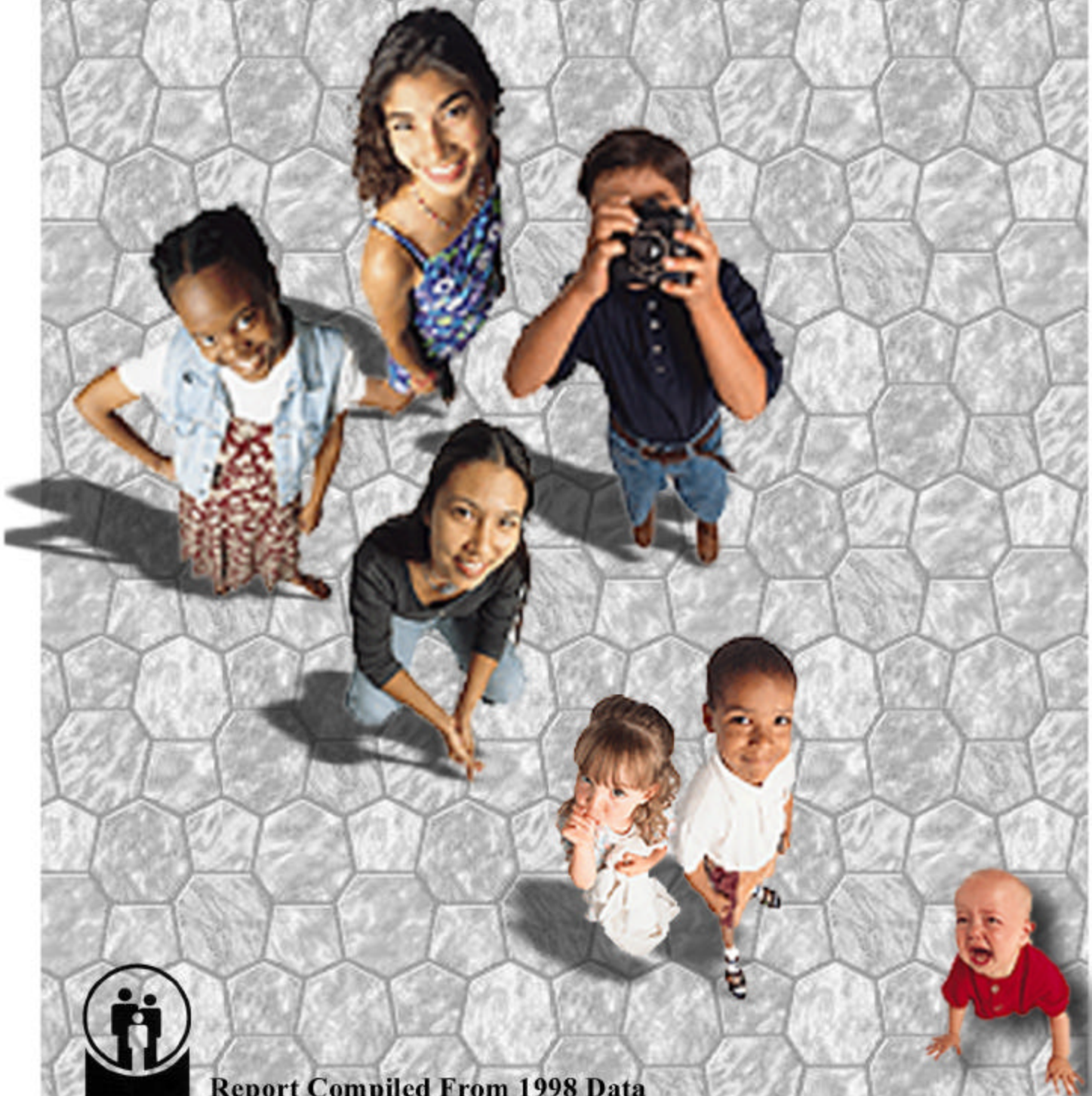


ICAN

Inter-Agency Council on Child Abuse and Neglect

1999

Los Angeles County • ICAN Data/Information Sharing Subcommittee
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Report Compiled From 1998 Data

THE STATE OF CHILD ABUSE IN LOS ANGELES COUNTY

ICAN

Deanne Tilton, Executive Director

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Report Compiled From 1998 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	23
SPECIAL REPORTS	
ICAN Associates	35
ICAN Multi-Agency Child Death Review Team	39
ICAN Child Abduction Task Force	45
Community Care Licensing	49
Child Abuse and Developmental Disabilities	57
Children’s Planning Council Scorecard Background and Analysis	73
ICAN AGENCY REPORTS	
Department of Public Social Services	81
Los Angeles County Office of Education	93
Department of Health Services	101
Department of Children and Family Services	117
Los Angeles Superior Court	131
Los Angeles County Counsel	139
Los Angeles County Sheriffs' Department	141
Los Angeles Police Department	153
Los Angeles County District Attorney’s Office	159
Probation Department	187
Department of Justice	205
Department of Coroner	209
County of Los Angeles Public Library	217
Department of Mental Health... ..	219
Los Angeles City Attorney	249
APPENDICES	
Seven Definitions of Abuse	251
Data/Information Sharing Committee Biographies	253



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ICAN DATA ANALYSIS REPORT FOR 1999

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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 1998, or 1997/98 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 fifteenth 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 13th Annual Child Abuse Prevention Month Poster Contest, held in early 1998. 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, ICAN's Child Abduction Task Force, the Disability, Abuse and Personal Rights Project, and a summary from ICAN's

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

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

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

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

ICAN DATA ANALYSIS REPORT FOR 1999



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.

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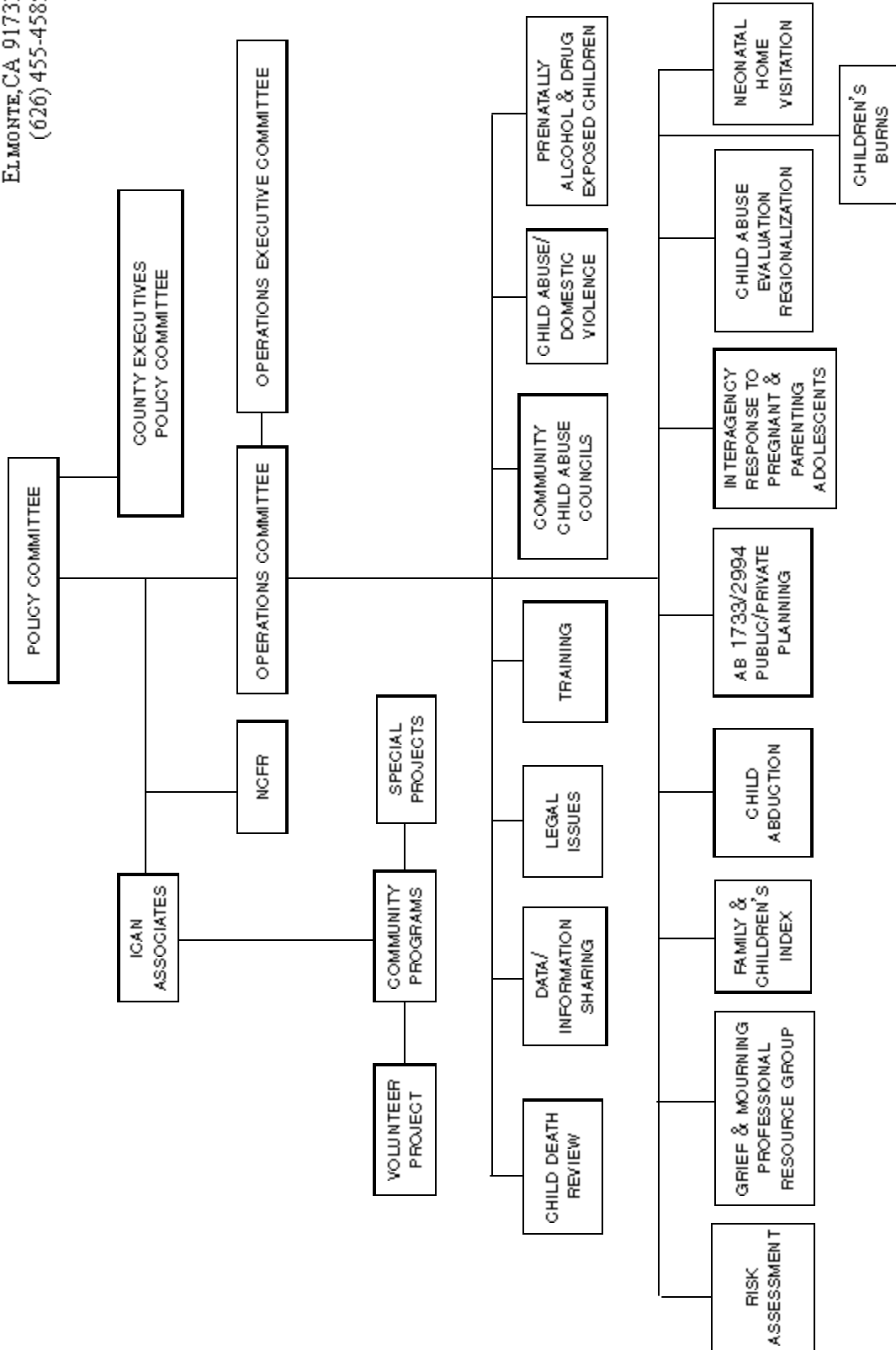
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ICAN DATA ANALYSIS REPORT FOR 1999

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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 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, 1990 - 1998**

Age	1990	1991	1992	1993	1994	1995	1996	1997	1998
0	173,174	201,355	201,460	188,736	183,686	174,387	169,521	163,070	169,374
1	157,994	172,099	200,379	198,914	186,747	181,384	172,349	169,263	168,595
2	151,185	157,505	171,712	198,304	197,394	184,878	179,715	172,499	168,704
3	142,861	150,945	157,334	169,971	197,043	195,831	183,503	179,989	172,080
4	141,662	142,789	150,959	155,747	168,869	195,617	194,605	183,864	179,664
5	134,219	141,733	142,932	149,499	154,760	167,534	194,488	195,044	183,627
6	129,890	134,413	141,986	141,551	148,601	153,516	166,484	194,988	194,868
7	130,213	130,184	134,757	140,687	140,740	147,430	152,526	166,945	194,766
8	122,940	130,451	130,484	133,431	139,836	139,538	146,425	152,960	166,697
9	128,283	123,158	130,704	129,168	132,588	138,653	138,532	146,819	152,672
10	123,617	128,447	123,376	129,576	128,452	131,591	137,824	138,861	146,483
11	116,306	123,727	128,614	122,114	128,741	127,306	130,630	138,090	138,468
12	115,183	116,335	123,829	127,336	121,267	127,605	126,328	130,923	137,741
13	115,261	115,286	116,504	122,645	126,558	120,205	126,701	126,655	130,617
14	114,620	115,413	115,506	115,342	121,890	125,500	119,309	127,131	126,449
15	116,740	114,902	115,732	114,491	114,732	120,995	124,785	119,873	127,050
16	117,519	117,137	115,332	114,547	113,784	113,648	120,111	125,545	119,978
17	129,457	118,115	117,742	114,090	113,852	112,668	112,761	121,080	125,812
Total	2,361,124	2,433,994	2,519,342	2,566,149	2,619,540	2,658,286	2,696,597	2,758,008	2,803,645

Source: State of California, Department of Finance, 1970-2040 Race/Ethnic Population Estimates for Counties with Age and Gender Details, December, 1998



ICAN DATA ANALYSIS REPORT FOR 1999

Figure 2

**POPULATION ESTIMATE BY AGE
Los Angeles County, 1990 - 1998**

Age	1990	1991	1992	1993	1994	1995	1996	1997	1998
0	7.33%	8.27%	8.00%	7.35%	7.01%	6.56%	6.29%	6.15%	6.04%
1	6.69%	7.07%	7.95%	7.75%	7.13%	6.82%	6.39%	6.13%	6.01%
2	6.40%	6.47%	6.82%	7.73%	7.54%	6.95%	6.66%	6.25%	6.02%
3	6.05%	6.20%	6.25%	6.62%	7.52%	7.37%	6.80%	6.52%	6.14%
4	6.00%	5.87%	5.99%	6.07%	6.45%	7.36%	7.22%	6.66%	6.41%
5	5.68%	5.82%	5.67%	5.83%	5.91%	6.30%	7.21%	7.07%	6.55%
6	5.50%	5.52%	5.64%	5.52%	5.67%	5.77%	6.17%	7.07%	6.95%
7	5.51%	5.35%	5.35%	5.48%	5.37%	5.55%	5.66%	6.05%	6.95%
8	5.21%	5.36%	5.18%	5.20%	5.34%	5.25%	5.43%	5.54%	5.95%
9	5.43%	5.06%	5.19%	5.03%	5.06%	5.22%	5.14%	5.32%	5.45%
10	5.24%	5.28%	4.90%	5.05%	4.90%	4.95%	5.11%	5.03%	5.22%
11	4.93%	5.08%	5.11%	4.76%	4.91%	4.79%	4.84%	5.00%	4.94%
12	4.88%	4.78%	4.92%	4.96%	4.63%	4.80%	4.68%	4.74%	4.91%
13	4.88%	4.74%	4.62%	4.78%	4.83%	4.52%	4.70%	4.59%	4.66%
14	4.85%	4.74%	4.58%	4.49%	4.65%	4.72%	4.42%	4.60%	4.51%
15	4.94%	4.72%	4.59%	4.46%	4.38%	4.55%	4.63%	4.34%	4.53%
16	4.98%	4.81%	4.58%	4.46%	4.34%	4.28%	4.45%	4.55%	4.28%
17	5.48%	4.85%	4.67%	4.45%	4.35%	4.24%	4.18%	4.38%	4.49%
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 Estimates for Counties with Age and Gender Details, December, 1998



Figure 3

**POPULATION ESTIMATE BY RACE/ETHNICITY FOR YOUTH AGES 17 AND UNDER
Los Angeles County, 1990 - 1998**

<i>Race/ Ethnicity</i>	1990	1991	1992	1993	1994	1995	1996	1997	1998
White	646,630	649,118	652,724	641,917	633,642	620,405	606,767	608,459	602,300
Hispanic	1,199,005	1,252,014	1,314,690	1,363,442	1,414,459	1,459,623	1,505,046	1,563,792	1,615,545
African American	269,771	276,268	283,261	284,676	286,885	286,864	286,368	282,585	277,669
Asian	238,872	249,890	262,117	269,818	278,454	285,481	292,621	297,354	302,330
Native American	6,846	6,704	6,550	6,296	6,100	5,913	5,795	5,818	5,801
Total	2,361,124	2,433,994	2,519,342	2,566,149	2,619,540	2,658,286	2,696,597	2,758,008	2,803,645

Source: State of California, Department of Finance, 1970-2040 Race/Ethnic Population Estimates for Counties with Age and Gender Details, December, 1998

Figure 4

**POPULATION ESTIMATE BY RACE/ETHNICITY FOR YOUTH AGES 17 AND UNDER
Los Angeles County, 1990 - 1998**

<i>Race/ Ethnicity</i>	1990	1991	1992	1993	1994	1995	1996	1997	1998
White	27.39%	26.67%	25.91%	25.01%	24.19%	23.34%	22.50%	22.06%	21.48%
Hispanic	50.78%	51.44%	52.18%	53.13%	54.00%	54.91%	55.81%	56.70%	57.62%
African American	11.43%	11.35%	11.24%	11.09%	10.95%	10.79%	10.62%	10.25%	9.90%
Asian	10.12%	10.27%	10.40%	10.51%	10.63%	10.74%	10.85%	10.78%	10.78%
Native American	0.29%	0.28%	0.26%	0.25%	0.23%	0.22%	0.21%	0.21%	0.21%
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 Estimates for Counties with Age and Gender Details, December, 1998



SELECTED FINDINGS

Youth Demographics

- From 1993 to 1998, the percentage of Los Angeles County's population between 0-17 years increased 8.5% to 2,803,645, which accounts for 30.1% of the approximate population of 9.3 million in Los Angeles County. 11.2% of the county's total population is age 5 or under, and 37.2% of the county's youth age 0-17 are age 5 or younger.

Child Abuse and Disabilities

- In 1998, 5,470 statewide reports of abuse of developmentally disabled (DD) children were made to the California Department of Justice (DOJ), a thirteenfold increase over 1997.
- Los Angeles County made 1,266 reports of abuse of developmentally disabled children in 1998, compared with 118 reports in 1997, a ninefold increase. 714 (56.4%) of Los Angeles County's reports alleged physical abuse, and 65.1% of the county's reports involved victims age 11 and younger.
- 15.7% of the total cases reported to the Department of Justice by Los Angeles County involved developmentally disabled children.

Department Of Public Social Services

- The AFDC-Family Group caseload dropped by 60,014 (10.3%) between December 1997 and December 1998 (total=524,842).
- The AFDC-Unemployed Parent caseload dropped by 17,824 (10.9%) between December 1997 and December 1998 (total=144,246).
- The Food Stamps Only (FSO) caseload dropped by 5,904 (5.4%).

- The Medi-Cal Assistance Only (MAO) caseload increased by 13,847 (2.5%).
- The total number of persons receiving aid (total aided persons = 1,487,154) dropped by 88,312 (5.6%) between December 1997 and December 1998.
- DPSS made 272 fewer referrals to DCFS during 1998 than in 1997, a decrease of 22.8%.

Department of Children and Family Services

- 157,062 Emergency Response (ER) child case openings/assessments occurred in 1998, a 12.5% decrease from the 179,436 openings/assessments in 1997.
- Of the opened referrals, 152,907 (91.7%) were closed because the Children's Social Worker (CSW) concluded that the child(ren) and family did not require ongoing protective services.
- 93,863 ER dispositions occurred in 1998: Of these ER dispositions:
 - 29,992 (32.0%) were general neglect;
 - 24,617 (26.2%) were physical abuse;
 - 10,611 (11.3%) were sexual abuse;
 - 9,033 (9.6%) were at risk but not abused;
 - 7,274 (7.8%) were caretaker absence/incapacity;
 - 6,880 (7.3%) were emotional abuse;
 - 5,169 (5.5%) were severe neglect; and
 - 287 (0.3%) were exploitation.
- General Neglect became the leading reason for ER protective services during 1998, surpassing Physical Abuse, historically the most common reason for ER services.
- If general neglect, severe neglect, and caretaker absence/incapacity are combined, this category accounts for 45.3% of the total ER disposition reason for services for 1998.



- The total end-month caseload for December 1998 (that is, total ER, FM, FR, and PP children under supervision) was 65,659, down from 73,556 in December of 1997 (a decrease of 10.7%).
- 42.4% of the caseload were African American; 36.5% were Hispanic; 18.3% were White; 2.0% were Asian/Pacific Islander; 0.6% were American Indian/Alaskan Native; and 0.2% were Filipino.
- The age groups served by DCFS were: 14.0% age 0-2 years; 12.5% age 3-4 years; 48.2% age 5-12 years; and 25.3% age 13 and older.
- In the Adoptions Division, the number of child cases opened has continued to increase dramatically, rising to 6,410 by December 1998, an increase of 82.2% since December 1997.
- Adoptive placements rose by 382 children to 1,728 in 1998 (a 28.4% increase since 1997).

Los Angeles County Superior Court-Juvenile Dependency Court*

- 9,807 WIC 300 cases were filed in 1998, an 18.0% decrease from 1997, continuing a trend of fewer new WIC 300 filings each year since 1996.
- Total calendar year filings declined by 18.0%, while total petitions and reviews were up 6% over 1997.
- Subsequent WIC 342 Petitions increased by 508 (9.9%) over 1997, while supplemental WIC 387 and WIC 388 petitions declined by 43 (1.2%) since 1997.
- Suitable Placement orders (ordering children to homes other than that of a parent) at disposition were made on 5,066 (67%) of cases in 1998. In 1997, Suitable Placement orders were made on 70% of the cases at disposition.
- 12,047 children had their cases/jurisdiction terminated in 1998, 2,670 more than in 1997.

- 2,240 more children exited the court system than entered in 1998. In 1997, 4,089 more children entered the court system than left it during the year.

*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.

WIC 342 subsequent petitions are filed when a new allegation of abuse is made by a child already under the court's jurisdiction. For example, a child who has been declared a dependent of the court due to physical abuse subsequently discloses that he or she had been molested 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-Juvenile Investigations Bureau (JIB)**

(Juvenile Investigations Bureau known as the Family Crimes Bureau since October 1999)

- JIB investigated 2,964 cases involving 3,816 alleged victims of child abuse in 1998, down from 3,935 alleged victims investigated in 1997 (a 3.0% decrease).
- 2,593 of the alleged victims were female (68.0%). 1,652 (43.2%) of the total victims were less than 9 years old.



- 1,942 (58.5%) of the JIB investigations were for sexual abuse, while 1,378 (41.5%) were for physical abuse.
- Cases investigated by patrol stations during 1998 decreased to 2,964 (7.4%) from 1997.
- The Lancaster/Palmdale patrol area had the highest ratio of JIB investigations per population at 1.88 cases per 1,000 residents (a total of 603 investigations). Overall, the ratio was 1.11 cases per 1,000 residents in the areas serviced by the Sheriff's Department (total population 2,648,190).

** The JIB 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 JIB 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 1,847 crimes in 1998, a 16.1% decrease from 1997; 826 (44.7%) were for physical abuse; 552 (29.9%) were for sexual abuse; 463 (25.1%) were for endangerment; and the unit investigated 6 homicides in 1998 (9 homicides were investigated by the ACU in 1997).
- The ACU arrested 292 persons for abuse in 1998, a decrease of 7.1% from 1997; 153 were for child molestation; 70 were for child endangering; 62 were for physical abuse; and 7 were arrested for homicide (compared with 10 arrests for homicide in 1997).
- A total of 1,723 children had WIC 300 petitions filed with the dependency court by the ACU on their behalf in 1998 (a 14.4% decrease from 1997). 54.2% were due to child endangering; 29.5% were due to physical abuse; and 16.7% were due to sexual

abuse.

GEOGRAPHIC AREAS

- In the geographic areas of LAPD, a total of 1,800 crimes were investigated, an 8.7% increase over 1997. Of the 1,800 crimes investigated, 145 (8.1%) were for physical abuse; 1,061 (58.9%) were for sexual abuse; and 594 (33.0%) were for endangerment.

- In LAPD geographic areas, 324 suspects were arrested for child abuse offenses in 1998, a 41.5% decrease from 1997. Of the 324 arrested, 284 (87.7%) were for sexual abuse; 11 (3.4%) were for child endangering; and 29 (8.9%) were for physical abuse.

COMBINED ABUSED CHILD UNIT AND GEOGRAPHIC AREAS

- Investigations increased by 5.1% over 1997.
- Child abuse arrests declined by 29% from 1997.
- WIC 300 Dependency Court filings by LAPD declined by 4.3% from 1997.

*** 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 station.



ICAN DATA ANALYSIS REPORT FOR 1999

Los Angeles County District Attorney's Office

- A total of 4,364 child abuse and neglect cases were reviewed by the District Attorney's Office; 59% of the cases submitted resulted in either a felony or misdemeanor case being filed.
- Convictions were obtained in 81.6% of the cases appearing before the court; 8.8% of the cases resulted in a dismissal; 1.2% of the cases resulted in an acquittal; the remaining cases were pending resolution at the end of 1998.
- Sentence was pronounced in 2,083 cases in 1998. Perpetrators received a State Prison sentence in 34.8% of the total cases sentenced (0.5% of the sentences were for life). Probationary sentences were imposed in 65.2% of the sentenced cases.

Probation Department

- The number of adult referrals received for child abuse offenses increased 4.5%, from 845 in 1997 to 883 in 1998.
- Juveniles referred for child abuse offenses decreased from 455 in 1997 to 437 in 1998 (4.0%).
- 562 juveniles were under supervision for child abuse offenses in 1998, up slightly from 559 in 1997.
- The vast majority of adults and juveniles referred to Probation for child abuse offenses were for sexual abuse offenses: 421 out of 437 juveniles and 814 out of 883 adults.

California Department of Justice - Child Abuse Program

- In 1998, a total of 8,049 Los Angeles County reports of child abuse and neglect investigations were entered in the Child Abuse Central Index (CACI), accounting for 19.8% of the state total of 40,664.
- 58.1% of Los Angeles County's 1998 CACI entries were for physical abuse, 26.6% were for sexual abuse, and the rest (15.3%) were for severe neglect and mental abuse. 7 child deaths were entered in CACI

from Los Angeles County in 1998, down from 15 in 1997.

Department of Coroner

In 1998, 199 cases of child death were reported by the Coroner to ICAN for tracking and follow-up, compared with 191 cases reported in 1997. The data are derived from these 199 cases. Cases are reported by the Coroner to ICAN in accordance with a protocol established by ICAN and the Coroner to identify deaths most likely related to child abuse and neglect. They do not represent the total number of child deaths in Los Angeles County. The Coroner investigated a total of 618 child deaths in 1998.

- 99 cases (49.8%) were coded by the Coroner as accidental; 55 cases (27.6%) were coded as homicides; 15 (7.5%) were suicides; and 27 (13.6%) were undetermined.

In 1997, when 191 cases were referred to ICAN, the cases/percentages were: 84 (44.0%) accidental; 61 (32.0%) homicides; 19 (10.0%) suicides; and 27 (14.0%) undetermined.

- 122 (61.3%) of the referred cases were male, and 75 (37.7%) were female.
- Of the cases reported to ICAN, 40 (20.1%) were stillborn; 8 (4.0%) were between 1 and 29 days old; 21 (10.6%) were between 1 month and 5 months old; 31 (15.6%) were between 6 months and 1 year old; and 17 (8.5%) were between 1 and 2 years old. Overall, 69.8% of the cases were children age 5 and younger.

- Of the 99 cases of accidental death reported, 68 (68.7%) were male; 44 (44.4%) of the victims were Hispanic; 31 (31.3%) were African American; 21 (21.2%) were Caucasian; and 3 (3.0%) were Asian. Maternal drug dependence was the most common cause (38 deaths, versus 23 in 1997), accounting for 38.4% of the accidental deaths; drowning was the next most common cause (20 deaths, down from 27 in



1997), accounting for 27.4% of the total.

- Of the 55 cases of child homicide reported (down from 61 in 1997), 28 (50.9%) of the victims were male; 34 (61.8%) were Hispanic; 13 (23.6%) were African American; 6 (10.9%) were Caucasian; and 2 (3.6%) were Asian.
- Of the 55 cases of homicide reported, the two most common causes were: child abuse and Shaken Baby Syndrome cases - 23 deaths (40.1% of the total); and gunshot wounds- 16 deaths (29.1% of the total).
- 15 child suicides were reported, down from 19 suicides reported in 1997, and 36 reported in 1996. 80.0% of the victims were male. Hispanic youths were the most common suicide victims, accounting for 80.0% of the total. 20.0% of the victims were Caucasian. The most common method of suicide was gunshot wounds, followed by asphyxia/hanging.
- 5 suicide victims (33.3%) were 15 years old; 3 (20.0%) were 16 years old and 3 were 17; 2 (13.3%) were 14 years old; and there was 1 suicide by a 12 year old and a 13 year old, respectively, during 1998.

Department of Mental Health - Children's System of Care

- 26,205 children and youth received Short-Doyle Mental Health services in Fiscal Year 1997-1998, an increase of 2,794 (10.6%) over FY 1996-1997.
- The Mental Health Child Abuse Prevention Program, in collaboration with DCFS and ICAN, served 824 clients in 1997-1998, compared with 993 the previous year, a decrease of 17.0%.
- As noted in previous years, more than 70% of the Short-Doyle Medi-Cal children and youth served in FY 1997-1998 were from minority ethnic groups (78% in 1997-1998).
- The largest proportion of clients served by Mental Health are in the 12-17 age group, 59% of the total youth served.

Department of Health Services

The program specific data for substance exposed newborns assessed at risk of endangerment provided by Child Abuse Prevention Program (CAPP) reflect reports received during 1998 and first part of 1999. The 1997 county-wide health data pertinent to child abuse were provided by Family Health Programs Epidemiology and Assessment Unit.

- A total of 244 reports were made during this period. Harbor/UCLA Medical Center (n=99) reported the greatest number of cases followed by King Drew Medical Center (n=43) and Olive View Medical Center (n=43).
- The most often reported substance use/abuse by mothers was cocaine/crack (n=122) followed by marijuana (n=64) and amphetamine (n=59).
- 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.
- During 1997, homicide was the third leading cause of death among children between 1 and 4 years of age, and fourth leading cause of death for children ages 5 to 12. Although the number of deaths due to homicide is not large, it is important to realize that these deaths relate to the far larger prevalence of child abuse occurring in Los Angeles County.
- Overall infant mortality rates have declined from 8.0 per 1,000 live births in 1990 to 5.9 per 1,000 live births in 1997. In general, this drop is consistent for both males and females.
- The numbers of Sudden Infant Death

Syndrome (SIDS) have decreased dramatically in the last few years. This decrease is primarily attributed to Back to Sleep campaign that encourages change of infant sleep position.

- During 1997, 574 hospitalizations resulted from injuries to the head. It is not unreasonable to speculate that a proportion of these head injuries was attributable to child abuse.
- The majority of live births to teen mothers ages 19 and under were fathered by males ages less than 20 or 20 to 24. However, significant proportions of births to the youngest mothers (ages less than 15, 15 and 16) were fathered by males whose ages were unknown. 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

Los Angeles City Attorney

- The Los Angeles City Attorney's Office prosecuted 765 total cases of child abuse/endangerment in 1998. This represents a decrease of 131 cases (14.7%) from 1997.
- 359 child victims received services from the City Attorney Victim Assistance Program Service Coordinators in 1998, a decrease of 102 children (22.2%) from 1997.



CONCLUSIONS

Overall Trends:

While the data reflect a general decline in child abuse-related activity, the data indicate that child abuse remains a serious problem in the county. Further, discrepancies in some reported data highlight the need for improved reporting and data collection procedures.

Decreases Reported:

Many ICAN agencies reported decreases in certain child abuse-related data during 1998.

Department of Children and Family Services:

- Emergency Response case openings/assessments declined by 12.5% during 1998, following a 9.3% decrease during 1997.
- The total end-month caseload in December 1998 was 10.7% lower than in December 1997.

Department of Public Social Services:

- During 1998 DPSS reported declines in the number of total aided persons (5.6%), the AFDC-Family Group caseload ((10.3%), the Food Stamps Only caseload (5.4%), and number of referrals to the Child Abuse Hotline (22.8%).

Superior Court- Juvenile Dependency Division

- The Juvenile Dependency Court reported declines in new WIC 300 petitions (18.0%) as well as supplemental WIC 387 and WIC 388 petitions (1.2%).
- 12,047 children had their cases/jurisdiction terminated in 1998, 2,670 more than during 1997.
- 2,240 more children exited than entered the dependency court system during 1998, while 4,089 more children entered the system than exited during 1997.

Sheriff's Juvenile Investigations Bureau (JIB) and Patrol Stations

- JIB investigations declined by 3.0% in 1998, while cases investigated by patrol stations declined by 7.4%.

Los Angeles Police Department Abused Child Unit (ACU) and Geographic Areas

- The ACU's investigations declined by 16.1% during 1998, and its arrests of suspects declined by 7.1% from 1997. 14.4% fewer WIC 300 petitions were filed by the ACU during 1998 as well.
- In the geographic areas of LAPD, there were 41.5% fewer suspects arrested for child abuse offenses during 1998, though investigations of child abuse in the geographic areas were up by 8.7% during 1998.

State of California Department of Justice

- The State of California Department of Justice Central Child Abuse Index (CACI) recorded 18.7% fewer child abuse investigation entries from Los Angeles County during 1998, as well as 53.3% fewer child death entries (7 in 1998 versus 15 in 1997).

Los Angeles City Attorney

- The Los Angeles City Attorney's Office prosecuted 14.7% fewer cases of child abuse/endangerment in 1998 than in 1997, and 22.2% fewer children received services from the City Attorney Victim Assistance Program Service Coordinators in 1998.

Probation Department

- Juveniles arrested for child abuse offenses decreased by 4.0% during 1998.

Department of Mental Health

- The Mental Health Child Abuse Prevention Program, in collaboration with DCFS and ICAN, served 17.0% fewer clients during 1998 than in 1997.

Increases Reported:

Increases in certain child abuse-related data were noted by ICAN agencies during 1998.

Children and Family Services

- The Adoptions caseload has continued its multi-year increase. During 1998, the caseload climbed by 82.2%, following a 112.1% increase during 1997.
- Adoptive placements increased by 28.4% during 1998, following a 23.8% increase during 1997.

Child Abuse and Disabled Children

- 1998 saw a thirteenfold increase in the number of statewide reports of abuse of developmentally disabled children.
- Los Angeles County made a ninefold increase in its reporting of abuse of developmentally disabled children during 1998, 15.7% of its total reports to the State of California Child Abuse Central Index.

Department of Public Social Services

- The Medi-Cal Assistance Only caseload increased by 2.5% during 1998.

Superior Court Juvenile Dependency Division

- Subsequent petitions (WIC 342), which alleged new facts or circumstances germane to an existing petition, increased by 9.9% during 1998.

Los Angeles Police Department

- Total child abuse investigations by the Abused Child Unit and Geographic Areas increased by 5.1% during 1998, in large part due to an 8.7% increase in such investigations by the Geographic Areas.

Probation Department

- The number of adult referrals received for child abuse offenses increased 4.5% during 1998.

Department of Coroner

- The number of child death cases reported to ICAN for tracking and follow-up increased by 4.1% in 1998.

Department of Mental Health

- The number of children receiving Short-Doyle Mental Health services increased by 10.6% during FY 1997-98.



RECOMMENDATIONS

Recommendation One: Child Abuse Investigations Reporting to the State

RECOMMENDATION:

The State of California Department of Justice (DOJ) should respond to ICAN by July 1, 2000 regarding its intent and capability to implement Recommendation Two B in the 1998 ICAN Data and Information Sharing Committee report, *The State of Child Abuse in Los Angeles County*.

RATIONALE:

The State of California DOJ Central Child Abuse Index (CACI) is the statewide database of child abuse investigations. Investigations of child abuse by law enforcement, child protective services agencies and probation departments must by law be reported to CACI when child abuse allegations are not unfounded or involve general neglect. In last year's State of Child Abuse in Los Angeles County, Recommendation Two B asked DOJ to review completion and submission of the Child Abuse Investigations Reports (SS 8583) from several California counties in order to highlight problems in the accurate and timely completion of the reports by required agencies. This recommendation is still pending implementation. The data continue to suggest systemic problems in the completion and/or entry of SS 8583 reports to CACI. During 1998, CACI reflects only 8,049 referrals in the reportable categories of abuse listed above from Los Angeles County. The Department of Children and Family Services (DCFS) alone reported more than 54,000 dispositions excluding general neglect in 1998. Even assuming a high per-

centage of unfounded investigations, there appears to be a continuing significant discrepancy between the number of reportable investigations conducted and the number entered into CACI by DOJ. This discrepancy requires analysis and action to address any noted barriers to full and accurate reporting and entry of investigations in CACI.

Recommendation Two: Automation of Child Abuse Investigations Reporting

RECOMMENDATION:

The State of California Department of Social Services (CDSS) and Department of Justice (DOJ) should develop within the Child Welfare Services/Case Management System (CWS/CMS) an automated Child Abuse Investigations (SS 8583) form to be completed and electronically forwarded to DOJ by child protective services social workers.

RATIONALE:

As stated in Recommendation One, there appears to be a continuing discrepancy between reportable child abuse investigations conducted in the county and the number reported by CACI. Development of an SS 8583 electronic completion and submission process within CWS/CMS would result in a more timely and controlled flow of reports to CACI.

Recommendation Three: Family and Children's Index

RECOMMENDATION:

The Department of Children and Family Services is requested to resume its leadership role in the maintenance of the Family and Children's Index (FCI). Further, it is recommended that DCFS collaborate with the Los Angeles County Internal Services Department and other FCI reporting agencies on development of a data reporting protocol, and that annual data on FCI be reported to the ICAN Data and Information Sharing Committee for inclusion in its annual report, *The State of Child Abuse in Los Angeles County*.

RATIONALE:

FCI allows member agencies that provide services to at-risk children and families to share information about mutual contacts with the child/family, thereby allowing for better inter-agency communication as well as more comprehensive assessments. This is accomplished through the FCI electronic system which enables professionals to determine whether or not a child has had a relevant contact with another member agency and to communicate as a multi-disciplinary "team" on behalf of the child and family.

Recommendation Four: County Counsel Data Collection and Reporting

RECOMMENDATION:

County Counsel should submit with their next data statement to ICAN an analysis including profiles, outcomes and trends of their Juvenile Dependency Court cases.

RATIONALE:

The Office of County Counsel currently submits a narrative description of the activities of its Children's Services Division,

including its representation of DCFS in various dependency court hearings. While the information provided is helpful in outlining the role of County Counsel in dependency matters, no data are provided on the number of cases, by hearing type, in which County Counsel represents DCFS, the cumulative outcomes of such hearings, or any multi-year trends involving County Counsel's representation of DCFS. Data on aspects of the work of County Counsel in dependency court would be useful when attempting multi-agency analyses of child abuse and neglect within Los Angeles County.

Recommendation Five: DCLS and ALS Data Collection and Reporting

RECOMMENDATION:

Dependency Court Legal Services (DCLS) and Auxiliary Legal Services (ALS) should be invited to submit data reports and analyses of their Juvenile Dependency Court activities to the ICAN Data and Information Sharing Committee, as well as participate on the committee.

RATIONALE:

Dependency Court Legal Services and Auxiliary Legal Services provide representation to children and parents involved in the Juvenile Dependency Court. Currently, ICAN does not collect data or analyses of these agencies' activities in the dependency court, nor have representatives from either DCLS or ALS served as members of the Data/Information Sharing Committee. In order to develop a more accurate and comprehensive understanding of the legal issues of child abuse and neglect, these agencies should participate in the data collection, analyses and reporting for the annual ICAN Data and Information Sharing Committee report.



Recommendation Six: CASA Data Collection and Reporting

RECOMMENDATION:

The Court Appointed Special Advocates (CASA) office should be invited to submit a data report and analysis of their Juvenile Dependency Court activities, and to select a representative to the ICAN Data and Information Sharing Committee.

RATIONALE:

CASAs are appointed by the court to help support and advocate for children in the Juvenile Dependency Court. While their work is very important and valuable to the children they represent, the scope of their work and the services they provide are not generally well known. Data on the number of children for whom they provide advocacy each year, as well as analyses of the services provided, would add another important piece to the public's understanding of the nature and impact of the Juvenile Dependency Court in child abuse and neglect cases.

Recommendation Seven: Public Defender Data Collection and Reporting

RECOMMENDATION:

The Office of the Public Defender should be invited to submit a data report and analysis of their representation of juveniles in the Delinquency Court, adults charged with child abuse offenses in criminal court, as well as participate on the ICAN Data and Information Sharing Committee.

RATIONALE:

Juveniles experiencing the Delinquency Court process are often represented by the Office of the Public Defender, as are adults and juveniles charged with child abuse offenses in criminal court. Data and analy-

sis from the Public Defender's office regarding these juvenile victims and alleged adult and juvenile perpetrators would provide an important perspective on the correlations and co-existence of delinquency and child abuse.

Recommendation Eight: Computer Access to ICAN Agencies

RECOMMENDATION:

Each ICAN agency should include in their reports to the Data Committee the agency's internet web site, or if a site is not yet developed, should be encouraged to build and maintain an agency web site. Further, each agency should mutually link to all ICAN agency web sites.

RATIONALE:

The internet has become a tremendous source of information, and continues to grow daily. Agencies in cities, counties, states and countries around the world are steadily planning, developing and expanding their web sites. All ICAN agencies should be a part, individually and collectively via mutual links, of this rapidly expanding information network.

Recommendation Nine: Computer Access to The State of Child Abuse in Los Angeles County report.

RECOMMENDATION:

The annual ICAN Data and Information Sharing Committee report, *The State of Child Abuse in Los Angeles County*, should be posted in electronic form on the Los Angeles County internet web site, <http://www.co.la.ca.us/Commish.html>

RATIONALE:

The internet provides worldwide, quick access to information. The annual data report, which provides a detailed annual report on the welfare of children and families in the county, is an important document that should be widely disseminated. The document is unique among counties in the state and nationally, and paper copies of the report are requested from all over the State of California, as well as other states and countries. Last year, 500 copies were printed, all of which have been distributed. Electronic posting of the report on the Los Angeles County web site would allow for wider distribution, as well as saving on the cost of printing hundreds of copies of this large document.

Recommendation Ten: Clarification of Terms by Reporting Agencies

RECOMMENDATION:

ICAN agencies which submit a data statement to the Data and Information Sharing Committee should include with their data statement a glossary of terms and acronyms specific to their agencies' programs and procedures.

RATIONALE:

Each agency has its own set of unique terms and acronyms. While some of these terms and acronyms may be known by other agencies and the general public, inclusion of an agency-specific glossary of such terms would help readers of the annual ICAN Data and Information Sharing Committee report to better understand the content of the reports.

Recommendation Eleven: Service Planning Area (SPA) Data Reporting

RECOMMENDATION:

ICAN agencies, if possible, should report data by Los Angeles County Service Planning Areas as well as by zip code.

RATIONALE:

Some ICAN agency reports provide data by zip code. While this has value, also reporting by SPAs would: 1) aid planning efforts within the county, most of which use SPA data for direction and coordination of efforts; 2) help create uniformity of data collection and reporting among ICAN agencies using geographic SPAs; and 3) maintain confidentiality of persons identified in data sets, when only a small number of persons are identified as clients or service recipients within a particular zip code.

Recommendation Twelve: Los Angeles County Office of Education Data Reporting

RECOMMENDATION:

The Los Angeles County Office of Education should include in its data statement to the ICAN Data and Information Sharing Committee demographic information on its students, programs and child abuse reporting by age, ethnicity and gender.

RATIONALE:

Changes in the demographics of Los Angeles County schools are a reflection of broader demographic changes within the county. Reporting of data on schools should include age, ethnicity and gender details to facilitate a more comprehensive understanding of the youth population in the county.



Recommendation Thirteen: Health Services Birth and Neonatal Procedures

RECOMMENDATION:

The Department of Health Services (DHS), in collaboration with DCFS and County Counsel, should clarify definitions of prenatal substance abuse with a specific reference to alcohol.

RATIONALE:

Alcohol is among the substances abused during pregnancy, with and without illegal substances. Alcohol can be hazardous to pregnancy and parenting. It appears that hospitals are not consistent in their efforts to use laboratory tests, histories and physical evaluations to screen for prenatal alcohol abuse.

Recommendation Fourteen: Reporting on At-Risk Neonates

RECOMMENDATION:

DHS should provide consistent and predictable data on neonates reported on the Los Angeles County risk assessment form following evidence of prenatal substance abuse.

RATIONALE:

Data on neonatal reports will provide a structure for accountability and predictability with the unique category of neonatal reports.





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.

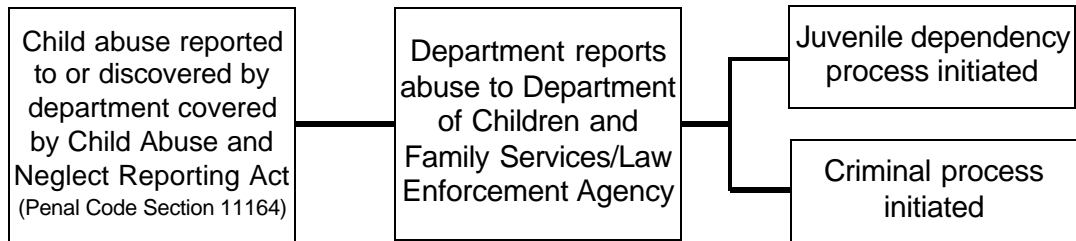
** If victim under 18.



Flow Chart 1

REPORTING DEPARTMENTS

Involvement in Child Abuse Cases ♦ 1998



Reporting Departments Workload

Chief Medical Examiner Coroner	199
L. A. County Probation Department	1,320
L. A. County Office of Education	8,256
Department of Public Social Services	919
Los Angeles Police Department	9,928
L.A. County Sheriff's Dept. JIB	2,964
Dept. of Children and Family Services	157,062
L. A. City Attorney	765

ICAN AGENCY INVOLVEMENT IN CHILD ABUSE CASES 1998

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 tallied.

Child Abuse/Neglect Report

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

Police agency receives report of a abuse

Report assigned to specialized unit

Report handled by area station officers

Incident investigated

Complaints unfounded - No action taken

Sufficient evidence to prove crime

Arrest report presented to prosecutor for filing consideration

Crime report presented to prosecutor for filing consideration

Case accepted & prosecuted
Felony 1,687
Misdemeanor 765

Case rejected for prosecution

12,047

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

7,550

Juvenile Dependency Process Initiated

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

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

18,522

Detention Arr. hearing *

Adjudication *

Detention hearing *

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

Periodic Judicial review/ permanency planning hearings

105,291

Child returned home

Child returned home - supervision continues

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

Court jurisdiction terminates *

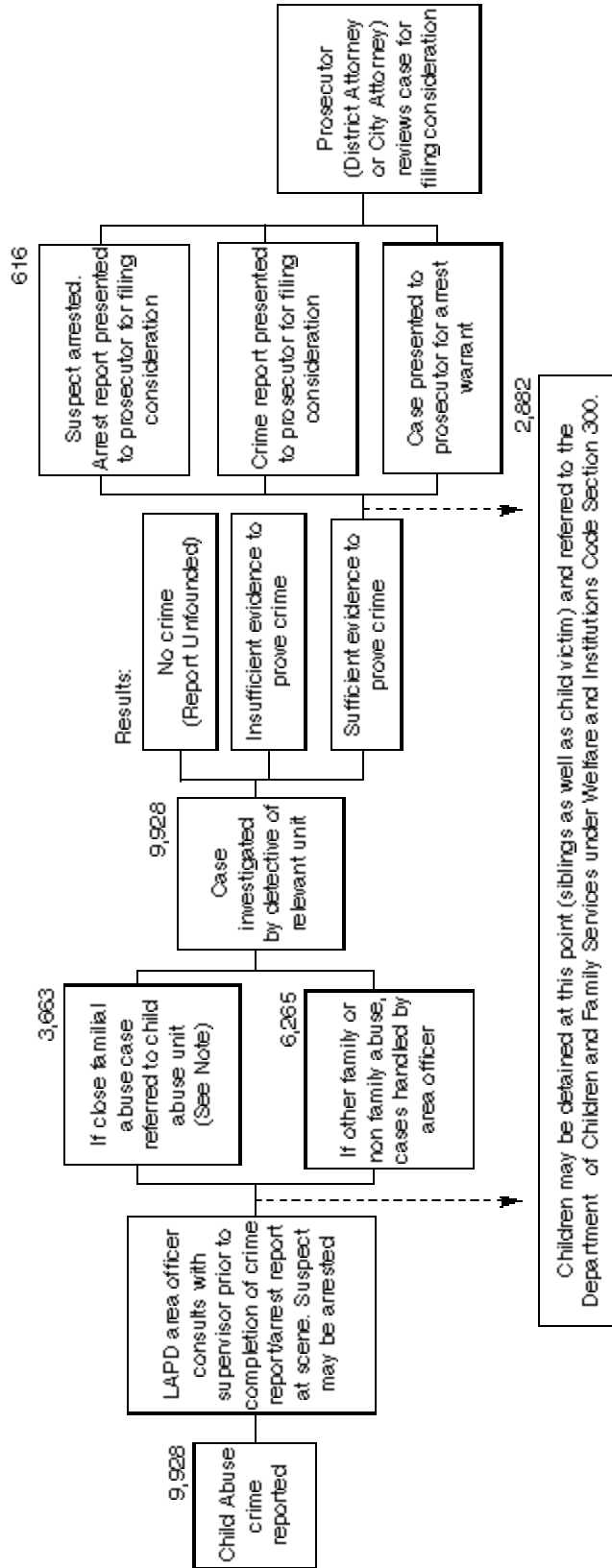
Parental rights terminated * - child placed for adoption

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.

LOS ANGELES POLICE DEPARTMENT
 Involvement In Child Abuse Cases ♦ 1998



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.

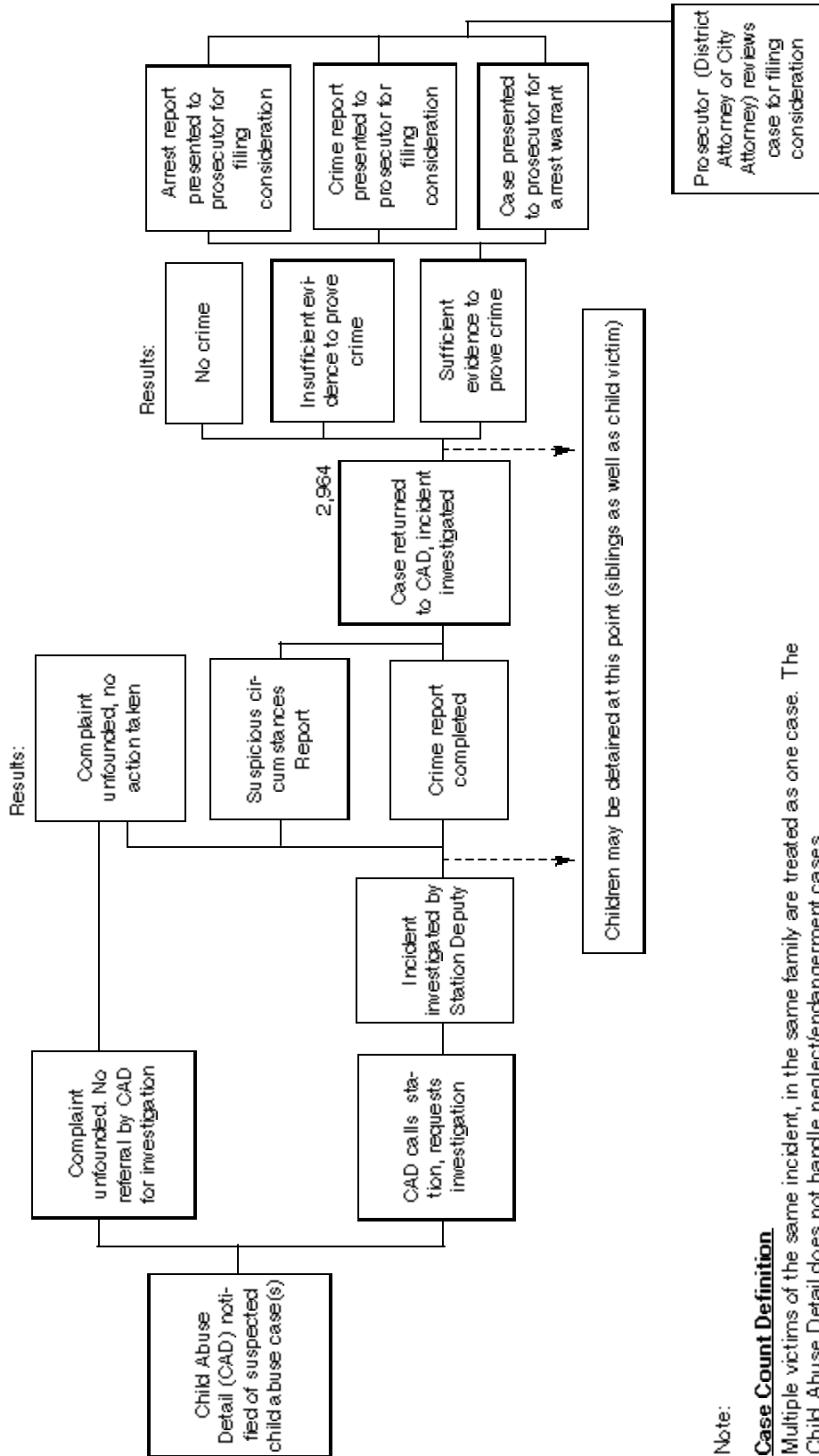
Geographic Area Responsibilities

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.

Chart IV
LOS ANGELES SHERIFF'S DEPARTMENT

Involvement In Child Abuse Cases ♦ 1998



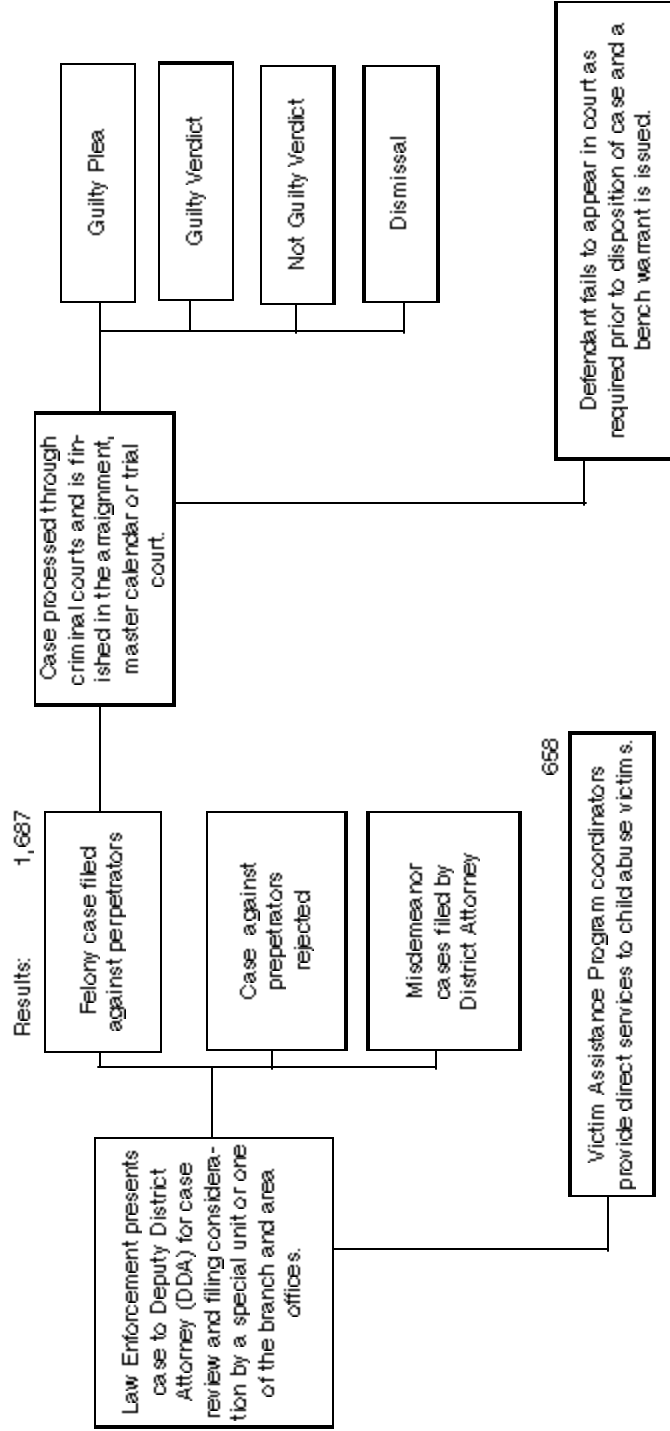
Note:

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.

LOS ANGELES DISTRICT ATTORNEY'S
Involvement In Child Abuse Cases ♦ 1998



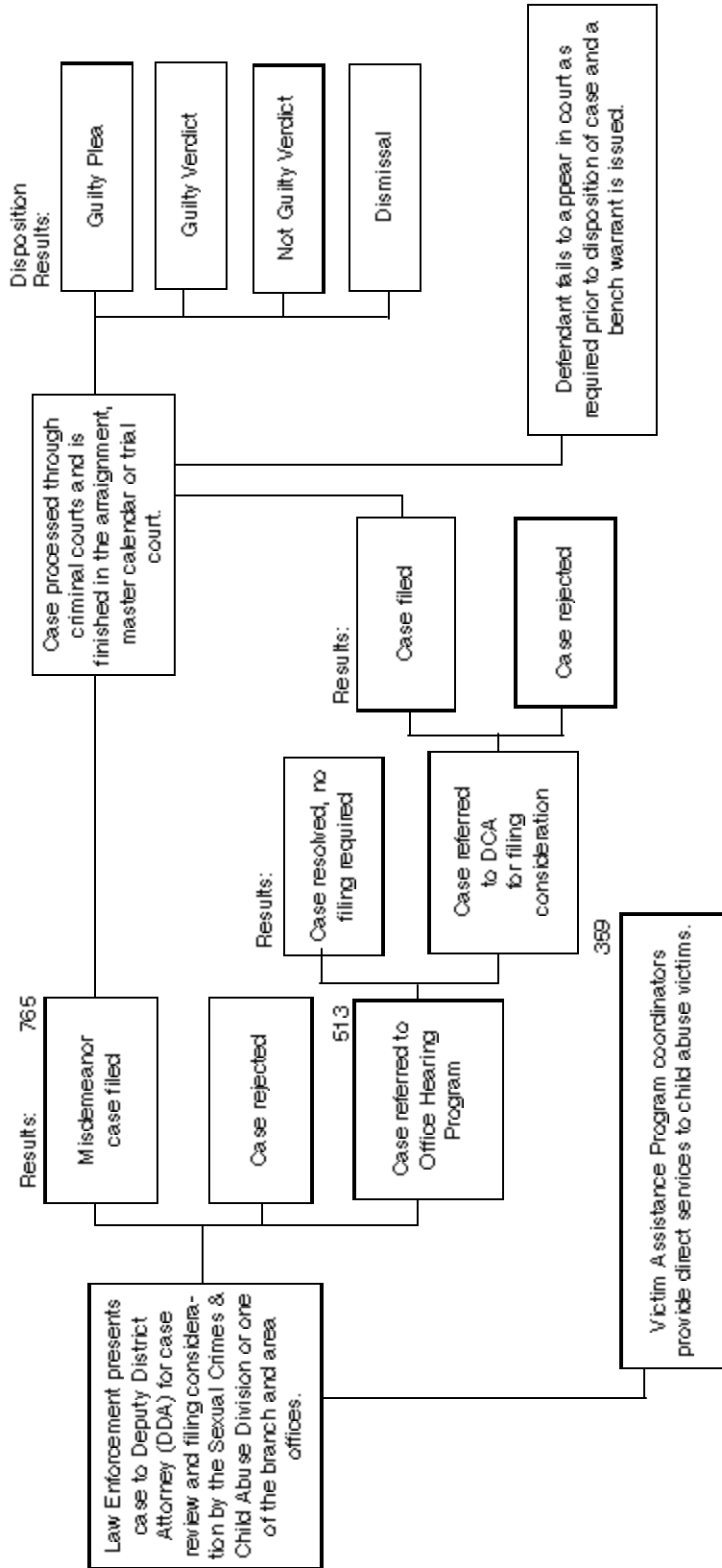
Note:

The data on this flow chart reflects total defendants/perpetrators charged.

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

LOS ANGELES CITY ATTORNEY'S OFFICE

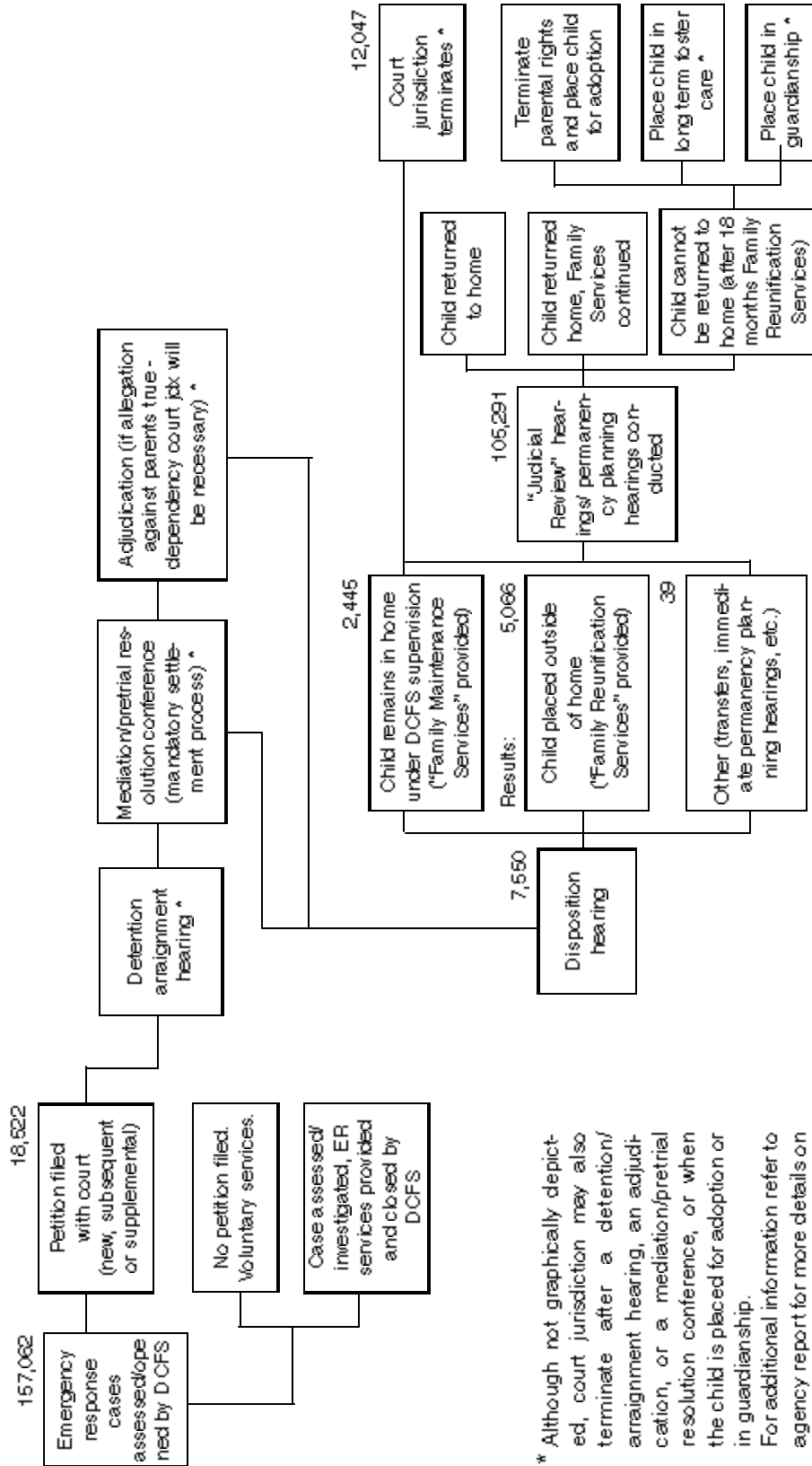
Involvement In Child Abuse Cases ♦ 1998



Note: Each perpetrator of an offense equals one case.

JUVENILE DEPENDENCY COURT/DEPARTMENT OF CHILDREN AND FAMILY SERVICES

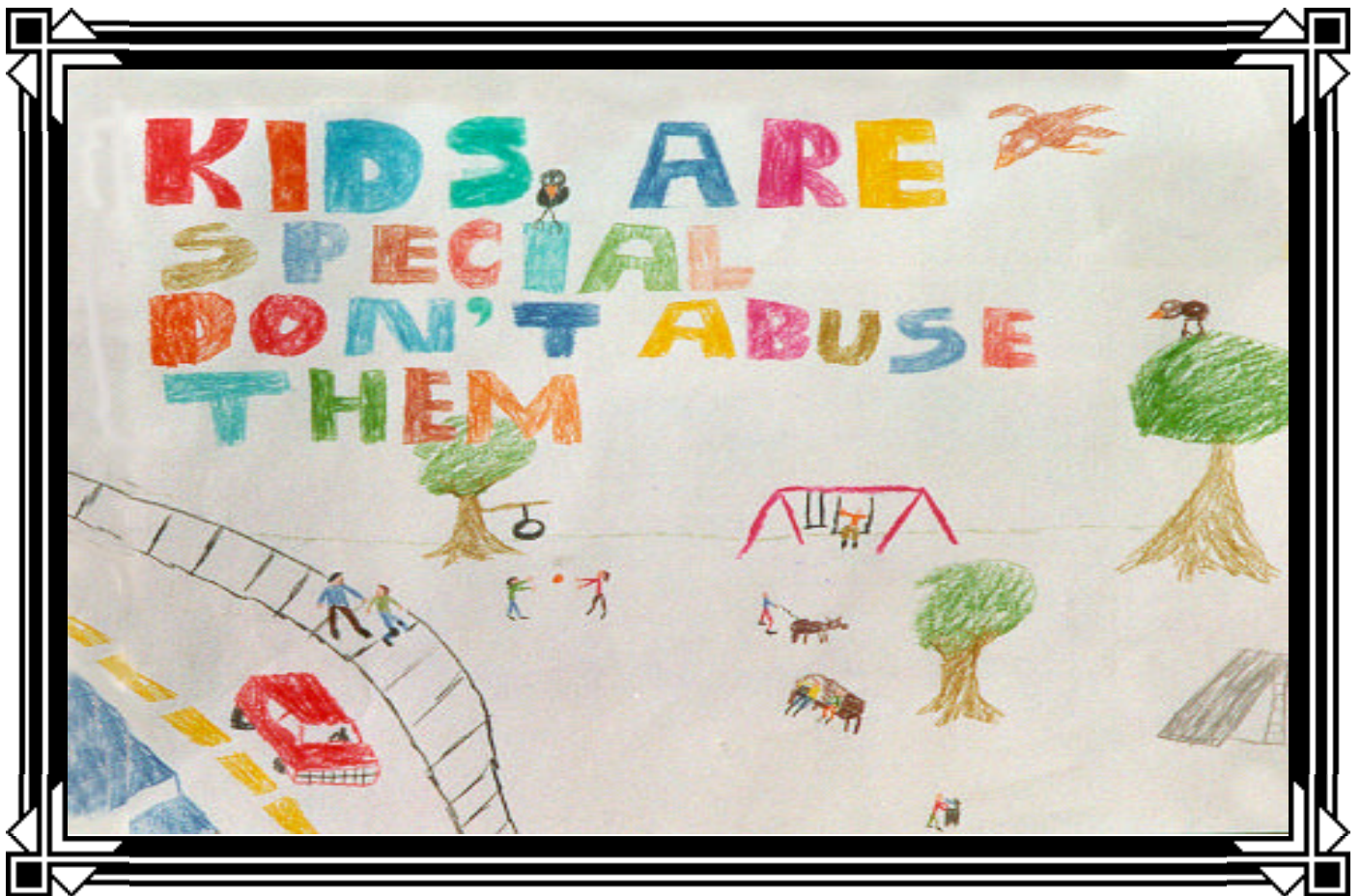
Involvement In Child Abuse Cases ♦ 1998



* 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.



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 coordinate 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:

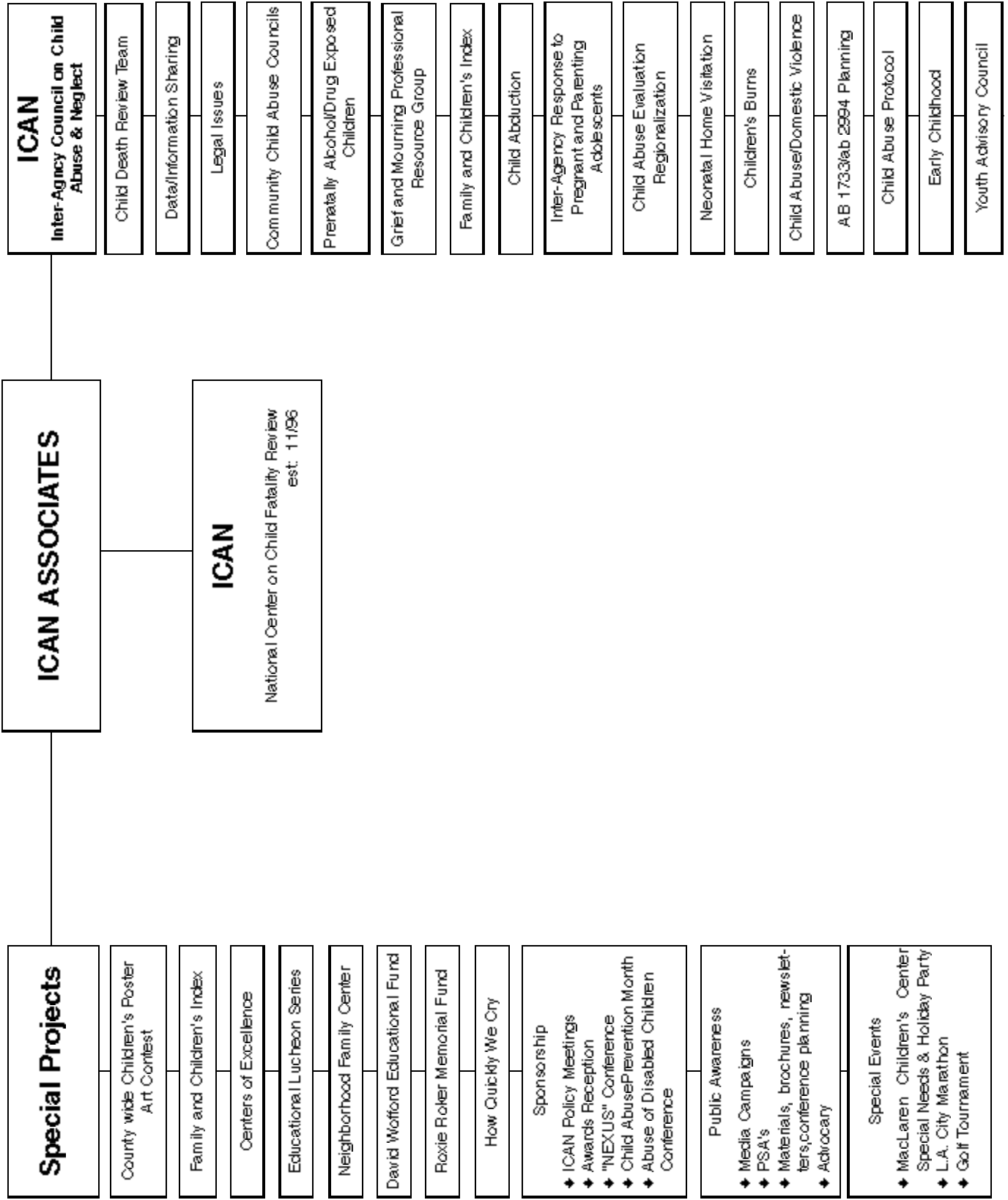
- In November 1996, ICAN/ICAN Associates launched the ICAN National Center on Child Fatality Review (ICAN/NCFR) at a news conference held in connection with the United States Department of Justice and United States Department of Health and Human Services. Funding for this major national project was facilitated 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.
- 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 through out the State. The training curriculum was funded through grants from the California Office of Criminal Justice Planning (OCJP) and the California Department of Social Services (CDSS).
- 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, September 3, 1998, ICAN Associates sponsored "Nexus III" 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 the opportunity to hear from local, state and national experts about the impact of all forms of violence within the home on children and 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 13th 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 Department of Social Services in Sacramento, 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 of being one of the official charities of XIII 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 money for ICAN Associates. This event is a result of the efforts of individuals and businesses in the 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 expands the scope of its mission and is welcoming "Its 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.

- We also are extremely pleased to welcome California First 1st Lady Sharon Davis as a member of the ICAN Associates Board of Directors.







ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM



JASON BLOMEYER
MULHALL

ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM

The ICAN Multi-Agency Child Death Review Team was formed in 1978 to review child deaths in which a caregiver was suspected of causing the death. Over the past 22 years, the activities of the Team have expanded to include review and statistical analysis of accidental deaths, teen suicides and fetal deaths.

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

TEAM PROCEDURES

All suspicious or violent deaths are required by California law to be reported to the Department of Coroner. Every morning, the On-Duty Supervisor compiles a list of all cases that came into the Coroner's Department during the previous 24 hours. From this compilation, the Coroner's statistician derives a new list of all children age twelve (12) and under* where one or more of the following factors are present:

1. Drug ingestion
2. Cause of death undetermined after investigation by Coroner
3. Head trauma (subdurals, subarachnoid, subgaleal)
4. Malnutrition/neglect/failure to thrive
5. Bathtub/other type of drowning
6. Suffocation/asphyxia

7. Fractures
8. Blunt force trauma
9. Homicide/child abuse/neglect
10. Burns/smoke inhalation
11. Sexual abuse
12. Gunshot wounds
13. Special populations - fetal deaths and suicides

Once a case is identified by the Coroner for referral to the ICAN Multi-Agency Child Death Review Team, case record clearances are secured by Team representatives from the Department of Children and Family Services, District Attorney's Office, Los Angeles Police Department, Los Angeles Sheriff's Department, and Department of Health Services. Members check their agencies' computers and files for contacts with the child and/or family. Additionally, the California Department of Justice provides listings of all homicides of children age 17 years and younger reported to the Uniform Crime Report Supplemental file for reconciliation to the Team's records.

Section II-2 of this report describes the 197 deaths reported by the Department of Coroner to the ICAN Multi-Agency Child Death Review Team in 1998. A more detailed, separate report, *The ICAN Child Death Review Team Report for 1999*, which is available from the ICAN office, provides analysis of the multiple agency records on these families and children, provides case summaries of some of the deaths as well as conclusions and recommendations by the Team.

Due to the high volume of total cases referred to the Team by the Coroner, not all deaths receive detailed review by the entire Team, which can require several hours of



time. Selecting cases for in-depth review is a process that takes place within the Team itself. Up to four cases that meet the criteria for referral to the Team by the Coroner are reviewed at each month's meeting. High profile cases and cases in which a committee member requests the Team's multidisciplinary perspective are the primary criteria used to select cases for in-depth review.

*Age exceptions are made for apparent suicides, homicides (child abuse) by family member or caregiver and deaths due to drowning.

MULTIYEAR TRENDS

Figure 1 illustrates the total number of deaths from the years 1984 through 1998 that have been referred to the ICAN Multi-Agency Child Death Review Team.

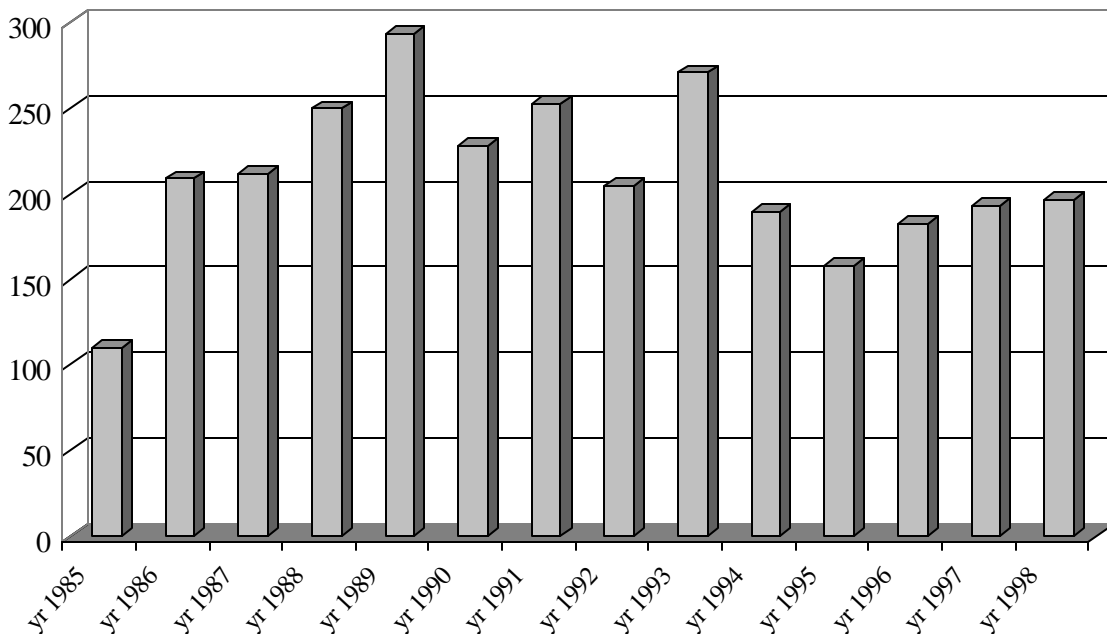
Figure 1 reveals a steady increase in cases that have been referred to the Team up until 1990 when there was a decrease in total referrals. This decline reflected report-

ing procedures modifications within the Department of Coroner to ensure that cases were not prematurely reported to the Team prior to the cause of death being finalized. In 1998, there was a 2% increase over the number of deaths reported for 1997. This increase includes a 9% increase in the number of child homicides by parents/caregivers in 1998, a 10.4% increase in accidental child deaths and a 7.6% increase in the number of undetermined deaths. There was also an increase in the number of fetal deaths reported to the Team. Notably, however, there was a 25% decrease in the number of adolescent suicides.

Figure 1

TOTAL CASES REFERRED

To ICAN Child Death Review Team by Coroner • 1984-1998



ICAN MULTI-AGENCY CHILD DEATH REVIEW TEAM

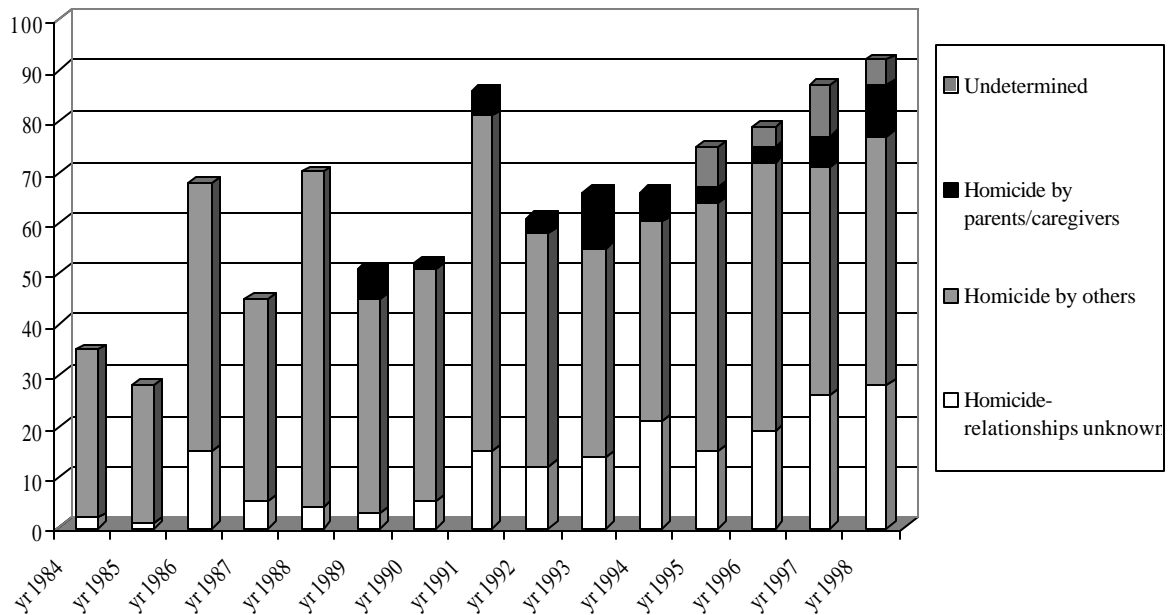


Figure 2 displays the numbers of child homicides and cases where the cause of death was undetermined after Coroner's investigation for the years of 1984 through 1998. Homicides between 1989 and 1998 are further detailed as perpetrated by parent/caregiver or other. There were 49 child homicides by parents/caregivers in 1998, a 9% increase from the 45 child homicides by parents/caregivers in 1997.

The number of undetermined deaths has averaged 15.2 per year. In 1998 there were 28 undetermined deaths. There has been an increase in the number of undetermined deaths referred by the Coroner to the Child Death Review Team over the past 7 years from an average of 5 in the late 1980's to this year's high of 28.

The average number of homicides by parents/caregivers reported over the past 10 years is 47.1 per year. The number of homicides of children, 10 years old and younger, that are perpetrated by strangers or others outside of the family is very small compared to the number that are perpetrated by parents, caregivers and other family members.

Figure 2
HOMICIDES AND UNDETERMINED DEATHS • 1984-1998



*Prior to 1989, relationship of perpetrator to the victims was not available

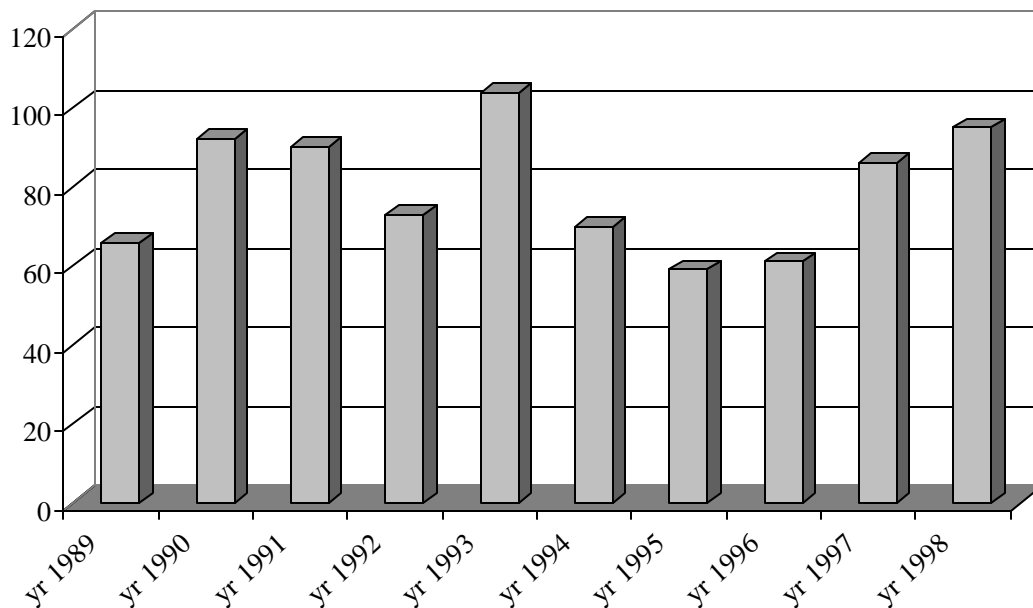


Data on accidental deaths has been expanded over the decade that the Team has collected data on suspicious child deaths. Figure 3 provides detail on the number of accidental deaths that have been referred to the Team for the past 10 years.

The number of accidental deaths increased 10.4% in 1998 from the 86 accidental deaths reported in 1997 to 95 accidental deaths reported in 1998. Significantly, there was a 25% decrease in the number of deaths due to drowning and for only the second time since ICAN began tracking this data, drowning was not the leading cause of accidental death. However, as in 1996, the only other year when drowning was not the leading cause of

accidental death, deaths associated with maternal substance abuse were the leading cause of accidental death in children. In 1998, deaths related to maternal substance abuse increased 58% from 24 in 1997 to 38 in 1998. Thus, for the second time since ICAN began collecting this data, deaths associated with maternal substance abuse again became the leading cause of accidental death for children.

Figure 3
ACCIDENTAL CHILD DEATHS • 1988-1998





Data on adolescent suicides has been collected by the Team since late 1987. Figure 4 illustrates the number of suicides referred to the Team over the past 11 years.

In 1998, 15 adolescent suicides were reported to the Child Death Review Team, a decrease of 25% from 1997. The ages of adolescent suicides is becoming increasingly younger, with the youngest suicide victim reported to be age 12.

The Team has been receiving reports of fetal deaths since 1987. Figure 5 provides a summary of the number of fetal deaths received over the past 12 years.

In 1998, 38 fetal deaths were reported to the Child Death Review Team, a 15% increase over the number of fetal deaths

reported in 1997. The number of fetal deaths referred to the Team fluctuates from year to year. These deaths are predominantly due to intrauterine fetal demise, most frequently with a notation of maternal drug abuse and/or fetal tissues that were positive for drugs at the time of autopsy. In 1998, fetal deaths associated with maternal drug abuse was the leading cause of accidental child death. A small number of the deaths, 2 to 4 per year, are ruled homicide. In 1998, 2 fetal homicides were reported to the Team. The homicide cases, most frequently, are the result of the mother being assaulted or murdered.

Figure 4
TEEN SUICIDES • 1988-1998

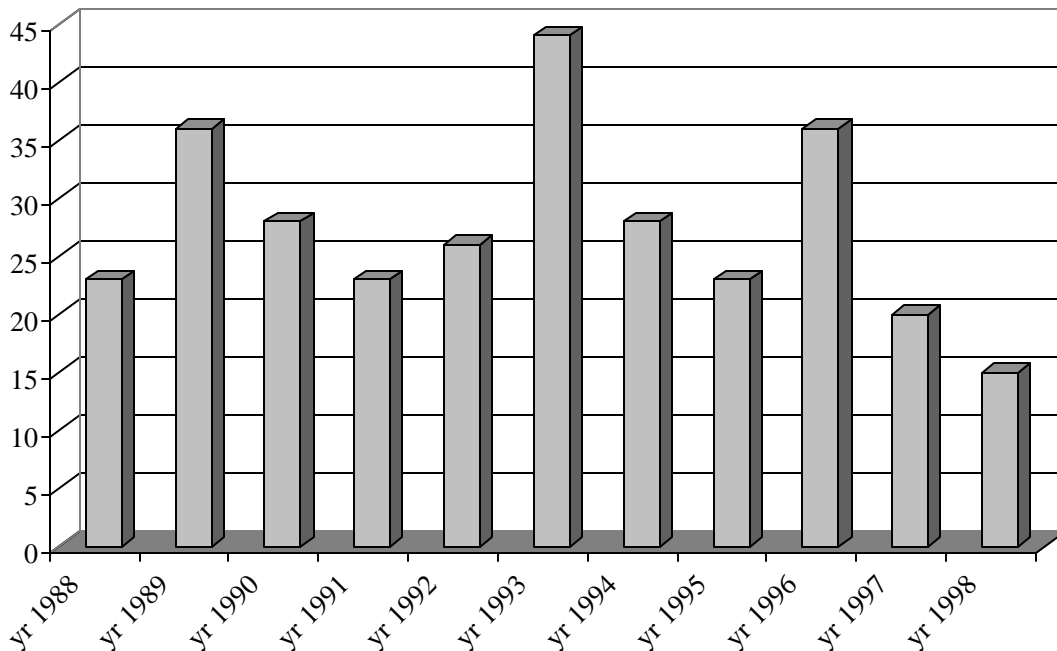
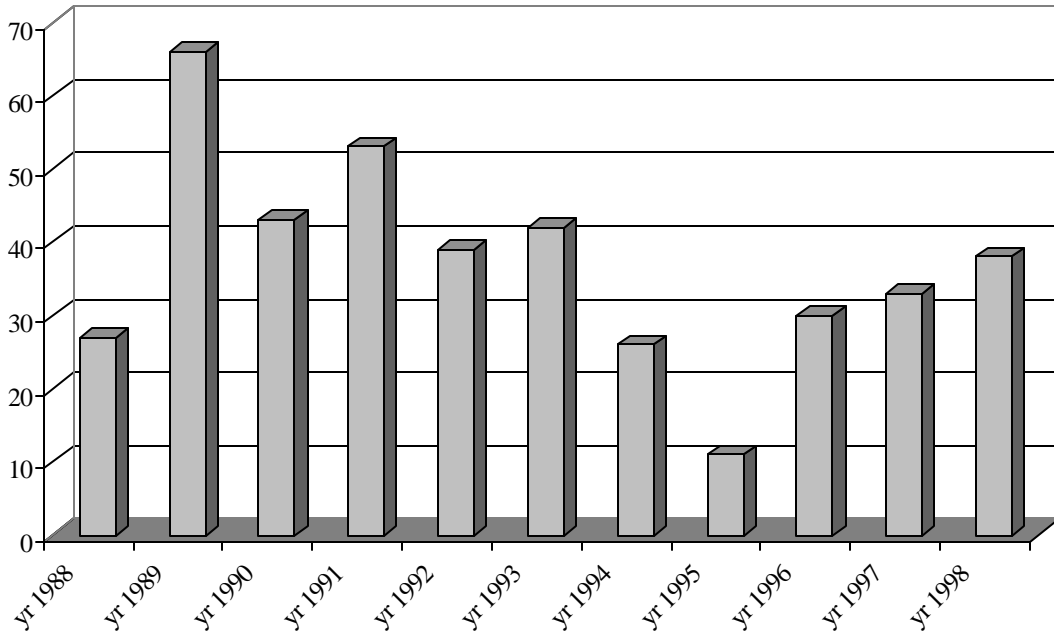




Figure 5
FETAL DEATHS • 1987-1998





ICAN CHILD ABDUCTION TASK FORCE



CONSUELO ROJAS
ALONDRA

ICAN CHILD ABDUCTION TASK FORCE

REUNIFICATION OF MISSING CHILDREN PROGRAM

Every year it is estimated that approximately 750 children are abducted by parents or strangers in Los Angeles County. Thanks, in part, to the hard work of law enforcement officers, Los Angeles County District Attorney's Office investigators and non-profit agencies such as Find The Children, many of these children are recovered and reunified with their custodial parents. While the trauma of abduction is obvious, the return to the family home can present its own set of difficulties. In cases of parental abduction, issues of child abuse frequently are raised by the abducting parent as motivation for abduction. These allegations require thorough assessment by investigating agencies.

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

In September 1995, the Program was expanded county-wide. The U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, made funding available for mental health services at two additional community mental health sites, the HELP Group in the San Fernando Valley and Plaza Community Center in East Los Angeles. Training was conducted for law enforcement agencies throughout the county, Department of Children and Family

Services (DCFS) social workers, mental health therapists from the HELP Group, Plaza Community Services and District Attorney Victim Assistance staff to familiarize them with the Program and its benefits.

Current Task Force participants include: Find the Children, Los Angeles Police Department, Los Angeles Sheriff's Department, Federal Bureau of Investigation, United States Secret Service, Didi Hirsch Community Mental Health Center, The HELP Group, Los Angeles County Department of Children and Family Services, Los Angeles District Attorney's Office Child Abduction Unit and Victim/Witness Assistance Program, Los Angeles County Family Court, Los Angeles County Juvenile Court, Los Angeles County Department of Mental Health and the Mexican Consulate. Other law enforcement agencies and professionals participate in the Task Force when children with whom they are involved participate in the Program.

The Program's goal is to reduce the trauma to children and families who are victims of parental or stranger abductions by providing an effective, coordinated multi-agency response to child recovery and reunification. Services provided by the Program include quick response of mental health staff to provide assessment and intervention, linkage with supportive services, determination of eligibility for financial resources, and coordination of law enforcement, child protection, judicial and mental health response.

These services are provided with minimal impact upon the workload of agency participants. Once a recovery of an abducted child is identified, referral for the Program's services is managed by Find the Children. In order to monitor the progress of cases

receiving services, the Child Abduction Task Force holds monthly meetings at which all cases are reviewed and assessed for further action.

In 1991, services were provided to 8 children in 8 families. In 1992, 22 children in 18 families were served. In 1993, 21 children in 18 families were served. In 1994, 53 children in 41 families were served. In 1995, 45 children in 33 families were served. In 1996, 31 children in 23 families were served and in 1997, 40 children in 31 families were served. In 1998, 80 children from 46 families were served. The number of children served by the Task Force since 1991 has grown by 1000%.

Of particular significance, however, is the fact that since October 1996, there has been a tremendous increase in the numbers of cases brought before the Task Force. This increase has resulted, in part due to increased outreach, and in large part due to a dramatic increase in the numbers of children who have been abducted out of foster or kinship placement. During 1998, 192 children under the jurisdiction of the Juvenile Dependency Court and the supervision of DCFS were abducted, three of whom died while abducted. This increase in cases brought before the Task Force reflects a growing awareness of the problem of child abduction on the part of the DCFS and a commitment to allocate staff to specifically track and service these cases.

Children abducted from placement through DCFS are considered to be at imminent risk by Task Force members as they have been previously detained from their parents due to allegations of abuse and/or neglect. Through the assistance of the Presiding Judge of the Juvenile Court, DCFS has initiated a process to photograph all children entering out of home care to aid in recovery should there be an abduction. Task Force members have participated in

the county-wide training of DCFS social workers, and have created materials for parents and foster parents on abduction to be distributed at the Juvenile Dependency Court. Further, DCFS, the Dependency Court, and the District Attorney's office have been working to develop a form, to be signed by parents and caregivers of dependent children, which outlines the caregivers' responsibilities as monitors of parent-child visits, as well as outlining criminal penalties for those parents who do abduct children from placements. Also, the Child Abduction Task Force offered reunification counseling services to all children who have been abducted from and returned to out of home placement in Los Angeles County. These cases present unique challenges and the Task Force has been working extremely hard to ensure that any roadblocks to the proper handling of these cases are overcome.

CLIENT PROFILE

January - December 1998

Eighty children in 46 families were involved in the mental health services component of the program during the period January 1998 through December 1998. All other families were referred to the program but were unable to be provided services, either due to the family residing too far from the mental health sites, or declining services for other reasons.

Age of Children

The greatest number of children reunified and participating in the project were between the ages of 3 and 6 years of age.

Sex of Children

Forty-Two, or 52.5% of the children served in 1998 were male, while 38 or 47.5% were female.

Race/Ethnicity

The greatest number of children participating in the program were Latino (n=37) 46.2%, or followed by Caucasian (n=26) 32.5%, African American (n=15) 18.8% and Asian (n=2) 2.5%.





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 Investigations Unit for the Region. The Investigations Unit is responsible for the investigation of more serious complaints referred by the Region's District Offices. A training coordinator assists District Offices in assessing staff training needs and facilitating appropriate training.

The Regional Manager is responsible for the administrative planning, organizing and directing of the Regional Investigative and Support Unit 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 1998.

Table I

L.A. COUNTY LICENSED FACILITIES

As of 12/98

Type of Facility	Total Capacity	No. of Facilities
Adoption Agency	0	11
Day Care Center	139,935	2,491
Day Care - III	25	3
Family Day Care	67,490	7,852
Foster Family Agency	0	81
Foster Family Agency - sub	0	46
Foster Family Home	7,784	2,880
Group Home	4,645	427
Infant Center	5,84	281
School Age DC	26,952	518
Small Family Home	635	149
Transitional Housing Place Program	24	11
Total	253,331	14,750

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 1998. The number of cases represent individual, separate allegations sent for investigation and includes adult facilities.

Table 2

ALLEGATIONS OF ABUSE/SEVERE NEGLECT/DEATH CASES RECEIVED BY LOS ANGELES REGIONAL INVESTIGATION SECTION (LRIS) OF CCLD IN 1998

Type of Facility	Physical Abuse	Sexual Abuse	Severe Neglect	Questionable Death
RETURNED TO DISTRICT OFFICE FOR INVESTIGATION BY ANALYST	305	104	15	12
FULL INVESTIGATION BY LRIS INVESTIGATOR	214	77	43	18
PRELIMINARY INVESTIGATION BY LRIS INVESTIGATOR	53	24	5	3
ASSIGNMENT/TASK BY LRIS INVESTIGATOR	151	37	3	9
UNLICENSED BY LRIS INVESTIGATOR	3	1	1	1
TOTAL	726	243	67	43

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 1998. 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 CDSS Legal Division in calendar year 1998. The number of violations do not represent individual, separate cases sent for legal action. Each case may have up to 5 violations each.

Table 3

ABUSE/SEVERE NEGLECT/DEATH VIOLATIONS RECEIVED BY CCLD LEGAL DIVISION IN 1998

<u>Type of Facility</u>	<u>Cases Received</u>
Family Child Care	38
Day Care Center	8
Foster Family Home	38
Small Family Home	6
Group Home	17
Foster Family Agency	0
Adoption Agency	3
Day Care Center - III	0
Infant Center	0
School Age Day Care	0
Total	107

Table 4

ABUSE/SEVERE NEGLECT/DEATH VIOLATIONS SERVED BY CCLD LEGAL DIVISION IN 1998

<u>Type of Facility</u>	<u>Cases Received</u>
Family Day Care	33
Day Care Center	5
Foster Family Home	39
Small Family Home	6
Group Home	16
Foster Family Agency	1
Adoption Agency	0
Day Care Center - III	0
Infant Center	0
School Age Day Care	0
Total	100



Table 5 provides data on the number of cases of abuse, severe neglect and death in L.A. County closed by CCLD Legal Division in calendar year 1998. 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.

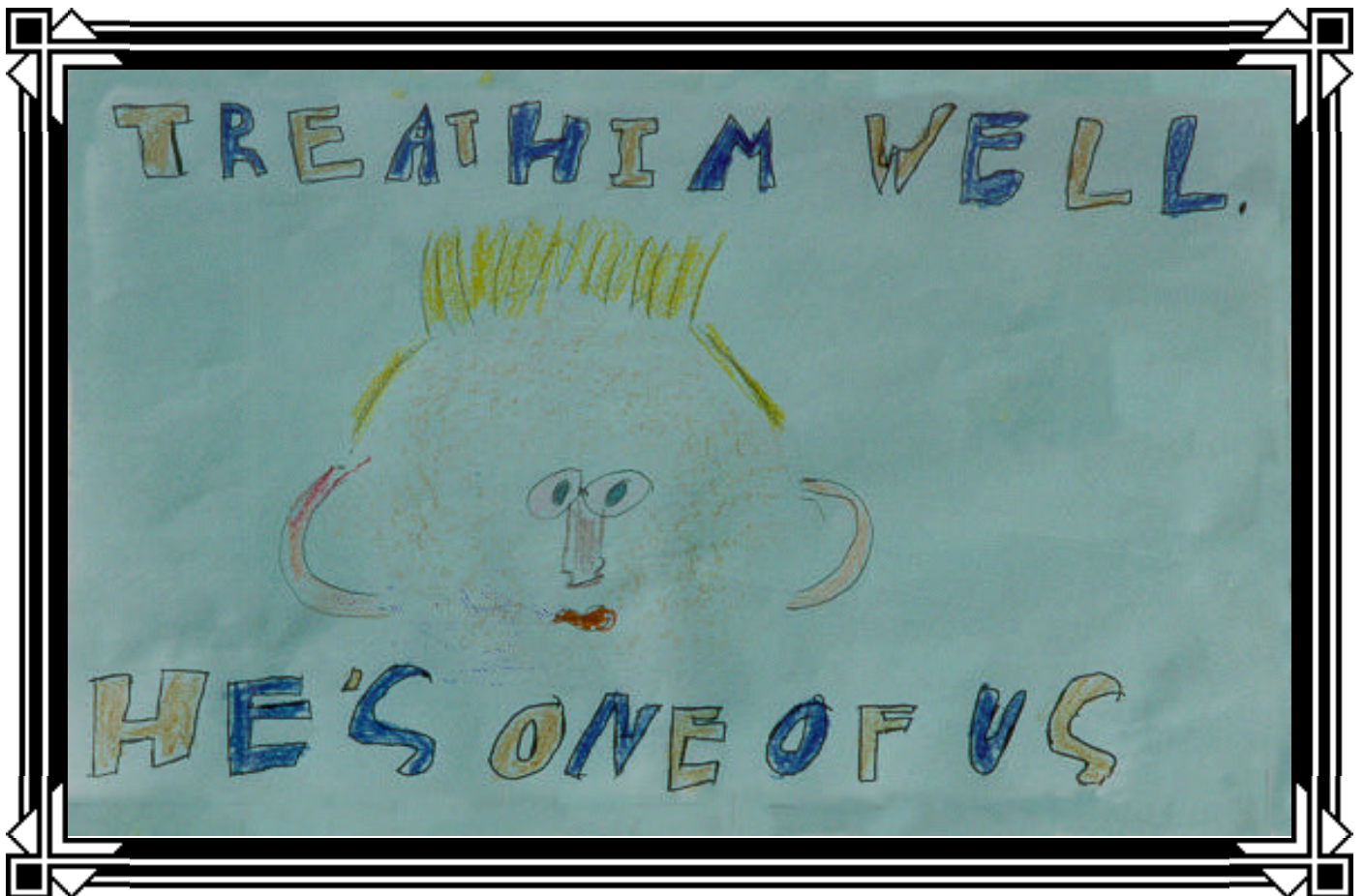
Table 5

VIOLATIONS OF ABUSE/SEVERE NEGLECT/DEATH CLOSED BY CCLD LEGAL OFFICE IN 1998

Type of Facility	Physical Abuse	Sexual Abuse	Severe Neglect	Questionable Death	Total
Family Day Care	4	10	9	1	24
Day Care Center	1	2	1	0	4
Foster Family Home	22	7	18	0	47
Small Family Home	1	0	2	1	4
Group Home	7	5	17	5	34
Foster Family Agency	0	1	0	0	1
Adoption Agency	0	0	0	0	0
Day Care Center - III	0	0	1	0	1
Infant Center	0	0	1	0	1
School Age Day Care	0	0	0	0	0
Total	35	25	48	7	115



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 1998. It includes data from 1991 through 1997 for comparison purposes. The data set used has this caveat, "This data reflects all 1998 child abuse investigation reports received by the Department of Justice from January 1, 1998 to December 31, 1998. 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 damage. Nationally, approximately 18,000 children become disabled each year as a direct result of abuse.

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

PURPOSE OF THIS REPORT:

The purpose of this report is to present the data from the Child Abuse Investigator's Report Forms for 1998, 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. For this year we included counties with 120 reports or more, due to the dramatic increase in reports. Fifty-six of the 58 counties in California identified children with disabilities in 1998's report of substantiated cases. Thirteen reported 120 or more cases.

Across the board, the number of reports has jumped dramatically. The reasons for this are unknown, but the fact that significant increases in reports occur in nearly all counties, some factor or factors have contributed to the change, which should be identified.

FINDINGS

A. STATEWIDE COMPARISON OF TOTAL ABUSE REPORTS AND REPORTS ON CHILDREN WITH DEVELOPMENTAL DISABILITIES 1991-1998 (Table 1)

Comparing the total number of child abuse reports for children with and without disabilities, only the reports for children with disabilities increased, while the number of reports for generic children continue the decline that began in 1993. Comparing years 1997 to 1998, generic total reports for California decreased from 42,831 to 40,664, while reports for children with developmental disabilities increased from 416 in 1997, to 5,470. This represents a 1315% increase in number of reports for children with disabilities, while the decrease for the generic population continues. What could be the reason for the drastic change? At this point, no factor or condition has been identified as responsible for such a large increase in reports for this specific population of children. Discussion of possible interpretations follows in "Conclusions".

B. 1998 STATEWIDE COMPILATION OF REPORTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES (Table 2)

1. Twenty-seven percent of all reports are for children 5 years of age or younger, 49% under 8 years of age, and 70% under 11. Reporting is about equal for ages 3-14. Only 14% of reports are for children between 15-17 years of age.
2. Physical abuse is the most frequently reported type of abuse (54%). Most cases are reported at ages 6-8 (24%) followed by ages 9-11 (19%) and 3-5 (18%) and 9-11 (19%). This tells us that 61% of all physical abuse reports are for children between 3-11 years of age and older statewide.
3. Sexual abuse reports (32% of all reports)



CHILD ABUSE AND DEVELOPMENTAL DISABILITIES

are highest for ages 12-14 (24%) with similar percentages of 19% each for age group 6-8, 9-11 (38%) and 15-17 (20%) respectively. The age group of 0-2 had 53 reports (3%). Thus, 37% of these cases involved children under 8 years of age, 19% between 9-11, and 44% from 12-17.

4. Severe neglect was next in reporting frequency, representing 9% of all reports with a total of 508 reports for the entire state. Of these, 35% are for children between 0-2 years of age and 21% for those 3-5. Thus 56% of severely neglected children with disabilities are under 5 years of age.
5. Mental abuse reporting is least frequently reported, representing 5% of all reports. Statewide 253 reports were made. Interestingly, 22% were in the age group of 9-11 and 22% for age group 15-17. Forty-five percent were under age 8, and 23% under age 5. For children ages 15-17 (22%), ages 12-14 (15%), then ages 6-8 (22%). Thus 37% of these reports are for children 12 and over, and 63% younger than 12.

C. COMPARING COUNTY WITH STATEWIDE FINDINGS FOR 1998 (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 1998. Each county has a different reporting pattern over the years including idiosyncratic fluctuations, but all counties have a significant increase in reports this year.
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 report-

ing rates for selected counties. These rates vary to such a degree that there must be either some significant difference between abuse in each of these counties, or reporting procedures drastically differ.

3. Thirteen counties reported 120 or more cases. (See Table 4.) This year 37 counties reported abuse of children in the 0-2 year cohort, compared with 8 counties last year and only 2 the year before. In terms of numbers, last year there were 22 cases of children ages 0-2 reported for the state, and this year there are 532.

NOTE: This increase is promising, and may be a reflection of increased attention to the very young children as a result of the efforts of the Child Death Review Team. The Child Death Review Team Data reports, and the U.S. Advisory Board on Child Abuse and Neglect report of 1995 both indicate that the majority of fatal child abuse occurs before the age of 2 years. The increase for this age range may reflect increased awareness, and pending inclusion of children with disabilities in Child Death Review Team agendas.

2. After Los Angeles, Orange then Sacramento report the most children overall (Table 4). Total numbers of reports from Sacramento is lower by nearly 1/3 from Los Angeles and Orange, but its reporting rate is much higher. For example, San Diego made 7,734 reports for all children, of which only 248 were for children with disabilities whereas Sacramento made 2,276 reports of which 452 were for children with disabilities; Orange made 622 reports for children with disabilities out of 7,134 reports. Prior analyses of population demographics did not reveal any factor that could explain the variation in reporting numbers.



3. Ventura County, adjacent to Los Angeles County reported 123 cases out of 997 reports.
4. Seven of the thirteen counties reporting over 120 cases, report the highest incidence of abuse in the age cohort 6-8. Four reported the highest incidence in the 12-14 age group, and one county reported highest for 3-5 and another for 15-17.
5. Of the thirteen counties, six do not report mental abuse in the 0-2 year age category.
6. All counties report children for physical abuse in all age categories as compared to only four counties last year.
7. All thirteen counties report sexual abuse for age cohort 0-2 whereas last year only Orange County made reports in this category.
8. The relative percentages of abuse types remained fairly constant from last year with the exception of physical and mental abuse:

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

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

1. This year the total number of abuse reports for all categories increased dramatically from the prior years. This year, there is an increase for Los Angeles County to it's highest level, which true for all counties statewide. There was, in fact, a 1,072% increase in reports this year from 1997.
2. In Orange County as in Los Angeles, the highest reporting occurred in the 6-8 year age group, with most reported for physi-

cal and sexual abuses. The other categories were unchanged from last year. Orange county had a 1372% increase in reports of children with disabilities.

3. Physical abuse represented the most frequently reported type of abuse in all counties.
4. For San Diego there was a significant change in the number of reports (from 12 to 248). This represents an increase of 2066%.

E. LOS ANGELES COUNTY (Tables 5 and 6)

1. The total number of children reported increased from 118 in 1997 to 1266 this year. (1072%)
2. The data verify that children with developmental disabilities in all age categories have been identified as victims of abuse.
3. Most children reported for abuse were in the 6-8 year age category, whereas last year there was equal representation for both this age group and 12-17.
4. The largest number of reports were for physical abuse (56%). Of these the highest number of children reported were in the 6-8 year age category (25%). 21% were 9-11 years old, making a total of 46% of physical abuse reports for children between 6-11. By comparison prior years showed children 9-11 being the most frequently reported then 6-8. This is the second year that the 6-8 age group ranks highest for physical abuse reporting.
5. Reporting of mental abuse increased by 2 to 43.. This surprising jump represents reports in all age groups. From 1991 forward, most of the cases are reported in the 6-8 year age category, which is true this year as well, with approximately the same percentage of reports made for the 15-17 year age cohort. The reports in the younger age cohort may reflect that



CHILD ABUSE AND DEVELOPMENTAL DISABILITIES

schools may be reporting whereas earlier there were no mandated reporters in the child's life. Reported mental abuse accounts for 3% of all reports.

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. It seems unlikely that these numbers are a true reflection of the amount of mental suffering inflicted upon children with disabilities, even considering the huge jump in reports this year.

6. Sexual abuse reporting peaks at the age category of 12-14 (25%), although the percentages are fairly evenly divided among all age cohorts except the 0-2 year group. It is not possible to determine any statistical significance in the differences between age groupings. Reporting for sexual abuse occurs in all age groups. 33% of the cases are of children under 8 years of age, and including the 9-11 age cohort, fully 50 percent are under age 11. Reports increased from 31 total last year to 406 this year. Sexual abuse accounts for 32% of all reports
7. 49% of the children reported for severe neglect were under the age of 5 (25% ages 0-2, 24% ages 3-5). Thirty-three percent were between the ages of 6-11. Reports increased from 10 reports last year to 97 this year, with reports made in all age groups. Neglect represents 8% of all reports, as it did last year.

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 county by age and type of abuse. Presented in descending order of reports, there no reports for mental abuse in age category 0-2 in San Diego or in Ventura, whereas in Los Angeles and Orange there were reports of abuse in all categories and age groups. San

Diego and Ventura also report no abuse cases of Severe Neglect for age groups 9-14, and Ventura add the 6-8 year age group.

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. Additionally, the discrepancies between counties may indicate a need for improvement in reporting, training, data collection, or other factor. Particularly the huge discrepancies between the reports of all prior years in which data has been collected (from 1991) and this year (1998) indicate that there are problems in the data collection procedures.

It is difficult to imagine which, of many possibilities, are the reasons for the drastic difference in the numbers of reports made in 1998 with all prior years. The following are possibilities: the mandate to use up all older reporting forms that did not have the identifier for "children with developmental disabilities" included was abandoned, or suddenly they were all or almost used up, leaving these revised forms (from 1989) to be used. It could be that child protective services workers received training, improved training, or were compelled to complete the box. It

may be that through training, CSW's were better equipped to know when to identify that the child has a developmental disability. It may be that the Attorney General issued an opinion relieving CSW's from the possibility of being sued when identifying the child as having a disability. It could be that this year there was a 1300% increase in the number of children with disabilities (not likely) or that the incidence of abuse increased by 1300% (also not likely). It may be that after 10 years, the awareness of the importance of collecting this data has increased, and found its expression in rigorous identification and reporting on these mandatory reports of substantiated abuse. Whatever the reason or reasons, it is likely that this year's data provides a more realistic report on the incidence and types of abuse experienced by children with disabilities in Los Angeles County and in the State of California. It will be extremely interesting to collect and review the data for 1999, to see if it is consistent with this year. Perhaps this is the beginning of a pattern of improved reporting, data collection and dissemination.

RECOMMENDATIONS:

The variations in reporting rates across counties and in comparison with prior years should be taken seriously by the agencies charged with 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 a collaboration was identified and begun in October 1997 at the Statewide Think Tank on Abuse and Disability in Los Angeles, attended by these agencies. This mechanism is an ACTION PLAN, that identifies immediate needs and how to address them. This will be operated under a grant from OCJP and the Children's Justice Act to 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.



Table 1

**CALIFORNIA DEPARTMENT OF JUSTICE:
COMPARISON OF TOTAL CHILD ABUSE REPORTS WITH REPORTS ON CHILDREN
WITH DEVELOPMENTAL DISABILITIES STATEWIDE 1991-1998**

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	5,470

Table 2

**DOJ: 1998 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	532	10.0	276	9.0	20	8.0	179	35.0	53	3.0
3-5	946	17.0	540	18.0	39	15.0	105	21.0	260	15.0
6-8	1184	22.0	719	24.0	56	22.0	83	16.0	325	19.0
9-11	1013	19.0	571	19.0	46	18.0	61	12.0	332	19.0
12-14	994	18.0	487	16.0	37	15.0	45	9.0	421	24.0
15-17	794	14.0	360	12.0	55	22.0	35	7.0	341	20.0
TOTAL	5470		2952	98.0		100.0	508	100.0	1736	100.0
Percentages	100.0			54.0	253	5.0		9.0		32.0



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

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

B. Comparing Abuse Reports and Rates of Generic and Children with Developmental Disabilities by County 1998

COUNTY:	TOTAL 0-18 POPULATION	TOTAL # WITH DISABILITIES	RATE PER TOTAL	NUMBER CHILD ABUSE REPORTS
LOS ANGELES	2,326,110	16,640	1/13	1266
SAN DIEGO	610,946	4,538	1/18	248
ORANGE	589,303	3,628	1/05	622
SACRAMENTO	274,979	3,546	1/07	452
SAN BERNARDINO	459,124	2,373	1/05	404
KERN	Data not available	-----		216
RIVERSIDE	597,259	3,427	1/13	262



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 # of Cases - Generic	Total # of Cases with Disabilities	Largest Category by Age:	Rank in State by Number of Reports:
Los Angeles	8,049	1266	6-8	1
Orange	7,134	622	6-8	2
Sacramento	2276	452	6-8	3
San Bernardino	1975	404	3-5	4
Riverside	1319	262	6-8	5
San Diego	7734	248	6-8	6
Kern	1497	216	6-8	7
Alameda	814	198	12-14	8
Stanislaus	635	173	12-14	9
Contra Costa	517	171	6-8	10
Santa Clara	565	138	12-14	11
San Joaquin	671	133	15-17	12
Ventura	997	123	12-14	13



Department of Justice: Child Abuse Reports on Children with Developmental Disabilities 1991-1997

A. Los Angeles County

YEAR:	Total Reports	Physical	Mental	Neglect	Sexual
91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98
Child Age	Physical	Mental	Neglect	Sexual	
0-2	3/2/1/2/1/5/4/54	0/0/1/0/0/0/0/2	2/0/0/2/1/4/1/25	1/0/1/0/0/1/0/8	
3-5	15/20/8/1 3/1 7/29/1 6/2/11	8/11/2/7/1 0/1 8/7/1 14	1/0/0/0/2/2/0/9	1/3/0/3/1/2/3/23	5/6/6/3/4/7/6/65
6-8	18/1 7/1 0/2 6/24/40/21/269	10/11/5/15/1 9/27/1 3/1 77	0/2/1/2/0/1 1/11	1/0/0/1/1/3/3/17	7/4/4/8/4/9/4/64
9-11	18/1 4/1 4/1 5/24/49/20/257	6/7/8/8/20/33/1 0/1 52	2/0/0/0/0/3/0/7	1/3/2/0/0/5/1/16	9/4/4/7/4/8/9/81
12-14	18/1 4/9/1 7/25/28/26/225	9/8/5/9/1 0/1 4/1 9/1 11	1/1/0/0/0/1/0/4	0/1/1/0/1/0/1/8	8/5/3/8/1 4/1 3/6/1 00
15-17	9/1 6/1 8/1 1/21/23/30/215	7/7/8/4/1 4/1 0/22/1 09	0/1/1/0/1/3/1/10	0/1/1/1/2/0/1/8	2/7/8/6/4/1 0/6/88
Unknown	/2	/2			
Totals	84/83/62/66/113/179/118/1266	43/46/29/45/74/107/75/714	4/4/3/2/3/10/2/43	4/8/4/7/6/1 4/1 0/96	32/26/35/32/30/48/31 406

B. Orange County

YEAR:	Total Reports	Physical	Mental	Neglect	Sexual
91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98
Child Age	Physical	Mental	Neglect	Sexual	
0-2	2/6/3/1 2/3/4/8/112	0/2/2/6/2/1/3/45	0/0/0/0/0/1/1/7	2/3/0/6/1 2/3/54	0/1/1/0/0/0/1/5
3-5	3/1 0/2/3/6/11/8/109	1/7/1/2/2/6/4/59	0/0/0/0/1/3/1/11	0/0/0/1/2/1/2/19	2/3/1 0/1 1/1 1/20
6-8	5/4/4/8/4/1 0/7/1 19	1/4/2/3/1 6/4/64	2/0/0/2/1/1 0/1 2	1/0/1/0/0/1/1/16	1/0/1/3/2/2/2/27
9-11	7/8/3/9/2/1 2/4/91	4/4/3/2/1 5/2/44	1/0/0/2/0/3/1/9	0/0/0/0/1 2/0/1 3	2/4/0/5/0/2/1 25
12-14	3/1 0/2/5/3/8/8/101	2/3/1/3/1 6/4/46	0/0/0/0/1/1/0/6	0/0/0/0/0/0/1/7	1/7/1 2/1 1/1 3/41
15-17	3/6/1 8/6/6/1 1/90	1/1/0/2/5/2/4/34	0/0/0/0/0/1 3/1 0	0/1 0/2/0/0/0/0/6	2/4/1 4/1 1 3/4/39
Other			/3		
TOTALS	23/44/15/45/24/51 4/6/622	9/21/9/18/1 2/2/6/21/292	3/0/0/4/3/10/6/55	3/4/1 9/4/6/7/1 15	8/1 9/5/14/5/9/1 2/1 59



Department of Justice: Child Abuse Reports on Children with Developmental Disabilities 1991-1997

C. San Diego County

YEAR:	Total Reports	Physical	Mental	Neglect	Sexual
91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98	91/92/93/94/95/96/97/98
Child Age	Physical	Mental	Neglect	Sexual	
0-2	3/12/00/1/1/21	2/1/1/0/0/1/0/15	0/0/0/0/0/0/0/0	0/0/0/0/0/0/1/3	1/0/1/0/0/0/0/0/3
3-5	1/5/0/1/1/12/3/53	0/2/0/0/0/0/0/2/32	0/0/0/0/0/0/0/0/1	0/2/0/1/0/1/0/6	1/1/0/0/1/1/1/14
6-8	7/1/0/0/1/4/2/68	5/0/0/0/0/3/1/35	0/0/0/0/0/1/1/9	0/0/0/0/1/0/0/5	2/1/0/0/0/0/0/18
9-11	2/1/1/0/0/1/3/32	2/0/0/0/0/1/0/20	0/0/0/0/0/0/0/2	0/0/0/0/0/0/0/0	0/1/1/0/0/0/0/3/10
12-14	1/2/1/2/0/1/2/43	1/0/0/2/0/1/1/27	0/0/0/0/0/0/0/1/1	0/0/0/0/0/0/0/0	0/2/0/0/0/0/0/1/15
15-17	1/0/1/2/0/2/1/29	1/0/0/1/0/1/1/16	0/0/0/0/0/0/0/0/3	0/0/0/0/0/0/1/0/2	0/0/1/1/0/0/0/0/8
Unknown	/2				/2
TOTALS	15/10/5/5/2/11/1/2/248	11/3/1/3/0/7/5/1/45	0/0/0/0/0/0/1/1/16	0/2/0/1/1/2/1/16	4/5/3/1/1/1/15/70

1997 Child Abuse Reports For Children with Developmental Disabilities By Age and Type of Abuse For Kern and San Bernardino Counties

Child Age	Physical Abuse	Mental Abuse	Neglect Abuse	Sexual Abuse	Total
0-2	7	5	25	2	7
3-5	16	20	24	16	17
6-8	25	26	18	15	21
9-11	21	16	17	20	20
12-14	16	9	8	25	18
15-17	15	23	8	22	17
TOTAL	100	99	100	100	100
Category Totals	56	3	8	32	99

1998 Comparative Chart of Abuse by Age and Type for Los Angeles, Orange and San Diego Counties

	LOS ANGELES				ORANGE				SAN DIEGO				SAN DIEGO							
	PA	MA	SN	SA	TOTAL	PA	MA	SN	SA	TOTAL	PA	MA	SN	SA	TOTAL	PA	MA	SN	SA	TOTAL
0-2	51	2	24	8	87	45	7	54	5	112	15	0	3	3	21	4	0	1	1	6
3-5	114	9	23	65	211	59	11	19	20	109	32	1	6	14	53	9	1	2	4	16
6-8	177	11	17	64	269	64	12	16	27	119	35	9	5	18	68	16	2	0	8	26
9-11	152	7	16	81	257	44	9	13	25	91	20	2	0	10	32	13	1	0	10	24
12-14	111	4	8	100	225	46	6	7	41	101	27	1	0	15	43	18	1	0	10	29
15-17	109	10	8	88	215	34	10	6	39	90	16	3	2	8	29	9	1	2	10	22
TOTAL	714	43	96	406	1266	292	55	115	159	622	145	16	16	70	248	69	6	5	43	123

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

Comparison of Reports by Type of Abuse by Selected Counties and State Totals

	TOTAL REPORTS	Physical Abuse	Mental Abuse	Severe Neglect	Sexual Abuse
State of California	40,664	21,318	7,781	1,709	9,851
Los Angeles	8,049	4,677	875	352	2,145
Orange	7,134	3,082	2,724	200	1,128
San Diego	7,734	3,435	2,612	379	1,307
Kern	1,497	970	82	40	405
San Bernardino	1,975	1,031	119	153	671
Riverside	1,319	676	153	85	405
Ventura	997	640	115	14	228





LIST OF TABLES

1. California Department of Justice: Comparison of Total Child Abuse Reports with Reports on Children with Developmental Disabilities Statewide 1991-1997
2. California Department of Justice 1997 Statewide Child Abuse Reports of Children with Developmental Disabilities: 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 County
 - A. COMPARING TOTAL REPORTS AND CHILDREN WITH DISABILITIES BY YEAR 1991-1997 BY COUNTY
 - B. COMPARING ABUSE REPORTS AND RATES OF GENERIC AND CHILDREN WITH DEVELOPMENTAL DISABILITIES BY COUNTY 1977
4. Highest Number of Child Abuse Reports by County, Age and Type of Abuse - 1997
5. 1997 Child Abuse Reports for Children with Developmental Disabilities by Age and Type of Abuse for Kern and San Bernardino Counties
6. California Department of Justice: Child Abuse Reports on Children with Developmental Disabilities 1991-1997 by Age and Type of Abuse for Los Angeles, Orange and San Diego Counties.
7. 1997 Comparative Chart of Abuse by Age and Type for Los Angeles, Orange and San Diego Counties
8. In Order of Most to Least Total Reports for Counties Reporting 15 or more Cases of Children with Developmental Disabilities and Counties Contiguous or Comparable to Los Angeles







CHILDREN'S PLANNING COUNCIL SCORECARD BACKGROUND & ANALYSIS



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

LOS ANGELES COUNTY

CHILDREN'S SCORE CARD 1998

The Children's Score Card provides a set of trend measures countywide, as well as measures which are available by zip code for the eight County Service Planning Areas (SPAs). This is re-printed from last year's report as new data for 1998 are not available. A new Children's Score Card will be included in the next edition of *The State of Child Abuse in Los Angeles County*.

COUNTYWIDE TRENDS, 1993-1997

Good Health Goal Area: Health indicators for 1993 to 1997 show improvement in 8 of 10 measures.* Most striking are the 50% drop in children with tuberculosis, 31% reduction in child deaths, 10% decline in births to teens and increase in children immunized by age 2 from 39% to 56%. Other areas of improvement are the continuing decline in infant death rate, increase in children with health insurance, improvement in air quality and lower pediatric AIDS cases. There was no change in percentage of normal weight births, but on the down side, an increase in number of AIDS cases among teens, rising from 60 to 91 cases.

Safety and Survival Goal area: Improvements were recorded for 5 of 8 measures of safety and survival for children, including a 31% decline in accidental deaths, 17% reduction in homicides, a 7% drop in violent felony arrests of youths, and slight decreases in youth held in Juvenile Hall and in child abuse cases where the child remains in the family under DCFS supervision. Measures growing worse over the 5-year period were all in the child abuse and neglect area: there was a 4% increase in Emergency Response cases opened, a 34% increase in

cases with the child removed from the home temporarily, and a 42% increase in children in long-term placement, many of whom will remain in foster care until they reach the age of 18 and are on their own.

Economic Well-Being Goal Area: It's probably safe to say that economic conditions for children have not been so precarious since the Great Depression. The slight improvement in the 1997 poverty rate was reversed in 1998, with an estimate of 33% of children in the county below the poverty level. By 1997 the total of poor and low-income children in families with incomes less than double the poverty level was 58%, a reduction from the peak of 63% in 1995. Reflecting the prevalence of low-income families, 59% of children in public schools were in the free or reduced price lunch program. The 11% decline of children receiving public assistance (CalWorks) indicates improving economic conditions as well as the push for welfare reform; however, studies suggest that many of the children leaving the welfare rolls will remain poor because their parents aren't qualified for jobs that offer more than minimum wage, temporary or part-time work.

Social and Emotional Well-Being Goal Area: Two of the three measures for which information was available showed positive trends: youth suicide was down, and there was a 30% increase in children served by the Mental Health Department. Data were available on licensed child care only for 1995, with a study currently underway to update this information. Adoptions, primarily from the caseload of children in long-term foster care, showed little change from the

1993 level despite a major increase in children in permanent placement.

Education/Workforce Readiness Goal Area: Five of the eight measures showed modest improvement, two remained unchanged and one was worse. (Public and private school enrollment are not counted since they are primarily descriptive indicators.) While the high school graduation rate remained unchanged, there were improvements in indicators of youth preparing for higher education: graduates with courses required for university admission, graduates taking SAT tests, and SAT test scores. The number of children enrolled in special education increased, keeping pace at 9% of overall enrollment. While California school expenditures per pupil remained far below the national average, the statewide push to lower class size resulted in an improved student-teacher ratio. Language remains an area of concern: the percentage of students who are fluent in English continued to decline from 66% to 64% of public school pupils.

SERVICE PLANNING AREAS

A disturbing finding emerges from review of conditions in the county's eight Service Planning Areas (SPAs): on virtually every measure, numbers for SPA 6-South, are strikingly high for problem indicators, although it ranks 5th in number of children. This finding should serve as a red flag in planning services for children and families.

Health: SPA 6 is highest in infant deaths, rate and number of teen births, and child deaths, and lowest in births at normal weight and children with health insurance.

Safety and Survival: SPA 6 is far higher than all other geographic areas in every measure of problems for child safety. The SPA 6 has 39% of all children in long-term foster care, 20% of youths in Juvenile Hall and has by far the highest rates of child and

teen deaths from accidents and homicide.

Economic Well-Being: 51% of the children in SPA 6 are below the poverty level and a total of 79% are in low income families, compared to countywide rates of 33% poor and 51% low income. SPA 6 accounts for one in four of the county's children on public assistance. 83% of SPA 6 children receive school lunches compared to 59% countywide.

Social and Emotional Well-Being: The highest number of children in two-parent families is in SPA 2 – San Fernando Valley and SPA 3 – San Gabriel Valley, while the highest number in female headed families is in SPA 6. Licensed child care spaces in proportion to the child population are highest in SPA 2 and 5, the higher income areas where parents can afford child care, and lowest in SPA 4 and 7. The percentage of children served by the Mental Health Department, is similar for all SPAs, averaging 1.6% of children countywide. (The number of youth suicides is too small for reliable comparison among SPAs.)

Education/Workforce Readiness: Indicators of educational success vary more among SPAs than in most fields. SPA 6 is lowest on two measures (graduation rate and SAT score) and second lowest on two others (students fluent in English and graduates taking the SAT). SPA 4 – Metro is lowest in English fluency and second lowest in SAT score. SPA 1 – Antelope Valley shows a surprisingly low 14% of graduates taking courses required for university admission and is second lowest in graduation rate. SPA 7 – East has the lowest percent of graduates taking the SAT and is second lowest in graduates with university-required courses. In each SPA the proportion of 16-19 year old in school or the workforce is comparable to its share of the late-teen population.



CHILDREN'S SCORE CARD

Age Groups: The county's children total 2.5 million, 27% of the total county population. The largest number of children is in SPA 3 at 484,000, followed by SPA 2 at 448,000. The age distribution of children countywide shows the highest number in the 0-4 age group with fewer children at older ages.

Ethnic Groups: Latinos are by far the largest segment of children and youth at 58%. Whites account for 21%, African Americans are 10%, Asians and Pacific Islanders 10% and American Indians less than 1%. The largest number of Latino youth is in SPA 7 – East and Latinos are the largest segment in every area except SPA 1 and SPA 5. The highest White population is in SPA 2, and they are the largest group in SPA 1 and SPA 5. African American and Asian Pacific youth show areas of concentration but are not the largest population in any area. African Americans are concentrated in SPA 6 and SPA 8, while Asians are concentrated in SPA 3 and SPA 8. American Indians youth are a small sector in all areas, with concentrations in SPA 3 and SPA 8.

Language: 64% of students in the county's public schools speak English only or are bilingual and fluent in English, while 36% are Limited English Proficient (LEP). Of the 561,000 LEP students, 491,000 or 87% are Spanish speakers. The second largest language group is Armenian, with 12,700 students, followed by Korean (8,700), Cantonese (8,100), Vietnamese (6,200), Cambodian (6,200), Tagalog (5,000) and Mandarin (5,500). All other non-English speakers total 17,700. All SPAs have a large number of Spanish speaking students, but most other languages are highly concentrated: Armenian and Korean in SPA 2 and 4, Cantonese and Mandarin in SPA 3, Vietnamese in SPA 3 and 8, Cambodian in SPA 8, and Tagalog in SPA 2, 4 and 8.

Poverty level: 850,000 children or 33% of the age 0-17 population are in households below the poverty level in 1998. (For 1998 the poverty level is \$16,450 for a family of four.) Latino children have the county's highest poverty rate at 43%, with 631,000 children in poor families. The American Indian poverty rate is 34%, African American 33%, Asian Pacific 21% and White 13%. Predictably, the proportion of children in poverty varies among the eight SPAs, with the highest rates in SPA 6 (51%) and SPA 4 (48%). The lowest child poverty rates are in SPA 5 (19%) and SPA 1 (21%).

*Where both rate and number are shown on the Score Card the measure is counted only once for purposes of analysis.



ICAN DATA ANALYSIS REPORT FOR 1999

A Joint Effort of the Los Angeles County Children's Planning Council and United Way of Greater Los Angeles

All measures are for children 0-17 unless otherwise specified

	1993	1994	1995	1996	1997	Change
GOOD HEALTH						
1 Births at normal weight (2500 gr.+)	94%	94%	94%	94%	na	none
2 Infant deaths (0-11 mo.)	1,381	1,252	1,176	999	na	-382
3 Infant death rate	7.28	6.94	6.73	5.91	na	-1.37
4 Births to teens - number	9,179	9,120	8,919	8,218	na	-961
5 Births to teens - rate (per 1,000 females 10-17)	19.6	19.3	18.6	16.9	na	-2.7
6 Children with health insurance	na	71%	na	78%	75%	+4%
7 Children fully immunized at age 2	39%	58%	52%	55%	56%	+17%
8 Tuberculosis cases reported	189	146	125	99	94	-95
9 HIV/AIDS cases age 0-12	60	73	73	86	91	+31
10 AIDS cases age 13-17	28	12	23	10	17	-11
11 Child deaths age 0-17	2,579	2,364	2,323	1,769	na	-810
12 Child death rate(per 100,000 age 0-17)	100.5	90.2	87.4	65.6	na	-34.9
13 Good air days-ozone standard met	92%	93%	95%	97%	99%	+7%
SAFETY AND SURVIVAL						
14 Child abuse/neglect cases opened - full year	171,922	169,638	185,550	197,784	179,436	+7,514
15 Family Maintenance (in-home) - December	12,696	10,718	12,162	13,011	11,933	-763
16 Family Reunification (out of home) - December	12,155	11,673	12,675	15,310	16,323	+4,168
17 Permanent Placement - December	24,463	26,189	28,462	31,359	34,691	+10,228
18 Violent felony arrests	7,866	7,524	4,630	7,297	na	-569
19 Juveniles incarcerated (Juvenile Hall, CYA)	17,707	17,889	18,910	19,121	17,490	-217
20 Accidental deaths	292	257	221	201	na	-91
21 Accidental death rate (per 100,000 age 0-17)	11.4	9.8	8.3	7.5	na	-3.9
22 Homicide deaths	262	240	278	216	na	-46
23 Homicide death rate (per 100,000 age 10-17)	10.2	9.2	10.5	8.0	na	-2.2



CHILDREN'S SCORE CARD

ECONOMIC WELL-BEING

24 Children below poverty level	32.8%	33.6%	36.8%	35.1%	31.6%	-1.2%
25 Near-poor children (133% poverty level)	42.5%	44.1%	47.0%	44.6%	42.1%	-0.4%
26 Low income children (200% poverty level)	56.4%	58.5%	63.5%	60.6%	58.1%	+1.7%
27 Children with Calworks income - August	585,115	619,104	621,037	607,875	552,357	-32,758
28 School lunch program enrollment	54%	56%	57%	59%	59%	+5%

SOCIAL AND EMOTIONAL WELL-BEING

29 Adoption: children placed	1,049	1,027	1,046	914	1,062	+13
30 Suicide deaths	53	28	24	37	na	-16
31 Suicide death rate (per 100,000 age 10-17)	2.07	1.07	0.90	1.37	na	-0.7
32 Licensed child care spaces	na	na	176,527	na	na	na
33 Children served by Mental Health Dept	16,946	16,633	19,166	20,678	22,031	+5,085

EDUCATION/WORKFORCE READINESS

Public school enrollment	1,465,597	1,473,717	1,508,589	1,549,833	1,583,283	+117,686
35 Private school enrollment	12.7	12.6	12.6	12.4	12.1	-0.6
36 Student-teacher ratio in public schools	24.95	24.92	24.81	23.91	22.56	-2.39
37 Calif. school spending per pupil - % of U.S	83%	83%	81%	81%	83%	0%
38 Special education enrollment - April	139,675	141,500	145,709	152,718	158,207	+18,532
39 Students fluent in English or bilingual	66%	65%	64%	64%	64%	-2%
40 High school graduation rate	62%	61%	59%	61%	62%	0%
41 Graduates with courses for univ. admission	35%	36%	36%	40%	40%	+5%
42 Graduates taking SAT test	36%	37%	37%	38%	38%	+2%
43 SAT score - average	951	950	948	957	962	+11



MEASURE:

Definition (Source).

1. Births at normal weight (2500 gr.+): Percent of births with birthweight of 2,500 grams or more. (Source: Los Angeles County Department of Health Services)
2. Infant deaths: Deaths before 12 months of age. (Source: Los Angeles County Department of Health Services)
3. Infant death rate 0-11 mo.: Deaths before 12 months of age per 1,000 live births. (Source: Los Angeles County Department of Health Services)
4. Births to teens - number: Births to mothers age 17 and younger. (Source: Los Angeles County Department of Health Services)
5. Births to teens - rate: Births to mothers under age 18 per 1,000 females age 10-17. (Source: Los Angeles County Department of Health Services)
6. Children with health insurance: Percent of children 0-17 with privately or publicly funded health care coverage. (Source: UCLA Center for the Health Policy Research, 1994-1996. Los Angeles County Department of Health Services, 1997)
7. Children fully immunized at age 2: Percent of children who had received all required immunizations by 24 months, based on survey of immunization records at kindergarten enrollment. (Source: Los Angeles County Department of Health Services)
8. Tuberculosis cases reported: Confirmed TB cases among children age 0-17. (Source: Los Angeles County Department of Health Services)
9. HIV/AIDS cases age 0-12: Reported children by year of initial evaluation for HIV infection, per Table 19, Pediatric Spectrum of Disease Project 1997 Year-End Data

- Summary. (Source: Los Angeles County Department of Health Services)
10. AIDS cases age 13-17: Youth age 13-17 with active AIDS as reported to AIDS Epidemiology Program. (Source: Los Angeles County Department of Health Services)
 11. Child deaths age 0-17: Number of children whose death occurred at age 0-17. (Source: Los Angeles County Department of Health Services)
 12. Child death rate: Death of children per 100,000 age 0-17. (Source: Los Angeles County Department of Health Services)
 13. Good air days - ozone standard met: Average days that the federal ozone standard was not exceeded, as measured by monitoring stations in Los Angeles County. (Source: South Coast Air Quality Management District)
 14. Child abuse/neglect cases opened - full year: Emergency Response Program cases opened. (Source: Los Angeles County Department of Children and Family Services)
 15. Family Maintenance (in-home) - December: Number of children in the child welfare system that receive services and remain in the home. (Source: Los Angeles County Department of Children and Family Services)
 16. Family Reunification (out of home) - December: Number of children in temporary foster care. (Source: Los Angeles County Department of Children and Family Services)
 17. Permanent Placement: Number of children in long-term foster care. (Source: Los Angeles County Department of Children and Family Services)
 18. Violent felony arrests: Arrests of youth under 18 for homicide, forcible rape, rob-



CHILDREN'S SCORE CARD

bery, aggravated assault, kidnapping. Felony arrests reported on SPA's are for Part I offenses which also include burglary, larceny, theft, motor vehicle theft and arson.

(Source: California Department of Justice, Law Enforcement Information Center, Los Angeles County Sheriff's Department, Los Angeles Police Department)

19. Juveniles incarcerated (Juvenile Hall, CYA): One day count of youth held in Los Angeles County Juvenile Hall or California Youth Authority facilities. (Source: Los Angeles County Department of Probation, California Youth Authority)

20. Accidental deaths: Deaths among children that were found to be accidental. (Source: Los Angeles County Department of Health Services)

21. Accidental death rate: Deaths of children under age 18 per 100,000 age 0-17. (Source: Los Angeles County Department of Health Services)

22. Homicide deaths: Deaths among children that were attributed to homicide. (Source: Los Angeles County Department of Health Services)

23. Homicide death rate: Deaths attributed to homicide of children age 10-17 per 100,000 in that age group. (Source: Los Angeles County Department of Health Services)

24. Children below poverty level: Percent of children age 0-17 in households below the federal poverty level. (Source: U.S. Bureau of the Census, Current Population Survey)

25. Near-poor children (133% poverty level): Percent of children in households below 133% of poverty level. (Source: Los Angeles County Department of Public Social Services)

26. Low income children (200% poverty level): Percent of children in households

below 200% of poverty level. (Source: Los Angeles County Department of Public Social Services)

27. Children with CalWorks income - August: Children receiving income through the CalWorks program. (Source: Los Angeles County Department of Public Social Services)

28. School Lunch Program enrollment: Children receiving free or reduced price meals, in federal school lunch program in October, as percent of total October school enrollment. (Source: Los Angeles County Office of Education)

29. Adoption: children placed: Adoptive placements made each year. (Source: Los Angeles County Department of Children and Family Services)

30. Suicide deaths: Children whose deaths were attributed to suicide. (Source: Los Angeles County Department of Health Services)

31. Suicide death rate: Deaths attributed to suicide by children age 10-17 per 100,000 population in that age group. (Source: Los Angeles County Department of Health Services)

32. Licensed child care spaces: Number of spaces for children in licensed child care facilities or homes. (Source: Los Angeles County Child Care Coordinator)

33. Children served by Mental Health Dept.: Unduplicated number of children served by the Los Angeles County Department of Mental Health. Beginning in 1994-95, includes children served by private providers paid by Medi-Cal. (Source: Los Angeles County Department of Mental Health)

34. Public school enrollment K-12: Students enrolled in Los Angeles County public schools. (Source: Los Angeles



County Office of Education)

35. Private school enrollment K-12 - percent of students: Students enrolled in Los Angeles County private schools as percent of total public and private school students in grades K-12. (Source: Los Angeles County Office of Education)

36. Student-teacher ratio in public schools: Number of students per teacher in Los Angeles County public schools. (Source: Los Angeles County Office of Education).

37. California School spending per pupil - % of U.S.: California per student expenditures for education as a percent of U.S. average per student expenditures for education. (Source: California Department of Education, School Finance Unit)

38. Special education enrollment - April: Students in special education programs in Los Angeles County public schools. (Source: Los Angeles County Office of Education)

39. Students fluent in English or bilingual: Percent of K-12 student enrolled in Los Angeles County public schools who are not in the Limited English Proficient program. (Source: Los Angeles County Office of Education)

40. High School graduation rate: Graduates as a percent of class that entered 10th grade three years prior, i.e. those who graduated with their class. (Source: Los Angeles County Office of Education)

41. H.S. graduates with university-required courses: Percent of high school graduates with courses required for UC/CSU admission. (Source: Los Angeles County Office of Education)

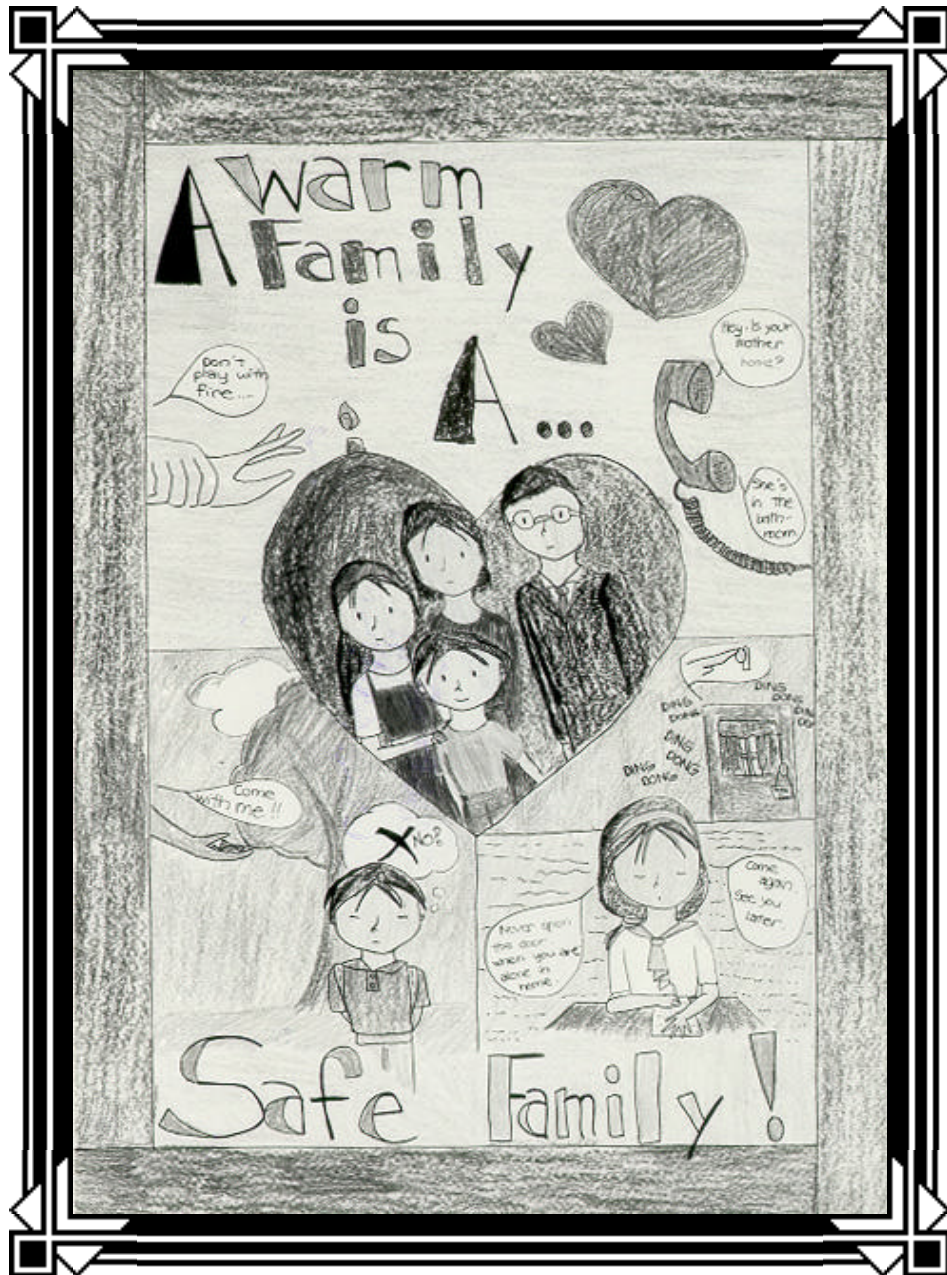
42. Graduates taking SAT test: Percent of high school graduates who took Scholastic Aptitude Test. (Source: Los Angeles

County Office of Education)

43. SAT score: Average Scholastic Aptitude Test scores for Los Angeles County test takers. (Source: Los Angeles County Office of Education)



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 \$3.05 billion and 10,781 employees for fiscal year 1998-99. 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 serve 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. 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 1998, DPSS provided financial aid to a monthly average of 1.5 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, these 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 Figures 1 - 1 and 1 - 2, using December 1997 and 1998 as points in time for comparison, the overall aided persons count fell by 5.6% (-88,312). The chart shows that all programs except MAO and IHSS reported decreases, with CalWORKs-FG/U and GR making up most of the overall drop. Refer to Figures 3, 4, 5 and 6 for recent trends on persons aided in the CalWORKs FG, CalWORKs U, FSO and MAO Programs respectively.

Ethnic Origin and Primary Language Characteristics

Figure 1 - 7 displays the percentages of cases by ethnic origin and the primary language in which the head of the Assistance Unit chose to exchange information.

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 1998, the overall family and adult caseloads had decreased to 1,487,154 from 1,575,466 persons receiving aid in December 1997. This represented a 5.6%(88,312) decrease in persons receiving aid.

Los Angeles County's unemployment rate increased slightly from 5.8% in December 1997 to 6.1% in December 1998. The California Employment Development Department estimated Los Angeles County's civilian labor force at 4,591,000 in December 1998 with 278,000 persons unemployed.

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

CalWORKs

The number receiving CalWORKs-1 Parent-Family Group(FG) in December 1998 was 524,842 which is 10.3% or 60,014 persons below December 1997's 584,856 persons. CalWORKs-FG rolls are now at their lowest point since July 1990 (517,389).

CalWORKs-2 Parent-Unemployed Parent (U) caseload experienced a slightly higher rate of decrease than CalWORKs-FG of 11.0% or 17,824 persons. During calendar year 1998, the number receiving CalWORKs-U decreased to 144,246 compared to 1997's 162,070.

FSO

The number of FSO recipients dropped from 109,365 in December 1997 to 103,417 in December 1998, representing a decrease of 5.4% (5,948). The December 1998 tally was the lowest since July 1991 (105,339).

MAO

The number of persons receiving MAO increased 2.5% from 552,039 in December 1997 to 565,886 in December 1998. 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. MAO and IHSS were the only aid programs which experienced an increase in the number of persons receiving assistance.

CHILD ABUSE REFERRALS

In calendar year 1998, the number of child abuse referrals made to the Department of Children & Family Services decreased by 272 (22.8%). The total number of child abuse referrals in 1998 was 919.



Figure 1-1

PERSONS AIDED – ALL DPSS PROGRAMS

December 1997 – December 1998

Program	1997	1998	Number	Percent
CalWORKs- 1 Parent	584,856	524,842	60,014	10.3%
CalWORKs- 2 Parent	162,070	144,246	-17,824	-11.0%
GR	83,157	59,248	-23,909	-28.8%
RRP	289	253	36	12.5%
IHSS	83,690	89,262	5,572	6.7%
MAO	552,039	565,886	13,847	2.5%
FSO	109,365	103,417	5,948	5.4%
TOTAL	1,575,466	1,487,154	88,312	5.6%

Key to Program Acronyms

CalWORKs: California Work Opportunity and Responsibility to Kids

1 Parent - Family Group

2 Parent - Unemployed Parent

GR: General Relief

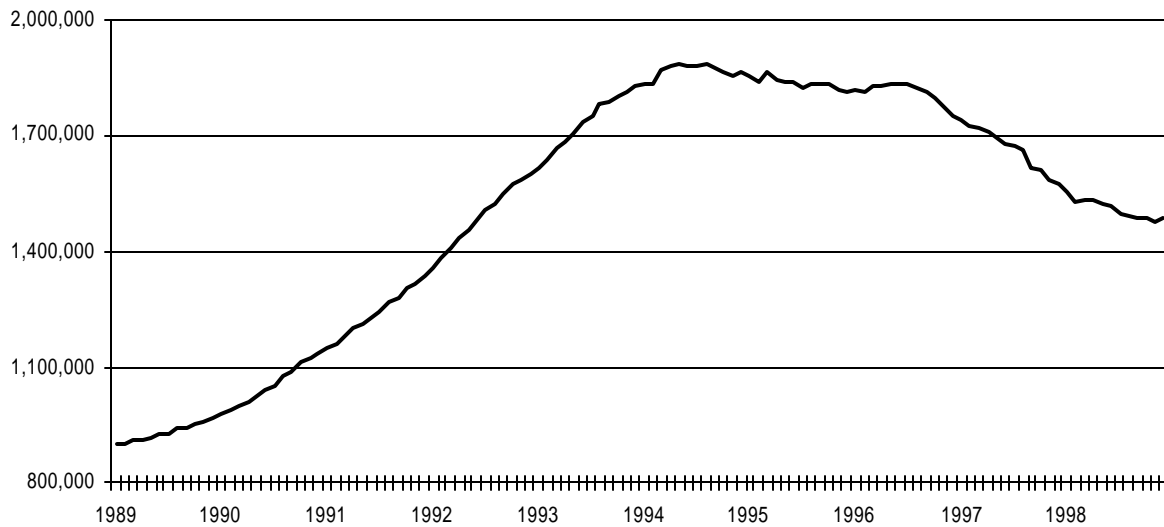
RRP: Refugee Resettlement Program

IHSS: In-Home Supportive Services

MAO: Medical Assistance Only

FSO: Food Stamps Only

Figure 1-2
PERSONS AIDED – ALL AIDS COMBINED
 January 1989 – December 1998

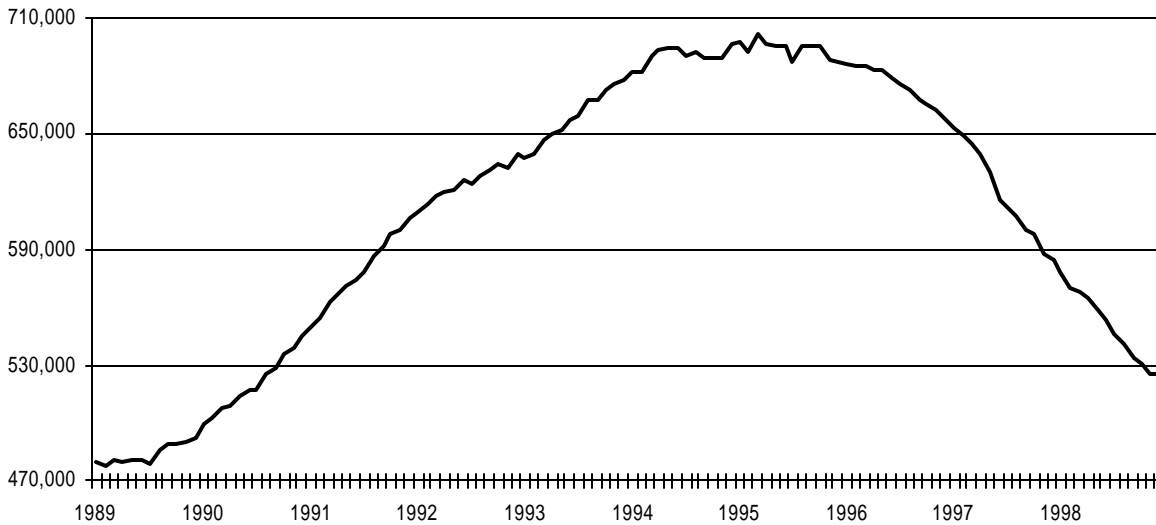


	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Jan	901,512	977,467	1,150,529	1,355,763	1,618,696	1,838,536	1,856,959	1,815,720	1,739,691	1,533,899
Feb	900,505	985,184	1,160,098	1,382,085	1,635,868	1,837,625	1,840,912	1,813,789	1,726,450	1,530,151
Mar	910,418	1,000,872	1,184,703	1,412,368	1,669,406	1,871,302	1,863,833	1,825,136	1,720,143	1,534,206
Apr	910,747	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
May	915,450	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
Jun	923,933	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
Jul	924,215	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
Aug	939,137	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
Sep	945,956	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
Oct	954,019	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
Nov	960,151	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
Dec	967,799	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

ICAN DATA ANALYSIS REPORT FOR 1999



Figure 1-3
PERSONS AIDED – CalWORKs-FG
 January 1989 – December 1998

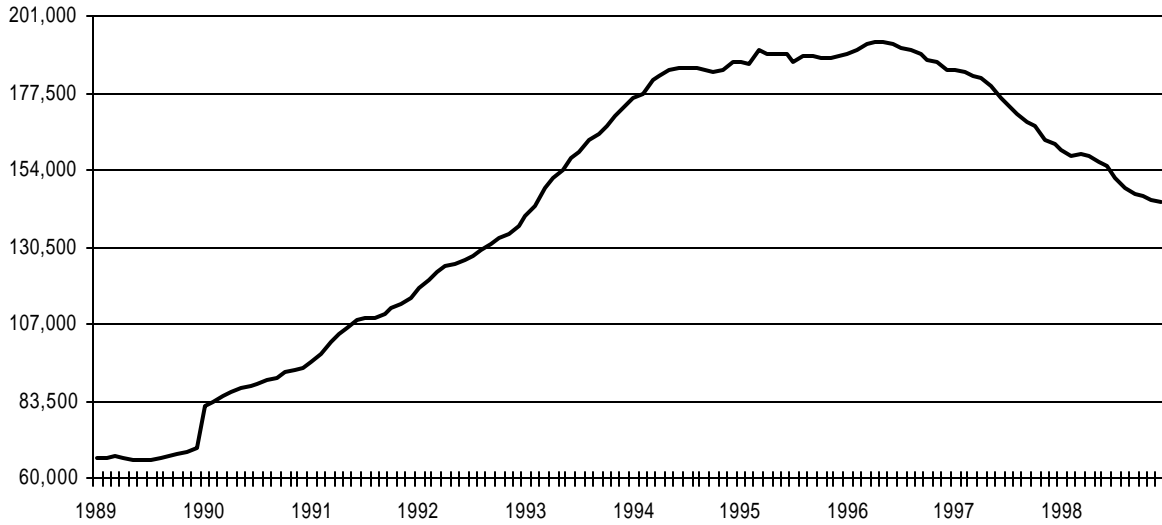


	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Jan	479,365	500,011	549,773	609,335	637,301	682,268	698,072	687,051	652,669	578,417
Feb	477,761	502,246	554,373	614,121	640,224	681,770	691,939	684,692	647,937	569,585
Mar	481,194	507,365	562,609	617,607	646,683	690,332	701,854	684,346	644,573	568,511
Apr	480,393	509,099	567,509	619,688	650,504	693,112	696,575	683,120	639,809	564,894
May	480,832	513,821	570,779	620,454	651,670	694,075	696,120	682,890	629,705	558,755
Jun	481,478	516,882	574,680	625,762	656,892	694,341	695,009	679,411	615,440	553,377
Jul	478,638	517,389	578,237	623,865	659,205	690,610	687,348	675,752	611,984	546,358
Aug	485,650	525,458	586,646	627,439	667,607	692,496	695,808	672,386	607,50	540,869
Sep	488,295	528,682	591,036	631,182	667,264	689,599	695,329	667,384	599,871	533,755
Oct	489,524	535,665	598,129	633,972	673,020	689,758	695,054	665,034	597,613	530,703
Nov	490,976	539,212	600,010	632,209	675,452	689,669	688,392	662,289	587,860	525,256
Dec	492,677	544,805	606,437	638,679	678,368	696,960	687,223	656,356	584,856	524,842

Note: In January 1990, Federal regulations reduced eligibility for refugee families causing a shift to CalWORKs. This caused a one-month jump in the CalWORKs-FG caseload. Subsequent case-load trends are due to other factors.



Figure 1-4
PERSONS AIDED – CalWORKs-U
 January 1989 – December 1998

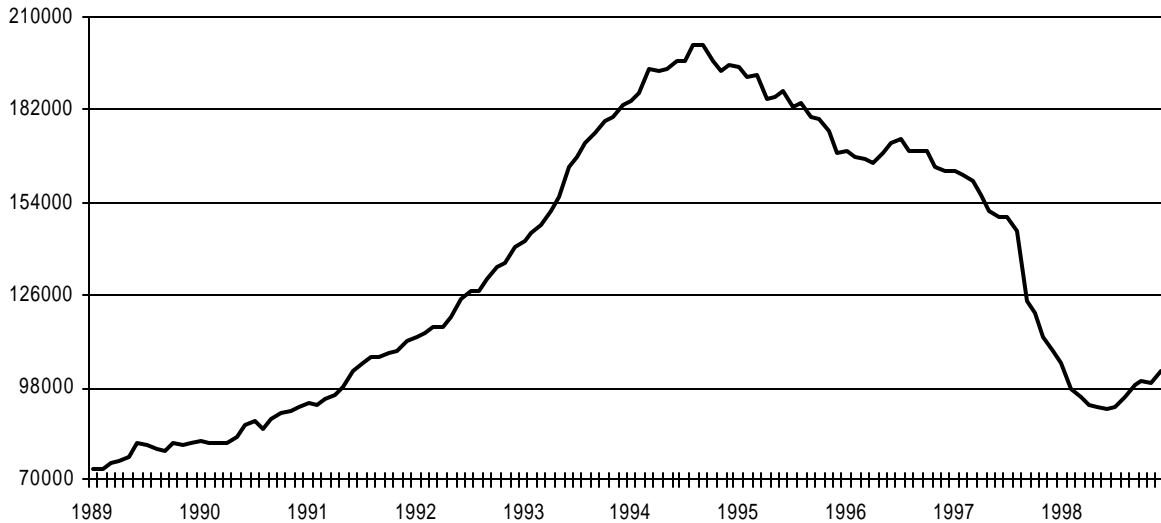


	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Jan	66,771	82,405	95,898	118,115	139,850	176,160	187,391	189,666	184,437	160,377
Feb	66,610	83,747	98,056	120,652	143,377	177,201	185,941	190,384	184,039	158,306
Mar	66,991	85,424	101,447	123,095	148,236	181,091	190,709	192,265	182,841	158,719
Apr	66,492	86,239	104,226	124,705	151,521	182,862	189,707	193,103	182,234	157,953
May	66,205	87,563	106,030	125,506	154,553	184,339	189,536	193,108	179,402	156,341
Jun	65,742	88,664	108,106	127,043	157,639	184,876	189,612	192,079	176,335	155,725
Jul	65,574	88,826	108,591	127,913	159,248	185,088	187,439	190,905	173,657	151,535
Aug	66,675	90,345	108,772	129,667	163,087	185,263	188,810	190,710	171,542	148,821
Sep	67,197	90,855	110,275	131,939	164,606	184,577	188,660	189,317	168,678	146,603
Oct	67,567	92,351	112,086	133,497	167,679	183,788	188,434	188,063	167,577	146,279
Nov	68,163	93,375	113,414	134,863	170,512	184,591	188,109	186,981	163,221	144,785
Dec	69,071	94,230	115,649	137,491	173,347	186,811	188,695	184,798	162,070	144,246

Note: In January 1990, Federal regulations reduced eligibility for refugee families causing a shift to CalWORKs. This caused a one-month jump in the CalWORKs-U caseload. Subsequent caseload trends are due to other factors.



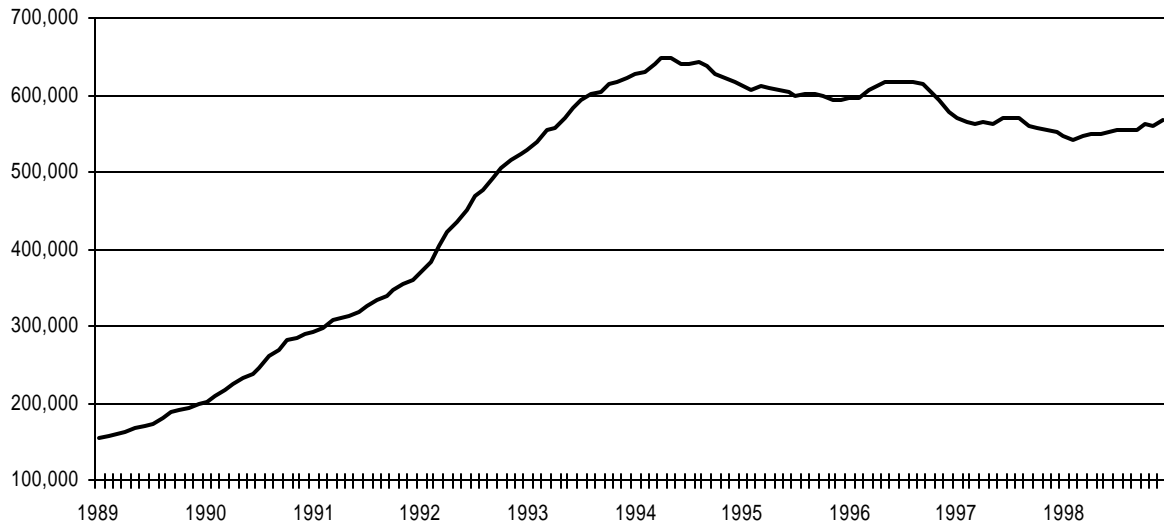
Figure 1-5
PERSONS AIDED – FSO/MIXED FOOD STAMPS
 January 1989 – December 1998



	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Jan	73,177	82,216	93,502	113,109	142,421	184,650	194,993	169,613	163,457	105,559
Feb	73,110	81,570	92,936	114,641	144,694	187,120	192,160	167,614	161,988	97,595
Mar	74,863	81,630	94,638	116,111	147,477	194,421	192,786	167,074	160,371	95,013
Apr	75,460	81,094	95,657	116,052	151,318	193,914	185,351	165,795	156,038	92,842
May	76,902	82,822	98,451	119,187	155,459	194,252	185,957	169,031	151,406	91,952
Jun	80,886	86,171	103,175	124,873	164,570	196,796	187,728	171,846	149,604	91,388
Jul	80,478	88,190	105,339	126,966	167,432	196,823	182,491	173,110	149,266	91,819
Aug	79,476	85,260	106,878	126,956	171,721	201,308	184,100	169,450	145,430	94,868
Sep	78,746	88,746	107,010	131,064	175,231	201,817	180,132	169,930	124,163	98,676
Oct	80,922	90,155	108,464	134,075	178,656	196,665	179,051	169,509	120,538	100,107
Nov	80,533	90,497	109,006	136,052	180,263	193,793	175,752	164,657	113,236	99,441
Dec	80,697	91,540	111,690	140,480	183,209	195,400	168,958	163,939	109,365	103,417

Note: Food Stamp Only/Mixed Food Stamp counts exclude General Relief, RRP, and combined MAO/FS cases. In June and July 1992, DPSS implemented an Emergency FS program following the Central Los Angeles civil unrest. Food Stamps counts for those two months included Emergency FS persons/Applications. January and February 1994 FS counts do NOT include Emergency FS Persons/Applications.

Figure 1-6
PERSONS AIDED – MEDI-CAL ONLY
 January 1989 – December 1998



	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
Jan	156,266	203,140	294,032	371,013	530,107	628,241	611,805	596,484	570,327	545,557
Feb	158,124	209,146	298,492	385,421	539,877	630,038	607,762	597,735	564,166	541,932
Mar	161,624	218,332	306,871	403,519	554,940	641,434	611,831	606,724	563,039	547,734
Apr	163,973	224,992	313,301	421,464	558,232	648,740	608,059	611,286	564,277	551,182
May	167,475	232,385	315,949	437,053	568,970	648,310	606,154	616,143	563,326	551,338
Jun	171,198	238,725	320,434	449,904	583,067	639,771	604,854	616,606	570,008	553,940
Jul	175,024	247,182	326,716	468,592	593,173	639,518	599,987	618,514	571,714	554,563
Aug	181,272	262,115	333,523	479,311	602,109	643,344	602,215	617,597	568,862	555,691
Sep	187,900	270,203	340,869	491,317	605,398	635,820	601,480	614,457	559,167	555,105
Oct	192,105	281,163	348,415	506,651	614,201	628,729	599,205	605,973	558,273	561,363
Nov	195,801	285,248	354,128	514,869	619,183	622,231	595,753	592,418	554,113	559,878
Dec	199,425	290,305	360,781	521,957	623,521	617,687	594,630	578,977	552,039	565,886


ICAN DATA ANALYSIS REPORT FOR 1999

Figure 1-7

ETHNIC ORIGIN AND PRIMARY LANGUAGE CASE COUNTS IN DECEMBER 1998*

Ethnic Origin

<u>Aid Program</u>	<u>CalWORKs-FG</u>		<u>CalWORKs-U</u>		<u>GR</u>		<u>FSO</u>		<u>MAO</u>	
ETHNIC ORIGIN										
WHITE	19,521	9.9%	8,694	22.2%	11,376	19.6%	9,026	16.9%	71,596	18.5%
HISPANIC	104,261	52.7%	23,129	59.0%	13,767	23.8%	26,872	50.2%	237,470	61.3%
BLACK	63,740	32.2%	1,943	5.0%	28,901	49.9%	14,819	27.7%	24,203	6.2%
ASIAN	10,011	5.0%	5,335	13.6%	3,577	6.2%	2,624	4.9%	53,589	13.8%
INDIAN	158	0.1%	13	0.0%	185	0.3%	38	0.1%	221	0.1%
FILIPINO	276	0.1%	60	0.2%	93	0.2%	112	0.2%	604	0.2%
TOTAL CASES	197,967	100.0%	39,174	100.0%	57,899	100.0%	53,491	100.0%	387,683	100.0%

PRIMARY LANGUAGE

ENGLISH	129,815	65.6%	10,894	27.8%	47,994	82.9%	33,961	63.5%	162,185	41.8%
SPANISH	58,996	29.8%	18,015	46.0%	4,889	8.4%	16,912	31.6%	186,010	48.0%
ARMENIAN	2,226	1.1%	5,073	12.9%	1,889	3.3%	659	1.2%	6,807	1.8%
VIETNAMESE	2,090	1.1%	2,384	6.1%	888	1.5%	630	1.2%	4,376	1.1%
CAMBODIAN	2,889	1.5%	721	1.8%	83	0.1%	232	0.4%	786	0.2%
OTHER	1,951	1.0%	2,087	5.3%	2,156	3.7%	1,097	2.1%	27,519	7.1%
TOTAL CASES	197,967	100.0%	39,174	100.0%	57,899	100.0%	53,491	100.0%	387,683	100.0%
PERSONS	524,842	100.0%	144,246	100.0%	59,248	100.0%	103,417	100.0%	565,886	100.0%

KEY TO ACRONYMS

- CalWORKs-FG: California Work Opportunity and Responsibility to Kids - Family Group
- CalWORKs-U: California Work Opportunity and Responsibility to Kids - Unemployed Parent
- GR: General Relief
- FSO: Food Stamps Only
- MAO: Medical Assistance Only

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 1994 – December 1998

Program	1994	1995	1996	1997	1998	Number	Percent
JAN	160	130	133	120	80	-40	-33.33%
FEB	154	129	141	110	86	-24	-21.82%
MAR	178	184	161	101	88	-13	-12.87%
APR	169	160	125	110	104	-6	-5.45%
MAY	150	193	111	89	73	-16	-17.92%
JUN	131	134	146	93	88	-5	-5.38%
JUL	117	170	149	121	99	-22	-18.18%
AUG	210	139	177	113	98	-15	-13.27%
SEP	185	179	141	111	75	-36	-32.43%
OCT	170	135	120	85	71	-14	-16.47%
NOV	100	167	93	80	17	-63	-78.75%
DEC	198	111	101	58	40	-18	-31.03%
TOTAL	1,922	1,831	1,598	1,191	919	-272	* -22.84%

*This figure is not a total; it represents the overall percentage change of referrals from calendar year 1997 to 1998. 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 Head Start 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.

Two high school districts and two unified school districts did not submit data for the 1998-99 school year. Those districts are Acton-Aqua Dulce Unified, Antelope Valley Union High School, Lynwood Unified School and Whittier Union High School. These four school districts constitute a 1998-99 enrollment total of 58,100 students or approximately 3% of the total enrollment for Los Angeles County.

Physical abuse is by far the most widespread reported form of abuse accounting for 61% (5,089 cases) of all reported cases. Sexual abuse accounted for 15% (1,251 cases) and general neglect for 19% (1,564 cases) of all reported cases. Emotional abuse accounted for 4% (352) of the reported cases of child abuse last year. The category of other accounted for the lowest form of abuse (1% or 106 cases). It is noteworthy that the response to the request for information to child abuse reports 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 SCHOOLS

Child Abuse Cases

	General Neglect				Emotional/Abuse				Children Center	Head Start	Other Causes	Special Education	High School	Other Causes	
	Children Center	Head Start	Elementary School	Junior High	High School	Elementary School	Junior High	High School							
ABC UNIFIED	0	0	11	3	0	0	0	0	0	0	0	0	2	0	0
ALHAMBRA SCHOOL DISTRICT	0	0	17	0	2	0	0	3	1	0	0	0	1	0	1
ARCADIA UNIFIED	0	0	5	1	3	0	0	0	0	0	0	0	0	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	13	8	3	0	0	0	0	0	0	0	0	0	0
BALDWIN PARK UNIFIED	0	0	2	0	1	0	0	0	0	0	2	2	1	0	0
BASSETT UNIFIED	0	0	7	0	0	0	0	0	0	0	4	0	1	0	0
BELLFLOWER UNIFIED	0	0	5	1	12	0	0	0	0	0	4	2	0	0	0
BEVERLY HILLS	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
BONITA UNIFIED	0	0	2	0	1	0	0	0	0	0	0	0	0	0	0
BURBANK UNIFIED	0	0	4	5	1	0	0	0	0	0	0	1	0	0	0
CASTAIC UNION SCHOOL DISTRICT	0	0	7	1	0	0	0	0	0	0	1	1	0	0	0
CENTINELA VALLEY UNION HIGH	0	0	0	0	5	0	0	0	0	0	0	0	2	0	0
CHARTER OAK UNIFIED	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
CLAREMOUNT UNIFIED	1	0	6	1	0	0	0	0	0	0	0	0	3	0	0
COVINA-VALLEY UNIFIED	0	0	9	3	0	0	0	0	0	0	4	2	0	0	0
CULVER CITY UNIFIED	0	0	6	2	4	0	0	0	0	0	4	4	6	0	0
DOWNNEY UNIFIED	0	0	22	7	8	0	0	0	0	0	5	4	6	0	0
DUARTE UNIFIED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EASTSIDE UNION	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0
EASTWHITTIER CITY	0	0	4	2	0	0	0	0	0	0	0	0	0	0	0
EL MONTE CITY	1	1	3	0	0	0	0	0	0	0	2	4	5	0	0
EL MONTE UNION HIGH	0	0	0	0	4	0	0	0	0	0	0	0	3	0	0
EL RANCHO UNIFIED	0	7	6	2	0	0	0	0	0	0	0	1	1	0	0
EL SEGUNDO UNIFIED	0	0	1	0	1	0	0	0	0	0	1	0	0	0	0
GARVEY SCHOOL DISTRICT	0	1	8	2	0	0	0	0	0	0	0	2	0	0	0
GLENDALE UNIFIED	0	0	4	5	2	0	0	0	0	0	1	1	0	0	0
GLENDORA UNIFIED	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0
GORMAN ELEMENTARY	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0
HAWTHORNE ELEMENTARY	0	0	11	6	0	0	0	0	0	0	2	4	0	0	0
HERMOSA BEACH CITY	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
HUGHES-ELIZABETH LAKES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INGLEWOOD UNIFIED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
KEPPEL UNION	0	0	17	3	0	0	0	0	0	0	0	0	3	0	0
LA CANADA UNIFIED	0	0	0	0	1	0	0	0	0	0	1	1	1	0	0



LOS ANGELES COUNTY SCHOOLS

Child Abuse Cases

	Children Center	Head Start	General Neglect			High School	Special Education	Other Cases	Children Center	Head Start	Emotional Abuse			High School	Special Education	Other Cases
			Elementary School	Junior High	High School						Elementary School	Junior High	High School			
LANCASTER SCHOOL DISTRICT	0	0	17	0	0	0	0	0	0	5	0	0	0	0	0	
LAS VIRGENES UNIFIED	0	0	3	1	1	1	0	0	0	0	0	1	0	0	0	
LAWDALE ELEMENTARY	0	0	10	1	0	0	0	0	0	2	3	0	0	0	0	
LENOX ELEMENTARY	0	0	8	0	0	0	0	0	0	1	0	0	0	0	0	
LITTLE LAKE SCHOOL DISTRICT	0	0	1	2	0	0	0	0	0	0	1	0	0	0	0	
LONG BEACH UNIFIED	0	1	65	6	13	13	0	0	0	12	4	5	0	0	0	
LOS ANGELES UNIFIED	5	0	897	91	81	81	30	0	2	69	27	15	0	0	0	
LOS NIETOS SCHOOL DISTRICT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
LOWELL JOINT ELEMENTARY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
MONROVIA UNIFIED	0	1	11	3	3	3	0	0	0	1	0	6	0	0	0	
MONTEBELLO UNIFIED	0	0	12	11	5	5	0	0	0	2	5	3	0	0	0	
MOUNTAIN VIEW ELEMENTARY	0	0	4	1	0	0	0	0	0	2	0	0	0	0	0	
NEWHALL SCHOOL DISTRICT	0	0	5	0	0	0	0	0	0	1	0	0	0	0	0	
NORWALK-LA MIRADA UNIFIED	0	0	7	0	1	1	0	0	0	0	1	0	0	0	0	
PALMDALE ELEMENTARY	0	0	2	18	0	0	0	0	0	5	0	0	0	0	0	
PALOS VERDES UNIFIED	0	0	1	0	0	0	0	0	0	1	0	2	0	0	0	
PARAMOUNT UNIFIED	0	0	42	0	0	0	0	0	0	6	0	1	0	0	0	
PASADENA UNIFIED	0	2	15	6	2	2	0	0	0	1	3	3	0	0	0	
ROMONA UNIFIED	2	2	39	6	3	3	0	0	0	4	1	3	0	0	0	
ROSEMead ELEMENTARY	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
SAN MARINO UNIFIED	0	0	0	0	3	3	0	0	0	0	0	0	0	0	0	
SANTA MONICA-MALIBU UNIFIED	0	0	0	0	0	0	0	0	0	2	0	1	0	0	0	
SAUGUS UNION	0	0	9	0	0	0	0	0	0	1	0	0	0	0	0	
SOUTH PASADENA UNIFIED	0	0	2	0	0	0	0	0	0	2	1	1	0	0	0	
SOUTHWHITTIER	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	
SULPHUR SPRINGS UNION	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	
TEMPLE CITY UNIFIED	0	0	2	0	0	0	0	0	0	2	0	0	0	0	0	
TORRANCE UNIFIED	0	0	5	3	2	2	0	1	0	0	0	1	0	0	0	
VALLE LINDO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
WEST COVINA UNIFIED	0	0	1	3	0	0	0	0	0	1	0	0	0	0	0	
WESTSIDE UNION	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	
WHITTIER CITY	0	0	7	2	0	0	0	0	0	1	2	0	0	0	0	
WILLIAM S HART UNION HIGH	0	0	0	2	3	3	0	0	0	0	3	0	0	0	0	
WILSONA ELEMENTARY	0	0	2	2	0	0	0	0	0	0	0	0	0	0	0	
WISEBURN ELEMENTARY	0	0	18	2	2	2	0	0	0	2	0	0	0	0	0	
COMPTON UNIFIED	0	0	6	0	0	0	1	0	0	0	0	0	0	0	0	
HACIENDA LA PUENTE UNIFIED	1	4	6	0	3	3	0	0	1	3	1	1	0	0	0	
ROWLAND UNIFIED	0	0	18	2	2	2	0	0	0	2	0	0	0	0	0	



LOS ANGELES COUNTY SCHOOLS

Child Abuse Cases

	Children Center	Head Start	General Neglect			High School	Special Education	Other Cases	Children Center	Head Start	Emotional Abuse			High School	Special Education	Other Cases
			Elementary School	Junior High	High School						Elementary School	Junior High	High School			
WALNUT VALLEY UNIFIED	0	0	1	2	1	0	0	0	0	0	0	0	0	0	0	
SAN GABRIEL UNIFIED	0	0	6	2	1	0	0	0	0	0	3	1	3	0	0	
MANHATTAN BEACH	0	0	1	0	1	0	0	0	0	0	0	0	3	0	0	
REDONDO BEACH UNIFIED	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	10	19	1105	219	176	30	5	5	3	177	86	80	0	0	1	

LOS ANGELES COUNTY SCHOOLS

Child Abuse Cases

	Children Center	Head Start	Sexual Assault			High School	Special Education	Other Cases	Children Center	Head Start	Physical Abuse			High School	Special Education	Other Cases
			Elementary School	Junior High	High School						Elementary School	Junior High	High School			
ABC UNIFIED	0	0	2	3	3	0	0	0	0	0	35	14	12	0	0	
ALHAMBRA SCHOOL DISTRICT	0	0	4	0	1	0	0	3	0	61	0	3	0	0	4	
ARCADIA UNIFIED	0	0	2	0	0	0	0	0	0	11	6	4	0	0	0	
AZUSA UNIFIED SCHOOL DISTRICT	0	0	13	6	3	0	0	0	0	45	7	5	0	0	0	
BALDWIN PARK UNIFIED	0	0	1	2	1	0	1	0	2	13	3	2	0	0	1	
BASSETT UNIFIED	0	0	4	0	0	0	0	0	0	20	3	0	0	0	0	
BELLFLOWER UNIFIED	0	0	1	0	1	0	0	2	1	27	1	7	0	0	1	
BEVERLY HILLS	0	0	5	0	1	0	0	0	0	13	0	4	0	0	0	
BONITA UNIFIED	0	0	0	0	0	0	0	0	0	4	6	5	0	0	0	
BURBANK UNIFIED	0	0	2	3	0	0	0	0	0	43	23	8	0	0	0	
CASTAIC UNION SCHOOL DISTRICT	0	0	1	0	0	0	0	0	0	11	6	0	0	0	0	
CENTINELA VALLEY UNION HIGH	0	0	0	0	1	0	0	0	0	0	0	8	0	0	0	
CHARTER OAK UNIFIED	0	0	1	0	0	0	1	0	1	6	6	0	0	0	0	
CLAREMOUNT UNIFIED	0	0	1	0	4	0	0	0	0	7	5	8	0	0	0	
COVINA VALLEY UNIFIED	1	0	2	0	0	0	0	1	0	16	9	2	0	0	0	
CULVER CITY UNIFIED	1	0	4	1	3	0	0	1	0	15	4	7	0	0	0	
DOWNEY UNIFIED	0	0	6	2	4	0	0	0	0	82	25	15	1	1	1	
DUARTE UNIFIED	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	
EASTSIDE UNION	0	0	2	1	0	0	0	0	0	10	2	0	0	0	0	
EAST WHITTIER CITY	0	0	1	1	0	1	0	0	0	10	3	0	0	0	0	
EL MONTE CITY	0	0	4	1	0	0	0	1	5	28	4	0	0	0	0	
EL MONTE UNION HIGH	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	



LOS ANGELES COUNTY SCHOOLS

Child Abuse Cases

	Children Center	Head Start	Sexual Assault			High School	Special Education	Other Cases	Physical Abuse			High School	Special Education	Other Cases
			Head Start	Elementary School	Junior High				Elementary School	Junior High				
EL RANCHO UNIFIED	0	0	1	0	0	1	0	0	0	15	2	6	0	0
EL SEGUNDO UNIFIED	0	0	0	0	0	0	0	0	0	5	1	1	0	0
GARVEY SCHOOL DISTRICT	0	0	0	2	0	0	0	0	0	9	2	0	0	0
GLENDALE UNIFIED	1	0	3	0	0	0	0	0	0	23	6	6	0	0
GLENDORA UNIFIED	0	0	0	0	0	0	0	0	0	0	0	11	0	0
GORMAN ELEMENTARY	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAWTHORNE ELEMENTARY	0	0	0	1	0	0	0	0	0	31	11	0	0	0
HERMOSA BEACH CITY	0	0	0	0	0	0	0	0	0	1	0	0	0	0
HUGHES-ELIZABETH LAKES	0	0	0	0	0	0	0	0	0	2	0	0	0	0
INGLEWOOD UNIFIED	0	0	1	0	0	0	0	0	0	0	9	0	0	0
KEPPEL UNION	0	0	1	1	0	0	0	0	0	23	1	0	0	0
LA CANADA UNIFIED	0	0	0	0	0	1	0	0	0	6	3	1	0	0
LANCASTER SCHOOL DISTRICT	0	0	7	0	0	0	0	0	0	34	3	0	0	0
LAS VIRGENES UNIFIED	0	0	0	0	0	0	0	0	0	2	3	3	0	0
LAWNDALE ELEMENTARY	0	0	5	0	0	0	0	0	0	37	2	0	0	0
LENNOX ELEMENTARY	0	0	3	0	0	0	0	0	0	15	0	0	0	0
LITTLE LAKE SCHOOL DISTRICT	0	0	1	1	1	0	0	0	0	5	3	0	0	0
LONG BEACH UNIFIED	15	4	22	6	6	5	0	0	0	174	60	16	0	0
LOS ANGELES UNIFIED	0	0	484	182	0	227	12	0	0	2098	606	67	0	0
LOS NIETOS SCHOOL DISTRICT	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LOWELL JOINT ELEMENTARY	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MONROVIA UNIFIED	0	0	1	1	1	2	0	0	0	10	5	11	0	0
MONTEBELLO UNIFIED	0	0	3	4	4	5	0	0	0	36	22	10	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	4	0	0	0	0	0	0	10	3	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	3	0	0	0	0	0	0	8	0	0	0	0
NORWALK-LA MIRADA UNIFIED	0	0	1	1	1	0	0	0	0	11	11	2	0	0
PALMDALE ELEMENTARY	0	2	6	1	1	0	0	0	0	56	0	0	0	0
PALOS VERDES UNIFIED	0	0	1	1	1	1	0	0	0	5	0	7	0	0
PARAMOUNT UNIFIED	0	0	24	0	0	3	0	0	0	133	0	9	0	0
PASADENA UNIFIED	0	0	2	2	2	2	0	0	0	27	13	12	0	0
POMONA UNIFIED	1	0	11	6	6	2	0	0	0	69	13	10	0	0
ROSEMEAD ELEMENTARY	0	0	1	0	0	0	0	0	0	7	2	0	0	0
SAN MARINO UNIFIED	0	0	0	0	0	0	0	0	0	2	1	2	0	0
SANTA MONICA-MALIBU UNIFIED	0	0	0	0	0	0	0	0	0	0	0	6	0	0
SAUGUS UNION	0	0	7	0	0	0	0	0	0	33	0	0	0	0



LOS ANGELES COUNTY SCHOOLS

Child Abuse Cases

	Children Center				Sexual Assault				Physical Abuse				Other Cases			
	Head Start	Elementary School	Junior High	High School	Head Start	Elementary School	Junior High	High School	Head Start	Elementary School	Junior High	High School	Special Education	High School	Special Education	Other Cases
SOUTH PASADENA UNIFIED	0	0	1	0	0	0	0	0	0	7	3	1	0	0	0	0
SOUTH WHITTIER	0	1	0	0	0	0	0	0	0	3	0	0	0	0	0	0
SULPHUR SPRINGS UNION	0	2	0	0	0	0	0	0	0	15	0	0	0	0	0	0
TEMPLE CITY UNIFIED	0	0	0	3	0	0	0	1	0	4	2	4	0	0	0	0
TORRANCE UNIFIED	0	8	2	3	0	0	0	0	0	42	19	14	0	0	2	0
VALLE LINDO	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WEST COVINA UNIFIED	0	1	0	0	0	0	0	0	0	8	7	4	0	0	0	0
WESTSIDE UNION	0	0	0	0	0	0	0	0	0	5	3	0	0	0	0	0
WHITTIER CITY	0	4	2	0	0	0	0	0	0	60	8	0	0	0	0	0
WILLIAM S HART UNION HIGH	0	0	1	1	0	0	0	0	0	0	23	13	0	0	0	0
WILSONA ELEMENTARY	0	0	0	0	0	0	0	0	0	4	3	0	0	0	0	0
WISEBURN ELEMENTARY	0	1	0	0	0	0	0	0	0	6	0	0	0	0	0	0
COMPTON UNIFIED	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0
HACIENDA LA PUENTE UNIFIED	3	3	2	5	0	0	0	0	1	14	1	7	0	0	0	0
ROWLAND UNIFIED	0	8	2	3	0	0	0	0	0	42	6	14	0	0	1	0
WALNUT VALLEY UNIFIED	0	1	0	0	0	0	0	0	0	7	5	11	0	0	0	0
SAN GABRIEL UNIFIED	0	0	0	1	0	0	0	0	0	11	4	4	0	0	0	0
MANHATTAN BEACH	0	0	0	0	0	0	0	0	0	2	0	6	0	0	0	0
REDONDO BEACH UNIFIED	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0
TOTAL	19	10	239	287	677	239	287	13	6	99	59	356	1	3572	992	10



Figure 2-3

LOS ANGELES COUNTY SCHOOLS

Child Abuse Cases

	Other Cases					
	Children Center	Head Start	Elementary School	Junior High	High School	Special Education
ABC UNIFIED	0	0	2	1	1	0
ALHAMBRA SCHOOL DISTRICT	0	0	4	0	1	0
ARCADIA UNIFIED	0	0	0	0	0	0
AZUSA UNIFIED SCHOOL DISTRICT	0	0	1	2	2	0
BALDWIN PARK UNIFIED	1	0	0	0	1	0
BASSETT UNIFIED	0	0	0	0	0	0
BELLFLOWER UNIFIED	0	0	0	0	0	0
BEVERLY HILLS	0	0	0	0	0	0
BONITA UNIFIED	0	0	0	0	0	0
BURBANK UNIFIED	1	1	2	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	1	0	0	0
CLAREMOUNT UNIFIED	0	0	0	0	0	0
COVINA-VALLEY UNIFIED	0	0	0	0	0	0
CULVER CITY UNIFIED	0	0	0	0	0	0
DOWNEY UNIFIED	0	0	0	0	0	0
DUARTE UNIFIED	0	0	0	0	0	0
EASTSIDE UNION	0	0	0	1	0	0
EAST WHITTIER CITY	0	0	0	0	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	0	0	1	0	0	0
GLENDORA UNIFIED	0	0	0	0	0	0
GORMAN ELEMENTARY	0	0	0	0	0	0
HAWTHORNE ELEMENTARY	0	0	0	0	0	0
HERMOSA BEACH CITY	0	0	0	0	0	0
HUGHES-ELIZABETH LAKES	0	0	0	0	0	0
INGLEWOOD UNIFIED	0	0	0	0	0	0
KEPPEL UNION	0	0	0	0	0	0
LA CANADA UNIFIED	0	0	0	0	0	0
LANCASTER SCHOOL DISTRICT	0	0	1	0	0	0
LAS VIRGENES UNIFIED	0	0	0	0	0	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	1	5	4	1	0
LOS ANGELES UNIFIED	0	0	0	0	0	0
LOS NIETOS SCHOOL DISTRICT	0	0	0	0	0	0
LOWELL JOINT ELEMENTARY	0	0	0	0	0	0
MONROVIA UNIFIED	0	0	1	0	1	0
MONTEBELLO UNIFIED	0	0	0	1	0	0
MOUNTAIN VIEW ELEMENTARY	0	0	0	0	0	0
NEWHALL SCHOOL DISTRICT	0	0	3	0	0	0
NORWALK-LA MIRADA UNIFIED	0	1	0	0	0	0
PALMDALE ELEMENTARY	0	0	0	0	0	0



Figure 2-3

LOS ANGELES COUNTY SCHOOLS

Child Abuse Cases

	Children Center	Head Start	Other Cases			Special Education
			Elementary School	Junior High	High School	
PALOS VERDES UNIFIED	0	0	0	0	0	0
PARAMOUNT UNIFIED	0	0	15	0	2	0
PASADENA UNIFIED	0	0	0	3	1	0
POMONA UNIFIED	0	0	6	0	0	0
ROSEMEAD ELEMENTARY	0	0	0	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	0	0	0	0
SOUTH PASADENA UNIFIED	0	0	0	0	0	0
SOUTH WHITTIER	0	0	0	0	0	0
SULPHUR SPRINGS UNION	0	0	5	0	0	0
TEMPLE CITY UNIFIED	0	0	0	1	2	0
TORRANCE UNIFIED	0	0	1	1	0	0
VALLE LINDO	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
WILLIAM S HART UNION HIGH	0	0	0	1	0	0
WILSONA ELEMENTARY	0	0	0	0	0	0
WISEBURN ELEMENTARY	0	0	0	0	0	0
COMPTON UNIFIED	0	2	0	0	0	0
HACIENDA LA PUENTE UNIFIED	0	0	0	1	2	0
ROWLAND UNIFIED	0	0	4	1	0	0
WALNUT VALLEY UNIFIED	0	0	1	0	0	0
SAN GABRIEL UNIFIED	0	0	1	0	0	0
MANHATTAN BEACH	0	0	0	0	0	0
REDONDO BEACH UNIFIED	0	0	0	0	0	0
TOTAL	2	5	61	24	14	0



Figure 2-4

LOS ANGELES COUNTY SCHOOLS

Type of Abuses

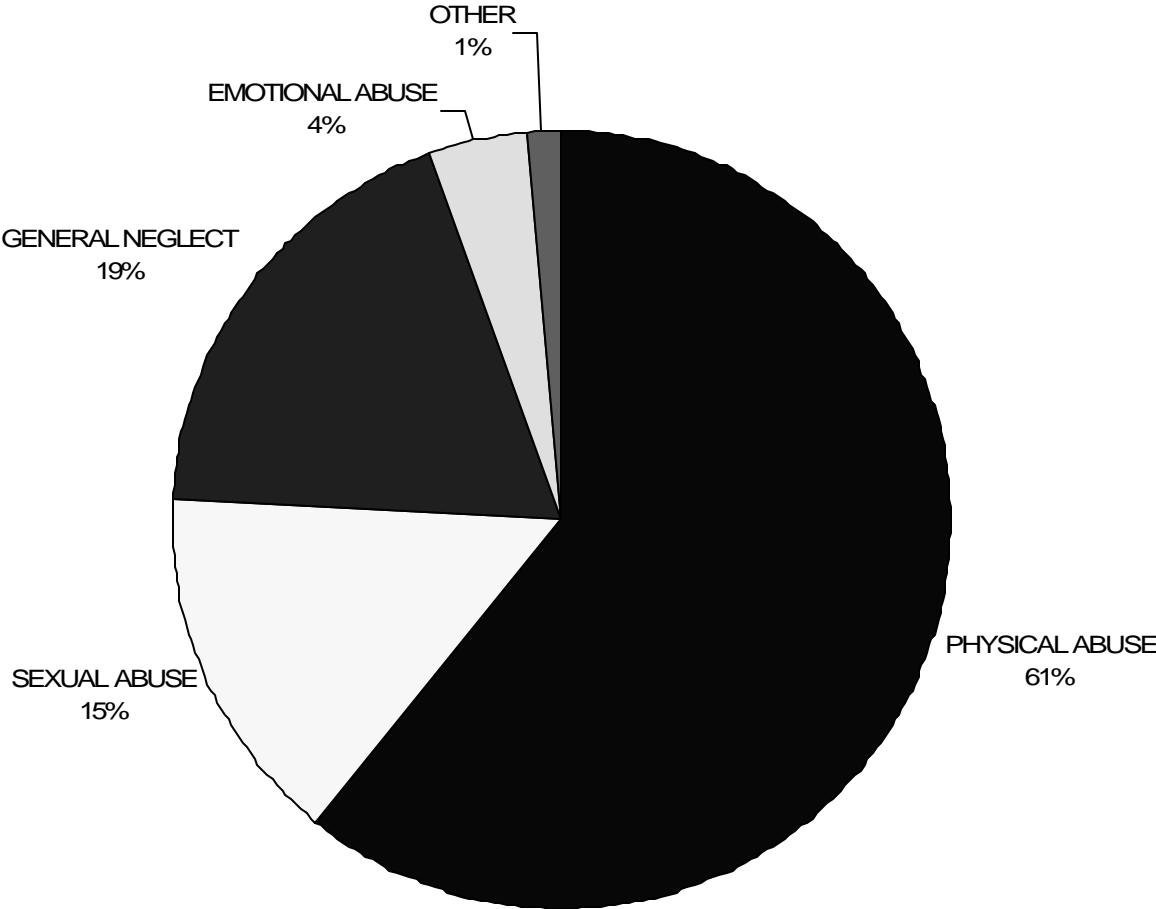
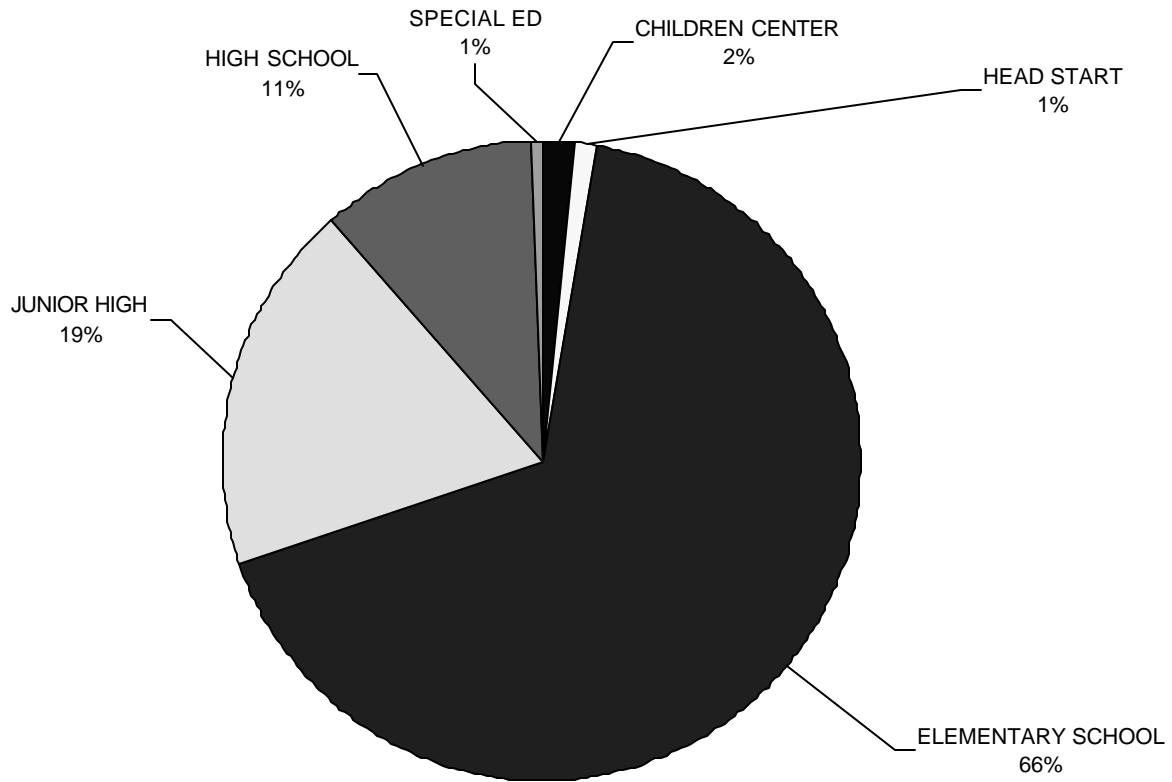




Figure 2-5

**LOS ANGELES COUNTY SCHOOLS
CHILD ABUSE BY SCHOOL**





DEPARTMENT OF HEALTH SERVICES



JESUS PINTO, JR.
LYDIA JACKSON

DEPARTMENT OF HEALTH SERVICES

The Department of Health Services (DHS) continues to expand its child abuse/neglect data collection system. The system was reinstated on a more limited basis in 1996 after a four-year absence of data collection efforts. The Child Abuse Prevention Program (CAPP), which administers the data collection system, continues to receive child abuse reports made by health professionals in public and private health care systems throughout Los Angeles County.

CAPP continues to modify and enhance the existing automated data collection software to include additional data elements and risk factor assessment forms. The primary focus of data collection is still on neonates born exposed to substance abuse. The goal of the program is to provide health professionals with a user friendly tool that allows the collection and analysis of their own data in their respective facilities. Currently, an advisory committee comprised of health professionals from Kaiser Permanente, Children's Hospital, Olive View Medical Center, and King Drew Hospital provides inputs and recommendation to the improvement of the data collection tool.

Since much of the framework of an effective and efficient data collection and reporting system is still being laid, 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 tool, it will enable CAPP to generate additional information on various issues of abuse and neglect.

The following sections contain back-

ground 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 as presented in charts and tables. 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 charts 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).

Program Specific Data

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 3-1 and 3-2 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 entire year of 1998 and the first part of 1999. A total of 244 reports were made during this period. Harbor/UCLA Medical Center (n=99) reported the greatest number of cases followed by King Drew Medical Center (n=43) and Olive View Medical Center (n=43). The most often reported substance use/abused by mothers was cocaine/crack (n=122) followed by marijuana (n=64) and amphetamine (n=59).

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.

Information Pertinent to Child Abuse

Figure 3-3 shows the leading causes of all deaths for children less than 1 year old, children between 1 and 4 years old and children between 5 and 12 years old, and the distribution of deaths due to homicide for children 12 and under by residence for Los Angeles County in 1997. Although the number of deaths due to homicide is not large, it is important to realize that these deaths relate to the far larger prevalence 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 (ex. 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 to 5.9 per 1,000 live births in 1997. In general, this drop is consistent for both males and females as shown in figure 3-4. SIDS is one of the causes for infant

deaths that have shown a dramatic decrease in the last few years (fig 3-5). This decrease is primarily attributed to the nation-wide public health campaign such as Back to Sleep which encourages change of infant sleeping position.

Figure 3-6a & 3-6b show the distribution of hospitalization due to head injury for children ages 4 and under by residence in Los Angeles County in 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. Five-hundred and seventy four hospitalizations resulted from injuries to the head. It is not unreasonable to speculate that a portion of these head injuries was attributable to child abuse. However, this analysis did not assess the intent and causes of the head injury.

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, mothers age, mother's marital status, mothers 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 relate to the incidence of very low and low birth weight, include but are not limited to poverty, lack of transportation, low self-esteem, resident status, fear of authority, language barriers and domestic violence. These factors, albeit not contained in this analysis, deserve more attention, and careful analyses.

Figure 3-7 shows the percents of low birth weight and very low birth weight for California and Los Angeles County from 1990 to 1997. There appears to be an increasing trend for percent 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. Figure 3-8 depicts the trend of low birth weight and very low birth weight percents over time for African Americans in California and Los Angeles County. It is worth noting that although in general, the percents 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.

Figure 3-9 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 ages less than 20 or 20 to 24. 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 (42.89%, 27.38% and 22.47% 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 3-10 shows the percent of live

births to mothers 17 and under by mother's age and race/ethnicity. For Los Angeles County in 1997, Hispanic teen births (aged 12-17), as a percentage of all births in each individual teen age group, ranged from 67% to 82%; for African Americans, the range was 11% to 34%. However, the percentages of total Hispanic and African American live births to mothers of all ages in Los Angeles County for the same were 66% and 9% respectively. Therefore, the percentages of Hispanic and African American teen mothers among all teen births is markedly higher than the percentages of Hispanic and African-American live births to mothers of all ages.

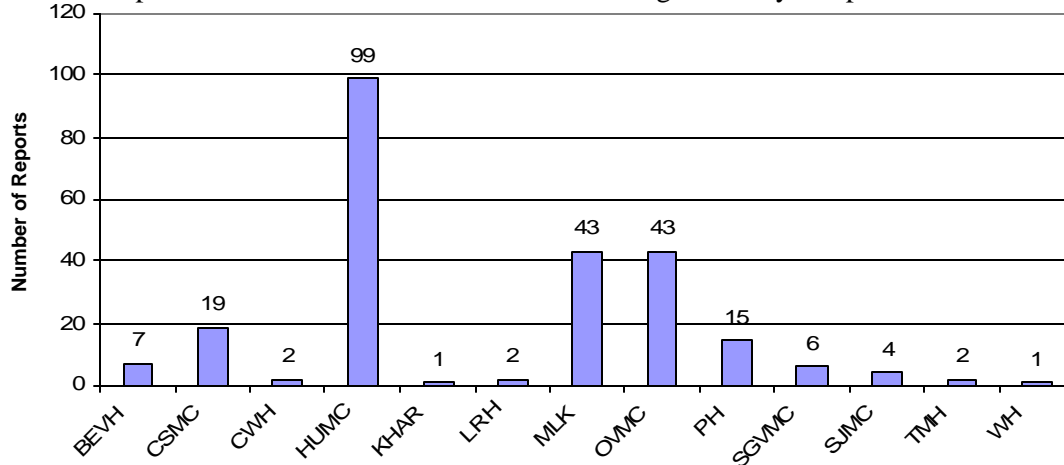
Summary

- The Department of Health Services (DHS) Child Abuse Prevention Program (CAPP) continues to rebuild and improve the data collection tools for child abuse/neglect reports. The data collection activities were reinstated in 1996 after a four year absence.
- The goal of CAPP is to provide health professionals with a user friendly tool that allows the collection and analysis of their own data in their respective facilities. It is hoped that analyses of these data will facilitate policy development within DHS, and improve reporting practices and service deliveries within health care system.
- 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 data 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.

Figure 3-1

DEPARTMENT OF HEALTH SERVICES

Substance Exposed Newborns Assessed at Risk of Endangerment by Hospital

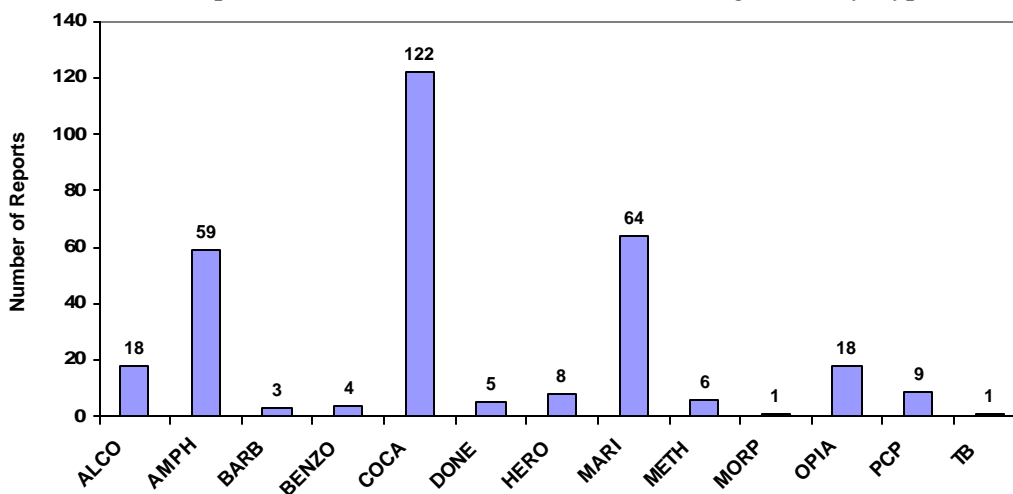


- BEVH = Beverly Hospital
- CSMC = Cedars-Sinai Medical Center
- CWH = Columbia West Hills
- HUMC = Harbor/UCLA Medical Center
- KHAR = Kaiser Harbor City
- LRH = Lakewood Regional Hospital
- MLK = King Drew Hospital
- OVMC = Olive View Medical Center
- PH = Presbyterian Inter. Hospital
- SGVMC = San Gabriel Valley Medical Center
- SJMC = St. Joseph Medical Center
- TMH = Torrance Memorial Hospital
- WH = West Hills

Figure 3-2

DEPARTMENT OF HEALTH SERVICES

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

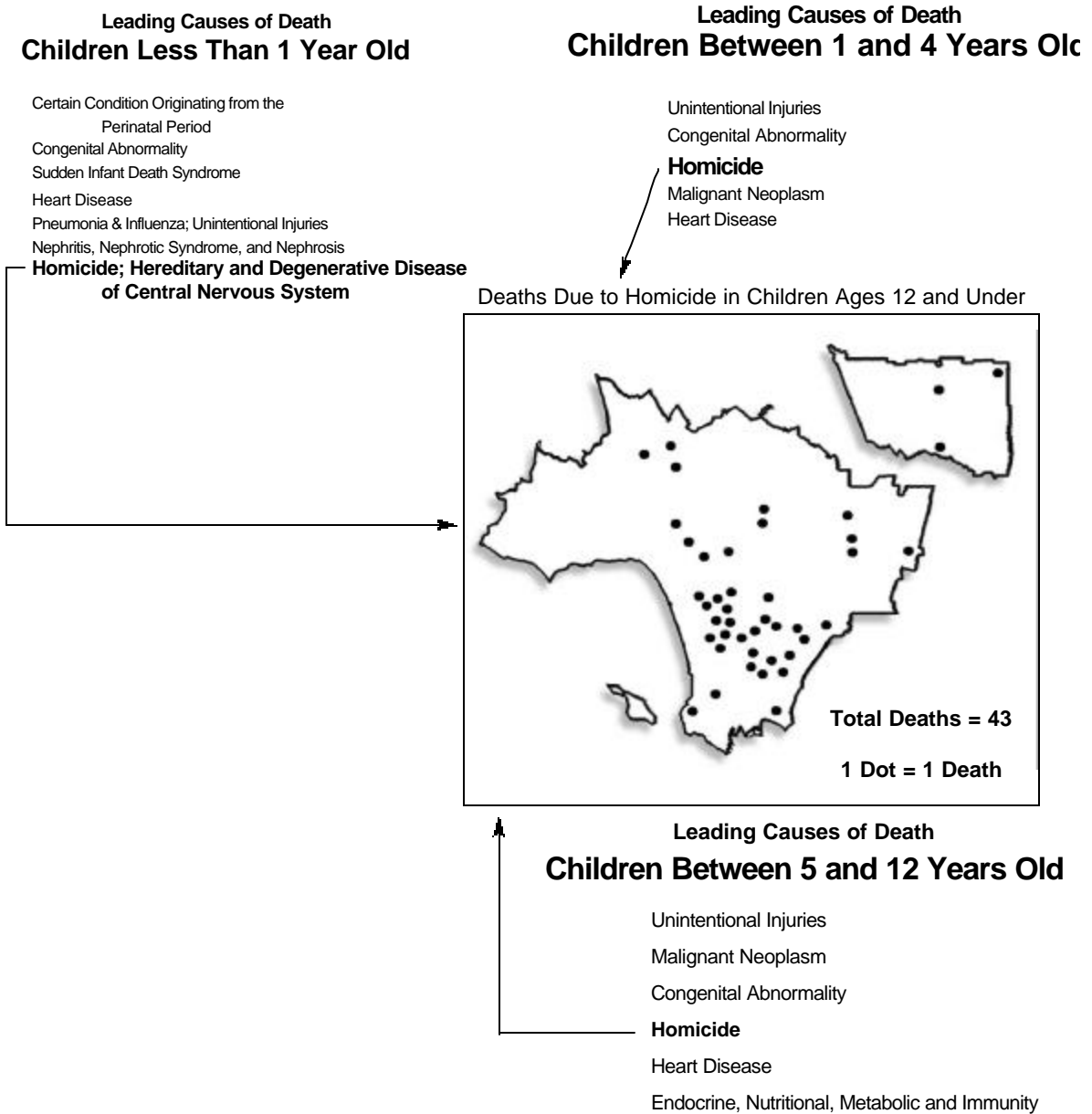


- ALCO = Alcohol
- AMPH = Amphetamine
- BARB = Barbituate
- BENZO = Benzodiazepines
- COCA = Cocaine/Crack
- DONE = Methadone
- HERO = Heroin
- MARI = Marijuana
- METH = Methamphetamine
- MORP = Morphine
- OPIA = Opiate
- PCP = PCP
- TB = Tobacco

Source: CAPP, DHS cases reported between January 11, 98 to June 24, 99.

Figure 3-3

DEPARTMENT OF HEALTH SERVICES
 Children Ages 12 and Under by Residence



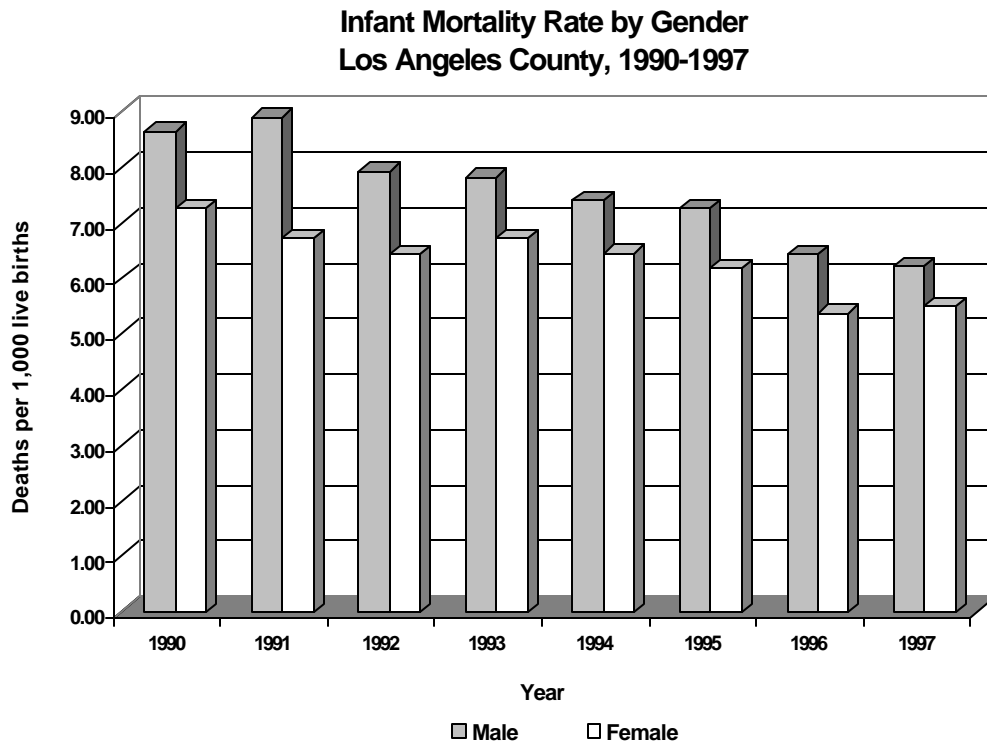
Source: 1997 death records from the California Department of Health Services, Center for Health Statistics



Figure 3-4

DEPARTMENT OF HEALTH SERVICES

Los Angeles County, 1990-1997



Source: 1990-1997 birth and death records from the California Department of Health Services, Center for Health Statistics

Figure 3-5

DEPARTMENT OF HEALTH SERVICES

Deaths due to Sudden Infant Death Syndrome by Child's Race/Ethnicity
 Los Angeles County, 1991, 1994-1997

Race/Ethnicity	White	Hispanic	African American	Asian	Total
Year					
1991					
Number	49	97	54	8	208
Rate/1,000	1.10	0.83	2.43	0.45	1.02
1994					
Number	36	44	31	9	120
Rate/1,000	1.04	0.40	1.66	0.53	0.67
1995					
Number	24	38	39	6	107
Rate/1,000	0.73	0.35	2.25	0.36	0.61
1996					
Number	12	35	26	9	82
Rate/1,000	0.40	0.33	1.58	0.55	0.49
1997					
Number	20	38	24	4	86
Rate/1,000	0.68	0.38	1.53	0.25	0.53

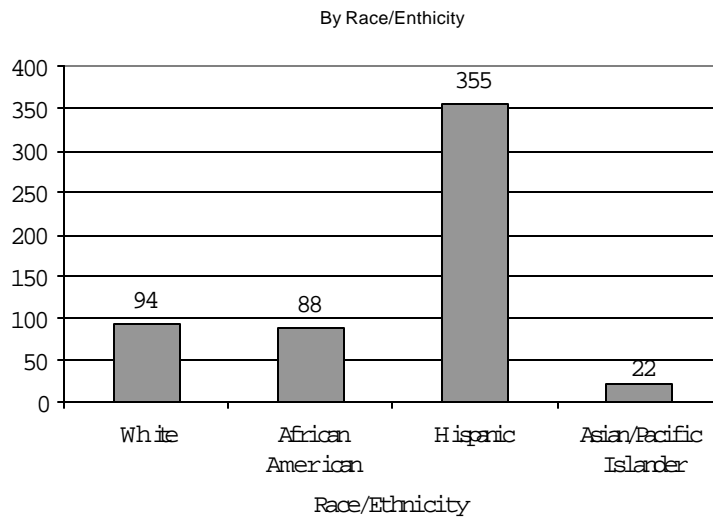
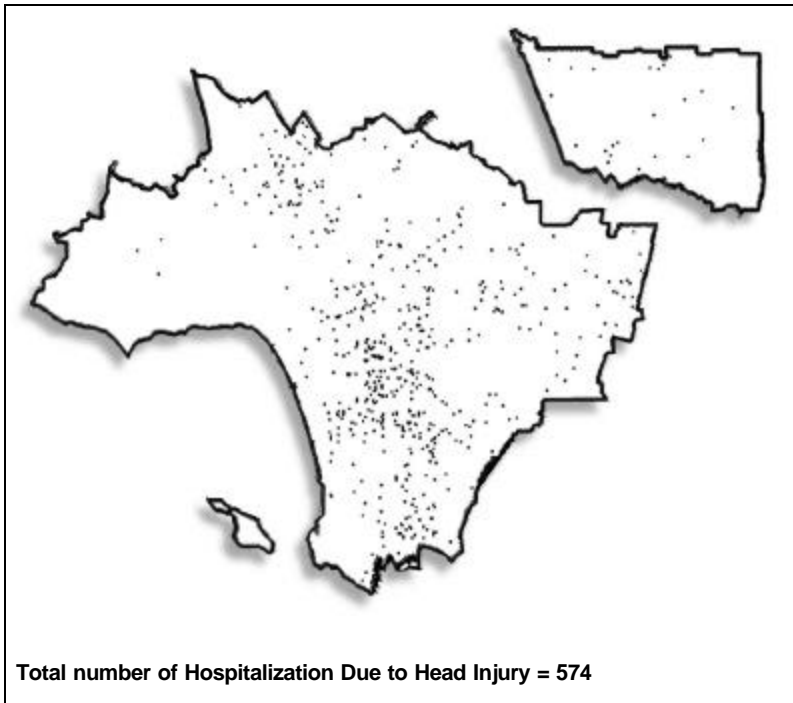
Note: Rate refers to rate per 1,000 live births
 White, African American and Asian exclude Hispanic ethnicity.
 Hispanic includes any race category.

Source: 1991, 1994-1997 birth and death records from the California Department of Health Services, Center for Health Statistics

Figure 3-6a

DEPARTMENT OF HEALTH SERVICES

Hospitalization due to Head Injury Among Children Ages 4 and Under by Residence
Los Angeles County, 1997



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.

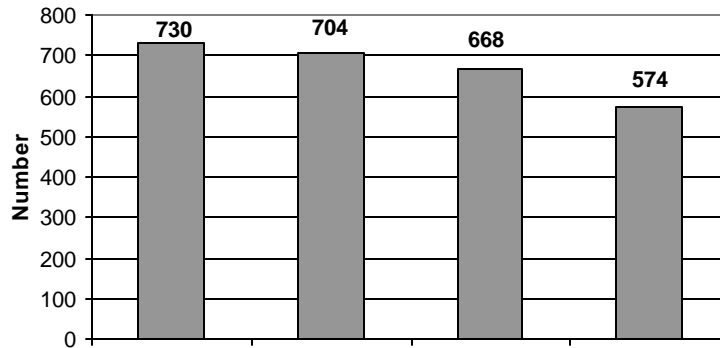
Source: 1994-1997 Hospital Discharge Data from Office of Statwide Health Planning and Development

Figure 3-6b

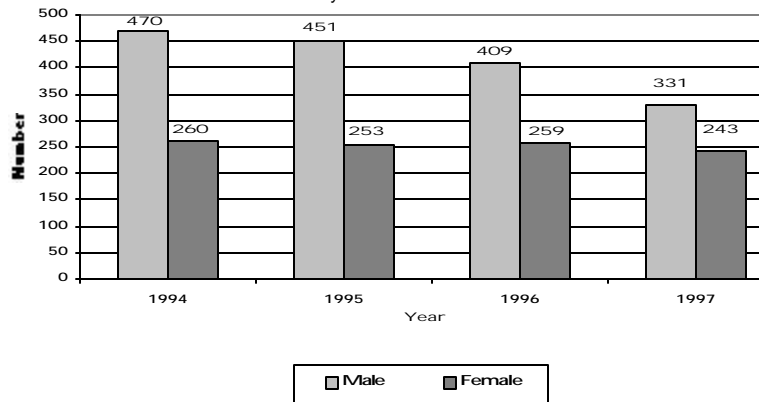
DEPARTMENT OF HEALTH SERVICES

Hospitalization due to Head Injury Among Children Ages 4 and Under by Residence
 Los Angeles County, 1994 - 1997

Hospitalization Due to Head Injuries for Children Ages 4 and Under



By Gender



Hospitalization Due to Head Injuries by Age Group

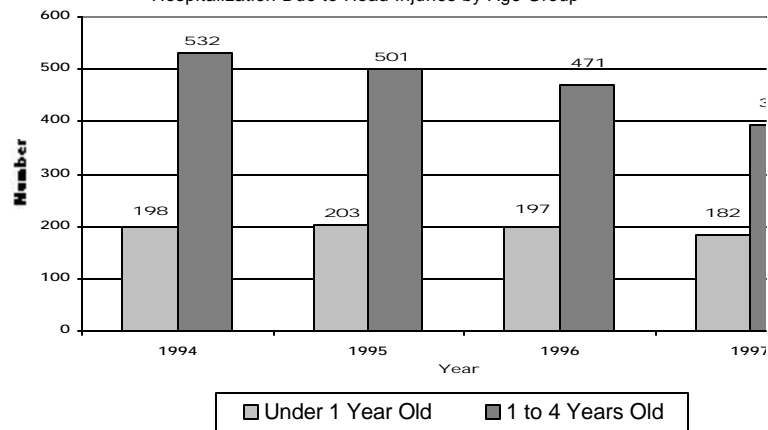
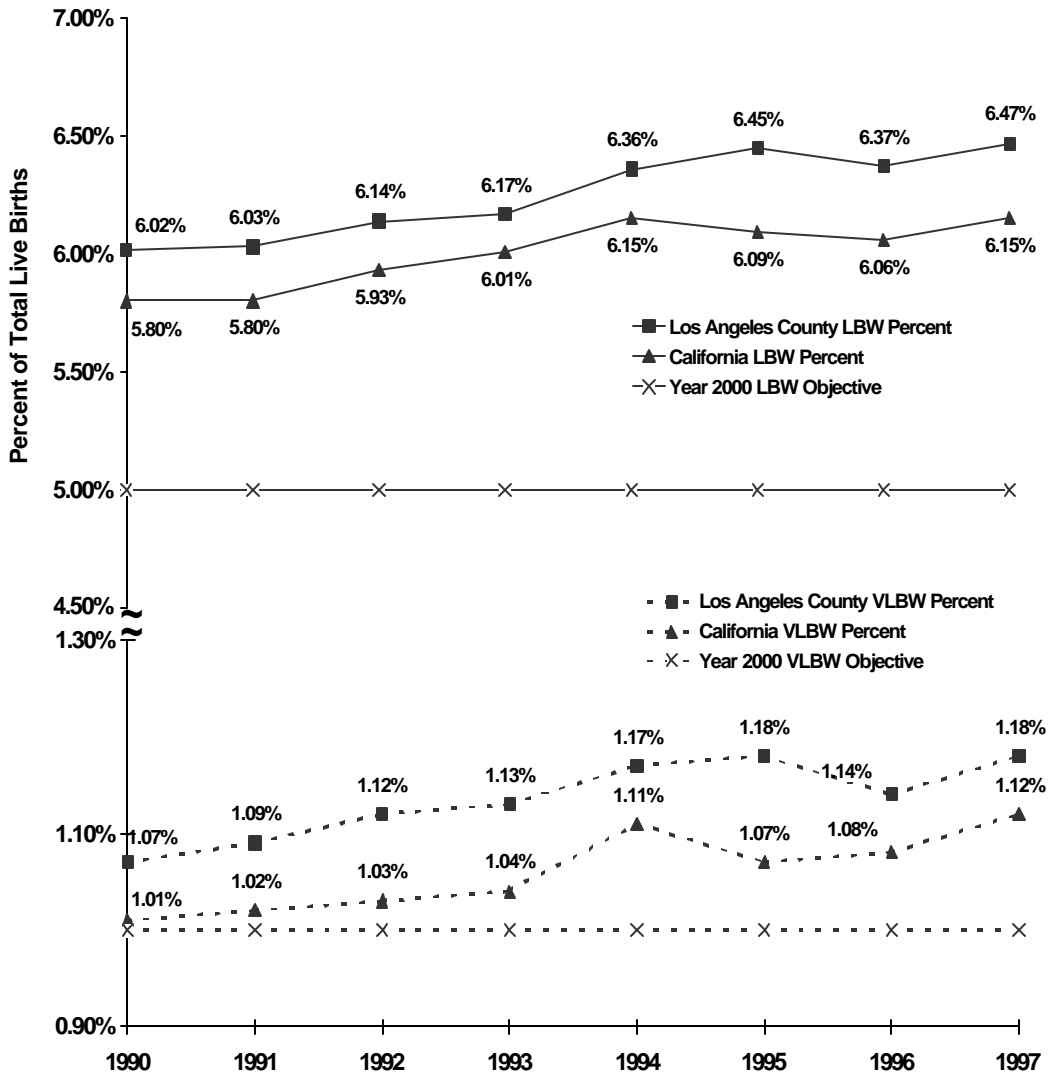


Figure 3-7

DEPARTMENT OF HEALTH SERVICES

Percent Low & Very Low Birthweight

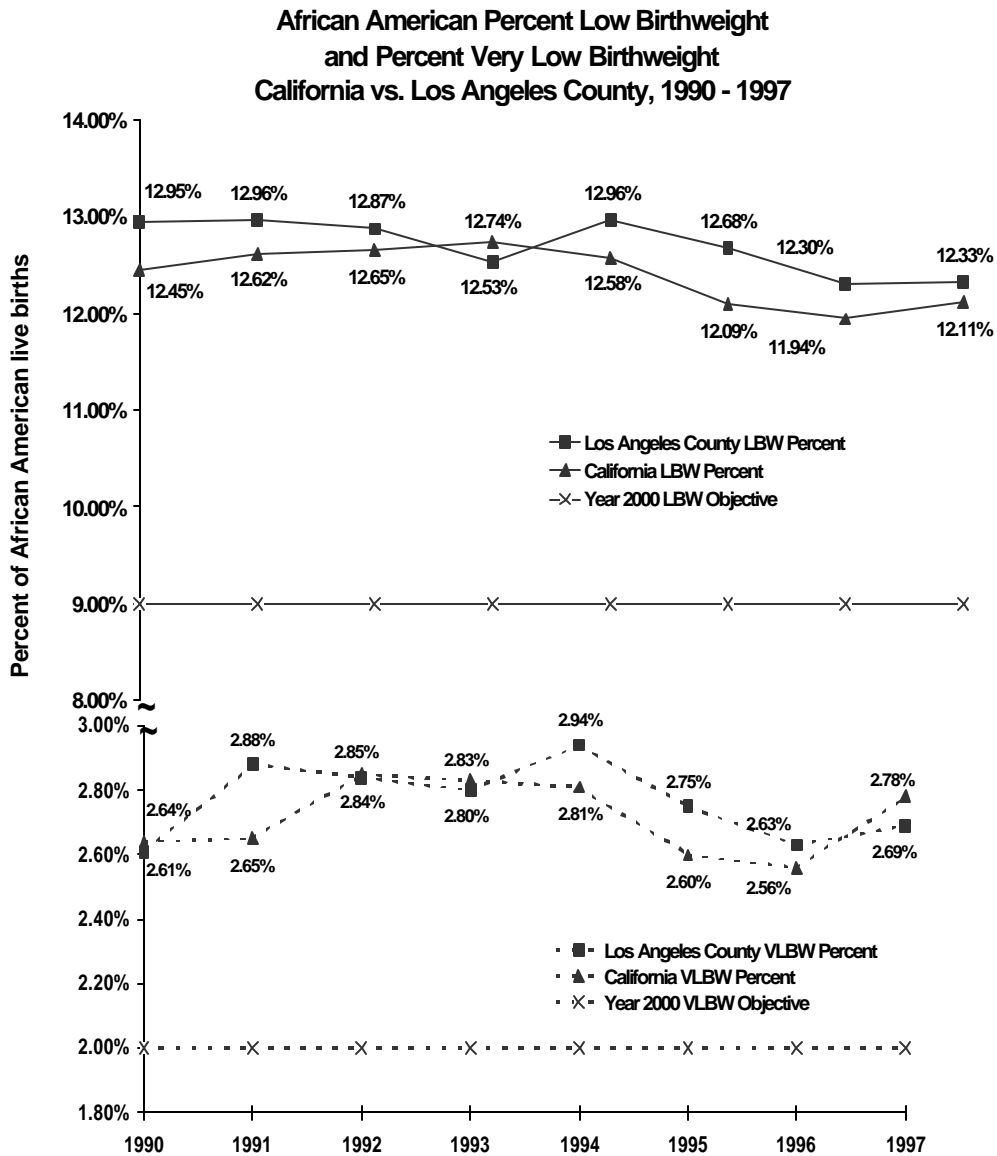
Percent Low Birthweight and Percent Very Low Birthweight
California vs. Los Angeles County, 1990 - 1997



Source: 1990-1997 birth records from the California Department of Health Services, Center for Health Statistics

Figure 3-8

DEPARTMENT OF HEALTH SERVICES
 Percent Low & Very Low Birthweight



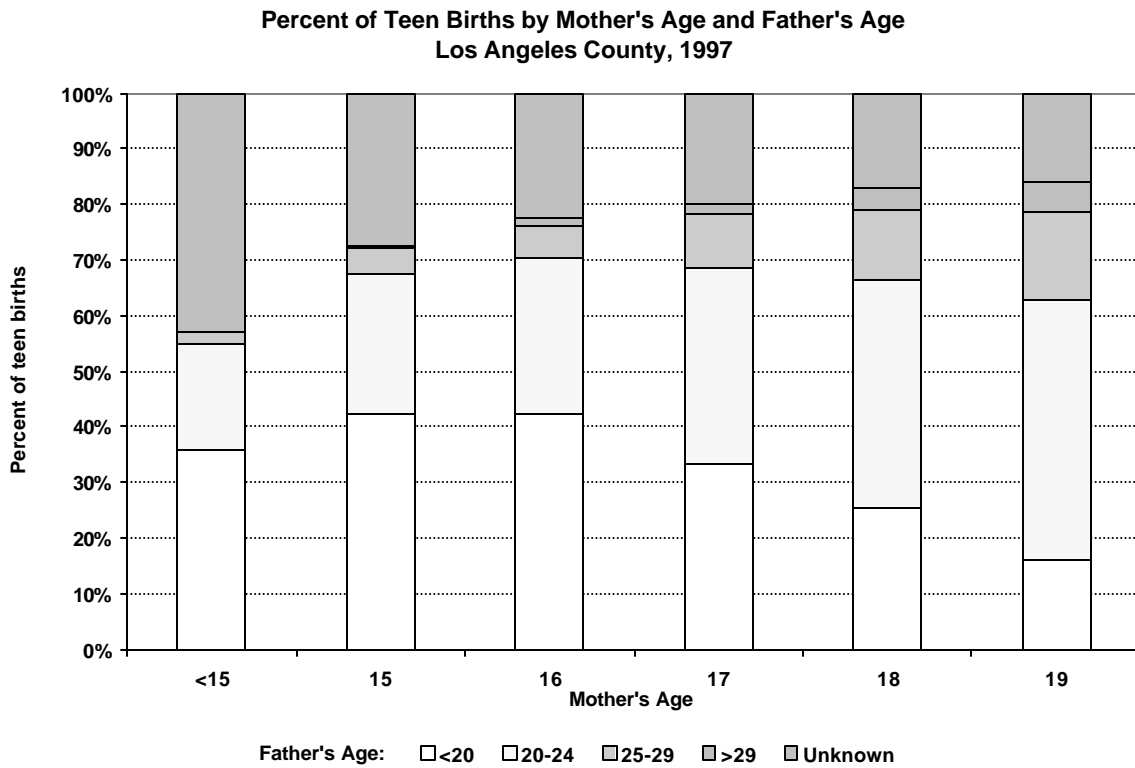
Source: 1990-1997 birth records from the California Department of Health Services, Center for Health Statistics



Figure 3-9

DEPARTMENT OF HEALTH SERVICES

Percent of Teen Births



Source: 1997 birth records from California Department of Health Services, Center for Health Statistics

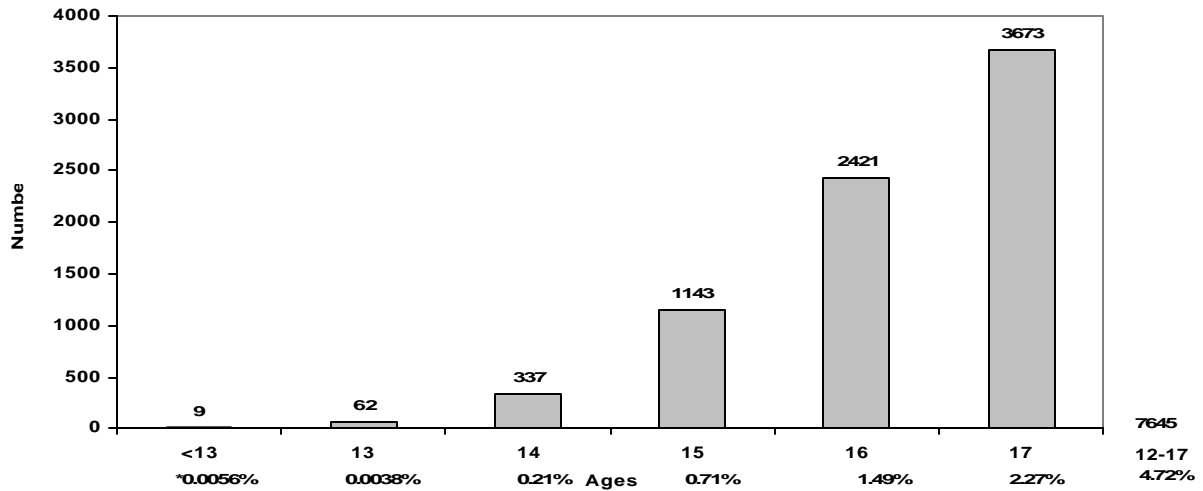


Figure 3-10

DEPARTMENT OF HEALTH SERVICES

Percent Low & Very Low Birthweight

**Live Births to Mothers 17 and Under
Los Angeles County, 1997**



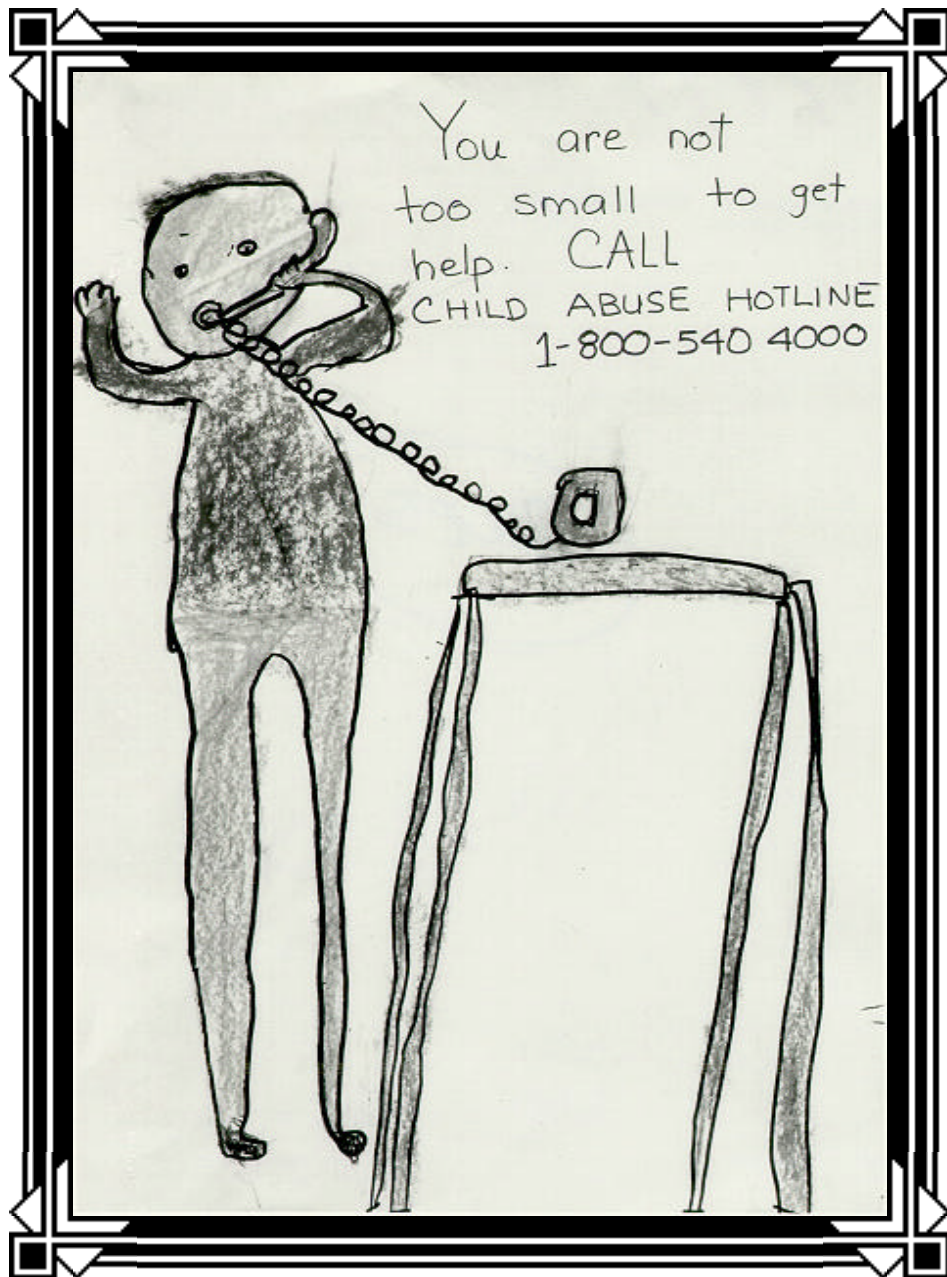
Mother's Race/Ethnicity	<13	13	14	15	16	17
White	0.00%	3.23%	4.45%	4.37%	4.83%	6.89%
Hispanic	66.67%	75.81%	80.12%	81.80%	81.74%	79.04%
African American	33.33%	16.13%	13.35%	11.11%	11.19%	11.65%
Asian	0.00%	4.84%	1.48%	2.36%	1.94%	2.15%
Native American	0.00%	0.00%	0.30%	0.35%	0.21%	0.19%
Other/Unknown	0.00%	0.00%	0.30%	0.00%	0.08%	0.08%
Total	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Note: Total number of live births in Los Angeles County, 1997 = 162,036
 * Calculated as a percent of total live births
 Source: 1997 birth records from the California Department of Health Services, Center for Health Statistics





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 FOR CHILDREN, FAMILIES, AND COMMUNITY

Los Angeles County children should reach adulthood having experienced a safe, healthy, and nurturing childhood which prepares them to become responsible and contributing members of the community.

The family provides a home environment in which children can safely fulfill their physical, emotional, social, educational, spiritual, and cultural potential and become responsible adults. When the family is unable to provide this safe, secure, and nurturing living environment for the child, the community assumes the responsibility to protect and foster the healthy development of the child, to provide the support necessary to strengthen the family and, when deemed necessary, to ensure a permanent home.

The community provides a safe and secure social environment in which families are respected and a comprehensive array of community-based health, recreation, child development, education, employment, housing, justice, and social services work in concert to support families and foster the healthy development of children.

OUR MISSION

The County of Los Angeles Department of Children and Family Services is the public agency with the duties to establish, manage, and advocate a system of services, in partnership with parents, relatives, foster parents, and community agencies, which ensures that:

- Children are safe from abuse, neglect, and exploitation.
- Families who can provide a safe home environment for children are respected and strengthened.
- Children whose families are unable to provide a safe home environment are provided temporary homes which support optimum growth and development.
- Children in temporary homes receive safe, secure, nurturing, and stable permanent homes in a timely manner.
- Youth who reach adulthood under our care are provided the opportunity to succeed.
- Community partnerships are mobilized to a) promote the healthy development of children and youth; b) prevent child abuse, neglect, and exploitation; and c) provide for a comprehensive array of community-based health, recreation, child development, education, employment, housing, justice, and social services which work in concert to support and preserve families.



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 has continuously strived to enhance its services to children and families. Along with other county child protective services agencies in the State of California, DCFS began implementing the Statewide Child Welfare Services/Case Management System (CWS/CMS) in March 1997.

The goals of CWS/CMS are to improve the productivity of social workers and to pro-

vide them 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. The California Department of Social Services (CDSS) has not fully tested the system and validated the data captured by CWS/CMS. Therefore, CY 1998 data are incomplete.

EMERGENCY RESPONSE

As shown in Figure 4-1, there were 157,062 Emergency Response child cases assessed/opened in CY 1998 compared to 179,436 in CY 1997. The data in Figure 4-1 exhibit a decreasing trend from CY 1996, and a 12.5% decrease between CY 1997 and CY 1998.

Emergency Response Dispositions

ER Dispositions 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 Dispositions (166,717) during CY 1998 account for 90.3% of the 184,727 ER Dispositions reported for CY 1997, or a 9.7% decrease in CY 1998 from CY 1997. The decrease in ER child cases assessed/opened during the implementation and conversion period resulted in a corresponding decrease in the number of ER Dispositions. There are system problems in the State-programmed CWS/CMS reports, which record statistical information on ER Referrals and Dispositions. Some data are incomplete or understated. The statistical data captured by CWS/CMS during this period will not follow historical trends for ER child cases assessed/opened and ER child cases closed or transferred to receive other DCFS child welfare services. DCFS staff



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

Reasons For ER Services

As shown in Figure 4-2 and Figure 4-3, ER Dispositions are categorized by seven reporting reasons, and they are ranked by order of severity as defined by the California Department of Social Services. Please refer to the seven Definitions of Abuse found in the Appendices at the end of this report. Figure 4-2 and Figure 4-3 also exhibit a new category, "Other (at risk but not abused)," that provides a complete total of ER Dispositions.

The data on Reasons for ER Services at Disposition during the CY 1998 continue to be incomplete due to conversion to CWS/CMS. The ranking of Reasons for ER Services exhibits a shift in 1998.

- Of the total ER services provided, General Neglect, which has been the second leading reason for protective services over the years, became the leading reason. This allegation category accounts for 32.0% of the total reasons for ER services.
- Physical Abuse, previously the leading reason for ER protective services, became second and accounts for 26.2% of the total reasons for ER services.
- Sexual Abuse (11.3%) continues to be the third leading reason for ER services.
- Caretaker Absence/Incapacity (7.8%), Emotional Abuse (7.3%), Severe Neglect (5.5%) and Exploitation (0.3%) 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 45.3% of the total ER Disposition

reasons for services to children.

- Children in the Other (at risk but not abused) category account for 9.6% of the total reasons for ER protective services.

ER Terminations and Transfers

- Figure 4-4 depicts 1998 data on ER Dispositions for case termination, or transfers to other jurisdictions, or to receive further child welfare services.
- ER services provided to 152,907 children resulted in case termination, accounting for 91.7% of the total ER Dispositions.
- 6,076 (3.7%) children received ongoing FM services. This resulted in a total of 158,983 (95.4%) children remaining in the home of their parent(s) or primary caretaker(s).
- 7,548 (4.5%) 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 186 children were transferred to other jurisdictions, accounting for 0.1% of total ER children served in 1998.

TOTAL CASELOAD

Figure 4-5 and Figure 4-6 depict the caseload of children receiving child welfare services under the supervision of DCFS as of December 31, 1998. 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 1998 (65,659) reflect a decrease of 10.7% from the December 1997 caseload of 73,556.

CHILD CHARACTERISTICS

Figure 4-7 and Figure 4-8 reflect data on characteristics of children served by age group, ethnicity and gender for the total DCFS caseload ending December 1998. Please note there are variances in total child counts under Age, Ethnicity and Gender groups. This is due to the implementation of CWS/CMS. While the total number of children under DCFS supervision reflects a decrease, there are no significant changes in gender when comparing each category to the total children under DCFS supervision. Ethnic categories of Asian/Pacific Islander, American Indian/Alaskan Native, and Filipino reflect no reportable changes. The White, Hispanic and African-American child populations in December 1998 reflect changes in percentages. White children decreased from 20.1% of the total DCFS children to 18.3%. Hispanic children decreased from 38.1% to 36.5% of the total child population. African-American children increased from 38.7% to 42.4% of the DCFS child population.

The "Birth - 2 Years" population decreased from 15.6% to 14.0%. The age group "3 - 4 Years" decreased slightly to 12.5%. Children in age groups "5 - 12 Years" increased slightly to 48.2%; and "13 Years & Older" increased from 23.9% to 25.3%.

ADOPTION PLANNING

Figure 4-9, Figure 4-10, and Figure 4-11 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 1998 reflects an increase of 435.1% from 1984 and an 82.2% increase over 1997. In 1984, 79.2% of all Adoptions Division cases opened were referred from DCFS Regional offices and 20.8% directly from the community. In 1998, protective services-referred case openings represent 99.7%, while community-referred case openings represent 0.3%.

The number of children placed in adoptive homes in 1998 reflects a 28.4% increase over 1997. Adoptive placements have increased 209.7% since 1984.



SELECTED FINDINGS

- Along with other public child protective services agencies in the State of California, DCFS implemented an automated, on-line statewide Child Welfare Services/Case Management System (CWS/CMS). CWS/CMS is designed to capture child-specific information at the initial point of the protective services referral, as well as to record case management activities on children who receive child welfare services or continue to be under the supervision of the protective services agency.
- On a phased-in basis, child cases for DCFS regions were converted to CWS/CMS between March 1997 and May 1998. As of December 1998, CDSS had not yet fully tested the system or validated the data captured by CWS/CMS. While testing and validation activities are still in process, DCFS continues to evaluate the accuracy of the Los Angeles County data for trend analysis, allocation workload counts, and provision of services. Some data previously captured and reported are not available from CWS/CMS, and some data are incomplete or understated. As a result of the phased-in conversion crossing over a two calendar-year period, as well as system problems in the State-programmed CWS/CMS reports, it is difficult to provide an accurate historical trend comparison of the 1997 and 1998 data with the previous reporting periods.

DCFS staff participate on the Program Management Report Work Group, and have taken a leadership role in identifying problems on State-programmed reports that impact staffing allocation and integrity of statistical data. Problems encountered by DCFS staff have been reported to the Health and Welfare Data Center (HWDC), the California Department of Social Services (CDSS), and the CWS/CMS Project staff. DCFS staff also initiated contacts with representatives of counties in the Southern California region, and continue to

meet regularly with the Southern Counties Committee to collaborate in resolving problems in CWS/CMS. DCFS staff are also continuing to work with the State CWS/CMS Project staff to correct and improve the reports which record population and characteristic information on children served.

- General Neglect, which has been the second leading reason for protective services over the years, became the first leading Reason for ER Services for the CY 1998. This allegation category accounts for 32.0% of the total reasons for ER services.
- Children in the age groups "Birth - 2 Years" and "3 - 4 Years," that account for 26.5% of the total DCFS child population at the end of December 1998, reflect a 2.1% decrease from the same age group child population at the end of December 1997.
- Adoptions cases opened in CY 1998 reflect an increase of 82.2% over 3,518 child cases opened in Adoptions in CY 1997.
- Children placed in Adoptive homes (1,728) reflect a 28.4% increase over 1,346 adoptive placements in CY 1997. Adoptive placements have increased 209.7% since CY 1994.



Figure 4-1

EMERGENCY RESPONSE REFERRALS - CHILD CASES ASSESSED/OPENED
Calendar Years 1984 Through 1998

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

Figure 4-2

EMERGENCY RESPONSE DISPOSITIONS - REASONS FOR SERVICE
Calendar Year 1998

REASONS FOR SERVICE	CHILDREN	PERCENTAGE
Sexual Abuse	10,611	11.3
Physical Abuse	24,617	26.2
Severe Neglect	5,169	5.5
General Neglect	29,992	32.0
Emotional Abuse	6,880	7.3
Exploitation	287	0.3
Caretaker Absence/Incapacity	7,274	7.8
Other (at risk but not abused)	9,033	9.6
TOTAL	93,863	100.0



Figure 4-3

EMERGENCY RESPONSE DISPOSITIONS - REASONS FOR SERVICE
Calendar Year 1998

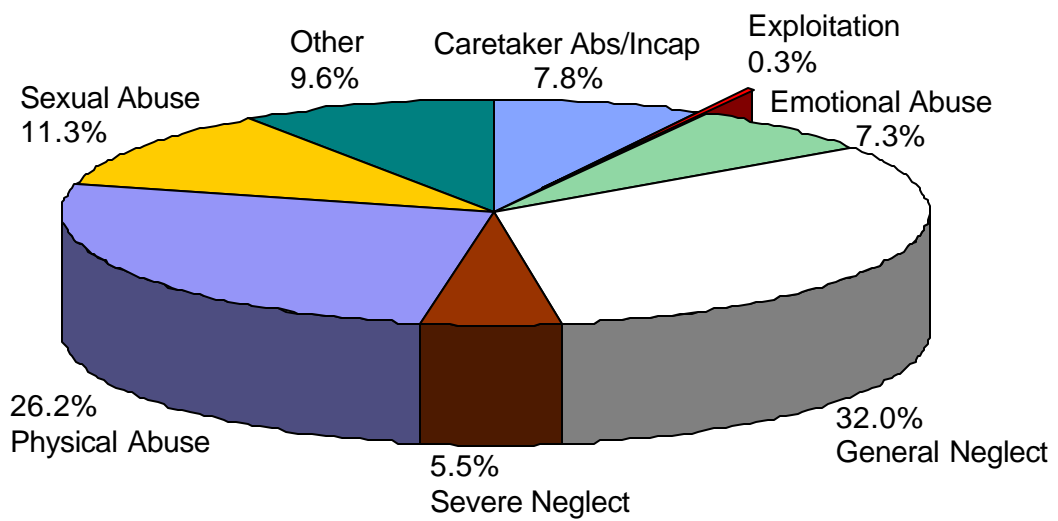




Figure 4-4

**EMERGENCY RESPONSE REFERRALS - CHILD CASES ASSESSED/OPENED
Calendar Year 1998**

DISPOSITION TYPE	CHILDREN	PERCENTAGE	REMARKS
Emergency Response Assessment Cases Closed (No In-person Response)	19,366	11.6	Unfounded
1. New Emergency Response Referrals	15,796	81.6	- Referrals assessed and evaluated out with no In-person Response and no further services required.
2. Re-referrals on Open Cases	3,570	18.4	- New incidents of abuse/neglect assessed and referred to the CSW assigned to the open case for necessary services.
Emergency Response In-person Cases Closed (No further action required)	91,504	54.9	Unfounded or Unsubstantiated - In-person Response Case Closed.
1. New Emergency Response Referrals	90,186	98.6	- New referrals that required In-person investigation. No further services required.
2. Re-referrals on Open Cases	1,318	1.4	- New incidents of abuse/neglect receiving In-person investigation by Emergency Response Command Post prior to referring to the CSW assigned to the open case for necessary services.
Emergency Response In-person Cases Closed, Emergency Response Services Provided	42,037	25.2	Substantiated - Emergency Response Services provided and case closed.
Transferred to Family Maintenance	6,076	3.7	Substantiated - Case transferred to receive ongoing Family Maintenance Services.
Transferred to Family Reunification/ Permanent Placement	7,548	4.5	Substantiated - Case transferred to receive ongoing Family Reunification or Permanent Placement Services.
Transferred to Other Jurisdictions	186	0.1	Substantiated - Case transferred to Other Counties/Jurisdictions for continuing Child Welfare Services.
TOTAL	166,717	100.0	



Figure 4-5

**TOTAL END-MONTH CASELOAD
December 1998**

SERVICES TYPE	CHILDREN	PERCENTAGE
Emergency Response (ER)	5,623	8.6
Family Maintenance (FM)	10,737	16.3
Family Reunification (FR)	11,675	17.8
Permanent Placement (PP)	37,624	57.3
TOTAL	65,659*	100.0

* CY 1998 Total Caseload includes children placed in adoptive homes pending Final Decree of Adoption.

Figure 4-6

**TOTAL END-MONTH CASELOAD
December 1998**

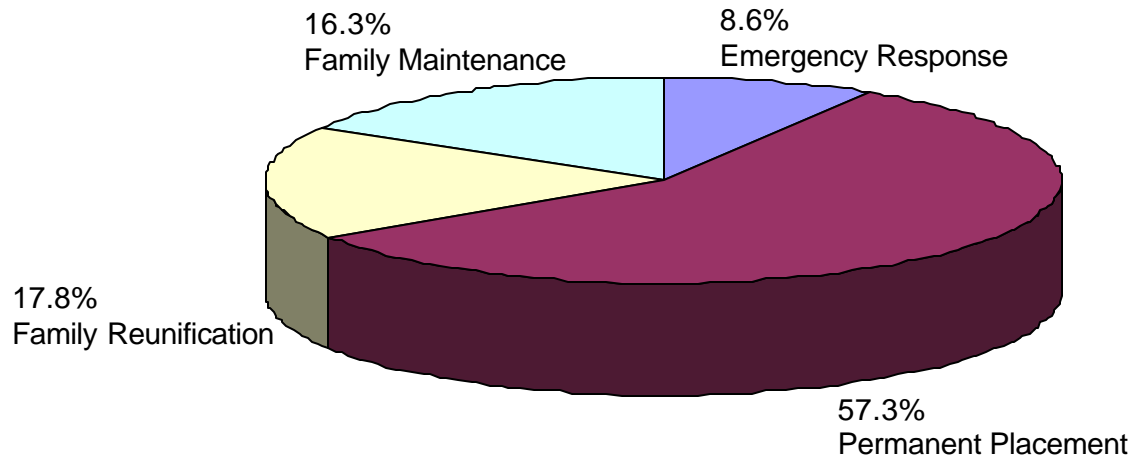




Figure 4-7

**CHILD CHARACTERISTICS - TOTAL END-MONTH CASELOAD
December 1998**

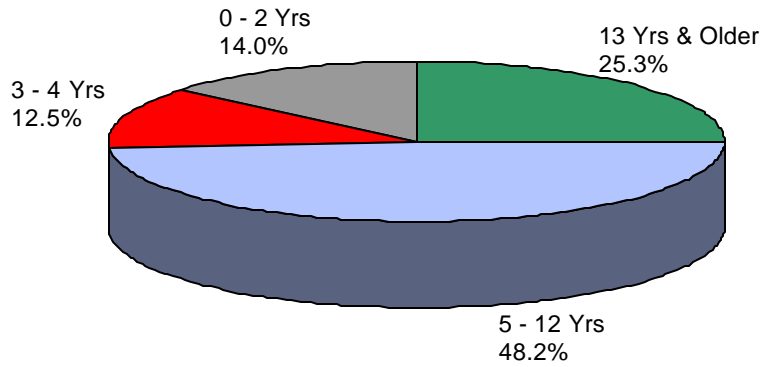
CATEGORY	CHILDREN	PERCENTAGE
AGE GROUP		
1. Birth - 2 Years	8,635	14.0
2. 3 - 4 Years	7,714	12.5
3. 5 - 12 Years	29,735	48.2
4. 13 Years & Older	15,643	25.3
TOTAL	61,727	100.0
ETHNICITY		
1. White	11,340	18.3
2. Hispanic	22,626	36.5
3 African American	26,238	42.4
4. Asian/Pacific Islander	1,217	2.0
5. American Indian/Alaskan Native	351	0.6
6. Filipino	178	0.2
7. Other	2	0.0
TOTAL	61,952	100.0
GENDER		
1. Male	30,334	49.0
2. Female	31,612	51.0
3. Gender Unknown	6	0.0
TOTAL	61,952	100.0



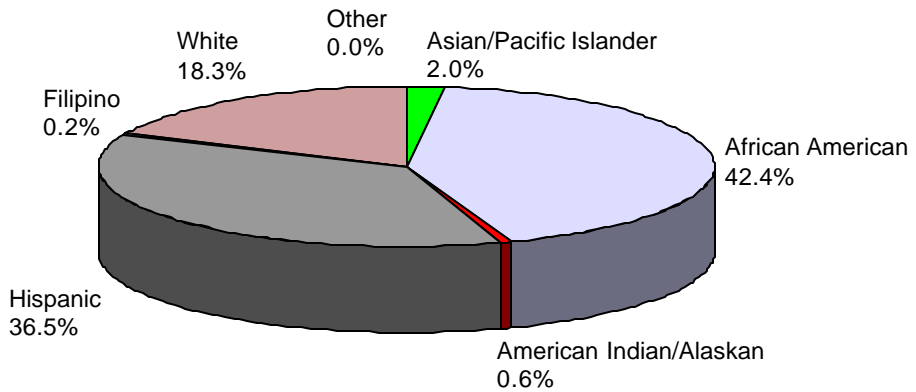
Figure 4-8

CHILD CHARACTERISTICS/TOTAL END-MONTH CASELOAD
December 1998

AGE GROUP



ETHNICITY



GENDER

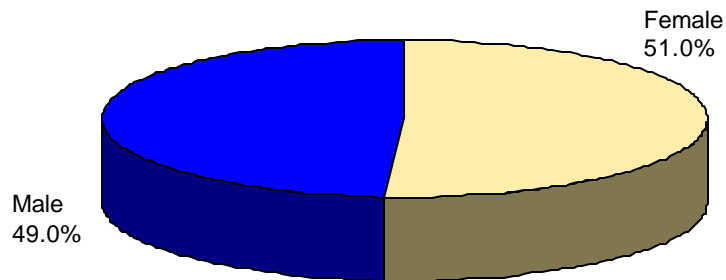




Figure 4-9

ADOPTIONS PERMANENCY PLANNING CASELOAD
Calendar Years 1984 Through 1998
SOURCE OF REFERRAL

CALENDAR YEAR	DCFS PROTECTIVE SERVICES	COMMUNITY	TOTAL OPENED	CHILDREN PLACED IN ADOPTIVE HOMES
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

Figure 4-10

ADOPTIONS CASES OPENED
Calendar Years 1984 Through 1998

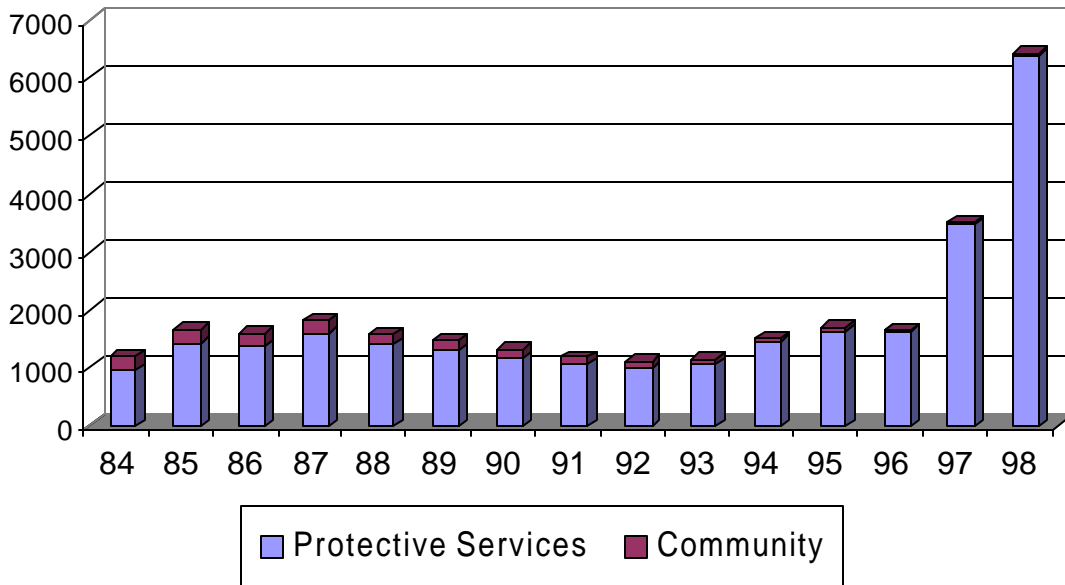
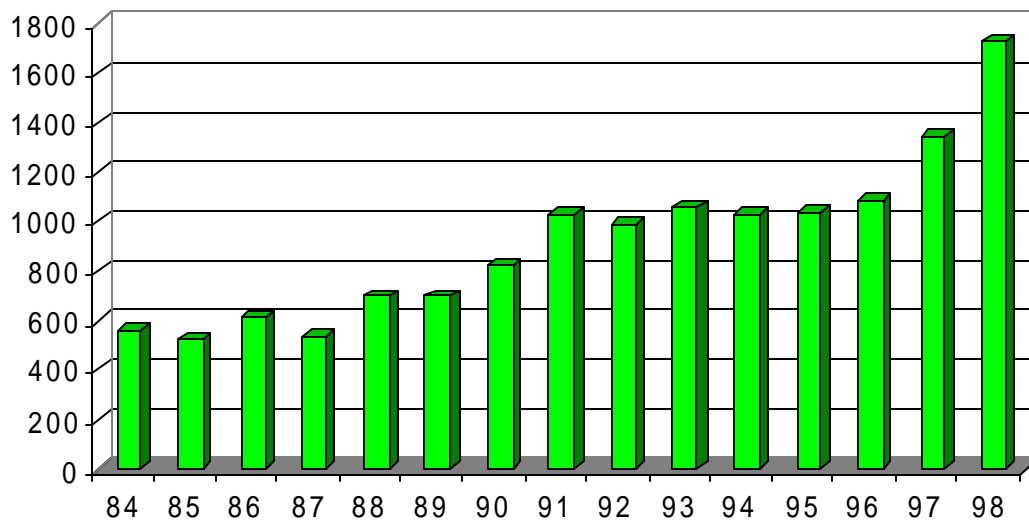


Figure 4-11

CHILDREN PLACED IN ADOPTIVE HOMES
Calendar Years 1984 Through 1998







LOS ANGELES SUPERIOR COURT



LAUREN CASSIDY
WONDERLAND AVENUE

LOS ANGELES SUPERIOR COURT

JUVENILE DEPENDENCY COURT (1998)

The Los Angeles Superior Court Juvenile Division is divided into three component parts: Juvenile Delinquency, Informal Juvenile and Traffic and Juvenile Dependency. 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 faulty 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 all five.

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 and whether the location of the child shall be disclosed if the child is placed in a foster home. Finally, attorneys will be appointed for the parties, including the child, if required by law, or if they would benefit from appointment of counsel.

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 a settlement process by referral to the Dependency Court Mediation Services Program. In such cases, the court will order a confidential Pretrial Resolution Conference (PRC) or Mediation is scheduled. 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 after discussion with the neutral third party mediators do not require a trial; all others are set for adjudication. If the court finds 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.

At the 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 "Family 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, visits by a social worker and assistance in developing a visitation schedule with the child. If, however, the court terminates Family Reunification Services, it will set a selection and implementation hearing to decide on a permanent plan of adoption, legal guardianship or long-term foster care.

Figure 5-1

JUVENILE DEPENDENCY COURT

Dependency Court Workload

Calendar Year	Total Petitions Filed	Reviews/Permanent Plan, Review of Plan	Total Petitions and Reviews
1985	15,127	34,748	49,875
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



REVIEW HEARINGS

Any case under the jurisdiction of the court must be reviewed by the court at least every six months until jurisdiction is terminated. If the child is placed out of the home, the court must conduct a hearing to establish a permanent plan within 12 months. 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 six months in the future.

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 decide to terminate parental rights and proceed 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 1998 was 18,522. In the preceding calendar year of 1997, a total of 22,645 petitions were filed. The 1998 filings represent a decrease of 18% from petitions filed in 1997. 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 1998. Petitions filed include new filings by Dependency Investigators, Intake and Detention Control and all supplemental and subsequent petitions filed on existing cases.

For reference purposes, all numerical data is based on individual children and not cases (i.e. each petition and review hearing equals an individual child).

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, 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 previous order or termination of jurisdiction.

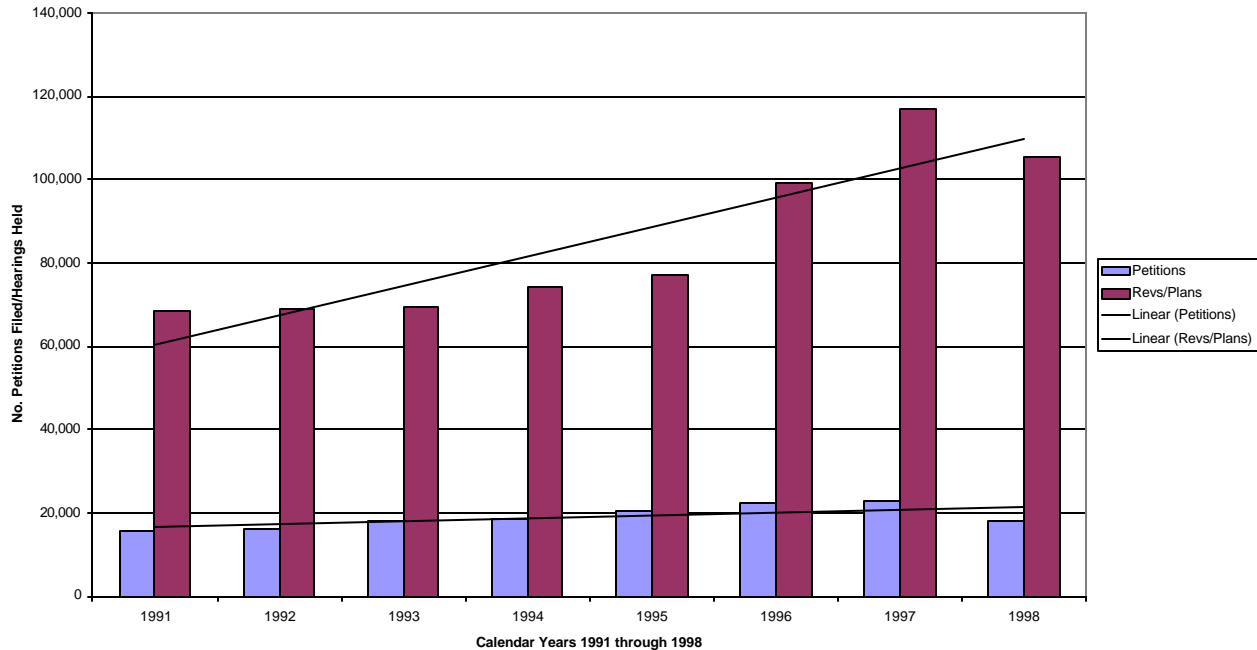
The breakdown of petitions filed in calendar year 1998 was 9,807 new WIC 300 petitions; 5,117 subsequent WIC 300/342 petitions and, 3,598 supplemental WIC 387/388 petitions. In calendar year 1997 the breakdown was 13,466 new WIC 300 petitions; 5,625 subsequent WIC 300/342 petitions and, 3,555 WIC 387/388 petitions.

In 1998, new petitions and subsequent petitions filed decreased by 27% (3,659), and by 9%, (508), respectively and supplemental petitions increased by 1% (43).

Figure 5-2

JUVENILE DEPENDENCY COURT

Dependency Filings, Reviews, PPH and RPP Hearings



ANALYSIS

An analysis of dependency petition filings for calendar years 1987 through 1998 shows the following:

CALENDAR YEAR 1998

(1) A comparison of the 1987 filings (15,932) to those of 1998 (18,522) reflects an increase of 16% for the twelve-year period (+2,590).

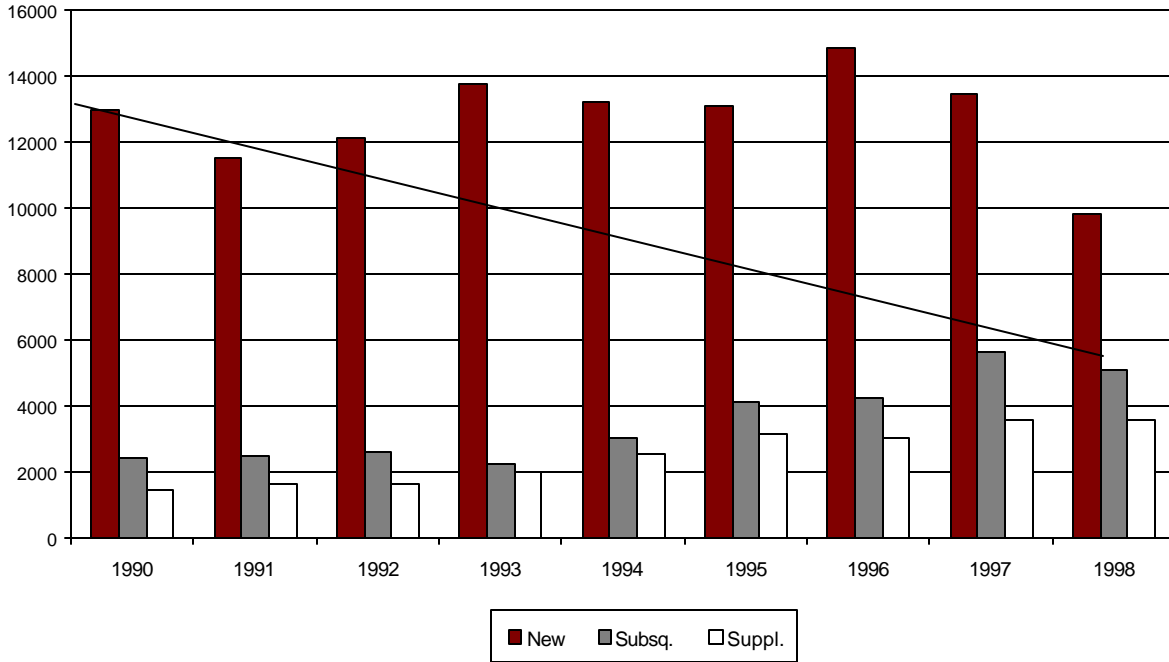
(2) The total calendar year filings for 1998 (18,522) represent an 18% decrease from calendar year 1997 (22,645).

3) Calendar year filings for 1998 (9,807) as to new WIC 300 petitions decreased 18% from 1997 (13,466), following other decreases in 1996 (14,826) and 1995 (13,123) 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 5-3

DEPENDENCY PETITIONS FILED

New, Subsequent and Supplement (1990 through 1998)



JUVENILE DEPENDENCY COURT

Dependency Petitions Filed

YEAR	NEW 300	SUB 300	SUB 342	SUPP 387	SUPP 388	TOTAL
1990	12,946	2,248	193	1,320	132	16,389
1991	11,496	2,215	261	1,463	191	15,626
1992	12,121	2,364	236	1,461	178	16,360
1993	13,747	1,889	345	1,649	340	17,970
1994	13,200	2,195	461	1,891	779	18,761
1995	13,123	3,621	500	2,261	913	20,438
1996	14,826	3,845	634	2,502	616	22,423
1997	13,466	4,765	860	2,540	1,015	22,645
1998	9,807	4,150	842	2,484	1,076	18,522

New petition filings from January, 1996 through December, 1998 down 34%

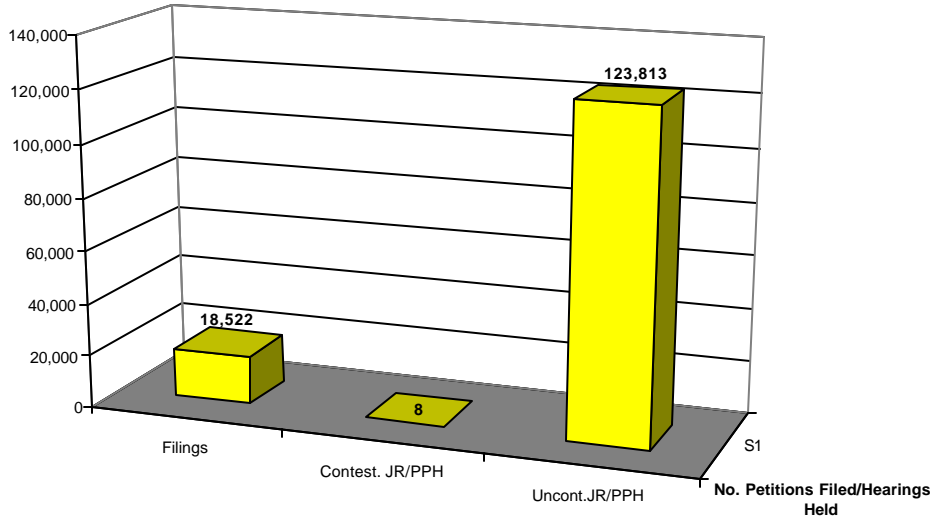


ICAN DATA ANALYSIS REPORT FOR 1999

Figure 5-4

JUVENILE DEPENDENCY COURT

Filings, Reviews and PPH Hearings in 1998



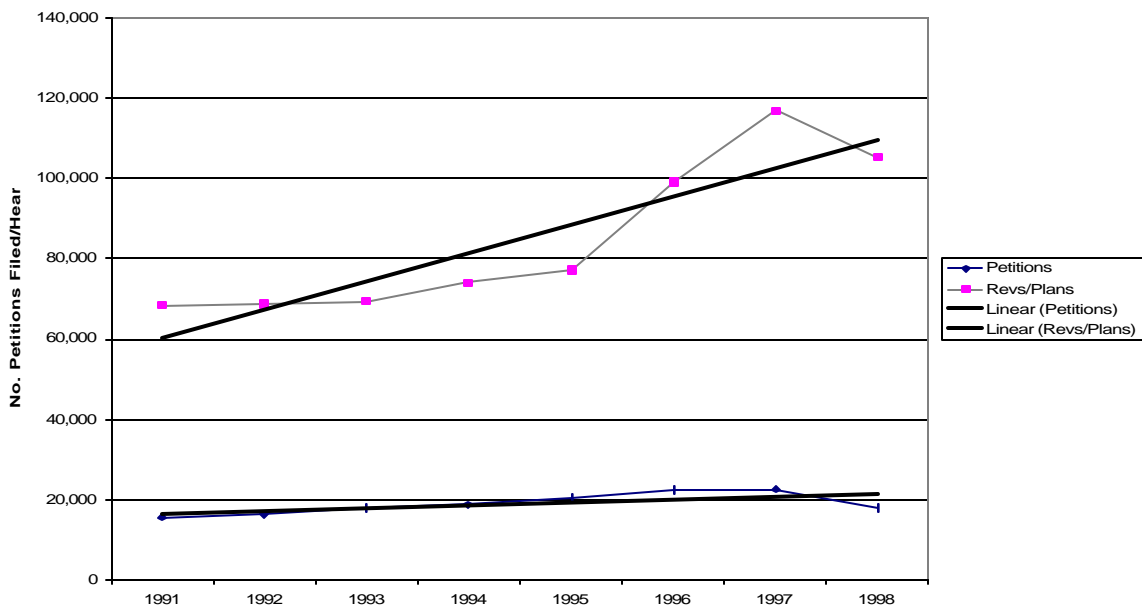
A total of 5,117 subsequent petitions (WIC 300/342) were filed in 1998, and represent a decrease of 9% (508) from 1997 (5,625). A total of 3,598 supplemental petitions (WIC 387/388) were filed in 1998, an increase of 508 (1%) over 1997 (3,555).

Using the data contained in Figure 5-1 a software generated trend line was developed based on data from 1991 through 1998. 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 1991 through 1998, 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, however, may be revised with new data at a later date.

While average new WIC 300 petitions have decreased slightly from 1994 to 1998, with the exception of 1996, (from 13,200 to 9,807), or 26% over the five year period filings for both subsequent (WIC 342) petitions and supplemental (WIC 387,388) petitions have dramatically increased (from 3,008 to 5,117), a 70% increase in subsequent filings, and supplemental petition filings have increased almost 41% in five years (from 2,553 to 3,598).

The decrease in new filings in 1998 is mirrored by a similar decrease in referrals to 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.

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 be reflective of a challenge to the WIC 342 and 387 petitions if sustained, or an indication of an increasing adversarial system.

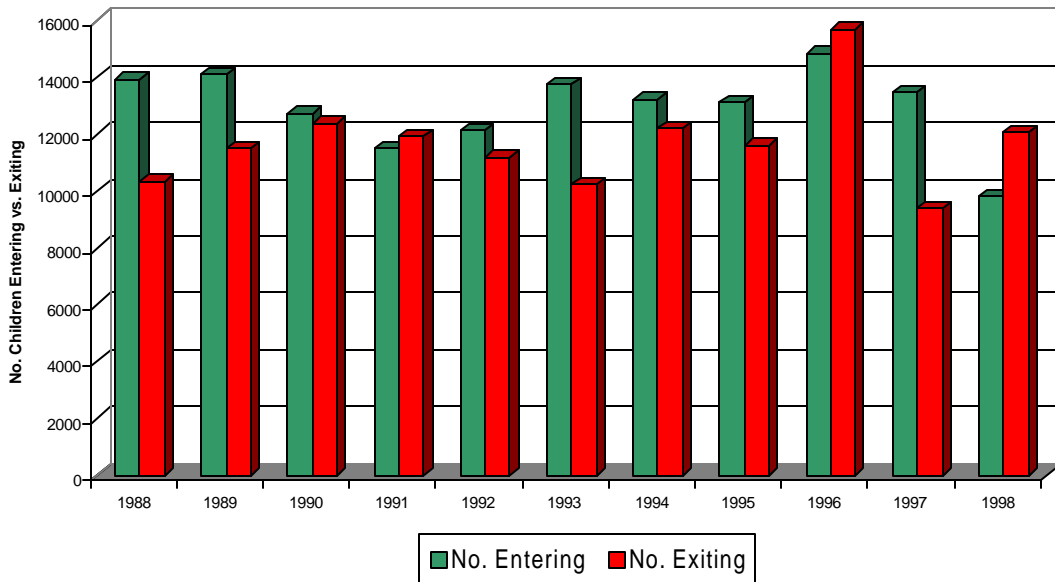
Figure 5-6

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

Year	Total Dispo	Home of Parent	Suitable Place/Relative	Suitable Placement	Other
1983	7,517	2,975 (40%)	1,708 (23%)	2,652 (35%)	182 (2%)
1984	10,102	3,803 (38%)	2,489 (25%)	3,321 (33%)	489 (4%)
1985	13,484	5,609 (42%)	3,721 (28%)	3,770 (28%)	384 (2%)
1986	14,682	5,456 (37%)	3,767 (26%)	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%)

Figure 5-7

NEW CHILDREN ENTERING VS. EXISTING CHILDREN EXITING THE DEPENDENCY SYSTEM



DISPOSITION HEARING DATA*

The Court conducted 7,550 disposition hearings in calendar year 1998. The court conducted only 674 fewer disposition hearings in 1998 than the 8,224 held in 1997. At these hearings, children were placed in the home of the parent in 2,445 cases (32%) and were suitably placed (an out of home order) in 5,066 cases (67%).

Figure 5-6 reflects the type of placements made and the number of children placed in each type for the calendar years 1983 through 1998. Since 1993, the average percentage of children returned home at disposition (27%), compared to those placed with relatives or in other placements (70%), has remained consistent.

** Data regarding dispositions are subject to change due to problems with the Juvenile Automated Index and 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 1988 through 1998.

CASES DISMISSED OR JURISDICTION TERMINATED

Of the 18,522 petitions (new, subsequent, and supplemental) filed in calendar year 1998, 9,807 were new filings, i.e., when a new child entered the system. However, a total of 12,047 children had their cases dismissed or jurisdiction terminated in 1998, 2,670 more than in 1997. When compared to new petition filings (minus the subsequent or supplemental petitions), 2,240 more children exited the court system in 1998 than entered, reversing the decline of children in the system the previous year. In 1996 a total number of 15,673 children exited the system, the number decreased in 1997 to 9,377 and increased again in 1998 to 12,047 children.



LOS ANGELES COUNTY COUNSEL



CHRISTOPHER DANG
WILLIAM NORTHRUP MIDDLE SCHOOL

LOS ANGELES COUNTY COUNSEL

CHILDREN'S SERVICES DIVISION

The Children's Services Division (CSD) of the Office of the County Counsel provides legal representation to the Department of Children and Family Services (DCFS) in dependency and adoption matters.

The Children's Services Division Management Team consists of the Division Chief and six Supervising Deputies. The six Supervising Deputies report to the Division Chief and are charged with responsibility for the following duties: Administrative Services, Appellate Practice, Support Services, Training, and Dependency Court Operations.

The Division provides attorneys to represent DCFS in 20 dependency courtrooms. In the 19 courts 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 hearings:

- Initial Detention Hearing - Attorney advocates for the temporary placement of the children to protect them until the next court hearing.
- Pretrial Resolution Conference and Mediation - Attorney participates in informal settlement discussions.
- Adjudication and Disposition Hearing - Attorney litigates issues regarding the legal basis for the court's 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.

In addition to the attorneys assigned to the courtroom, 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.

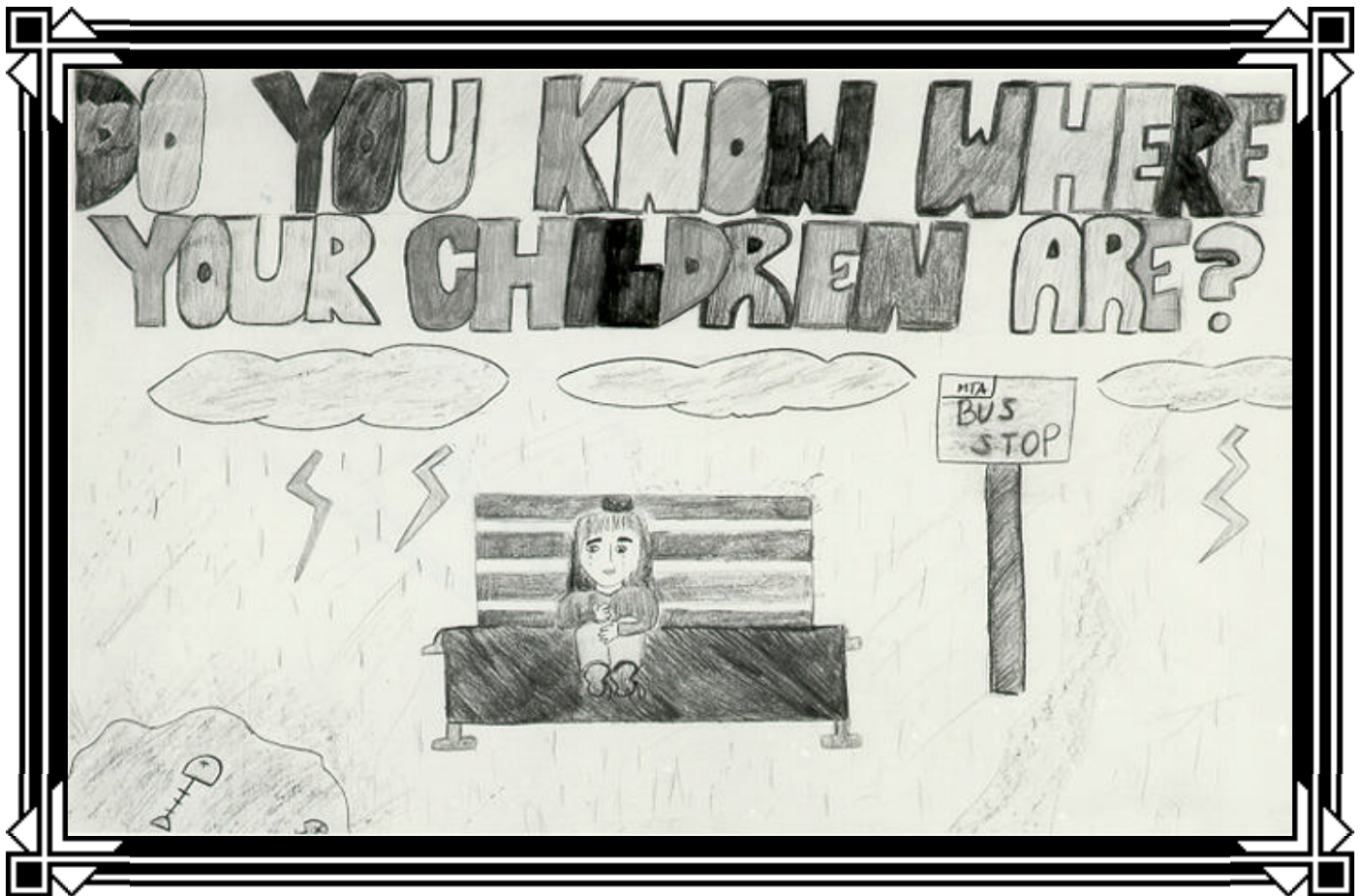
There are also thirteen attorneys assigned to the Appellate Section. These attorneys prepare and respond to appeals and writ petitions. Six of the attorneys are specifically funded by the Stuart Foundation

to focus on establishing permanency for children. These attorneys provide advice, assistance and training to the trial attorneys and to the children's social workers in this area, as well as prepare and respond to appeals and writ petitions.

The Office of the County Counsel also provides legal advice and training to DCFS.



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT



LESLIE ANAYA
JOHN BURROUGHS MIDDLE SCHOOL

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

JUVENILE INVESTIGATIONS BUREAU

The Los Angeles County Sheriff's Department is the second largest law enforcement agency in the county, serving a population of over 2.6 million people within contract cities and unincorporated county area. The Juvenile Investigations Bureau (JIB) is a Detective Division unit staffed by trained child abuse detectives, with the responsibility to investigate allegations of physical and sexual child abuse occurring within the Department's jurisdiction. JIB will be expanding its investigative responsibility in the near future to include domestic violence and elder abuse crimes.

Detectives assigned to JIB are selected through an application and oral interview process and not rotated into the Bureau as part of a standard assignment. A deputy assigned to the Bureau receives training in forty-hour courses on sexual assault investigation, interview techniques, homicide investigation and several other seminars, as well as training with an experienced Detective from JIB. 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, on-going process.

The Juvenile Investigations Bureau 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), schools and many civic groups.

The Sheriff's Department is represented by two members of JIB on the Southern California Regional Sexual Assault Felony

Enforcement (SAFE) Team, a federally-funded task force comprised of various law enforcement agencies, including the Los Angeles Police Department and the FBI. The team investigates the sexual exploitation of children with numerous investigations centering on computer based (internet) child pornography.

Beginning in January 1998, JIB began tracking domestic violence, alcohol and/or drug abuse that was present in child abuse cases under investigation, as well as any previous history that may have a correlation to the current investigation. This tracking process resulted in some interesting, and yet not surprising, statistics showing the nexus between domestic violence and substance abuse. In many cases, the investigator was unable to determine what factors, if any, were a part of the incident investigated.

Also during the year, the Bureau began complying with a new state law (enacted 1/1/98) regarding notification to suspected perpetrators of child abuse that their name was submitted to the DOJ Child Abuse Central Index (CACI) database. California Penal Code § 11169(b) requires that notification be made whenever a report is not unfounded. This means that in a majority of investigated cases, notification is made to CACI and, accordingly, the perpetrator. The only investigations not reported to CACI (per DOJ standards) are those that are found to not be criminal in nature; cases of like-age children not involved in sexual exploitation and unlawful intercourse when there is not more than a three year age difference between the participants.

The Juvenile Investigations Bureau 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-seven Detectives (Deputies), four Sergeants, two Lieutenants and a highly dedicated civilian clerical staff.

The 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 JIB 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, as well as the JIB training deputy, who 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.

Throughout the year, JIB has met with DCFS and members of the LAPD Abused Child Unit and the District Attorney's office in an attempt to coordinate mandated cross-reporting procedures and make the process

more efficient. One idea that has been proposed and is nearing a testing phase at this time is utilization of the Sheriff's Data Network (SDN). This system would be used as a central "repository" to "store" Suspected Child Abuse Referrals (SCAR) sent by the Child Abuse Hotline, with the ability to automatically send the SCAR to the appropriate law enforcement agency for immediate notification. Any law enforcement agency connected to the SDN, as well as the District Attorney's office, would be able to search and retrieve information that would assist that agency/ investigator in conducting child abuse investigations. This would also show an investigating agency any prior contacts with the family or child and what agency conducted an investigation.

On October 1, 1999, the Juvenile Investigations Bureau became known as the Family Crimes Bureau (FCB). This new bureau will consist of Detective units investigating cases of domestic violence (spousal assault), elder abuse and child abuse. Two Sergeants and a Lieutenant, under the command of the JIB Captain, have been tasked with undertaking a feasibility study and planning the organization of the new bureau. Currently, the S.T.O.P. Intervention Team (Safety Through Our Perseverance- I.T.) has been phased into the existing operations. The number of investigators that will be assigned to the FCB is estimated at 100. Incorporation of the additional units within the FCB is expected to be within the first quarter of 2000. Issues such as a location for offices and recruitment of additional investigators and clerical staff must be addressed in the coming months. This concept is designed to incorporate domestic violence and related child assault cases under one roof as a specialized unit providing unsurpassed expert investigations.

LAW ENFORCEMENT PROCEDURES IN CHILD ABUSE INVESTIGATIONS

Once it is determined a crime has been committed, the primary role of law enforcement in child abuse investigations is 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 is 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 a criminal report being written, this first step is completed by a field Deputy Sheriff assigned to a patrol station. Upon completion of the report, it is forwarded to a supervisor, usually a Sergeant, who reviews and approves the report. It is then forwarded immediately, or as soon as possible (generally within 24 hours), to the Juvenile Investigations Bureau where the information is entered into JIB's internal database and then sent to the appropriate team Sergeant for assignment to a Detective. A copy of the JIB referral 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 evidence to proceed by having the District Attorney's office review the case for possible prosecution. If the case is presented to a Deputy District Attorney (DDA), the DDA will make the determination if charges can be filed against the perpetrator and prosecution is possible.

At times, there is insufficient evidence or other circumstances wherein the DDA cannot proceed and prosecution does not take place. In the event a case is not presented to the District Attorney, the investigator will ascertain the most appropriate disposition of the case. At some point during the investigation, the Detective may also contact the CAHL to cross-report or make contact with the regional DCFS office and the assigned case worker.



STATISTICAL DATA

Figure 7-1 represents a simplified explanation of what 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. The decision to call in a referral is made by the field deputy who is assigned 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 JIB desk personnel fax copies of the JIB referral that is created when a patrol report is received. The assigned detective may also contact DCFS and make a referral on the case.

There were 3,816 potential child victims in 2,964 cases investigated in 1998. The breakdown of the number of victims in these cases is as follows:

Male	1,223	32%
Female	2,593	68%
Victs. < 3 yrs.	337	8.8%
Victs. 3-4 yrs.	333	8.7%
Victs. 5-9 yrs.	982	25.7%
Victs. 10-14 yrs.	1,246	32.6%
Victs. 15-17 yrs.	738	19.3%
Victs. 18 or older*	180	4.7%

* Age at time incident reported

The Sheriff's Department separates the types of child abuse cases investigated. The Sheriff's Department Station Detectives investigate cases of neglect, abandonment and endangerment. JIB investigates all physical and sexual abuse cases, as well as the annoying or molesting (647.6 PC) of a minor when the suspect and minor reside together.

SIGNIFICANT FINDINGS

The most significant finding is the continued decrease in the caseload investigated by the Juvenile Investigations Bureau while the national rate of reported child abuse escalates. Nationally, approximately 3 million child abuse cases were reported; however, JIB saw an 8.2% reduction between 1996 and 1998 in the number of cases investigated. Because of this decrease, the caseload per investigator steadily declined, allowing Detectives more time to apply to each case.

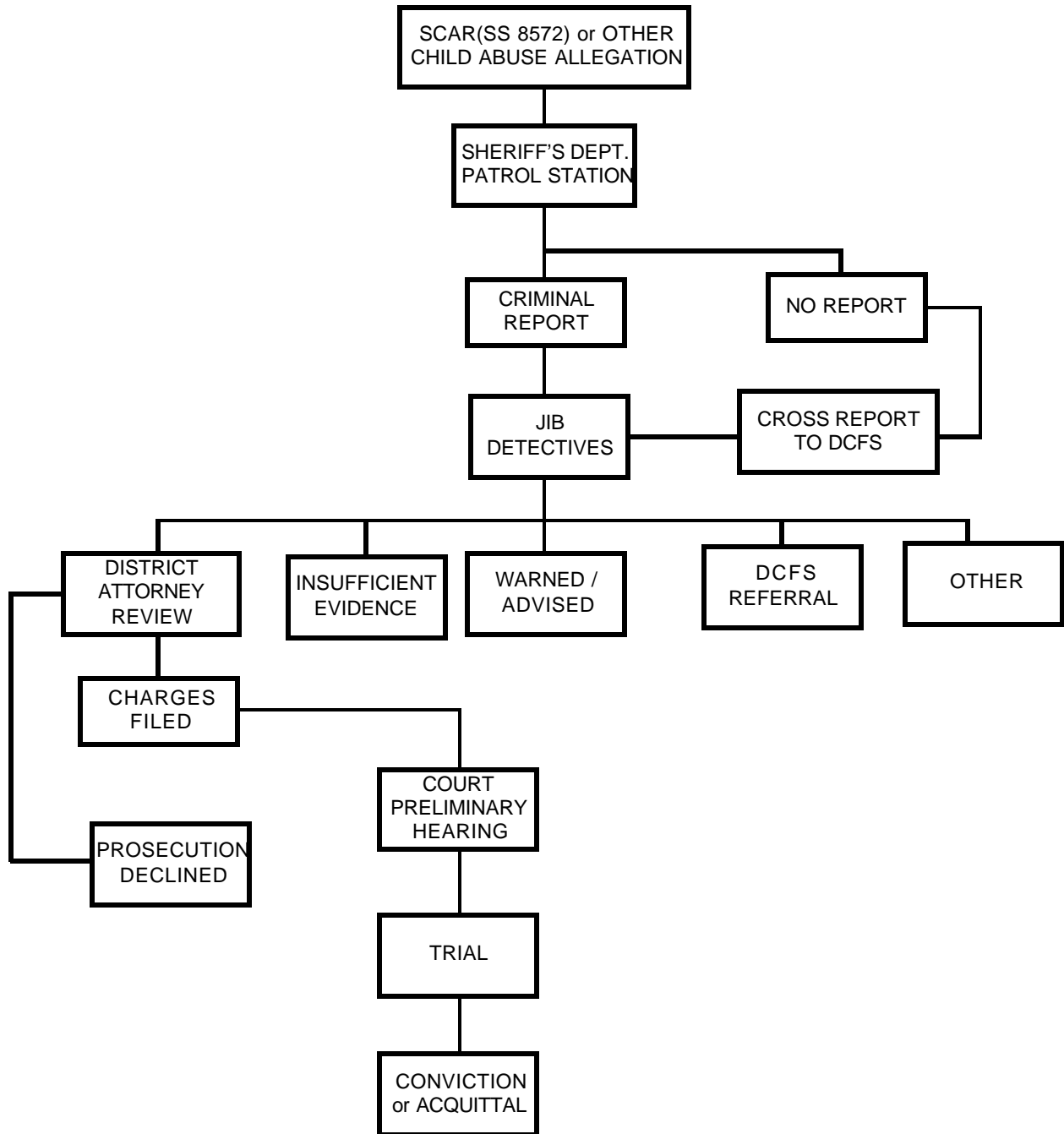
The number of cases involving child care facilities (see Figure 7-7) was notable, nearly doubling, from 12 to 21. Physical abuse cases in these facilities had more than doubled, increasing from six in 1997 to fifteen in 1998, while the number of sexual abuse investigations remained the same. This increase occurred even though the total number of cases investigated dropped. (A child care facility is defined as a licensed daycare center, licensed babysitter or group home.)

Also of significance is the number of investigations wherein the suspect was categorized as institutional staff. These cases doubled and can be partially attributed to the transfer of juvenile wards in June from the closed Camarillo State Hospital to Metropolitan State Hospital.



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/ RATIO TO POPULATION - 1998

Station	Cases	Population	Ratio
Avalon	7	4,080	1.71
Carson	158	127,825	1.24
Century	280	188,400	1.49
Crescenta Valley/Altadena	67	85,775	0.78
East Los Angeles	185	177,875	1.04
Industry	162	180,650	0.90
Lakewood	356	290,650	1.22
Lancaster/Palmdale*	603	321,025	1.88
Lennox	169	115,050	1.47
Lomita	53	79,245	0.67
Lost Hills/Malibu	43	96,495	0.45
Marina Del Rey	27	27,000	1.00
Norwalk	241	211,875	1.14
Pico Rivera	87	92,125	0.94
Santa Clarita Valley	171	191,800	0.89
Temple City	159	189,020	0.84
Walnut/San Dimas	175	230,200	0.76
West Hollywood	21	39,100	0.54
TOTAL:	2,964	2,648,190	1.11

This chart compares the total cases investigated in a given station area with the total population served by that station and arrives at a ratio of cases per 1,000 population. In other words, taking the population estimate for the Lancaster area (Lancaster/Palmdale) of 321,025, and dividing that by 1,000, gives 321.0. Dividing 321.0 into the 603 cases from the area gives a ratio of 1.88. Population served estimates are from the Sheriff's Department data that is available.

* In 1998, Palmdale Station became a full service station, separate from the Lancaster Station. This population estimate is based on the two cities together and the statistics for 1999 data should indicate this separation.



Figure 7-3

CASES INVESTIGATED BY STATION - 1998

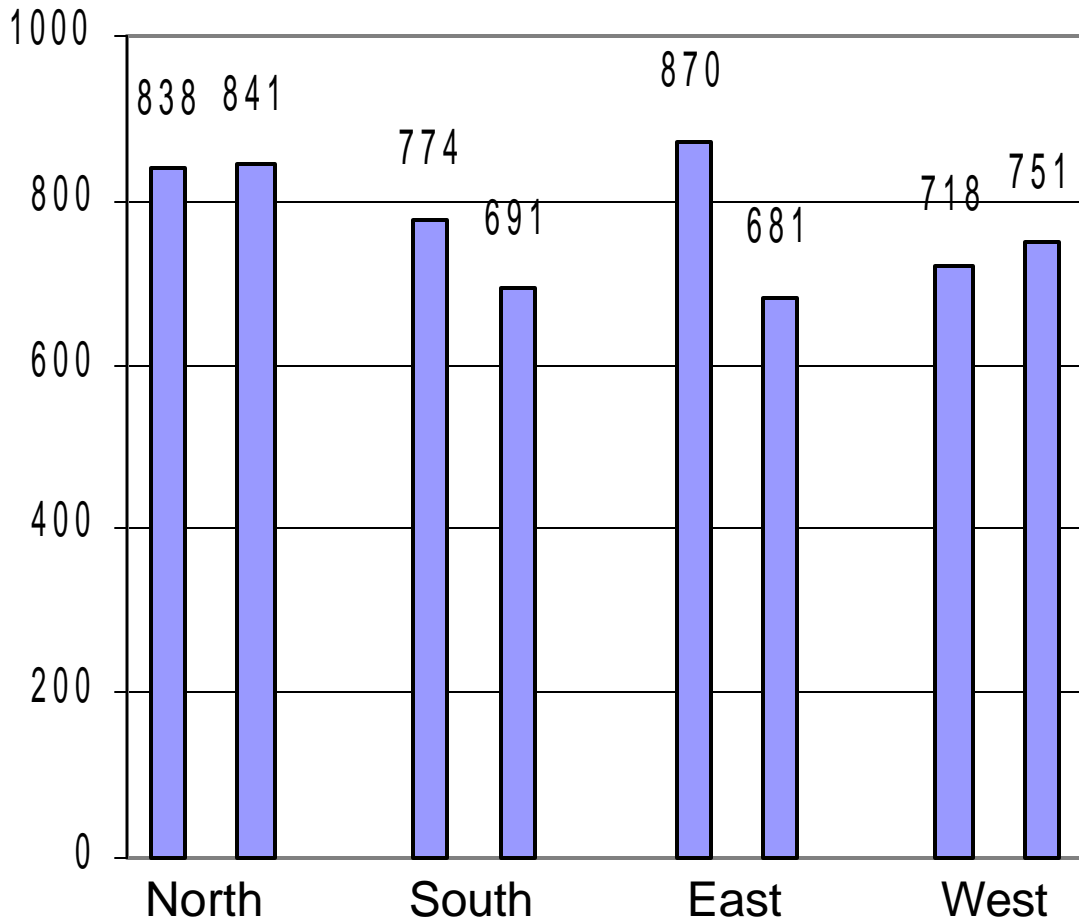
Cases by Station (Comparison for the Last Five Years)

STATION	1994	1995	1996	1997	1998
Avalon	1	9	5	5	7
Carson	149	143	161	146	158
Century	268	300	287	250	280
Crescenta Valley/Altadena	63	75	97	86	67
East Los Angeles	251	213	243	226	185
Industry	197	196	199	179	162
Lancaster/Palmdale	585	553	630	656	603
Lost Hills/Malibu	36	41	48	62	43
Lakewood	402	351	322	367	356
Lomita	59	55	80	51	53
Lennox	199	188	186	168	169
Marina del Rey	19	19	27	22	27
Norwalk	305	267	229	286	241
Pico Rivera	109	94	125	116	87
Santa Clarita Valley	176	156	191	182	171
Temple	183	141	177	166	159
Walnut/San Dimas	206	238	198	213	175
West Hollywood	24	19	24	19	21
Total	3,232	3,050	3,229	3,200	2,964

These are the total number of cases investigated by the Juvenile Investigations Bureau for the last five years.



Figure 7-4
NUMBER OF CASES HANDLED BY TEAM - 1998



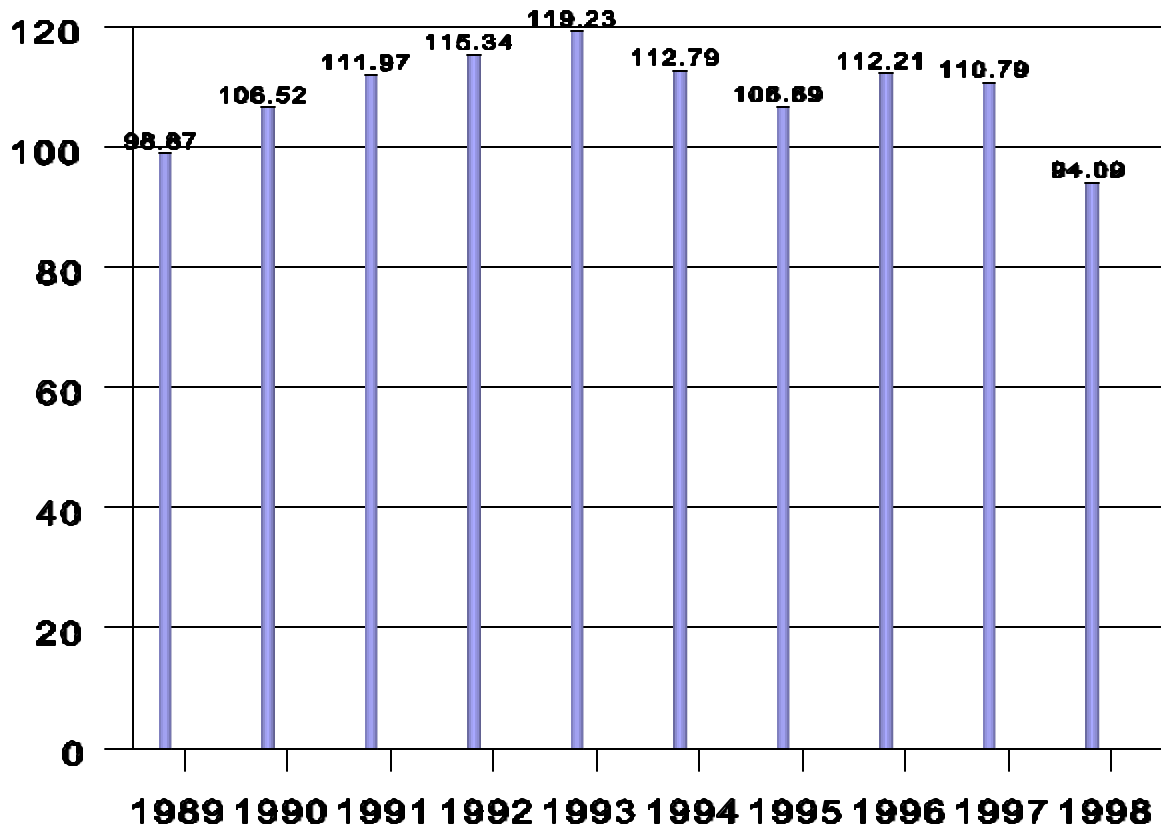
TOTAL NUMBER OF CASES = 2,964

This table shows the breakdown, by team, of the total number of cases investigated by JIB Detectives. The bar on the left indicates 1997 cases, for comparison, and the bar on the right represents the 1998 investigations. The dramatic change in the number of East Team cases is due to shifting one station (Crescenta Valley/Altadena) from this team to the North Team



Figure 7-5

AVERAGE INVESTIGATOR CASELOAD PER YEAR - 1998

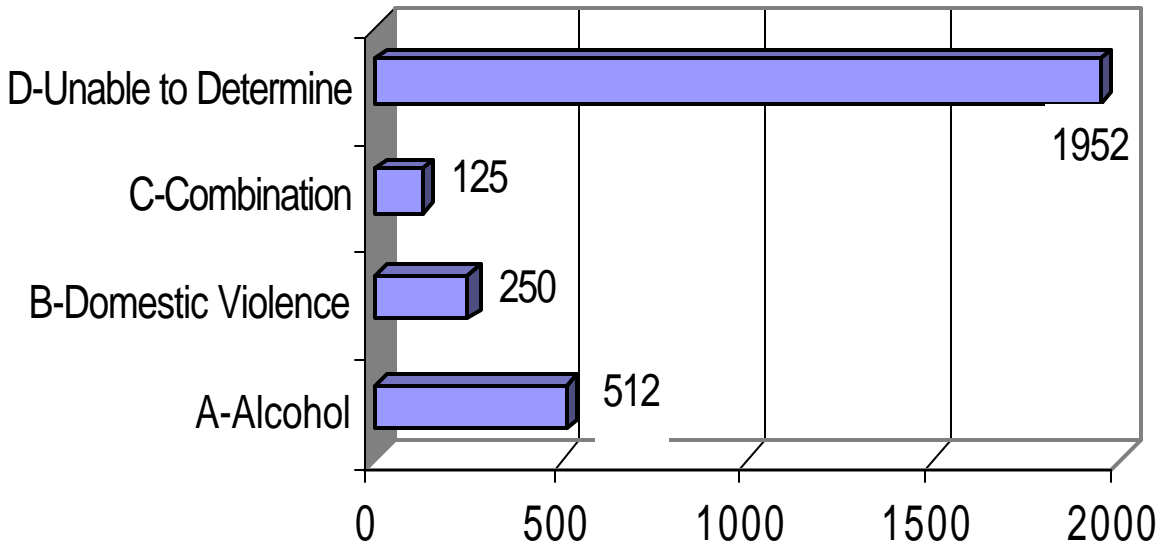


This table indicates the average caseload maintained by JIB investigators for the last ten years. While the number of investigators has not increased, the number of cases handled by the individual Detectives has decreased substantially over the last three years.



Figure 7-6

SUBSTANCE ABUSE AND DOMESTIC VIOLENCE TRACKING - 1998



This chart shows the relationship of child abuse cases investigated with a "tracking identifier" for other factors of:

- "A": substance abuse (alcohol/narcotics);
- "B": domestic violence (spousal assault/battery; assault with a deadly weapon);
- "C": a combination of both; or
- "D": unable to determine any of these factors.

The "D" category is high because of a variety of reasons, such as lacking evidence of any of the other factors, or cases that are to be investigated by station Detective Bureaus or other law enforcement agencies and are transferred without any investigation by JIB.



Figure 7-7

SUSPECT'S RELATION TO VICTIM - 1998

(2,964 Cases/3,320 Suspects)

SUSPECT'S RELATION TO VICTIM	PHYSICAL ABUSE	SEXUAL ABUSE	TOTAL
AUNT	14	3	17
BABYSITTER	22	11	33
BROTHER	11	39	50
BROTHER-IN-LAW	0	7	7
CHILD CARE FACILITY	15	6	21
CO-INHABITANT (F)	1	2	3
CO-INHABITANT (M)	0	9	9
COUSIN	4	76	80
FAMILY FRIEND	10	80	90
FATHER	411	145	556
FATHER'S GIRLFRIEND	1	3	4
FOSTER PARENT	19	12	31
GRANDFATHER	17	34	51
GRANDMOTHER	24	5	29
GUARDIAN	1	0	1
HALF-BROTHER	1	4	5
INSTITUTIONAL STAFF	18	9	27
MOTHER'S BOYFRIEND	78	78	156
MOTHER	373	23	396
NEIGHBOR	16	93	109
OTHER	102	518	620
POSSIBLE FAMILY MEMBER	6	11	17
SCHOOL EMPLOYEE	19	12	31
SISTER	4	0	4
STEPBROTHER	3	17	20
STEPFATHER	53	104	157
STEPMOTHER	16	1	17
STEPSISTER	0	1	1
TEACHER	47	22	69
UNCLE	26	112	138
UNKNOWN*	61	311	372
VICTIM'S BOYFRIEND	5	191	196
TOTAL :	1,378	1,942	3,320

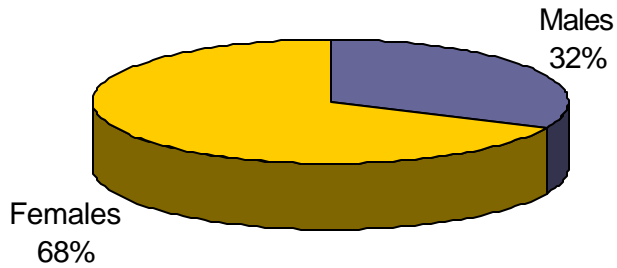
The above information shows the relationship of the suspect to the victim for each suspect investigated. *Unknown relationships occur mostly when the victim is too young to identify the suspect.



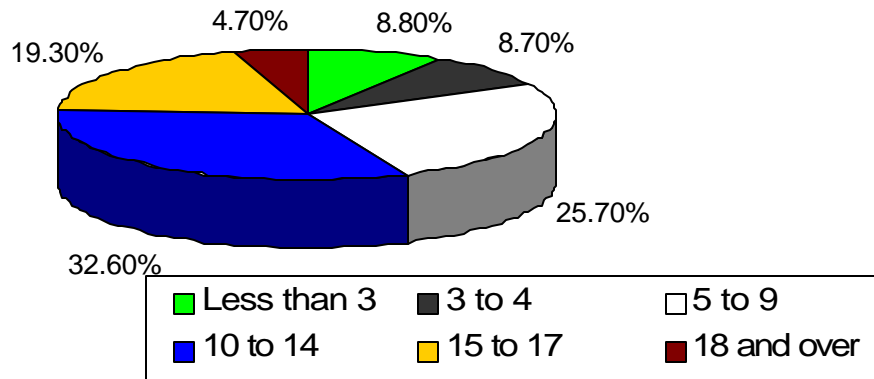
Figure 7-8

PERCENTAGES OF VICTIMS BY GENDER AND AGE - 1998

Number of Victims by Percentage



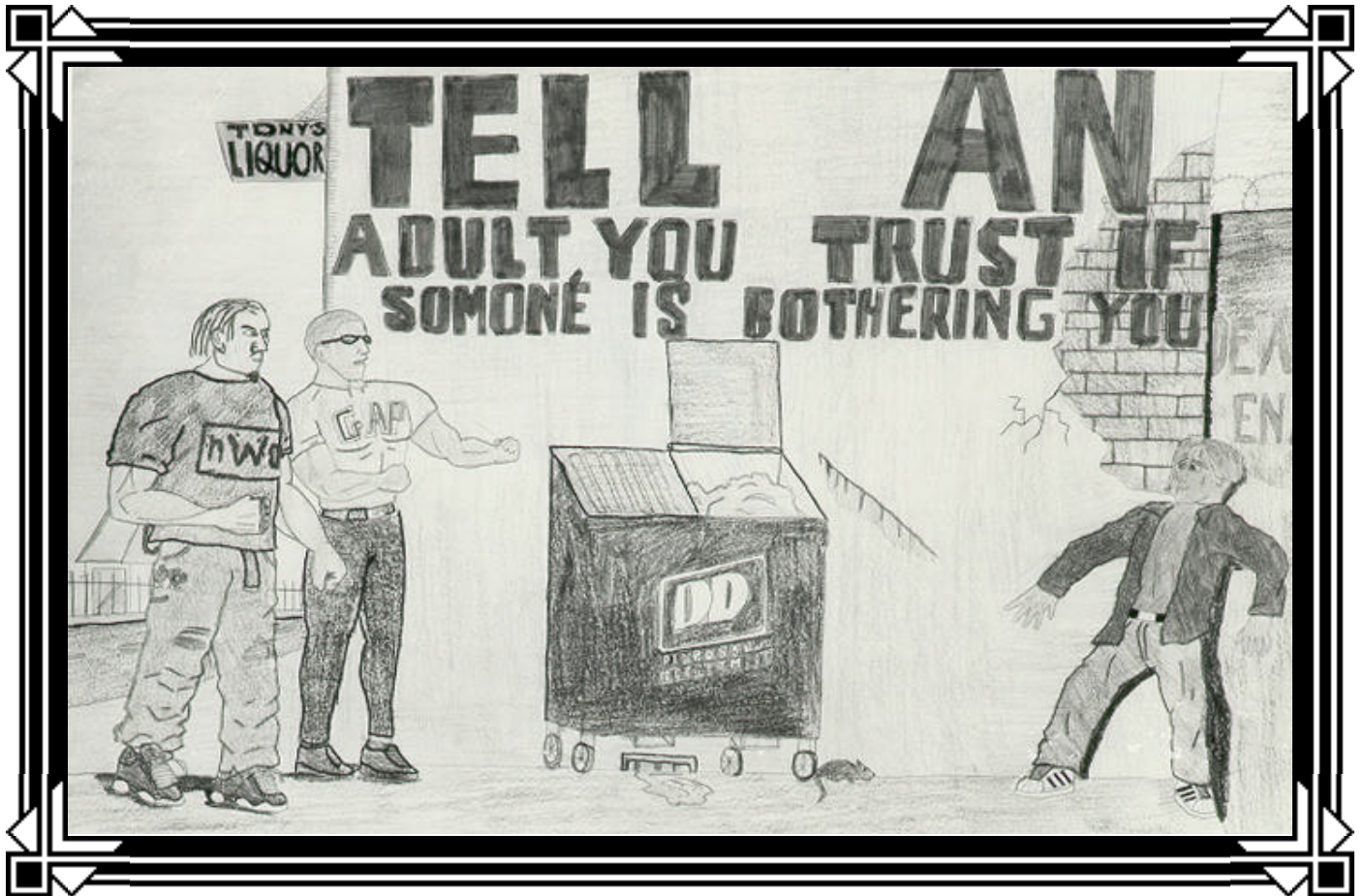
Age of Victims



These pie charts show the percentage breakdown by age and gender of victims.



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, stepparent, legal guardian, or common-law spouse appears to be responsible for:

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

Conducting follow-up investigations of undetermined deaths of juveniles under eleven years of age;

Assisting Department personnel and other outside child abuse organizations by providing information, training, and evaluation of child abuse policies and procedures;

Implementing modifications of child abuse policies and procedures as needed;

Reviewing selected child abuse cases to ensure that Department policies are being followed;

Reviewing, evaluating, and recommending Department positions relative to proposed legislation affecting child abuse issues; and

Acting as the Department's representative to, and maintaining liaison with, various public and private organizations concerned with the prevention, investigation, and treatment of child abuse.

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, stepparent, legal guardian, or common-law spouse; and
Cases in which the child receives an injury but is not the primary object of the attack.

Figure 8-1

ABUSED CHILD UNIT 1998 CRIMES INVESTIGATED

8-1: Indicates the number of crimes investigated by the Abused Child Unit in 1998.

TYPE	NUMBER	% of TOTAL
Physical Abuse	826	44.7%
Sexual Abuse	552	29.9%
Endangered	463	25.1%
Homicide	6	0.3%
TOTALS	1,847	100%

Figure 8-2

GEOGRAPHIC AREAS 1998 CRIMES INVESTIGATED

8-2: Indicates the number of crimes investigated by geographic Areas in 1998.

TYPE	NUMBER	% of TOTAL
Physical Abuse	145	8.1%
Sexual Abuse	1,061	58.9%
Endangered	594	33%
Homicide	0	0.0%
TOTALS	1,800	100%

Figure 8-3

1998 CRIMES INVESTIGATED

8-3: Indicates the number of other investigations of a child abuse nature conducted by the Abused Child Unit in 1998.

TYPE	NUMBER	% of TOTAL
Injury	1,190	65.5%
Suspected Child Abuse (DOJ Form 85.72)	558	30.7%
Death	68	3.8%
TOTALS	1,816	100%

Figure 8-4

1998 CRIMES INVESTIGATED

8-4: Indicates the number of other investigations of a child abuse nature conducted by geographic Areas in 1998.

TYPE	NUMBER	% of TOTAL
Suspected Child Abuse (DOJ Form 85.72)	4,465	100%

Figure 8-5

1998 CRIMES INVESTIGATED

8-5: Summarizes the number of arrests processed by the Abused Child Unit in 1998.

TYPE	NUMBER	% of TOTAL
Homicide (187PC)	7	2.4%
Child Molest (288PC)	153	52.4%
Child Endangering (273aPC)	70	24%
Child Abuse (273dPC)	62	21.2%
TOTALS	292	100%

Figure 8-6

1998 CRIMES INVESTIGATED

8-6: Summarizes the number of arrests processed by geographic Areas in 1998.

TYPE	NUMBER	% of TOTAL
Homicide (187PC)	0	0.0%
Child Molest (288PC)	284	87.7%
Child Endangering (273aPC)	11	3.4%
Child Abuse (273dPC)	29	8.9%
TOTALS	324	100%

Figure 8-7

1998 CRIMES INVESTIGATED

8-7: Indicates the number of dependent children processed by the Abused Child Unit in 1998.

TYPE	NUMBER	% of TOTAL
300 WIC Physical Abuse	509	29.6%
300 WIC Sexual Abuse	280	16.2%
300 WIC Endangering	934	54.2%
TOTALS	1,723	100%

Figure 8-8

1998 CRIMES INVESTIGATED

8-8: Indicates the number of dependent children processed by geographic Areas in 1998.

TYPE	NUMBER	% of TOTAL
300 WIC Physical Abuse	98	8.4%
300 WIC Sexual Abuse	119	10.3%
300 WIC Endangering/ Neglect	942	81.3%
TOTALS	1,159	100%



Figure 8-9

1998 CRIMES INVESTIGATED

8-9: Indicates the age categories of children who were victims of child abuse in 1998.

Physical Abuse:

0-4 years:	5-9 years:	10-14 years:	15-17 years:
221	279	311	159

Sexual Abuse:

0-4 years:	5-9 years:	10-14 years:	15-17 years:
196	308	385	69

Endangering:

0-4 years:	5-9 years:	10-14 years:	15-17 years:
761	599	386	113

NOTE: The figures from Figure 7-9 show a greater number of child victims than indicated in Figure 7-1 and Figure 7-2. 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.

LOS ANGELES POLICE DEPARTMENT-1998 CHILD ABUSE FINDINGS:

Abused Child Unit:

1. The total investigations (crime and other investigations) conducted by the unit in 1998 (3,663) showed a 18.3 percent decrease over 1997 (4,483).
2. Arrests made by the unit in 1998 (292) showed a 0.6 percent decrease over the number of arrests (314) for 1997.
3. Dependent children processed by the unit in 1998 (1,723) showed a decrease of 14.4 percent from 1997 (2,013).

Geographic Areas:

1. The total investigations conducted by the Areas in 1998 (6,265) showed an increase of 26.2 percent over 1997 (4,962).
2. Arrests made by the Areas in 1998 (324) showed a 41.5 percent decrease compared to the number of arrests (554) for 1997.
3. Dependent children processed by the Areas in 1998 (1,159) showed an increase of 16.1 percent over 1997 (998).



**LOS ANGELES POLICE DEPARTMENT CHILD ABUSE STATISTICAL REPORT
COMPARISONS WITH 1997**

Geographic Areas and Abused Child Unit:

TOTALS	1997	1998	% of CHANGE
Total Investigations	9,445	9,928	+5.1%
Total Arrests	868	616	-29%
Dependent Children	3,011	2,882	-4.3%

**LOS ANGELES POLICE DEPARTMENT FIVE YEAR CHILD ABUSE TRENDS
ABUSED CHILD UNIT:**

YEAR:	1994	1995	1996	1997	1998	TOTALS
<u>CRIMES INVESTIGATED</u>						
Physical Abuse	815	824	958	981	826	4,404
Sexual Abuse	720	641	695	655	552	3,263
Endangered	505	496	685	557	463	2,706
Homicide	14	15	11	9	6	55
TOTALS	2,054	1,976	2,349	2,202	1,847	10,428
<u>OTHER INVESTIGATIONS</u>						
Injury	1,860	1,683	1,415	1,610	1,190	7,758
Suspected Child Abuse <i>(DOJ Form 85.72)</i>	1,078	1,957	768	611	558	4,972
Death	114	71	32	60	68	345
TOTALS	3,052	3,711	2,215	2,281	1,816	13,075



**LOS ANGELES POLICE DEPARTMENT CHILD ABUSE STATISTICAL REPORT
ABUSED CHILD UNIT CONTINUED:**

YEAR:	1994	1995	1996	1997	1998	TOTALS
<u>ARRESTS</u>						
Homicide (187PC)	11	19	5	10	7	52
Child Molest (288PC)	191	166	139	144	153	793
Child Endangering (273aPC)	92	107	75	87	70	431
Child Abuse (273dPC)	61	33	56	73	62	285
TOTALS	355	325	275	314	292	1,561

DEPENDENT CHILDREN PROCESSED

300 WIC Physical Abuse	525	522	592	615	509	2,763
300 WIC Sexual Abuse	317	312	339	360	280	1,608
300 WIC Endangered	984	831	1,010	1,038	934	4,797
TOTALS	1,826	1,665	1,941	2,013	1,723	9,168

GEOGRAPHIC AREAS:

CRIMES INVESTIGATED

Physical Abuse	129	183	153	133	145	743
Sexual Abuse	1,097	1,035	860	903	1,061	4,956
Endangered	530	611	501	607	594	2,843
Homicide	1	6	10	0	0	17
TOTALS	1,757	1,835	1,524	1,643	1,800	8,559



**LOS ANGELES POLICE DEPARTMENT CHILD ABUSE STATISTICAL REPORT
GEOGRAPHIC AREAS CONTINUED:**

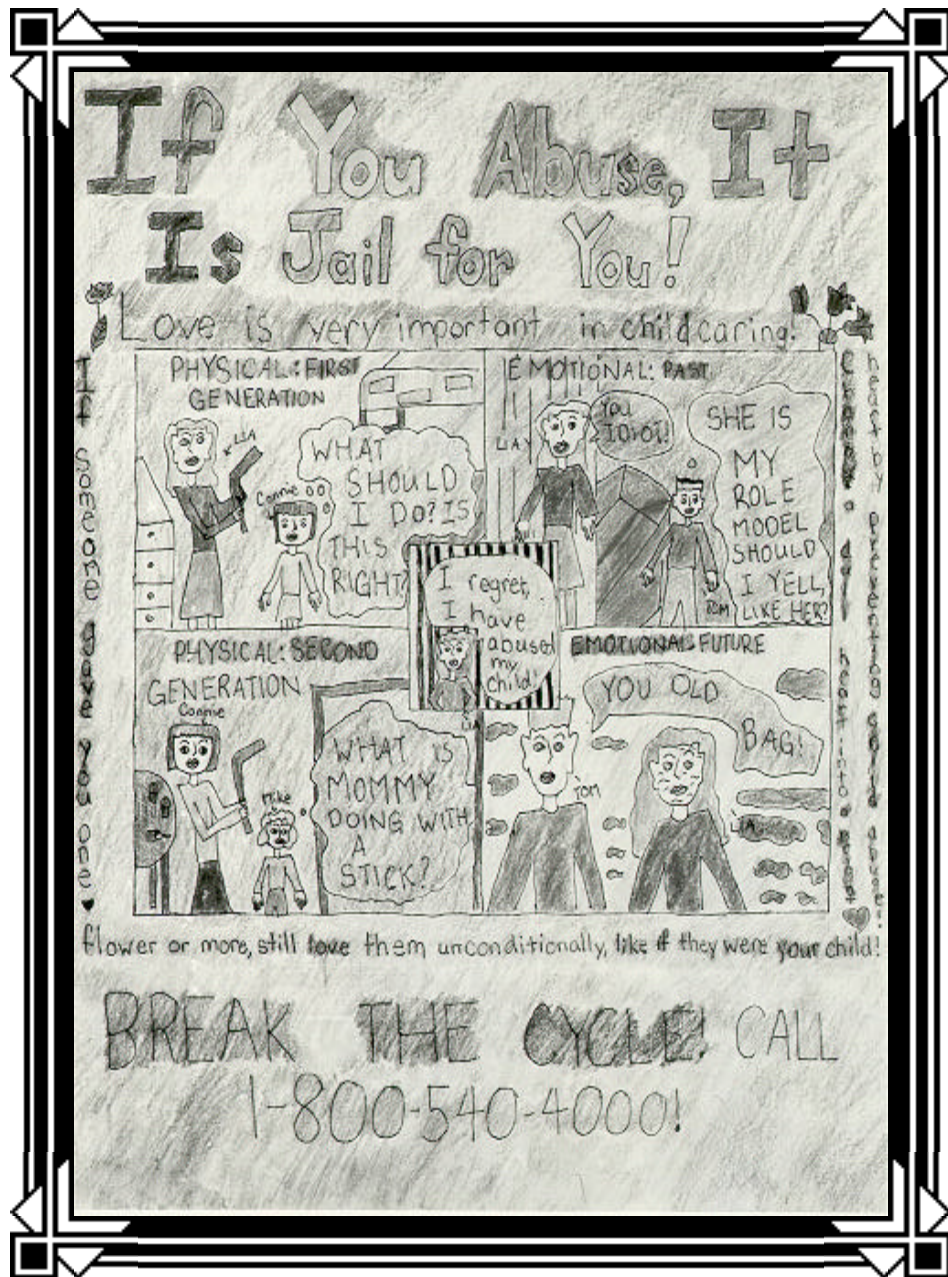
YEAR:	1994	1995	1996	1997	1998	TOTALS
<u>ARRESTS</u>						
Homicide (187PC)	1	4	5	0	0	10
Child Molest (288PC)	476	443	429	455	284	2,087
Child Endangering (273aPC)	137	115	97	67	11	427
Child Abuse (273dPC)	42	11	5	32	29	119
TOTALS	656	573	536	554	324	2,643

DEPENDENT CHILDREN PROCESSED

300 WIC Physical Abuse	71	101	56	73	98	399
300 WIC Sexual Abuse	190	157	163	175	119	804
300 WIC Endangering	305	374	349	998	942	2,968
TOTALS	566	632	568	1,246	1,159	4,171



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 AND CHILDREN IN THE CRIMINAL JUSTICE SYSTEM

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.

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, and in cases alleging sexual abuse of a child it is required absent unusual circumstances, that a prefilings interview is conducted involving the child, the assigned deputy and the investigating officer. The interview provides the child with an opportunity to get to know the prosecutor and enables the prosecutor to assess the child's competency to testify. The court will only allow the testimony of witnesses who can establish that they understand and appreciate the importance of relating only the truth while on the witness stand. Ordinarily, this is established by taking an oath administered by the clerk of the court. The law recognizes that a child may not understand the language employed in the formal oath and thus provides that a child under the age of 10 may be required only to promise to tell the truth (Section 710 of the Evidence Code). The prefilings interview affords the deputy an opportunity to determine if the child is sufficiently developed to understand the difference between the truth and a lie and that there are consequences for telling a lie while in court.

The prefilings interview will also assist in establishing whether or not the child will cooperate with the criminal process and, if necessary, testify in court. The victim of a sexual assault cannot be forced to testify under threat of contempt (Section 1219 of the Code of Civil Procedure). If the 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 declina-

tion 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 their 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 comfort and support of the minor and to protect the minor from coercion, intimidation, or undue influence as a witness. . ." provided in

the Penal Code (868.8PC).

There are many additional legal provisions available to be utilized in order to 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 prosecution or the Bureau of Special Operations as part of a special unit dedicated to prosecuting a particular type of crime, receive spe-



cial training routinely throughout 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 victim of the crime is the lawful custodian of the child but it cannot be denied that the child who is the victim of abduction must be treat-

ed 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 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 prefiling 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 will advise the child and the child's parents of the pending disposition and seek their input before formalizing the disposition before the court. At the time of sentencing, the child and/or the child's parents will have an

opportunity to address the court regarding the impact the defendant's crime has had on the child.

The statutory presumption for sentencing of individuals convicted of lewd and lascivious acts with children under the age of 14 is that they will be sentenced to state prison (288PC). A probationary sentence may not be imposed unless and until the court obtains a report from a reputable psychiatrist or from a recognized treatment program which details the mental condition of defendant (288.1PC). If, in evaluating the report, the court and/or the district attorney finds that the interests of justice are best served by imposing a probationary sentence then the defendant will receive a suspended sentence which will include, but not be limited to, the following terms and conditions of probation for a five year period: confinement of up to a year in county jail, counseling to address the mental health condition of the defendant, an order from the court to stay away from the victim, a separate order to not be in the presence of minor children without the supervision of an adult, and restitution to the victim. If the defendant violates any of the terms and conditions of probation, a state prison sentence may then be imposed. A part of any sentence, whether state prison or probation is initially imposed, the defendant is ordered to register as a sex offender with the local law enforcement agency covering his area of residence upon release from custody. This is a lifetime obligation placed upon the offender.

Important ancillary functions for many of the deputies involve participation in proposing new legislation, training for law enforcement & advocates and community education & outreach. Members of the unit serve on a variety of ICAN Committees (Protocol, Data, Pregnant and Parenting Teens, and Operations) devoting many hours to supporting and pursuing the laudable goal of

improving the lives of the children of Los Angeles County.

STATUTORY RAPE VERTICAL PROSECUTION UNIT (SRVP) -- This grant funded unit is staffed with two deputy district attorneys, a victim advocate, a Legal Office Support Assistant (LOSA) and a District Attorney Investigator (DAI). The Assistant Head Deputy of the Sex Crimes Division acts as the grant coordinator. The SRVP team work 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 while a majority of the teen partners were 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 plays 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. An equally important function is providing valuable information for counseling, parenting, domestic violence, or education which may assist the teen and their family in addressing their needs. Members of the SRVP team are actively involved in training, outreach, and education for law enforcement and the community.

SEXUALLY VIOLENT PREDATOR (SVP) – Six deputy district attorneys, one paralegal, a LOSA, and two DAI's comprise the unit. They work toward protecting the community from renewed victimization by individuals who have committed prior criminal acts against adult and child victims and who also have a current mental health condition which makes it likely that they will continue to commit crimes against their target group if they are released from custody. Approximately 60% of the offenders filed upon by the unit present an existing diagnosis of pedophilia. A true finding by a jury under the SVP law will result in the offender receiving a 2 year commitment to a state hospital. At the hospital, the respondent will be given the opportunity to participate in a mental health program. This program is designed to confront and treat the condition that makes it unsafe to return them to the community. At the conclusion of the two year commitment, an evaluation of the offender will be conducted to determine if the offender continues to present a danger to the community or if there has been sufficient progress to warrant a release. If the offender is determined to present a continued threat to the safety of the community, SVP proceedings will continue with a renewed filing and trial. The SVP law makes it possible to conduct these proceedings without renewed testimony from the victims previously traumatized by the offender's prior predatory behavior.

**BRANCH AND AREA OPERATIONS --
SPECIALLY DESIGNATED DEPUTIES**

A majority of the deputies assigned to vertically prosecuted cases in which children are victimized are assigned directly to Branch Offices with a caseload which covers both adult and child victims. These deputies are either given the responsibility of prosecuting either sex crimes or family violence cases or given the dual designation

of prosecuting both categories of crime. In two areas of the county, Santa Monica and Torrance, there are deputies given the specific assignment of specializing in the prosecution of cases involving child victims as part of a Multi-Disciplinary Interview Team (MDIT).

STUART HOUSE/SOUTHBAY CHILD CRISIS CENTER – Multi-Disciplinary Centers provide a place and a process that involves a coordinated child sensitive investigation of child sexual abuse cases by professionals from multiple disciplines and multiple agencies. Emphasis is placed on the child interview, within the context of a team approach for the purpose of reducing system related trauma to the child, improving agency coordination and ultimately aiding in the prosecution of the suspect.

DOMESTIC VIOLENCE COURTS -- In certain judicial districts, the presiding judge has mandated that courts designated as Domestic Violence Courts be instituted. These courtrooms are dedicated to handling strictly domestic violence related cases from arraignment through sentencing. It is strongly encouraged that the deputy district attorney assigned to these courts are experienced prosecutors with special training in the area of family violence.

OFFICE WIDE UNITS

VICTIM WITNESS ASSISTANCE PROGRAM – The victim advocate's primary responsibility is to provide support to the victim. There function is 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 persons role in the criminal justice process while working to establish a rapport with the child. The advocate is available to participate in the pre-filing interview. The advocate provides court accompaniment to the victim and the victim's family and assists in



explaining the court process. Two very essential tools relied upon by the advocate to assist children through the court process are a coloring book and a video. Both help the children to become more familiar and comfortable with the court setting. Whenever possible, the advocate will attempt to take the child and the child's family into an accessible courtroom in order for the child to walk around a courtroom setting and sit in the witness chair to ease tensions and fears involved in being present in an unfamiliar setting. Other services offered by the advocate include: crisis intervention and emergency assistance, referrals for counseling, assistance in filing for State Victim Compensation, information and referrals to appropriate community agencies and resources.

DISTRICT ATTORNEY CRIME PREVENTION FOUNDATION -- This is a non-profit organization created to support the crime prevention efforts of the District Attorney's Office. They pursue this goal through the development and implementation of law-based prevention education, mentoring and diversion programs for young people. Programs include: Special Assistance for Victims in Emergency (SAVE), Environmental Scholarship Programs, RESCUE, and Project LEAD (Legal Enrichment and Decision-making).

DATA GATHERING AND ANALYSIS

In order to maximize accuracy in representing the work done by the District Attorney's Office in prosecuting cases involving child abuse and neglect, data was gathered based upon a case filing. When a case is filed, the case number represents one unit for data purposes. A case may, however, represent more than one defendant and more than one count; in cases where there is more than one count, more than one victim may be represented. This method was adopted to ensure that a single

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

A priority list was established based upon seriousness of the offense (Figure 9-1) from which the data sought would be reflected under the most serious charge filed. If the most serious charge presented against the perpetrator is a homicide charge reflecting a child death (187PC), 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 9-2). At the conclusion of the case, the Murder (187PC) charge resulted in an acquittal or dismissal 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 9-3 and Figure 9-6) and would not be reflected as a dismissal. If a case is listed as a dismissal (Figure 9-4), no charge alleged in the case resulted in a conviction.

In assessing cases which were either dismissed or declined for filing (Figure 9-4 and Figure 9-5), it is important to keep in

mind that among the reasons for declining to file a case (lack of corpus, lack of sufficient evidence, inadmissible search and seizure, interest of justice, deferral for revocation of parole, a probation violation was filed in lieu of a new filing, and a referral for misdemeanor consideration to another agency) is the very important consideration of the victim being unavailable to testify (either unable to locate the victim or the victim being unable to qualify as a witness) or unwilling to testify. In cases involving allegations of sexual assault against children, the child or the parents/guardians acting in behalf of the child may decline to participate in a prosecution and not face the prospect of being held in contempt of court for failing to testify (1219CCP). As a general principle, it is considered essential to protect the child victim from additional harm; forcing a child to participate in the criminal justice process against their will would not meet this criteria. This deference to the greater goal of protection of the victim results in some cases which would ordinarily meet the filing criteria to be declined and others which had already been filed to be dismissed or settled for a compromise disposition.

In reviewing the sections from the Penal Code utilized in past ICAN Data Reports, it was determined that additional sections which related to victimization of children had been under reported. A synopsis of the charges used to compile this report is included as an addendum to this narrative. The statistics for 1998 also included reporting some statutes 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 alleged conduct which occurred in prior years (Figure 9-1 and Figure 9-2). Additionally, statistics for misdemeanor prosecutions are also included for the first time.

It was also felt important to include statistics which 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 9-7). A probationary sentence includes, in a vast majority of cases, a sentence to county jail up to five years as a term and condition of probation under a one year grant of supervised probation.

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 9-8).

CONCLUSION

As a result of the changed method of gathering data from past years, it is not possible to reliably compare this year's statistical report with that of prior years. It is clear, however, that 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 care and compassion for the needs of the children who have been victimized through a prosecuting entity which has been sensitized to the special nature of these cases together with active involvement in crime prevention efforts designed to enrich the lives of all children in the county establish the Los Angeles County District Attorney's Office in a leadership role in community efforts to battle child abuse and neglect.



Figure 9-1

LIST OF PRIORITIZED STATUTES

	CHARGE	ORDER		CHARGE	ORDER
Penal Code	187(A)	1	Penal Code	278.5(A)	31
Penal Code	273AB	2	Penal Code	288(C)(1)	32
Penal Code	273A(2)	3	Penal Code	288(C)	33
Penal Code	269(A)(1)	4	Penal Code	288A(C)(1)	34
Penal Code	269(A)(2)	5	Penal Code	288A(C)	35
Penal Code	269(A)(3)	6	Penal Code	286(B)(2)	36
Penal Code	269(A)(4)	7	Penal Code	286(B)(1)	37
Penal Code	269(A)(5)	8	Penal Code	288A(B)(1)	38
Penal Code	664/187(A)	9	Penal Code	266J	39
Penal Code	207(B)	10	Penal Code	266H(B)	40
Penal Code	207(A)	11	Penal Code	266I(B)	41
Penal Code	208(B)	12	Penal Code	288A(B)(2)	42
Penal Code	288.5(A)	13	Penal Code	311.4(B)	43
Penal Code	288.5	14	Penal Code	311.2(B)	44
Penal Code	286(C)(1)	15	Penal Code	311.1	45
Penal Code	286(C)	16	Penal Code	311.11(B)	46
Penal Code	288(B)(1)	17	Penal Code	261.5(D)	47
Penal Code	288(B)	18	Penal Code	261.5(C)	48
Penal Code	288(A)	19	Penal Code	311.1(A)	49
Penal Code	288A(C)(1)	20	Penal Code	311.4(C)	50
Penal Code	289(J)	21	Penal Code	271A	51
Penal Code	289(I)	22	Penal Code	267	52
Penal Code	289(H)	23	Penal Code	647.6(B)	53
Penal Code	273A(A)	24	Penal Code	647.6(A)	54
Penal Code	273A	25	Penal Code	261.5(A)	55
Penal Code	273A(1)*	26	Penal Code	261.5(B)	56
Penal Code	273A(A)(1)*	27	Penal Code	273A(B)	57
Penal Code	273D(A)	28	Penal Code	273G	58
Penal Code	278	29	Penal Code	311.4(A)	59
Penal Code	278.5	30	Penal Code	311.11(A)	60

**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

	CHARGE	FELONY	MISDEMEANOR
Penal Code	187(a)	27	0
Penal Code	207	5	0
Penal Code	208	19	0
Penal Code	261.5(b)	0	0
Penal Code	261.5(c)	141	49
Penal Code	261.5(d)	88	8
Penal Code	266i(b)	4	0
Penal Code	266j	5	0
Penal Code	269(A)(1)	8	0
Penal Code	269(A)(3)	3	0
Penal Code	269(A)(4)	3	0
Penal Code	271a	1	4
Penal Code	273a(1)*	1	1
Penal Code	273a(2)*	0	1
Penal Code	273a(a)	385	91
Penal Code	273a(a)(1)*	2	6
Penal Code	273a(b)	128	401
Penal Code	273ab	2	1
Penal Code	273d(a)	79	82
Penal Code	278	18	1
Penal Code	278.5	6	3
Penal Code	278.5(a)	14	2
Penal Code	286(b)(1)	10	0
Penal Code	286(b)(2)	6	0
Penal Code	286(c)	11	0
Penal Code	288(a)	557	0
Penal Code	288(b)	6	0
Penal Code	288(c)	4	0
Penal Code	288.5	79	0
Penal Code	288a(b)(1)	26	0
Penal Code	288a(c)	6	0
Penal Code	289(h)	17	1
Penal Code	289(l)	10	0
Penal Code	289(j)	4	0
Penal Code	311.1(a)	4	0
Penal Code	311.11(a)	8	6
Penal Code	311.11(b)	1	0
Penal Code	311.4(b)	1	0
Penal Code	311.4(c)	2	0
Penal Code	647.6(a)	2	0
Penal Code	647.6(b)	4	1



Figure 9-3

TOTAL DISMISSALS BY CHARGE

	CHARGE	FELONY	MISDEMEANOR
Penal Code	187(a)	0	0
Penal Code	207	5	0
Penal Code	208	2	0
Penal Code	261.5(b)	4	0
Penal Code	261.5(c)	6	5
Penal Code	261.5(d)	7	0
Penal Code	266i(b)	1	0
Penal Code	266j	0	0
Penal Code	269(A)(1)	0	0
Penal Code	269(A)(3)	1	0
Penal Code	269(A)(4)	0	0
Penal Code	271a	0	1
Penal Code	273a(1)*	0	1
Penal Code	273a(2)*	0	0
Penal Code	273a(a)	35	16
Penal Code	273a(a)(1)*	0	0
Penal Code	273a(b)	5	68
Penal Code	273ab	1	0
Penal Code	273d(a)	6	10
Penal Code	278	0	0
Penal Code	278.5	0	1
Penal Code	278.5(a)	0	1
Penal Code	286(b)(1)	0	0
Penal Code	286(b)(2)	0	0
Penal Code	286(c)	2	0
Penal Code	288(a)	42	0
Penal Code	288(b)	1	0
Penal Code	288(c)	0	0
Penal Code	288.5	3	0
Penal Code	288a(b)(1)	2	1
Penal Code	288a(c)	0	0
Penal Code	289(h)	1	1
Penal Code	289(i)	1	0
Penal Code	289(j)	0	0
Penal Code	311.1(a)	0	0
Penal Code	311.11(a)	0	1
Penal Code	311.11(b)	0	0
Penal Code	311.4(b)	0	0
Penal Code	311.4(c)	0	0
Penal Code	647.6(a)	0	0
Penal Code	647.6(b)	1	0

Figure 9-4

TOTAL CASES DECLINED FOR FILING

	CHARGE	NUMBER		CHARGE	NUMBER
Penal Code	187(a)	0	Penal Code	288a(c)	12
Penal Code	207	1	Penal Code	289(h)	3
Penal Code	208	1	Penal Code	289(l)	0
Penal Code	PC261.5(b)	34	Penal Code	289(j)	0
Penal Code	PC261.5(c)	146	Penal Code	311.1(a)	0
Penal Code	261.5(d)	60	Penal Code	311.11(a)	1
Penal Code	266i(b)	0	Penal Code	311.11(b)	0
Penal Code	266j	5	Penal Code	311.4(b)	2
Penal Code	269(A)(1)	0	Penal Code	311.4(c)	1
Penal Code	269(A)(3)	0	Penal Code	647.6(a)	7
Penal Code	269(A)(4)	0	Penal Code	647.6(b)	6
Penal Code	271a	2			
Penal Code	273a(1)*	4			
Penal Code	273a(2)*	0			
Penal Code	273a(a)	333			
Penal Code	273a(a)(1)*	0			
Penal Code	273a(b)	43			
Penal Code	273ab	6			
Penal Code	273d(a)	72			
Penal Code	278	31			
Penal Code	278.5	46			
Penal Code	278.5(a)	87			
Penal Code	286(b)(1)	7			
Penal Code	286(b)(2)	1			
Penal Code	286(c)	7			
Penal Code	288(a)	813			
Penal Code	288(b)	0			
Penal Code	288(c)	2			
Penal Code	288.5	20			
Penal Code	288a(b)(1)	15			



Figure 9-5

TOTAL PRESENTED IN 1998

Filed	2556
Declined	1808

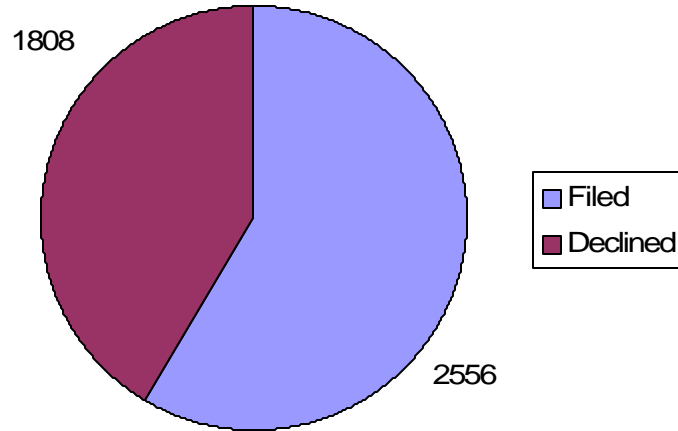


Figure 9-6

TOTAL PRESENTED IN 1998

Convicted	2085
Dismissed	225
Acquitted	31

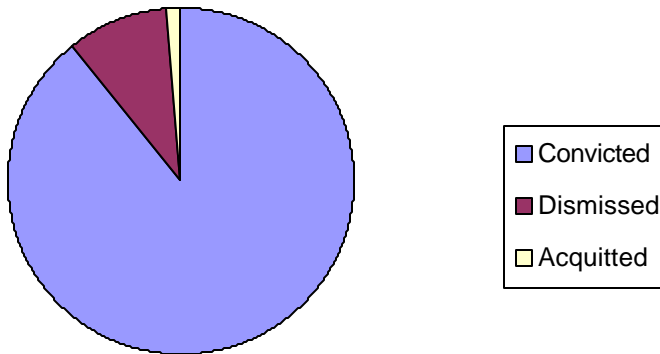


Figure 9-7

TOTAL CASES SENTENCED

Sentence Type	Count
Life	10
State Prison	714
Probation	1359

Figure 9-8

TOTAL CASES BY ZIP CODE

ZIP CODE	COUNT	ZIP CODE	COUNT
90007	27	90706	61
90012	533	90802	130
90022	39	91016	8
90025	61	91101	88
90210	22	91205	48
90220	107	91340	65
90231	11	91355	34
90242	99	91401	128
90255	108	91731	109
90262	83	91766	78
90265	11	91790	123
90301	50	91801	56
90401	14	93534	232
90503	116		
90602	53		
90650	61		
90703	1		



187 PC - Murder Defined

- (a) Murder is the unlawful killing of a human being, or a fetus, with malice aforethought.
- (b) This section does not apply to any person who commits an act that results in the death of a fetus if any of the following apply:
 - 1) The act complied with the Therapeutic Abortion Act, Article 2 (commencing with Section 123400) of Chapter 2 of part 2 of Division 106 of the Health and Safety code.
 - 2) The act was committed by a holder of a physician's and surgeon's certificate, as defined in the Business and professions Code, in a case where, to a medical certainty, the result of childbirth would be death of the mother of the fetus or where her death from childbirth, although not medically certain, would be substantially certain or more likely than not.
 - 3) The act was solicited, aided, and abetted, or consented to by the mother of the fetus.
- (c) Subdivision (b) shall not be construed to prohibit the prosecution of any person under any other provision of law.

273ab PC - Assault resulting in death of child under 8

Any person who, having the care of custody of a child who is under eight years of age, assaults the child by means of force that to a reasonable person would be likely to produce great bodily injury, resulting in the child's death, shall be punished by imprisonment in the state prison for 25 years to life.
Nothing in this section shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 189.

269(a)(1) PC - Aggravated sexual assault of a child

- (a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:
 - (1) A violation of paragraph (2) of subdivision (a) of Section 261 - Rape:
An act of sexual intercourse accomplished with a person not the spouse of the perpetrator, where it is accomplished against a person's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the person or another.

269(a)(2) PC - Aggravated sexual assault of a child

- (a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:
 - (2) A violation of Section 264.1 - Rape of penetration of genital or anal openings by foreign object, etc.; acting in concert by force or violence:
The provisions of Section 264 notwithstanding, in any case in which the defendant, voluntarily acting in concert with another person, by force or violence and against the will of the victim, committed an act described in Section 261, 262, or 289, either personally or by aiding and abetting the other person, that fact shall be charged in the indictment or information, and if found to be true by the jury, or by the court, or if admitted by the defendant, the defendant shall suffer confinement in the state prison for five, seven, or nine years.

269(a)(3) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(3) Sodomy, in violation of Section 286, when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

269(a)(4) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(4) Oral copulation, in violation of Section 288a, when committed by force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

269(a)(5) PC - Aggravated sexual assault of a child

(a) Any person who commits the following acts upon a child who is under 14 years of age and 10 or more years younger than the person is guilty of aggravated sexual assault of a child:

(5) A violation of subdivision (a) of Section 289 - Forcible acts of sexual penetration:

(a)(1) Act of sexual penetration when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person.

664/187 PC - Attempted Murder

When a person attempts to commit [murder], but fails, or is prevented or intercepted in its perpetration.

207(b) PC - Kidnapping

Every person, who for the purpose of committing any act defined in Section 288 (lewd and lascivious acts) hires, persuades, entices, decoys, or seduces by false promises, misrepresentations, or the like, any child under the age of 14 years to go out of this country, state, or county, or into another part of the same county, is guilty of kidnapping.

207(a) PC - Kidnapping

Every person who forcibly, or by any other means of instilling fear, steals or takes, or holds, detains or arrests any person in this state, and carries the person into another country, state, or county, or into another part of the same county, is guilty of kidnapping.

208(b) PC - Punishment for kidnapping; victim under 14 years of age

If the person kidnapped is under 14 years of age at the time of the commission of the crime, the kidnapping is punishable by imprisonment in the state prison for 5, 8, or 11 years. This subdivision is not applicable to the taking, detaining, or concealing, of a minor child by a biological parent, a natural father, as specified in Section 7611 of the Family Code, an adoptive parent, or a person who has been granted access to the minor child by a court order.

288.5(a) PC - Continuous sexual abuse of a child

Any person who either resides in the same home with the minor child or has recurring access to the child, who over a period of time, not less than three months in duration, engages in three or more acts of substantial sexual conduct with a child under the age of 14 years at the time of the commission of the offense, as defined in subdivision (b) of Section 1203.066, or three or more acts of lewd or lascivious conduct under Section 288, with a child under the age of 14 years at the time of the commission of the offense is guilty of the offense of continuous sexual abuse of a child and shall be punished by imprisonment in the state prison for a term of 6, 12, or 16 years.

288.5 PC - Continuous sexual abuse of a child

(a) Any person who either resides in the same home with the minor child or has recurring access to the child, who over a period of time, not less than three months in duration, engages in three or more acts of substantial sexual conduct with a child under the age of 14 years at the time of the commission of the offense, as defined in subdivision (b) of Section 1203.066, or three or more acts of lewd or lascivious conduct under Section 288, with a child under the age of 14 years at the time of the commission of the offense is guilty of the offense of continuous sexual abuse of a child and shall be punished by imprisonment in the state prison for a term of 6, 12, or 16 years.

(b) To convict under this section the trier of fact, if a jury, need unanimously agree only that the requisite number of acts occurred not on which acts constitute the requisite number.

(c) No other felony sex offense involving the same victim may be charged in the same proceeding with a charge under this section unless the other charged offense occurred outside the time period charged under this section or the other offense is charged in the alternative. A defendant may be charged with only one count under this section unless more than one victim is involved in which case a separate count may be charged for each victim.

286(c)(1) PC - Sodomy

Any person who participates in an act of sodomy with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

286(c) PC - Sodomy

(1) Any person who participates in an act of sodomy with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who commits an act of sodomy when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person shall be punished by imprisonment in the state prison for three, six, or eight years.

(3) Any person who commits an act of sodomy where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat, shall be punished in the state prison for three, six, or eight years.

288(b)(1) PC - Lewd or lascivious acts

Any person who commits an act described in subdivision (a) (see below) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

288(b) PC - Lewd or lascivious acts

(1) Any person who commits an act described in subdivision (a) (see below) by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who is a caretaker and commits an act described in subdivision (a) (see below) upon a dependent adult by use of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, with the intent described in subdivision (a), is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

288(a) PC - Lewd or lascivious acts

Any person who willfully and lewdly commits any lewd or lascivious act, including any of the acts constituting other crimes provided for in Part 1, upon or with the body, or any part or member thereof, of a child who is under the age of 14 years, with the intent of arousing, appealing to, or gratifying the lust, passions, or sexual desires of that person or the child, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

288a(c)(1) PC - Oral copulation

Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

289(j) PC - Forcible acts of sexual penetration

Any person who participates in an act of sexual penetration with another person who is under 14 years of age and who is more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

289(i) PC - Forcible acts of sexual penetration

Except as provided in Section 288, any person over the age of 21 years who participates in an act of sexual penetration with another person who is under 16 years of age shall be guilty of a felony.

289(h) PC - Forcible acts of sexual penetration

Except as provided in Section 288, any person who participates in an act of sexual penetration with another person who is under 18 years of age shall be punished by imprisonment in the state prison or in the county jail for a period of not more than one year.

273a(a) PC - Willful harm or injury to child; endangering person or health (w/ 12022.95 allegation)

Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.

12022.95 PC - Willful harm or injury resulting in death of child; sentence enhancement; procedural requirements

Any person convicted of a violation of Section 273a, who under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or injury that results in death, or having the care or custody of any child, under circumstances likely to produce great bodily harm or death, willfully causes or permits that child to be injured or harmed, and that injury or harm results in death, shall receive a four-year enhancement for each violation, in addition to the sentence provided for that conviction.

Nothing in this paragraph shall be construed as affecting the applicability of subdivision (a) of Section 187 or Section 192. This section shall not apply unless the allegation is included within an accusatory pleading and admitted by the defendant or found to be true by the trier of fact.

273a(a) PC - Willful harm or injury to child; endangering person or health

Any person who, under circumstances or conditions likely to produce great bodily harm or death, willfully causes or permits any child to suffer, or inflicts thereon unjustifiable physical pain or mental suffering, or having the care or custody of any child, willfully causes or permits the person or health of that child to be injured, or willfully causes or permits that child to be placed in a situation where his or her person or health is endangered, shall be punished by imprisonment in a county jail not exceeding one year, or in the state prison for two, four, or six years.

273d(a) PC - Corporal punishment or injury of child

Any person who willfully inflicts upon a child any cruel or inhuman corporal punishment or an injury resulting in a traumatic condition is guilty of a felony and shall be punished by imprisonment in the state prison for two, four, or six years, or in a county jail for not more than one year, by a fine of up to six thousand dollars, or by both that imprisonment and fine.

278 PC - Noncustodial persons; detainment or concealment of child from legal custodian

Every person, not having a right to custody, who maliciously takes, entices away, keeps, withholds, or conceals any child with the intent to detain or conceal that child from a lawful custodian, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for two, three, or four years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.



278.5 PC - Deprivation of custody of child or right to visitation

(a) Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two or three years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

(b) Nothing contained in this section limits the court's contempt power.

(c) A custody order obtained after the taking, enticing away, keeping, withholding, or concealing of a child does not constitute a defense to a crime charged under this section.

278.5(a) PC - Deprivation of custody of child or right to visitation

Every person who takes, entices away, keeps, withholds, or conceals a child and maliciously deprives a lawful custodian of a right to custody, or a person of a right to visitation, shall be punished by imprisonment in a county jail not exceeding one year, a fine not exceeding one thousand dollars, or both that fine and imprisonment, or by imprisonment in the state prison for 16 months, or two or three years, a fine not exceeding ten thousand dollars, or both that fine and imprisonment.

288(c)(1) PC - Lewd or lascivious acts

Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least 10 years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year. In determining whether the person is at least 10 years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child.

288(c) PC - Lewd or lascivious acts

(1) Any person who commits an act described in subdivision (a) with the intent described in that subdivision, and the victim is a child of 14 or 15 years, and that person is at least 10 years older than the child, is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year. In determining whether the person is at least 10 years older than the child, the difference in age shall be measured from the birth date of the person to the birth date of the child.

(2) Any person who is a caretaker and commits an act described in subdivision (a) upon a dependent adult, with the intent described in subdivision (a), is guilty of a public offense and shall be punished by imprisonment in the state prison for one, two, or three years, or by imprisonment in a county jail for not more than one year.

288a(c)(1) PC - Oral copulation

Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

288a(c) PC - Oral copulation

(1) Any person who participates in an act of oral copulation with another person who is under 14 years of age and more than 10 years younger than he or she, shall be punished by imprisonment in the state prison for three, six, or eight years.

(2) Any person who commits an act of oral copulation when the act is accomplished against the victim's will by means of force, violence, duress, menace, or fear of immediate and unlawful bodily injury on the victim or another person, shall be punished by imprisonment in the state prison for three, six, or eight years.

(3) Any person who commits an act of oral copulation where the act is accomplished against the victim's will by threatening to retaliate in the future against the victim or any other person, and there is a reasonable possibility that the perpetrator will execute the threat shall be punished by imprisonment in the state prison for three, six, or eight years.

286(b)(2) PC - Sodomy

Except as provided in Section 288, any person over the age of 21 years who participates in an act of sodomy with another person who is under 16 years of age shall be guilty of a felony.

286(b)(1) PC - Sodomy

Except as provided in Section 288, any person who participates in an act of sodomy with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for not more than one year.

288a(b)(1) PC - Oral copulation

Except as provided in Section 288, any person who participates in an act of oral copulation with another person who is under 18 years of age shall be punished by imprisonment in the state prison, or in a county jail for a period of not more than one year.

266j PC - Procurement of child under age 16 for lewd and lascivious acts; punishment

Any person who intentionally gives, transports, provides, or makes available, or who offers to give, transport, provide, or make available to another person, a child under the age of 16 for the purpose of any lewd or lascivious act as defined in Section 288, or who causes, induces, or persuades a child under the age of 16 to engage in such an act with another person, is guilty of a felony and shall be imprisoned in the state prison for a term of three, six, or eight years, and by a fine not to exceed fifteen thousand dollars.

266h(b) PC - Pimping

[266h(a) - Except as provided in subdivision (b), any person who, knowing another person is a prostitute, lives or derives support or maintenance in whole or in part from the earnings or proceeds of the person's prostitution, or from money loaned or advanced to or charged against that person by any keeper or manager or inmate of a house or other place where prostitution is practiced or allowed, or who solicits or receives compensation for soliciting for the person, is guilty of pimping, a felony, and shall be punished by imprisonment in the state prison for three, four, or six years.]

(b) If the person engaged in prostitution is a minor over the age of 16 years, the offense is

punishable by imprisonment in the state prison for three, four, or six years. If the person engaged in prostitution is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six, or eight years.

266i(b) PC - Pandering

[266i(a) - Except as provided in subdivision (b), any person who does any of the following is guilty of pandering, a felony, and shall be punished by imprisonment in the state prison for three, four, or six years: (1) procures another person for the purpose of prostitution; (2) by promises, threats, violence, or by any device or scheme, causes, induces, persuades or encourages another person to become a prostitute; (3) procures for another person a place as an inmate in a house of prostitution or as an inmate of any place in which prostitution is encouraged or allowed within this state; (4) by promises, threats, violence or by any device or scheme, causes, induces, persuades or encourages an inmate of a house of prostitution, or any other place in which prostitution is encouraged or allowed, to remain therein as an inmate; (5) by fraud or artifice, or by duress of person or goods, or by abuse of any position of confidence or authority, procures another person for the purpose of prostitution, or to enter any place in which prostitution is encouraged or allowed within this state, or to come into this state or leave this state for the purpose of prostitution; (6) receives or gives, or agrees to receive or give, any money or thing of value for procuring, or attempting to procure, another person for the purpose of prostitution, or to come into this state or leave this state for the purpose of prostitution.]

(b) If the other person is a minor over the age of 16 years, the offense is punishable by imprisonment in the state prison for three, four, or six years. Where the other person is under 16 years of age, the offense is punishable by imprisonment in the state prison for three, six, or eight years.

288a(b)(2) PC - Oral copulation

Except as provided in section 288, any person over the age of 21 years who participates in an act of oral copulation with another person who is under 16 years of age is guilty of a felony.

311.4(b) PC - Employment or use of a minor to perform prohibited acts

Every person who, with knowledge that a person is a minor under the age of 18 years, or who, while in possession of any facts on the basis of which he or she should reasonably know that the person is a minor under the age of 18 years, knowingly promotes, employs, uses, persuades, induces, or coerces a minor under the age of 18 years, or any parent or guardian of a minor under the age of 18 years under his or her control who knowingly permits the minor, to engage in or assist others to engage in either posing or modeling alone or with others for purposes of preparing any representation of information, data, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer generated image that contains or incorporates in any manner, any film, filmstrip, or a live performance involving, sexual conduct by a minor under the age of 18 years alone or with other persons or animals, for commercial purposes, is guilty of a felony and shall be punished by imprisonment in the state prison for three, six, or eight years.

311.2(b) PC - Sending or bringing into state for sale or distribution; printing, exhibiting, distributing, exchanging or possessing within state; matter depicting sexual conduct by minor; transaction with minor

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, date, or image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disc, data storage media, CD-ROM, or computer-generated equipment or any other computer-generated image that contains or incorporates in any manner, any film or filmstrip, with intent to distribute or to exhibit to, or to exchange with, others for commercial consideration, or who offers to distribute, distributes, or exhibits to, or exchanges with, others for commercial consideration, any obscene matter, knowing that the matter depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and shall be punished by imprisonment in the state prison for two, three, or six years, or by a fine not exceeding \$100,000, in the absence of a finding that the defendant would be incapable of paying such a fine, or by both that fine and imprisonment.

311.10 PC - Advertising for sale or distribution obscene matter depicting a person under the age of 18 years engaging in or simulating sexual conduct; felony; punishment

(a) Any person who advertises for sale or distribution any obscene matter knowing that it depicts a person under the age of 18 years personally engaging in or personally simulating sexual conduct, as defined in Section 311.4, is guilty of a felony and is punishable by imprisonment in the state prison for two, three, or four years, or in a county jail not exceeding one year, or by a fine not exceeding \$50,000, or by both such fine and imprisonment.

(b) Subdivision (a) shall not apply to the activities of law enforcement and prosecution agencies in the investigation and prosecution of criminal offenses.

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

If a person has been previously convicted of a violation of this section, he or she is guilty of a felony and shall be punished by imprisonment for two, four, or six years.

261.5(d) PC - Unlawful sexual intercourse with person under 18

Any person 21 years of age or older who engages in an act of unlawful sexual intercourse with a minor who is under 16 years of age is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison for two, three, or four years.

261.5(c) PC - Unlawful sexual intercourse with a person under 18

Any person who engages in an act of unlawful sexual intercourse with a minor who is more than three years younger than the perpetrator is guilty of either a misdemeanor or a felony, and shall be punished by imprisonment in a county jail not exceeding one year, or by imprisonment in the state prison.

311.1(a) PC - Sent or brought into state for sale or distribution; possessing, preparing, publishing, producing, developing, duplicating, or printing within state; matter depicting sexual conduct by minor

Every person who knowingly sends or causes to be sent, or brings or causes to be brought, into this state for sale or distribution, or in this state possesses, prepares, publishes, produces, develops, duplicates, or prints any representation of information, 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, 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 previous-

ly 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.

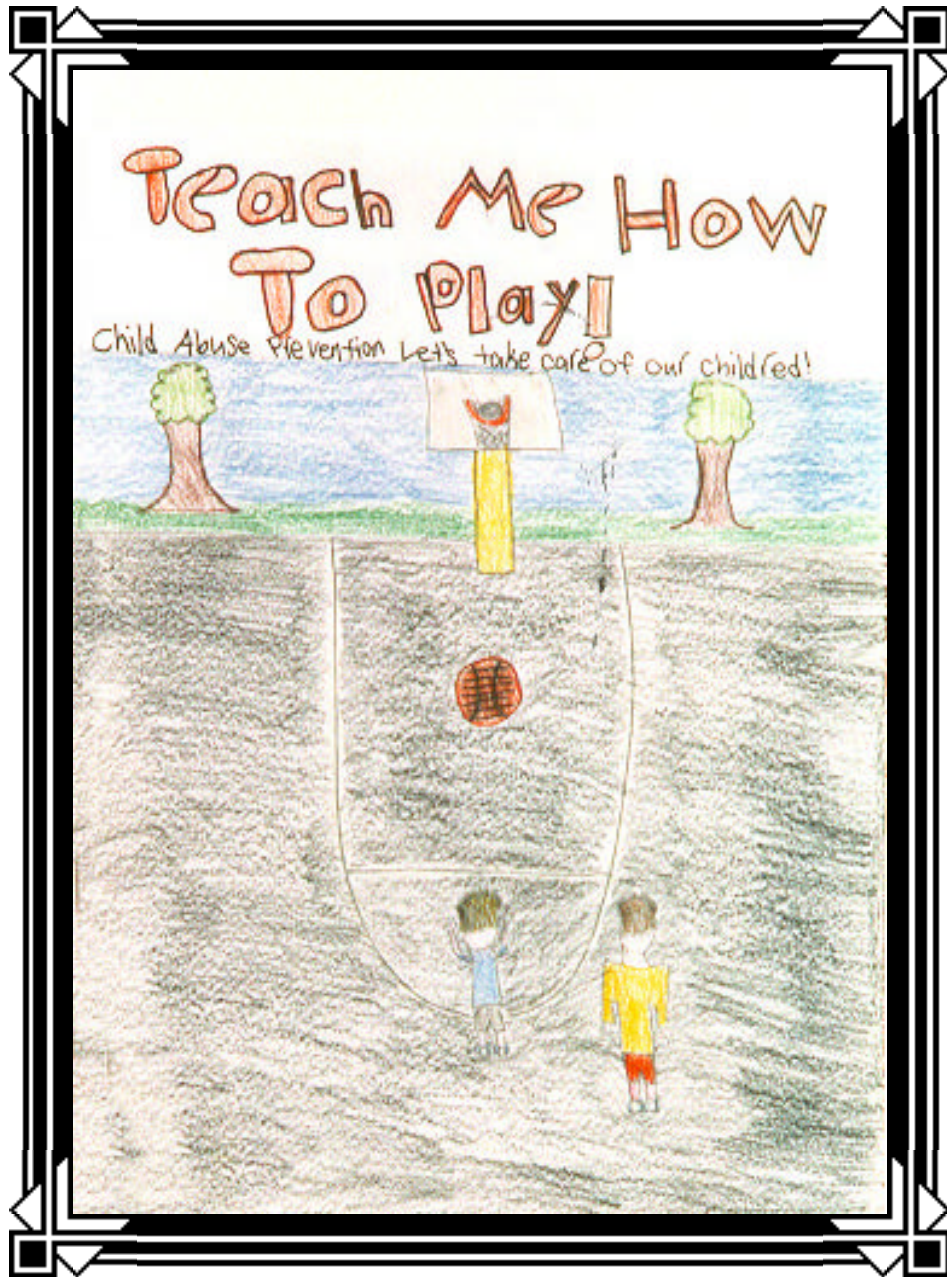
311.11(a) PC - Possession or control of matter depicting minor engaging or simulating sexual conduct

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 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 minor'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 26 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, 28.7% were granted probation; of the Juvenile Child Abuse referrals received by the Department, 42.8% 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 probation-

ers and their children. In 1998, 20 pregnant women were supervised by the Peri-natal caseload DPO. During this reporting period, there were zero miscarriages and one abortion, and three bench warrants issued for non-reporting. Also during this reporting period, 14 women gave birth; 10 newborns were drug free, 2 were non-drug free, and 2 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 1998, the Post-natal caseload DPO supervised 77 parenting women. During this reporting period, 20 women completed the program, 10 were returned to court, 12 were ordered into a Residential Treatment or Day Treatment program. These women attend the programs five days per week and eight hours per day. These Treatment centers are designated for pregnant women and offer special services. Thirty women were terminated for non-compliance.

SIGNIFICANT FINDINGS

A comparative analysis was conducted between the reporting year (1998) and previous year (1997) 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 AND NEGLECT REFERRALS - ADULT

- ◆ 33.3% decrease (6 to 4) in Physical Abuse referrals
- ◆ 14.7% decrease (34 to 29) in General Neglect referrals
- ◆ 66.6% decrease (3 to 1) in Caretaker Absence referrals
- ◆ 100% increase (8 to 16) in Severe Neglect referrals
- ◆ Sexual Abuse represented 814 of 883 (92.2%) referrals in 1998
- ◆ 4.5% increase overall (845 to 883) from 1997 to 1998

CHILD ABUSE AND NEGLECT REFERRALS - JUVENILE

- ◆ 75% decrease (4 to 1) in Physical Abuse referrals
- ◆ 4.3% decrease (440 to 421) in Sexual Abuse referrals
- ◆ 60% increase (5 to 8) in Severe Neglect referrals
- ◆ 100% decrease (1 to 0) in Exploitation referrals
- ◆ 200% increase (0 to 2) in Caretaker Absence referrals
- ◆ 4% decrease overall (455 to 437) from 1997 to 1998

CHILD ABUSE AND NEGLECT REFERRALS BY AGE - ADULT AND JUVENILE

- ◆ 40.5% increase (42 to 59) in adults under age 20
- ◆ 25.8% increase (89 to 112) in adults, ages 40-44
- ◆ 14.6% increase (130 to 149) in adults, ages 20-24
- ◆ 17.2% decrease (145 to 120) in adults, ages 35-39
- ◆ 10.3% decrease (136 to 122) in adults, ages 25-29
- ◆ 8.3% increase (96 to 104) in adults, ages 50 plus
- ◆ 24.1% increase (29 to 36) in juveniles over age 17
- ◆ 13.5% increase (74 to 84) in juveniles age 15
- ◆ 9.1% increase (66 to 72) in juveniles age 17
- ◆ 28.6% decrease (21 to 15) in juveniles age 11
- ◆ 23.8% decrease (21 to 16) in juveniles under age 11
- ◆ 23.8% decrease (42 to 32) in juveniles age 12
- ◆ 21% decrease (81 to 64) in juveniles age 14

ADULT CHILD ABUSE AND NEGLECT CASELOADS BY AREA OFFICE (AO)

- ◆ 38.7% increase (62 to 86) at the Harbor AO
- ◆ 29.4% increase (51 to 66) at the Santa Monica AO
- ◆ 20.2% increase (94 to 113) at the Centinela AO
- ◆ 15.2% increase (217 to 250) at the Crenshaw AO
- ◆ 13.3% increase (135 to 153) at the Firestone AO
- ◆ 6.9% decrease (115 to 107) at the Foothill AO
- ◆ 4.2% decrease (119 to 114) at the San Gabriel Valley AO
- ◆ 2.2% decrease (138 to 135) at the Pomona Valley AO

CHILD ABUSE AND NEGLECT REFERRALS BY ETHNICITY - ADULT AND JUVENILE

- ◆ 36.4% increase (11 to 15) involving adult Asian/Pacific Islanders
- ◆ 13.4% increase (163 to 185) involving adult African Americans
- ◆ 12.1% increase (456 to 511) involving adult Latinos
- ◆ 58.6% decrease (23 to 10) involving adults of Other ethnicity
- ◆ 56.5% decrease (29 to 12) involving adults of Unknown ethnicity
- ◆ 33.3% decrease (3 to 2) involving adult American Indians
- ◆ 7.5% decrease (160 to 148) involving adult Whites
- ◆ Adult Latinos represent 57.8% (511 of 883) of all adult referrals in 1998
- ◆ 60.0% decrease (5 to 1) involving juvenile Asian/Pacific Islanders
- ◆ 8.7% decrease (80 to 73) involving juvenile Whites
- ◆ 3.5% decrease (228 to 220) involving juvenile Latinos
- ◆ 50.0% increase (2 to 3) involving juveniles of Unknown ethnicity
- ◆ No change from 1997 to 1998 (135 to 135) involving juvenile African Americans

Figure 10-1

ETHNICITY OF JUVENILES UNDER SUPERVISION FOR CHILD THREAT OFFENSES

ETHNICITY	TOTAL	PERCENT
African American	188	33.5
American Indian	0	0.0
Asian/Pacific Islander	0	0.0
Latino	300	53.4
White	66	11.7
Others	5	0.9
Unknown	3	0.5
Total	562	100.0

Figure 10-2

ETHNICITY OF ADULTS UNDER SUPERVISION FOR CHILD THREAT OFFENSES

ETHNICITY	TOTAL	PERCENT
African American	307	16.8
American Indian	3	0.2
Asian/Pacific Islander	43	2.4
Latino	968	52.9
White	474	25.9
Others	5	0.3
Unknown	28	1.5
Total	1,828	100.0

Figure 10-3

CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1997

OFFENSE TYPE	JUVENILE	PERCENT	ADULT	PERCENT	TOTAL
Physical Abuse	1	0.2	4	0.5	5
Sexual Abuse	421	96.3	814	92.2	1235
Exploitation	0	0.0	19	2.2	19
General Neglect	5	1.1	29	3.3	34
Caretaker Absence	2	0.5	1	0.1	3
Severe Neglect	8	1.8	16	1.8	24
Total	437	100.0	883	100.0	1320
Percent	33.1		66.9		100.0



Figure 10-4

ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1998

By Area Office and Gender

AREA OFFICE	MALE	FEMALE	TOTAL
Central Adult Investigation	221	16	237
County Parole	8	0	8
East San Fernando Valley ¹	159	5	164
Foothill	39	2	41
Harbor	59	4	63
Long Beach	48	0	48
Pomona Valley	69	2	71
Rio Hondo	72	1	73
South Central	64	1	65
San Gabriel Valley	39	2	41
Santa Monica	71	1	72
Total	849	34	883
Percent	96.1	3.9	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 gender referred to the Probation Department for investigation of child abuse offenses during 1998.

Figure 10-5

JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1998

By Area Office and Gender

AREA OFFICE	MALE	FEMALE	TOTAL
Aftercare	1	0	2
Antelope Valley	28	2	30
Camp Jarvis	1	0	1
Centinela	33	1	34
Central Juvenile Hall	2	0	2
Crenshaw	43	4	47
East Los Angeles	3	0	3
Firestone	24	3	27
Foothill	20	4	24
Harbor	8	0	8
Kenyon Juvenile Justice Center	32	1	33
Long Beach	14	0	14
North Hollywood	43	2	45
Northeast Juvenile Justice Center	15	0	15
Pomona Valley	12	1	13
Rio Hondo	50	0	50
San Gabriel Valley	40	3	43
Santa Monica	10	0	10
South Central	31	2	33
Valencia	4	0	4
Total	414	23	437
Percent	94.7	5.3	100.0

Figure 5 reflects the number of juvenile defendants by gender referred to the Probation Department for investigation of child abuse offenses during 1998.

Figure 10-6

ADULT CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1998

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	18	19	25	40	24	23	16	20	185
American Indian	0	0	0	0	1	0	0	1	2
Asian/Pacific Islander	0	2	3	2	2	1	2	3	15
Latino	34	114	77	85	68	57	33	43	511
White	6	13	15	23	20	28	10	33	148
Other	1	0	0	4	2	0	1	2	10
Unknown	0	1	2	1	3	3	0	2	12
Total	59	149	122	155	120	112	62	104	883
Percent	6.7	16.9	13.8	17.5	13.6	12.7	7.0	11.8	100.0

Figure 6 reflects the number of adult referrals by ethnicity and age received by the Probation Department for child abuse offenses in 1998.

Figure 10-7

JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1998

By Age and Ethnicity

ETHNICITY	Under									18 and	Total
	11	11	12	13	14	15	16	17	Over		
African American	8	10	11	20	19	25	20	16	6	135	
American Indian	0	0	0	0	0	0	0	0	0	0	
Asian/Pacific Islander	0	0	0	0	0	0	0	1	0	1	
Latino	6	2	15	23	34	43	33	44	20	220	
White	2	3	6	11	11	14	8	9	9	73	
Other	0	0	0	1	0	1	1	1	1	5	
Unknown	0	0	0	0	0	1	1	1	0	3	
Total	16	15	32	55	64	84	63	72	36	437	
Percent	3.7	3.4	7.3	12.6	14.7	19.2	14.4	16.5	8.2	100.0	

Figure 7 reflects the number of juvenile referrals by ethnicity and age received by the Probation Department for child abuse offenses in 1998.

Figure 10-8

ADULT CHILD THREAT WORKLOAD PER AREA OFFICE AS OF DECEMBER 1998

AREA OFFICE	Number of Defendants	Number of Defendants on C/T Caseloads	Number of C/T DPOs
Centinela	135	113	1
Crenshaw	251	250	3
East Los Angeles	121	121	2
Fernando Valley	341	341	4
Firestone	153	153	2
Foothill	107	107	2
Harbor	86	86	2
Long Beach	111	111	1
Pomona Valley	135	135	2
Rio Hondo	145	141	2
South Central	109	107	2
San Gabriel Valley	114	114	2
Santa Monica	66	66	1
Total	1,874	1,845	26
Average	70.9	70.9	70.9

Figure 10-9

ADULT CHILD ABUSE OFFENSE SUPERVISION CASES ACTIVE AS OF DECEMBER 1998

ETHNICITY	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50 and Over	Total
African American	6	45	57	60	50	37	16	36	307
American Indian	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	1	8	6	2	7	10	5	4	43
Latino	23	192	189	157	128	115	81	83	968
White	4	45	50	79	98	58	46	94	474
Other	2	3	7	6	7	11	7	8	51
Unknown	2	4	4	5	3	3	3	4	28
Total	38	297	313	311	293	234	158	230	1,874
Percent	2.0	15.8	16.7	16.7	15.6	12.5	8.4	12.3	100.0

Figure 9 reflects the number of active adult cases by ethnicity and age, supervised by the Probation Department for child abuse offenses in 1998.

Figure 10-10

JUVENILE CHILD ABUSE OFFENSE REFERRALS RECEIVED IN 1998

By Age and Ethnicity

ETHNICITY	Under 11	11	12	13	14	15	16	17	18 and Over	Total
African American	1	2	6	9	19	37	35	36	43	188
American Indian	0	0	0	0	0	0	0	0	0	0
Asian/Pacific Islander	0	0	0	0	0	0	0	0	0	0
Latino	0	2	4	14	35	51	63	70	61	300
White	0	0	2	3	12	10	12	13	14	66
Other	0	0	0	0	1	1	3	0	0	5
Unknown	0	0	0	0	0	0	1	0	2	3
Total	1	4	12	26	67	99	114	119	120	562
Percent	0.1	0.7	2.1	4.6	11.9	17.6	20.4	21.2	21.4	100.0

Figure 10 reflects the number of juvenile referrals, by ethnicity and age, received by the Probation Department for child abuse offenses in 1998.

Figure 10-11

**1998 CHILD ABUSE OFFENSE GRANTS OF PROBATION BY AREA OFFICE
ADULT AND JUVENILE**

AREA OFFICE	ADULTS	JUVENILES	TOTAL
Antelope Valley	0	11	11
Central Adult Investigation	3	0	3
Centinela	26	16	42
Crenshaw	29	20	49
East Los Angeles	15	1	16
East San Fernando Valley	40	0	40
Firestone	22	11	33
Foothill	12	6	18
Harbor	6	4	10
Kenyon Juvenile Justice Center	0	18	18
La Madera	6	0	6
Long Beach	14	8	22
North Hollywood	0	20	20
Northeast Juvenile Justice Center	0	6	6
Pomona Valley	18	3	21
Rio Hondo	17	20	37
San Gabriel Valley	15	22	37
Santa Monica	22	2	24
South Central	8	17	25
Valencia	0	2	2
Total	253	187	440

ICAN DATA ANALYSIS REPORT FOR 1999



Of the 845 adult child threat offense referrals received in 1998, 253 (28.6%) 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.

Of the 437 juvenile child threat offense referrals received in 1998, 187 (42.8%)

offenses resulted in a disposition of probation supervision. Juveniles not placed on probation may have been sentenced to the California Youth Authority, found Unfit (referred to adult criminal court), sentenced to Camp Community Placement, had their cases rejected by the District Attorney, transferred out of county, or closed.

ADULT SUPERVISION CASES BY SUPERVISION AREA OFFICE AND PROBATIONER ZIP CODE

CENTINELA	CASES	90804	0
90001	0	91304	1
90002	1	TOTAL DEFENDANTS	134
90003	1		
90004	0	CRENSHAW	CASES
90007	1	28262	0
90016	0	35356	0
90042	1	73072	1
90043	9	76110	1
90044	18	79903	1
90045	5	90002	1
90047	14	90003	2
90059	1	90004	17
90221	1	90005	8
90245	1	90006	15
90247	10	90007	7
90248	1	90008	8
90249	6	90011	1
90250	23	90012	4
90254	1	90013	1
90260	3	90014	1
90293	2	90015	3
90301	8	90016	9
90302	6	90017	3
90303	7	90018	23
90304	9	90019	13
90305	2	90020	4
90503	1	90021	1
90717	1	90023	1



PROBATION DEPARTMENT

90026	19	92410	0
90027	5	92551	1
90028	12	92571	0
90029	3	92586	0
90031	1	92673	1
90033	1	92676	1
90037	17	92805	0
90038	9	93550	1
90043	3	95122	0
90044	3	TOTAL DEFENDANTS	238
90046	1		
90047	3	EAST LOS ANGELES	CASES
90057	5	60616	0
90058	0	90011	1
90059	1	90019	0
90062	8	90020	0
90063	1	90021	0
90065	1	90022	16
90068	2	90023	12
90069	0	90026	0
90211	1	90027	0
90230	1	90028	0
90255	1	90029	0
90604	0	90031	6
90621	1	90032	4
90680	1	90033	11
90731	0	90037	0
90802	1	90038	0
90806	0	90040	4
91104	0	90042	0
91202	0	90043	0
91205	1	90044	0
91206	1	90046	0
91362	0	90047	0
91402	1	90057	0
91501	1	90059	1
91506	0	90062	0
91601	1	90063	9
91605	0	90065	1
91733	1	90068	0
91764	1	90201	1
92376	1	90211	0



ICAN DATA ANALYSIS REPORT FOR 1999

		EAST SAN FERNANDO VALLEY	CASES
90230	0		
90242	1	80525	0
90255	0	89024	0
90601	0	90024	1
90605	1	90026	1
90620	1	90028	1
90621	0	90042	1
90638	1	90045	0
90640	14	90065	0
90650	1	90813	0
90680	0	91001	1
90723	1	91101	0
90802	0	91104	1
91201	0	91107	1
91205	0	91206	1
91206	0	91302	1
91402	0	91303	2
91501	0	91304	3
91601	0	91306	9
91722	0	91307	1
91724	1	91311	2
91732	0	91316	2
91733	0	91324	2
91744	0	91325	2
91754	4	91326	1
91764	0	91331	22
91770	3	91335	8
91775	1	91340	1
91776	7	91341	1
91780	0	91342	3
91801	13	91343	8
91803	5	91344	2
92376	0	91345	2
92551	0	91350	0
92673	0	91351	1
92676	0	91352	6
92804	1	91356	0
93550	0	91364	1
TOTAL DEFENDANTS	121	91367	6
		91401	7
		91402	8
		91403	0



PROBATION DEPARTMENT

91405	13	93543	3
91406	5	93544	1
91411	8	93550	26
91423	1	93551	5
91502	1	93552	2
91504	0	93553	1
91601	4	93560	1
91602	1	93591	2
91605	6	TOTAL DEFENDANTS	98
91606	10		
91607	2	EAST SAN FERNANDO VALLEY	
92008	1	VALENCIA	CASES
92025	1	90046	1
92111	1	90201	1
92117	0	91042	0
92505	0	91303	1
92643	0	91311	1
92701	0	91321	7
92843	1	91324	0
92866	1	91325	0
93063	1	91331	0
93535	1	91340	4
93550	1	91341	1
TOTAL DEFENDANTS	168	91342	12
		91345	0
EAST SAN FERNANDO VALLEY		91350	8
ANTELOPE VALLEY	CASES	91351	17
72949	1	91352	0
90002	0	91354	2
90037	0	91355	3
90723	0	91384	2
91350	1	91392	1
91702	0	91402	2
92308	0	91706	0
92336	1	93510	0
92621	1	93534	2
93501	0	93535	1
93510	1	93543	1
93534	22	93550	3
93535	16	93551	0
93536	14	TOTAL DEFENDANTS	70
93539	0		



ICAN DATA ANALYSIS REPORT FOR 1999

FIRESTONE	CASES	90606	0
90001	18	91001	4
90002	6	91004	0
90003	26	91006	0
90006	1	91010	1
90011	28	91016	1
90016	1	91020	1
90018	1	91024	1
90023	1	91030	0
90029	1	91040	2
90044	3	91042	3
90058	2	91101	4
90059	16	91103	6
90061	7	91104	9
90062	1	91105	0
90201	11	91106	4
90255	26	91107	4
90270	0	91201	1
90806	1	91202	2
91732	1	91203	2
91755	1	91204	2
91768	0	91205	8
93535	0	91206	3
96901	1	91207	2
TOTAL DEFENDANTS	153	91208	1
		91209	0
FOOTHILL	CASES	91214	2
06830	0	91342	1
48505	0	91404	0
85033	0	91501	3
85713	0	91502	1
90006	0	91504	4
90018	1	91505	5
90023	0	91506	2
90027	1	91602	2
90031	1	91607	1
90035	0	91702	1
90039	3	91722	0
90041	3	91780	0
90042	6	92546	1
90065	3	92646	1
90201	1	92690	1


PROBATION DEPARTMENT

92802	1	LONG BEACH	CASES
93550	1	68040	1
TOTAL DEFENDANTS	107	77087	1
		90028	1
HARBOR	CASES	90201	1
05035	0	90220	1
84054	1	90247	1
85268	1	90280	1
90003	1	90302	1
90220	1	90623	1
90247	1	90704	1
90249	1	90710	1
90250	2	90712	1
90254	0	90713	3
90266	4	90715	1
90274	3	90723	1
90275	2	90731	6
90277	8	90732	2
90278	8	90740	1
90406	1	90744	12
90501	10	90745	1
90502	6	90802	18
90503	7	90803	1
90504	6	90804	5
90505	6	90805	12
90710	2	90806	11
90717	6	90807	5
90731	1	90808	2
90744	1	90810	5
90806	1	90813	5
91423	1	90814	0
92530	1	90815	4
92646	1	91702	0
92670	0	92054	0
92684	1	92404	0
95621	0	92405	1
96013	0	92647	0
TOTAL DEFENDANTS	84	92686	0
		92841	1
		93543	0
		TOTAL DEFENDANTS	109

ICAN DATA ANALYSIS REPORT FOR 1999

POMONA VALLEY	CASES	92355	0
23462	0	92376	1
90057	0	92405	0
90631	0	92503	0
90639	0	92525	1
90640	1	92530	1
91016	1	92557	1
91101	0	92620	0
91104	0	92621	0
91107	0	92631	0
91109	1	92647	1
91203	1	92688	1
91701	3	92802	0
91702	4	92805	1
91709	2	92821	1
91710	4	92831	1
91711	5	93060	1
91722	6	93306	1
91723	1	93445	1
91724	1	93509	0
91730	1	TOTAL DEFENDANTS	135
91740	6		
91741	2	RIO HONDO	CASES
91744	1	85335	1
91750	13	90026	1
91752	0	90063	1
91761	2	90240	5
91762	1	90241	3
91763	2	90242	13
91764	0	90601	1
91765	2	90602	1
91766	20	90604	7
91767	20	90605	6
91768	10	90606	6
91773	5	90620	1
91784	0	90630	1
91786	3	90631	3
91789	3	90638	11
91790	0	90640	0
92324	1	90650	23
92335	1	90660	16
92342	0	90670	5


PROBATION DEPARTMENT

90701	1	90280	13
90703	5	90302	1
90706	13	90706	0
90712	1	90713	1
90713	1	90723	12
90715	0	90745	13
90716	1	90746	5
90723	2	90802	1
90807	1	90803	0
91326	0	90805	0
91706	0	90813	0
92054	0	91606	1
92376	1	91719	1
92626	1	91767	1
92632	1	92128	1
92641	1	92505	1
92666	1	92557	1
92670	1	93535	0
92680	0	93661	1
92701	0	TOTAL DEFENDANTS	108
93216	1		
93304	0	SAN GABRIEL VALLEY	CASES
93307	1	87108	1
97633	0	90063	1
TOTAL DEFENDANTS	138	90065	0
		90254	1
SOUTH CENTRAL	CASES	90640	0
63106	0	91001	0
90011	1	91006	3
90015	1	91010	4
90026	1	91016	7
90033	0	91201	0
90044	1	91702	9
90059	0	91706	3
90061	0	91722	0
90201	1	91723	2
90220	8	91724	0
90221	10	91731	7
90222	10	91732	11
90242	0	91733	8
90248	0	91744	19
90262	21	91745	4


ICAN DATA ANALYSIS REPORT FOR 1999

91746	5	90272	0
91748	1	90291	1
91754	0	90292	0
91764	0	90402	0
91766	0	90404	3
91770	1	90405	1
91775	0	91101	0
91776	2	91301	2
91780	5	91302	1
91789	1	91316	1
91790	4	91351	0
91791	3	91362	1
91792	4	91505	0
91801	3	92692	0
91803	0	95820	1
92345	1	96761	0
92821	1	TOTAL DEFENDANTS	63
97443	1		
98023	1	REPORT TOTAL	1,839
TOTAL DEFENDANTS	113		

SANTA MONICA	CASES
33138	1
90003	1
90024	1
90025	3
90034	12
90035	1
90046	3
90048	2
90049	1
90064	2
90066	9
90069	2
90073	0
90210	1
90211	0
90212	1
90230	6
90232	4
90245	1
90264	1



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 40,000 reports of investigations of child abuse incidents 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 and sheriff's departments, county welfare and 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 victim's name.
- The agency that investigated the incident.
- The names and physical descriptors of suspect(s) listed on reports.
- The number or name assigned to the case by the agency investigating the reported incident.
- 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.
- 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 can 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.



DATE PROGRAM ESTABLISHED

Child Abuse Central Index - 1965

INVESTIGATION REPORTS

Refer to Figure 13-1.

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 CPA 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
Physical	27,648	29,391	31,527	30,815	30,766	27,085	26,709	24,113	21,318
Sexual	19,699	19,577	21,603	20,731	20,151	15,487	14,491	12,217	9,851
Neglect/Mental	5,622	4,929	5,430	5,517	5,666	5,744	6,619	6,501	9,490
Other	267	231	93	0	0	0	0	N/A	N/A
TOTALS	53,236	54,128	58,653	57,063	56,583	48,316	47,819	42,831	40,664

Approximate number of available reports in the Child Abuse Central Index as of April 13, 1999

Cases:	778,248
Suspect names:	826,978
Victim names:	1,023,354

**Starting in 1995 the, statistics are based on "date of report" rather than "date of entry"*

Effective January 1, 1998, pursuant to Penal Code Section 11170 9a)(3), the Department of Justice commenced the monthly purge of Child Abuse Investigation Reports. If the child abuse report is: 1) unsubstantiated/inconclusive, 2) more than ten years old; and 3) the suspect in the report is not linked to a more recent report, then the report is purged.

Figure II-2

CHILD ABUSE INVESTIGATION REPORTS

Entered in the Automated Child Abuse System

County	Total	Physical	Mental	Neglect	Sexual	Deaths
Alameda	814	455	21	8	329	0
Alpine	3	1	0	1	1	0
Amador	7	3	0	0	4	0
Butte	465	279	43	4	139	0
Calaveras	66	32	7	12	15	0
Colusa	6	4	2	0	0	0
Contra Costa	517	318	66	13	120	1
Del Norte	65	31	8	4	22	0
El Dorado	84	42	5	1	36	0
Fresno	737	413	23	57	243	1
Glenn	41	20	9	1	11	0
Humboldt	225	137	23	1	64	0
Imperial	19	10	2	1	6	0
Inyo	12	7	1	4	0	0
Kern	1,497	970	82	40	405	0
Kings	61	32	1	4	23	0
Lake	45	27	5	0	13	0
Lassen	42	24	1	0	17	0
Los Angeles	8,049	4,677	875	352	2,145	7
Madera	202	133	18	2	49	0
Marin	102	59	6	3	34	0
Mariposa	2	1	0	0	1	0
Mendocino	177	96	28	9	44	0
Merced	161	83	16	6	56	0
Modoc	7	3	1	0	3	0
Mono	3	2	0	0	1	0
Monterey	225	117	11	5	92	0
Napa	29	20	0	0	9	0
Nevada	56	24	4	4	24	0
Orange	7,134	3,082	2,724	200	1,128	0
Placer	183	75	35	3	70	0
Plumas	94	58	16	4	16	0
Riverside	1,319	676	153	85	405	2
Sacramento	2,276	1,397	136	133	610	1
San Benito	58	39	4	0	15	0

ICAN DATA ANALYSIS REPORT FOR 1999



CHILD ABUSE INVESTIGATION REPORTS

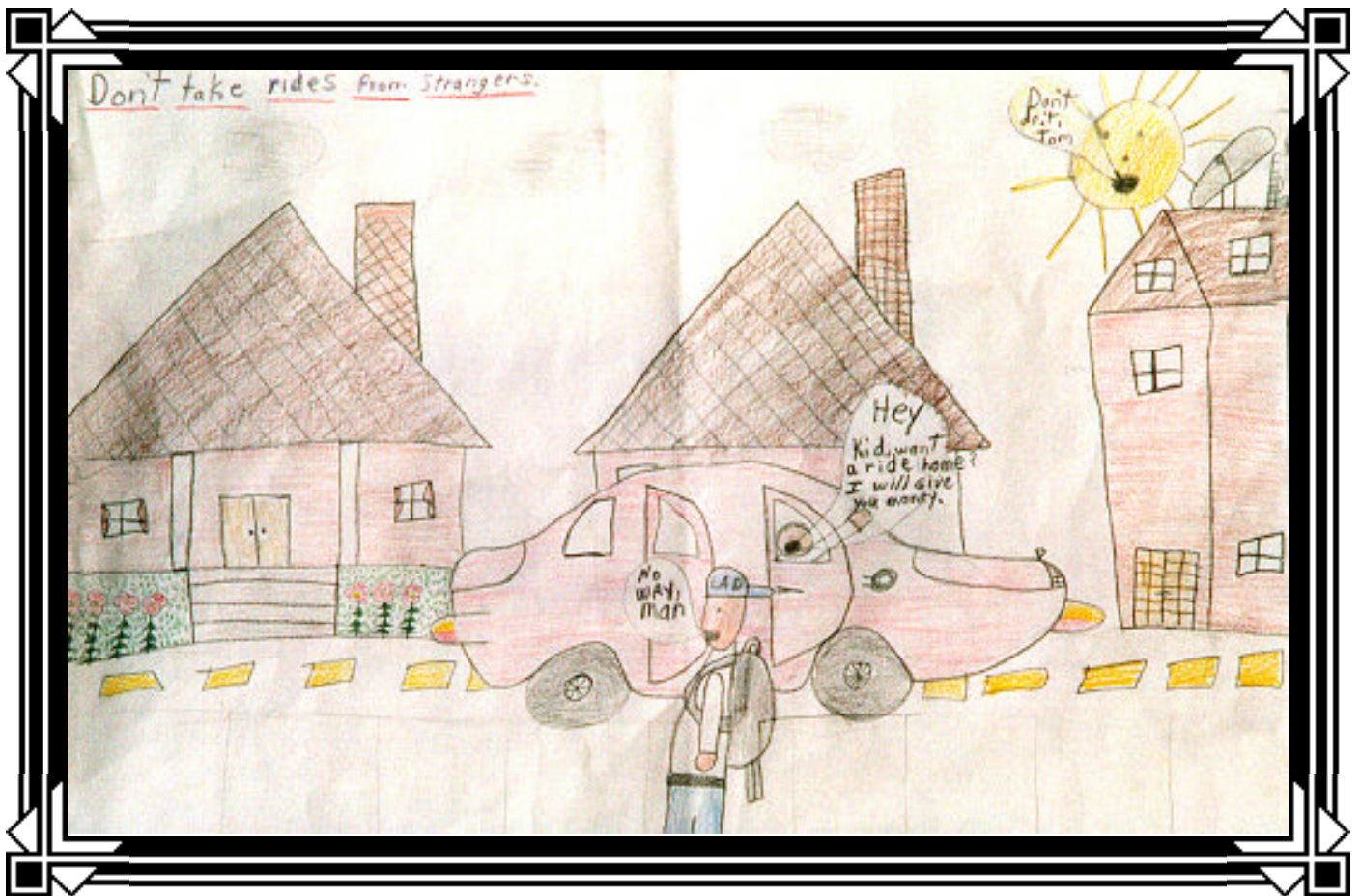
Entered in the Automated Child Abuse System (Cont'd)

County	Total	Physical	Mental	Neglect	Sexual	Deaths
San Bernardino	1,975	1,031	119	153	671	5
San Diego	7,734	3,435	2,612	379	1,307	2
San Francisco	228	95	1	2	130	0
San Joaquin	671	425	31	22	193	0
San Luis Obispo	279	124	67	17	71	0
San Mateo	360	205	29	7	119	0
Santa Barbara	638	289	201	63	85	0
Santa Clara	565	370	79	27	89	2
Santa Cruz	258	97	61	15	85	0
Shasta	259	190	12	5	52	0
Sierra	3	1	0	0	2	0
Siskiyou	40	16	4	1	19	0
Solano	363	202	23	18	120	0
Sonoma	198	103	12	4	79	0
Stanislaus	635	383	22	9	221	1
Sutter	94	47	9	1	37	0
Tehama	18	8	1	0	9	0
Trinity	6	4	0	0	2	0
Tulare	135	56	5	1	73	0
Tuolumne	162	102	38	6	16	0
Ventura	997	640	115	14	228	0
Yolo	168	98	11	6	53	0
Yuba	95	50	3	2	40	0
TOTALS*	40,664	21,318	7,781	1,709	9,851	22

**1998 reports (by Date of Report) entered as of 4/13/98*



DEPARTMENT OF CORONER



KRISTIAN COLON
LYDIA JACKSON

DEPARTMENT OF CORONER

1997 ICAN REPORTED CASES

18,045 deaths were reported to the Los Angeles county coroner during 1998. Of these cases, 8,966 were fully investigated and autopsied. Of the 8,966 cases, 618, or 6.9% of those deaths were child deaths; down from 7.4% of cases investigated in 1997. After a review of the cases based on

the ICAN established criteria*, of the total child deaths reported, 234 were referred to the Inter-Agency Council on Child Abuse and Neglect for tracking and follow-up. This is a report of the 234 referred child deaths for the calendar year 1998.

Figure 12-1

DEPARTMENT OF CORONER

Case Comparison

By Mode of Death:	Total cases	% of total
Accident	99	49.75
Fetal	2	1.00
Homicide	55	27.64
Natural	1	0.50
Suicide	15	7.54
Undetermined	<u>27</u>	<u>13.57</u>
Total	199	100%

By Gender:	Total Cases	% of Total
Female	75	37.69
Male	122	61.31
Unknown	<u>2</u>	<u>1.00</u>
Total	199	100%

By Ethnicity:	Total Cases	% of Total
Asian	4	2.01
African American	52	26.13
Caucasian	35	17.59
Hispanic	104	52.26
Japanese	1	0.50
Korean	1	0.50
Unknown	<u>2</u>	<u>1.01</u>
Total	199	100%

*A protocol established between ICAN and the Coroner in 1995 specifies that special categories of death of children under age 10 are reported to ICAN as well as suicides through age 17 years. This protocol is under review and will be revised prior to publication of the 2000 ICAN data report.



Figure 12-2

DEPARTMENT OF CORONER

Total ICAN Cases Reported: 199

Deaths by Age:

Age	Total cases	% of total
Stillborn	40	20.10
1 day –29 days	8	4.02
1 – 5 months	21	10.55
6 months – 1 year	31	15.58
2 years	17	8.54
3 years	12	6.03
4 years	5	2.51
5 years	5	2.51
6 years	10	5.03
7 years	1	0.50
8 year	4	2.01
9 years	6	3.02
10 years	2	1.01
11 years	8	4.02
12 years	9	4.52
13 years	3	1.51
14 years	3	1.51
15 years	5	2.51
16 years	3	1.51
17 years	<u>6</u>	<u>3.02</u>
Total	199	100%

Figure 12-3

MODE OF DEATH: ACCIDENT

Total Accident Cases: 99

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	31	31.31
Male	<u>68</u>	<u>68.69</u>
Total	99	100%

By Ethnicity:	Total Cases	% of Total
Asian	2	2.02
African American	31	31.31
Caucasian	21	21.21
Hispanic	44	44.44
Korean	<u>1</u>	<u>1.01</u>
Total	99	100%

Deaths by Age:	Total Cases	% of Total
Stillborn	28	28.28
1 day - 29 days	4	4.04
1 - 5 months	5	5.05
6 months - 1 year	15	15.15
2 years	11	11.11
3 years	7	7.07
4 years	4	4.04
5 years	3	3.03
6 years	6	6.06
8 years	3	3.03
9 years	4	4.04
10 years	1	1.01
11 years	4	4.04
12 years	2	2.02
17 years	<u>2</u>	<u>2.02</u>
Total	99	100%

By Cause of Death	Total Cases	% of Total
ASPHYXIA	5	5.05
AUTO VS BICYCLE	2	2.02
AUTO VS PEDESTRIAN	16	16.16
AUTO VS AUTO	7	7.07
BLUNT FORCE TRAUMA	2	2.02
CAUGHT BETWEEN OBJECTS	2	2.02
DROWNING	20	20.20
FALLS	2	2.02
FIRES - Smoke Inhalation	3	3.03
MATERNAL DRUG DEPENDCE*	38	38.38
OTHER	1	1.01
POISION	<u>1</u>	<u>1.01</u>
TOTAL	99	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: FETAL

Total Fetal Death Cases: 2

By Gender:	Total Cases	% of Total
Female	1	50.00
Undetermined	<u>1</u>	<u>50.00</u>
Total	2	100%

By Ethnicity:	Total Cases	% of Total
African American	1	50.00
Unknown	<u>1</u>	<u>50.00</u>
Total	2	100%

Deaths by Age:	Total Cases	% of Total
Stillborn	1	50.00
6 minutes	<u>1</u>	<u>50.00</u>
Total	2	100%

By Cause of Death	Total Cases	% of Total
DEATH OF MOTHER	1	50.00
NONCERTIFIABLE FETUS	<u>1</u>	<u>50.00</u>
TOTAL	2	100%

Figure 12-5

MODE OF DEATH: HOMICIDE

Total Homicide Cases: 55

By Gender:	Total Cases	% of Total
Female	27	49.09
Male	<u>28</u>	<u>50.91</u>
Total	55	100%

By Ethnicity:	Total Cases	% of Total
Asian	2	3.64
African American	13	23.64
Caucasian	6	10.91
Hispanic	<u>34</u>	<u>61.82</u>
Total	55	100%

Deaths by Age:	Total Cases	% of Total
Stillborn	6	10.91
1 day - 29 days	1	1.82
1 - 5 months	7	12.73
6 months - 1 year	9	16.36
2 years	4	7.27
3 years	5	9.09
4 years	1	1.82
5 years	2	3.64
6 years	3	5.45
7 years	1	1.82
8 years	1	1.82
9 years	2	3.64
11 years	3	5.45
12 years	6	10.91
13 years	2	.64
14 years	1	1.82
17 years	<u>1</u>	<u>1.82</u>
Total	55	100%

By Cause of Death	Total Cases	% of Total
AUTO vs PEDESTRIAN	1	1.82
ASPHYXIA	1	1.82
ASSAULT BY FIRE/ARSON	5	9.09
BLUNT FORCE TRAUMA/INJURIES	4	7.27
CHILD ABUSE	19	34.55
GUNSHOT WOUNDS	16	29.09
DROWNING	2	3.64
MATERNAL GUNSHOT WOUNDS	1	1.82
SHAKEN BABY SYNDROME	3	5.45
STABBING	2	3.64
STRANGULATION	<u>1</u>	<u>1.82</u>
TOTAL	55	100%



Figure 12-6

MODE OF DEATH: NATURAL

Total Natural Death Cases: 1

By Gender:	Total Cases	% of Total
Male	<u>1</u>	<u>100</u>
Total	1	100%

By Ethnicity:	Total Cases	% of Total
Hispanic	<u>1</u>	<u>100</u>
Total	1	100%

Deaths by Age:	Total Cases	% of Total
6 years	<u>1</u>	<u>100</u>
Total	1	100%

By Cause of Death	Total Cases	% of Total
CEREBRAL HEMORRHAGE	<u>1</u>	<u>100</u>
TOTAL	1	100%



Figure 12-7

MODE OF DEATH: SUICIDE

Total Suicide Cases: 15

By Gender:	Total Cases	% of Total
Female	3	20.00
Male	<u>12</u>	<u>80.00</u>
Total	15	100%

By Ethnicity:	Total Cases	% of Total
Caucasian	3	20.00
Hispanic	<u>12</u>	<u>80.00</u>
Total	15	100%

Deaths by Age:	Total Cases	% of Total
12 years	1	6.67
13 years	1	6.67
14 years	2	13.33
15 years	5	33.33
16 years	3	20.00
17 years	<u>3</u>	<u>20.00</u>
Total	15	100%

By Cause of Death	Total Cases	% of Total
HANGING	5	33.33
GUNSHOT WOUND	9	60.00
DRUGS	<u>1</u>	<u>6.67</u>
TOTAL	15	100%



Figure 12-8

MODE OF DEATH: UNDETERMINED

Total Undetermined Death Cases: 27

By Gender:	Total Cases	% of Total
Female	14	51.85
Male	12	44.44
Unknown	<u>1</u>	<u>3.70</u>
Total	27	100%

By Ethnicity:	Total Cases	% of Total
African American	7	25.93
Caucasian	5	18.52
Hispanic	13	48.15
Japanese	1	3.70
Unknown	<u>1</u>	<u>3.70</u>
Total	27	100%

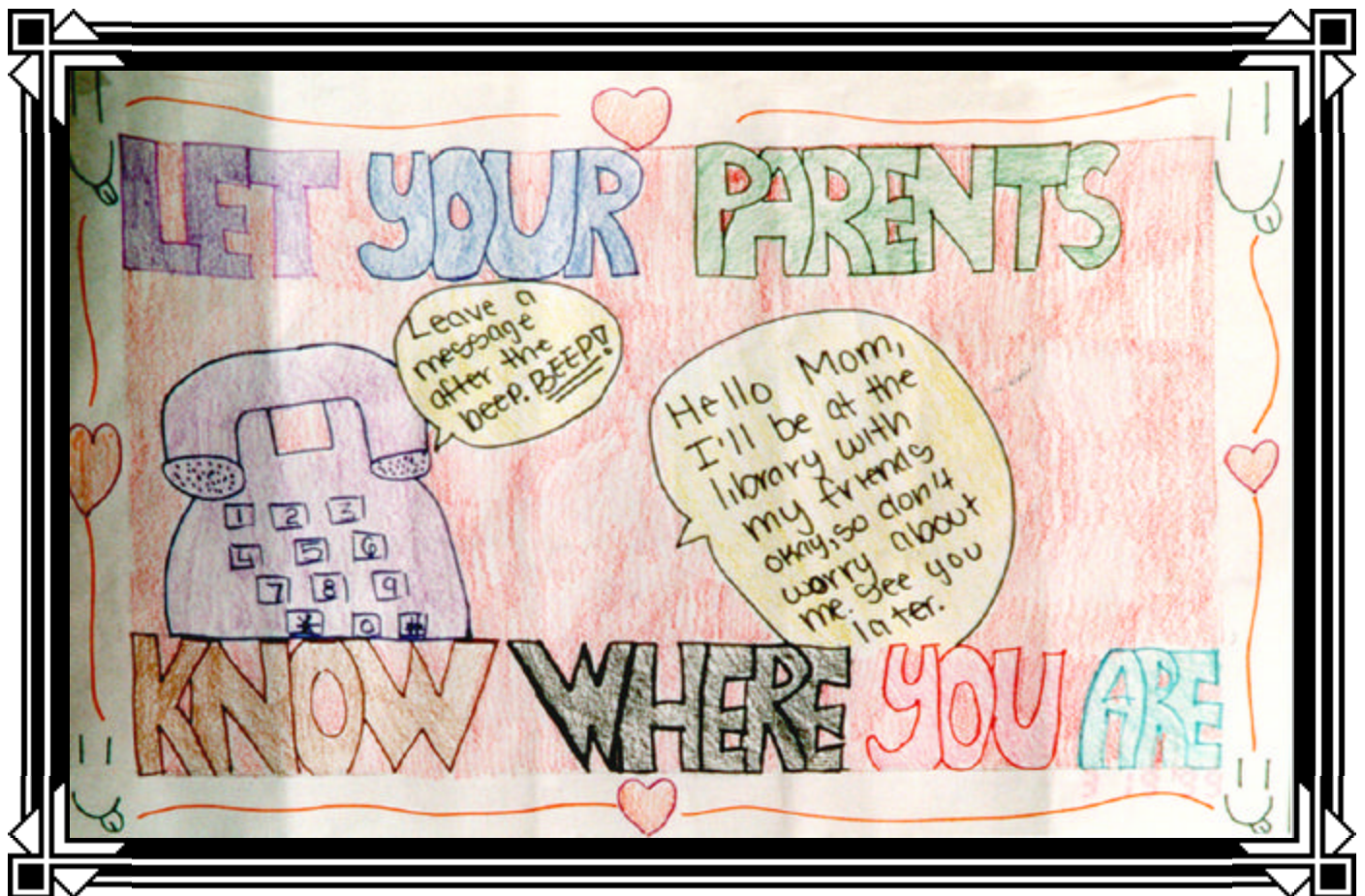
Deaths by Age:	Total Cases	% of Total
Stillborn	5	18.52
1 day - 29 days	1	3.70
1 - 5 months	10	37.04
6 months - 1 year	7	25.93
2 years	2	7.41
10 years	1	3.70
11 years	<u>1</u>	<u>.70</u>
Total	27	100%

By Cause of Death	Total Cases	% of Total
HANGING	1	3.70
INTRAUTERINE FETAL DEMISE	1	3.70
MATERNAL COCAINE USE	2	7.41
OTHER INJURY	2	7.41
UNDETERMINED	12	44.44
UNDETERMINED AFTER AUTOPSY	7	25.93
UNDETERMINED-Skeletonized Remains*	1	3.70
UNDETERMINED-Decomposed	<u>1</u>	<u>3.70</u>
Total	27	100%

* 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 1998: 82,689 registered for library cards; 5.6 million children's books were checked out; 106,228 children participated in early childhood education activities; 162,100 children attended school-age reading motivation programs; 247,000 children participated through classroom visits; and 121,209 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 providing educational opportunities and programs to help families "get it right the first time."

BEGIN AT THE BEGINNING WITH BOOKS

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

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

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

After their babies are born, the mothers are invited to apply for their library card and

to visit the library for baby reunions. Project staff provides 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)

- 3,507 adults participating in clinic sessions
- 2,198 children introduced to books at clinics
- 816 adults attended library sessions
- 1,213 children attended library sessions
- 26% of clinic participants received library cards

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 learning to read via the Library's Adult Literacy Program. In 1998-1999, 2,400 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.

BEGIN AT THE BEGINNING WITH BOOKS 1993-1998

In 1993, the dramatic increase in the number of Begin at the Beginning with Books participants was a result of the expansion of the program from four to eight clinic sites.

In 1994, participation declined as a result of budget reductions which downsized the program from eight to six clinic sites. The dramatic reduction in the percentage of participants receiving their library cards was a result of a 64% reduction in library open hours during this period.

In 1995, reduction in prenatal services at L.A. County Health Clinics resulted in fewer participants.

New program sites were developed with non-profit health centers.

1997 saw multiple staff strategies and temporary clinic closures combined with El Nino. Smaller group sizes resulted in more one-on-one communication and increased participation in library component and library card registrations.

In 1998, continued staff vacancies and fewer prenatal clients in the health clinics are reflected in the data.



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 mental disorder 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 mental disorder, which has or will, without treatment, result in psychotic, suicidal or violent behavior or long-term impairment of functioning in family, community or school.

The CSOC Treatment Network:

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

In order to enhance the development of diverse programs and ensure the smooth delivery of services, the CSOC added a third Service Area Sector Chief who will be responsible for Sector III, Service Areas 6 and 8. The other Service Sectors consist of Sector I- Service Areas 1, 2, 4, and 5; and Sector II- Service Areas 3 and 7. In the near future, in order to balance the management distribution per Sector, a fourth Sector will be created by redistributing the number of Service Areas in Sector I.

The CSOC has several major program service categories:

Community Rehabilitation Option Mental Health Services, which include directly operat-



ed 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 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.

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. Los Angeles County has eighty (80) 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 1997-98, 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 disorders. 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.

DCFS provides the General Funds match for Star View; a Psychiatric Health Facility (PHF) and a day treatment program attached to a level 14 group home for severely emotionally disturbed dependents from MacLaren Children's Center.

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 97-98.

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 fifty-four (54) 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 and 10% of the children have been enrolled during FY 97-98.

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 97-98.

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 assist the family in 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.

During FY 97-98, 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 physician, the social worker or probation officer, the judge, the attorneys, and the group home or foster home where the child resides. Mental Health was represented on most of the committees established by the Juvenile Court and is attempting to provide consultation and technical information to enable the treatment of each child, while at the same time preserving confidentiality and the treatment prerogatives of involved physicians. 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 97-98, approximately 10,000 requests were reviewed.

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). 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 97-98, 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 210 youths who are given 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 LASD) provide ongoing consultation to the CSW's and providers of community services and direct follow-up with the youths as needed.

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, LASD, FBI, US Secret Service, Mexican Consulate, DCFS, County Counsel, and the DA's Office. During

FY 97-98, there were 11 cases opened at Didi Hirsch and 16 at the H.E.L.P. Group. For both sites, the average age of the children was 8.5 years. Fifty five percent were male and forty five percent female. The ethnic groups of these clients were: 33.3% Mexican-Hispanic, 22% Filipino, 18.5% African-American, 14.8% Other White/Caucasian, 7.4% Hawaiian and 3.7% Samoan.

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. Later, the CSOC will provide services through contract providers in the remaining Service Areas.

ICAN Nexus Conference: In November 1997, DMH contributed to the Annual ICAN Nexus Conference with presentations, which dealt with of the role of cultural sensitivity in treating traumas resulting from child abuse and neglect.

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.

In FY 97-98, the inpatient program for children and adolescents at Metropolitan completed its first full year of service. During FY 97-98, there were 101 children at Metropolitan. There were 25 girls and 76 boys whose mean age was 14.6 years and whose median age 15.1 years. The majority of boys were of African-American ethnicity. When admit diagnoses were collapsed into six larger categories, 34.7% had an admit diagnosis of a behavior-related disorder.

Medi-Cal Consolidation:

The County assumed administrative and fiscal responsibility for the Fee-For-Service Medi-Cal services 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 97-98. 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.

Approximately 4,400 children and adolescents were hospitalized during FY 97-98. 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 230 cases during FY 97-98. 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 575 DCFS Children's Social Workers.

The FFS Hospital Case Management unit participated in approximately 230 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 46 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 97-98, 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 4200 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 joining 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.

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.

During FY 97-98, the implementation of the System of Care in the cities of Compton and North Long Beach began with the recruitment of staff for both programs as well as remodeling the facilities selected in each city. By February, Program Managers for In-Home Intensive Services were hired and they initiated recruitment of therapists and family caseworkers. Day-treatment Program Managers were hired in May and June. By the end of the Fiscal Year, these Program Managers had recruited their staff. By the end of June, the In-Home Intensive Programs had about 16 cases open at each site.

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). 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.

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.

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 90% of the children who receive mental health services through this program do so on an outpatient or day treatment basis. The remaining 10% or approximately 300 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 twelve 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 one 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.

Performance Outcomes:

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: Child Behavior Checklist (CBCL), the Youth Self-Report (YSR), the Child and Adolescent Functional Assessment Scale (CAFAS), Restrictiveness of Living Environment Scale (ROLES), and Client Satisfaction Questionnaire (CSQ8). Parents and children seen in Bureau 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 (if the child is age 11 and older) perspectives. During FY 97-98, 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 DMH at the end of the Fiscal Year. The CAFAS, ROLES and CSQ8 data is 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 Bureau has Children and Family System of Care Planning Committee made up of public departments, advocates, providers, and family members. Recognizing the imminent challenges confronting child mental health services, the Bureau initiated a process of reform in February 1994 focused on the development of the "Children's System of Care (SOC) Plan". The Plan promotes the development of a continuum of care and particularly 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 which are consistent with the SOC Plan. The Bureau continues to work with the Council to implement Service Planning Area Councils (SPAs) in each of the eight DMH Service Areas. The Bureau is represented within each SPA.

The Bureau's planning process is ongoing. Representatives of the 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 SOC and/or Planning Council auspices to provide feedback to the department on future direction of services to children and families.

Client Characteristics:

Over the past decade, the number of children and youth from birth to eighteen receiv-

ing Short-Doyle Medi-Cal services from the DMH has shown substantial variation from year to year. During Fiscal Year 1986-87, unique Short-Doyle Medi-Cal clients totaled 18,617. The number dropped to 17,952 during Fiscal Year 1987-88, 17,078 during Fiscal Year 1988-89, 16,061 during Fiscal Year 1989-90 and finally to 15,279 during Fiscal Year 1990-91. During Fiscal Year 1991-92, the number of unique children and youth rose to 15,905 and to 16,948 during Fiscal Year 1992-93, remained constant with 16,932 for Fiscal Year 1993-94, increased to 18,683 in Fiscal Year 1994-95 and rose to 19,917 in Fiscal Year 1995-96. The trend toward annual increases has been consistent since Fiscal Year 1993-94 with 23,411 children/youth receiving Short-Doyle Medi-Cal services in Fiscal Year 1996-97. There has been an increment of 3,494 Short-Doyle clients from Fiscal Year 1995-96 to Fiscal Year 1996-97 which is an increase of 17.5%, bringing the total number of clients served to 23,411. The trend continued during Fiscal Year 1997-98, with an increase of 2,794 clients, (10.6%), bringing the total number of Short-Doyle Medi-Cal clients to 26,205.

The increase in Short-Doyle Medi-Cal clients during Fiscal Years 1994-95, 1995-96 and 1996-97 partly reflects the addition of clients receiving services in a child abuse program, designated the AB 1733/2994 Pilot Project. This program is funded through an agreement with ICAN and the Department of Children and Family Services that transferred funds for the program to DMH starting in October, 1994. The services in this program are focused on child abuse victims and their families and those who are at high-risk of abuse and/or neglect. Services are provided on a short-term basis with the goals of encouraging family maintenance and preventing the need for out-of-home placement. Additionally, services are targeted to facili-



tate early family reunification, were appropriate, when out-of-home placement has occurred. Another goal is prevention of child abuse at the earliest possible stage; with the objective of improving the family's ability to cope with daily stressors through education and support. During Fiscal Year 1995-96, there were 702 clients who received services from this program, following the 1090 clients in the program during Fiscal Year 1994-95. There are 993 clients who were served in this program during Fiscal Year 1996-97. During Fiscal Year 1997-98, the numbers of clients served in the Child Abuse Prevention Program totaled 824. (These 824 are included in the total Short-Doyle Medi-Cal and FFS client total of 27,257).

Therefore, the total of Fiscal 96-97 Short-Doyle Medi-Cal clients, for comparability with unique client totals before the start of the Child Abuse Program in FY 1994-95, is the difference between the overall Short-Doyle total of 23,411 and the 993 clients in this program, or 22,418 clients. There has been an increase of 3,203 or 16.6% over these two Fiscal Years for Short-Doyle Medi-Cal clients, excluding clients in the child abuse prevention program.

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, has 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 2,448 unique Fee-For-Service Medi-Cal clients, yielding a grand total of 25,859 Medi-Cal clients receiving Short-Doyle or Inpatient Fee-For-

Service interventions. Of these, 1,525 were served in both the Short-Doyle Medi-Cal and Fee-For-Service Medi-Cal systems. If we remove the count for clients who crossed over between these two systems from the total count for each system, we are left with 21,866 unique clients who only received Short-Doyle Medi-Cal services and 923 unique clients who received only Fee-For-Service Medi-Cal services in Fiscal Year 1996-97. The overall total in Fiscal Year 1996-97 for clients receiving services in only one of the two current Medi-Cal systems is 22,789. During the Fiscal Year 1997-98 there were 26,205 clients receiving only Short-Doyle Medi-Cal services and 1,052 unique clients who were served only by the Fee-For-Service Medi-Cal system. During this year there were also 3,326 who were served by both systems.

The following summaries of the ethnicity, age and primary diagnoses are based upon all clients served, including Fee-For-Service Medi-Cal cases for FY 97-98.

For the children and youth served in Short-Doyle or inpatient Fee-For-Service Medi-Cal programs, Figure 14-1, summarizes the observed distribution of clients within each age group since FY 1988-89. As shown in Figure 14-2, 6% were in the age group 0-5 years, (which is an increase from the previous year's percentage of 3.2% for this age group). The 6-11 year olds made up 35.2% of the clients, and as in previous years the majority of children (58.8%) were adolescents aged 12-17 years. The majority of children in the system were boys, 16,617 (61%), and 10,640 (39%) girls as shown in Figure 14-3.

For Short-Doyle and Fee-For-Service Medi-Cal clients during FY 97-98, 78% were from minority ethnic groups, which is slightly higher than the 73.5% observed in FY 96-97. This is consistent with the proportions of minority clients which have been 70% or higher over the past eight Fiscal Years.

During FY 1997-98, Hispanics comprised 38% of the clients, followed by 29% Black; 22% White; 3 % Asian; and 8% Other/Unknown ethnic groups (Figure 14-4). Figure 14-5 summarizes the percentages of children in each ethnic group since FY 1988.

When primary admit diagnosis for the total children's population of 27,257 are collapsed into major diagnostic categories, 63.7% of the children were diagnosed with a severe mental illness. The collapsed categories reveal that 31.3% of the children were diagnosed with Bi-Polar Disorders of all types; 25.3% Major Depression; 3.3% Psychosis; 2.7% Schizophrenia; and 1.1% Pervasive Developmental Disorders. If the categories Bi-Polar Disorders and Major Depression were combined, these two diagnoses included over 50% of the children diagnosed as having a severe mental illness. (Figure 14-6)

Figures 14-7, 14-8 and 14-9 describe the ages, gender, ethnic groups and collapsed diagnostic categories for the children who were in the State Metropolitan Hospital during FY 1997-98.

During the FY 97-98 the Agency of Primary Responsibility for 25.1% of the children in the DMH system was the Department of Children and Family Services (DCFS). The Department of Probation had 11.6% of this group under its supervision. The Los Angeles Unified School District was the Agency of Primary Responsibility for 9.5% of DMH clients, and 48% fell into the category of "Other" (primarily the client's families). (Figure 14-10)

Figures 14-11 through 14-13 refer to the gender, ethnic group, and ages of the children who were under the supervision of the Department of Probation. The majority, (70.5%) were boys and 38.5% were Hispanic. Black males made up the next largest group (33.0). The average age was 15.6 years.

Figures 14-14 through 14-16 are the statistics for children under the supervision of the Department of Children and Family Services. In this group, 51.7% were boys, 35.8% Hispanic (35.7%) Black, and the average age was younger (11.3 years.)

Figures 14-17 through 14-23 refer to a sub-group of children in the DMH system during FY 97-98. These were children having a primary admit diagnosis of Child Abuse. This category includes Physical Abuse, Neglect, Sexual Abuse and Abuse of an Adult (or Sibling) in the Child's Environment. (This latter category indicates the child is receiving mental health care for being exposed to some kind of abuse involving another family member.) There were 329 children, (195 girls, 59.3% and 134 boys, 40.7%) with some diagnosis of abuse. Figure 14-18 shows the number of children in each diagnostic category. The average age of these children was 10 years and 10 months old, although there were 53 children younger than 6 years (Figure 14-19). Figures 14-20 through 14-22 are cross tabulations of the type of abuse by ethnicity, with separate tables for boys and girls. Figure 14-22 indicates that Hispanic children are most at risk for all kinds of child abuse, except the abuse of an adult in the environment. Afro-American children were most at risk for this type of child abuse. Figure 14-23 gives frequency and percentages of the Agency of Primary Responsibility for abused children. The 329 children diagnosed with child abuse are approximately 1% of the total child client population.

There are also 96 children whose primary admit diagnosis was specifically sexual abuse (Figures 14-24 through 14-27). In this sub-group of the children diagnosed with abuse, 69% were girls, and 31% boys (Figure 14-24) and approximately 50% were of Hispanic ethnicity (Figure 14-25). The average age was 10 years, 4 months



(Figure 14-26) and 46.9% were under the supervision of the DCFS (Figure 14-27).

AB 1733/2994 Family Preservation Project

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.

The first year of the project FY 1994-95, there were 1090 clients in the AB 1733/2994 Program; during FY 1995-96, 702 clients; in 1996-97, 993 clients; and during FY 1997-98, 824 clients were served. The majority of children were girls (52.4%) and 47.6% were boys (Figure 14-28). In this group, 43.7% were of Hispanic ethnicity, 15% were Asian, 13.2% Black, and the ethnicity of 4.2% were either Unknown or Other (Figure 14-29). The average age of the children in this program was 10 years old (Figure 14-30). Within this group of children in the AB 1733/2994, 244 (29.5%) were diagnosed as suffering from a severe mental illness. The overwhelming majority, (91.4%) were diagnosed with Major Depression (Figure 14-31). The goal of this program is to keep families together and this is reflected with the Agency of Primary Responsibility being the family for 58.7% of this group, while 35.6% were wards of DCFS and/or the School District (Figure 14-32).

SUMMARY OF FINDINGS:

During 1998, the number of Short-Doyle Medi-Cal and Fee-For-Service clients served by the Los Angeles County Dept. of Mental Health increased by 10.6% over the previous year to a total of 27,257.

Of the total population, the majority, (69.6%), were from minority ethnic groups. Children of Hispanic ethnicity made up the largest group (37.3%), 29.1% were African-Americans, 22.4% were White, 3.2% Asian and the remainder (7.9%) were either Unknown or Other.

The majority of these clients were adolescents aged 12-18, (58.8%). Children who were under age 6 comprised 6.0% of the population, and 6-11 year olds made up the remaining 35.2% of the total population.

When the diagnoses given at the time of admission to the DMH System of Care were collapsed into broad categories of Bi-polar Disorders, Psychosis, Major Depression, Schizophrenia or Pervasive Developmental Disorders, 63.7% of children in the System of Care had a diagnosis of severe mental illness. When the categories of Bi-polar Disorder and Major Depression were combined they accounted for over 50% of the children.

The Department of Children and Family Services, (DCFS), was the primary agency of responsibility for 25.1% of the children during this period. Of the total number of DCFS children 35.8% were of Hispanic ethnicity, 35.7% were African-Americans, 19.0% were White, 2.7% were of Asian ethnicity and 6.8% Other/Unknown. The average age for children under the supervision of DCFS was 11 years old and 51.7% were boys, 48.3% were girls.

The Department of Probation was responsible for 11.6% of the children under the supervision of an entity other than their families. While kids under the supervision of DCFS were fairly evenly divided between boys and girls, 70.5% of the children who



were wards of the Department of Probation were boys. The ethnic breakdown was similar however, with 38.5% Hispanic, 33.0% African-Americans, 19.5% White, 2.2% Asian, and 6.9% Other/Unknown. The average age in this group was older, at 15.6 years.

The LAUSD was the Agency of Primary Responsibility for approximately 13% of the children of which the majority, (42%) were White and the average age was 12.5 years.

The remainder of the total population (54.0%), were under the supervision of "Other", primarily their families.

Within the total population, there were 824 children served by the Child Abuse Prevention Program. Of these, 60% were girls. The average age was 11 years old, although 6% (53) were younger than 6 years of age. A subgroup of these children (96) 29.2% had a primary admit diagnosis of sexual abuse. The average age for these children was 10 years old and 70% of them were girls.

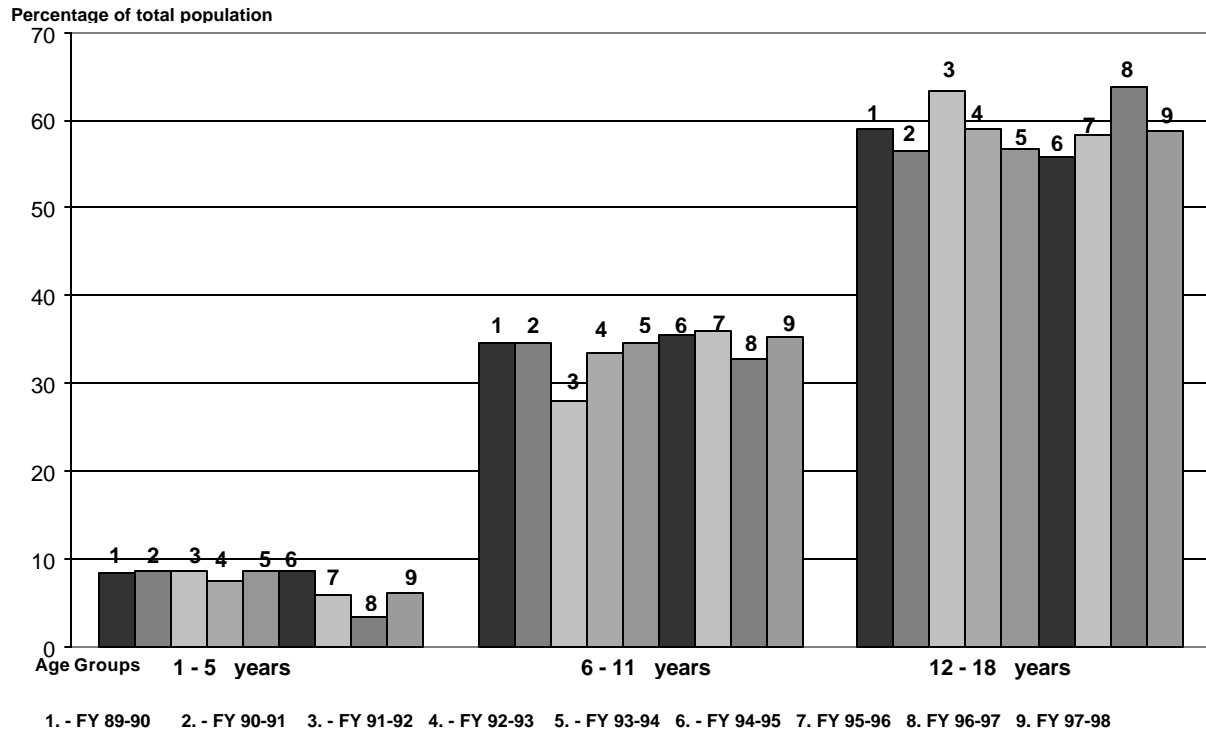
ICAN DATA ANALYSIS REPORT FOR 1999

Figure 14-1

PERCENTAGE BY AGE FOR FY 88-89 TO 97-98

FISCAL YEAR	0-5 YEARS	6-11 YEARS	12-17 YEARS	TOTALS
FY 88-89	8.5	33.8	57.7	17,078
FY 89-90	8.4	34.5	59.1	16,061
FY 90-91	8.7	34.5	56.5	15,277
FY 91-92	8.7	28.0	63.3	15,905
FY 92-93	7.5	33.5	59.0	16,948
FY 93-94	8.5	34.7	56.8	16,932
FY 94-95	8.7	35.5	55.8	19,030
FY 95-96	5.8	35.9	58.3	19,917
FY 96-97*	3.4	32.7	63.9	24,314
FY 97-98 *	6.0	35.2	58.8	27,257

BAR GRAPH OF AGE GROUPS FOR NINE FISCAL YEARS PRESENTED AS A PERCENTAGE OF TOTAL POPULATION - 1988-89 TO 1997-98



* FY 96-97 and FY 97-98 includes both Short-Doyle Medi-Cal and Fee-For-Service Inpatient client counts.



Figure 14-2

TOTAL NUMBER OF CHILDREN BY AGE GROUPINGS

Age	Frequency	Percent
0-5	1,616	6%
6-11	9,607	35%
12-18	16,034	59%
Totals	27,257	100%



Figure 14-3

GENDER GROUPS FY 1997-98

	Frequency	Percent
FEMALE	10640	39.0
MALE	16617	61.0
Total	27257	100

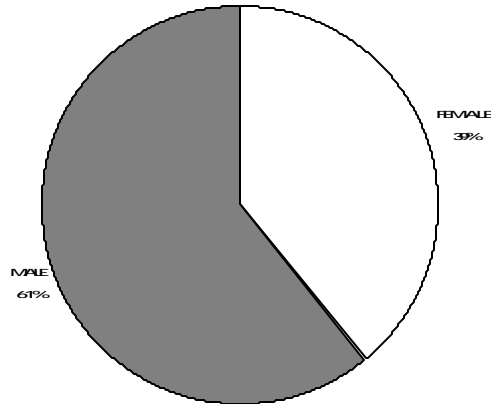


Figure 14-4

ETHNIC GROUPS FOR FY 88-89 TO FY 97-98

	Frequency	Percent
HISPANIC	10,175	37.3
BLACK	7,936	29.1
WHITE	6,101	22.4
UNKNOWN	2,164	7.9
ASIAN	881	3.2
Total	27257	100.0

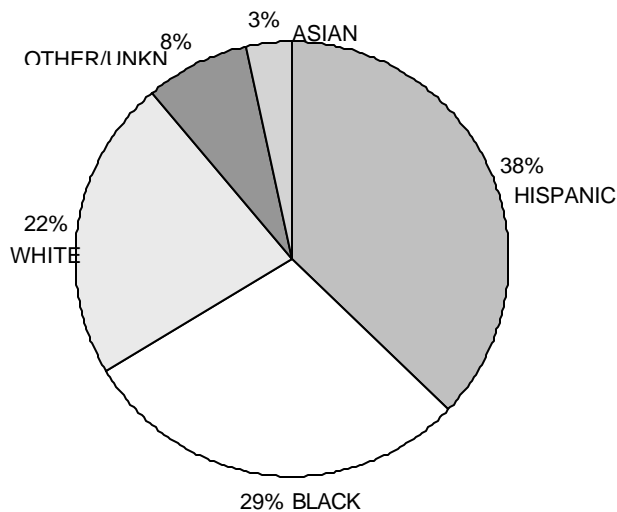




Figure 14-5

PERCENTAGE OF CHILDREN WITH SEVERE MENTAL ILLNESS FY 1997-98

FY	WHITE	HISPANIC	BLACK	ASIAN	OTHER/UNKN	TOTAL POP. BY
FY 88-89	27.6	38.5	26.8	2.7	4.4	17,078
FY 89-90	29.0	38.7	25.0	2.7	4.6	16,061
FY 90-91	30.3	37.7	25.0	3.1	3.8	15,277
FY 91-92	27.5	40.4	25.7	2.9	3.5	15,905
FY 92-93	27.0	40.1	26.1	3.4	3.4	16,948
FY 93-94	26.3	38.9	27.4	3.2	4.1	16,932
FY 94-95	26.2	38.0	26.8	3.0	6.0	19,030
FY 95-96	27.5	36.9	27.3	3.8	4.5	19,917
FY 96-97	24.0	37.3	29.3	4.1	5.4	21,886
FY 97-98	22.4	37.3	29.1	3.2	7.9	27,257

Figure 14-6

PERCENTAGE OF CHILDREN WITH SEVERE MENTAL ILLNESS FY 1997-98

DIAGNOSIS	Frequency	Percentage
Bi-Polar Disorder *	8,529	31.3
Major Depression *	6,906	25.3
Psychosis	899	3.3
Schizophrenia	724	2.7
Pervasive Development Disorders	308	1.1
Total Number of Children with Severe Mental Illness	17,366	63.7

Figure 5 shows that out of the total unique client population of 27,257, 63.7% suffer from some form of severe mental illness

*By combining the numbers of children diagnosed with bi-polar disorder or depression (15,435 out of 17,366) we see the vast majority of children diagnosed with a severe mental illness fall into this category. 88% of the severely mentally ill group of 17,366 clients, and 56.6% of the total population of 27,257 clients.

Figure 14-7

AGE OF CHILDREN IN LA COUNTY METROPOLIAN STATE HOSPITAL

Total number	101
Mean	14.6
Median	15.1
Range	10.5



Figure 14-8

CROSS-TABULATION OF GENDER AND ETHNICITY OF CHILDREN IN STATE HOSPITAL

	Female	Male	Total
BLACK	12	31	43
WHITE	7	29	36
HISPANIC	4	10	14
ASIAN	1	1	2
OTHER/UNKNOWN	1	5	6
Total	25	76	101

Figure 14-9

COLLAPSED DIAGNOSTIC CATEGORIES OF CHILDREN IN STATE HOSPITAL

	Frequency	Percent
BEHAVIORAL DISORDERS*	35	34.7
MAJOR DEPRESSIVE DISORDERS	16	15.8
BI-POLAR DISORDERS	15	14.9
SCHIZOPHRENIA, ALL TYPES	14	13.9
PSYCHOTIC DISORDERS	14	13.9
ALL OTHER DISORDER TYPES	7	6.9
Total	101	100.0

**The DSM-IV categories have been collapsed into six types of diagnosis. Behavioral disorders includes Conduct Disorders (312.81 & 312.89), Disruptive Disorder (312.90), Oppositional Defiant Disorder (313.81), Attention deficit/Hyperactivity Disorder Not Otherwise Specified (314.90), Attention deficit/Hyper/Impulse Disorder (314.01), Adjustment disorder with depressed mood (309.00), Adjustment disorder with conduct disturbance (309.30), and Adjustment disorder with mixed emotion & conduct (309.40). These diagnoses are clearly in a separate category from Schizophrenia, Depression, Bi-polar Disorder or Psychosis. the category "OTHER", includes diagnoses like mental retardation, autism, etc..*

Figure 14-10

AGENCY OF PRIMARY RESPONSIBILITY

	Frequency	Percent
Unknown/Missing	13,335	48.0
Dept of Children & Family Services: Dependent and /or under Supervision	6,843	25.1
Dept of Probation: Ward	3,151	11.6
School District: SEP eligible	2,579	9.5
School District: SED on IEP (not SEP)	902	3.3
Dept of DCFS: DCFS supervision and/or School District	332	1.2
Dept of Probation: Ward and School District	115	0.4
Total	27,257	100.0



Figure 14-11

CHILDREN WHO WERE UNDER SUPERVISION OF THE DEPT. OF PROBATION DURING FY 97-98

Gender	Frequency	Percent
MALE	2,221	70.5
FEMALE	930	29.5
Total	3,151	100

Figure 14-12

CHILDREN WHO WERE UNDER SUPERVISION OF THE DEPT. OF PROBATION DURING FY 97-98

Ethnicity	Frequency	Percent
HISPANIC	1,212	38.5
BLACK	1,040	33.0
WHITE	614	19.5
OTHER/UNKNOWN	216	6.9
ASIAN	69	2.2
Total	3,151	100

Figure 14-13

CHILDREN WHO WERE UNDER SUPERVISION OF THE DEPT. OF PROBATION DURING FY 97-98

Age	Frequency	Percent
3	2	0.1
4	1	0.0
6	2	0.1
7	6	0.2
8	4	0.1
9	5	0.2
10	13	0.4
11	28	0.9
12	69	2.2
13	163	5.2
14	368	11.7
15	572	18.2
16	831	26.4
17	842	26.7
18	245	7.8
Total	3,151	100

AGE - STATISTICS

N	3,151
Missing	0
Mean	15.6
Median	16
Range	1 - 18 years



Figure 14-14

CHILDREN WHO WERE WARDS OF DCFS DURING FY 97-98

Ethnicity	Frequency	Percent
HISPANIC	2,451	35.8
AFRICAN AMERICAN	2,445	35.7
WHITE	1,300	19.0
OTHER/UNKNOWN	463	6.8
ASIAN	184	2.7
Total	6,843	100

Figure 14-15

CHILDREN WHO WERE WARDS OF DCFS DURING FY 97-98

Gender	Frequency	Percent
FEMALE	3,304	48.3
MALE	3,539	51.7
Total	6,843	100

Figure 14-16

CHILDREN WHO WERE WARDS OF DCFS DURING FY 97-98

Age	Frequency	Percent
1	5	0.1
2	34	0.5
3	99	1.4
4	187	2.7
5	303	4.4
6	410	6.0
7	423	6.2
8	470	6.9
9	429	6.3
10	472	6.9
11	438	6.4
12	580	8.5
13	527	7.7
14	612	8.9
15	634	9.3
16	562	8.2
17	514	7.5
18	144	2.1
Total	6,843	100

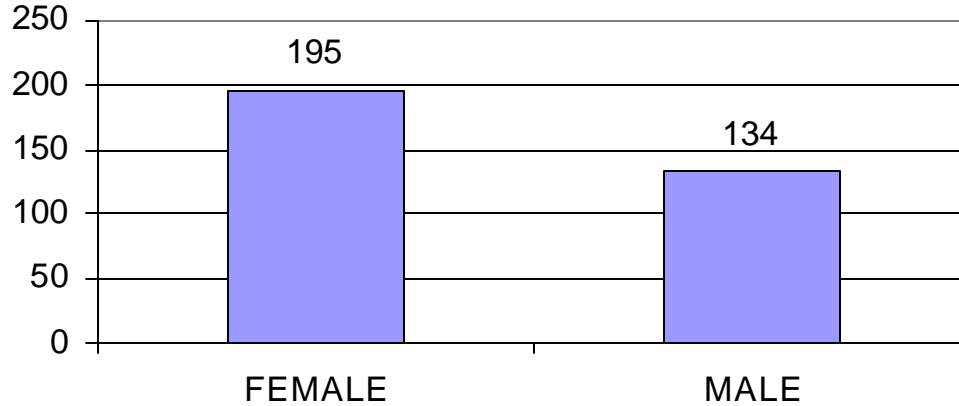
AGE - STATISTICS

N	6,843
Missing	0
Mean	11.3
Median	12
Range	1 - 18 years

Figure 14-17

CHILDREN WITH A PRIMARY ADMIT DIAGNOSIS OF SOME FORM OF CHILD ABUSE
GENDER OF ABUSED CHILDREN FY 97-98

	Frequency	Percent
FEMALE	195	59.3
MALE	134	40.7
Total	329	100



* Abuse of an adult in the child's environment is a diagnostic category (995.81) indicating that the child is being treated for emotional trauma resulting from having witnessed physical or sexual abuse to a family member or caretaker in the home environment.

Figure 14-18

CHILDREN WITH A PRIMARY ADMIT DIAGNOSIS OF SOME FORM OF CHILD ABUSE
TYPES OF CHILD ABUSE FY 97-98

	Frequency	Percent
995.5 Abuse-not specified	129	39.2
995.52 Neglect of a child	43	13.1
995.53 Sexual abuse	96	29.2
995.54 Physical abuse	52	15.8
995.81 Abuse of a adult in the child's environment	9	2.7
Total	329	100

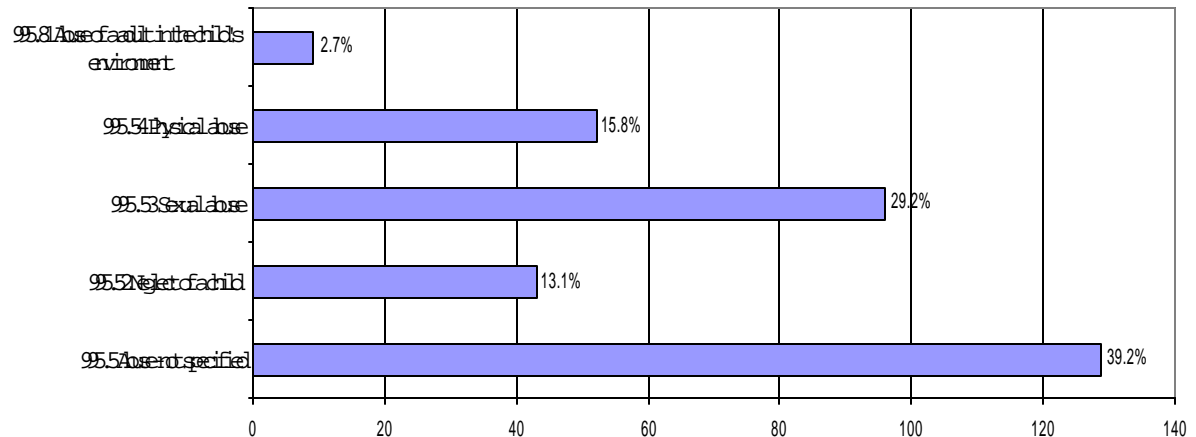




Figure 14-19

AGE STATISTICS FOR CHILDREN HAVING A PRIMARY ADMIT DIAGNOSIS OF CHILD ABUSE FOR FY 97-98

Age	Frequency	Percent
1	3	0.9
2	2	0.6
3	10	3.0
4	16	4.9
5	22	6.7
6	23	7.0
7	28	8.5
8	26	7.9
9	27	8.2
10	27	8.2
11	17	5.2
12	15	4.6
13	15	4.6
14	29	8.8
15	29	8.8
16	27	8.2
17	13	4.0
Total	329	100

AGE - STATISTICS

N	329
Mean	10.10
Median	10
Minimum	1
Maximum	17

Figure 14-20

CROSS-TABULATION SHOWING TYPES OF ABUSE BY ETHNICITY FY 97-98

		WHITE	HISPANIC	BLACK	ASIAN	OTHER/UNKN	TOTAL
ABUSE type not specified	Count	20	53	29	20	7	129
	%	15.5	41.1	22.5	15.5	5.4	100
NEGLECT	Count	9.0	16.0	8.0	7.0	3	43
	%	20.9	37.2	18.6	16.3	7.0	100
SEXUAL	Count	18.0	46.0	21.0	6.0	5	96
	%	18.8	47.9	21.9	6.3	5.2	100
PHYSICAL	Count	13.0	21.0	10	7.0	1	52
	%	25.0	40.4	19.2	13.5	1.9	100
ABUSE OF AN ADULT IN CHILD'S ENVIRONMENT	Count	2.0	2.0	3.0	1.0	1	9
	%	22.2	22.2	33.3	11.1	11.1	100
Total	Count	62.0	138.0	71	41.0	17	329
	%	18.8	41.9	21.6	12.5	5.2	100

Figure 14-21

CROSS-TABULATION OF ABUSE BY ETHNICITY FOR BOYS ONLY - FY 97-98 n=134

		WHITE	HISPANIC	BLACK	ASIAN	OTHER	TOTAL
ABUSE type not specified	Count	7	20	12	8	2	49
	%	14.3	40.8	24.5	16.3	4.1	100
NEGLECT	Count	4	8	5	6	2	25
	%	16	32	20	24	8	100
SEXUAL	Count	6	13	8	1	2	30
	%	20	43.3	26.7	3.3	6.7	100
PHYSICAL	Count	6	8	8	4		26
	%	23.1	30.8	30.8	15.4		100
ABUSE OF AN ADULT IN CHILD'S ENVIRONMENT	Count	1	1	2			4
	%	25	25	50			100
Total	Count	24	50	35	19	6	134
	%	17.9	37.3	26.1	14.2	4.5	100

Figure 14-22

CROSS-TABULATION OF ABUSE BY ETHNICITY FOR GIRLS ONLY - FY 97-98 n=195

		WHITE	HISPANIC	BLACK	ASIAN	OTHER	TOTAL
ABUSE type not specified	Count	13	33	17	12	5	80
	%	16.3	41.3	21.3	15.0	6.3	100
NEGLECT	Count	5	8	3	1	1	18
	%	27.8	44.4	16.7	5.6	5.6	100
SEXUAL	Count	12	33	13	5	3	66
	%	18.2	50.0	19.7	7.6	4.5	100
PHYSICAL	Count	7	13	2	3	1	26
	%	26.9	50.0	7.7	11.5	3.8	100
ABUSE OF AN ADULT IN CHILD'S ENVIRONMENT	Count	1	1	1	1	1	5
	%	20	20	20	20	20	100
Total	Count	38	88	36	22	11	195
	%	19.5	45.1	18.5	11.3	5.6	100



Figure 14-23

AGENCY OF RESPONSIBILITY FOR CHILDREN WITH DIAGNOSIS OF ABUSE DURING FY 97-98

	Frequency	Percent
Dept. Children's & Family Services -DCFS	155	47.1
Unknown/Missing	131	39.8
Dept. of Probation	21	6.4
DCFS %/or School District-Special Education Program (SEP) eligible	10	3.0
School District (SEP eligible)	8	2.4
School District -Severely Emotionally Disturbed (SED) on Individualized Education Plan (not SEP)	3	0.9
Dept. of Probation & School District (SEP eligible)	1	0.3
Total	329	100

Figure 14-24

CHILDREN WITH A PRIMARY ADMIT DIAGNOSIS OF SEXUAL CHILD ABUSE

Gender of Sexually Abused Children

	Frequency	Percent
FEMALE	66	68.8
MALE	30	31.3
Total	96	100

Figure 14-25

CHILDREN WITH A PRIMARY ADMIT DIAGNOSIS OF SEXUAL CHILD ABUSE

Ethnicity

	Frequency	Percent
HISPANIC	46	47.9
BLACK	21	21.9
WHITE	18	18.8
ASIAN	6	6.3
OTHER/UNKNOWN	5	5.2
Total	96	100

These tables refer to a sub-set of the population of the 329 children with a primary admit diagnosis of child abuse. There are 96 children who have a primary admit diagnosis of sexual abuse.



Figure 14-26

CHILDREN WITH A PRIMARY ADMIT DIAGNOSIS OF SEXUAL CHILD ABUSE

Age	Frequency	Percent
2	1	1.0
3	5	5.2
4	2	2.1
5	8	8.3
6	2	2.1
7	7	7.3
8	11	11.5
9	5	5.2
10	6	6.3
11	4	4.2
12	8	8.3
13	9	9.4
14	10	10.4
15	9	9.4
16	5	5.2
17	4	4.2
Total	96	100

AGE - STATISTICS

N	96
Missing	0
Mean	10.4
Median	11
Minimum	2
Maximum	17

Figure 14-27

CHILDREN WITH A PRIMARY ADMIT DIAGNOSIS OF SEXUAL CHILD ABUSE

Dept. Children's & Family Services - (DCFS)	45	46.9
Unknown/Missing	33	34.4
Dept. of Probation	8	8.3
DCFS %/or School District-Special Education Program, (SEP) eligible	5	5.2
School District (SEP eligible)	4	4.2
Dept. of Probation & School District (SEP eligible)	1	1.0
Total	96	100

These tables refer to a sub-set of the population of the 329 children with a primary admit diagnosis of child abuse. There are 96 children who have a primary admit diagnosis of sexual abuse.



Figure 14-28

CHILDREN IN THE FAMILY PRESERVATION/CHILD ABUSE PREVENTION PROGRAM - AB 1733/2994 DURING FY 97-98

GENDER OF CHILDREN IN THE CHILD ABUSE PREVENTION PROGRAM

	Frequency	Percent
Female	432	52.4
Male	392	47.6
Total	824	100

Figure 14-29

ETHNICITY OF CHILDREN IN THE CHILD ABUSE PREVENTION PROGRAM

	Frequency	Percent
HISPANIC	360	43.7
WHITE	196	23.8
ASIAN	124	15.0
BLACK	109	13.2
OTHER/UNKNWN	35	4.2
Total	824	100

Figure 14-30

AGES FOR CHILDREN IN AB1733/2994

	Frequency	Percent
1	4	0.5
2	5	0.6
3	22	2.7
4	33	4.0
5	66	8.0
6	69	8.4
7	76	9.2
8	65	7.9
9	75	9.1
10	44	5.3
11	45	5.5
12	50	6.1
13	44	5.3
14	52	6.3
15	62	7.5
16	61	7.4
17	40	4.9
18	11	1.3
Total	824	100

AGE - STATISTICS

N	824
Missing	0
Mean	10.1
Median	9
Range	1 -17



Figure 14-31

**CHILDREN IN THE FAMILY PRESERVATION/CHILD ABUSE PREVENTION PROGRAM -
AB 1733/2994 DURING FY 97-98**

CHILDREN WITH SEVERE MENTAL ILLNESS

	Frequency	Percent
Bi-Polar Disorder *	7	2.9%
Major Depression *	223	91.4%
Psychosis	7	2.9%
Schizophrenia	1	0.4%
Pervasive Development Disorders	6	2.5%
Total	244	100%

Figure 14-32

**CHILDREN IN THE FAMILY PRESERVATION/CHILD ABUSE PREVENTION PROGRAM -
AB 1733/2994 DURING FY 97-98**

AGENCY OF PRIMARY RESPONSIBILITY

	Frequency	Percent
Other	484	58.7
DCFS	293	35.6
DCFS and/or School District (SEP eligible)	22	2.7
School District (SEP eligible)	14	1.7
Dept of Probation	6	0.7
School District SED on IEP (not SEP)	3	0.4
Dept of Probation ward, & School District	2	0.2
Total	824	100





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 reviewing 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 L.A. 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 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 L.A. City Attorney Victim Witness Assistance Program.

A. PROSECUTIONS

The 765 TOTAL child abuse/endangerment prosecution statistics which are presented for the City Attorney's Office for 1998 are described and subtotaled below according to the State reporting categories of abuse whenever child abuse/endangerment offenses are charged as either Count I or any other count against the defendant.

SEXUAL ABUSE - 125 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 - 130 Cases

Cases in this category include prosecutions of the following Penal Code offenses:

P.C. Section 273D.

Inflicting corporal punishment upon child resulting in traumatic condition

SEVERE NEGLECT - 458 Cases

The cases in this category include prosecutions of the following Penal Code offenses:

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 - 45 Cases

The cases in this category include prosecutions of the following Penal Code offenses:

P.C. Section 272

Contributing to the delinquency of a minor

EXPLOITATION - 6 Cases

The cases in this category include prosecutions of the following Penal Code offenses:

P.C. Section 311.2

P.C. Section 311.11

P.C. Section 313

These Penal 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.

CARETAKER ABSENCE - 1 Case

The cases in this category include prosecutions of the following Penal Code offense:

P.C. Section 271

Failure to Provide for minor child

TOTAL CHILD ABUSE/ENDANGERMENT PROSECUTIONS - 765 CASES

The 765 case prosecutions in this report for 1998 represent 138 fewer cases (or 15.2% less) than the 903 case prosecutions which took place during 1997. The decrease represents a return to the more historical level of prosecutions after the higher volume of 1997. It is also proportionate to the decrease in LAPD arrests for the same time period.

B. HEARINGS

There were 513 child abuse/endangerment cases referred to the L.A. City Attorney Hearing Program in 1998 after review by an attorney for filing consideration. This represents an increase of 65 cases, (or 14.5% more) (over the 448 hearings referred during 1997).

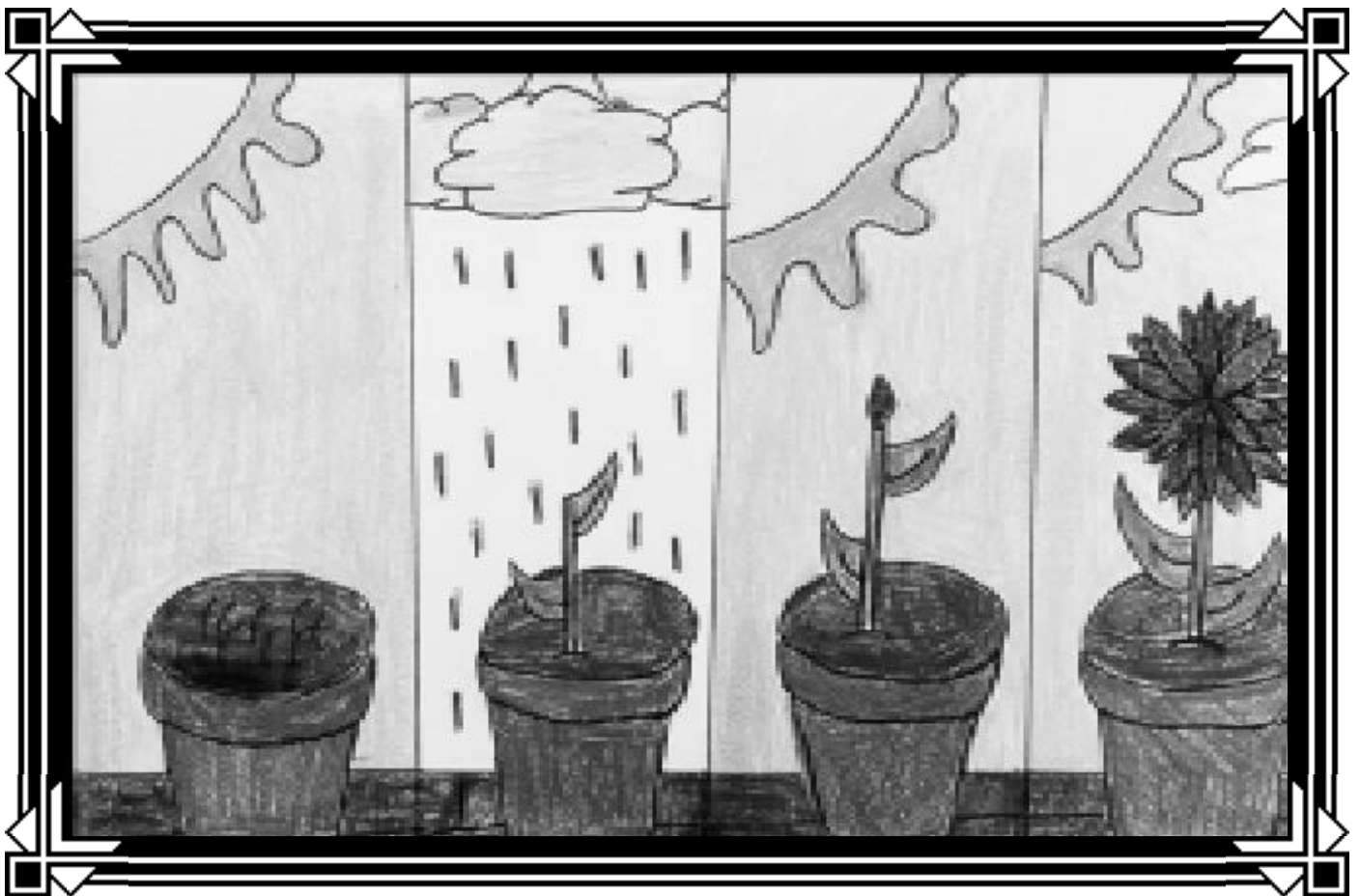
C. VICTIM WITNESS ASSISTANCE PROGRAM

There were 359 child victims of crime who received services from the L.A. City Attorney Victim Assistance Program Service Coordinators during 1998. This is 102 fewer child victims (or 22.1% less) than the 461 child victims who received assistance during 1997.

This decrease appears to be consistent with the decrease in LAPD activity for the same period.



APPENDICES



CHRISTINA LEE
HANCOCK PARK SCHOOL - 5TH GRADE

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.

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.

The seven reporting categories are

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 is a Research Analyst with the Los Angeles County Department of Mental Health, Children and Family Services Bureau, Program Evaluation Unit. In this capacity she is responsible for aggregating and analyzing the data on children in System of Care programs, the countywide assessment of outpatient and day treatment, and therapeutic foster care. Julie has been with the Department of Mental Health for one year. She earned a Master of Public Health degree from the University of Hawaii.

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.

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. Chris has been with the Internal Services Department for one year. He has earned two degrees one in Visual Design from El Camino College and the other in Business Management from the University of Phoenix.

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.

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

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.

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 was 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, pri-

marily 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 implementation of a policy training curriculum for line staff during DCFS' conversion to CWS/CMS. During his 11 years with DCFS, John worked as an Emergency Response Children's Social Worker, and was involved in parenting education for both foster parents and clients of DCFS. John's responsibilities at ICAN include staff assistance for the ICAN Child Death Review Team, the Data/Information Sharing Subcommittee, and management of the ICAN-National Center on Child Fatality Review and its web site at www.ICAN-NCFR.org.

Diana Liu, MPH

Diana is an epidemiologist for the Epidemiology and Assessment Unit (formerly known as the MCAH Assessment and Planning Unit), Family Health Program, Los Angeles County Department of Health Services. She has recently been involved in the development and dissemination of maternal, child and adolescent health (MCAH) related statistics to internal and external programs, other county departments, and community organizations. She is also involved in the production of 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 an Acting 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.

Eddie Shulman

Eddie 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.

Antoinette Tibbs

Antoinette is an Information Technology Section Manager and an employee of the Internal Services Department assigned to

the Department of Coroner as the Forensic Data Information Systems Manager. Ms. Tibbs managed daily computer operations and systems administration of the Coroner's automated systems and provided ICAN data. She held this position with the Coroner since 1990 and represented the Coroner on the ICAN Data Sharing Committee from 1992 until her retirement in 2000.

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 is an evaluator with the Children and Family Services Bureau of the Los Angeles County Department of Mental Health. He is conducting evaluations of the pilot AB3015 System of Care, and therapeutic foster care. He is implementing the countywide assessment of outpatient and day-treatment clients using Achenbach's diagnostic checklists. He is also responsible for tracking group home and AB3632 special education placements.