CHILDREN'SINSTITUTE, INC.

PROJECT ERIN (Emergency Response Intervention Network)

ABSTRACT

Children's Institute, Inc. (CII) in partnership with the Los Angeles Police Department and the Los Angeles County Department of Children and Family Services is applying under category A in order to develop and pilot test crisis response services focused on child and youth safety following incidents of family violence. Access to evidence-based, mental health treatments and the promotion of trauma-informed crisis intervention, clinical treatments, support services and linkages to services will be improved. Project ERIN (Emergency Response Intervention Network) will seek advice from child trauma experts, LAPD, DCFS, DV advocates, and the target population in order to develop an Emergency Response Intervention Manual for replication in other communities. The goals are:

- Ensure the immediate safety of children/ youth exposed to domestic violence or child abuse and neglect through crisis intervention services.
- Promote the long-term safety and well-being of children and youth through the provision of evidence- based follow-up services.
- Promote stronger inter-agency collaboration and more effective intervention services by providing cross training to LAPD officers and DCFS workers.
- Continuously improve service delivery by evaluating effectiveness of crisis intervention and follow-up services.
- Expand program impact and ensure safety of more children/youth through dissemination of the program model.

1. STATEMENT OF THE PROBLEM:

There is a crisis in Los Angeles County. For far too many children here, family violence is a daily fact of life. In 2007, more than 167,325 children were referred to the Los Angeles County Department of Children and Family Services (DCFS) due to reports of child abuse and neglect – that's more than 457 a day, 19 an hour[1]. County law enforcement officers responded to more than 43,000 reports of domestic violence[2]—many involving children—while a recent RAND study found that up to 90% of children in L.A. middle schools have been victims or witnesses of violent crime, and that 27% had symptoms of post traumatic stress disorder[3]. Just this past April, the *Los Angeles Times* reported that 14 children in the county died last year of child abuse-related injuries while under DCFS supervision, and in fact within the last three years, —40 children have died while in child protective services custody[4]. There is no telling how many thousands of children are falling through the cracks.

Shockingly in the United States and Los Angeles, the single greatest source of violence to children and youth are those individuals whom the children trust most- family members. Family violence includes both domestic violence (DV) and child abuse, and research indicates both are often present within the same family. It has been estimated that the overlap between domestic violence and child physical or sexual abuse ranges from 30 to 50 percent[5,6]. Additionally, it has been found that the severity of abuse to a woman is associated with the severity of abuse to the children in the home[7]. Some research on the dynamics of this overlap suggests there may be a correlation between a mother being beaten and her use of violence against her children. A recent study indicates that mothers who had violent arguments with their partners are almost 50% more likely to hit their children[8]. While some children and youth sustain injuries intervening when their mother is being beaten, many others are not physically assaulted but are

significantly traumatized from witnessing family violence.

The problem of family violence is particularly severe in the Central Los Angeles neighborhoods where the proposed project will be located. Los Angeles County is divided into eight Service Planning Areas (SPAs), to better meet the needs of residents within each specific jurisdiction. The proposed demonstration project will be implemented within SPA 4. In 2007 DCFS received emergency referrals for 15,790 children in SPA 4, via the child abuse hotline. Additionally, of the 43,416 domestic violence-related calls for assistance to law enforcement agencies within Los Angeles County in 2007, 12,533[9] or nearly 29% were from the LAPD. This year within the 4 LAPD divisions that work in the proposed service area, there have already been 1,989 domestic violence-related calls for assistance, 1,071 domestic violence crimes, but only 424 domestic violence arrests. Clearly many incidents of family violence do not culminate in the abuser being arrested – sadly the existence of domestic violence does not always yield enough evidence to support a workable police report. In addition, families are often threatened to suspend any interactions with law enforcement or other support services, and after a period of quiet, the cycle of violence will begin again. Indeed, within the current fiscal year, Chi's domestic violence program provided 501 direct services, 224 referrals for services, 26 connections to victim of crime services, and outreach to 157 clients within the proposed service area. The SMART Report indicates that in 2004 the juvenile drug abuse and violent arrest rate in Los Angeles County was 458 per 100,000 compared to the minimum of 173 per 100,000. The SMART reports also indicated that the poverty is a primary risk factor for children and families living in the targeted area. Another significant risk factor is academic failure 58% of 18 to 24 year olds residing in the service area dropped out of high school. (See Attachments)

Community context: The violence children experience at home is further intensified by

living in neighborhood environments which are challenged by extreme community violence, and poverty. The gang problem in this densely populated area—contributes to a violent crime index nearly 50% higher than the average for L.A. County. Nearly one-third of the population lives below poverty level, and 37% of that number includes children under the age of 18. Schools are overcrowded and dangerous, and consistently perform near the bottom of public schools on standardized tests. More than three-quarters of local families speak languages other than English at home (Spanish, Korean, Tagalong), and literacy rates in all languages are low. Scant open space is available for children to play outside, explore or even to distance themselves from family violence; children must either stay inside -- or risk stepping into a gang controlled space..

Effects of family violence on children and youth: When children are repeatedly traumatized by family violence, their chances of growing up to lead healthy and productive lives are profoundly threatened. They are more likely to fail in school, abuse drugs, and enter the criminal justice system, and less likely to become effective and nurturing parents. Children who are exposed to domestic violence and child abuse are at increased risk of psychological and emotional problems, cognitive functioning deficits, and long term developmental problems[10]. The research shows over and over again that violence is a learned behavior. If the developing child's world is chaotic, violent, and threatening, a child often becomes impulsive, aggressive, and violent thus perpetuating the intergenerational cycle of violence. The Public Policy Office of the National Coalition Against Domestic Violence (NCADV) reported in 2008 that "witnessing violence between one's parents or caretakers is the strongest risk factor of transmitting violent behavior from one generation to the next[11]. Boys who witness domestic violence are *twice as likely* to abuse their own partners and children when they become adults[12].

Research is even identifying the adverse effects that childhood trauma has on an

individual's health later in life. The Adverse Childhood Experiences (ACE) Study[13], a large American research project of Robert Anda, MD at the Centers for Disease Control, and 17,421 San Diego Kaiser Permanente's HMO patients, suggests a strong correlation between childhood trauma and many major public health problems. The ACE study reveals a powerful relationship between adverse childhood experiences and organic diseases later in life such as obesity, smoking, chronic obstructive pulmonary disease, hepatitis, sexually transmitted disease, intravenous drug usage, AIDS, depression, suicide attempts, heart disease, diabetes, and unintended pregnancies.

Systemic problems in traditional response to family violence: Unfortunately despite an accumulation of research indicating the connection between domestic violence and child abuse, and a wealth of evidence on the negative effects of family violence on children, many communities have treated the abuse of a woman and the maltreatment of a child in the same family as separate phenomena having little to do with each other. The vast majority of resources and services, from crisis intervention to treatment have a focus on the adult survivors and meeting their immediate needs after these incidents, often excluding services geared toward the child victims. Through a collaboration of the University Triangle in North Carolina, "Identifying and Responding to the Needs of Children in Domestic Violence Shelters: Final Report" was published in 2008. This research protocol found that the "shelters' priority focus on acute stabilization and empowerment of mothers and other adult victims of domestic violence" was a challenge to providing child-focused services. In fact, despite the fact that "almost half (45%) of children who received the screening scored in the clinically significant or at-risk range on at least one of the three screening measures" there were times when the youth served did not receive further treatment: "under half (47%) of children with an elevated score on at least one of these

measures was referred for follow-up services". Often shelters reported that "referrals to community mental health and other psychosocial resources for further evaluation following screening were more difficult to achieve". Service providers in the proposed service area are often connected to emergency or transitional shelters which are designed to provide safety and immediate needs for the adult survivors. Many of these shelters do not allow male children older than 12 to stay, and mothers who will not abandon their children, are left with few resources. Even when shelters policies allow for children and youth to participate, it is not unusual for shelters to be full to capacity.

Most women and children who experience family violence do not report the violence, and do not want to enter a shelter. As a result there are no accurate prevalence numbers of DV or child abuse victims. However, we may have gotten a glimpse into the extent of the overlap during the late 1990's, when more attention was being paid to this issue which resulted in research, other demonstrations projects (Greenbook) and in some state legislations requiring an array of professionals to formally report children suspected to have witnessed domestic violence to child protective services. In the case of 52 Minnesota counties a survey estimated that administrating this type of new legislation would result in 9,101 new domestic violence exposure reports to be screened by child protection agencies each year. The entire state responds to only 17,000 reports of child abuse and neglect annually, so this change in reporting represented more than a 50% increase new reports[14]. These types of laws also resulted in mothers being held accountable for the actions of their batterers because they "failed to protect" their children from witnessing domestic violence. Children already reeling from the negative effects of the domestic violence were "retraumatized" by being removed from the care of their mothers, and placed in foster care. Even well intentioned, yet not well coordinated interventions from law enforcement,

domestic violence service providers, and child protection agencies can create additional traumatic experiences for these children.

Within the proposed service area, all too often there has been tension between the various systems responding to family violence - law enforcement, child welfare, community-based domestic violence providers and the judicial system – related to how best to address the issue of family violence. This tension has at times deterred cooperation between systems and created gaps in services for children in crisis. Child welfare advocates rightly stress that first and foremost children must be kept from harm. Domestic violence advocates make a strong case for the need to ensure that adult victims not be "re-victimized" by removing of their children from their care and treating them like the abusers because they "failed to protect their children from the batterer." Law enforcement and judicial systems must ensure that they can protect both child and adult victims, while gathering necessary evidence to prosecute abusers. Adult victims struggling to overcome personal barriers and cultural prejudices about seeking help, often find they are at the greatest risk of further abuse from the batterer when they reach out for assistance. They must learn how to navigate a maze of conflicting systems, personnel, and policies in order to access services which best serve their children, at a time when their life seems tremendously unstable. At the same time providers must understand cultural issues related to family violence, be knowledgeable about available community resources and be flexible about program models. With dwindling resources, perpetual budget challenges and lack of professional staff on the front lines, service providers must at times compete for resources. The fragmentation of systems can leave gaps in services and interventions designed specifically for the children and youth who have already been victimized and/or witnesses of this violence.

The current economic uncertainty is also complicating accessing services for these

vulnerable children. As illustrated by Senator Blanche Lincoln of Arkansas, economic restrictions often factor into personal decisions about leaving a violent family environment.

> ***In...areas of America, there is a growing increase in poverty, homelessness and hunger. You cannot separate these factors from domestic violence -- a mother with three kids and no financial security is going to stiffen her lip and take the abuse, because not only does she have nowhere else to go, she has three children depending on her for survival.***
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> *--Sen. Blanche Lincoln, Arkansas*

At the same time, financial problems, and unemployment often contribute another layer of pressures to already volatile family dynamics.

Early Efforts to Address the Problem: Realizing that the issues involved in child abuse and domestic violence are often complicated and intertwined, CII has been developing an integrated approach which allows us to focus on the traumatized children while simultaneously addressing the needs of the adult victim. Project ERIN (Emergency Response Intervention Network), is a partnership between CII and the Los Angeles Police Department (LAPD), which was launched specifically to help these children. Working with the LAPD, CII first developed an emergency intervention response team designed to accompany police officers to domestic violence scenes where children were present. CII began providing emergency intervention services with the LAPD in the Wilshire Division in 1997, followed by Rampart Division in 1999, the Hollywood Division in 2006, and in January 2009 in the new Olympic Division. Since its inception, ERIN has helped literally thousands of mistreated children and their mothers escape from abusive circumstances and rebuild their lives.

CII also expanded the model to provide age appropriate mental health treatment groups specifically for children and youth who had been victims or witnesses of family violence. With these varied groups CII's is utilizing two evidence-based treatment models, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Cognitive Behavioral Therapy for Trauma in

School (CBITS). (See page 17)

In an effort to provide more effective services for these children, CII has been working this past year to develop a seamlessly integrated response to violence against children and youth. To that end, CII has been collaborating with both the LAPD, and the Los Angeles County Department of Children and Family Services to expand services by piloting an effort to provide emergency intervention teams which respond to both DV calls from the LAPD and child abuse calls from DCFS. CII proposes to provide services under category A of this RFP.

2. IMPACT/OUTCOMES: The overarching purpose of the proposed project is to provide and promote child and youth safety by significantly raising the standard of care for children in the Los Angeles area who have experienced traumatic events, thereby reducing their immediate suffering and increasing the likelihood of long-term positive outcomes. Equally important will be efforts to promote child and youth safety by increasing collaboration and knowledge between divergent systems which serve children and youth during family crises. Accomplishing this purpose will entail providing local child protective services workers, law enforcement officers, and CII's Crisis Intervention teams with the best available intervention methods, knowledge and tools, and adapting these methods and tools to ensure cultural relevance within the economically distressed communities of color targeted by this collaborative. Additionally we will need to promote trauma-informed practices within systems and organizations that serve traumatized children and expand knowledge of each others systems of response and care. The applicant agency, CII, and its project partners, LAPD and DCFS, bring considerable experience, expertise and resources to these challenges. CII has developed a broad array of mental health, child welfare, family support and early childhood services to address the complex needs experienced

by the children and families in our service area. We are widely recognized for our leadership developing innovative services, training professionals and building collaborations among service providers. Every year, we serve more than a thousand children who have experienced child abuse, school or community violence or exposure to domestic violence. CII is a federally funded member of the National Child Traumatic Stress Network (NCTSN) as a Community Treatment and Service Center (CTSC), and has developed continuing relationships with leading trauma experts around the country who have enriched our understanding of the impact of trauma on children as well as our knowledge of trauma assessment and treatment, outcome measurement and program evaluation. We remain committed to implementing and further adapting evidence-based treatments and have learned much about how to overcome organizational barriers to change. In order to promote child and youth safety CII is proposing the following goals for this demonstration project:

Goal 1- Ensure the immediate safety of children/ youth exposed to domestic violence or child abuse and neglect through provision of timely, state of the art crisis intervention services.

Objectives:

- Respond to 100 crisis intervention calls from LAPD
- Respond to 50 crisis intervention calls from DCFS

Deliverable: Documentation of family demographics, domestic violence/child abuse circumstances, focus of services, child, youth and family response to services, and safety plans developed

Goal 2- Promote the long-term safety and well-being of children and youth through the provision of evidence- based follow-up services to children and youth who have been exposed to domestic

violence and/or child abuse and neglect.

Objectives:

- Provide group treatment to 50 children/youth victims utilizing specialized Domestic violence and child abuse and neglect curricula.
- Provide Trauma Focused-Cognitive Behavioral Therapy to 25 children youth
- Provide Cognitive Behavioral Therapy for Trauma in School to 25 children youth

Deliverable: Documentation of services received, duration of services, successful completion of services, changes in emotional or behavioral functioning and any further exposure to violence

Goal 3- Promote stronger inter-agency collaboration and more effective intervention services by providing cross training to LAPD officers and DCFS workers.

Objectives:

- Train 25 DCFS workers within the two year grant period
- Train 50 LAPD officers within the two year grant period

Deliverable: Training evaluations by all participants

Goal 4- Continuously improve service delivery by evaluating effectiveness of crisis intervention and follow-up services.

Objectives:

- Develop evaluation protocol to assess service access and utilization, implementation of safety plans and prevention of additional exposure to violence.
- Train staff on evaluation protocol

- Collect, organize, analyze data.
- Use data analysis to modify program services

Deliverable: Program evaluation report documenting findings

Goal 5- Expand program impact and ensure safety of more children/youth through dissemination of the program model.

Objectives:

- Assemble 10 member Community Advisory committee of experts and conduct 4 focus groups to assist with manual development
- Develop crisis intervention manual
- Train 20 local DV providers, utilizing the manual

Deliverable: Completed manual documenting crisis intervention strategies and procedures.

CII will collect and report on all of the required performance measures, as well as other project process and individual client outcome data (see page 25 for details).

3. PROJECT DESIGN:

Our proposed protocol will focus on the needs of children and youth exposed to family violence in such a way that they will be provided with needed evidence-based treatment, and linked to services which support breaking the intra-familial culture of violence. Furthermore, the proposed project will promote child and youth safety by supporting the development of a more consistent and integrated system of crisis response between law enforcement, child protective services and domestic violence providers which focuses on the needs of children. By creating a manual for this approach to intervention and treatment services, we promote child and youth safety by disseminate this model to other providers within our community and beyond.

Families are most open to receiving assistance when services are made available at the time of a crisis. Therefore, our direct service model will have a team of trained interventionists out in the community during the hours when the highest number of DV calls are logged by LAPD: Friday, Saturday and Sunday between 5pm and 1am.

Crisis Intervention and Linkage Services: CII began providing more traditional DV services more than 20 years ago, and a key development in the expansion of our service capability was the launching of Project ERIN in July of 1997. Through Project ERIN, trained intervention specialists respond along with LAPD officers to scenes of domestic violence in the LAPD's Rampart, Wilshire, Hollywood and Olympic Divisions. ERIN Teams will be co-located in either one of the four LAPD's division facilities or at CII Central Site, in the heart of the service area. When co-located in the Divisions, CII's ERIN Team will attend roll-call, collaborate on current DV cases, and build relationships with officers. When not at the LAPD stations, the ERIN team has LAPD radios in order to receive calls to DV scenes. Building upon that model, the proposed demonstration project will work in collaboration with both the LAPD and DCFS to provide crisis intervention services to children and youth living in violent homes. When CII's ERIN team is requested to the scene of a family violence call by either department, they will respond immediately, usually arriving on-scene within 30 minutes.

In the case of the LAPD calls for assistance, the ERIN Team will work with the children and non-offending parent to offer immediate crisis intervention and care, assess current level of risk, assess for child abuse, determine domestic violence history in the home, and establish a safety plan for both child and adult victims. The LAPD will of course deal with the perpetrator if still present. The ERIN Team will help with relocating the family including locating an emergency shelter and transporting the family there if necessary, and will provide ongoing

follow-up and linkage to services to the family after the crisis.

In the case of DCFS calls, the ERIN team will respond to a home at the request of the Social Worker and will work with the children and parents to offer immediate crisis intervention and care, support DCFS in assessing current level of risk, determine domestic violence history in the home, and establish a safety plan for both child and adult victims. While the DCFS worker will make final determinations in terms of the immediate course of action that will best protect the children (e.g., remaining in the home, having both parents stay in the home etc.), the ERIN will be available as an immediate resource of clinical and linkage support to these children and families.

Since only a very small proportion of the target adult population seeks shelter services, follow-up services will be crucial. The ERIN staff will provide referrals either to other CII programs or to community agencies for emergency food and clothing, direct assistance in obtaining restraining orders, court accompaniment, assistance with the children's schools, and referrals for childcare and public assistance. Staff will also provide help in linking clients with ongoing mental health services, including CII's own domestic violence counseling groups (children and adult groups) and individual counseling services.

The proposed ERIN collaboration project will be innovative among intervention services in several significant ways. First, while other communities have treated the abuse of a woman and the maltreatment of children in the same family as separate incidence, the proposed project will focus equal attention on the children and adults involved. This approach grows out of our awareness that even when the children are not abused, witnessing the violence is extremely traumatic and has long-term negative physical and emotional effects. Of course we must also attend to the safety needs of the battered parent in order to stabilize the children's living

environment. According to CII's ERIN records, more than half of the children saw the incidents of violence, and one-third heard but did not see the incidents. Because witnessing the violence can be extremely traumatic to a child even when they are not physically abused, the ERIN Team will look to identify symptoms of Post Traumatic Stress Disorder, and craft appropriate treatment plans. ERIN staff will assess the emotional state and degree of trauma of each child and arrange for free individual or group counseling through our Child Trauma Center. CII's Child Trauma Center develops and implements evidence-based treatment practices for children exposed to traumatic events and is part of the National Child Traumatic Stress Network.

A second, feature unique to CII's proposed ERIN model will be that we will use clinical staff to provide services. This approach will bring a higher level of professionalism to addressing the serious mental health needs of children, and discussions with both LAPD and DCFS indicate that this approach will be warmly welcomed. Given that the aftermath of a family violence incident is often a time of great emotional upheaval, it is not uncommon for the children, youth and adults involved to be fearful, angry and especially for young children very confusing. Often, they have not only witnessed extreme violence between their parents, but then they watch as one parent is arrested and taken away often with no explanation. Sometimes immediately after this chaos, or in the next few days, these children must also face leaving their home, school, family and friends. At times they are going with one parent to a safe environment far away from the life and home they knew. In other cases they may be removed from the custody of both parents, and either go to live temporarily with relative caregivers, or be placed in foster care. Often siblings are separated from each other and suddenly are living without any of their family members. Practical experience and research indicates that even when children and youth have suffered through horrible DV and child abuse experiences at the hands of their

parents, they often still love their parents and experience additional trauma, feelings of guilt and responsibility for their parents' violence, divorce and even incarceration.

To address this dynamic, a team of interventionists would work with any family that had children present so that one interventionist (M.A. level) can provide the necessary services to the adult(s) in the home while the second interventionist (B.A. level) provides specialized services to the youth present. Again, this team would provide for the immediate needs of the children and the non-offending parent and would ensure that the child's physical and emotional needs are considered during the safety planning process and that the child has an advocate throughout the crisis until linkage to other service providers is assured. Linkage to services can be a significant challenge when children and youth are involved as well. To improve access to services for children and youth who are victims of or witness to intra-familial violence or abuse, we will identify service providers already working in the adult DV field and provide specific training on how to best serve children and youth.

Evidence-based Treatment: As mentioned, as a member of the NCTSN, CII can provide specialized DV treatment groups for children, youth, and adults, which utilize an evidence-based treatment model called Trauma Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is a psychotherapeutic intervention designed to help children, youth, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to disasters, terrorist attacks, or war trauma. It was developed by integrating cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment. The program can be provided to children 3 to 18 years of age and their parents by trained mental health professionals in individual, family, and group sessions in outpatient

settings. It targets symptoms of posttraumatic stress disorder, which often co-occurs with depression and behavior problems. The intervention also addresses issues commonly experienced by traumatized children, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behavior, including substance use.

Another evidence-based treatment intervention which will be available to the target population is Cognitive Behavioral Intervention for Trauma in Schools (CBITS). CBITS is a skills-based, group intervention that is aimed at relieving symptoms of Post Traumatic Stress Disorder (PTSD), depression, and general anxiety among children exposed to trauma. Children learn skills in relaxation, challenging upsetting thoughts, and social problem solving, and children work on processing traumatic memories and grief. These skills are learned through the use of drawings and through talking in both individual and group settings. Between sessions, children complete assignments and participate in activities that reinforce the skills they've learned. The CBITS program has been used most commonly for children in grades six to nine (ages 10 to 15) who have experienced events such as witnessing or being a victim of violence, being in a natural or man-made disaster, being in an accident or house fire, or being physically abused/injured, and who are suffering from moderate to severe levels of PTSD symptoms. The program consists of 10 group sessions (six to eight children/group) of approximately an hour in length, usually conducted once a week in a school setting. The CBITS intervention has also been delivered in other settings, such as mental health clinics. In addition to the group sessions, participants receive one to three individual sessions, usually held before the exposure exercises. The CBITS intervention has now been effectively implemented with a wide range of racially and ethnically diverse children including recent immigrants who speak primary languages other than English, such as Spanish, Russian, Korean, and Western Armenian.

LAPD and DCFS Training: A third vitally important and unique aspect of the proposed project will be to provide cross-training to both the LAPD and DCFS about the protocols and intervention requirements of each others departments. LAPD officers and DCFS social workers are committed professionals who care about the communities and families they serve. However, when professionals have been trained in separate disciplines, with different values and responsibilities, and do not consistently work together, there is the risk that they will deliver conflicting messages to the children and families in the community. The filter through which these diverse stakeholders interact with and view families is inherently different. Despite the legal overlap and the agency-specific protocols mandating cross-reporting between Law Enforcement and Child Protection Agencies, the philosophical approach and the perspective on any given scenario at times has these groups miles apart. Often this is clearly at play when families find themselves in the middle between Law Enforcement and Child Protection Services.

For example, as one would expect, law enforcement is familiar with the laws designed to protect children and families, but can only enforce that families abide by these regulations and intervene actively when a law has been broken and a crime has been committed.

On the other hand, Child Protection Services has a specialty in a particular set of laws and guidelines which govern the way people interact with children and youth often beyond the limitations of a relevant law. Child Protection legislation and intervention best practices are dynamic. Therefore one aspect of training to be provided to LAPD would address these constant changes. Any time the message of child protection is not absolutely clear, it leaves room for misinterpretation and abuse to occur in a home. Both entities are performing according to their training and protocols, yet the families find themselves in the middle.

Child Protective Services are trained to have an awareness of traumatic exposure and its

impact on children, and this is often neglected in law enforcement training. By providing specific training for patrol officers on this topic, based on research and best practices in crisis response with traumatized children, we can significantly impact and reduce the consequences of traumatic exposure to the children from violent families. Despite the fact that law enforcement officers often receive cursory training in the cycle and dynamics of domestic violence, this training is not usually reviewed throughout an officer's career and the focus is on criminal apprehension and prosecution. This is where our project will come in, and in the process promote child and youth safety. The National Child Traumatic Stress Network has developed an evidence-based training protocol for law enforcement officers responding to domestic violence calls. We would use this protocol as a base from which to speak with officers about the specifics of responding to DV calls when children are present. This would allow officers to have a different perspective on what is needed by the children and youth, and help them avoid additional challenges such as occasionally being assaulted by an older youth when they are in the process of completing an investigation or arrest. The "Cops, Kids and DV" training would be facilitated by staff specifically trained in this protocol and with experience working with law enforcement. Trainings would be provided on a quarterly basis or as deemed necessary by the Area Captain in each division. Intervention staff would support this training by providing additional "stand-up" trainings during roll-calls and when working with officers in the field.

Similarly, with the constant changes in legislation and policy, Emergency Response Social Workers with DCFS have a parallel challenge of learning LAPD policies for response to domestic violence and child abuse, and procedures which are sometimes slightly different across police divisions. Therefore, to address this need, our program staff would work in collaboration with each LAPD division to come up with a protocol on how to best interface with DCFS.

Program Staff would provide training for Emergency Response Staff from DCFS on a Quarterly Basis or as deemed necessary by the Assistant Regional Administrator for Emergency Response Command Post.

As with any collaborative effort the best way to create a unified message and sense of partnership is to know your teammates, their vision and priorities as well as you know your own, and how each one supports the other. To that end, CII is committed to providing the cross-training to LAPD and DCFS that would benefit the children and families of Central Los Angeles. Having completed the trainings for both LAPD divisions and DCFS will allow us to support protocols and practices within both departments and we will then enter the practice and practical phase of this program. First the practical aspect: with the increasing numbers of family violence incidents in the Central Los Angeles area, both sets of service providers (LAPD and DCFS) often find that there is not enough staff support to attend to all calls in an ideal time frame. In these communities where violent crime is so prevalent, officers need to provide an appropriate law enforcement response to family violence, but often the officers are called to respond to another crime in a very short timeframe. They must focus on their law enforcement duties and feel they have neither the expertise, nor the time to properly handle the trauma a child may be experiencing after such a family crisis.

That is where our program staff would come in and provide support for both LAPD and DCFS. There are times when LAPD has a child or youth in custody, not because the child has committed some crime, but rather for their own protection while they await a consult or support from DCFS. Likewise, there are times when DCFS will have a child in custody while they are waiting for support from LAPD before going into a home to complete an investigation in which a crime may have been committed. To assist either department in providing the most efficient and

family-centered response in these circumstances, program staff could make themselves available to stay with these children and youth and support them through the initial moments which are often the most traumatizing since there is no one there to answer their questions or address their concerns. Because the team will be clinicians these services could include therapeutic interventions and traumatic debriefing or it could be as simple as providing materials for the kids to be entertained and distracted, food for a scared and hungry child, or emergency supplies for a mother and children who have to quickly leave their residence in order to remain safe. Additionally, program staff would be available throughout the 30 days following a family's first contact with DCFS or LAPD to provide linkage to appropriate services and help the children and families navigate through these challenging systems.

Project Advisory Committee: CII will recruit and convene a Project Advisory Committee comprised of CII, LAPD, DCFS program staff, trauma experts, DV service providers, mental health consumers, and representatives from DMH, the Court, and community partner agencies. This group will be tasked with reaching a consensus among themselves, and then promoting a consensus among their constituent groups, about the specific trauma-informed interventions, treatments and practices that this project will attempt to spread. More specifically, they will: 1)outline the intervention requirements of each system; 2) Select specific trauma-informed intervention practices to pilot; 3) Develop strategies to overcome system-specific implementation barriers; 4) Ensure cultural appropriateness of selected practices and implementation strategies; and 5) Review evaluation of both process and outcome data in order to make necessary project adjustments; 6) assist the project and their constituencies to build consensus, a shared knowledge base, and an crisis intervention protocol for children and youth who have experienced and/or witnessed family violence that is rooted in child trauma research and best practice.

Youth Focus Groups: In order to improve the efficacy of our interventions and treatments in reducing the long-term impact of exposure to violence and trauma, we will develop and facilitate a series of focus groups with youth who have been exposed to intra-familial violence and/or abuse. In these focus groups, we will identify interventions that worked (i.e., made the youth feel an increased sense of security, empowerment, on-going support and access to other coping strategies beside violence). Though every intervention is different and every child has different needs, this will provide us a starting point from which to train other service providers about working directly with children and youth.

Emergency Response Intervention Manual: There are countless agencies who provide support services for victims of Domestic Violence, and even many groups who work collaboratively with Law Enforcement in the effort to provide safety planning and prosecutorial support for community members. However, the majority of services available, and the intervention protocols in practice are not created with a focus on children as the primary service recipient. This is underscored by the number of shelters across the area who do not accept victims with children or who do not accept older male children into their programs. It is further emphasized by the number of professionals who will fail to debrief a young child and explain a situation after the initial interview is completed or enough information for a report is obtained. It takes effort, time and additional resources to make the children the focus and priority in a crisis situation. Additionally, despite decades of research on domestic violence prevalence and treatment options, considerable challenges still remain related to evidence-based crisis intervention and developing collaboration between services systems that focus on children's needs. While we have made progress, and today clinicians have access to an increasing range of empirically validates treatment options, work still needs to be done on crisis intervention which

is grounded in research. CII proposed project will help to advance this knowledge with the development of a DV Crisis Intervention manual that considers law enforcement, child protective services and domestic violence service provider's perspectives while advancing research-based services. CII will utilize the latest evidence-based research in child trauma treatment, trauma revictimization, and development of integrated systems of care to inform the crisis intervention, cross-training and eventual manualization of a family violence crisis response protocol.

With a coordinated effort between Law Enforcement, Child Protection Services, and Community Agencies, a new culture and practice of Crisis Response geared toward children will emerge. This will only happen with a conscientious effort, collaboration and lots and lots of practice. Therefore, the first year of the program would be used to refine our intervention strategies and receive input from LAPD and DCFS to develop the written manual. Throughout the second year we would implement the intervention and crisis response strategies as written and make any changes to the protocols as needed. During this second half of the program we would also develop field materials that crisis response professionals can have with them in the field to support maintaining of a focus on children (e.g. pocket cards for Law Enforcement with bullet points identifying how to respond to a call when children are present). With a finished product, we will be ready to disseminate the information and provide training and technical assistance to other communities invested in providing a child-focused approach to crisis response services after intra-familial violence is reported.

Leveraged Resources: CII has numerous resources which will be used to support the project and the children being served. CII has been a contracted mental health provider with a specialty in children's mental health services since 1999 and this contract will pay for treatment

services for children who meet the diagnostic criteria under the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). As a grant funded member of the NCTSN CII will be able to leverage resources to assist with the proposed professional trainings to DCFS and LAPD related to evidence-based services and trauma informed intervention.

Additionally, CII is currently collaborating with the Los Angeles County Department of Mental Health (DMH) on a SAMHSA funded grant to develop a comprehensive system of mental health services for children 0-3 who live in the same service area as this proposed project. In addition to CII and DMH, this effort called Project ABC (About Building Connections), includes DCFS, Children's Hospital Los Angeles, and the University of Southern California (USC). A variety of resources and services have been developed which would be available to very young children who have been involved in child abuse and/or domestic violence.

CII's ERIN Team will also be supported by a City of Los Angeles grant (60 K) to provide a Domestic Assault Response Team (DART) in the Hollywood region of SPA 4. This funding does not provide services in other regions of the city, nor is it to be used to respond to calls from DCFS. These resources will however help to defray the administrative costs of the proposed program and thus is a supporting resource.

Evaluation Data Collection: Client and program outcome data are maintained in CII's networked data management system called TIER (Totally Integrated Electronic Records). TIER provides an integrated care delivery process that begins with pre-admission and culminates with discharge and continuing care planning. Client demographic data, initial assessment data/reports, treatment plans, progress notes and discharge data/reports are all entered into the system as client's progress through treatment. TIER tracks admission data into other programs,

allowing a team approach to treatment planning. The system also allows varying levels of access and has a range of security precautions in place.

TIER is HIPAA-compliant, more secure than a paper-based client records system, and accessible to any individual with appropriate access rights and internet access. It is designed to provide maximum flexibility and can be quickly and easily adapted to accommodate changes in the clinical or regulatory environment. With the continuing growth of this database, Quality Assurance has taken on an increasingly important role. Data verification and validation, tickler systems, performance monitoring and automated management reporting reduce errors and aid in the early detection of those errors that do occur. Key among the many benefits offered by TIER is the ability to generate management reports in real time describing client demographics, admissions and discharges, services delivered, staff productivity, child/family outcomes, missing data, use of flexible funds and service revenues. The TIER system simplifies and facilitates our quality assurance activities, and can readily perform every data management, analysis and reporting function that OJJDP requires. For the proposed project, CII will collect data on the following performance measures: 1) number of evidence-based programs/practices implemented in the child/youth safety program; 2) % of deliverables completed; 3) number of youth served; 4) number of LAPD and DCFS trainings conducted and their outcomes; 5) number of youth who demonstrate changed knowledge; 6) number, type and outcome of child and youth Crisis Interventions; 7) number and outcomes of youth focus groups; 8) knowledge sharing and recommendations, and minutes of Project Advisory Committee; and 9) benchmarks towards Crisis Intervention Manual completion.

Community Partners: CII will work on this project with law enforcement (LAPD), county child protective services (DCFS), children's mental health services (DMH), members of

the domestic violence community such as Shelter -Good Shepherd, and the DV Task Force, the target population via the focus groups, and nationally recognized child trauma experts via the NCTSN. CII has long standing working relationships with all of these entities, groups and populations, and a long history of collaboration on public and privately funded projects. CII has consulted with these entities and they are enthusiastic about developing a more comprehensive approach to child and youth safety for Los Angeles kids who have experienced family violence.

3. AGENCY CAPABILITIES AND EXPERIENCE:

Children's Institute, Inc. (CII) was founded in 1906 as the Big Sister League by the first female parole officer of Los Angeles. The agency began as a residential home for young women who fell into difficult circumstances and eventually expanded to include a second residential facility, the Bide-A-Wee Home, to assist unmarried pregnant women and their children. Over the decades, changing social conditions and an increase in awareness of child maltreatment, children's mental illness, and substance abuse led CII to develop a comprehensive array of resources and services for at-risk children, adolescents, and their families. Today, CII has more than 400 staff devoted to the needs of children, youth and their families. Now 103 years old, CII is regarded as one of the foremost 501(c)(3) children's service agencies in the county.

CII has more than three decades of experience in child welfare, family support, mental health, and early childhood education programs, and now provides services to more than 15,000 children and families each year. CII has been providing comprehensive services in SPA 4 which includes the Pico-Union, Central, Wilshire and Koreatown neighborhoods since 1972, and in SPA 8 in Torrance, on the campus of Harbor /UCLA Medical Center, as well as in Long Beach, San Pedro, Wilmington, Compton, Lynwood, South Central Los Angeles, Hawthorne, and

Gardena, since 1993. CII became a Medi-Cal certified Department of Mental Health (DMH) contractor in 1999.

To meet client needs, CII has developed an array of strengths-based, family-centered programs that specifically address the issues facing the ethnically and linguistically diverse populations we serve. These services generally fall under four categories: Clinical Services, Early Childhood Services, Child Enrichment, and Family Support. Under these categories the following services are provided: 1) *Clinical Services*- mental health, child welfare, sexual abuse treatment, parenting education, fatherhood programs, and substance abuse treatment; 2) *Early Childhood Services* – Early Head Start, State Preschool, school readiness programs; 3) *Child Enrichment Services* –visual and performing arts, after-school activities, athletics, and computer learning and 4) *Family Support Services* – financial literacy, nutrition classes, job development, links to community resources. In addition, CII provides case management and linkage to family support services; multidisciplinary mental health evaluations; traditional mental health interventions with a focus on strengthening the caregiver-child relationship; intensive home-based and school-based mental health services; and a therapeutic preschool program. CII offers a host of other services and supports - either provided directly by CII or via referral and linkages to our extensive network of community partners. These services include peer support, emergency shelter, housing and employment support, food banks and clothing closets, child care, and transportation- in short, *whatever it takes* to stabilize families.

CII has demonstrated its capacity to develop, implement and administer new programs in a timely and effective manner ,including national demonstration projects such as: 1) Project Stable Home (began in 1993, most recent 4 year award 2008), a field-based program designed to assist young children who are vulnerable to abandonment as a result of parental substance abuse,

HIV status, mental illness, poverty, or other risk factors; 2) Project Fatherhood (1996, 5 year award began in 2006) engages hard-to-reach, disenfranchised fathers to help them re-connect with their children; 3) Family Connections (2003, completing final year), which is replicating the only child abuse and neglect intervention that the federal government has deemed "demonstrated effective;" and 4) New Directions (2003, completed) which works with the California Youth Authority, LA County Probation Department, anti-gang groups and middle-schools on a delinquency prevention and transition program for youth returning to their communities following incarceration.

Through its involvement in the National Child Traumatic Stress Network, CII has significantly transformed its mental health services system over the last five years by training staff to use an array of evidence-based, state-of-the-art treatments, including: 1) Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for children and youth who have been traumatized by sexual or physical abuse, by exposure to domestic or community violence or by natural disasters (e.g. Hurricane Katrina); 2) Parent-Child Interaction Therapy (PCIT) for children 2-7 years old exhibiting oppositional behavior; 3) Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) for youth who have experienced multiple traumatic events; and 4) the Incredible Years (IY) for children 2-7 years old with behavioral difficulties.

One of CII's defining organizational values is to recruit staff reflective of the clients we serve and to infuse the importance of respecting cultural diversity into all of our programs. In this way we can provide the most effective services to a client population in dire need of support and interventions. CII is well trusted and works with other grass-roots organizations that are well know and trusted by the families we serve. CII will have access to all of the primary

populations in the proposed service area, namely Latino (Mexican, El Salvadorian, Guatemalan), Korean, Pilipino, Chinese, African American and Caucasian.

Agency Management: The agency's Executive Management team is comprised of ethnically diverse leaders with varied areas of expertise and has been led by [redacted], CII's President and Chief Executive Officer, for the past 27 years. [redacted] and the Executive Management team are responsible for the day-to-day management of the agency's programs and staff, while CII's 30 member Board of Trustees provides overall agency management and fiscal oversight.

Project Management: Oversight will be provided by [redacted], Senior Vice President of the Programs at CII. His career as a CII clinical psychologist spans 25 years, during which he has provided treatment to children and their families who have been impacted by abuse and neglect, substance abuse, family violence and other trauma. [redacted] is a frequent presenter on issues related to child abuse and neglect, and has appeared on numerous local and national media programs to share expertise on these subjects. He has also served on the Los Angeles Juvenile Dependency Court Panel of Experts and is routinely called upon as an expert witness by the Dependency and Criminal Courts.

Staffing: CII believes that in order to provide this level of intervention and collaboration for the families and the different agencies involved, a team of qualified staff members is required. Our team would consist of B.A. and M.A minimum individuals committed to the cause of child protection and family services. All staff would receive specialized training on intervening and responding to intra-familiar violence request calls. In addition, staff would work as a two-person unit to assure that there is at least one person on scene focused specifically on the needs of the children and youth present and providing for their immediate needs.

Staffing budgeted for the project includes a portion of the Director/Clinical Supervisor, a Crisis Intervention Coordinator I, and a Crisis Intervention Specialist I. Management for the proposed project will be provided by Director/Clinical Supervisor [redacted], a licensed marriage and family therapist with over 12 years' experience providing clinical services to both adults and children. [redacted] received her undergraduate degree in Psychology from Loyola Marymount University in Westchester, California, and her Masters of Science in Counseling from California State University, Northridge. [redacted] will supervise the project providing 24/7 support for teams in the field in order to address any clinical concerns or provide additional clinical insight when working with these families and the collaborating agencies. [redacted] will provide administrative oversight, be the liaison between the different agencies in developing joint protocols, ensuring that inter-agency goals are met and addressing any challenges that may arise during the implementation phase of the project. [redacted] will also be responsible for developing focus group materials, and facilitating the groups. A Crisis Intervention Coordinator and the Crisis Intervention Specialist I, would both participate in the emergency interventions and follow-up support and linkage services, one working with the adult while the other works with the children and/or youth involved. Crisis Intervention Coordinator would also be responsible for the day-to-day operations of the program, needs of the staff and for ensuring that all of our program goals are met in relation to working with the families. All staff will participate in the DCFS and LAPD training activities.

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children's institute, inc.

OJJDP PROMOTING CHILD AND YOUTH SAFETY
BUDGET AND BUDGET NARRATIVE JUSTIFICATION

A. Personnel

Position	Name	FTE	% in Program	# of Months	Annual Salary	Cost
Project Dir./Clinical Supervisor	[redacted]	100%	42%	24	$ 70,574	$ 59,282
Crisis Intervention Coordinator I	TBN	100%	80%	24	$ 43,498	$ 69,597
Crisis Intervention Specialist I	TBN	100%	75%	24	$ 36,372	$ 54,558
					TOTAL	**$ 183,437**

b6

JUSTIFICATION: The Project Director/Clinical Supervisor, [redacted] will oversee the development and implementation of the project, including the budget, personnel, program services, data collection, and dissemination. She will also provide clinical supervision to all project staff. A Crisis Intervention Coordinator and the Crisis Intervention Specialist I, would both participate in the emergency interventions and follow-up support and linkage services, one working with the adult while the other works with the children and/or youth involved. Crisis Intervention Coordinator would also be responsible for the day-to-day operations of the program, needs of the staff and for ensuring that all of our program goals are met in relation to working with the families. All staff will participate in the DCFS and LAPD training activities.

b6

Merit Increases: no merit increases are budgeted for staff.

Total Personnel **$ 183,437**

B. Fringe Benefits

Component	Rate	Wage	Cost
FICA	7.65%	$ 183,437	14,032
SUI	0.80%	$ 183,437	1,467
Medical Insurance	7.35%	$ 183,437	13,483
Group Term Life	0.20%	$ 183,437	367
Dental Insurance	0.60%	$ 183,437	1,101
Vision Insurance	0.15%	$ 183,437	275
Retirement Plan	7.00%	$ 183,437	12,841
Workers Compensation	1.75%	$ 183,437	3,210
TOTAL	**25.5%**		**$ 46,776**

JUSTIFICATION: Fringe benefits reflects current rate for Children's Institute, Inc. These are calculated for staff only at 25.5% of salaries.

Total Fringe **$46,776**

Total Personnel and Fringe: **$230,213**

C. Travel

Purpose of Travel	Location	Item	Rate	Cost
Conference	TBD	Airfare, Hotel, Per Diem (meals)	$1800/flight x 2 staff X8	14,400
Local Travel		Mileage		2,760
TOTAL				**$ 17,160**

JUSTIFICATION: Travel costs include airfare, hotel, and per diem (meals) for two staff to attend two grantee meetings each year. Local travel includes mileage reimbursement for staff to provide services at clients' homes for crisis intervention at 250 miles per month for 24 months @ .46 per mile.

Total Travel **$ 17,160**

D. Equipment

JUSTIFICATION: None

E. Supplies

Items	Rate	Cost
General Office Supplies	$19/mo. x 24 months	456
Training Materials	$104/mo. x 24 months	2,496
Emergency Supplies for clients	$93.75/mo. x 24 months	2,250
	TOTAL	**$ 5,201**

JUSTIFICATION: Supply costs include general office supplies, Training materials for LAPD and DCFS trainings, and Emergency Supplies for clients such as toiletries, diapers, food when they must leave a location for their safety.

Total Supplies **$ 5,201**

F. Construction: none

G. Contractual

Name	Service	Rate	Cost
NA			
TOTAL			

JUSTIFICATION: None.

H. Other

Items	Rate	Cost
Cellular Phones	$35/mo. x 24 month x 2 staff	1,680
Direct Cost Pools	$862 x 24months	20,688
	TOTAL	**$ 22,368**

JUSTIFICATION: Cellular phone reimbursement will be provided to two staff who provide services in clients' homes. Cost pools represent the program's proportional shared costs of IT, human resources, operations and communications services.

Total Other **$ 22,368**

I. *TOTAL DIRECT COSTS *(sum of A-H)* $ 274,941

J. INDIRECT COSTS

FEDERAL REQUEST **$ 75,058**

JUSTIFICATION: The indirect costs rate was approved by the Department of Health and Human Services in 2008 and is applied to the personnel, fringe, and all other direct expenses, per the negotiated agreement. CII's approved indirect cost rate effective July 1, 2008 thru June 30, 2011 is 27.3%. Total indirect cost will be $75,059, which is 27.3% of total direct charges. A copy of the fully executed, negotiated, indirect cost agreement is attached (see Attachments CII APPROVED INDIRECT COST NEGOTIATION AGREEMENT).

K. TOTAL PROJECT COSTS

$ 350,000

children's institute, inc.

BUDGET SUMMARY:

Category	Federal Request
Personnel	$ 183,437
Fringe Benefits	$ 46,776
Travel	$ 17,160
Equipment	-
Supplies	$ 5,201
Contractual	-
Other	$ 22,368
Total Direct Costs*	$ 274,941
Indirect Costs	$ 75,059
Total Project Costs	**$ 350,000**

LOGIC MODEL TEMPLATE

Complete each block with the appropriate, program-specific text

PROBLEM

Domestic violence (DV) and child abuse and neglect (CA/N) often occur within the same family. Children and Youth are often traumatized by repeated family violence. The majority of DV services are focused on women, and few focus in children. Many need crisis intervention when the violence happens, followed by evidence-based treatment, and support services. LAPD and CPS need to have a better understanding of each others responsibilities and the legal requirements of their jobs.

Goal(s)

Within the SPA 4 target communities:

1) Ensure the immediate safety of children/ youth exposed to DV or CA/N through provision of timely, state of the art crisis intervention services.
2) Promote the long-term safety and well-being of children and youth through provision of evidence based follow-up services to children/youth who have been exposed to DV or CA/N
3) Promote stronger inter-agency collaboration and more effective intervention services by providing cross training to LAPD officers and DCFS workers
4) Continuously improve service delivery by evaluating effectiveness of crisis intervention and follow-up services
5) Expand program impact and ensure safety of more children/youth through dissemination of the program model.

RESOURCES USED

1) SPA 4 Collaborative relationships with both LAPD and DCFS
2) Existing knowledge of target population, other community agencies, targeted youth population
3) Existing relationships with City of LA, LAUSD schools, other community agencies
4) Youth and families who live in the area
5) Knowledge and experience implementing and Training in evidence-based practices (Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Cognitive behavioral therapy for in schools (CBITS)
6) Existing mental health, social service, child welfare, health, education and enrichment contracts

Objective(s)

Promote child and youth safety by:

1) Respond to 100 calls from LAPD
2) Respond to 50 calls from DCFS
3) Provide group treatment to 50 children/youth victims utilizing specialized DV and CA/N curricula
4) Provide TF-CBT to 25 children/youth
5) Train 25 DCFS workers
6) Train 50 LAPD officers
7) Develop evaluation protocol to assess service access and utilization, implementation of safety plans and prevention of additional exposure to violence
8) Train staff on evaluation protocol
9) Collect, organize, analyze data
10) Use data analysis to modify program services
11) Assemble Advisory Group and conduct focus groups to assist with manual development
12) Develop crisis intervention manual
13) Train local DV providers

ACTIVITIES

1) Provide trauma-informed emergency response interventions in cases family violence cases
2) Provide evidence-based treatments for children and youth traumatized by DV and CA/N
3) Provide children and youth with safety plans and knowledge about how to protect themselves from DV & CA/N.
4) Provide cross-training for LAPD and DCFS related to child trauma, DV, CA/N
5) Develop and implement more extensive referral system focused on child/youth needs
5) Convene Advisory Committee and Focus Groups
6) Manualize DV and CA./N emergency response intervention protocols for dissemination in other communities

OUTPUT MEASURES

1) # of children and youth whose safety is at risk receive crisis interventions
2) # of youth receiving evidence-based practices;
3) # number of youth served;
4) # of training activities conducted;
5) # of MOU's executed for child/youth support services;
6) # of youth who demonstrate changed knowledge about their safety; DV and CA/N
7) # of GRYD staff trained
8) % of LAPD and DCFS staff increasing knowledge of trauma-focused intervention related to DV and CA/N
9) # of staff satisfied with training
10) # of outreach efforts to community agencies
11) # of Advisory Committee members and focus group members attending meetings

OUTCOME MEASURES

Short Term

Within the SPA 4 target Area:

1) Increase in youth receiving needed Crisis Interventions related to family violence
2) 25 DCFS workers and 50 LAPD officers increase knowledge about evidence-based interventions and treatment
3) Increase in the number of children and youth who receive evidence-based treatment is response to DV and CA/N and know how to protect themselves
4) Increase in the number of community agencies who accept referrals for services for children and youth with trauma histories.
5) Increase input of youth and experts into the intervention protocol for crisis intervention manual

Long Term

1) Improved coordination between entities providing crisis intervention, treatment and follow-up services to children and youth who experience family violence.
2) Promotion of child and youth safety by cross-training professionals who interact with the target population.
3) At-risk children and youth will have increased knowledge of DV and CA/N consequences, self protection strategies and how to break the cycle of violence
4) Children and youth will have improved mental health and life outcomes after receiving treatment for DV and CA/N.
5) development of evidence-based intervention manual

TIMELINE

Month	Project Goal	Related Objective	Activity	Expected Completion Date	Person Responsible
1-24	Promote child and youth safety by increasing the number of crisis interventions focused on the needs of children and youth who have experienced traumatic family violence	150 children and youth who need crisis intervention due to DV and CA/N will receive emergency services, follow-up support, safety planning and referrals for long-term assistance.	CII will respond to crisis intervention calls from LAPD and DCFS within the proposed service area.	Ongoing based on calls to the program.	Project Director/Clinical Supervisor, Crisis Intervention Coordinator, Crisis Intervention Specialist
1-24	Increase the number of children and youth being served with evidence-based practices in response to trauma related to experiencing family violence	150 children and youth who need evidence-based treatment to remediate the effects of trauma related to DV and CA/N will receive services. Those who meet criteria for traumatic stress and other clinical issues will receive evidence-based mental health treatment as measured by clinical records.	CII has a variety of clinical assessment tools which are used to determine a child/youths level of trauma, so that clients can be assigned individual counseling or DV group counseling, or both. Different tools are needed depending on age, developmental level, the clinical intervention needed, level of exposure to trauma and type of trauma experienced. Those who do qualify will be offered the services.	Children and youth who have experienced family violence (DV and/or CA/N) will have improved mental health outcomes, less traumatic stress and an increase in knowledge related to safety planning.	Project Director/Clinical Supervisor, Crisis Intervention Coordinator, Crisis Intervention Specialist
Months 1-3 Begin in 1st qtr of project; on-going thereafter	Expand the network of agencies providing support services which are focused on children and youth via referrals from ERIN program.	A minimum of 20 identified domestic violence and children's mental health programs that implement evidence-based practices will be recruited to participate in the ERIN support network. 75% of the recruited agencies will actively participate within the 2 year period.	Personal outreach to agencies as well as monthly collaborative meetings.	Ongoing in order to include all agencies in the community willing to provide needed services to children and youth who have been traumatized by DV and/or CA/N	Project Director/Clinical Supervisor
1-24	Increase cooperation, number of activities, and staff training between LAPD and DCFS	Provide trainings on trauma-focused crisis interventions, and treatment for 25 DCFS social workers, and 50 LAPD officers	Convene Advisory Committee and facilitate focus groups in order to inform the development of a trauma-focused crisis intervention. Provide cross trainings in 4 LAPD divisions and to DCFS social workers at the command post.	Outreach and recruitment of expertise in child abuse and neglect and domestic violence to participate on Advisory committee. Quarterly trainings to be held at the each agency.	Program Coordinator

TIMELINE

1-3; on-going thereafter	Develop a Crisis Intervention manual that is focused in the trauma experienced by children and youth which will enable CII to outreach to other agencies so the project can be replicated in other communities.	Complete a project instructional manual which includes information on promoting child and youth safety including policies and procedures for the provision of trauma-informed crisis intervention, evidence-based trauma treatment, building community collaboration, providing trainings on the above subject to diverse professionals, developing a network of support services.	Once developed, the manual would be distributed to all agencies involved as well as outside agencies	within first quarter	Project Director/Clinical Supervisor, Crisis Intervention Coordinator, Crisis Intervention Specialist with representatives from advisory committee and focus groups

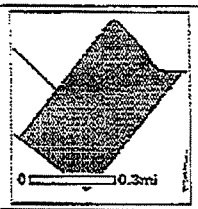
Lake 90026

SMART Report

195710 Tracts Report

Geographic Area: **National > California > Los Angeles**

Location: 195710



Indicators for this Location

Population

Indicator	2000
% of Population Under 5 Years	10%
% of Population 5 to 17 Years	21%
% of Population 18 Years and Older	70%
% of Population that is Male	51%
% of Population that is Female	49%
% of Households with Children that are Single Parent	37%
% of Population 5-17 that only speak English	9%
% of Population 5-17 that speak Spanish	85%
% of Population 5-17 that speak an Indo European Language	1%
% of Population 5-17 that speak an Asian Language	5%
% of Population 5-17 that speak Other	0%
Total Population	4,978
% of Poplation that is White	32%
% of Population that is Black	3%
% of Population that is Native American	1%
% of Population that is Asian	11%
% of Population that is Pacific Islander	0%
% of Population that is Other	49%
% of Population that is Two + Races	11%
% of Population that is Hispanic	76%
% of Population that is Not Hispanic	24%
% of Population Born in the United States	37%
% of Population Born in a Foreign Country	63%
% of Population not United States Citizens	50%

Economic

Indicator	2000
% of Population that is Employed	41%
% of Population that is Unemployed	11%
Per Capita Income	$10,322
% of Individuals that are in Poverty	38%
% of Families that are in Poverty	36%
% of Children that are in Poverty	47%

Education

Indicator	2000
% of 3 and 4 Year Olds Enrolled in School	44%
% of 3 and 4 Year Olds Not Enrolled in School	56%
% of 5 to 17 Year Olds Enrolled in School	95%
% of 5 to 17 Year Olds Not Enrolled in School	5%
% of 18 to 24 Year Olds Enrolled in School	40%
% of 18 to 24 Year Olds Not Enrolled in School	60%
% of 18 to 24 Year Olds with no High School Degree	58%
% of 18 to 24 Year Olds with a High School Degree	42%
% of 18 to 24 Year Olds with a Bachelor or Higher Degree	0%
% of 25 to 34 Year Olds with a Bachelor or Higher Degree	9%

Housing

Indicator	2000
Total Households	1,388
% of Households that are Owner Occupied	14%
% of Households that are Renter Occupied	86%
% of Households that are Occupied	93%
% of Households that are Vacant	7%
% of Households that are Urban	100%
% of Households that are Rural	0%

Risk Factors - Community

Indicator	2000
% of Population that is Unemployed	11%
% of Individuals that are in Poverty	38%
% of Families that are in Poverty	36%
% of Children that are in Poverty	47%
Total Households	1,388
% of Households that are Owner Occupied	14%
% of Households that are Renter Occupied	86%
% of Households that are Vacant	7%
Community Disadvantage Index	10

Risk Factors - School

Indicator	2000
% of 5 to 17 Year Olds Not Enrolled in School	5%
% of 18 to 24 Year Olds with no High School Degree	58%

Indexes

Indicator	2000
Community Disadvantage Index	10

Resources for this Location

Label	Category	Program	Address	City	State	Phone
ROSEMONT AVENUE ELEMENTARY	School		421 North Rosemont Ave.	Los Angeles	CA	(213) 413-5310

SMART Quick Report

EUDL QUICK REPORT

Place: 711 S New Hampshire Ave, Los Angeles, CA 90005

Description: Enforcing the Underage Drinking Laws, FY 2008

Juvenile Drug Abuse Violation Arrest Rate

Research shows that youth who report drinking before the age of 15 are more likely than those who begin drinking later in life to have other substance abuse problems during adolescence.

Juvenile Drug Abuse and the Top Ranked Counties

Alpine	1,818
Mendocino	1,310
Nevada	1,286
Kings	1,126
Lake	936

The top ranked counties with Juvenile Drug Abuse Violation Arrest Rates (per 100,000) are provided here. The highest valued county is listed first.

Therefore, this SMART data indicator may be useful to you in making an informed decision. This map depicts county-level data for the Juvenile Drug Abuse Violation Arrest Rate (per 100,000) for 2004. Concentrated arrest rates are represented by the darker shaded areas.

Percentage of 5 to 17 Year Olds Not Enrolled in School

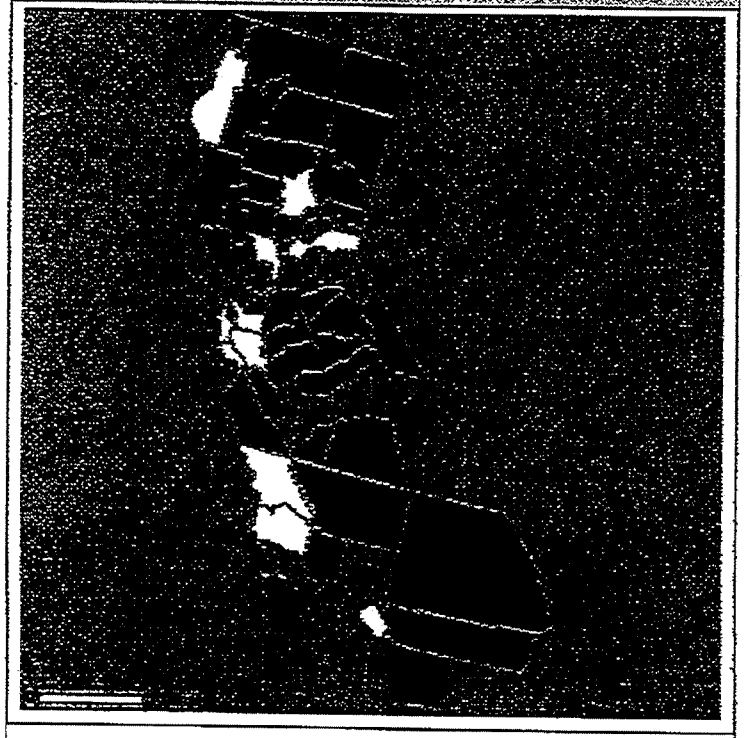
Percentage of 5 to 17 Year Olds Not Enrolled in School and the Top Ranked Counties

Mariposa	5%
Mono	5%
Monterey	5%
Alpine	4%
Del Norte	4%

The top ranked counties with the percentage of 5 to 17 Year Olds Not Enrolled in School are highlighted here. The highest valued county is listed first.

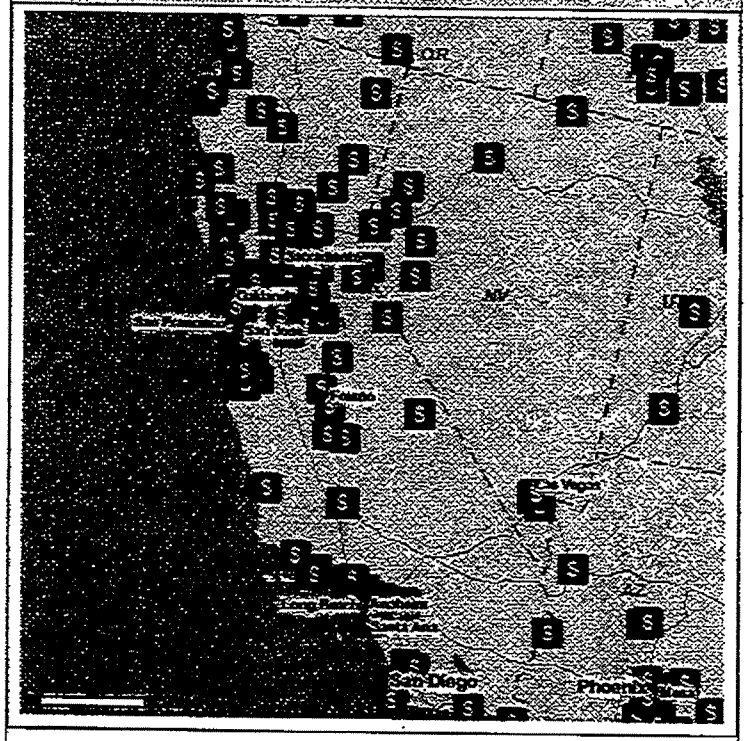
Research shows that some prevention strategies applied in schools have an affect on underage drinking. These include school policies regarding alcohol use on school property or at school-sponsored events; media literacy programs to make youth more sophisticated about the manipulative techniques of advertisers; and prevention curricula. This map articulates county-level data for the Percentage of 5 to 17 Year Olds Not Enrolled in School. Concentrated areas of non-enrollment are represented by the darker shaded areas.

Percentage of 18 to 24 Year Olds Not Enrolled in School



Research shows young adults between 18 to 22 years old and enrolled full-time in college were less likely than their peers who are not enrolled full-time (i.e., part-time college students and persons not currently enrolled in college) to use alcohol in the past month, binge drink, or drink heavily. This map shows county-level data for the Percentage of 18 to 24 Year Olds Not Enrolled

OJJDP Grants



This map provides a visual reference of where OJJDP Grants are located within your state. The OJJDP Grants within the SMART system allow users to identify current funding by geographic location. This could be of use as States develop collaborative strategies to address underage drinking. Please use the 'Mapping and Analysis' function (accessible from the Homepage) to learn more about grants in your area.

in School. Concentrated areas of non-enrollment are represented by the darker shaded areas.

County Community Disadvantage Index

Communities can be described using a variety of indicators. One index known as "community disadvantage" is commonly used by social scientists to summarize the general socio-economic conditions of an area. The Community Disadvantage Index (CDI) used in the SMART

The Community Disadvantage Index, OJJDP Grants, and Weed and Seed sites

This map depicts the relationship between census tracts, the CDI, OJJDP grants, and Weed and Seed sites. Please note that Weed and Seed sites are not visible at this geographic level. To better view

System was developed by Dr. Janet Lauritsen from the University of Missouri-St. Louis. This index has been shown in prior research to be a key correlate of the risk for violence. Because it is a combination of several measures gathered from the decennial census, it is generally considered to be a more reliable indication of disadvantage than any single indicator used by itself. The CDI combines three census tract measures that were weighted on the basis of the factor analysis: the percent of persons living below the federally defined poverty line, the percent of persons receiving public assistance, and the percent of families with minor children that are female-headed. This map shows censtus tracts and the CDI.

and identify these sites, use the 'Mapping and Analysis' feature (accessible from the Homepage).

EUDL Table

Counties	% of 5 to 17 Year Olds Not Enrolled in School 2000	% of 18 to 24 Year Olds Not Enrolled in School 2000	Juvenile Drug Abuse Violation Arrest Rate 1994	Juvenile Drug Abuse Violation Arrest Rate 1995	Juvenile Drug Abuse Violation Arrest Rate 1996
	Min: 0 Max: 5 Mean: 3	Min: 26 Max: 80 Mean: 58	Min: 0 Max: 1,291 Mean: 605	Min: 156 Max: 6,723 Mean: 794	Min: 196 Max: 2,419 Mean: 711
Alameda	3%	49%	1,051	n/a	809
Alpine	4%	80%	0	6,723	2,419
Amador	2%	60%	n/a	818	1,043
Butte	2%	32%	448	552	464
Calaveras	3%	60%	359	430	551
Colusa	3%	68%	497	324	589
Contra Costa	3%	53%	556	528	458
Del Norte	4%	64%	442	589	416
El Dorado	2%	55%	698	856	598
Fresno	3%	55%	880	1,003	938
Glenn	2%	67%	394	413	454
Humboldt	2%	43%	680	564	939
Imperial	3%	53%	542	1,060	980
Inyo	2%	80%	800	604	314
Kern	3%	64%	742	n/a	690

Counties	% of 5 to 17 Year Olds Not Enrolled in School 2000	% of 18 to 24 Year Olds Not Enrolled in School 2000	Juvenile Drug Abuse Violation Arrest Rate 1994	Juvenile Drug Abuse Violation Arrest Rate 1995	Juvenile Drug Abuse Violation Arrest Rate 1996
	Min: 0 Max: 5 Mean: 3	Min: 26 Max: 80 Mean: 58	Min: 0 Max: 1,291 Mean: 605	Min: 156 Max: 6,723 Mean: 794	Min: 196 Max: 2,419 Mean: 711
Kings	3%	67%	756	931	994
Lake	3%	67%	996	746	643
Lassen	2%	62%	521	456	497
Los Angeles	3%	53%	574	568	600
Madera	4%	65%	291	464	646
Marin	2%	53%	865	840	688
Mariposa	5%	60%	121	295	800
Mendocino	3%	69%	1,291	1,022	844
Merced	4%	62%	570	645	762
Modoc	2%	68%	153	156	609
Mono	5%	73%	102	381	366
Monterey	5%	65%	514	745	750
Napa	3%	54%	523	317	293
Nevada	2%	54%	767	969	658
Orange	3%	50%	527	591	618
Placer	2%	52%	621	800	888
Plumas	2%	56%	317	522	196
Riverside	3%	60%	528	472	426
Sacramento	3%	57%	384	418	441
San Benito	3%	67%	1,027	822	542
San Bernardino	3%	62%	574	601	529
San Diego	3%	56%	715	754	703
San Francisco	3%	48%	1,290	1,110	1,329
San Joaquin	3%	59%	483	638	468
San Luis Obispo	2%	30%	884	995	764
San Mateo	2%	51%	492	538	594
Santa Barbara	4%	38%	650	856	960
Santa Clara	3%	49%	948	1,031	1,053
Santa Cruz	3%	42%	895	1,018	995
Shasta	2%	56%	933	787	641
Sierra	0%	60%	779	1,746	1,412
Siskiyou	2%	56%	336	693	590
Solano	3%	60%	763	761	723
Sonoma	3%	56%	867	912	864
Stanislaus	3%	60%	576	765	973
Sutter	2%	64%	89	327	359
Tehama	3%	64%	343	466	524
Trinity	2%	57%	419	354	462
Tulare	4%	65%	572	730	719
Tuolumne	2%	58%	351	340	388

	% of 5 to 17 Year Olds Not Enrolled in School, 2000	% of 18 to 24 Year Olds Not Enrolled in School, 2000	Juvenile Drug Abuse Violation Arrest Rate, 1994	Juvenile Drug Abuse Violation Arrest Rate, 1995	Juvenile Drug Abuse Violation Arrest Rate, 1996
Counties	Min: 0 Max: 5 Mean: 3	Min: 26 Max: 80 Mean: 58	Min: 0 Max: 1,291 Mean: 605	Min: 156 Max: 6,723 Mean: 794	Min: 196 Max: 2,419 Mean: 711
Ventura	3%	57%	796	1,009	837
Yolo	3%	26%	693	828	830
Yuba	3%	65%	515	574	626

	Juvenile Drug Abuse Violation Arrest Rate, 1997	Juvenile Drug Abuse Violation Arrest Rate, 1998	Juvenile Drug Abuse Violation Arrest Rate, 1999	Juvenile Drug Abuse Violation Arrest Rate, 2000	Juvenile Drug Abuse Violation Arrest Rate, 2001
Counties	Min: 0 Max: 1,288 Mean: 652	Min: 88 Max: 2,273 Mean: 683	Min: 226 Max: 4,546 Mean: 665	Min: 81 Max: 1,327 Mean: 618	Min: 0 Max: 1,750 Mean: 643
Alameda	764	701	700	625	501
Alpine	0	2,273	4,546	714	0
Amador	282	670	625	310	641
Butte	667	837	588	585	677
Calaveras	676	767	950	732	1,099
Colusa	309	685	793	610	616
Contra Costa	558	423	433	416	390
Del Norte	644	367	289	631	648
El Dorado	463	441	490	585	512
Fresno	986	892	849	724	708
Glenn	314	182	463	667	579
Humboldt	847	768	512	625	719
Imperial	1,081	804	700	899	988
Inyo	567	355	266	316	180
Kern	846	715	706	626	729
Kings	1,211	1,086	1,184	1,232	1,056
Lake	768	536	500	653	608
Lassen	418	300	305	608	482
Los Angeles	655	614	567	517	525
Madera	812	706	550	466	445
Marin	733	769	668	658	638
Mariposa	113	454	337	365	856
Mendocino	797	1,078	821	1,043	1,515
Merced	702	714	653	725	726
Modoc	0	220	237	81	80
Mono	88	88	268	146	139
Monterey	814	674	636	534	494
Napa	396	250	247	517	438
Nevada	866	723	665	679	951
Orange	626	634	601	598	591

	Juvenile Drug Abuse Violation Arrest Rate, 1997	Juvenile Drug Abuse Violation Arrest Rate, 1998	Juvenile Drug Abuse Violation Arrest Rate, 1999	Juvenile Drug Abuse Violation Arrest Rate, 2000	Juvenile Drug Abuse Violation Arrest Rate, 2001
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Placer	736	523	699	659	676
Plumas	310	504	635	473	624
Riverside	n/a	380	418	416	444
Sacramento	394	442	475	465	414
San Benito	569	392	438	644	634
San Bernardino	661	501	456	500	513
San Diego	669	655	583	592	615
San Francisco	1,288	1,285	1,035	852	582
San Joaquin	607	593	496	497	465
San Luis Obispo	688	447	462	604	535
San Mateo	633	533	488	444	447
Santa Barbara	1,087	1,020	913	826	1,035
Santa Clara	1,039	902	737	809	708
Santa Cruz	1,062	1,219	1,043	826	989
Shasta	739	789	705	830	688
Sierra	463	1,822	226	436	1,750
Siskiyou	603	315	439	532	538
Solano	730	608	602	522	507
Sonoma	982	903	855	686	645
Stanislaus	850	873	773	738	619
Sutter	252	280	233	362	344
Tehama	432	486	660	962	n/a
Trinity	865	969	731	1,327	621
Tulare	855	664	565	666	748
Tuolumne	455	364	433	257	547
Ventura	850	827	752	839	843
Yolo	880	894	767	699	773
Yuba	440	716	807	472	837

	Juvenile Drug Abuse Violation Arrest Rate, 2002	Juvenile Drug Abuse Violation Arrest Rate, 2003	Juvenile Drug Abuse Violation Arrest Rate, 2004
Counties	Min: 145 Max: 4,959 Mean: 723	Min: 177 Max: 2,542 Mean: 663	Min: 173 Max: 1,818 Mean: 612
Alameda	450	426	378
Alpine	4,959	2,542	1,818
Amador	863	556	634
Butte	n/a	n/a	734
Calaveras	859	731	778

Counties	Juvenile Drug Abuse Violation Arrest Rate 2002 Min: 145 Max: 4,959 Mean: 723	Juvenile Drug Abuse Violation Arrest Rate 2003 Min: 177 Max: 2,542 Mean: 663	Juvenile Drug Abuse Violation Arrest Rate 2004 Min: 173 Max: 1,818 Mean: 612
Colusa	145	441	183
Contra Costa	382	339	267
Del Norte	712	607	731
El Dorado	612	811	770
Fresno	662	632	519
Glenn	304	1,208	680
Humboldt	604	846	554
Imperial	648	661	526
Inyo	544	373	567
Kern	630	533	357
Kings	1,071	937	1,126
Lake	513	540	936
Lassen	826	556	369
Los Angeles	489	455	458
Madera	284	325	264
Marin	621	783	686
Mariposa	455	215	584
Mendocino	1,134	1,662	1,310
Merced	669	641	688
Modoc	163	177	173
Mono	545	608	281
Monterey	456	411	515
Napa	441	330	466
Nevada	1,449	1,306	1,286
Orange	581	560	490
Placer	665	483	548
Plumas	1,153	380	685
Riverside	427	458	426
Sacramento	392	340	351
San Benito	506	430	484
San Bernardino	476	482	526
San Diego	554	553	546
San Francisco	662	499	356
San Joaquin	520	427	365
San Luis Obispo	524	570	529
San Mateo	480	419	378
Santa Barbara	917	n/a	770
Santa Clara	638	657	504
Santa Cruz	1,059	945	826
Shasta	761	729	896

Counties	Juvenile Drug Abuse Violation Arrest Rate, 2002 Min: 145 Max: 4,959 Mean: 723	Juvenile Drug Abuse Violation Arrest Rate, 2003 Min: 177 Max: 2,542 Mean: 663	Juvenile Drug Abuse Violation Arrest Rate, 2004 Min: 173 Max: 1,818 Mean: 612
Sierra	1,322	1,429	252
Siskiyou	747	758	772
Solano	556	467	n/a
Sonoma	712	n/a	633
Stanislaus	608	527	556
Sutter	378	644	702
Tehama	593	695	736
Trinity	1,134	1,047	663
Tulare	751	714	670
Tuolumne	601	744	656

Counties	Juvenile Drug Abuse Violation Arrest Rate: 2002 Min: 145 Max: 4,959 Mean: 723	Juvenile Drug Abuse Violation Arrest Rate: 2003 Min: 177 Max: 2,542 Mean: 663	Juvenile Drug Abuse Violation Arrest Rate: 2004 Min: 173 Max: 1,818 Mean: 612
Ventura	841	688	747
Yolo	520	510	620
Yuba	665	654	577

Indicators for this Location

Population

Indicator	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2006
% of Population Under 5 Years							7%					
% of Population 5 to 17 Years							20%					
% of Population 18 Years and Older							73%					
% of Population that is Male							50%					
% of Population that is Female							50%					
% of Households with Children that are Single Parent							26%					
% of Population 5-17 that only speak English							57%					
% of Population 5-17 that speak Spanish							32%					
% of Population 5-17 that speak an Indo European Language							3%					
% of Population 5-17 that speak an Asian Language							7%					
% of Population 5-17 that speak Other							1%					
Total Population							33,871,648					
% of Population that is White							59%					
% of Population that is Black							7%					
% of Population that is Native American							1%					
% of Population that is Asian							11%					
% of Population that is Pacific Islander							0%					
% of Population that is Other							17%					
% of Population that is Two + Races							11%					
% of Population that is Hispanic							32%					
% of Population that is Not Hispanic							68%					
% of Population Born in the United States							74%					
% of Population Born in a Foreign Country							26%					
% of Population not United States Citizens							16%					

Crime Indicator	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2006
Juvenile Arrest Rate	7,292	7,182	7,442	7,392	7,080	6,620	6,008	5,772	5,405	5,185	4,999	
Juvenile Violent Crime Index Arrest Rate	624	602	585	550	505	472	404	412	366	361	351	
Juvenile Murder Arrest Rate	15	15	11	9	8	5	4	5	5	4	4	
Juvenile Forcible Rape Arrest Rate	13	12	13	12	11	10	9	8	8	7	7	
Juvenile Robbery Arrest Rate	253	252	237	213	178	146	123	114	107	110	112	
Juvenile Aggravated Assault Arrest Rate	343	324	324	316	307	311	268	285	246	241	227	
Juvenile Property Crime Index Arrest Rate	2,332	2,209	2,153	2,014	1,819	1,558	1,406	1,312	1,224	1,168	1,108	
Juvenile Burglary Arrest Rate	627	588	608	557	521	439	395	367	344	322	301	
Juvenile Larceny Theft Arrest Rate	1,224	1,204	1,180	1,150	1,055	920	820	748	695	671	641	
Juvenile Motor Vehicle Theft Arrest Rate	436	381	328	272	216	170	164	166	158	151	143	
Juvenile Arson Arrest Rate	622	589	619	596	590	570	563	546	535	525	501	
Juvenile Simple Assault Arrest Rate	622	589	619	596	590	570	563	546	535	525	501	
Juvenile Weapons Violation Law Arrest Rate	298	266	243	234	214	186	159	161	162	179	189	
Juvenile Drug Abuse Violation Arrest Rate	646	669	669	707	649	600	582	578	548	518	493	
Adult Arrest Rate	6,009	5,958	5,862	5,789	5,513	5,156	4,811	4,692	4,674	4,801	4,901	
Adult Violent Crime Index Arrest Rate	568	581	559	568	519	478	460	463	446	438	418	
Adult Murder Arrest Rate	11	10	9	8	8	7	6	6	6	6	7	
Adult Forcible Rape Arrest Rate	13	12	12	12	11	10	10	10	9	8	7	
Adult Robbery Arrest Rate	84	80	76	69	62	54	49	49	49	49	50	
Adult Aggravated Assault Arrest Rate	461	478	462	480	438	407	395	398	382	374	354	
Adult Property Crime Index Arrest Rate	779	740	659	621	553	478	448	458	464	492	502	
Adult Burglary Arrest Rate	209	193	176	165	151	134	126	134	134	142	146	
Adult Larceny Theft Arrest Rate	450	438	395	374	329	286	257	248	246	255	258	
Adult Motor Vehicle Theft Arrest Rate	115	104	84	78	69	55	62	74	81	92	95	
Adult Arson Arrest Rate	254	255	244	254	248	236	238	246	245	248	246	
Adult Simple Assault Arrest Rate	254	255	244	254	248	236	238	246	245	248	246	
Adult Weapons Violation Law Arrest Rate	137	121	100	97	79	65	61	67	71	76	83	
Adult Drug Abuse Violation Arrest Rate	1,096	1,053	1,020	1,096	1,016	960	926	895	912	975	1,025	
Total Arrest Rate	5,152	5,102	5,067	5,026	4,811	4,519	4,217	4,116	4,073	4,147	4,200	
Total Violent Crime Index Arrest Rate	480	486	469	473	434	402	383	387	370	365	349	
Total Murder Arrest Rate	10	9	8	7	6	5	5	5	5	5	6	
Total Forcible Rape Arrest Rate	10	10	10	10	9	9	8	8	7	7	6	
Total Robbery Arrest Rate	89	86	82	74	66	57	51	50	49	50	50	
Total Aggravated Assault Arrest Rate	370	381	369	382	352	332	319	324	309	303	287	
Total Property Crime Index Arrest Rate	824	784	723	682	612	530	494	492	488	502	503	
Total Burglary Arrest Rate	221	206	197	184	170	149	139	142	140	143	144	
Total Larceny Theft Arrest Rate	462	452	420	404	361	316	285	270	264	268	267	
Total Motor Vehicle Theft Arrest Rate	132	118	99	88	75	60	65	74	78	86	87	
Total Arson Arrest Rate	253	250	247	252	248	238	240	245	244	246	241	
Total Simple Assault Arrest Rate	253	250	247	252	248	238	240	245	244	246	241	
Total Weapons Violation Law Arrest Rate	132	117	100	97	82	69	64	68	71	77	84	
Total Drug Abuse Violation Arrest Rate	863	833	809	870	810	767	743	722	734	777	811	

Economic

Indicator	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2006
% of Population that is Employed							58%					
% of Population that is Unemployed							4%					
Per Capita Income							$22,711					
% of Individuals that are in Poverty							14%					
% of Families that are in Poverty							11%					
% of Children that are in Poverty							19%					

Education

Indicator	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2006
% of 3 and 4 Year Olds Enrolled in School							46%					
% of 3 and 4 Year Olds Not Enrolled in School							54%					
% of 5 to 17 Year Olds Enrolled in School							97%					
% of 5 to 17 Year Olds Not Enrolled in School							3%					
% of 18 to 24 Year Olds Enrolled in School							46%					
% of 18 to 24 Year Olds Not Enrolled in School							54%					
% of 18 to 24 Year Olds with no High School Degree							29%					
% of 18 to 24 Year Olds with a High School Degree							71%					
% of 18 to 24 Year Olds with a Bachelor or Higher Degree							7%					
% of 25 to 34 Year Olds with a Bachelor or Higher Degree							26%					

Housing

Indicator	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2006
Total Households							12,214,549					
% of Households that are Owner Occupied							57%					
% of Households that are Renter Occupied							43%					
% of Households that are Occupied							94%					
% of Households that are Vacant							6%					
% of Households that are Urban							93%					
% of Households that are Rural							7%					

Health

Indicator	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2006
Infant Death Rate						6						

Risk Factors - Community

Indicator	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2006
% of Population that is Unemployed							4%					
% of Individuals that are in Poverty							14%					
% of Families that are in Poverty							11%					
% of Children that are in Poverty							19%					
Total Households							12,214,549					
% of Households that are Owner Occupied							57%					
% of Households that are Renter Occupied							43%					
% of Households that are Vacant							6%					
Adult Violent Crime Index Arrest Rate	568	581	559	568	519	478	460	463	446	438	418	
Adult Property Crime Index Arrest Rate	779	740	659	621	553	478	448	458	464	492	502	
Adult Drug Abuse Violation Arrest Rate	1,096	1,053	1,020	1,096	1,016	960	926	895	912	975	1,025	
Infant Death Rate						6						

Risk Factors - School

Indicator	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2006
% of 5 to 17 Year Olds Not Enrolled in School							3%					
% of 18 to 24 Year Olds with no High School Degree							29%					
% of Teens who are High School Dropouts											6%	
% Illicit drug use other than Marijuana (12 to 17)										6%		
% Marijuana Use (12 to 17)												8%
% Binge Alcohol Use (12 to 17)												9%

Risk Factors - Individual

Indicator	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2006
Juvenile Arrest Rate	7,292	7,182	7,442	7,392	7,080	6,620	6,008	5,772	5,405	5,185	4,999	
Juvenile Violent Crime Index Arrest Rate	624	602	585	550	505	472	404	412	366	361	351	
Juvenile Murder Arrest Rate	15	15	11	9	8	5	4	5	5	4	4	
Juvenile Forcible Rape Arrest Rate	13	12	13	12	11	10	9	8	8	7	7	
Juvenile Robbery Arrest Rate	253	252	237	213	178	146	123	114	107	110	112	
Juvenile Aggravated Assault Arrest Rate	343	324	324	316	307	311	268	285	246	241	227	
Juvenile Property Crime Index Arrest Rate	2,332	2,209	2,153	2,014	1,819	1,558	1,406	1,312	1,224	1,168	1,108	
Juvenile Burglary Arrest Rate	627	588	608	557	521	439	395	367	344	322	301	
Juvenile Larceny Theft Arrest Rate	1,224	1,204	1,180	1,150	1,055	920	820	748	695	671	641	
Juvenile Motor Vehicle Theft Arrest Rate	436	381	328	272	216	170	164	166	158	151	143	
Juvenile Simple Assault Arrest Rate	622	589	619	596	590	570	563	546	535	525	501	
Juvenile Weapons Violation Law Arrest Rate	298	266	243	234	214	186	159	161	162	179	189	

CHILDREN'S INSTITUTE, INC.

Position Description

POSITION TITLE: Director, Project ERIN

STATUS: Exempt

REPORTS TO: Senior Vice President, Child Welfare
Senior Vice President, Leadership Center

SUPERVISES: Project Erin staff

PROGRAM SUMMARY: Under the direction of the Senior Vice President, Leadership Center, the Director of Project ERIN is responsible for providing administrative and clinical supervision to all Project ERIN staff and for providing overall leadership to the program.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

1. Supervises/implementation of domestic violence emergency response protocol.
2. Maintains collaborative relationships with LAPD partners.
3. Prepares weekly service delivery reports.
4. Represents CII at community meetings.
5. Prepares reports for funding sources.
6. Participates in fund-raising activities as needed.
7. Assists in hiring staff; provides orientation, training, development and evaluation.
8. In conjunction with collaborative agencies, plans the overall program.
9. Responsible for all aspects of fiscal management.
10. Responsible for program evaluation and long range planning.
11. Reviews the effectiveness of collaborative programs.

DUTIES AND RESPONSIBLILITIES-GENERAL:

1. Assists in program development/eligibility/certification activities.
2. Performs other duties as assigned.
3. Meets with Sr. VP, Leadership Center on a weekly basis
4. Attends all Staff Meetings

POSITION SPECIFICATIONS

- A minimum of a Masters degree in Social Work, Psychology or related field.
- At least 5 years of experience in providing program design implementation, development and evaluation of youth and/or community programs.
- Supervisory experience
- A valid California Driver's License, current CA insurance and a driving safety record acceptable to CII's insurance carrier are required.

EQUIPMENT OPERATED:
Computer, telephone, fax, copier, motor vehicle.

Approved by: _____ Date: _____

Employee Signature: _____ Date: _____

CHILDREN'S INSTITUTE, INC.

Position Description

POSITION TITLE: Crisis Intervention Specialist I **STATUS:** Non-Exempt

REPORTS TO Program Director **DEPARTMENT:** Project ERIN

SUPERVISES: None

POSITION SUMMARY: Under indirect supervision, provides in-home crisis intervention and trauma assessment to children and women victims of domestic violence immediately following police intervention and securing of scene.

DUTIES AND RESPONSIBILITIES - ESSENTIAL:

1. Incident debriefing with children and mother.
2. Assess danger to children and adult victim(s), assure safety of children, and transport to domestic violence shelter as needed.
3. Assess extent of child(ren)'s exposure to domestic violence and level of trauma experienced.
4. Assess for any child abuse and contact DCFS as needed.
5. Follow-up contact with children and mother.
6. Identify resources/provide referrals to community services as needed.
7. Flexibility of schedule to fit with varying shifts, including weekends and nights.

DUTIES AND RESPONSIBILITIES - GENERAL:

1. Prepare/maintains relevant documents.
2. Provides transportation requiring a motor vehicle.
3. Attends LAPD roll call meetings, CII staff meetings and clinical supervision
4. Participates in staff training/development.
5. Performs other duties as assigned.

POSITION SPECIFICATION:

Bachelor's Degree. Eighteen (18) months to three (3) years relevant experience. A valid CA driver's license, current insurance and a driving safety record acceptable to CII's insurance carrier are required. Must be able to visit homes or other locations that may not be accessible to the disabled.

Approved By	Date
Employee Signature	Date

CHILDREN'S INSTITUTE INTERNATIONAL

Position Description

POSITION TITLE: Crisis Intervention Coordinator I **STATUS:** Exempt

REPORTS TO: Director ERIN **DEPT:** Community Services
SUPERVISES Crisis Intervention Specialist I

POSITION SUMMARY: Under general guidance of the Senior Director of Programs, assists in the development and implementation of activities for the Domestic Violence Services.

DUTIES AND RESPONSIBILITIES - ESSENTIAL:

1. Assists in the development and implementation of the ERINse Treatment Services Program.

2. Coordinates staffing for ERIN Services.

3. Supervises programmatic issues with staff in relation to policies and procedures, documentation, scheduling.

4. Coordinates data collection and monthly report of Domestic Violence Services activity with Director.

5. Provides ongoing orientation, training and evaluation of staff

6. Assists in interviewing potential new hires, and participates in the decision-making regarding new hires.

7. Provides crisis intervention and follow-up services to children and families.

8. Conducts appropriate staffing/meetings/conferences.

9. Ensures compliance with regulations/standards/contracts.

11. Meets weekly with Director of Program.

DUTIES AND RESPONSIBILITIES - GENERAL:

1. Assists in program development/eligibility/certification activities.

2. Maintains documents/reports/files.

3. Performs other duties as assigned.

POSITION SPECIFICATIONS: Master's degree in psychology, social work, counseling, or related discipline or equivalent of Three (3) to five (5) years relevant experience. Specific experience providing domestic violence, sexual abuse crisis intervention. Valid California driver's license.

EQUIPMENT OPERATED: Computer, telephone, fax, copier, and automobile.

Employee Signature	Date

Approved by:	Date: