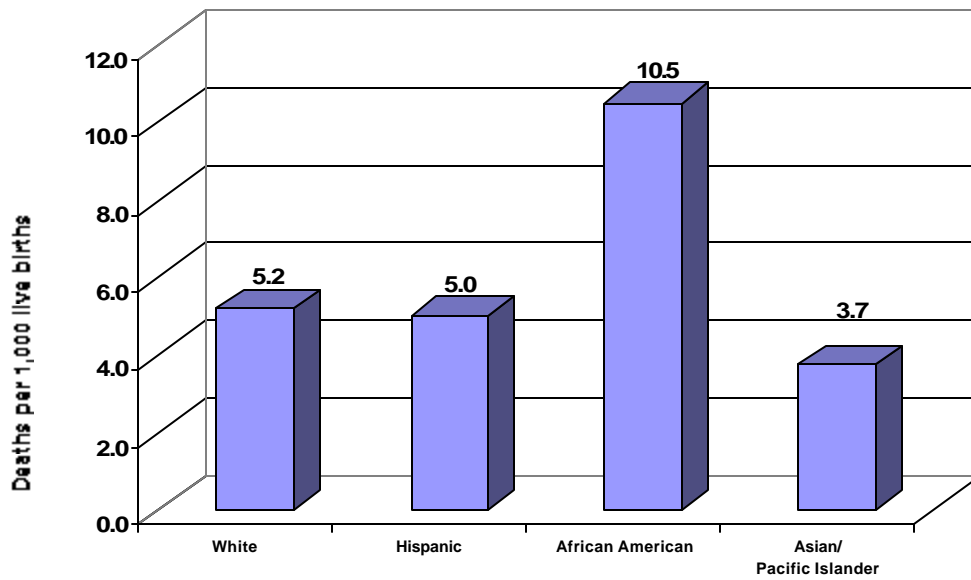


Figure 6

DEPARTMENT OF HEALTH SERVICES
 Infant Mortality Rate by Race/Ethnicity
 Los Angeles County, 1999

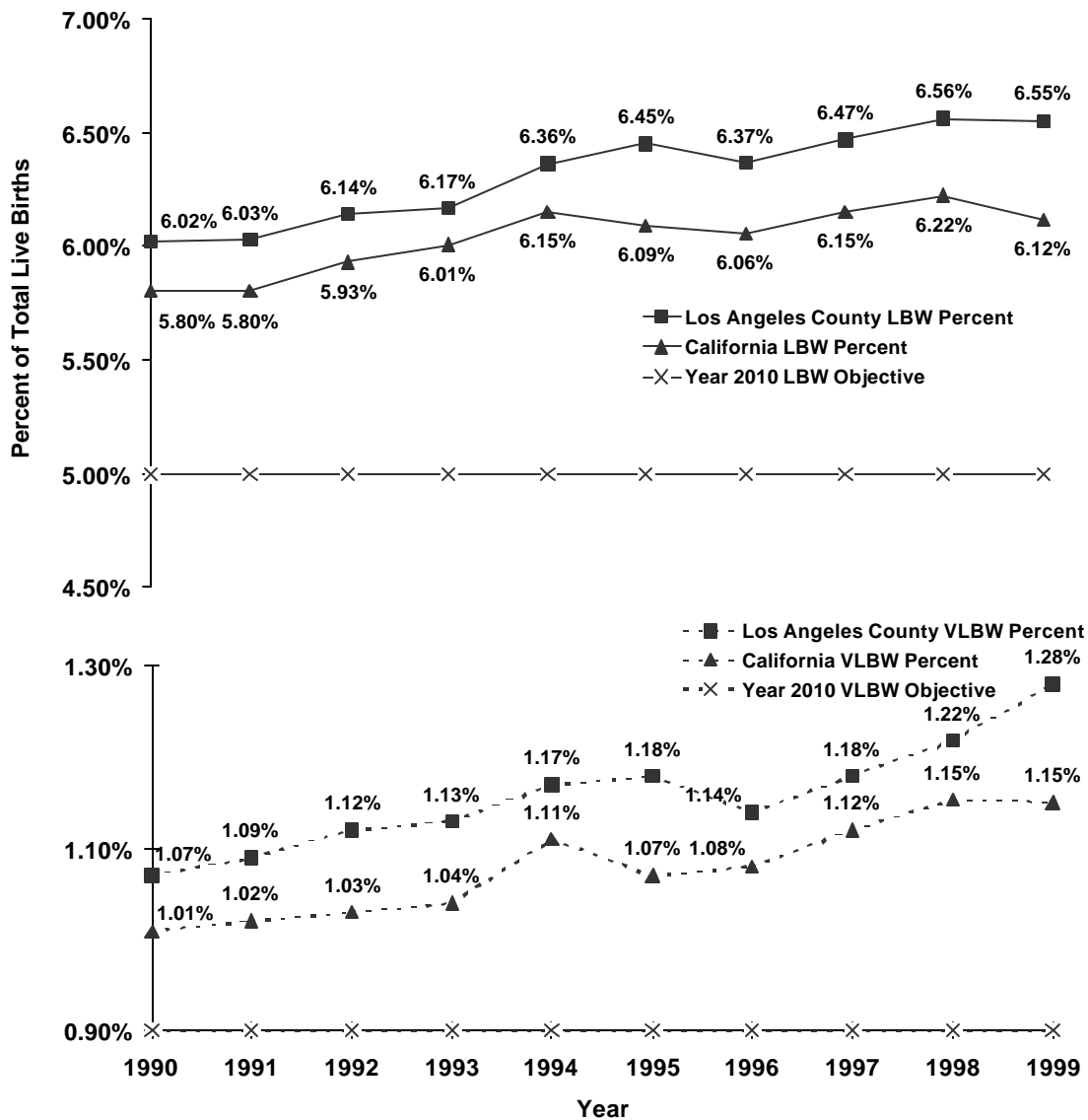


Source: 1990-1999 birth and death records from the California Department of Health Services, Center for Health Statistics

Figure 7

DEPARTMENT OF HEALTH SERVICES

Percent Low Birth weight and Percent Very Low Birth weight
California vs. Los Angeles County, 1990 - 1999



Source: 1990-1999 birth records from California Department of Health Services, Center for Health Statistics

Figure 8a

DEPARTMENT OF HEALTH SERVICES

Low Birth Weight by Mothers Race/Ethnicity, Los Angeles County, 1999

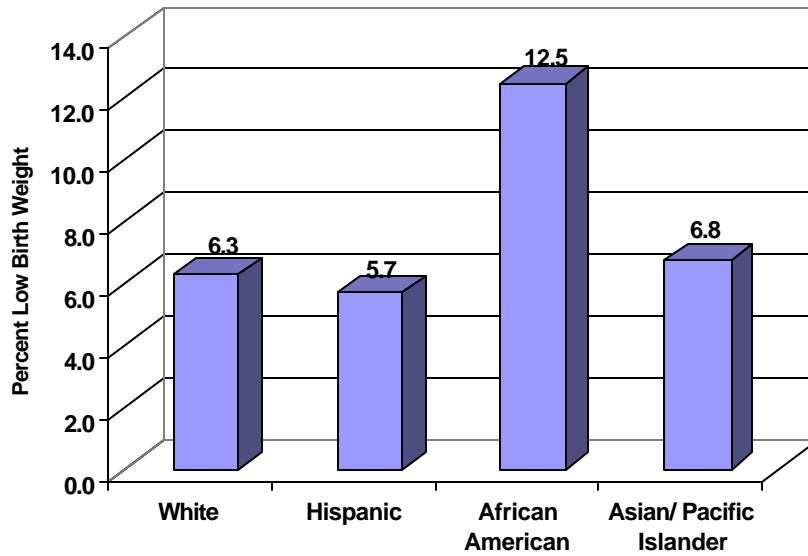
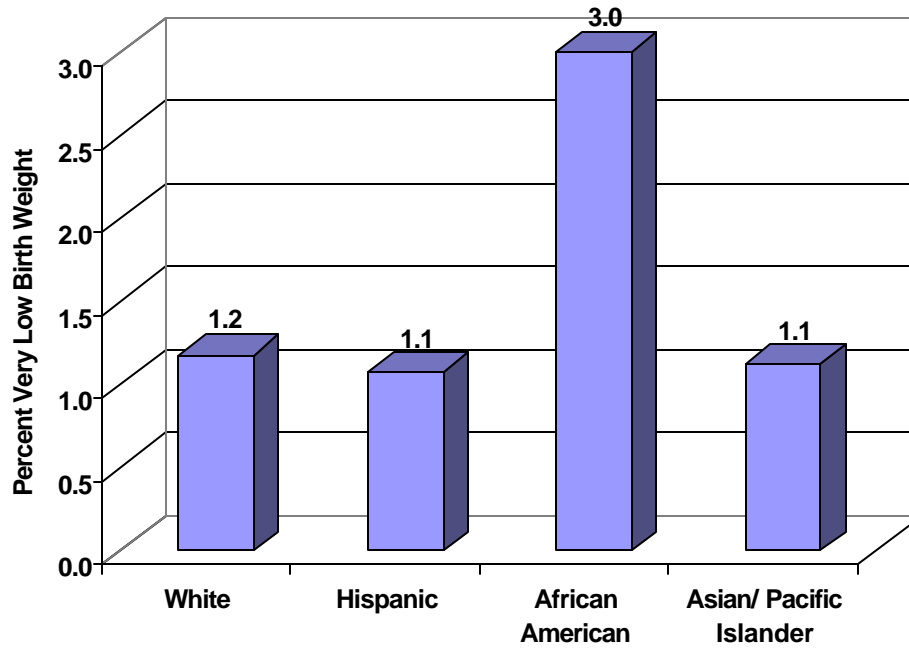


Figure 8b

DEPARTMENT OF HEALTH SERVICES

Very Low Birth Weight by Mothers Race/Ethnicity, Los Angeles County, 1999



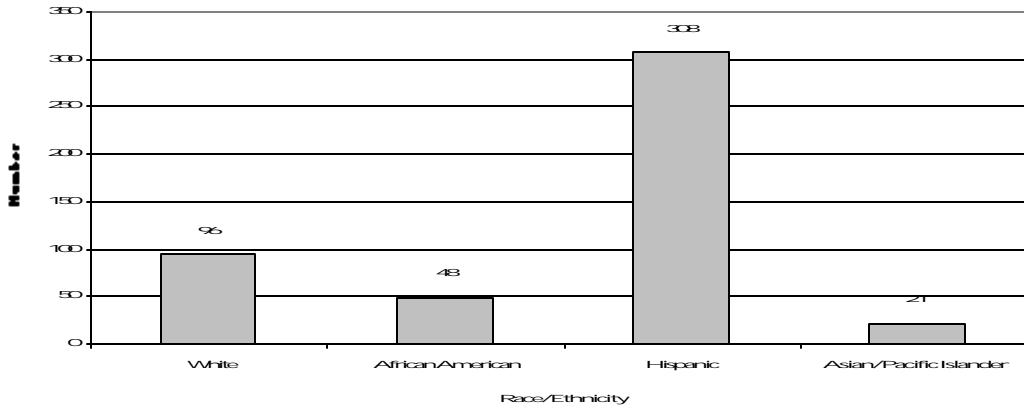
Source: 1999 birth records from California Department of Health Services, Center for Health Statistics

Figure 9a

DEPARTMENT OF HEALTH SERVICES

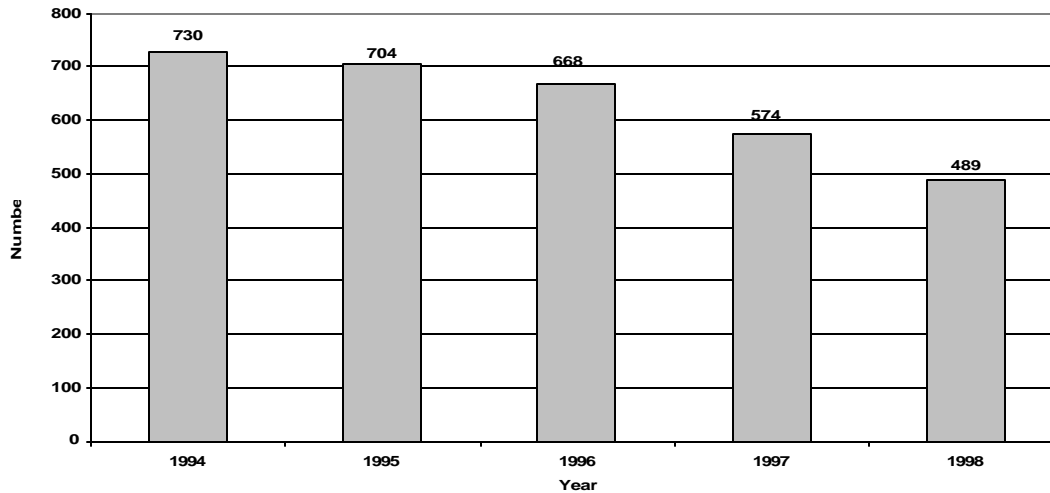
Hospitalization due to Head Injury Among Children Ages 4 and Under, Los Angeles County

By Race/Ethnicity, Los Angeles County, 1998



White		African American		Hispanic		Asian/Pacific Islander	
Number	Rate	Number	Rate	Number	Rate	Number	Rate
96	60.8	48	63.4	308	57.1	21	25.0

by Year, Los Angeles County, 1994 - 1998



	1994		1995		1996		1997		1998	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Ages 4 and Under	730	78.2	704	75.5	668	74.2	574	65.6	489	57.0

Note: Head injury diagnoses include ICD9 codes 800 - 804 and 850 - 854.

A hospitalization due to head injury is considered if the above ICD9 codes are included in any diagnoses.

Rate is calculated as rate per 100,000 age-specific population

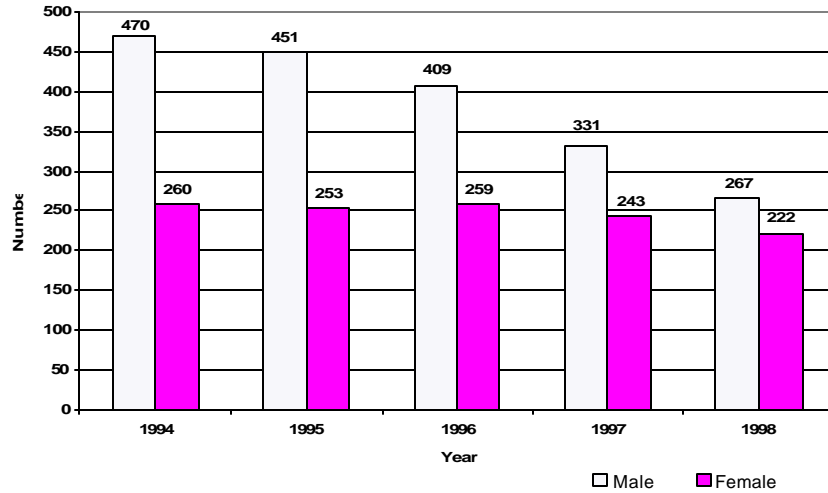
Source: 1994 - 1998 Hospital Discharge Data from the Office of Statewide Health Planning and Development State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details, 1970-2040, Sacramento, California, December, 1998

Figure 9b

DEPARTMENT OF HEALTH SERVICES

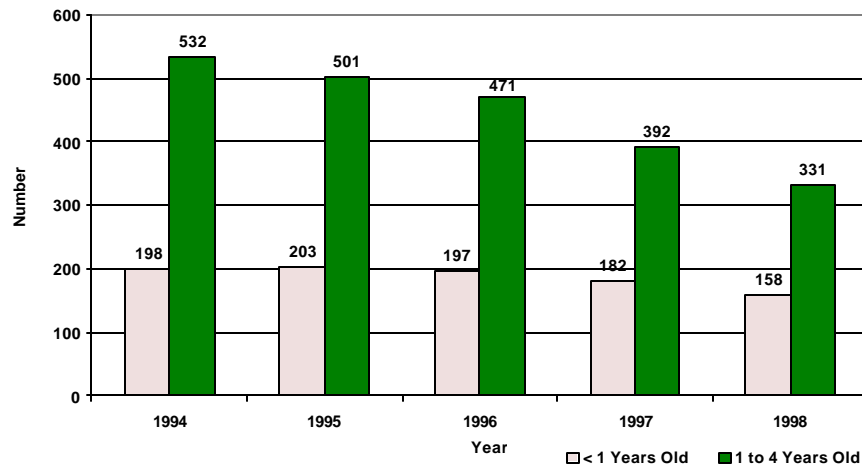
Hospitalizations Due to Head Injuries for Children Ages 4 and Under Los Angeles County, 1994-1998

by Gender



	1994		1995		1996		1997		1998	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Male	470	98.5	451	94.7	409	89.0	331	74.0	267	60.9
Female	260	56.9	253	55.5	259	58.9	243	56.8	222	52.9

by Age Group



	1994		1995		1996		1997		1998	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
<1 Year Old	198	107.8	203	116.4	197	116.2	182	107.3	158	93.3
1 to 4 Year Old	532	70.9	501	66.1	471	64.5	392	55.6	331	48.0

Note: Head injury diagnoses include ICD9 codes 800 - 804 and 850 - 854.

A hospitalization due to head injury is considered if the above ICD9 codes are included in any diagnoses.

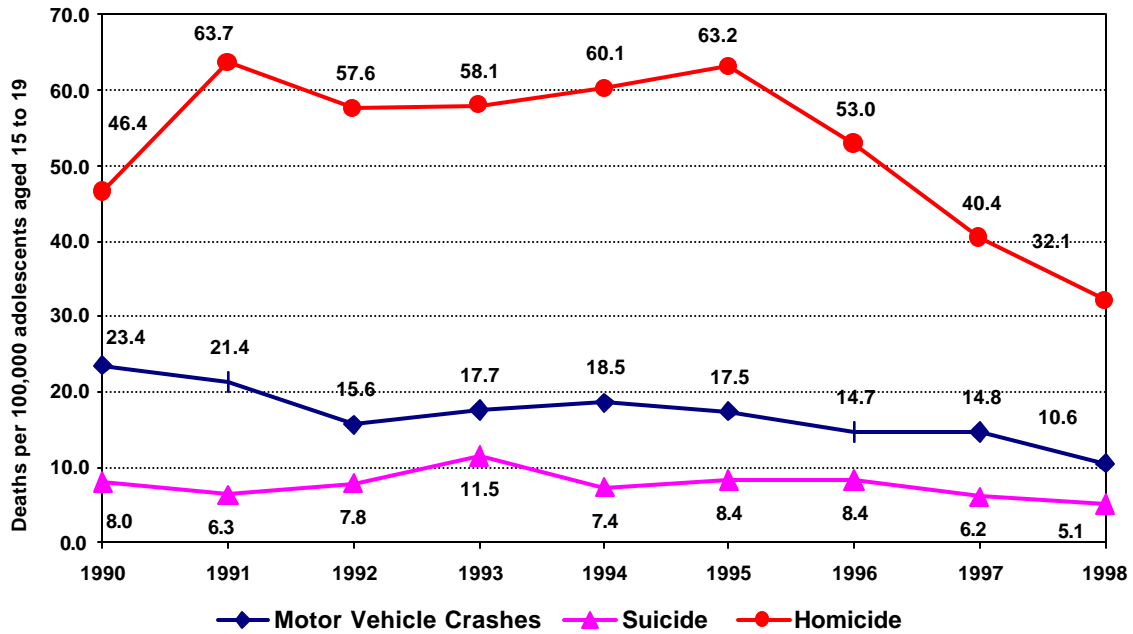
Rate is calculated as rate per 100,000 age-specific population

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

Figure 10

DEPARTMENT OF HEALTH SERVICES

Deaths due Injuries among Adolescents Aged 15 to 19 by Selected Causes, Los Angeles County, 1990 - 98



Note: 1999 death data are not represented for trend comparison due to the change in disease classification from ICD9 to ICD10 in 1999.

Source: 1990 - 1998 death records from the California Department of Health Services, Center for Health Statistics. State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details, 1970-2040, Sacramento, California, December, 1998

Figure 11

DEPARTMENT OF HEALTH SERVICES

Teen Birth by Rate to Mother Aged <15, 15 to 17 and 18 to 19
 Los Angeles County, 1990 - 1999

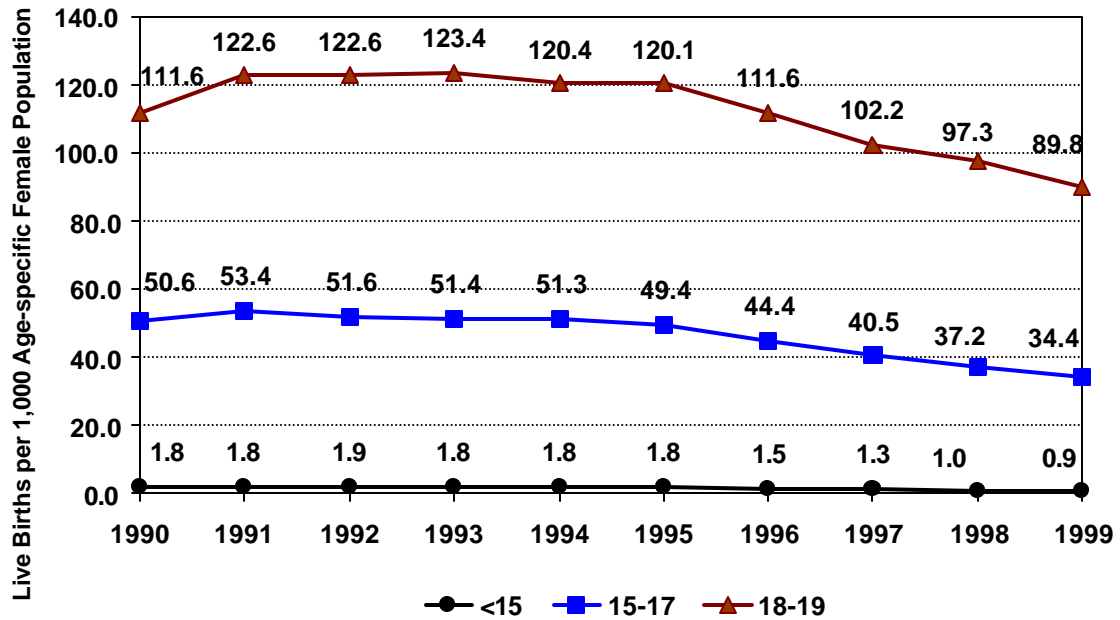
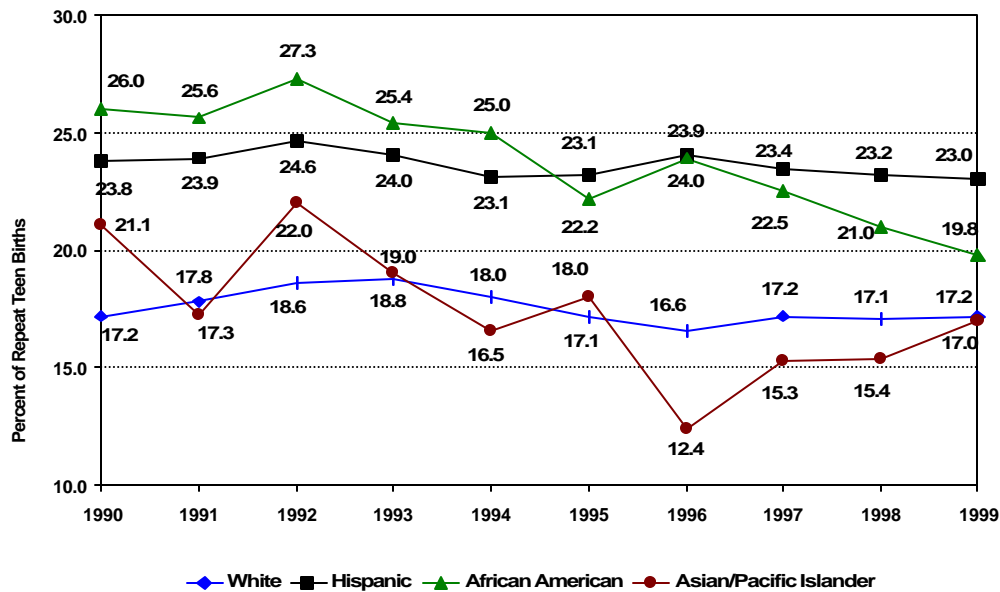


Figure 12

DEPARTMENT OF HEALTH SERVICES

Repeat Teen Live Births to Mothers Ages 15 to 19 by Mother's Race/Ethnicity
 Los Angeles County, 1990 - 1999



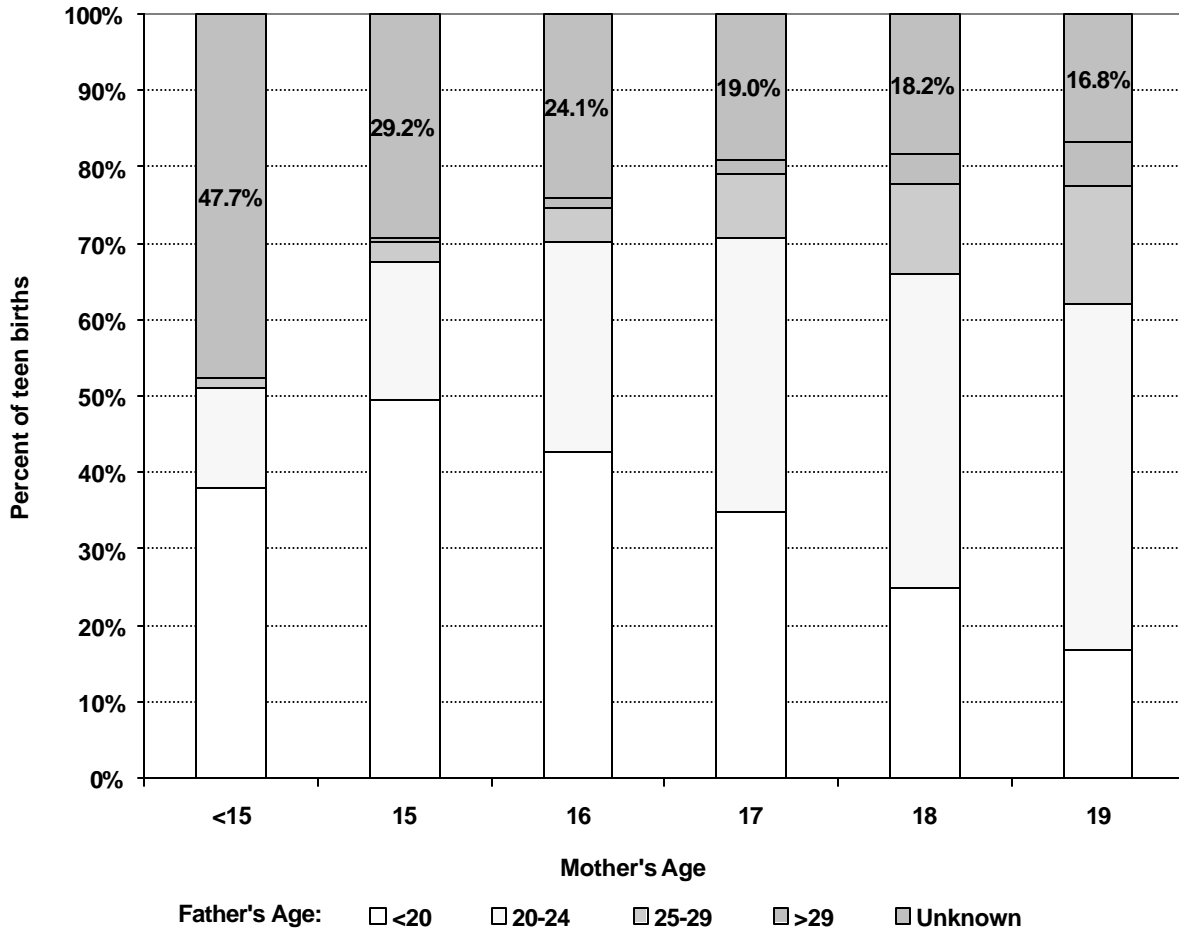
Source: 1990-1999 birth records from California Department of Health Services, Center for Health Statistics
 State of California, Department of Finance, Race/Ethnic Population Estimates with Age and Sex Details,
 1970-2040, Sacramento, California, December, 1998



Figure 13

DEPARTMENT OF HEALTH SERVICES

Percent of Teen Births by Mother's Age and Father's Age
Los Angeles County, 1999



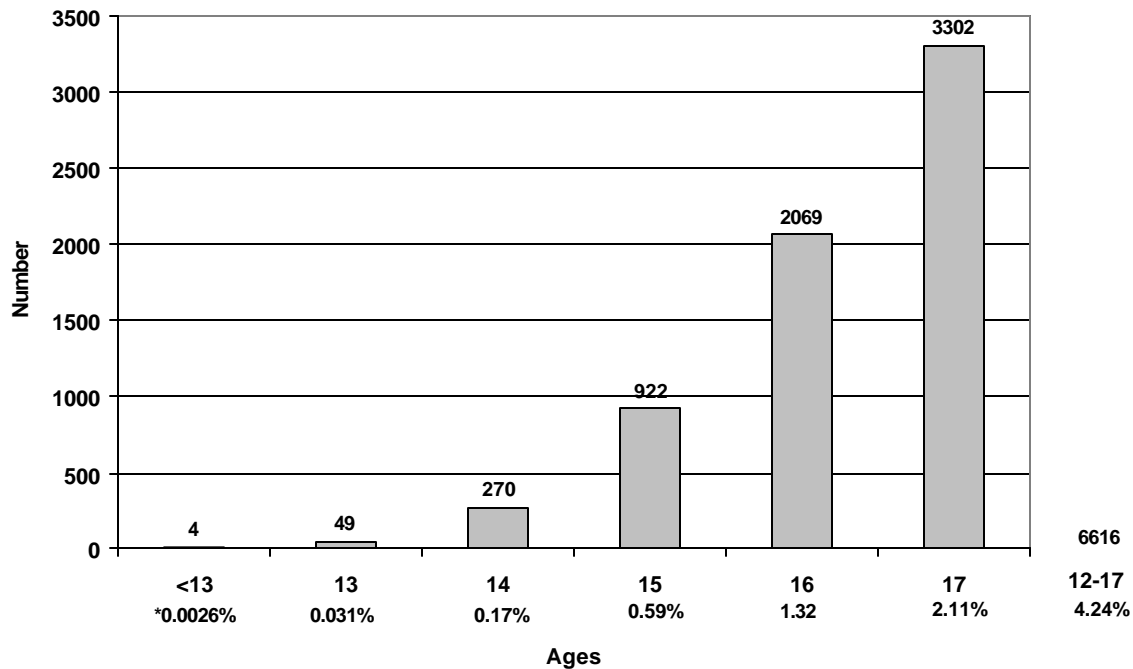
Source: 1999 birth records from California Department of Health Services, Center for Health Statistics

Figure 14

DEPARTMENT OF HEALTH SERVICES

Live Births to Mothers 17 and Under

Los Angeles County, 1999



Mother's Race/Ethnicity	<13	13	14	15	16	17
White	0.00%	4.08%	2.22%	3.47%	5.80%	5.66%
Hispanic	75.00%	81.63%	87.04%	84.49%	81.20%	81.13%
African American	25.00%	14.29%	9.63%	10.85%	10.34%	10.39%
Asian	0.00%	0.00%	0.74%	1.08%	2.03%	2.51%
Native American	0.00%	0.00%	0.00%	0.11%	0.39%	0.21%
Other/Unknown	0.00%	0.00%	0.37%	0.00%	0.24%	0.09%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Note: Total number of live births in Los Angeles County, 1999 = 156,153

* Calculated as a percent of total live births

Source: 1999 birth records from the California Department of Health Services, Center for Health Statistics



Glossary

BIH	Black Infant Health Program
CANRA	Child Abuse and Neglect Reporting Act
CAPP	Child Abuse Prevention Program
CART	Child Abuse Resource Team for clinics
CPSP	Comprehensive Perinatal Services Program
DCFS	Department of Children and Family Services
DHS	Department of Health Services
ICAN	Interagency Council of Child Abuse and Neglect
Infant Mortality Rate	The number of Infant deaths occurring at less than 365 days per 1,000 live births
Low Birth Weight	Weight less than 2,500 grams or 5.5 pounds at birth
MCAH	Maternal, Child and Adolescent Health
PCG	Prenatal Care Guidance
POE	Perinatal Outreach and Education Program
Repeat Teen Birth	Births to teen mothers who already have one or more children
SCAN	Suspected Child Abuse Resource Team for hospitals
SPA	Service Planning Area
UCLA	University of California, Los Angeles
USC	University of Southern California
Very Low Birth Weight	Weight less than 1,500 grams or 3.3 pounds at birth

The following lists the contact persons for the programs presented in this report

CAPP	Sandra Guine, LCSW (213) 639-6444	sguine@dhs.co.la.ca.us
NFP	Jeanne Smart, RN (213) 240-8192	jsmart@dhs.co.la.ca.us
CPSP	Beverly Williams, RN, MS (213) 639-6419	bevwilliams@dhs.co.la.ca.us
PCG	Debra Smith, PHN (213) 639-6431	dthierry@dhs.co.la.ca.us
POE	Laura Lathrop, LCSW, MPH (213) 639-6407	llathrop@dhs.co.la.ca.us
BIH	Beverly Williams, RN, MS (213) 639-6419	bevwilliams@dhs.co.la.ca.us



DEPARTMENT OF CHILDREN AND FAMILY SERVICES



TOMMY E.
VILLAGE GLEN

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

OUR VISION

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

OUR MISSION

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

CHILD WELFARE SERVICES

Emergency Response (ER) Services

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

Family Maintenance (FM) Services

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

Family Reunification (FR) Services

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

Permanent Placement (PP) Services

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

PROTECTIVE SERVICES - EMERGENCY RESPONSE

During Calendar Year (CY) 2000, DCFS received an average of 12,592 Emergency Response (ER) Referrals per month. As shown in Figure 1, there were 151,108 ER Referrals received during CY 2000 compared to 146,583 in CY 1999. Between CY 1999 and CY 2000, there was a 3.1% increase in total ER Referrals received.

Emergency Response Referrals - Reasons For Service

Effective with the CY 2000 reporting period, the data collection method for counts on Reasons for ER Service was changed. Reasons for ER Service are now based on the allegation reported for each ER Referral at the point when the referral was received rather than at the point when the referral/case was disposed from the ER service component. As shown in Figure 2 and Figure 3, ER Referrals received are categorized by seven reporting reasons, and they are ranked by order of severity of



abuse, as defined by the California Department of Social Services. Please refer to the seven Definitions of Abuse found in the Glossary at the end of this report. Figure 2 and Figure 3 also include the category Other (includes "At Risk, Sibling Abuse" and "Substantial Risk",) which was added with the implementation of CWS/CMS.

- General Neglect continues to be the leading reporting reason. This allegation category accounts for 28.6% of the total reasons for ER services.
- Physical Abuse continues to be the second leading reason, which accounts for 17.8% of the total reasons for ER services.
- Emotional Abuse (14.3%) became the third leading reason for ER services during CY 2000.
- Caretaker Absence/Incapacity (9.3%), Sexual Abuse (8.8%), Severe Neglect (2.3%) and Exploitation (0.2%) are ranked fourth through seventh, respectively.
- When Severe Neglect, General Neglect and Caretaker Absence/Incapacity are combined into a single category of Neglect, they represent 40.2% of the total ER reasons for services to children.
- Children in the category Other (includes "At Risk, Sibling Abuse" and "Substantial Risk") account for 18.7% of the total reasons for ER protective services.

Emergency Response Dispositions - Terminations and Transfers

ER Dispositions (151,942) in Figure 4 include children whose protective services referrals or cases were assessed, investigated and closed, or further FM, FR, or PP services were provided by DCFS, or cases were transferred to other jurisdictions.

- ER services provided to 141,502 children resulted in referral or case termination,

accounting for 93.2% of the total ER Dispositions. This count includes 20,823 children for whom an in-person response by a Children's Social Worker was not necessary. It also includes 85,761 children for whom an in-person investigation was made by a Children's Social Worker and no further services were required; and 34,918 children for whom a case was closed after ER services were provided.

- 5,049 (3.3%) children were referred to Family Maintenance (FM) for ongoing services.
- Of the first four categories, a total of 146,551 (96.5%) children remained in the home of their parent(s) or primary caretaker(s).
- 5,187 (3.4%) children were placed in out-of-home care, receiving Family Reunification (FR) services to reunite them with their families, or Permanent Placement (PP) services through Adoption, Guardianship or Long-Term Foster Care.
- Cases for 204 children were transferred to other counties or jurisdictions, accounting for 0.1% of total ER children served in CY 2000.

TOTAL CHILD WELFARE SERVICES CASELOAD

Figure 5 and Figure 6 depict the total caseload of children receiving child welfare services from DCFS, as of December 31, 2000. These data reflect a caseload breakdown by the four child welfare service components: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement. The total DCFS child caseload as of December 31, 2000, (54,651) reflects a decrease of 15.5% from the December 1999 caseload of 64,656.



CHILD CHARACTERISTICS

Figure 7, Figure 8, Figure 9, and Figure 10 reflect data on characteristics of children receiving child welfare services from DCFS, as of December 31, 2000, by age group, ethnicity and gender. Due to a decrease in the DCFS total child caseload, most characteristic categories reflect relative decreases from the December 31, 1999, data. Age groups of children were expanded for CY 2000 to provide more age-specific information for evaluation and planning.

- Children in the age group "Birth - 2 Years" (7,061) reflect a 5.1% decrease from 7,444 at the end of December 1999. This child population accounts for 12.9% of the total child population.
- Children in the new age groups "3 - 4 Years", "5 - 9 Years", "10 - 13 Years", and "14 - 15 Years" are organized differently than they were in CY 1999, and there are no comparative data between CY 2000 and CY 1999 for these age groups.
- The number of children in the age group "16 - 17 Years" (5,074) reflects a 0.5% increase over 5,047 at the end of December 1999. The child population for this age group accounts for 9.3% of the total child population in CY 2000.
- Children in the age group "18 Years & Older" exhibit a 5.8% decrease from 1,951 in CY 1999 to 1,838 in CY 2000, and account for 3.4% of the total child population.
- Overall, children at age 13 and under account for 76.4% and children age 14 and older account for 23.6% of the total child population.
- Hispanic children reflect an increase from 37.4% of the total DCFS children in CY 1999 to 39.1% in CY 2000. African-American children reflect a decrease from 42.4% to 40.2%. The White child population reflects a slight decrease from 16.6% to 16.1%. Children in the category

Other increased from 0.4% to 1.3%. No significant changes were observed for the ethnic categories of Asian/Pacific Islander and American Indian/Alaskan Native. The Filipino child population remains at 0.4%.

- Both genders of children receiving child welfare services exhibit relative decreases, based on an overall decline in the number of children receiving DCFS services at the end of December 2000.

CHILDREN IN OUT-OF-HOME PLACEMENT

Figure 4-11 and Figure 4-12 identify children who are in out-of-home placement, by facility type, as of December 31, 2000. The total number of children in out-of-home placement reflects a 21.3% decrease from 48,613 at the end of December 1999 to 38,273 at the end of December 2000. This decrease results from an overall decline in the number of children served by DCFS.

The number of children in placement with Relatives (18,308) exhibits a 29.1% decrease from 25,823 at the end of December 1999. This decrease is mainly due to a new program, Kinship Guardianship Assistance Payment (Kin-GAP), which was established by the California Department of Social Services and implemented effective January 1, 2000. The Kin-GAP program provides financial assistance for children placed in out-of-home care with relative caregivers, who are granted legal guardianship and Juvenile Dependency Court jurisdiction is terminated. Children placed with Relatives account for 47.8% of the total children in out-of-home placement.

Despite a decrease in the total number of children in out-of-home placement, the number of children in homes of Non-Related Legal Guardians increased 126.6% from 714 at the end of December 1999 to 1,618 at the end of December 2000. This child



population accounts for 4.2% of the total children in out-of-home placement. Children in out-of-home placement who are in Foster Homes, Foster Family Agency Homes, Small Family Homes, and Group Homes account for 36.3%. A small number of children, who are temporarily in County Shelter Care at MacLaren Children's Center, account for 0.4%.

Children who return to the home of their parents on a 60-day trial visit account for 0.6% of the out-of-home caseload. Runaway children (AWOL) from out-of-home placement account for 0.3%, and children in Other facility types account for 0.8%.

Included in the out-of-home placement caseload are children who live in homes with their adoptive parents pending Final Adoption Decree. This child population reflects a 33.8% increase from 2,740 at the end of December 1999 to 3,666 at the end of December 2000 and accounts for 9.6% of the total children in out-of-home placement.

ADOPTION PLANNING

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

The number of children placed in adoptive homes in 2000 reflects a 13.5% increase over 1999. Adoptive placements have increased 415.1% since 1984.

DCFS PUBLIC WEB SITE

The public may access the DCFS Data Statement as part of the CY 2001 ICAN report at the following Web Site address: dcfs.co.la.ca.us

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

SELECTED FINDINGS

- ER Referrals Received reflects a 3.1% increase from 146,583 during CY 1999 to 151,108 during CY 2000.
- General Neglect continues to be the first leading reason for ER services. This allegation category accounts for 28.6% of the total reasons for ER services.
- The number of children in placement with Relatives (18,308) exhibits a 29.1% decrease from 25,823 at the end of December 1999. This decrease is mainly due to a new program, Kinship Guardianship Assistance Payment (Kin-GAP), which was established by the California Department of Social Services and implemented effective January 1, 2000. The Kin-GAP program provides financial assistance for children placed in out-of-home care with relative caregivers, who are granted legal guardianship and Juvenile Dependency Court jurisdiction is terminated. Children placed with Relatives account for 47.8% of the total children in out-of-home placement.
- Children in homes of adoptive parents pending Final Adoption Decree (3,666) reflect a 33.8% increase over 2,740 as of December 31, 1999.
- Children placed in Adoptive Homes during CY 2000 (2,874) reflect a 13.5% increase over 2,532 adoptive placements made during CY 1999. Adoptive placements have increased 415.1% since CY 1984.

Figure 1

EMERGENCY RESPONSE REFERRALS - CHILD CASES ASSESSED/OPENED

Calendar Years 1984 Through 2000

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

Figure 2

EMERGENCY RESPONSE REFERRALS RECEIVED - REASONS FOR SERVICE

Calendar Year 2000

REASONS FOR SERVICE	CHILDREN	PERCENTAGE
Sexual Abuse	13,298	8.8
Physical Abuse	26,897	17.8
Severe Neglect	3,475	2.3
General Neglect	43,217	28.6
Emotional Abuse	21,608	14.3
Exploitation	303	0.2
Caretaker Absence/Incapacity	14,053	9.3
Other (includes "At Risk, Sibling Abuse" and "Substantial Risk")	28,257	18.7
TOTAL	151,108	100.0

Figure 3

EMERGENCY RESPONSE REFERRALS RECEIVED - REASONS FOR SERVICE
Calendar Year 2000

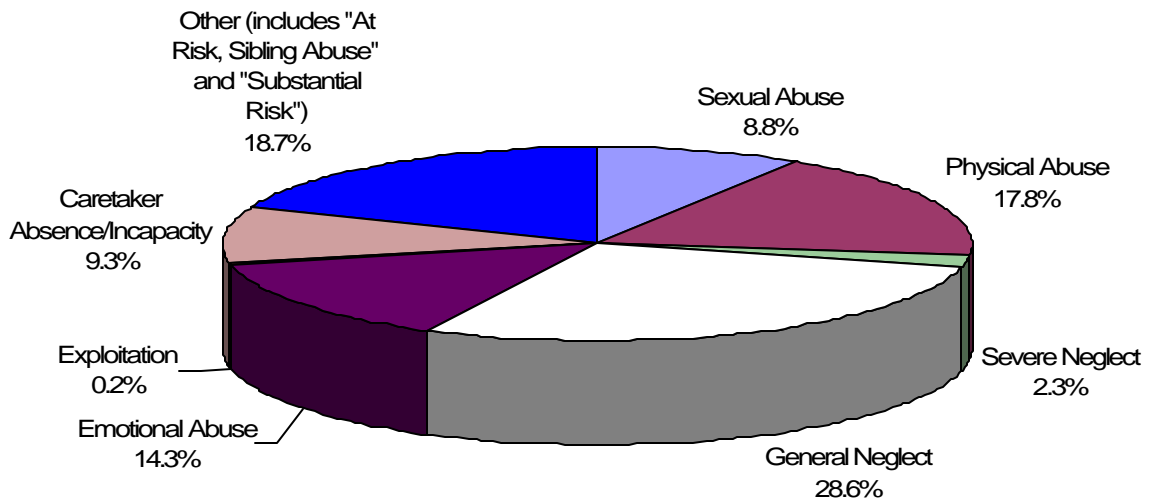




Figure 4

EMERGENCY RESPONSE DISPOSITIONS - CHILD PROTECTIVE SERVICES

Calendar Year 2000

DISPOSITION TYPE	CHILDREN	PERCENTAGE	REMARKS
Emergency Response Assessed Referrals Closed (No in-person response)	20,823	13.7	Unfounded Referrals - Referrals were evaluated by the Child Protection Hotline (CPH) and determined not to require an in-person response. Some referrals assigned to the regions by the CPH were evaluated out by the regions.
Emergency Response Referrals In-person Response Closed (No further services required)	85,761	56.5	Unfounded or Unsubstantiated Referrals - Referrals that required in-person investigations, and were determined to be unfounded or inconclusive and closed.
Emergency Response In-person Response Cases Closed, Emergency Response Services provided	34,918	23.0	Substantiated - Emergency Response Cases were opened - referrals were determined to be substantiated. Emergency Response Services were provided, and cases were closed.
Transferred to Family Maintenance	5,049	3.3	Substantiated - Cases were transferred to receive ongoing Family Maintenance Services.
Transferred to Family Reunification/ Permanent Placement	5,187	3.4	Substantiated - Cases were transferred to receive ongoing Family Reunification or Permanent Placement Services.
Transferred to Other Jurisdictions	204	0.1	Substantiated - Cases were transferred to Other Counties/ Jurisdictions for continuing Child Welfare Services.
TOTAL	151,942	100.0	

Figure 5

TOTAL CHILD WELFARE SERVICES CASELOAD

As of December 31, 2000

SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	6,004	11.0
Family Maintenance	9,262	16.9
Family Reunification	8,200	15.0
Permanent Placement	31,185	57.1
TOTAL	54,651 *	100.0

**CY 2000 Total Caseload includes 3,666 children in adoptive homes pending Final Decree of Adoption.*

Figure 6

TOTAL CHILD WELFARE SERVICES CASELOAD

As of December 31, 2000

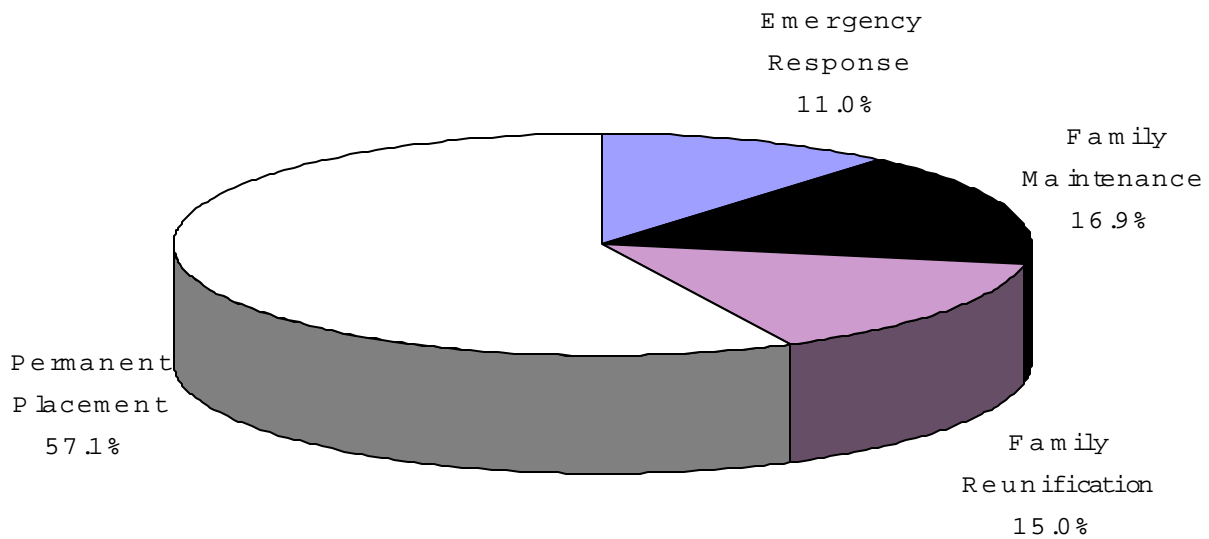


Figure 7

TOTAL CHILD WELFARE SERVICES CASELOAD - CHILD CHARACTERISTICS

As of December 31, 2000

CATEGORY	CHILDREN	PERCENTAGE
AGE GROUP		
Birth - 2 Years	7,061	12.9
3 - 4 Years	5,595	10.2
5 - 9 Years	16,222	29.7
10 - 13 Years	12,922	23.6
14 - 15 Years	5,939	10.9
16 - 17 Years	5,074	9.3
18 Years & Older	1,838	3.4
Total	54,651	100.0
ETHNICITY		
White	8,786	16.1
Hispanic	21,350	39.1
African-American	21,984	40.2
Asian/Pacific Islander	1,326	2.4
American Indian/Alaskan Native	247	0.5
Filipino	241	0.4
Other	717	1.3
Total	54,651	100.0
GENDER		
Male	27,127	49.6
Female	27,524	50.4
Total	54,651	100.0

Figure 8

TOTAL CHILD WELFARE SERVICES CASELOAD - BY AGE GROUP

As of December 31, 2000

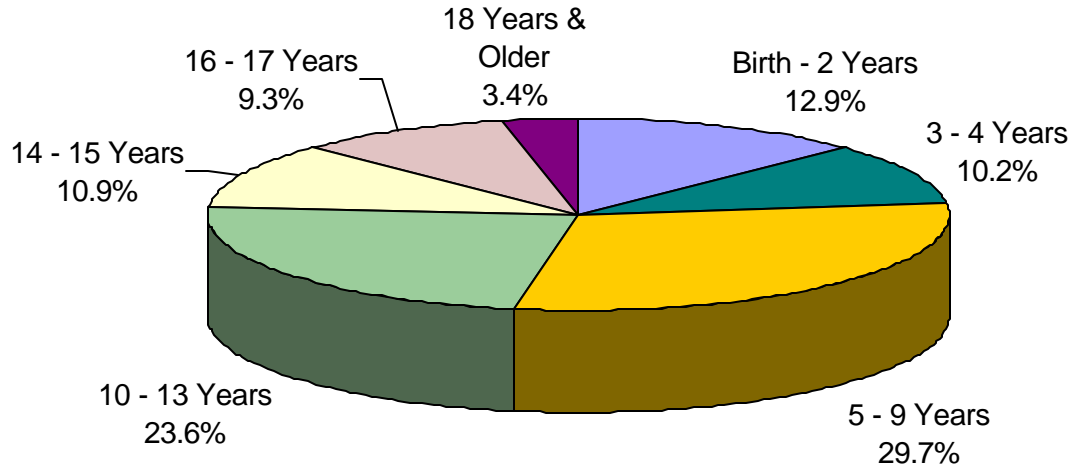


Figure 9

TOTAL CHILD WELFARE SERVICES CASELOAD - BY ETHNICITY

As of December 31, 2000

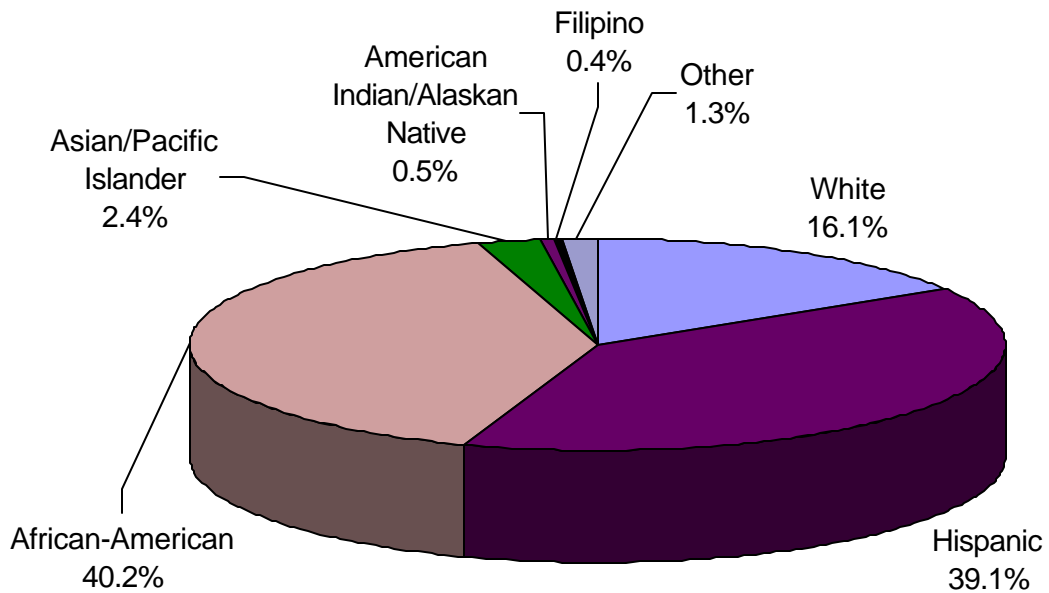




Figure 10

TOTAL CHILD WELFARE SERVICES CASELOAD - BY GENDER

As of December 31, 2000

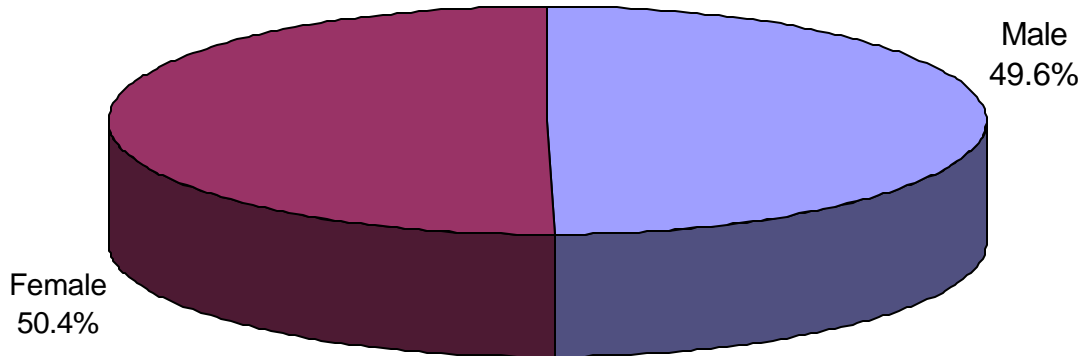


Figure 11

CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD

As of December 31, 2000

FACILITY TYPE	CHILDREN	PERCENTAGE
Relatives	18,308	47.8
Foster Homes	4,022	10.5
Foster Family Agency Homes	7,465	19.5
Small Family Homes	250	0.7
Group Homes	2,132	5.6
Non-Related Legal Guardians	1,618	4.2
County Shelter Care (MacLaren Children's Center)	139	0.4
Adoptions Children Placed Not Finalized	3,666	9.6
Home of Parents (Trial Visit)	239	0.6
AWOL (Absence Without Leave)	129	0.3
Other (Tribal, Medical Facility, Court Specified Homes)	305	0.8
TOTAL	38,273	100.0

Figure 12

CHILDREN IN OUT-OF-HOME PLACEMENT CASELOAD

As of December 31, 2000

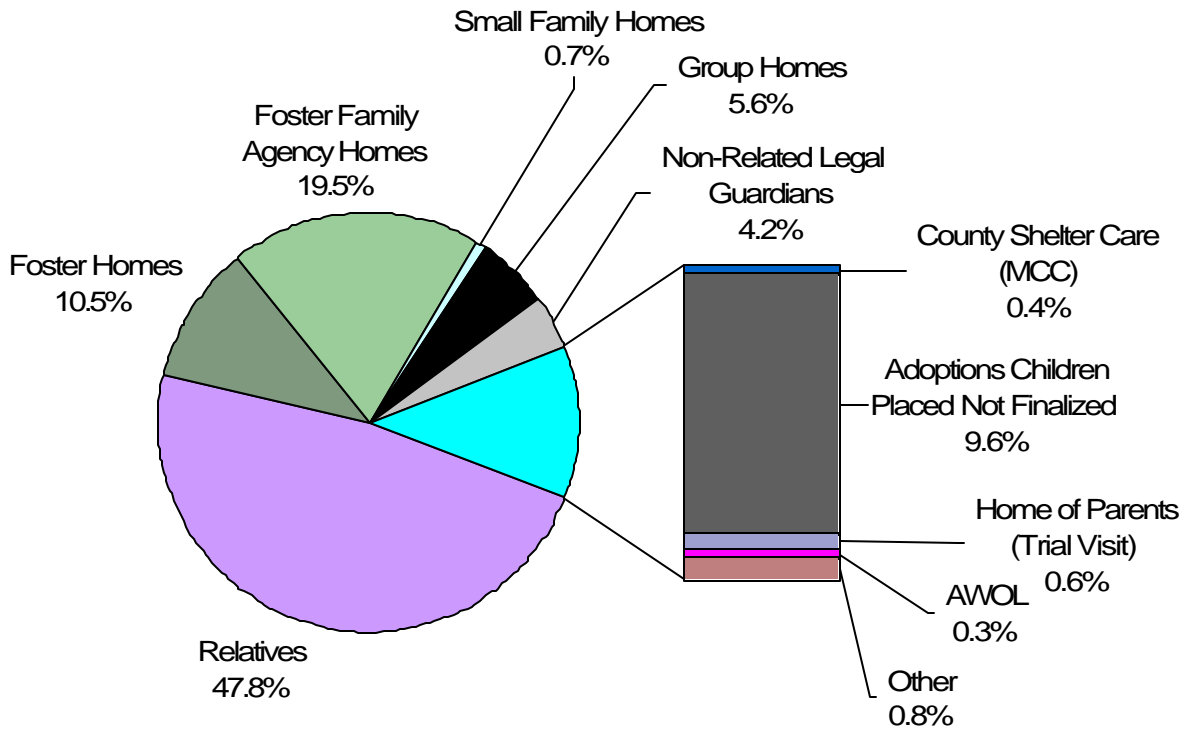




Figure 13

ADOPTIONS PERMANENCY PLANNING CASELOAD

Calendar Years 1984 Through 2000

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

Figure 14

ADOPTIONS CASES OPENED
Calendar Years 1984 Through 2000

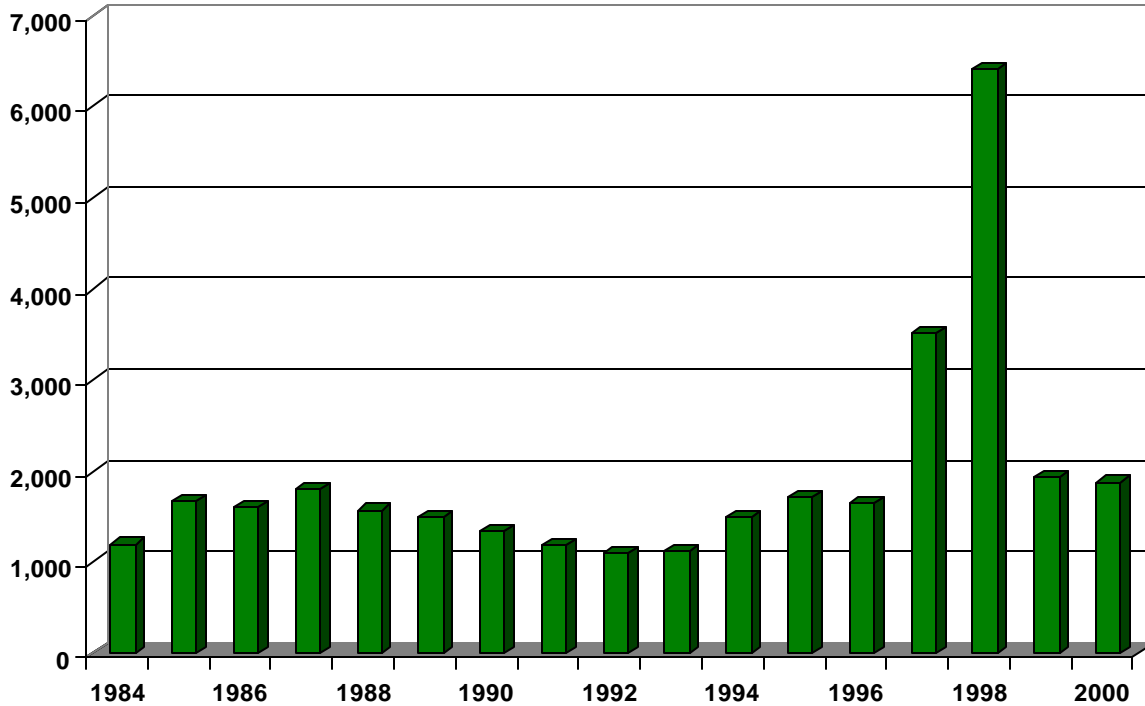
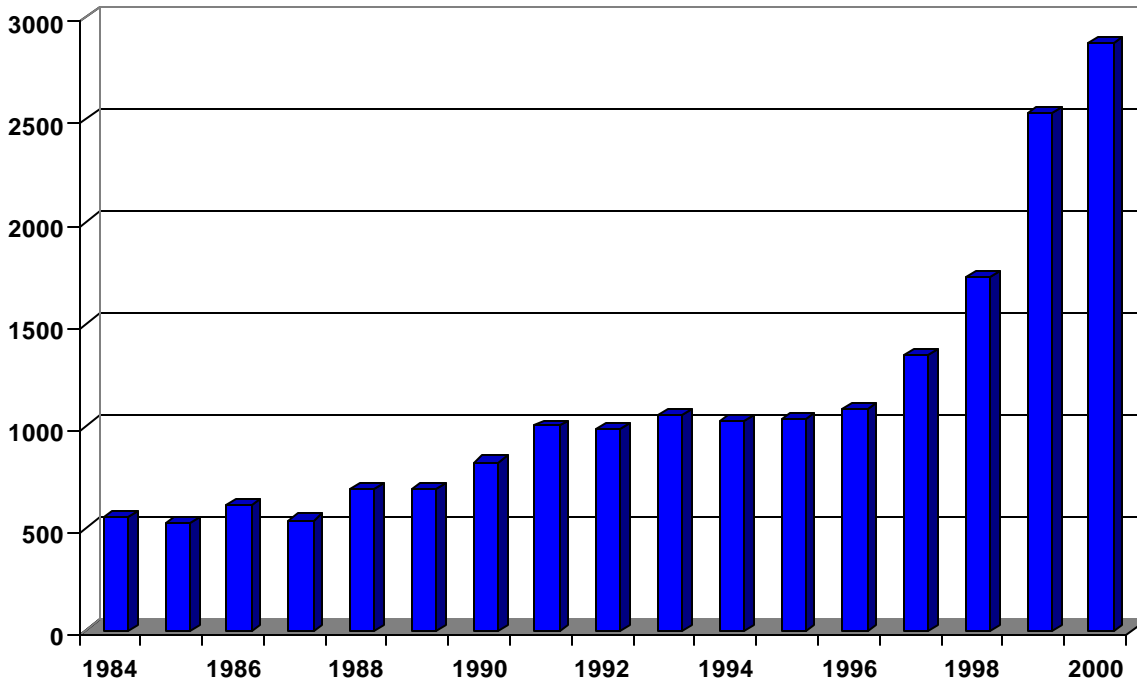


Figure 15

CHILDREN PLACED IN ADOPTIVE HOMES
Calendar Years 1984 Through 2000



GLOSSARY

Absence Without Official Leave (AWOL).

Children who run away from out-of-home placement/the residence of their primary caretakers.

Calendar Year (CY). A period of time beginning January 1 through December 31 for any given year.

California Department of Social Services (CDSS). A public social services agency that standardizes and regulates all county social services agencies within the State of California.

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

Caretaker Absence/Incapacity. This refers to situations when the child is suffering, either physically or emotionally, due to the absence of the caretaker. This includes abandoned children, children left alone for prolonged periods of time without provision for their care, as well as children who lack proper parental care due to their parents' incapacity, whether physical or emotional.

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

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

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

Emotional Abuse. Emotional abuse means willful cruelty or unjustifiable inappropriate punishment of a child to the extent that the child suffers physical trauma and intense personal/public humiliation.

Exploitation. Exploitation exists when a child is made to act in a way that is inconsistent with his/her age, skill level, or maturity. This includes sexual exploitation in the realm of child pornography and child prostitution. In addition, exploitation can be economic, forcing the child to enter the job market prematurely or inappropriately; or it can be social with the child expected to perform in the caretaker role.

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

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

Final Decree of Adoption. A court order granting the completion of the adoption.

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

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

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

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

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

General Neglect. The person responsible for the child's welfare has failed to provide adequate food, shelter, clothing, supervision, and/or medical or dental care. This category includes latchkey children when they are unable to properly care for themselves due to their age or level of maturity.

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

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

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

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

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

Other (At Risk, Sibling Abuse and 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.

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

Physical Abuse. A physical injury which is inflicted by other than accidental means on a child by another person. Physical abuse includes deliberate acts of cruelty, unjustifiable punishment, and violence towards the child such as striking, throwing, biting, burning, cutting, and twisting limbs.

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

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

Severe Neglect. The child's welfare has been risked or endangered or has been ignored to the degree that the child has failed to thrive, has been physically harmed or there is a very high probability that acts or omissions by the caretaker would lead to physical harm. This includes children who are malnourished, medically diagnosed non-organic failure to thrive, or prenatally exposed to alcohol or other drugs.

Sexual Abuse. Any sexual activity between a child and an adult or person five years older than the child. This includes exhibitionism, lewd and threatening talk, fondling, and any form of intercourse.

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

Substantiated. An allegation is substantiated, i.e., founded, if it is determined, based upon credible evidence, to constitute child abuse, neglect or exploitation as defined by Penal Code Section 11165.6.

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

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





LOS ANGELES SUPERIOR COURT



BIANCA COHEN
TOPEKA DRIVE

LOS ANGELES SUPERIOR COURT

JUVENILE DEPENDENCY COURT (2000)

Child abuse is one of the most heart-wrenching and difficult of the problems facing our society. However, most reports of child abuse do not result in any court action, either because the initial report was inaccurate or false, or because insufficient information exists to adequately support legal action. In many situations, the child can be protected without court intervention.

The Los Angeles Superior Court Juvenile Division is divided into three component parts: Juvenile Delinquency, Juvenile Dependency and Informal Juvenile and Traffic. Currently, there are 19 full-time dependency courts located at the Edmund D. Edelman Children's Court in Monterey Park, plus one additional court dedicated to the hearing of civil adoption cases. An additional dependency court facility is located adjacent to the Lancaster courthouse and serves families and children residing in the Antelope Valley.

The Juvenile Dependency Court is unique in that minors whose cases are before the court are not accused of having committed any crimes. Instead, these minors are alleged to have been abused or subjected to an inamicable environment. It is the responsibility of the Dependency Court to determine, on the basis of investigative reports and testimony, what will best serve to insure the minor will attain adulthood in a nurturing and safe environment.

THE DEPENDENCY COURT

Child abuse cases which do require legal action may involve complicated and often confusing procedures and hearings in the Juvenile Dependency Court, the Criminal Court, the Probate Court, the Mental Health Court or the Family Law Court, or several or

all of these courts. The incidents of abuse and neglect which are assessed as actually or imminently dangerous to children are referred to the Dependency Court. This legal process is intended to protect children through the use of the court's authority. It is initiated by the filing of a petition by the Department of Children and Family Services under Welfare and Institutions Code Section 300.

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

If a child is detained by the Department of Children and Family Services (DCFS) and not released, the court will hold a formal hearing (Arrest/Detention hearing) within 72 hours (not including weekends or holidays) to decide whether the child should be returned home. The court will also rule on the parent's right to visit the child. Finally, attorneys will be appointed for the parties, including the child.

The Court conducts additional hearings to determine whether the allegations are true (the Adjudication); and if true, whether Dependency Court jurisdiction is necessary. A large percentage of the cases, however, first proceed through an alternative dispute resolution either through a Pretrial Resolution Conference (PRC) or by referral



to the Dependency Court Mediation Services Program. If a PRC or Mediation is scheduled, the court will order DCFS to prepare a social study, which will fully discuss the facts and circumstances of the case. The study may also propose a plan for settlement of the case and assistance to the family.

Cases reaching a full agreement through a negotiated settlement or after discussion with the neutral third party mediators do not require a trial; all other cases are set for adjudication. If the court finds either after a PRC or mediation or at the adjudication hearing that the allegations contained in the petition are true, jurisdiction is acquired and the court will continue to make decisions and orders regarding the family and the child.

Next at a disposition hearing, the court decides whether the child may remain safely in the parent's home under Department of Children and Family Services (DCFS)

supervision (home of parent order) or if the child must be suitably placed. The family may be ordered to participate in activities to help the family overcome the problems, which brought them before the court. DCFS is ordered to provide these services which are referred to as "AFamily Maintenance" if the child remains at home or "AFamily Reunification Services" if the child is placed out of the home.

If a child is removed from the parent's physical custody, the court in most cases will order that Family Reunification Services be provided. Services may include referrals to counseling, drug or alcohol testing, visits by a social worker and assistance in developing a visitation schedule with the child. If, however, the court terminates Family Reunification Services, it will set a selection and implementation hearing to decide on a permanent plan of adoption, legal guardianship or long-term foster care.

Figure 1

JUVENILE DEPENDENCY COURT

Dependency Court Workload

Calendar Year	Total Petitions Filed	Reviews/Permanent Plan, Review of Plan	Total Petitions and Reviews
1986	17,786	43,352	61,183
1987	15,932	35,951	51,883
1988	16,760	40,106	56,866
1989	18,934	40,574	59,508
1990	16,389	52,680	69,069
1991	15,626	52,877	68,503
1992	16,360	52,336	68,696
1993	17,970	51,415	69,385
1994	18,761	55,322	74,083
1995	20,438	56,749	77,187
1996	22,423	76,691	99,114
1997	22,645	94,289	116,934
1998	18,522	105,291	123,813
1999	18,296	158,715	177,011
2000	16,119	165,187	181,306



REVIEW HEARINGS

Any case under the jurisdiction of the court must be reviewed by the court at least every six months until jurisdiction is terminated. If the child is placed out of the home, the court must conduct a hearing to establish a permanent plan within 6 or 12 months, depending on the age of the children. The purpose of this hearing is to determine whether or not the child can be returned home or if there is a substantial probability that the child can be returned if an additional six months of reunification services are provided. If so, the court will continue the permanency planning hearing (PPH) to no more than eighteen months after the original petition was filed by Department of Children and Family Services (DCFS).

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

SUBSEQUENT AND SUPPLEMENTAL PETITIONS

A subsequent petition under WIC section 342 may be filed to allege new facts or circumstances, other than those under which the original petition was sustained. A subsequent petition under WIC section 300 may add facts or circumstances to a petition, which has been previously filed. A supplemental petition under WIC section 387 is filed to change or modify a previous order to remove a child from the physical custody of a parent, guardian, relative, or friend and direct placement in a foster home, or com-

mitment to a private or county institution. Such a supplemental petition must state facts sufficient to support the conclusion that the previous order has not been effective in the rehabilitation or protection of the child.

A supplemental petition under WIC section 388 allows any parent, other person having an interest in a child, or the child to state facts sufficient to support that a change of circumstance or new evidence exists which would require a change of a previous order and that modified order is in the child's best interest.

CASELOAD OVERVIEW

The number of new, supplemental and subsequent petitions filed for the calendar year 2000 was 16,119. In the preceding calendar year 1999, a total of 18,296 petitions were filed. The 2000 filings represent a decrease of 11.8% compared to petitions filed in 1999. The workload of the Dependency Courts, including the petitions filed and the reviews of permanency planning hearings (RPP), is detailed in Figure 5-1 for calendar years 1986 through 2000. Petitions filed include new filings by Dependency Investigators, Intake and Detention Control and all supplemental and subsequent petitions filed on existing cases. The breakdown of petitions filed in calendar year 2000 was 8,015 new WIC 300 petitions; 4,325 subsequent WIC 300/342 petitions and, 3,779 supplemental WIC 387/388 petitions. In calendar year 1999 the breakdown was 8,918 new WIC 300 petitions; 5,376 subsequent WIC 300/342 petitions and, 4,002 WIC 387/388 petitions.

In 2000, new petitions filed decreased by 10.1% (903), subsequent petitions decreased by 19.5% (1,051) and supplemental petitions decreased by 5.5% (223).

ANALYSIS

An analysis of dependency petition filings for calendar years 1986 through 2000 shows the following:

CALENDAR YEAR 1999

(1) A comparison of the 1986 filings (17,786) to those of 2000 (16,119) reflects a decrease of 9.3% for the fifteen-year period (-1,667).

(2) The total calendar year filings for 2000 (16,119) represent an 11.8% decrease from calendar year 1999 (18,296).

(3) However, subsequent petition filings under WIC sections 300/342 have increased since 1991, with the exception of 1993, 1998 and now, calendar year 2000. Supplemental petitions under WIC 387 and 388 have increased since 1991 (with the exception of 1992, and calendar year 2000).

A comparison of new petitions filed for 1999 (8918) and 2000 (8015) indicates a decline of 10.1% continuing a trend begun in 1998 when new filings decreased 27.19% from 1997 (13,465 to 9,807).

A total of 4,325 subsequent petitions (WIC 300/342) were filed in 2000, and represent a decrease of 19.5% (1,051) from 1999 (5,376). A total of 3,779 supplemental petitions (WIC 387/388) were filed in 2000, a decrease of 223 (5.5%) over 1999 (4002).

Figure 2

JUVENILE DEPENDENCY COURT

Dependency Filings, Reviews, PPH and RPP Hearings

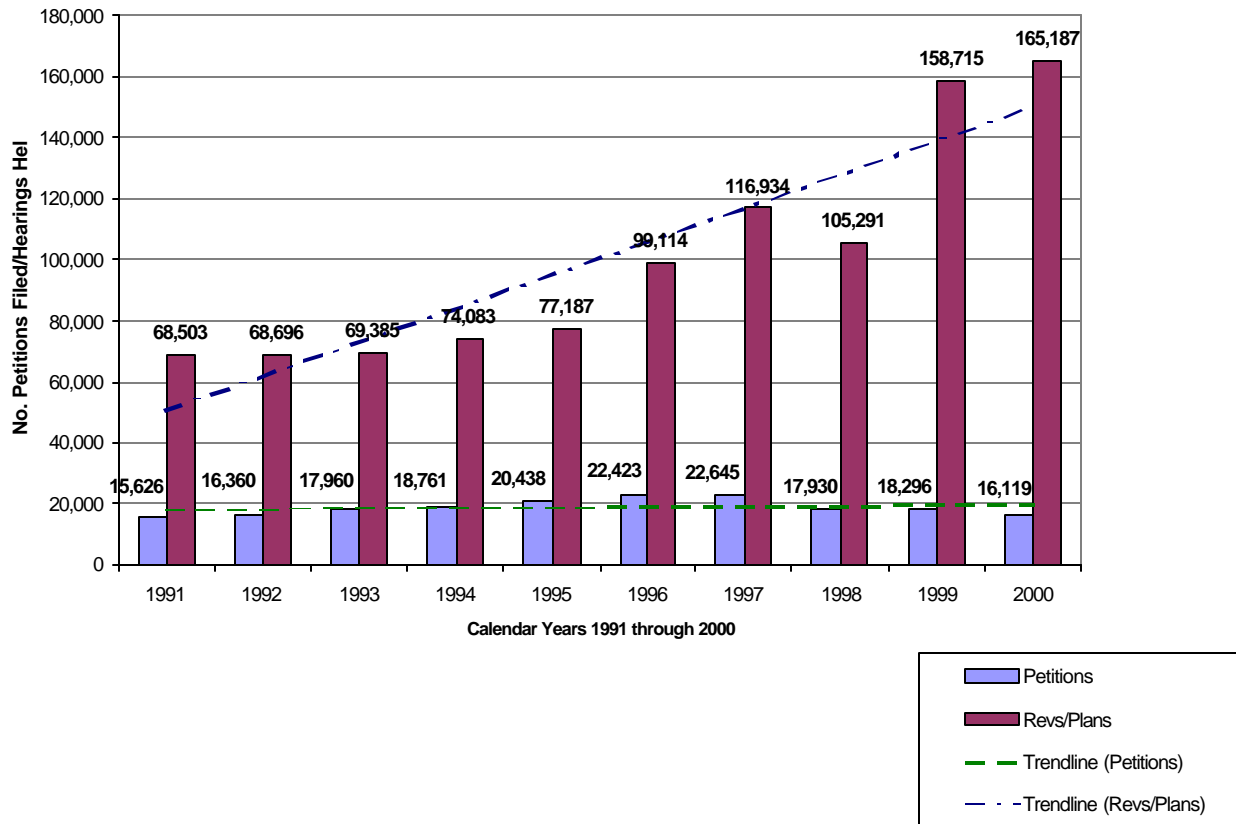


Figure 3

JUVENILE DEPENDENCY COURT

Dependency Petitions Filed New, Subsequent and Supplemental

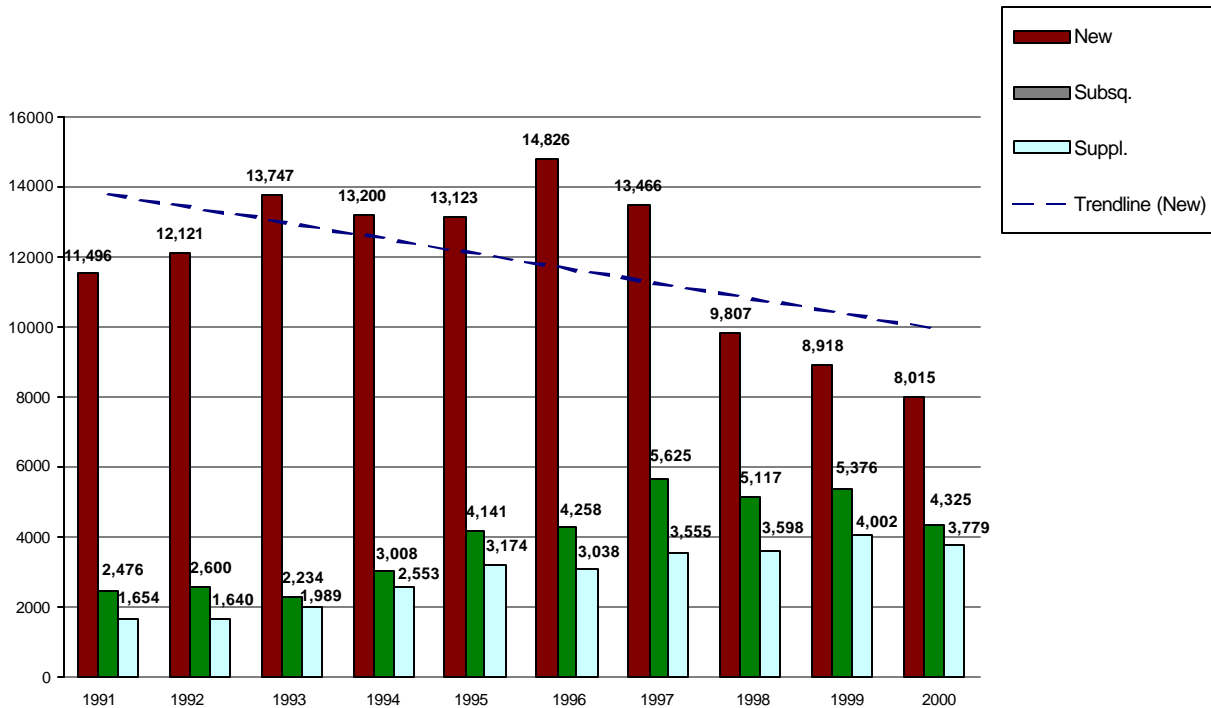


Figure 4

JUVENILE DEPENDENCY COURT

Filings, Reviews and PPH Hearings

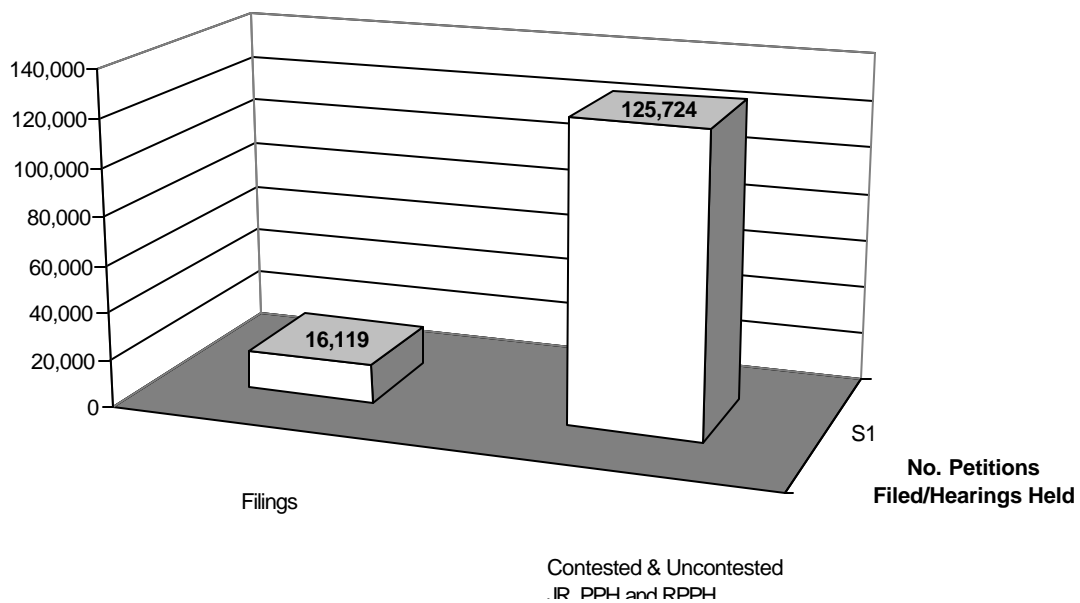
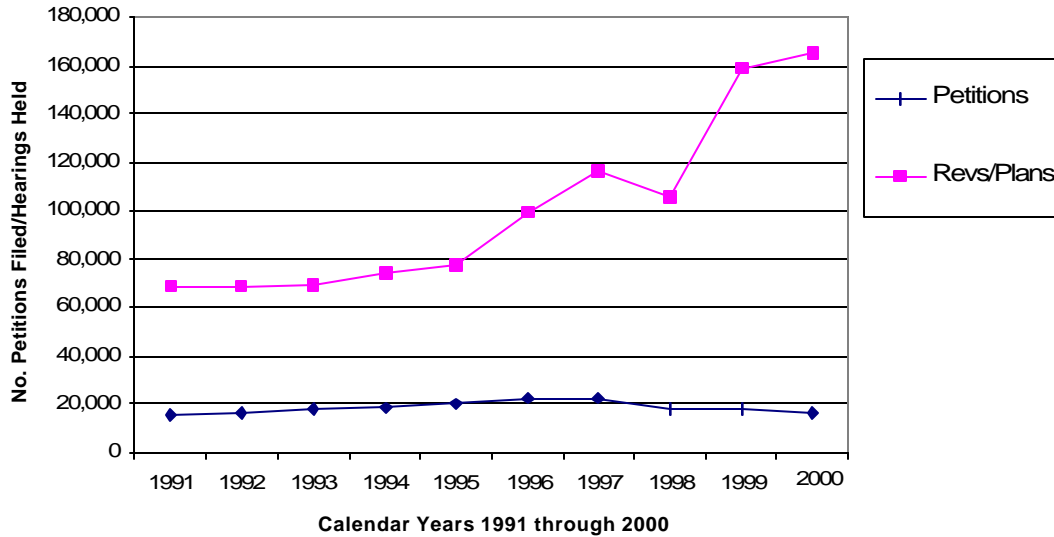


Figure 5

JUVENILE DEPENDENCY COURT

1) New Petitions vs. (2) Reviews, PPH's and RPPH's Held



Using the data contained in Figure 5-1 a software generated trend line was developed based on data from 1991 through 1999. The trend line is graphically depicted as Figure 5-5.

TREND

Based on data from 1993 through 2000, the projected trend through 2001 indicates a flattening of petitions filed and an increase or "higher peak" for the number of reviews, permanent plan and review of plan hearings. This latter trend likely reflects ongoing cases originally filed in earlier "high" petition "filing" years.

While average new WIC 300 petitions have decreased slightly from 1995 to 1999, with the exception of 1996, (from 13,123 to 8,918, or 32% over the five year period) filings for both subsequent (WIC 342) petitions and supplemental (WIC 387/388) petitions have increased over the five year period: subsequent filings increased from 4,141 to 5,376 a 29% increase and supplemental filings increased from 3,174 to 4,002 a 26% increase.

The decrease in new filings in 2000 is mirrored by a similar decrease in referrals to the Department of Children and Family Services during the year. A consensus of County agencies is that this welcome decrease may reflect improved economic conditions.

Since WIC 342 petitions represent new circumstances of abuse different from the original petition, a trend indicating fewer difficulties for family reunification may be present. The decrease in WIC 387 petitions (changing a previous order by removal of the child from physical custody of a parent, guardian, relative or friend) also may be indicative of fewer difficulties in family reunification.

Figure 6

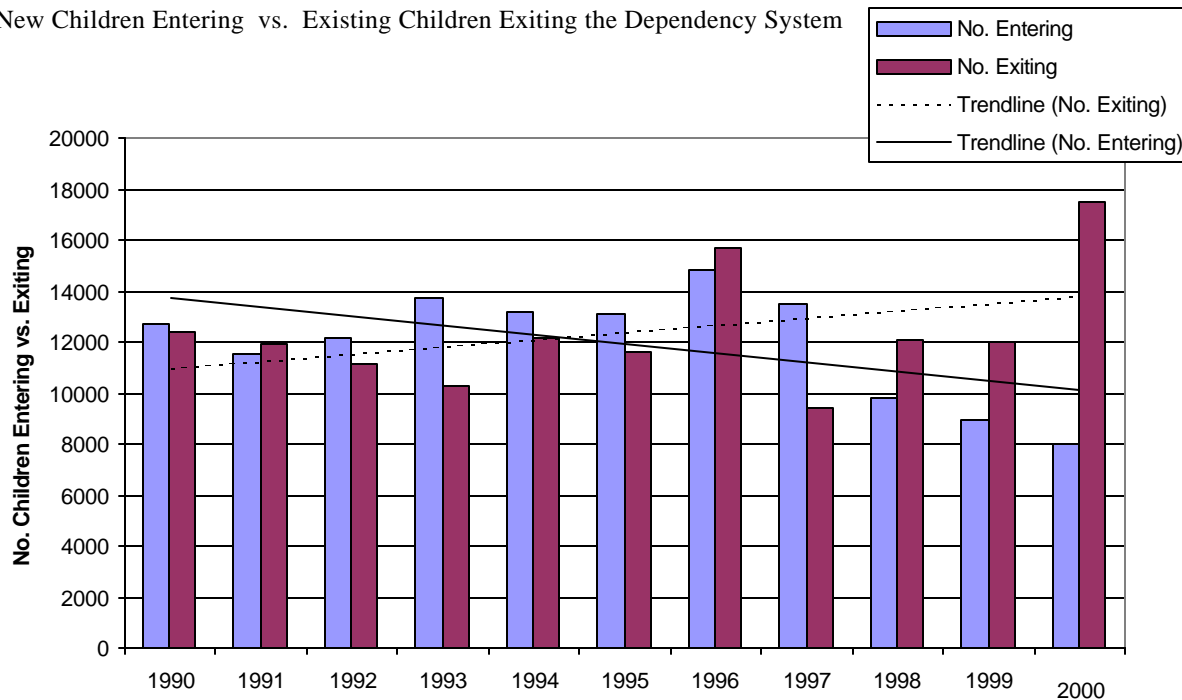
JUVENILE DEPENDENCY COURT DISPOSITION HEARING RESULTS BY CATEGORY WITH % OF TOTAL DISPOSITIONS

Year	Total Dispositions	Home of Parent	Suitable Placement	Other
1984	10,102	3,803 (38%)	3,321 (33%)	489 (4.0%)
1985	13,484	5,609 (42%)	3,770 (28%)	384 (2.0%)
1986	14,682	5,456 (37%)	5,201 (35%)	258 (2.0%)
1987	8,896	3,414 (39%)	4,667 (53%)	782 (9.0%)
1988	7,206	2,435 (34%)	4,524 (63%)	247 (3.0%)
1989	9,765	3,094 (32%)	6,540 (66%)	221 (2.0%)
1990	10,761	3,747 (35%)	6,776 (64%)	238 (2.0%)
1991	10,076	3,274 (32%)	6,540 (65%)	262 (3.0%)
1992	10,910	3,386 (31%)	7,295 (67%)	229 (2.0%)
1993	9,593	2,941 (31%)	6,540 (68%)	112 (1.0%)
1994	11,736	3,492 (30%)	8,188 (70%)	56 (0.5%)
1995	13,689	3,750 (27%)	9,857 (72%)	82 (0.6%)
1996	14,374	4,312 (30%)	9,976 (69%)	86 (0.5%)
1997	8,224	2,399 (29%)	5,723 (70%)	102 (0.7%)
1998	7,550	2,445 (32%)	5,066 (67%)	39 (0.5%)
1999	6,964	2,164 (31.1%)	4,618 (66.3%)	182 (2.6%)
2000	6,964	2,088 (30%)	4,640 (67%)	236 (3.5%)

Figure 7

JUVENILE DEPENDENCY COURT

New Children Entering vs. Existing Children Exiting the Dependency System



DISPOSITION HEARING DATA*

The Court conducted 6,964 disposition hearings in calendar year 2000. The court conducted exactly the same number of disposition hearings in 2000 as it did in 1999 (6,964). At these hearings, children were placed in the home of the parent in 2,088 cases (29.9%) and were suitably placed (an out of home order) in 4,876 cases (70.1%).

Figure 5-6 reflects the type of placements made and the number of children placed in each type for the calendar years 1986 through 2000. Since 1994, the average ratio of children returned home at disposition, to those placed with relatives or in other placements, has remained at about 30% to 69%, respectively.

** Data regarding dispositions are subject to change due to problems with the Juvenile Automated Index/Juvenile Automated Data Enhancement database.*

Figure 5-7 reflects the number of children entering and exiting the Juvenile Dependency Court system for the calendar years 1990 through 2000.

CASES DISMISSED OR JURISDICTION TERMINATED

Of the 16,119 petitions (new, subsequent, and supplemental) filed in calendar year 2000, 8,015 were new filings, i.e., when a new child entered the system. However, a total of 17,519 children had their cases dismissed or jurisdiction terminated in 2000, 5,486 more than in 1999. When compared to new petition filings (minus the subsequent or supplemental petitions), 9,504 more children exited the court system in 2000 than entered, maintaining the decline of children in the system the previous year. In 1997 a total number of 6,028 children exited the system, the number increased in 1998 to 12,047 but marginally decreased again in 1999 to 12,033 children.



GLOSSARY

- 342 WIC Petition** - Alleges new facts or circumstances other than those under the original petition.
- 387 WIC Petition** - Changes or modifies a previous order to remove a child from their physical environment.
- 388 Petition** - A petition supporting a change in circumstances which would require a change of a previous order that would be in the child's best interest.
- Adjudication** - A hearing to determine if the allegations are true
- DCFS** - Department of Children and Family Services
- Family Maintenance** - When a minor remains in the home and the family is ordered to participate in activities that helps them overcome the problems that brought them to court
- Family Reunification Services** - When the minor does not remain in the home and the family is ordered to participate in activities that helps them overcome the problems that brought them to court.
- PPH** - Permanency Planning Hearing
- PRC** - Pretrial Resolution Conference
- RPP** - Review of Permanency Planning Hearing
- Selection and Implementation Hearing** - When the court decides on a permanent plan of adoption, legal guardianship or long-term foster care for the minor.
- WIC** - Welfare and Institutions Code





LOS ANGELES COUNTY COUNSEL



MARIA PINEDA
HELIOTROPE

LOS ANGELES COUNTY COUNSEL

LITIGATION AND TRAINING DIVISION/ADVICE AND LITIGATION DIVISION/APPELLATE DIVISION

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

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

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

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

The proceedings in Dependency Court differ significantly from civil actions and affect the fundamental rights of both parents and children. Knowledge of the law and the

case, combined with insight and judgment enable the County Counsel attorney to work cases with opposing counsel in a spirit of cooperation to achieve realistic and reasonable results for the family and to protect the child.

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



DCFS is invested with the responsibility of investigating allegations of child abuse and neglect and determining whether a petition alleging that the child comes within the jurisdiction of the Dependency Court should be filed. The children's social worker submits the petition request to the Intake and Detention Control Section of DCFS located at the Edmund D. Edelman Children's Court. County Counsel staffs Intake and Detention Control with an attorney who reviews the petition to assure it is legally sufficient. In addition, the Intake and Detention Control attorney gives legal advice on detention and filing issues and provides summaries of child death cases. In 2000, 11,618 new petitions were filed.

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

INITIAL DETENTION

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

- There is a substantial danger to the physical health of the child or the child is suffering severe emotional damage, and there 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;

- There is substantial evidence that a parent, guardian, or custodian of the child is likely to flee the jurisdiction of the court;
- The child has left a placement in which he or she was placed by the Dependency Court; or
- The child indicates an unwillingness to return home and has been physically or sexually abused by a person residing in the home.

JURISDICTION

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

(a) The parties may set a matter for mediation or for a pretrial resolution conference prior to the adjudication during which the County Counsel attorney participates in informal settlement negotiations.

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

DISPOSITION

If the child is found by the court to be a person described by Welfare and Institutions code section(s) 300 (a) - (j), a disposition hearing is held to determine the proper plan for the child. If DCFS recommends that the child be removed from parental custody, the County Counsel attorney must establish by clear and convincing

evidence that return of the child to his or her parents would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child, and there are no reasonable means by which to protect the child.

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

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

REVIEW

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

If the court has ordered family reunification services, then subsequent review hearings are held every six months. At each of the review hearings, the court reviews the status of the child and the progress the parents have made with their case plan. The court is mandated to return the child to the custody of his or her parents unless it finds by clear and convincing evidence that return would be detrimental. Failure of a parent to participate regularly and make substantive progress in court-ordered treatment programs is prima facie evidence that return of the child would be detrimental. The 12 month review is the permanency hearing. If the child is not returned to the custody of his or her parents, the court must terminate reunification efforts and set the matter for a

hearing at which a permanent plan of adoption, guardianship, or long term foster care is selected. The County Counsel attorney represents DCFS at each of the review hearings and at the selection and implementation hearing and bears the burden of proof not only to establish detriment if the child is returned home but also to prove by clear and convincing evidence that a child is adoptable if DCFS is seeking to terminate parental rights to free the child for adoption.

Parties have a right to seek appellate relief throughout each stage of the dependency process, whether by writ or by appeal. The Children's Services Appellate Division, staffed by 15 attorneys, reviews and prepares cases for writs and appeals and responds to writs and appeals initiated by the parents or the children.

The Training and Litigation Division oversees outside litigation relating to foster care licensing, MacLaren Children's Center, and civil procedures relating to juvenile court policies and procedures. The Division offers many training programs to County Counsel attorneys and DCFS staff. Approximately 2500 attorney hours were spent during the year on social worker training programs. At the Children's Social Worker Training Academy, County Counsel presented a Dependency Overview and a Testifying in Court training. For the County-wide Five Day Investigator's Academy, County Counsel presented three programs: Social Worker's Legal Authority; Report Writing, and Search Warrants. County Counsel facilitated six programs to train supervisors in each DCFS region. The day-long trainings covered legal sufficiency, reasonable efforts, case review, permanency issues, legal liability, and search warrants. An interactive social worker testifying program was initiated using a Children's Court court room as a classroom where children's social workers were cross-examined by County Counsel attorneys in a mock trial



setting . Ongoing training has been provided to children's social workers by both County Counsel attorneys and children's attorneys to assist them in carrying out their responsibility to notify the child's attorney of significant events affecting a child. In addition, County Counsel attorneys staffed "office hours," weekly in different regional offices. The time with an attorney provides the children's social worker an opportunity to ask questions and seek advice and input on non-case specific issues.

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

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

The Advice and Litigation Division has

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

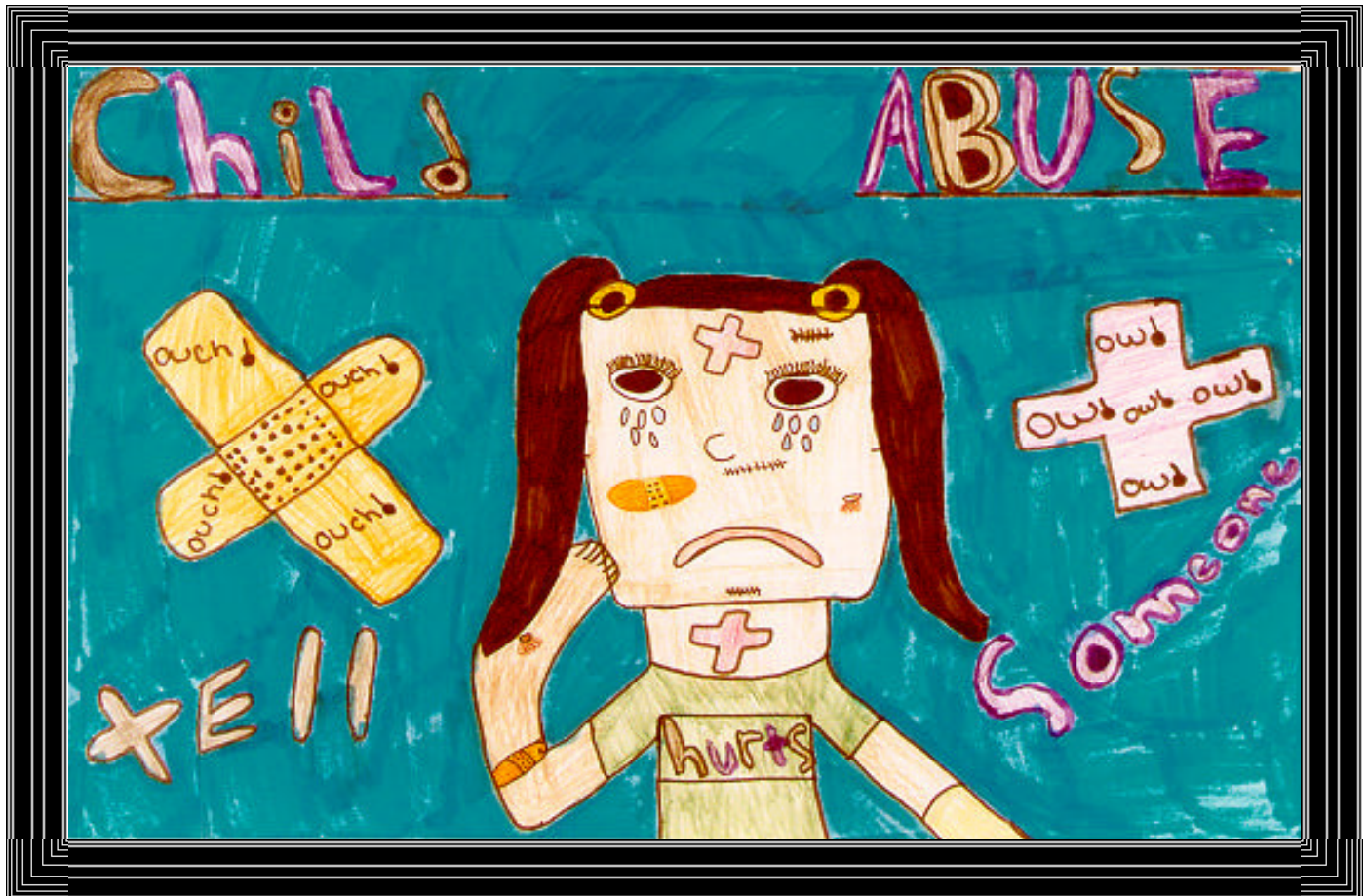
- the legal sufficiency of court reports,
- group home placement policies,
- warrant requests for an "AWOL" child,
- delinquency/dependency cross-over issues,
- cases not filed in dependency court - i.e. voluntary maintenance contracts and/or voluntary placement contracts,
- confidentiality issues, and
- notices

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

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



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT



LILIANA GUZMAN
OXNARD ST.



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

FAMILY CRIMES BUREAU

The Los Angeles County Sheriff's Department is the largest Sheriff's Department in the nation, serving more than 2.7 million people within contract cities and unincorporated areas. The Family Crimes Bureau consists of the Child Abuse Detail and the Domestic Violence Detail named S.T.O.P.-I.T. (Safety Through Our Perseverance- Intervention Team). The Child Abuse Detail investigates physical and sexual child abuse, while cases involving neglect and endangered children are investigated by detectives assigned to the various stations.

Detectives assigned to the Family Crimes Bureau (FCB) are selected through a process which includes an application, oral interview and thorough background investigation. A deputy assigned to the Bureau receives training in forty-hour courses on sexual assault investigation, interview techniques, homicide investigation and several other seminars, as well as training with an experienced detective from FCB. Investigators are in contact, often daily, with members of the District Attorney's Office, the Department of Children and Family Services (DCFS) and other agencies and individuals, so training is a continual, ongoing process.

The Family Crimes Bureau also provides extensive training to Sheriff's Academy Recruits, Advanced Officer Training to more experienced Department members, as well as to participating law enforcement agencies, social service agencies (DCFS), foster family agencies, schools and many civic groups. Planning was begun in 2000 with DCFS to provide training to Emergency

Response social workers and Dependency Investigators in the role law enforcement plays in child abuse investigations. The planned start date for the Interagency Investigators Academy is January 2001.

The Sheriff's Department is represented by two members of FCB on the Southern California Regional Sexual Assault Felony Enforcement (SAFE) Team, a federally-funded task force comprised of various law enforcement agencies, including the Los

Angeles Police Department and the FBI. The team investigates the sexual exploitation of children with numerous investigations centering on computer based (Internet) child pornography.

The Child Abuse Detail of FCB is divided into four geographically-defined teams in the north, south, east and west areas of the County. The number of investigators assigned to a team is determined by the caseload generated by the patrol stations within the team area. Each team is supervised by a Sergeant who is responsible for approving investigative reports and offering advice and assistance in investigations. Under the command of a Captain, the Bureau consists of forty Detectives (Deputies), five Sergeants, two Lieutenants and a dedicated civilian clerical staff. The S.T.O.P.-I.T. Detail is staffed by a Lieutenant, a Sergeant and eleven Deputies.

This year, the caseload at FCB rose after four years of declining numbers.

The child abuse investigation teams are comprised of the following stations:

North: Crescenta Valley/Altadena, Lancaster, Palmdale, Santa Clarita

South: Avalon (Santa Catalina Island), Cerritos, Lakewood, Norwalk, Pico Rivera

East: East Los Angeles, Industry, Temple City, Walnut, San Dimas

West: Carson, Century, Compton, Lennox, Marina del Rey, Lomita, Lost Hills/ Malibu, West Hollywood

Because of the number of cases coming into FCB for investigation, Detectives investigate their assigned cases individually (without partners) but they will request assistance from a team member if a situation warrants more than one investigator. Each team consists of one member who is designated for a special "task force" assignment. Their assignments include multiple victim/ witness interviews at a school or similar setting and can involve a majority of Bureau investigators.

A project in development during the year and nearing completion is the utilization of the Sheriff's Data Network (SDN) as a central archive and router to "store" Suspected Child Abuse Reports (SCAR) sent by the Child Abuse Hotline (CAHL), with the ability to automatically "route" the SCAR to the appropriate law enforcement agency for immediate notification. The law enforcement response should be faster because of earlier notification, theoretically resulting in more children being protected sooner and more offenders being apprehended earlier.

Another project within the Department slated for operation beginning in January 2001 is a revised tracking system for "calls for service." This system currently maintains an address or location of any type call for seven days. The revision will keep a record, including any officer hazards, for two years. This includes all child abuse or domestic violence related calls, which is an asset for

an investigator and may assist DCFS and the District Attorney's Office.

LAW ENFORCEMENT PROCEDURES IN CHILD ABUSE INVESTIGATIONS

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

When information is made available to the Sheriff's Department that results in the initiation of a criminal report, this report is usually completed by a field Deputy Sheriff assigned to a patrol station. Upon completion of the report, it is forwarded to a supervisor who reviews and approves the report. It is then sent immediately, or as soon as possible (generally within 24 hours), to the Family Crimes Bureau where the information is entered into FCB's internal database and then referred to the appropriate team Sergeant for assignment to a Detective. A copy of the referral generated at FCB is also faxed to the Child Abuse Hotline. The investigator is then responsible for making contact with all appropriate persons involved in the case and determining if there is sufficient evidence to proceed by having the

District Attorney's Office review the case for possible prosecution. If the case is presented to a Deputy District Attorney (DDA), the DDA will make the determination if charges can be filed against the perpetrator and prosecution is possible. At times, there is insufficient evidence or other circumstances wherein the DDA cannot proceed and prosecution does not take place. In the event a case is not presented to the District Attorney, the investigator will ascertain the most appropriate disposition of the case. At some point during the investigation, the Detective may also contact the CAHL to cross-report or make contact with the regional DCFS office and the assigned case worker.

STATISTICAL DATA

Reports of child abuse to the Department are received in various ways. A call from a citizen or a mandated reporter are the most common forms of notification. Once a call for service is made and a deputy responds to assess the situation, if no report is taken, a referral to the CAHL will be made in most cases by the patrol deputy. If the Deputy determines there is insufficient information/evidence or the elements of a crime are not present, but a situation might require follow-up, a referral to the CAHL is encouraged. If a report is taken and forwarded to detectives for investigation, the FCB desk personnel fax copies of the FCB referral that is created when a patrol report is received. The assigned detective may also contact DCFS and make a referral on the case. (See Figure 1 for a flow chart of the process.)

SIGNIFICANT FINDINGS

This year, the caseload at FCB rose after four years of declining numbers. One reason for this increase was providing police services to the City of Compton which accounted for sixty-six cases. Also, seven stations saw an addition in the number of cases generated, averaging twenty-seven

additional reports of abuse per station, with the smallest increase at one report and the greatest jump of fifty-nine more reports.

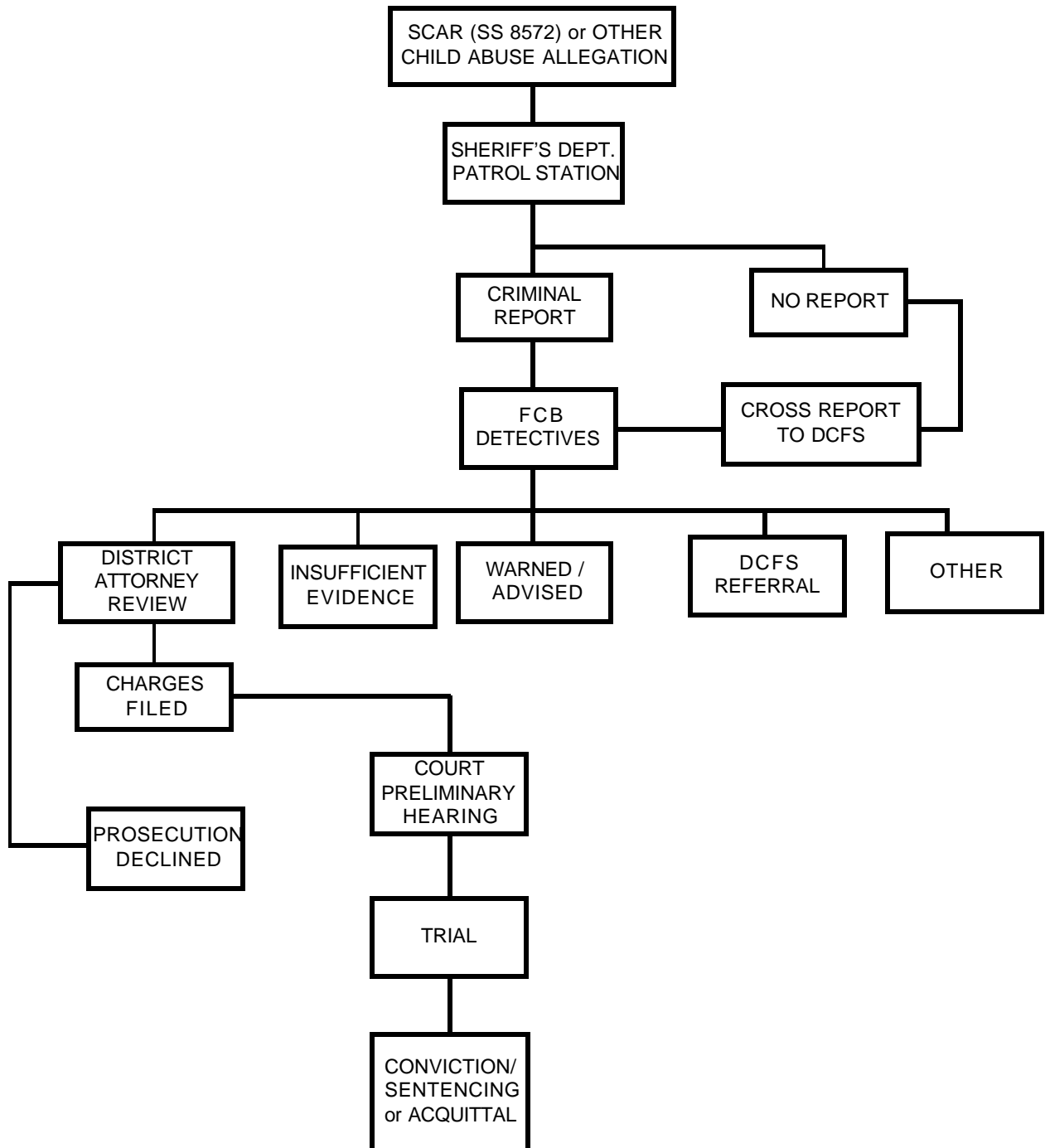
Of interest is the number of suspects identified as "Institutional Staff" doubled, albeit the increase was from eight to sixteen. This category typically represents a member of a hospital, whether a state facility or not, Probation Department camp or Youth Authority facility.

CONTACTING US

The Sheriff's Department welcomes questions and comments. The LASD web site has links to all divisions and facilities within the Department and can be found at www.lasd.org.

Figure 1

STAGES OF A CHILD ABUSE REPORT



This chart shows the general route a child abuse report takes within the Sheriff's Department

Figure 2

CASES INVESTIGATED BY STATION - 2000

Five Year Comparision	1996	1997	1998	1999	2000
Avalon	5	5	7	9	8
Carson	161	146	158	143	143
Century	287	250	280	297	270
Cerritos*	NA	NA	NA	NA	20
Compton**	NA	NA	NA	NA	66
Crescenta Valley/Altadena	97	86	67	67	82
East Los Angeles	243	185	185	192	222
Family Crimes Bureau	NA	NA	NA	14	20
Industry	199	162	162	169	228
Lakewood	322	367	356	312	278
Lancaster	630	656	603	356	349
Lennox	186	168	169	160	159
Lomita	80	51	53	52	41
Lost Hills/Malibu	48	62	43	41	62
Marina del Rey	27	22	27	26	21
NCCF ⁺	0	0	0	0	1
Norwalk	229	286	241	213	245
Palmdale ^{**}	NA	NA	NA	274	284
Pico Rivera	125	116	87	82	105
San Dimas [^]	NA	NA	NA	NA	101
Santa Clarita Valley	191	182	171	194	195
Temple	177	166	159	170	148
Transit Services Bureau	NA	NA	NA	3	3
Walnut	198	213	175	165	76
West Hollywood	24	19	21	18	9
Total	3,229	3,200	2,964	2,957	3,136

* Cerritos Station became operational in January 2000. ** The Department began police services in the City of Compton in September 2000. ^ San Dimas separated from Walnut Regional Station. + NCCF, North County Correctional Facility. ** Palmdale Station had been included in Lancaster Station totals prior to 1999.



Figure 3

CASES INVESTIGATED BY STATION AND TYPE OF ABUSE- 2000

Station	Physical	Sexual	Total
Avalon	4	4	8
Carson	67	76	143
Century	106	164	270
Cerritos	7	13	20
Compton*	25	41	66
Crescenta Valley/ Altadena	38	44	82
East Los Angeles	81	141	222
Family Crimes Bureau	0	20	20
Industry	79	149	228
Lakewood	120	158	278
Lancaster	157	192	349
Lennox	80	79	159
Lomita	25	16	41
Lost Hills/ Malibu	28	34	62
Marina del Rey	12	9	21
NCCF ⁺	1	0	1
Norwalk	96	149	245
Palmdale	117	167	284
Pico Rivera	49	56	105
San Dimas	53	48	101
Santa Clarita Valley	67	128	195
Temple	60	88	148
Transit Services Bureau	3	0	3
Walnut	39	37	76
West Hollywood	1	8	9
Total	1,315	1,821	3,136

Figure 3 highlights the breakdown, by station, of physical and sexual abuse cases in those jurisdictions.

* The Department began serving the City of Compton in September 2000. + NCCF is the North County Correctional Facility and initiated a report regarding a child visitor physically abused by a family member.



Figure 4

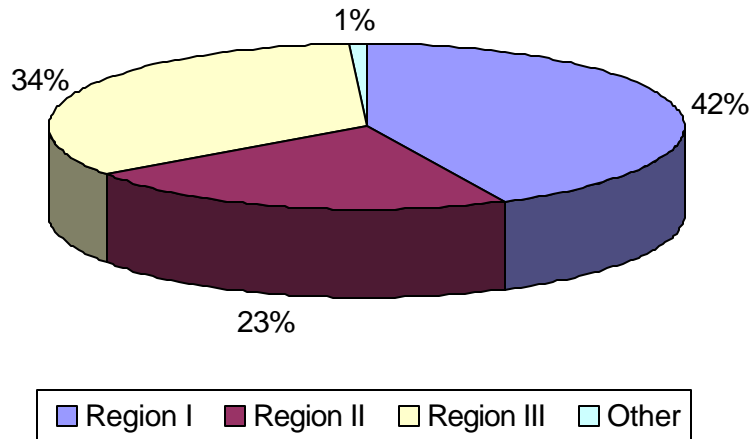
SUSPECT'S RELATION TO VICTIM- 2000

RELATION	PHYSICAL ABUSE	SEXUAL ABUSE	TOTAL
Aunt	27	1	28
Babysitter	15	10	25
Brother	18	34	52
Brother-in-law	0	6	6
Child care facility	5	5	10
Church associate	0	1	1
Co-habitant (F)	0	1	1
Co-habitant (M)	3	12	15
Cousin	6	66	72
Family friend	5	80	85
Father	375	136	511
Father's girlfriend	11	0	11
Foster parent	18	7	25
Foster sibling	0	4	4
Friend of victim	2	64	66
Girlfriend	3	3	6
Grandfather	15	43	58
Grandmother	15	1	16
Guardian	2	1	3
Half brother	0	10	10
Institutional staff	11	5	16
Mother	346	5	351
Mother's boyfriend	55	58	113
Neighbor	14	97	111
Poss. family member	5	24	29
Other*	222	566	788
School employee	2	12	14
School/ classmate	0	16	16
Sister	4	2	6
Stepbrother	1	16	17
Stepfather	73	103	176
Stepmother	16	0	16
Stepsister	1	0	1
Teacher	59	19	78
Uncle	25	103	128
Unknown*	64	238	302
Victim's boyfriend	6	194	200
Total	1,424	1,943	3,367

Figure 4 shows the relationship between the victim and suspect(s) when a relationship is identified.

* "Other" and "Unknown" relationships occur most often when the victim is too young to identify a suspect, there is no category that identifies the suspect, or in those cases wherein the suspect is actually unknown.

Figure 5
CASES INVESTIGATED BY REGIONAL AREA- 2000



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

REGION I

Crescenta Valley/ Altadena
East Los Angeles
Lancaster
Lost Hills/ Malibu
Palmdale
Santa Clarita Valley
Temple City

REGION II

Carson
Century
Compton
Lennox
Lomita
Marina del Rey
West Hollywood

REGION III

Avalon
Cerritos
Industry
Lakewood
Norwalk
Pico Rivera
San Dimas
Walnut

	Incorporated Cities	Unincorporated Area	Total Population	Cases by Region
Region I	637,325	435,400 (est.)	1,072,725	1,342
Region II	391,233	279,850 (est.)	671,083	709
Region III	675,595	335,220 (est.)	1,010,815	1,061
Total Population, LASD Jurisdiction			2,754,623	

* "Other" in the pie chart above refers to cases generated by the Family Crimes Bureau, Transit Services Bureau and the North County Correctional Facility. The population figures for incorporated cities is based on the 2000 United States Census; the unincorporated area population data is based on 1999 data compiled by the Department.

Figure 6

VICTIMS BY AGE- 2000

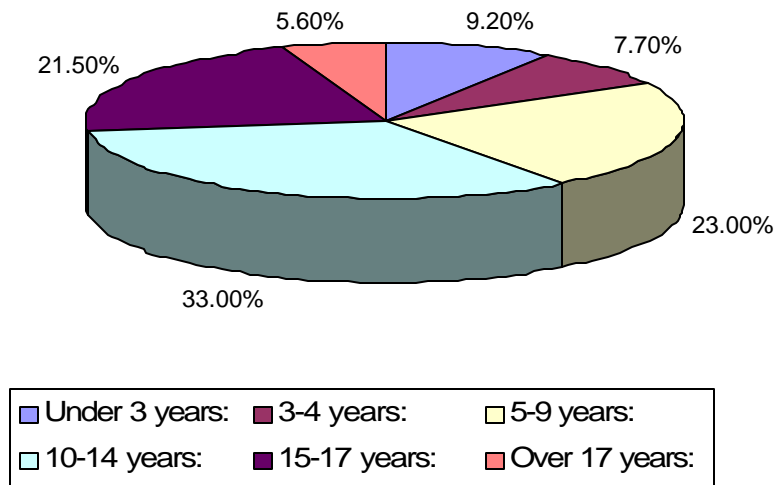
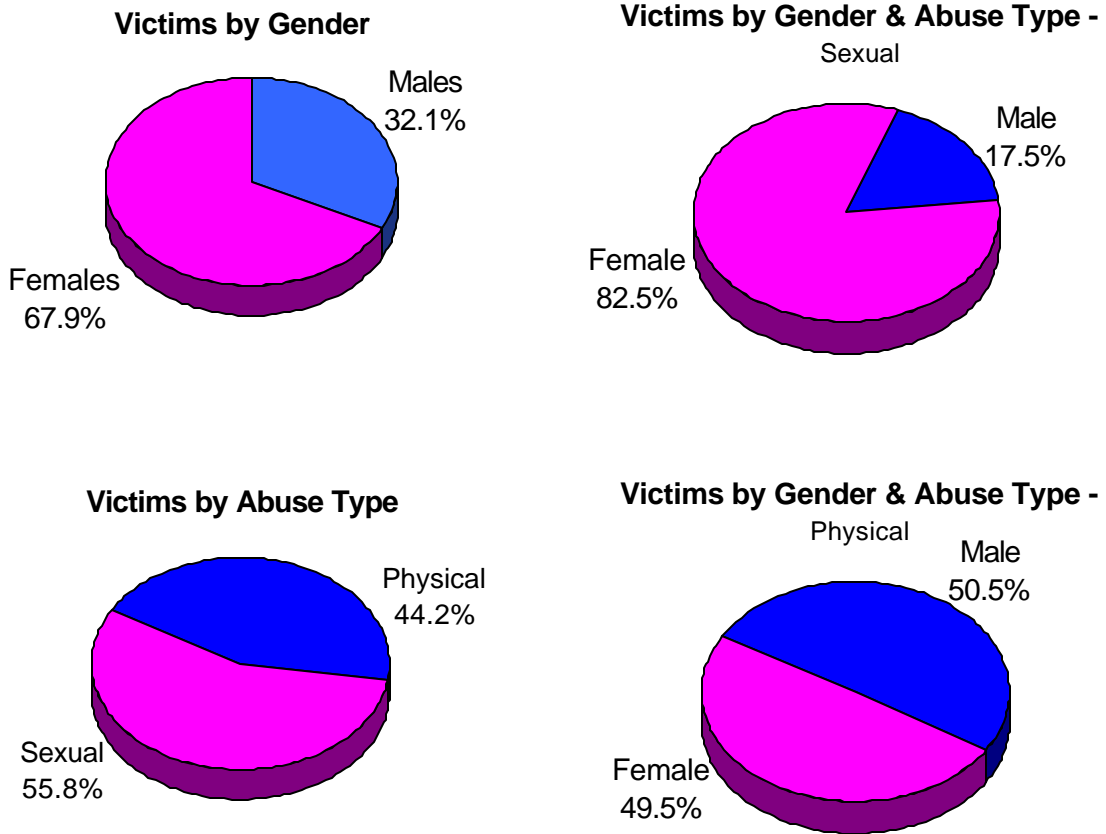


Figure 6 presents a graphic description of the age breakdown of all victims in cases investigated by the Family Crimes Bureau. The total number of victims exceeds the number of cases investigated (3,136) because a case may have one victim or multiple victims.

VICTIM'S AGE	TOTAL OF VICTIMS	PERCENTAGE
Under 3 years:	359	9.20%
3-4 years:	299	7.70%
5-9 years:	896	23.00%
10-14 years:	1,289	33.00%
15-17 years:	839	21.50%
Over 17 years:	219	5.60%
Total	3,901	100%

Figure 7

VICTIMS BY GENDER AND TYPE OF ABUSE- 2000



Number of victims in cases

investigated: 3,901

Male: 1,252 (32.1%)

Female: 2,649 (67.9%)

Victims- Sexual abuse

Male: 381 (17.5% of sex victims)

Female: 1,796 (82.5% of sex victims)

Total: 2,177 (1,821 cases)

Victims- Physical abuse

Male: 871 (50.5% of phys. victims)

Female: 853 (49.5% of phys. victims)

Total: 1,724 (1,315 cases)

Figure 8

SUSPECTS BY AGE - 2000

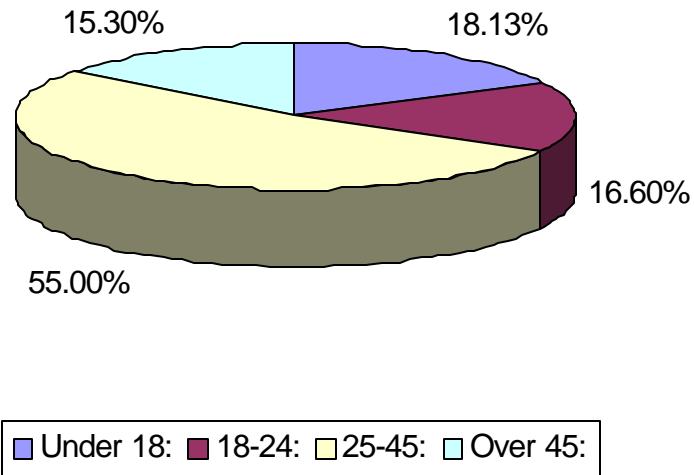


Figure 8 presents the age breakdown of all known suspects in cases investigated by the Family Crimes Bureau. The number of suspects known by age differs from the known relationships, as well as the known ethnicity.

Number of suspects (known/ unknown relationship): **3,367**

Number of suspects identified by age, regardless of relationship: **2,615**

AGE

Under 18:	343	(13.1%)
18-24:	433	(16.6%)
25-45:	1,438	(55.0%)
Over 45:	401	(15.3%)

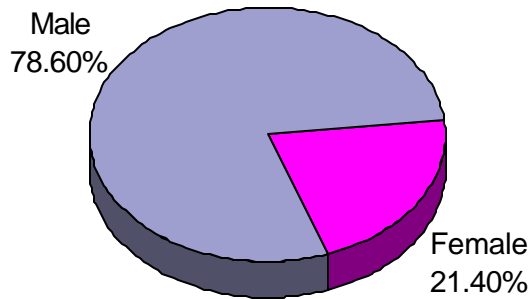
(Percentages based on number of known suspect ages)

Unknown age: **752** (22.1% of total number of suspects)

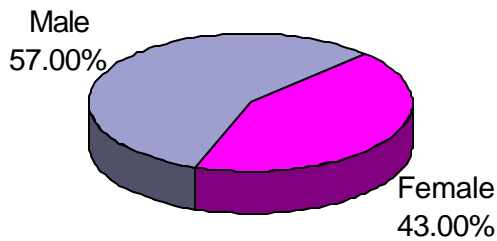
Figure 9

SUSPECTS BY GENDER AND TYPE OF ABUSE- 2000

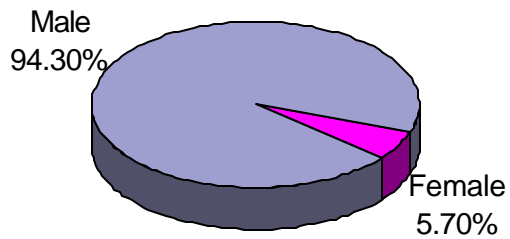
Suspects by Gender



Suspects by Gender and Abuse Type - Physical



Suspects by Gender and Abuse Type - Sexual



These figures represent the caseload investigated by the Family Crimes Bureau. The total number of suspects includes all known and unknown relationships.

Number of suspects in cases investigated: **3,367**

Type of abuse:

Physical	1,315	(41.9%)
Sexual	1,821	(58.1%)
Total:	3,136	

Number of suspects, sexual abuse:

Male:	1,773	(94.3%)
Female:	107	(5.7%)
Total:	1,880	(1,821 cases)

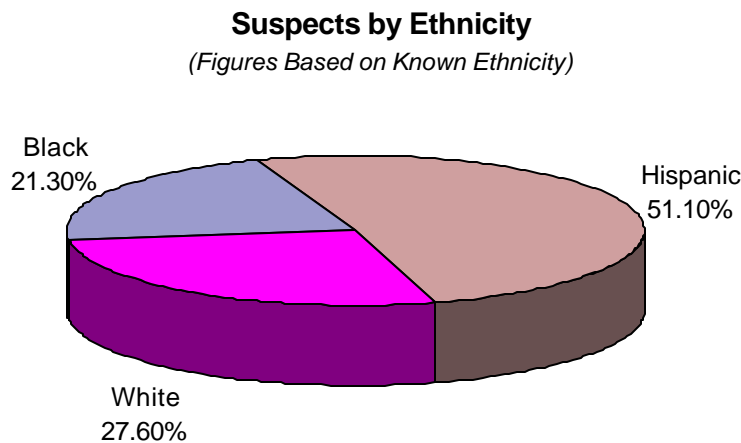
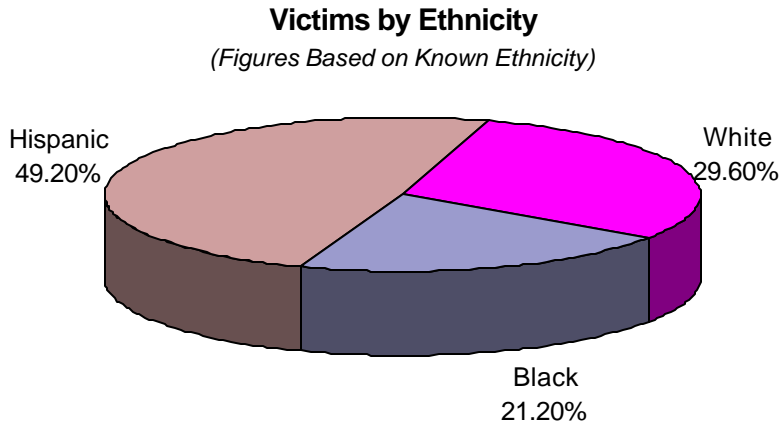
Number of suspects, gender known:

Male:	2,549	(78.6%)
Female:	693	(21.4%)
Total:	3,242	

Number of suspects, physical abuse:

Male:	776	(57.0%)
Female:	586	(43.0%)
Total:	1,362	(1,315 cases)

Figure 10
VICTIMS AND SUSPECTS BY ETHNICITY- 2000



VICTIMS

Number of victims in cases investigated:	3,901	Number of victims identified by ethnicity:	3,651 (93.6% of total)
Hispanic:	1,797		(49.2% of known ethnicity, 46.1% of tot. victims)
Black:	774		(21.2% of known ethnicity, 19.8% of tot. victims)
White:	1,080		(29.6% of known ethnicity, 27.7% of tot. victims)
Other or unknown:	250		(6.4% of total victims)

SUSPECTS

Number of suspects in cases investigated:	3,367	Number of suspects identified by ethnicity:	3,097 (92% of total)
Hispanic:	1,582		(51.1% of known ethnicity, 47% of tot. suspects)
Black:	661		(21.3% of known ethnicity, 19.6% of tot. suspects)
White:	855		(27.6% of known ethnicity, 25.4% of tot. suspects)
Other or unknown:	270		(8% of total suspects)

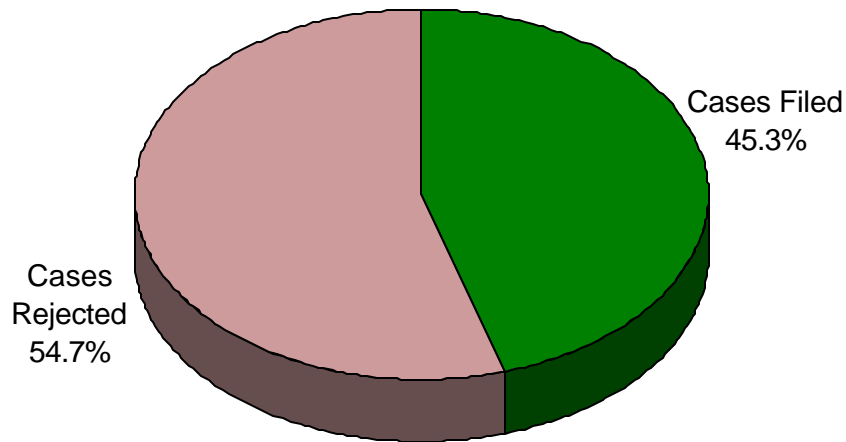
These are the only ethnicity statistics captured by the Family Crimes Bureau database.

Figure 11

CASES DISPOSITIONS - 2000

Cases Submitted to D.A.: 2,047

(Number of Cases Investigated: 3,136)



Cases investigated: **3,136**

Cases presented to District Attorney's Office for review: **2,047** (65.3% of all 2000 cases)

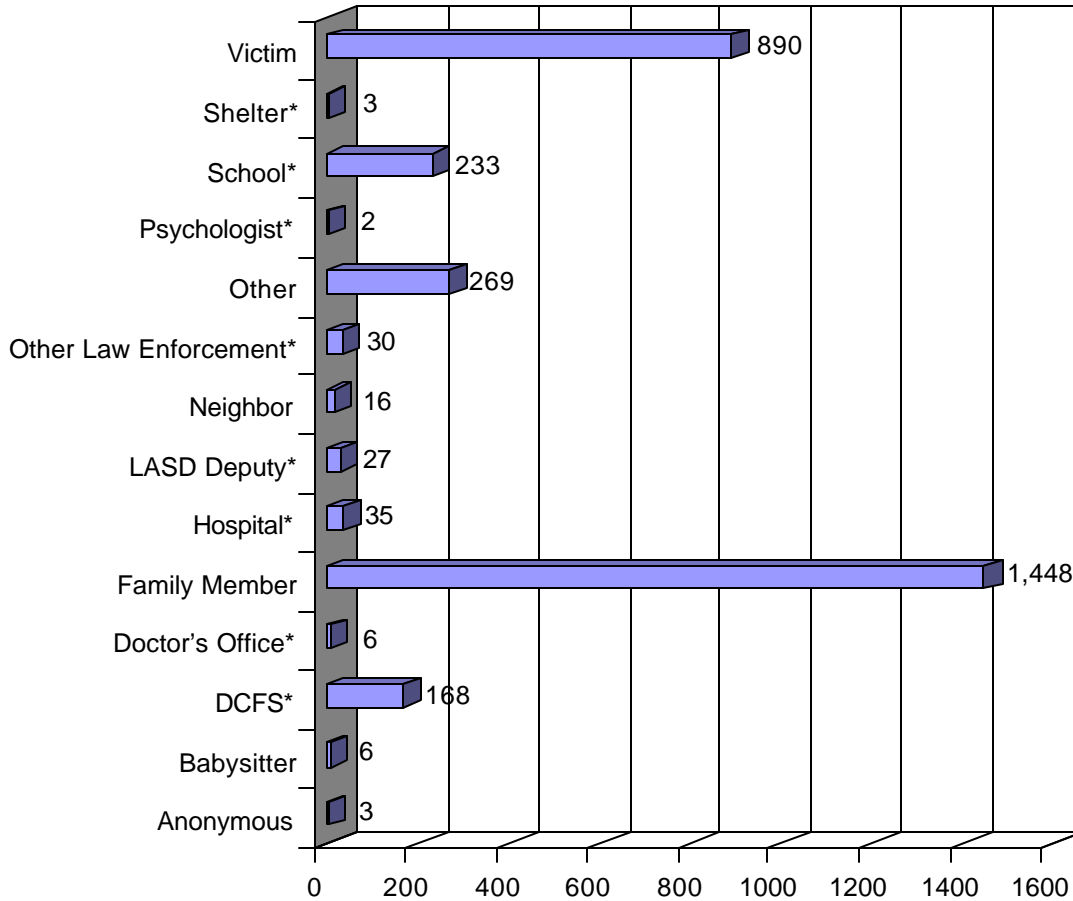
Cases filed by District Attorney: **927** (45.3% of submissions)
(Felonies, misdemeanors, warrants, 602 juvenile petitions, office conferences.)

Cases rejected: **1,120** (54.7% of submissions)
(Cases are not filed for various reasons, such as a lack of workable evidence or insufficient evidence to prove the case, unknown suspect(s) or victim(s), or a victim unwilling to prosecute or unable to qualify to give testimony.)

Cases not presented to District Attorney: **1,091** (34.7% of all 2000 cases)
(Cases not presented to the District Attorney are those determined to lack legal elements of the crime, lack sufficient evidence for prosecution, referred to DCFS for service or the involved parties are counseled and advised by the investigating detective.)

Figure 12

REPORTING PARTY CLASSIFICATIONS- 2000



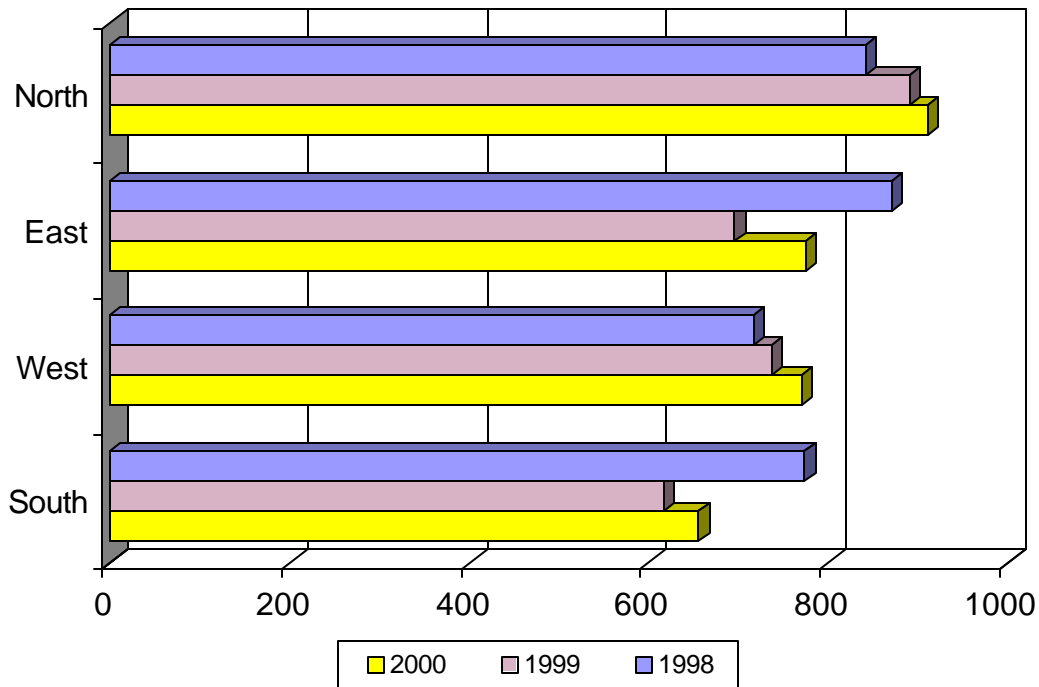
This list identifies the type of informant and totals by category for cases received and investigated by the Family Crimes Bureau. The victim and the victim's family account for 74.5% of the reported cases.

Anonymous	3	
Babysitter	6	
DCFS*	168	
Doctor's Office*	6	
Family Member	1,448	
Hospital*	35	
LASD Deputy*	27	
Neighbor	16	
Other Law Enforcement*	30	
Other	269	
Psychologist*	2	
School*	233	
Shelter*	3	
Victim	890	
Total	3,136	(Total cases/ informants)

* Indicates mandated reporter of suspected or known child abuse, pursuant to the California Penal Code.

Figure 13

CASES INVESTIGATED BY TEAM ASSIGNMENT- 2000



Total cases investigated: **3,136**

North Team:	Crescenta Valley/ Altadena	East Team:	East Los Angeles
911	Lancaster	775	Industry
	Palmdale		San Dimas
	Santa Clarita Valley		Temple
			Walnut
West Team:	Carson	South Team:	Avalon
771	Century	656	Cerritos
	Compton		Lakewood
	Lennox		Norwalk
	Lomita		Pico Rivera
	Lost Hills/ Malibu		
	Marina del Rey		

The total number, added by team assignments, is 3,113. The difference between this figure and the total cases investigated (3,136) is due to cases generated by FCB and Transit Services Bureau not added into the "station" totals shown here.



Figure 14

DOMESTIC VIOLENCE RESPONSES - 2000

The S.T.O.P.-I.T. (Safety Through Our Perseverance- Intervention Team) program was first conceived in 1997. After detailed planning, funding was obtained and the program began operating at six Sheriff Stations in 1999. The teams consist of a Deputy Sheriff and a civilian advocate partnered to contact and assist victims of domestic violence/ spousal assault. The contacts are in response to a request by a patrol deputy responding to a domestic violence call, usually initiated by the victim, or the S.T.O.P. deputy merely providing assistance due to the type of call. The role of the S.T.O.P. deputy and advocate is then to gather all necessary information from the victim, photographing injuries and provide referrals for

counseling. A S.T.O.P. deputy's responsibility, in many cases, is to act as the detective in charge of presenting the case to the District Attorney's Office for review.

During the year, a seventh station was added and there are plans to add an eighth station to the program in early 2001. Additional funding to expand the program to all Sheriff Stations is being sought.

The figures below do not reflect the total number of domestic violence calls responded to by patrol deputies, only those in which a S.T.O.P. deputy was involved. The latest Department-wide total for domestic violence responses is for 1999, indicating 9,269 calls for service. This was 5% less than 1998.

The following responses are for S.T.O.P.-I.T.. only.

Number of calls requiring response:	1,080	(patrol unit request or assigned call)
Follow up responses:	1,800	
Total of cases investigated:	2,880	(includes responses/ follow ups)
Cases in which children were present:	879	(30.5% of total cases)
Cases in which the victim is uncooperative or no victim is located:	819	
Number of Emergency Protective Orders issued:	739	

GLOSSARY OF LAW ENFORCEMENT TERMS AND CHILD ABUSE RELATED CRIMES

Battery

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

CARES

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

Case

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

Child abuse

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

Exigent circumstances

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

Incident report

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

Mandated reporter

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

Physical abuse

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

Physical abuse (felony)

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

Physical abuse (misdemeanor)

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

Sexual abuse

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

Sexual abuse (felony)

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

Sexual abuse (misdemeanor)

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





LOS ANGELES POLICE DEPARTMENT



JASON B.
NEW SCHOOL



LOS ANGELES POLICE DEPARTMENT

Abused Child Unit

The Abused Child Unit was developed in 1974 in order to provide a high level of expertise to the investigation of child abuse cases. The unit investigates child abuse cases wherein the parent, step-parent, legal guardian, or common-law spouse appears to be responsible for:

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

Geographic Areas

There are 18 Geographic Areas of the

Los Angeles Police Department. Each Area is responsible for the following juvenile investigations relating to child abuse cases:

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

Figure 1

ABUSED CHILD UNIT 2000 CRIMES INVESTIGATED

Indicates the number of crimes investigated by the Abused Child Unit in 2000.

TYPE	NUMBER	% of TOTAL
Physical Abuse	814	48.0%
Sexual Abuse	447	26.4%
Endangered	425	25.1%
Homicide	8	0.5%
TOTALS	1,694	100%



Figure 2

GEOGRAPHIC AREAS 2000 CRIMES INVESTIGATED

Indicates the number of crimes investigated by Geographic Areas in 2000.

TYPE	NUMBER	% of TOTAL
Physical Abuse	221	7.6%
Sexual Abuse (Includes Child Annoying)	1,669	57.4%
Endangered (Includes Child Abandonment)	1,017	35.0%
Homicide	0	0.0%
TOTALS	2,907	100%

Figure 3

2000 CRIMES INVESTIGATED

Indicates the number of other investigations of a child abuse nature conducted by the Abused Child Unit in 2000.

TYPE	NUMBER	% of TOTAL
Injury	1,135	94.8%
Death	63	5.2%
TOTALS	1,198	100%

Figure 4

2000 ARRESTS

Indicates the number of arrests processed by the Abused Child Unit in 2000.

TYPE	NUMBER	% of TOTAL
Homicide (187PC)	9	3.7%
Child Molest (288PC)	107	43.7%
Child Endangering (273aPC)	81	33.0%
Child Abuse (273dPC)	48	19.6%
TOTALS	245	100%

Figure 5

2000 CRIMES INVESTIGATED

Indicates the number of arrests processed by Geographic Areas in 2000.

TYPE	NUMBER	% of TOTAL
Homicide (187PC)	0	0.0%
Child Molest (288PC)	531	91.2%
Child Endangering (273aPC)	25	4.3%
Child Abuse (273dPC)	26	4.5%
TOTALS	582	100%

Figure 6

2000 CRIMES INVESTIGATED

Indicates the number of dependent children processed by the Abused Child Unit in 2000.

TYPE	NUMBER	% of TOTAL
300 WIC Physical Abuse	562	33.4%
300 WIC Sexual Abuse	265	15.9%
300 WIC Endangering	852	50.7%
TOTALS	1,679	100%

Figure 7

2000 CRIMES INVESTIGATED

Indicates the number of dependent children processed by Geographic Areas in 2000.

TYPE	NUMBER	% of TOTAL
300 WIC Physical Abuse	42	2.9%
300 WIC Sexual Abuse	119	8.3%
300 WIC Endangering/ Neglect	1,272	88.8%
TOTALS	1,433	100%



Figure 8

2000 CRIMES INVESTIGATED

Indicates the age categories of children who were victims of child abuse in 2000.

Physical Abuse:

0-4 years:	5-9 years:	10-14 years:	15-17 years:
208	318	353	169

Sexual Abuse:

0-4 years:	5-9 years:	10-14 years:	15-17 years:
171	308	421	84

Endangering:

0-4 years:	5-9 years:	10-14 years:	15-17 years:
613	592	395	112

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

LOS ANGELES POLICE DEPARTMENT-1999 CHILD ABUSE FINDINGS

Abused Child Unit:

1. The total investigations (crime and other investigations) conducted by the unit in 2000 (2,892) showed a 18.3 percent decrease over 1999 (3,542).
2. Arrests made by the unit in 2000 (245) showed a 16.1 percent decrease over the number of arrests (292) for 1999.
3. Dependent children processed by the unit in 2000 (1,679) showed a decrease of 10.3 percent from 1999 (1,872).

Geographic Areas:

1. The total investigations conducted by the Areas in 2000 (2,907) showed an increase of 42.8 percent over 1999 (2,035).
2. Arrests made by the Areas in 2000 (582) showed a 47.3 percent increase compared to the number of arrests (395) for 1999.
3. Dependent children processed by the Areas in 2000 (1,433) showed an increase of 12.9 percent over 1999 (1,269).

LOS ANGELES POLICE DEPARTMENT CHILD ABUSE STATISTICAL REPORT


ICAN DATA ANALYSIS REPORT FOR 2001

COMPARISONS WITH 1999

Geographic Areas and Abused Child Unit:

	1999	2000	% of CHANGE
Total Investigations	5,577	5,799	+3.9%
Total Arrests	687	827	+20.4%
Dependent Children	3,141	3,112	-0.9%

LOS ANGELES POLICE DEPARTMENT FIVE YEAR CHILD ABUSE TRENDS

Abused Child Unit:

	1996	1997	1998	1999	2000	TOTALS
<u>CRIMES INVESTIGATED</u>						
Physical Abuse	958	981	826	828	814	4,407
Sexual Abuse	695	655	552	460	447	2,809
Endangered	685	557	463	478	425	2,608
Homicide	11	9	6	11	8	45
TOTALS	2,349	2,202	1,847	1,777	1,694	9,869
<u>OTHER INVESTIGATIONS</u>						
Injury	1,415	1,610	1,190	1,057	1,135	6,407
Death	32	60	68	57	63	208
TOTALS	1,447	1,670	1,258	1,114	1,198	6,687

LOS ANGELES POLICE DEPARTMENT CHILD ABUSE STATISTICAL REPORT



LOS ANGELES POLICE DEPARTMENT

Abused Child Unit Continued:

	1996	1997	1998	1999	2000	TOTALS
<u>ARRESTS</u>						
Homicide (187PC)	5	10	7	7	9	38
Child Molest (288PC)	139	144	153	285	107	828
Child Endangering (273aPC)	75	87	70	101	81	414
Child Abuse (273dPC)	56	73	62	56	48	295
TOTALS	275	314	292	449	245	1,575

DEPENDENT CHILDREN PROCESSED

300 WIC Physical Abuse	592	615	509	576	562	2,854
300 WIC Sexual Abuse	339	360	280	274	265	1,518
300 WIC Endangered	1,010	1,038	934	1,022	852	4,856
TOTALS	1,941	2,013	1,723	1,872	1,679	9,228

GEOGRAPHIC AREAS:

CRIMES INVESTIGATED

Physical Abuse	153	133	145	194	221	846
Sexual Abuse	860	903	1,061	1,157	1,669	5,659
Endangered	501	607	594	684	1,017	3,403
Homicide	10	0	0	0	0	0
TOTALS	1,524	1,643	1,800	2,035	2,907	9,918

LOS ANGELES POLICE DEPARTMENT CHILD ABUSE STATISTICAL REPORT



ICAN DATA ANALYSIS REPORT FOR 2001

Geographic Areas Continued:

	1996	1997	1998	1999	2000	TOTALS
<u>ARRESTS</u>						
Homicide (187PC)	5	0	0	0	0	5
Child Molest (288PC)	429	455	284	318	531	2,017
Child Endangering (273aPC)	97	67	11	48	25	248
Child Abuse (273dPC)	5	32	29	29	26	121
TOTALS	536	554	324	395	582	2,391
<u>DEPENDENT CHILDREN PROCESSED</u>						
300 WIC Physical Abuse	56	73	98	106	42	375
300 WIC Sexual Abuse	163	175	119	134	119	710
300 WIC Endangering	349	998	942	1,029	1,272	4,590
TOTALS	568	1,246	1,159	1,269	1,433	5,675



LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE



SARAH S.
WESTMARK

LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE

MISSION STATEMENT OF THE DISTRICT ATTORNEY'S OFFICE

The District Attorney of Los Angeles County, as a constitutional officer and the public prosecutor acting on behalf of the people, is vested with the independent power to conduct prosecutions for public offenses, to detect crime and to investigate criminal activity. The District Attorney advises the Grand Jury in its investigations. The District Attorney enforces the financial responsibility of parents to support their children. By law, the District Attorney sponsors and participates in programs to improve the administration of justice.

The District Attorney fulfills these responsibilities through the efforts of the employees of the Office of the District Attorney. Each employee of the District Attorney's Office shall adopt the highest standards of ethical behavior and professionalism. Each employee, moreover, is integral to achieving the mission of the Office and shares the District Attorney's obligation to enhance the fundamental right of the people of Los Angeles County to a safe and just society. At all times, the mission of the District Attorney's Office shall be carried out in a fair, evenhanded and compassionate manner.

The District Attorney is the lawyer for the people, a nonpartisan official who is elected every four years. The District Attorney's Office prosecutes all felony crimes committed in Los Angeles County. Felonies are serious crimes for which the maximum punishment under the law is either state prison or death; misdemeanors are crimes for which the maximum punishment is county jail. The District Attorney's office also prosecutes misdemeanor crimes in the unincorporated areas of the county and in jurisdictions where cities have contracted for such

service. Cases are referred by law enforcement agencies or the Grand Jury. The office is the largest local prosecuting agency in the nation: 3,000 employees including 1,000 attorneys; 65,000 felony filings; 280,000 misdemeanor cases; and over 500,000 child support cases.

THE DISTRICT ATTORNEY AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

Because children are among the most defenseless victims of crime, the law provides special protection for them. Recognizing the special vulnerability and needs of child victims, the Los Angeles County District Attorney's Office has mandated that all felony cases involving physical or sexual abuse of a child, child abduction, drug endangered children, and children placed at risk of suffering a failed school experience due to chronic truancy are vertically prosecuted. Vertical prosecution involves assigning specially trained experienced prosecutors to handle all aspects of a case from filing to sentencing. In some instances, these deputy district attorneys are assigned to special units (Sex Crimes Division, Family Violence Division, Child Abduction Unit, Drug Endangered Child Project, or Abolish Chronic Truancy); in other instances, the deputies are designated as special prosecutors assigned to Branch Offices (Antelope Valley, Compton, Long Beach, Norwalk, Pasadena, San Fernando, Santa Monica/Stuart House, Torrance/Southbay Child Crisis Center, and Van Nuys).

The vast majority of cases are initially presented to the District Attorney by a local law enforcement agency. When these cases

are subject to vertical prosecution under the above criteria, the detective presenting the case is directed to the appropriate deputy district attorney for initial review of the police reports. In cases where the child victim is available and it is anticipated that the child's testimony will be utilized at trial, it is essential that rapport is established between the child and the deputy assigned to evaluate and prosecute the case. It is strongly encouraged, and in cases alleging sexual abuse of a child it is required absent unusual circumstances, that a prefilings interview is conducted involving the child, the assigned deputy and the investigating officer. The interview provides the child with an opportunity to get to know the prosecutor and enables the prosecutor to assess the child's competency to testify. The court will only allow the testimony of witnesses who can establish that they understand and appreciate the importance of relating only the truth while on the witness stand. Ordinarily, this is established by taking an oath administered by the clerk of the court. The law recognizes that a child may not understand the language employed in the formal oath and thus provides that a child under the age of 10 may be required only to promise to tell the truth (Section 710 of the Evidence Code). The prefilings interview affords the deputy an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie and that there are consequences for telling a lie while in court.

The prefilings interview will also assist in establishing whether or not the child will cooperate with the criminal process and, if necessary, testify in court. The victim of a sexual assault cannot be forced to testify under threat of contempt (Section 1219 of the Code of Civil Procedure). If the children do not wish to speak with the deputy or commit themselves to testifying in court and his

or her testimony is required for a successful prosecution, then the child's decision will be respected and no case will be filed. In all cases involving a child victim, every effort will be made to offer support to the child through the presence of an advocate provided through the District Attorney's Victim-Witness Assistance Program. The advocate will work closely with the child, and the child's family (if appropriate) to insure that they are informed of the options and services available to them (such as counseling or medical assistance).

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

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

If a case does not meet the above criteria, the deputy will decline to prosecute the case and record the reasons for the declination on a designated form spelling out the reasons for not proceeding with the case.

The reasons can include: a lack of proof regarding an element of the offense, a lack of sufficient evidence establishing that a crime occurred or that the accused is the perpetrator of the offense alleged, the victim is unavailable or declines to testify, or the facts of the case do not rise to the level of felony conduct. When the assessment determines that at most misdemeanor conduct has occurred, the case is either referred to the appropriate City Attorney or City Prosecutor's office or (in jurisdictions where the District Attorney prosecutes misdemeanor crimes) the case is filed as a misdemeanor.

Once a determination has been made that sufficient facts exist to file a case, special provisions exist which are designed to reduce the stress imposed upon a child during the court process. When a child under the age of 11 is testifying in a criminal proceeding in which the defendant is charged with certain specified crimes, the court, in its discretion may: allow for reasonable breaks and relief from examination during which the child witness may leave the courtroom {Section 868.8(a) of the Penal Code (PC)}; the judge may remove their robe if it is believed that such formal attire may intimidate the child {Section 868.8(b) PC}; relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness {868.8(c)PC}; and may provide for testimony to be taken during the hours that the child would normally be attending school {868.8(d)PC}. These provisions come under the general directive that the court ". . . shall take special precautions to provide for the comfort and support of the minor and to protect the minor from coercion, intimidation, or undue influence as a witness. . ." provided in the Penal Code (868.8PC).

There are many additional legal provisions available to be utilized in order to bet-

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

SPECIALLY TRAINED PROSECUTORS WORKING WITH CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

Deputy District Attorneys who are assigned the challenge of prosecuting cases in which children are victimized, whether the deputy is assigned to the Bureau of Branch and Area and designated to process these cases via vertical prosecution or the Bureau of Special Operations as part of a special unit dedicated to prosecuting a particular type of crime, receive special training routinely through out their assignment to enhance their ability to effectively prosecute these cases. These deputies work very closely with victim advocates from the Los Angeles District

Attorney's Victim Witness Assistance Program to diminish the potential for additional stress and trauma caused by the experience of the child's participation in the criminal justice system.

SPECIAL UNITS

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

ABOLISH CHRONIC TRUANCY (ACT)

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

CHILD ABDUCTION SECTION

Child abduction cases involve cross-jurisdictional issues covering dependency, criminal, probate and family law courts. The victim of the crime is the lawful custodian of the child but it cannot be denied that the child who is the victim of abduction must be treated with sensitivity and understanding during the prosecution of these cases. The Child Abduction Section handles any parental, relative or close friend abduction case under

Penal Code Section 277,278 or 178.5 as well as any case arising under the Hague Convention by which children must be returned to their country of habitual residence. California law has granted District Attorneys the authority to take all actions necessary, using criminal and civil procedures, to locate and return the child and the person violating the custody order to the court of proper jurisdiction.

On July 17, 2000 the Child Abduction Section began a program to insure full compliance with the mandate contained in Section 3130 of the Family Code. Previously, in order for the District Attorney's Office to open an investigation into an alleged abduction of a child the custodial parent was required to provide a specific court order from a Family Court judge directing the opening of such an investigation. Under the terms of the new program, custodial parents can request an investigation be opened directly to the District Attorney Investigators assigned to the Section. This change has greatly eased the burden on custodial parents and has led to an increase in investigations under the Family Code. A total of 199 new investigations were initiated during 2000. A total of 132 cases were closed during 2000. At the end of the year, the Section was pursuing abductors in 94 open cases.

In cases pursued alleging violations of the Penal Code as criminal prosecutions, 285 cases were evaluated for filing by the Section resulting in 51 prosecutions filed during 2000. At the close of 2000 the total Section caseload of criminal prosecutions totaled 169 open felony cases.

Assistance was provided in a total of 24 cases arising under The Hague Convention resulting in children who had been abducted from other countries being safely returned to their custodial parent.

DRUG ENDANGERED CHILD TASKFORCE (DEC)

In November of 1997, the Los Angeles County District Attorney's Office was awarded the Drug Endangered Children Grant from the Office of Criminal Justice Planning. A multi-disciplinary team consisting of a prosecutor, law enforcement officer, a Clinical Social Worker representing the Department of Children and Family Services (DCFS), a victim/witness advocate and an evaluator was established. The team operates out of the LA IMPACT office in Commerce.

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

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

FAMILY VIOLENCE DIVISION

The Family Violence Division (FVD) was established in July of 1994. It has the unique function of being exclusively devoted to the vertical prosecution of felony domestic violence and child physical abuse cases in the Central Judicial District. Allocating

special resources to abate serious spousal abuse in Los Angeles County was prompted by the 1993 Department of Justice report which found that one-third of the domestic violence calls in the State of California came from Los Angeles County. Children living in homes in which domestic violence occurs are often subjected to physical, as well as the inherent emotional, abuse which results from an environment of violence in the home. FVD's staff includes fifteen deputy district attorneys, two district attorney investigators, two victim advocates, a witness coordinator and five clerical support staff, all of whom 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 accountable in a court of law for the crimes they commit. FVD specializes in domestic and child homicides and attempted homicides and serious and recidivist offenders. The staff of FVD is actively involved in legislative advocacy and many interagency prevention, intervention, and educational efforts throughout the county. Consistent with its mission, FVD continues to bring a seriousness and respect to the prosecution of family violence that was very much needed by the criminal justice system to do its part in stopping the cycle of violence bred from domestic violence and child abuse.

A significant portion of the work done by FVD staff involves the prosecution of felony child physical abuse cases. Injuries inflicted upon the children include bruises, scarring, burns, broken bones, brain damage and death. In many instances, the abuse was long-term; there are instances, however, wherein a single incident of abuse may result in a felony filing. At the conclusion of 2000, FVD was in the process of prosecuting 19 murder cases involving child victims that constituted nearly half of the 40 cases alleging physical abuse of children being

prosecuted by the Division. When a murder charge under Section 187 of the Penal Code is filed involving a child victim under the age of 8 alleging abuse leading to the death of the child, a second charge alleging a violation of Section 273ab of the Penal Code is also filed in most instances. It is extremely difficult to convict a parent of murdering their child because jurors must find that the parent acted with malice and intended to kill their child. In cases alleging the abuse of a child under 8 leading to death, the jury need not find that the parent intended to kill the child. It is sufficient for the jury to find that the parent intended or permitted the abuse, which lead to the death of the child to convict. The punishment for violating Section 273ab is a sentence of 25 years to life in state prison; the same punishment for a conviction of first degree murder.

SEX CRIMES DIVISION

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

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

ing the risk of tainting the child's testimony through creating an environment of inadvertent suggestibility.

The deputy district attorney working the case will be responsible for making the filing decision, insuring that the case is properly filed and arraigned, conducting the preliminary hearing, formulating an offer which fairly resolves the case short of trial, appearing at all stages of the case in Superior Court and preparing for and conducting the jury trial. Contact with the victim and the victim's family is essential throughout this process. Prior to resolving the case without benefit of a jury trial, the deputy district attorney will advise the child and the child's parents of the pending disposition and seek their input before formalizing the disposition before the court. At the time of sentencing, the child and/or the child's parents will have an opportunity to address the court regarding the impact the defendant's crime has had on the child.

The statutory presumption for sentencing of individuals convicted of lewd and lascivious acts with children under the age of 14 is that they will be sentenced to state prison (288PC). A probationary sentence may not be imposed unless and until the court obtains a report from a reputable psychiatrist or from a recognized treatment program which details the mental condition of defendant (288.1PC). If, in evaluating the report, the court and/or the district attorney finds that the interests of justice are served by imposing a probationary sentence then the defendant will receive a suspended sentence which will include, but not be limited to, the following terms and conditions of probation for a five year period: confinement of up to a year in county jail, counseling to address the mental health condition of the defendant, an order from the court to stay away from the victim, a separate order to not be in the presence of minor children without

the supervision of an adult, and restitution to the victim. If the defendant violates any of the terms and conditions of probation, a state prison sentence may then be imposed. A part of any sentence, whether state prison or probation is initially imposed, the defendant is ordered to register as a sex offender with the local law enforcement agency covering his area of residence upon release from custody. This is a lifetime obligation placed upon the offender.

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

The deputies in this unit follow the Sex Crimes model of conducting pre-filing interviews with the teen victims. The deputies work closely with the detectives to address the problem of statutory rape. The SRVP program allows for the specific training of prosecutors on issues directly related to this crime. Victims of statutory rape react very differently to the criminal justice system than victims of other sex crimes. The victim advocate can play an essential role in working closely with the teen victim and the teen's family in understanding the impor-

tance of their participation in the criminal justice system while also providing valuable information for counseling, parenting, domestic violence, or education which may assist the teen and their family in addressing their needs.

SEXUALLY VIOLENT PREDATOR (SVP) -- Six deputy district attorneys, one paralegal, a LOSA, and one DAI comprise the unit. They work toward protecting the community from renewed victimization by individuals who have committed prior criminal acts against adult and child victims and who also have a current mental health condition which makes it likely that they will continue to commit crimes against their target group if they are released from custody. Approximately 60% of the offenders filed upon by the unit present an existing diagnosis of pedophilia. A true finding by a jury under the SVP law will result in the offender receiving a 2 year commitment to a state hospital at which they will be given the opportunity to participate in a mental health program designed to confront and treat the condition which makes it unsafe to return them to the community. At the conclusion of the 2-year commitment, an evaluation of the offender will be conducted to determine if the offender continues to present a danger to the community or if there has been sufficient progress to warrant a release. If the offender is determined to present a continued threat to the safety of the community, SVP proceedings will continue with a renewed filing and trial. The SVP law makes it possible to conduct these proceedings without renewed testimony from the victims previously traumatized by the offender's prior predatory behavior.

**BRANCH AND AREA OPERATIONS --
SPECIALLY DESIGNATED DEPUTIES**

A majority of the deputies assigned to vertically prosecuted cases in which children are victimized are assigned directly to Branch Offices with a caseload which covers both adult and child victims. These deputies are either given the responsibility of prosecuting either sex crimes or family violence cases or given the dual designation of prosecuting both categories of crime. In two areas of the county, Santa Monica and Torrance, there are deputies given the specific assignment of specializing in the prosecution of cases involving child victims as part of a Multi-Disciplinary Interview Team (MDIT).

STUART HOUSE/SOUTHBAY CHILD CRISIS CENTER

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

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

JUVENILE DIVISION

The District Attorney's Office is also charged with the responsibility of petitioning the court for action concerning juvenile

offenders who perpetrate crimes in Los Angeles County. The Probation Department, law enforcement, the Office of the Public Defender and the Superior Court Juvenile Division are also involved in the process of combating juvenile delinquency. In the juvenile justice system, the schools, law enforcement, and probation all work actively to monitor and mentor youths that appear on the threshold of involvement in serious criminal activity. In most instances involving juvenile violators, informal means of addressing criminal activity are employed without intervention from the Office of the District Attorney or the Juvenile Court. Minors can be counseled and released, placed in informal programs through the school, law enforcement agency or probation department, referred to the Probation Department for more formal processing, or referred to the District Attorney for filing consideration [Section 626 of the Welfare and Institutions Code (WIC)]. In many instances, a Probation Officer assigned to review a referral from law enforcement will decide to continue to handle the matter informally and reserve sending the referral for review to the District Attorney. If the minor complies with terms of informal supervision, the case does not come to the attention of the District Attorney or the Court; if the minor fails to comply, the Probation Officer could then decide to refer the case for filing consideration. If law enforcement submits a request to Probation for a petition to be submitted for filing in allegations involving serious felony criminal activity (under Section 707 WIC), a second felony referral for a minor under the age of 14, a felony referral for a minor 14 years of age or older, an offense involving sale or possession for sale of a controlled substance, possession of narcotics on school grounds, assault with a deadly weapon upon a school employee, possession of a

firearm or a knife at school, certain instances of gang activity, car theft by a minor 14 years or older at the time of the offense, an offense involving over \$1,000 of restitution to the victim or if the minor has previously been placed on informal probation and has committed a new offense, the petition must be submitted to the District Attorney immediately and cannot be handled informally by Probation (Sections 652 and 653.5 WIC).

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

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

If a minor is delivered by law enforcement to Probation personnel at a juvenile hall facility, the probation officer to which the minor is presented determines whether the minor remains detained. If a minor 14 years of age or older is accused of personally using a firearm or having committed a serious or violent felony as listed under Section 707(b) WIC, detention must continue until the minor is brought before a judicial officer.

In all other instances, the probation officer can only continue to detain the minor if one or more of the following is true: the minor lacks proper and effective parental care; the minor is destitute and lacking the necessities of home; the minor's home is unfit; it is a matter of immediate and urgent necessity for the protection of the minor or a reasonable necessity for the protection of the person or property of another; the minor is likely to flee; the minor has violated a court order; or the minor is physically dangerous to the public because of a mental or physical deficiency, disorder or abnormality (if the minor is in need of mental health treatment the court must notify the Department of Mental Health).

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

If the minor is detained, the district attorney must make a decision on whether or not to file a petition within 48 hours of arrest (excluding weekends and holidays). A detention hearing must be held before a judicial officer within 24 hours of filing (Section 631(a) and 632 WIC). When a minor appears before a judicial officer for a



detention hearing, the court must consider the same criteria as previously weighed by the probation officer in making the initial decision to detain the minor. There is a statutory preference for release if reasonably appropriate (Sections 202 and 635 WIC). At the conclusion of the detention hearing, the court may release the minor to a parent or guardian; place the minor on home supervision; detention in a non-secure facility (foster home); or detain the minor in a secure facility.

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

beginning of the hearing, the party with the presumption has the advantage when the court begins the weighing process. In instances in which the minor has the presumption of fitness, the burden is on the district attorney to present substantial evidence that the minor is unfit and should be remanded to adult court.

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

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

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

If a minor's case remains in juvenile court, the minor has a right to a trial referred to as adjudication. The adjudication is similar to a court trial. Minors do not have a right to a jury trial. The minor does have a right to counsel, to confront and cross-examine the witnesses against him or her and the privilege against self-incrimination. The court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The district attorney has the burden of proof in presenting evidence to the court. If the court has been convinced beyond a reasonable doubt of the allegations in the petition, the petition is found true; if the court is not convinced, the petition is found not true. There is no finding of guilty or not guilty. If the minor is age 13 or younger, proof that the minor had the capacity to commit the crime must be presented by the district attorney as such individuals are not presumed to know right from wrong. For example, if a 12-year-old is accused of a theft offense, it is not presumed that the minor knew it was wrong to steal. The district attorney must present evidence that the minor knew the conduct committed was wrong. This burden can be met by calling a witness to establish that this minor knew that it was wrong to steal. The witness can be the minor's parent or a police officer or school official who can testify that the minor appreciated that it was wrong to steal.

If the petition is found true by the court, a disposition hearing then held to determine ". . . in conformity with the interests of public safety and protection, receive care, treatment and guidance which is consistent with their best interest, which holds them accountable for their behavior, and which is appropriate for their circumstances. This guidance may include punishment that is consistent with the rehabilitative objectives of this chapter" (Section 202(b) of the

Welfare and Institutions Code). Disposition alternatives available to the court include: home on probation (HOP); restitution; a brief period of incarceration in juvenile hall as an alternative to a more serious commitment (Ricardo M. time); drug testing; restrictions on the minor's driving privilege; suitable placements; placement in a camp supervised by the Probation Department; placement in the California Youth Authority (CYA); and the Border Project (available only to a minor who is a Mexican national).

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

If the minor is accused of a listed misdemeanor, violation of certain ordinances or infractions the matter may be referred to a Traffic Hearing Officer for resolution under Section 256 of the Welfare and Institutions Code. Sanctions which can be imposed upon minors by a hearing officer include: a reprimand with no further action; direct probation supervision for up to six months; a fine; suspend the minor's drivers license;

community service, or request a judge to issue a warrant for any failures to appear. The minor has the right to an attorney for any misdemeanor violation referred to the hearing officer.

OFFICE WIDE UNITS

VICTIM WITNESS ASSISTANCE PROGRAM

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

DISTRICT ATTORNEY CRIME PREVENTION FOUNDATION -- This is a non-profit organization created to support the crime prevention efforts of the District Attorney's Office. They pursue this goal

through the development and implementation of law-based prevention education, mentoring and diversion programs for young people. Programs include Special Assistance for Victims in Emergency (SAVE), Environmental Scholarship Programs, RESCUE, and Project LEAD (Legal Enrichment and Decision-making).

DATA GATHERING AND ANALYSIS

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

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

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

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

criteria to be declined and others which had already been filed to be dismissed or settled for a compromise disposition.

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

It was also felt important to include statistics that provided information on sentencing. Sentencing was broken down to cover cases in which a defendant had received a life sentence, a state prison sentence, or a probationary sentence (Figure 7 and Figure 8). A probationary sentence includes, in a vast majority of cases, a sentence to county jail up to 1 year as a term and condition of probation under a 5-year grant of supervised probation.

As it is not uncommon for minor's to commit acts of abuse against children, Juvenile Delinquency statistics detailing the number of felony and misdemeanor petitions filed and declined for 1999 alleging charges from the hierarchy of abuse and neglect statutes listed in Figure 1 (Figures 9 and 10). It is important to note that the fact that the perpetrator of the offense is under the age of 18 is not the sole determinative factor in making a decision as to whether the minor perpetrated a criminal act against a child. A schoolyard fight between peers would not be categorized as an incident of child abuse nor would consensual sexual conduct between underage peers be categorized as child molestation; but an incident involving a



17 year old babysitter intentionally scalding a 6 year old child with hot water would be investigated as a child abuse and an incident in which a 16 year old cousin fondled the genitals of an 8 year old family member would be investigated as a child molestation.

Statistics regarding the gender of defendants are also being included in this report for the second year. It is important when comparing the two years of available statistics covering Juvenile offenses; however, to remember that Proposition 21 was in effect beginning in March of 2000. This factor may make any meaningful comparison between the statistics covering 1999 and 2000 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 11, 12, 13, and 14).

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

TRENDS

A comparison of total child abuse crimes submitted for filing to the District Attorney's Office between 1998, 1999 and 2000 reflect that the total number of cases filed remained fairly consistent. There was a significant difference, however, in the number of cases filed as felonies as compared to misdemeanors. In 1998 and 1999, the percentage of cases filed as felonies were very similar (75% in 1998; 74% in 1999). In 2000, however, there was a 10% drop in the number of felony case filings (65%). A more focused look was taken at two specific charges filed in the three year period, the two charges selected reflected the highest raw numbers of filed cases were 273a(a) PC, Child Abuse (physical abuse), and 288(a) PC, Lewd Conduct with a Child

under 14 years of age (sexual abuse). These charges did not reflect the same drop in felony filings. Covering the three-year period of available statistics, an increase from the number of cases filed in 1998 was documented in 1999 and 2000. In the child abuse cases, 19% of the total cases filed in 1998 were 273a(a) PC cases; the percentage increased to 23% in 1999 and remained relatively unchanged at 22% in 2000. In sexual abuse cases, 30% of the total cases filed in 1998 were 288(a) PC cases; the percentage increased to 34% in 1999 and remained relatively unchanged at 32% in 2000. The total number of cases filed in 2000 when broken down into two general categories of physical abuse and sexual abuse incorporating a broader spectrum of charges showed that 59% of the total filings were for charges under the general physical abuse category while 41% involved allegations of sexual abuse.

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

The percentages related to allegations of 288(a) PC filings do not include a

felony/misdemeanor breakdown because as a matter of law all filings with this charge are felony filings. In 1998, 41% of the cases submitted by law enforcement for filing consideration alleging a violation of Section 288(a) PC as the primary charge were filed; 59% were declined. In 1999, 45% were filed and 55% were declined. In 2000, 57% were filed and 43% declined. While the percentage of cases submitted which were filed in 2000 increased 12% over 1999 and 16% over 1998 for these charges the raw data reflects that the cases submitted for filing in this category dropped from 1370 in 1998 to 1344 in 1999 and 938 in 2000.

Overall, in 2000 66% of the cases submitted by law enforcement agencies for filing were filed as either a felony or a misdemeanor; 34% of submitted cases were declined.

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

Juvenile data comparisons between 1999 and 2000 must take into consideration the fact that Proposition 21 had an unknown impact upon the Juvenile system in several areas after March 8, 2000. In 1999, 66% of the cases submitted for filing were filed by the District Attorney's Office. In 2000, this percentage fell to 45% of the cases submit-

ted being filed. The number of cases submitted for filing alleging violations of the child abuse statutes contained in Figure 1 in 1999 was 497; 658 were submitted for filing in 2000. The statute reflecting the largest difference between the two years was 288(a) PC. The number of cases filed alleging a violation of this section remained fairly stable- 250 in 1999; 234 in 2000. The number of cases declined under this section, however, more that doubled from 120 in 1999 to 265 in 2000. The percentage of section violations declined from 1999 to 2000 remained identical (83%) but the number of cases declined under this section as compared to the total number of cases submitted for filing rose in 2000 to 40% of the total cases submitted for filing from the 1999 figure of 24%.

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

CONCLUSION

The Los Angeles County District Attorney's Office is dedicated to providing justice to the children of this community. Efforts to enhance their safety through the vigorous prosecution of individuals who prey upon children are tempered with care and compassion for the needs of the children who have been victimized. This process is important to a prosecuting entity which has been sensitized to the special nature of these cases and assisted by a active partnerships with other public and private entities in crime prevention efforts designed to enrich the lives of all children in the county establish the Los Angeles County District Attorney's Office in a leadership role in community efforts to battle child abuse and neglect.

Figure 1

LIST OF PRIORITIZED STATUTES

	CHARGE	ORDER		CHARGE	ORDER
Penal Code	187(A)	1	Penal Code	288A(C)(1)	34
Penal Code	273AB	2	Penal Code	288A(C)	35
Penal Code	273A(2)	3	Penal Code	286(B)(2)	36
Penal Code	269(A)(1)	4	Penal Code	286(B)(1)	37
Penal Code	269(A)(2)	5	Penal Code	288A(B)(1)	38
Penal Code	269(A)(3)	6	Penal Code	266J	39
Penal Code	269(A)(4)	7	Penal Code	266H(B)	40
Penal Code	269(A)(5)	8	Penal Code	266I(B)	41
Penal Code	664/187(A)	9	Penal Code	288A(B)(2)	42
Penal Code	207(B)	10	Penal Code	311.4(B)	43
Penal Code	207(A)	11	Penal Code	311.2(B)	44
Penal Code	208(B)	12	Penal Code	311.1	45
Penal Code	288.5(A)	13	Penal Code	311.11(B)	46
Penal Code	288.5	14	Penal Code	261.5(D)	47
Penal Code	286(C)(1)	15	Penal Code	261.5(C)	48
Penal Code	286(C)	16	Penal Code	311.1(A)	49
Penal Code	288(B)(1)	17	Penal Code	311.4(C)	50
Penal Code	288(B)	18	Penal Code	271A	51
Penal Code	288(A)	19	Penal Code	267	52
Penal Code	288A(C)(1)	20	Penal Code	647.6(B)	53
Penal Code	289(J)	21	Penal Code	647.6(A)	54
Penal Code	289(I)	22	Penal Code	261.5(A)	55
Penal Code	289(H)	23	Penal Code	261.5(B)	56
Penal Code	273A(A)	24	Penal Code	273A(B)	57
Penal Code	273A	25	Penal Code	273G	58
Penal Code	273A(1)	26	Penal Code	311.4(A)	59
Penal Code	273A(A)(1)	27	Penal Code	311.11(A)	60
Penal Code	273D(A)	28			
Penal Code	278	29			
Penal Code	278.5	30			
Penal Code	278.5(A)	31			
Penal Code	288(C)(1)	32			
Penal Code	288(C)	33			

**These sections were filed in 1998 even though the sections did not exist (as cited) in the 1998 Penal Code. This was due to either filing error or the fact that the criminal act occurred during a preceding year in which the conduct was covered under that section of the Penal Code.*

Figure 2

TOTAL FILINGS BY CHARGE FOR 1998, 1999, AND 2000

Charge	1998		1999		2000	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC187(a)	27	0	38	0	33	0
PC207(a)	5	0	11	0	1	0
PC207(b)	0	0	0	0	9	0
PC208(b)	19	0	13	0	22	0
PC261.5(b)	0	0	3	23	0	27
PC261.5(c)	141	49	202	0	138	22
PC261.5(d)	141	49	82	5	69	8
PC266i(b)	88	8	0	0	0	0
PC266j	5	0	7	0	2	0
PC269	0	0	0	0	1	0
PC269(a)(1)	8	0	14	0	17	0
PC269(a)(3)	3	0	4	0	3	0
PC269(a)(4)	3	0	1	0	5	0
PC269(a)(5)	0	0	2	0	9	0
PC271a	1	4	0	6	0	4
PC273a(1)	1	1	0	0	0	0
PC273a(2)	0	1	0	0	0	0
PC273a(a)	385	91	479	76	452	94
PC273a(a)(1)	2	6	0	1	0	0
PC273a(b)	128	401	70	423	0	606
PC273ab	2	1	1	0	1	0
PC273d(a)	79	82	77	82	66	85
PC278	18	1	18	4	1	3
PC278.5	6	3	13	2	4	1
PC278.5(a)	14	2	15	1	34	3
PC286(b)(1)	10	0	3	1	6	0
PC286(b)(2)	6	0	9	0	8	0
PC286(c)	11	0	1	0	1	0
PC288(a)	557	0	606	0	538	0
PC288(b)	6	0	6	0	7	0
PC288(c)	4	0	6	0	2	0
PC288.5	79	0	15	0	28	0
PC288a(b)(1)	26	0	23	3	32	0
PC288a(b)(2)	0	0	0	0	22	0
PC288a(c)	6	0	2	0	0	0
PC289(h)	17	1	16	1	25	0
PC289(l)	10	0	16	0	15	0
PC289(j)	4	0	2	0	1	0
PC311.10	0	0	0	0	1	0
PC311.1(a)	4	0	7	0	3	0
PC311.11(a)	8	6	6	7	0	18
PC311.11(b)	1	0	1	0	1	0
PC311.2(b)	0	0	0	0	1	0
PC311.4(b)	1	0	0	0	0	0
PC311.4(c)	2	0	5	0	3	0
PC647.6(a)	2	0	21	0	0	5
PC647.6(b)	4	1	3	0	4	3
PC664/187	0	0	0	0	43	0

Figure 3

TOTAL DISMISSALS BY CHARGE FOR 1998, 1999 AND 2000

Charge	1998		1999		2000	
	Felony	Misdemeanor	Felony	Misdemeanor	Felony	Misdemeanor
PC187(a)	0	0	0	0	0	0
PC207	5	0	1	0	0	0
PC208	2	0	3	0	1	0
PC261.5(b)	4	0	0	3	0	1
PC261.5(c)	6	5	5	3	8	0
PC261.5(d)	7	0	4	0	3	0
PC266i(b)	1	0	0	0	0	0
PC266j	0	0	2	0	0	0
PC269(A)(1)	0	0	1	0	0	0
PC269(A)(3)	1	0	0	0	0	0
PC269(A)(4)	0	0	0	0	1	0
PC269(A)(5)	0	0	0	0	0	0
PC271a	0	1	0	0	0	0
PC273a(1)	0	1	0	0	0	0
PC273a(2)	0	0	0	0	0	0
PC273a(a)	35	16	24	6	39	6
PC273a(a)(1)	0	0	0	0	0	0
PC273a(b)	5	68	6	37	4	60
PC273ab	1	0	0	0	0	0
PC273d(a)	6	10	6	18	1	14
PC278	0	0	0	0	3	0
PC278.5	0	1	1	0	3	0
PC278.5(a)	0	1	2	0	0	0
PC286(b)(1)	0	0	1	0	1	0
PC286(b)(2)	0	0	0	0	0	0
PC286(c)	2	0	0	0	0	0
PC288(a)	42	0	23	0	40	0
PC288(b)	1	0	0	0	0	0
PC288(c)	0	0	0	0	1	0
PC288.5	3	0	1	0	1	0
PC288a(b)(1)	2	1	2	0	2	0
PC288a(b)(2)	0	0	0	0	1	0
PC288a(c)	0	0	0	0	2	0
PC289(h)	1	1	0	0	1	1
PC289(l)	1	0	0	0	0	0
PC289(j)	0	0	1	0	0	0
PC311.1(a)	0	0	0	0	0	0
PC311.11(a)	0	1	0	1	0	1
PC311.11(b)	0	0	0	1	0	0
PC311.2	0	0	0	0	1	0
PC311.4(b)	0	0	0	0	1	0
PC311.4(c)	0	0	0	0	0	0
PC647.6(a)	0	0	0	0	0	0
PC647.6(b)	1	0	0	0	0	0

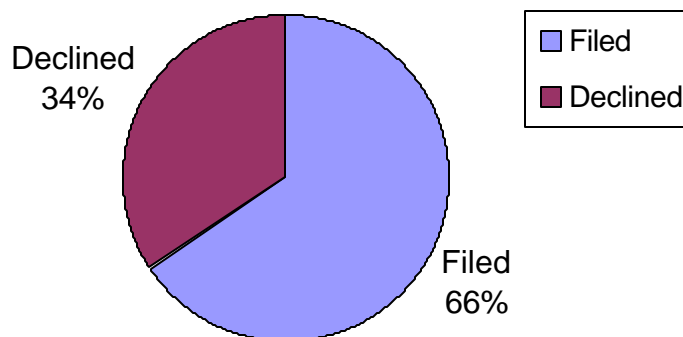
Figure 4

TOTAL CASES DECLINED FOR FILING FOR 1998, 1999, AND 2000

Charge	1998	1999	2000
PC187(a)	0	0	0
PC207	1	6	5
PC208	1	1	1
PC261.5(b)	34	29	0
PC261.5(c)	146	214	224
PC261.5(d)	60	82	0
PC266i(b)	0	0	0
PC266j	5	0	1
PC267	0	0	1
PC269(A)(1)	0	0	2
PC269(A)(3)	0	0	0
PC269(A)(4)	0	0	0
PC269(A)(5)	0	0	1
PC271a	2	2	2
PC273a(1)	4	0	0
PC273a(2)	0	0	0
PC273a(a)	333	208	251
PC273a(a)(1)	0	1	0
PC273a(b)	43	42	69
PC273ab	6	2	1
PC273d(a)	72	57	62
PC278	31	47	43
PC278.5	46	89	100
PC278.5(a)	87	68	43
PC286(b)(1)	7	9	11
PC286(b)(2)	1	3	4
PC286(c)	7	2	0
PC288(a)	813	783	400
PC288(b)	0	5	1
PC288(c)	2	2	9
PC288.5	20	13	8
PC288a(b)(1)	15	9	27
PC288a(b)(2)	0	0	3
PC288a(c)	12	1	1
PC289(h)	3	3	5
PC289(l)	0	1	2
PC289(j)	0	0	7
PC311.1(a)	0	0	0
PC311.10	0	0	1
PC311.11(a)	1	3	0
PC311.11(b)	0	2	0
PC311.4(b)	2	0	0
PC311.4(c)	1	0	2
PC647.6(a)	7	10	11
PC647.6(b)	6	9	8

Figure 5

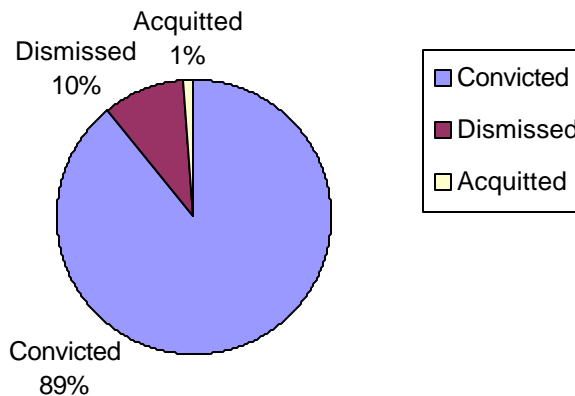
PIE CHART -- FILED/DECLINED
Total Presented in 2000



Filed	2483
Declined	1306

Figure 6

PIE CHART -- CONVICTED/DISMISSED/ACQUITTED
Total Dispositions in 2000



Convicted	1751
Dismissed	193
Acquitted	22

Figure 7

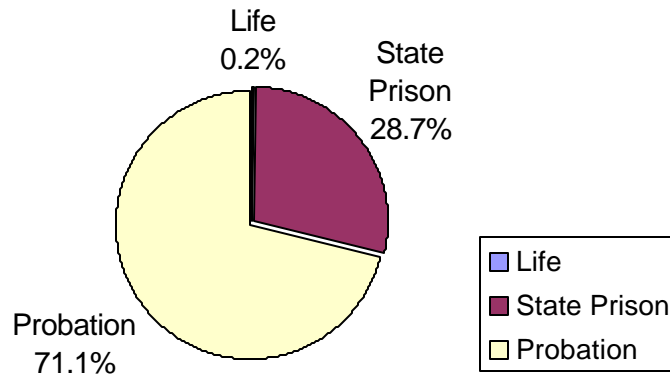
TOTAL CASES SENTENCED IN 1998, 1999 AND 2000

Sentence Type	1998 Count	1999 Count	2000 Count
Life	10	9	4
State Prison	714	605	503
Probation	1359	1388	1244

Figure 8

PIE CHART -- SENTENCING

Sentence Type in 2000



Life	4
State Prison	503
Probation	1,245

Figure 9

TOTAL JUVENILE FILINGS BY CHARGE FOR 1999 AND 2000

Charge	1999		2000	
	Felony	Misdemeanor	Felony	Misdemeanor
PC187(a)	4	0	2	0
PC207(a)	0	0	1	0
PC207(b)	0	0	5	0
PC261.5(b)	0	16	0	3
PC261.5(c)	3	1	0	3
PC271a	1	0	1	0
PC273a(a)	17	0	22	0
PC273a(b)	0	8	0	6
PC273d(a)	4	0	2	0
PC278	3	0	5	0
PC278.5	0	0	1	0
PC286(b)(1)	1	0	1	0
PC286(b)(2)	1	0	0	0
PC288(a)	250	0	234	0
PC288(b)	4	0	2	0
PC288(c)	0	0	2	0
PC288a(b)(1)	6	0	1	0
PC289(h)	3	0	6	0
PC289(i)	1	0	0	0
PC311.1(a)	1	0	0	0
PC311.11(a)	0	1	0	0
PC311.4(c)	1	0	1	0
PC647.6(a)	0	0	0	1
PC647.6(b)	1	0	1	0

Figure 10

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 1999 AND 2000

Charge	1999		2000	
	Felony	Misdemeanor	Felony	Misdemeanor
PC207(b)	0	0	1	0
PC261.5(b)	0	23	0	32
PC261.5(c)	1	3	2	5
PC261.5(d)	7	0	9	0
PC266h(b)	0	0	1	0
PC273a(a)	6	0	4	0
PC273a(b)	0	0	0	4
PC278	3	0	10	0
PC286(b)(1)	0	0	4	0
PC286(b)(2)	2	0	1	0
PC288(a)	120	0	265	0
PC288a(b)(1)	2	0	11	0
PC288a(b)(2)	0	0	1	0
PC289(h)	3	0	3	0
PC289(i)	0	0	1	0
PC311.11(a)	0	0	0	1
PC647.6(a)	0	0	2	0
PC647.6(b)	0	0	1	0

Figure 11

TOTAL FILINGS BY GENDER FOR 1999 AND 2000

Gender	1999				2000			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	4,063	16%	9,589	16%	3,549	17%	3,0504	17%
Male	21,732	84%	49,490	84%	17,750	83%	150,580	83%
Total	25,795		59,079		21,299		181,084	

Figure 12

CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER FOR 1999 AND 2000

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

Figure 13

TOTAL JUVENILE FILINGS BY GENDER FOR 1999 AND 2000

Gender	1999				2000			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	21	6%	4063		26	9%	3,549	16%
Male	333	94%	21,732		275	91%	17,750	84%
Total	354		25,795		301		21,299	

Figure 14

TOTAL ADULT FILINGS BY GENDER FOR 1999 AND 2000

Gender	1999				2000			
	Juvenile	%	Adult	%	Juvenile	%	Adult	%
Female	483	19%	9589	16%	522	20%	30,504	17%
Male	2,052	81%	49,490	84%	2,108	80%	150,580	83%
Total	2,535		59,079		2,630		181,084	

Figure 15

1998/1999/2000 STATUTORY RAPE VERTICAL PROSECUTION UNIT FILINGS

Charge	1998 Count	1999 Count	2000 Count
PC261.5(c)	116	218	177
PC664/261.5©	0	0	1
PC261(c)(1)	2	0	0
PC261.5(d)	63	72	92
PC288(a)	56	124	88
PC288a(b)(1)	11	14	29
PC288a(b)(2)	12	18	21
PC288(c)(1)	32	58	91
PC243(e)(1)	4	1	4
PC289(h)	8	6	10
PC273.5(a)	7	10	9
PC272	1	0	0
PC290(g)(1)	1	0	0
PC286(b)(1)	4	0	1
PC286(b)(2)	1	0	5
PC288.5	1	1	0
PC422	2	2	2
PC242	1	0	0
PC245(a)(1)	1	0	5
PC289(i)	4	4	6
PC11351.5	1	0	0
PC12021(a)(1)	1	0	0
PC242/243(a)	0	0	1
PC487(d)	0	0	1
PC667(a)(1)	0	0	1
PC290(a)(1)(a)	0	0	1
PC266h(a)	0	0	1
VC10851	0	0	1

Figure 16
DRUG ENDANGERED CHILD FILINGS BY YEAR

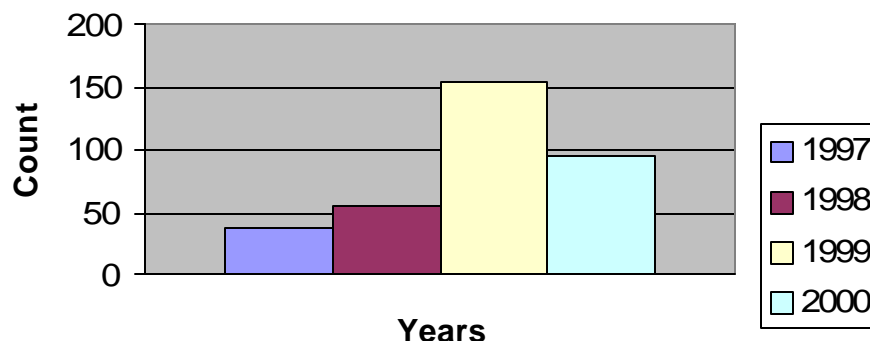


Figure 17
TOTAL CASES BY ZIPCODE FOR 1998, 1999, AND 2000

Zip Code	1998	1999	2000	Zip Code	1998	1999	2000
90007	27	56	16	90650	61	50	47
90012	533	627	587	90706	61	43	43
90022	39	41	60	90802	130	118	150
90025	61	66	0	91016	8	1	0
90045	0	4	46	91101	88	100	93
90066	0	0	1	91205	48	76	60
90210	22	14	17	91331	0	1	2
90220	107	109	119	91340	65	75	74
90231	11	13	10	91355	34	61	53
90242	99	55	107	91401	128	84	79
90255	108	111	84	91731	109	116	122
90262	83	80	58	91766	78	84	133
90265	11	15	19	91790	123	111	112
90301	50	39	60	91801	56	39	47
90401	14	9	14	93534	232	246	223
90503	116	101	120				
90602	53	54	58				

GLOSSARY OF TERMS

187 PC - Murder Defined

(a) Murder is the unlawful killing of a human being, or a fetus, with malice aforethought.
(b) This section does not apply to any person who commits an act that results in the death of a fetus if any of the following apply:

1) The act complied with the Therapeutic Abortion Act, Article 2 (commencing with Section 123400) of Chapter 2 of part 2 of Division 106 of the Health and Safety code.

2) The act was committed by a holder of a physician's and surgeon's certificate, as defined in the Business and professions Code, in a case where, to a medical certainty, the result of childbirth would be death of the mother of the fetus or where her death from childbirth, although not medically certain, would be substantially certain or more likely than not.

3) The act was solicited, aided, and abetted, or consented to by the mother of the fetus.

(c) Subdivision (b) shall not be construed to prohibit the prosecution of any person under any other provision of law.

273ab PC - Assault resulting in death of child under 8

Any person who, having the care of custody of a child who is under eight years of age, assaults the child by means of force that to a reasonable person would be likely to produce great bodily injury, resulting in the child's death, shall be punished by imprisonment in the state prison for 25 years to life.

Nothing in this section shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 189.

269(a)(1) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(1) A violation of paragraph (2) of subdivision (a) of Section 261 - Rape:

An act of sexual intercourse accomplished with a person not the spouse of the perpetrator, where it is accomplished against a person's will by means of force, violence duress, menace, or fear of immediate and unlawful bodily injury on the person or another.

269(a)(2) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(2) A violation of Section 264.1 - Rape of penetration of genital or anal openings by foreign object, etc.: acting in concert by force or violence:

The provisions of Section 264 notwithstanding, in any case in which the defendant, voluntarily acting in concert with another person, by force or violence and against the will of the victim, committed an act described in Section 261, 262, or 289, either personally or by aiding and abetting the other person, that fact shall be charged in the indictment or information, and if found to be true by the jury, or by the court, or if admitted by the defendant, the defendant shall suffer confinement in the state prison for five, seven, or nine years.



269(a)(3) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(3) Sodomy, in violation of Section 286, when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

269(a)(4) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(4) Oral copulation, in violation of Section 288a, when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

269(a)(5) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(5) A violation of subdivision (a) of Section 289 - Forcible acts of sexual penetration:

(a)(1) Act of sexual penetration when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

664/187 PC - Attempted Murder

When a person attempts to commit [murder], but fails, or is prevented or intercepted in its perpetration.

207(b) PC - Kidnapping

Every person, who for the purpose of committing any act defined in Section 288 (lewd and lascivious acts) hires, persuades, entices, decoys, or seduces by false promises, misrepresentations, or the like, any child under the age of 14 years to go out of this country, state, or county, or into another part of the same county, is guilty of kidnapping.

207(a) PC - Kidnapping

Every person who forcibly, or by any other means of instilling fear, steals or takes, or holds, detains or arrests any person in this state, and carries the person into another country, state, or county, or into another part of the same county, is guilty of kidnapping.

208(b) PC - Punishment for kidnapping; victim under 14 years of age

If the person kidnapped is under 14 years of age at the time of the commission of the crime, the kidnapping is punishable by imprisonment in the state prison for 5, 8, or 11 years. This subdivision is not applicable to the taking, detaining, or concealing, of a minor child by a biological parent, a natural father, as specified in Section 7611 of the Family Code, an adoptive parent, or a person who has been granted access to the minor child by a court order.

288.5(a) PC - Continuous sexual abuse of a child

Any person who either resides in the same home with the minor child or has recurring access to the child, who over a period of time, not less than three months in duration, engages in three or more acts of substantial sexual conduct with a child under the age of 14 years at the time of the commission of the offense, as defined in subdivision (b) of Section 1203.066, or three or more acts of lewd or lascivious conduct under Section 288, with a child under the age of 14 years at the time of the commission of the offense is guilty of the offense of continuous sexual abuse of a child and shall be punished by imprisonment in the state prison for a term of 6, 12, or 16 years.

288.5 PC - Continuous sexual abuse of a child

(a) Any person who either resides in the same home with the minor child or has recurring access to the child, who over a period of time, not less than three months in duration, engages in three or more acts of substantial sexual conduct with a child under the age of 14 years at the time of the commission of the offense, as defined in subdivision (b) of Section 1203.066, or three or more acts of lewd or lascivious conduct under Section 288, with a child under the age of 14 years at the time of the commission of the offense is guilty of the offense of continuous sexual abuse of a child and shall be punished by imprisonment in the state prison for a term of 6, 12, or 16 years.

(b) To convict under this section the trier of fact, if a jury, need unanimously agree only that the requisite number of acts occurred not on which acts constitute the requisite number.

(c) No other felony sex offense involving the same victim may be charged in the same proceeding with a charge under this section unless the other charged offense occurred outside the time period charged under this section or the other offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved in which case a separate count may be charged for each victim.

286(c)(1) PC - Sodomy

Any person who participates in an act of sodomy with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

286(c) PC - Sodomy

(1) Any person who participates in an act of sodomy with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who commits an act of sodomy when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person shall be punished by imprisonment in the state prison for three, six, or eight years.

(3) Any person who commits an act of sodomy where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat, shall be punished in the state prison for three, six, or eight years.

288(b)(1) PC - Lewd or lascivious acts

Any person who commits an act described in subdivision (a) (see below) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

288(b) PC - Lewd or lascivious acts

(1) Any person who commits an act described in subdivision (a) (see below) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who is a caretaker and commits an act described in subdivision (a) (see below) upon a dependent adult by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, with the intent described in subdivision (a), is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

288(a) PC - Lewd or lascivious acts

Any person who willfully and lewdly commits any lewd or lascivious act, including any of the acts constituting other crimes provided for in Part 1, upon or with the body, or any part or member thereof, of a child who is under the age of 14 years, with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of that person or the child, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

288a(c)(1) PC - Oral copulation

Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

289(j) PC - Forcible acts of sexual penetration

Any person who participates in an act of sexual penetration with another person who is under 14 years of age and who is more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

289(i) PC - Forcible acts of sexual penetration

Except as provided in Section 288, any person over the age of 21 years who participates in an act of sexual penetration with another person who is under 16 years of age shall be guilty of a felony.

289(h) PC - Forcible acts of sexual penetration

Except as provided in Section 288, any person who participates in an act of sexual penetration with another person who is under 18 years of age shall be punished by imprisonment in the state prison or in the county jail for a period of not more than one year.

273a(a) PC - Willful harm or injury to child; endangering person or health (w/ 12022.95 allegation)

Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.

12022.95 PC - Willful harm or injury resulting in death of child; sentence enhancement; procedural requirements

Any person convicted of a violation of Section 273a, who under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or injury that results in death, or having the care or custody of any child, under circumstances likely to produce great bodily harm or death, willfully causes or permits that child to be injured or harmed, and that injury or harm results in death, shall receive a four-year enhancement for each violation, in addition to the sentence provided for that conviction.

Nothing in this paragraph shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 192. This section shall not apply unless the allegation is included within an accusatory pleading and admitted by the defendant or found to be true by the trier of fact.

273a(a) PC - Willful harm or injury to child; endangering person or health

Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.

273d(a) PC - Corporal punishment or injury of child

Any person who willfully inflicts upon a child any cruel or inhuman corporal punishment or an injury resulting in a traumatic condition is guilty of a felony and shall be punished by imprisonment in the state prison for two, four, or six years, or in a county jail for not more than one year, by a fine of up to six thousand dollars, or by both that imprisonment and fine.

278 PC - Noncustodial persons; detainment or concealment of child from legal custodian

Every person, not having a right to custody, who maliciously takes, entices away, keeps, withholds, or conceals any child with the intent to detain or conceal that child from a lawful custodian, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

278.5 PC - Deprivation of custody of child or right to visitation

(a) Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two or three years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

(b) Nothing contained in this section limits the court's contempt power.

(c) A custody order obtained after the taking, enticing away, keeping, withholding, or concealing of a child does not constitute a defense to a crime charged under this section.

278.5(a) PC - Deprivation of custody of child or right to visitation

Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two or three years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

288(c)(1) PC - Lewd or lascivious acts

Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least 10 years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year. In determining whether the person is at least 10 years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child.

288(c) PC - Lewd or lascivious acts

(1) Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least 10 years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year. In determining whether the person is at least 10 years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child.

(2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent adult, with the intent described in subdivision (a), is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year.

288a(c)(1) PC - Oral copulation

Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

288a(c) PC - Oral copulation

(1) Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who commits an act of oral copulation when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, shall be punished by imprisonment in the state prison for three, six, or eight years.

(3) Any person who commits an act of oral copulation where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat shall be punished by imprisonment in the state prison for three, six, or eight years.

286(b)(2) PC - Sodomy

Except as provided in Section 288, any person over the age of 21 years who participates in an act of sodomy with another person who is under 16 years of age shall be guilty of a felony.

286(b)(1) PC - Sodomy

Except as provided in Section 288, any person who participates in an act of sodomy with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for not more than one year.

288a(b)(1) PC - Oral copulation

Except as provided in Section 288, any person who participates in an act of oral copulation with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for a period of not more than one year.

266j PC - Procurement of child under age 16 for lewd and lascivious acts; punishment

Any person who intentionally gives, transports, provides, or makes available, or who offers to give, transport, provide, or make available to another person, a child under the age of 16 for the purpose of any lewd or lascivious act as defined in Section 288, or who causes, induces, or persuades a child under the age of 16 to engage in such an act with another person, is guilty of a felony and shall be imprisoned in the state prison for a term of three, six, or eight years, and by a fine not to exceed fifteen thousand dollars.

266h(b) PC - Pimping

[266h(a) - Except as provided in subdivision (b), any person who, knowing another person is a prostitute, lives or derives support or maintenance in whole or in part from the earnings or proceeds of the person's prostitution, or from money loaned or advanced to or charged against that person by any keeper or manager or inmate of a house or other place where prostitution is practiced or allowed, or who solicits or receives compensation for soliciting for the person, is guilty of pimping, a felony, and shall be punished by imprisonment in the state prison for three, four, or six years.]

(b) If the person engaged in prostitution is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four, or six years. If the person engaged in prostitution is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six, or eight years.

266i(b) PC - Pandering

[266i(a) - Except as provided in subdivision (b), any person who does any of the following is guilty of pandering, a felony, and shall be punished by imprisonment in the state prison for three, four, or six years: (1) procures another person for the purpose of prostitution; (2) by promises, threats, violence, or by any device or scheme, causes, induces, persuades or encourages another person to become a prostitute; (3) procures for another person a place as an inmate in a house of prostitution or as an inmate of any place in which prostitution is encouraged or allowed within this state; (4) by promises, threats, violence or by any device or scheme, causes, induces, persuades or encourages an inmate of a house of prostitution, or any other place in which prostitution is encouraged or allowed, to remain therein as an inmate; (5) by fraud or artifice, or by duress of person or goods, or by abuse of any position of confidence or authority, procures another person for the purpose of prostitution, or to enter any place in which prostitution is encouraged or allowed within this state, or to come into this state or leave this state for the purpose of prostitution; (6) receives or gives, or agrees to receive or give, any money or thing of value for procuring, or attempting to procure, another person for the purpose of prostitution, or to come into this state or leave this state for the purpose of prostitution.]

(b) If the other person is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four, or six years. Where the other person is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six, or eight years.

288a(b)(2) PC - Oral copulation

Except as provided in section 288, any person over the age of 21 years who participates in an act of oral copulation with another person who is under 16 years of age is guilty of a felony.

311.4(b) PC - Employment or use of a minor to perform prohibited acts

Every person who, with knowledge that a person is a minor under the age of 18 years, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years, knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film, filmstrip, or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, for commercial purposes, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

311.2(b) PC - Sending or bringing into state for sale or distribution; printing, exhibiting, distributing, exchanging or possessing within state; matter depicting sexual conduct by minor; transaction with minor

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, date, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others for commercial consideration, or who offers to distribute, distributes, or exhibits to, or exchanges with, others for commercial consideration, any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and shall be punished by imprisonment in the state prison for two, three, or six years, or by a fine not exceeding \$100,000, in the absence of a finding that the defendant would be incapable of paying such a fine, or by both that fine and imprisonment.

311.10 PC - Advertising for sale or distribution obscene matter depicting a person under the age of 18 years engaging in or simulating sexual conduct; felony; punishment

(a) Any person who advertises for sale or distribution any obscene matter knowing that it depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and is punishable by imprisonment in the state prison for two, three, or four years, or in a county jail not exceeding one year, or by a fine not exceeding \$50,000, or by both such fine and imprisonment.

(b) Subdivision (a) shall not apply to the activities of law enforcement and prosecution agencies in the investigation and prosecution of criminal offenses.

311.11(b) PC - Possession or control of matter depicting minor engaging or simulating sexual conduct

If a person has been previously convicted of a violation of this section, he or she is guilty of a felony and shall be punished by imprisonment for two, four, or six years.

261.5(d) PC - Unlawful sexual intercourse with person under 18

Any person 21 years of age or older who engages in an act of unlawful sexual intercourse with a minor who is under 16 years of age is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison for two, three, or four years.

261.5(c) PC - Unlawful sexual intercourse with a person under 18

Any person who engages in an act of unlawful sexual intercourse with a minor who is more than three years younger than the perpetrator is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison.

311.1(a) PC - Sent or brought into state for sale or distribution; possessing, preparing, publishing, producing, developing, duplicating, or printing within state; matter depicting sexual conduct by minor

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others, or who offers to distribute, distributes, or exhibits to, or exchanges with, others any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, shall be punished either by imprisonment in the county jail for up to one year, by a fine not to exceed \$1,000, or by both the fine and imprisonment, or by imprisonment in the state prison, by a fine not to exceed \$10,000, or by the fine and imprisonment.

311.4(c) PC - Employment or use of a minor to perform prohibited acts

Every person who, with knowledge that a person is a minor under the age of 18 years, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years, knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film, filmstrip, or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, is guilty of a felony. It is not necessary to prove commercial purposes in order to establish a violation of this subdivision.

271a PC - Abandonment or failure to maintain child under 14; false representation that child is orphan; punishment

Every person who knowingly and willfully abandons, or who, having ability so to do, fails or refuses to maintain his or her minor child under the age of 14 years, or who falsely, knowing the same to be false, represents to any manager, officer or agent of any orphan asylum or charitable institution for the care of orphans, that any child for whose admission into such asylum or institution application has been made is an orphan, is punishable by imprisonment in the state prison, or in the county jail not exceeding one year, or by fine not exceeding \$1,000, or by both.

267 PC - Abduction; person under 18 for purpose of prostitution; punishment

Every person who takes away any other person under the age of 18 years from the father, mother, guardian, or other person having the legal charge of the other person, without their

consent, for the purpose of prostitution, is punishable by imprisonment in the state prison, and a fine not exceeding \$2,000.

647.6(b) PC - Annoying or molesting child under 18

Every person who violates this section after having entered, without consent, an inhabited dwelling house, or trailer coach as defined in Section 635 of the Vehicle Code, or the inhabited portion of any other building, shall be punished by imprisonment in the state prison, or in a county jail not exceeding one year.

647.6(a) PC - Annoying or molesting child under 18

Every person who annoys or molests any child under the age of 18 shall be punished by a fine not exceeding \$1,000, by imprisonment in a county jail not exceeding one year, or by both the fine and imprisonment.

261.5(a) PC - Unlawful sexual intercourse with person under 18

Unlawful sexual intercourse is an act of sexual intercourse accomplished with a person who is not the spouse of the perpetrator, if the person is a minor. For the purposes of this section, a "minor" is a person under the age of 18 years and an "adult" is a person who is at least 18 years of age.

261.5(b) PC - Unlawful sexual intercourse with person under 18

Any person who engages in an act of unlawful sexual intercourse with a minor who is not more than three years older or three years younger than the perpetrator, is guilty of a misdemeanor.

273a(b) PC - Willful harm or injury to child; endangering person or health

Any person who, under circumstances or conditions other than those likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health may be endangered, is guilty of a misdemeanor.

273g PC - Degrading, immoral, or vicious practices or habitual drunkenness in presence of children

Any person who in the presence of any child indulges in any degrading, lewd, immoral or vicious habits or practices, or who is habitually drunk in the presence of any child in his care, custody or control, is guilty of a misdemeanor.

311.4(a) PC - Employment or use of a minor to perform prohibited acts

Every person who, with knowledge that a person is a minor, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor, hires, employs, or uses the minor to do or assist in doing any of the acts described in Section 311.2, is, for a first offense, guilty of a misdemeanor. If the person has previously been convicted of any violation of this section, the court may, in addition to the punishment authorized in Section 311.9, impose a fine not exceeding \$50,000.

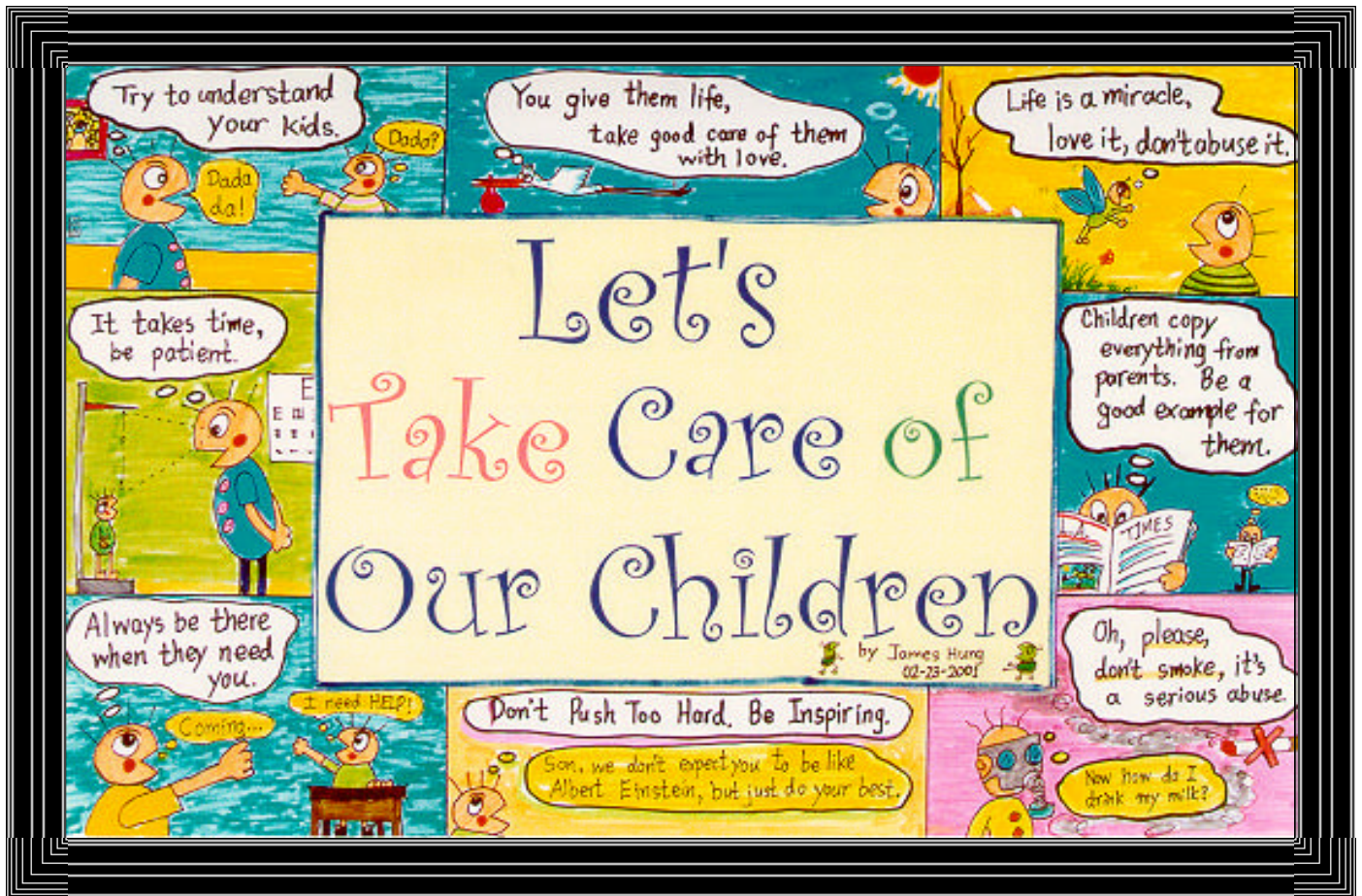
311.11(a) PC - Possession or control of matter depicting minor engaging or simulating sexual conduct

Every person who knowingly possesses or controls any matter, representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film or filmstrip, the production of which involves the use of a person under the age of 18 years, knowing that the matter depicts a person under the age of 18 years personally engaging in or simulating sexual conduct, as defined subdivision (d) of Section 311.4, is guilty of a public offense and shall be punished by imprisonment in the county jail for up to one year, or by a fine not exceeding \$2,500, or by both the fine and imprisonment.





PROBATION DEPARTMENT



JAMES HUNG
GRANADA

PROBATION DEPARTMENT

The Los Angeles County Probation Department was established in 1903 with the enactment of California's first probation laws. As a criminal justice agency, the Department has expanded to become the largest probation department in the world.

OUR MISSION

It is the mission of the Probation Department to promote and enhance public safety, ensure victims' rights and facilitate the positive behavior change of adult and juvenile probationers.

CHILD ABUSE REFERRALS

In response to the growing number of child abuse cases, the Department has begun focusing a greater effort on addressing this problem during both the pre- and post- adjudication process. Efforts include detailed and complete investigation reports, lower caseloads for probation officers, increased supervision of the individual probationer, and a higher level of coordination with other criminal justice agencies.

INVESTIGATION SERVICES

Both adults (age 18 and older) and juveniles (under age 18 at the time of commission of the crime) may be referred to the Department for investigation. Adults are referred by the criminal courts while juveniles are referred by law enforcement agencies, schools, parents, or other interested community sources. The Deputy Probation Officer (DPO) provides a court report outlining the offender's social history, prior record, attitude, statements from the victim and other interested parties and an analysis of the current circumstances.

If probation is granted the DPO enforces the conditions ordered by the court, moni-

tors the probationer's progress in treatment and initiates appropriate corrective action if the conditions are violated.

In child abuse cases, the DPO works cooperatively with the child welfare social workers to ensure the child's safety and welfare. Their assessment of the child's needs and the offender's response to treatment can have significant influence in determining when or if the child will be returned to the home.

SPECIALIZED SUPERVISION PROGRAM: Child Threat

Specialized child abuse services consist of 28 Child Threat caseloads located in 13 area offices throughout Los Angeles County. Child Threat DPOs supervise adults on formal probation for child abuse offenses.

Any case in which there is a reason to believe that the defendant's behavior poses a threat to a child by reason of violence, drug abuse history, sexual molestation or cruel treatment, regardless of official charges or conditions of probation, may be assigned to a Child Threat caseload to promote the safety of the child and the family.

In the event that the number of child threat defendants exceeds the total that can be accommodated by the Child Threat DPOs, probationers posing the highest risk to victims and potential victims are given priority for specialized supervision. Department policy mandates service standards and caseload size for the Child Threat program. Each case requires a supervision plan, approved by the DPO's supervisor that provides close monitoring of the probationer's compliance with the orders of the court. This is to ensure the safety of victims and

potential victims. Child Threat cases may require coordination with the Department of Children and Family Services, the court, and treatment providers when the defendant is ordered to participate in counseling.

Of the 826 adults referred to the Department for child abuse allegations 34.6% were granted probation; while 37.2% of the 738 juveniles referred were granted probation.

In every case in which the victim or other child under the age of 18 resides in the probationer's home, the DPO conducts at least one home visit per month. To provide ongoing assessments, all children in the home are routinely seen and may also be interviewed. Probationers report to the DPO face-to-face unless instructed to report by mail or telephone with the advance approval of the DPO's supervisor. If there are any indications of mistreatment of the victim or other child results in referral to the court for further investigation or for appropriate action.

**SPECIALIZED SUPERVISION PROGRAM:
Pre-Natal/Post-Natal Substance
Recognition**

In response to increasing concern regarding substance abuse by pregnant and parenting women, the Department in 1990 created a specialized anti-narcotic testing caseload at the Firestone Area Office in South Central Los Angeles. The caseload is comprised of pre-natal and post-natal substance-abusing women. The Program provides intensive supervision by enforcing court orders that include narcotics testing and referrals to appropriate community resource programs. Goals of the program include reducing substance abuse, improving the health of pregnant women and their infants, and changing lifestyles that contribute to drug problems.

The Program serves a specific geographical area where a network of treatment programs serves the needs of these probationers and their children. In 2000, 15 pregnant women were supervised by the Peri-natal caseload DPO. During this reporting period, there were 1 miscarriage and 2 abortions, and 3 bench warrants issued for non-reporting. Also during this reporting period, 9 women gave birth; 7 newborns were drug free, 1 was non-drug free, and 1 had a trace of a controlled substance in their blood. A trace is defined as an amount of a substance that is insufficient to cause the individual to return to court on a probation violation, but is enough of a substance to authorize removal from parental control.

In 2000, the Post-natal caseload DPO supervised 60 parenting women. During this reporting period, 48 completed the program, 10 were returned to court and ordered into a residential treatment program, and 2 were terminated for non-compliance.

SIGNIFICANT FINDINGS

A comparative analysis was conducted between the reporting year (2000) and previous year (1999) to determine significant trends. The following areas were analyzed:

- Incidents of child abuse referrals by classification (adult and juvenile)
- Incidents of child abuse referrals by age group (adult and juvenile)
- Adult caseloads by area office (regional)
- Child abuse case referrals by ethnicity (adult and juvenile)

CHILD ABUSE REFERRALS - ADULT

- 16.7% decrease (6 to 5) in Physical Abuse referrals
- 150% increase (20 to 50) in General Neglect referrals
- 66.6% decrease (3 to 1) in Caretaker Absence referrals
- 26.7% decrease (15 to 11) in Severe Neglect referrals
- 7.59% decrease (795 to 735) in Sexual Abuse referrals
- Sexual Abuse represented 735 of 826 (88.9%) referrals in 2000
- 3.56% decrease overall (856 to 826) from 1999 to 2000

CHILD ABUSE REFERRALS - JUVENILE

- 147.5% increase (4 to 63) in Physical Abuse referrals
- 51.4% increase (416 to 630) in Sexual Abuse referrals
- 471.4% increase (7 to 40) in General Neglect referrals
- 66.69% increase (3 to 5) in Exploitation referrals
- 100% decrease (1 to 0) in Caretaker Absence referrals
- 70.4% increase overall (433 to 738) from 1999 to 2000

CHILD ABUSE REFERRALS BY AGE - ADULT

- 0% increase (51 to 51) in adults under age 20
- 8.1% decrease (149 to 137) in adults, ages 20-24
- 12.3% decrease (122 to 107) in adults, ages 25-29
- 10.4% decrease (134 to 120) in adults, ages 30-34
- 7.8% decrease (151 to 140) in adults, ages 35-39
- 13.9% decrease (101 to 87) in adults, ages 40-44
- 14.8% increase (61 to 70) in adults, ages 45-49
- 22.6% increase (93 to 114) in adults over age 50

CHILD ABUSE REFERRALS BY AGE - JUVENILE

- 100% increase (14 to 28) in juveniles under age 11
- 75% increase (16 to 28) in juveniles age 11
- 74.1% increase (27 to 47) in juveniles age 12
- 44.8% increase (67 to 97) in juveniles age 13
- 71.6% increase (67 to 115) in juveniles age 14
- 118.8% increase (64 to 140) in juveniles age 15
- 77% increase (74 to 131) in juveniles age 16
- 241.2% increase (34 to 116) in juveniles over age 17

ADULT CHILD ABUSE CASELOADS BY AREA OFFICE (AO)

- 45.8% increase (107 to 156) at the Foothill AO
- 29.1% increase (86 to 111) at the Harbor AO
- 21.1% increase (114 to 138) at the San Gabriel Valley AO
- 20.4% increase (250 to 301) at the Crenshaw AO
- 19.7% increase (66 to 79) at the Santa Monica AO
- 17.8% increase (107 to 126) at the South Central AO
- 13.3% increase (113 to 128) at the Centinela AO
- 11.7% increase (111 to 124) at the Long Beach AO
- 9.8% increase (153 to 168) at the Firestone AO
- 5.2% increase (135 to 142) at the Pomona Valley AO

CHILD ABUSE REFERRALS BY ETHNICITY - ADULT

- 100% increase (10 to 20) involving adults of other ethnicity
- 100% decrease (2 to 0) involving adult American Indians
- 41.7% decrease (12 to 7) involving adults of Unknown ethnicity
- 13.3% decrease (15 to 13) involving adult Asian/Pacific Islanders
- 11.4% decrease (185 to 164) involving adult African Americans
- 4.7% decrease (148 to 141) involving adult Whites
- No change from 1998 to 1999 (511 to 511) involving adult Latinos
- Adult Latinos represent 59.7% (511 of 856) of all adult referrals in 1999

CHILD ABUSE REFERRALS BY ETHNICITY - JUVENILE

- 54.5% increase (11 to 17) involving juveniles of other ethnicity
- 174.6% increase (75 to 206) involving juvenile African Americans
- 47.7% increase (279 to 412) involving juvenile Latinos
- 42.2% increase (64 to 91) involving juvenile Whites
- 900% increase (1 to 10) involving juvenile Asian/Pacific Islanders
- 100% increase from (1 to 2) involving juvenile American Indians

Figure 1

ETHNICITY OF JUVENILES UNDER SUPERVISION FOR CHILD ABUSE OFFENSES

ETHNICITY	TOTAL	PERCENT
African American	231	29.5
American Indian	0	0
Asian/Pacific Islander	10	1.3
Latino	432	55
White	90	11.5
Others	21	2.7
Total	784	100.0

Figure 2

ETHNICITY OF ADULTS UNDER SUPERVISION FOR CHILD THREAT OFFENSES IN 2000

ETHNICITY	TOTAL	PERCENT
African American	409	17.8
American Indian	4	0.2
Asian/Pacific Islander	57	2.5
Latino	1,191	51.8
White	555	24.1
Other	64	2.8
Unknown	21	0.9
Total	2,301	100.0

Figure 3

CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2000

OFFENSE TYPE	JUVENILE	PERCENT	ADULT	PERCENT	TOTAL
Physical Abuse	63	9	5	0.6	68
Sexual Abuse	630	85	735	88.9	1365
Exploitation	5	.6	24	2.9	29
General Neglect	9	1.2	50	6.1	59
Caretaker Absence	0	0	1	0.1	1
Severe Neglect	31	4.2	11	1.3	42
Total	738	100.0	826	100.0	1564
Percent	47		53		100.0

Figure 4

ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2000

By Area Office and Gender

AREA OFFICE	MALE	FEMALE	TOTAL
Central Adult Investigation	198	25	223
County Parole	20	1	21
East San Fernando Valley ¹	123	6	29
East San Fernando Valley AV	15	2	17
East San Fernando Valley VL	6	0	6
Foothill	39	2	41
Harbor	59	1	60
Long Beach	57	0	57
Pomona Valley	31	1	32
Rio Hondo	71	1	72
San Gabriel Valley	41	1	42
Santa Monica	60	3	63
South Central	61	2	63
Total	781	45	826
Percent	94.6	5.4	100.0

¹ East San Fernando Valley Area Office also covers the Santa Clarita and Antelope Valleys.
 Figure 4 reflects the number of adult defendants, By area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2000.

Figure 5

JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2000

By Area Office and Gender

AREA OFFICE	MALE	FEMALE	TOTAL
Antelope Valley	19	0	19
Camp Holton	2	0	2
Camp Kilpatrick	2	0	2
Camp Louis Routh	1	0	1
Camp Miller	2	0	2
Camp Scudder	14	0	14
Camp Headquarters	7	0	7
Centinela	46	2	48
Crenshaw	90	6	96
Dorothy Kirby Center	3	0	3
East Los Angeles	19	0	19
Firestone	27	3	30
Foothill	31	2	33
Harbor	27	1	28
Kenyon Juvenile Justice Ctr.	33	1	34
Long Beach	15	0	16
North Hollywood	59	1	60
Northeast Juvenile Justice Ctr	27	1	28
Pomona Valley	39	0	39
Rio Hondo	83	7	90
San Gabriel Valley	62	5	67
Santa Monica	19	1	20
South Central	54	0	54
Sylmar	13	0	13
Valencia	9	0	9
Van Nuys	4	0	4
Total	708	30	738
Percent	95.9	4.1	100.0

Figure 5 reflects the number of juveniles, by area office and gender, referred to the Probation Department for investigation of child abuse offenses during 2000.

Figure 6

ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2000

By Age and Ethnicity

ETHNICITY	Under							50 and	Total
	20	20-24	25-29	30-34	35-39	40-44	45-49	Over	
African American	7	31	23	16	25	17	12	12	143
American Indian	0	0	0	0	0	0	0	1	1
Asian/Pacific Islander	2	2	0	0	3	2	2	1	12
Latino	35	88	72	83	78	50	29	5	491
White	7	14	9	17	29	17	26	43	162
Other	0	0	3	3	4	1	1	1	13
Unknown	0	2	0	1	1	0	0	0	4
Total	51	137	107	120	140	87	70	114	826
Percent									100.0

Figure 6 reflects the number of adult referrals, by age and ethnicity, received by the Probation Department for child abuse offenses in 2000.

Figure 7

JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 2000

By Age and Ethnicity

ETHNICITY	Under								18 and	Total
	11	11	12	13	14	15	16	17	Over	
African American	9	10	10	43	33	31	35	29	6	206
American Indian	0	0	0	0	0	0	0	2	0	2
Asian/Pacific Islander	0	0	1	0	5	2	0	2	0	10
Latino	16	12	25	41	59	94	82	59	24	412
White	1	3	11	10	16	11	11	23	5	91
Other	2	3	0	3	2	2	3	1	1	17
Total	28	28	47	97	115	140	131	116	36	738
Percent	4	4	6	13	16	19	17	16	5	100

Figure 7 reflects the number of juvenile referrals by age and ethnicity received by the Probation Department for child abuse offenses in 2000.

Figure 8

ADULT CHILD THREAT (C/T) WORKLOAD PER AREA OFFICE AS OF DECEMBER 2000

AREA OFFICE	Number of Defendants	Number of Defendants on C/T Caseloads	Number of C/T DPOs
Centinela	150	128	2
Centinela	141	139	2
Crenshaw	333	333	5
East Los Angeles	129	129	2
E. San Fernando Valley	202	202	2
Firestone	153	153	3
Foothill	178	178	2
Harbor	109	109	2
Long Beach	220	220	2
Pomona Valley	164	164	2
Rio Hondo	128	127	4
San Gabriel Valley	150	150	2
Santa Monica	93	93	1
South Central	122	122	2
Total	2,301	2,298	34

Figure 9

ADULT CHILD ABUSE OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 2000

By Age and Ethnicity

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50 and Over	Total
African American	10	77	63	63	63	57	35	41	409
American Indian	0	1	0	0	0	1	0	2	4
Asian/Pacific Islander	1	10	5	7	11	5	6	12	57
Latino	23	262	228	196	161	128	80	113	1,191
White	3	63	57	17	100	64	58	133	555
Other	0	6	6	11	5	11	9	5	53
Unknown	0	3	3	4	3	4	0	4	21
Total	38	423	365	364	345	271	185	310	2,301
Percent	1.65	18.38	15.86	15.82	14.99	11.78	8.04	13.47	100.0

Figure 9 reflects the number of adult cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2000.

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Figure 10

JUVENILE CHILD ABUSE OFFENSE SUPERVISION CASES AS OF DECEMBER 2000

By Age and Ethnicity

ETHNICITY	Under 11	11	12	13	14	15	16	17	18 and Over	Total
African American	2	0	5	15	21	31	39	34	84	231
Asian/Pacific Islander	0	0	0	0	5	3	2	0	0	10
Latino	1	3	12	19	39	51	56	71	180	432
White	0	2	4	4	11	11	6	16	36	90
Other	0	1	0	0	6	1	2	4	5	19
Unknown	0	0	0	0	0	0	0	0	2	2
Total	3	6	21	38	82	97	105	125	307	784
Percent	0.4	0.8	2.7	4.8	10.5	12.4	13.4	15.9	39.2	100.0

Figure 10 reflects the number of juvenile supervision cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 2000.

Figure 11

**2000 CHILD ABUSE OFFENSE GRANTS OF PROBATION BY AREA OFFICE
ADULT AND JUVENILE**

AREA OFFICE	ADULTS	JUVENILES	TOTAL
Antelope Valley	10	10	20
Camp Headquarters	0	9	9
Central Adult Investigation	9	0	9
Centinela	16	12	28
Crenshaw	46	41	87
East Los Angeles	8	11	19
East San Fernando Valley	39	0	39
East San Fernando Valley VL	5	3	8
Firestone	19	9	28
Foothill	21	11	32
Harbor	7	15	22
Kenyon Juvenile Justice Center	0	16	16
La Madera	5	0	5
Long Beach	20	7	27
North Hollywood	0	14	14
Northeast Juvenile Justice Center	0	12	12
Pomona Valley	9	10	19
Rio Hondo	16	35	51
San Gabriel Valley	14	38	52
Santa Monica	15	3	18
South Central	13	14	27
Van Nuys	0	5	5
Total	272	275	547
PERCENT	49.7	50.3	

ICAN DATA ANALYSIS REPORT FOR 2001



Of the 826 Child Abuse referrals received by the Adult Bureau in 2000, 272 (33%) 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 738 Juvenile Child Abuse offense referrals received in 2000, 275 (37.2%) offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Youth Authority, found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.

ADULT SUPERVISION CASES BY SUPERVISION AREA OFFICE AND PROBATIONER ZIP CODE*

CENTINELA	CASES	CRENSHAW	CASES
90003	2	10466	1
90006	1	17019	1
90007	1	20017	1
90011	1	30339	1
90043	9	38109	1
90044	26	75040	1
90045	3	76110	1
90047	11	80013	1
90059	1	89103	1
90062	1	89115	1
90220	3	90002	1
90245	3	90003	3
90247	8	90004	18
90249	10	90005	10
90250	20	90006	21
90260	3	90007	15
90262	1	90008	5
90301	11	90011	3
90302	3	90012	6
90303	6	90013	1
90304	8	90014	2
90305	4	90015	4
90501	1	90016	18
90806	1	90017	8
90813	1	90018	22
92404	1	90019	18
93550	1	90020	4
TOTAL CASES	141	90022	1
		90025	1



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90026	20	94553	1
90027	5	94606	1
90028	12	97006	1
90029	8	TOTAL CASES	325
90031	1		
90034	1	EAST LOS ANGELES	CASES
90036	3	45209	1
90037	30	90011	1
90038	12	90019	1
90039	1	90022	21
90043	2	90023	12
90044	1	90031	7
90046	1	90032	6
90057	12	90033	7
90061	1	90040	3
90062	10	90044	1
90065	1	90063	17
90068	1	90201	2
90250	1	90601	1
90255	2	90605	1
90501	1	90640	15
90802	1	90660	2
91103	1	90723	1
91107	1	91731	2
91204	1	91740	1
91505	1	91754	3
91601	1	91755	1
91602	1	91770	6
91606	1	91776	6
91706	1	91801	7
91723	1	91803	4
91730	1	TOTAL CASES	129
91764	1		
91770	1	EAST SAN FERNANDO	
92019	1	VALLEY	CASES
92028	1	84097	1
92551	1	90016	2
92676	1	90018	1
92683	1	90032	1
92832	1	90265	1
93021	1	90290	1
93065	1	91107	1

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91301	1	94903	1
91302	1	TOTAL CASES	197
91303	3		
91304	3	EAST SAN FERNANDO	
91306	15	ANTELOPE VALLEY	CASES
91311	2	85213	1
91324	1	90073	1
91325	5	90249	1
91326	1	91331	2
91331	20	91342	1
91335	16	91403	1
91340	1	91764	1
91343	10	92621	1
91344	3	93225	1
91345	7	93410	2
91352	5	93534	14
91356	3	93535	25
91364	2	93536	10
91367	3	93539	2
91401	8	93543	5
91402	9	93550	34
91405	10	93551	2
91406	4	93552	4
91411	6	93553	1
91423	3	93560	2
91436	1	93591	3
91510	1	TOTAL CASES	114
91601	6		
91602	2	EAST SAN FERNANDO	
91605	9	VALENCIA	CASES
91606	11	90040	1
91607	3	90723	1
91763	1	91321	6
91786	1	91335	1
92804	1	91340	7
93010	2	91342	10
93063	1	91350	6
93065	1	91351	16
93460	1	91355	3
93534	1	91381	1
93535	1	91384	3
93550	2	91732	1
93552	1	93225	1



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93306	1	90065	8
93550	3	91001	13
TOTAL CASES	61	91010	1
		91011	3
FIRESTONE	CASES	91016	1
46902	1	91020	2
67210	1	91030	4
90001	12	91040	3
90002	14	91042	5
90003	17	91101	6
90007	1	91103	13
90011	28	91104	15
90016	2	91106	7
90018	1	91107	8
90044	4	91109	1
90058	3	91201	2
90059	9	91202	2
90061	5	91203	4
90062	1	91204	4
90201	19	91205	8
90221	1	91206	9
90240	1	91207	1
90255	1	91214	2
90262	21	91326	1
90270	2	91501	7
90280	2	91502	3
90706	1	91504	7
91732	1	91505	2
91766	1	91506	2
92281	1	91602	1
92404	1	91604	1
92706	1	91606	1
93550	1	91607	1
TOTAL CASES	153	91706	1
		91732	1
FOOTHILL	CASES	91733	1
52242	1	91791	1
90004	1	92314	1
90039	3	92324	1
90041	3	92546	1
90042	9	92690	1
90062	1	92822	1

ICAN DATA ANALYSIS REPORT FOR 2001

93550	1	LONG BEACH	CASES
98042	1	58103	1
TOTAL CASES	177	77373	1
		84074	1
HARBOR	CASES	86413	1
70056	1	90011	1
84054	1	90027	1
90044	1	90047	1
90247	1	90061	1
90248	2	90221	1
90250	2	90280	1
90254	1	90504	1
90260	1	90505	1
90266	3	90621	2
90271	1	90626	1
90274	3	90630	1
90275	4	90650	1
90277	9	90706	2
90278	7	90710	2
90501	8	90712	4
90502	5	90713	5
90503	8	90715	1
90504	6	90716	1
90505	3	90723	1
90604	1	90731	4
90710	4	90732	1
90717	11	90744	9
90731	4	90745	2
90732	2	90801	2
90744	9	90802	19
90813	1	90803	7
91740	1	90804	15
91752	1	90805	33
92377	1	90806	18
92530	1	90807	6
92604	1	90808	1
92646	1	90810	11
92684	1	90812	1
93065	1	90813	28
TOTAL CASES	107	90814	2
		90815	4
		92028	1



PROBATION DEPARTMENT

92104	1	91766	29
92405	1	91767	11
92557	1	91768	14
90562	1	91770	1
92585	1	91773	3
92627	1	91786	2
92638	1	91789	5
92647	1	92028	1
92648	1	92262	1
92649	1	92335	3
92677	1	92337	1
92801	1	92370	1
92802	1	92376	4
92841	2	92404	1
92867	1	92408	1
92868	1	92544	1
98532	1	92648	1
TOTAL CASES	215	92805	1
		92833	2
POMONA VALLEY	CASES	92840	1
90011	1	92882	1
90026	1	96734	1
90046	1	TOTAL CASES	163
90262	1		
90288	1	RIO HONDO	CASES
90304	1	90007	1
90660	1	80240	5
91701	2	90241	9
91706	1	90242	5
91709	2	90255	1
91711	6	90601	3
91722	8	90602	5
91723	4	90603	2
91724	3	90604	11
91740	6	90605	7
91741	1	90606	2
91745	1	90631	4
91750	19	90638	5
91760	1	90650	18
91761	4	90660	7
91762	5	90670	4
91763	3	90701	5
91765	4	90703	2

ICAN DATA ANALYSIS REPORT FOR 2001

90706	12	SAN GABRIEL VALLEY	CASES
90712	1	87108	1
90715	3	90604	1
90716	1	90716	1
90805	2	91006	4
91709	1	91007	1
91720	1	91010	4
91746	1	91016	3
92265	1	91702	12
92392	1	91706	14
92553	1	91713	1
92655	1	91731	12
92656	1	91732	21
92802	1	91733	7
92869	1	91734	1
93550	1	91744	26
TOTAL CASES	126	91745	3
		91746	6
SOUTH CENTRAL	CASES	91748	8
90001	1	91755	1
90011	1	91770	4
90015	1	91775	1
90017	1	91780	2
90043	1	91790	4
90057	1	91791	3
90059	2	91792	4
90201	3	91801	2
90220	10	92405	1
90221	11	92509	1
90222	10	TOTAL CASES	149
90242	1		
90262	17		
90280	26		
90292	1		
90717	1		
90723	11		
90745	14		
90746	5		
90806	1		
90813	1		
91335	1		
TOTAL CASES	121		



PROBATION DEPARTMENT

SANTA MONICA	CASES			
		93063		1
34145	1	93535		1
45081	1	94086		1
78244	1	95820		1
85234	1	98029		1
89107	1	TOTAL CASES		93
90010	1			
90020	1	REPORT TOTAL	2271	
90024	1			
90025	5			
90029	1			
90034	10			
90035	2			
90036	2			
90045	6			
90046	1			
90048	2			
90064	1			
90066	11			
90069	2			
90212	1			
90230	5			
90232	5			
90250	1			
90265	1			
90290	1			
90291	2			
90292	2			
90401	1			
90402	1			
90404	4			
90405	3			
91301	1			
91302	1			
91362	2			
91377	1			
91405	1			
91604	1			
92211	1			
92264	1			
92660	1			
93030	1			

GLOSSARY OF TERMS

Adjudication - that part of the juvenile court process focused on whether the allegations or charges facing a juvenile are true; similar to trial in adult court

Adult - a person 18 years of age or older

Bench Officer - a judicial hearing officer (appointed or elected) such as a judge, commissioner, referee, arbitrator, or umpire, presiding in a court of law and authorized by law to hear and decide on the dispositions of cases

California Youth Authority (CYA) - the most severe sanction available to the juvenile court among a range of dispositional outcomes; it is a state run confinement facility for juveniles who have committed extremely serious or repeat offenses and/or have failed county-level programs, and require settings at the state level; CYA facilities are maintained as correctional schools and are scattered throughout the state

Camp Community Placement - the next severest sanction, after CYA, available to the juvenile court at a disposition hearing; a minor is placed in one of 19 secure or non-secure structured residential camp settings run by the Probation Department throughout the County (see Residential Treatment Program)

Case Closing /Dismissal - the court's declaration that good cause for any jurisdiction over a particular case does not, or no longer exists

Caseload - the total number of adult/juvenile clients or cases on probation, assigned to an adult or juvenile Deputy Probation Officer; caseload size and level of service is determined by Department policy

Child Abuse - any form of deliberate injury to a child's physical, moral or mental well-being (i.e., unlawful corporate punishment or physical injury inflicted on a child, or the willful cruelty or unjustifiable punishment, or sexual abuse, or neglect of a child)

Child Threat (CT) Caseload - a specialized caseload supervised by a CT Deputy Probation Officer consisting of adults on formal probation for child abuse offenses or where there is reason to believe that defendant's (violent, drug abusing or child molesting) behavior may pose a threat to a child; Department service standards require close monitoring of a defendant's compliance with court orders to ensure both the child's and parents' safety

Compliance - refers to the offender following, abiding by, and acting in accordance with the orders and instructions of the court as part of his/her effort to cooperate in his/her own rehabilitation while on probation (qualified liberty) given as a statutory act of clemency

Conditions of Probation - the portion of the court ordered sentencing option which imposes obligations on the offender; may include restitution, fines, community service, restrictions on association, etc.

Controlled Substance - A drug, substance, or immediate precursor which is listed in any schedule in Health and Safety Code Sections 11054, 11055, 11056, 11057, or 11058

Court Orders - list of terms and conditions to be followed by the probationer, or any instructions given by the court Crimean act or omission in violation of local, state or federal law

forbidding or commanding it, and made punishable in a legal proceeding brought by a state or the US government

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

Defendant - the subject of a case, accused/convicted of a crime, before a criminal court of law

Deferred Entry of Judgment - refers to a sentencing option that allows the court to place an "eligible" offender on probation for a specified period (12 to 36 months for juveniles without allegations sustained at adjudication; 18 to 36 months for adults who plead guilty to the charge or charges); successful completion of supervision program requirements dismisses the charges, and failure may resume court proceedings to make a motion to enter judgment

Delinquent - a minor who violates some law, offense, or ordinance defining crime, or violates a court order of the juvenile court, and comes under the jurisdiction of the juvenile court per section 602 of the Welfare and Institutions Code

Disposition - (court) the judgment rendered to dispose a case as a result of an appearance in a court of law by an accused offender; the court dismisses or acquits cases, passes sentence, extends clemency, grants formal or informal probation, makes related orders, and transfers cases

Diversion - the suspension of prosecution of "eligible" (youthful, first, or non-criminal oriented) offenders in which a criminal court determines the offender suitable for diverting out of further criminal proceedings and directs the defendant to seek and participate in community-based education, treatment or rehabilitation programs prior to and without being convicted, while under the supervision of the Probation Department; program success dismisses the complaint, while failure causes resumption of criminal proceedings

DPO - Deputy Probation Officer - a peace officer who performs full case investigation functions and monitors probationer's compliance with court orders, keeping the courts apprised of probationer's progress by providing reports as mandated

Drug Abuse - the excessive use of substances (pharmaceutical drugs, alcohol, narcotics, cocaine, generally opiates, stimulants, depressants, hallucinogens) having an addictive-sustaining liability, without medical justification

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

High Risk - a classification referring to potentially dangerous, criminally oriented probationers who are very likely to violate conditions of probation and pose a potentially high level of peril to victims, witnesses and their families or close relatives; usually require in-person contacts and monitoring participation in treatment programs

Informal Probation

Juvenile -a six-month probation supervision program for minors opted by the DPO fol-

lowing case intake investigation of a referral, or ordered by the juvenile court without adjudication or declaration of wardship; it is a lesser sanction and avoids formal hearings, conserving the time of the DPO, court staff and parents and is seen as less damaging to a minor's record

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

Investigation - the process of investigating the factors of the offense(s) committed by a minor/adult, his/her social and criminal history, gathering offender, victim and other interested party input, and analyzing the relevant circumstances, culminating in the submission of recommendations to the court regarding sanctions and rehabilitative treatment options

Judgment - the official, recorded judicial decision of a court on a case to be disposed of

Juvenile - a person who is a minor by virtue of his/her being under the age of legal consent (18 years)

Juvenile Court - a department of the LA County Superior Court which has special jurisdiction (of a paternal nature) over, and hears cases involving, juveniles; including delinquent, status offender, dependent and neglected children

Minor - a person under the age of legal consent (18 years)

Narcotic Testing - the process whereby a probationer must submit, by court order, to a drug test as directed, to detect and deter controlled substance abuse

Pre-Sentence Report - a written report made to the adult court by the DPO and used as a vehicle to communicate a defendant's situation and the DPO's recommendations regarding sentencing and treatment options to the judge prior to sentencing; becomes the official position of the Probation Department

Probation Grant - the act of bestowing and placing offenders (adults convicted of a crime and juveniles with allegations sustained at adjudication) on formal probation by a court of law and charging Probation with their supervisory care to ensure the fulfillment of certain conditions of behavior

Probation Violation - when the orders of the court are not followed or the probationer is re-arrested and charged with a new offense

Probationer - minor or adult under the direct supervision of a Deputy Probation Officer, usually with instructions to periodically report in as directed

Referral - the complaint against the juvenile from law enforcement, parents or school requesting Probation intervention into the case, or a criminal court order directing Probation to perform a thorough investigation of a defendant's case following conviction, and present findings and recommendations in the form of a pre-sentence report

Residential Treatment Program - This program is also referred to as the Camp Community Placement program. It provides intensive intervention in a residential setting over an average stay of 20 weeks. The goal of the program is to reunify the minor and family, to reintegrate the minor into the community, and to assist the minor in achieving a productive, crime free life. Reducing the incidence and impact of crime in the community is

the fundamental objective of the Residential Treatment Services Bureau's camp program.

The Camp Community Placement program is an intermediate sanction alternative to probation in the community and incarceration in the California Youth Authority. Upon commitment by the court, a minor receives a structured work experience, vocational training, education, specialized tutoring, athletic participation, various kinds of social enrichment, and ongoing health, educational and family assessments that allow treatment tailored to meet the minor's needs. Each of the 14 camps affords enhancement components tailored to its population and purpose.

The camps house approximately 2,200 minors per day. Many allow camp minors to collaborate with local citizens, as well as public and private agencies. Among these community-building programs are the Amer-I-Can Program, the Literacy Project, Operation Read, the Honors Drama Ensemble, Gangs for Peace, Bridge to Employment, Young Men as Fathers (L.A. Dads). (See Camp Community Placement)

Sanction - that part of law which is designed to secure enforcement by imposing a penalty for its violation

Sentence - the penalty imposed by the court upon a convicted defendant in a criminal judicial proceeding or upon a delinquent juvenile with allegations found true in juvenile court; penalties imposed may be county jail or prison for the defendant, or residential camp placement or CYA commitment for a juvenile

Substance Abuse - see Drug Abuse - the non-medical use of a substance for any of the following reasons: psychic effect, dependence, or suicide attempt/gesture. For purposes of this glossary, non-medical use means:

- § use of prescription drugs in a manner inconsistent with accepted medical practice
- § use of over-the-counter drugs contrary to approved labeling; or
- § use of any substance (heroin/morphine, marijuana/hashish, peyote, glue, aerosols, etc.) for psychic effect, dependence, or suicide

Trace - an amount of substance found in a newborn or parent that is insufficient to cause a parent to return to court on a probation violation, but is enough to authorize removal of a child from parental control

Unfit - a finding by a juvenile fitness hearing court that a minor was found to be unfit for juvenile court proceedings, and that the case will be transferred to adult court for the filing of a complaint; juvenile in effect will be treated as an adult

Victim - an entity or person injured or threatened with physical injury, or that directly suffers a measurable loss as a consequence of the criminal activities of an offender, or a "derivative" victim, such as the parent/guardian, who suffers some loss as a consequence of injury to the closely related primary victim, by reason of a crime committed by an offender





DEPARTMENT OF JUSTICE



TOMMY E.
VILLAGE GLEN

DEPARTMENT OF JUSTICE

CHILD ABUSE PROGRAM

FACT SHEET FOR CHILD PROTECTION PROGRAM

Each year in California, approximately 42,000 child abuse investigation reports are submitted to the Child Abuse Central Index (CACI). CACI is a statewide, multi-jurisdictional, centralized index of child abuse investigation reports submitted by authorized investigating agencies, i.e., police or sheriff's departments, county welfare departments and county probation departments. These reports pertain to incidents in which physical abuse, sexual abuse, emotional abuse, and/or severe neglect is alleged. Each investigating agency is required by law to forward a report of every child abuse incident it investigates to the Department of Justice, unless an incident is determined to be unfounded or involves general neglect only.

INFORMATION ON FILE

Information on file includes:

- The date of report.
- The agency that investigated the incident.
- The number or name assigned to the case by the agency investigating the reported incident.
- The victim's name and age
- The names and physical descriptors of suspect(s) listed on reports.
- The type of abuse investigated.
- The investigator findings for the incident.

SERVICE PROVIDED BY PROGRAM

- Provides information on an expedited basis to agency investigators on suspects involved in current child abuse investigations who were involved in prior incidents of suspected child abuse.

- Cross-checks all child abuse investigation reports submitted to the Department of Justice against the Child Abuse Central Index to identify prior reports of child abuse involving listed suspects.
- Searches the names of applicants for child care service licenses, employment and adoption submitted to the Department of Justice against the Child Abuse Central Index to identify prior reports of child abuse which might result in disqualification from licensing and adoption.
- Contacts licensing agencies when the Department of Justice receives Child Abuse Investigation Reports involving licensees
- Searches the names of individuals in the Child Abuse Central Index for the placement of children and potential guardians.
- Conducts statewide training sessions of child abuse reporting requirements for child protective agencies.

ACCESS TO FILES

Information from the Child Abuse Central Index may be provided to authorized investigating agencies, i.e., police or sheriff's departments, county welfare departments and county probation departments. In addition, Index information, as specified under the Child Abuse and Neglect Reporting Act, may be provided to District Attorney Offices, court investigators, and the State Department of Social Services in the review of applicants for adoption, licensing or employment in child care facilities and TrustLine Registry Program.



DATE PROGRAM ESTABLISHED

Child Abuse Central Index - 1965

LEGAL AUTHORITY

Child Abuse and Neglect Reporting Act, California Penal Code (PC) Sections 11164 through 11174.5. Sections 11169 PC and 11170 PC pertain to authorized investigating agencies, i.e., police or sheriff's departments, county welfare departments and county probation departments, reporting to DOJ and the dissemination of information from CACI to authorized agencies.

INVESTIGATION REPORTS

Refer to Figure 11-1.

FOR INQUIRIES

California Department of Justice
 Bureau of Criminal Information and Analysis
 ATTN: Child Protection Program
 P.O. Box 903387
 Sacramento, CA 94203-3870
 (916) 227-3285

Figure 1

CHILD ABUSE INVESTIGATION REPORTS

Entered in the Automated Child Abuse System

Types of Abuse	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Physical	29,391	31,527	30,815	30,766	27,085	26,709	24,113	21,318	21693	19751
Sexual	19,577	21,603	20,731	20,151	15,487	14,491	12,217	9,851	10552	9404
Neglect/Mental	4,929	5,430	5,517	5,666	5,744	6,619	6,501	9,490	11394	11573
Other	231	93	0	0	0	0	N/A	N/A	N/A	N/A
TOTALS	54,128	58,653	57,063	56,583	48,316	47,819	42,831	40,664	43639	40728

Approximate number of available reports in the Child Abuse Central Index as of March 23, 2001

Cases: 818,206
 Suspect names: 870,320
 Victim names: 1,087,161

**Starting in 1995 the, statistics are based on "date of report" rather than "date of entry"*

Effective January 1, 1998, pursuant to Penal Code Section 11170 9a)(3), the Department of Justice commenced the monthly purge of Child Abuse Investigation Reports. If the child abuse report is: 1) unsubstantiated/inconclusive, 2) more than ten years old; and 3) the suspect in the report is not linked to a more recent report, then the report is purged.

Figure 2

CHILD ABUSE INVESTIGATION REPORTS

Entered in the Automated Child Abuse System

County	Total	Physical	Mental	Neglect	Sexual	Deaths
Alameda	762	442	21	15	284	2
Alpine	1	1	0	0	0	0
Amador	4	2	1	0	1	0
Butte	618	328	112	11	167	0
Calaveras	32	21	3	1	7	0
Colusa	1	1	0	0	0	0
Contra Costa	568	331	93	38	106	3
Del Norte	63	31	14	11	7	0
El Dorado	98	57	14	2	25	0
Fresno	527	282	61	29	155	0
Glenn	89	41	16	10	22	0
Humboldt	269	174	26	2	67	0
Imperial	113	57	29	12	15	0
Inyo	83	32	30	7	14	0
Kern	1,021	662	138	41	180	2
Kings	200	126	16	5	53	0
Lake	66	35	5	2	24	0
Lassen	44	31	1	0	12	0
Los Angeles	6,146	3,276	876	147	1,847	4
Madera	314	174	65	13	62	0
Marin	70	39	8	1	22	0
Mariposa	7	3	3	0	1	0
Mendocino	295	174	63	12	46	0
Merced	178	84	19	9	66	0
Modoc	20	11	4	0	5	0
Mono	11	6	3	0	2	0
Monterey	293	165	32	1	95	1
Napa	145	109	3	0	33	0
Nevada	73	36	22	5	10	0
Orange	7,864	2,957	3,346	165	1,396	3
Placer	382	165	151	19	47	1
Plumas	63	41	3	7	12	0
Riverside	2,059	1,069	350	155	485	1
Sacramento	2,746	1,579	384	175	608	1
San Benito	139	93	25	1	20	0



Figure 2 (cont.)

CHILD ABUSE INVESTIGATION REPORTS

Entered in the Automated Child Abuse System

County	Total	Physical	Mental	Neglect	Sexual	Deaths
San Bernardino	2,449	1,195	261	173	820	4
San Diego	6,167	2,431	2,704	143	889	5
San Francisco	158	86	7	2	63	0
San Joaquin	487	297	38	22	130	0
San Luis Obispo	344	155	110	12	67	0
San Mateo	380	209	41	12	118	0
Santa Barbara	828	299	286	155	88	0
Santa Clara	687	338	81	32	236	0
Santa Cruz	239	105	41	12	81	0
Shasta	392	216	21	87	68	0
Sierra	1	1	0	0	0	0
Siskiyou	46	17	5	3	21	0
Solano	325	180	16	13	116	1
Sonoma	469	255	49	17	148	0
Stanislaus	381	183	13	12	173	1
Sutter	47	24	16	0	7	0
Tehama	13	9	0	0	4	0
Trinity	3	2	0	0	1	0
Tulare	212	102	11	8	91	2
Tuolumne	126	64	41	5	16	0
Ventura	1,386	822	246	23	295	3
Yolo	110	61	6	5	38	0
Yuba	114	65	10	1	38	0
TOTALS*	40,728	19,751	9,940	1,633	9,404	34

**2000 reports (by Date of Report) entered as of 3/26/2001*

GLOSSARY OF TERMS

ACAS - Automated Child Abuse System. The mainframe database that contains the Child Abuse Investigation Reports submitted by authorized investigating agencies.

Authorized Investigating Agencies - Agencies that investigate reports of suspected child abuse, i.e., police or sheriff's departments, county welfare departments and county probation departments, and report their findings to the Department of Justice.

CACI - Child Abuse Central Index. The common name for the ACAS, also known as the Index.

CPA - Child Protective Agency. Defined by Penal Code section 11165.9 as a police or sheriff's departments, a county probation department, or a county welfare department.





DEPARTMENT OF CORONER



RICKY S.
SUNRISE

DEPARTMENT OF CORONER

2000 ICAN REPORTED CASES

In 2000, 18,474 deaths were reported to the Los Angeles County Coroner. Of these cases, 9,166 were fully investigated and autopsied. Of the 9,166 cases, 619, or 6.75% of those deaths were child deaths where the decedent's age was 17 years or less. After a review of the cases based on

the ICAN established criteria, of the total child deaths reported, 254 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up.

This report represents the ICAN cases referred child deaths for the calendar year 2000.

Figure 1

CASE COMPARISON BY MODE OF DEATH, GENDER, ETHNICITY AND AGE

Total ICAN cases: 254

By Mode of Death:	Total cases	% of total
Accident	137	53.94
Homicide	35	13.78
Natural	0	0
Suicide	23	9.06
Undetermined	59	23.22
Unknown	0	0
Total	254	100%
By Gender	Total Cases	% of Total
Female	105	41.34
Male	149	58.66
Unknown	0	0
Total	254	100%
By Ethnicity	Total Cases	% of Total
Unknown	4	1.57
Asian	6	2.36
Black	69	27.17
Caucasian	48	18.90
Chinese	3	1.18
Filipino	4	1.57
Hispanic/Latin American	116	45.67
Korean	3	1.18
Vietnamese	1	.39
Total	254	100%



Figure 2

DEPARTMENT OF CORONER

Total ICAN cases: 254

Deaths by Age:	Total Cases	% of Total
Stillborn	35	13.78
1 day - 29 days	13	5.12
1 - 5 months	34	13.38
6 months - 1 year	33	12.99
2 years	20	7.87
3	13	5.12
4	14	5.51
5	12	4.72
6	2	.79
7	10	3.94
8	4	1.57
9	7	2.76
10	5	1.97
11	3	1.18
12	5	1.97
13	15	5.91
14	7	2.76
15	0	0
16	7	2.76
17	15	5.91
Total	254	100%



Figure 3

MODE OF DEATH: ACCIDENT

Total Accident Cases: 137

This section details the manner of death by Mode of Death; by Gender, by Ethnicity, by Age and by Cause of Death.

By Gender:	Total Cases	% of Total
Female	56	40.88
Male	81	59.12
Total	137	100%
By Ethnicity	Total Cases	% of Total
Asian	4	2.91
Black	34	26.28
Caucasian	25	18.25
Hispanic/Latin American	68	49.64
Korean	2	1.46
Vietnamese	1	.73
Unknown	3	2.19
Total	137	100%
By Age	Total Cases	% of Total
Stillborn	26	18.98
1 day - 29 days	2	1.46
1 - 5 months	3	2.19
6 months - 1 year	18	13.13
2 years	15	10.95
3	11	8.03
4	7	5.10
5	9	6.56
6	2	1.46
7	8	5.83
8	4	2.91
9	6	4.38
10	4	2.91
11	2	1.46
12	5	3.65
13	10	7.30
14	5	3.65
Total	137	100%



Figure 3 cont.

MODE OF DEATH: ACCIDENT

Total Accident Cases: 137

By Cause of Death	Total Cases	% of Total
Accident by Machinery	1	.73
Asphyxia	2	1.46
Asphyxia by food	1	.73
Auto Motorcycle Truck vs Ped	24	17.52
Auto vs auto,motorcyc,truck,van	20	14.60
Auto vs bicycle	4	2.92
Bath Tub Drowning	3	2.18
Blunt Force Injury	1	.73
Cocaine accident	5	3.65
Drowning Accident	1	.73
Drowning, ocean, spa, lake, Jacuzzi	5	3.65
Extreme Prematurity	1	.73
Intravenous Narcotism	1	.73
Loss Control auto, truck	1	.73
Multiple Drugs Accident	3	2.19
Other	49	35.76
Placenta Abruptio	1	.73
Poisoning	2	1.46
Swimming Pool Drowning	12	8.77
Total	137	100%



Figure 4

MODE OF DEATH: HOMICIDE

Total Homicide Cases: 35

By Gender:	Total Cases	% of Total
Female	20	57.14
Male	15	42.86
Total	35	100%

By Ethnicity	Total Cases	% of Total
Asian	1	2.85
Black	13	37.14
Caucasian	7	20
Chinese	1	2.85
Hispanic/Latin American	13	37.16
Total	35	100%

By Age	Total Cases	% of Total
Stillborn	2	5.71
1 day - 29 days	2	5.71
1 month - 5 months	6	17.14
6 months - 1 year	6	17.14
2	2	5.71
3	2	5.71
4	6	17.14
5	2	5.71
7	2	5.71
13	3	8.62
14	1	2.85
17	1	2.85
Total	35	100%

By Cause of Death	Total Cases	% of Total
Assault Abandonment of Child & Infant	2	5.71
Assault by Firearm	1	2.85
Assault by Gas	1	2.85
Assault by Hanging	2	5.73
Assault Child Abuse	3	8.57
Assault Unspecified	1	2.85
Drowning Undetermined	1	2.85
Lack of Air	1	2.85
Other	22	62.85
Pneumonia	1	2.85
Total	35	100%



Figure 5

MODE OF DEATH: SUICIDES

Total Suicide Cases: 23

By Gender:	Total Cases	% of Total
Female	7	30.43
Male	16	69.57
Total	23	100%
By Ethnicity	Total Cases	% of Total
Asian	1	4.35
Caucasian	7	30.43
Chinese	1	4.35
Filipino	1	4.35
Hispanic/Latin American	13	56.52
Total	23	100%
By Age	Total Cases	% of Total
13	1	4.34
14	1	4.34
16	7	30.43
17	14	60.87
Total	23	100%
By Cause of Death	Total Cases	% of Total
Carbon Monoxide	1	4.34
Drowning Suicide	1	4.34
Firearms, gunshot	10	43.38
Hanging - Suicide	10	43.38
Other	1	4.34
Total	23	100%

Figure 6

MODE OF DEATH: UNDETERMINED

Total Undetermined Cases: 59

By Gender:	Total Cases	% of Total
Female	22	37.29
Male	37	62.71
Total	59	100%
By Ethnicity	Total Cases	% of Total
Black	22	38.18
Caucasian	9	16.36
Chinese	1	1.81
Filipino	3	5.45
Hispanic/Latin American	22	36.39
Korean	1	1.81
Unknown	1	1.69
Total	59	100%
By Age	Total Cases	% of Total
Stillborn	7	11.86
1 day - 29 days	9	15.25
1 - 5 months	26	44.06
6 months - 1 year	8	13.55
2	3	5.08
4	1	1.69
5	1	1.69
9	1	1.69
10	1	1.69
11	1	1.69
13	1	1.69
Total	59	100%
By Cause of Death	Total Cases	% of Total
Cerebral Hemorrhage	1	1.69
Chorioamnionitis	1	1.69
Other	38	64.40
Extreme Prematurity	1	1.69
Intrauterine Pregnancy	1	1.69
Undetermined After Autopsy/Toxicology	11	18.64
Undetermined After Autopsy	5	8.47
Viral Myocarditis	1	1.69
Total	59	100%





COUNTY OF LOS ANGELES PUBLIC LIBRARY



TYRONE M. THAMES, JR.
LUGO

LOS ANGELES COUNTY PUBLIC LIBRARY

The Los Angeles County Public Library provides materials and programs to meet the recreational, cultural, informational and educational needs of adults and children throughout Los Angeles County. The Library has over six million items in its collection which are distributed throughout its 87 community libraries. The following statistics represent library usage by children in 2000: 87,021 registered for library cards; 6.6 million children's books were checked out; 109,710 children participated in early childhood education activities; 147,955 children attended school-age reading motivation programs; 205,110 children participated through classroom visits; and 128,280 children participated in vacation reading programs.

The Library provides information and referrals to individuals, adults and children, seeking to prevent or intervene in cases of child abuse. The Library also maintains community resource files and provides agency referrals to parents seeking assistance in locating social service agencies and child care resources.

Addressing the leaders of American education about the educational needs of the disadvantaged, the Business Advisory Commission of the Education Committee of the States made one major recommendation!

"Get it right the first time. Early education is far less costly than remedial education. Preventing students from dropping out is less costly than training dropouts. Preventing damage is far less costly than repairing it." (1985)

The Los Angeles County Public Library is committed to improving the quality of life of

children in Los Angeles County by providing educational opportunities and programs to help families "get it right the first time."

BEGIN AT THE BEGINNING WITH BOOKS

Begin at the Beginning With Books is a bilingual program in which library staff conducts weekly training sessions on site at selected public and non-profit prenatal clinics. The goal is to provide women with information regarding the importance of the development of pre-literacy skills for their babies and information on child health and safety. Project staff discusses such topics as:

- The importance of talking and playing with baby
- How to keep baby healthy
- Best foods for a growing baby
- Everyday routines to help your baby learn
- Calming a crying baby
- Nursery rhymes
- Songs and stories for baby
- Making your home safe for baby

The Library staff shares books, videos and information of interest to pregnant women, providing them with an opportunity to learn, discuss pregnancy, health and child rearing issues and to ask for specific information which may help them during their pregnancies and with their babies after birth. Clinic patients are introduced to resources available at their nearby public library and invited to become library users. The women and their significant others are also referred to local literacy programs.

After their babies are born, the mothers receive a congratulatory card from the Library and are invited to apply for their library card and to visit the library for baby reunions, where project staff provide further instruction on how to read and talk to a baby, how to use toys effectively, and how to identify other community resources available to help the mothers provide a good beginning for the new baby.

MEASURED RESULTS

(January - December, 2000)

- 5,870 adults participating in clinic sessions
- 2,425 children introduced to books at clinics
- 915 adults attended library sessions
- 1,405 children attended library sessions
- 33 % of clinic participants received library cards

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

FAMILY LITERACY

In addition to programs to support the general population, through its Families for Literacy Program, the Library supports the young children of parents participating in the Library's Literacy Program. In 2000, 1,108 adults and 1,448 children participated in programs to support reading in the home.

The Los Angeles County Public Library serves as an important partner in the area of prevention by providing families with opportunities and resources, enabling families to improve their quality of life.



DEPARTMENT OF MENTAL HEALTH



KEVIN S.
VILLAGE GLEN

DEPARTMENT OF MENTAL HEALTH

CHILDREN'S SYSTEM OF CARE

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

THE MISSION OF THE CHILDREN'S SYSTEM OF CARE

To enable children with emotional disorders to develop their capacities to function as individually appropriate.

To enable children with emotional and behavioral disorders to remain at home, succeed in school, and avoid involvement with the juvenile justice system.

How the CSOC fulfills its mission:

Maintains a planning structure regarding the direction of service development. Follows the System of Care Plan for Children and Families established through the planning process, as a guide for system of care development.

Manages a diverse continuum of programs that provide mental health care for children and families.

Promotes the expansion of services through innovative projects, interagency agreements, blended funding, and grant-proposals to support new programs.

Collaborates with the other public agencies, particularly the Department of Health Services (DHS), the Department of Children and Family Services (DCFS), the Probation Department, the County Office of Education (LACOE) Los Angeles Unified School District (LAUSD), and school districts.

Promotes the development of county and statewide mental health policy and legisla-

tion to advance the well being of children and families.

Whom the CSOC Serves:

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

The priority target population that the Rehabilitation Option Short-Doyle Medi-Cal community mental health providers serve have a DSM IV diagnosis, which has or will, without treatment, result in psychotic, suicidal or violent behavior or long-term impairment of functioning in home, community or school.

The CSOC Treatment Network:

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

In order to enhance the development of diverse programs and ensure the smooth delivery of services, the CSOC added a third Service Area Sector Chief who will be responsible for Sector III, Service Areas 6 and 8. The other Service Sectors consist of Sector I- Service Areas 1, 2, 4, and 5; and Sector II- Service Areas 3 and 7. In the near future, in order to balance the management distribution per Sector, a fourth Sector will be created by redistributing the number of Service Areas in Sector I.



The CSOC has several major program service categories:

Community Rehabilitation Option Mental Health Services, which include directly operated and contracted services: Outpatient, day care and case management services.

Practitioner Medi-Cal Outpatient Services which include psychological assessment and treatment, psychological testing, and medication support services provided by private practitioners that have contracts with the Department of Mental Health.

Countywide Case Management Program which provides system and individual case management services for children who are the joint responsibility of major publicly-funded agencies and are using the most restrictive and most costly levels of care.

Inpatient Psychiatric Hospital Care, which is provided by State hospitals, by Short-Doyle Medi-Cal County hospitals and contract hospitals, and by Fee-For-Service Medi-Cal private hospitals.

Institutional Services, which consist of mental health programs serving the Probation Department's juvenile halls and camps, The Interagency Consortium and MacLaren's Children Center.

Comprehensive Community Care Planning Process:

During FY 99-00, committees and task forces submitted recommendations and proposed a care-coordination model to support the development of a client-centered, family-focused, integrated mental health treatment system. Twenty-five milestones were established for reaching a Comprehensive Community Care System. Five issue-specific committees (CaWORKS, Care Coordination, Dual Diagnosis, Residential Continuum, Training and Cultural Competency), and two overarching committees (Structure, Implementation) were established. Each committee offered recommendations for transforming the current

DMH treatment system into a client/family-centered comprehensive community care delivery system.

Programs with Blended Funding:

The CSOC is able to expand existing mental health programs or establish new ones in collaboration with other county departments by sharing financial responsibility. Such blended-funding programs utilize various types of collaboration (e.g. matching funds, subcontracting or sharing staff).

LAUSD has become more integrated into the DMH system of care by expanding their clinic mental health services for Severely Emotionally Disturbed (SED) children throughout the district. It has established jointly staffed day treatment schools on existing campuses using its funding and by capturing new federal dollars through a contract with the DMH.

LAUSD maintains a Countywide School Mental Health Program with a Headquarters and two Satellite Centers. The latter program, referred to as the Designated Instructional Services Counseling Program provides outreach mental health services to 72 middle schools and 120 elementary classrooms for emotionally disturbed children. Any of LAUSD's 700 schools can refer a child to Headquarters or to a Satellite Center which will then send mental health staff to provide services at the referring school. Approximately 1500 children are served each month in this program. It is estimated that 20% of children in the public schools may need mental health services while they are students. An estimated 30% of LAUSD students who utilize these mental health programs are eligible for Medi-Cal.

Several school districts are expanding mental health services for outpatient and day-treatment services by providing the General Funds for a federal match. During FY 99-00, School Based-School Linked (SB/SL) services were established at the independent school sites at Lynwood

Unified, Compton Unified, and Paramount Unified school districts within Service Area 6. Contract mental health providers implemented on-site and off-site services that included the full range of mental health, case management and medication services. DMH's Children's Crisis Team (CCT) also worked in collaboration with the contract providers and schools to ensure a quick response to psychiatric emergencies. The CCT responded on several occasions to such emergencies. This collaboration has helped school districts to understand the interrelationship between academic success and good mental health.

Los Angeles County has 81 school districts. A primary goal of the Department of Mental Health is to implement integrated school-based mental health programs at each school site within each district. Currently, the Department has a program in 54 of the 81 school districts.

Other programs blending funding with DCFS include "Kidstep", a program diverting hard-to-place children from MacLaren into community-based group homes; and a collaborative program integrating the intensive Family Preservation program of DCFS. DCFS funds the Family Preservation mental health services by funding DMH, and DMH contracts for services from local private mental health agencies. The Family Preservation mental health component is funded through a contractual agreement with DCFS. Early Periodic Screening Diagnosis and Treatment (EPSDT) funds also support this program. Blended funding between DCFS and DMH has also led to an innovative Dual Diagnosis program for Family Preservation families residing in the South Central area. SHIELDS for Families, located in Service Area 6 provides mental health services to Family Preservation participants.

DCFS funds child abuse treatment

through DMH and DMH contracts with providers who were already providing the DCFS child abuse services, thereby increasing the viability and the capacity of the child abuse services.

Projects under development with the Probation Department include expanding Case Management and creating intensive services and an aftercare unit for difficult-to-place children at Kirby Center. Probation provided day rehabilitation services for children at Kirby in FY 99-00.

Collaborative Programs:

Dual Diagnosis treatment services have been implemented for children referred to DMH from the DCFS Family Preservation program.

Community-Based Placement Programs, previously designated "Families First", are under development by DCFS and DMH in the Pacoima, San Pedro and South Central Los Angeles areas.

The Hub Clinic Assessment Program providing interagency screening and clinical assessments for court wards and dependents in Torrance and South Central Los Angeles has been implemented with the collaboration of DCFS and DMH. The program provides immediate treatment access for referred children.

Co-Location of DMH Staff With Health Services: As a creative solution to space shortages, DMH partnered with Health Services and co-located a psychiatrist at Compton Health Services. The co-location allowed families to receive psychotropic medication follow-up in their communities. The long-range plan was to provide early health screenings through the Health Services Child Health and Disability Prevention Program (CHDP) program for clients served by the mental health system.

Rate Certification Level (RCL) 14 Group Homes: The Department has committed to fund day-treatment for severely emotionally



disturbed children placed in RCL 14 Group Homes by DCFS, Probation and Mental Health. DCFS contracts with and funds the Group Homes. DMH certifies that the RCL14 Group Homes and the children placed there meet the State-defined mental health criteria. DMH developed new programs for a total of 219 children in RCL 14 Group Homes. The purpose of these programs is to provide stability for children in one setting in order to nurture their growth and development, to give them success in an educational setting and to provide treatment support.

Family Preservation: This is a collaborative effort between DMH, DCFS, Probation and the community to reduce out-of-home placement for children at risk of abuse, neglect and juvenile delinquent behavior. The program's model is a community-based approach that focuses on preserving families in their own communities by providing a range of services that promote empowerment and self-sufficiency. These support services are designed to keep children and their families together.

Mental health is one of the many services offered by the Family Preservation Program. The mental health goal is to provide therapeutic interventions that improve child and family functioning by developing effective coping skills that reduce the risk of child abuse, neglect and juvenile delinquent behaviors. Mental health services, including individual, group and family therapy, are provided in the child's community, school and home. These services are funded by DCFS and Early Periodic Screening Diagnosis and Treatment (EPSDT).

There were 314 Family Preservation mental health referrals during FY 99-00. This figure represents approximately 14% of a total of 2,227 new Family Preservation referrals requested by Clinical Social Workers (CSWs).

Juvenile Court Mental Health Services

(JCMHS) underwent a significant expansion during FY 99-00, adding Psychiatric Social Workers and a R.N. Mental Health Counselor in order to increase liaison services to the Delinquency Courts. The functions of the nursing staff are to follow up on cases in which psychotropic medication authorization has been denied because of questions raised during the review, and to perform medication evaluations. An area of focus for the unit is the disposition of delinquency cases for children who are charged with an offense while under the supervision of DCFS and Dependency Court. Under WIC 241.1 and the applicable Juvenile Court protocol, a joint report is prepared for the court by DCFS and Probation, with the help of JCMHS in those cases in which there is a significant mental health history. In FY 99-00, JCMHS screened 1,340 of the WIC 241.1 referrals and wrote reports on one quarter of them. Funding for this service is through EPSDT billing. JCMHS continues to provide mental health liaison services to all of the juvenile courts, responding to requests and referrals from bench officers, attorneys, and child advocates on a broad range of topics related to public mental health services for children and families.

Law Enforcement Conference: The CSOC, in collaboration with the Adult Mental Health System of Care, co-sponsored the Law Enforcement Conference aimed at developing alliances with the police. The conference combined presentations on issues which contribute to delinquency, probation, and suicide. Resource books and handouts were developed for this conference.

Court Authorization of Psychotropic Medication: Juvenile Court Mental Health Services (JCMHS), in conjunction with the Juvenile Court administration, developed and implemented a new policy and procedure for physicians to obtain court authorization for the administration of psychotropic medications to minors under court jurisdic-

tion. This is a complex informed consent process that involves the child, the physician, the social worker or probation officer, the judge, the attorneys, and the group home or foster home where the child resides. Mental Health was represented on most of the committees established by the Juvenile Court and is attempting to provide consultation and technical information to enable the treatment of each child, while at the same time preserving confidentiality and the treatment prerogatives of involved physicians. JCMHS reviews all requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judges. During FY 99-00, approximately 13,000 requests were reviewed. Approximately 4,000 children under the jurisdiction of the Juvenile Court are being treated with psychotropic medications. JCMHS continues to participate in the court-sponsored psychotropic medication committee, and is involved in an ongoing effort to update and improve the authorization-form and protocol. JCMHS also regularly participates in the training and orientation of newly appointed bench officers with a special emphasis on psychotropic medications.

Clinical Forensic Psychiatry Training: JCMHS has initiated a program of clinical forensic psychiatry training for second-year UCLA child psychiatry fellows. Each of the fellows spend two months with our program during which time they complete at least one formal psychiatric evaluation and report as well as other activities which familiarize them with Juvenile Court operations and public sector child psychiatry. In addition, JCMHS has continued a current program of clinical training for UCLA/Olive View Hospital forensic psychiatry fellows.

The Start Taking Action Responsibly Today (START) Program: This program was implemented in March, 1998 as a result of recommendations from the Children's

Commission 300/600 Task Force convened by the Los Angeles County Board of Supervisors to address the growing concern regarding dependent youth who exhibit pre-delinquent and/or delinquent behaviors. The START Unit is staffed by professionals from DCFS, DMH, Probation, LACOE, and LAUSD is being managed as an interagency coalition. DCFS is the lead agency. The Unit also collaborates with community groups and service providers, child advocates, and other agencies such as the District Attorney, Dependency and Delinquency Courts, and local law enforcement.

The START Unit is a service delivery model and partnership approach for providing intense and specialized assessment and case management services to prevent dependent youth from entering the juvenile justice system and/or reduce further escalation of delinquent behavior. The vision of the Unit is to identify and address the unique needs of dependent/delinquent youth through a multi-disciplinary, multi-agency team and a supportive community environment that will guide and empower these youths to reach their potential and become productive adults.

During FY 99-00, the START Unit was expanded under SB933 and was relocated from MacLaren Children's Center (MCC) to facilities in Pasadena (START-East) and in Los Angeles (START-West). The target population was also expanded from its prior focus on children at MacLaren to be open to any Los Angeles County youth at risk of entry into the criminal justice system. Each of the two sites of the Unit has a staff of seven CSW's. Each site is capable of serving between 20-25 youths who are Dependents of the Court and provides a multidisciplinary assessment by Unit staff, followed by intensive case management to implement a case plan. After the initial assessment and development of the case plan, the START Unit staff (psychologist,



probation officer, counselor's from LACOE and LAUSD) provide ongoing consultation to the CSW's and providers of community services and direct follow-up with the youths as needed. Psychological services for START clients are provided in collaboration with DMH. During FY 99-00, START-East served 123 clients; 82 were male and 41 female. The ethnicities of START-East clients were: 63% African-American, 24% Latino, 10% Caucasian and 3% Other. Start-West served 172 clients during the year, 118 who were male and 54 who were female. Their ethnic backgrounds were: 56% African-American, 31% Latino, 12% Caucasian and 1% other.

MacLaren Children's Center: MacLaren Children's Center is a multi-agency emergency shelter facility located in El Monte. The MacLaren Children's Center Mental Health Unit (MHU) provides services to children and youths who range in age from 3-21, with an average age of 15.1. Their ethnicities are: 44% African-American, 24% Latino, 21% Caucasian, 1% Asian and 10% other ethnicities. During FY 99-00, the MHU received approximately 60 referrals per month and provided treatment to 130 -150 clients per month. In addition, during the first quarter of FY 99-00, the mental health staff and staff from other departments participated in the planning and successful implementation of the Ten Child Pilot Program for 10 children at MacLaren and their families. The Ten Child program, developed with multi-agency support, identified children staying at MacLaren with the potential to be safely placed at home or in a community foster-home supported by Wraparound services and resources for the family in lieu of high-end institutional care. In addition, the MHU at MacLaren underwent several developments during the year. By the middle of the year, most MHU clients were receiving Intensive Day-Treatment services and by the end of the year most of the clinic staff

had been recruited. The MHU has also developed a clinical training program for its staff. In addition, in cooperation with the Los Angeles County Music Center, a series of mural painting and dance classes were offered to youngsters placed at the facility.

Barry J. Nidorf Juvenile Hall is a Probation detention facility located in Sylmar. Its MHU receives an average of 350 referrals per month for evaluation and treatment. The MHU serves an average of 289 clients each month. Length of time in treatment varies from one contact to the duration of the minor's detention. The client population ranges in age from 7-19 years, with an average of 15.6 years. The client population is 37% Latino, 33% African-American, 19% Caucasian, 2% Asian and 9% other ethnicities. The MHU clinical staff is comprised of psychiatric social workers, clinical psychologists and psychiatrists. The MHU has one bilingual Spanish-speaking clinician.

Central Juvenile Hall is a Probation detention facility located in Los Angeles. Its MHU receives an average of 125 referrals for mental health evaluation and treatment each month. The MHU serves an average of 101 clients each month. The duration of treatment varies from one contact to the length of the minor's detention. The client population ranges in age from 10-21 years, with an average age of 15.5 years. The clients are 42% Latino, 34% African-American, 15% Caucasian, 2% Asian and 7% other ethnicities. The MHU staff consists of psychiatric social workers, a mental health registered nurse and psychiatrists. The MHU has one bilingual Spanish-speaking clinician.

Los Padrinos Juvenile Hall is a Probation detention facility located in Downey. Its Mental Health Unit receives an average of 300 referrals for mental health evaluation and treatment each month. The MHU serves an average of 162 clients each month. The client population ranges in age from 8-18

years, with an average age of 15.5 years. The clients are 36% African-American, 32% Latino, 21% Caucasian, 2% Asian and 9% other ethnicities. The MHU clinical staff is comprised of psychiatric social workers, clinical psychologists and psychiatrists. The MHU has two bilingual clinicians.

Dorothy Kirby Center is a probation detention facility located in Los Angeles. Its MHU has the capacity to serve up to 100 clients. Its clients range from 13-21 years of age and have an average age of 17.9. The MHU receives about 16 referrals each month. Approximately 108 children were treated by the MHU each month and 140 were served during the year. The average length of their treatment is 8-9 months. Their ethnic distribution is: 38% African-American, 31% Latino, 20% Caucasian, 2% Asian, and 9% other ethnic groups. Its staff consists of a psychiatrist, two clinical psychologists, and one recreational therapist.

Reunification of Missing Children Project: Two of the Department's children's mental health providers, Didi Hirsch Mental Health Center and The H.E.L.P. Group, provide crisis-oriented consultation, assessment and treatment immediately following the recovery of a child who has been abducted, often by a non-custodial parent. The program's goal is to assist in the process of reunification with the left-behind parent(s), to help determine appropriate placement and to address any related trauma. The two mental health treatment programs are part of a larger task force that is chaired by Find The Children and the Inter-Agency Council on Child Abuse and Neglect (ICAN). Task force members include LAPD, FBI, US Secret Service, Mexican Consulate, DCFS, County Counsel, and the DA's Office.

During FY 99-00, The H.E.L.P. Group program served 18 children. These children ranged in age from 3-12 years, with 11 males and 7 females, with the following counts in each of the following ethnic

groups: 6 Hispanic, 8 Caucasian, 2 Syrian and 2 unknown.

The program at Didi Hirsch served 24 children, ranging in age from 3 to 17 years, with 13 males and 11 females, with the following counts in each ethnic group: 6 Hispanic, 5 African American, 1 Asian, 9 Caucasian, 2 American Indian and 1 unknown.

Children's Crisis Teams (formerly designated Hospital Diversion Crisis Program): DMH established hospital diversion crisis intervention teams in Service Planning Areas Two, Four, Five, Six and Eight. The teams assist children in remaining at home and/or within their local communities in the least restrictive levels of care. DMH and DCFS are collaborating to provide this service. The priority target populations for diversion are children in group-home placement. The CSOC has also developed a request for proposals to identify contract providers in Service Areas 3 and 7. These providers initiated service on July 1, 1999.

Hathaway-Vista Net: Hathaway Children and Family Services and Vista Del Mar established a collaborative called the Hathaway-Vista Net. This network provides a family preservation service delivery model. Children and youth designated AB3632 are eligible for this program. Fifty-six clients were served during FY 99-00.

CaLWorks/Long-Term Family Sufficiency Program: This program is an interagency partnership with the Department of Public and Social Services (DPSS) and several other agencies engaged in outreaching to and serving families in need. The DMH component focuses on families experiencing mental health problems that may interfere with their ability to gain or maintain employment. Efforts to reach these families and provide a seamless system in order to reduce fears about seeking mental health treatment have been a major focus of this program.



D-Rate Foster Home Projects: DCFS "Schedule D" Foster Care provides family environments for children with serious psychological dysfunction who are at high risk of requiring more restrictive and higher cost placements. D-Rate foster parents receive specialized training for parenting a psychologically dysfunctional child and their home must satisfy D-Rate certification requirements. The D-Rate Assessment Program is a collaborative effort between DCFS and DMH. DMH supervises clinical assessors who evaluate D-Rate children in foster homes. These assessments help to determine the appropriateness of the placement of these children in D-Rate approved foster homes. During FY 99-00, 1504 children were assessed in this program. There are more children in Service Area 6 residing in D-Rate foster homes than in any other Service Area.

DMH has also piloted a D-Rate program that focused on providing comprehensive, priority, coordinated, and inclusive mental health services to severely emotionally disturbed children and other children residing in D-Rate foster homes. Previously, services would have only been provided to the client of record without including other children residing in the foster home.

Infant Family Mental Health Initiative: Benefiting from a State DMH fund, this program expanded during FY 99-00. The expansion involved 20 community mental health agencies within the county and 70 mental health professionals dedicating their effort to serve families with children less than three years of age. The goals of this Initiative include linking the 20 community mental health centers involved in the program, improving access to mental health services for children under 3 years of age, establishing screening and early detection for these clients, and establishing prevention programs through multi-agency collaboration on accessing resources and making

referrals. The 70 professionals, known as Infant/Family Mental Health Pioneer Providers (IFMHPP), as well as other mental health professionals from the DMH and other departments, were enrolled in intensive training programs. Collaboration with other departments occurred at several levels. Representatives were invited from DHS, DCFS, Regional Center, and County Medical Center to participate in the IFMH Advisory Network and training programs.

Directory of Resources Serving Children for Grief and Mourning: During FY 99-00, this Directory was updated and was distributed to 600 providers and Los Angeles County agencies such as DCFS, DHS, Regional Centers, Children's Court, Children's Hospital, and the community mental health centers.

Community Education: DMH has agreed to sponsor two seminars annually in Service Area 6 to help to remove the stigma related to mental illness and treatment. Each seminar, during FY 99-00, was attended by approximately 200 community residents. Presentations focused on when to seek mental health treatment, its benefits, barriers and successes. A resource book, that details community based services available in Service Area 6, was developed for these seminars.

State Hospital:

The State Hospital inpatient program for children and adolescents at Camarillo State Hospital closed as of July 1997 and a new State Hospital program opened at Metropolitan State Hospital in Norwalk. The Department views this change as an opportunity to develop a program design that permits greater integration of the Hospital with the continuum of mental health services. The Department Countywide Case Management Unit staff is actively collaborating with Metropolitan staff to develop and implement the new program. The program design calls for the integration of the school

and hospital services. The Department staff is actively involved with the hospital program throughout the course of treatment of individual children and will continue to plan and collaborate at the management level.

The State Hospital and County have established a Steering Committee that consists of Hospital and County agency managers and advocates. The greater visibility and openness is permitting stakeholders to have a greater awareness of the complexities and difficulties in providing services for these children. The Departments of Probation and Children and Family Services will also participate in ongoing treatment and management-level planning. The primary objective for the State Hospital program is to keep children in a safe environment while they develop the skills they need to be able to function in a more normal environment in the community. The public sector's challenge is to develop community resources for older adolescents who leave or could leave the State Hospital.

Effective July 1, 2000, Los Angeles County DMH had 77 beds allocated at Metropolitan State Hospital for children and adolescents in need of long term, intensive, secure, hospital-based mental health treatment. This represents a reduction of 20 beds from the FY 98-99 allocation, but, most importantly, represents a planned, purposeful movement toward increasing and enhancing appropriate community-based placement resources for the county's most needy youths.

Programs designed to provide appropriate alternatives to placement at the State Hospital include:

Development of Day Treatment Contracts With Residential Care Level (RCL) Group Home Agencies:

DMH has developed contracts to provide Day Rehabilitation (Day Rehab) services and medication support in designated RCL-12 Group Homes to intensify and broaden

the array of mental health services to residents of these high-level residential treatment agencies. Such services are intended to stabilize the placement of participating consumers, obviating the need for acute psychiatric hospitalization; to reduce placement failures; and, by doing so, reduce the need for long term hospitalization at Metropolitan State Hospital. Approximately 15 Level 12 group homes provided these services in FY 99-00. New contracts have been developed in FY 99-00 with Masada Homes (95 openings), Optimist Youth Homes (94 openings), Hollygrove (68 openings), Phoenix House (50 openings), Ettie Lee Homes (76 openings), GLASS (36 openings) and Rosemary Children and Family Services (40 openings). This program has expanded the number of Day Rehab services to a total of 1,054 consumers placed in RCL 12 and RCL 14 Group Homes throughout Los Angeles County. Also, three RCL 12 residential programs in Orange, San Diego, and Santa Barbara Counties are seeking Day Rehab contracts funded with EPSDT dollars to broaden the network of agencies that serve Los Angeles County consumers.

Implementing Therapeutic Behavior Services (TBS) As A New Medi-Cal Service

The DMH has established TBS for clients under age 21. TBS provides one-to-one support for children experiencing a life crisis or when a life crisis is imminent, who need additional support to transition from a higher to a lower placement level, reducing their anticipated length-of-stay, or to prevent movement to a higher level of care. These services seek to avoid prolonged treatment in institutional settings like the State Hospital or RCL 12-14 Group Homes. TBS enables some children and adolescents to be successful in such group homes, as well as foster homes or with their biological families rather than being placed in higher-level facilities or State Hospital. TBS services are

jointly monitored by Los Angeles County DMH and the State DMH. Approximately 175 consumers are receiving these new services.

Development of a Transitional Age Youth Residential Treatment Program

During FY 99-00, a request for proposals was issued for a 12 bed residential treatment program to serve Medi-Cal-eligible youth, ages 18-21, who require residential care, to include mental health services, case management, and substance abuse treatment, and access to educational, vocational, and independent living skills training in order to achieve successful transition from youth to adulthood and to facilitate transition from institutional care to living independently in the community. San Fernando Valley Community Mental Health Centers, Inc. was selected for this contract. Appropriate candidates for admission to this new program, including youths currently awaiting discharge from the State Hospital and other intensive residential programs, are being considered for placement as soon as the facility is open.

Development of Community Treatment Facility (CTF) Programs To Provide Secure Placements In The Community

Three agencies, Vista Del Mar, Star View Adolescent Center, and Mary Jane Gross and Associates, Inc. have been approved by the State to develop secure, intensive treatment programs, totaling 112 beds available to children/adolescents countywide, as an alternative to hospitalization. Legislation to provide up to three million dollars of funding from the State to enable the CTF programs to begin operations failed twice during the last legislative session. Our three CTF providers have had to revise their planning accordingly. Vista Del Mar opened their new 24-bed facility in September 2000, as a RCL 14 Group Home, but will convert to CTF status in May 2001. Star View plans to convert their current 40 bed RCL 14 Group Home to

a CTF as soon as pending issues are resolved. Mary Jane Gross and Associates, Inc. have suspended their plans temporarily. These new programs will offer the most secure, most intensive community-based treatment services in California.

Development of Community Treatment Connection (CTC) for Children and Adolescents Placed In D-Rate Foster Homes and Foster Family Agencies

The purpose of this new program is to provide an intermediate alternative in the continuum of out of home placement resources for emotionally disturbed children. Intensive mental health services are provided in the foster homes, schools and other community settings to stabilize the children in their community placements, and to avoid the necessity of placement in-group homes, acute care hospitals and other more restrictive levels of residential care. At the present time, agency contracts are being amended to enable Short/Doyle-Medi-Cal providers to deliver the services in their communities throughout the county beginning in FY 00-01.

Implementation of Wraparound

Under the auspices of California's Title IV-E Waiver Demonstration Project and Senate Bill 163, the Interagency Children's Services Consortium is implementing Wraparound in a two-phase approach. In Phase I, San Fernando Valley Community Mental Health Centers, Inc. (SPA 2) and STARS Group Home, Inc. (SPA 8), have been selected to implement Wraparound in their respective areas. Phase II will begin in late 2001, with the issuance of a request for proposals for the remaining six SPAs, making the program countywide. Wraparound is an integrated, multi-agency, community-based system of services designed to strengthen and stabilize families and avoid out of home placements, or reduce the length of stay in residential care. The Wraparound program will serve up to 350

children throughout Los Angeles County.

New or Enhanced Programs to Facilitate Alternatives to Placement at the State Hospital

Although the following new or enhanced programs are not residential placement resources, their development and successful implementation will clearly expand the continuum of community-based services available to those children and families that might otherwise utilize the most restrictive levels of residential and hospital care. These programs include:

Children's Crisis Teams

In collaboration with DCFS, this program requires group homes to request a Crisis Team to respond to children and adolescents who are in group homes prior to consideration of acute psychiatric hospitalization. The goals of the program are to avoid unnecessary hospitalizations, maintain placement stability and avoid unnecessary terminations from group homes; avoid admissions to MacLaren Children's Center, and to help children and their caretakers to learn healthier methods for dealing with crises. As this program expands to include countywide coverage, on a 24-hour, 7-day per week basis, placement stability is achieved, eliminating the need for long-term hospital care as well as acute hospital care.

Expansion Of The Role and Membership of the Hospital/Placement Screening Committee

For many years, the Hospital/Placement Screening Committee has provided consultation to the public agencies for "difficult to place" children and adolescents. The Committee also provides a gate-keeping function for children who are candidates for admission to the State Hospital. Membership has included representatives of DCFS, Probation, DMH, LAUSD, and LACOE, as well as the Admission Directors of the RCL 14 Group Homes that provide alternatives to placement in the State Hospital. In order to

ensure the most effective and appropriate use of the State Hospital program, and to support the utilization of community-based alternatives to Metropolitan State Hospital, the Committee membership will be expanded to include more Group Home agency representatives, especially of those RCL 12 group homes which now have contracts for Day Rehab services and the additional support of TBS services available to serve our most difficult and challenging youth. The role of the Committee will also be expanded to include "reverse screenings" that consider placement alternatives for children/adolescents already placed in the State Hospital, who will need community-based placement upon discharge.

Increasing Collaboration With Residential Care Providers, Community Care Licensing and Legal Advocacy Groups

In order to improve and increase the community-based resources available to serve our most challenging youth, it is essential to work effectively with the agencies that influence the policy and practice of residential treatment in California, not only in Los Angeles County. DMH CSOC management staff are expanding collaborative efforts with the Association of Children's Services Agencies (ACSA), the Association of Community Mental Health Agencies (ACMHA), the California Department of Social Services, Community Care Licensing Division, the Regional Centers for the Developmentally Disabled, the Alliance for Children's Rights; Protection and Advocacy, Inc. and other organizations that are actively involved in providing residential treatment services and the oversight and monitoring of such services throughout Los Angeles County and the State. The issues involved in the residential care and treatment of children and adolescents are complex and include legal, economic and jurisdictional issues that make intensive, extensive, interagency collaboration and cooperation imperative in



order to improve the system.

Consolidation of Hospital Inpatient FFS Services

The CSOC FFS Case Management Unit provided a range of case management services for children and adolescents during FY 99-00. The Fee-For-Service Case Management Unit was developed in 1995 with the implementation of Phase I of Medi-Cal consolidation in order to improve linkage between the private psychiatric fee-for-service hospitals and the community outpatient system of care. The Unit focused on providing more intensive services to families, improving interagency collaboration and interfacing with community resources. The multidisciplinary case management team identified needs and intervened to provide consultation, referral to appropriate levels of care and follow-up. Case managers collaborated with FFS hospital staff to improve case planning and linkages to community resources, and increased collaboration with the DCFS, participating with DCFS in weekly screenings of dependent children in group home care to assess their need for continued placement and provide treatment recommendations.

The DMH Case Managers are available to consult on problematic cases and to provide resource information about DMH mental health services. A major role of the Case Manager is also to follow-up and ensure that appropriate mental health services are provided upon discharge. The Case Manager collaborates with the DCFS regional offices, AB 3632 services, transitional youth services and community mental health providers to improve service access and integration.

The FFS Case Management Unit assigned six multi-disciplinary staff to work with ten private psychiatric hospitals that received a DMH contract as part of the first phase of Managed Care Medi-Cal consolidation.

A total of 3,409 children and adolescents

were hospitalized during FY 99-00. While the FFS Case Management Unit continued to open cases to provide intensive case management services, there was an increment in interagency collaboration with DCFS and community-based intensive mental health programs. The FFS Hospital Case Management Unit opened 520 cases during FY 99-00. Case managers provided intensive services to children and families, and provided numerous short term services for children requiring less intensive interventions during this period in collaboration with over 550 DCFS Children's Social Workers.

The FFS Hospital Case Management Unit participated in approximately 198 Resource Utilization Management (RUM) conferences with DCFS to develop case plans for dependent children who were unable to return to their previous placement after discharge from the hospital. FFS Unit case managers participated in 96 group home screenings with DCFS, focusing on children residing in group homes at rate level 12 and above for no longer than six months.

In FY 99-00, the FFS Case Management Unit started to provide mental health assessments to identify children now served by the CSOC who are eligible for the Healthy Families Program. Case managers compiled information on Agency of Primary Responsibility (APR), DMH Service Area, level of residential setting and outpatient referrals for approximately 4,680 children.

Countywide Mental Health Evaluation and Quality Assurance Unit

Reforms in Medi-Cal mental health services benefiting foster children in 1999-2000 originated with the consolidation of Medi-Cal mental health services in June 1998. With the transfer of responsibility for Fee For Service (FFS) outpatient services to the County in June 1998, outpatient private practitioner psychologists and psychiatrists joined DMH's community mental health centers to form a single Medi-Cal-funded system.

Before consolidation, approximately 90-95% of the mental health services provided by FFS Medi-Cal practitioners consisted of psychological testing of foster children. Through consolidation, the Department expected to improve the quality and coordination of those services while also increasing the availability of treatment services.

Utilization Review studies of pre-consolidation FFS mental health practices strongly indicate that the overwhelming majority of funds were allocated to unnecessary and sometimes harmful over-testing of foster children. Therefore, to accomplish the goal of increasing treatment services, the Department began requiring prior authorization of psychological testing by FFS practitioners. Soon afterward, DMH began credentialing qualified Licensed Clinical Social Workers, Marriage and Family Therapists, and Registered Psychiatric Nurses, in addition to psychologists in private practice, as service providers. Seeking greater coordination of specialized mental health services, DMH encouraged relationships between private practitioners and their local community mental health centers. As a result, more foster children are receiving treatment services. The majority of private providers now see Medi-Cal beneficiaries weekly, rather than bimonthly as previously restricted by State Health Services' Medi-Cal. Moreover,

the Department sought to increase the quality of services by increasing provider reimbursement rates and simultaneously promoting best practice guidelines.

Accessibility of care also increased with the Children's System of Care's participation in the new Access Center which maintains a 24/7 information and referral phone line and the Department's internet website at <http://dmh.co.la.ca.us>. The private providers, organized by address, phone numbers and age-specialization can be found at this site.

Access to psychological test evaluations has been centralized within DMH's Children's System of Care's Test Authorization and Quality Assurance Unit. This centralization permitted the Department to exercise prior approval authority over psychological testing. This reform confirmed the results of prior statistical utilization reviews, revealing that the overwhelming majority of psychological testing of children had involved foster children and was unnecessary and many times, harmful. Children who had been referred to Medi-Cal-funded private providers were often not effectively referred to the DMH Network or elsewhere, for mental health intervention services. In addition, the quality of test reports was far below the usual and customary standard of the DMH Network Community Mental Health Center providers. Centralized pre-approval of psychological testing has been valuable in redirecting foster children to needed services and in reducing the amount of unneeded testing.

During FY 99-00, the Central Test Authorization Unit added to its responsibilities the functions of assuring the quality of clinical evaluations of all Medi-Cal beneficiaries and promoting quality care through comprehensive education projects and interagency partnerships to reach goals of applying mental health best practice guidelines.



Most significantly for foster and adoptive children, the Unit worked to strengthen the partnership between the Children's Test Authorization Unit, the DCFS and Juvenile Court. This led the agencies to create new policies reinforcing the DCFS Social Worker's care-coordinator role for each child under DCFS supervision; and required that all requests for testing be coordinated through the DCFS Children's Social Worker and the CSOC Authorization and Quality Assurance Unit. As a result, DMH and DCFS may prevent excessive, unneeded testing and re-testing of hundreds of foster children.

To foster best practices, the CSOC convened an expert panel of private practitioners, members of the academic community, and members of major State and County professional psychologist organizations. The Test Authorization Unit consulted with the expert panel to develop best practice guidelines and to apply those guidelines to improve service delivery and diagnostic evaluations. The guidelines were posted on the DMH website and comments received from consumers and other professionals were incorporated into a final draft. The Panel assisted in the development of continuing education workshops for community psychologists performing child clinical evaluations.

During FY 99-00, the Unit received over 4,000 requests for psychological testing and approved three-fourths of all completed requests. The remainder were referred for other, more urgently needed services. The Unit also provided over 2000 additional telephone consultations with DCFS Children's Social Workers to help determine the needs of individual children.

The Unit was also involved with special programs in support of ICAN. These included:

Collaboration With Child Abuse/Neglect Protocol Subcommittee: The Quality

Assurance Unit wrote sections regarding the role of mental health professionals in providing services to the victims of child abuse/neglect, their siblings and their families.

Child Death Review Subcommittee: The Unit contributed to monthly analysis of causes of child deaths, potential preventive measures and potential mental health services available for family members.

Collaboration DHS Protocol: The Unit examined the DMH's role in serving terminally ill children in placement and those suffering from loss and separation as well as abuse and neglect.

Child-Adolescent Suicide Prevention: DMH initiated a child-adolescent suicide prevention and intervention workgroup, which included mental health professionals and representatives of multiple agencies and disciplines. While not an ICAN project, this group is intended to complement and cooperate with ICAN's Child Death Review Subcommittee activities.

SAMHSA-Funded System of Care:

The State Department of Mental Health awarded over one million dollars in federal Substance Abuse and Mental Health Services Administration (SAMHSA) funds in 1993 to the Department to establish Systems of Care (SOC) in the target areas of Antelope Valley and East Los Angeles. The DMH, DCFS, Probation, and local school districts are collaborating to provide an integrated approach to working with families and children who are identified as at high risk of moving to a higher level of care. The collaborating agencies strive to provide the most natural, least restrictive placement in the child's community when effective treatment requires removal from their home. Participating agencies refer Children to the SOC Interagency Screening Committees, made up of representatives from the public agencies, providers, and parents consider the children for admission; and collaborate

to develop the service plan.

In 1997, State Department of Mental Health awarded the Department \$2,132,893 System of Care State General Funds. The Department expanded the current sites in East Los Angeles and Antelope Valley and implemented System of Care sites in Compton and in North Long Beach. The initial grant in 1993 was federal dollars only. The 1997 funding is State General Funds, which is permitting the Department to capture federal match and represents a much greater expansion.

By the end of FY 99-00, the four In-Home Intensive program sites had provided services to 401 clients and their families. Of these, the following numbers of clients were treated at each of the four SAMHSA sites: 131 at Antelope Valley, 84 at East Los Angeles, 88 at Compton, and 98 at North Long Beach.

As a result of the increase in funding, all programs were able to implement supplemental services. Vans were purchased in some areas and a voucher system was created. Partnerships were created throughout the County with private and public agencies that prioritize the services, which are needed by families being served through the System of Care. Such services included after-school programs, recreation programs such as gymnastics and karate; providing clothing, furniture and other household items.

One very successful program implemented in all four of the program sites was Arts CARE (Cultural Academic Recreational Enrichment) that represents a public-private partnership. A related partnership established with the Los Angeles Music Center consists of three consecutive 12-week sessions led by an experienced artist working with the families. The program has been a phenomenal therapeutic tool.

A unique aspect of the System of Care is hiring parents as Parent Advocates (PPAs) for each of the four program sites. The PPAs

have all been consumers of county mental health services due to their children's special needs and are representatives of the ethnic makeup of each community. This experience places them in a unique position to help to develop a System of Care that is responsive to family needs. In addition, the PPAs play a critical role in supporting and advocating for other parents in our System.

The supplemental funds also allowed for the purchase of full-time liaisons from the DCFS, the Probation Department, and the local school districts in the four areas. The liaisons are essential in creating a seamless service delivery system. Their full-time presence on the Interagency Screening Committee has facilitated the formation of a single service plan acceptable to the public agencies that serve the families. In addition, the liaisons can tap into resources available within their respective departments and contribute to identifying families who are at highest risk.

Early Periodic Screening, Diagnosis and Treatment (EPSDT):

EPSDT, the federally mandated benefit for individuals under the age of 21 years of age, provides screening services as well as diagnostic and treatment services "to correct or ameliorate defects of physical and mental illness and conditions discovered". The screening components are administered through the Child Health and Disability Prevention (CHDP) programs by health care providers, which lead to referral for mental health services. To receive treatment, the defect must meet the requirements of medical necessity.

Mental health treatment services are provided through the existing DMH clinics and contracted providers who are Fee-for-Services (FFS) Medi-Cal eligible providers. The services provided include: Mental Health Services, Case Management and Medication Support; Day treatment (both rehabilitative and intensive) for foster and

community children; additional intensive case management for children in psychiatric hospitals; additional Mental Health Services and Medication Support to children in D-Rate foster homes; and, Mental Health Services as transition services for youth aged 18 - 20 who need support in transitioning out of mental health or into adult services program. Mental health treatment and case management services are available through both FFS and SD/MC systems.

EPSDT funding has made it possible to pilot school-based programs in a number of school districts, including Pasadena. The development of these new school-based services are significant because they enhance access to services. The DMH no longer needs to wait until children come to the clinics seeking treatment.

Healthy Families:

The Balanced Budget Act of 1997 amended the Social Security Act to add new section, Title XXI, to create a State Children's Health Insurance Program in order to provide funds to States to expand the provision of child health assistance to uninsured, low income children. Children who are birth to nineteen, in families with incomes of less than 200 percent of the federal poverty level and not eligible for no-cost Medi-Cal, are eligible for the program. The Department began planning to provide the mental health services for severely emotionally disturbed children through the existing network of Short-Doyle/Medi-Cal County operated and contracted providers who currently provide services for children who have Medi-Cal benefits or who are without insurance. The Department will actively work with the health plans to develop MOUs as required to facilitate referrals and collaboration.

The Department has identified more than 35 outpatient provider agencies (both directly operated and contracted), 11 hospitals which serve children and/or adolescents,

and more than a dozen adult hospitals which will provide Healthy Families services to severely emotionally disturbed children.

AB3632:

Chapter 26.5 of Division 7 of Title 1 of the Government Code requires county mental health departments to provide mental health services to special education pupils who need these services to benefit from their education. This program is for school age children and adolescents up to their 22nd birthday or until graduation from high school, whichever comes first. The educational and mental health services are provided in the least restrictive setting possible.

To qualify for this program, a child must be assessed by their school district of residence as needing special education to address their educational needs. After the provision of counseling and guidance service by district staff and upon referral by the district, these children are assessed by DMH to need mental health intervention to meet their mental health and emotional needs. AB 3632 services can provide outpatient services through a DMH or contracted outpatient clinic, day treatment services in a County funded day treatment programs, DMH contracted Family Preservation Services, or mental health services in residential placement. (The last of these requires the additional inter-agency collaboration of the Department of Children and Family Services, which is the agency responsible for the costs of room and board.)

More than 85% of the children who receive mental health services through this program do so on an outpatient or day treatment basis. Annually, the remaining 15% children and adolescents receive residential placement and mental health services consisting of individual, group and family therapy, medication support, and 24-hour supervision and intervention.

During FY 99-00, the AB 3632 program

experienced continued growth in all components of the program: referral and assessment, providing mental health services, residential placement and case management. Due to increased consumer advocacy, implementation of the Chanda Smithy Consent Decree between LAUSD and plaintiffs in a federal class action lawsuit, increased monitoring and compliance reviews by the State Department of Education, and increased access to information about the program, the AB 3632 program grew by more than 15%. Approximately 3650 new requests for assessment were received during FY 99-00 countywide, resulting in several thousand new consumers receiving mental health services as an integral part of their Special Education Plan. There was also a 30% increase in the number of consumers identified as needing residential placement as the least restrictive setting in which they can be educated. There are now an average of 370 children and adolescents per month in residential placement within this program, up from an average of 295, just one year ago. About 100 children and adolescents are awaiting placement at any given time, while case managers actively seek appropriate residential care agencies throughout Los Angeles County and the Western United States that can accommodate them.

During FY 99-00, the permanent regulations governing the AB3632 program statewide were finally adopted after thirteen years of negotiations and revisions. The permanent regulations help clarify the roles and responsibilities of school districts and county mental health agencies throughout California.

In 1999-2000, Los Angeles County was successful in its claim to the Commission on State Mandates for reimbursement of all mental health treatment costs associated with placement of AB3632 children and adolescents into residential care agencies out

of state. This will result in an annual reimbursement to Los Angeles County from the State of approximately two million dollars. Although Los Angeles did not specifically seek it in the initial claim, the State Mandates Commission ruled that the room and board costs associated with such out of state placements are also reimbursable, resulting in an annual benefit to the county of about 2.4 million dollars.

Dual Diagnosis Programs:

The CSOC has allocated a portion of the budget of paired-agencies located within Service Area 6 to jointly fund a Coordinator for services to clients who are dually diagnosed with a substance abuse and a mental health problem. These agencies now work as collaborators in strengthening services and their skills in service delivery.

Specialty Mental Health Services For Los Angeles County Children Placed Outside Los Angeles County:

In FY 97-98, California began implementation of Phase II of the Medi-Cal Consolidation, in which Counties assumed administrative and financial responsibility for mental health services regardless of where their residents received services. Previously, this responsibility rested with the State. Therefore, Los Angeles County is now responsible for providing mental health services for its children who are placed in other counties in adoptive, relative and foster families and group homes. Across the State, there were problems with access to mental health services for Dependents and Wards of the Court and AB3632-eligible children who are Medi-Cal beneficiaries and placed in counties other than their county of residence. Los Angeles County has approximately 4,700 children residing in other counties that remain the responsibility of Los Angeles.

The California Mental Health Directors Association (CMHDA) took responsibility to develop a statewide Request for Proposal

(RFP) to contract with an organization to provide statewide management of Medi-Cal-eligible minors, ages 0 to 18, who are placed out of County in group homes, foster homes and kinship care. Beginning November 1, 1999, specialty mental health services are now performed on behalf of Los Angeles County beneficiaries by an Administrative Service Organization (ASO), Value Options, the successful RFP bidder.

Since the inception of the contract with Value Options, more than 800 mental health professionals, including psychiatrists, psychologists, social workers and marriage and family therapists, have been credentialed and approved to provide services throughout California. During the first seven months of the contract, through May 2000, nearly 1,900 children have received services through the Value Options provider network. When fully operational, it is anticipated that Value Options will provide timely, high quality mental health services to more than 8,000 foster children statewide.

Performance Outcome Measures:

In December, 1996, Los Angeles County fully implemented the assessment of performance outcomes using instruments authorized by the State under Assembly Bill 1288, the "Realignment Bill". These outcome measures include the Child Behavior Checklist (CBCL), the Youth Self-Report (YSR), the Child and Adolescent Functional Assessment Scale (CAFAS), the Client Living Environment Profile, (CLEP), and the Client Satisfaction Questionnaire (CSQ8). Parents and children seen in the Children's System of Care (CSOC) facilities are now routinely assessed before and after treatment intervention (and at yearly intervals for children requiring extended care). Outcomes are assessed from the clinician's, parents' and child's (age 11 and older) perspectives. During FY 90-00, all children's outpatient and day-treatment treatment providers continued to assess their clients

with these instruments. Data collected using the CBCL and YSR were submitted to the DMH at the end of the Fiscal Year. The CAFAS, CLEP, and CSQ8 data are submitted by recording the scores on forms, which are then faxed to DMH. The received faxed client information is processed by the "Teleform" software and automatically stored in the appropriate database.

Client Characteristics:

The DMH client population is divided into two main groups, the Short-Doyle Medi-Cal and the Fee-For-Service (FFS) populations. Short-Doyle Medi-Cal refers to the State funded program whereby the State reimburses organizations (provider clinics, not individuals) that treat Medi-Cal eligible or indigent clients. Fee-For-Service refers to the credentialed, individual mental health practitioners who have established a contract with the local mental health plan. Billing for services is through the local mental health plan compared with Short-Doyle Medi-Cal, where billing is through the State.

During FY 1999-2000 there were 39,922 Short-Doyle Medi-Cal clients, and 28,190 Fee-For-Service (FFS) Outpatient clients served by Los Angeles County mental health providers. Included within the Short-Doyle Medi-Cal group were 3,409 FFS inpatient clients.

There are ten treatment providers in Los Angeles County whose focus is providing treatment specifically for children who have been abused or neglected. During this year they served 1,801 children.

There were also 2,716 children who were in a mental health unit of one of the Juvenile Justice Halls.

During this FY, there were 128 children receiving treatment in the Metropolitan State Hospital.



Short-Doyle Medi-Cal Clients

The Los Angeles County DMH Short-Doyle population of 39,922 during FY 99-00 was 34.1% Hispanic, 29.5% African American, 18.3% Caucasian, 3.0% Asian or Pacific Islander and 14.9% whose ethnicity was Other or Unknown. (Fig.1) When grouped by gender, 62.9% of these children

were boys, and 37.1% were girls. (Fig.2) The average age was 12.2 years old and the ages ranged from less than 1 year up to age 18. (Fig.3) The majority of these children lived at home with their families, but for 23.8% the Agency of Primary Responsibility (APR) was the Department of Children's Services (DCS). The Probation Department was the APR for about 7.6% of these chil-

Figure 1

ETHNICITY OF MEDI-CAL CHILDREN

	Frequency	Percent
HISPANIC	13,613	34.10
AFRICAN AMERICAN	11,806	29.57
CAUCASIAN	7,318	18.33
UNKNOWN / MISSING	5,445	13.64
ASIAN / PACIFIC	1,226	3.07
OTHER	514	1.29
TOTAL	39,922	100

Figure 2

GENDER IN MEDI-CAL POPULATION FY 99-00

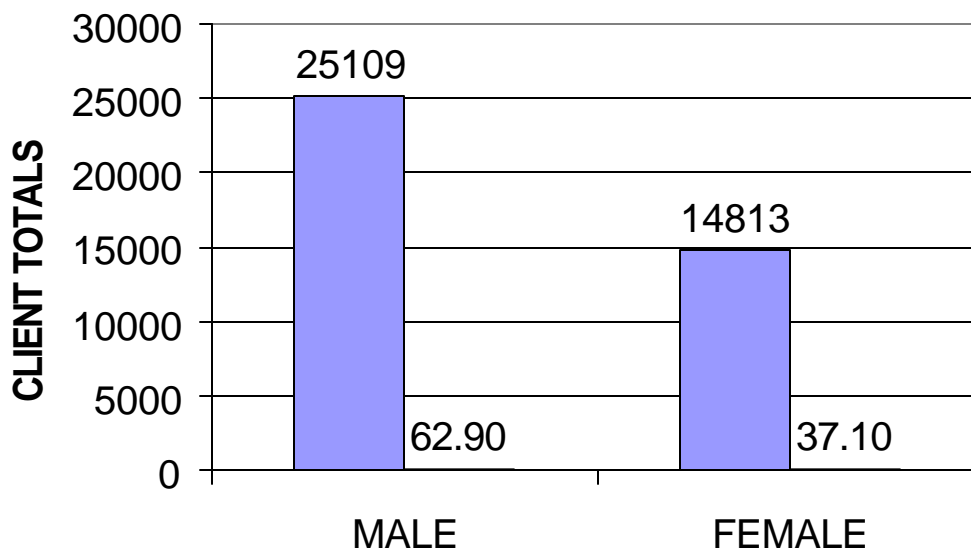


Figure 3

AGE OF MEDI-CAL POPULATION

Total Number Clients	39,922
Mean	12.30
Range	17.63
Minimum	0.36
Maximum	18.00

Figure 4

AGENCY OF PRIMARY RESPONSIBILTY FOR MEDI-CAL CHILDREN

	Frequency	Percent
NONE	21,872	54.79
DEPT OF CHILDREN'S SERVICES (INCL FAMILY PRES.)	9,532	23.88
SCHOOL DISTRICT (LAUSD) : SEP* ELIG	3,370	8.44
DEPT OF PROBATION	3,044	7.62
LAUSD: SED** ON IEP*** (NOT SEP)	1,441	3.61
DEPT OF CS AND LAUSD: SEP ELIG.	412	1.03
DEPT OF PROBATION AND LAUSD: SEP ELIG.	221	0.55
MISSING	30	0.08
TOTAL	39,922	100

*SEP - Special Education Plan, **SED - Severely Emotionally Disturbed, ***IEP - Individualized Education Plan

dren. (Fig.4)

When grouped into ten categories of diagnosis at the time of admission, the majority of the Short-Doyle Medi-Cal children (66.2%) were diagnosed with an Adjustment or Conduct Disorder. (This category includes the Attention Deficit Disorders, ADHDs). The second most common diagnosis was Major Depression (16.7%), followed by Bi-Polar disorders (4.6%), Schizophrenia or Psychotic disorders (4.1%), Anxiety disorders (2.5%), Child Abuse or Neglect (.6%) and the remaining 1.9% other mental health diagnoses. (Fig.5)

As a separate, co-morbid diagnosis, (Fig.6), 4.7% of the Short-Doyle Medi-Cal client population were diagnosed as having one or more substance abuse problems, marijuana being the most common substance abused (3.5%) and alcohol the second most common (1.0%). Also listed in Fig. 6 is a category "Poly-substance abuse". This refers to individuals who are diagnosed as using multiple substances.

Figure 5

DIAGNOSIS AT TIME OF ADMISSION FOR MEDI-CAL CHILDREN

	Frequency	Percent
ADJUSTMENT / CONDUCT DISORDERS INCL. ADHD	45,828	66.25
MAJOR DEPRESSION	11,588	16.75
BI-POLAR DISORDERS	3,185	4.60
SCHIZOPHRENIA OR PSYCHOSIS	2,882	4.17
OTHER DISORDERS	2,175	3.14
ANXIETY DISORDERS	1,727	2.50
CHILD ABUSE AND NEGLECT	435	0.63
DRUG INDUCED DISORDERS OR DEPENDENCE	219	0.32
DISORDERS DUE TO MEDICAL CONDITION	99	0.14
MISSING	1,032	1.49
TOTAL	69,170	100

Figure 6

SUBSTANCE ABUSE IN MEDI-CAL POPULATION

	Frequency	Percent
NONE	65,427	94.59
MARIJUANA	2,454	3.55
ALCOHOL	672	0.97
AMPHETAMINES	233	0.34
COCAINE	183	0.26
POLY-SUBSTANCE ABUSE	106	0.15
HALLUCENOGENS	81	0.12
SEDATIVES & OPIOIDS	14	0.02
TOTAL	69,170	100



FFS Outpatient Client Characteristics

Fee-For-Services outpatient clients are those treated by individual clinicians who contract independently with the local mental health plan. During FY 1999-2000 there were 19,423 FFS outpatient clients. FFS outpatient providers do not always supply DMH with demographic data about their clients. We have included as much information about this group as is available.

Based on the 10.8% of the population for which age was reported, (89.8% unreported) the average age was 11.9 years. (Fig. 7) Based on the 10.8% for which data is available, 5.7% of this client population were boys and 4.4% were girls. (Fig. 8) While information about ethnicity was also missing for 89.8%, 3.9% were identified as Caucasian, 3.2% Hispanic, 2.9% African-American, 1% Asian/Pacific and <1% Other.

(Fig. 9)

The data about diagnosis at time of admission is more complete for the FFS outpatient population than demographic information. There were 69.8% of these children diagnosed with Conduct/Adjustment Disorders, Including ADHDs, 20.6% Major Depression, 3.1% Anxiety disorders, 2.8% Schizophrenia / Psychosis, 2.3% Bi-polar disorders, 1.3% Other diagnosis, and <1% Drug Induced Disorders or Dependence. (Fig. 10)

Dual diagnosis (substance abuse) was not available for this group.

Figure 7

FFS OUTPATIENT AGE

Client's Age Reported	1,979
Missing	17,444
Mean	11.61
Range	19.01
Minimum	0.63
Maximum	19.63

Figure 8

FFS OUTPATIENT GENDER

	Frequency	Percent
UNKNOWN	17,444	89.81
MALE	1,114	5.74
FEMALE	865	4.45
TOTAL	19,423	100

Figure 9

FFS OUTPATIENT ETHNICITY

	Frequency	Percent
UNKNOWN / MISSING	17463	89.91
CAUCASIAN	765	3.94
HISPANIC	612	3.15
AFRICAN AMERICAN	559	2.88
ASIAN / PACIFIC	22	0.11
OTHER	2	0.01
TOTAL	19423	100

Figure 10

FFS OUTPATIENT DIAGNOSIS AT TIME OF ADMISSION

	Frequency	Percent
ADJUSTMENT / CONDUCT DISORDERS INCL. ADHD	19,663	69.75
MAJOR DEPRESSION	5,821	20.65
ANXIETY DISORDERS	882	3.13
SCHIZOPHRENIA OR PSYCHOSIS	799	2.83
BI-POLAR DISORDERS	649	2.30
OTHER DISORDERS	372	1.32
DRUG INDUCED DISORDERS OR DEPENDENCE	2	0.01
MISSING	2	0.01
TOTAL	28,190	100

FFS Inpatients

Fee-For-Service inpatient clients are children who are being treated in a residential or hospital setting. There were 3,409 children receiving treatment in an inpatient setting. Their average age was 13.8 years with an average from 2.6 years to 17.9 years. (Fig. 11) Of this group, 54.2% were boys and 45.7% were girls. (Fig.12) Approximately a third, (31.2%) were Hispanic, 28.1% African-American, 25.0% Caucasian, 13.0% Unknown ethnicity, 1.5% Asian/Pacific, 0.7% Other or unknown. (Fig. 13)

There was no Agency of Primary

Responsibility designated for 50.9%, DCFS was the APR for 30.3%, and the Probation Department was the APR for 8.3%. (Fig. 14)

As expected, the diagnoses for this group tend to be more clinically severe than those clients who are able to benefit from treatment in an outpatient setting. Major Depression accounted for 48.6% of the diagnoses, Adjustment/Conduct Disorders, Including ADHD 21.4%, Bi-polar Disorder 14.1%, Disorders Due to Medical Conditions 7.7%, Other Disorders, 2.3%, Anxiety disorders 0.6%, Child Abuse or Neglect 0.1%, Drug Induced Disorder or Dependence 01%, Unknown <1%. (Fig. 15)

Figure 11

FFS INPATIENT AGE STATISTICS

Number of Clients	3,409
Missing	0
Mean	13.89
Range	15.38
Minimum	2.62
Maximum	18.00

Figure 12

GENDER OF FFS INPATIENT CLIENTS

	Frequency	Percent
MALE	1,850	54.27
FEMALE	1,559	45.73
TOTAL	3,409	100

Figure 13

ETHNICITY OF FFS INPATIENT CLIENTS

	Frequency	Percent
HISPANIC	1,067	31.30
AFRICAN AMERICAN	961	28.19
CAUCASIAN	855	25.08
UNKNOWN / MISSING	445	13.05
ASIAN / PACIFIC	54	1.58
OTHER	27	0.79
TOTAL	3,409	100

Figure 14

AGENCY OF PRIMARY RESPONSIBILITY FOR FFS INPATIENT CLIENTS

	Frequency	Percent
NONE	1,736	50.92
DEPT OF CHILDREN'S SERVICES (INCL FAMILY PRES.)	1,033	30.30
DEPT OF PROBATION	286	8.39
SCHOOL DISTRICT (LAUSD) : SEP* ELIG	209	6.13
LAUSD: SED** ON IEP*** (NOT SEP)	70	2.05
DEPT OF CS AND LAUSD: SEP ELIG.	57	1.67
DEPT OF PROBATION AND LAUSD: SEP ELIG.	15	0.44
MISSING	3	0.09
TOTAL	3,409	100

*SEP - Special Education Plan, **SED - Severely Emotionally Disturbed, ***IEP - Individualized Education Plan

Figure 15

FFS INPATIENT DIAGNOSIS AT TIME OF ADMISSION

	Frequency	Percent
MAJOR DEPRESSION	18,818	48.68
ADJUSTMENT / CONDUCT DISORDERS INCL. ADHD	8,291	21.45
BI-POLAR DISORDERS	5,486	14.19
DISORDERS DUE TO MEDICAL CONDITION	2,988	7.73
SCHIZOPHRENIA OR PSYCHOSIS	1,772	4.58
OTHER DISORDERS	917	2.37
ANXIETY DISORDERS	252	0.65
CHILD ABUSE AND NEGLECT	58	0.15
DRUG INDUCED DISORDERS OR DEPENDENCE	56	0.14
NOT KNOWN	22	0.06
TOTAL	38,660	100

Figure 16

SUBSTANCE ABUSE IN THE FFS INPATIENT POPULATION

	Frequency	Percent
NONE	5983	93.85
MARIJUANA	221	3.47
ALCOHOL	90	1.41
AMPHETAMINES	26	0.41
COCAINE	21	0.33
POLY-SUBSTANCE ABUSE	17	0.27
HALLUCINOGENS	15	0.24
SEDATIVE & OPIOIDS	2	0.031
TOTAL	6,375	100

Substance abuse in the FFS Inpatient population was: None 93.85%, Marijuana 3.47%, Alcohol 1.41%, and the other substances combined totaled 1.27%. (Fig.16)

Child Abuse / Neglect Programs

Since 1984, the AB 1733/2994 Family Preservation Project has been providing services to victims of child abuse and/or neglect, their families and those who are at high risk for abuse and/or neglect. These services are provided on a short-term basis with the goal, where possible, of encourag-

ing family maintenance and preventing the need for out-of-home placement. Additionally, services are targeted to facilitate early family reunification when appropriate after out-of-home placement has occurred. Another goal of the AB1733/2994 Program is the prevention of child abuse at the earliest possible stage by improving the family's ability to cope with daily stressors through education and support.



During FY 1999-2000 there were 10 providers specializing in treating child victims of abuse or neglect. These 10 providers treated 1,801 children. The average age was 10.9 years, with ages ranging from 2.4 years to 17.9 years. (Fig. 17) This group was composed of 56.7% boys and 43.3% girls. (Fig. 18) Hispanics were the largest segment with 39.7%, African-Americans 20.6%, Caucasians 15.0%, Asian/Pacific 12.6%, Unknown 10.9%, and Other 1.2%. (Fig. 19)

There was no Agency of Primary Responsibility for 70.70% of these children, DCFS was the APR for 22.49%, LAUSD 2.78%, Probation Dept. 1.28% and for the

remaining 2.67% the APR was a combination of LAUSD and one of the other agencies. (Fig. 20)

Adjustment/Conduct Disorders, Including ADHDs was the diagnosis of 69.7% of this population, Major Depression 14.2%, Other Disorders 5.5%, Child Abuse or Neglect 2.9%, Bi-polar Disorders 2.7%, Anxiety Disorders 2.6%, Schizophrenia or Psychosis 1.9%, and Drug Induced Disorders or Dependence, 0.1%. (Fig. 21)

In this group only 2.2% were diagnosed with a substance abuse problem; marijuana was the drug most often abused. (Fig. 22)

Violence Intervention Program

Figure 17

AGE STATISTICS IN AB1733/2994

NUMBER OF CHIDREN	1,801
MISSING	0
MEAN	10.99
MINIMUM	2.44
MAXIMUM	17.94

Figure 18

GENDER IN AB1733/2994

	Frequency	Percent
MALE	1,021	56.69
FEMALE	780	43.31
TOTAL	1,801	100

Figure 19

ETHNICITY IN CHILD ABUSE PROGRAMS

	Frequency	Percent
CAUCASIAN	271	15.05
AFRICAN AMERICAN	371	20.60
HISPANIC	715	39.70
ASIAN/PACIFIC	227	12.60
OTHER	21	1.17
UNKNOWN/MISSING	196	10.88
TOTAL	1,801	100



Figure 20

AGENCY OF PRIMARY RESPONSIBILITY FOR THE AB1733/2994 POPULATION

	Frequency	Percent
NONE	1,275	70.79
DEPT OF CHILDREN'S SERVICES (INCL FAMILY PRES.)	405	22.49
SCHOOL DISTRICT (LAUSD) : SEP* ELIG	50	2.78
DEPT OF PROBATION	23	1.28
DEPT OF CS AND LAUSD: SEP ELIG.	23	1.28
LAUSD: SED** ON IEP*** (NOT SEP)	22	1.22
DEPT OF PROBATION AND LAUSD: SEP ELIG.	3	0.17
TOTAL	1,801	100

*SEP - Special Education Plan, **SED - Severely Emotionally Disturbed, ***IEP - Individualized Education Plan

Figure 21

DIAGNOSIS AT TIME OF ADMISSION OF AB1733/2499 CLIENTS

	Frequency	Percent
AADJUSTMENT / CONDUCT DISORDERS INCL. ADHD	2,354	69.71
MAJOR DEPRESSION	480	14.21
OTHER DISORDERS	186	5.51
CHILD ABUSE AND NEGLECT	100	2.96
BI-POLAR DISORDERS	94	2.78
ANXIETY DISORDERS	90	2.67
SCHIZOPHRENIA OR PSYCHOSIS	65	1.92
DRUG INDUCED DISORDERS OR DEPENDENCE	5	0.15
DISORDERS DUE TO MEDICAL CONDITION	3	0.09
TOTAL	3,377	100

In 1984 the Center for the Vulnerable Child (CVC) was founded in Los Angeles County and USC Medical Center for the purpose of better serving children and families impacted by child abuse and neglect. The CVC established a prototype Child Advocacy Center with a multidisciplinary team for the evaluation, treatment and investigation of child abuse and neglect. Today the CVC remains the largest child abuse center in California. The CVC examines 2,000 children every year. As it is the only program available 24 hours a day to law enforcement, social services and parents, the CVC is an important advocate for children in the arena of legal and social services. In addition to around-the-clock medical services, the CVC provides multidisciplinary

case management, follow-up medical and mental health services, and consultations to the courts.

In 1995, services were expanded to include additional comprehensive medical and mental health services for victims of sexual assault, domestic violence and elder or dependent adult abuse. This new program was named the Violence Intervention Program (VIP) and provides medical, social legal and mental health services for all victims of violence, regardless of gender or age. This program relies on private funding to support 50% of all direct services. Currently, VIP assists over 3,000 families per year and seeks to expand service directly into schools and neighborhoods.

The VIP served 117 Short-Doyle Medi-



Cal clients during FY 99-00. The average age was 10.7 years with children ranging in age from 4.7 years to 17.8 years. (Fig. 23) This population was composed of 59.8% girls and 40.1% were boys. (Fig. 24) Children of Hispanic ethnicity comprised the largest ethnic group of 88.0%, 6.8% were Caucasian, 2.5% were Unknown ethnicity, 1.7% were African American and 0.5% were Asian/Pacific. (Fig. 25)

DCFS was the APR for 57.26 of the children in the VIP group, 38.46% had no APR, LAUSD 2.56% and the Probation Dept. was the APR for 1.71%. (Fig. 26)

Adjustment/Conduct Disorders, Including

ADHD was the primary admit diagnosis for 69.5% of children in this group, followed by 12.3% diagnosed with Major Depression, 11.9% Child Abuse or Neglect, 0.9% Schizophrenia or Psychosis, 0.9% Bi-Polar Disorder, 0.95% Anxiety Disorders, 0.4% Other Disorders, and in 2.38% the diagnosis was unknown or not available. (Fig.27)

The amount of substance abuse diagnosed in this group was low, with 0.9% abusing alcohol and 0.4% abusing marijuana. (Fig. 28)

Clients in Mental Health Units in Juvenile

Figure 22

SUBSTANCE ABUSE OF THE AB1733/2994 CLIENTS

	Frequency	Percent
NONE	4,597	97.70
MARIJUANA	75	1.59
ALCOHOL	17	0.36
AMPHETAMINES	5	0.11
POLY-SUBSTANCE ABUSE	5	0.11
COCAINE	3	0.06
HALLUCINOGENS	2	0.04
SEDATIVES & OPIOIDS	1	0.02
TOTAL	4,705	100

Figure 23

AGE STATISTICS V.I.P.

NUMBER OF CHILDREN	117
MISSING	0
MEAN	10.76
RANGE	13.12
MINIMUM	4.73
MAXIMUM	17.85

Figure 24

GENDER OF V.I.P. CHILDREN

	Frequency	Percent
FEMALE	70	59.83
MALE	47	40.17
TOTAL	117	100

Figure 25

ETHNICITY OF V.I.P. CHILDREN

	Frequency	Percent
HISPANIC	103	88.03
CAUSCASIAN	8	6.84
UNKNOWN/NOT REPORTED	3	2.56
AFRICAN AMERICAN	2	1.71
ASIAN/PACIFIC	1	0.85
TOTAL	117	100

Figure 26

AGENCY OF PRIMARY RESPONSIBILITY FOR CHILDREN IN V.I.P.

	Frequency	Percent
DEPT OF CHILDREN'S SERVICES (INCL FAMILY PRES.)	67	57.26
NONE	45	38.46
DEPT OF PROBATION	2	1.71
LAUSD: SED ON IEP (NOT SEP)	2	1.71
DEPT OF CS AND LAUSD: SEP ELIG.	1	0.85
TOTAL	117	100

SEP - Special Education Plan, **SED - Severely Emotionally Disturbed, *IEP - Individualized Education Plan*

Justice Centers

During FY 1999-2000 there were 2,716 clients under age 18 in mental health units of the four Juvenile Justice Centers in Los Angeles County. These children were on average slightly older than other groups, having an average age of 15.6 years. (Fig. 29)

Boys were 66.7% of this group, girls 33.2% (Fig. 30) and African-Americans were the largest number of clients, at 37.0% of the total group, Hispanics 30.4%, Caucasians 17.3%, Unknown 13.0%, Asian/Pacific 1.1%, and Other 0.9%. (Fig. 31)

The Probation Department was the Agency of Primary Responsibility for 54.4% of these children, and 32.0% were under the responsibility of DCFS. (Fig. 32)

Over half of the children (54.2%) were

diagnosed with Adjustment/Conduct Disorders Including ADHDs, 30.3% were diagnosed with Major Depression, 3.8% Bipolar Disorders, 3.5% Child Abuse or Neglect, 3.5% Other Disorders, 2.5%, Disorders Due to a Medical Condition, 2.2%, Schizophrenia or Psychosis, 1.3%, Drug Induced Disorders or Dependence, and 0.7% Anxiety Disorders. (Fig. 33)

This population differs from the others described, in that 25.6% have been identified as having a substance abuse problem - marijuana being the most popular substance of abuse (16.2%) followed in popularity by alcohol abuse (4.0%) and 2.6% of these children had a problem with amphetamine abuse. (Fig. 34)

State Hospital



Figure 27

DIAGNOSIS AT TIME OF ADMISSION FOR CHILDREN IN V.I.P.

	Frequency	Percent
ADJUSTMENT / CONDUCT DISORDERS INCL. ADHD	146	69.52
MAJOR DEPRESSION	26	12.38
CHILD ABUSE AND NEGLECT	25	11.90
SCHIZOPHRENIA OR PSYCHOSIS	2	0.95
BI-POLAR DISORDERS	2	0.95
ANXIETY DISORDERS	2	0.95
DRUG INDUCED DISORDERS OR DEPENDENCE	1	0.48
OTHER DISORDERS	1	0.48
MISSING	5	2.38
TOTAL	210	100

Figure 28

SUBSTANCE ABUSE CHILDREN

	Frequency	Percent
NONE	207	98.57
ALCOHOL	2	0.95
MARIJUANA	1	0.48
TOTAL	210	100



Figure 29

AGE STATISTICS JUVENILE JUSTICE

NUMBER OF CHILDREN	2,716
MISSING	0
MEAN	15.67
RANGE	14.51
MINIMUM	3.49
MAXIMUM	18.00

Figure 30

GENDER OF JUVENILE JUSTICE

	Frequency	Percent
MALE	1,814	66.79
FEMALE	902	33.21
TOTAL	2,716	100

Figure 31

ETHNICITY IN JUVENILE JUSTICE

	Frequency	Percent
AFRICAN AMERICAN	1,005	37.00
HISPANIC	827	30.45
CAUCASIAN	472	17.38
UNKNOWN / MISSING	355	13.07
ASIAN / PACIFIC	31	1.14
OTHER	26	0.96
TOTAL	2,716	100

Figure 32

AGENCY OF PRIMARY RESPONSIBILITY FOR JUVENILE JUSTICE

	Frequency	Percent
DEPT OF PROBATION	1,478	54.42
DEPT OF CHILDREN'S SERVICES (INCL FAMILY PRES.)	870	32.03
NONE	259	9.54
SCHOOL DISTRICT (LAUSD) : SEP ELIG	57	2.10
DEPT OF CS AND LAUSD: SEP ELIG.	23	0.85
LAUSD: SED ON IEP (NOT SEP)	15	0.55
DEPT OF PROBATION AND LAUSD: SEP ELIG.	14	0.52
TOTAL	2,716	100

Figure 33

DIAGNOSIS AT TIME OF ADMISSION - JUVENILE JUSTICE MH UNITS

	Frequency	Percent
ADJUSTMENT & CONDUCT DISORDERS INCL. ADHD	2,627	54.25
MAJOR DEPRESSION	1,470	30.36
BI-POLAR DISORDERS	184	3.80
CHILD ABUSE AND NEGLECT	174	3.59
OTHER DISORDERS	122	2.52
DISORDERS DUE TO MEDICAL CONDITION	107	2.21
SCHIZOPHRENIA OR PSYCHOSIS	65	1.34
DRUG INDUCED DISORDERS OR DEPENDENCE	59	1.22
ANXIETY DISORDERS	34	0.70
TOTAL	4,842	100

Figure 34

SUBSTANCE ABUSE IN JUVENILE JUSTICE MH UNITS

	Frequency	Percent
NONE	5,882	75.42
MARIJUANA	1,113	14.27
ALCOHOL	319	4.09
AMPHETAMINES	166	2.13
COCAINE	144	1.85
POLY-SUBSTANCE ABUSE	92	1.18
HALLUCINOGENS	69	0.88
SEDATIVES & OPIOIDS	14	0.18
TOTAL	7,799	100

There were 128 children treated in the State Hospital during FY 1999-2000. Their average age was 15.5 years, with the range of ages being from 8.9 years to age 18. (Fig. 35) The majority of these children were boys (67.1%), and 32.8% were girls. (Fig. 36) The largest ethnic group was African Americans (42.1%), Caucasians were 28.1%, Hispanics 25.7%, Unknown or Missing 2.3%, and Asian/Pacific 1.5%. (Fig. 37) The APR for 51.6% of these children was DCF and the Probation Department was the APR for 17.9%. (Fig. 38)

The percentage of children in the State Hospital diagnosed as having an Adjustment/Conduct Disorder, Including

ADHD was 33.2%, 25.1% were diagnosed as having Schizophrenia or Psychosis, 19.6% Bi-Polar Disorder, 17.4% Major Depression, 2.7% Other Disorders, 1.0% Anxiety Disorders, 0.1% Drug Induced Disorders or Dependence, 0.1% Disorders due to a Medical Condition, and 0.7% were not available or were unknown. (Fig.39)

Within this group, 94.45% had no identified substance abuse problems, however 2.15% abused marijuana, 1.47% abused marijuana, 2.15% abused alcohol and 1.02% hallucinogenic drugs. The remaining 0.91% were identified as using other substances. (Fig. 40)



Figure 35

AGE STATISTICS FOR STATE HOSP

NUMBER OF CHILDREN	128
MISSING	0
MEAN	15.15
RANGE	9.00
MINIMUM	8.99
MAXIMUM	17.99

Figure 36

GENDER FOR STATE HOSP.

	Frequency	Percent
MALE	86	67.19
FEMALE	42	32.81
TOTAL	128	100

Figure 37

ETHNICITY FOR STATE HOSPITAL

	Frequency	Percent
AFRICAN AMERICAN	54	42.19
CAUCASIAN	36	28.13
HISPANIC	33	25.78
UNKNOWN / MISSING	3	2.34
ASIAN / PACIFIC	2	1.56
TOTAL	128	100

Figure 38

AGENCY OF PRIMARY RESPONSIBILITY FOR CHILDREN IN STATE HOSPITAL

	Frequency	Percent
DEPT OF CHILDREN'S SERVICES (INCL FAMILY PRES.)	66	51.56
DEPT OF PROBATION	23	17.97
NONE	18	14.06
SCHOOL DISTRICT (LAUSD) : SEP* ELIG	14	10.94
LAUSD: SED** ON IEP*** (NOT SEP)	3	2.34
DEPT OF PROBATION AND LAUSD: SEP ELIG.	2	1.56
DEPT OF CS AND LAUSD: SEP ELIG.	1	0.78
MISSING	1	0.78
TOTAL	128	100

*SEP - Special Education Plan, **SED - Severely Emotionally Disturbed, ***IEP - Individualized Education Plan



Figure 39

DIAGNOSIS AT TIME OF ADMISSION TO STATE HOSPITAL

	Frequency	Percent
ADJUSTMENT / CONDUCT DISORDERS INCL. ADHD	293	33.18
SCHIZOPHRENIA OR PSYCHOSIS	222	25.14
BI-POLAR DISORDERS	173	19.59
MAJOR DEPRESSION	154	17.44
OTHER DISORDERS	24	2.72
ANXIETY DISORDERS	9	1.02
DRUG INDUCED DISORDERS OR DEPENDENCE	1	0.11
DISORDERS DUE TO MEDICAL CONDITION	1	0.11
MISSING	6	0.68
TOTAL	883	100

Figure 40

SUBSTANCE ABUSE IN THE STATE HOSPITAL CHILD/YOUTH POPULATION

	Frequency	Percent
NONE	834	94.45
MARIJUANA	19	2.15
ALCOHOL	13	1.47
HALLUCINOGENS	9	1.02
AMPHETAMINES	3	0.34
POLY-SUBSTANCE ABUSE	3	0.34
COCAINE	2	0.23
TOTAL	883	100

GLOSSARY OF CHILDREN'S MENTAL HEALTH TERMS

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by italics have their own separate definitions. The term *service or services* is used frequently in this glossary. The reader may wish to look up *service* before reading the other definitions.

The terms in this glossary describe ideal services. This help may not be available in all communities. The Comprehensive Community Mental Health Services for Children and Their Families Program, administered by the Center for Mental Health Services (CMHS), has approximately 40 grantees in about 25 States that are demonstrating these services. For more information about children's mental health issues or services, call the CMHS National Mental Health Services Knowledge Exchange Network (KEN): 1.800.789.2647.

Accessible Services:

Services that are affordable, located nearby, and are open during evenings and weekends. Staff is sensitive to and incorporates individual and cultural values. Staff is also sensitive to barriers that may keep a person from getting help. For example, an adolescent may be more willing to attend a support group meeting in a church or club near home, rather than travel to a mental health center. An accessible service can handle consumer demand without placing people on a long waiting list.

Appropriate Services:

Designed to meet the specific needs of each individual child and family. For example, one family may need day treatment services while another family may need home-based services. Appropriate services for one child or family may not be appropriate for another family. Usually the most appropriate services are in the child's community.

Assessment:

A professional review of a child's and family's needs that is done when they first seek services from a caregiver. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the caregiver and family decide what kind of treatment and supports, if any, are needed.

Caregiver:

A person who has special training to help people with mental health problems. Examples of people with this special training are social workers, teachers, psychologists, psychiatrists, and mentors.

Case Manager:

An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

Case Management:

A service that helps people arrange appropriate and available services and supports. As needed, a case manager coordinates mental health, social work, education, health, vocational, transportation, advocacy, respite, and recreational services. The case manager makes sure that the child's and family's changing needs are met. (This definition does not apply to managed care.)

Child Protective Services:

Designed to safeguard the child when there is suspicion of abuse, neglect, or abandonment, or where there is no family to take care of the child. Examples of help delivered in the home include financial assistance, vocational training, homemaker services, and day care. If in-home supports are insufficient, the child may be removed from the home on a temporary or permanent basis. The goal is to keep the child with



his or her family whenever possible.

Children and Adolescents at Risk for Mental Health Problems:

Children at higher risk for developing mental health problems when certain factors occur in their lives or environment. Some of these factors are physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of loved one, frequent moving, alcohol and other drug use, trauma, and exposure to violence.

Continuum of Care:

A term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. See systems of care and wraparound services.

Coordinated Services:

Child-serving organizations, along with the family, talk with each other and agree upon a plan of care that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. Case management is necessary to coordinate services. (Also see family-centered services and wraparound services.)

Crisis Residential Treatment Services:

Short-term, round-the-clock help provided in a non-hospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable despite in-home supports, the parent can have the child temporarily placed in a crisis residential treatment service. The purpose of this care is to avoid inpatient hospitalization, to help stabilize the child, and to determine the next appropriate step.

Cultural Competence:

Help that is sensitive and responsive to cultural differences. Caregivers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as

race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.

Day Treatment:

Day treatment includes special education, counseling, parent training, vocational training, skill building, crisis intervention, and recreational therapy. It lasts at least 4 hours a day. Day treatment programs work with mental health, recreation, and education organizations and may be provided by them.

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition):

An official manual of mental health problems developed by the American Psychiatric Association. This reference book is used by psychiatrists, psychologists, social workers, and other health and mental health care providers to understand and diagnose a mental health problem. Insurance companies and health care providers also use the terms and explanations in this book when they discuss mental health problems.

Early Intervention:

A process for recognizing warning signs that individuals are at risk for mental health problems and taking early action against factors that put them at risk. Early intervention can help children get better more quickly and prevent problems from becoming worse.

Emergency and Crisis Services:

A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

Family-Centered Services:

Help designed for the specific needs of each individual child and his or her family.

Children and families should not be expected to fit into services that don't meet their needs. See appropriate services, coordinated services, wraparound services, and cultural competence.

Family Support Services:

Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, crisis services, and respite care.

Fee-For-Service Medi-Cal:

One of two Medi-Cal funding streams, in which private providers are reimbursed for services; in the other funding stream, still known as Short-Doyle Medi-Cal is one in which provider organizations, e.g., not for profit mental health centers, receive money annually for pre-contracted services.

Fee-For-Service Provider:

Self employed mental health professional providing services to Medi-Cal beneficiaries, who subsequently bill Medi-Cal for these services.

Home-Based Services:

Help provided in a family's home for either a defined time or for as long as necessary to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other help they may need. The goal is to prevent the child from being placed out of the home. (Alternate term: in-home supports.)

Independent Living Services:

Support for a young person in living on his or her own and in getting a job. These services can include therapeutic group care or supervised apartment living. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.

Individualized Services:

Designed to meet the unique needs of each child and family. Services are individualized when the caregivers pay attention to the child's and family's needs and strengths, ages, and stages of development. See appropriate services and family-centered services.

Inpatient Hospitalization:

Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Inpatient Services:

Health and Mental Health Services provided in hospitals or other live-in facilities.

Managed Care:

A way to supervise the delivery of health care services. Managed care may specify the caregivers that the insured family can see. It may also limit the number of visits and kinds of services that will be covered.

Mental Health:

Mental health refers to how a person thinks, feels, and acts when faced with life's situations. It is how people look at themselves, their lives, and the other people in their lives; evaluate the challenges and the problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental Health Problems:

Mental health problems are real. These problems affect one's thoughts, body, feelings, and behavior. They can be severe. They can seriously interfere with a person's life. They're not just a passing phase. They can cause a person to become disabled. Some of these disorders are known as depression, bipolar disorder (manic-depressive illness), attention deficit hyperactivity



disorder, anxiety disorders, eating disorders, schizophrenia and conduct disorder.

Mental Disorders:

Another term used for mental health problems.

Mental Illnesses:

This term is usually used to refer to severe mental health problems in adults.

Outpatient Services:

Health and Mental Health Services provided in the community.

Plan of Care:

A treatment plan designed for each child or family. The caregiver(s) develop(s) the plan with the family. The plan identifies the child's and family's strengths and needs. It establishes goals and details appropriate treatment and services to meet his or her special needs.

Residential Treatment Centers:

Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with serious emotional disturbances receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than inpatient hospitalization. Centers are also known as therapeutic group homes.

Respite Care:

A service that provides a break for parents who have a child with a serious emotional disturbance. Some parents may need this help every week. It can be provided in the home or in another location. Trained parents or counselors take care of the child for a brief period of time. This gives families relief from the strain of taking care of a child with a serious emotional disturbance.

Serious Emotional Disturbance:

Diagnosable disorders in children and adolescents that severely disrupt daily functioning in the home, school, or community.

Some of these disorders are depression, attention-deficit/hyperactivity, anxiety, conduct, and eating disorders. Serious emotional disturbances affect 1 in 20 young people.

Service:

A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be received once or repeated over a course of time as determined by the child, family, and service provider.

Short-Doyle Medi-Cal:

State-funded program that provides reimbursement to organizations (provider clinics) for county mental health services to Medi-Cal eligible and indigent individuals. It refers to organizations, as opposed to individual mental health practitioners. Billing is carried out with State funding.

Fee-For-Service:

FFS providers are individual practitioners who are credentialed and who have established a contact with the local mental health plan which defines them as members of the DMH's FFS network. Billing for their services is carried out through the local mental health plan, as opposed to the Short-Doyle Medi-Cal billing procedure, where billing is through the State.

System of Care:

A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

Therapeutic Foster Care:

A home where a child with a serious emotional disturbance lives with trained foster parents with access to other support services. These foster parents receive spe-

cial support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.

Therapeutic Group Homes:

Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within an interagency system of care. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

Transitional Services:

Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

Wraparound Services:

A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education. See appropriate services, coordinated services, family-centered services, and system of care.





LOS ANGELES CITY ATTORNEY'S OFFICE



JASON B.
NEW SCHOOL



LOS ANGELES CITY ATTORNEY'S OFFICE

The Los Angeles City Attorney's Office is responsible for prosecuting misdemeanor offenses in the City of Los Angeles. The initial act in this process consists of a filing decision by a deputy city attorney who reviews reports received for filing consideration. These reports are generated after referral from the District Attorney's Office or received directly from a police or administrative agency which allege that a crime has been committed. The attorney decides whether a criminal complaint should be filed against a defendant and prosecuted through the court system; or, whether the case should be referred to the City Attorney Hearing Program, or whether the case should be rejected and no prosecution conducted. Case prosecution takes place at eight locations citywide.

Information on child abuse/endangerment offenses is presented for total cases referred to the L.A. City Attorney Office's Hearing Program, and completed prosecutions (where the defendant has either pled or been found guilty, not guilty, or the case dismissed). It is also presented for the total number of child abuse victims assisted by the Victim Witness Assistance Program.

A. PROSECUTIONS

The 704 total child abuse/endangerment prosecution statistics, which are presented for the City Attorney's Office for 2000, are described and subtotaled below. They are presented according to the State reporting categories of abuse whenever child abuse/endangerment offenses are charged against the defendant.

SEXUAL ABUSE - 119 Cases

The cases in this category include prosecutions of the following Penal Code offenses:

- P.C. Section 243.4
Sexual battery
- P.C. Section 261.5
Unlawful sexual intercourse - minor
- P.C. Section 647.6
Annoying or molesting children

PHYSICAL ABUSE - 180 Cases

Cases in this category include prosecutions of the following criminal penal code offenses:

- P.C. Section 273D.
Inflicting corporal punishment upon child resulting in traumatic condition

SEVERE NEGLECT - 357 Cases

The cases in this category include prosecutions of:

- P.C. Section 273a(a)
Willful cruelty toward child; endangering life, limb or health under circumstances or conditions likely to produce great bodily harm.
- P.C. Section 273a(b)
Willful cruelty; Under circumstances or conditions other than those likely to produce great bodily harm.

GENERAL NEGLECT - 48 Cases

The cases in this category include prosecutions of:

- P.C. Section 272
Contributing to the delinquency of a minor

TOTAL CHILD ABUSE/ENDANGERMENT PROSECUTIONS - 759 CASES

The 704 case prosecutions represented in this report for 2000 is a decrease of 55 cases (or 7.25% less than the 759 case prosecutions which took place during 1999).

B. HEARINGS

There were 563 child abuse/endangerment cases referred to the City Attorney Office's Hearing Program in 2000 after review by an attorney for filing consideration. This represents a decrease of 45 cases (or 7.4% less than the 608 cases referred to hearing during 1999).

C. VICTIM WITNESS ASSISTANCE PROGRAM

There were 719 child victims of crime who received services from the City Attorney Victim Assistance Program Service Coordinators during 2000. This is 16 more victims (or 2.3% more) than the 703 child victims who received assistance during 1999.



THE CHILD ADVOCATES OFFICE



BIANCA COHEN
TOPEKA DRIVE

THE CHILD ADVOCATES OFFICE

CASA OF LOS ANGELES

MISSION

The mission of the Child Advocates Office is to serve the needs of abused, neglected and abandoned children in the Dependency Court system by providing the best possible information to the judges making decisions about these children's futures. To achieve this the Child Advocates Office recruits, trains, supervises and supports community volunteers who investigate the circumstances of the child, facilitate the provision of services, monitor compliance with the orders of the court, and advocate in court and in the community for the best interests of the child.

ABOUT THE PROGRAM

The Child Advocates Office is a Court Appointed Special Advocate (CASA) program. It is part of a national organization, the National Court Appointed Special Advocate Association, which sets basic standards for all CASA programs. There are CASA programs in all 50 states, Washington, DC, and the U.S. Virgin Islands. Each state also sets standards for its programs, and in California the legal rights and responsibilities of CASA programs are outlined primarily in Welfare & Institutions Code sections 100 through 109, but can also be found in other sections of the Welfare & Institutions Code and in California Rules of Court 1424. The California Judicial Council has oversight responsibility for monitoring compliance. There are 3.5 CASA programs in California serving 36 counties. The CASA program in Los Angeles was founded in 1979, and is one of the oldest CASA programs in the country.

CASA is a program designed to bring a community perspective to the court about the needs of children. It is also a program dedicated from its inception to permanence for children. Welfare and Institutions Code Section 104 specifically charges the CASA with:

- Making an independent investigation of the circumstances surrounding a case, including interviewing and observing the child and other appropriate individuals, and reviewing appropriate records and reports.
- Reporting the results of the investigation to the court.
- Following the directions and orders of the court and providing any other information specifically requested by the court.

Welfare & Institutions Code Section 107 authorizes the CASA to inspect and copy any records of any agency, hospital, school, organization, division or department of the state, physician and surgeon, nurse, other health care provider, psychologist, psychiatrist, police department or mental health clinic relating to the child without the consent of the child or the child's parents.

While CASAs work closely with other advocates for the children, such as attorneys and social workers, the CASA's investigation and report are independent and separate. CASAs gather information from many sources, but they are required to take an oath of confidentiality and may share information only with the court and parties to the case.

CASAs cannot provide direct service to children without authorization from the court, but they sometimes request such authorization when the tasks involve

assessing a potential placement, taking a child for an evaluation or to parental visits, monitoring or assisting with monitored visits, taking a child for court ordered sibling visits, etc. While the CASA's role is not to provide services the Department of Children and Family Services is charged with providing, exceptions are made when the children sorely need immediate action.

Most cases are referred for a CASA at a court hearing, directly by the judicial officer or often by the child's attorney. Social workers can and do refer cases either by making the recommendation in a court report, or by calling the office to discuss the case with one of the program supervisors. All referrals to the program must have a signed court order.

CASA volunteers are not mentors or big brothers or sisters, although, depending on the age and the situation of the child, they may also fill these roles in the course of performing their duties as the child's CASA. They are advocates for specific needs of the child, and are appointed for children ranging in age from birth through 18, many with emotional, medical or developmental disabilities. CASAs are not appointed for children in the Delinquency Court, or for children who are drug or alcohol addicted, actively gang involved, chronic runaways, or when it is determined that appropriate services are being provided for the child.

A CASA remains on a case until the advocacy issues have been resolved for the child. Cases may last from a few months to several years. For this reason, prospective volunteers are asked to make an initial commitment of one year to the program. Approximately 85% of volunteers keep the commitment, and many have remained with the program for more than five years.

TRAINING AND SUPERVISION

Prospective advocates are screened by means of a criminal records check, during

an orientation session, a personal interview and, if accepted for training, throughout the training sessions. They receive 36 hours of in-class training before being sworn in as officers of the court by the Presiding Judge of Juvenile Court. The training curriculum includes child development and the dynamics of abusive families, the Dependency Court system and laws, educational advocacy, and the social services and child welfare systems.

After completing training, a new CASA will be assigned to a waiting case by a trained, professional supervisor who will provide guidance, support and expertise. Supervisors maintain frequent contact with CASAs, and review and approve all court reports and case related correspondence prepared by the CASA.

OTHER PROGRAM COMPONENTS

The hub of the Child Advocates Office is the Court Appointed Special Advocate (CASA) program, wherein volunteers are appointed by the court to the cases of specific children. However, CASA volunteers also serve children and assist the needs of the court by working in two other program components described below.

- **Children's Court Assistants** are volunteers who talk with children in the Shelter Care area at Edelman Children's Court before the children are called to the courtroom, particularly children who are there for their first court hearing. Their role is to help ease the children's anxieties and to explain the court process in age-appropriate language. Children's Court Assistants attempt to talk with every child in the Shelter Care area on a given day, but they do not engage the children in conversations about their cases. Their purpose is to make certain that if a child has any questions or concerns, these are conveyed, before the hearing, to the child's attorney or to the

DCFS Court Officer. The volunteers accompany the children to the courtroom for their hearing, wait in court during the hearing to take down any orders regarding after court visits or release of a child to a parent or relative, and escort the child back to the Shelter Care area. Children's Court Assistants are often able to explain to the child what happened during the hearing, although if a child has any legal or social work questions, they are referred to the appropriate party.

- **MacLaren Advocates** are volunteers who interview children that have been temporarily placed at MacLaren Children's Center following a placement failure. The one-time interview is to determine the child's perspective of why the foster home or group home placement failed, and to learn of any future placement preferences the child may have. MacLaren Advocates may research the child's records at MacLaren for any information on psychological or educational testing. The results of the volunteer's interview and research are submitted to the court. Although not entered into evidence, the MacLaren Advocate reports are intended to be helpful to the court, the child's attorney and the social worker for future planning for the child.

FUNDING

The Child Advocates Office is funded by a public/private partnership. It is a special program of the Juvenile Division of the Superior Court, but it also receives funding from a private non-profit partner, the Friends of Child Advocates. This partnership has been in effect since 1983. Funding provided by the Friends of Child Advocates has allowed the Child Advocates Office to grow in order to serve more children.

ABOUT THE CHILDREN

The Child Advocates Office collects demographic information only on children assigned to Court Appointed Special Advocates. In this capacity, CASA volunteers served a total of 933 children in FY 2000-2001. This number does not include the number of children served in the two other program components.

	<u>Ethnicity</u>	
African American	399	43%
Asian	8	.01%
Caucasian	121	13%
Hispanic	278	30%
Native American	1	.01%
Unknown	127	13%
	<u>Gender</u>	
Males	486	52%
Female	447	48%
	<u>Age</u>	
0-5	169	20%
6-11	278	33%
12-18	341	41%
19+	29	3%

ABOUT THE VOLUNTEERS

During FY 2000-2001, 318 volunteers served with the Child Advocates Office. CASA volunteers are responsible adults who must be at least 21 years of age, and who must have the time flexibility to attend training, court hearings, case conferences, treatment team meetings and school conferences, and be able to maintain frequent face-to-face visits with the child. Volunteers are fingerprinted and must clear a criminal records and DMV background check. They must also be willing to drive, and must show proof of auto insurance and a valid California Driver's License.

ICAN DATA ANALYSIS REPORT FOR 1999



<u>Ethnicity</u>		
African American	44	14%
Asian	3	1%
Caucasian	213	68%
Hispanic	24	8%
Other non-Caucasian	2	1%
Decline to state	8	3%
<u>Gender</u>		
Male	56	18%
Female	253	82%
<u>Age</u>		
25 - 29	14	5%
30 - 39	46	15%
40 - 49	59	20%
50 - 59	78	26%
60+	93	31%
Unknown	9	3%
<u>Employment</u>		
Full time	135	45%
Part time	25	8%
Student	2	1%
None	37	12%
Retired	73	24%
Unknown	27	9%

EXPLANATION OF TABLES

Table 1 reflects fiscal year statistics generated by CASA Manager, a software program designed for data collection on cases assigned to Court Appointed Special Advocates, the primary component of the Child Advocates Office. Each child counts as one case. Terms used in Table 1 are described below.

- **Beginning Active Cases (A)** refers to the number of open, active cases assigned to CASAs at the beginning of the fiscal year.
- **Referrals (B)** represents the total number of new referrals requesting a CASA received during the fiscal year, plus the number of referrals Wait Listed at the beginning of the fiscal year. All referrals are given the status of Waiting Assessment until a decision is made to assign a CASA or to decline the case.

- **Assigned (C)** refers to the number of new cases opened and assigned to a CASA during the fiscal year.
- **Never Served/Declined (D)** refers to the number of referred cases that were assessed and declined.
- **Closed (E)** refers to the number of cases closed at some point during the fiscal year.
- **Waiting Assessment (F)** represents the number of cases waiting to be assessed at the end of the fiscal year.
- **Total Served (A+C)** represents the number of children who had open, active cases assigned to CASA volunteers during the fiscal year.

Table 2 reflects the number of children served by volunteers working on the Children's Court Assistants component at Edelman Children's Court.

Table 3 reflects the number of children served by volunteers working on the MacLaren Advocates component at MacLaren Children's Center.

Table 4 reflects the total number of children served on all three components of the Child Advocates Office, and the total number of volunteers and their hours of service for the fiscal year.



THE CHILD ADVOCATES OFFICE

Table 1

THE CHILD ADVOCATES OFFICE

Court Appointed Special Advocate Cases for Fiscal Year 2000 - 2001

Beginning Total A	Referrals B	Assigned C	Never Served D	Cases Closed E	Waiting Assessment F	Total Served (A+C)
480	680	453	312	415	50	933

Table 2

THE CHILD ADVOCATES OFFICE

Children's Court Assistants/Edelman Children's Court for Fiscal Year 2000 - 2001

Children Served 10,608

Table 3

THE CHILD ADVOCATES OFFICE

MacLaren Advocate /MacLaren Children's Center for Fiscal Year 2000 - 2001

Children Served 123

Table 4

THE CHILD ADVOCATES OFFICE

Fiscal Year 2000 - 2001

Number of Children Served on All Program Components	11,664
Number of Volunteers	318
Volunteer Hours	108,963





DEPENDENCY COURT LEGAL SERVICES



CONSUELO ROJAS
ALONDRA



DEPENDENCY COURT LEGAL SERVICES

The section of this ICAN Report submitted by the Los Angeles County Superior Court, Juvenile Dependency Court, notes that when a child is detained by the Department of Children and Family Services an elaborate series of court proceedings must be commenced with an Arraignment/Detention hearing within 72 hours (not including weekends and holidays). At that hearing attorneys will be appointed for the parties, including the child. Dependency Court Legal Services is the preferred source for attorneys to represent these children.

REPRESENTATION OF PARTIES IN DEPENDENCY COURT

Welfare and Institutions Code Section 317 provides that when a child is removed from a parent or guardian's home and the parent or guardian cannot afford counsel, the court must appoint counsel. Further, if the court determines that the child will benefit from the appointment of counsel, the court shall appoint an attorney for the child. In Los Angeles County there are two groups of attorneys available for these appointments. The first is a group of about 100 independent attorneys on a court-approved panel. These attorneys are appointed on an individual basis and receive a flat fee for their services on behalf of each client. The second group is Dependency Court Legal Services (DCLS). As will be described in more detail below, DCLS is a private non-profit corporation consisting of three separate law firms sharing a common corporate and administrative umbrella.

By local court rule the three law firms of DCLS are the preferred appointment for

children. If a DCLS attorney is available for appointment he or she will receive the appointment. In order to assure a manageable workload, DCLS attorneys do not make themselves available to represent all of the children in the Los Angeles County dependency court.

The independent panel attorneys receive the remainder of the appointments for children and all of the appointments for parents, guardians and persons with an interest in and attachment to the child sufficient to be deemed "de facto" parents.

Representing parents in dependency court is much like any other form of legal representation. The client has the right to make the major decisions in the case and the attorney does his or her best to advance the client's position. Representing children in dependency court, however, involves several sometimes conflicting duties. On one hand, the attorney for the child acts as a traditional attorney, advocating for the maximum possible services for the child, protecting the child's legal rights, and presenting the child's stated wishes and the reasons why those wishes may in fact be best.

On the other hand, while no one would complain about obtaining the maximum services for a child, protecting a child's legal rights can mean, among other questionable things, keeping secrets from the most well-meaning adults, and, of course, a child's stated wishes are often unwise. In recognition of the immaturity and vulnerability of children, Section 317 specifically precludes the child's attorney from advocating return of the child to the parent's home if the attorney knows return would conflict with the child's safety. Further, Section 317 speci-

cally allows the child's attorney to make a recommendation to the court. This is a unique privilege in the law. The traditional role of an attorney is to make arguments, not recommendations.

Although the right to independently analyze and advocate for the child's best interests is an unparalleled opportunity to serve and protect children, it is the traditional role of an advocate that is arguably the most useful to the child and the court. A recommendation from the child's attorney is, after all, one more adult interjecting his or her opinion regarding the child's life, an opinion unsupported by the training of the Department's social worker, the authority of the court or the bonds of parenthood. Sometimes, in the welter of adult voices about what is best for a child what is most needed is a forceful presentation of what the child actually wants.

In 2000, DCLS firms represented approximately 27,000 children. During this period, 8,139 children's cases were terminated and DCLS attorneys were appointed to represent 6,730 children.

DEPENDENCY COURT LEGAL SERVICES, INC.

During 2000, DCLS was a non-profit corporation contracting directly and exclusively with Los Angeles County to provide quality and cost-effective representation of parties in dependency court proceedings.

DCLS consists of three separate law firms: the Law Offices of Lisa Mandel, the Law Offices of Randall Pacheco and the Law Offices of Kenneth P. Sherman. These independent law firms enjoy the services of a central administration, which handles budget, personnel, general training, revenue enhancement and other administrative matters. The central administration is specifically precluded from involvement in individual cases or the internal operation of the three firms. The head of each law firm is the attorney of record for each child represented by the firm. In this manner DCLS attorneys may represent up to three parties, now children, in a single case while avoiding duplication of administrative services.



APPENDICES



JULIE GUAN
WILLIAM NORTHRUP MIDDLE SCHOOL

SEVEN CATEGORIES OF ABUSE

A significant accomplishment of the Los Angeles Inter-Agency Council on Child Abuse and Neglect Data/Information Sharing Committee in the 1980s 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 *State of Child Abuse in Los Angeles County* 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 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 caretaker would lead to physical harm. This includes children who are malnourished, medically diagnosed nonorganic failure to thrive, or prenatally exposed to alcohol or other drugs.

General Neglect

The person responsible for the child's welfare has failed to provide adequate food, shelter, clothing, supervision, and/or medical or dental care. This category includes latchkey children when they are unable to properly care for themselves due to their age or level of maturity.

Emotional Abuse

Emotional abuse means willful cruelty or unjustifiable inappropriate punishment of a child to the extent that the child suffers physical trauma and intense personal/public humiliation.

Exploitation

Exploitation exists when a child is made to act in a way that is inconsistent with his/her age, skill level, or maturity. This includes sexual exploitation in the realm of child pornography and child prostitution. In addition, exploitation can be economic, forcing the child to enter the job market prematurely or inappropriately; or it can be social with the child expected to perform in the caretaker role.

Caretaker Absence/Incapacity

This refers to situations when the child is suffering either physically or emotionally, from the absence of the caretaker. This includes abandoned children, children left alone for prolonged periods of time without provision for their care, as well as children who lack proper parental care due to their parents' incapacity, whether physical or emotional.



DATA/INFORMATION SHARING COMMITTEE BIOGRAPHIES

**Elizabeth Stephens
Committee Chairperson**

Elizabeth is the head of the Statistical Section for the County of Los Angeles Department of Children and Family Services. She previously served as the Department of Adoptions representative to the ICAN Operations Committee, and was on the ICAN Data/Information Sharing Committee when it was first formed in 1981. Her recent membership with the Committee began in 1986 as the Department of Children and Family Services representative. Ms. Stephens has been with Los Angeles County for over 35 years, and has served in various administrative and technical positions.

Nora J. Baladerian, Ph.D

Nora is a clinical psychologist and is the Director of the Counseling Center of West Los Angeles. She is also the Director of the Disability, Abuse and Personal Rights Project. She is the Project Coordinator for the CAN DO! Project, Child Abuse & Neglect Disability Outreach Project, under ARC Riverside. She has been involved in issues related to child abuse in general since 1972, and for children with disabilities since 1975. She conducts research and training programs for disability and protective services personnel, and coordinates the annual National Conference on the abuse of children and adults with disabilities. She is the author of several guidebooks and articles on this issue.

Julie Beardsley

Julie Beardsley is a Research Analyst III for the Children's System of Care of the Los Angeles County Department of Mental

Health. Since 1998 she has worked with David Zippin, Ph.D. in the Program Evaluation Unit. Among her responsibilities are the collection and analysis of demographic data on the population of child/youth clients in the DMH and the statistical analysis of State mandated Performance Outcome Data, which assesses mental health, to assist in program planning. Julie received her BA in Sociology from the University of Hawaii-Hilo, and a Master of Public Health degree from the John Burns School of Public Health, University of Hawaii at Manoa.

Pamela Booth

Pam is currently the Head Deputy of the Sex Crimes Division for the Los Angeles County District Attorney's Office. In the fifteen years she has been a Deputy District Attorney, she has served as a trial attorney, filing deputy, calendar deputy, and Deputy-in-Charge of both an adult area office and a juvenile office. Prior to becoming a prosecutor, Pam served as a probation officer in San Bernardino County covering both adult and juvenile caseloads.

Cynthia Hernandez Buter

Cynthia is the Assistant Division Chief of Juvenile Dependency in the Administrative Office of the Juvenile Court. She is coordinating this year's annual "Sara Berman Adoption Saturday" held at the Children's Court. She has been a court employee for over 15 years. She was previously assigned to the Information Systems and Technology Bureau of the Los Angeles Superior Court. She was responsible for coordinating the content management of the Court's twelve internet sites in an attempt to merge all of

the information into one unified LASC page. Prior to that, she spent several years as a Judicial Assistant in various areas of litigation. Cynthia received her Bachelor of Arts degree from Mount Saint Mary's college in the area of International Business. She has also taken additional classes in the area of Information systems and technology.

Steve Carey

Steve is a detective with the Los Angeles Police Department. He has served on the ICAN Data/Information Sharing Committee since 1990. Detective Carey joined the LAPD in 1972 and is currently assigned as a Bureau Consultant in Juvenile Division. He previously worked nine years in the Abused Child Unit. Steve earned a BS Degree from California State University, Los Angeles and a BA Degree from California State University, Fullerton.

Christopher D. Chapman

Chris is a Programmer Analyst with the Los Angeles County Internal Services Department, Information Technology Service. Christopher has been with the County's Internal Services Department since January 1999, where he supports the ICAN Office and other County Departments with over 15 years of experience in Desktop Publishing, Graphic Design and Internet Development. Chris has earned a Masters Degree in Organizational Management along with two other degrees, one in Visual Design and the other in Business Management.

Martha Cook

Martha is the Supervisor for the State of California Department of Justice Child Abuse Unit. This unit is responsible for maintaining the Child Abuse Central Index, the State's registry of child abuse investigation reports. Martha has been employed by the State of California since 1981. She has been with the Department of Justice since

1989, having worked in the Bureau of Narcotic Enforcement and as coordinator for the State Child Death Review Board. She assumed her present responsibilities in August, 1995.

Jeanne DiConti

Jeanne is a Deputy City Attorney with the Los Angeles City Attorney's Office, Publications and Statistics Section. Since starting with the Office in 1975, she has served as a member of the Office's Business Systems Plan Team, and the Office Automation Steering Committee. She has been a member of the ICAN Data/Information Sharing Committee since 1989.

Michael Durfee, M.D.

Michael founded the ICAN Data/Information Sharing Committee in 1982. He began data collection systems for the departments of Mental Health and Health Services and is now using a new software program to automate health data. Additional tasks include development of special data collection systems following pre-natal substance abuse and suspicious child deaths.

Douglas Harvey

Doug is a Supervising Special Investigator for the L.A. Region Investigation Section (L.A. County) of the Community Care Licensing Division (CCLD), California Department of Social Services. He has served on the ICAN Child Death Review Team since 1992. Doug is a Licensed Clinical Social Worker as well as a peace officer. In addition to being responsible for the team investigating physical or sexual abuse and questionable deaths of all ages in community care facilities, Doug developed and implemented the current system of CCLD investigators handling all L.A. County Child Abuse Hotline referrals that involve community care.

John Langstaff

John is a Program Analyst with ICAN. Before joining ICAN in 1999, John worked as a Staff Assistant in Operations Administration with the Department of Children and Family Services. He also was involved in the development and implementation of a policy training curriculum for line staff during DCFS' conversion to CWS/CMS. During his 11 years with DCFS, John worked as an Emergency Response Children's Social Worker, and was involved in parenting education for both foster parents and clients of DCFS. John's responsibilities at ICAN include staff assistance for the ICAN Child Death Review Team, the Data/Information Sharing Subcommittee, and management of the ICAN-National Center on Child Fatality Review and its web site at www.ICAN-NCFR.org.

Diana Liu, MPH

Diana is an epidemiologist for the Epidemiology and Assessment Unit (formerly known as the MCAH Assessment and Planning Unit), Family Health Program, Los Angeles County Department of Health Services. She has recently been involved in the development and dissemination of maternal, child and adolescent health (MCAH) related statistics to internal and external programs, other county departments, and community organizations. She is also involved in the production of the Family Health Outcomes Project Indicator report. Her hope is that with accurate and meaningful data/information, we can assist in facilitating collaboration, planning, and policy development within the MCAH community. Diana received her Master of Public Health in Epidemiology from San Diego State University.

Penny Markey

Penny Markey is the Coordinator of Youth Services for the County of Los Angeles

Public Library. She is responsible for developing library collections, programs and services for children from birth to age 18 and their parents and caregivers. In that capacity she has developed numerous programs for children and families including: Begin at the Beginning With Books, an early childhood literacy program targeting prenatal moms and their new babies; Home run readers, a reading motivation for school-age children in partnership with the Los Angeles Dodgers and Pacific Bell and a community service volunteer program to provide teens with workforce readiness skills. Penny has served as adjunct professor in the School of Education and Information Science at UCLA.

Chris Minor

Chris is a detective with the Los Angeles County Sheriff's Department, assigned to the Family Crimes Bureau/Child Abuse Detail. He has been a deputy sheriff for twenty years and has worked as a child abuse investigator for the past ten years. Chris currently acts a liaison between the Family Crimes Bureau and the Department of Children and Family Services and other law enforcement agencies; responds to requests for advice from field patrol deputies; and conducts lectures in the field of child abuse investigation to the Sheriff's Department Academy Recruits, assigned patrol deputies, schools and other civic groups.

Thomas Nguyen

Thomas is a Children's Services Administrator I in the Statistics Section of the Department of Children and Family Services. He has been with the department since 1988 and has been involved with the ICAN Data/Information Sharing statistical report since 1991. Mr. Nguyen graduated from Hope College, Holland, Michigan with a Bachelor of Arts degree in Business

Administration and minor in Computer Science and Spanish.

Arthur Rubenstein

Arthur Rubenstein serves as a Research Analyst with the Los Angeles County Office of Education, Division of Student Support Services. Arthur has been with the County Office for approximately 3 years. In addition to providing technical support to the 82 school districts in Los Angeles County, he provides data on legislative changes related to education. He also has provided technical support in the area of Physical Fitness Testing for over 400 districts throughout the State of California.

Edie Shulman

Edie is a Program Analyst for ICAN. Her primary responsibility is to manage the ICAN Multi-Agency Child Death Review Team, which includes maintaining the data base of suspicious child deaths, providing analyses of child deaths for County agencies, coordinating team meetings and data collection. Ms. Shulman also provides staff assistance for several other ICAN committees, including the Youth Advisory Council and the Child Abduction Task Force. Ms. Shulman has both a JD and an MSW from the University of Southern California. Prior to joining ICAN in 1997, she had 5 years experience within the Adoptions Division of the Los Angeles County Department of Children and Family Services.

Sue Thompson

Sue is the Assistant Director of the Child Advocates Office/CASA of Los Angeles. She began her career in child advocacy in 1986 as a volunteer CASA/Guardian ad litem for children under jurisdiction of the Dependency Court. Later, in 1989, Sue joined the Child Advocates Office staff as the program's first Volunteer Coordinator, and in 1994, became the Assistant Director. During Sue's tenure, the Child Advocates

Office CASA program has grown from fewer than 100 to more than 300 CASA volunteers, who last year served over 10,000 children in the dependency court system. Over the years, Sue has worked on numerous committees to improve the plight of children and adolescents in foster care, including the Emancipation Planning Task Force.

Patsy Wilson

Patsy is currently Division Manager for Internal Services Department, Information Technology Service, responsible for managing data processing activities for social services systems and other programs. She has over 25 years solid business experience, including front-line supervision, training and project development. She earned her BS in Management and her reputation for excellence in management while working as an EDP auditor. She has been on the ICAN Data/Information Sharing Committee since 1995.

David Zippin, Ph.D.

David Zippin is Chief Research Analyst with the Evaluation Unit of the Children's System of Care of the Los Angeles County Department of Mental Health. He collects and analyzes performance outcome data to describe the mental health of child/adolescent clients during treatment. He is also conducting evaluations of the pilot AB3015 Intensive Family Based Program and therapeutic foster care and he tracks group home and AB3632 special education placements. He received the Ph.D. from the University of Iowa specializing in Social Psychology and Research Methods and completed a two-year NIMH postdoctoral training program in mental health program evaluation in the School of Public Health at UCLA.