

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

2000



Report Compiled From 1999 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
(626) 455-4585 Fax (626) 444-4851 Email dtilton@co.la.ca.us



Report Compiled From 1999 Data

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY

*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.*

TABLE OF CONTENTS

Policy Committee Members .....	.v
ICAN Operations Committee .....	.vii
Data Information Sharing Committee Members .....	.ix
Board of Directors - ICAN Associates .....	.xi
Los Angeles County Child Abuse Coordination Project .....	.xiii
Introduction .....	.xv
ICAN Organizational Summary .....	.xix
ANALYSIS	
Youth Demographics • Selected Findings • Conclusions • Recommendations .....	.5
An Analysis Of Inter-Agency Data Collection .....	.19
SPECIAL REPORTS	
ICAN Associates .....	.31
Community Care Licensing .....	.35
Child Abuse and Developmental Disabilities .....	.43
ICAN AGENCY REPORTS	
Department of Public Social Services .....	.57
Los Angeles County Office of Education .....	.69
Department of Health Services .....	.83
Department of Children and Family Services .....	.101
Los Angeles Superior Court .....	.119
Los Angeles County Counsel .....	.129
Los Angeles County Sheriffs' Department .....	.131
Los Angeles Police Department .....	.147
Los Angeles County District Attorney's Office .....	.153
Probation Department .....	.189
Department of Justice .....	.211
Department of Coroner .....	.217
County of Los Angeles Public Library .....	.225
Department of Mental Health... ..	.227
Los Angeles City Attorney .....	.261
The Child Advocates Office .....	.263
Public Defender's Office .....	.269
Dependency Court .....	.275
Los Angeles Unified School District .....	.277
APPENDICES	
Seven Definitions of Abuse .....	.283
Data/Information Sharing Committee Biographies .....	.285



POLICY COMMITTEE MEMBERS

Gil Garcetti, Chairperson
District Attorney

Yolie Flores Aguilar
Executive Director,
Children's Planning Council

Leroy D. Baca, Sheriff
Los Angeles County Sheriff's Department

Lynn W. Bayer
Director, Public Social Services

Levan Bell
Regional Administrator
Department of Corrections

Anita Bock
Director,
Children and Family Services

Sal B. Castro
Educator

John A. Clarke
Executive Officer/Clerk
Superior Court

Rodney E. Cooper
Director, Parks and Recreation

Mark Finucane
Director, Health Services

Terry B. Friedman
Presiding Judge, Juvenile Court

P. Michael Freeman
Fire Chief,
Forester and Fire Warden

James Hahn
L.A. City Attorney

Nancy Hayes
UCLA Medical Center

Anthony Hernandez
Director, Department of Coroner

Dave Hinig
Arcadia Police Department
President, Police Chief's Association

Dr. Donald Ingwerson
Superintendent,
Office of Education

Carlos Jackson
Executive Director,
Community Development Commission

David E. Janssen
Chief Administrative Officer

Michael P. Judge
Public Defender

Stephanie Klopffleisch
Director,
Community and Senior Services

Bill Lockyer
California Attorney General

Alejandro Mayorkas
U. S. Attorney

Jennifer Miyake
ICAN Youth Representative

France Nuyen
Performing Artist

Linda Otto
Producer/Director

Joan Ouderkirk
Interim Director, Internal Services

Bernard Parks, Chief
Los Angeles Police Department

Lloyd W. Pellman
County Counsel

Sandra Reuben
County Librarian,
Public Library

Roy Romer
Superintendent,
Los Angeles Unified School District

Maxine B. Russell
Educator/Counselor

Rita Saenz, Director
California Department of Social Services

Dr. Lakshmanan Sathyavagiswaran
Chief Medical Examiner-Coroner

Richard Shumsky
Chief Probation Officer

Dr. Marvin Southard
Director, Mental Health

Carol Weller
Educator



ICAN OPERATIONS COMMITTEE

Jacob Aguilar, Chair
Dept. of Public Social Services

Captain Kirk Albanese
Los Angeles Police Department

Pam Booth
District Attorney's Office

Det. James Brown
Los Angeles Police Department

George Chance
Calif. Dept. of Social Services

Tom Connally
Los Angeles Police Department -
Abused Child Unit

Larry Cory
Office of County Counsel

Captian Marv Dixon
Los Angeles County Sheriff's Department
Family Crimes Bureau

Patricia Donahue
U.S. Attorney's Office

Roseann Donnelly
Community and Senior Services

Michael Durfee, M.D.
Dept. of Health Services

Kerry English, M.D.
King/Drew Medical Center

Joe Estrada
Probation Department

Helen Brandon-Gipson
Community and Senior Services

Marjorie Gins
Los Angeles Community Child Abuse Councils

Craig Harvey
Coroner's Department

John Hatakeyama
Dept. of Mental Health
Children and Youth Services

Randy Henderson
Dependency Court Administrator

Bill Hodgman
District Attorney's Office

Rose Ibanez
Community Development Commission

Paul Jendrucko
Los Angeles County Sheriff's Department

Cheryl Jones
Public Defender's Office

Shayla Lever
Los Angeles Unified School District
Child Abuse Prevention Office

Penny Markey
Public Library

Linda Medvene
Office of County Counsel

Michael Pines
Los Angeles County Office of Education

Robert Plasky

Chief Administrative Office

Dr. Franklin Pratt

Medical Director

Los Angeles County Fire Dept.

Velia Rosales

Dept. of Parks and Recreation

Ligia Schaffer

Office of County Counsel

Max Schmidl

Chief Administrative Office

Lt. Tom Sirkel

Los Angeles County Sheriff's Department

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 Baladerian

Spectrum Institute

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

Jeanne Di Conti

Office of Los Angeles City Attorney

Martha Cook

California Department of Justice

Michael Durfee, M.D.

Los Angeles County
Department of Health Services

Mervat Farag

Los Angeles County
Department of Coroner

Eileen Gomez

Los Angeles County
Department of Coroner

Karen Hansen

Los Angeles County
Department of Public Social Services

Doug Harvey

California Department of Social Services

Cheryl Jones

Los Angeles County
Office of Public Defender

Ruben Juaregui

Los Angeles County
Probation Department

Kevin Lane

Los Angeles County
Superior Court

John Langstaff

ICAN

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

Sandra Montoya

Los Angeles County
Superior Court

Thomas Nguyen

Los Angeles County
Department of Children and Family Services

Arthur Rubenstein

Los Angeles County
Office of Education

Edie Shulman

ICAN

Sharon Watson

Children's Planning Council

Patsy Wilson

Los Angeles County
Internal Services Department

David Zippin

Los Angeles County
Department of Mental Health



BOARD OF DIRECTORS-ICAN ASSOCIATES

Honorary Chairperson

Lindsay Wagner
Producer/Actress

President

Nick Winslow
Former President, Warner Bros. International
Recreation Enterprise, Inc.

1st Vice President

Paul Mones
Attorney/Author

2nd Vice President

Jeffrey Bacon
Partner, Creative Director,
Cimarron/Bacon/O'Brien

Secretary

Beverly Kurtz
Los Angeles County
Museum of Art Docent Council

Sharon Davis
California First Lady

Michele Andelson
Principal, Andelson Properties

Joel Henrie
Vice President, Motion Picture Placement

Cynthia James
Producer/Actress

Maxene Johnston
President, Johnston & Company

Sandra Landers
President, Sandra Landers Design

JoAnn Magidow

Board of Directors, Riviera Country Club

France Nuyen

Actress, Counselor

Linda Otto

Producer/Director

Tom Unterman

TMCT Ventures

Nick Winslow

Former President, Warner Bros. International
Recreation Enterprise, Inc.

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 2000

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 1999, or 1998/99 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 to 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 sixteenth 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 14th Annual Child Abuse Prevention Month Poster Contest, held in early 1999. The contest, this year 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 interdependencies. 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-seven County, City, State and Federal agency heads are members of the ICAN Policy Committee, along with UCLA, five private sector members appointed by the Board of Supervisors and the Children's Planning Council. ICAN's Policy Committee is comprised of the heads of each of the member agencies. The ICAN Operations Committee, which includes designated child abuse specialists from each member agency, carries out the activities of ICAN through its work as a committee and through various standing and ad hoc subcommittees. Sixteen community based inter-disciplinary child abuse councils interface with ICAN and provide valuable information to ICAN regarding many child abuse related issues. ICAN Associates is a private non-profit corporation

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

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

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

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

Edie Shulman
ICAN Program Analyst

John Langstaff
ICAN Program Analyst

Camile Salas
Administrative Assistant

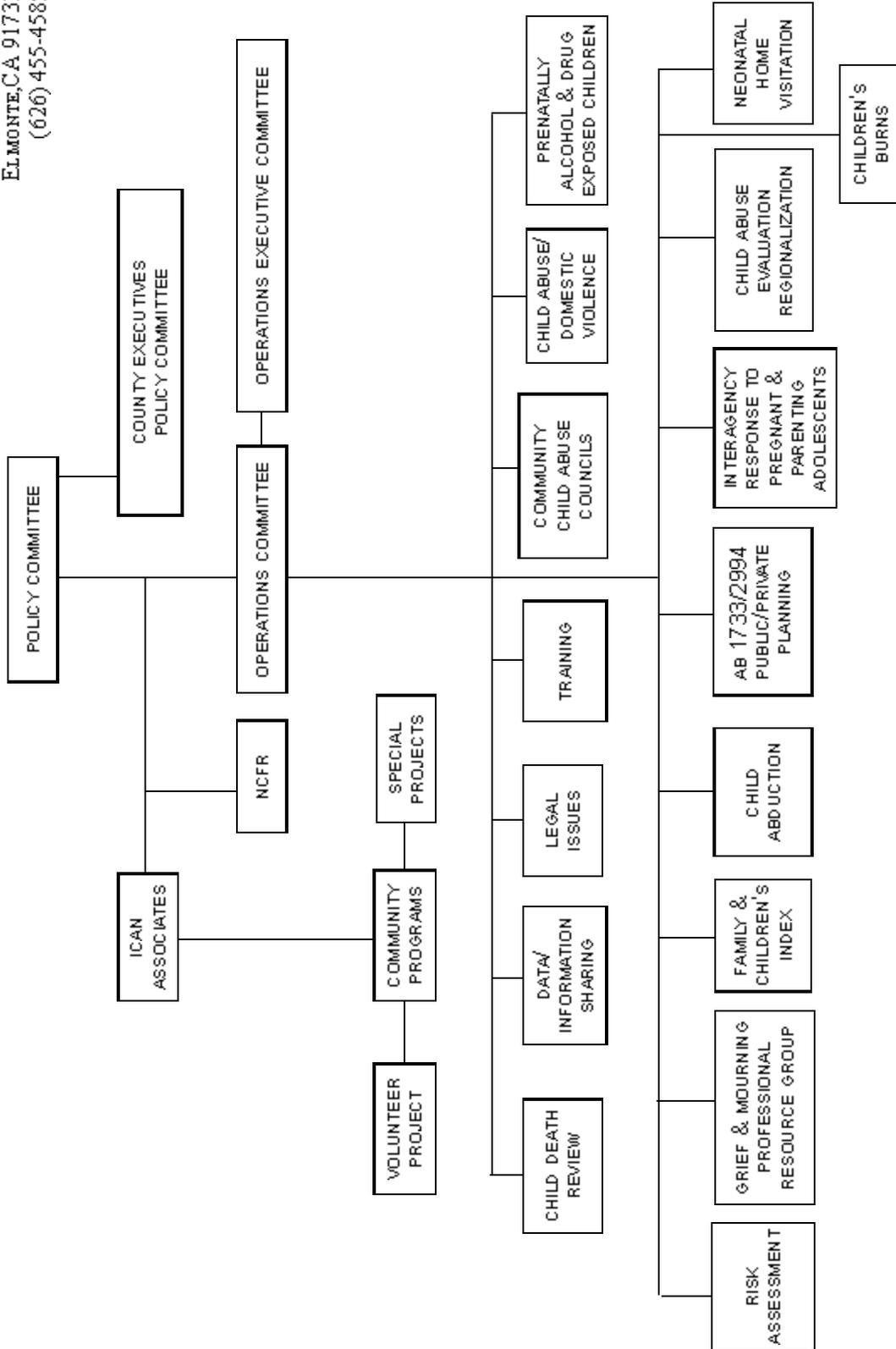
Tammi Taylor
ICAN Associates Development Manager

Sabina Alvarez
ICAN Secretary

Yolanda Barros
ICAN Secretary

ICAN DATA ANALYSIS REPORT FOR 2000

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



POLICY COMMITTEE

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

COUNTY EXECUTIVES POLICY COMMITTEE

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

OPERATIONS COMMITTEE

Member agency and community council representatives in a working body. 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 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 EVALUATION REGIONALIZATION

Coordinates efforts to facilitate and expand availability of quality medical exams for child abuse victims throughout the County. (Meets as needed)

NEONATAL HOME VISITATION

Develops recommendations on how neonatal home visitation, which has been shown to be an effective child abuse prevention strategy, can be systematically implemented throughout Los Angeles County. Examines service delivery models, funding opportunities and research outcomes. (Meets as needed)

CHILDREN'S BURNS

This committee reviews issues surrounding children's burn injuries that result from

parental abuse or neglect. Meets at the Grossman Burn Center. (Meets monthly)

NCFR

In November 1996, ICAN was designated as the National Center on Child Fatality Review.

The NCFR web site address is www.ICAN-NCFR.org

**CHILD ABUSE
PROTOCOL TASK FORCE**

This committee is developing a written protocol for Inter-agency response to Child Abuse and Neglect in Los Angeles County. (Meets monthly)

EARLY CHILDHOOD COMMITTEE

Focuses on early childhood issues and issues of prenatal health. (Meets as needed)

YOUTH ADVISORY COUNCIL

New committee comprised of youth whose purpose is to ensure that a youth perspective is included in ICAN committees and initiatives. (Meets monthly)



YOUTH DEMOGRAPHICS • SELECTED FINDINGS CONCLUSIONS • RECOMMENDATIONS



SHERRY LUONG
WILLIAM NORTHRUP MIDDLE 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 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, 1991 - 1998**

Age	1991	1992	1993	1994	1995	1996	1997	1998	1999
0	201,355	201,460	188,736	183,686	174,387	169,521	163,070	169,374	168,212
1	172,099	200,379	198,914	186,747	181,384	172,349	169,263	168,595	168,534
2	157,505	171,712	198,304	197,394	184,878	179,715	172,499	168,704	168,234
3	150,945	157,334	169,971	197,043	195,831	183,503	179,989	172,080	168,498
4	142,789	150,959	155,747	168,869	195,617	194,605	183,864	179,664	171,981
5	141,733	142,932	149,499	154,760	167,534	194,488	195,044	183,627	179,656
6	134,413	141,986	141,551	148,601	153,516	166,484	194,988	194,868	183,692
7	130,184	134,757	140,687	140,740	147,430	152,526	166,945	194,766	194,887
8	130,451	130,484	133,431	139,836	139,538	146,425	152,960	166,697	194,752
9	123,158	130,704	129,168	132,588	138,653	138,532	146,819	152,672	166,651
10	128,447	123,376	129,576	128,452	131,591	137,824	138,861	146,483	152,574
11	123,727	128,614	122,114	128,741	127,306	130,630	138,090	138,468	146,317
12	116,335	123,829	127,336	121,267	127,605	126,328	130,923	137,741	138,351
13	115,286	116,504	122,645	126,558	120,205	126,701	126,655	130,617	137,668
14	115,413	115,506	115,342	121,890	125,500	119,309	127,131	126,449	130,647
15	114,902	115,732	114,491	114,732	120,995	124,785	119,873	127,050	126,616
16	117,137	115,332	114,547	113,784	113,648	120,111	125,545	119,978	127,401
17	118,115	117,742	114,090	113,852	112,668	112,761	121,080	125,812	120,534
Total	2,433,994	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, December, 1999

Figure 2

**POPULATION ESTIMATE BY AGE
Los Angeles County, 1991 - 1999**

Age	1991	1992	1993	1994	1995	1996	1997	1998	1999
0	8.27%	8.00%	7.35%	7.01%	6.56%	6.29%	6.15%	6.04%	5.91%
1	7.07%	7.95%	7.75%	7.13%	6.82%	6.39%	6.13%	6.01%	5.92%
2	6.47%	6.82%	7.73%	7.54%	6.95%	6.66%	6.25%	6.02%	5.91%
3	6.20%	6.25%	6.62%	7.52%	7.37%	6.80%	6.52%	6.14%	5.92%
4	6.04%	5.87%	5.99%	6.07%	6.45%	7.36%	7.22%	6.66%	6.04%
5	5.82%	5.67%	5.83%	5.91%	6.30%	7.21%	7.07%	6.55%	6.31%
6	5.52%	5.64%	5.52%	5.67%	5.77%	6.17%	7.07%	6.95%	6.46%
7	5.35%	5.35%	5.48%	5.37%	5.55%	5.66%	6.05%	6.95%	6.85%
8	5.36%	5.18%	5.20%	5.34%	5.25%	5.43%	5.54%	5.95%	6.84%
9	5.06%	5.19%	5.03%	5.06%	5.22%	5.14%	5.32%	5.45%	5.86%
10	5.28%	4.90%	5.05%	4.90%	4.95%	5.11%	5.03%	5.22%	5.36%
11	5.08%	5.11%	4.76%	4.91%	4.79%	4.84%	5.00%	4.94%	5.14%
12	4.78%	4.92%	4.96%	4.63%	4.80%	4.68%	4.74%	4.91%	4.86%
13	4.74%	4.62%	4.78%	4.83%	4.52%	4.70%	4.59%	4.66%	4.84%
14	4.74%	4.58%	4.49%	4.65%	4.72%	4.42%	4.60%	4.51%	4.59%
15	4.72%	4.59%	4.46%	4.38%	4.55%	4.63%	4.34%	4.53%	4.45%
16	4.81%	4.58%	4.46%	4.34%	4.28%	4.45%	4.55%	4.28%	4.48%
17	4.85%	4.67%	4.45%	4.35%	4.24%	4.18%	4.38%	4.49%	4.24%
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, December, 1999



Figure 3

**POPULATION ESTIMATE BY RACE/ETHNICITY FOR YOUTH AGES 17 AND UNDER
Los Angeles County, 1991 - 1999**

<i>Race/ Ethnicity</i>	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	649,118	652,724	641,917	633,642	620,405	606,767	608,459	602,300	594,967
Hispanic	1,252,014	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	276,268	283,261	284,676	286,885	286,864	286,368	282,585	277,669	272,279
Asian	249,890	262,117	269,818	278,454	285,481	292,621	297,354	302,330	307,052
Native American	6,704	6,550	6,296	6,100	5,913	5,795	5,818	5,801	5,730
Total	2,433,994	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, December, 1999

Figure 4

**POPULATION ESTIMATE BY RACE/ETHNICITY FOR YOUTH AGES 17 AND UNDER
Los Angeles County, 1991 - 1999**

<i>Race/ Ethnicity</i>	1991	1992	1993	1994	1995	1996	1997	1998	1999
White	26.67%	25.91%	25.01%	24.19%	23.34%	22.50%	22.06%	21.48%	20.91%
Hispanic	51.44%	52.18%	53.13%	54.00%	54.91%	55.81%	56.70%	57.62%	58.53%
African American	11.35%	11.24%	11.09%	10.95%	10.79%	10.62%	10.25%	9.90%	9.57%
Asian	10.27%	10.40%	10.51%	10.63%	10.74%	10.85%	10.78%	10.78%	10.79%
Native American	0.28%	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%	100.00%

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



SELECTED FINDINGS

Child Abuse and Disabilities

- Statewide reports of abuse of developmentally disabled children decreased from 186 in 1998 to 175 in 1999, a 5.9% decrease.
- In Los Angeles County, reports of abuse of developmentally disabled children increased from 54 in 1998 to 59 during 1999, an increase of 9.3%.

Department Of Public Social Services

- The Food Stamps Only (FSO) caseload dropped by 565 (0.5%).
- The Medi-Cal Assistance Only (MAO) caseload increased by 326,534 (57.7%).
- The total number of persons receiving aid (total aided persons = 1,768,072) increased by 280,915 (19.9%) between December 1998 and December 1999.
- DPSS made 209 fewer referrals to DCFS during 1999 than in 1998, a decrease of 22.7%.

Department of Children and Family Services

- 146,583 Emergency Response (ER) child referrals during 1999, represented a 6.7% decrease from the 157,062 referrals in 1998.

Following are the types of abuse/neglect in 1999:

- 30.0% were general neglect;
- 24.0% were physical abuse;
- 17.0% were at risk but not abused;
- 10.8% were sexual abuse;
- 8.1% were emotional abuse;
- 6.6% were caretaker absence/incapacity;
- 3.3% were severe neglect; and
- 0.2% were exploitation.
- If general neglect, severe neglect, and caretaker absence/incapacity are combined, the neglect category accounts for

39.9% of the types of abuse/neglect in 1999.

- The total end-month caseload for December 1999 (that is, total ER, FM, FR, and PP children under supervision) was 64,656, down from 65,659 in December of 1998 (a decrease of 1.5%).

- 42.4% of the caseload were African American; 37.4% were Hispanic; 16.6% were White; 2.2% were Asian/Pacific Islander; 0.6% were American Indian/Alaskan Native; 0.4% were Filipino; and 0.4% were Other.

- The age groups served by DCFS were: 12.5% age 0-2 years; 17.7% age 3-5 years; 42.9% age 6-12 years; and 26.9% age 13 and older.

- A total of 48,613 children were in Out-of-Home care as of December 31, 1999. 53.1% were placed with relatives; 16.7% were placed in Foster Family Agency Homes; 10.6% were placed in Foster Homes; and 4.7% 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 804 children to 2,532 in 1999 (a 46.5% increase over 1998).

Los Angeles County Superior Court -Juvenile Dependency Court*

- 8,918 WIC 300 cases were filed in 1999, a 9.1% decrease from 1998, continuing a trend of fewer new WIC 300 filings each year since 1996.

- Total calendar year filings declined by 1.2%, while total petitions and reviews were up 42.9% over 1998.
- Subsequent WIC 342 Petitions increased by 259 (5.1%) over 1998, while supplemental WIC 387 and WIC 388 petitions increased by 404 (11.2%) over 1998.
- Suitable Placement orders (ordering children to homes other than that of a parent) at disposition were made on 4,618 (66.3%) of cases in 1999. In 1998, Suitable Placement orders were made on 67% of the cases at disposition.
- 12,033 children had their cases/jurisdiction terminated in 1999, 14 fewer than in 1998.
- 3,115 more children exited the court system than entered in 1999.

*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 child already under the court's jurisdiction makes a new allegation of abuse. For example, a child who has been declared a dependent of the court due to physical abuse subsequently discloses that he or she had been 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, or other 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)**

(The Sheriff's Juvenile Investigations Bureau was re-named the Family Crimes Bureau in October 1999)

- FCB investigated 2,957 cases involving 3,754 alleged victims of child abuse in 1999, down from 3,816 alleged victims investigated in 1997 (a 1.6% decrease).
- 2,446 of the alleged victims were female (65.2%). 1,551 (41.3%) of the total victims were age 9 years or younger.
- 2,010 (54.2%) of the FCB investigations were for sexual abuse, while 1,698 (45.8%) were for physical abuse.

**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 1,777 crimes in 1999, a 3.8% decrease from 1998; 828 (46.6%) were for physical abuse; 460 (25.9%) were for sexual abuse; 478 (26.9%) were for endangerment; and the unit investigated 11 homicides in 1999 (6 homicides were investigated by the ACU in 1998).
- The ACU arrested 449 persons for abuse in 1999, an increase of 53.8% over 1998; 285 were for child molestation; 101 were for child endangering; 56 were for physical abuse; and 7 were arrested for homicide.
- A total of 1,872 children had WIC 300 petitions filed with the dependency court by the ACU on their behalf in 1999 (an 8.6% increase over 1998). 54.6% were due to child endangering; 30.8% were due to phys-



ical abuse; and 14.6% were due to sexual abuse.

Geographic Areas

- In the geographic areas of LAPD, a total of 2,035 crimes were investigated, a 13.1% increase over 1998. Of the 2,035 crimes investigated, 194 (9.5%) were for physical abuse; 1,157 (56.9%) were for sexual abuse/child annoying; and 684 (33.6%) were for endangerment.
- In LAPD geographic areas, 395 suspects were arrested for child abuse offenses in 1999, a 21.9% increase over 1998. Of the 395 arrested, 318 (80.5%) were for sexual abuse; 48 (12.2%) were for child endangering; and 29 (7.3%) were for physical abuse.

Combined Abused Child Unit and Geographic Areas

- Investigations decreased by 6.0% from 1998.
- Child abuse arrests increased by 37.0% over 1998.
- WIC 300 Dependency Court filings by LAPD increased by 9.0% over 1998.

***The Abused Child Unit investigates severe neglect/endangerment, physical abuse and sexual abuse cases, homicides when the victim is under 11 years old, 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 1998, 2,556 child abuse cases were filed by the District Attorney's Office, while 1,808 were declined. In 1999, 2,431 were filed and 1,703 were declined.
- In 1998, 57% of the felony child physical abuse cases submitted were filed; in 1999, 67% (a 10% increase) of the submitted cases were filed.
- In 1998, 45% of the felony sex crimes cases submitted were filed; in 1999, 54% (a 9% increase) of the submitted cases were filed.

Probation Department

- The number of adult referrals received for child abuse offenses decreased 3.1%, from 883 in 1998 to 856 in 1999.
- Juveniles referred for child abuse offenses decreased from 437 in 1998 to 433 in 1999.
- 530 juveniles were under supervision for child abuse offenses in 1999, down 5.7% from 562 in 1998.
- The vast majority of adults and juveniles referred to Probation for child abuse offenses were for sexual abuse offenses: 1,211 of 1,289 total referrals (93.9%).

California Department of Justice - Child Abuse Program

- In 1999, a total of 8,100 Los Angeles County reports of child abuse and neglect investigations were entered in the Child Abuse Central Index (CACI), accounting for 18.6% of the state total of 43,639.
- 53.9% of Los Angeles County's 1999 CACI entries were for physical abuse, 27.1% were for sexual abuse, and the rest (18.9%) were for severe neglect and mental abuse. 14 child deaths from Los Angeles County were entered in CACI in 1999, up from 7 deaths entered in 1998.



Department of Mental Health- Children's System of Care

- 24,860 children and youth received Short-Doyle Mental Health services in Fiscal Year 1998-1999, a decrease of 8.8% from FY 1997-1998.
- The Mental Health AB1733/2994 Family Preservation and Child Abuse Prevention Program served 948 clients in 1998-1999, compared with 824 the previous year, an increase of 15.04%.
- The largest proportion of clients served by Mental Health is in the 12-18 age group, 61.5% of the total youth served.

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 236 reports of substance exposed newborns were made during 1999. King-Drew Medical Center (n=87) reported the greatest number of cases followed by California Medical Center (n=46) and Harbor-UCLA Medical Center (n=27).
- The most often reported substance use/abuse by mothers was cocaine/crack (n=155) followed by marijuana (n=51) and amphetamine (n=22).
- Of the 1,960 deaths of youth age 21 years and younger reported for 1998, 55.3% were among children age 4 years and younger, and 47.7% were under age 1 year.
- Male infant mortality rates have declined from 8.7 per 1,000 live births in 1990 to 6.2 per 1,000 live births in 1998, and the female infant mortality rate declined from 7.3 per 1,000 live births in 1990 to 5.6 per 1,000 live births in 1998.
- The DHS Emergency Medical Services, Trauma and Emergency Medicine Information System Report, Children Ages 4 and Under, reported 1,557 incidences of head trauma complaints in 1999, compared

with 1,369 incidences in 1998.

****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.



CONCLUSIONS

A summary of reported increases and decreases in child abuse/child welfare data during 1999 is as follows:

Increases Reported:

Children and Family Services

- The number of children placed in adoptive homes increased 46.5% to 2,532, compared with 1,728 during 1998. Adoptive placements have increased 353.8% since 1984.
- The percentage of children served in the Permanent Placement program increased by 3.9% during 1999, to 39,136 children and youth (60.5% of the total end-month DCFS caseload).

California Department of Justice

- The number of Child Abuse Investigations Reports entered into the state Child Abuse Central Index (CACI) during 1999 increased 7.3% to 43,639.
- The total number of records maintained in the CACI is now 799,330, an increase of 2.7% over 1998.

Superior Court

- The total number of Subsequent (WIC 342) petitions increased by 5.1% over 1998, as did Supplemental (WIC 387/388) petitions, by 11.2%.
- Total petitions and reviews increased by 42.9% over 1998, to 177,011.

Los Angeles Police Department

- Abused Child Unit (ACU)
- Arrests increased by 53.8% over 1998, to 449.
- Dependent children (WIC 300) processed by the ACU increased by 8.6% over 1998, to 1,872.

Geographic Areas

- Investigations conducted by the areas increased by 0.9% over 1998, to 6,320.
- Arrests made by the Geographic Areas increased by 22.0% over 1998, to 395.
- Dependent children (WIC 300) processed by the Geographic Areas increased by 9.5% over 1998, to 1,269.

Probation

- Every Area Office showed increases in their Adult Child Abuse Caseloads, ranging from a 5.2% increase in the Pomona Valley Office, to a 45.8% increase in the Foothill Area Office.
- The number of defendants being supervised by Adult Child Threat Probation Officer caseloads increased by 12.2% over 1998, to 2,070.

District Attorney

- Child physical abuse cases submitted for filing were 10% more likely to be filed in 1999 than in 1998
- There was a 9% increase in 1999 over 1998 for cases submitted for filing which resulted in a case filing against an alleged perpetrator.

Mental Health

- The AB1733/2994 Family Preservation and Child Abuse Prevention Program served 15.04% more children (948 total children served) than during 1998.

Public Social Services

- The overall family and adult caseloads in DPSS increased by 18.9% (280,915 additional persons aided) over 1998.
- The number of persons receiving MAO (Medical Assistance Only) increased by 57.7% during 1999. This increase is a result of the Child Medi-Cal Enrollment Project

(CMEP) and Medi-Cal outreach efforts to address the unmet health needs of uninsured children in Los Angeles County.

Health Services

- According to the Emergency Medical Services, Trauma and Emergency Medicine System Report for children ages 4 and under, the number of children with complaints of Head Trauma increased 15.8% over 1998, to 1,557 in 1999. In addition, the same report found that all trauma reports involving this age group increased by 3.8%, from 3,975 in 1997 to 4,107 in 1999.

Decreases Reported:

Children and Family Services

- 146,583 new Emergency Response child abuse referrals during 1999 represented a decline of 6.7% from 1998.
- The Birth - 2 Years child population accounted for 12.5% of the total DCFS child population at the end of 1999, a decrease of 13.8% from 1998.
- The total end-month caseload in December of 1999 was 64,656, a decrease of 1.5% from December of 1998.

Superior Court

- New WIC 300 filings declined by 9.1% from 1998, to 8,918.
- Total petition filings declined by 1.2% from 1998, to 18,296.

Los Angeles Police Department

Abused Child Unit

- The number of child abuse crimes investigated by the ACU declined by 3.8% from 1999, to 1,777.
- The total crimes investigated by the ACU declined by 17.8% from 1998, to 3,012.

Sheriff's Department

- The total number of investigations by the Family Crimes Bureau declined by less than 1% from 1998, to 2,957.

District Attorney

- Child abuse crimes submitted to the District Attorney's Office for filing of felony charges declined by 4% from 1998, while misdemeanor submissions for filing declined by 10%.

Probation

- Child Abuse Offense referrals received declined by 2.3% from 1998, to 1,289.

Mental Health

- Short-Doyle Medi-Cal and inpatient Fee for Service Medi-Cal child cases served decreased by 8.8% in 1999, to 24,860.

Public Social Services

- The number of child abuse referrals made to the Child Abuse Hotline declined by 22.8% in 1999, to 710.
- The number of Food Stamps Only (FSO) recipients declined by 0.5% during 1999, to 102,852.



RECOMMENDATIONS

Recommendation One: Child Abuse Data Collection and Reporting

RECOMMENDATION:

The Department of Justice should develop a data collection and reporting system which captures the number of child abuse referrals investigated in Los Angeles County, categorized by reporting agency, the number reported by each agency, and the number and reasons for rejection/return of the SS 8583 Child Abuse Investigation Report to each agency.

RATIONALE:

The integrity of child abuse investigations recorded in the Child Abuse Central Index is dependent upon the timely and accurate completion and submission of the SS 8583 by law enforcement and child protective services (CPS) agencies. However, the CACI database does not currently allow for automated analyses of submission by agency, thus reports submitted by law enforcement and CPS agencies are co-mingled. As a result, when the reports entered into CACI are substantially less than would be expected given the number of substantiated and unsubstantiated CACI-reportable investigations by county law enforcement and CPS, it is uncertain which agencies may be underreporting, and for what reasons.

The reasons for this continuing disparity in reportable CACI referrals and those actually entered into the CACI database must be evaluated. This recommendation would help to explain this discrepancy and point to solutions. DOJ has been consulted and participated with the ICAN Data and Information Sharing Committee regarding the discrepancies noted and has indicated

that they are aware of the need for more data in this area.

Recommendation Two: Reporting on Recidivism

RECOMMENDATION:

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 programs 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.

Recommendation Three: ICAN Agency Data Reporting

RECOMMENDATION: *

It is recommended that the Office of County Counsel, Office of Public Defender and Dependency Court Legal Services collaborate with the Chief Administrative Office and Board of Supervisors to develop a budget to collect data and report on their representation of clients in child abuse-related legal matters. Such data should include, where applicable, the number of child victims of abuse represented, the number of alleged perpetrators (juvenile and adult) of abuse represented including type of abuse alleged, juveniles represented in Delinquency Court and a demographic analysis of these represented clients including age, gender and race/ethnicity.

RATIONALE:

While the agencies identified in this request do provide annual data statements to ICAN which discuss the activities of their agencies in general terms, only minimal actual data has been provided. In some cases, the agency does not currently collect the requested data. These agencies are encouraged to do so, as these data represent significant work of their agencies, and would be important additions to the data submitted by the Superior Court, District Attorney's Office and Probation Departments

Recommendation Four: Health Services Data Collection and Reporting

RECOMMENDATION:

The Department of Health Services (DHS) should expand the data collected on neonatal reports to include all labor and delivery hospitals and to include data from the risk assessment sheets collected on these reports. The advisory board that

helped design the risk assessment form should be convened again to address a standardized response. This would include agreement on whether to include alcohol as an abuse substance and whether a report may be made on a neonate with a sober mother.

RATIONALE:

The DHS Child Abuse Prevention Program (CAPP) collected copies of reports on all categories of abuse/neglect from health professionals during 1981-94. The process was stopped by legal concerns until a law was passed to specifically allow such data collection. The law includes specific references to the neonatal reports that CAPP is collecting to rebuild the DHS data collection system.

A 1991 law defining neonatal reports directed the creation of a standard risk assessment for LA County. CAPP collects assessment forms along with copies of the child abuse reports. The assessment includes specific risk factors collected on all pregnancies with "prenatal substance abuse." These factors may or may not lead to a child abuse report. Data collection on neonatal reports could clarify reporting standards and give direction to case management.

**At the November 27, 2000 meeting of the ICAN Policy Committee the following amended recommendation was proposed by the Office of Public Defender and approved by the committee:*

It is recommended that the Office of County Counsel, Office of Public Defender and Dependency Court Legal Services collaborate with the Chief Administrative Office and Board of Supervisors to develop a budget to collect data and report on their representation of clients in child abuse-related legal matters. Such data should include, where applicable, the number of child victims of abuse represented, the number of alleged perpetrators (juvenile and adult) of abuse represented including type of abuse alleged, juveniles represented in Delinquency Court and a demographic analysis of these represented clients including age, gender and race/ethnicity.

Recommendation Five: Data Analysis



Contact

RECOMMENDATION:

Each report submitted to ICAN for inclusion in this annual data report should contain an agency contact name and phone number to call with questions about the data contained in their report.

RATIONALE:

Data statements submitted by individual agencies may contain terms, program information or data which are unfamiliar to readers of the report. The inclusion of a contact person and phone number in each agency's data statement would facilitate a more complete and accurate understanding of the contents of the report.

Recommendation Six: Client Characteristics Data

RECOMMENDATION:

Agencies that submit an annual data statement to ICAN should submit with their data statement information on their clients' age, gender and race/ethnicity.

RATIONALE:

The ongoing demographic changes and diversity in Los Angeles County warrant inclusion of demographic data in statements submitted for this annual report.

Recommendation Seven: Agency

Participation

RECOMMENDATION:

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

RATIONALE:

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





AN ANALYSIS OF INTER-AGENCY DATA COLLECTION



JULIE GUAN
WILLIAM NORTHRUP MIDDLE SCHOOL

AN ANALYSIS OF INTER-AGENCY DATA COLLECTION

There is limited information available from individual agencies which actually can be linked with other agency data to portray the child victim's route through the criminal justice and juvenile dependency system. Information in the 1999 ICAN Data Analysis 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 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 was 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

This list of criminal offense code sections identifies relevant child abuse offenses which will permit ICAN agencies to verify and consistently report the offenses which should be considered child abuse offenses

(See Figures 1 and 2). The breakdown of these sections into the seven child abuse and neglect categories will permit consistency in the quantification of child abuse activity completed by the agencies, particularly the law enforcement agencies which operate by use of these criminal offense code sections. Use of this list can 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

The 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 which are 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.

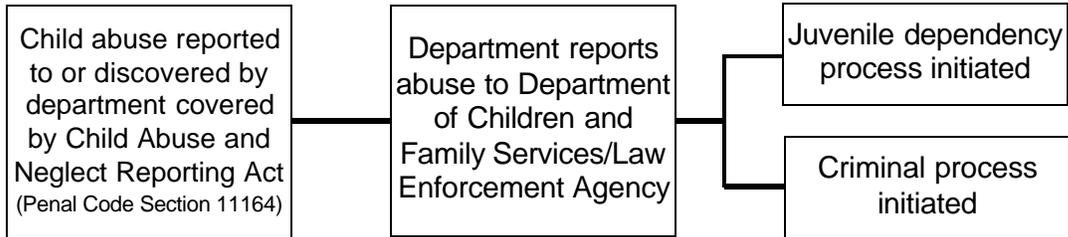
** If victim under 18.



Flow Chart 1

REPORTING DEPARTMENTS

Involvement in Child Abuse Cases • 1999



Reporting Departments Workload

Chief Medical Examiner Coroner	268
L. A. County Probation Department	1,289
L. A. County Office of Education	8,941
Department of Public Social Services	710
Los Angeles Police Department	9,332
L.A. County Sheriff's Dept. JIB	2,957
Dept. of Children and Family Services	146,583

Flow Chart 2

ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES 1999

Child Process Initiated

See flow Charts III, IV for individual detail on LAPD and LASD . See Flow Charts VI and VII for detail on the L.A. District Attorney and L.A. City 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 abuse

Report assigned to specialized unit

Report handled by area station officers

Incident investigated

12,289

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

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

Case accepted & prosecuted
Felony 1,687
Misdemeanor 765

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.

DCFS files petition with court to protect child

18,296

Detention Arr. hearing *

Detention hearing *

6,964

Adjudication *

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

Periodic Judicial review^w
permanency planning hearings

158,715

Court jurisdiction terminates *

Child returned home

Child returned home - supervision continues

Determination - child not to return home (after 18 months Family Reunification Services)

Parental rights terminated * - child placed for adoption

Child placed - long term foster care

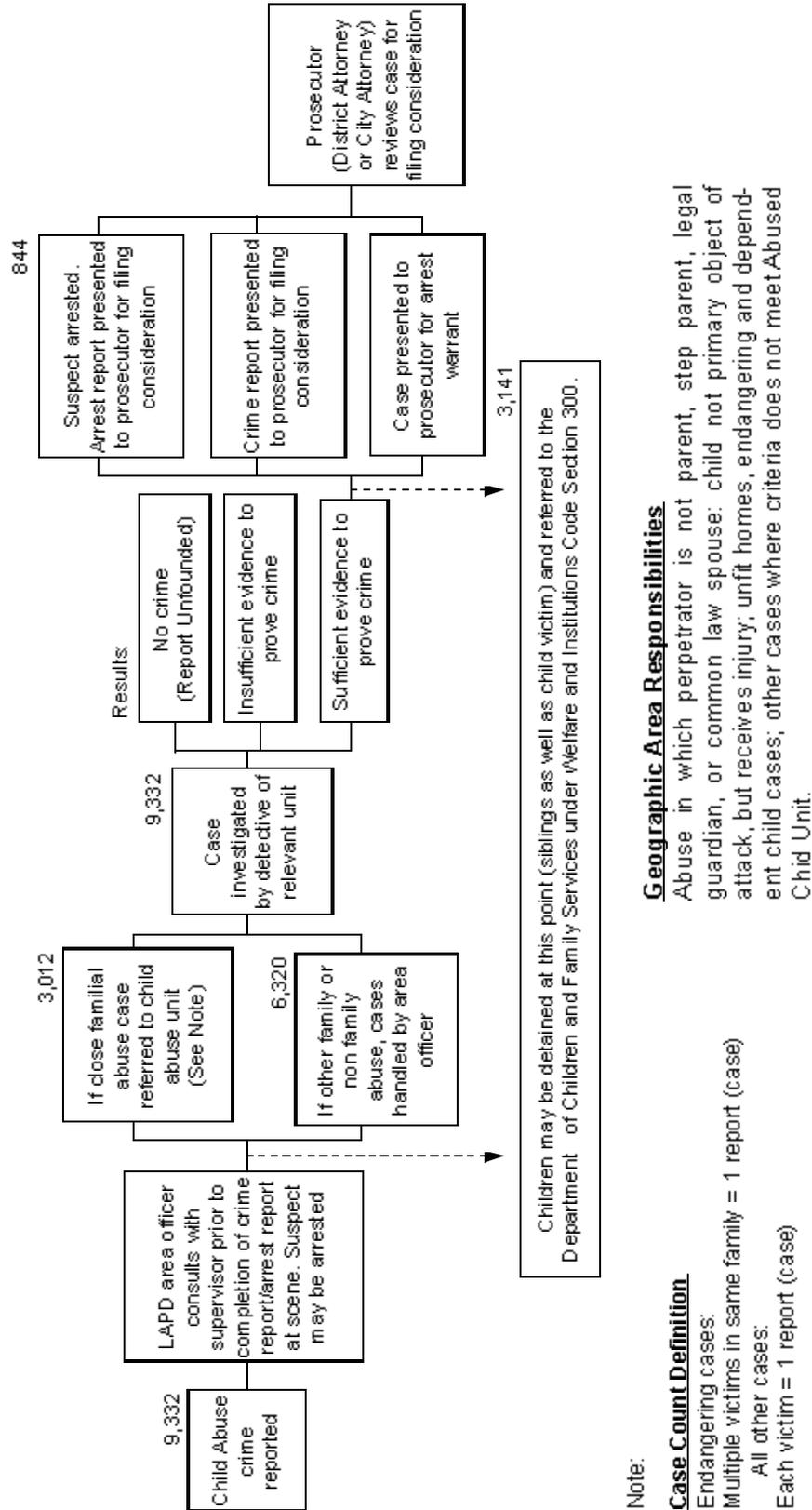
Child placed *
Guardianship

* 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 3

LOS ANGELES POLICE DEPARTMENT

Involvement In Child Abuse Cases • 1999



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

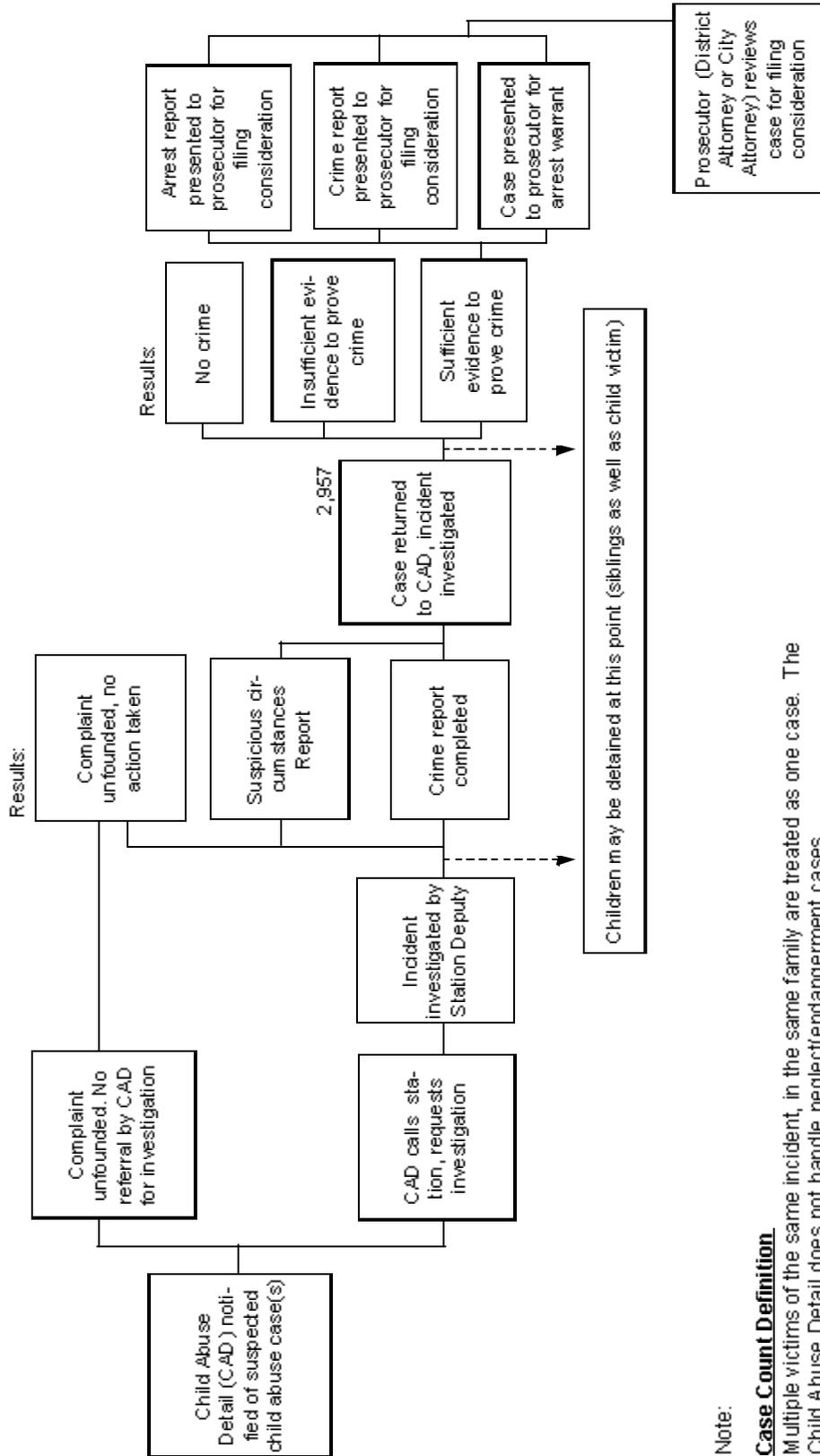
Child Abuse Unit handles abuse involving parents, step parent, legal guardian, common law spouse.

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 4
LOS ANGELES SHERIFF'S DEPARTMENT
 Involvement In Child Abuse Cases • 1999



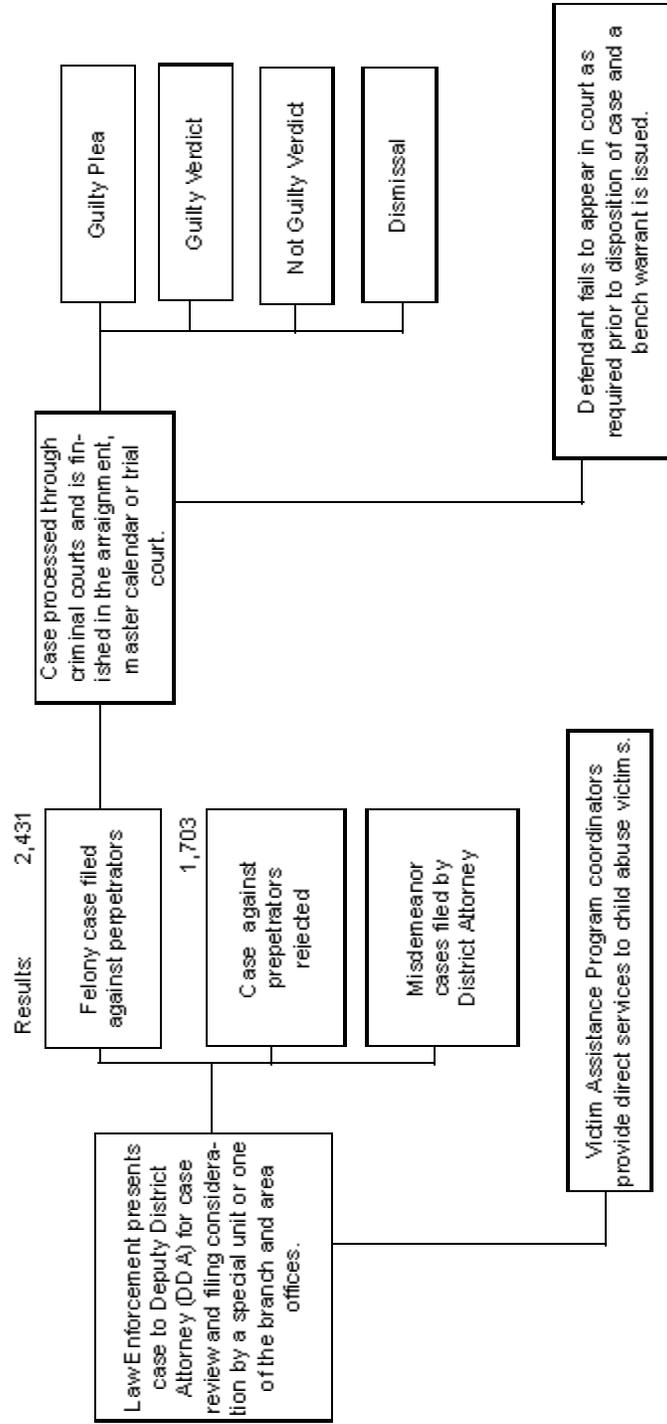
Note:

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 5
LOS ANGELES DISTRICT ATTORNEY'S
 Involvement In Child Abuse Cases • 1999

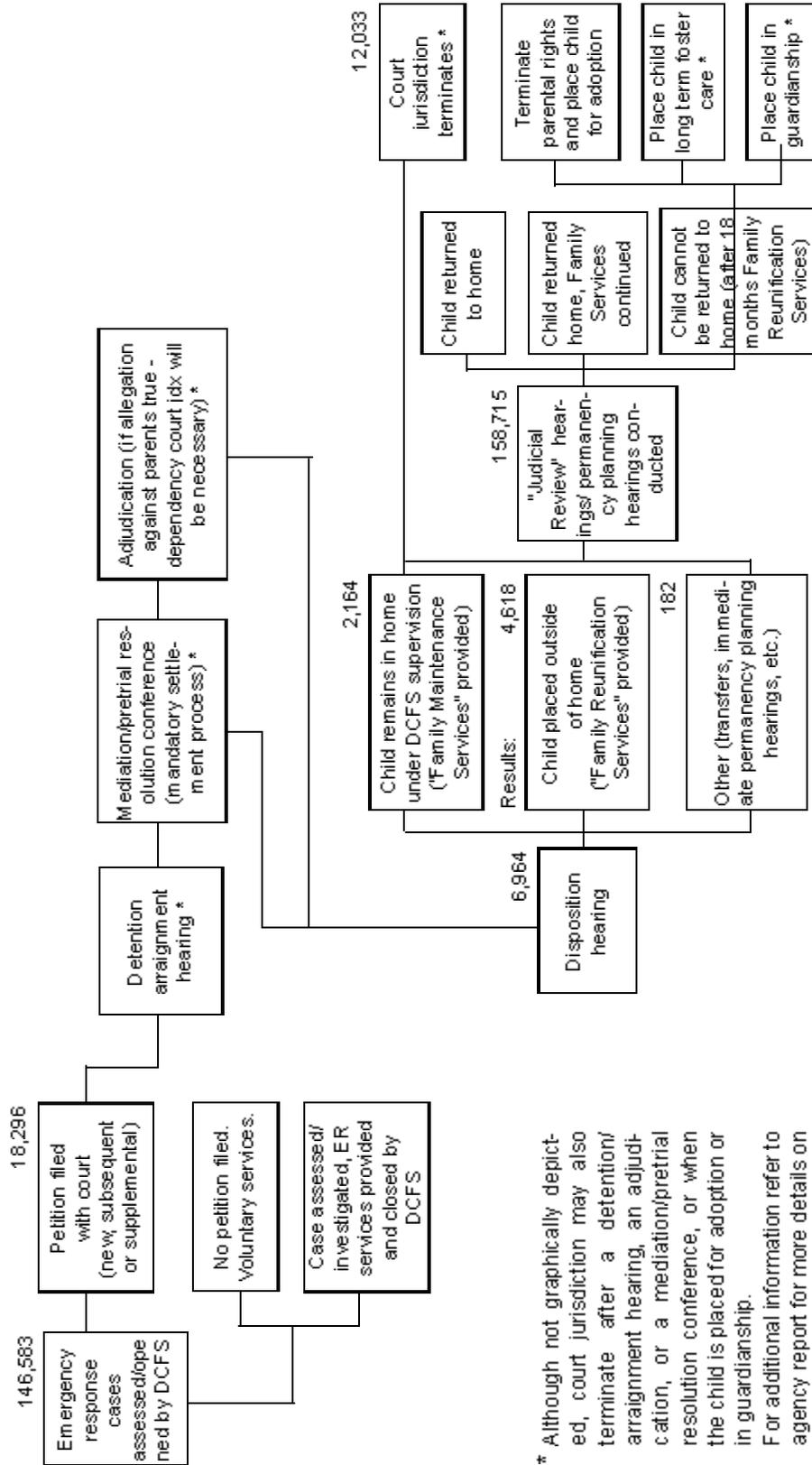


Data provided by District Attorney's Office.
 See District Attorney Data Report for complete data.

Flow Chart 6

JUVENILE DEPENDENCY COURT/DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Involvement In Child Abuse Cases • 1999



* 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 7

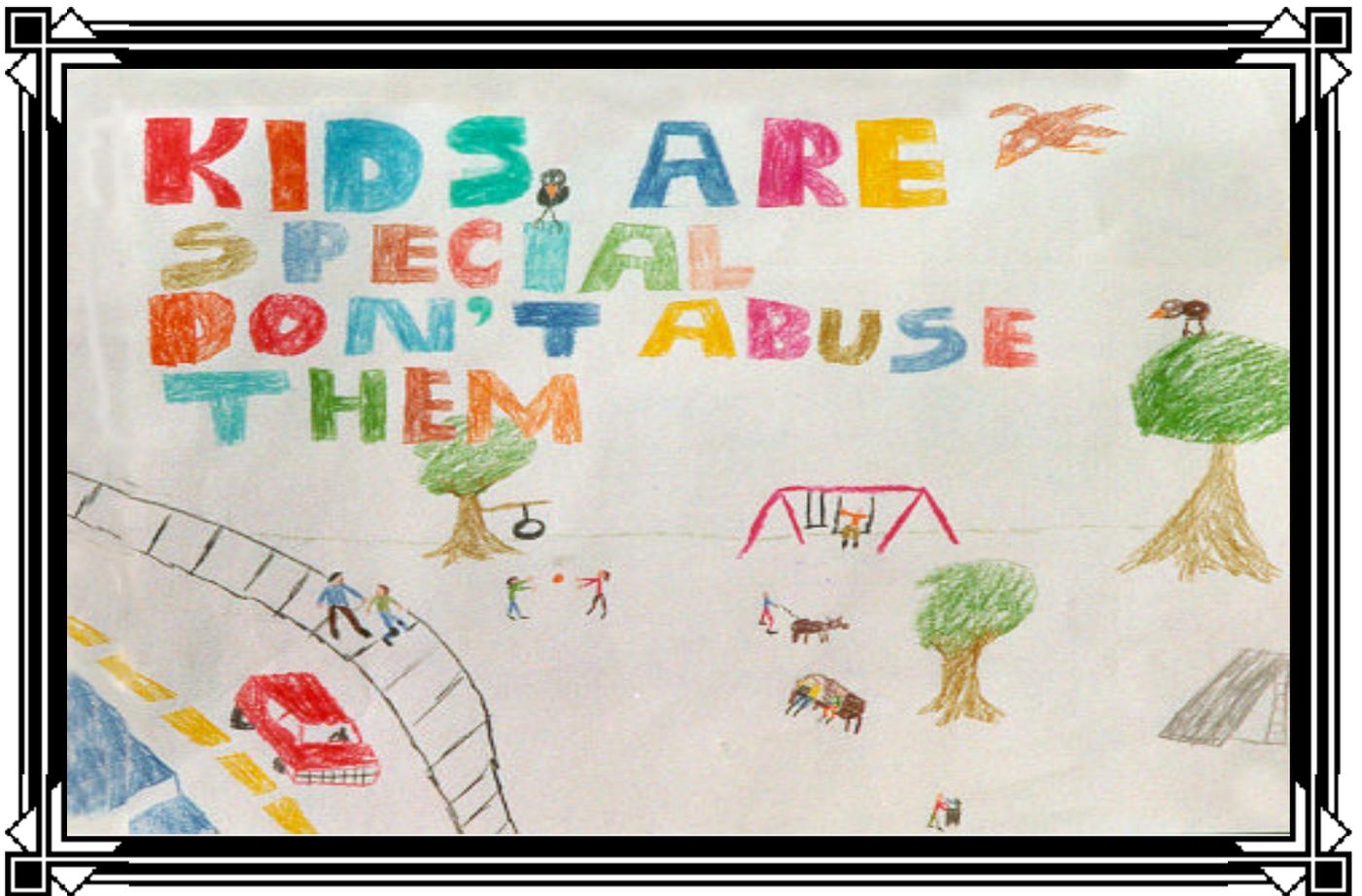
LOS ANGELES COUNTY INDEPENDENT POLICE AGENCY DATA

Involvement in Child Abuse Cases 1998 and 1999

AGENCY	TOTAL POP.	CHILD POP.	1998. INVEST.	ARRESTS	PROTECTIVE CUSTODY	1999 INVEST	ARRESTS	PROTECTIVE CUSTODY
ALHAMBRA	84,000	19,500	33	1	0	18	3	0
ARCADIA	48,290	11,146	17	3	0	12	1	4
AZUSA	46,261	13,323	61	19	26	54	25	15
BEVERLY HILLS	33,000	UNIK	22	12	20	6	0	11
BURBANK	105,643	23,772	26	9	32	23	3	30
CLAREMONT	35,400	7,650	55	19	7	40	12	6
COVINA	43,207	10,920	54	6	6	31	4	6
DOWNEY	101,100	UNIK	47	23	UNIK	45	20	UNIK
EL SEGUNDO	15,626	3,122	30	2	4	23	1	4
EL MONTE	120,000	41,840	463	43	156	396	43	178
GARDENA	53,844	11,747	56	22	44	36	21	17
GLENDORA	53,250	14,058	31	8	1	41	7	2
HAWTHORNE	71,349	18,500	UNIK	UNIK	UNIK	UNIK	UNIK	UNIK
HERMOSA BEACH	18,500	1,900	5	0	0	15	0	0
HUNTINGTON PARK	62,943	19,327	UNIK	UNIK	UNIK	UNIK	UNIK	UNIK
LA VERNE	32,916	8,096	29	14	UNIK	28	8	UNIK
LONG BEACH	457,608	130,418	677	113	248	782	117	232
MANHATTAN BEACH	34,000	4,514	31	1	3	26	0	6
MAYWOOD	27,850	10,200	1	1	2	3	3	5
MONROVIA	40,550	9,507	77	8	UNIK	92	5	UNIK
MONTEBELLO	59,564	15,988	105	18	1	61	8	5
MONTEREY PARK	62,531	14,609	8	6	4	6	4	5
PASADENA	140,000	31,000	138	UNIK	UNIK	86	UNIK	UNIK
POMONA	131,723	43,196	142	50	UNIK	149	47	UNIK
REDONDO BEACH	66,800	7,346	16	10	0	19	14	2
SAN FERNANDO	33,000	8,200	126	6	0	77	4	0
SAN GABRIEL	41,000	10,000	35	7	9	46	4	2
SAN MARINO	13,500	4,000	10	0	0	8	0	0
SANTA MONICA	UNIK	UNIK	85	18	UNIK	67	12	0
SIERRA MADRE	12,000	2,400	5	0	0	1	0	0
SIGNAL HILL	9,100	2,000	19	UNIK	UNIK	24	UNIK	UNIK
SOUTH PASADENA	24,850	4,970	35	5	4	38	5	2
VERNON	152	40	0	0	0	1	0	1
WEST COVINA	96,086	26,553	69	24	4	82	27	4
WHITTIER	85,336	10,411	146	11	7	153	8	9



SPECIAL REPORTS



MARK RIVERA
REPETTO

SPECIAL

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

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.

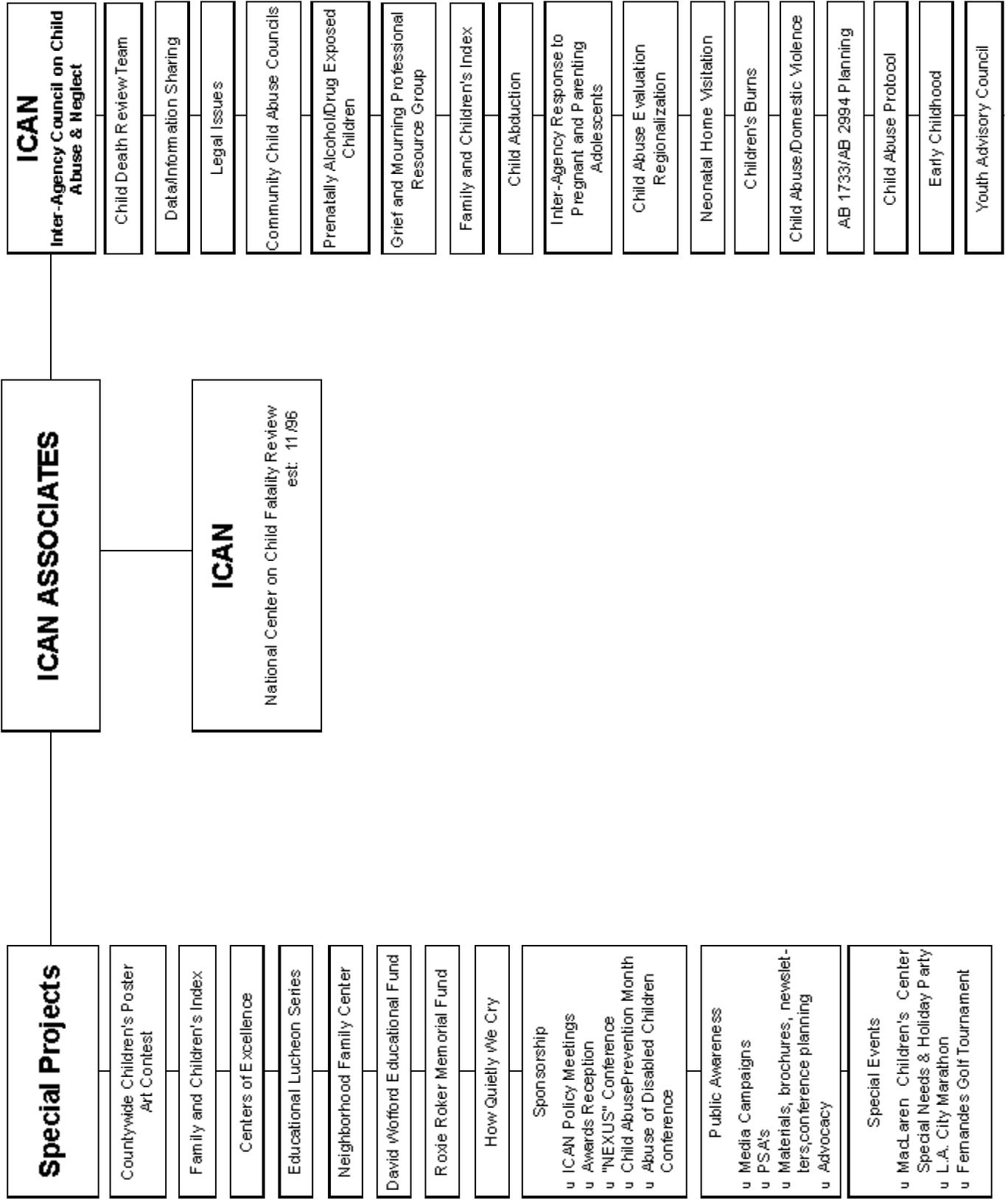
ICAN has been extremely successful in securing funding through grants and corporate sponsorships:

- 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 Lakshaman Sathyavagiswaran. The NCFR web site is at www.ICAN-NCFR.org. During 1999, the NCFR expanded its offerings of training materials, data, listservs and newsletters, and was re-funded by the Department of Justice for FY 2000
- 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 was 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 was 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 4, 1999, ICAN Associates sponsored "Nexus IV" 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, including California First Lady Sharon Davis and United States Deputy Attorney General Eric H. Holder, Jr., 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 14th 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 in being one of the official charities of XIV Los Angeles Marathon. Funds raised from this event are used to assist in various projects for abused and neglected children.
- For the past 10 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. This event is held in memory of Bob, Gary and Tony Fernandes.
- ICAN Associates hosted its 21st 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 kids 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.







COMMUNITY CARE LICENSING DIVISION



SHARVARI SATHE
JOHN BORROUGHS MIDDLE SCHOOL

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

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

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

The application serves as a contract or promise by the applicant that 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 given 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 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 he/she 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 action 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 penalty 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 Eastern Valley 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 Regions 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 limited 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 child day 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 12 children.

Day Care Centers

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

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 six 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 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 serve 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 I provides data on the total number of licensed facilities that provided out-of-home care for children in Los Angeles County in calendar year 1999.

Table I

L.A. COUNTY LICENSED FACILITIES

As of 12/99

Type of Facility	Total Capacity	No. of Facilities
Adoption Agency	0	17
Day Care Center	143,051	2,524
Day Care - III	25	3
Family Child Care	72,446	8,065
Foster Family Agency	0	81
Foster Family Agency - sub	0	44
Foster Family Home	7,885	3,039
Group Home	4,352	392
Infant Center	6,255	293
School Age DC	28,422	542
Small Family Home	621	140
Transitional Housing Place Program	49	12
TOTAL	263,106	15,152

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 be 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 facility 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 operation where a Temporary Suspension Order is in effect or the license has been revoked. (Acceptance criteria 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 Referral)

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 have made the initial visit and the facility has failed to comply (See Section IX for acceptance criteria).
- 5. Complaints of ritualistic abuse without elements of Priority I allegations.

C. Priority 3 (Optional Referral)

- 1. Complaints of physical abuse that involve acts such as 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 can not 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, Section 80001 (CCF), 871 00 (RFE), or 101152 (CDC).

2. The facility is providing care and supervision to more than one (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, residential care facility for the elderly 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 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 1999. The number of cases represent individual, separate allegations sent for investigation and includes adult facilities.

ALLEGATIONS OF ABUSE/SEVERE NEGLECT/DEATH CASES RECEIVED BY LOS ANGELES REGIONAL INVESTIGATION SECTION (LRIS) OF CCLD IN 1999

Type of Facility Questionable	Physical	Sexual	Severe	
	Abuse	Abuse	Neglect	Death
RETURNED TO DISTRICT OFFICE FOR INVESTIGATION BY ANALYST	63	31	2	4
FULL INVESTIGATION BY LRIS INVESTIGATOR	334	110	41	24
PRELIMINARY INVESTIGATION BY LRIS INVESTIGATOR	121	44	12	1
ASSIGNMENT/TASK BY LRIS INVESTIGATOR	115	13	1	5
UNLICENSED BY LRIS INVESTIGATOR	0	2	2	2
TOTAL	633	200	58	36


COMMUNITY CARE LICENSING DIVISION

Table 3 provides data on the number of cases of abuse, severe neglect and deaths received by CCLD Legal Division in calendar year 1999. 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 1999. The number of violations do not represent individual, separate cases sent for legal action. Each case may have up to 5 violations each.

ABUSE/SEVERE NEGLECT/DEATH VIOLATIONS RECEIVED BY CCLD LEGAL DIVISION IN 1999

<u>Type of Facility</u>	<u>Cases Received</u>
Family Child Care	53
Day Care Center	3
Foster Family Home	26
Small Family Home	2
Group Home	14
Foster Family Agency	10
Adoption Agency	0
Day Care Center - III	0
Infant Center	0
School Age Day Care	0
TOTAL	108

ABUSE/SEVERE NEGLECT/DEATH VIOLATIONS SERVED BY CCLD LEGAL DIVISION IN 1999

<u>Type of Facility</u>	<u>Cases Received</u>
Family Child Care	89
Day Care Center	6
Foster Family Home	62
Small Family Home	1
Group Home	41
Foster Family Agency	33
Adoption Agency	0
Day Care Center - III	0
Infant Center	0
School Age Day Care	0
TOTAL	232



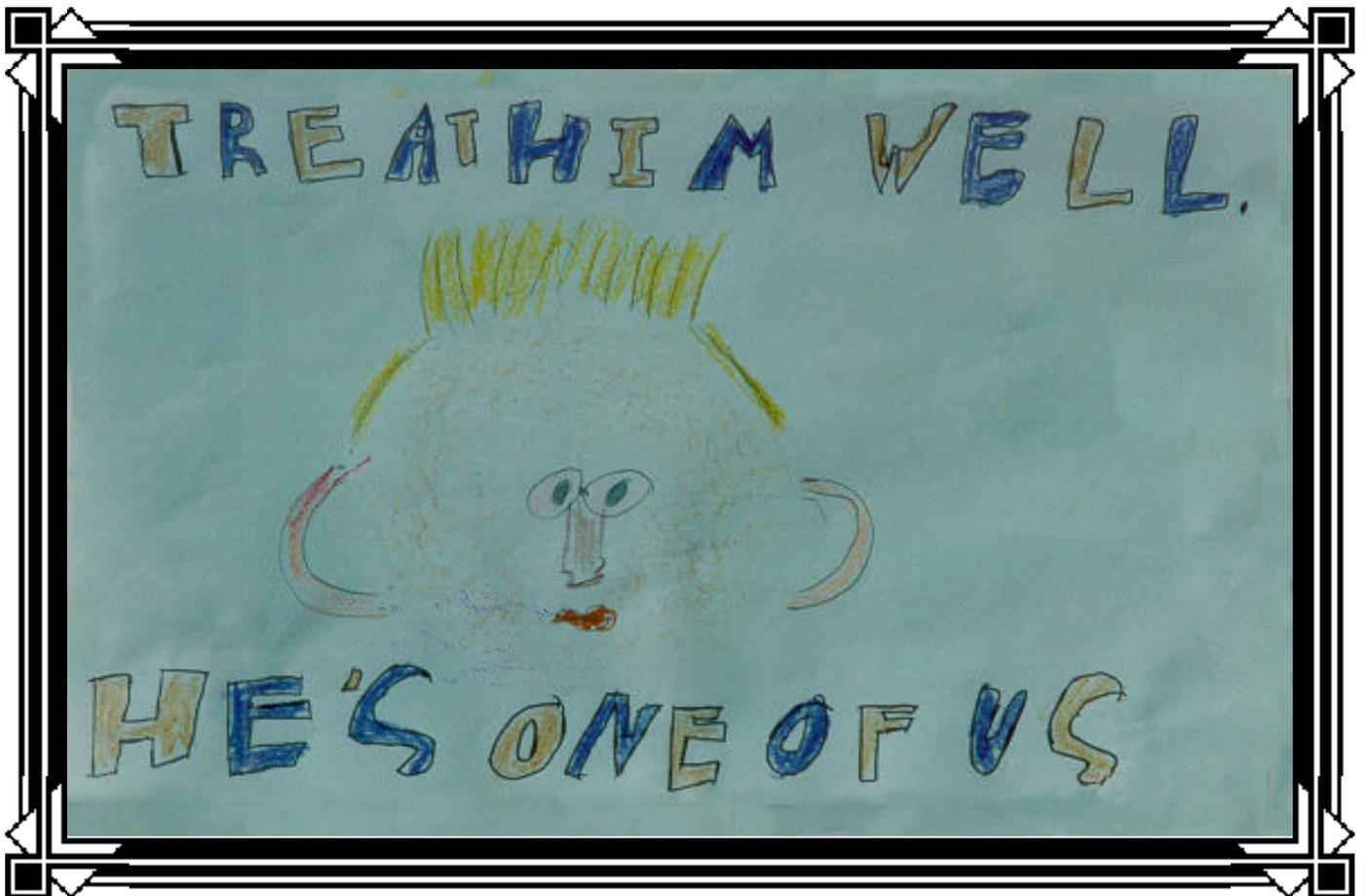
Table 5 provides data on the number of cases of abuse, severe neglect and death in L.A. County closed by CDSS Legal Division in calendar year 1999. Due to the complexity of the legal process, it is entirely possible that a case may be received and not served, served and not closed in the same year. There are a variety of circumstances that determine how quickly a legal case can be resolved.

VIOLATIONS OF ABUSE/SEVERE NEGLECT/DEATH CLOSED BY CCLD LEGAL OFFICE IN 1999

Type of Facility	Physical Abuse	Sexual Abuse	Severe Neglect	Questionable Death	Total
Family Child Care	15	5	22	0	42
Day Care Center	2	0	1	0	3
Foster Family Home	12	10	11	1	34
Small Family Home	0	0	1	0	1
Group Home	14	3	9	0	26
Foster Family Agency	4	2	2	0	8
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	0	0	0	0	0
TOTAL	47	20	46	1	114



CHILD ABUSE AND DEVELOPMENTAL DISABILITIES



STEPHEN GOLDSMITH & JAKE MANDEL
WESTMARK SCHOOL

CHILD ABUSE AND DEVELOPMENTAL DISABILITIES

INTRODUCTION

This report utilizes data obtained by the State Department of Justice (DOJ) during calendar year 1999. It includes data from 1991 through 1998 for comparison purposes. The data set used has this caveat, "This data reflects all 1999 child abuse investigation reports received by the Department of Justice from January 1, 1999 to December 31, 1999. 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.

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 dam-



age. 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 1999, 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. Counties with at least 15 reported cases for children with developmental disabilities were included in last year's report. This year we included nearby counties regardless of the number of reports, due to the significant decrease in reports. Twenty-nine of the 58 counties (50%) in California identified children with disabilities in 1999's report of substantiated cases, as opposed to thirty five counties in 1998 (60%), a reduction of 6 counties.

FINDINGS

A. STATEWIDE COMPARISON OF TOTAL ABUSE REPORTS AND REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES 1991-1999 (Table 1)

Comparing the total number of child abuse reports for children with and without disabilities, the reports for children with disabilities decreased slightly while the number of reports for generic children increased slightly. This marks the first reversal (increase) in reports since 1995 for generic reports, but continues in report decreases for reports of children with disabilities that began in 1997. Comparing years 1998 to 1999, generic total reports for California increased from 40,664 to 43,639, while reports for children with developmental disabilities decreased from 186 in 1998 to 175 in 1999. This represents a 9% decrease in number of reports for children with disabilities, compared to an increase for the generic population of 9%. What could be the reason for the difference? At this point, no factor or condition has been identified as responsible for such a disparity. Discussion of possible interpretations follows in "Conclusions".

B. 1999 STATEWIDE COMPILATION OF REPORTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES (Table 2)

1. Fourteen percent of all reports are for children 5 years of age or younger, 37% under 8 years of age, and 59% under 11. Reporting peaks at age cohort 6-8. Fourteen percent of reports are for children between 15-17 years of age, 27% for children 12-17. These represent significant changes from 1998.
2. Physical abuse is the most frequently reported type of abuse (44%). Most cases are reported at ages 6-8 (26%) followed by ages 9-11 (24%). Fifty percent of all physical abuse reports are for children between 8 years of age and younger.



3. Sexual abuse reports (38% of all reports) are highest for ages 12-14 (36%) with decreasing percentages of 20% each for age groups 6-8 and 15-17. Of this type of abuse, 56% occurred with children over age 12, 35% between 6-11.
4. Severe neglect is least frequently reported (6% of all reports). With only 12 reports Statewide, as with mental abuse, present data shows that most neglected children with disabilities are between 6-14 (75%). Sixteen percent were 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, 65% were in the age group combination of ages 9-14. Fully 25% were in the age group 6-8.

C. COMPARING COUNTY WITH STATEWIDE FINDINGS FOR 1999 (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 1999. Each county has a different reporting pattern over the years including idiosyncratic fluctuations, and two of these five counties show a decrease from last year, Orange County stays the same, and Los Angeles and San Bernardino have slight increases.
2. A comparison of these counties with the number of reports of abuse for children with disabilities and the estimated population of children with disabilities provides a means of determining estimated reporting rates for selected counties. These rates vary to such a degree that there must be either some difference between

abuse in each of these counties, or reporting procedures. San Bernardino has the highest reporting rate (.63%) with Riverside (.37%) and Los Angeles (.35%) next highest. Nonetheless, these are tiny reporting rates and are not favorably compared to expected rates considering studies of increased vulnerability of this population.

3. Only two counties reported 15 or more cases, and only 10 reporting 5 or more. (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 6 cases were reported in this age group and 19 cases between 3-5 years of age, making 25 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 children murdered through abuse. The Child Death Review Team Data reports and the U.S. Advisory Board on Child Abuse and Neglect report of 1995 both indicate that the majority of fatal child abuse occurs before the age of 2 years. The increase for this age range may reflect increased awareness, and pend-



ing 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 25 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.

4. After Los Angeles, San Bernardino then Riverside report the most child abuse cases overall (Table 4). Total numbers of reports from San Bernardino and Riverside are lower by more than 1/3 of Los Angeles but their reporting rates are higher. For example, San Bernardino made 2,279 reports of which 15 were for children with disabilities (.63% reporting rate) while Riverside made 1,677 reports for all children, of which 13 were for children with disabilities (.37% reporting rate). Los Angeles County, with 8,100 generic cases made 59 for children with disabilities, also at a .35% reporting rate.
5. Ventura County, adjacent to Los Angeles County reported 2 cases out of 1,314 reports.

	1996	1997	1998	1999
Physical Abuse	60	64	54	44
Mental Abuse	6	2	5	12
Severe Neglect	7	8	9	6
Sexual Abuse	27	26	32	38

D. COMPARING LOS ANGELES, ORANGE AND SAN DIEGO COUNTIES (Table 5)

1. This year the total number of abuse reports for all categories showed slight increases as compared to last year.
2. While in Los Angeles highest reporting is for age groups 6-8 and 12-14, Orange County's highest reports are found in age group 6-8 followed by the 3-5 year olds. Of these reports most are for physical abuse.

E. LOS ANGELES COUNTY (Tables 5 and 6)

1. The total number of children reported increased from 54 last year to 59 this year. This can be compared to 118 reports made in 1997.
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 12-14 year age category (28%), and 27% were between 6-8 years old.
4. The largest number of reports were for physical abuse (54%). Of these most children reported were in the 6-8 year age category (17%). Fifteen percent were 9-11 years old and 10% were between 12 and 14 years old.
5. Sexual abuse accounts for 27 percent of all reports, down from 36% in 1998. Reporting peaks at the age category of 12-14 (9%) followed by 7% ages 6-8. Overall, 10% were under age 8. Reporting for sexual abuse does not occur in the 0-2 age group.
6. Reporting for severe neglect decreased this year, and represents only 2% of all reports. There were no reports for children ages 0 -9. It is during these earlier years that more reports would be expected.
7. Reporting of mental abuse increased significantly from last year, jumping from only one report in 1998 to 10 in 1999. All reported cases are for children older than six years. The fact that reports begin after age 6 may reflect that school professionals may be reporting whereas earlier there were no mandated reporters in the child's life.

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 distinc-

tion. It seems unlikely that these few reports are a true reflection of the amount of mental suffering inflicted upon children with disabilities.

F. 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 is the only county with reports in the 0-2 year age cohort (same as last year), and all of these reports are for physical abuse. Including all four counties, there are a total of two reports of mental abuse for 1999. Orange, and Ventura report no abuse cases of Severe Neglect for children with disabilities, San Diego filed one report.

G. Overall Comparison of Selected Counties to State Totals for Generic Reports

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.

CONCLUSIONS

Identification of child abuse victims with disabilities is inconsistent with their representation in the population. 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 (1999) indicate that there are 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 served by these entities providing services to children in the State of California.
- The State Departments that have responsibility for children with disabilities who may become victims of abuse should work together in an Inter-Departmental collaboration to assure data collection. A mechanism for such collaboration was identified and begun in October 1997 at the Statewide Think Tank on Abuse and Disability in Los Angeles, attended by 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 and SPECTRUM Institute.

LOS ANGELES COUNTY:

- 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 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. (This may have occurred and in part be responsible for the change in data this year.)

- 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 Children with Disabilities Abuse & Intervention Project under SPECTRUM Institute could be contacted by these agencies for consultation.

*Collaborators on the development of this report include primary author Nora J. Baladerian, Director of the Disability, Abuse & Personal Rights Project of SPECTRUM INSTITUTE, Thomas F. Coleman, Esq., Executive Director SPECTRUM/American Association for Single People (AASP) and support from Martha Cook at the State Department of Justice who provides the data for this report.

Spectrum Institute is a non-profit corporation. One of its projects, the Disability, Abuse and Personal Rights Project conducts research and provides consultation and public information services on matters related to persons with disabilities, protection and advocacy related to civil rights, socio-sexual issues, and abuse risk reduction and intervention. This report is completed each year for ICAN and is one in a series of research papers on abuse of children and adults with developmental disabilities. To contact us please call: Dr. Nora Baladerian, P.O. Box "T", Culver City, CA 90230. Office: 310 281 6131 FAX 310 996 5585 Email: DrNora@doctor.com.


CHILD ABUSE AND DEVELOPMENTAL DISABILITIES

CALIFORNIA DEPARTMENT OF JUSTICE:

Comparison of Total Child Abuse Reports with Reports on Children with Developmental Disabilities Statewide 1991-1999

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

DOJ:

1999 Statewide Child Abuse Reports of Children with Developmental Disabilities All Counties Combined by Type of Abuse and Age of Child

Child Age	Total		Physical		Mental		Neglect		Sexual	
	Reports	%	n	%	n	%	n	%	n	%
0-2	6	3	6	8	0	0	1	8	0	0
3-5	19	11	12	16	0	0	1	8	6	9
6-8	40	23	20	26	5	25	2	17	13	20
9-11	39	22	19	24	6	30	4	33	10	15
12-14	47	27	13	17	7	35	3	25	24	36
15-17	24	14	7	9	2	10	1	8	14	20
TOTAL	175	100	77	100	20	100	12	100	67	100
Percentages		100		44		12		6		38

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	10,938	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

B. Comparing Abuse Reports and Rates of Generic and Children with Developmental Disabilities by County 1999

COUNTY:	TOTAL 0-18 POPULATION	TOTAL # WITH DISABILITIES	RATE PER TOTAL	NUMBER CHILD ABUSE REPORTS	RATE OF REPORTS FOR CHILDREN W/ DISABILITIES
LOS ANGELES	2,326,110	16,640	1/13	59	.35%
SAN DIEGO	610,946	4,538	1/18	7	.15%
ORANGE	589,303	3,628	1/05	7	.19%
SACRAMENTO	274,979	3,546	1/07	6	.16%
SAN BERNARDINO	459,124	2,373	1/05	15	.63%
KERN	Data not available	-----		11	
RIVERSIDE	597,259	3,427	1/13	13	.37%

Table 4
Highest Number of Child Abuse Reports by County, Age, Dominant Type of Abuse of the 13 Counties Reporting 120 or More Abuse Cases of Children with Disabilities (In order of number of reports)

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
Los Angeles	8,100	59	12-14	Physical	1	1
San Bernardino	2279	15	9-11, 15-17	Physical	2	2
Riverside	1677	13	6-8, 12-14	Physical	3	3
Kern	1292	11	9-11	Physical	4	4
Monterey	357	7	12-14	Physical	5*	5
San Diego	8404	7	9-11	Physical	5*	6
Orange	7299	7	6-8	Physical	5*	7
Sacramento	2322	6	3-5, 9-11	Physical/Sexual	6*	8
Santa Clara	701	6	12-14, 15-17	Sexual	6*	9
Santa Cruz	238	5	12-14	Sexual	7*	10
Ventura	1314	2	6-8, 12-14	Physical/Sexual	No rating	---

Table 5

Department of Justice:

Child Abuse Reports on Children with Developmental Disabilities 1994-1999

A. LOS ANGELES COUNTY		TOTAL REPORTS																							
		PHYSICAL						MENTAL						NEGLECT											
AGE COHORT	YEAR	94	95	96	97	98	99	94	95	96	97	98	99	94	95	96	97	98	99						
0-2		4	2	10	5	4	4	2	1	5	4	4	4	0	0	0	0	0	0	2	1	4	1	0	0
3-Mar		13	17	29	16	4	3	7	10	18	7	1	1	0	2	2	0	0	0	3	1	2	3	1	0
4-Jun		26	24	40	21	15	16	15	19	27	13	10	10	2	0	1	1	1	2	1	1	3	3	0	0
5-Sep		15	24	49	20	10	13	8	20	33	10	5	9	0	0	3	0	0	1	0	0	5	1	1	1
6-Dec		17	25	28	26	6	16	9	10	14	19	2	6	0	0	1	0	0	5	0	1	0	1	0	0
7-17		11	21	23	30	15	7	4	14	10	22	8	2	0	1	3	1	0	2	1	2	0	1	1	0
TTL		96	113	179	118	54	59	45	74	107	75	30	32	2	3	10	2	1	10	7	6	14	10	3	1
B. ORANGE COUNTY		TOTAL REPORTS																							
		PHYSICAL						MENTAL						NEGLECT											
AGE COHORT	YEAR	94	95	96	97	98	99	94	95	96	97	98	99	94	95	96	97	98	99						
0-2		12	3	4	8	0	0	6	2	1	3	0	0	0	0	1	1	0	0	6	1	2	3	0	0
3-Mar		3	6	11	8	2	2	2	2	6	4	0	2	0	1	3	1	1	0	1	2	1	2	0	0
4-Jun		8	4	10	7	0	3	3	1	6	4	0	1	2	1	1	0	0	2	0	0	1	1	0	0
5-Sep		9	2	12	4	1	0	4	2	1	5	0	0	2	0	3	1	1	0	0	1	2	0	0	0
6-Dec		5	3	8	8	4	1	3	1	6	4	1	0	0	1	1	0	0	0	0	0	0	1	0	0
7-17		8	6	6	11	0	1	2	5	2	4	0	0	0	0	0	1	0	0	2	0	0	0	0	0
TTL		45	24	51	46	7	7	18	12	26	21	1	3	4	3	10	6	2	2	9	4	6	7	0	0

CHILD ABUSE AND DEVELOPMENTAL DISABILITIES

Table 6

LOS ANGELES COUNTY CHILD ABUSE REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES PERCENTAGES BY AGE AND TYPE OF ABUSE FOR 1999

Age Group	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse	Total
0 - 2 Years	7	0	0	0	7
3 - 5 Years	2	0	0	3	5
6 - 8 Years	17	3	0	7	27
9 - 11 Years	15	2	2	3	22
12 - 14 Years	10	9	0	9	28
15 - 17 Years	3	3	0	5	11
TOTAL	54	17	2	27	100

Table 7

1999 COMPARATIVE CHART OF ABUSE BY AGE AND TYPE FOR LOS ANGELES, ORANGE, SAN DIEGO AND VENTURA COUNTIES

Age Group	LOS ANGELES					ORANGE				
	PA	MA	SN	SA	Total	PA	MA	SN	SA	Total
0 - 2 Years	4	0	0	0	4	0	0	0	0	0
3 - 5 Years	1	0	0	2	3	2	0	0	0	2
6 - 8 Years	10	2	0	4	16	1	2	0	0	3
9 - 11 Years	9	1	1	2	13	0	0	0	0	0
12 - 14 Years	6	5	0	5	16	0	0	0	1	1
15 - 17 Years	2	2	0	3	7	0	0	0	1	1
TOTAL					59					7
Age Group	SAN DIEGO					VENTURA				
	PA	MA	SN	SA	Total	PA	MA	SN	SA	Total
0 - 2 Years	0	0	0	0	0	0	0	0	0	0
3 - 5 Years	0	0	0	0	0	0	0	0	0	0
6 - 8 Years	1	0	0	0	1	0	0	0	1	1
9 - 11 Years	1	1	1	0	3	0	0	0	0	0
12 - 14 Years	1	0	0	1	2	1	0	0	0	1
15 - 17 Years	1	0	0	0	1	0	0	0	0	0
TOTAL					7					2

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

1999	Total Reports of Child Abuse	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse
State of California	43,639	21,693	9,693	1,701	10,552
Los Angeles	8,100	4,368	1,229	304	2,198
Orange	7,299	2,948	2,835	204	1,312
San Diego	8,404	3,386	3,371	292	1,335
San Bernardino	2,279	1,150	204	157	768
Riverside	1,677	863	238	101	475
Ventura	1,314	794	187	23	310

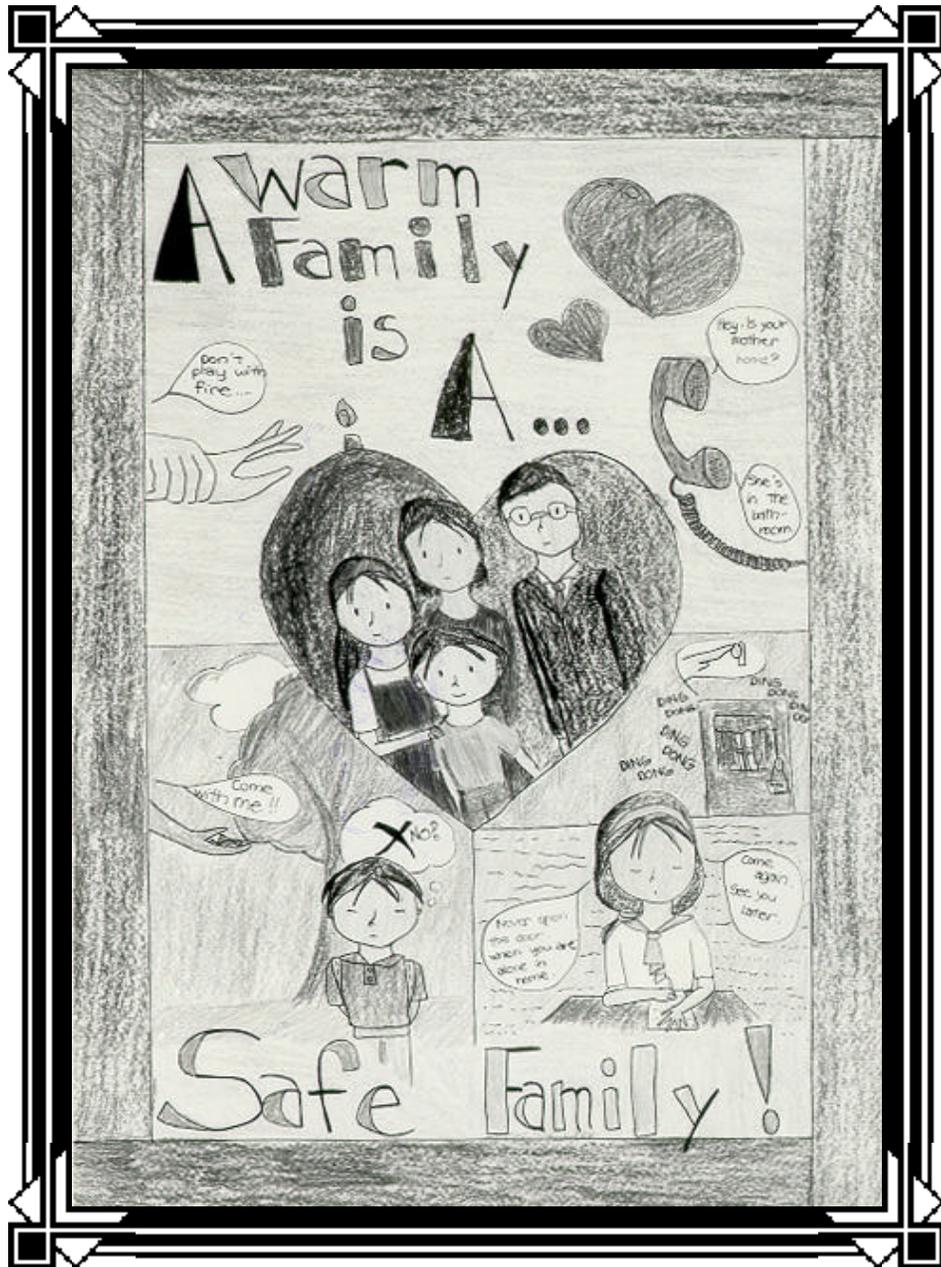
LIST OF TABLES

1. California Department of Justice: Comparison of Total Child Abuse Reports with Reports on Children with Developmental Disabilities Statewide 1991-1999
2. California Department of Justice 1999 Statewide Child Abuse Reports of Children with Developmental Disabilities: Reports and Percentages for All Counties Combined by Type of Abuse and Age of Child
3. Child Abuse and Children with Disabilities: Comparing Total Abuse Reports and Reports on Children with Disabilities By Selected Counties
 - A. COMPARING TOTAL REPORTS AND CHILDREN WITH DISABILITIES BY YEAR 1991-1999 BY COUNTY
 - B. COMPARING ABUSE REPORTS AND RATES OF GENERIC AND CHILDREN WITH DEVELOPMENTAL DISABILITIES BY SELECTED COUNTIES 1999
4. Highest Number and Ranking of Child Abuse Reports by County, Age and Type of Abuse - 1999
5. California Department of Justice: Child Abuse Reports on Children with Developmental Disabilities 1994-1999 by Age and Type of Abuse for (A) Los Angeles and (B) Orange Counties.
6. Los Angeles County: Child Abuse Reports on Children with Developmental Disabilities by Percentages by Age and Type of Abuse for 1999
7. 1999 Comparative Chart of Abuse by Age and Type for Los Angeles, Orange , San Diego and Ventura Counties - Raw Data
8. Comparison of Generic Reports by Type of Abuse for the State and Selected Counties





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 12,818 employees for fiscal year 1999-2000. 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 have 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 which 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 1999, DPSS provided financial aid to a monthly average of 1.68 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 1998 and 1999 as points in time for comparison, the aided persons receiving cash assistance fell by 7.4% (53,732). Substantial decreases in the CalWORKs one and two parent households were offset slightly by increases in the General Relief and Refugee Resettlement Programs and the implementation of the new Cash Assistance Program for Immigrants.

The chart also shows that the persons receiving non-cash assistance increased by 44.1% (334,650). Most of this increase resulted from the addition of 326,534 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, 8,681 persons were

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

Overall, there was an 18.9% (280,918) 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

Figures 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. Since the piloting and phased-in implementation of our new LEADER computer system began in May of 1999, April of 1999 was the latest month for which we had the 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 approximately 13,305 DPSS public contact staff, including social workers, GAIN Workers, eligibility workers, clerical staff and managers. To ensure that all DPSS 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 relating 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 1999, the overall family and adult caseloads had increased to 1,768,072 from 1,487,157 persons receiving aid in December 1998. This represented an 19.9% (280,91588,312) increase in persons receiving aid.

Los Angeles County's unemployment rate decreased from 6.1% in December 1998 to 5.2% in December 1999. The California Employment Development Department estimated Los Angeles County's civilian labor force at 4,705,000 in December 1999 with 245,000 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) in December 1999 was 474,671 which is 9.6% or 50,171 persons below December 1998's 524,842 persons. CalWORKs - 1 Parent (FG) rolls are now at their lowest point in the last ten years.

The CalWORKs - 2 Parent (U) caseload experienced a slightly lower rate of decrease at 8.8% or 12,680 persons.

During calendar year 1999, the number receiving assistance through the CalWORKs - 2 Parent (U) program decreased to 131,566 compared to 1998's 144,246.

FSO

The number of FSO recipients dropped from 103,417 in December 1998 to 102,852 in December 1999, representing a decrease of 0.5% (565).

MAO

The number of persons receiving MAO increased 57.7% from 565,886 in December 1998 to 892,420 in December 1999. 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 1999, the number of child abuse referrals made to the Department of Children & Family Services decreased by 209 (22.7%). The total number of child abuse referrals in 1999 was 710.

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 for 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 (FAO) 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 1-1

PERSONS AIDED – ALL DPSS PROGRAMS

December 1998 – December 1999

Cash Assistance Programs

	1997	1998	Change	% Change
CalWORKs- 1 Parent	524,842	474,671	-50,171	-9.56%
CalWORKs - 2 Parent	144,246	131,566	-12,680	-8.79%
General Relief	59,248	63,572	4,324	7.30%
Refugee Resettlement Program	253	375	122	48.22%
Cash Assistance Program for Immigrants	0	4,673	4,673	n/a
Total Cash Assistance Persons Aided	728,589	674,857	-53,732	-7.37%

Non-Cash Assistance Programs

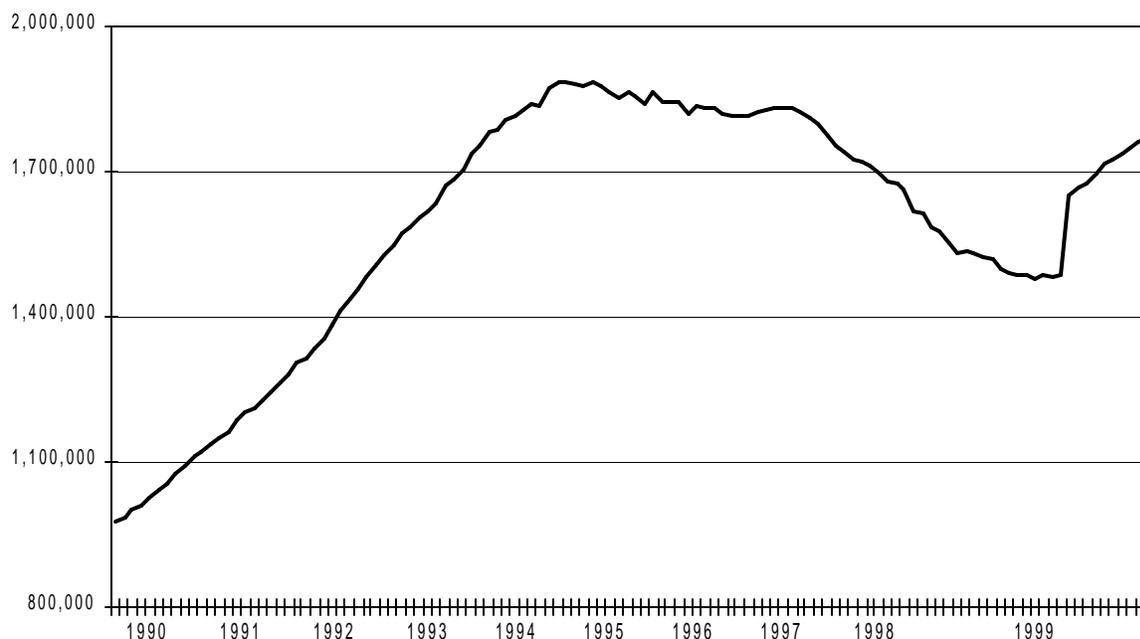
IHSS	89,262	97,943	8,681	9.73%
MAO	565,886	892,420	326,534	57.70%
FSO	103,417	102,852	-565	-0.55%
Total Non-Cash Assistance Persons Aided	758,565	1,093,215	334,650	44.12%

Total All Programs Persons Aided

	1,487,154	1,768,072	280,918	18.89%
--	------------------	------------------	----------------	---------------



Figure 1-2
PERSONS AIDED – ALL AIDS COMBINED
 January 1990 – December 1999

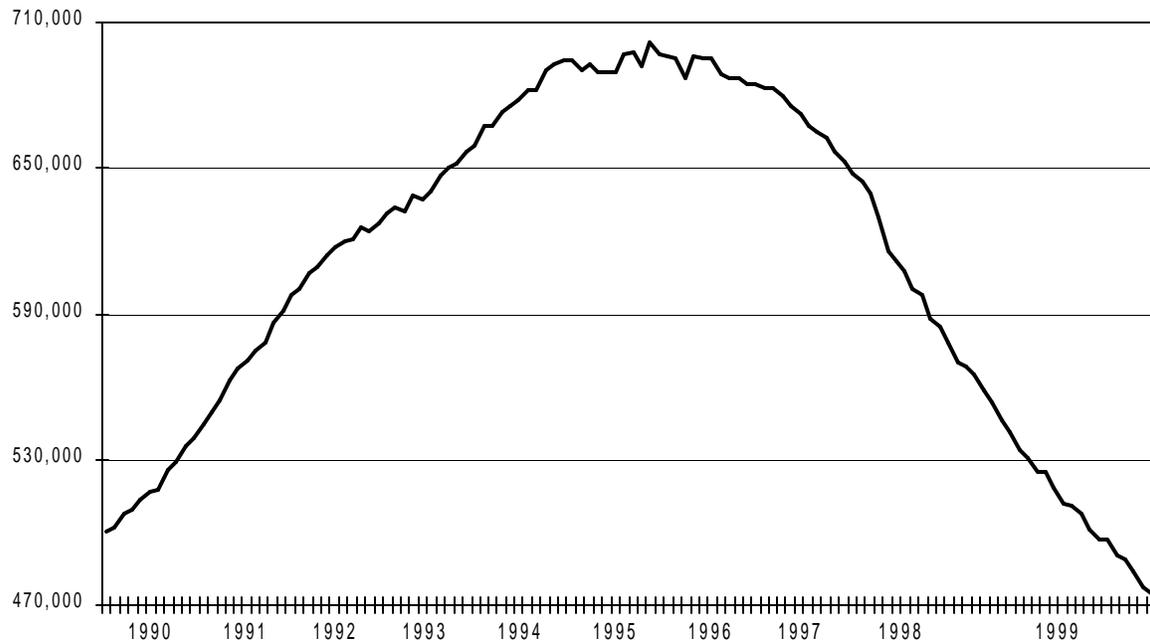


	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Jan	977,467	1,150,529	1,355,763	1,618,696	1,838,536	1,856,959	1,815,720	1,739,691	1,553,899	1,483,869
Feb	985,184	1,160,098	1,382,085	1,635,868	1,837,625	1,840,912	1,813,789	1,726,450	1,530,151	1,486,946
Mar	1,000,872	1,184,703	1,412,368	1,669,406	1,871,302	1,863,833	1,825,136	1,720,143	1,534,206	1,652,199
Apr	1,011,276	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
May	1,026,223	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
Jun	1,040,920	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
Jul	1,053,012	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
Aug	1,074,352	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
Sep	1,090,459	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
Oct	1,113,639	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
Nov	1,122,498	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
Dec	1,137,487	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

Figure 1-3

PERSONS AIDED – CalWORKs-FG

January 1990 – December 1999



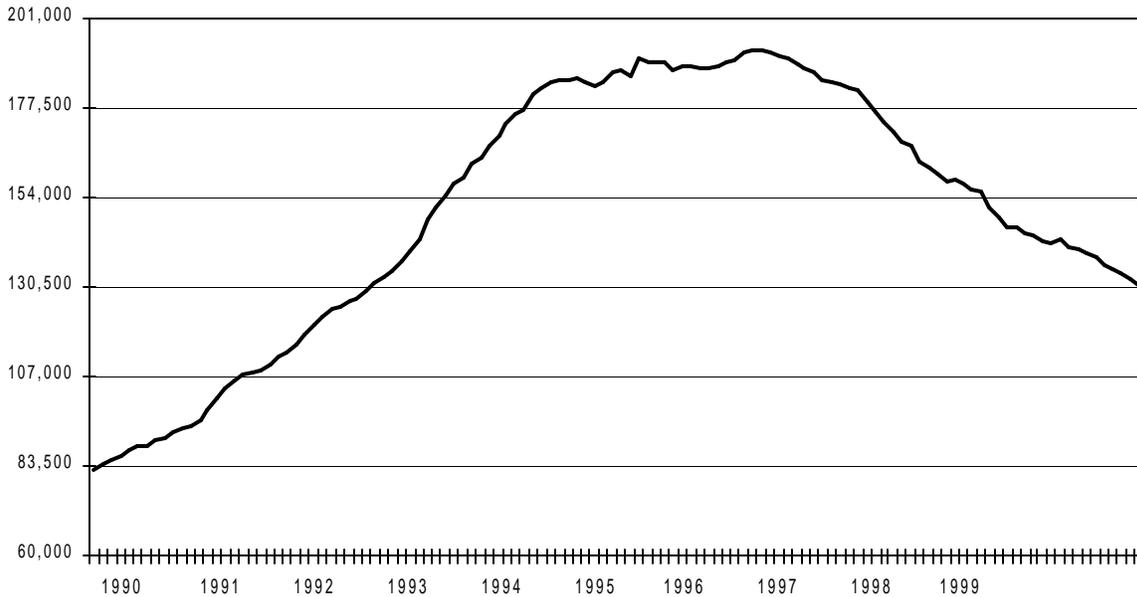
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Jan	500,011	549,773	609,335	637,301	682,268	698,072	687,051	652,669	578,417	518,314
Feb	502,246	554,373	614,121	640,224	681,770	691,939	684,692	647,937	569,585	512,021
Mar	507,365	562,609	617,607	646,683	690,332	701,854	684,346	644,573	568,511	510,601
Apr	509,099	567,509	619,688	650,504	693,112	696,575	683,120	639,809	564,894	507,464
May	513,821	570,779	620,454	651,670	694,075	696,120	682,890	629,705	558,755	500,846
Jun	516,882	574,680	625,762	656,892	694,341	695,009	679,411	615,440	553,377	496,858
Jul	517,389	578,237	623,865	659,205	690,610	687,348	675,752	611,984	546,358	496,744
Aug	525,458	586,646	627,439	667,607	692,496	695,808	672,386	607,501	540,869	490,095
Sep	528,682	591,036	631,182	667,264	689,599	695,329	667,384	599,871	533,755	488,595
Oct	535,665	598,129	633,972	673,020	689,758	695,054	665,034	597,613	530,703	484,318
Nov	539,212	600,010	632,209	675,452	689,669	688,392	662,289	587,860	525,259	477,780
Dec	544,805	606,437	638,679	678,368	696,960	687,223	656,356	584,856	524,842	474,671



Figure 1-4

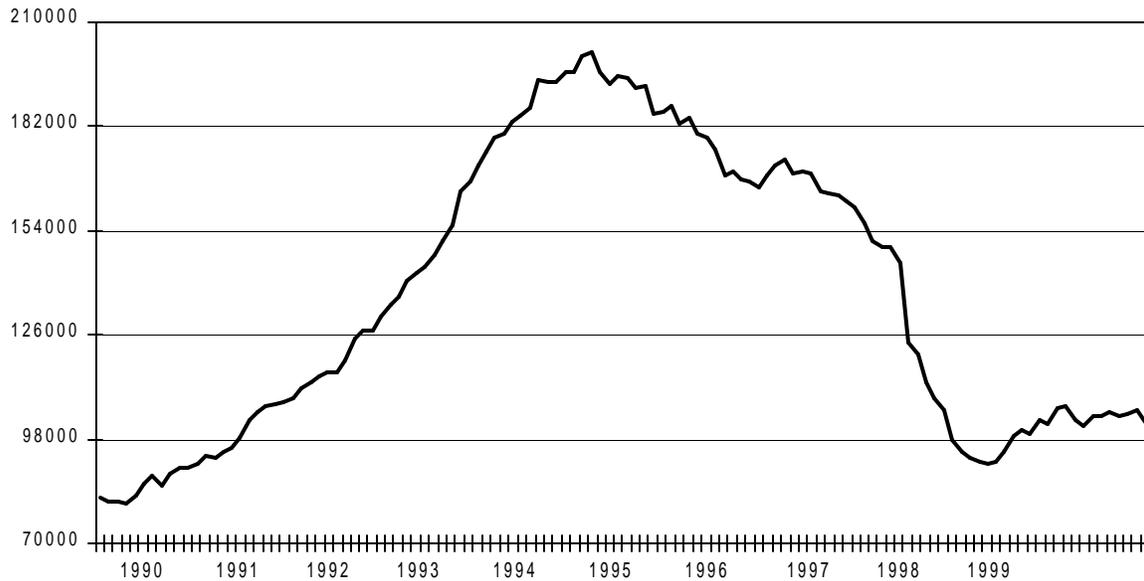
PERSONS AIDED – CalWORKs-U

January 1990 – December 1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Jan	82,405	95,898	118,115	139,850	176,160	187,391	189,666	184,437	160,377	142,907
Feb	83,747	98,056	120,652	143,377	177,201	185,941	190,384	184,039	158,306	142,139
Mar	85,424	101,447	123,095	148,236	181,091	190,709	192,265	182,841	158,719	143,102
Apr	86,239	104,226	124,705	151,521	182,862	189,707	193,103	182,234	157,953	141,471
May	87,563	106,030	125,506	154,553	184,339	189,536	193,108	179,402	156,341	140,914
Jun	88,664	108,106	127,043	157,639	184,876	189,612	192,079	176,335	155,725	139,464
Jul	88,826	108,591	127,913	159,248	185,088	187,439	190,905	173,657	151,535	138,417
Aug	90,345	108,772	129,667	163,087	185,263	188,810	190,710	171,542	148,821	136,509
Sep	90,855	110,275	131,939	164,606	184,577	188,660	189,317	168,678	146,603	135,362
Oct	92,351	112,086	133,497	167,679	183,788	188,434	188,063	167,577	146,279	134,057
Nov	93,375	113,414	134,863	170,512	184,591	188,109	186,981	163,221	144,785	132,907
Dec	94,230	115,649	137,491	173,347	186,811	188,695	184,798	162,070	144,246	131,566

Figure 1-5
PERSONS AIDED – FSO/MIXED FOOD STAMPS
 January 1990 – December 1999

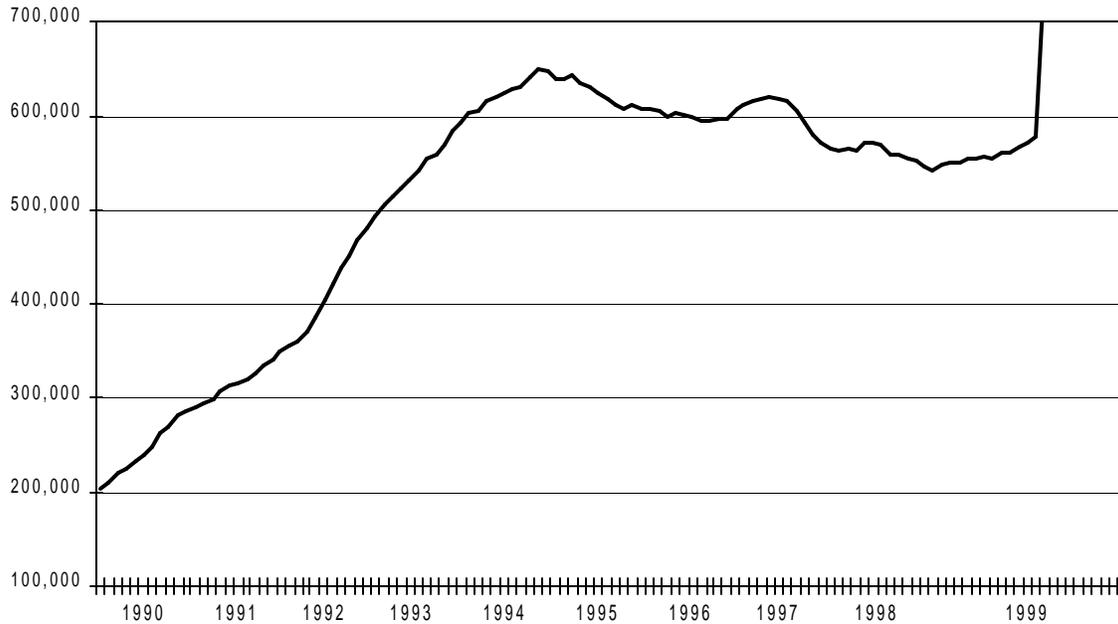


	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Jan	82,216	93,502	113,109	142,421	184,650	194,993	169,613	163,457	105,559	102,517
Feb	81,570	92,936	114,641	144,694	187,120	192,160	167,614	161,988	97,595	106,243
Mar	81,630	94,638	116,111	147,477	194,421	192,786	167,074	160,371	95,013	106,907
Apr	81,094	95,657	116,052	151,318	193,914	185,351	165,795	156,038	92,842	103,383
May	82,822	98,451	119,187	155,459	194,252	185,957	169,031	151,406	91,952	101,812
Jun	86,171	103,175	124,873	164,570	196,796	187,728	171,846	149,604	91,388	104,357
Jul	88,190	105,339	126,966	167,432	196,823	182,491	173,110	149,266	91,819	104,479
Aug	85,260	106,878	126,956	171,721	201,308	184,100	169,450	145,430	94,868	105,463
Sep	88,746	107,010	131,064	175,231	201,817	180,132	169,930	124,163	98,676	104,315
Oct	90,155	108,464	134,075	178,656	196,665	179,051	169,509	120,538	100,107	104,668
Nov	90,497	109,006	136,052	180,263	193,793	175,752	164,657	113,236	99,441	105,767
Dec	91,540	111,690	140,480	183,209	195,400	168,958	163,939	109,365	103,417	102,852

Figure 1-6

PERSONS AIDED – MEDI-CAL ONLY

January 1990 – December 1999



	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Jan	203,140	294,032	371,013	530,107	628,241	611,805	596,484	570,327	545,557	571,007
Feb	209,146	298,492	385,421	539,877	630,038	607,762	597,735	564,166	541,932	577,075
Mar	218,332	306,871	403,519	554,940	641,434	611,831	606,724	563,039	547,734	736,143
Apr	224,992	313,301	421,464	558,232	648,740	608,059	611,286	564,277	551,182	754,584
May	232,385	315,949	437,053	568,970	648,310	606,154	616,143	563,326	551,338	773,607
Jun	238,725	320,434	449,904	583,067	639,771	604,854	616,606	570,008	553,940	792,953
Jul	247,182	326,716	468,592	593,173	639,518	599,987	618,514	571,714	554,563	814,968
Aug	262,115	333,523	479,311	602,109	643,344	602,215	617,597	568,862	555,691	829,576
Sep	270,203	340,869	491,317	605,398	635,820	601,480	614,457	559,167	555,105	844,984
Oct	281,163	348,415	506,651	614,201	628,729	599,205	605,973	558,273	561,363	862,429
Nov	285,248	354,128	514,869	619,183	622,231	595,753	592,418	554,113	559,878	879,336
Dec	290,305	360,781	521,957	623,521	617,687	594,630	578,977	552,039	565,886	892,420

DEPARTMENT OF PUBLIC SOCIAL SERVICES

Figure 1-7

ETHNIC ORIGIN AND PRIMARY LANGUAGE CASE COUNTS IN APRIL 1999*

Aid Program	CalWORKs 1 Parent		CalWORKs 2 Parent		GR		CAPI		FSO		MAO		IHSS	
ETHNIC ORIGIN														
ASIAN	9,807	5.1%	5,254	13.6%	3,033	4.8%	2,885	90.9%	2,691	5.1%	59,004	12.3%	8,336	9.1%
BLACK	62,020	32.3%	1,926	5.0%	32,351	51.4%	1	0.0%	13,691	26.1%	43,488	9.1%	23,585	25.8%
HISPANIC	101,126	52.6%	22,919	59.4%	15,077	24.0%	150	4.7%	27,393	52.1%	291,722	60.9%	22,642	24.7%
WHITE	18,812	5.0%	8,407	21.8%	12,113	19.3%	139	4.4%	8,605	16.4%	83,866	17.5%	36,783	40.2%
OTHER	421	0.2%	78	0.2%	316	0.5%	0	0.0%	153	0.3%	1,027	0.2%	148	0.2%
TOTAL CASES	192,186	100%	38,584	100%	62,890	100%	3,175	100%	52,533	100%	479,107	100%	91,494	100%
PRIMARY LANGUAGE														
ARMENIAN	2,193	1.1%	4,922	12.8%	1,764	2.8%	83	2.6%	643	1.2%	7,705	1.6%	12,968	14.2%
CAMBODIAN	2,836	1.5%	695	1.8%	78	0.1%	6	0.2%	258	0.5%	1,007	0.2%	718	0.8%
CHINESE	912	0.5%	976	2.5%	399	0.6%	1,675	52.8%	414	0.8%	15,500	3.2%	3,090	3.4%
ENGLISH	125,485	65.3%	10,680	27.7%	53,613	85.2%	73	2.3%	32,394	61.7%	221,412	46.2%	45,289	49.5%
FARSI	175	0.1%	361	0.9%	120	0.2%	15	0.5%	131	0.2%	1,300	0.3%	2,292	2.5%
KOREAN	158	0.1%	48	0.1%	659	1.0%	614	19.3%	102	0.2%	6,689	1.4%	1,157	1.3%
RUSSIAN	380	0.2%	512	1.3%	382	0.6%	6	0.2%	287	0.5%	1,258	0.3%	6,016	6.6%
SPANISH	57,745	30.0%	17,864	46.3%	4,921	7.8%	146	4.6%	17,550	33.4%	214,632	44.8%	15,716	17.2%
VIETNAMESE	2,023	1.1%	2,363	6.1%	696	1.1%	336	10.6%	632	1.2%	5,025	1.0%	1,547	1.7%
OTHER	279	0.1%	163	0.4%	258	0.4%	221	7.0%	122	0.2%	4,579	1.0%	2,701	3.0%
TOTAL CASES	192,186	100%	38,584	100%	62,890	100%	3,175	100%	52,533	100%	479,107	100%	91,494	100%
PERSONS	507,464	100%	141,471	100%	64,024	100%	3,175	100%	103,383	100%	754,584	100%	91,494	100%

KEY TO ACRONYMS

CALWORKS - 1 Parent	California Work Opportunity and Responsibility to Kids - 1 Parent
CALWORKS - 2 Parent	California Work Opportunity and Responsibility to Kids - 2 Parent
GR:	General Relief
CAPI:	Cash Assistance Program for Immigrants
FSO:	Food Stamps Only
MAO:	Medical Assistance Only
IHSS:	In-Home Supportive Services

NOTE: Due to rounding, the percentage columns may not sum precisely to 100 percent.

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



Figure 1-8

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

Child Abuse Reports by Months From January 1995 – December 1999

Program	1995	1996	1997	1998	1999	Change Number	1998-1999 Percent
JAN	130	133	120	80	78	-2	-2.5%
FEB	129	141	110	86	41	-45	-52.3%
MAR	184	161	101	88	70	-18	-20.5%
APR	160	125	110	104	49	-55	-52.9%
MAY	193	111	89	73	67	-6	-8.2%
JUN	134	146	93	88	54	-34	-38.6%
JUL	170	149	121	99	49	-50	-50.5%
AUG	139	177	113	98	85	-13	-13.3%
SEP	179	141	111	75	69	-6	-8.0%
OCT	135	120	85	71	65	-6	-8.5%
NOV	167	93	80	17	53	36	211.8%
DEC	111	101	58	40	30	-10	-25.0%
TOTAL	1,831	1,598	1,191	919	710	209	-22.7%

* This percent figure is not a total; it represents the overall percentage change of referrals from calendar year 1998 to 1999. 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.



LOS ANGELES COUNTY OFFICE OF EDUCATION



VERONICA SOTO
YORBA

LOS ANGELES COUNTY OFFICE OF EDUCATION

ANNUAL REPORT OF SUSPECTED CHILD ABUSE CASES

Data is 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 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 lowest 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 Los Angeles County Office of Education (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 1999-2000

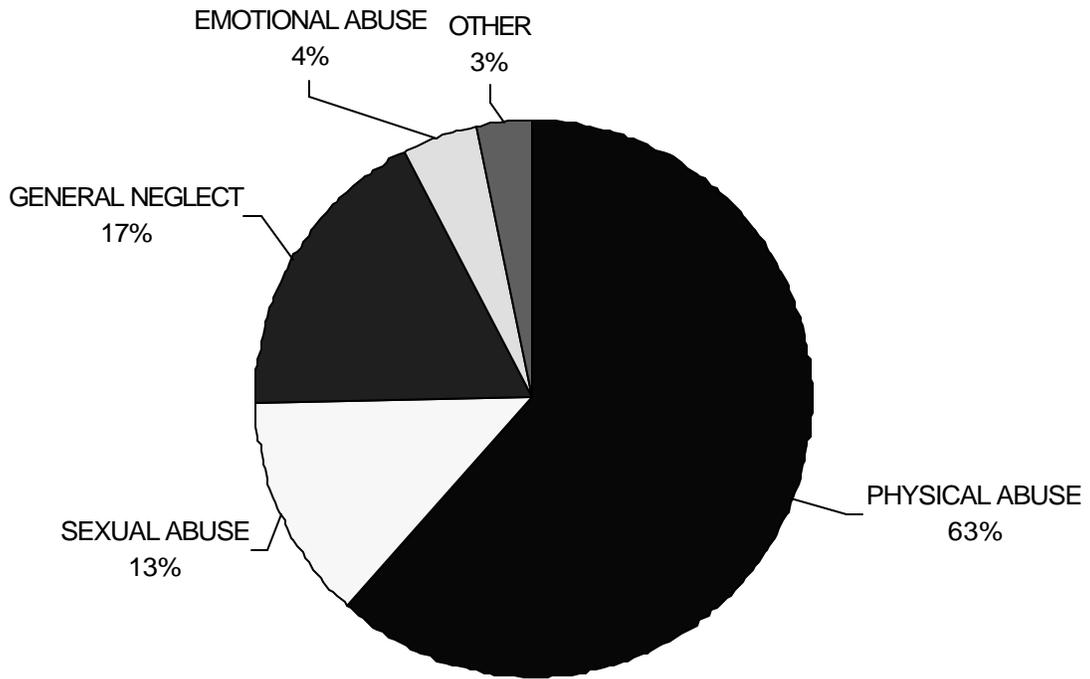
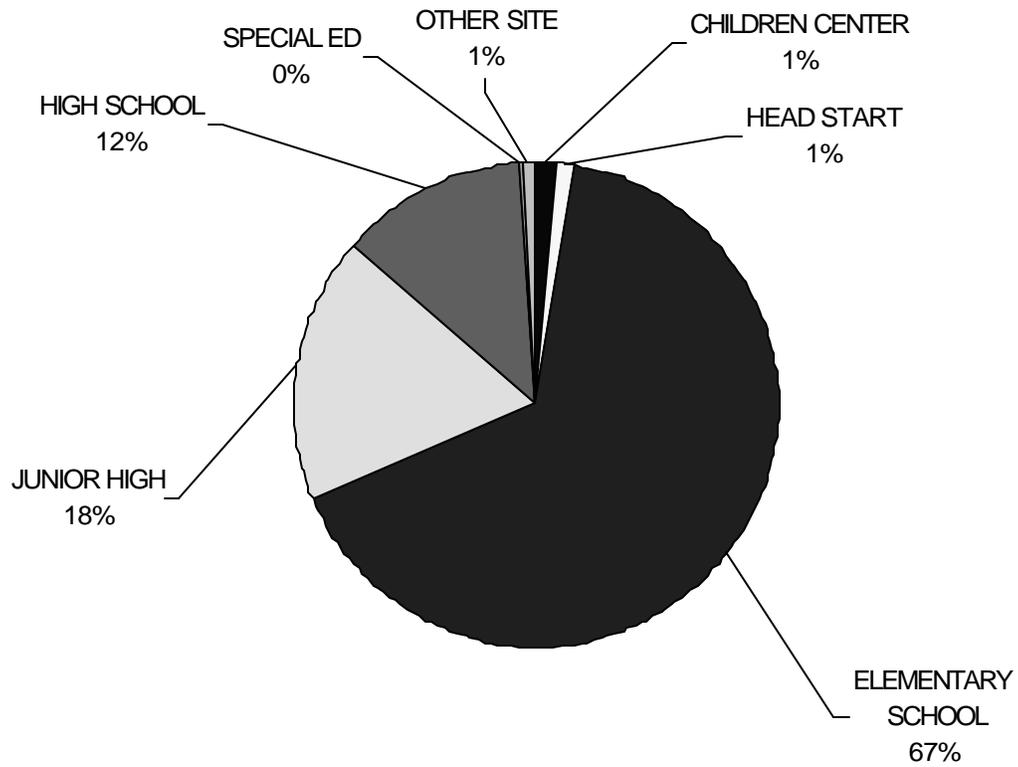




Figure 2
CHILD ABUSE BY TYPE OF SCHOOL 1999-2000





ICAN DATA ANALYSIS REPORT FOR 2000

Figure 3
GENERAL NEGLECT

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
ABC UNIFIED	0	0	7	0	2	0	0
ACTON-AGUA DULCE	0	0	2	0	0	0	0
ANTELOPE VALLEY	0	0	0	0	6	0	0
ALHAMBRA SCHOOL DISTRICT	0	0	46	0	5	0	6
ARCADIA UNIFIED	0	0	5	0	1	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	17	7	2	0	0
BALDWIN PARK UNIFIED	0	0	4	4	3	0	1
BASSETT UNIFIED	0	0	9	0	2	0	0
BELLFLOWER UNIFIED	1	0	19	1	4	0	0
BEVERLY HILLS	0	0	3	0	1	0	0
BONITA UNIFIED	0	0	5	2	4	0	0
BURBANK UNIFIED	0	0	1	1	0	0	0
CASTAIC UNION SCHOOL DISTRICT	0	0	5	2	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	4	1	0	0	0
COMPTON UNIFIED							
COVINA-VALLEY UNIFIED	1	0	4	1	0	0	0
CULVER CITY UNIFIED	0	0	4	0	1	0	0
DOWNEY UNIFIED	0	0	21	6	3	0	0
DUARTE UNIFIED	0	0	0	0	0	0	0
EAST WHITTIER CITY	0	0	13	0	0	0	0
EASTSIDE UNION	0	0	11	2	0	0	0
EL MONTE CITY	0	2	10	2	0	0	0
EL MONTE UNION HIGH	0	0	0	0	0	0	0
EL RANCHO UNIFIED	0	2	8	1	1	0	0
EL SEGUNDO UNIFIED	0	0	2	2	0	0	0
GARVEY SCHOOL DISTRICT	0	0	3	0	0	0	0
GLENDALE UNIFIED	0	0	16	1	0	0	0
GLENDORA UNIFIED	0	0	0	0	0	0	0
GORMAN ELEMENTARY	0	0	2	0	0	0	0
HACIENDA LA PUENTE UNIFIED	0	3	9	0	1	0	0
HAWTHORNE ELEMENTARY	0	0	5	7	0	0	0
HERMOSA BEACH CITY	0	0	0	0	0	0	0
HUGHES-ELIZABETH LAKES	0	0	1	0	0	0	0
INGLEWOOD UNIFIED	0	0	1	0	0	0	1
KEPPEL UNION	0	0	5	2	0	0	0
LA CANADA UNIFIED	0	0	1	0	3	0	0
LANCASTER SCHOOL DISTRICT	0	0	19	5	0	0	0
LAS VIRGENES UNIFIED	0	0	0	0	1	0	0
LAWNDALE ELEMENTARY	0	0	12	0	0	0	0
LENNOX ELEMENTARY	0	0	5	1	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	0	1	0	0	0
LONG BEACH UNIFIED	0	0	56	14	0	0	0
LOS ANGELES UNIFIED	9	0	684	117	61	28	2
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	4	0	0	0	0
MONROVIA UNIFIED	1	0	5	2	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	13	10	0	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	3	0	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	6	0	0	0	0
NORWALK-LA MIRADA UNIFIED	0	1	5	0	0	0	0
PALMDALE ELEMENTARY	0	1	7	0	0	0	0
PALOS VERDES UNIFIED	0	0	0	0	0	0	0
PARAMOUNT UNIFIED	0	0	33	0	2	0	0
PASADENA UNIFIED	0	0	4	2	1	0	0
POMONA UNIFIED	2	1	15	3	4	0	0
REDONDO BEACH UNIFIED	0	0	1	1	1	0	0
ROSEMEAD ELEMENTARY	0	0	2	0	0	0	0
ROWLAND UNIFIED	0	0	16	4	0	0	0
SAN GABRIEL UNIFIED	0	5	2	2	0	0	0
SAN MARINO UNIFIED	0	0	0	0	0	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	16	1	2	0	0
SAUGUS UNION	0	0	7	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	9	0	0	0	0
TEMPLE CITY UNIFIED	0	0	1	0	4	0	0
TORRANCE UNIFIED	0	0	9	6	3	0	0
VALLE LINDO	0	0	0	0	0	0	0
WALNUT VALLEY UNIFIED	0	0	4	2	1	0	0
WEST COVINA UNIFIED	0	0	1	3	0	0	0
WESTSIDE UNION	0	0	1	1	0	0	0
WHITTIER CITY	0	0	7	2	0	0	0
WHITTIER UNION	0	0	0	0	3	0	0
WILLIAM S HART UNION HIGH	0	0	0	3	2	0	0
WILSONA ELEMENTARY	0	0	7	2	0	0	0
WISEBURN ELEMENTARY	0	0	1	1	0	0	0
TOTAL	14	15	1200	225	126	28	10



ICAN DATA ANALYSIS REPORT FOR 2000

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	2	2	1	0
ACTON-AGUA DULCE	0	0	1	1	0	0	0
ANTELOPE VALLEY	0	0	0	0	10	0	0
ALHAMBRA SCHOOL DISTRICT	0	0	10	11	0	0	0
ARCADIA UNIFIED	0	0	0	1	2	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	3	0	0	0	0
BALDWIN PARK UNIFIED	0	0	1	0	1	0	0
BASSETT UNIFIED	0	0	12	1	1	0	0
BELLFLOWER UNIFIED	0	0	2	1	6	0	0
BEVERLY HILLS	0	0	1	0	0	0	0
BONITA UNIFIED	0	0	0	0	0	0	0
BURBANK UNIFIED	0	0	1	1	1	0	0
CASTAIC UNION SCHOOL DISTRICT	0	0	0	0	0	0	0
CENTINELA VALLEY UNION HIGH	0	0	0	0	1	0	0
CHARTER OAK UNIFIED	0	0	0	0	0	0	0
CLAREMOUNT UNIFIED	0	0	0	0	0	0	0
COMPTON UNIFIED							
COVINA-VALLEY UNIFIED	0	0	0	4	0	0	0
CULVER CITY UNIFIED	0	0	3	1	5	0	0
DOWNEY UNIFIED	0	0	4	4	6	0	0
DUARTE UNIFIED	0	0	0	0	0	0	0
EAST WHITTIER CITY	0	0	1	0	0	0	0
EASTSIDE UNION	0	0	3	0	0	0	0
EL MONTE CITY	0	1	2	2	5	0	0
EL MONTE UNION HIGH	0	0	0	0	2	0	0
EL RANCHO UNIFIED	0	0	3	1	0	0	0
EL SEGUNDO UNIFIED	0	0	2	0	0	0	0
GARVEY SCHOOL DISTRICT	0	0	0	0	0	0	0
GLENDALE UNIFIED	1	0	7	0	1	0	0
GLENDORA UNIFIED	0	0	0	0	1	0	0
GORMAN ELEMENTARY	0	0	0	0	0	0	0
HACIENDA LA PUENTE UNIFIED	0	3	2	0	2	0	0
HAWTHORNE ELEMENTARY	0	0	4	0	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	1	1	0	0
KEPPEL UNION	0	0	0	0	0	0	0
LA CANADA UNIFIED	0	0	1	0	0	0	0
LANCASTER SCHOOL DISTRICT	0	0	2	0	0	0	0
LAS VIRGENES UNIFIED	0	0	1	0	1	0	0
LAWNDALE ELEMENTARY	0	0	3	0	0	0	0
LENNOX ELEMENTARY	0	0	2	0	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	1	2	0	0	0
LONG BEACH UNIFIED	0	0	8	5	5	0	0
LOS ANGELES UNIFIED	1	0	82	20	24	0	1
LOS NIETOS SCHOOL DISTRICT	0	0	0	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	3	0	5	0	0
MONROVIA UNIFIED	0	0	1	0	2	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	0	0	1	2	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	3	0	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	0	0	0	0	0
NORWALK-LA MIRADA UNIFIED	0	0	1	0	0	0	0
PALMDALE ELEMENTARY	0	0	2	2	0	0	0
PALOS VERDES UNIFIED	0	0	0	0	0	0	0
PARAMOUNT UNIFIED	0	0	9	0	0	0	0
PASADENA UNIFIED	0	0	0	0	0	0	0
POMONA UNIFIED	0	0	2	0	6	0	0
REDONDO BEACH UNIFIED	0	0	0	0	0	0	0
ROSEMEAD ELEMENTARY	0	0	0	0	0	0	0
ROWLAND UNIFIED	0	0	1	0	0	0	0
SAN GABRIEL UNIFIED	0	6	4	1	0	0	0
SAN MARINO UNIFIED	0	0	1	0	1	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	8	0	6	0	0
SAUGUS UNION	0	0	3	0	0	0	0
SOUTH PASADENA UNIFIED	0	0	0	0	0	0	0
SOUTH WHITTIER	0	0	0	0	0	0	0
SULPHUR SPRINGS UNION	0	0	1	0	0	0	0
TEMPLE CITY UNIFIED	0	0	0	1	1	0	0
TORRANCE UNIFIED	0	0	2	1	1	0	0
VALLE LINDO	0	0	2	0	0	0	0
WALNUT VALLEY UNIFIED	0	0	1	0	2	0	0
WEST COVINA UNIFIED	0	0	1	0	0	0	0
WESTSIDE UNION	0	0	1	0	0	0	0
WHITTIER CITY	0	0	1	2	0	0	0
WHITTIER UNION	0	0	0	0	4	0	0
WILLIAM S HART UNION HIGH	0	0	0	5	1	0	0
WILSONA ELEMENTARY	0	0	0	0	0	0	0
WISEBURN ELEMENTARY	0	0	3	2	0	0	0
TOTAL	2	10	217	74	108	0	1



ICAN DATA ANALYSIS REPORT FOR 2000

Figure 5

SEXUAL ASSAULT

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
ABC UNIFIED	0	0	7	1	0	0	0
ACTON-AGUA DULCE	0	0	0	0	0	0	0
ANTELOPE VALLEY	0	0	0	0	8	0	0
ALHAMBRA SCHOOL DISTRICT	0	0	8	0	6	0	0
ARCADIA UNIFIED	0	0	1	0	2	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	6	7	4	0	0
BALDWIN PARK UNIFIED	0	0	1	0	0	0	0
BASSETT UNIFIED	0	0	5	0	1	0	0
BELLFLOWER UNIFIED	0	0	3	0	0	0	0
BEVERLY HILLS	0	0	0	0	0	0	0
BONITA UNIFIED	0	0	2	2	4	0	0
BURBANK UNIFIED	0	0	1	0	5	0	0
CASTAIC UNION SCHOOL DISTRICT	0	0	1	2	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	1	1	0	2
COMPTON UNIFIED							
COVINA-VALLEY UNIFIED	1	0	1	3	2	0	0
CULVER CITY UNIFIED	1	0	1	1	5	0	0
DOWNEY UNIFIED	0	0	5	4	5	0	0
DUARTE UNIFIED	0	0	0	0	0	0	0
EAST WHITTIER CITY	0	0	10	1	0	0	0
EASTSIDE UNION	0	0	2	0	0	0	0
EL MONTE CITY	4	0	14	1	0	0	0
EL MONTE UNION HIGH	0	0	0	0	1	0	0
EL RANCHO UNIFIED	0	5	0	0	4	0	0
EL SEGUNDO UNIFIED	0	0	0	0	0	0	0
GARVEY SCHOOL DISTRICT	0	0	5	0	0	0	0
GLENDALE UNIFIED	1	0	2	0	1	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	2	5	1	1	0	0
HAWTHORNE ELEMENTARY	0	0	3	3	0	0	1
HERMOSA BEACH CITY	0	0	1	0	0	0	0
HUGHES-ELIZABETH LAKES	0	0	0	0	0	0	0
INGLEWOOD UNIFIED	0	0	2	0	0	0	0
KEPPEL UNION	0	0	0	0	0	0	0
LA CANADA UNIFIED	0	0	0	0	1	0	0
LANCASTER SCHOOL DISTRICT	0	0	7	4	0	0	0
LAS VIRGENES UNIFIED	0	0	0	3	3	0	0
LAWNDALE ELEMENTARY	0	0	7	0	0	0	0
LENNOX ELEMENTARY	0	0	3	0	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	1	1	0	0	0
LONG BEACH UNIFIED	1	2	14	6	3	0	0
LOS ANGELES UNIFIED	12	0	464	179	136	10	13
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	1	0	0	0	0
MONROVIA UNIFIED	0	0	0	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	4	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	0	0	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	1	0	0	0	0
NORWALK-LA MIRADA UNIFIED	0	2	3	2	2	0	0
PALMDALE ELEMENTARY	0	2	3	0	0	0	0
PALOS VERDES UNIFIED	0	0	0	0	2	0	0
PARAMOUNT UNIFIED	0	0	19	1	2	0	0
PASADENA UNIFIED	0	0	1	3	1	0	0
POMONA UNIFIED	0	0	9	9	9	0	0
REDONDO BEACH UNIFIED	0	0	0	0	0	0	0
ROSEMEAD ELEMENTARY	0	2	2	3	0	0	0
ROWLAND UNIFIED	0	0	3	3	5	0	0
SAN GABRIEL UNIFIED	0	0	1	0	0	0	0
SAN MARINO UNIFIED	0	0	0	0	0	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	6	3	6	0	0
SAUGUS UNION	0	0	2	0	0	0	0
SOUTH PASADENA UNIFIED	0	0	2	0	0	0	0
SOUTH WHITTIER	0	0	2	0	0	0	0
SULPHUR SPRINGS UNION	0	0	4	0	0	0	0
TEMPLE CITY UNIFIED	0	0	1	0	2	0	0
TORRANCE UNIFIED	1	0	2	0	3	0	0
VALLE LINDO	0	0	0	0	0	0	0
WALNUT VALLEY UNIFIED	0	0	0	0	1	0	0
WEST COVINA UNIFIED	0	0	1	0	0	0	0
WESTSIDE UNION	0	0	0	0	0	0	0
WHITTIER CITY	0	0	4	2	0	0	0
WHITTIER UNION	0	0	0	0	2	0	0
WILLIAM S HART UNION HIGH	0	0	0	1	3	0	0
WILSONA ELEMENTARY	0	0	0	1	0	0	3
WISEBURN ELEMENTARY	0	0	0	1	0	0	0
TOTAL	21	15	653	258	237	10	19



ICAN DATA ANALYSIS REPORT FOR 2000

Figure 6

PHYSICAL ABUSE

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education	Other Site
ABC UNIFIED	0	1	60	7	6	0	0
ACTON-AGUA DULCE	0	0	2	3	0	0	0
ANTELOPE VALLEY	0	0	0	0	39	0	0
ALHAMBRA SCHOOL DISTRICT	11	0	167	0	32	0	9
ARCADIA UNIFIED	0	0	10	5	10	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	39	9	12	2	3
BALDWIN PARK UNIFIED	0	0	10	4	1	0	0
BASSETT UNIFIED	0	0	16	1	0	0	0
BELLFLOWER UNIFIED	1	0	53	2	12	0	1
BEVERLY HILLS	0	0	14	0	0	0	0
BONITA UNIFIED	0	0	14	5	7	0	0
BURBANK UNIFIED	2	0	54	16	13	0	10
CASTAIC UNION SCHOOL DISTRICT	0	0	5	0	0	0	0
CENTINELA VALLEY UNION HIGH	0	0	0	0	5	0	0
CHARTER OAK UNIFIED	0	0	2	7	0	0	0
CLAREMOUNT UNIFIED	0	0	13	4	4	0	1
COMPTON UNIFIED							
COVINA-VALLEY UNIFIED	5	0	20	5	2	0	0
CULVER CITY UNIFIED	3	0	9	13	5	0	1
DOWNEY UNIFIED	0	0	94	14	12	0	1
DUARTE UNIFIED	0	1	7	4	0	0	0
EAST WHITTIER CITY	0	0	29	8	0	0	0
EASTSIDE UNION	0	0	16	5	0	0	0
EL MONTE CITY	1	3	38	3	0	0	0
EL MONTE UNION HIGH	0	0	0	0	3	0	0
EL RANCHO UNIFIED	1	1	15	5	3	0	0
EL SEGUNDO UNIFIED	0	0	6	4	1	0	0
GARVEY SCHOOL DISTRICT	0	2	22	1	0	0	0
GLENDALE UNIFIED	4	1	26	2	4	0	0
GLENDORA UNIFIED	0	0	0	0	6	0	0
GORMAN ELEMENTARY	0	0	1	0	0	0	0
HACIENDA LA PUENTE UNIFIED	0	9	27	2	12	0	0
HAWTHORNE ELEMENTARY	0	0	62	19	0	0	0
HERMOSA BEACH CITY	0	0	2	2	0	0	0
HUGHES-ELIZABETH LAKES	0	0	0	0	0	0	0
INGLEWOOD UNIFIED	2	0	4	2	1	0	3
KEPPEL UNION	0	0	6	7	0	0	0
LA CANADA UNIFIED	0	0	7	2	4	0	0
LANCASTER SCHOOL DISTRICT	0	1	40	2	0	0	0
LAS VIRGENES UNIFIED	0	0	3	4	6	0	0
LAWNDALE ELEMENTARY	0	0	48	0	0	0	0
LENNOX ELEMENTARY	0	0	18	0	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	4	6	0	0	0
LONG BEACH UNIFIED	4	7	147	28	16	0	0
LOS ANGELES UNIFIED	48	0	2140	662	296	60	7
LOS NIETOS SCHOOL DISTRICT	0	0	0	0	0	0	0
LOWELL JOINT ELEMENTARY	0	0	0	1	0	0	0
LYNWOOD UNIFIED	1	0	2	0	0	0	0
MANHATTAN BEACH	0	0	2	1	5	0	0
MONROVIA UNIFIED	1	0	7	1	8	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	3	33	23	9	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	13	2	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	15	0	0	0	0
NORWALK-LA MIRADA UNIFIED	0	1	19	14	5	0	0
PALMDALE ELEMENTARY	0	6	34	6	0	0	0
PALOS VERDES UNIFIED	0	0	3	0	6	0	0
PARAMOUNT UNIFIED	2	0	104	0	10	0	0
PASADENA UNIFIED	1	0	11	6	6	0	0
POMONA UNIFIED	9	3	54	15	15	0	0
REDONDO BEACH UNIFIED	0	0	8	4	2	0	0
ROSEMEAD ELEMENTARY	0	0	11	5	0	0	0
ROWLAND UNIFIED	0	0	32	10	12	0	0
SAN GABRIEL UNIFIED	0	17	7	3	4	0	0
SAN MARINO UNIFIED	0	0	2	0	1	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	36	17	14	0	0
SAUGUS UNION	0	0	30	0	0	0	0
SOUTH PASADENA UNIFIED	0	0	6	2	3	0	0
SOUTH WHITTIER	0	0	6	1	0	0	0
SULPHUR SPRINGS UNION	0	0	23	0	0	0	0
TEMPLE CITY UNIFIED	1	0	4	1	4	0	0
TORRANCE UNIFIED	1	0	26	11	1	0	0
VALLE LINDO	0	0	0	0	0	0	0
WALNUT VALLEY UNIFIED	0	0	10	1	8	0	0
WEST COVINA UNIFIED	0	0	8	7	4	0	0
WESTSIDE UNION	0	0	5	3	0	0	0
WHITTIER CITY	0	0	60	8	0	0	0
WHITTIER UNION	0	0	0	0	16	0	0
WILLIAM S HART UNION HIGH	0	0	0	14	9	0	0
WILSONA ELEMENTARY	0	0	3	4	0	0	0
WISEBURN ELEMENTARY	0	0	5	1	0	0	0
TOTAL	98	56	3829	1024	654	1	36

Figure 7

OTHER CHILD ABUSE CASES

School District	Children Center	Head Start	Elementary School	Junior High	High School	Special Education
ABC UNIFIED	0	0	2	1	1	0
ACTON-AGUA DULCE	0	0	0	0	0	0
ANTELOPE VALLEY	0	0	0	0	1	0
ALHAMBRA SCHOOL DISTRICT	0	0	6	0	4	0
ARCADIA UNIFIED	0	0	0	0	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	1	0	2	0
BALDWIN PARK UNIFIED	0	0	0	0	0	0
BASSETT UNIFIED	0	0	0	0	0	0
BELLFLOWER UNIFIED	0	0	1	0	1	0
BEVERLY HILLS	0	0	0	0	0	0
BONITA UNIFIED	0	0	0	0	0	0
BURBANK UNIFIED	0	0	6	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	2	1	0	0
COMPTON UNIFIED						
COVINA-VALLEY UNIFIED	0	0	0	0	0	0
CULVER CITY UNIFIED	0	0	1	1	0	0
DOWNEY UNIFIED	0	0	0	0	0	0
DUARTE UNIFIED	0	0	0	0	0	0
EAST WHITTIER CITY	0	0	2	1	0	0
EASTSIDE UNION	0	0	0	1	0	0
EL MONTE CITY	0	0	0	0	0	0
EL MONTE UNION HIGH	0	0	0	0	0	0
EL RANCHO UNIFIED	0	0	1	0	0	0
EL SEGUNDO UNIFIED	0	0	1	0	0	0
GARVEY SCHOOL DISTRICT	0	0	0	0	0	0
GLENDALE UNIFIED	2	0	1	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	1	0	1	0
HAWTHORNE ELEMENTARY	0	0	2	1	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	2	1	0	0
LA CANADA UNIFIED	0	0	0	0	0	0
LANCASTER SCHOOL DISTRICT	0	0	1	1	0	0
LAS VIRGENES UNIFIED	0	0	1	0	1	0
LAWNDALE ELEMENTARY	0	0	0	0	0	0
LENNOX ELEMENTARY	0	0	3	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	0	1	0	0
LONG BEACH UNIFIED	0	0	5	0	0	0
LOS ANGELES UNIFIED	5	0	165	53	25	1
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	2	0	2	0
MONROVIA UNIFIED	0	0	2	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	4	0	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	1	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	2	0	0	0
NORWALK-LA MIRADA UNIFIED	0	0	0	4	0	0
PALMDALE ELEMENTARY	0	0	1	0	0	0
PALOS VERDES UNIFIED	0	0	0	0	0	0
PARAMOUNT UNIFIED	0	0	9	0	0	0
PASADENA UNIFIED	0	0	1	0	1	0
POMONA UNIFIED	1	2	4	2	0	0
REDONDO BEACH UNIFIED	0	0	1	0	0	0
ROSEMEAD ELEMENTARY	0	2	15	8	0	0
ROWLAND UNIFIED	0	0	3	2	0	0
SAN GABRIEL UNIFIED	0	1	1	0	0	0
SAN MARINO UNIFIED	0	0	0	6	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	0	0	0	0
SAUGUS UNION	0	0	1	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	7	0	0	0
TEMPLE CITY UNIFIED	0	0	0	0	2	0
TORRANCE UNIFIED	0	0	3	2	1	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	1	0	0	0
WHITTIER CITY	0	0	1	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	1	0	0	0
WISEBURN ELEMENTARY	0	0	0	0	0	0
TOTAL	2	5	264	86	42	0





DEPARTMENT OF HEALTH SERVICES



JESUS PINTO, JR.
LYDIA JACKSON

DEPARTMENT OF HEALTH SERVICES

Child abuse and neglect has been recognized as a serious public health issue in recent years. The Los Angeles County Department of Health Services, whose mission is to improve the health of the Los Angeles County residents also recognizes the significant health, emotional and psychosocial impact of child abuse and neglect on child development. The Child Abuse Prevention Program (CAPP) established within the 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. CAPP serves its functions by raising awareness of child abuse/neglect issues through trainings and conferences; improving child abuse reporting by 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 assessments by gathering pertinent data. CAPP works closely with the Inter-Agency Council on Child Abuse Neglect (ICAN), Children's Planning Council, community based organization, Federal agencies, State agencies, and other county departments such as Department of Children and Family Services (DCFS), Sheriff's Department and District Attorney's Office to address issues of child abuse and neglect.

Established in 1981, CAPP began to collect and maintain a health-based child abuse/neglect data system. The reports were collected from health facilities within Los Angeles County. Between 1981 and 1986, the total number of reports increased from 600 to over 6,000 reports. These data

were analyzed and disseminated by CAPP for surveillance, program planning, and policy development. They also allowed case matching and cross-referencing with databases from other agencies for quality control. This data collection system maintained an average of 6,000 reports a year until it was defunct due to legal concerns, which were eventually resolved by 1996. In 1997, with newly introduced legislation, CAPP initiated efforts to rebuild the data collection system. CAPP continues to modify and enhance the existing automated data collection software to include additional data elements and risk factor assessment forms.

Since much of the framework of an effective and efficient data collection and reporting system is still being developed, only a limited amount of specific child abuse/neglect data are available. However, it is hoped that once a functional data collection and reporting system for abuse and neglect is established within DHS, with the aide of an automated/computerized reporting system, it will enable CAPP to generate additional information on various issues of abuse and neglect.

The following sections contain background information which may pertain to programs that address issues of child abuse and neglect. The topics include temporal and geographic trends, as well as differences observed by age, gender and race/ethnicity. This format is part of a model from an ICAN Data Committee action item, and allows ICAN agencies to look at data by various trends and demographic factors. These data were provided by the Los Angeles County Department of Health Services, Family Health Programs,



Epidemiology Assessment Unit (formerly known as the MCAH Assessment and Planning Unit).

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 substance exposed newborns assessed at risk of endangerment by hospital and by types of substance for Los Angeles County for the calendar year 1999. A total of 236 reports were made during this period. King Drew Medical Center (n=87) reported the greatest number of cases followed by California Medical Center (n=46) and Harbor UCLA Medical Center (n=27). The most often reported substance use/abused by mothers was cocaine/crack (n=155) followed by marijuana (n=51) and amphetamine (n=22).

It is important to realize that these statistics are preliminary results from a pilot of the CAPP data collection system, and only reflects a small number of hospitals. 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.

Figure 3 presents deaths among children and youth ages 21 and under by age and gender for Los Angeles County in 1998. Death rates for males are higher at every age compared to those for females. It is noteworthy that deaths occurring at ages less than 1 year old comprises of approximately half of all deaths under 21. The majority of these deaths are due to certain conditions originating from the perinatal period or caused by congenital abnormality. Figure 4 shows the leading causes of deaths for children less than 1 year old, chil-

dren between 1 and 4 years old, and children between 5 and 12 years old by residence for Los Angeles County in 1998. Although the number of deaths due to homicide for each age group is not large, it is important to realize that these deaths relate to the far larger incidence of child abuse occurring in Los Angeles County. Therefore, it speaks to the need to recognize child abuse as a public health problem, understand the risk factors for child abuse, and promote child abuse prevention.

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, prematurity, low birth weight, maternal substance (e.g. alcohol, tobacco and illicit drug) use or abuse, inadequate prenatal care, maternal medical complications during pregnancy, short interpregnancy interval, injury and infection. Overall infant mortality rates for Los Angeles County have declined from 8.0 per 1,000 live births in 1990, and leveled off to 5.9 per 1,000 live births in 1997. 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 6.2 per 1,000 live births in 1998, and for females, from 7.3 per 1,000 live births to 5.6 per 1,000 live births during the same period as shown in figure 5. Sudden Infant Death Syndrome (SIDS) is one of the causes for infant deaths that have shown a dramatic decrease in the last few years (figure 6). This decrease is primarily attributed to the nation-wide public health campaign such as Back to Sleep which encourages

change of infant sleeping position.

DHS has been designated as the County's local Emergency Medical Services (EMS) Agency by the Board of Supervisors. The primary components of the EMS system in Los Angeles County include: Emergency Medical Technician-1 (EMT-1) provider agencies, Emergency Medical Technician-Paramedic (EMT-P) provider agencies, base hospitals, receiving hospitals, specialty centers, and the EMS Agency. There are a total of 17 private EMT-1 ambulance companies licensed by Los Angeles County, 40 EMT-P provider agencies including 29 fire departments, 10 private companies and 1 law enforcement agency, 23 Los Angeles County contracted base hospitals, and 83 paramedic receiving hospitals in 1999. The EMS Agency through the Medical Director's Office carries out mandated and non-mandated functions in accordance with the Health and Safety Code Division 2.5. The EMS Agency's mission is to administer emergency medical services countywide, and to coordinate all system components encompassing both the public and private sectors of the County.

Figure 7 shows the head injury incidence in comparison with all trauma complaints and all complaints from EMS 9-1-1 responses for children ages 4 and under between 1997 and 1999. Head trauma accounted for 35% of all traumas between 1997 and 1999, and 9% of all medical complaints during the same period. Figure 8 presents causes of injuries for complaints of head injuries. The most frequent causes of injuries for complaints of head injury among children ages 4 and under was falls, accounting for 60% of all complaints. Although these data represent only those cases who went through the EMS 9-1-1 system, and not all the head injuries cases requiring emergency services in the county, the large number of traumas attributed to

head injuries in children ages under 4 speaks to the need to be mindful of our environment, and to give our children a safe environment to grow.

Figure 9 shows the number and rate of hospitalization due to head injury for children ages 4 and under by selected demographic factors in Los Angeles County, 1997. 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 was attributable to child abuse. Five hundred and seventy-four hospitalizations resulted from injuries to the head in 1997, a 21.4% 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 approximately twice as likely to be hospitalized for head injuries as compared to females. Infants have a higher rate of hospitalization for head injuries when compared to toddlers.

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 2000 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 1 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 that are possibly associated with access to prenatal care, and therefore indirectly related 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, need to be addressed.

Figure 10 shows the percentage of low birth weight and very low birth weight for California and Los Angeles County from 1990 to 1998. There appears to be an increasing trend in percentage of low birth weight in Los Angeles County beginning in 1993. However, such increase may be due to a faster decrease in the total number of live births compared to the decrease in the number of low birth weight births. This phenomenon may also be attributed to the increase in the number of multiple births due to increasing use of fertility drugs in women who have delayed child bearing until later age. Figure 11 depicts the trend of low birth weight and very low birth weight percentages over time for African Americans in California and Los Angeles County. It is worth noting that although in general, the percentages of low birth weight and very low birth weight are decreasing over time; African American live births are approximately twice as likely to be born with low birth weight compared to the general population. However, the Hispanic population experiences the largest number of low birth weight births.

Figure 12 shows the percent of live births to mothers 19 and under by father's age.

The majority of live births to teen mothers were fathered by males age 24 or younger. 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 (49.26%, 27.74% and 23.17% respectively). This may be attributed to unwillingness to disclose such information for fear of prosecution of fathers for statutory rape, or for certain cases the shame of forced incestuous relationship.

Figure 13 shows the percent of live births to mothers 17 and under by mother's age and race/ethnicity. For Los Angeles County in 1998, Hispanic teen births (aged 12-17), as a percentage of all births in each individual teen age group, ranged from 64% to 85%; for African Americans, the range was 10% to 29%. 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.

Summary

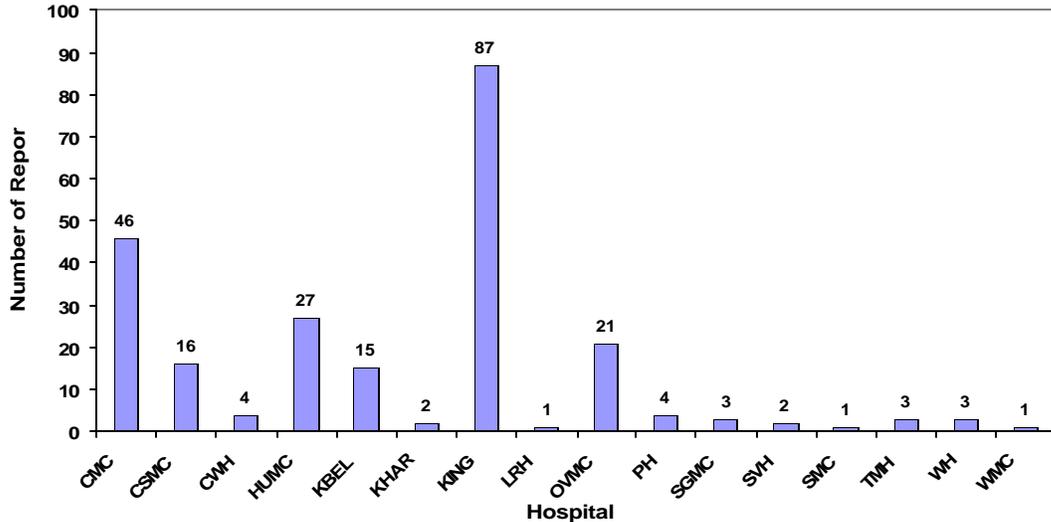
- The Child Abuse Prevention Program (CAPP) serves its functions by raising awareness of child abuse/neglect issues through trainings and conferences; improving child abuse reporting in health care professionals by developing protocols and administering appropriate trainings; disseminating health education materials and other pertinent information such as parenting tips; and conducting needs assessment by gathering pertinent data.
- A total of 236 substance-exposed newborns assessed as at risk of endangerment cases were reported to CAPP for the calendar year 1999. King-Drew Medical Center reported the greatest number of cases, and the most frequently reported drug of use/abuse was cocaine.
- Limited specific child/abuse data are available in CAPP since an efficient and effective data collection system is still in development within DHS. The data on substance exposed newborns assessed as at being risk of endangerment presented in this report should be interpreted with caution, and not generalized to the county as a whole. It can only be used to suggest trends, rather than point to definitive conclusions.
- Infant deaths comprised approximately half of all deaths occurring under 21 years of age. Conditions originating during perinatal period and congenital abnormalities contribute to majority of the deaths for children less than 1 year of age.
- Infant mortality rate for males decreased from 8.7 per 1,000 live births in 1990 to 6.2 per 1,000 live births in 1998, and for females, from 7.3 per 1,000 live births to 5.6 per 1,000 live births during the same period.
- Based on data obtained from EMS, head trauma accounts for 35% of all traumas between 1997 and 1999, and 9% of all complaints during the same period. The most frequent mechanism of injuries for complaints of head injury for children ages 4 and under were falls, accounting for 60% of all complaints. The large number of traumas attributed to head injuries in children ages under 4 speaks to the need to be mindful of our environment and to give our children a safe environment to grow.

Figure 1

DEPARTMENT OF HEALTH SERVICES - LOS ANGELES COUNTY, 1999

Substance Exposed Newborns Assessed at Risk of Endangerment by Hospital

Los Angeles County, 1999



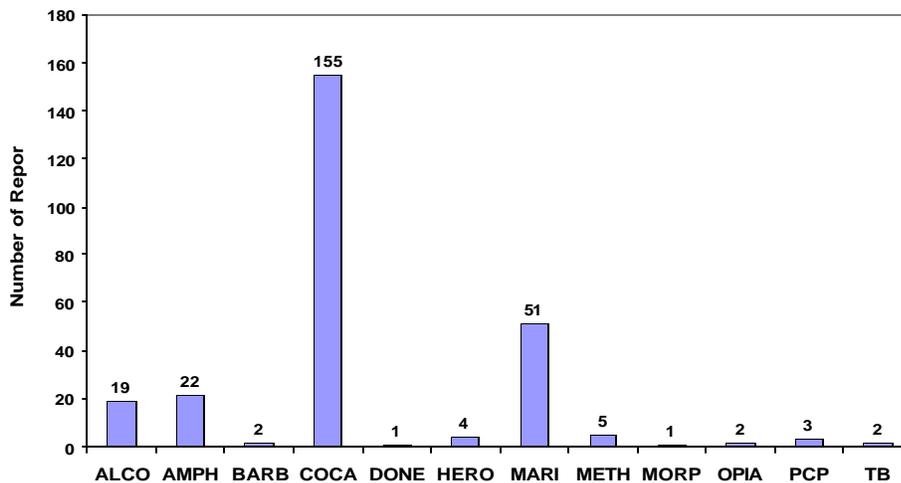
- | | |
|-------------------------------------|--|
| CMC = California Medical Center | OVMC = Olive View Medical Center |
| CSMC = Cedars-Sinai Medical Center | PH = Presbyterian Inter. Hospital |
| CWH = Columbia Adventist West Hills | SGMC = San Gabriel Valley Medical Center |
| HUMC = Harbor UCLA Medical Center | SVH = Semi Valley Hospital |
| KBEL = Kaiser-Bellflower | SMC = Surburban Medical Center |
| KHAR = Kaiser-Harbor City | TMH = Torrance Memorial Hospital |
| KING = King Drew Medical Center | WH = West Hills |
| LRH = Lakewood Regional | WMC = Whittier Medical Center |
| LRH = Lakewood Regional | |

Figure 2

DEPARTMENT OF HEALTH SERVICES - LOS ANGELES COUNTY, 1999

Substance Exposed Newborns Assessed at Risk of Endangerment by Types of Substance

Los Angeles County, 1999



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

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, 1998

Age	Gender								
	Male			Female			Total		
	Number	Population	Rate	Number	Population	Rate	Number	Population	Rate
Less Than 1*	497	80,725	6.2	439	77,873	5.6	936	158,604	5.9
1	36	86,105	41.8	30	82,490	36.4	66	168,595	39.1
2	15	86,144	17.4	18	82,560	21.8	33	168,704	19.6
3	19	87,999	21.6	11	84,081	13.1	30	172,080	17.4
4	11	91,752	12.0	8	87,912	9.1	19	179,664	10.6
5	16	94,058	17.0	10	89,569	11.2	26	183,627	14.2
6	14	99,753	14.0	12	95,115	12.6	26	194,868	13.3
7	11	99,406	11.1	4	95,360	4.2	15	194,766	7.7
8	9	85,239	10.6	8	81,458	9.8	17	166,697	10.2
9	9	78,172	11.5	7	74,500	9.4	16	152,672	10.5
10	5	74,940	6.7	3	71,543	4.2	8	146,483	5.5
11	10	70,603	14.2	8	67,865	11.8	18	138,468	13.0
12	20	70,493	28.4	9	67,248	13.4	29	137,741	21.1
13	19	66,812	28.4	13	63,805	20.4	32	130,617	24.5
14	24	64,751	37.1	13	61,698	21.1	37	126,449	29.3
15	37	65,091	56.8	13	61,959	21.0	50	127,050	39.4
16	40	61,293	65.3	17	58,685	29.0	57	119,978	47.5
17	70	64,555	108.4	21	61,257	34.3	91	125,812	72.3
18	90	62,539	143.9	22	58,990	37.3	112	121,529	92.2
19	75	58,900	127.3	22	55,619	39.6	97	114,519	84.7
20	93	58,363	159.3	26	55,379	46.9	119	113,742	104.6
21	91	58,383	155.9	35	55,542	63.0	126	113,925	110.6
Total	1,211			749			1,960		

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

Source: 1998 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 Gender 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, 1998

Children Less Than 1 Year Old

- Certain Conditions Originating from the Perinatal Period
- Congenital Abnormality
- Sudden Infant Death Syndrome
- Heart Disease
- Homicide**

Children Ages 1 to 4

- Unintentional Injuries
- Congenital Abnormality
- Malignant Neoplasm
- Homicide**
- Hereditary & Degenerative Disease of the CNS

Children Ages 5 to 12

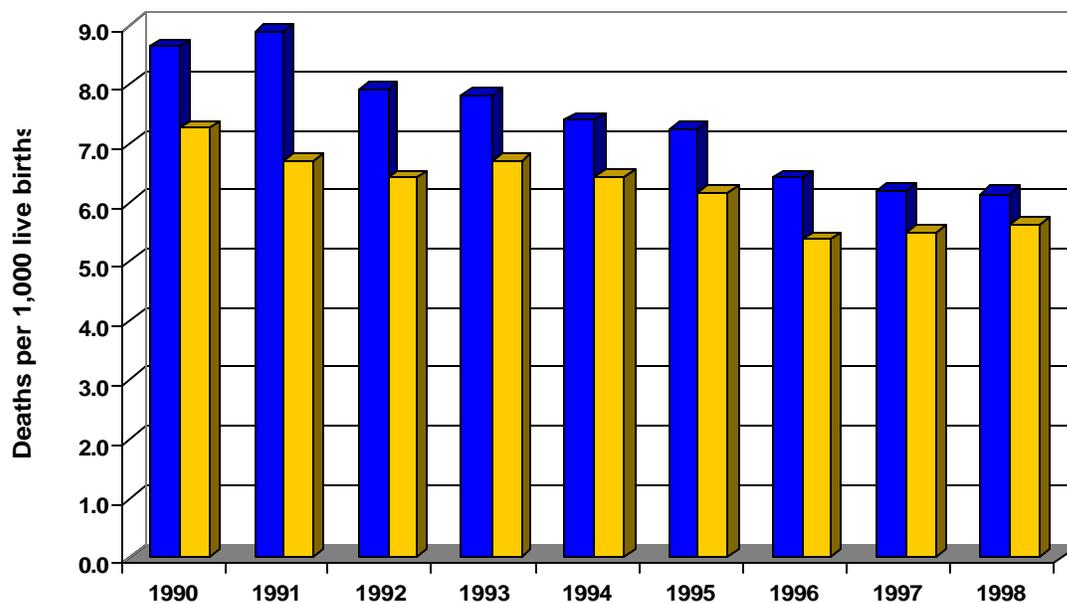
- Unintentional Injuries
- Congenital Abnormality
- Malignant Neoplasm
- Homicide**
- Hereditary & Degenerative Disease of the CNS

Source: 1998 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, 1990-1998



Source: 1990-1998 birth and death records from the California Department of Health Services, Center for Health Statistics



Figure 6

DEPARTMENT OF HEALTH SERVICES

Deaths Due to Sudden Infant Death Syndrome (SIDS) by Race/Ethnicity
Los Angeles County, 1991, 1994-1998

Race/Ethnicity	White	Hispanic	African American	Asian	Total
Year					
1991					
Number	49	97	54	8	208
Live Births	46,763	117,432	20,779	17,113	202,737
Deaths/1,000	1.0	0.8	2.6	0.5	1.0
1994					
Number	36	44	31	9	120
Live Births	36,886	109,242	17,282	16,335	180,394
Deaths/1,000	1.0	0.4	1.8	0.6	0.7
1995					
Number	24	38	39	6	107
Live Births	34,872	107,228	16,148	16,019	174,862
Deaths/1,000	0.7	0.4	2.4	0.4	0.6
1996					
Number	12	35	26	9	82
Live Births	32,151	105,175	15,184	15,850	168,973
Deaths/1,000	0.4	0.3	1.7	0.6	0.5
1997					
Number	20	38	24	4	86
Live Births	31,072	100,228	14,530	15,554	162,036
Deaths/1,000	0.6	0.4	1.7	0.3	0.5
1998					
Number	11	33	20	5	69
Live Births	30,621	98,074	14,246	14,968	158,604
Deaths/1,000	0.4	0.3	1.4	0.3	0.4

Note: Rate refers to deaths per 1,000 live births

White, African American and Asian exclude Hispanic ethnicity. Hispanic includes any race category.

Source: 1991, 1994-1998 birth and death records from the California Department of Health Services, Center for Health Statistics

Figure 7

DEPARTMENT OF HEALTH SERVICES

Emergency Medical Services, Trauma and Emergency Medicine Information System Report
 Children Ages 4 and Under: Head Injury in Comparison with all Trauma Complaints and all
 Complaints, 1997 - 1999

	1997	1998	1999	TOTAL
HEAD TRAUMA VOLUME	1345	1369	1557	4271
% of ALL TRAUMA	34%	35%	38%	35%
% of ALL COMPLAINTS	8%	9%	9%	9%

All Medical Complaints	12192	11042	12637	35871
All Trauma Complaints	3975	3956	4107	12038
Blunt Trauma	2772	2970	3047	8789
Penetrating Trauma	185	207	186	578
Burns	177	199	210	586
No Apparent Injury	811	540	581	1932
Unknown Trauma	30	40	83	153
Unknown Complaint	441	212	112	765
Total All Complaints	16608	15210	16856	48674

Figure 8

DEPARTMENT OF HEALTH SERVICES

Emergency Medical Services, Trauma and Emergency Medicine Information System Report
 Children Ages 4 and Under: Head Injury in Comparison with all Trauma Complaints and all
 Complaints, 1997 - 1999

	1997	1998	1999	TOTAL	%
Fall	812	816	944	2572	60%
Motor Vehicle Accident	191	225	229	645	15%
Auto vs Ped/Bike	127	138	149	414	10%
Other	84	105	111	300	7%
Unknown Mechanism	59	43	64	166	4%
Assault	34	13	19	66	2%
Self-inflicted Accidental	22	18	22	62	1%
Sports	10	6	8	24	1%
GSW	3	3	3	9	0.2%
Motorcycle/Moped	2	1	3	6	0.1%
Animal Bite	0	0	3	3	0.1%
Self-inflicted Intentional	1	0	1	2	0.05%
Stabbing	0	1	1	2	0.05%
Grand Total	1345	1369	1557	4271	100%

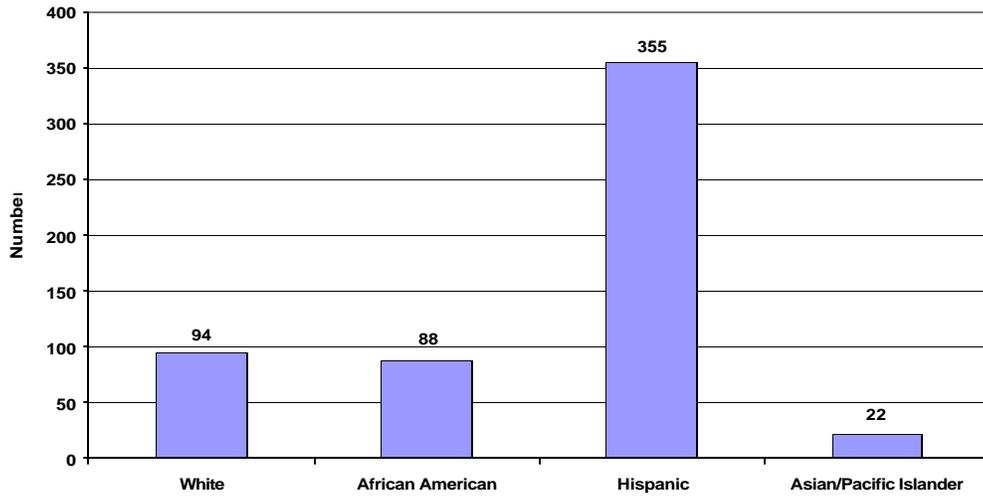
Note: These analyses include only those runs which a receiving hospital is documented
 Source: Emergency Medical Services Agency, DHS

Figure 9a

DEPARTMENT OF HEALTH SERVICES

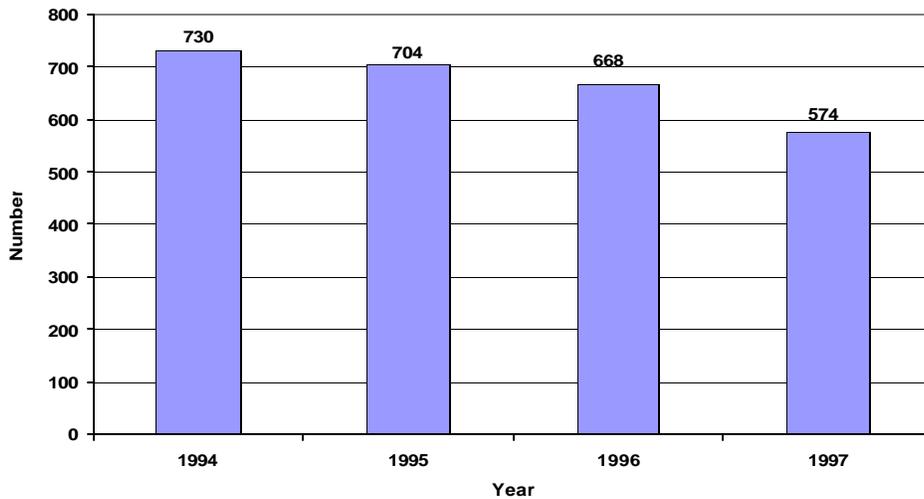
Hospitalization due to Head Injury Among Children Ages 4 and Under

By Race/Ethnicity, 1997



Race/Ethnicity	White		African American		Hispanic		Asian/Pacific Islander	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Race/Ethnicity	94	57.2	88	109.9	355	65.2	22	26.0

Los Angeles County, 1994 - 1997



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

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.

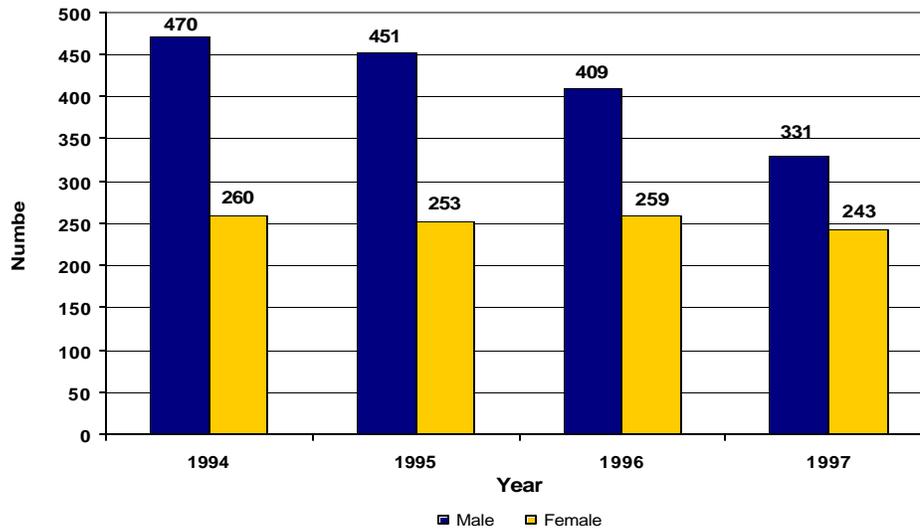
Rate is calculated as rate per 100,000 age-specific population

Source: 1994 - 1997 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

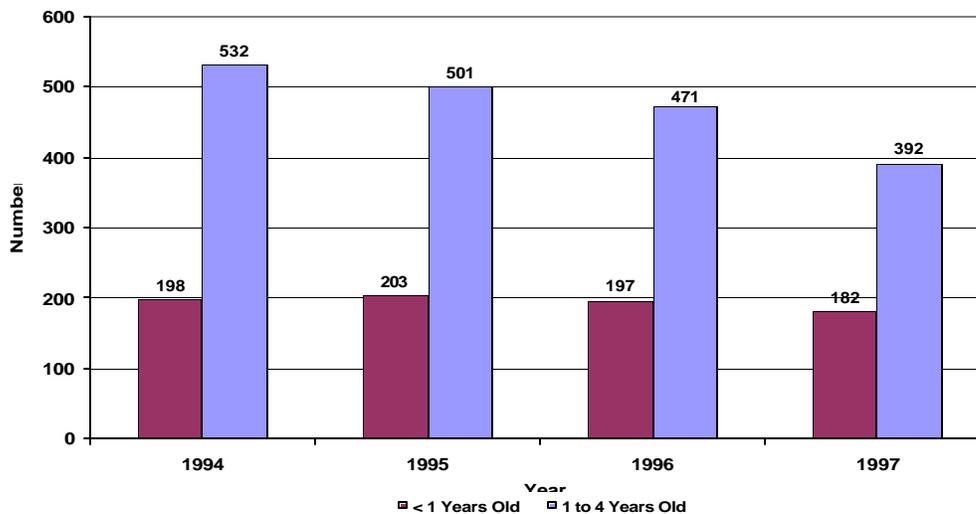
Figure 9b

DEPARTMENT OF HEALTH SERVICES

Hospitalization due to Head Injury Among Children Ages 4 and Under



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



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

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.

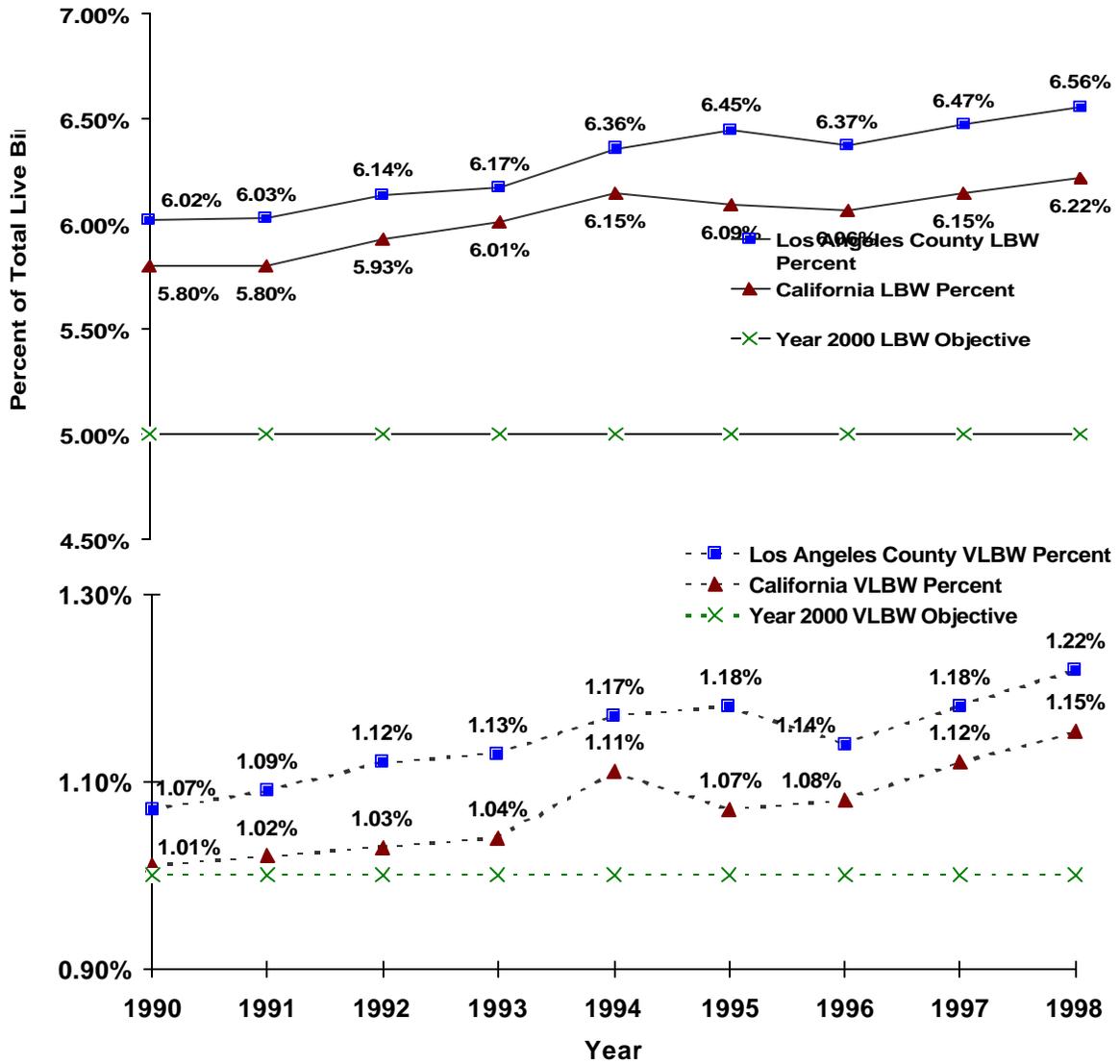
Rate is calculated as rate per 100,000 age-specific population

Source: 1994 - 1997 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

Percent Low Birth Weight and Percent Very Low Birth Weight
California vs. Los Angeles County, 1990 - 1998

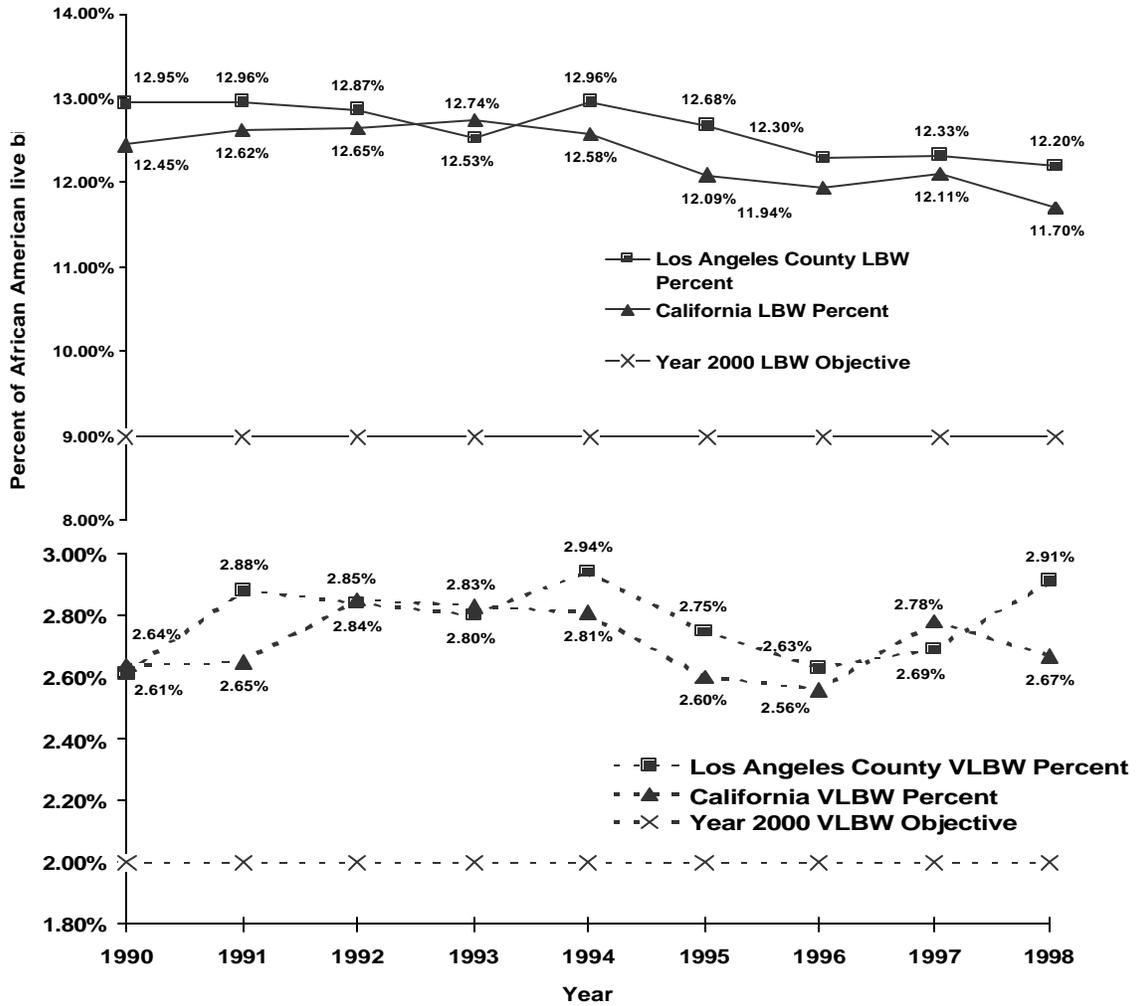


Source: 1990-1998 birth records from California Department of Health Services, Center for Health Statistics

Figure 11

DEPARTMENT OF HEALTH SERVICES

African American Percent Low Birthweight and Percent Very Low Birthweight California vs. Los Angeles County, 1990 - 1998

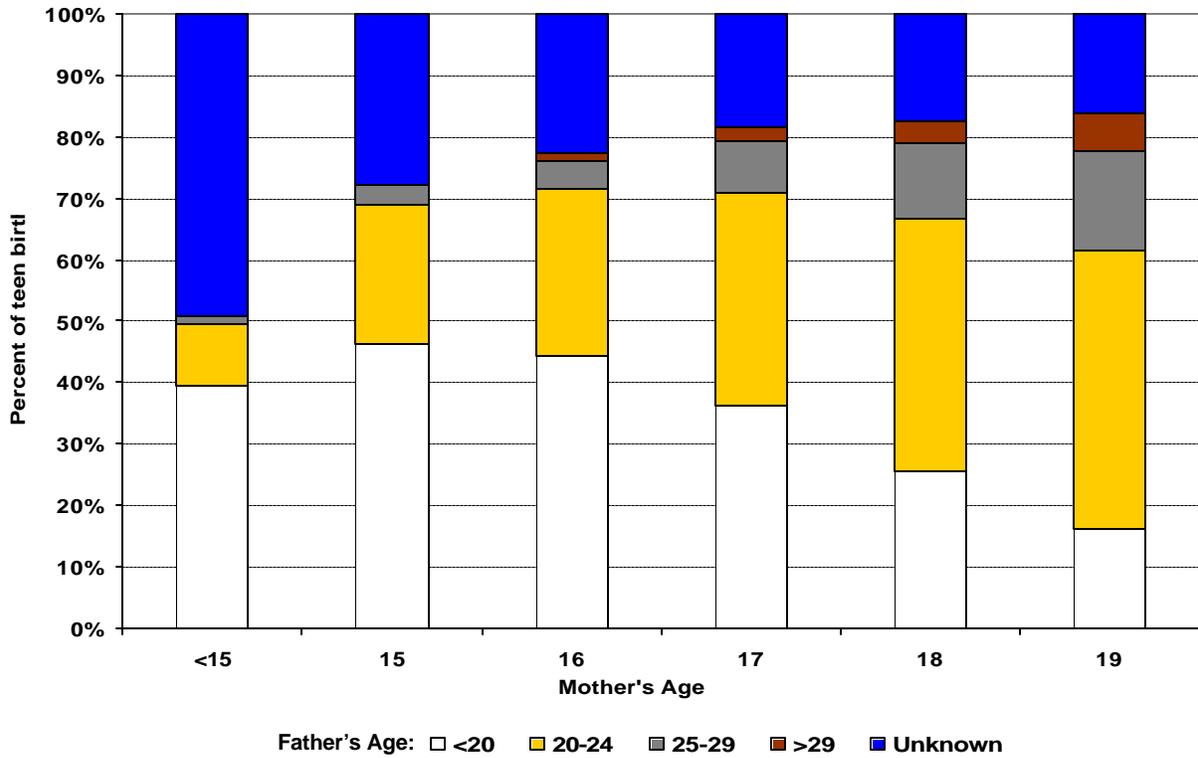


Source: 1990-1998 birth records from California Department of Health Services, Center for Health Statistics

Figure 12

DEPARTMENT OF HEALTH SERVICES

Percent of Teen Births by Mother's Age and Father's Age
 Los Angeles County, 1998



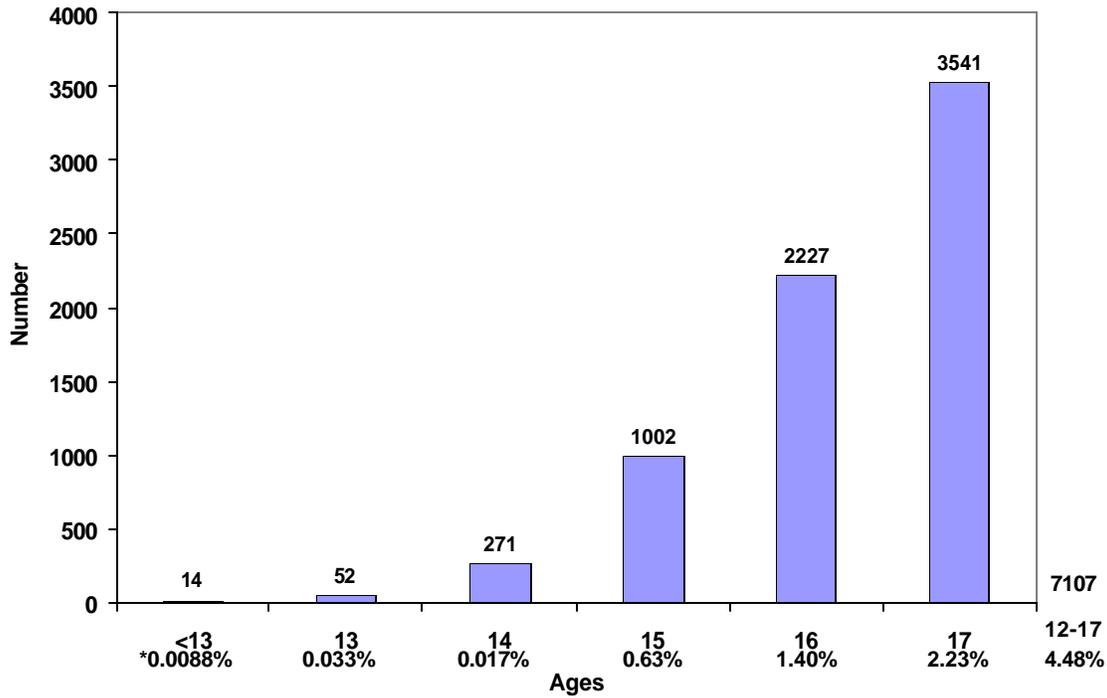
Source: 1990-1998 birth records from California Department of Health Services, Center for Health Statistics

Figure 13

DEPARTMENT OF HEALTH SERVICES

Live Births to Mothers 17 and Under

Los Angeles County, 1998



Mother's Race/Ethnicity	<13	13	14	15	16	17
White	7.14%	7.69%	2.21%	4.29%	5.39%	7.00%
Hispanic	64.29%	67.31%	82.66%	84.73%	80.51%	78.28%
African American	28.57%	21.15%	12.55%	10.38%	10.96%	11.92%
Asian	0.00%	3.85%	2.58%	0.40%	2.56%	2.34%
Native American	0.00%	0.00%	0.00%	0.20%	0.40%	0.28%
Other/Unknown	0.00%	0.00%	0.00%	0.00%	0.18%	0.17%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Note: Total number of live births in Los Angeles County, 1998 = 158,604

* Calculated as a percent of total live births

Source: 1998 birth records from the California Department of Health Services, Center for Health Statistics

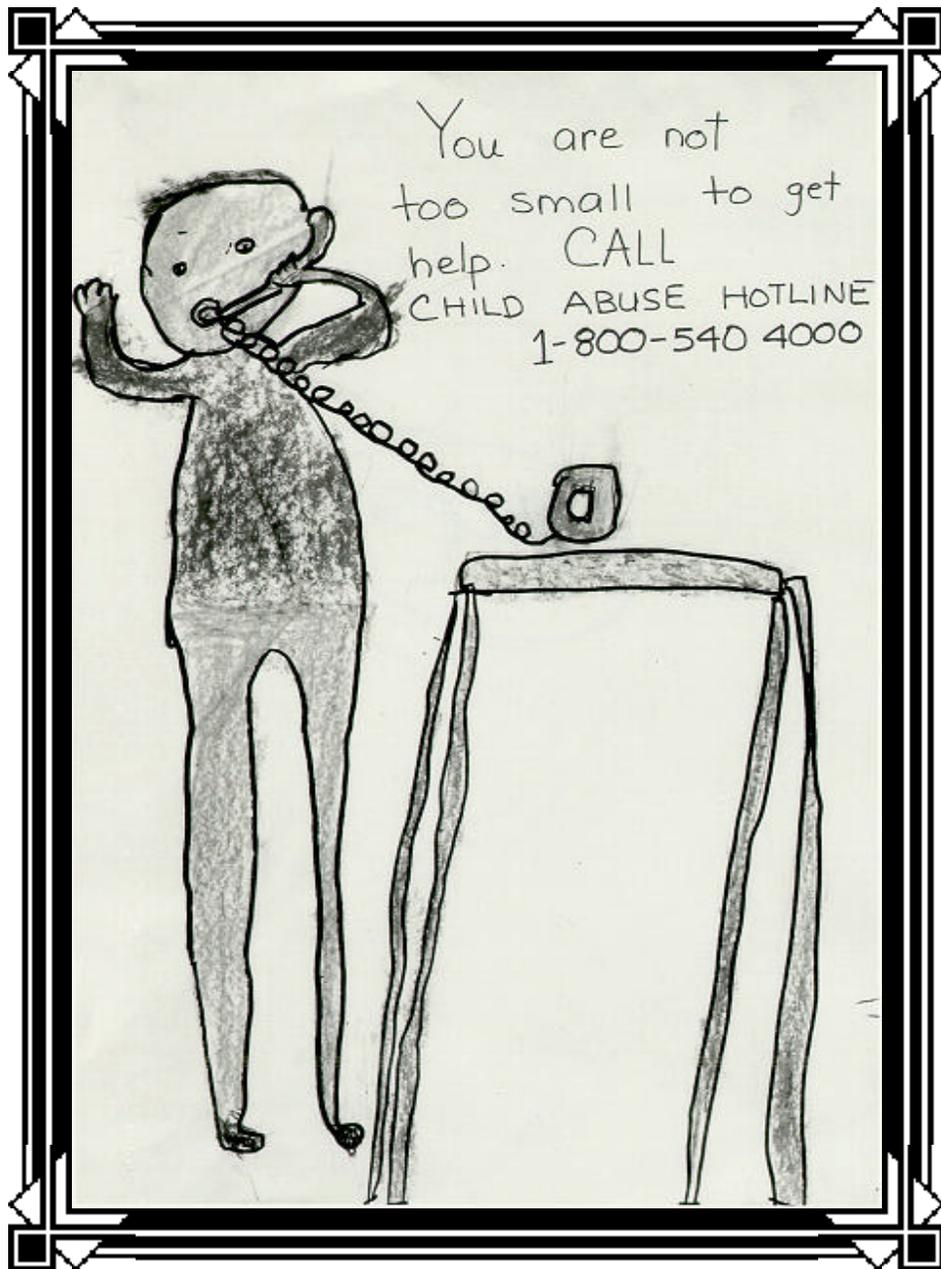
Glossary

DHS	Department of Health Services
CAPP	Child Abuse Prevention Program
ICAN	Inter-Agency Council on Child Abuse and Neglect
DCFS	Department of Children and Family Services
MCAH	Maternal Child and Adolescent Health
CANRA	Child Abuse and Neglect Reporting Act
UCLA	University of California, Los Angeles
SIDS	Sudden Infant Death Syndrome
EMS	Emergency Medical Services
EMT-1	Emergency Medical Technician-1
EMT-P	Emergency Medical Technician Paramedic





DEPARTMENT OF CHILDREN AND FAMILY SERVICES



KENNY WAKELAND
WESTMARK SCHOOL

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

The Los Angeles County Department of Children and Family Services, in partnership with the California Department of Social Services and other protective services agencies, enhanced services to children and families through implementation of the statewide Child Welfare Services/Case Management System (CWS/CMS) beginning in March 1997.

The goals of CWS/CMS are to improve the productivity of social workers and to provide them with timely access to accurate information for the safety of the children served. CWS/CMS was implemented in phases, and a region or a group of regions were converted during each phase. DCFS completed conversion in May 1998.

NOTE: As of December 1999, the California Department of Social Services (CDSS) has not fully tested the system and validated the data captured by CWS/CMS. Therefore, data in some sections may not reconcile with other sections of the report.

DCFS staff continued in a leadership role

in identifying problems in CWS/CMS that impact staffing allocation caseloads and integrity of statistical data. DCFS staff continue to work with the State CWS/CMS Project staff to correct and improve the reports that record population and characteristic information on children served.

EMERGENCY RESPONSE

As shown in Figure 1, there were 146,583 Emergency Response (ER) Referrals Assessed in CY 1999 compared to 157,062 in CY 1998. The data in Figure 4-1 reflect an annual decline in ER Referrals received by DCFS since CY 1996. Between CY 1998 and CY 1999, there is a 6.7% decrease in total ER Referrals received.

Emergency Response Dispositions - Reasons For Service

As shown in Figure 2 and Figure 3, ER Dispositions 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 4-2 and Figure 4-3 also include a new category "Other (At Risk But Not Abused)," which was added with the implementation of CWS/CMS.

- Of the total ER services provided, General Neglect is again the leading reporting reason. This allegation category accounts for 30.0% of the total reasons for ER services.
- Physical Abuse continues to be the second leading reason and accounts for 24.0% of the total reasons for ER services.
- Sexual Abuse (10.8%) remains as the third leading reason for ER services.
- Emotional Abuse (8.1%), Caretaker Absence/Incapacity (6.6%), Severe Neglect (3.3%) 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 39.9% of the total ER reasons for services to children.
- Children in the Other (At Risk But Not Abused) category account for 17.0% of the total reasons for ER protective services.

Emergency Response Dispositions - Terminations and Transfers

ER Dispositions (142,870) 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 129,848 children resulted in referral or case termination, accounting for 90.9% of the total ER Dispositions. This count includes 16,922 children for whom a response by a children's social worker was not necessary. It also includes 76,616 children for whom a response by a children's social worker was made and no further services were required; and 36,310 children for whom a case was closed after ER services were provided.
- 6,169 (4.3%) children were referred to FM for ongoing services. Of the first four categories, a total of 136,017 (95.2%) children remained in the home of their parent(s) or primary caretaker(s).
- 6,587 (4.6%) children were placed in out-of-home care, receiving FR services to reunite them with their families, or PP services through Adoption, Guardianship or Long-Term Foster Care.
- Cases for 266 children were transferred



to other counties or jurisdictions, accounting for 0.2% of total ER children served in 1999.

TOTAL CASELOAD

Figure 5 and Figure 6 depict the caseload of children receiving child welfare services under the supervision of DCFS as of December 31, 1999. These data reflect a caseload breakdown by the four child welfare service categories: Emergency Response, Family Maintenance, Family Reunification, and Permanent Placement. DCFS child caseloads at the end of December 1999 (64,656) reflect a decrease of 1.5% from the December 1998 caseload of 65,659.

CHILD CHARACTERISTICS

Figure 7, Figure 8, Figure 9 and Figure 10 reflect data on characteristics of children served by age group, ethnicity and gender for the total DCFS caseload ending December 1999. The age groupings were expanded in CY 1999 to provide more age-specific categories.

- The child population in the age group "Birth - 2 Years" represents 12.5%, a decrease of 1.5% from 1998. The "3 - 5 Years" child population represents 17.7%. The "6 - 12 Years" child population accounts for 42.9% of the total child population. Age groups "13 - 15 Years," "16 - 17 Years" and "18 Years & Older" account for 15.2%, 8.4% and 3.3%, respectively. The combination of these age groups accounts for 26.9%. This represents a 1.6% increase of children age 13 years and older.
- White and Hispanic child populations in December 1999 reflect changes in percentages. White children decreased from 18.3% of the total DCFS children to 16.6%. Hispanic children increased from 36.5% to 37.4%. African-American chil-

dren remained at 42.4%, and American Indian/Alaskan Native children remained at 0.4%, as reported in 1998. Filipino children increased from 0.2% to 0.4%. No significant changes were observed for the ethnic categories of Asian/Pacific Islander and Other child populations reflect insignificant changes.

- While the total number of children under DCFS supervision reflects a decrease, there are no percentage changes in gender when comparing each category to the total children under DCFS supervision.

CHILDREN IN OUT-OF-HOME PLACEMENT

Figure 11 and Figure 12 exhibit children that are in out-of-home placement by facility type at the end of December 1999. The child population in placement with Relatives during this period accounts for 53.1% of the total children in out-of-home placement. Children in homes of Non-Related Legal Guardians account for 1.5%. Children in out-of-home placement who are in Foster Homes, Foster Family Agency Homes, Small Family Homes, and Group Homes, account for 32.6%. A small number of children, who are temporarily in County Shelter Care at MacLaren Children's Center, account for 0.3%.

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 accounts for 5.6% of the total children in out-of-home placement. Children who return to their parents' home on a 60-day trial visit account for 5.1% of the out-of-home caseload. Runaway children (AWOL) from out-of-home placement account for 0.7%, and children in Other facility types account for 1.1%.

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 categorized by two sources. Some referrals come directly to the DCFS Adoptions Division from the community. The majority of children referred for adoption consideration, however, are referred from DCFS child protective services caseloads.

The total Adoptions Division cases opened in CY 1999 reflect a decrease of 69.6% from 1998. This decrease is largely due to implementation of the Termination of Parental Rights (TPR) pilot program. TPR involves a policy change to require Court termination of parental rights prior to a child being referred to the Adoptions Division for adoptions planning.

The number of children placed in adoptive homes in 1999 reflects a 46.5% increase over 1998. Adoptive placements have increased 353.8% since 1984.

DCFS PUBLIC WEB SITE

The public may access the DCFS CY 1999 Data Statement at the following Web Site address:

<http://dcfs.co.la.ca.us>

157,062 to 146,583 in ER Referrals Received.

- General Neglect, which was the second leading reason for protective services over the years prior to 1998, remains as the first leading reason for ER Services. This allegation category accounts for 30.0% of the total reasons for ER services.
- Of 48,613 children in out-of-home care, 53.1% were placed with relatives.
- Children placed in Adoptive Homes (2,532) reflect a 46.5% increase over 1,728 adoptive placements in CY 1998. Adoptive placements have increased 353.8% since CY 1984.
- "Birth - 2 Years" child population, which accounts for 12.5% of the total DCFS child population at the end of December 1999, reflect a 1.5% decrease from the same age group child population at the end of December 1998.

SELECTED FINDINGS

- CY 1999 reflects a 6.7% decline from



Figure 1

EMERGENCY RESPONSE REFERRALS - CHILD CASES ASSESSED/OPENED

Calendar Years 1984 Through 1999

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

Figure 2

EMERGENCY RESPONSE DISPOSITIONS - REASONS FOR SERVICE

Calendar Year 1999

REASONS FOR SERVICE	CHILDREN	PERCENTAGE
Sexual Abuse	15,452	10.8
Physical Abuse	34,260	24.0
Severe Neglect	4,666	3.3
General Neglect	42,897	30.0
Emotional Abuse	11,592	8.1
Exploitation	255	0.2
Caretaker Absence/Incapacity	9,409	6.6
Other (At Risk But Not Abused)	24,256	17.0
TOTAL	142,787	100.0

Figure 3

EMERGENCY RESPONSE DISPOSITIONS - REASONS FOR SERVICE
Calendar Year 1999

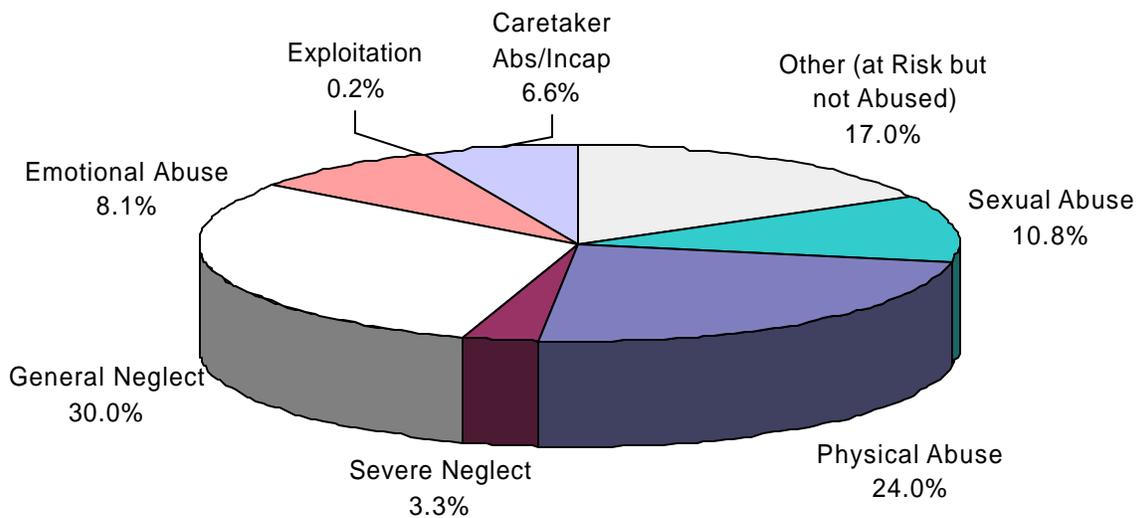


Figure 4

EMERGENCY RESPONSE DISPOSITIONS - CHILD PROTECTIVE SERVICES

Calendar Year 1999

DISPOSITION TYPE	CHILDREN PERCENTAGE		REMARKS
Emergency Response Assessed Referrals Closed (No In-person Response)	16,922	11.9	Unfounded Referrals - Referrals were evaluated by the Child Abuse Hot Line (CAHL) and determined not to require an in-person response. Some referrals assigned to the regions by the CAHL were evaluated out by the regions.
Emergency Response Referrals In-person Response Closed (No further Services required)	76,616	53.6	Unfounded or Unsubstantiated Response 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	36,310	25.4	Substantiated - Emergency Response Cases were opened - referrals were determined to be substantiated. Emergency Response Services were provided, and cases were closed.
Transferred to Family Maintenance	6,169	4.3	Substantiated - Cases were transferred to receive ongoing Family Maintenance Services.
Transferred to Family Reunification/ Permanent Placement	6,587	4.6	Substantiated - Cases were transferred to receive ongoing Family Reunification or Permanent Placement Services.
Transferred to Other Jurisdictions	266	0.2	Substantiated - Cases were transferred to Other Counties /Jurisdictions for continuing Child Welfare Services.
TOTAL	142,870	100.0	

Figure 5

TOTAL END-MONTH CASELOAD

As of December 31, 1999

SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response	5,296	8.2
Family Maintenance	10,229	15.8
Family Reunification	9,995	15.5
Permanent Placement	39,136	60.5
TOTAL	64,656 *	100.0

**CY 1999 Total Caseload includes children placed in adoptive homes pending Final Decree of Adoption.*

Figure 6

TOTAL END-MONTH CASELOAD

As of December 31, 1999

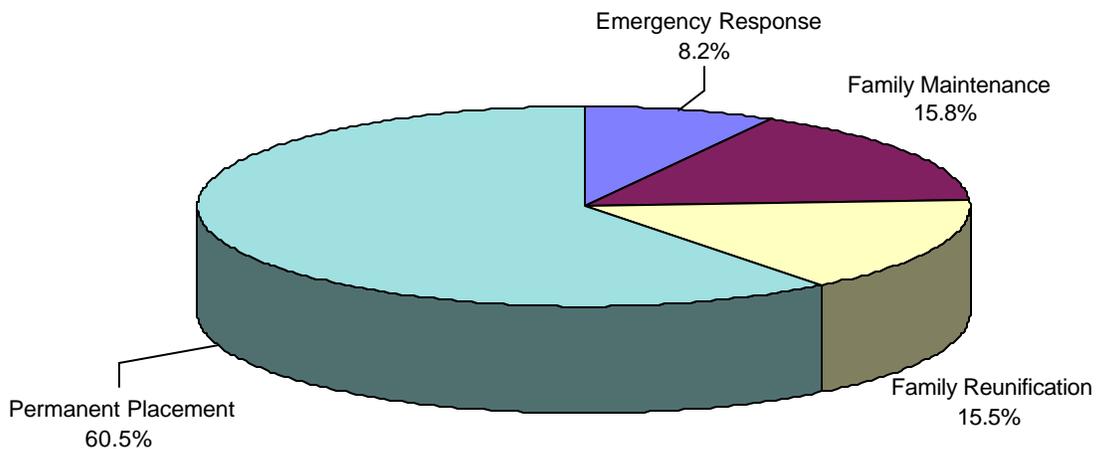


Figure 7

CHILD CHARACTERISTICS - TOTAL END-MONTH CASELOAD

As of December 31, 1999

CATEGORY	CHILDREN	PERCENTAGE
AGE GROUP		
1. Birth - 2 Years	7,444	12.5
2. 3 - 5 Years	10,569	17.7
3. 6 - 12 Years	25,586	42.9
4. 13 - 15 Years	9,058	15.2
5. 16 - 17 Years	5,047	8.4
4. 18 Years & Older	1,951	3.3
ETHNICITY		
1. White	9,911	16.6
2. Hispanic	22,292	37.4
3. African-American	25,285	42.4
4. Asian/Pacific Islander	1,335	2.2
5. American Indian/Alaskan Native	339	0.6
6. Filipino	226	0.4
7. Other	269	0.4
GENDER		
1. Male	29,246	49.0
2. Female	30,394	51.0

Figure 8

CHILD CHARACTERISTICS-TOTAL END-MONTH CASELOAD BY AGE GROUP
As of December 31, 1999

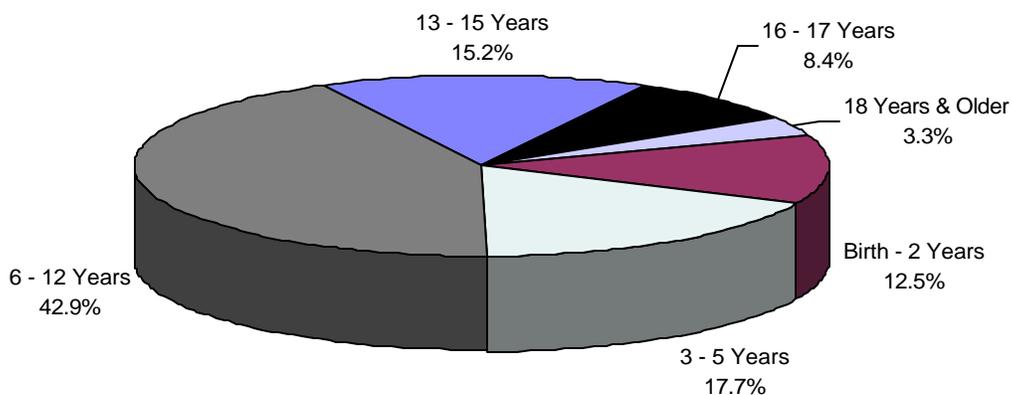


Figure 9

CHILD CHARACTERISTICS-TOTAL END-MONTH CASELOAD BY ETHNICITY
As of December 31, 1999

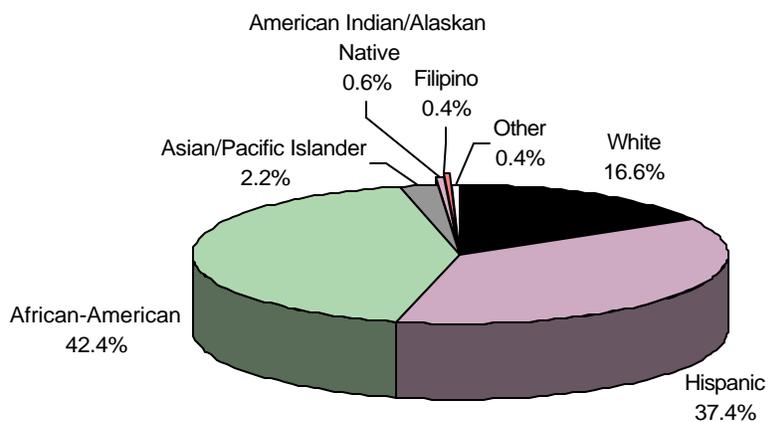




Figure 10

CHILD CHARACTERISTICS-TOTAL END-MONTH CASELOAD BY GENDER

As of December 31, 1999

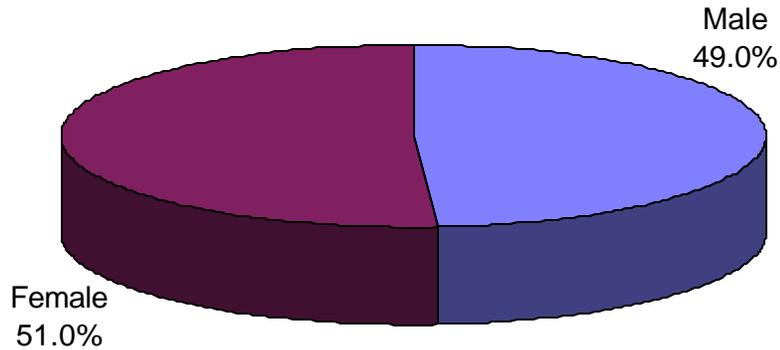


Figure 11

CHILDREN IN OUT-OF-HOME PLACEMENT-TOTAL END-MONTH CASELOAD

As of December 31, 1999

FACILITY TYPE	CHILDREN	PERCENTAGE
Relatives	25,823	53.1
Foster Homes	5,136	10.6
Foster Family Agency Homes	8,139	16.7
Small Family Homes	286	0.6
Group Homes	2,302	4.7
Non-Related Legal Guardians	714	1.5
County Shelter Care (MCC)	132	0.3
Adoptions Children Placed Not Finalized	2,740	5.6
Home of Parents (Trial Visit)	2,487	5.1
AWOL	311	0.7
Other (Tribal, Medical Facility, Court Specified Homes)	543	1.1
TOTAL	48,613	100.0

Figure 12

CHILDREN IN OUT-OF-HOME PLACEMENT - TOTAL END-MONTH CASELOAD

As of December 31, 1999

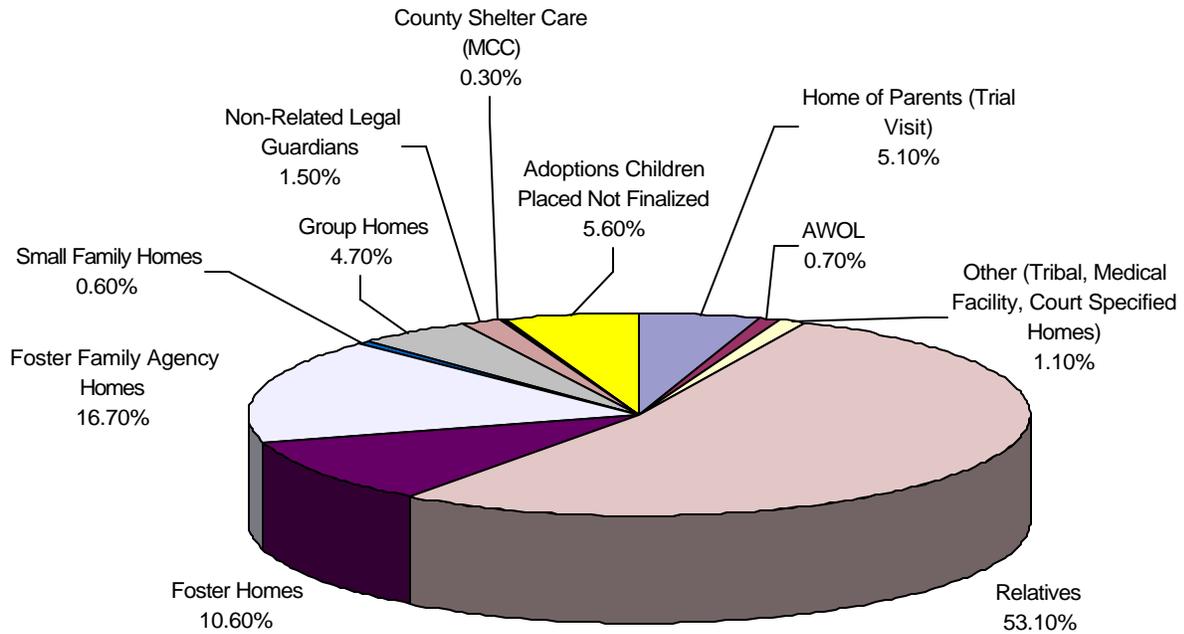




Figure 13

ADOPTIONS PERMANENCY PLANNING CASELOAD

Calendar Years 1984 Through 1999

CALENDAR YEAR	SOURCE OF REFERRAL			CHILDREN PLACED IN ADOPTIVE HOMES
	DCFS PROTECTIVE SERVICES	COMMUNITY	TOTAL OPENED	
1984	949	249	1,198	558
1985	1,420	254	1,674	524
1986	1,375	231	1,606	617
1987	1,601	214	1,815	541
1988	1,407	169	1,576	698
1989	1,311	173	1,484	696
1990	1,174	166	1,340	824
1991	1,064	122	1,186	1,000
1992	1,007	103	1,110	985
1993	1,066	68	1,134	1,049
1994	1,449	62	1,511	1,027
1995	1,639	70	1,709	1,035
1996	1,631	28	1,659	1,087
1997	3,489	29	3,518	1,346
1998	6,390	20	6,410	1,728
1999	1,950	1	1,951	2,532

Figure 14

ADOPTIONS CASES OPENED
Calendar Years 1984 Through 1999

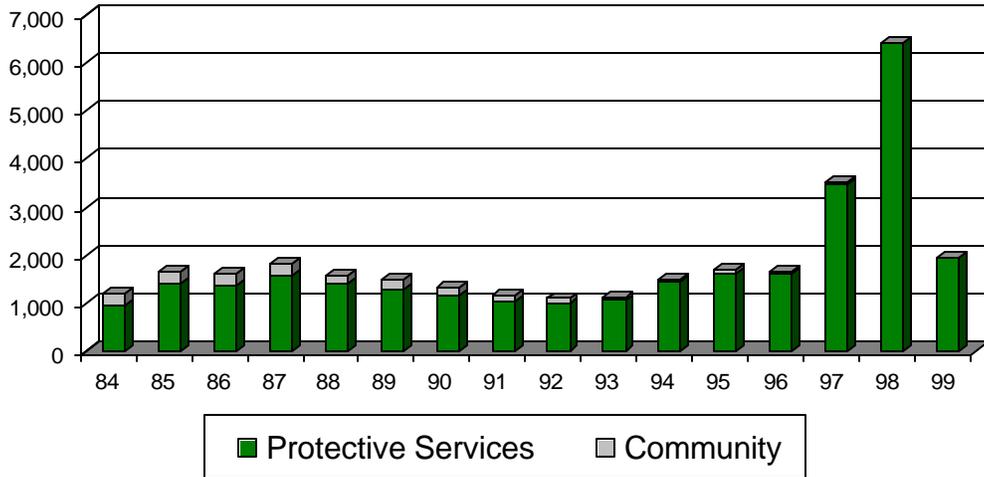
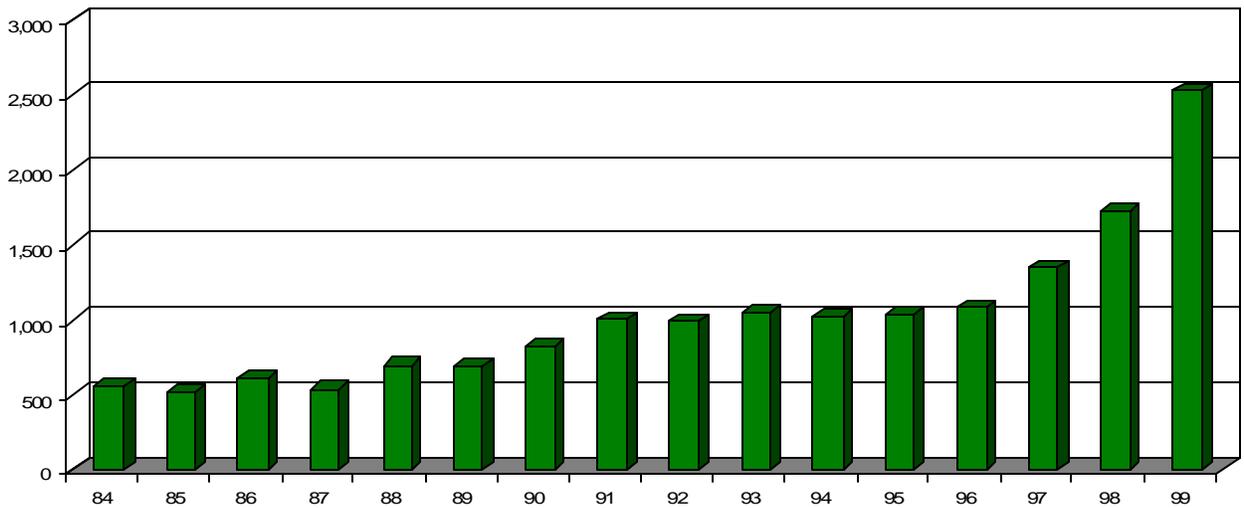


Figure 15

CHILDREN PLACED IN ADOPTIVE HOMES
Calendar Years 1984 Through 1999



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 fami-



lies [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.

Other (At Risk But Not Abused). Children who may be at risk; children who are facing substantial risk as siblings of abused children; or children who are residing in the same home with abused children.

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

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



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

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.

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.





LOS ANGELES SUPERIOR COURT



LAUREN CASSIDY
WONDERLAND AVENUE

LOS ANGELES SUPERIOR COURT

JUVENILE DEPENDENCY COURT (1999)

The Los Angeles Superior Court Juvenile Division is divided into three component parts: Juvenile Delinquency, Juvenile Dependency and the 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.

Most reports of child abuse do not result in any court action. In many situations, the child can be protected without court intervention. In some, reports may be flawed or false. Still others may lack sufficient information to adequately support legal action. On the other hand, some 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 these courts.

THE DEPENDENCY COURT PROCESS

The most common court action resulting from a report of child abuse occurs in the Juvenile Dependency Court. The incidents of abuse and neglect which are assessed as actually or imminently dangerous to children are referred to this 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 pendency 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 "Family 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.

REVIEW HEARINGS

Figure 5-1

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

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.

The number of new, supplemental and subsequent petitions filed for the calendar year 1999 was 18,296. In the preceding calendar year 1998, a total of 18,522 petitions were filed. The 1999 filings represent a decrease of 1.2% compared to petitions filed in 1998. 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 1985 through 1999. Petitions filed include new filings by Dependency Investigators, Intake and Detention Control and all supplemental and subsequent petitions filed on existing cases.

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 commitment 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.

The breakdown of petitions filed in calendar year 1999 was 8,918 new WIC 300 petitions; 5,376 subsequent WIC 300/342 petitions and, 4,002 supplemental WIC 387/388 petitions. In calendar year 1998 the breakdown was 9,807 new WIC 300 petitions; 5,117 subsequent WIC 300/342 petitions and, 3,598 WIC 387/388 petitions.

In 1999, new petitions filed decreased by 9% (889), with an increase by 5% (259) in subsequent petitions and by 11.2% (404) for supplemental petitions.

ANALYSIS

An analysis of dependency petition filings for calendar years 1987 through 1999 shows the following:

CALENDAR YEAR 1999

(1) A comparison of the 1988 filings (16,760) to those of 1999 (18,296) reflects an increase of 9.1% for the twelve-year period (+1,536).

(2) The total calendar year filings for 1999 (18,296) represent a 1.2% decrease from calendar year 1998 (18,522).

(3) Calendar year filings for 1999 (8,918) as to new WIC 300 petitions decreased 9% from 1998 (889), following decreases in 1997 (8,918) and 1996 (14,826) respectively. However, subsequent petition filings under WIC sections 300/342 have increased since 1991, with the exception of 1993; and supplemental petitions under WIC 387 and 388 have increased since 1991 (with the exception of 1992).

Figure 5-2

JUVENILE DEPENDENCY COURT

Dependency Filings, Reviews, PPH and RPP Hearings

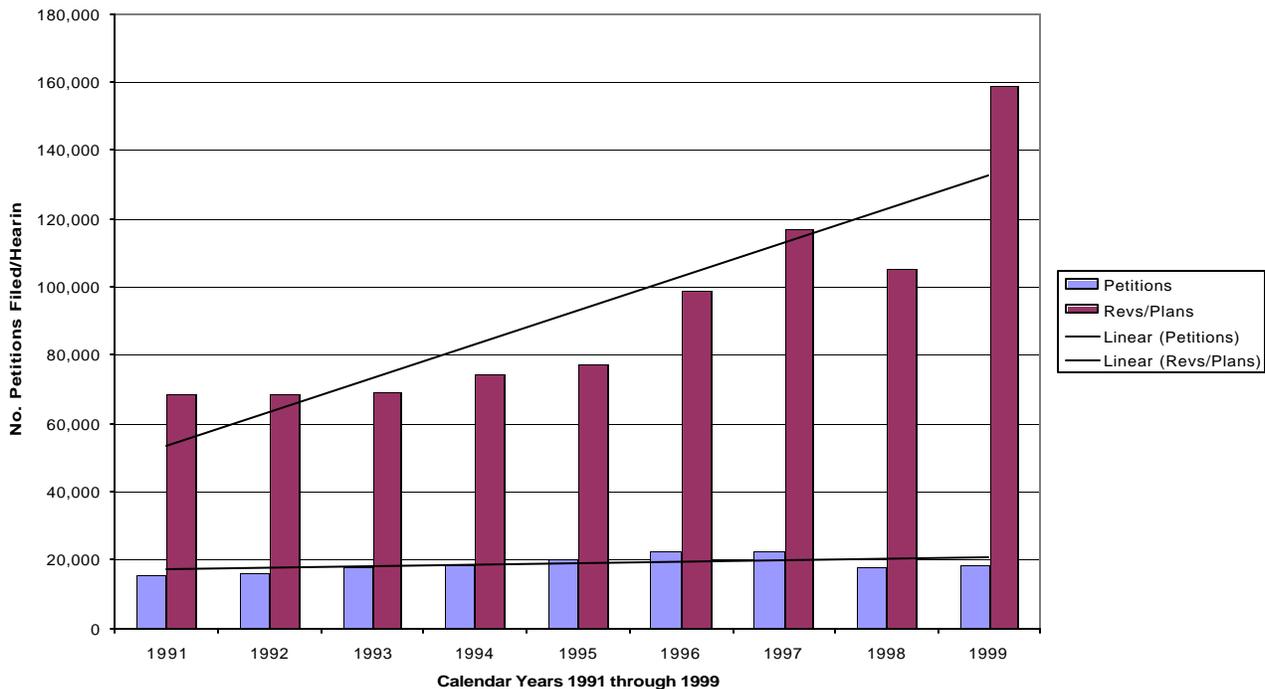


Figure 5-3

JUVENILE DEPENDENCY COURT

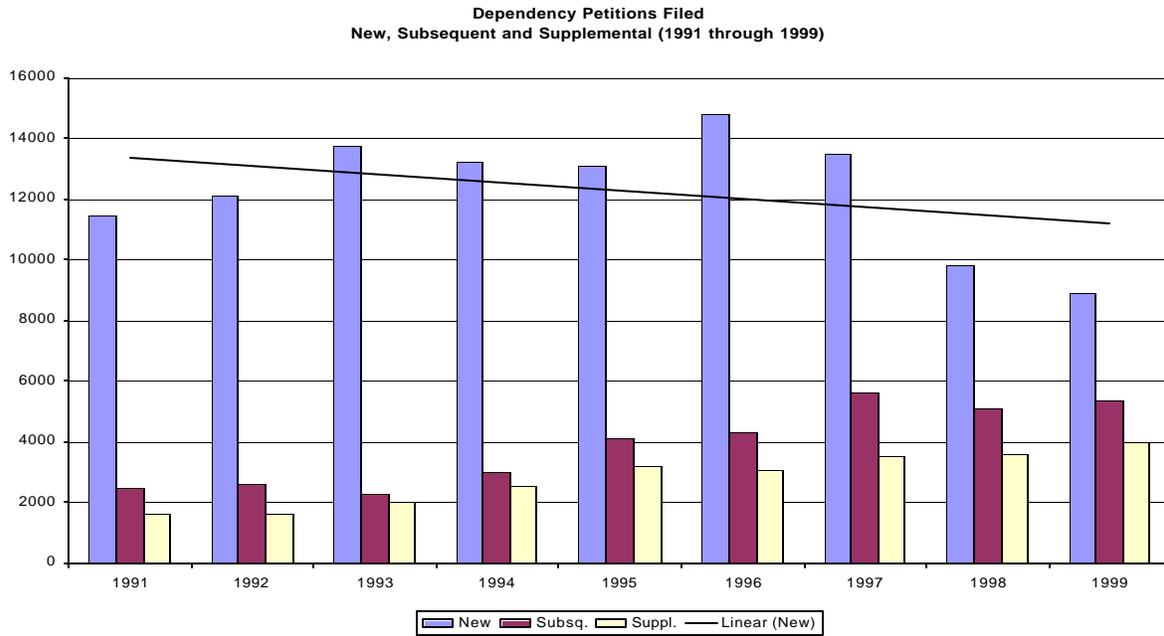


Figure 5-3a

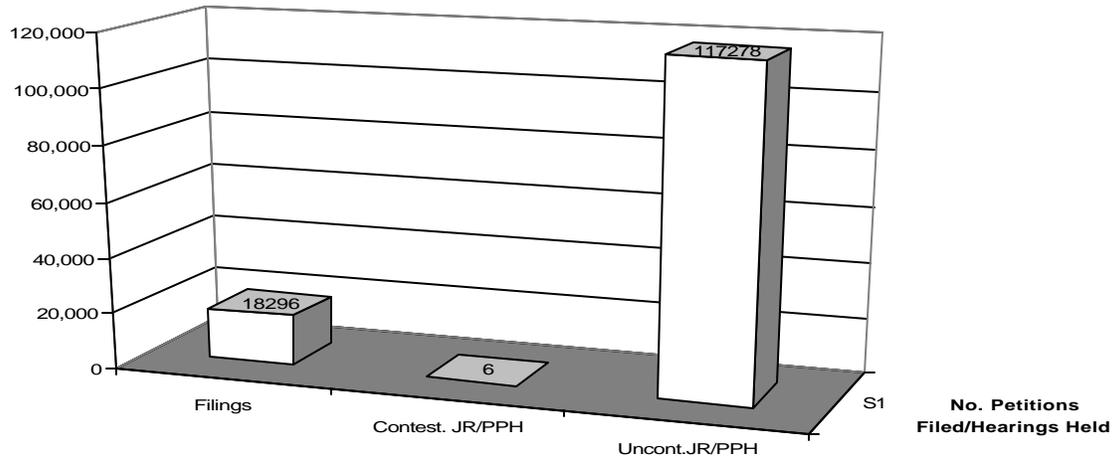
DEPENDENCY PETITIONS FILED

YEAR	NEW	SUBSQ.	SUPPL.	TOTAL
1991	11496	2476	1654	15626
1992	12121	2600	1640	16360
1993	13747	2234	1989	17970
1994	13200	3008	2553	18761
1995	13123	4141	3174	20438
1996	14826	4258	3038	22423
1997	13466	5625	3555	22645
1998	9807	5117	3598	18522
1999	8918	5376	4002	18296

New petition filings from January, 1996 through December, 1999 down 40%

Figure 5-4

JUVENILE DEPENDENCY COURT
Filings, Reviews and PPH Hearings in 1998



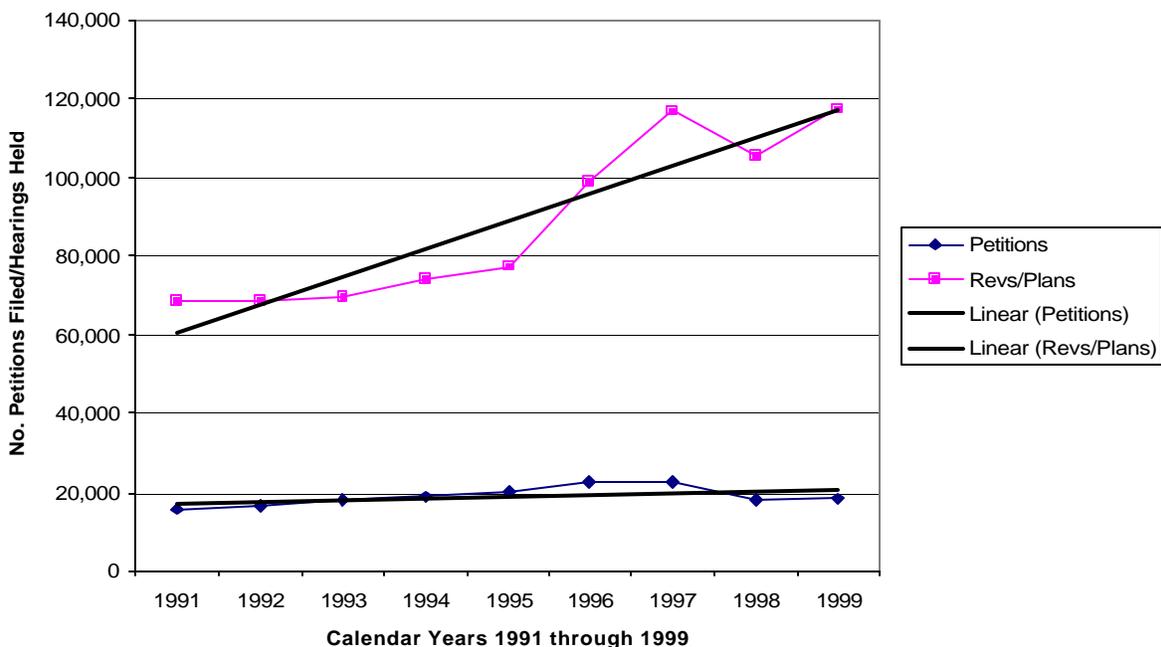
A total of 5,376 subsequent petitions (WIC 300/342) were filed in 1999, and represent an increase of 5% (259) from 1998 (5,117). A total of 4,002 supplemental petitions (WIC 387/388) were filed in 1999, an increase of 404 (11.2%) over 1998 (3,598).

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.

Figure 5-5

JUVENILE DEPENDENCY COURT

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



TREND

Based on data from 1992 through 1999, the projected trend through 2000 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 1999 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 further difficulties for family reunification may be present. The increase 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 difficulties in family reunification. Further the increase in WIC 388 petitions may reflect more challenges by parents to the increased filings of WIC 342 and 387 petitions or indicate increased adversarial tendencies.

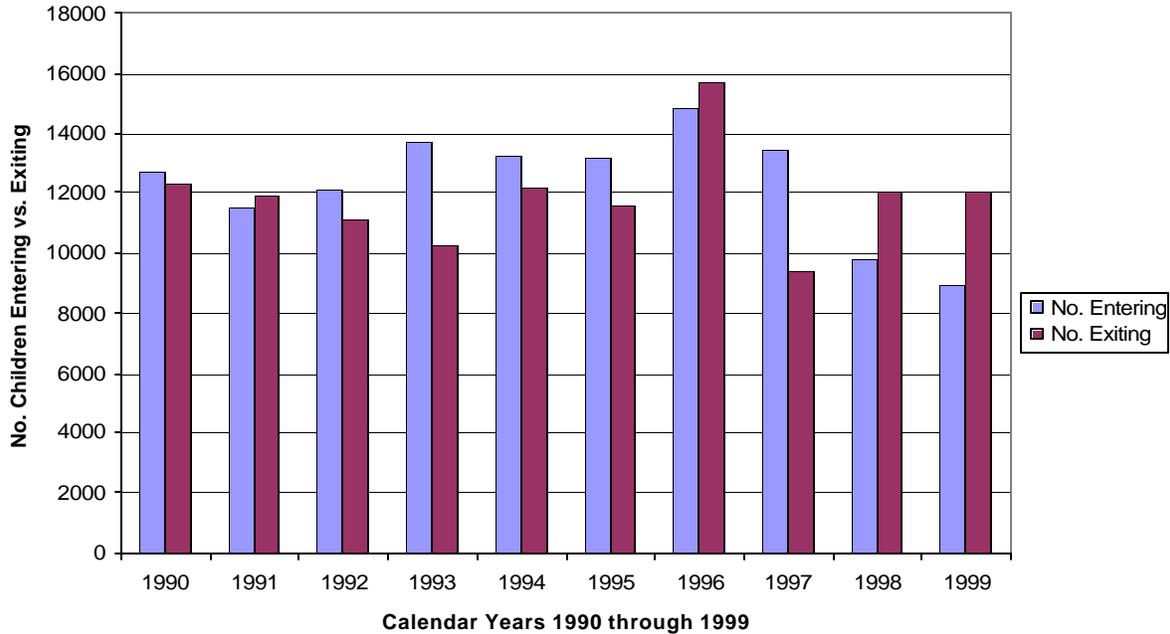
Figure 5-6

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%)
1985	13,484	5,609 (42%)	3,770 (28%)	384 (2%)
1986	14,682	5,456 (37%)	5,201 (35%)	258 (2%)
1987	8,896	3,414 (39%)	4,667 (53%)	782 (9%)
1988	7,206	2,435 (34%)	4,524 (63%)	247 (3%)
1989	9,765	3,094 (32%)	6,540 (66%)	221 (2%)
1990	10,761	3,747 (35%)	6,776 (64%)	238 (2%)
1991	10,076	3,274 (32%)	6,540 (65%)	262 (3%)
1992	10,910	3,386 (31%)	7,295 (67%)	229 (2%)
1993	9,593	2,941 (31%)	6,540 (68%)	112 (1%)
1994	11,736	3,492 (30%)	8,188 (70%)	56 (.5%)
1995	13,689	3,750 (27%)	9,857 (72%)	82 (.6%)
1996	14,374	4,312 (30%)	9,976 (69%)	86 (.5%)
1997	8,224	2,399 (29%)	5,723 (70%)	102 (.7%)
1998	7,550	2,445 (32%)	5,066 (67%)	39 (.5%)
1999	6,964	2,164 (31.1%)	4,618 (66.3%)	182 (2.6%)

Figure 5-7

NEW CHILDREN ENTERING VS. EXISTING CHILDREN EXITING THE DEPENDENCY SYSTEM



DISPOSITION HEARING DATA*

The Court conducted 6,964 disposition hearings in calendar year 1999. The court conducted 586 fewer disposition hearings in 1999 than the 7,550 held in 1998. At these hearings, children were placed in the home of the parent in 2,164 cases (31.1%) and were suitably placed (an out of home order) in 4,618 cases (66.3%).

Figure 5-6 reflects the type of placements made and the number of children placed in each type for the calendar years 1984 through 1999. 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 1999.

CASES DISMISSED OR JURISDICTION TERMINATED

Of the 18,296 petitions (new, subsequent, and supplemental) filed in calendar year 1999, 8,918 were new filings, i.e., when a new child entered the system. However, a total of 12,033 children had their cases dismissed or jurisdiction terminated in 1999, 14 fewer than in 1998. When compared to new petition filings (minus the subsequent or supplemental petitions), 3,115 more children exited the court system in 1999 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. The Department of Children and Family Services during the year. A consensus of all agencies is that this welcome decrease may be a reflection of good economic times.



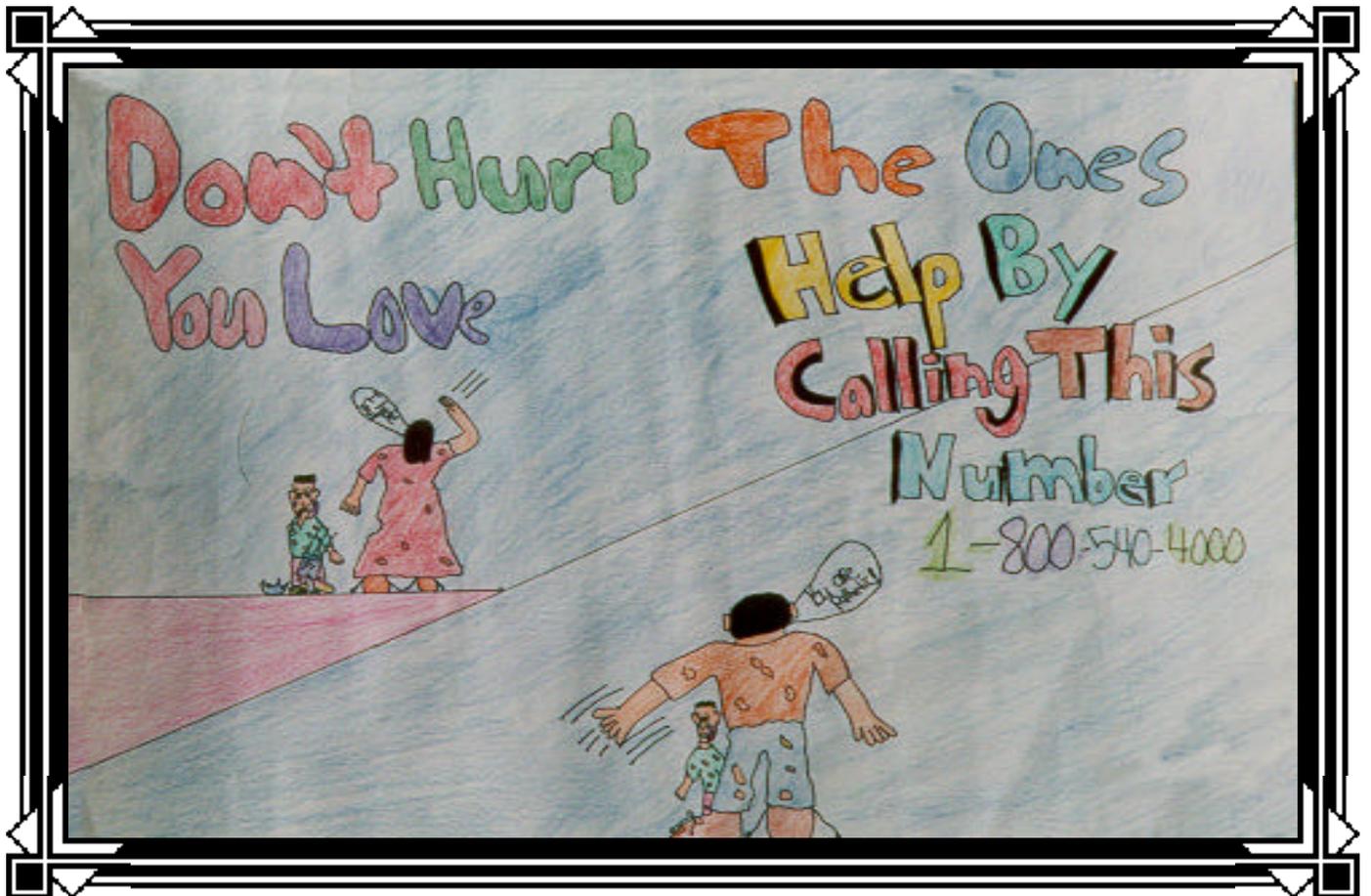
GLOSSARY

- 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



CHRISTOPHER DANG
WILLIAM NORTHRUP MIDDLE SCHOOL

LOS ANGELES COUNTY COUNSEL

LITIGATION AND TRAINING DIVISION ADVICE AND LITIGATION DIVISION APPELLATE DIVISION

Three divisions of the Office of County Counsel provide legal representation to the Department of Children and Family Services (DCFS) in dependency and adoption matters.

These divisions are the Litigation and Training Division, the Advice and Litigation Division, and the Appellate Division.

The Litigation and Training Division and the Advice and Litigation Division provide attorneys to represent DCFS in 20 dependency courtrooms. In the 19 courtrooms located in the Edmund D. Edelman Children's Court in Monterey Park, three to five attorneys are assigned to represent DCFS in each courtroom. In the court located in Lancaster, which is dedicated to cases from the north county area, two attorneys are assigned for that purpose. Each court has a lead attorney who is responsible for the assignment and monitoring of dependency court cases.

Attorneys are assigned to represent DCFS in each case filed with the court. That attorney handles all types of dependency conferences and hearings. The amount of time required to prepare and appear at the hearings varies according to the type of hearing and the complexity of the case. For example, cases involving serious physical injury, sexual abuse or the death of a child present complicated medical and legal issues and may take a significant amount of time.

The attorney represents DCFS in the following types of cases:

- Initial Detention hearing - Attorney advocates for the temporary placement of the children to protect them until the next court hearing.

- Pretrial Resolution Conference - Attorney participates in informal settlement discussions.
- Adjudication and Disposition hearing - Attorney litigates issues regarding the legal basis for the courts assumption of jurisdiction and the appropriate placement and treatment plan for the family.
- Judicial Review Hearing - Subsequent hearing at which the court reviews the status of the case for compliance with the court ordered plan.
- Permanency Planning Hearing - A hearing to decide whether the children can be returned to their parents, or if a permanent plan must be selected
- Selection and Implementation Hearing - A hearing to select a permanent plan of long-term foster care, guardianship or adoption.
- Review of the Permanent Plan hearing- A hearing to review the status of children who have been placed in a permanent plan and over whom the court continues jurisdiction.

The Litigation and Training Division, in addition to providing attorney to staff half of the dependency courts, also provides two attorneys who handle mediation of cases. In addition, this section provides in house training for its the attorneys representing DCFS and training to social workers on legal issues.

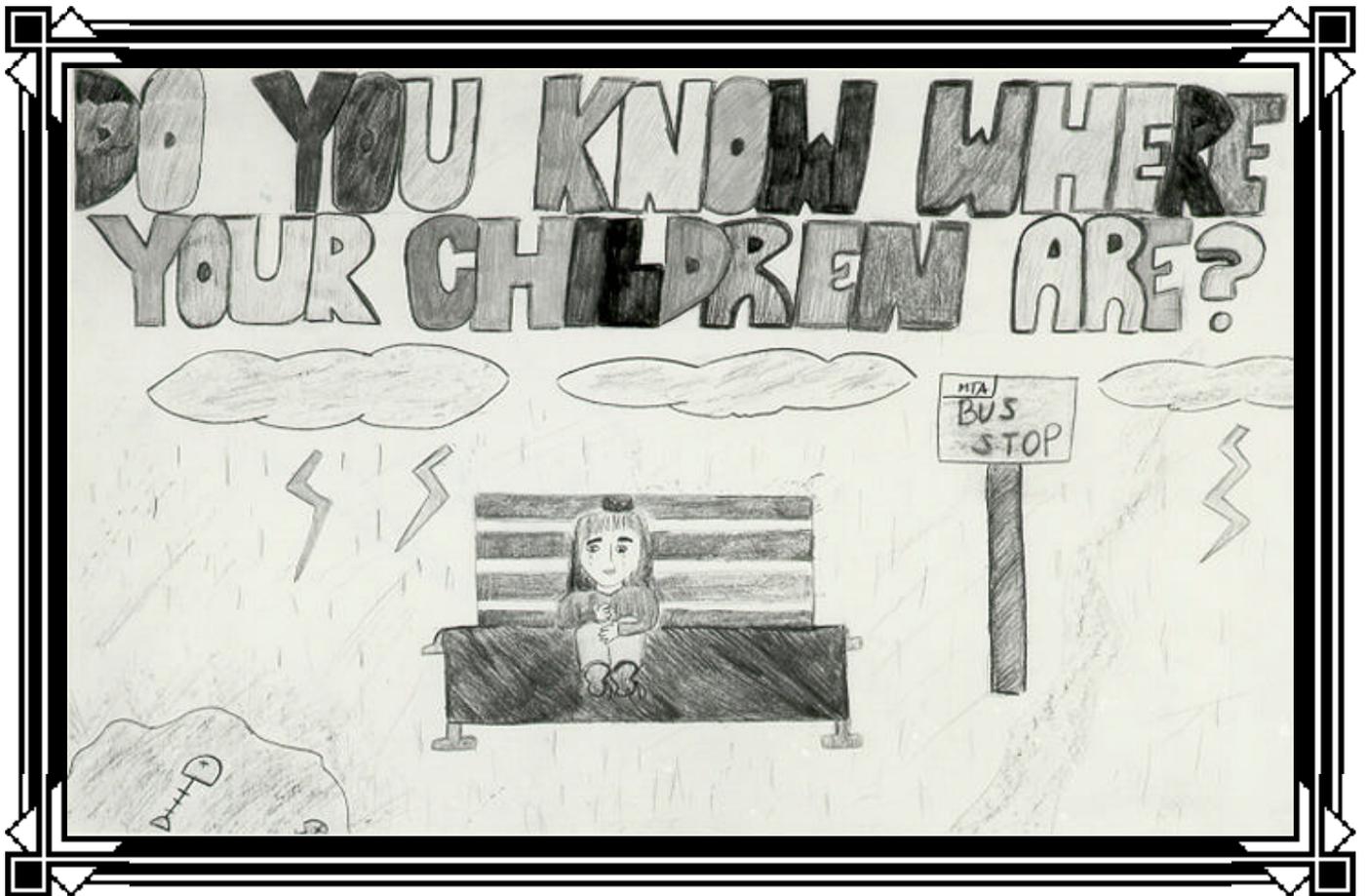
The Advice and Litigation Division provides staffing for the other half of the courtrooms. In addition, one attorney is assigned to the DCFS Intake and Detention Control (IDC) unit. That attorney provides legal advice on petition drafting and filing, as well as related matters. The Advice and

Litigation Division also provides advice to DCFS on confidentiality and policy issues.

The Appellate Division prepares and responds to appeal and writ petitions. Six of the 13 attorneys assigned to the Appellate Division are specifically funded by the Stuart Foundation to focus on establishing permanency for children. These attorneys provide advice, assistance and training to the trial attorneys and to the children's social worker's in this area, as well as prepare and respond to appeals and writ petitions.



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT



LESLIE ANAYA
JOHN BURROUGHS MIDDLE SCHOOL

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 nearly 2.7 million people within contract cities and unincorporated areas. The Family Crimes Bureau, formerly the Juvenile Investigations Bureau, was re-named on October 1, 1999 and presently consists of the Child Abuse Detail and the Safety Through Our Perseverance- Intervention Team (S.T.O.P.-I.T.). The new name is only one part of the concept initiated by Sheriff Leroy Baca. The Bureau will undergo an expansion study and proposal to include investigations of all domestic violence incidents (spousal assaults) and elder abuse (physical assaults), along with the related child abuse cases. The purpose of this growth is to incorporate all domestic violence related investigations under one command as a specialized unit providing unsurpassed expert investigations. The S.T.O.P.-I.T. Program is just one facet of this undertaking. A Deputy Sheriff and a civilian advocate are partnered to contact the victims of spousal assault/ domestic violence. They are assigned to various patrol stations to assist victims after reports have been generated, by offering counseling services and providing support throughout the criminal justice process.

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 sev-

eral 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 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.

The Sheriff's Department is represented by two members of FCB on the Southern California Regional Sexual Abuse 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.

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 thirty-nine Detectives (Deputies), four Sergeants, two Lieutenants and a dedicated civilian clerical

staff. The S.T.O.P.-I.T. Detail is staffed by a Lieutenant, Sergeant and eleven Deputies.

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

- North: Crescenta Valley/Altadena, Lancaster, Palmdale, Santa Clarita
- South: Avalon (Santa Catalina Island), Lakewood, Norwalk, Pico Rivera
- East: East Los Angeles, Industry, Temple City, Walnut, San Dimas
- West: Carson, Century, 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 that is designated for a special "task force" assignment. These Detectives form a team known as the Special Problem Offender Response Team (SPORT). Their assignments include multiple victim/ witness interviews at a school or similar setting and can involve a majority of Bureau investigators.

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

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 apprehend the suspect and successfully prosecute that individual, along with protecting the child victim. The process begins with a report made to either law enforcement, in this case the Sheriff's Department, or the Department of Children and Family Services. Both agencies, described in the California Penal Code as "child protective" agencies, are 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 "in house" 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 (CAHL). The investigator is then responsible for making contact with all appropriate persons involved in the case and determining if there is sufficient evi-

dence 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.

SIGNIFICANT FINDINGS

In 1998, the Family Crimes Bureau began tracking child abuse cases and associated factors of domestic violence and substance abuse that were present in either the current case or a history within the offender's profile. The results were not surprising.

A large number of cases involved substance abuse (alcohol and/ or drugs) as a primary factor and domestic violence was present in the next largest grouping. The figures for 1999 continue to show that substance abuse is still high, although a drop occurred in the number of substance abuse related cases. It is unknown what caused this decline. There were minor decreases in domestic abuse and combination-type cases.

This year (1999) was the third straight that showed a decline in the number of cases investigated by the Family Crimes Bureau, albeit a very slight drop from 1998. This was likely due to a continuing good economy, but it is unknown what other factors may play a role in this decrease.

Also of note was the number of suspects

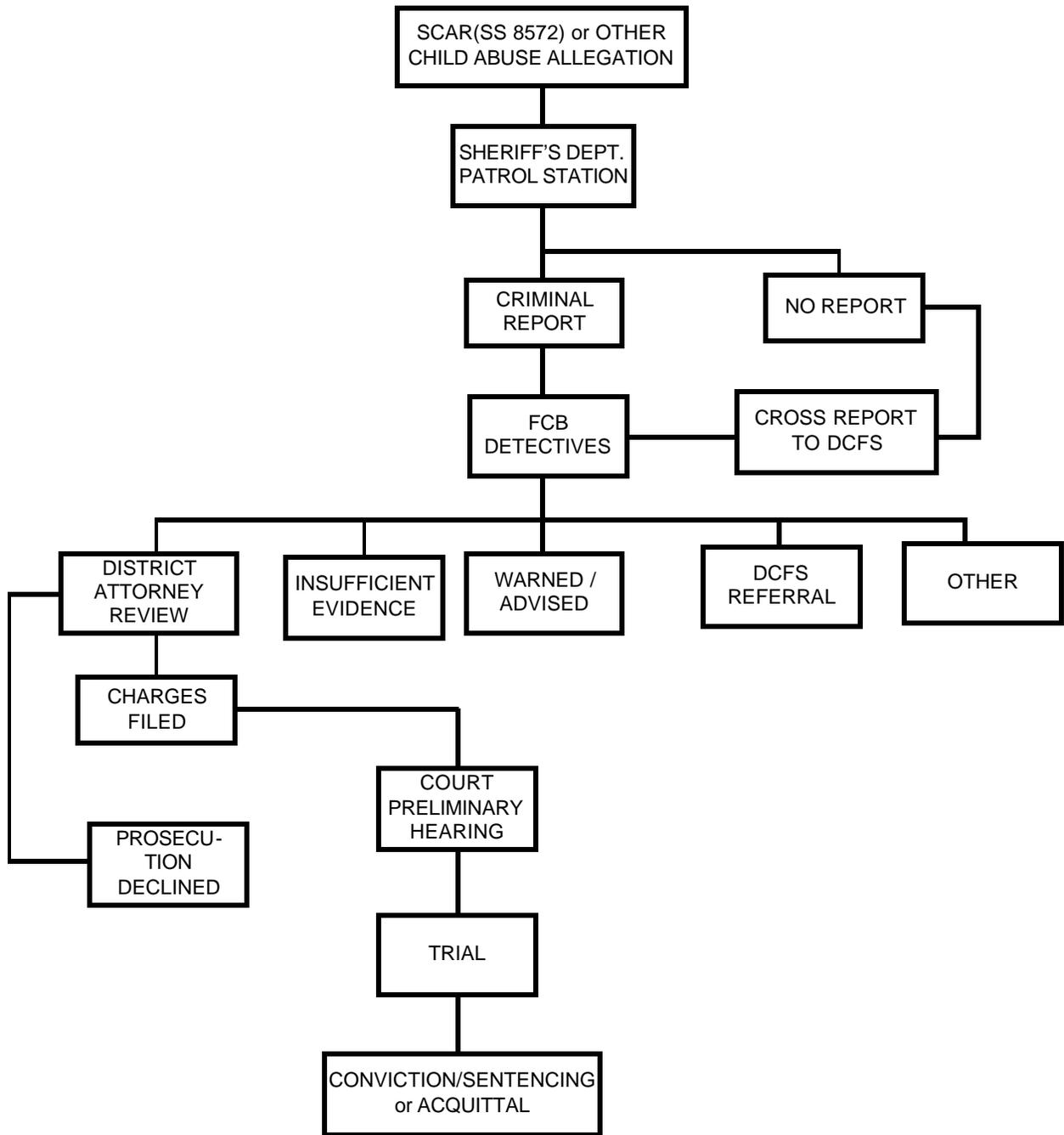
identified as Classmates (51) in relation to victims of sexual abuse. This was a statistic not gathered in past years and is significant due to the increased numbers of juvenile offenders nationwide. This category will be followed in future reports to check on any trends.

STATISTICAL DATA

Figure 1 represents a simplified explanation of the general route a child abuse report travels once received by the Sheriff's Department. If no report is taken, a referral to the CAHL may be made in some cases by a patrol deputy. The decision to call in a referral is made by the field deputy who is assigned to handle a call for service. If he/she 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 may be made. 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

Figure 7-1

STAGES OF A CHILD ABUSE REPORT



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



Figure 7-2

CASES INVESTIGATED BY STATION JURISDICTION - 1999

Station	1995	1996	1997	1998	1999
Avalon	9	5	5	7	9
Carson	143	161	146	158	143
Century	300	287	250	280	297
Crescenta Valley/Altadena	75	97	86	67	67
East Los Angeles	213	243	185	185	192
Family Crimes Bureau*					14
Industry	196	199	162	162	169
Lakewood	351	322	367	356	312
Lancaster**	553	630	656	603	356
Lennox	188	186	168	169	160
Lomita	55	80	51	53	52
Lost Hills/Malibu	41	48	62	43	41
Marina del Rey	19	27	22	27	26
Norwalk	267	229	286	241	213
Palmdale**					274
Pico Rivera	94	125	116	87	82
Santa Clarita Valley	156	191	182	171	194
Transit Services Bureau*					3
Temple	141	177	166	159	170
Walnut/ San Dimas	238	198	213	175	165
West Hollywood	19	24	19	21	18
TOTAL	3,050	3,229	3,200	2,964	2,957

Figure 2 is a comparison of a five year period of cases investigated. *Totals for Family Crimes Bureau and Transit Services Bureau are not available for previous years. ** In 1998, Palmdale Station became operational separate from the Lancaster Station; however, case statistics only became available for a full year in 1999.



Figure 7-3

CASES INVESTIGATED BY STATION JURISDICTION AND TYPE OF ABUSE- 1999

Station	Physical	Sexual
Avalon	7	2
Carson	80	63
Century	134	163
Crescenta Valley/Altadena	30	37
East Los Angeles	74	118
Family Crimes Bureau	2	12
Industry	62	107
Lakewood	134	178
Lancaster	159	197
Lennox	60	100
Lomita	32	20
Lost Hills/Malibu	22	19
Marina del Rey	14	12
Norwalk	79	134
Palmdale	101	173
Pico Rivera	23	59
Santa Clarita Valley	87	107
Transit Services Bureau	3	0
Temple	67	103
Walnut/ San Dimas	69	96
West Hollywood	9	9
TOTAL	1,246	1,711

Figure 3 highlights the break-down, by station, of physical and sexual abuse cases investigated within those jurisdictions.

Figure 7-4

SUSPECT'S RELATION TO VICTIM- 1999

RELATION	PHYSICAL ABUSE	SEXUAL ABUSE	TOTAL
AUNT	13	6	19
BABYSITTER	8	9	17
BROTHER	14	43	57
BROTHER-IN-LAW	2	8	10
CHILD CARE FACILITY	7	4	11
CHURCH ASSOCIATE	0	3	3
CLASSMATE	0	51	51
CO-INHABITANT (F)	2	1	3
CO-INHABITANT (M)	1	16	17
COUSIN	3	59	62
COUSIN-NOT IN HOME	0	9	9
FAMILY FRIEND	10	118	128
FATHER	386	156	542
FATHER'S GIRLFRIEND	4	0	4
FRIEND OF VICTIM	1	46	47
FOSTER PARENT	17	4	21
FOSTER SIBLING	1	1	2
GIRLFRIEND	2	0	2
GRANDFATHER	6	6	12
GRANDMOTHER	17	4	21
GUARDIAN	2	1	3
HALF BROTHER	1	3	4
INSTITUTIONAL STAFF	5	3	8
LIVE-IN BABYSITTER	0	1	1
MOTHER'S BOYFRIEND	66	60	126
MOTHER	407	13	420
NEIGHBOR	10	117	127
NO ID-POSS. FAMILY	0	1	1
OTHER*	101	448	549
POSS. FAMILY MEMBER	3	18	21
PUBLIC OFFICIAL	0	1	1
SCHOOL EMPLOYEE	20	6	26
SISTER	12	2	14
SISTER-IN-LAW	1	0	1
STEP BROTHER	0	20	20
STEPFATHER	7	74	81
STEPMOTHER	13	1	14
STEPSISTER	0	1	1
TEACHER	66	16	82
UNCLE	28	117	145
UNKNOWN*	82	265	347
VICTIM'S BOYFRIEND	6	212	218
TOTAL^	1,324	1,924	3,248

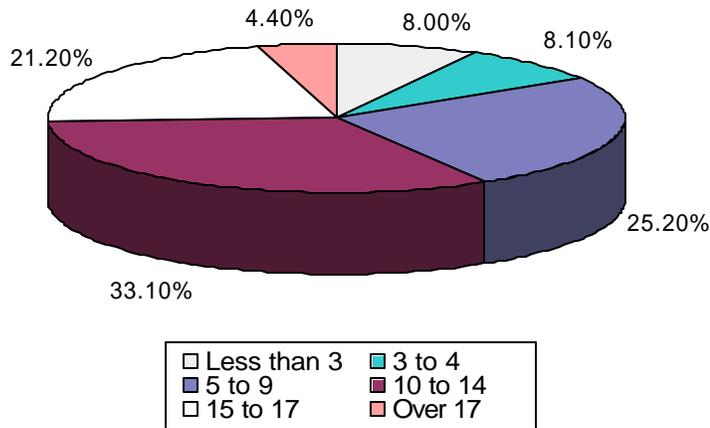
The information shown above indicates the relationship between suspects and victims for each suspect investigated.

* "Unknown" and "other" relationships occur mostly when the victim is too young to identify the suspect or the suspect is actually a stranger.

^The totals shown differ from the "Suspect by Gender and Type of Abuse" statistics due to the manner in which data was entered when cases were generated.

Figure 7-5

VICTIMS BY AGE- 1999

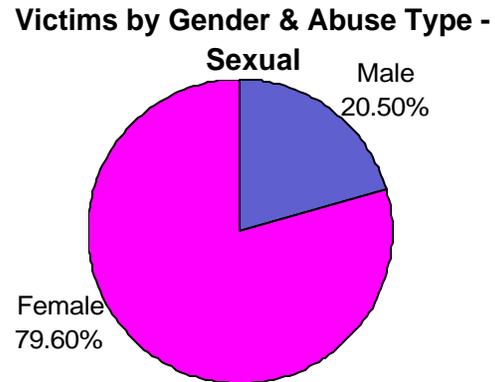
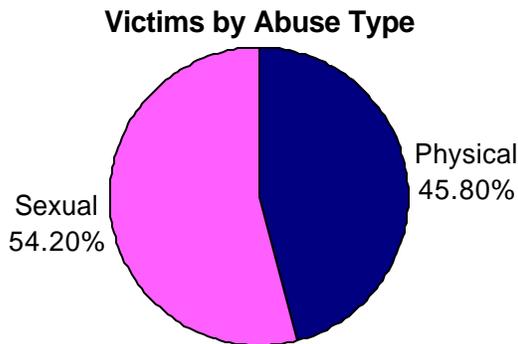
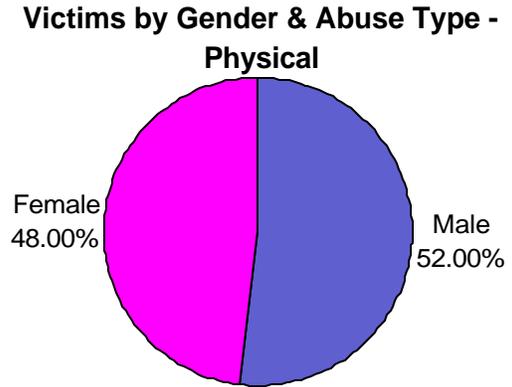
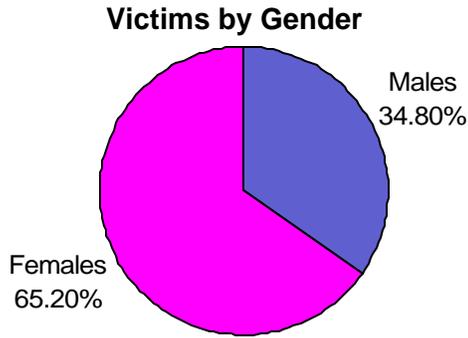


This represents a graphic description of the breakdown of the ages of victims in cases investigated by the Family Crimes Bureau.

Under 3 years old:	302	(08.0%)
3- 4 years old:	305	(08.1%)
5- 9 years old:	944	(25.2%)
10-14 years old:	1,242	(33.1%)
15-17 years old:	794	(21.2%)
Over 17 years old:	167	(04.4%)
Total:	3,754	(100.0%)



Figure 7-6
VICTIMS BY TYPE OF ABUSE AND GENDER- 1999



Number of victims in 1999 cases:
 Males: 1,308 (34.8%)
 Females: 2,446 (65.2%)
 Total: 3,754*

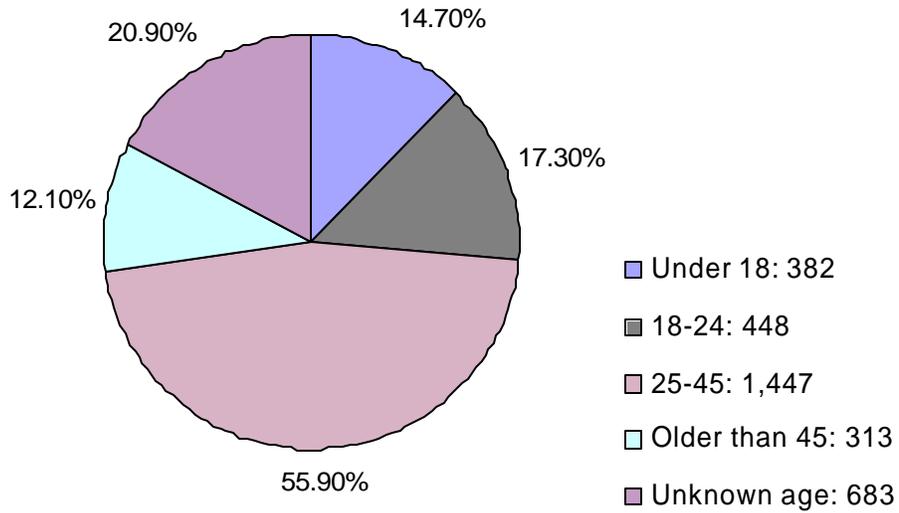
Physical abuse victims:
 Males: 883 (52.0%)
 Females: 815 (48.0%)
 Total: 1,698 (45.8%)

Sexual abuse victims:
 Males: 411 (20.5%)
 Females: 1,599 (79.6%)
 Total: 2,010 (54.2%)

* The number of victims, when adding the totals of the types of victim, i.e. physical or sexual, differs from the total number of victims in cases due to calculations made by FCB's internal database (CARES) and reflects unknown types or sex of victims.

Figure 7-7

SUSPECTS BY AGE- 1999



Total number of suspects, 1999 cases: 3,273

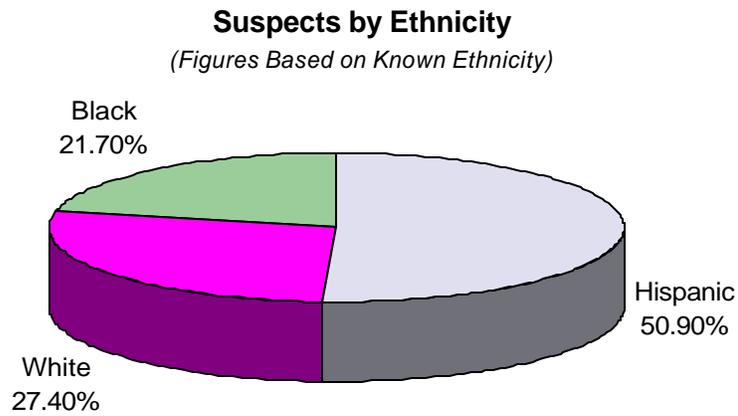
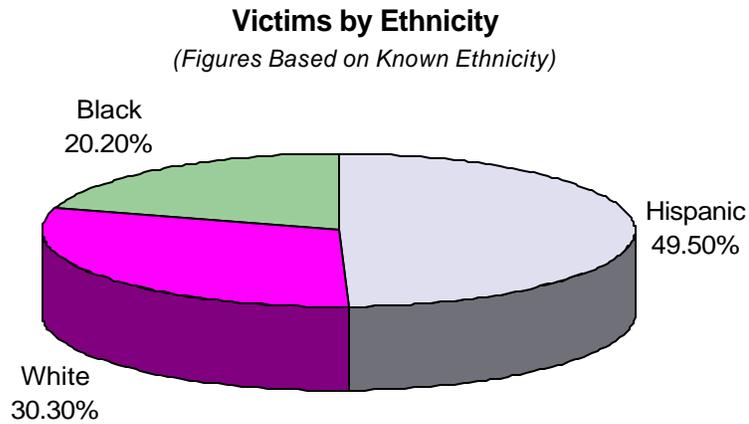
Number of suspects identified by known ages: 2,590

Aged less than 18:	382	(14.7%)
Aged 18-24:	448	(17.3%)
Aged 25-45:	1,447	(55.9%)
Aged greater than 45:	313	(12.1%)
Unknown age:	683	(20.9%)

Percentages based on known ages of suspects.



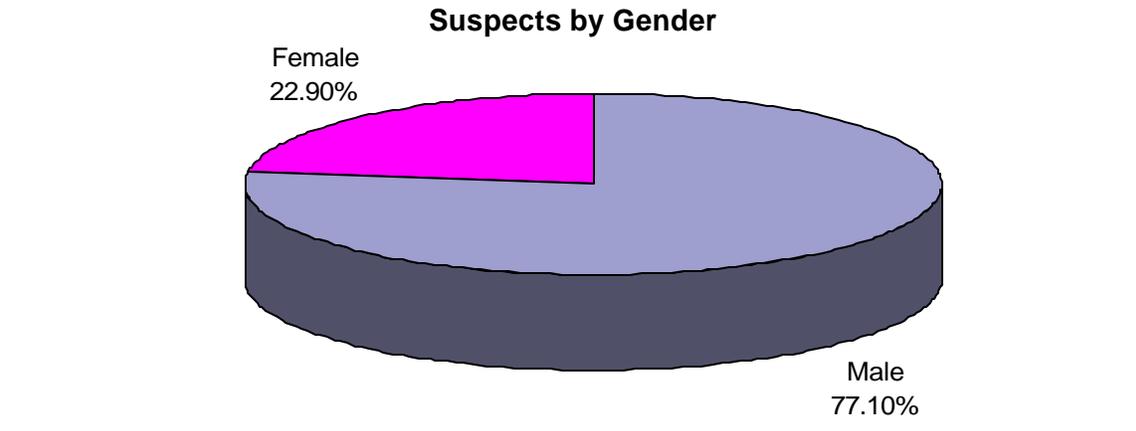
Figure 7-8
VICTIMS AND SUSPECTS BY ETHNICITY- 1999



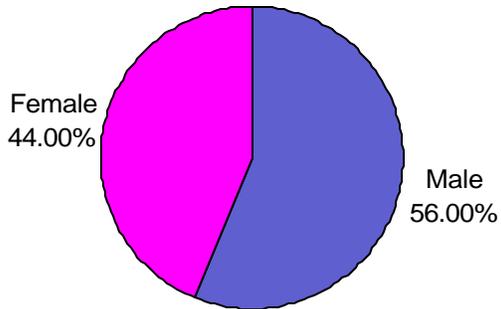
Number of victims, 1999 cases:	3,754	Number of suspects, 1999 cases:	3,273
Number of victims identified by ethnic origin:	3,524	Number of suspects identified by ethnic origin:	3,051
Hispanic:	1,745	Hispanic:	1,551
White:	1,069	White:	837
Black:	710	Black:	663
Other or unknown:	230 (6.1% of total victims)	Other or unknown:	222 (6.8% of total suspects)

Figure 7-9

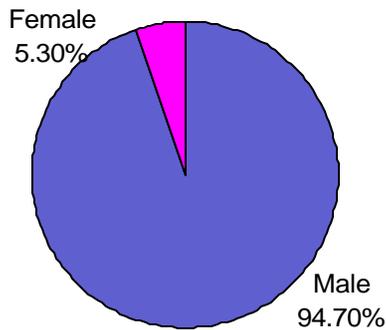
SUSPECTS BY GENDER AND TYPE OF ABUSE- 1999



Suspects by Gender and Abuse Type - Physical



Suspects by Gender and Abuse Type - Sexual



Number of suspects, 1999 cases:
 Males: 2,524 (77.1%)
 Females: 749 (22.9%)
 Total: 3,273*

Number of suspects, sexual abuse:**
 Males: 1,589 (94.7%)
 Females: 89 (5.3%)
 Total: 1,678
 (51.3% of total suspects)

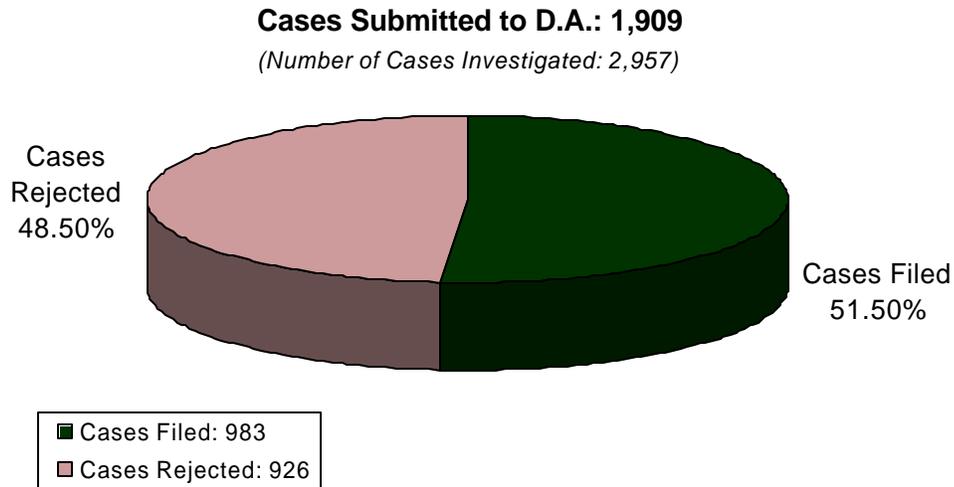
Number of suspects, physical abuse:**
 Males: 720 (56%)
 Females: 565 (44%)
 Total: 1,285
 (39.3% of total suspects)

* This includes suspects wherein the sex is unknown and represents all cases assigned, including those not normally investigated by FCB.

** These figures reflect actual cases investigated by FCB in which the suspect's gender is known.

Figure 7-10

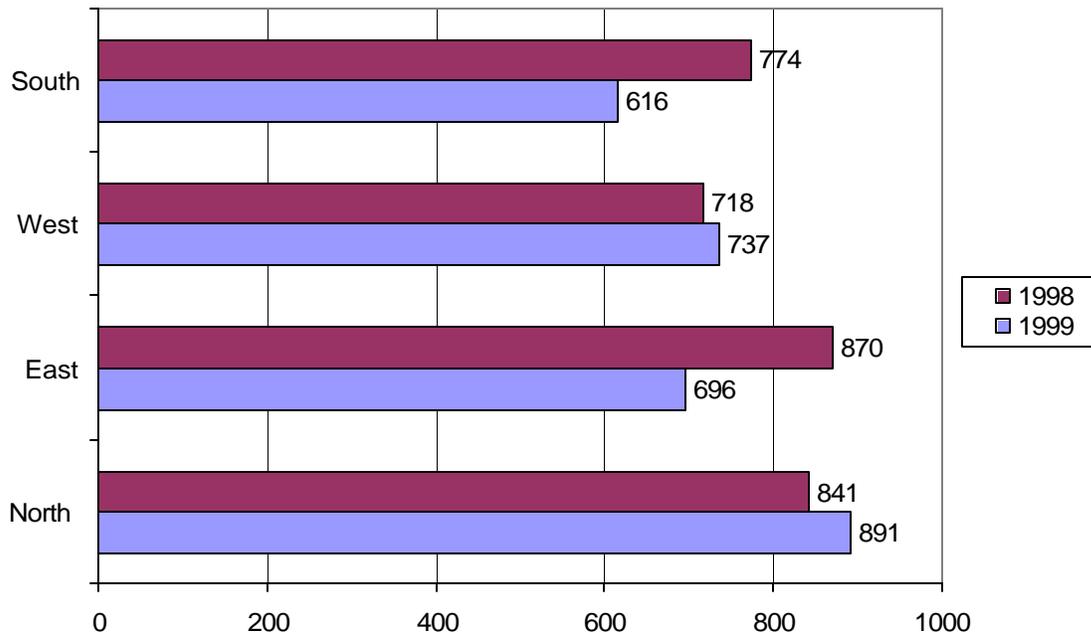
CASE DISPOSITIONS- 1999



Total cases investigated, 1999:	2,957
Total cases submitted to District Attorney for filing:	1,909 (64.6%)
Cases filed:	983 (51.5%)
<i>(Felonies, misdemeanors, warrants, 602 juvenile petitions, office conferences.)</i>	
Cases rejected:	926 (48.5%)
<i>(Cases are not filed for various reasons, such as a lack of workable evidence, unknown suspect or victim, insufficient evidence to prove a crime beyond a reasonable doubt, or a victim unwilling or unable to prosecute or qualify for testimony.)</i>	
Total cases not presented to District Attorney for filing:	1,048 (35.4%)
<i>(Cases not presented to the District Attorney for consideration are those determined to not be criminal in nature, lack sufficient evidence for prosecution, referred to DCFS for service or the involved parties are counseled and advised by the investigating detective.)</i>	

Figure 7-11

CASES INVESTIGATED BY TEAM ASSIGNMENT- 1999



Total number of cases, 1999: 2,957

North Team: 891
 Crescenta Valley/ Altadena
 Lancaster
 Palmdale
 Santa Clarita Valley

East Team: 696
 East Los Angeles
 Industry
 San Dimas
 Temple
 Walnut

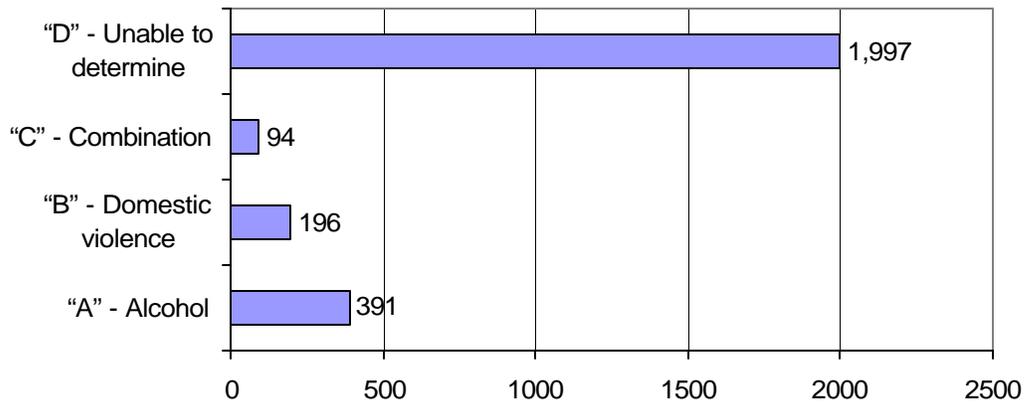
West Team: 737
 Carson
 Century
 Lennox
 Lomita
 Lost Hills/Malibu
 Marina del Rey

South Team: 616
 Avalon
 Lakewood
 Norwalk
 Pico Rivera

The total number, if added by team assignments, is 2,940. This difference is due to cases generated by FCB and Transit Services Bureau and not assigned to a team.

Figure 7-12

SUBSTANCE ABUSE AND DOMESTIC VIOLENCE TRACKING- 1999



Total number of cases, 1999: 2,957

Cases closed with abuse tracking code: 2,678*

"A"- Alcohol or other substance abuse (involved in case or suspect's history): 391 (14.6%)

"B"- Domestic violence/ assault/ battery, involved in history: 196 (7.3%)

"C"- Combination of substance abuse and domestic violence: 94 (3.5%)

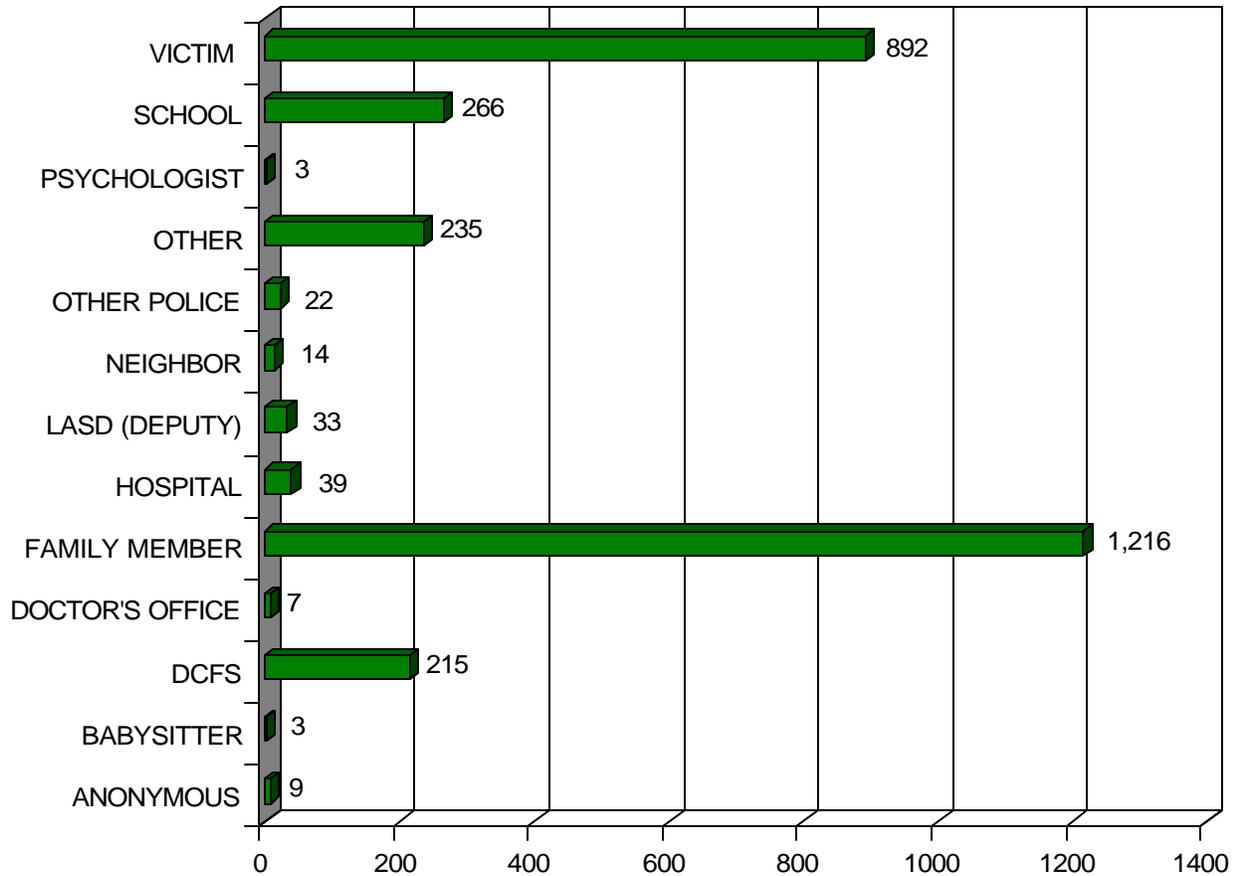
"D"- Unable to determine if above factors are present: 1,997 (74.6%)

**These codes apply to 1999 cases that are closed.*

The "D" category is high due to insufficient evidence to determine other possible factors or cases reassigned to station detectives or other agencies in which there is no follow up investigation by FCB.

Figure 7-13

REPORTING PARTY CLASSIFICATIONS - 1999



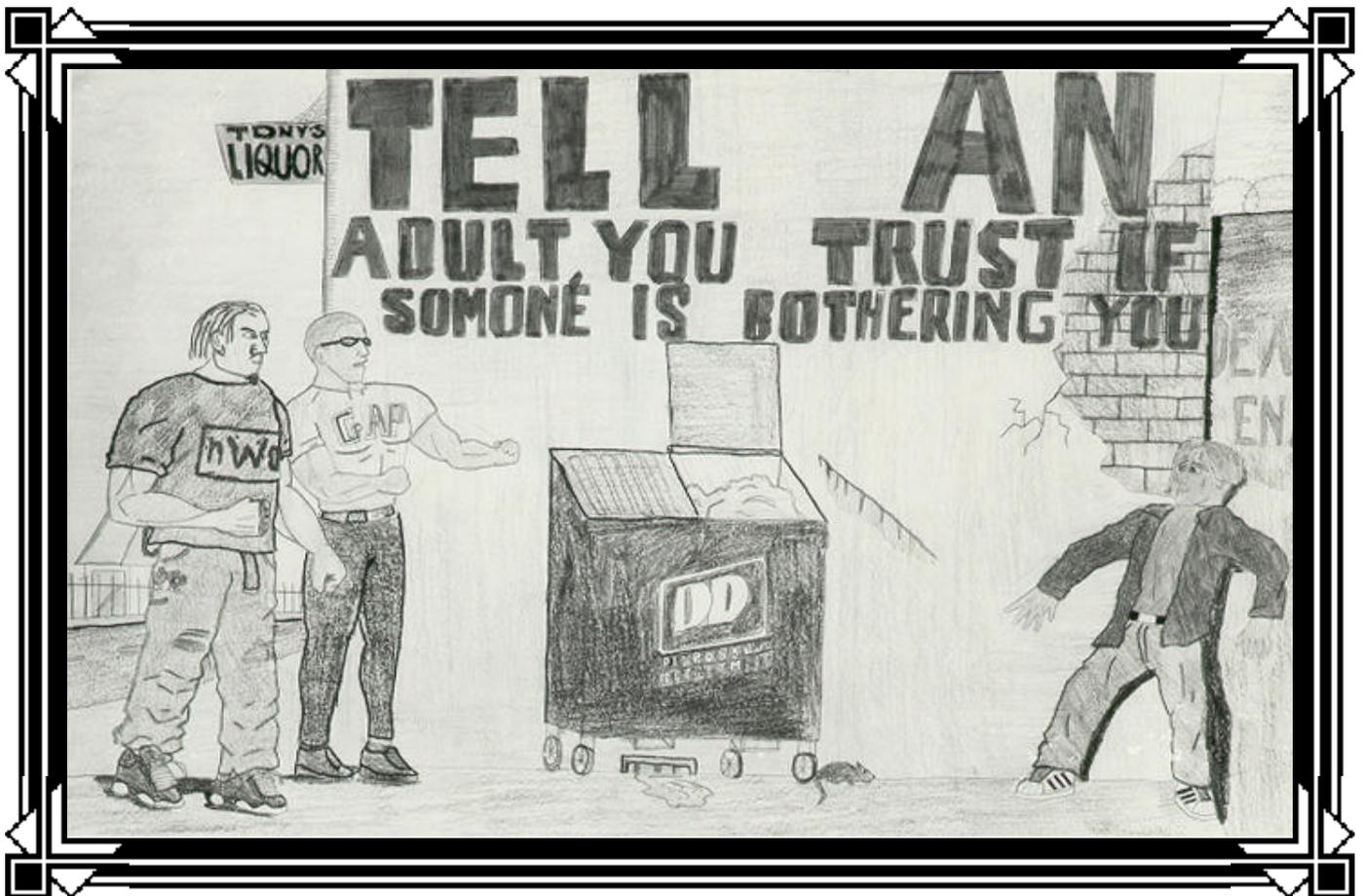
These totals indicate the type of informant on cases received by the Family Crimes Bureau.

ANONYMOUS	9	(0.4%)
BABYSITTER	3	(0.1%)
DCFS	215	(7.9%)
DOCTOR'S OFFICE	7	(0.2%)
FAMILY MEMBER	1216	(41.1%)
HOSPITAL	39	(1.3%)
LASD (DEPUTY)	33	(1.1%)
NEIGHBOR	14	(0.5%)
OTHER POLICE	22	(0.7%)
OTHER	235	(7.9%)
PSYCHOLOGIST	3	(0.1%)
SCHOOL	266	(9.0%)
SHELTER	0	(NOT INCLUDED IN CHART)
VICTIM	892	(30.2%)
WE TIP	1	(NOT INCLUDED IN CHART)
TOTAL	2,957	(TOTAL CASES/ INFORMANTS)

The statistics shown are based on clerical input from incident reports received by FCB.



LOS ANGELES POLICE DEPARTMENT



JOSE ARIAS
JOHN BURROUGHS MIDDLE 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.

The Abused Child Unit is also responsible for:

- 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 8-1

ABUSED CHILD UNIT 1999 CRIMES INVESTIGATED

1: Indicates the number of crimes investigated by the Abused Child Unit in 1999.

TYPE	NUMBER	% of TOTAL
Physical Abuse	828	46.6%
Sexual Abuse	460	25.9%
Endangered	478	26.9%
Homicide	11	0.6%
TOTALS	1,777	100%



Figure 8-2

GEOGRAPHIC AREAS 1999 CRIMES INVESTIGATED

2: Indicates the number of crimes investigated by Geographic Areas in 1999.

TYPE	NUMBER	% of TOTAL
Physical Abuse	194	9.5%
Sexual Abuse/Child Annoying	1,157	56.9%
Endangered	684	33.6%
Homicide	0	0.0%
TOTALS	2,035	100%

Figure 8-3

1999 CRIMES INVESTIGATED

3: Indicates the number of other investigations of a child abuse nature conducted by the Abused Child Unit in 1999.

TYPE	NUMBER	% of TOTAL
Injury	1,057	85.6%
Suspected Child Abuse (DOJ Form 8572)	121	9.8%
Death	57	4.6%
TOTALS	1,235	100%

Figure 8-4

1999 CRIMES INVESTIGATED

4: Indicates the number of other investigations of a child abuse nature conducted by Geographic Areas in 1999.

TYPE	NUMBER	% of TOTAL
Suspected Child Abuse (DOJ Form 8572)	4,285	100%

Figure 8-5

1999 CRIMES INVESTIGATED

5: Indicates the number of arrests processed by the Abused Child Unit in 1999.

TYPE	NUMBER	% of TOTAL
Homicide (187PC)	7	1.5%
Child Molest (288PC)	285	63.5%
Child Endangering (273aPC)	101	22.5%
Child Abuse (273dPC)	56	12.5%
TOTALS	449	100%

Figure 8-6

1999 CRIMES INVESTIGATED

6: Indicates the number of arrests processed by Geographic Areas in 1999.

TYPE	NUMBER	% of TOTAL
Homicide (187PC)	0	0.0%
Child Molest (288PC)	318	80.5%
Child Endangering (273aPC)	48	12.2%
Child Abuse (273dPC)	29	7.3%
TOTALS	395	100%

Figure 8-7

1999 CRIMES INVESTIGATED

7: Indicates the number of dependent children processed by the Abused Child Unit in 1999.

TYPE	NUMBER	% of TOTAL
300 WIC Physical Abuse	576	30.8%
300 WIC Sexual Abuse	274	14.6%
300 WIC Endangering	1,022	54.6%
TOTALS	1,872	100%

Figure 8-8

1999 CRIMES INVESTIGATED

8: Indicates the number of dependent children processed by Geographic Areas in 1999.

TYPE	NUMBER	% of TOTAL
300 WIC Physical Abuse	106	8.4%
300 WIC Sexual Abuse	134	10.5%
300 WIC Endangering/Neglect	1,029	81.1%
TOTALS	1,269	100%



Figure 8-9

1999 CRIMES INVESTIGATED

9: Indicates the age categories of children who were victims of child abuse in 1999.

Physical Abuse:

0-4 years:	5-9 years:	10-14 years:	15-17 years:
227	336	312	154

Sexual Abuse:

0-4 years:	5-9 years:	10-14 years:	15-17 years:
193	323	373	75

Endangering:

0-4 years:	5-9 years:	10-14 years:	15-17 years:
773	719	434	125

NOTE: Figure 9 shows a greater number of child victims of physical abuse and endangering/neglect than indicated in Figure 1 and Figure 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 number of sexual abuse victims in Figure 9 is lower than the numbers from Figure 1 and Figure 2. These totals do not include cases of child annoying (653 cases in 1999) since these victims are not actually sexually assaulted.

LOS ANGELES POLICE DEPARTMENT-1999 CHILD ABUSE FINDINGS

Abused Child Unit:

1. The total investigations (crime and other investigations) conducted by the unit in 1999 (3,012) showed a 17.8 percent decrease from 1998 (3,663).
2. Arrests made by the unit in 1999 (449) showed a 53.8 percent increase over the number of arrests (292) for 1998.
3. Dependent children processed by the unit in 1999 (1,872) showed an increase of 8.6 percent from 1998 (1,723).

Geographic Areas:

1. The total investigations conducted by the Areas in 1999 (6,320) showed an increase over 0.9 percent from 1998 (6,265).
2. Arrests made by the Areas in 1999 (395) showed a 22.0 percent increase compared to the number of arrests (324) for 1998.
3. Dependent children processed by the Areas in 1999 (1,269) showed an increase of 9.5 percent over 1998 (1,159).

LOS ANGELES POLICE DEPARTMENT CHILD ABUSE STATISTICAL REPORT



COMPARISONS WITH 1998

Geographic Areas and Abused Child Unit:

	1998	1999	% of CHANGE
Total Investigations	9,928	9,332	-6.1%
Total Arrests	616	844	+37.0%
Dependent Children	2,882	3,141	+9.0%

LOS ANGELES POLICE DEPARTMENT FIVE YEAR CHILD ABUSE TRENDS

Abused Child Unit:

	1995	1996	1997	1998	1999	TOTALS
<u>CRIMES INVESTIGATED</u>						
Physical Abuse	824	958	981	826	828	4,417
Sexual Abuse	641	695	655	552	460	3,003
Endangered	496	685	557	463	478	2,679
Homicide	15	11	9	6	11	52
TOTALS	1,976	2,349	2,202	1,847	1,777	10,151
<u>OTHER INVESTIGATIONS</u>						
Injury	1,683	1,415	1,610	1,190	1,057	6,955
Suspected Child Abuse (DOJ Form 8572)	1,957	768	611	558	121	4,015
Death	71	32	60	68	57	288
TOTALS	3,711	2,215	2,281	1,816	1,235	11,258



LOS ANGELES POLICE DEPARTMENT

Abused Child Unit Continued:

	1995	1996	1997	1998	1999	TOTALS
<u>ARRESTS</u>						
Homicide (187PC)	19	5	10	7	7	48
Child Molest (288PC)	166	139	144	153	285	887
Child Endangering (273aPC)	107	75	87	70	101	440
Child Abuse (273dPC)	33	56	73	62	56	280
TOTALS	325	275	314	292	449	1,655

DEPENDENT CHILDREN PROCESSED

300 WIC Physical Abuse	522	592	615	509	576	2,814
300 WIC Sexual Abuse	312	339	360	280	274	1,565
300 WIC Endangered	831	1,010	1,038	934	1,022	4,835
TOTALS	1,665	1,941	2,013	1,723	1,872	9,214

GEOGRAPHIC AREAS:

CRIMES INVESTIGATED

Physical Abuse	183	153	133	145	194	808
Sexual Abuse	1,035	860	903	1,061	1,157	5,016
Endangered	611	501	607	594	684	2,997
Homicide	6	10	0	0	0	16
TOTALS	1,835	1,524	1,643	1,800	2,035	8,837

LOS ANGELES POLICE DEPARTMENT CHILD ABUSE STATISTICAL REPORT



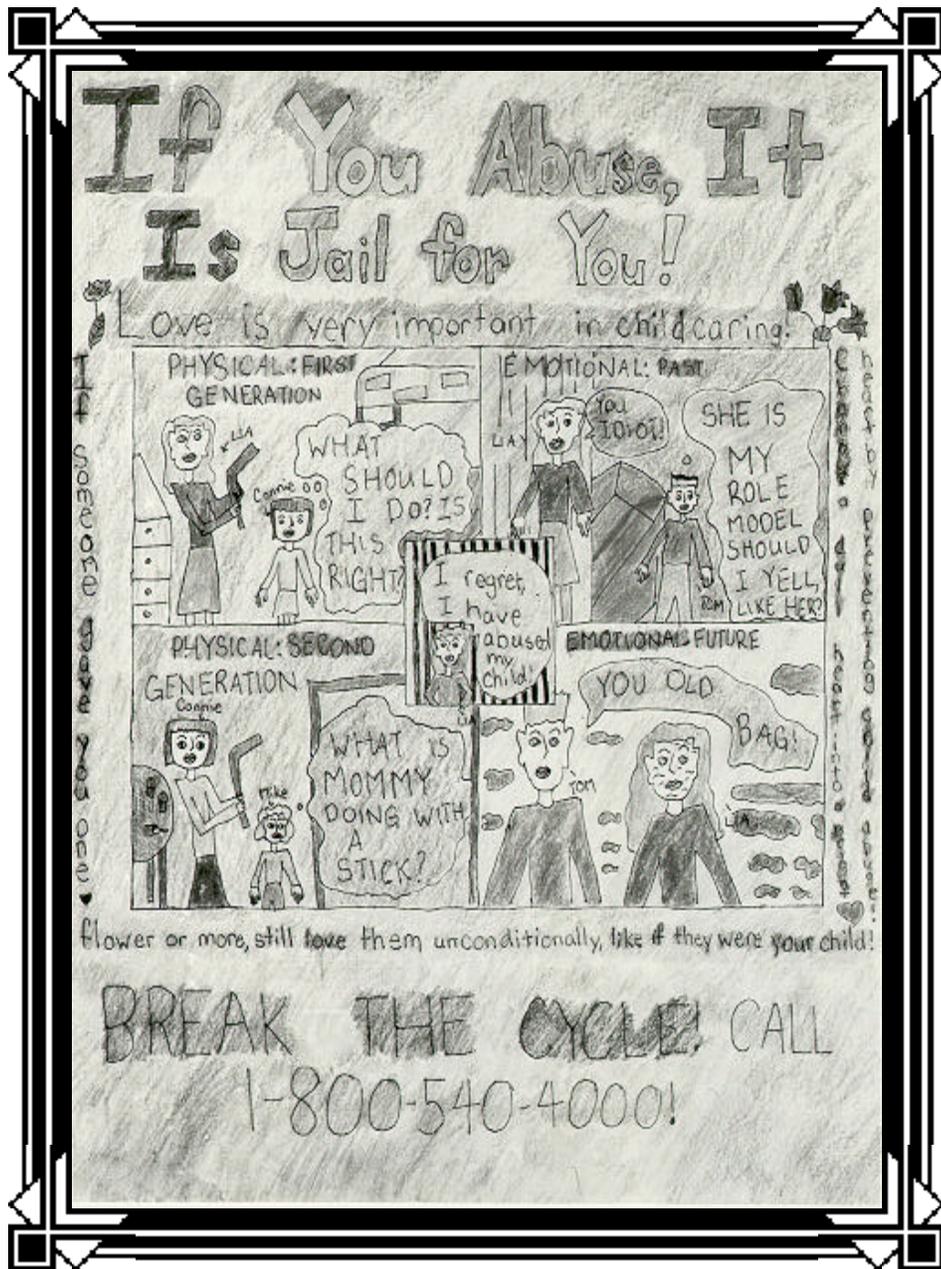
ICAN DATA ANALYSIS REPORT FOR 2000

Geographic Areas Continued:

	1995	1996	1997	1998	1999	TOTALS
<u>ARRESTS</u>						
Homicide (187PC)	4	5	0	0	0	9
Child Molest (288PC)	443	429	455	284	318	1,929
Child Endangering (273aPC)	115	97	67	11	48	338
Child Abuse (273dPC)	11	5	32	29	29	106
TOTALS	573	536	554	324	395	2,382
<u>DEPENDENT CHILDREN PROCESSED</u>						
300 WIC Physical Abuse	101	56	73	98	106	434
300 WIC Sexual Abuse	157	163	175	119	134	748
300 WIC Endangering	374	349	998	942	1,029	3,692
TOTALS	632	568	1,246	1,159	1,269	4,875



LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE



AGNES TANG
WILLIAM NORTHRUP MIDDLE SCHOOL

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 a rapport be established between the child and the deputy assigned to evaluate and prosecute the case. It is strongly encouraged, that a pre-filing interview is conducted involving the child, the assigned deputy and the investigating officer. In cases alleging sexual abuse, a pre-filing interview is required unless unusual circumstances warrant a filing without an interview. 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 pre-filing 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 pre-filing 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 child

does 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}; the judge may remove his or her robe if it is believed that such formal attire may intimidate the child {Section 868.8(b) of the Penal Code}; relocate the parties and the courtroom furniture to facilitate a more comfortable and personal environment for the child witness {868.8(c) of the Penal Code}; and may provide for testimony to be taken during the hours that the child would normally be attending school {868.8(d) of the Penal Code}. These provisions come under the general directive that the court ". . . shall take special precautions to provide for the com-

fort 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 better 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) of the Penal Code}; 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) of the Penal Code}; 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 859.1 of the Penal Code} or testify on closed-circuit television or via videotape {Section 1347 of the Penal Code}; 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}; the child must have his or her age and level of cognitive development considered in the evaluation of credibility {Section 1127f of the Penal Code}; and the prosecutor may ask leading questions of the child witness on direct examination {Section 767(b) of the Evidence Code}.

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 prosecu-

tion 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 UNIT

Child abduction cases involve cross-jurisdictional issues covering dependency, criminal, probate and family law courts. The vic-

tim 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 Unit 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.

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. To date, approximately 50 DEC cases have been filed involving 128 defendants resulting in the rescue of over 120 children from the detrimental physical, mental, and emotional impact of living in close proximity to a functioning drug lab.

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, one district attorney investigator, 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 are 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.

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 pre-filing interview is conducted with the child victim, the deputy district attorney assigned to the case, the detective assigned to the case from the law enforcement agency, and (frequently) the victim advocate. It is essential that all personnel involved in the interview take special care to place the child at ease while avoiding the risk of tainting the child's testimony through creating an environment of inadvertent suggestibility.

The deputy district attorney working the case will be responsible for making the filing decision, insuring that the case is properly filed and arraigned, conducting the preliminary hearing, formulating an offer which fairly resolves the case short of trial, appearing at all stages of the case in Superior Court and preparing for and conducting the jury trial. Contact with the victim and the victim's family is essential throughout this process. Prior to resolving the case without benefit of a jury trial, the deputy district attorney is required to 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. As 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 paralegal, 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 importance of their participation in the criminal justice system while also providing valuable information for counseling, parenting, domestic violence, or education which may assist the teen and their family in addressing their needs.

SEXUALLY VIOLENT PREDATOR (SVP) -- 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 during 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 prosecute 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 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 who 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). 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. The petition must be submitted to the District Attorney immediately and cannot be handled informally by Probation (Sections 652 and 653.5 of the Welfare and Institutions Code) 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 of the Welfare and Institutions Code),
- 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
- If the minor has previously been placed on informal probation and has committed a new offense,

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 (Barry J. Niedorf Juvenile Hall), Boyle Heights (Central 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 of the Welfare and Institutions Code) cannot be detained in custody with adults.

If a minor is delivered by law enforcement to Probation personnel at a juvenile hall facility, the probation officer to whom the minor is presented determines whether the minor remains detained. If a minor 14 years of age or older is accused of personally using a firearm 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 physi-

cal 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 of the Welfare and Institutions Code). Under this program, the minor is released to a parent, guardian, or responsible relative pursuant to a written agreement which 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 of the Welfare and Institutions Code). 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 of the Welfare and Institutions Code). 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 or her case remanded to adult court to face trial as an adult. Under Section 707 of the Welfare and Institutions Code, 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) of the Welfare and Institutions Code (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 who are 14 or 15 years old and commit an offense listed in Section 707(b) of the Welfare and Institutions Code 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.

If a minor's case remains in juvenile court, the minor has a right to a trial referred to as an adjudication. The adjudication is similar to a court trial. Minors do not have a right to a jury trial. The minor does have a right to counsel, to confront and cross-examine the witnesses against him or her and the privilege against self-incrimination. The court must be convinced beyond a reasonable doubt that the minor committed the offense alleged in the petition. The district attorney has the burden of proof in presenting evidence to the court. If the court has been convinced beyond a reasonable doubt of the allegations in the petition, the petition is found true; if the court is not convinced, the petition is found not true. There is no finding of guilty or not guilty. If the minor is age 13 or younger, proof that the minor had the capacity to commit the crime must be presented by the district attorney as such individuals are not presumed to know right from wrong. For example, if a 12 year old is accused of a theft offense, it is not presumed that the minor knew it was wrong to steal. The district attorney must present evidence that the minor knew the conduct committed was wrong. This burden can be met by calling a witness to establish that this minor knew that it was wrong to steal. The witness can be the minor's parent or a police officer or school official who can testify that the minor appreciated that it was wrong to steal.

If the petition is found true by the court, a disposition hearing is then held to determine ". . . in conformity with the interests of public safety and protection, receive care, treatment and guidance which is consistent with their best interest, which holds them accountable for their behavior, and which is appropriate for their circumstances. This guidance may include punishment that is consistent with the rehabilitative objectives of this chapter" (Section 202(b) of the

Welfare and Institutions Code). Disposition alternatives available to the court include: home on probation (HOP); restitution; a brief period of incarceration in juvenile hall as an alternative to a more serious commitment (Ricardo M. time); drug testing; restrictions on the minor's driving privilege; suitable placements; placement in a camp supervised by the Probation Department; placement in the California Youth Authority (CYA); and the Border Project (available only to a minor who is a Mexican national).

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 fil-

ing 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. For example, 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 evi-

dence, 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 this criteria. This deference to the greater goal of protection of the victim results in declining some cases which would ordinarily meet the filing criteria and in dismissing or settling for a compromise disposition others which had already been filed.

In reviewing the sections from the Penal Code utilized in ICAN Data Reports compiled prior to 1998, 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 which 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 the alleged conduct 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 minors 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 are presented for the first time (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 first time. 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).

Additional information has also been provided for statistics compiled by the DEC Taskforce (Figure 15) and the SRVP unit (Figure 16). 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).

SELECTED FINDINGS

A comparison of total child abuse crimes submitted for filing to the District Attorney's Office between 1998 and 1999 shows decreases of 4% for felonies and 10% for misdemeanors. A comparison of selected felony sex offenses reveals a decrease of 5% of cases submitted for filing; and similar comparison of felony physical abuse offenses reveal a decrease of 11% over the same time frame. In 1998, 45% of the felony sex crimes cases submitted were filed; in 1999, 54% (a 9% increase) of the submitted cases were filed. A similar trend can be seen in physical abuse cases with an increase of 10% in cases filed from 1998 (57%) to 1999 (67%).

In the area of sentencing, a comparison between 1998 and 1999 demonstrates relative consistency in the types of sentences meted out for child abuse cases. In 1998, 34% of the defendants sentenced received a sentence to state prison; in 1999, 30% received a prison sentence. Sixty-five percent of the cases resulted in a probationary sentence in 1998 while the number increased to 69% in 1999. In both years, less than 1% of the defendant's sentenced received a life sentence as a result of their criminal acts.

The gender analysis, rather than being year to year, involved a comparison between adult and juvenile filings for all criminal activity with a further breakdown as to overall criminal activity as compared to child abuse. Total filings by gender reflect that 16% of the alleged perpetrators are female and 84% male in both the adult and juvenile systems. Interestingly, when the type of offenses are considered, in child abuse filings in juvenile cases, 6% of the perpetrators were female with 94% being male; while in child abuse cases with adult offenders, 19% were female and 81% were

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 combined with other important considerations including care and compassion for the needs of the children who have been victimized. Efforts have been made to evolve into a prosecuting agency which is sensitized to the special nature of these cases. The traditional view of prosecution has been expanded to include active involvement in crime prevention efforts designed to enrich the lives of all children in the county to establish the Los Angeles County District Attorney's Office in a leadership role in community efforts to battle child abuse and neglect.

Figure 9-1

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			
	CHARGE	ORDER			

**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 9-2

TOTAL FILINGS BY CHARGE FOR 1999

	CHARGE	FELONY	MISDEMEANOR
Penal Code	187(a)	38	0
Penal Code	207	11	0
Penal Code	208	13	0
Penal Code	261.5(b)	3	23
Penal Code	261.5(c)	202	0
Penal Code	261.5(d)	82	5
Penal Code	266i(b)	0	0
Penal Code	266j	7	0
Penal Code	269(A)(1)	14	0
Penal Code	269(A)(3)	4	0
Penal Code	269(A)(4)	1	0
Penal Code	269(A)(5)	2	0
Penal Code	271a	0	6
Penal Code	273a(1)	0	0
Penal Code	273a(2)	0	0
Penal Code	273a(a)	479	76
Penal Code	273a(a)(1)	0	1
Penal Code	273a(b)	70	423
Penal Code	273ab	1	0
Penal Code	273d(a)	77	82
Penal Code	278	18	4
Penal Code	278.5	13	2
Penal Code	278.5(a)	15	1
Penal Code	286(b)(1)	3	1
Penal Code	286(b)(2)	9	0
Penal Code	286(c)	1	0
Penal Code	288(a)	606	0
Penal Code	288(b)	6	0
Penal Code	288(c)	6	0
Penal Code	288.5	15	0
Penal Code	288a(b)(1)	23	3
Penal Code	288a(c)	2	0
Penal Code	289(h)	16	1
Penal Code	289(l)	16	0
Penal Code	289(j)	2	0
Penal Code	311.1(a)	7	0
Penal Code	311.11(a)	6	7
Penal Code	311.11(b)	1	0
Penal Code	311.4(b)	0	0
Penal Code	311.4(c)	5	0
Penal Code	647.6(a)	21	0
Penal Code	647.6(b)	3	0

Figure 9-3

TOTAL DISMISSALS BY CHARGE FOR 1998 AND 1999

Charge	1998		1999	
	Felony	Misdemeanor	Felony	Misdemeanor
PC187(a)	0	0	0	0
PC207	5	0	1	0
PC208	2	0	3	0
PC261.5(b)	4	0	0	3
PC261.5(c)	6	5	5	3
PC261.5(d)	7	0	4	0
PC266i(b)	1	0	0	0
PC266j	0	0	2	0
PC269(A)(1)	0	0	1	0
PC269(A)(3)	1	0	0	0
PC269(A)(4)	0	0	0	0
PC269(A)(5)	0	0	0	0
PC271a	0	1	0	0
PC273a(1)	0	1	0	0
PC273a(2)	0	0	0	0
PC273a(a)	35	16	24	6
PC273a(a)(1)	0	0	0	0
PC273a(b)	5	68	6	37
PC273ab	1	0	0	0
PC273d(a)	6	10	6	18
PC278	0	0	0	0
PC278.5	0	1	1	0
PC278.5(a)	0	1	2	0
PC286(b)(1)	0	0	1	0
PC286(b)(2)	0	0	0	0
PC286(c)	2	0	0	0
PC288(a)	42	0	23	0
PC288(b)	1	0	0	0
PC288(c)	0	0	0	0
PC288.5	3	0	1	0
PC288a(b)(1)	2	1	2	0
PC288a(c)	0	0	0	0
PC289(h)	1	1	0	0
PC289(l)	1	0	0	0
PC289(j)	0	0	1	0
PC311.1(a)	0	0	0	0
PC311.11(a)	0	1	0	1
PC311.11(b)	0	0	0	1
PC311.4(b)	0	0	0	0
PC311.4(c)	0	0	0	0
PC647.6(a)	0	0	0	0
PC647.6(b)	1	0	0	0

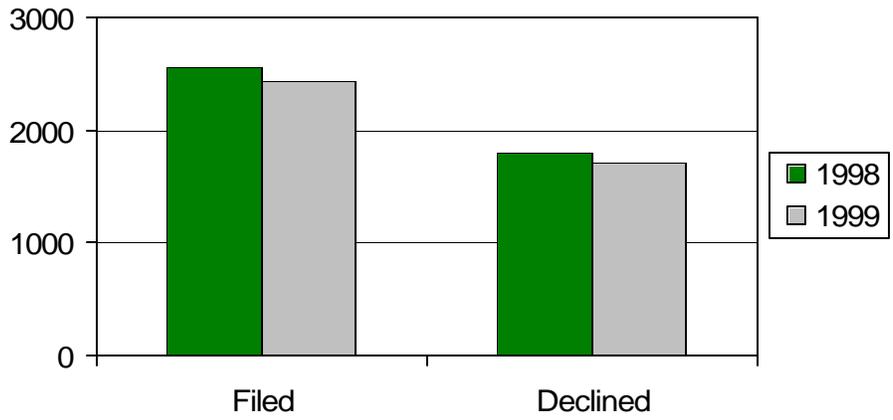
Figure 9-4

TOTAL CASES DECLINED FOR FILINGS FOR 1998 AND 1999

	CHARGE	NUMBER		CHARGE	NUMBER
PC187(a)	0	0	PC288(b)	0	5
PC207	1	6	PC288(c)	2	2
PC208	1	1	PC288.5	20	13
PC261.5(b)	34	29	PC288a(b)(1)	15	9
PC261.5(c)	146	214	PC288a(c)	12	1
PC261.5(d)	60	82	PC289(h)	3	3
PC266i(b)	0	0	PC289(l)	0	1
PC266j	5	0	PC289(j)	0	0
PC269(A)(1)	0	0	PC311.1(a)	0	0
PC269(A)(3)	0	0	PC311.11(a)	1	3
PC269(A)(4)	0	0	PC311.11(b)	0	2
PC269(A)(5)	0	0	PC311.4(b)	2	0
PC271a	2	2	PC311.4(c)	1	0
PC273a(1)	4	0	PC647.6(a)	7	10
PC273a(2)	0	0	PC647.6(b)	6	9
PC273a(a)	333	208			
PC273a(a)(1)	0	1			
PC273a(b)	43	42			
PC273ab	6	2			
PC273d(a)	72	57			
PC278	31	47			
PC278.5	46	89			
PC278.5(a)	87	68			
PC286(b)(1)	7	9			
PC286(b)(2)	1	3			
PC286(c)	7	2			
PC288(a)	813	783			

Figure 9-5

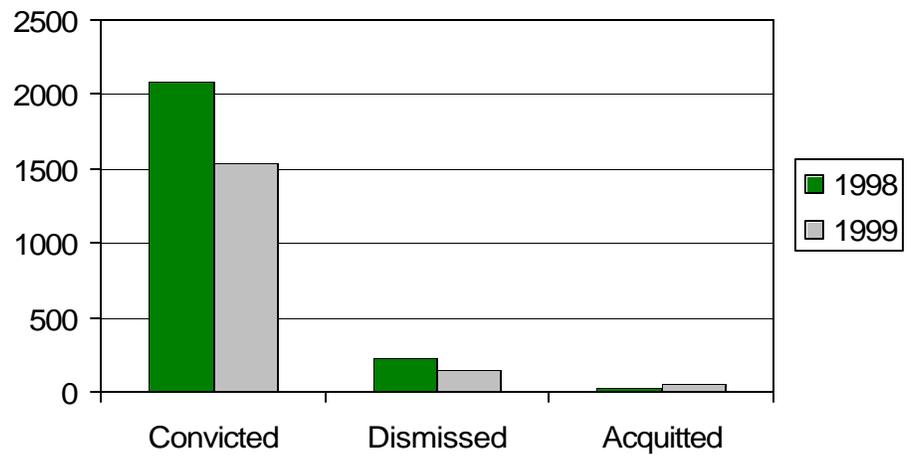
BAR CHART - FILED/DECLINED



	1998	1999
Filed	2556	2431
Declined	1808	1703

Figure 9-6

BAR CHART - CONVICTED/DISMISSED/ACQUITTED



	1998	1999
Convicted	2085	1535
Dismissed	225	151
Acquitted	31	51

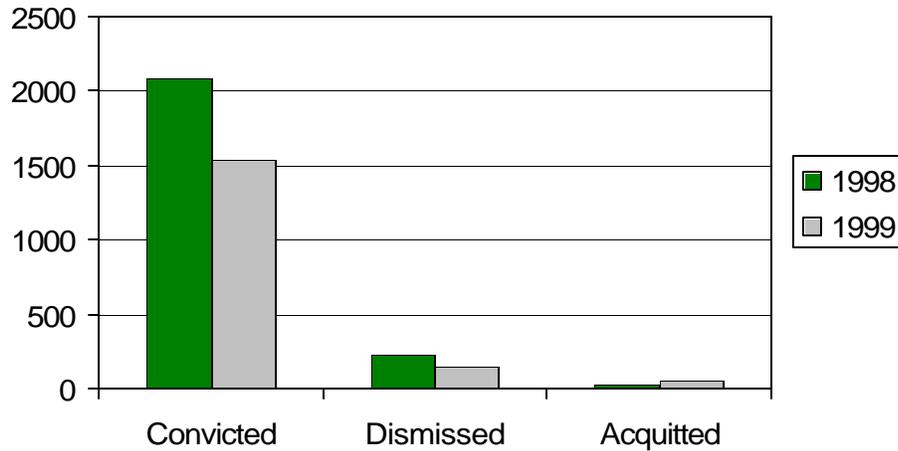
Figure 9-7

TOTAL CASES SENTENCED - LIFE/ STATE PRISON/ PROBATION

Sentence Type	1998	PERCENT	1999	PERCENT
Life	10	0.5%	9	0.4%
State Prison	714	34.3%	605	30.2%
Probation	1359	65.2%	1388	69.3%
Total	2083	100.0%	2002	100.0%

Figure 9-8

BAR CHART - SENTENCING



	1998	1999
Life	10	9
State Prison	714	605
Probation	1359	1388

Figure 9-9

TOTAL JUVENILE FILINGS BY CHARGE FOR 1999

	Felony	Misdemeanor		Felony	Misdemeanor
PC187(a)	4	0	PC288(b)	4	0
PC261.5(b)	0	16	PC288.5	2	0
PC261.5(c)	3	1	PC288a(b)(1)	6	0
PC271a	1	0	PC289(h)	3	0
PC273a(a)	17	0	PC289(i)	1	0
PC273a(b)	0	8	PC311.1(a)	1	0
PC273d(a)	4	0	PC311.11(a)	0	1
PC278	3	0	PC311.4(c)	1	0
PC286(b)(1)	1	0	PC647.6(b)	1	0
PC286(b)(2)	1	0			
PC288(a)	250	0			

Figure 9-10

TOTAL JUVENILE DECLINATIONS BY CHARGE FOR 1999

Charge	Felony	Misdemeanor
PC261.5(b)	0	23
PC261.5(c)	1	3
PC261.5(d)	7	0
PC273a(a)	6	0
PC278	3	0
PC286(b)(2)	2	0
PC288(a)	120	0
PC288(b)(1)	2	0
PC289(h)	3	0

Figure 9-11

1999 TOTAL FILINGS BY GENDER

Gender	Juvenile	Adult	Total	%Total
Female	4063	9589	13652	16.1%
Male	21732	49490	71222	83.9%
Corporation	1	16	17	0.0%
Unknown	0	11	11	0.0%
Total	25796	59106	84902	100.0%

Figure 9-12

1999 CHILD ABUSE AND NEGLECT STATUTES FILINGS BY GENDER

Gender	Juvenile	Adult	Total	%Total
Female	21	483	504	17.4%
Male	333	2052	2385	82.5%
Corporation	0	1	1	0.0%
Total	354	2536	2890	100.0%

Figure 9-13

1999 TOTAL JUVENILE FILINGS BY GENDER

Gender	Child Abuse Charges	%Child Abuse	All Charges	%All Charges
Female	21	5.9%	4063	15.8%
Male	333	94.1%	21732	84.2%
Corporation	0	0.0%	1	0.0%
Total	354	100.0%	25796	100.0%

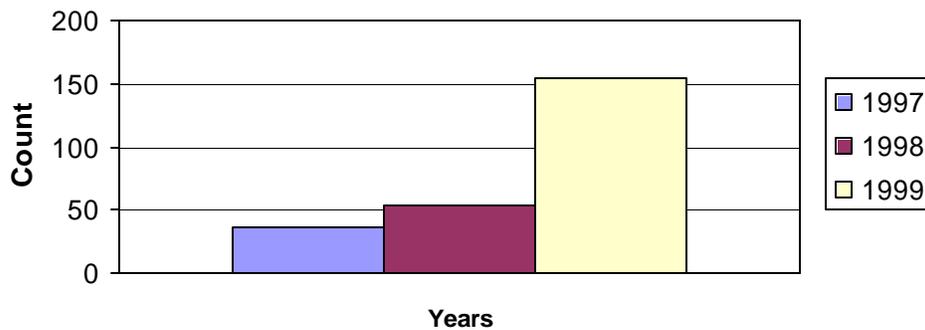
Figure 9-14

1999 ADULT FILINGS BY GENDER

Gender	Child Abuse Charges	%Child Abuse	All Charges	%All Charges
Female	483	19.0%	9589	16.2%
Male	2052	80.9%	49490	83.7%
Corporation	1	0.0%	16	0.0%
Unknown	0	0.0%	11	0.0%
Total	2536	100.0%	59106	100.0%

Figure 9-15

DRUG ENDANGERED CHILD FILINGS BY YEAR



Year	Count
1997	36
1998	54
1999	154

Figure 9-16

1998/1999 STATUTORY RAPE VERTICAL PROSECUTION UNIT FILINGS

	1998	1999		1998	1999
PC261.5(c)	116	218	PC286(b)(1)	4	0
PC261(c)(1)	2	0	PC286(b)(2)	1	0
PC261.5(d)	63	72	PC288.5	1	1
PC288(a)	56	124	PC422	2	2
PC288a(b)(1)	11	14	PC242	1	0
PC288a(b)(2)	12	18	PC245(a)(1)	1	0
PC288(c)(1)	32	58	PC289(i)	4	4
PC243(e)(1)	4	1	PC11351.5	1	0
PC289(h)	8	6	PC12021(a)(1)	1	0
PC273.5(a)	7	10			
PC272	1	0			
PC290(g)(1)	1	0			

Figure 9-17

ZIP CODE

ZIP CODE	COUNT	ZIP CODE	COUNT
90045	4	90802	118
91801	39	90262	80
93534	246	90265	15
90706	43	90650	50
90210	14	90012	66
90012	42	91355	61
90231	13	91101	100
90012	3	91766	84
91331	1	91016	1
90012	31	91340	75
90220	109	90012	4
90242	55	90401	9
90022	41	90012	274
91731	116	90012	3
90007	56	90503	101
90012	204	91401	84
91205	76	91790	111
90255	111	90602	54
90301	39	90025	66

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 dol-



lars, 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.

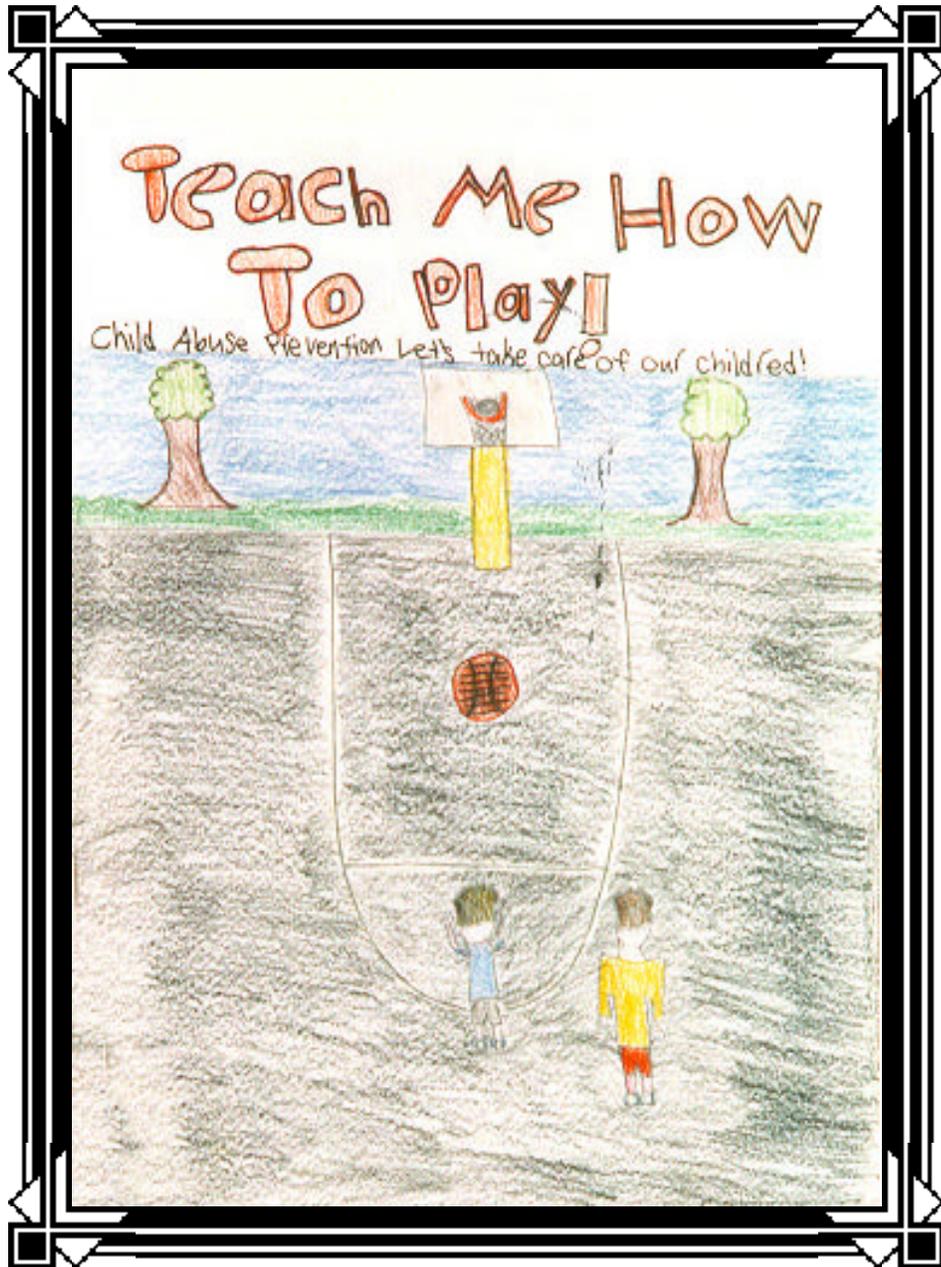
311.11(a) PC - Possession or control of matter depicting minor engaging or simulating sexual conduct

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



JASON KEILTY
EKSTRAND

PROBATION DEPARTMENT

It is the mission of the Probation Department to protect the community by recommending sanctions to the courts; enforcing court orders; operating correctional institutions; incarcerating delinquents; and designing/implementing additional programs to reduce crime and ensure victims rights. As a criminal justice agency, the Department has expanded to become the largest probation department in the world.

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.

CHILD ABUSE REFERRALS

The Department prepares pre-sentence investigation reports on persons referred by the superior and municipal courts in Los Angeles County. These reports assist bench officers in making suitable dispositions. If placed on formal probation, deferred entry of judgement, or on diversion, probationers are supervised by a Deputy Probation Officer (DPO).

INVESTIGATION SERVICES

Both adults (age 18 and older) and juveniles (under age 18 at time of commission of crime) may be referred to the Department for investigation. Adults are referred by the criminal courts while juveniles are referred from law enforcement agencies, schools, parents, or other interested community

sources. The DPO provides the courts with a referee's social and criminal history, statements from victims and other interested parties, and an analysis of the current circumstances. Recommendations are submitted to the court based on statutory mandates and an assessment of the information available at the time of sentencing.

SPECIALIZED SUPERVISION PROGRAM: Child Threat

Specialized child abuse services consist of 28 Child Threat (CT) 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 Adult Child Abuse referrals received by the Department, 31.5% were granted probation; of the Juvenile Child Abuse referrals received by the Department, 33.5% 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 occasional alternatives (by mail or telephone) are approved in advance by the DPO's supervisor. Indications of any mistreatment of the victim or other child result in referral for further investigation or in return to court 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 serve the needs of these probationers and their children. In 1999, 30 pregnant women were supervised by the Peri-natal caseload DPO. During this reporting period, there were two miscarriages and two abortions, and five bench warrants issued for non-reporting. Also during this reporting period, 14 women gave birth; 15 newborns were drug free, four were non-drug free, and two 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 1999, the Post-natal caseload DPO supervised 85 parenting women. During this reporting period, 21 women completed the program, 8 were returned to court and ordered into a Residential Treatment program. Eighteen women were terminated for non-compliance.

SIGNIFICANT FINDINGS

A comparative analysis was conducted between the reporting year (1999) and previous year (1998) 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

- 50% increase (4 to 6) in Physical Abuse referrals
- 31% decrease (29 to 20) in General Neglect referrals
- 200% increase (1 to 3) in Caretaker Absence referrals
- 6.3% decrease (16 to 15) in Severe Neglect referrals
- 2.3% decrease (814 to 795) in Sexual Abuse referrals
- Sexual Abuse represented 795 of 856 (92.9%) referrals in 1999
- 3.1% decrease overall (883 to 856) from 1998 to 1999

CHILD ABUSE REFERRALS - JUVENILE

- 300% increase (1 to 4) in Physical Abuse referrals
- 1.2% decrease (421 to 416) in Sexual Abuse referrals
- 12.5% decrease (8 to 7) in Severe Neglect referrals
- From no Exploitation referrals in 1998 to 3 in 1999
- 50% decrease (2 to 1) in Caretaker Absence referrals
- 0.9% decrease overall (437 to 433) from 1998 to 1999

CHILD ABUSE REFERRALS BY AGE - ADULT AND JUVENILE

- 23.7% decrease (59 to 45) in adults under age 20
- 13.5% decrease (155 to 134) in adults, ages 30-34
- 25.8% increase (120 to 151) in adults, ages 35-39
- 9.8% decrease (112 to 101) in adults, ages 40-44
- 10.6% decrease (104 to 93) in adults over age 49
- 12.5% decrease (16 to 14) in juveniles under age 11
- 6.7% increase (15 to 16) in juveniles age 11
- 15.6% decrease (32 to 27) in juveniles age 12
- 21.8% increase (55 to 67) in juveniles age 13
- 4.7% increase (64 to 67) in juveniles age 14
- 23.8% decrease (84 to 64) in juveniles age 15
- 17.5% increase (63 to 74) in juveniles age 16
- 5.6% decrease (36 to 34) 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 AND JUVENILE

- 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
- 120% increase (5 to 11) involving juveniles of Other ethnicity
- 44.4% decrease (135 to 75) involving juvenile African Americans
- 33.3% decrease (3 to 2) involving juveniles of Unknown ethnicity
- 26.8% increase (220 to 279) involving juvenile Latinos
- 12.3% decrease (73 to 64) involving juvenile Whites
- No change from 1998 to 1999 (1 to 1) involving juvenile Asian/Pacific Islanders
- From 0 to 1 referral involving juvenile American Indians

Figure 10-1

ETHNICITY OF JUVENILES UNDER SUPERVISION FOR CHILD ABUSE OFFENSES

ETHNICITY	TOTAL	PERCENT
African American	153	28.8
American Indian	1	0.2
Asian/Pacific Islander	0	0.0
Latino	298	56.2
White	64	12.1
Others	10	1.9
Unknown	4	0.8
Total	530	100.0

Figure 10-2

ETHNICITY OF ADULTS UNDER SUPERVISION FOR CHILD THREAT OFFENSES

ETHNICITY	TOTAL	PERCENT
African American	355	16.9
American Indian	2	0.1
Asian/Pacific Islander	54	2.6
Latino	1,106	52.8
White	501	23.9
Other	53	2.5
Unknown	26	1.2
Total	2,097	100.0

Figure 10-3

CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1999

OFFENSE TYPE	JUVENILE	PERCENT	ADULT	PERCENT	TOTAL
Physical Abuse	4	0.9	6	0.7	10
Sexual Abuse	416	96.1	795	92.8	1,211
Exploitation	3	0.7	17	2.0	20
General Neglect	2	0.5	20	2.3	22
Caretaker Absence	1	0.2	3	0.4	4
Severe Neglect	7	1.6	15	1.8	22
Total	433	100.0	856	100.0	1,289
Percent	33.6		66.4		100.0

Figure 10-4

ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1999

By Area Office and Gender

AREA OFFICE	MALE	FEMALE	TOTAL
Central Adult Investigation	228	14	242
County Parole	4	2	6
East San Fernando Valley ¹	150	3	153
Foothill	45	4	49
Harbor	57	1	58
Long Beach	45	2	47
Pomona Valley	68	1	69
Rio Hondo	60	3	63
San Gabriel Valley	33	1	34
Santa Monica	56	3	59
South Central	75	1	76
Total	821	35	856
Percent	95.9	4.1	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 1999.

Figure 10-5

JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1999

By Area Office and Gender

AREA OFFICE	MALE	FEMALE	TOTAL
Antelope Valley	33	0	33
Centinela	18	1	19
Crenshaw	40	3	43
East Los Angeles	7	0	7
E. San Fernando Valley/Valencia	4	0	4
Firestone	27	5	32
Foothill	23	2	25
Harbor	19	3	22
Kenyon Juvenile Justice Ctr.	14	1	15
Long Beach	17	1	18
North Hollywood	47	0	47
Northeast Juvenile Justice Ctr.	19	1	20
Pomona Valley	19	1	20
Rio Hondo	42	5	47
San Gabriel Valley	33	3	36
Santa Monica	17	1	18
South Central	26	1	27
Total	405	28	433
Percent	93.5	6.5	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 1999.

Figure 10-6

ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1999

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	17	34	25	23	21	20	13	11	164	
American Indian	0	0	0	0	0	0	0	0	0	
Asian/Pacific Islander	1	4	1	3	2	0	1	1	13	
Latino	24	101	75	85	95	59	20	52	511	
White	1	5	18	20	28	18	25	26	141	
Other	1	4	3	2	3	3	2	2	20	
Unknown	1	1	0	1	2	1	0	1	7	
Total	45	149	122	134	151	101	61	93	856	
Percent	5.3	17.4	14.2	15.7	17.6	11.8	7.1	10.9	100.0	

Figure 6 reflects the number of adult referrals, by age and ethnicity, received by the Probation Department for child abuse offenses in 1999.

Figure 10-7

JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1999

By Age and Ethnicity

ETHNICITY	Under									18 and Over	Total
	11	11	12	13	14	15	16	17			
African American	4	3	4	15	13	12	9	11	4	75	
American Indian	0	0	0	0	1	0	0	0	0	1	
Asian/Pacific Islander	0	0	0	1	0	0	0	0	0	1	
Latino	9	9	18	38	42	43	51	49	20	279	
White	1	4	5	11	7	9	9	9	9	64	
Other	0	0	0	2	3	0	4	1	1	11	
Unknown	0	0	0	0	1	0	1	0	0	2	
Total	14	16	27	67	67	64	74	70	34	433	
Percent	3.2	3.7	6.2	15.5	15.5	14.8	17.0	16.2	7.9	100.0	

Figure 7 reflects the number of juvenile referrals by age and ethnicity received by the Probation Department for child abuse offenses in 1999.

Figure 10-8

ADULT CHILD THREAT WORKLOAD PER AREA OFFICE AS OF DECEMBER 1999

AREA OFFICE	Number of Defendants	Number of Defendants on C/T Caseloads	Number of C/T DPOs
Centinela	150	128	2
Crenshaw	302	301	3
East Los Angeles	120	118	2
E. San Fernando Valley	343	343	4
Firestone	168	168	2
Foothill	156	156	2
Harbor	111	111	2
Long Beach	125	124	1
Pomona Valley	142	142	2
Rio Hondo	136	136	3
San Gabriel Valley	138	138	2
Santa Monica	79	79	1
South Central	127	126	2
Total	2,097	2,070	28
Average	---	73.9	---

Figure 10-9

ADULT CHILD ABUSE OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 1999

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50 and Over	Total
African American	18	46	56	72	53	48	24	38	355
American Indian	0	0	0	1	0	0	0	1	2
Asian/Pacific Islander	0	7	8	6	7	11	8	7	54
Latino	35	252	200	175	151	109	76	108	1,106
White	2	51	51	76	97	64	51	109	501
Other	0	6	6	11	5	11	9	5	53
Unknown	0	5	4	4	4	3	2	4	26
Total	55	367	325	345	317	246	170	272	2,097
Percent	2.6	17.5	15.5	16.5	15.1	11.7	8.1	13.0	100.0

Figure 9 reflects the number of adult cases, by age and ethnicity, supervised by the Probation Department for child abuse offenses in 1999.

Figure 10-10

JUVENILE CHILD ABUSE OFFENSE SUPERVISION CASES AS OF DECEMBER 1999
By Age and Ethnicity

ETHNICITY	Under 11	11	12	13	14	15	16	17	18 and Over	Total
African American	0	0	4	11	11	22	34	34	37	153
American Indian	0	0	0	0	0	1	0	0	0	1
Asian/Pacific Islander	0	0	0	0	0	0	0	0	0	0
Latino	0	2	5	20	28	47	66	70	60	298
White	0	0	1	6	9	7	11	17	13	64
Other	0	0	0	0	2	2	2	4	0	10
Unknown	0	0	0	0	0	0	0	2	2	4
Total	0	2	10	37	50	79	113	127	112	530
Percent	0.0	0.4	1.9	7.0	9.4	14.9	21.3	24.0	21.1	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 1999.

Figure 10-11

**1999 CHILD ABUSE OFFENSE GRANTS OF PROBATION BY AREA OFFICE
ADULT AND JUVENILE**

AREA OFFICE	ADULTS	JUVENILES	TOTAL
Antelope Valley	0	12	12
Central Adult Investigation	6	0	6
Centinela	14	8	22
Crenshaw	39	12	51
East Los Angeles	15	4	19
East San Fernando Valley	39	0	39
Firestone	22	7	29
Foothill	22	11	33
Harbor	3	9	12
Kenyon Juvenile Justice Center	0	4	4
La Madera	3	0	3
Long Beach	23	6	29
North Hollywood	0	20	20
Northeast Juvenile Justice Center	0	10	10
Pomona Valley	23	5	28
Rio Hondo	20	8	28
San Gabriel Valley	16	9	25
Santa Monica	9	6	15
South Central	16	11	27
Valencia	0	3	3
Total	270	145	415

ICAN DATA ANALYSIS REPORT FOR 2000



Of the 856 Adult Child Threat offense referrals received in 1999, 270 (31.5%) resulted in a formal grant of 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.

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.

Of the 433 Juvenile Child Abuse offense referrals received in 1999, 145 (33.5%)

ADULT SUPERVISION CASES BY SUPERVISION AREA OFFICE AND PROBATIONER ZIP CODE*

CENTINELA	CASES	CRENSHAW	CASES
90007	1	10466	1
90018	1	20017	1
90019	1	38109	1
90037	1	76110	1
90043	10	79903	1
90044	27	85020	1
90045	8	90001	1
90047	17	90002	1
90059	1	90003	2
90220	3	90004	22
90222	1	90005	12
90245	2	90006	21
90247	8	90007	14
90248	2	90008	6
90249	5	90011	1
90250	18	90012	6
90260	2	90014	1
90280	1	90015	3
90293	1	90016	18
90301	12	90017	3
90302	5	90018	20
90303	8	90019	18
90304	8	90020	2
90305	3	90021	2
90501	1	90025	1
90503	1	90026	24
92653	1	90027	3
93550	1	90028	12
TOTAL DEFENDANTS	150	90029	11



PROBATION DEPARTMENT

90031	1	EAST LOS ANGELES	CASES
90037	25	45209	1
90038	7	90011	1
90042	2	90019	1
90043	1	90022	13
90046	1	90023	14
90047	1	90031	7
90057	8	90032	8
90062	6	90033	10
90063	1	90040	3
90065	1	90063	11
90068	1	90065	1
90220	1	90201	1
90255	1	90605	1
90621	1	90620	1
90680	1	90640	9
90802	1	90650	1
91204	1	90660	1
91303	1	90723	1
91406	1	91731	1
91602	1	91754	4
91706	1	91770	5
91730	1	91775	1
91764	1	91776	9
92019	1	91801	10
92551	1	91803	4
92676	1	92807	1
92804	1	TOTAL DEFENDANTS	120
93021	1		
93065	1	EAST SAN FERNANDO VALLEY	CASES
93550	1	84097	1
97006	1	90022	1
TOTAL DEFENDANTS	285	90086	1
		90290	1
		90503	1
		90620	1
		91302	1
		91303	3
		91304	5
		91306	9
		91311	3


ICAN DATA ANALYSIS REPORT FOR 2000

91316	2	EAST SAN FERNANDO	
91324	1	ANTELOPE VALLEY	CASES
91325	1	85213	1
91326	1	90042	1
91331	24	91343	1
91335	11	91350	1
91340	1	91403	1
91341	2	92621	1
91342	2	93307	1
91343	7	93510	2
91344	2	93534	16
91345	4	93535	22
91352	6	93536	12
91356	2	93539	2
91364	3	93543	6
91367	3	93550	34
91401	6	93551	4
91402	7	93552	3
91405	7	93553	1
91406	3	93560	2
91411	5	93584	1
91423	2	93591	1
91504	1	TOTAL DEFENDANTS	113
91601	3		
91602	1	EAST SAN FERNANDO	
91604	1	VALENCIA	CASES
91605	10	90046	1
91606	9	91303	1
91607	2	91311	1
91744	1	91321	5
91786	1	91331	1
91910	1	91340	4
92640	1	91342	11
93010	2	91350	6
93063	1	91351	15
93065	1	91355	2
93535	1	91384	2
93550	2	91402	1
TOTAL DEFENDANTS	167	91732	1
		93534	1
		93535	1
		93550	3
		TOTAL DEFENDANTS	56



PROBATION DEPARTMENT

FIRESTONE	CASES	91001	7
90001	22	91010	1
90002	5	91011	3
90003	25	91020	1
90011	34	91040	3
90016	3	91042	8
90017	1	91101	3
90018	1	91103	13
90029	1	91104	16
90043	1	91106	4
90044	4	91107	5
90058	2	91109	1
90059	13	91201	1
90061	5	91202	2
90062	1	91203	3
90201	14	91204	5
90240	1	91205	8
90242	1	91206	5
90255	24	91214	2
90270	2	91306	1
90706	1	91342	1
90713	1	91405	1
91732	1	91501	7
91750	1	91502	2
91791	1	91504	7
92706	1	91505	4
93550	1	91602	1
96901	1	91607	1
TOTAL DEFENDANTS	168	91702	1
		91706	2
FOOTHILL	CASES	92324	1
90004	1	92546	1
90017	1	92646	1
90031	1	92690	1
90036	1	92868	1
90039	3	93550	1
90041	3	94587-6642	1
90042	6	98042	1
90057	1	TOTAL DEFENDANTS	154
90062	1		
90065	8		
90701	1		


ICAN DATA ANALYSIS REPORT FOR 2000

HARBOR	CASES	90505	1
84054	1	90621	2
85268	1	90704	1
86401	1	90710	1
90025	1	90712	2
90220	1	90713	5
90250	2	90715	1
90254	1	90716	1
90266	4	90723	1
90274	4	90731	6
90275	4	90732	2
90277	7	90740	1
90278	10	90744	15
90378	1	90802	14
90406	1	90803	1
90501	14	90804	9
90502	7	90805	7
90503	8	90806	12
90504	6	90807	3
90505	9	90808	2
90710	2	90810	8
90717	10	90813	11
90731	1	90814	1
90807	1	90815	3
91205	1	90816	1
91423	1	92507	1
91740	1	92557	1
91752	1	95650	1
92377	1	98532	1
92530	1	TOTAL DEFENDANTS	120
92627	1		
92646	1	POMONA VALLEY	CASES
92684	1	90011	1
96732	1	90026	1
99999	1	90720	1
TOTAL DEFENDANTS	108	91106	1
		91214	1
LONG BEACH	CASES	91701	3
90044	1	91702	1
90242	1	91709	3
90247	2	91710	2
90262	1	91711	5



PROBATION DEPARTMENT

91722	9	RIO HONDO	CASES
91723	3	85335	1
91724	1	90022	1
91730	1	90043	1
91740	6	90201	1
91741	2	90240	2
91744	1	90241	7
91750	13	90242	11
91761	1	90255	1
91762	4	90601	4
91763	2	90602	4
91764	1	90603	1
91765	2	90604	8
91766	20	90605	5
91767	14	90606	5
91768	12	90631	4
91770	1	90638	6
91773	8	90640	1
91786	3	90650	12
91789	3	90660	13
91791	1	90670	5
92277	1	90701	5
92335	1	90703	1
92370	1	90706	14
92376	3	90712	2
92509	1	90715	1
92557	1	90716	3
92805	1	90723	1
92821	1	91350	1
92831	1	91709	1
93060	1	91720	1
93301	1	92264	1
93445	1	92376	1
TOTAL DEFENDANTS	141	92551	1
		92553	1
		92626	1
		92641	1
		92692	1
		92802	2
		92879	1
		93307	1
		93550	1
		TOTAL DEFENDANTS	135


ICAN DATA ANALYSIS REPORT FOR 2000

SOUTH CENTRAL	CASES	SAN GABRIEL VALLEY	CASES
30083	1	87108	1
90001	1	90044	1
90011	1	90254	1
90013	1	90280	1
90015	1	91001	1
90045	1	91006	3
90059	1	91007	2
90201	1	91010	4
90220	13	91016	5
90221	15	91104	1
90222	8	91702	9
90242	1	91706	8
90255	1	91722	1
90262	18	91723	2
90280	22	91731	11
90302	1	91732	17
90303	1	91733	10
90650	1	91744	18
90713	1	91745	3
90723	11	91746	4
90745	10	91748	6
90746	3	91755	1
90802	1	91766	1
90806	1	91770	2
90813	1	91775	1
91335	1	91776	1
92131	1	91780	4
92557	1	91790	3
92802	1	91791	4
92840	1	91792	6
92868	1	91801	2
93661	1	92570	1
95380	1	97443	1
TOTAL DEFENDANTS	125	98023	1
		TOTAL DEFENDANTS	137

SANTA MONICA

CASES

**Non-California zip codes reflect those probationers who are residing out-of-state on ISC (Inter-State Compact) agreement, pursuant to 11175 PC-11179 PC. There are also probationers with non-LA County zip codes. A probationer may fall into one of several categories:*

- 1. Resides in another county, but supervised by LA (may be pending 1203.9 transfer out)*
- 2. Resides in another county and supervised by another county, but on probation to LA County (courtesy supervision)*
- 3. Resides in another county and pending acceptance by LA county for jurisdictional transfer (1203.9 PC)*

34145	1
85234	1
90024	1
90025	4
90029	1
90034	7
90035	3
90036	1
90046	8
90048	2
90057	1
90064	1
90066	10
90069	2
90212	1
90230	8
90232	6
90264	1
90291	2
90402	1
90404	3
90405	2
90810	1
91301	2
91302	1
91311	1
91362	1
92660	1
93063	1
93535	1
95820	1
98029	1
TOTAL DEFENDANTS	78

REPORT TOTAL 2,057

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

Diversions - 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 following case intake investigation of a referral, or ordered by the juvenile court without adjudication or declaration of wardship; it is a lesser sanction and avoids formal hearings, conserving the time of the DPO, court staff and parents and is seen as less damaging to a minor's record

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

Investigation - the process of investigating the factors of the offense(s) committed by a minor/adult, his/her social and criminal history, gathering offender, victim and other interested party input, and analyzing the relevant circumstances, culminating in the submission of recommendations to the court regarding sanctions and rehabilitative treatment options

Judgment - the official, recorded judicial decision of a court on a case to be disposed of

Juvenile - a person who is a minor by virtue of his/her being under the age of legal consent (18 years)

Juvenile Court - a department of the LA County Superior Court which has special jurisdiction (of a paternal nature) over, and hears cases involving, juveniles; including delinquent, status offender, dependent and neglected children

Minor - a person under the age of legal consent (18 years)

Narcotic Testing - the process whereby a probationer must submit, by court order, to a drug test as directed, to detect and deter controlled substance abuse

Pre-Sentence Report - a written report made to the adult court by the DPO and used as a vehicle to communicate a defendant's situation and the DPO's recommendations regarding sentencing and treatment options to the judge prior to sentencing; becomes the official position of the Probation Department

Probation Grant - the act of bestowing and placing offenders (adults convicted of a crime and juveniles with allegations sustained at adjudication) on formal probation by a court of law and charging Probation with their supervisorial care to ensure the fulfillment of certain conditions of behavior

Probation Violation - when the orders of the court are not followed or the probationer is re-arrested and charged with a new offense

Probationer - minor or adult under the direct supervision of a Deputy Probation Officer, usually with instructions to periodically report in as directed

Referral - the complaint against the juvenile from law enforcement, parents or school requesting Probation intervention into the case, or a criminal court order directing Probation to perform a thorough investigation of a defendant's case following conviction, and present findings and recommendations in the form of a pre-sentence report

Residential Treatment Program - This program is also referred to as the Camp Community Placement program. It provides intensive intervention in a residential setting

over an average stay of 20 weeks. The 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



TWILAH F.
THE H.E.L.P. GROUP/NEW SCHOOL

DEPARTMENT OF JUSTICE

CHILD ABUSE PROGRAM

FACT SHEET

FOR CHILD ABUSE PROGRAM

Each year in California, approximately 45,000 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 child protective agencies (CPA's - police or sheriff's departments, county welfare and county probation departments). These reports pertain to incidents in which physical abuse, sexual abuse, emotional abuse, and/or severe neglect is alleged. Each CPA 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 child protective 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 agencies defined as "child protective agencies" under the Child Abuse and Neglect Reporting Act, 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.


ICAN DATA ANALYSIS REPORT FOR 1999

DATE PROGRAM ESTABLISHED

Child Abuse Central Index - 1965

INVESTIGATION REPORTS

Refer to Figure 1.

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 CPAs reporting to DOJ and the dissemination of information from CACI to authorized agencies.

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 11-1

CHILD ABUSE INVESTIGATION REPORTS

Entered in the Automated Child Abuse System

Types of Abuse	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Physical	27,648	29,391	31,527	30,815	30,766	27,085	26,709	24,113	21,318	21,693
Sexual	19,699	19,577	21,603	20,731	20,151	15,487	14,491	12,217	9,851	10,552
Neglect/Mental	5,622	4,929	5,430	5,517	5,666	5,744	6,619	6,501	9,490	11,394
Other	267	231	93	0	0	0	0	N/A	N/A	N/A
TOTALS	53,236	54,128	58,653	57,063	56,583	48,316	47,819	42,831	40,659	43,639

Approximate number of available reports in the Child Abuse Central Index as of April 1, 2000.

Cases: 799,330
 Suspect names: 849,856
 Victim names: 1,058,179

**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 11170.9(a)(3), the Department of Justice commenced the monthly purge of Child Abuse Investigation Reports. If the investigation 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 II-2

CHILD ABUSE INVESTIGATION REPORTS

Entered in the Automated Child Abuse System

County	Total	Physical	Mental	Neglect	Sexual	Deaths
Alameda	742	475	17	12	238	0
Alpine	0	0	0	0	0	0
Amador	1	1	0	0	0	0
Butte	543	288	114	9	132	0
Calaveras	87	53	8	3	23	1
Colusa	3	2	1	0	0	0
Contra Costa	641	354	105	41	141	0
Del Norte	63	27	4	7	25	0
El Dorado	95	48	7	2	38	0
Fresno	736	411	64	33	228	0
Glenn	35	25	3	0	7	0
Humboldt	197	121	11	2	63	0
Imperial	29	18	8	0	3	0
Inyo	47	18	12	6	11	0
Kern	1,292	861	78	26	327	2
Kings	63	32	3	2	26	0
Lake	68	20	4	0	44	0
Lassen	39	23	1	0	15	0
Los Angeles	8,100	4,368	1,229	305	2,198	14
Madera	236	139	23	10	64	0
Marin	115	63	9	3	40	0
Mariposa	0	0	0	0	0	0
Mendocino	232	134	42	7	49	0
Merced	165	70	18	6	71	0
Modoc	25	11	3	0	11	0
Mono	2	1	0	0	1	0
Monterey	357	177	33	6	141	0
Napa	192	147	4	0	41	0
Nevada	47	19	11	2	15	0
Orange	7,299	2,948	2,835	204	1,312	2
Placer	340	158	104	11	67	0
Plumas	96	48	13	7	28	1
Riverside	1,677	863	238	101	475	0
Sacramento	2,322	1,425	170	158	569	1
San Benito	108	70	18	3	17	0



ICAN DATA ANALYSIS REPORT FOR 2000

County	Total	Physical	Mental	Neglect	Sexual	Deaths
San Bernardino	2,279	1,150	204	157	768	1
San Diego	8,404	3,386	3,371	292	1,355	6
San Francisco	170	82	4	6	78	0
San Joaquin	623	377	32	15	199	0
San Luis Obispo	413	184	133	13	83	0
San Mateo	433	263	47	10	113	2
Santa Barbara	821	318	269	118	116	0
Santa Clara	701	335	67	25	274	0
Santa Cruz	238	111	45	9	73	0
Shasta	344	229	17	22	76	0
Sierra	2	1	0	0	1	0
Siskiyou	33	13	5	1	14	0
Solano	349	208	13	14	114	0
Sonoma	249	122	24	4	99	0
Stanislaus	670	378	18	9	265	0
Sutter	132	81	23	4	24	0
Tehama	27	10	0	1	16	0
Trinity	0	0	0	0	0	0
Tulare	96	27	4	2	63	0
Tuolumne	128	84	30	2	12	0
Ventura	1,314	794	187	23	310	0
Yolo	107	61	3	3	40	0
Yuba	112	61	7	5	39	0
TOTALS*	43,639	21,693	9,693	1,701	10,552	30

GLOSSARY OF TERMS

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

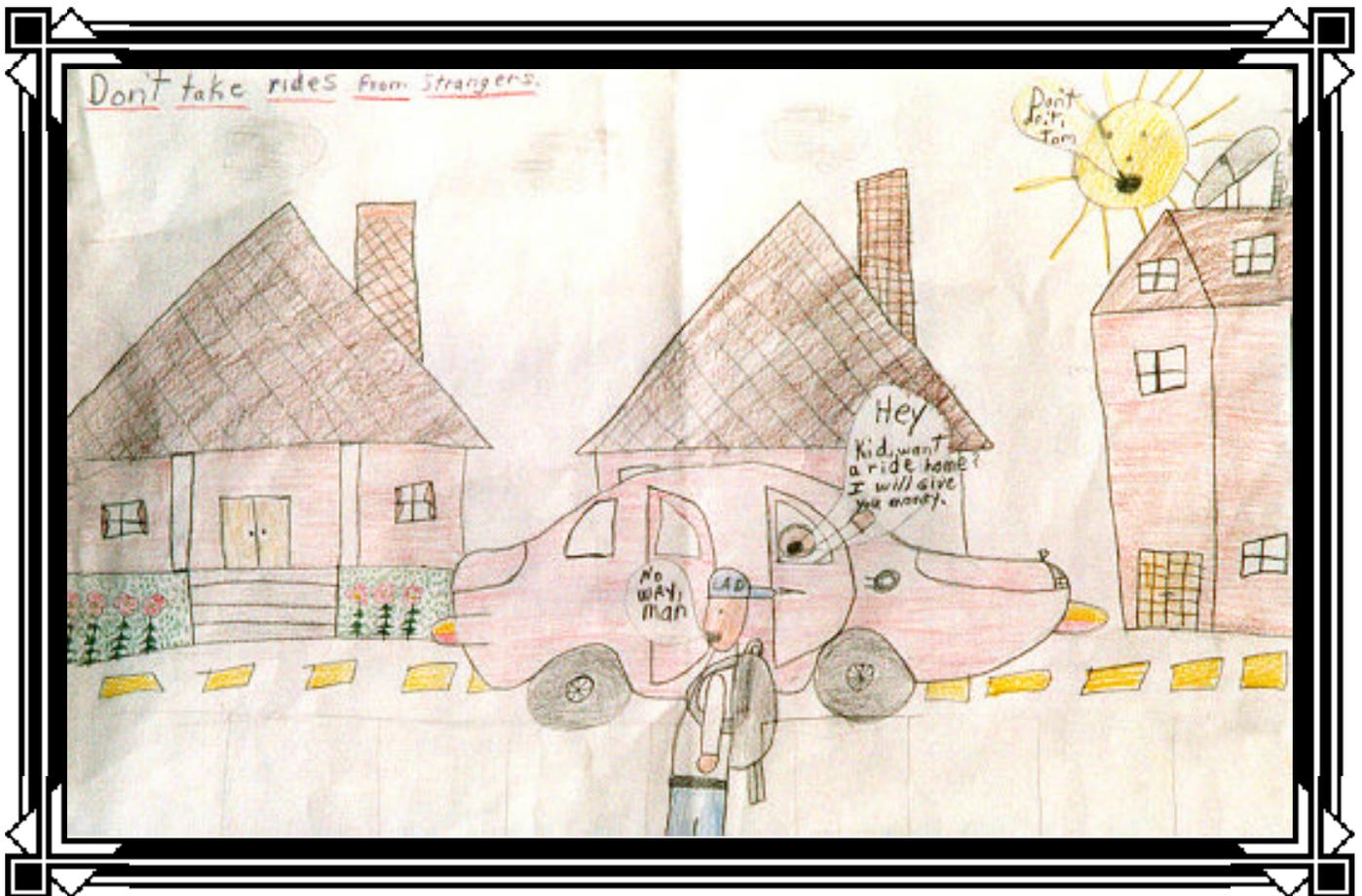
CACI - Child Abuse Central Index. The common name for the ACAS.

CPA - Child Protective Agency. Defined by Penal Code Section 11165.9 as a police or sheriff's department, a county probation department, or a county welfare department.





DEPARTMENT OF CORONER



KRISTIAN COLON
LYDIA JACKSON

DEPARTMENT OF CORONER

1999 ICAN REPORTED CASES

In 1999, 18,204 deaths were reported to the Los Angeles County Coroner. Of these cases, 9,135 were fully investigated and autopsied. Of the 9,135 cases, 611, or 6.7% of those deaths were child deaths; down from 6.9% of cases investigated in 1998. After a review of the cases based on the

ICAN established criteria, of the total child deaths reported, 268 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. This is a report of the 268 referred child deaths for the calendar year 1999.

Figure 12-1

DEPARTMENT OF CORONER

Case Comparison

By Mode of Death:	Total cases	% of total
Accident	134	50.00
Homicide	50	18.66
Suicide	27	10.07
Undetermined	<u>57</u>	<u>21.27</u>
Total	268	100%

By Gender:	Total Cases	% of Total
Female	115	42.91
Male	<u>153</u>	<u>57.09</u>
Total	268	100%

By Ethnicity:	Total Cases	% of Total
American Indian	1	0.37
Asian	13	4.85
African American	57	21.27
Caucasian	68	25.37
Chinese	2	0.75
Hispanic	119	44.40
Japanese	1	0.37
Korean	1	0.37
Unknown	<u>6</u>	<u>2.24</u>
Total	268	100%

A protocol established between ICAN and the Coroner in 1995 specifies that special categories of death of children under age 12 are reported to ICAN as well as Suicides, Homicide by Carateaker, and Drowning through age 17 years.



Figure 12-2

DEPARTMENT OF CORONER

Total ICAN Cases Reported: 268

Deaths by Age:

Age	Total cases	% of total
Stillborn	77	28.73
1 day –29 days	4	1.49
1 – 5 months	15	5.60
6 months – 1 year	40	14.93
2 years	21	7.84
3 years	18	6.72
4 years	8	2.99
5 years	9	3.36
6 years	6	2.24
7 years	7	2.61
8 year	3	1.12
9 years	7	2.61
10 years	8	2.99
11 years	5	1.87
12 years	13	4.85
13 years	1	0.37
14 years	4	1.49
15 years	2	0.75
16 years	8	2.99
17 years	<u>12</u>	<u>4.48</u>
Total	268	100%

Figure 12-3

MODE OF DEATH: ACCIDENT

Total Accident Cases: 134

This section details the manner of death further broken down by age, sex, ethnicity and cause of death.

By Gender:	Total Cases	% of Total
Female	57	42.54
Male	<u>77</u>	<u>57.46</u>
Total	134	100%

By Ethnicity:	Total Cases	% of Total
American Indian	1	0.75
Asian	8	5.97
African American	24	17.91
Caucasian	31	23.13
Hispanic	68	50.75
Korean	1	0.75
Unknown	<u>1</u>	<u>0.75</u>
Total	134	100%

Deaths by Age:	Total Cases	% of Total
Stillborn	29	21.64
1 day - 29 days	2	1.49
1 - 5 months	6	4.48
6 months - 1 year	23	17.16
2 years	14	10.45
3 years	11	8.21
4 years	3	2.24
5 years	7	5.22
6 years	5	3.73
7 years	5	3.73
8 years	2	1.49
9 years	6	4.48
10 years	6	4.48
11 years	5	3.73
12 years	7	5.22
14 years	1	0.75
15 years	1	0.75
16 years	<u>1</u>	<u>0.75</u>
Total	134	100%



Figure 12-3 cont.

MODE OF DEATH: ACCIDENT

Total Accident Cases: 134

By Cause of Death	Total Cases	% of Total
ASPHYXIA	10	7.46
AUTO VS BICYCLE	2	1.49
AUTO VS PEDESTRIAN	24	17.91
AUTO VS AUTO	20	14.93
BLUNT FORCE TRAUMA	2	1.49
CAUGHT BETWEEN OBJECTS	1	0.75
CAUSED BY ANIMALS	1	0.75
DROWNING	24	17.91
DRUGS	9	6.72
FALLS	2	1.49
FIRES - Smoke Inhalation	8	5.97
INTRAUTERINE PREGNANCY	1	0.75
MATERNAL DRUG DEPENDCE*	9	6.72
MATERNAL INJURIES (STILLBORN)	1	0.75
OTHER	19	14.18
THERAPEUTIC MISADVENTURE	1	0.75
TOTAL	134	100%

* Mother used drugs which in turn affected baby. E.g. if mother uses heroin, then infant would have heroin withdrawal.

Figure 12-4

MODE OF DEATH: HOMICIDE

Total Homicide Cases: 50

By Gender:	Total Cases	% of Total
Female	26	52.00
Male	<u>24</u>	<u>48.00</u>
Total	50	100%

By Ethnicity:	Total Cases	% of Total
Asian	2	4.00
African American	17	34.00
Caucasian	13	26.00
Chinese	1	2.00
Hispanic	<u>17</u>	<u>34.00</u>
Total	50	100%

Deaths by Age:	Total Cases	% of Total
Stillborn	11	22.00
1 day - 29 days	1	2.00
1 - 5 months	5	10.00
6 months - 1 year	6	12.00
2 years	6	12.00
3 years	6	12.00
4 years	5	10.00
5 years	1	2.00
7 years	2	4.00
8 years	1	2.00
9 years	1	2.00
10 years	1	2.00
12 years	<u>4</u>	<u>8.00</u>
Total	50	100%

By Cause of Death:	Total Cases	% of Total
ASPHYXIA	4	8.00
ASSAULT	9	18.00
AUTO vs AUTO	1	2.00
BLUNT FORCE TRAUMA/INJURIES	4	8.00
BURNS	1	2.00
CHILD ABUSE	12	24.00
EXPOSURE TO ELEMENT	1	2.00
FALL	2	4.00
GUNSHOT WOUNDS	9	18.00
HYPOTHERMIA	1	2.00
OTHER	3	6.00
STRANGULATION	1	2.00
UNDETERMINED	<u>2</u>	<u>4.00</u>
TOTAL	50	100%



Figure 12-5

MODE OF DEATH: SUICIDE

Total Natural Death Cases: 27

By Gender:	Total Cases	% of Total
Female	6	22.22
Male	<u>21</u>	<u>77.78</u>
Total	27	100%

By Ethnicity:	Total Cases	% of Total
Asian	2	7.41
African American	4	14.81
Caucasian	11	40.74
Chinese	1	3.70
Hispanic	<u>9</u>	<u>33.33</u>
Total	27	100%

Deaths by Age:	Total Cases	% of Total
10 years	1	3.70
12 years	2	7.41
13 years	1	3.70
14 years	3	11.11
15 years	1	3.70
16 years	7	25.93
17 years	<u>12</u>	<u>44.44</u>
Total	27	100%

By Cause of Death:	Total Cases	% of Total
ASPHYXIA MECHANICAL	1	3.70
GUNSHOT WOUND	16	59.26
HANGING	8	29.63
JUMPING FROM A HIGH PLACE	1	3.70
POISONING	<u>1</u>	<u>3.70</u>
TOTAL	27	100%

Figure 12-6

MODE OF DEATH: UNDETERMINED

Total Undetermined Death Cases: 57

By Gender:	Total Cases	% of Total
Female	26	45.61
Male	<u>31</u>	<u>54.39</u>
Total	57	100%

By Ethnicity:	Total Cases	% of Total
Asian	1	1.75
African American	12	21.05
Caucasian	13	22.81
Hispanic	25	43.86
Japanese	1	1.75
Unknown	<u>5</u>	<u>8.77</u>
Total	57	100%

Deaths by Age:	Total Cases	% of Total
Stillborn	37	64.91
1 day - 29 days	1	1.75
1 - 5 months	4	7.02
6 months - 1 year	11	19.30
2 years	1	1.75
3 years	1	1.75
5 years	1	1.75
6 years	<u>1</u>	<u>1.75</u>
Total	57	100%

By Cause of Death:	Total Cases	% of Total
ASPHYXIA	2	3.51
DROWNING	3	5.26
INTRAUTERINE FETAL DEMISE	7	12.28
MATERNAL DRUG DEPENDENCE	3	5.26
OTHER	6	10.53
PREMATURITY	1	1.75
UNDETERMINED	8	14.04
UNDETERMINED AFTER AUTOPSY	25	43.86
UNDETERMINED-Decomposed	1	1.75
VIRAL INFECTION	<u>1</u>	<u>1.75</u>
Total	57	100%

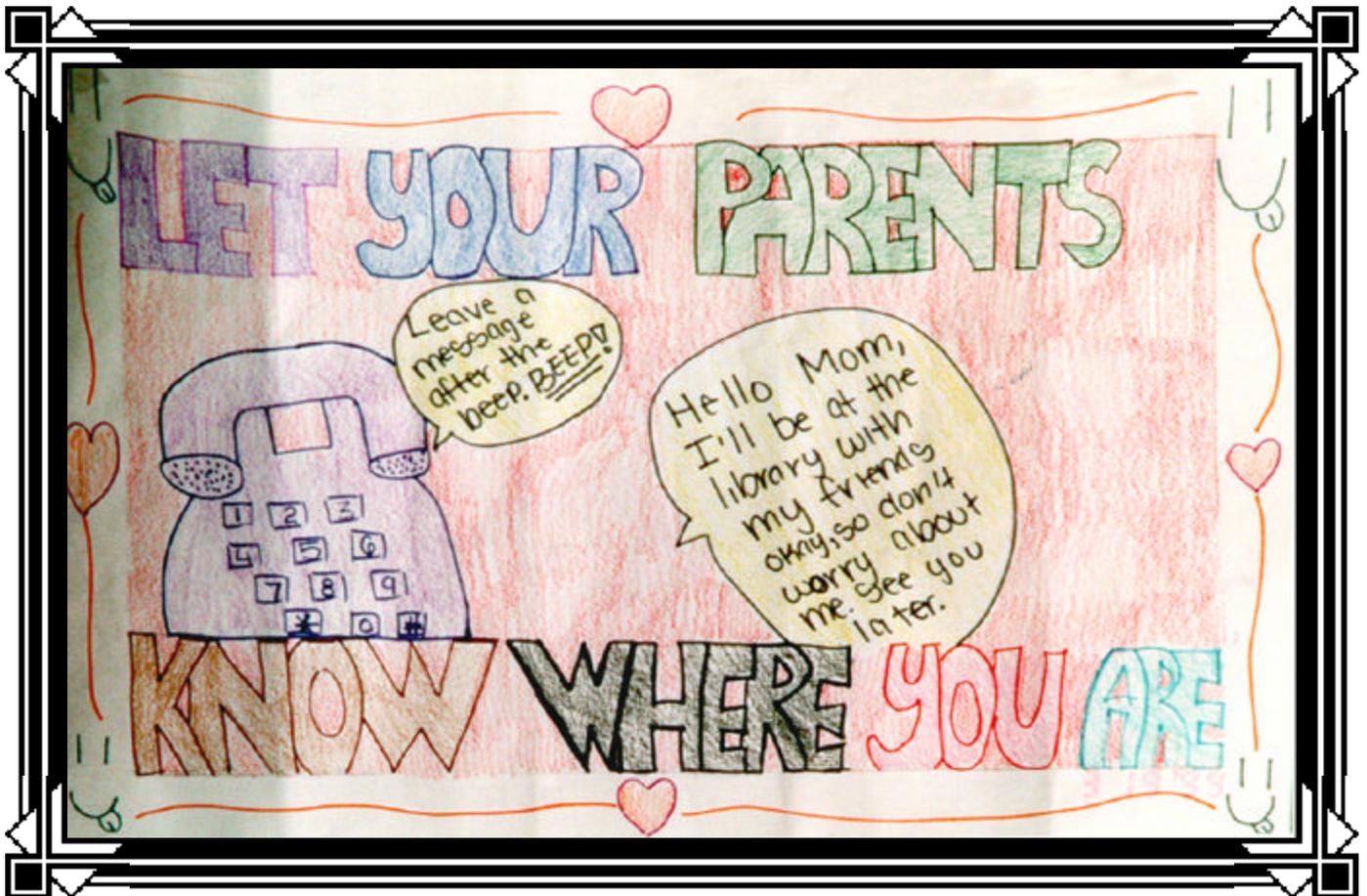


ICAN DATA ANALYSIS REPORT FOR 2000

** Skeleton and Cause of Death could not be determined.*



COUNTY OF LOS ANGELES PUBLIC LIBRARY



ANNA URQUIZA
HAWTHORNE

COUNTY OF LOS ANGELES PUBLIC LIBRARY

The County of Los Angeles Public Library provides materials and programs to meet the recreational, cultural, informational and educational needs of adults and children throughout Los Angeles County. The Library has over six million items in its collection which are distributed throughout its 87 community libraries. The following statistics represent library usage by children in 1999: 83,576 registered for library cards; 6.6 million children's books were checked out; 105,807 children participated in early childhood education activities; 141,433 children attended school-age reading motivation programs; 234,978 children participated through classroom visits; and 117,779 children participated in vacation reading programs.

The Library provides information and referrals to individuals, adults and children, seeking to prevent or intervene in cases of child abuse. The Library also maintains community resource files and provides agency referrals to parents seeking assistance in locating social service agencies and child care resources.

Addressing the leaders of American education about the educational needs of the disadvantaged, the Business Advisory Commission of the Education Committee of the States made one major recommendation, "Get it right the first time. Early education is far less costly than remedial education. Preventing students from dropping out is less costly than training dropouts. Preventing damage is far less costly than repairing it." (1985)

The County of Los Angeles Public Library is committed to improving the quality of life of children in Los Angeles County by provid-

ing educational opportunities and programs to help families "get it right the first time."

BEGIN AT THE BEGINNING WITH BOOKS

Begin at the Beginning With Books is a bilingual program in which library staff conducts weekly training sessions on site at selected public and non-profit prenatal clinics. The goal is to provide women with information regarding the importance of the development of pre-literacy skills for their babies and information on child health and safety. Project staff discusses such topics as:

- The importance of talking and playing with baby
- How to keep baby healthy
- Best foods for a growing baby
- Everyday routines to help your baby learn
- Calming a crying baby
- Nursery rhymes
- Songs and stories for baby
- Making your home safe for baby

The Library staff shares books, videos and information of interest to pregnant women, providing them with an opportunity to learn, discuss pregnancy, health and child rearing issues and to ask for specific information which may help them during their pregnancies and with their and with their babies after birth. Clinic patients are introduced to resources available at their nearby public library and invited to become library users. The women and their significant others are also referred to local literacy programs.

After their babies are born, the mothers receive a congratulatory card from the Library and are invited to apply for their library card and to visit the library for baby reunions, where project staff provide further instruction on how to read and talk to baby, how to use toys effectively, and how to identify other community resources available to help the mothers provide a good beginning for the new baby.

MEASURED RESULTS

(January - December, 1998)

- 8,503 adults participating in clinic sessions
- 2,401 children introduced to books at clinics
- 828 adults attended library sessions
- 1,279 children attended library sessions
- 15 % 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 1999-2000, 2,300 adults and children participated in programs to support reading in the home.

The County of Los Angeles Public Library serves as an important partner in the area of prevention by providing families with opportunities and resources, enabling families to improve their quality of life.



DEPARTMENT OF MENTAL HEALTH



HANNA SHAPRIO
WONDERLAND AVENUE

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 (previously named The Children and Family Services Bureau).

THE MISSION OF THE CHILDREN'S SYSTEM OF CARE (CSOC):

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, the Department of Children and Family Services, the Probation Department, the County Office of Education, and school districts.

Promotes the development of county and statewide mental health policy and legislation to advance the well being of children

and families.

Whom the CSOC Serves:

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

The priority target population that the Rehabilitation Option Short-Doyle Medi-Cal community mental health providers serve 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 CFSB 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, and the Department of Children and Family Services' MacLaren Children's Center.

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):

The Los Angeles Unified School District (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 emotionally disturbed classrooms. Any of LAUSD's 700 schools can refer a child to Headquarters or to a Satellite 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 MediCal.

Several school districts are expanding mental health services for outpatient and day-treatment services by providing the General Funds for a federal match. The services are provided by local Department contractors. Pilot school-based and school-linked mental health programs were initiated by the DMH within the Compton, Lynwood, Paramount, Wiseburn, Hawthorne, Inglewood, Lawndale, Lennox, Centinela and Long Beach school districts.

Los Angeles County has eighty one (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 each of 54 School Districts.

During 1998-99, DCFS provided funding for the Department to assess children in Schedule D foster homes. The DMH provided federal matching funds. DCFS Schedule-D foster care provides family environments for children at high risk of requiring more restrictive and higher cost placements. These children have serious mental disor-

ders. DCFS certifies foster homes that meet its D-rate criteria, including the foster parents' training and experience.

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 98-99.

Collaborative Programs:

Collaboration between DMH System of Care programs and the Family Preservation program of DCFS continues to expand. A Dual Diagnosis Treatment program has also been implemented for children referred to DMH from the family Preservation program.

In addition, DCFS and DMH are piloting Community Based Placement programs, previously designated Families First, in the Pacoima, San Pedro and South Central Los Angeles areas; and developing Hub Clinic Assessment sites, providing physical and clinical assessments for Court wards and dependents, in Torrance and South Central Los Angeles.

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. The DMH certifies that the RCL 14 Group Homes and the children placed there meet the State-defined mental health criteria. The DMH developed new programs for a total of 219 children in RCL 14 Group Homes. Their purpose 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.

SB1095: This is a program that is a multi-agency (Probation, LA County Office of Education, DCFS, and DMH) effort to serve two groups of youngsters. The first group are children 17 years old or younger who have been placed in a L.A. County juvenile camp. They will be returning to their community. The second group are 15 years old or younger, who have had one offense. This is a three-year program for a total of 1000 youngsters. Some of these services have already been provided during FY 98-99.

Challenge Grant II: This is another multi-agency (Probation, Mental Health, Health Services, and Community Based Agencies) program that will target youngsters under the age of 17 with two or more arrests. The services will largely be Wrap-Around. Planning for these new services was carried out during FY 98-99.



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 services are one of many services offered by the family preservation program. The mental health goal is to provide therapeutic interventions which 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).

During FY 98-99, over 832 families received mental health services through Family Preservation. Fifteen (15) DMH contract and directly operated providers provided the services and worked collaboratively with twenty nine (29) Community Family Preservation Networks (CFPNs). During the same Fiscal Year, five CFPNs were certified as DMH Short Doyle/Medi-Cal providers.

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 jurisdiction. This is a complex informed consent process that involves the child, the physi-

cian, 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. The new policy was published in April, 1998. JCMHS reviews all requests for such authorization in order to facilitate and optimize communication of relevant clinical information between physicians and judges. During FY 98-99, approximately 12,000 requests were reviewed. At least 4000 children under the jurisdiction of the Juvenile Court are being treated with 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, 1988 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, Los Angeles County Office of Education (LACOE) and

the Los Angeles Unified School District (LAUSD) and is being managed as an inter-agency 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 98-99, the START Unit was located at MacLaren Children's Center (MCC) and initially took referrals of children living at MCC though, subsequently, referrals have come from the field. The Unit serves up to 300 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. The youth's DCFS cases are transferred to one of seven CSW's in the Unit who carry up to 30 cases. After the initial assessment and development of the case plan, the other 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. START is currently seeking to double its client capacity.

MacLaren Children's Center: The MacLaren Children's Center Mental Health

Unit underwent changes in staffing and services to children. Changes were due to the restructuring of MacLaren and the development of the Interagency Children's Services Consortium. The joint effort resulted in better service delivery and more comprehensive and integrated mental health services. Day-treatment services are now delivered to children in five of the nine cottages at MacLaren. The remaining four cottages have increased mental health services and core staff available on site. Intensive Day-Treatment programs are in the process of being implemented in all of the cottages.

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 which is chaired by Find The Children and the Inter-Agency Council on Child Abuse and Neglect (ICAN). Task force members include LAPD, LACSO, FBI, US Secret Service, Mexican Consulate, DCFS, County Counsel, and the DA's Office. During FY 98-99, there were 16 cases opened at Didi Hirsch and 10 at the H.E.L.P. Group.

Children's Crisis Teams (formerly designated Hospital Diversion Crisis Program): The Department established hospital diversion crisis intervention teams in Service Planning Areas Two, Four, Five, Six and Eight. The teams assist children to remain at home and/or their local communities in the least restrictive levels of care. The 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 an RFP to identify contract providers in Service Areas 3 and 7. These providers have been selected and are scheduled to initiate 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 eight (58) unduplicated clients were served during FY 98-99.

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. The DMH component focuses on families experiencing mental health problems which may interfere with their ability to gain or maintain employment. Efforts to reach these families and provide a seamless system which reduces fears about seeking mental health treatment has been a major focus of this program.

Parent Resource Manual: During FY 1998-99 the DMH and parent advocates developed a Parent Provider Partnerships Resource Manual identifying resources available to families. Over 2000 of the Manuals were distributed.

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.

The Department and Harbor-UCLA Medical Center's Department of Psychiatry, and Metropolitan State Hospital collaborated to provide a psychiatric training program that is integrated with the treatment program for severely emotionally disturbed children and adolescents at the Hospital. The three agencies worked together to develop a state of the art treatment program and to enrich the training program for psychiatric residents.

During FY 98-99, the inpatient program for children and adolescents at Metropolitan served 72 clients. There were 22 girls and 50 boys with 21% aged 12 or younger and 79% aged 13-18. The majority of the chil-

dren were of African-American ethnicity (42%), with 31% Mexican Hispanic White and 24% other White. For these clients, the most frequent DSM admission diagnosis was Schizophrenia/Other Psychotic disorder (54%) with Mood Disorders the next largest proportion (39%) and Disorders of Infancy, Childhood and Adolescence the third highest proportion (22%)

Medi-Cal Consolidation:

The County assumed administrative and fiscal responsibility for the Fee-For-Service Medi-Cal services are that are provided by private practitioners, primarily psychologists and psychiatrists in June 1998. The State Department of Health Services has always managed these providers and services in an entirely separate system. Earlier, in January 1995, the State transferred the responsibility for managing the Fee-For-Service (FFS) hospital services to the County. The County has a plan, approved by the State, that addresses organization, access, kinds of services, quality assurance, authorization, appeals, and payment. The Plan also addresses the relationship with the County Health Services Plans. The Department is providing easy initial access into outpatient private practitioner assessment and treatment services and is requiring authorization for services above a defined threshold and for psychological testing.

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 98-99. 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 Unit underwent staffing changes during this Fiscal Year. All case management positions are now filled and one new position was added.

The FFS Case Management Unit assigned six multi-disciplinary staff to work with eleven private psychiatric hospitals that received a DMH contract as part of the first phase of Managed Care Medi-Cal consolidation.

A total of 2556 children and adolescents were hospitalized during FY 98-99. While the FFS Case Management Unit continued to open cases to provide intensive case management services, there was an increase in interagency collaboration with DCFS and community based intensive mental health programs. The FFS Hospital Case Management Unit opened 280 cases during FY 98-99. 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 250 Resource Utilization Management (RUM) conferences within DCFS to develop case plans for dependent children who were unable to return to their previous placement after discharge from the hospital. Unit case managers participated in 144 group home screenings with DCFS, focusing on children residing in group homes at rate Level 12 and above for longer than six months.

In FY 98-99, the FFS Case Management Unit Supervisor developed a new tracking



system to obtain more detailed discharge information to assist with follow-up and service planning. Case managers compiled information on Agency of Primary Responsibility, DMH Service Area, level of residential setting and outpatient referrals for approximately 4350 children.

Consolidation of FFS Outpatient Services: With the transfer of responsibility for FFS outpatient services to the County, outpatient private practitioner psychologists and psychiatrists serving Medi-Cal beneficiaries and the community mental health centers which have long been funded by Medi-Cal, were joined into a single system.

Children's mental health services have been most extensively impacted by the consolidation. Before consolidation, the majority of children's outpatient services consisted of psychological testing of foster children. Through consolidation, the Department expects to increase the availability of treatment services and improve the quality and coordination of those services.

To accomplish the goal of increasing treatment services, the Department began requiring prior authorization of psychological testing. More recently, it has begun credentialing qualified Licensed Clinical Social Workers, Marriage and Family Therapists, and Registered Psychiatric Nurses in private practice, as service providers. The Department believes that the consolidation will lead to greater coordination of specialized mental health services and is attempting to foster relationships between private practitioners and their local community mental health centers. Moreover, the Department hopes to increase the quality of services by increasing provider reimbursement rates and simultaneously promoting best practice guidelines.

Accessibility of care has been immediately effected by the Department's posting of the complete list of private providers join-

ing the Department's Network, with information concerning them, including phone numbers, on the Department's internet website at <http://dmh.co.la.ca.us>.

To foster best practices, the Department's CSOC has convened an Expert Panel drawing from private practitioners, the academic community and members of major State and County psychologist professional organizations. Department staff managing Medi-Cal services consult with the Expert Panel to develop best practice guidelines and procedures to apply these guidelines, to improve service delivery, particularly in the area of children's diagnostic evaluations. These guidelines will be posted, along with others, at the Department's website to not simply inform, but to promote a discussion among community providers and consumers concerning best practices.

The Department faces a number of barriers to the implementation of policy and practices designed to reform and improve Medi-Cal outpatient services. Nevertheless, the Department is confident that it will succeed and is optimistic about the positive changes that will emerge from the consolidation.

Countywide Mental Health Evaluation and Test Unit:

The Countywide Community Psychology Team of the CSOC assumed the functions of test authorization and quality assurance in June, 1998 in order to implement the DMH reform of private sector outpatient MediCal funded mental health services. Over 90% of MediCal dollars were traditionally expended solely for testing of children in foster care, primarily those in group homes. Moreover, many children received multiple, needless test batteries. During its first year of operation, this Unit accomplished its main goals:

- Ended needless testing
- Ensured that children referred for testing also received needed treatment services

- Diverted children in crisis directly to treatment interventions
 - Assisted the clinical case coordination of children with multiple needs
 - Provided almost 2000 telephone case consultations to DCFS CSW's
 - Established Best Practice Standards assisted by a panel of experts
 - Provided feedback to psychologists on the quality of their test reports
 - Ensured that children received complete and adequate evaluations
- During 1999, this Unit also represented the DMH in the following committees and activities aimed at preventive intervention for child abuse/neglect
- *Grief and Mourning Subcommittee:* Updated the "Directory of Resources Serving Children and Families for Grief and Mourning that was distributed to DMH service providers, DCFS, DHS, Regional Centers, Children's Court and Children's Hospital.
 - *Child Abuse/Neglect Protocol Subcommittee:* Participated in monthly meetings and contributed to writing the sections about the role of mental health professionals, and providing mental health services to the victims of child abuse/neglect, their siblings and their families.
 - *Early Childhood Subcommittee:* The DMH was very active in this subcommittee. Its goals and objectives matched those of the Infant - Family Mental Health program of the department, and offered service providers a new way of linking with other community agencies serving this population. The Unit also contributed recommendation to the "Infant Victims of Crime Guidelines".
 - *Child Death Review Subcommittee:* contributed to monthly evaluation of causes of child deaths, potential preventive approaches, and potential mental health services for family members.
 - *ICAN Nexus Conference:* presented a paper on assessment strategies, diagnostic evaluation and treatment of Post Traumatic Stress Disorder.
 - *Collaborative DHS Protocol:* examined the role of the DMH 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 workshop, which included mental health professionals and representatives from 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.
 - *Collaboration with DHS In Serving Children Five or Younger:* These efforts include participation in the Home Visitation Advisory Group, and sponsorship of a seminar: "Putting the Pieces Together" focusing on the connection between the physical and mental health of children.
 - *Collaboration With Regional Center:* This collaboration has focused on improving the well-being of children with dual diagnosis.
 - *Collaboration With Children's Court System:* This collaboration has emphasized improving the mental health of children in foster care.
 - *Infant - Family Health Initiative:* During 1999, DMH carried out a community need-assessment with the cooperation of outpatient service providers, designed new programs at selected clinics and initiated training to increase professionals' knowledge and sensitivity to the mental health needs of children from birth through three years of age.

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 (SAMSHA) 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 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 98-99, the four In-Home Intensive program sites had provided services to 259 clients and their families.

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 program sites was Arts CARE (Cultural Academic Recreational Enrichment) which 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 a 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.

The Healthy Families Program has seen substantial growth in enrollment during FY 98-99. While the overall County potential enrollment is approximately 240,000 children, the enrollment in Los Angeles County grew from less than 10,000 at the end of 1998 to approximately 58,500 at the end of 1999. The DMH reviewed all open child, adolescent and young adult cases to identify potential enrollees. Those identified were contacted through the agency which serves them to provide information on Healthy Families and assistance in enrolling for those choosing to do so.

The number of clients being served by the DMH through the Healthy Families program grew from a handful at the end of 1998 to about 30 to 40 children at the end of 1999 (the exact number will be established when the health plan information system is completed.)

The small number of clients being served



by the DMH through the Healthy Families reflects a statewide phenomenon in which those families coming forward to seek mental health services within this program has been below the projected numbers.

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% or approximately 700 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.

As a result of the passage of AB2726, now Chapter 654 California Government Code, county mental health agencies became fiscally responsible for the costs of mental health services when emotionally disturbed pupils are placed outside of California pursuant to an Individualized Education Plan (IEP). The effective date of this new law was July 1, 1997. Los Angeles County DMH negotiated contracts with a total of 16 agencies in Utah, Arizona, Colorado, Texas, Washington, Connecticut and New York to implement this new program requirement. In the first year of implementation, FY 97-98, approximately two million dollars were spent in these out of state agencies serving the mental health needs of our most difficult and needy youth. Los Angeles County Auditor/Controller has filed a claim on behalf of the County under SB90, the State Mandates reimbursement procedure, seeking 100% reimbursement from the State for this new, State-mandated program.

Dual Diagnosis Programs: The DMH plans to identify a Dual Diagnosis Coordinator within each of the eight mental health Service Areas. These Coordinators will be responsible for providing training, consultation and support to agencies and staff who are learning to treat clients who have both a mental health and a substance abuse problem.

Specialty Mental Health Services For Los Angeles County Children Placed Outside Los Angeles County:

In Fiscal Year 1996-97, California began to implement Phase II of the MediCal Consolidation, in which Counties assumed administrative and financial responsibility for mental health services regardless of where their residents received services.

Previously, the 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 MediCal beneficiaries and placed in counties other than their counties of residence. Los Angeles County has approximately 4700 children residing in other counties that remain the responsibility of Los Angeles.

The California Mental Health Directors Association (CMHDA) has assumed the responsibility for developing a statewide Request for Proposals (RFP) to identify and to contract with an organization to provide statewide management of MediCal-eligible minors, ages 0 to 18, who are placed out of County in group homes, foster homes and kinship care.

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 98-99, 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.

Planning Process:

The CSOC maintains the Children and Family System of Care Planning Committee which is made up of public departments, advocates, providers, and family members. Recognizing the imminent challenges confronting child mental health services, the CSOC initiated a process of reform in February 1994 that focused on the development of the "Children's System of Care Plan". The Plan promoted the development of a continuum of care and particularly on alternatives to more restrictive forms of care (e.g. residential and hospital care); improved integration and coordination of care; and family-centered, results-driven and culturally competent practices.

The Department participates in the Children's Planning Council and its subcommittees and supports the initiatives of the Children's Planning Council that are consistent with the SOC Plan. The CSOC continues to work with the Council to implement Service Planning Area Councils (SPAs) in each of the eight DMH Service Areas. The CSOC is represented within each SPA.

The Children's System of Care planning process is ongoing. Representatives of other county agencies, other major public and private agencies and consumer groups meet on a monthly basis in each of the eight service areas under the CSOC and/or Planning Council auspices to provide feedback to the department on the future direction of services to children and families.



Client Characteristics for the Total Population of Children and Youths During the Fiscal Year 1998-99:

Over the past decade, the number of children and youth from birth through eighteen years receiving Short-Doyle Medi-Cal services from the DMH has increased each year. The DMH Fiscal Year begins on July 1 and ends on June 30th. During Fiscal Year 1990-91 the number of unique children and youth served by Short-Doyle Medi-Cal was 10,189. During Fiscal Year 1991-92, the number rose to 10,544 and to 11,800 during Fiscal Year 1992-93. During Fiscal Year 1993-94, the number increased to 14,122 and in Fiscal Year 1994-95 to 15,481. The trend continued for Fiscal Year 1995-96, when the number rose again to 15,868. Fiscal Year 1996-97 had 17,627 unique Short-Doyle Medi-Cal clients and 18,995 in Fiscal Year 1997-98. During the Fiscal Year 1998-99 the total number of unique Short-Doyle Medi-Cal children and youth served was 20,267.

In the context of anticipated "caps" or capitation in federal dollars because of diminishing resources, increasing demands and the move toward managed care

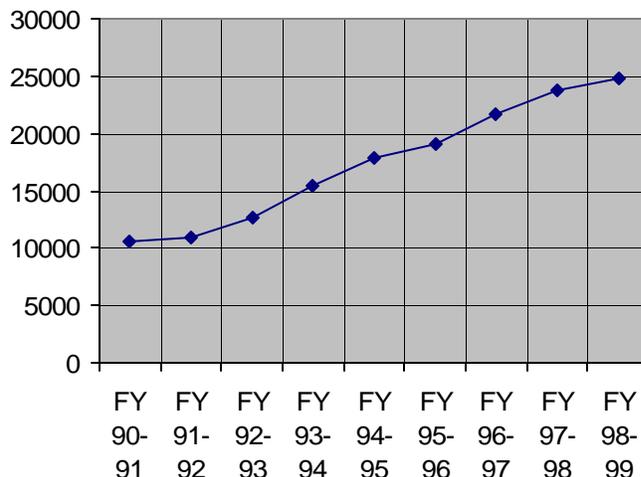
throughout the country, the State, with the agreement of the counties, decided to pass authority and responsibility to the counties for mental health Fee-For-Service Medi-Cal under the management of the State Department of Health Services. In January 1995, the County assumed responsibility for Fee-For-Service Medi-Cal inpatient services.

During Fiscal Year 1996-97, there were an additional 4,038 unique Fee-For-Service Medi-Cal clients, yielding a grand total of 21,665 Medi-Cal clients receiving Short-Doyle or Inpatient Fee-For-Service interventions. During the Fiscal Year 1997-98 there were 18,995 clients receiving only Short-Doyle Medi-Cal services and 4,788 unique clients who were served by the Fee-For-Service Medi-Cal system, for a total of 23,783. Over the FY 1998-99, there were 4,593 clients who were served by the Fee-For-Service Medi-Cal system and 20,267 served only by Short-Doyle Medi-Cal, for a total of 24,860 clients receiving Fee-For-Service inpatient services and/or Short-Doyle Medi-Cal services.

Figure 1 is a graph showing the increase in the DMH client population over the past decade.

Figure 14-1

CLIENT POPULATION FY 1990-91 TO FY 1998-99





The following summaries of ethnicity, age, Agency of Primary Responsibility (APR), geographic location and primary diagnoses at time of admission are based upon all clients (24,860) served by Short-

Doyle Medi-Cal and inpatient Fee-For-Service Medi-Cal for FY 1998-99.

Figure 2 shows the distribution of gender in the population, with boys being 61.4% of the children in the CSOC. Girls made up 38.6% of the total population.

Figure 14-2

GENDER

	Frequency	Percent
MALE	15,253	61.4
FEMALE	9,607	38.6
TOTAL	24,860	100

Figure 3 presents the distribution of ethnicity in the population of children and youth served during Fiscal Year 1998-99.

The largest ethnic group were children of Hispanic origin, (32.9%). African American children were the next largest group at 29.9% and Caucasian children were the

Figure 14-3

ETHNICITY

	Frequency	Percent
HISPANIC	8,197	32.9
AFRICAN AMERICAN	7,432	29.9
CAUCASIAN	5,218	20.9
MISSING OR UNKNOWN	3,023	12.1
OTHER NON-WHITE	194	0.7
INDOCHINESE	178	0.7
AMERICAN NATIVE	141	0.5
KOREAN	139	0.5
OTHER ASIAN/PACIFIC	120	0.4
CHINESE	118	0.4
FILIPINO	66	0.2
JAPANESE	26	0.1
OTHER	4	0.1
OTHER HISPANIC	2	0.1
CAMBODIAN	1	0.1
SAMOAN	1	0.1
TOTAL	24,860	100



third largest at 20.9%.

Figure 4 shows the number and percentages of children in three age groups: 0-5

years, 6-11 years and 12-18 years. The largest group of children were teenagers between the ages of 12 and 18 years old

Figure 14-4

FREQUENCY BY AGE GROUP

	Frequency	Percent
0 - 5 YEARS	894	3.6
6 - 11 YEARS	8,665	34.9
12 - 18 YEARS	15,301	61.5
TOTAL	24,860	100

(57.0%).

Figure 5 is a summary of the Agency of Primary Responsibility (APR) for these children.

During the FY 1998-99, 49.5% of these children were under the supervision of their parents or caregivers. The Department of Children and Family Services (DCFS) was the APR for 25.6% of the children and the Probation Department the APR for 10.7% of

the children. The Los Angeles Unified School District (LAUSD) was the APR for 12.6% of the children who were classified as Severely Emotionally Disturbed (SED) needing Special Educational Programs (SEP) or Individualized Education Programs (IEP). In the remaining cases, LAUSD shared primary responsibility for the children with DCFS or the Probation Department.

Figure 14-5

AGENCY OF PRIMARY RESPONSIBILITY

	Frequency	Percent
UNDER SUPERVISION OF FAMILY	12,310	49.5
DEPT. OF CHILDREN & FAMILY SERVICES (DCFS)	6,360	25.6
PROBATION DEPARTMENT	2,666	10.7
LAUSD (SEP* eligible)	2,234	9.0
LAUSD: SED** ON IEP*** (not SEP)	883	3.6
DCFS AND SCHOOL DISTRICT(LAUSD)	281	1.1
PROBATION DEPT. AND LAUSD (SEP elig.)	126	0.5
TOTAL	24,860	100

* SEP - Special Education Program

** SED - Severely Emotionally Disabled

*** IEP - Individualized Education Plan



Figure 6 lists the primary diagnoses at time of admission for children receiving care during the 1998-99 Fiscal Year. When grouped into collapsed major diagnostic categories, the majority of these children and youth (29.8%) were diagnosed as having Conduct Related Disorders, followed by

27.3% having diagnoses of Attention Deficit-Hyperactive Disorders (ADHD). Children who were diagnosed with Depressive Disorders made up 20.7% of the population and 9.3% were diagnosed with Anxiety Disorders. There were also 1.5% of the children who had a primary diagnosis at time of admission of Abuse or Neglect.

Figure 14-6

PRIMARY DIAGNOSIS AT ADMISSION

	Frequency	Percent
Conduct Related Disorders	7,413	29.8
ADHD	6,796	27.3
Depressive Disorders	5,158	20.7
Anxiety Disorders	2,307	9.3
Other Disorders	1,474	5.9
None/Not Diagnosed	902	3.6
Child Abuse or Neglect	363	1.5
Psychosis/Schizophrenia	296	1.2
Bipolar Disorder I or II	151	0.6
TOTAL	24,860	100.0

AB1733/2994 CHILD ABUSE PROGRAM CLIENT CHARACTERISTICS:

The AB 1733/2994 Family Preservation Project has been in effect since October 1994. Through an agreement with ICAN, it was funded through the Department of Children and Family Services. The services in this program are focused on child abuse victims, their families and those who are at high-risk of abuse and/or neglect. The services are provided on a short-term basis with the goal of encouraging family maintenance and preventing the need for out-of-home placement. Additionally, services are targeted to facilitate early family reunification, when appropriate, after out-of-home placement has occurred. Another goal of the AB 1733/2994 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 the Fiscal Year 1998-99 the number of children participating in the AB1733/2994 Family Preservation and Child Abuse Prevention Program increased from 824 to 948 children.

Figure 7 is a table of the gender distribution of the children and youth in this program. Mirroring the trend in the larger population, the boys make up the majority (52.1%) and the girls were 47.9% of this group

Figure 14-7

GENDER

	Frequency	Percent
BOYS	494	52.1
GIRLS	454	47.9
TOTAL	948	100.0



Figure 14-8

AGE GROUPS

	Frequency	Percent
0-5 YEARS	77	8.1
6-11 YEARS	399	42.1
12-18 YEARS	472	49.8
TOTAL	948	100.0

Most of the children (49.8%) in the Child Abuse Prevention Program were teenagers aged 12-18 years old, while kids aged 6-11 years made up 42.1% and really young children were 8.1% of this population as shown in Figure 8.

The ethnicity of the children in the Child Abuse Prevention Program during Fiscal Year 1998-99 differed slightly from the larger population. While Hispanic kids still were the majority of the population, (34.4%), Caucasian children were the second largest ethnic group with 24.9%, followed by African American with 16.0%. (Figure 9)

Figure 14-9

ETHNICITY

	Frequency	Percent
HISPANIC	326	34.4
CAUCASIAN	236	24.9
AFRICAN AMERICAN	152	16.0
MISSING OR UNKOWN	117	12.3
CHINESE	50	5.3
INDOCHINESE	49	5.2
OTHER NON-WHITE	10	1.1
FILIPINO	3	0.3
OTHER ASIAN/PACIFIC	3	0.3
AMERICAN NATIVE	2	0.2
TOTAL	948	100.0



Figure 10 presents the primary diagnoses at time of admission for children in the AB1733/2994 program. The diagnoses have been collapsed into major diagnostic categories. Children diagnosed with Conduct Related Disorders are the largest category (30.8%). Unlike the children in the larger population, the kids in the Child Abuse Program are diagnosed more frequently with Depressive Disorders (29.2%) and Anxiety Disorders (21.2%). Only 6.1% of children in the program were admitted

with a primary or secondary diagnosis of abuse. The reason for this is because these children have exhibited aggressive or other abnormal behavior which is the reason they have been referred for mental health care. It is only during the course of treatment that the child may reveal the fact that abuse has occurred.

Figure 14-10

PRIMARY DIAGNOSIS AT ADMISSION

	Frequency	Percent
Conduct Related Disorders	292	30.8
Depressive Disorders	277	29.2
Anxiety Disorders	201	21.2
ADHD	51	5.4
Psychosis/Schizophrenia	15	1.6
Bipolar I & II	13	1.4
Child Abuse	58	6.1
All Other Disorders	41	4.3
TOTAL	948	100



CHILDREN WITH A PRIMARY OR SECONDARY DIAGNOSIS OF CHILD ABUSE

Out of the 948 children in the AB1733/2994 Family Preservation and Child Abuse Prevention Program, 179 kids had a specific primary or secondary diagnosis of child abuse or neglect. Their diagnostic categories include Child Abuse (unspecified), Physical Abuse of a Child, Sexual

Abuse of a Child, Neglect, and Physical Abuse of an Adult in a Child's Environment. This latter category describes children who have been traumatized by violence in their immediate environment. Figure 11 is a table presenting the gender distribution of these children.

Figure 14-11

GENDER OF CHILDREN HAVING A DIAGNOSIS OF ABUSE

	Frequency	Percent
FEMALE	118	58.7
MALE	83	41.3
TOTAL	201	100.0

Figure 12 presents the ethnicity of the children in the identified Abuse/Neglect group. Hispanic children made up the largest group 36.3%. Caucasian children

were the next largest group, 25.9% and African American children the third largest with 16.9%.

Figure 14-12

ETHNICITY

	Frequency	Percent
HISPANIC	73	36.3
CAUCASIAN	52	25.9
AFRICAN AMERICAN	34	16.9
MISSING OR UNKOWN	30	14.9
OTHER NON-WHITE	5	2.5
INDOCHINESE	4	2.0
CHINESE	2	1.0
AMERICAN NATIVE	1	0.5
TOTAL	201	100.0



Figure 13 shows the ages of the children with a primary or secondary diagnosis of child abuse. Children aged 6 to 11 years old make up the largest percentage with 53.7%,

and children aged 12-18 years are the next largest group with 36.8%.

Figure 14-13

AGE BY AGE GROUPS

	Frequency	Percent
0-5 YEARS	19	9.5
6-11 YEARS	108	53.7
12-18 YEARS	74	36.8
TOTAL	201	100.0

Figure 14 shows the geographic location of treatment. The large percentage, (73.6%) of children identified as receiving treatment in the San Fernando Valley is not because more abuse occurs there than in other areas, but because the Valley is the location of a large clinic that specializes in child

abuse. Many of their clients come from the Antelope Valley, as well as other locations that are near, but outside of the San Fernando Valley.

Figure 14-14

GEOGRAPHIC AREA OF TREATMENT

	Frequency	Percent
San Fernando Valley	148	73.6
West Los Angeles	20	10.0
South Central LA	12	6.0
Monrovia/Arcadia	12	6.0
Pasadena/Glendale/EagleRock	5	2.5
Wilshire/Hollywood	2	1.0
South Bay Cities	1	0.5
Antelope Valley	1	0.5
TOTAL	201	100.0

SUMMARY OF FINDINGS:

During the Fiscal Year 1998-99 there were 24,860 children receiving Short-Doyle Medi-Cal or Fee-For-Service Inpatient care. The majority of them (61.4%) were boys aged 12 to 18 years. Approximately one-third (32.9%) of the total population of children were of Hispanic ethnicity, followed by African American (29.9%). If the children were not the legal responsibility of their parents, which most were (49.5%), they were most likely to be under the responsibility of the Department of Children and Family Services (25.6%).

The largest category of diagnosed disorders at time of admission were Conduct Related Disorders, (29.8%) followed by Attention Deficit Hyperactivity Disorders (27.3%).

There were 948 children in the AB1733/2994 Family Preservation and Child Abuse Prevention Program during Fiscal Year 1998-99. The characteristics of this smaller sub-set of kids basically mirrored the larger population. The largest age group were kids 12-18 years, (49.8%) and they were predominately of Hispanic origin (34.9%). The second largest ethnic group were Caucasian (24.9%) and they were mostly boys, (52.1%).

All the children in the Child Abuse program were there because they had suffered child abuse, or were at risk for abuse, but there were 201 kids who had either a primary or secondary diagnosis of some form of abuse or neglect at time of admission. The majority of these children were girls (58.7%). They were Hispanic, (36.3%) followed by Caucasian ethnicity (25.9%). Unlike the population at large, most of these kids were between the ages of 6 to 11 years (36.8%). A fairly large percentage of these kids were treated at a specific clinic in the San Fernando Valley, partly because the clinic specializes in child abuse and neglect,

but also because Antelope Valley, which has slightly higher rates of child abuse/neglect, is also served by this area.

GLOSSARY OF CHILDREN'S MENTAL HEALTH TERMS

This glossary contains terms used frequently when dealing with the mental health needs of children. The list is alphabetical. Words highlighted by italics have their own separate definitions. The term *service or services* is used frequently in this glossary. The reader may wish to look up *service* before reading the other definitions.

Assessment:

A professional review of a child's and family's needs that is done when they first seek services 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.)

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 wraparound services.)

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.

Emergency and Crisis Services:

A group of services that are available 24 hours a day, 7 days a week, to help during a mental health emergency. When a child is thinking about suicide, these services could save his or her life. Examples: telephone crisis hotlines, crisis counseling, crisis residential treatment services, crisis outreach teams, and crisis respite care.

Family Support Services:

Help designed to keep the family together and to cope with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parent training, and respite care.

Inpatient Hospitalization:

Mental health treatment in a hospital setting 24 hours a day. The purpose of inpatient hospitalization is: (1) short-term treatment in cases where a child is in crisis and possibly a danger to self or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Managed Care:

A way to supervise the delivery of health care services. Managed care may specify the 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.

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 for county mental health services to Medi-Cal eligible and indigent individuals.

System of Care:

A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

Therapeutic Foster Care:

A home where a child with a serious emotional disturbance lives with trained foster parents with access to other support services. These foster parents receive special support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of this care is usually from 6 to 12 months.

Therapeutic Group Homes:

Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within an interagency system of care. Psychiatric services offered in this setting try to avoid hospital placement and to help the young person move toward a less restrictive living situation.

Transitional Services:

Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

Wraparound Services:

A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education.

Figure 14-15

TOTAL CLIENTS BY ZIP CODE

ZIP CODE	CITY	COUNT	ZIP CODE	CITY	COUNT
0	UNKNOWN	71	90027	LOS ANGELES	64
11216	NEW YORK	1	90028	HOLLYWOOD	56
18643	PITTSTON	1	90029	LOS ANGELES	65
20783	HEIGHTVILLE	1	90030	LOS ANGELES	3
29406	HANAHAN	1	90031	LOS ANGELES	110
35175	UNION GROVE	1	90032	LOS ANGELES	150
60623	CHICAGO	1	90033	LOS ANGELES	209
70117	NEW ORLEANS	1	90034	LOS ANGELES	199
74010	BRISTOW	1	90035	LOS ANGELES	45
75082	RICHARDSON	1	90036	LOS ANGELES	36
78028	KERRVILLE	1	90037	LOS ANGELES	274
81650	RIFLE	1	90038	LOS ANGELES	90
82550	SCOTTSDALE	1	90039	LOS ANGELES	44
85019	PHOENIX	2	90040	CITY OF COMMERCE	1
89110	LAS VEGAS	3	90040	LOS ANGELES	29
89189	LAS VEGAS	1	90041	LOS ANGELES	67
90001	LOS ANGELES	278	90042	LOS ANGELES	226
90002	LOS ANGELES	276	90043	LOS ANGELES	218
90003	LOS ANGELES	308	90044	LOS ANGELES	479
90004	LOS ANGELES	112	90045	LOS ANGELES	60
90005	LOS ANGELES	70	90045	WESTCHESTER	1
90006	LOS ANGELES	132	90046	LOS ANGELES	95
90007	LOS ANGELES	91	90047	LOS ANGELES	293
90008	LOS ANGELES	120	90048	LOS ANGELES	23
90009	LOS ANGELES	4	90049	LOS ANGELES	11
90010	LOS ANGELES	3	90050	LOS ANGELES	2
90011	LOS ANGELES	326	90051	LOS ANGELES	3
90012	LOS ANGELES	34	90053	LOS ANGELES	1
90013	LOS ANGELES	7	90054	LOS ANGELES	3
90014	LOS ANGELES	2	90055	LOS ANGELES	1
90015	LOS ANGELES	30	90056	LOS ANGELES	25
90016	LOS ANGELES	167	90057	LOS ANGELES	74
90017	LOS ANGELES	49	90058	LOS ANGELES	21
90018	LOS ANGELES	214	90059	LOS ANGELES	270
90019	LOS ANGELES	215	90060	LOS ANGELES	4
90020	LOS ANGELES	78	90061	LOS ANGELES	157
90021	LOS ANGELES	7	90062	LOS ANGELES	155
90022	LOS ANGELES	206	90063	LOS ANGELES	146
90023	LOS ANGELES	141	90064	LOS ANGELES	26
90024	LOS ANGELES	13	90065	LOS ANGELES	100
90025	LOS ANGELES	38	90066	LOS ANGELES	114
90026	LOS ANGELES	162	90067	LOS ANGELES	3



DEPARTMENT OF MENTAL HEALTH

ZIP CODE	CITY	COUNT	ZIP CODE	CITY	COUNT
90068	HOLLYWOOD	6	90274	PALOS VERDES/ ROLLING HILL	10
90069	LOS ANGELES	17	90275	PALOS VERDES/ ROLLING HILL	10
90070	LOS ANGELES	1	90277	REDONDO BEACH	25
90076	LOS ANGELES	1	90278	REDONDO BEACH	25
90077	LOS ANGELES	5	90280	SOUTHGATE	127
90079	LOS ANGELES	1	90290	TOPANGA	9
90083	LOS ANGELES	1	90291	VENICE	78
90084	LOS ANGELES	1	90292	MARINA DEL REY	12
90089	LOS ANGELES	1	90293	PLAYA DEL REY	10
90093	LOS ANGELES	1	90301	INGLEWOOD	82
90160	BELLFLOWER	1	90302	INGLEWOOD	82
90201	BELL GARDENS	197	90303	INGLEWOOD	88
90201	CUDAHY	56	90304	LENNOX	45
90202	BELL GARDENS	9	90305	INGLEWOOD	62
90209	BEVERLY HILLS	1	90307	INGLEWOOD	1
90210	BEVERLY HILLS	12	90308	INGLEWOOD	1
90210	CUDAHY	2	90401	SANTA MONICA	12
90211	BEVERLY HILLS	9	90402	SANTA MONICA	9
90212	BEVERLY HILLS	10	90403	SANTA MONICA	25
90220	COMPTON	286	90404	SANTA MONICA	96
90221	COMPTON	180	90405	SANTA MONICA	66
90222	COMPTON	125	90407	SANTA MONICA	1
90230	CULVER CITY	133	90501	TORRANCE	124
90232	CULVER CITY	50	90502	TORRANCE	62
90240	DOWNEY	32	90503	TORRANCE	42
90241	DOWNEY	62	90504	TORRANCE	43
90242	DOWNEY	136	90505	TORRANCE	90
90243	GARDENA	1	90508	TORRANCE	1
90245	EL SEGUNDO	16	90510	TORRANCE	1
90245	EL SERENO	1	90601	WHITTIER	63
90247	GARDENA	109	90602	WHITTIER	65
90248	GARDENA	108	90603	WHITTIER	18
90249	GARDENA	65	90604	WHITTIER	64
90250	HAWTHORNE	243	90605	WHITTIER	81
90254	HERMOSA BEACH	4	90606	WHITTIER	79
90255	HUNTINGTON PARK	125	90607	WHITTIER	3
90260	LAWNDALE	68	90621	BUENA PARK	3
90261	LAWNDALE	1	90623	BUENA PARK	3
90262	LYNWOOD	135	90626	LYNWOOD	1
90265	MALIBU	25	90630	CYPRESS	5
90266	MANHATTAN BEACH	6	90631	LA HABRA	11
90270	MAYWOOD	32	90638	LA MIRADA	47
90272	PACIFIC PALISADES	17			



ICAN DATA ANALYSIS REPORT FOR 2000

ZIP CODE	CITY	COUNT	ZIP CODE	CITY	COUNT
90640	MONTEBELLO	138	90815	LONG BEACH	27
90650	NORWALK	269	90831	LONG BEACH	2
90660	PICO RIVERA	124	90850	NORWALK	2
90665	PICO RIVERA	1	90915	LAKESWOOD	1
90668	PICO RIVERA	1	91001	ALTADENA	325
90670	SANTA FE SPRINGS	39	91003	ALTADENA	2
90671	SANTA FE SPRINGS	2	91006	ARCADIA	36
90680	STANTON	3	91007	ARCADIA	24
90701	CERRITOS/ARTESIA	30	91007	MONROVIA	1
90702	ARTESIA	5	91007	PASADENA	3
90703	CERRITOS/ARTESIA	75	91010	DUARTE	70
90704	AVALON	4	91011	LA CANADA	12
90706	BELLFLOWER	223	91012	TUJUNGA	3
90710	HARBOR CITY	61	91016	MONROVIA	105
90712	LAKESWOOD	49	91018	ALTADENA	1
90713	LAKESWOOD	39	91020	MONTROSE	21
90714	LAKESWOOD	1	91024	SIERRA MADRE	6
90715	LAKESWOOD	65	91028	GLENDALE	1
90716	HAWAIIAN GARDENS	37	91030	SOUTH PASADENA	32
90717	LOMITA	40	91040	SUNLAND	37
90723	PARAMOUNT	164	91042	TUJUNGA	55
90731	SAN PEDRO	161	91043	TUJUNGA	2
90732	SAN PEDRO	11	91101	PASADENA	68
90733	SAN PEDRO	1	91103	PASADENA	195
90734	SAN PEDRO	1	91104	PASADENA	162
90744	WILMINGTON	105	91105	PASADENA	37
90745	CARSON	99	91106	PASADENA	32
90746	CARSON	149	91107	PASADENA	83
90747	CARSON	4	91108	PASADENA	5
90749	CARSON	5	91109	PASADENA	3
90801	LONG BEACH	30	91114	PASADENA	5
90802	LONG BEACH	102	91142	PANORAMA CITY	2
90803	LONG BEACH	26	91201	GLENDALE	43
90804	LONG BEACH	139	91202	GLENDALE	23
90805	LAKESWOOD	294	91203	GLENDALE	25
90806	LONG BEACH	163	91204	GLENDALE	22
90807	LONG BEACH	43	91205	GLENDALE	85
90808	LONG BEACH	36	91206	GLENDALE	44
90809	LONG BEACH	1	91207	GLENDALE	9
90810	CARSON	72	91208	GLENDALE	6
90812	LAKESWOOD	2	91214	LA CRESENTA	37
90812	SOUTH GATE	7	91224	GLENDALE	1
90813	LONG BEACH	193	91226	GLENDALE	1
90814	LONG BEACH	26	91231	ARLETA	1



DEPARTMENT OF MENTAL HEALTH

ZIP CODE	CITY	COUNT	ZIP CODE	CITY	COUNT
91233	EL MONTE	1	91331	LOS ANGELES	1
91244	GRANADA HILLS	2	91331	NORTH HILLS	1
91280	SOUTHGATE	1	91331	PACOIMA	229
91300	NORTH HOLLYWOOD	1	91331	RESEDA	3
91301	AGOURA	12	91331	WEST HILLS	1
91301	AGOURA HILLS	30	91331	WINNETKA	1
91301	CALABASAS	3	91332	ARLETA	1
91301	OAK PARK	1	91334	ARLETA	2
91302	WOODLAND HILLS	51	91335	LOS ANGELES	1
91303	CANOGA PARK	68	91335	NORTHRIDGE	1
91304	CANOGA PARK	110	91335	RESEDA	193
91304	SEPULVEDA	1	91335	VALENCIA	6
91304	WEST HILLS	17	91337	FONTANA	1
91305	CANOGA PARK	5	91337	RESEDA	1
91306	CANOGA PARK	158	91340	LOS ANGELES	1
91307	CANOGA PARK	29	91340	PACOIMA	2
91307	WEST HILLS	45	91340	SAN FERNANDO	100
91307	WOODLAND HILLS	4	91340	SAUGUS	2
91311	CANOGA PARK	1	91342	LAKE VIEW TERRACE	93
91311	CHATSWORTH	92	91342	SYLMAR	318
91312	NEWHALL	1	91343	BELLFLOWER	1
91312	SUN VALLEY	1	91343	GRANADA HILLS	2
91313	NORTH HILLS	1	91343	LYNWOOD	1
91315	CANYON COUNTRY	6	91343	MISSION HILLS	2
91316	VAN NUYS	31	91343	NORTH HILLS	287
91317	WEST HILLS	1	91343	NORTHRIDGE	9
91321	CASTAIC	1	91343	PANORAMA CITY	3
91321	NEWHALL	57	91343	RESEDA	1
91321	PALMDALE	1	91343	SALINAS	1
91321	SANTA CLARA	1	91343	SEPULVEDA	44
91322	NEWHALL	1	91343	WEST HILLS	2
91322	RESEDA	2	91344	GRANADA HILLS	128
91324	NEWHALL	1	91344	GRENADA HILLS	1
91324	NORTHRIDGE	104	91344	MISSION HILLS	1
91324	ORANGE	1	91344	NORTHRIDGE	1
91325	CHATSWORTH	1	91345	MISSION HILLS	59
91325	NORTHRIDGE	59	91345	VALENCIA	1
91325	RESEDA	4	91346	GRANADA HILLS	1
91326	NORTHRIDGE	42	91346	MISSION HILLS	1
91330	NORTHRIDGE	1	91346	WINNETKA	1
91330	RESEDA	1	91347	NORTH HILLS	1
91331	ARLETA	102	91350	ACTON	1
91331	CHATSWORTH	2	91350	AGUA DULCE	4
91331	LAKE VIEW TERRACE	3	91350	AQUA DULCE	1



ICAN DATA ANALYSIS REPORT FOR 2000

ZIP CODE	CITY	COUNT	ZIP CODE	CITY	COUNT
91350	CANYON COUNTRY	2	91381	STEVENSON RANCH	3
91350	GREEN VALLEY	1	91381	VALENCIA	1
91350	LA VERNE	1	91384	CASTAIC	32
91350	NEWHALL	1	91384	SAUGUS	1
91350	PALMDALE	1	91384	VAL VERDE	2
91350	SANTA CLARITA	6	91384	VALENCIA	1
91350	SAUGUS	77	91395	CANYON COUNTRY	1
91350	VALENCIA	1	91395	MISSION HILLS	1
91351	ARLETA	1	91396	CANOGA PARK	1
91351	CANYON COUNTRY	175	91397	WEST HILLS	2
91351	NEWHALL	1	91401	VAN NUYS	141
91351	SANTA CLARITA	1	91402	PANORAMA CITY	162
91352	SIMI VALLEY	1	91402	VAN NUYS	26
91352	SUN VALLEY	117	91403	SHERMAN OAKS	27
91353	PALMDALE	2	91403	VAN NUYS	3
91353	RESEDA	1	91404	VAN NUYS	2
91353	VALENCIA	1	91405	VAN NUYS	166
91354	SANTA CLARITA	1	91406	VAN NUYS	179
91354	VALENCIA	19	91411	VAN NUYS	68
91355	CANYON COUNTRY	2	91413	VAN NUYS	1
91355	NEWHALL	2	91423	VAN NUYS	50
91355	RESEDA	3	91432	SHERMAN OAKS	3
91355	SANTA CLARITA	1	91432	SYLMAR	14
91355	SAUGUS	1	91436	VAN NUYS	9
91355	VALENCIA	43	91482	VAN NUYS	2
91356	ENCINO	1	91501	BURBANK	27
91356	RESEDA	1	91502	BURBANK	35
91356	TARZANA	64	91503	ALHAMBRA	1
91357	TARZANA	1	91503	BURBANK	1
91358	SUN VALLEY	1	91504	BURBANK	36
91360	THOUSAND OAKS	3	91504	TORRANCE	1
91361	WESTLAKE VILLAG	6	91505	BURBANK	29
91362	AGOURA HILLS	1	91506	BURBANK	21
91362	LAKE VIEW TERRACE	1	91530	SAUGUS	1
91362	ONTARIO	3	91551	CANYON COUNTRY	1
91362	WESTLAKE VILLAG	2	91601	NORTH HOLLYWOOD	78
91364	WOODLAND HILLS	38	91602	NORTH HOLLYWOOD	20
91367	WOODLAND HILLS	46	91603	NORTH HOLLYWOOD	2
91372	WOODLAND HILLS	1	91604	NORTH HOLLYWOOD	18
91376	AGOURA HILLS	1	91605	NORTH HOLLYWOOD	145
91377	LONG BEACH	1	91606	NORTH HOLLYWOOD	113
91381	CANYON COUNTRY	1	91607	NORTH HOLLYWOOD	44
91381	PALMDALE	1	91610	NORTH HOLLYWOOD	1
91381	SAUGUS	1	91701	ALTALOMA	1



DEPARTMENT OF MENTAL HEALTH

ZIP CODE	CITY	COUNT	ZIP CODE	CITY	COUNT
91702	AZUSA	194	91742	COVINA	1
91706	BALDWIN PARK	120	91742	EL MONTE	2
91706	COVINA	1	91742	GLENDORA	1
91706	IRWINDALE	1	91744	LA PUENTE	142
91706	NORTH HOLLYWOOD	1	91744	SAN JACINTO	1
91706	PASADENA	1	91744	VALINDA	15
91709	CHINO HILLS	3	91745	HACIENDA HEIGHTS	51
91710	CHINO HILLS	11	91745	ROWLAND HEIGHTS	2
91711	CLAREMONT	21	91746	BALDWIN PARK	1
91712	AZUSA	1	91746	BASSETT	1
91718	LOS ANGELES	1	91746	GLENDORA	1
91719	CERRITOS/ARTESIA	1	91746	HACIENDA HEIGHTS	2
91719	CORONA	2	91746	LA PUENTE	70
91720	CORONA	5	91746	VALINDA	2
91722	COVINA	81	91748	LOS ANGELES	1
91723	COVINA	44	91748	ROWLAND HEIGHTS	63
91723	EL MONTE	2	91750	AZUSA	1
91723	GLENDORA	5	91750	LA VERNE	53
91723	PARAMOUNT	1	91750	LAVERNE	8
91724	BELLFLOWER	1	91750	LOS ANGELES	1
91724	COVINA	86	91752	EL MONTE	1
91725	SAN DIMAS	1	91752	MIRA LOMA	1
91726	NORTH HOLLYWOOD	1	91753	EL MONTE	1
91730	RANCHO CUCUMONGA	2	91754	MONTEREY PARK	53
91731	EL MONTE	57	91755	LOS ANGELES	1
91731	LOS ANGELES	1	91755	MONTEREY PARK	22
91731	TEMPLE CITY	1	91761	BALDWIN PARK	1
91732	BALDWIN PARK	1	91761	ONTARIO	2
91732	COMPTON	2	91762	COVINA	1
91732	EL MONTE	712	91762	ONTARIO	3
91732	GARDENA	1	91763	MONTCLAIR	3
91732	LOS ANGELES	2	91764	LA PUENTE	3
91732	SOUTH EL MONTE	1	91764	ONTARIO	2
91733	EL MONTE	50	91765	DIAMOND BAR	27
91733	LA VERNE	1	91766	POMONA	62
91733	SAN DIMAS	2	91767	CLAREMONT	1
91733	SOUTH EL MONTE	11	91767	POMONA	56
91734	EL MONTE	1	91768	POMONA	19
91737	EL MONTE	1	91768	VALINDA	1
91740	AZUSA	1	91770	ALTADENA	1
91740	GLENDALE	2	91770	ROSEMEAD	126
91740	GLENDORA	95	91770	SAN GABRIEL	4
91740	LA VERNE	2	91771	CLAREMONT	1
91741	GLENDORA	25	91771	EL MONTE	2



ICAN DATA ANALYSIS REPORT FOR 2000

ZIP CODE	CITY	COUNT	ZIP CODE	CITY	COUNT
91773	LA VERNE	2	92329	SAN BERNARDINO	2
91773	LOS ANGELES	1	92335	FONTANA	6
91773	SAN DIMAS	67	92335	LOS ANGELES	1
91775	MONTEREY PARK	4	92336	FONTANA	2
91775	SAN GABRIEL	36	92337	FONTANA	1
91776	LOS ANGELES	1	92343	NORTH HILLS	3
91776	SAN GABRIEL	57	92345	HISPERIA	1
91780	ARCADIA	1	92345	LOS ANGELES	1
91780	EL MONTE	1	92346	HIGHLAND	1
91780	SAN GABRIEL	1	92346	HIGHLAND PARK	3
91780	TEMPLE CITY	65	92354	HESPERIA	1
91786	VAL VERDE	1	92371	TRABUCO CANYON	1
91789	WALNUT	32	92373	REDLANDS	2
91790	WEST COVINA	95	92376	REALTO	1
91791	WEST COVINA	32	92376	RIALTO	6
91792	WEST COVINA	55	92376	SAN BERNARDINO	1
91793	WEST COVINA	1	92377	COVINA	2
91801	ALHAMBRA	90	92377	RIALTO	3
91801	ARCADIA	1	92383	SAN JACINTO	2
91802	ALHAMBRA	2	92388	FULLERTON	1
91803	ALHAMBRA	45	92391	TWIN PEAKS	1
91807	PASADENA	1	92392	PHELAN	2
91808	ALHAMBRA	1	92392	VICTORVILLE	6
91820	ALHAMBRA	1	92404	SAN BERNARDINO	1
91978	SPRING VALLEY	1	92407	SAN BERNARDINO	1
92011	LOS ANGELES	1	92410	SAN BERNARDINO	2
92025	LOS ANGELES	1	92411	SAN BERNARDINO	1
92055	HUNTINGTON PARK	1	92490	GARDENA	1
92066	LOS ANGELES	1	92499	SAN BERNARDINO	1
92083	VISTA	1	92501	RIVERSIDE	4
92084	CHULA VISTA	1	92503	RIVERSIDE	3
92085	VISTA	1	92504	RIVERSIDE	3
92110	SAN DIEGO	4	92506	RIVERSIDE	1
92220	EL CAJON	1	92508	RIVERSIDE	1
92222	COMPTON	2	92509	RIVERSIDE	4
92230	CABAZON	1	92517	LOS ANGELES	1
92234	CATH CITY	1	92530	LAKE ELSINORE	1
92282	WHITEWATER	4	92543	HEMET	3
92307	APPLE VALLEY	2	92544	LOS ANGELES	1
92308	APPLE VALLEY	1	92551	MORENO VALLEY	7
92316	BLOOMINGTON	3	92553	LOS ANGELES	1
92324	COLTON	2	92553	MORENO VALLEY	4
92324	LOS ANGELES	1	92555	MORENO VALLEY	2
92325	CRESTLINE	1	92557	MORENO VALLEY	2



DEPARTMENT OF MENTAL HEALTH

ZIP CODE	CITY	COUNT	ZIP CODE	CITY	COUNT
92562	LOS ANGELES	1	92818	ORANGE	1
92562	MURRIETA	3	92821	BREA	1
92570	LOS ANGELES	1	92831	FULLERTON	2
92570	PERRIS	2	92832	FULLERTON	3
92571	PERRIS	5	92836	FULLERTON	1
92582	SAN JACINTO	1	92836	LA MIRADA	1
92596	WINCHESTER	1	92841	GARDEN GROVE	2
92618	IRVINE	1	92841	NORWALK	1
92626	COSTA MESA	3	92843	GARDEN GROVE	2
92628	COSTA MESA	1	92845	GARDEN GROVE	1
92630	MORENO VALLEY	1	92865	ORANGE	1
92631	FULLERTON	1	92866	ORANGE	2
92632	FULLERTON	2	92868	ANAHEIM	1
92633	FULLERTON	2	92869	ORANGE	2
92643	GARDEN GROVE	1	92870	LOS ANGELES	1
92646	HUNTINGTON BEACH	1	92880	RIVERSIDE	1
92647	HUNTINGTON BEACH	2	92908	SAN BERNARDINO	1
92655	MIDWAY CITY	1	93001	VENTURA	1
92660	LOS ANGELES	1	93004	VENTURA	1
92663	NEWPORT BEACH	1	93010	CAMARILLO	2
92665	ORANGE	1	93012	LOS ANGELES	1
92666	FULLERTON	1	93023	OJAI	1
92677	LAGUNA NIGUEL	1	93030	OXFORD	1
92680	TUSTIN	1	93033	OXNARD	2
92681	FULLERTON	1	93042	PORT HUENEME	1
92683	WESTMINISTER	2	93062	SIMI VALLEY	1
92684	WESTMINISTER	2	93063	SIMI VALLEY	8
92691	MISSION VIEJO	2	93065	SIMI VALLEY	5
92701	ORANGE	2	93201	ALPAUGH	1
92701	SANTA ANA	3	93210	COALINGA	1
92704	SANTA ANA	3	93225	FRAZIER PARK	2
92705	SANTA ANA	1	93243	LEBEC	1
92706	SANTA ANA	1	93306	LOS ANGELES	2
92711	ORANGE	1	93307	BAKERSFIELD	3
92714	TUSTIN	1	93420	ARROYO GRANDE	1
92754	SAN JUAN CAP	1	93446	PASO ROBLES	2
92780	TUSTIN	1	93453	LITTLE ROCK	2
92802	ANAHEIM	1	93454	SANTA MARIA	2
92804	ANAHEIM	6	93454	SANTA MONICA	1
92804	GARDEN GROVE	1	93455	SANTA MARIA	1
92805	ANAHEIM	6	93501	MOJAVE	1
92806	ANAHEIM	1	93505	LOS ANGELES	1
92807	ANAHEIM	3	93510	ACTON	13
92808	ANAHEIM	2	93525	LANCASTER	14

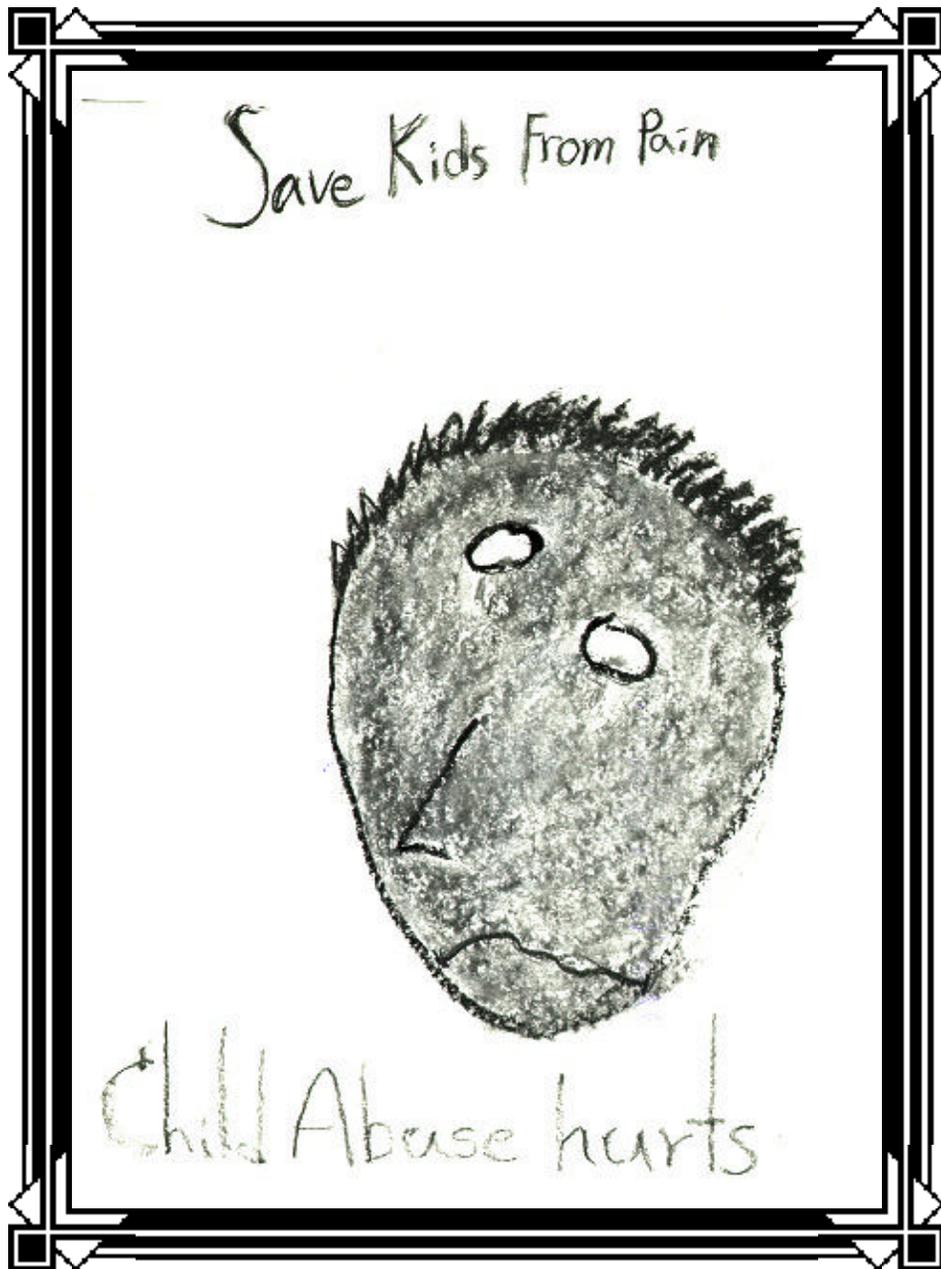


ICAN DATA ANALYSIS REPORT FOR 2000

ZIP CODE	CITY	COUNT	ZIP CODE	CITY	COUNT
93526	LANCASTER	1	94509	ANTIOCH	1
93530	LANCASTER	1	94608	OAKLAND	1
93534	LANCASTER	134	95207	STOCKTON	1
93535	LANCASTER	225	95231	HIGHLAND	1
93536	LANCASTER	122	95628	FAIR OAKS	1
93539	ANZA	1	95709	ANAHEIM	1
93539	LANCASTER	1	95822	SACRAMENTO	2
93543	GARDENA	1	95823	SACRAMENTO	1
93543	LANCASTER	2	96257	MORENO VALLEY	1
93543	LITTLE ROCK	39	96650	NORWALK	1
93544	LLANO	1	97105	SAN DIEGO	1
93545	LANCASTER	1	97106	BALDWIN PARK	2
93550	LANCASTER	4	97132	EL MONTE	9
93550	PALMDALE	323	97144	LA PUENTE	4
93551	ACTON	1	97201	PORTLAND	1
93551	LEONA VALLEY	3	98170	SEATTLE	1
93551	PALMDALE	96	98366	PORT ORCHARD	1
93551	QUARTZ HILL	1	98382	SEQUIN	1
93552	LITTLE ROCK	2	99102	ALBION	1
93552	LOS ANGELES	1			
93552	PALMDALE	84			
93553	PALMDALE	1			
93553	PEARBLOSSOM	3			
93557	PALMDALE	1			
93559	PALMDALE	1			
93560	LANCASTER	1			
93560	ROSEMEAD	1			
93560	TRONA	2			
93561	TEHACHAPI	1			
93565	LANCASTER	1			
93589	PALMDALE	1			
93590	PALMDALE	2			
93591	LAKE VIEW TERRACE	2			
93591	LANCASTER	1			
93591	LOS ANGELES	4			
93591	PALMDALE	19			
93605	SIMI VALLEY	1			
93612	CLOVIS	1			
93635	LANCASTER	1			
93636	LANCASTER	1			
93650	PALMDALE	1			
93706	FRESNO	1			
93751	FRESNO	1			
94355	VALENCIA	1			



LOS ANGELES CITY ATTORNEY'S OFFICE



TONY B.
THE H.E.L.P. GROUP/VILLAGE GLEN



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 759 total child abuse/endangerment prosecution statistics, which are presented for the City Attorney's Office for 1999, 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 - 152 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 - 210 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 - 343 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 - 51 Cases

The cases in this category include prosecutions of:

- P.C. Section 272
Contributing to the delinquency of a minor

EXPLOITATION- 3 Cases

The cases in this category include prosecutions of:

P.C. Section 311.2

P.C. Section 311.11

P.C. Section 313

These code sections relate to the exploitation of child victims by depiction of a child in sexual conduct; and the sale or distribution of harmful matter to minors.

TOTAL CHILD ABUSE/ENDANGERMENT PROSECUTIONS - 759 CASES

The 759 case prosecutions represented in this report for 1999 is a decrease of 6 cases (or .78% less than the 765 case prosecutions which took place during 1998).

B. HEARINGS

There were 608 child abuse/endorment cases referred to the City Attorney Office's Hearing Program in 1999 after review by an attorney for filing consideration. This represents an increase of 95 cases (or 18.5% more than the 513 cases referred to hearing during 1998).

C. VICTIM WITNESS ASSISTANCE PROGRAM

There were 703 child victims of crime who received services from the City Attorney Victim Assistance Program Service Coordinators during 1999. This is 334 more victims (or 95.8% more) than the 359 child victims who received assistance during 1998.

This increase is due to case referrals that the program began receiving from the LAC/USC Violence Intervention Program in October 1998. This agency treats Domestic Violence, Sexual Assault and Child Abuse cases. In 1999, they received a total of 619 new cases from this agency. A significant number of these referrals were child victims.



THE CHILD ADVOCATES OFFICE



JASON BLOMEYER
MULHALL

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 Rule of Court 1424. The California Judicial Council has oversight responsibility for monitoring compliance. There are 34 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...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 child such as social workers and attorneys, 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 services without authorization from the court, but they frequently request such authorization when the tasks involve assessing a potential placement, taking a child to therapy or to parental visits, monitoring or assisting with monitored visits, taking a child for court ordered sibling visits, etc. While the program does not accept cases just for these tasks, if they become important in the overall plan for the child authorization is requested.

Most cases are referred for a CASA at a court hearing, often by the child's attorney or directly by the judicial officer. 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 case supervisors. All referrals to the office must have a signed court order.

CASAs are not mentors or big brothers or sisters, although, depending on the age and situation of the child they may also fill these roles. They are advocates for specific needs of the child, and are appointed for children ages 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 suicidal, drug or alcohol addicted, actively gang involved, chronic runaways, or with a history of multiple psychiatric hospitalizations.

The average time a CASA is on a case is two years, and for that reason the program asks for a two year commitment from prospective volunteers. About 75% of volunteers keep the commitment, and many have been with the program for more than five years.

TRAINING AND SUPERVISION

Prospective advocates are screened during an orientation session and a personal interview, and receive 36 hours of training before being sworn in as officers of the court by the juvenile court presiding judge. The training includes classes on child development and the dynamics of abusive families, the court system and laws, educational advocacy and the child welfare system.

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 all court reports and correspondence prepared by the CASA.

OTHER PROGRAM COMPONENTS

In addition to the Court Appointed Special Advocate component, the Child Advocates Office serves the needs of the court with two other programs. These are:

- Children's Court Assistants, volunteers who talk with children in the shelter area at court, particularly children who are there for their first court hearing, to help ease their anxiety and to explain the court process. Court Assistants attempt to talk with every child in the shelter area on a given day, but they do not engage the children in conversation about their cases. Their purpose is to make certain that if a child has any questions or concerns they are relayed to the child's attorney or to the DCFS Court Officer before the hearing. They 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 take the child back to the shelter area. They are often able to explain to the child what happened dur-

ing the hearing, although if there are any legal or social work questions these are referred to the appropriate party.

- MacLaren Children's Center Volunteers, who interview children who have been returned to MacLaren following a placement failure to determine the child's perspective on why the placement failed and any placement preferences the child wishes to tell the court. MacLaren Volunteers may research the child's MacLaren records for any information on psychological or educational testing. They submit a report to the court that is not entered into evidence, but is intended to be helpful to the court, the child's attorney and the social worker for future planning for the child.

ABOUT THE CHILDREN

The Child Advocates Office counts each child as a case. In 1999 we served 831 children with a CASA volunteer. This does not count children served in other components

Ethnicity

African American	322	39.0%
Asian	1	0.5%
Caucasian	156	19.0%
Latino	244	29.0%
Native American	1	0.5%
Unknown	107	12.0%

Age

0 - 5	183	22.0%
6 - 11	317	38.0%
12 - 17	317	38.0%
18+	14	2.0%

Gender

Males	431	52.0%
Female	400	48.0%

ABOUT THE VOLUNTEERS

In 1999 there were 323 volunteers with the Child Advocates Office, with 299 assigned as CASAs on cases. Volunteers are responsible adults who must be at least 25 years of age, who must have the time flexibility to attend training, court hearings, treatment team meetings, school meetings and case conferences. Volunteers are fingerprinted and criminal records and DMV checks are run. They must be willing to drive, and must show proof of insurance.

Ethnicity

African American	45	15.0%
Asian	5	2.0%
Caucasian	213	71.0%
Latino	26	9.0%
Other	2	0.7%
Unknown	8	2.3%

Gender

Male	46	15.0%
Female	253	85.0%

Age

25 - 29	14	5.0%
30 - 39	46	15.0%
40 - 49	59	20.0%
50 - 59	78	26.0%
60 +	93	31.0%
Unknown	9	3.0%

Employment

Full time	135	45.0%
Part time	25	8.0%
Student	2	1.0%
None	37	12.0%
Retired	73	24.5%
Unknown	27	9.5%



STATISTICS

The Child Advocates Office is a public/private partnership. It is under 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. Because the Friends operates on a July-June fiscal year, the statistics presented are for FY 1998-99 and FY 1999-2000.

EXPLANATION OF TERMS

Beginning Total (B) refers to the number of open, active cases of children with assigned CASAs at the start of the month.

Referrals (C) represents the number of NEW referrals received in the office during the month. All new referrals are given the status of Waiting.

Assigned (D) refers to the number of children assigned CASAs during the month. Children may be assigned from the new referrals received during the month or from the waiting list.

Decline Services (E) refers to the number of children for whom a decision is made not to assign a CASA. The children may be current referrals, or they may have been on the waiting list.

Waiting Assessment (F) refers to children referred to the office for whom a decision whether or not to assign a CASA had not been made at some point during the month. Please note, the number in this column represents all the children whose status was Waiting at some point during the month, and it also includes children for whom a decision is made during the month. For example, if there are 17 children for whom a decision has not been made on the first of the month, and 30 more children are referred during the month, the Waiting Assessment column will reflect 47 children as waiting, even if 25 of them are assigned or declined during the month.

Cases Closed (G) refers to cases that had a CASA assigned but were closed during the month.

End of Month Total (B+D=G) is the number of children who have open, active cases with assigned CASAs at the end of the month.

Total Served (B+D) represents the number of children at the end of the month with open active cases PLUS the number of closed cases, because those children were also served during the month.

Because the statistics are run on the first working day of every month, and data entry may not be current as of that date, there are often discrepancies between the end of month total one month and the beginning total the next month. Over the course of a year, however, the numbers are accurate.

THE CHILD ADVOCATES OFFICE

Figure 16-1

THE CHILD ADVOCATES OFFICE

Fiscal Year 1998-1999

Update Month	Beginning Total B	Referrals C	Assigned D	Never Served E	Waiting Assessment F	Cases Closed G	End of Month Total (B+D-G)	Total Served (B+D)
July	478	74	13	23	100	28	463	491
August	464	51	48	32	61	20	492	512
September	492	42	28	30	49	23	497	520
October	493	49	22	14	58	18	497	515
November	497	72	23	16	90	21	499	520
December	508	57	40	22	88	39	509	548
January	504	26	22	4	83	17	509	526
February	501	77	33	31	93	13	521	534
March	520	51	31	42	70	24	527	551
April	527	46	25	16	72	5	547	552
May	547	58	26	27	71	24	549	573
June	546	62	42	34	66	67	521	588
Year total	478	665	353	291		299		831

QUARTER	Volunteers	Oriented	Trained	Re-Activated	Left Program	Total	Casa Hours
July-Sep	270	49	23	4	22	275	24,456
Oct-Dec	275	61	31	0	8	298	25,578
Jan-Mar	298	63	22	0	16	304	25,345
Apr-Jun	304	66	25	1	15	315	27,677
Year total	270	239	101	5	61	376	103,056

YEAR	SHELTER CARE		MACLAREN		PROGRAM TOTAL	
	# Children	Hours	Children	Hours	Children	Hours
98-99	9,126	7,268	169	465	10,438	110,789

ICAN DATA ANALYSIS REPORT FOR 2000

Figure 16-2

THE CHILD ADVOCATES OFFICE

Fiscal Year 1999-2000

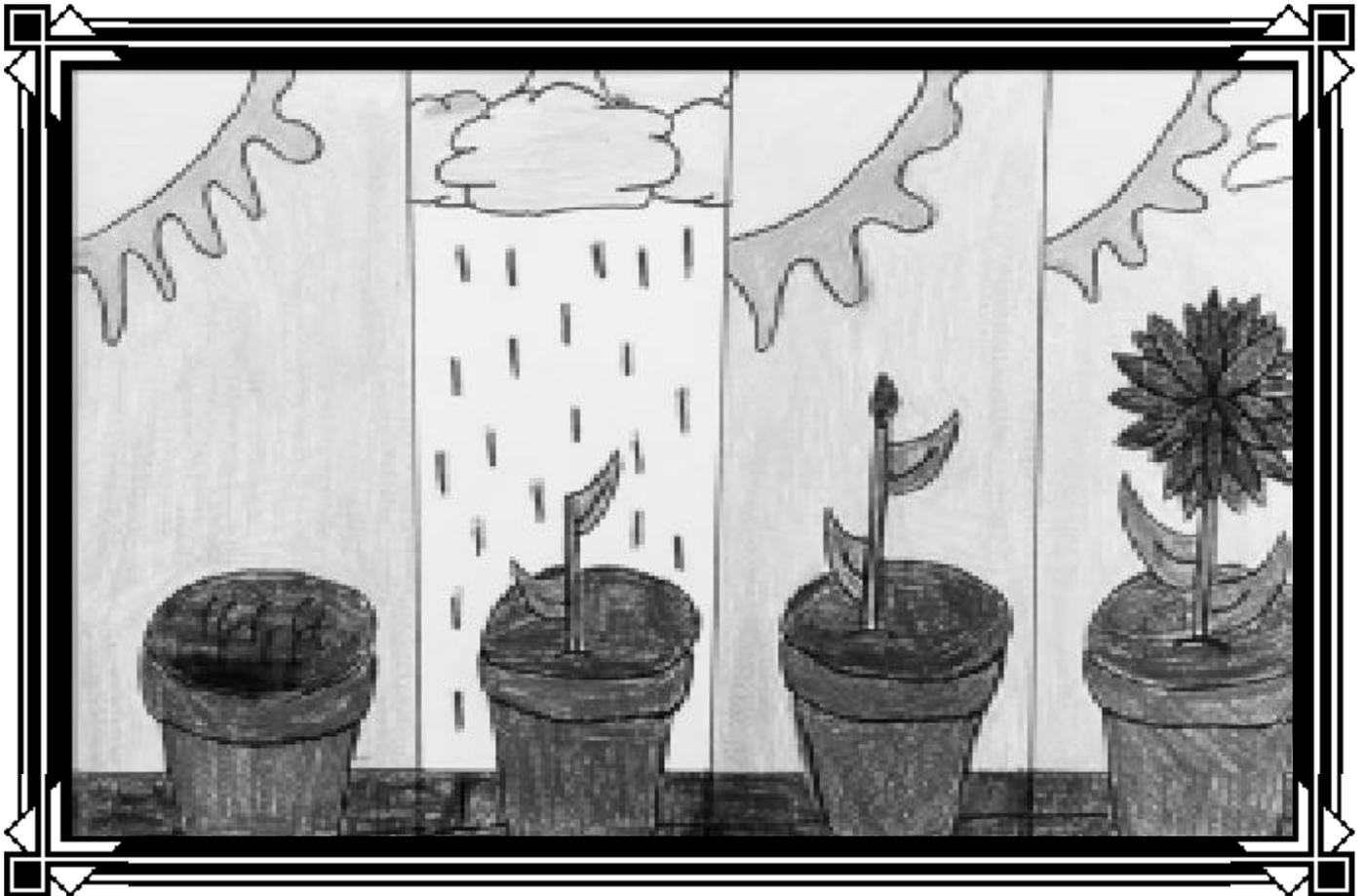
Update Month	Beginning Total B	Referrals C	Assigned D	Decline Services E	Waiting Assessment F	Cases Closed G	End of Month Total (B+D-G)	Total Served (B+D)
July	526	55	28	20	69	29	529	554
August	525	53	26	27	78	30	521	551
September	516	7	10	2	79	7	519	526
October	508	118	21	22	156	19	510	529
November	485	46	36	28	152	46	475	521
December	524	10	14	9	89	20	518	538
January	502	16	24	11	90	11	515	526
February	514	12	15	5	76	15	514	529
March	523	20	26	13	81	27	522	549
April	520	22	16	19	76	13	523	536
May	521	51	28	12	94	22	527	549
June	527	44	9	20	92	32	504	536
Year total	526	454	253	188		271		779

QUARTER	Volunteers start	Oriented	Trained	Re-Activated	Left Program	Total	Casa Hours
July-Sep	314	45	16	0	19	311	26,657
Oct-Dec	311	58	16	1	13	315	26,552
Jan-Mar	315	27	29	1	18	327	24,340
Apr-Jun	327	40	15	1	13	329	26,370
Year total	314	170	76	3	63 end	330	103,919

YEAR 99-00	SHELTER CARE		MACLAREN		PROGRAM TOTAL	
	# Children	Hours	Children	Hours	Children	Hours
	9,619	7,526	145	440	10,543	111,885



PUBLIC DEFENDER'S OFFICE



CHRISTINA LEE
HANCOCK PARK SCHOOL - 5TH GRADE

PUBLIC DEFENDER'S OFFICE

THE PUBLIC DEFENDER'S OFFICE

The Office of the Public Defender provides constitutionally mandated legal representation to indigent criminal defendants in the Superior, Municipal and Juvenile Courts of Los Angeles County. Established in 1913, the Los Angeles County Public Defender is the oldest and largest governmental defender in the United States. It is a career office with an annual attorney attrition rate over the last 10 years of approximately 6%. The office provides quality representation in a cost effective manner. The Department emphasizes continual broad justice system improvements and actively participates, often in a leadership role, in numerous criminal justice inter-agency committees and projects.

The Department has offices in 42 separate locations throughout the County. The staff of 973 dedicated members is composed of 618 trial attorneys, supported by paralegals, investigators, secretaries and clerical staff. The workload of the Department includes representation of felony and misdemeanor defendants, Juvenile delinquency cases, sexually violent predator cases, mental health commitments, civil contempt matters and pre-judgment appeals. The Public Defender represents 67.5% of the felony and 54% of the misdemeanor defendants in Los Angeles County.

THE JUVENILE JUSTICE SYSTEM

The Juvenile Justice System is faced with many issues above and beyond the lack of maturity and lack of experience demonstrated by its juvenile clientele. Not unlike the Adult Criminal Justice System,

issues of mental health, domestic violence, dysfunctional families, drug and alcohol abuse, illiteracy, poverty and disproportionate minority confinement plague the juvenile system as well. In 1999, in Los Angeles County, 23,725 petitions (delinquency) were filed in Juvenile court. Of those cases, 15,721 were felonies and 8004 were misdemeanors.

EFFORTS BY THE LOS ANGELES PUBLIC DEFENDER'S OFFICE

In 1998, the Public Defender's Office embarked upon an innovative and challenging program to enhance and expand legal representation of at-risk youth in the juvenile justice system with the hiring of psychiatric social workers funded by federal grant funds, namely the Juvenile Accountability Incentive Block Grant (JAIBG).

It is more common that the focus of the juvenile justice system is to center on the enforcement of laws and on punishment by the courts. Unfortunately, inadequate attention has been paid to the many serious underlying issues that significantly contribute to delinquent behavior. These issues include mental health and substance abuse problems, learning disabilities and other pervasive psycho social issues. The expanded use of psychiatric social workers by the Public Defender's Office is an attempt to more effectively address these significant yet often unaddressed issues within the context of legal representation of at-risk youth in the juvenile justice system.

In our role as defense counsel, the Public Defender's Office is in a unique position to gain the trust and confidence of the minor client and his/her family during the penden-

cy of juvenile proceedings. Precisely because of the attorney client relationship, the minor and his/her family are very often more willing to fully disclose critical information about personal and family psychosocial history to the defense attorney than to others in the juvenile justice system. This information is often mitigating, and can often help to explain, if not justify, a minor's delinquent behavior. The psychiatric social worker, working in tandem with the deputy public defender, is in a unique position to elicit and collect this critical background information and also provide disposition alternatives to successfully address underlying problems that contribute to the minor's delinquent behavior, and also hold that minor accountable for his/her actions.

The JAIBG is a federal grant that is administered by the State Office of Criminal Justice Planning. This grant, among its many other provisions, authorizes the hiring of court appointed defenders and provides funding for pre-trial services for juveniles, to ensure the smooth and expeditious administration of the juvenile justice system. It also emphasizes the goals of achieving the greatest impact of reducing juvenile delinquency, improving the juvenile justice system, and increasing accountability for juvenile offenders.

With funding under JAIBG, the Los Angeles County Public Defender's Office has initiated a pilot project to staff each of its 10 offices located at each juvenile court facility throughout the county with at least one psychiatric social worker. This grant authorizes the hiring of twelve psychiatric social workers and one supervising social worker as well as seven paralegals for the juvenile division. Prior to JAIBG, the Office had only one licensed clinical social worker. The grant also provides funding for an attorney resource specialist to provide assistance and expertise in representing clients

in complex mental health educational issues.

In appropriate cases, the psychiatric social workers interview public defender clients at the pre-trial stage of juvenile proceedings, along with their family members and other interested parties. The services of the social worker include an assessment of minors to determine whether young offenders represent a risk to the community. The assessment may also form the basis for effective treatment plans that will reduce the likelihood of re-offending by addressing the issues that put youth at risk for delinquency.

Consultation services also include early intervention to identify needed services, crisis counseling during the court process, and recommendations for dispositions plans and conditions of probation in difficult juvenile cases. This proactive and holistic approach to legal representation by the Public Defender's Office is also intended to provide the courts with more complete information regarding disposition alternatives. Social workers and paralegals in the juvenile division play a key role in assisting the attorney to individualize and humanize the view of each child before a sometimes uninformed court. Consequently, more appropriate services will be rendered to minors and their families to minimize recidivism while continuing to hold minors accountable.

We received the first installment of grant funds in 1999. Due to the confidential nature of the work of the Public Defender's Office, there were impediments to hiring psychiatric social workers. However, with much effort, we have hired most of the psychiatric social workers identified by the grant. Hence, in 1999, we provided services (as specified above) to 539 minors with pending juvenile petitions. As of April 2000, the program was substantially fully staffed.

It is important to understand the history and background of those minors who find

themselves in the juvenile justice system. When a minor has a pending matter in Juvenile Court, information regarding the minor's personal and family psycho-social history could be a life changing factor. If discovered, it (a minor's background) could likely result in addressing the minor's underlying problems. The long range goal is to get the minor out of the juvenile justice system altogether and assist him / her in the achievement of a productive and meaningful life. This however, will take time and effort.

Attorney Resource Specialist

An additional component of JAIBG allows for an educational element in which an attorney resource specialist provides advocacy for minors with mental health issues and who are involved in the Juvenile Justice System. The services provided by the resource specialist range from representing minors who are denied services at state funded centers, attending Individual Educational Program (IEP) hearings with minors and their parents, and reviewing the appropriateness of services offered to minors at state funded centers. Although this position is newly staffed, in a short time period, it has provided much needed assistance and support to minors and their parents..

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

The Public Defender's Office and the Probation Department collaborate under the TANF Grant to provide more appropriate placements for minors who have been placed in juvenile camps. Based upon criteria agreed upon by the Public Defender's Office and the Probation Department, Probation staff members select minors who have been inappropriately placed in camp following a juvenile court proceeding.

After a lengthy assessment and analysis

of the minor and his/her needs, a social worker employed by the Public Defender's Office compiles a comprehensive plan for an appropriate placement as an alternative to camp placement. Based upon the assessment and comprehensive plan, both agencies (Public Defender's Office and Probation) recommend to the juvenile court judge an individually tailored placement which better meets the minor's needs.

Through the TANF Grant, both the Public Defender's Office and the Probation Department, have more effectively achieved placements that are in the minor's best interest.

JUVENILE DRUG COURT

The Public Defender's Office is also involved in Juvenile Drug Court. Rather than focusing only on the crime committed by juveniles and the punishment they receive, Drug Court attempts to resolve underlying problems manifested by substance abuse.

Drug Court is built upon a unique partnership between the juvenile justice community and the drug treatment community. Drug Court is dependent upon the creation of a non-adversarial courtroom atmosphere where a single judge and a dedicated team of court officers and staff work together toward a common goal of breaking the cycle of drug abuse and miscreant behavior.

The Los Angeles County Juvenile Court Drug Court Programs are supervised, comprehensive treatment programs for nonviolent minors. The programs are comprised of minors in both pre adjudication and post adjudication stages as well as high risk probationers. Drug testing, individual group counseling and family counseling are furnished by the Juvenile Drug Court Treatment Provider. The minor must maintain regular attendance at twelve step meetings. A counselor or probation officer will

also assist with obtaining education and skills assessments. The minor's parents and family members will be encouraged to participate in appropriate treatment sessions.

There are two types of Drug Court Programs. In one program, Drug Court is available to both pre adjudication and post adjudication minors. The minor must be between the ages of 14 and 17. He/she must demonstrate a maturity level compatible with the Drug Court population at the time of entry into the program and the minor must have a history of drug use. The program will accept both male and female clients. Female clients will not be excluded from the program due to pregnancy. To be eligible for the pre adjudication program, the minor must be charged with possession of drugs or being under the influence of drugs or alcohol.

Minors eligible for the post adjudication program are juvenile offenders charged with :

- Sales or possession of drugs for sale where the value is under \$100.00
- Theft/vandalism/graffiti under \$400.00
- Nonresidential burglaries with minor losses
- Cultivation of marijuana for personal use

If the Court determines that the minor is eligible and suitable, the minor will be provisionally accepted into the Drug Court Treatment Program. After the minor is accepted into the program, deputy public defenders will continue to represent the minor throughout his or her participation in Drug Court. Successful completion and graduation from the program will result in having the charges dismissed. Failure or dismissal from the program will result in the reinstatement of criminal charges and subsequent prosecution on the pre adjudicated charges or continuation on probation on the post adjudication charges. Deputy Public

Defenders receive training regarding addictive diseases; treatment and related issues constitute an ongoing part of the therapeutic environment fostered in the Drug Court.

To date, there have been 15 minors who have successfully completed the year long Program and graduated from Drug Court. In October 2000, another group of minors will graduate from the Program.

DISPROPORTIONATE MINORITY CONFINEMENT IN THE JUVENILE JUSTICE SYSTEM

The Public Defender's Office has been involved in attempts to eliminate disproportionate minority confinement for many years. Generally, "disproportionate minority confinement" refers to differences between the proportion of minority youth in confinement in relationship to the proportion of minority youth in the general population.

The first report released by Building Blocks for Youth, entitled, "The Color of Justice" demonstrates that in Los Angeles, minority youth are disproportionately waived to adult court and disproportionately sentenced to the California Youth Authority (CYA).

"The Color of Justice," was prepared by members of the Justice Policy Group which is a project of the Center on Juvenile and Criminal Justice, a nonprofit organization. The Justice Policy Group obtained its data from the Los Angeles District Attorney's Office, California Statistics Center, Department of Finance Demographic Research Division and United States Bureau of the Census. All statistics referred to herein regarding disproportionate minority confinement are derived from data contained in "The Color of Justice." It documents the significant racial differences that exist in the way minority youth are processed through the Juvenile Justice System in Los Angeles County. It shows

that minority youth are disproportionately transferred to adult court and sentenced to incarceration compared to white youth charged with similar offenses.

Los Angeles Population Proportions

The years examined were 1996-1998 (arrests) and 1997-1999 (sentencing). Both time periods represent the most recent periods for juvenile arrests and juvenile waivers to the adult court. At the time of the "Color of Justice" study, whites comprised 25% of the population, Hispanics 51%, African-American 13%, and Asians and other races 11% of Los Angeles County's population between the ages of 10 through 17. The analysis compares the proportion of White, African-American, Hispanic and Asian/others in the total juvenile population (ages 10 through 17) to the groups' waiver to the adult court system and to these groups' sentences to CYA.

Violent Crimes/Waiver to Adult Court

In "The Color of Justice," an estimated 8,400 petitioned delinquency cases were waived from juvenile to adult court in 1997. The laws governing the transfer of minors to adult court for full-scale prosecution under the general criminal law are known interchangeably as "fitness," "waiver," or "transfer" laws. Here, it will be referred to a "waiver." Minority youth were much more likely to be waived to adult criminal court than were White youth. This was true in all offense categories.

Generally, juveniles are waived to the adult court based upon the nature and seriousness of the charges alleged against the juvenile. Allegations that the juvenile committed a violent crime will likely cause the juvenile to be waived to adult court. Hence, it may be argued that minority youth are waived to adult court in disproportionate number because they have higher arrest rates for violent crimes. Setting aside racial

bias in the arrest and charging process, "The Color of Justice," study indicates that such logic does not hold true.

In 1996, in Los Angeles County, 7,253 youth between the ages of 10 through 17 were arrested for violent crimes. The study indicates that of that population, 10.4% White youth were arrested for violent crimes; 51.7% Hispanics were arrested for violent crimes; 32.3% African-American were arrested for violent crimes; 5.6% Asian/other were arrested for violent crimes. Based on these percentages, it would seem that juveniles arrested for violent crimes would be waived to the adult court in the same percentages that they are arrested for violent crimes. However, the Los Angeles waiver rate to adult court for minority youth arrested for violent crimes is double that of White youth arrested for violent crimes.

The percentage of white youth waived to adult court in 1996 was 5%; Hispanic youth 58.8%; African-American youth 30.1%; Asian/other youth 6.1%. The Justice Policy Group found little reason for such a great racial disparity in the waiver rate of White youth and minority.

The Los Angeles Probation Department data revealed that Hispanic, African-American, and Asian/other youth accounted for 95% of the cases where youth were waived to the adult court. Hispanic youth accounted for the largest percentage of cases waived to adult court (59%). Expressed as a rate per 100,000 population in the age range of 10 to 17 by race, 11 white, 64 Hispanic, 134 African-American, and 30 Asian/other youths were waived to adult court in 1996. Thus, Hispanic youth were 6 times more likely to be waived to adult court in Los Angeles County, African-American youth 12 times more likely, and Asian/other youth 3 times more likely than were white youths.

Incarceration in Juvenile Facilities

Although minority youth are one-third of the adolescent population in the United States, minority youth are two-thirds of the over 100,000 youth confined in local detention and state correctional systems. Minority youth are over represented in residential placement facilities for all offense categories. In fact, minority youth were at least one-half of all youth in residential placement among each of the non-status offense categories.

Minorities comprise the majority of youth held in both public and private facilities. Minority youth, especially Hispanic youth are a much larger proportion of youth in public than private facilities. Minority youth were confined behind locked doors twice as often as White youth. African American youth represent the largest racial/ethnic proportion of youth held behind locked doors.

When White youth and minority youth were charged with the same offenses, African American youth with no prior admissions were six times more likely to be incarcerated in public facilities than White youth with the same background. Latino youth were three times more likely than White youth to be incarcerated. While representing just 34% of the U.S. population in 1997, minority youth represented 62% of youth in detention, 67% of youth committed to public facilities, and 55% of youth committed to private facilities.

Nationwide, custody rates were five times greater for African American youth than for White youth. Custody rates for Latino and Native American youth were 2.5 times the custody rate of White youth.

In California, the National Council on Crime and Delinquency examined incarceration decisions for hundreds of thousands of youth. They found that minorities were locked up at higher rates than white, even

when they committed similar offenses and had similar records. For example, with respect to youth arrested for violent offenses, 47% of whites were detained, compared to 61% of Latinos and 64% of African Americans.

While the Public Defender's Office is actively working to assist youth at risk through the JAIBG program and Drug Court and the TANF Grant, it is imperative that all Los Angeles County Agencies combat and obliterate the problem of disproportionate juvenile minority confinement. Disproportionate juvenile minority confinement begins with detention by the police, arrest by the police, filing by the District Attorney's Office, representation by the Public Defender's Office, interviewing by the Probation Department and sentencing by the Judge.

It is our hope, that as County Agencies, we can combine our commitment to our minors by combating disproportionate minority confinement. As the largest County in the nation, we can address many of the issues faced by juveniles in the criminal justice system. Moreover, a substantial number of juvenile offenders can be rehabilitated if we deal with the underlying issues which precipitate juvenile delinquency court filings.



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. In 1999 DCLS received approximately 69% of the appointments for children.

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 specifically 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.

DEPENDENCY COURT LEGAL SERVICES, INC.

During 1999, 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 rep-

resented 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.

In 1999, DCLS employed 28 attorneys per firm with an additional three attorneys in the Pacheco firm representing children in the Lancaster court. Each firm also employs two social workers and four investigators as well as secretarial and clerical staff.

In 1999, each DCLS firm represented over 10,000 children, with a combined representation of nearly 33,000 children.



LOS ANGELES UNIFIED SCHOOL DISTRICT



JASON BLOMEYER
MULHALL



LOS ANGELES UNIFIED SCHOOL DISTRICT

The Los Angeles Unified School District maintains as a support service the Child Abuse Prevention Office which is under the direction of Shayla Lever. The office, staffed by the director, one secretary and one clerk, provides support to the entire district with respect to policy decisions, legislation, reporting and follow up of suspected reports made by schools.

DATA MAINTENANCE

Data are collected and recorded for all reports made from district schools for the following:

- 1) Total number of reports by gender
- 2) Total number of reports by gender and type of abuse -- physical, sexual, neglect, mental

3) Total number of reports by type of abuse and ethnicity -- Hispanic, Black, Caucasian, Asian

4) Total number of reports by type of abuse and school level/category -- elementary, middle, high school, children's centers, special education.

CURRENT YEAR FINDINGS

In the 1999-00 academic year, 5299 reports of suspected child abuse were made on behalf of district children. Physical abuse was the most frequently reported type of maltreatment, constituting about 61% of the reports. Slightly more reports were made for boys than for girls. With respect to ethnicity, the number of reports made by major ethnic categories appears to reflect the proportion of these groups in the district population as a whole (see Table 1).

Figure 19-1

FREQUENCIES FOR TYPE OF ABUSE BY GENDER AND ETHNICITY LAUSD

Academic Year 1999-00

	PHYSICAL	NEGLECT	SEXUAL	EMOTIONAL	OTHER	TOTAL
GENDER						
Male	1756	517	260	47	114	2694
Female	1456	383	552	76	138	2605
Total	3212	900	812	123	252	5299
ETHNICITY						
Hispanic	2055	540	535	72	161	3363
Black	504	170	136	17	35	862
Caucasian	334	118	80	17	27	576
Asian	98	19	13	6	8	144
Total	2991	847	764	112	231	*4945

*Note: Missing data for ethnicity = 354



School level or category was known for 99% of the reports. Slightly more than two-thirds of the reports (67%) were made from elementary schools. Middle schools represented 20% of the reports; high schools represented 10%. Relatively speaking, few reports were noted for special education

children or children attending children's centers (see Table 2).

COMPARISONS TO PRIOR YEAR

Figure 19-2

FREQUENCIES FOR TYPE OF ABUSE BY SCHOOL LEVEL/CATEGORY LAUSD
Academic Year 1999-00

SCHOOL	PHYSICAL	NEGLECT	SEXUAL	EMOTIONAL	OTHER	TOTAL
Elementary	2142	685	464	82	165	3538
Middle	662	117	179	20	53	1031
High School	296	61	136	25	25	543
Child Center	48	9	12	1	5	75
Special Ed.	60	28	10	0	1	99
Total	3208	900	801	128	249	*5286

**Note: Missing data = 13 schools/category*

Comparisons to previous-year data reveal that the total number of reports increased by about one percent (75 more reports). In the current year, boys were reported more frequently than girls which represents a shift from the 98-99 year (see Table 3) and from past trend data. The decrease in reports on females appears to be directly related to the notable drop in sexual abuse reporting on behalf of females (see Table 4).

reports: mental abuse for 98-99 = 2% of total reports vs. 99-00 = 2% of total reports; "other" for 98-99 = 4% vs. 99-00 = 5%.

All categories of maltreatment showed an increase in number of reports except for sexual abuse. The categories of mental abuse and "other" were found to have increases (10% and 22% respectively) though the ratio of these reports was fairly constant when compared to total number of

Review of ethnicity categories in terms of



Figure 19-3

COMPARISON OF TOTAL LAUSD SUSPECTED ABUSE REPORTS FOR TYPE OF ABUSE GENDER ETHNICITY AND SCHOOL LEVEL/CATEGORY:

FY 1998-99 vs 1999-00

TYPE	FY 98-99		FY 99-00		DIF.	%*
	Number	%	Number	%		
Physical	3174	61%	3212	61%	38	1%
Neglect	805	15%	900	1%	95	12%
Sexual	92	18%	123	2%	11	10%
Other	207	4%	252	5%	45	22%
Total	5224	100%	5299	100%		
GENDER						
Male	2513	48%	2694	51%	181	7%
Female	2711	52%	2605	49%	-106	-4%
Total	5224	100%	5299	100%		
ETHNICITY						
Hispanic	3368	67%	3363	68%	-5	**
Black	954	19%	862	17%	-92	-10%
Caucasian	604	12%	576	12%	-28	-5%
Asian	120	2%	144	3%	24	20%
Total	5046	100%	4945	100%		
SCHOOL LEVEL/CATEGORY						
Elementary	3370	65%	3538	67%	168	5%
Middle	953	18%	1031	20%	78	8%
High School	678	13%	543	10%	-135	-20%
Child Center	98	2%	75	1%	-23	-23%
Special Ed.	114	2%	99	2%	-15	-13%
Total	5213	100%	5286	100%		

Note: * = percentage of increase/decrease; ** = less than one percent.

Figure 19-4

COMPARISON OF GENDER FREQUENCIES BY TYPE OF ABUSE LAUSD SUSPECTED ABUSE REPORTS:

FY 1998-99 vs 1999-00

	MALES				FEMALES			
	98-99	99-00	DIF.	%*	98-99	99-00	DIF.	%*
Physical	1726	1756	30	2%	1448	1456	3	**
Neglect	415	517	102	25%	390	383	-7	-2%
Sexual	225	260	35	16%	701	552	-149	-21%
Emotional	52	47	-5	-10%	60	76	16	27%
Other	95	114	19	20%	112	138	26	23%

Note: * = percentage of increase/decrease; ** = less than one percent.



maltreatment type indicates physical abuse reports dropped for Hispanics and Blacks, increased for Asians while Caucasians held constant (see Table 5). Percentages of increase/decrease as depicted in Table 3-5 may be misleading in that there was a significant number of instances in which ethnicities were not reported for the current

year as compared to prior year. General neglect reports increased across all categories of ethnicity while reports of sexual abuse decreased for all ethnicities (see Table 6). Again, these decreases may be accounted for by the lack of data available for ethnicity.

Overall, elementary and middle schools

Figure 19-5

COMPARISON OF PHYSICAL ABUSE AND NEGLECT FREQUENCIES BY ETHNICITY AND BY SCHOOL LEVEL/CATEGORY:

LAUSD Suspected Abuse Reports, FY 1998-99 vs 1999-00

ETHNICITY	PHYSICAL				NEGLECT			
	98-99	99-00	DIF.	%*	98-99	99-00	DIF.	%*
Hispanic	2089	2055	-34	-2%	496	540	44	9%
Black	57	504	-72	-13%	160	170	10	6%
Caucasian	327	334	7	2%	102	118	16	16%
Asian	76	98	22	29%	16	19	3	***
SCHOOL LEVEL/CATEGORY								
Elementary	2098	2142	44	2%	59	685	88	15%
Middle	605	662	57	9%	91	117	26	29%
High School	327	296	-31	-9%	81	61	-20	25%
Child Center	74	48	2	-35%	5	9	4	***
Special Ed.	67	6°	-7	-10%	30	28	-2	7%

Note: * = percentage of increase/decrease; *** =percentage of increase/decrease not shown due to small N's

Figure 19-6

COMPARISON OF SEXUAL ABUSE FREQUENCIES BY ETHNICITY AND BY SCHOOL LEVEL/CATEGORY:

LAUSD Suspected Abuse Reports, FY 1998-99 vs 1999-00

ETHNICITY	SEXUAL		DIF.	%*
	98-99	99-00		
Hispanic	587	535	-52	-9%
Black	170	136	-34	-20%
Caucasian	122	80	-42	34%
Asian	14	13	-1	-7%
SCHOOL LEVEL/CATEGORY				
Elementary	484	464	-20	-4%
Middle	182	179	-3	-2%
High School	227	136	-91	-40%
Child Center	15	12	-3	***
Special Ed.	17	10	-7	***

Note: * = percentage of increase/decrease; *** =percentage of increase/decrease not shown due to small N's



had more reports of physical abuse and of general neglect whereas high schools and special education students had fewer reports of these maltreatment types. All school levels showed a decrease in sexual abuse reports (see Table 6). Inspection of comparison data for emotional abuse and the "other" category reveals increases at the elementary and high school levels in emotional abuse, a decrease at the middle school level. The "other" category reflected increases for all levels except high school (see Table 7).

this analysis of comparisons to data from the prior year is the sizable drop in sexual abuse reports on behalf of females. Past trends have indicated a drop in reports of sexual abuse but not of this magnitude.

Probably the most important finding from

Figure 19-7

COMPARISON OF EMOTIONAL ABUSE AND "OTHER" FREQUENCIES BY ETHNICITY

AND BY SCHOOL LEVEL/CATEGORY:

LAUSD Suspected Abuse Reports, FY 1998-99 vs 1999-00

ETHNICITY	EMOTIONAL				OTHER			
	98-99	99-00	DIF.	%*	98-99	99-00	DIF.	%*
Hispanic	70	72	2	3%	126	161	35	28%
Black	13	17	4	31%	35	35	0	0%
Caucasian	19	17	-2	-10%	34	27	-7	-21%
Asian	6	6	0	0%	8	8	0	0%
SCHOOL LEVEL/CATEGORY								
Elementary	69	82	13	19%	122	165	43	35%
Middle	27	20	-7	-26%	48	53	5	10%
High School	15	25	10	***	28	25	-3	-11%
Child Center	2	1	-1	***	2	5	3	***
Special Ed.	0	0	0	0%	0	1	1	***

TRENDS

Trend analysis was seriously compromised by the unavoidable loss of data for the 1995-96 and the 1996-97 academic years. Data estimates were available, however, for the 1997-1998 year in terms of total number of reports, type of maltreatment and school level. This data showed an estimate of 5112 reports made by school district employees which is consistent with informal estimates of total reports for the missing data years. Distribution of reports across maltreatment types and school levels was also consistent with data trends for 1990-1991 through 1994-1995 and 1998-99, 1999-2000.

Generally physical abuse reports have accounted for about 64% to 65% of all reports made. In the past two years, this category has represented about 61% of total reports. Sexual abuse typically represents between 16% and 17%; in 98-99 sexual abuse accounted for 18% and dropped to 15% for 99-00. General neglect has held at 15% to 16%. However, 98-99 reports accounted for 15% of total reports as compared to 17% for the current year. The majority of reports have consistently emanated from elementary schools.



APPENDICES



GUTHRIE D.
THE H.E.L.P GROUP/VILLAGE GLEN

SEVEN DEFINITIONS OF ABUSE

A significant accomplishment of the Los Angeles Inter-agency Council on Child Abuse and Neglect Data/Information Sharing Subcommittee in the 1980's was to provide Los Angeles area agencies with a common definition of child abuse to serve as a reporting guideline. One purpose of this effort was to achieve compatibility with reporting guidelines used by the State of California. Additionally, it was hoped that a common definition would enhance our ability to better measure the extent of our progress and our problems, independent of the boundaries of particular organizations. As you read the reports in this document you will see that this hope is certainly being realized.

Since their inception, the definitions have increasingly been applied by ICAN agencies with each annual report that has been published. This year's Data Analysis Report is no exception. This year, more than half of the reporting agencies have been able to apply them to their reports in one way or another.

The Data/Information Sharing Subcommittee hopes that as operational automated systems are implemented and enhanced by ICAN agencies, these classifications will be considered and more fully institutionalized. We believe that over time, their use will enable the agencies to achieve a more unified and effective focus on the issues.

The seven reporting categories are defined as follows:

Physical Abuse

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

Sexual Abuse

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

Severe Neglect

The child's welfare has been risked or endangered or has been ignored to the degree that the child has failed to thrive, has been physically harmed or there is a very high probability that acts or omissions by the 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 of SPECTRUM INSTITUTE. 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.

Ella Martin Barragan

Ella is a Deputy County Counsel with the Office of the County Counsel, Children's Services Division. She has served on the ICAN Data/Information Sharing Committee since 1991. She has served on other ICAN

Committees including PADE Children, Operations and Death Review Team. She has been a member of County Counsel since 1980.

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 graduated in 2001 with

a Masters Degree in Business after having earned two undergraduate 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. That 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 Di Conti

Jeanne is a Deputy City Attorney with the Los Angeles City Attorney's Office, Publications and Statistics Section. Since starting with the Office in 1975, she has served as a member of the Office's Business Systems Plan Team, and the Office Automation Steering Committee. She has been a member of the ICAN Data/Information Sharing Committee since 1989.

Davida Davies

Davida Davies is an Assistant Division Chief of Systems, with the Probation Department. Mrs. Davies has worked for the Probation Department 33 years. Mrs. Davies' was on loan to the Information Systems Advisory Body (ISAB), a subcommittee of the Countywide Criminal Justice Coordination Committee (CCJCC), from 1990 until 1996, where she served as the Data Administrator. She has served on the ICAN Data/Information Sharing Committee since 1998. .

Michael Durfee, M.D.

Michael Durfee founded the ICAN Data/Information Sharing Committee in 1982. He began data collection systems for the departments of Mental Health and Health Services and is now using a new software program to automate health data. Additional tasks include development of special data collection systems following pre-natal substance abuse and suspicious child deaths.

Mervat Farag

Ms. Farag has been an employee of the Department of Coroner since 1988. Ms. Farag represents the Coroner on the ICAN Data/Information Subcommittee. Ms. Farag is the System Administrator for the department and is responsible for the daily operations, programming and administration of the Coroner's automated case management information system. She earned her Bachelor of Science degree in Computer Information Systems in 1989.

Karen Hanson

Karen Hanson is a Human Services Administrator I with the Los Angeles County Department of Public Social Services, Bureau of CalWORKs. She has been employed by the County since 1979 holding a variety of positions. Karen has served on the ICAN Data/Information Sharing Committee since 1997. She has served on other ICAN committees including the Task Force on Interagency Response to Pregnant and Parenting Adolescents and the AB 1733/ AB2994 Child Abuse Services Ad Hoc Planning Committee.

Douglas Harvey

Doug is the 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 LA. County Child Abuse Hotline referrals that involve community care.

Ruben J. Jauregui

Mr. Jauregui, a Data Systems Coordinator with the Los Angeles County Probation Department, started to work for the County in April of 1975 as an Eligibility Worker at DPSS before coming to the Probation Department in November of 1976 as a Statistical Analyst. He received BA and MA degrees in Psychology during the 1970s at Cal State University at Los Angeles, and an Associate of Science degree in computer information systems in 1990 at Mount San Antonio College in Walnut. Mr. Jauregui is currently responsible for gathering and maintaining vital data from a variety of information systems to produce the Department's regular and ad hoc management reports as required. Mr. Jauregui joined the ICAN Data/Information Committee in August 2000.

Cheryl Jones

Cheryl Jones is the Special Assistant to the Public Defender of Los Angeles County. As a Grade IV trial attorney, Ms. Jones has tried numerous serious felonies including death penalty litigation. She has represented clients in municipal, superior and juvenile courts throughout Los Angeles County.

Ms. Jones recruits, interviews and hires law clerks for each of the 41 Offices of the Public Defender. She has chaired and sat as a member on numerous committees within and outside of the Public Defender's Office. She coordinates partnerships between the Public Defender's Office and other agencies such as Legal Aid of Los Angeles, Los Angeles Unified School District and the Office of Affirmative Action Compliance, to meet common goals. She also participates in several committees which deal with the issues of domestic violence.

Kevin Lane

Kevin has been the Assistant Division Chief of Juvenile Dependency for the past year responsible for the clerical personnel of the department. He was previously responsible for classification and compensation issues for the Superior Court. Prior to that, he spent eight years as a Judicial Assistant in various areas of litigation, primarily working with family law and child custody issues. Kevin received his Bachelor of Arts degree from Cal State Fullerton and a Master of Science degree from Cal State Long Beach in the area of criminal justice.

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 implemen-

tation 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 Family Health Outcomes Project Indicator report. Her hope is that with accurate and meaningful data/information, we can assist in facilitating collaboration, planning, and policy development within MCAH community. Diana received her Master of Public Health in Epidemiology from San Diego State University.

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; other law enforcement agencies; responds to requests for advice from field patrol deputies; and conducts lectures in the field of child abuse investigation to the Sheriff's Department Academy Recruits, newly assigned patrol deputies, schools and other civic groups.

Sandra R. Montoya

Sandra is currently an Assistant Court Manager with the Los Angeles Superior Court, Juvenile Dependency/Adoption Division located at Children's Court in Monterey Park. She has been with the court for twenty-eight years and is responsible for the day to day staffing and operation of the Clerk's and Adoption's Office. She also coordinates the annual "Sara Berman Adoption Saturday's" held at Children's Court three times a year. This is her first year as a member of the ICAN Data/Information Sharing Committee.

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 responsibilities are to manage the ICAN Multi-Agency Child Death Review Team, which includes maintaining the data base of suspicious child deaths, providing analyses of child deaths for County agencies, coordinating team meetings, and data collection. Ms. Shulman also provides staff assistance for several other ICAN committees, including the ICAN Data/Information Sharing Committee, Child Abuse Evaluation Regionalization Committee and the Child Abduction Task Force. Ms. Shulman has both a JD and an MSW from the University of Southern California. Prior to joining ICAN in 1997, she had 5 years experience within the Adoptions Division of the Los Angeles County Department of Children and Family Services.

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.