

Louisiana Children's Trust Fund



**2015
to
2020**

State Plan for the Prevention of Child Abuse and Neglect

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The State Plan

In 1983, Legislation was passed to create the Louisiana Children’s Trust Fund. Since then a generation of children have been born, grown up and become parents themselves under the influence of those working to support them using this guidance. The exemplary work continues throughout the generations of children in Louisiana.

A Child Abuse & Neglect Prevention Plan 2015-2020

Louisiana Children’s Trust Fund

Compiled by Team Dynamics, LLC

Dedication

This plan is dedicated to the children of Louisiana who survive and thrive with the support of caring professionals, their families, foster and adoptive families, and supportive communities.

Louisiana Children’s Trust Fund

“Overcoming abuse doesn’t just happen, it takes positive steps every day. Let today be the day you start to move forward.” — Assunta Harris, A Sheep Amongst Wolves

A Brighter Tomorrow for Louisiana’s Children

The Louisiana Children’s Trust Fund wishes to recognize the professionals, parents, and children who participated in the development of this plan. The Department of Children and Family Services (DCFS) and the Office of Public Health generously supplied data on child abuse and neglect and related statistics. We also thank the members of the National Alliance of Children’s Trust Funds for their assistance.

It is the goal of Louisiana Children’s Trust Fund that every Louisiana child have a bright future, while living and growing up in a safe, nurturing and healthy family environment.

Louisiana Children’s Trust Fund

2015 Board of Directors

Board Member

Area of Representation

Malcom G. Myer, Board Chair	Louisiana State Conference NAACP
Rev. Kathy Radke-Storey, Board Vice-Chair	Dept of Public Safety & Corrections and Office of Juvenile Justice
Pastor W. Mark Foster	Religious Community
Juan Gershanik, MD	Louisiana Medical Society
Cheri Gloe, M.Ed.	Louisiana Association for the Education of Young Children
Karen Hallstrom, MSW, JD	Louisiana Bar Association
Rhenda Hodnett, Ph.D.	Louisiana Department of Children & Family Services/ Child Welfare
Julie Larrieu, Ph.D.	Louisiana Psychological Association
Ivy Starns	Louisiana Department of Education
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Judge Richard N. Ware Award

Judge Richard N. Ware, former chairman of the Louisiana Children’s Trust Fund Board of Directors, was a “living” testament to the importance of the prevention of child abuse and neglect. He served as an advocate for all of Louisiana’s children and fought on their behalf. Judge Ware often said, “The most precious gift a person has is her TIME here on earth.” He chose to use his time for the betterment of tomorrow by helping children. Although his time was tragically shortened, he set examples that we continue to use as standards.

This award, sponsored by the Louisiana Children’s Trust Fund, was established in his honor. It is to recognize an individual who works in child abuse and neglect prevention and is an example of the extra commitment to children set by Judge Ware.

The Louisiana Children’s Trust Fund honors those individuals selected as recipients of the Judge Richard N. Ware Award:



- Judge Billy Ezell
- Judge Nancy Konrad
- Judge Salvadore Mule’
- Brenda Kelley
- Lucy McGough
- Carol Christopher
- Kay Kay Warner
- Myra Magee
- Dr. Stewart Gordon
- Dr. Margaret Pereboom
- Dot Thibodeaux
- Danna Spayde
- Dr. Rebecca “Becky” White
- Judy Watts
- Dr. Gerald “Gary” P. Mallon
- Kerry Andersen
- S. Mark Harris
- Richard Ducote, J.D.

Chairman's Message

As Chairman of the Board for the Louisiana Children's Trust Fund, I have realized the significant role training and support play in the skill development and enhancement for parents. Skilled parents provide a nurturing, loving, and caring family environment for all children. My family provided this type of environment for me as a child.

We must lead by example and the LCTF provides an excellent example. The programs funded provide parent training, family support, professional development, volunteer support and training throughout the state of Louisiana. These programs directly impact the lives of children.

We strive to build community by connecting pregnant women with mentors, reduce the risk of prenatal child abuse by pregnant women through parenting education, and support hospital visitation programs, where all new mothers, teen mothers, and high needs mothers will have a trained volunteer visitor. We support Community-based Family Resource Centers, or Parenting Centers, offer classes, speakers and encourage the development of support groups about parenting topics. They collaborate with community services to provide "one stop" services such as immunizations, dental check-ups, adult education, lending libraries, and more. We also lead with prevention campaigns across the state, spreading the word about the "Look Before You Lock" safety measures to protect children from the heat of a locked vehicle. We have created materials for distribution in a variety of mediums that can be utilized to help with the most preventable types of child abuse.

We seek to build a future where there is no stigma in asking for help, and parents from all walks of life will participate. Churches will adopt families in crisis, meeting their needs for material items, emotional support, and prayer. Churches will open their doors to parenting groups, after school programs for youth, and respite child-care for parents in need.

Child abuse and neglect can be prevented and the Louisiana Children's Trust Fund is your resource for having a positive impact.

Respectfully yours,

Malcolm G. Myer

LCTF Chairman

Introduction

In the 2014 report, there were nearly 1,580 children who died from abuse and neglect in the United States (The United States Department of Health and Human Services [DHHS], 2014). In addition, there was an estimated 702,000 victims of child abuse and neglect reported in the US.

Several years ago, in 2004, first as an intern and then in 2005-2011 as a child welfare specialist at the Department of Children and Family Services, my eyes became wide open to the wide spread issue of child abuse and neglect in our state and its devastating effects on children. I witnessed children who were victims of malnourishment, sexual abuse, as well as moderate to severe cases of physical abuse. Some of these innocent children who suffered from their trauma battled housing instability, behavioral issues, mental health problems, problems at school, as well as bonding and relationship issues in their foster homes. Helping to connect these vulnerable children and youth with the necessary resources, which were limited across the state, was challenging. Years later, after researching the issues of child abuse and neglect and the shortages of resources for youth that enter into the foster care system across the nation, it became evident that preventing abuse and neglect is the best solution.

It is indeed a privilege to join with the Board of Directors of the Louisiana Children's Trust Fund and lead child abuse and neglect prevention efforts across the State of Louisiana. With more than 12,057 reported victims of child maltreatment in Louisiana in the year 2014, I am committed to researching national best practices and collaborating with cross-sector entities to bolster the prevention of child abuse and neglect. Moreover, I will continue to support funding and oversight of both grassroots and evidence-based programs that demonstrate positive outcomes that strengthen the lives of vulnerable children and families.

My husband and I have four beautiful children that we pour into daily: Love, support, financial resources, and discipline to name a few. These are all virtues that children in today's society need to become strong, hard-working, and contributing adults in this society. These are also skills, knowledge, and virtues that the community programs and partners of the Louisiana Children's Trust Fund seek to provide to the families and children of Louisiana.

In this State Plan, we highlight the rates of child abuse and neglect in Louisiana. We provide data and statistics by region as well as a prevention programs funded by region. We have also included recommendations and ideas shared by stakeholders and partners from a statewide gaps analysis of programs and services to aid in the prevention of child abuse and neglect. For more than 25 years the Louisiana Children's Trust has been dedicated to funding prevention programs statewide. We will continue to increase our efforts through cross-sector partnerships and public awareness campaigns as we continue to believe that child abuse and neglect can be prevented.

Kindly,

Dana R. Hunter, Ph.D. LMSW

Executive Director

Louisiana Children's Trust Fund

Do You Know What It's Like?

Do you know what it's like
to grow up too fast...
to have different feelings because
of your past?

Once so innocent, so young...then
in the beat of your heart
your childhood's...done

Deprived of the memories
you shared with your friends...wishing
your life would just come to an end

Do you know what it's like
to have life taken away...then
have to hold it inside...

because you're dead if you say?

Do you know what it's like
to go day by day...to survive on
each breath and slowly, softly drift away?

Author Unknown



The Goals and Purposes of Children's Trust Funds

The Louisiana Children's Trust Fund Board believes that:

Every child deserves to grow up in a nurturing, loving and supportive family.

Every parent wants to raise their children in a responsible and loving manner.

Every family has strengths to focus upon, develop, and support.

Every community strives to be a place where all children and families will thrive.



A History of Child Abuse Prevention

- 1874 Mary Ellen Case, New York creates Society for the Prevention of Cruelty to Children
- 1876 American Humane Society founded
- 1899 Court recognizes states authority over parents in child abuse prevention
- 1909 First White House Conference on Children
- 1912 Federal Children's Bureau created
- 1935 Social Security Act, Title IV, ADC, and Title V, AFDC (Foster Care)
- 1961 Dr. C Henry Kemp defines The Battered Child Syndrome
- 1963 Child Abuse reporting laws instituted in US
- 1968 Indian Child Welfare Act PL 95-608
- 1970 Parents Anonymous founded
- 1972 National Committee to Prevent Child Abuse established
- 1974 Federal Child Abuse Prevention and Treatment Act
- 1979 First National Incidence Study
- 1980 Adoption Assistance and Child Welfare Act PL 96-272, (Title IV-E)
- 1980 Kansas forms 1st Children's Trust Fund
- 1981 National Child Abuse Coalition founded
- 1982 First National Child Abuse Prevention Week declared by Congress
- 1984 Landmark McMartin Pre-school case
- 1986 National Sexual Exploitation Act
- 1989 National Alliance of Children's Trust Fund & Prevention funds created
- 1991 US Advisory Board on Child Abuse & Neglect Report released
- 1992 Healthy Families American initiated nationwide
- 1996 Child Care and Development Block grant established
- 1997 Adoption and Safe Families Act passed
- 1998 Adverse Childhood Experiences Study published
- 1999 National Call to Action
- 2000 Child Abuse Prevention and Enforcement Act PL 106-177
- 2000 Intercountry Adoption Act PL 106-279
- 2001 Strengthening Families Initiative launched
- 2001 Promoting Safe and Stable Families Amendments PL 107-133
- 2003 National Early Childhood Comprehensive Systems (ECCS) Initiative
- 2004 National Alliance partners with National FRIENDS Resource Center
- 2004 Circle of Parents established
- 2007 CDC: Safe, Stable, Nurturing Relationships a Priority
- 2008 Stop Child Abuse in Residential Programs for Teens Act
- 2010 Reauthorization of Child Abuse Prevention and Treatment Act
- 2014 The Victims of Child Abuse Act Reauthorized
- 2015 Justice for Victims of Trafficking Act under consideration

The National Alliance of Children's Trust and Prevention Funds

The mission of the Alliance is to ensure all states have a strong and effective children's trust or prevention fund capable of leading and investing in strategies, policies and best practices that prevent child abuse and neglect before it occurs. This includes initiating and engaging in national efforts that help state children's trust and prevention funds in strengthening families to prevent child abuse and neglect. The National Alliance promotes and supports a system of services, laws, practices and attitudes that support families by enabling them to provide their children with safe, healthy and nurturing childhoods.

The children's trust funds are the nation's largest funders of community-based child abuse prevention strategies and fund thousands of programs, training events, and public awareness campaigns. This gives the children's trust funds a strong voice to influence policy and systems change for the prevention of child abuse and neglect. They promote best practices based upon research findings and ensure implementation and access to effective programs for children and their families.

The Alliance's strategic plan is developed through a process that includes surveys of state children's trust and prevention funds, interviews with key informants in the prevention field and intensive discussions with the Alliance board members.

The plan guides the Alliance's work and incorporates several key elements into its theoretical framework. These include:

Building on the strengths of the Alliance and the children's trust and prevention funds

Ensuring a family strengthening approach that is inclusive of parents and respects diversity

Using the Social Ecological Model to focus on individual, relationship, community and societal factors

Supporting the Alliance's active collaboration with numerous partners from multiple fields

The 2015-2018 Strategic Plan includes outcomes and strategies in four priority areas, including the promotion of effective strategies to prevent child maltreatment and strengthen families and communities. Planned outcomes in this priority area include:

- Successfully providing training and technical assistance to children's trust and prevention funds and others on strategies that prevent child maltreatment and strengthen families
- Being a respected resource for translating knowledge into practices and policies that prevent child maltreatment and strengthen families
- Creating opportunities to create incubators or innovative ideas in the prevention of child abuse and neglect

Effective Practices

The determination of the effectiveness of various strategies, programs, and interventions to prevent child abuse and neglect has been complex. There is a continuing process to identify scientifically based research findings that can be applied to the prevention of child maltreatment. Evidence-based practice has been defined in numerous ways but is generally described as practice supported by research data that have been generated using methods that meet scientific standards and demonstrate a level of efficacy worthy of application on a large scale. One key dimension is typically a reference to a body of scientific knowledge about efficacy under laboratory conditions while some statements of evidence-based practice include findings from studies that are conducted under common conditions. However, as even the current White House Administration has recognized (Schorr, 2009), decisions to implement serious social reform policies must be determined by knowing what works based on strong evidence while incorporating

innovative strategies that funders and practitioners “know” work. According to *Schorr*, no single program can effectively address complex social strategies needed to change an entire population or community. Many efforts for change have multiple components. Some have been empirically proven and recognized as evidence-based while incorporating “midcourse corrections and adaptations” to match the needs of the local population or community. This allows for the development of innovative situation-specific strategies for policy change, program development, and system change.

As President Obama has indicated: “If poverty is a disease that infects an entire community in the form of unemployment and violence, failing schools and broken homes, then we can’t just treat those symptoms in isolation. We have to heal that entire community. And we have to focus on what actually works.” Determining what actually works to address child maltreatment is a mixture of sound, empirically proven and evidence-based strategies combined with interactive, innovative, dynamic change-making adaptations.

There are multiple ways of knowing something works and there are benefits to implementing strategies that are based on evidence, even if they have not been evaluated separately. For example, the Executive Director of the National Alliance of Children’s Trust and Prevention Funds indicates that the Strengthening Families Protective Factors framework is an approach based on the research

regarding what prevents child abuse and neglect rather than a model that can be easily evaluated. It has had a transformative effect on our field in the past decade and is widely accepted as having value.

Schorr, Lisbeth (2009) Innovative Reforms Require Innovative Scorekeeping. Education Week online. www.edweek.org/ew/articles/2009



Louisiana Children's Trust Fund

Background

The concept of the Children's Trust Fund originated with the late Ray E. Helfer, M.D., a nationally recognized pediatrician in the field of child abuse and prevention. Dr. Helfer saw that there were trust funds to care for our nation's highways – why not have trust funds to care for our nation's children? Dr. Helfer's concept has been the catalyst for the nationwide network of community based programs that have been initiated by states with children's trust and prevention funds. Today, all fifty states and the District of Columbia have passed legislation to establish a trust and prevention fund of their own.

In the early 1980's, the state of Louisiana was recovering from a horrific child abuse fatality. The Joshua Gagnage case caused massive transformation in delivery of child protection services in the state. In addition to the child protection reforms, the need for separate pool of funds for child abuse and neglect prevention became equally important. Through the efforts of Dr. Larry Hebert, then Chief of Pediatrics at Earl K. Long Hospital, then Assistant Secretary of Office of Community Services (OCS) Brenda Kelley, and child advocate activist Dr. Margaret Pereboom, the Children's Trust Fund Act was passed unanimously by the Legislature in 1983.

With the passage of the Children's Trust Fund Act the Louisiana Legislature took a strong stand for the prevention of child abuse and neglect. The feeling was unless prevention is put as a priority in funding with its own separate funds, child abuse fatalities and abuse and neglect would continue to increase. Louisiana was the fifth state in the nation to establish a Children's Trust Fund. The Trust Fund was housed in the Department of Social Services, Office of Community Services (now known as DCFS) because the belief was the one agency that would be the best partner for the prevention of child abuse and neglect was the agency

that dealt with the results of child abuse and neglect on a daily basis.

The Children's Trust Fund Act established a separate source of funds solely for the prevention of child abuse and neglect governed by a multidisciplinary Board of Directors composed of a collaboration of representatives from public, quasi-public and nonprofit private sectors. There are state government representatives from the Department of Child and Family Services (DCFS), Education, Juvenile Justice; and the state University community. The quasi-public sector includes representation from professional and business sectors from the Chamber of Commerce, State Medical Society, Juvenile and Family Court Judges, State Bar Association and State Psychological Association. The nonprofit private sector includes representation from NAACP, National Business League, Louisiana Chapter of the National Association of Social Workers, and the Louisiana Association for Education of Young Children and the Religious Community.

The Board of Directors responsibilities include the development of the comprehensive State Plan for Child Abuse and Neglect Prevention; oversight of funding of grants for child abuse and neglect prevention programs; and monitoring and evaluation of quality of child abuse and neglect programs funded through the Children's Trust Fund. The five year State Plan sets the priorities for programs funded and is used a guideline for funding prevention programs.

The State Plan is developed with participation from those citizens (parents, teenagers, and teachers), providers (program participants, staff, and community workers) and stakeholders (Louisiana Children's Trust Fund grantees and board members, judges, sheriffs, and other elected officials) concerned about child abuse and neglect prevention in their communities. Community focus meetings are held in the nine regions of the state. From information collected at these meetings, regional priorities for funding of Children's Trust Fund programs are determined.

This structure is one that works from the bottom-up. Through the State Plan regional meetings, the grass-roots communities and networks of family resource

and support programs are able to tell the Trust Fund the programs needed in their region. And, through the guidance and oversight of the Children's Trust Fund Board, funding will be provided for these programs.

Grant Administration

The Children's Trust Fund focuses and funds primary and secondary prevention services. These services provide support to families BEFORE A CRISIS EMERGES. The premise of primary and secondary prevention services is that EVERYTHING POSSIBLE MUST BE DONE WITH FAMILIES TO MAXIMIZE THE PROTECTION OF CHILDREN.

Grant awards are made to public and private non-profit organizations, targeting grass-roots agencies, churches, and parish agencies, through a competitive process. After the grants are reviewed by the Children's Trust Fund Executive Director, they are reviewed and evaluated by board members and outside reviewers. Each grant is reviewed and scored by two separate reviewers.

The scores are then forwarded to the Grant Review Committee which makes recommendations to the Children's Trust Fund's Board of Directors. The formula used for dividing the funds in awarding grants is based upon the number of child abuse and neglect cases reported per capita in each region from the prior calendar year.

Areas used in scoring grants include: applicant agency abilities; State Plan priorities; project need and target population; project services and proposed model (evidence based, evidence supported, promising practice, emerging practice); proposal strategic plan (outcomes, benchmarks and performance measures); proposal evaluation; coordination and collaboration; resources and program continuation; and reasonable and appropriate budget.

Program Requirements

Programs must follow a Logic Model design and must be either an Evidence-Based, Evidence-Supported, Promising Practice or Emerging Practice model program. All Children's Trust Fund programs are

required to have built into their programs from the beginning, indicators, benchmarks and performance measures to be used for charting the program's success. Evaluation tools and the method of evaluation must also be defined. Program Evaluation Reports are required twice a year. Other required reports include the Final Tabulation Report and Monthly Cost Reports.

All Children's Trust Fund contracts are with the Department of Child and Family Services/Louisiana Children's Trust Fund. Programs must comply with all state contractual requirements which include fiscal and program audits. All funding requests from the Children's Trust Fund are cost reimbursement. Before any funds are expended, the Monthly Cost Reports are reviewed by the Children's Trust Fund Executive Director. The Executive Director assures funds are being spent efficiently and are being used as approved in the grant/contract. Monitoring as well as site visits are conducted of Children Trust Fund grantee programs.

Measure of Success

Measuring the success of the Children's Trust Fund and its programs, includes both effectiveness and efficiency measurements. The measurement record how cost effective the programs are in delivering their services. Considering that economists have estimated that for every dollar spent on prevention, nine dollars is saved in treatment, the Children's Trust Fund programs are highly cost effective.

The efficiency measures look at the outcomes and indicators of the programs. What changes occur as a result of the program's services? What are the signs of progress and success? What are the standards by which success is measured? The anticipated outcomes and indicators are part of the contractual agreement with the Children's Trust Fund and are reported twice a year with the Program Evaluation Report. Improved parenting skills; better behavior in school as well as improved grades; more support to first time moms; and better communication skills between parents and children are some of the positive measurements reported from Children's Trust Fund programs.

In the twenty-five years of the Children's Trust Fund's existence: children were taught safety skills and teenagers developed feelings of self-worth in schools, public and private, grades K-12; parents were taught anger management and communication skills at grass-root churches, local businesses and industries and public and private hospitals; and incarcerated parents learned about child development and parenting skills at parish prisons and juvenile correction facilities.

Integration of Services

The main concerns with integration of services are minimize duplication of services and at the same time to assure necessary services are being delivered to the children and families of Louisiana. As a funding agency, the Children's Trust Fund must ensure that these concerns remain a major priority. Currently, safeguards against duplication of services include requiring Children's Trust Fund grantees to report, in their grant applications, any other funding sources of the programs from which they are requesting funding.

Also, special provisions in all Children's Trust Fund contracts state: "Contractor will inform Agency (C.T.F) in writing of any other sources of funding being used in conjunction with the program as outlined in the grant application." And, "Agency (C.T.F) may terminate this agreement if contractor uses any funds designated in agreement for similar services or purchase of items or materials that have been, or shall have been provided from other funding sources." These provisions protect against "double-dipping" and duplication of services.

The multi-disciplinary representation on the Children's Trust Fund Board includes members from several state government agencies which allows information to be shared among state departments. Information Louisiana Children's Trust Fund shares includes programs being funded by other agencies as well as gaps in services. Collaboration among agencies has protected against duplication of services as well as assured necessary programs are funded.

In developing the Child Abuse and Neglect State Plan for 2015- 2020, the Children's Trust Fund has received input from all disciplines (stakeholders, providers

and consumers), private nonprofit and government agencies across the state. An even more detailed strategic plan integrating prevention services delivery across the state will be incorporated into the new State Plan.

The responsibility of the Louisiana Children's Trust Fund would be to assure that best practices are being followed and evidence-based models targeting the needs of the population are being used effectively and efficiently to address the gaps in services available in that region of the state.

Conclusion

In addition to funding child abuse and neglect programs, the Children's Trust Fund has served as a catalyst in bringing much needed programs to Louisiana. It was through the Children's Trust Fund's initial effort and guidance that such programs as Home Visitation, the Children's Cabinet and Safe Haven were introduced to and implemented in Louisiana.

The complexion of child abuse and neglect is constantly changing. Programs addressing internet safety, drug addicted babies, and school bullying are a few of the more recent problems. With the current economic stressors of unemployment, loss of savings and home foreclosure, the need for evidence based quality child abuse and neglect prevention becomes even greater. These stressors are the tipping point that make children more vulnerable to child abuse and neglect. The true value of the Children's Trust Fund has been to get to the children sooner, to reduce the incidence of child abuse and neglect, severity of injuries and the number of fatalities.

Louisiana Children’s Trust Fund Act

CHAPTER 34. CHILDREN’S TRUST FUND ACT

(Laws have been updated through the 2015 Regular Session)

R.S. 46:2401-2407

§2401. Purpose; short title

A. The legislature hereby declares that the increasing incidence of child abuse and its attendant human and financial cost to the citizens of Louisiana require that the prevention of child abuse and neglect be identified as a priority within the juvenile service system of this state. It is the intent of the legislature that a comprehensive approach to the prevention of child abuse and neglect be developed for the state, and that this planned, comprehensive approach be used as a basis for funding of programs and services for the prevention of child abuse and neglect statewide.

B. This Chapter may be cited as the “Children’s Trust Fund Act”.

Acts 1987, No. 932, §1, eff. July 20, 1987.

§2402. Definitions

Except where the context clearly indicates otherwise, in this Chapter:

- (1) “Board” means the Louisiana Children’s Trust Fund Board.
- (2) “Child abuse prevention” means services and programs funded through the Children’s Trust Fund which are designed to prevent the occurrence or recurrence of child abuse and neglect as defined in R.S. 14:403. Except for those provided in this Chapter and except for the purpose of planning and coordination pursuant to the provisions of this Chapter, the services and programs of the Department of Children and Family Services which are mandated by state law or state appropriation, or which are required for receipt of federal funds shall not be subject to the provisions of this Chapter.
- (3) “Department” means the Department of Children and Family Services.
- (4) “Director” means the executive director of the Louisiana Children’s Trust Fund Board.
- (5) “Fund” means the “Louisiana Children’s Trust Fund” established by R.S. 46:2403.
- (6) “Office” means the office of children and family services.
- (7) “Primary prevention” means programs and services designed to promote the general welfare of children and families.
- (8) “Secondary prevention” means the identification of children who are in circumstances where there is a high risk that abuse will occur and assistance is necessary and appropriate to prevent abuse and neglect from occurring.
- (9) “Tertiary prevention” means those services provided after abuse or neglect has occurred which are designed to prevent the recurrence of abuse or neglect.

Acts 1987, No. 932, §1, eff. July 20, 1987; Acts 2013, No. 220, §20, eff. June 11, 2013; Acts 2014, No. 791, §17.

§2403. Creation of the Children's Trust Fund

A. There is hereby established a special fund in the state treasury to be known as the "Children's Trust Fund", consisting of monies provided by the legislature and monies received from any other sources, including funds derived from donations of income tax refunds as provided in R.S. 47:120.33 and funds derived from fees as provided in Subsection B hereof. The legislature shall make yearly appropriations to the fund for the purposes set forth in this Chapter to the extent that state funds are available.

B. In addition to the fees collected for issuance of a short form birth certification card and for issuance of a certified copy of an original birth record or "long form" copy, the office of public health of the Department of Health and Hospitals shall collect an additional fee of four dollars upon the filing of each request. The office of public health shall remit the total amount of such additional fees to the state treasurer on a monthly basis, in accordance with rules and regulations of the state treasurer.

C. Subject to the exceptions contained in Article VII, Section 9(A) of the Constitution of Louisiana, all such additional fees collected as provided in Subsection B of this Section shall be paid into the state treasury and shall be credited to the Bond Security and Redemption Fund. Out of the funds remaining in the Bond Security and Redemption Fund after a sufficient amount is allocated from that fund to pay all obligations secured by the full faith and credit of the state which become due and payable within any fiscal year, the treasurer shall, prior to placing such remaining funds in the state general fund, pay into the Children's Trust Fund an amount equal to the total amount of the additional birth certificate fees paid into the treasury pursuant to Subsection B of this Section.

D.(1) The monies in the fund shall be used solely for programs designed to prevent the physical and sexual abuse and gross neglect of children. Disbursement of the amount appropriated each year shall be made as determined by the Children's Trust Fund Board. All unexpended and unencumbered monies in this fund at the end of the fiscal year shall remain to the credit of the fund.

(2) Outreach, communications, and other efforts to raise public awareness concerning the Safe Haven Law relative to infant relinquishment, Children's Code Article 1149 et seq., are hereby declared to be consistent with the purposes of this Subsection, and are hereby deemed to qualify as programs eligible for funding pursuant to the provisions of this Chapter.

E. The board shall determine the eligibility of programs to receive funding, and the administration of the fund shall be exercised by the office of children and family services of the Department of Children and Family Services in accordance with the directives of the board and the provisions of R.S. 36:802.9 and R.S. 46:2407.

Acts 1987, No. 932, §1, eff. July 20, 1987; Acts 1992, No. 900, §1, eff. July 1, 1993; Acts 1996, No. 9, §1; Acts 2015, No. 223, §2.

§2404. Louisiana Children's Trust Fund Board; created; membership

A. There is hereby established the Louisiana Children's Trust Fund Board within the office of children and family services of the Department Children and Family Services.

B. The Louisiana Children's Trust Fund Board shall be composed of fifteen members as follows:

(1) The secretary of the Department of Children and Family Services, or his designee.

(2) The assistant secretary of the office of children and family services of the Department of Children and Family Services.

(3) A representative of each of the following, appointed by the governor, subject to Senate confirmation:

- (a) The Department of Education.
 - (b) The religious community.
 - (c) The office of juvenile justice of the Department of Public Safety and Corrections.
 - (d) The university community.
- (4) One member appointed by the governor, subject to Senate confirmation, from each of ten lists of three names, one such list to be submitted by each of the following:
- (a) The Louisiana State Medical Society.
 - (b) The Louisiana Council of Juvenile and Family Court Judges.
 - (c) The Louisiana State Bar Association.
 - (d) The Louisiana Chapter of the National Association of Social Workers.
 - (e) The Louisiana Association of Chamber of Commerce Executives.
 - (f) The Louisiana Association for Education of Young Children.
 - (g) The Louisiana Psychological Association.
 - (h) The Louisiana State Conference of the National Association for the Advancement of Colored People.
 - (i) The National Business League, New Orleans Chapter.
- (5) In making his appointments, the governor shall provide for geographic representation of all areas of the state and for representation of minority groups.
- C. The terms of office of appointed members of the board shall be four years, except that the governor shall appoint the original members as follows: seven members for a term of four years and six members for a term of two years. A vacancy shall be filled by appointment for the remainder of the unexpired term.
- D.(1) The board shall meet and organize immediately after appointment of the members and shall elect from its membership a chairman and such other officers as it deems necessary whose duties shall be those customarily exercised by such officers. The director of the board shall serve as secretary of the board. The board shall adopt rules for the transaction of its business and shall keep a record of its resolutions, transactions, findings, and determinations. A majority of the individuals appointed to the board shall constitute a quorum. Members shall serve without compensation but shall be reimbursed for travel expenses incurred in attendance at meetings of the board.
- (2) The treasurer shall keep full and accurate financial records, make periodic reports to the board, and shall submit a complete annual report, in writing, to the board. The board shall not authorize reports and recommendations which include the issue, publication, or distribution of general information documents or pamphlets, which are published on a regular basis and are generally known as newsletters.
- E. The board shall meet at least once in each quarter of the fiscal year, and as often thereafter as shall be deemed necessary by the chairman.
- F. The domicile of the board shall be East Baton Rouge Parish.

G. The board shall:

- (1) Promulgate rules and regulations necessary to implement the provisions of this Chapter.
- (2) Review, evaluate, adopt, coordinate, and revise the comprehensive state plan for child abuse prevention, as provided in R.S. 46:2406 and funded through the Children's Trust Fund.
- (3) Have the authority to contract, in accordance with applicable provisions of state law, for the provision of services needed to coordinate, develop, and write a comprehensive state plan for child abuse prevention.
- (4) Review, evaluate, and award grants from the fund for child abuse and neglect prevention programs as provided in R.S. 46:2407.
- (5) Prepare and submit an annual report to the legislature and to the governor sixty days prior to each regular legislative session.
- (6) Adopt the budget request for the board and present it to the office of children and family services, the executive budget office, and the Joint Legislative Committee on the Budget.
- (7) Monitor, evaluate, and review the development and quality of services and child abuse prevention programs funded through the Children's Trust Fund.
- (8) Develop, implement, and administer a community-based family center program in accordance with R.S. 46:450.4.

Acts 1987, No. 932, §1, eff. July 20, 1987; Acts 1988, No. 698, §1, eff. July 15, 1988; Acts 1992, No. 297, §5; Acts 1999, No. 799, §1, eff. July 2, 1999; Acts 2008, No. 565, §7.

NOTE: See Acts 1988, No. 698, §2.

§2405. Louisiana Children's Trust Fund Board; staff; duties

- A. The board, with the approval of the secretary of the department, shall appoint an executive director for the board who shall be in the unclassified service.
- B. The commissioner of administration shall make available one additional position to the table of organization of the office of children and family services in order to provide for the position of executive director.
- C. The director shall:

- (1) Prepare the annual budget request for the board for adoption by the board.
- (2) Act as agent for the board in the performance of its duties and subject to its direction and serve as secretary of the board.

Acts 1987, No. 932, §1, eff. July 20, 1987; Acts 2013, No. 220, §20, eff. June 11, 2013.

§2406. Comprehensive state plan for child abuse prevention

- A. The board shall review and adopt the comprehensive state plan and any revision thereof, prior to transmittal of the plan as provided in this Section.

B. On or before January 1, 1989, the board shall transmit the comprehensive state plan for child abuse prevention programs funded through the Children's Trust Fund to the governor, the president of the Senate, and the speaker of the House of Representatives.

C. The plan shall include but not be limited to the following:

(1) An analysis of service and program needs.

(2) Specific proposals for plan implementation, including efficient use of the Children's Trust Fund staff, funds, and resources on the state level and improvement in the coordination and integration of state goals, activities, and funds for programs for child abuse prevention.

D. The board shall by rule establish procedures for preparation and adoption of the plan.

E. Prior to adoption of the state plan, the board shall submit the plan it proposes to adopt to the Committees on Health and Welfare of the Senate and House of Representatives for their approval as provided in R.S. 49:968. The comprehensive state plan shall be subject to approval as provided in R.S. 49:968.

F. The board shall review the state plan at least biennially and the board shall adopt any needed revision.

G. The Department of Children and Family Services, the Department of Public Safety and Corrections, and the Department of Education shall participate and cooperate in the development of the state plan.

Acts 1987, No. 932, §1, eff. July 20, 1987.

§2407. Funding of children's trust fund programs

A. The board in its annual budget request, shall identify the amount of funds necessary for the implementation of this Chapter.

B. Monies appropriated or otherwise made available to the board to implement the provisions of this Chapter shall be disbursed as follows:

(1) The board shall adopt a formula for the distribution of funds from the Children's Trust Fund for programs and services for child abuse prevention which shall provide for the allocation of funds in each state planning district based upon the percentage of the total state reported cases of abuse and neglect reported in the state planning district and the percentage of the total state population under the age of eighteen years and upon the service and program needs of the district, and after January 1, 1989, the comprehensive state plan.

(2) Any funds which are not utilized within a state planning district shall be reallocated to the remaining districts in accordance with the formula required by Paragraph (1) of this Subsection.

(3) Ten percent of the amount appropriated to the board may be used for administrative costs. This ten percent limitation shall not apply to costs for plan development and shall include provisions for staff support.

C. Appropriations made for distribution by the board for programs and services shall be deposited in the fund and shall be disbursed by the office in accordance with directives of the board.

D. The board shall develop and publish solicitations for grant proposals for grants to be funded from the Louisiana Children's Trust Fund for child abuse prevention programs and services which are designed to meet identified priorities.

(1) After January 1, 1989, these priorities shall be based upon information contained in the comprehensive state plan.

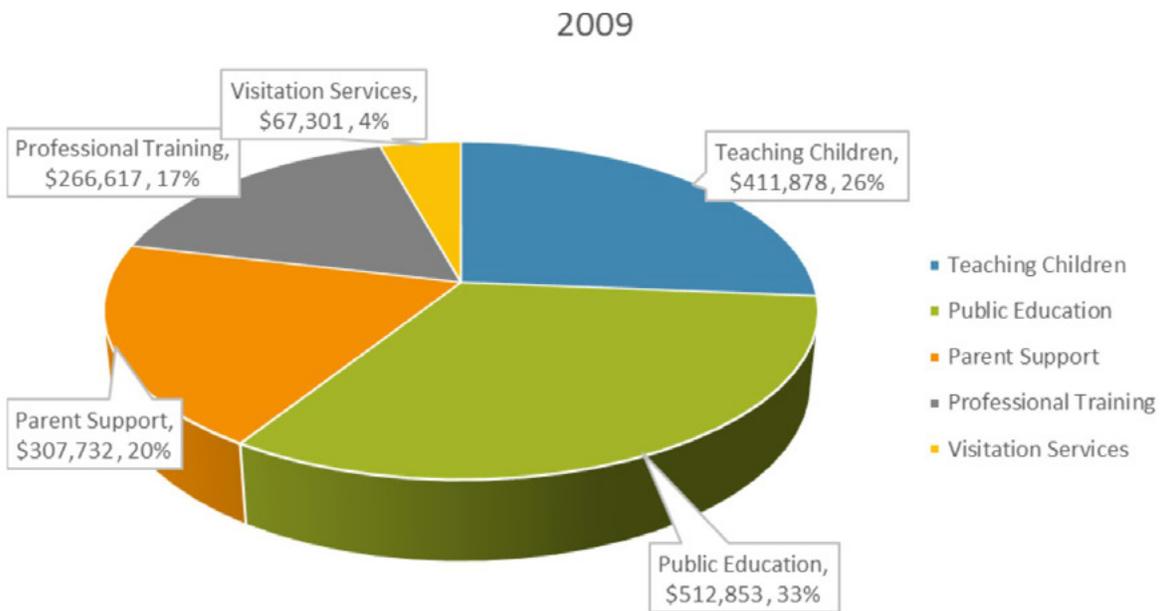
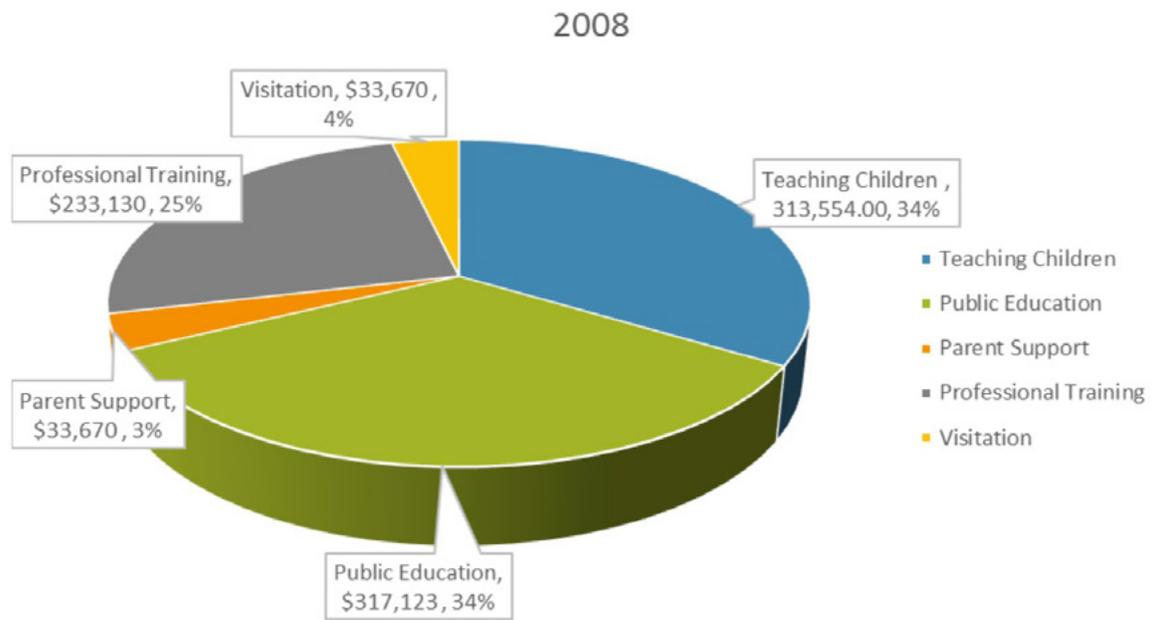
(2) A priority ranking shall be made based upon the extent to which a proposal meets identified needs, criteria for cost effectiveness, an evaluation component providing outcome data, and a determination that the proposal provides a mechanism for coordinating and integrating preventive services with other services deemed necessary for working effectively with families who are at risk of child abuse or neglect. Priority shall be given to primary and secondary prevention programs and services.

E. The office board shall review and evaluate all proposals submitted for grants for children's trust fund programs and services.

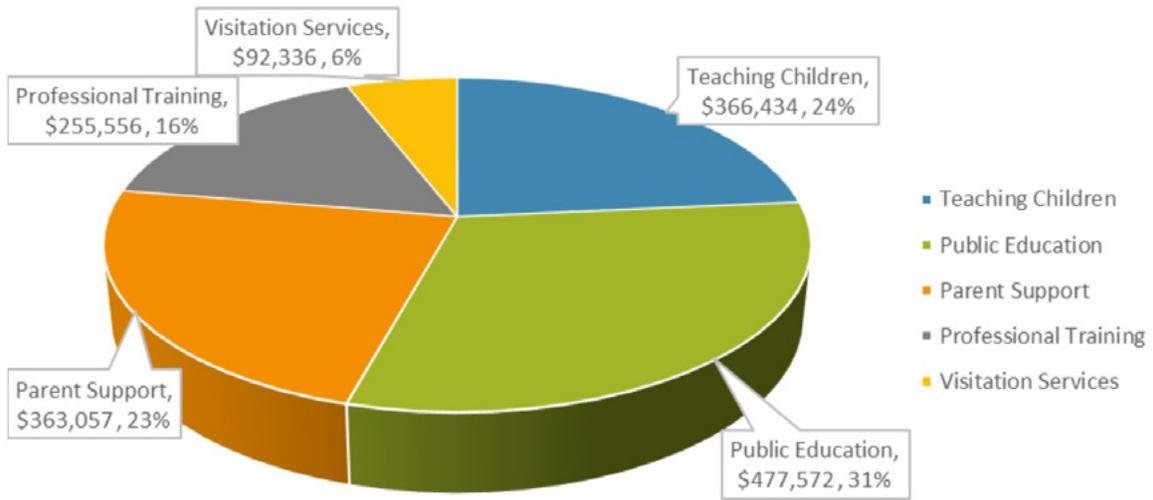
F. On and after January 1, 1989, all budget requests submitted by any private nonprofit agency to the legislature for funding of programs related to child abuse prevention shall conform to the comprehensive state plan and any subsequent revision of the plan adopted pursuant to the provisions of this Chapter. The services and programs of the Department of Children and Family Services or any other public agency shall not be subject to the provisions of this Subsection.

Acts 1987, No. 932, §1, eff. July 20, 1987.

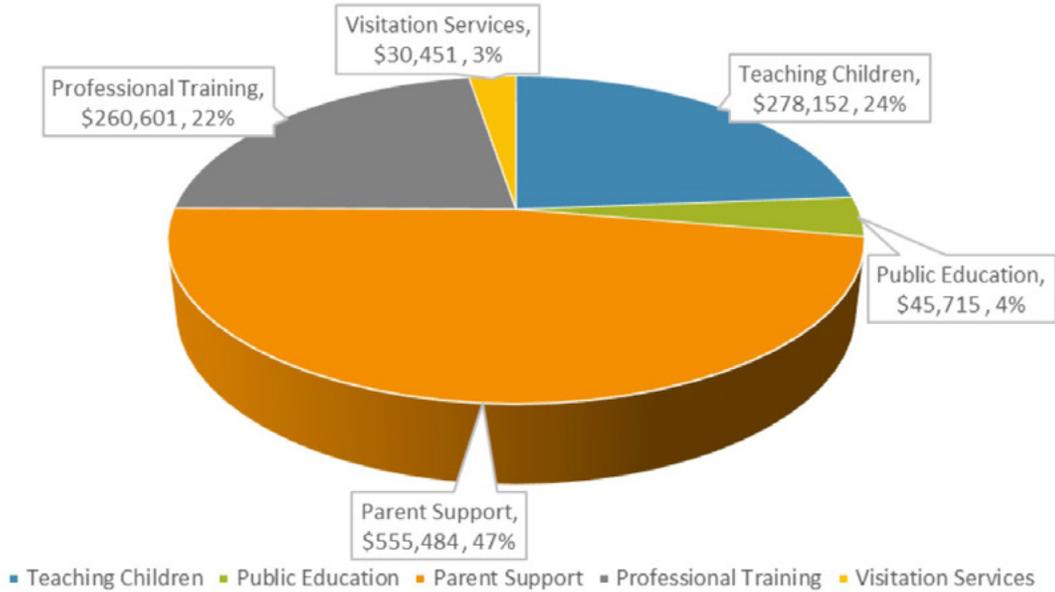
Funded Louisiana Children's Trust Fund Programs 2008 -2012



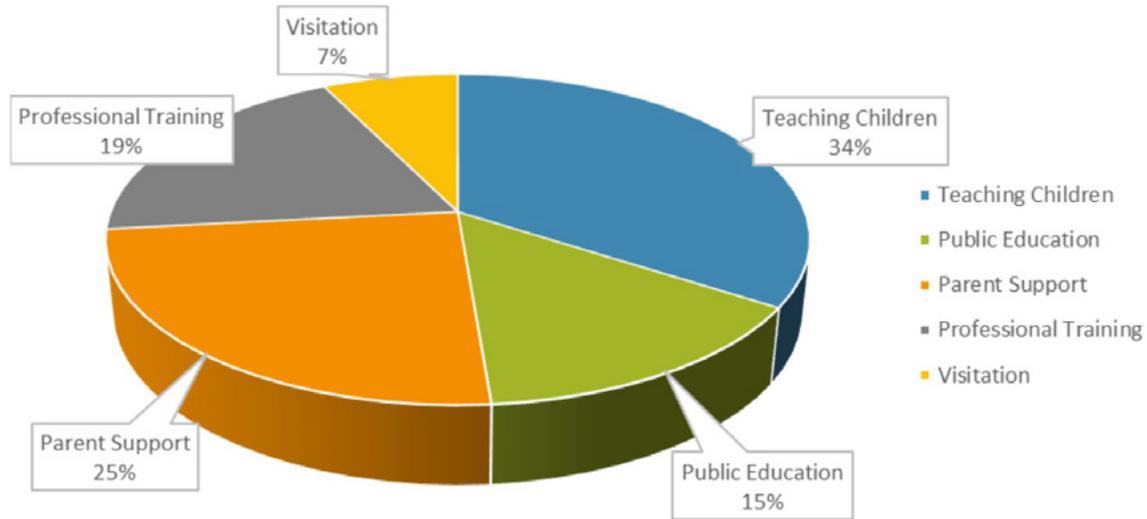
2010



2011



2012



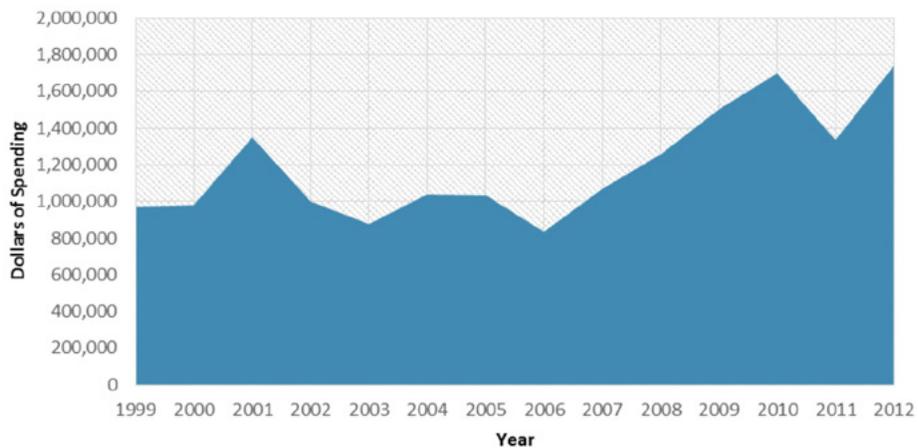
	FY 08	FY 09	FY 10	FY 11	FY 12
Children Taught Like Skills and Safety					
Children Served	53,928	61,075	109,904	45,713	42,427
Cost Per Child	\$5.81	\$6.74	\$3.33	\$6.08	\$14.02
Parents Provided Education and Support					
Parents Served	25,015	26,902	23,698	21,105	23,986
Cost Per Parent	\$12.68	\$11.44	\$15.37	\$26.32	\$17.86
Families Furnished Hospital and/or Home Visits					
Families Served	2,854	6,924	4,743	1,594	1,652
Cost Per Family	\$11.81	\$9.72	\$19.47	\$19.47	\$79.96
Adults Given Public Awareness/ Education					
Adults Served	841,955	437,806	516,865	277,026	98,921
Cost Per Adult	\$0.46	\$1.17	\$0.92	\$1.65	\$2.56
Professionals and Volunteers Trained					
Professionals/Volunteers Served	7,713	22,406	21,955	16,620	17,779
Cost Per Volunteer	\$31.37	\$11.88	\$11.64	\$15.68	\$18.98
Statewide					
Number of programs	277	277	335	232	225
Total amount spent	\$1,256,649	\$1,502,936	\$1,699,488	\$1,334,239	\$1,741,235
Number of people served	931,465	555,113	677,165	362,058	555,113
Averaged cost Per Child/Adult/Family	\$1.35	\$2.71	\$2.51	\$3.68	\$3.14

Historical Review of Prevention Spending

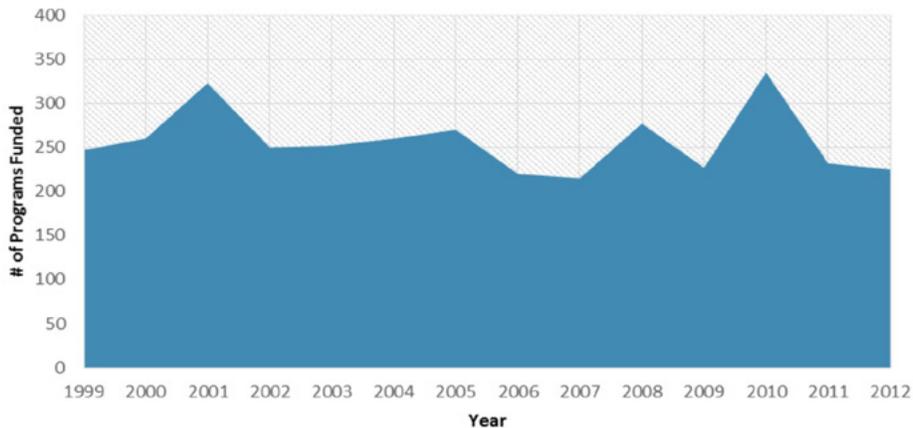
Although the Louisiana Legislature created the Louisiana Children’s Trust Fund in 1983, funding of child abuse prevention programs did not begin until state Fiscal Year 1989-1990. Since that time, the Children’s Trust Fund has grown its support of child abuse prevention programs from funding 22 programs in 1989 to funding as many as 371 over the years .

Each year the Children’s Trust Fund collects statistics from its grantees reflecting the number of services provided to children, parents, families and child abuse professionals. Also, Children’s Trust Fund grantees provide information on the number of adults reached through public education activities designed for the general public.

Historical Review of Prevention Spending



Historical Review of Prevention Spending



Fiscal Year	Children Taught Life Skills and Safety	Parents Provided Education and Support	Families Furnished Hospital and/or Home Visits	Adults Given Public Awareness and Education	Professionals and Volunteers Trained
1998	49,715	12,054	3,023	261,081	14,616
1999	112,445	23,046	2,330	162,916	10,601
2000	90,334	55,640	2,201	413,163	14,661
2001	45,000	25,601	6,215	748,294	8,457
2002	66,896	43,719	1,510	748,294	8,457
2003	63,616	12,502	4,810	1,084,197	3,369
2004	75,232	70,258	3,332	676,485	8,793
2005	60,311	16,443	4,789	201,482	15,001
2006	82,883	10,548	2,412	300,540	9,143
2007	36,931	19,884	3,595	476,465	17,421
2008	42,753	25,808	2,854	135,850	7,488
2009	61,075	26,902	6,924	437,806	22,406
2010	109,904	23,698	4,743	516,865	21,955
2011	45,713	21,105	1,594	277,026	16,620
2012	42,247	23,986	1,652	98,921	17,779
TOTALS	985,055	411,194	51,984	6,539,385	196,767

Prevent Child Abuse America http://www.preventchildabuse.org/images/research/pcaa_cost_report_2012_gelles_perlman.pdf
 Gelles, Richard J., & Perlman, Staci (2012). *Estimated Annual Cost of Child Abuse and Neglect*. Chicago IL: Prevent Child Abuse America.

This report was funded by Macy's, Inc. © April 2012, Prevent Child Abuse America

Estimated Annual Cost of Child Abuse and Neglect

Healthy families mean healthy children, healthy communities, a thriving economy and a strong nation. Investments in prevention support healthy child development and lower the number of children affected by abuse and neglect, and in turn, the financial cost to our nation. Child abuse and neglect affects over 1 million children every year. Child abuse and neglect costs our nation \$220 million every day for investigation, for foster care, and for medical and mental health treatment. The later costs continue for special education, juvenile and adult crime, chronic health problems, and other costs across the life span.

The United States paid a staggering \$80 BILLION to address child abuse and neglect in 2012. Child abuse and neglect affects us all. Child abuse and neglect are preventable. Gelles and Perlman's report details the terrible costs of child abuse and neglect. Our hope is to awaken the nation to the change we can make. Together we can prevent the abuse and neglect of our nation's children



What is Child Abuse and Neglect?

Federal legislation lays the groundwork for state laws on child maltreatment by identifying a minimum set of acts or behaviors that define child abuse and neglect. The Federal Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C.A. §5106g), as amended and reauthorized by the CAPTA Reauthorization Act of 2010, defines child abuse and neglect as, at minimum: “Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act which presents an imminent risk of serious harm.”

Most federal and state child protection laws primarily refer to cases of harm to a child caused by parents or other caregivers; they generally do not include harm caused by other people, such as acquaintances or strangers. Some state laws also include a child’s witnessing of domestic violence as a form of abuse or neglect.

According to the American Society for the Positive Care of Children to many, child abuse is narrowly defined as having only physical implications. In reality, child abuse includes:

- Physical abuse, unlawful corporal punishment or injury
- General and severe neglect
- Sexual abuse, sexual assault, exploitation
- Willful harming or endangering a child, emotional maltreatment

Child abuse may involve multiple categories in each family, including both overt acts and omissions. Competent assessments and interventions must consider evaluating multiple categories of abuse.

The act of inflicting injury or the failure to act resulting in injury, is the basis for making the decision to intervene. A parent or caretaker may begin by inflicting minor injuries, then may increasingly cause more serious harm over a period of time. Therefore

detecting the initial small injuries and intervening with preventive action may save a child from future permanent injury or death.

Physical injuries, neglect and malnutrition are more readily detectable than the subtle and less visible injuries that result from emotional maltreatment or sexual abuse. However, all categories of abuse endanger or impair a child’s physical and/or emotional health and development and demand attention.

Information Courtesy of the Child Abuse Prevention Handbook, Office of the Attorney General CA.
http://www.cdc.gov/violenceprevention/child_maltreatment/definitions.html

The Center for Disease Control defines child maltreatment as any act or series of acts of commission or omission by a parent or other caregiver (e.g., clergy, coach, and teacher) that results in harm, potential for harm, or threat of harm to a child.

Acts of Commission (Child Abuse)

Words or overt actions that cause harm, potential harm, or threat of harm

Acts of commission are deliberate and intentional; however, harm to a child might not be the intended consequence. Intention only applies to caregiver acts—not the consequences of those acts. For example, a caregiver might intend to hit a child as punishment (i.e., hitting the child is not accidental or unintentional), but not intend to cause the child to have a concussion. The following types of maltreatment involve acts of commission:

- Physical abuse
- Sexual abuse
- Psychological abuse

Acts of Omission (Child Neglect)

Failure to provide needs or to protect from harm or potential harm

Acts of omission are the failure to provide for a child’s basic physical, emotional, or educational needs or

to protect a child from harm or potential harm. Like acts of commission, harm to a child might not be the intended consequence. The following types of maltreatment involve acts of omission:

- Physical neglect
- Emotional neglect
- Medical and dental neglect
- Educational neglect
- Inadequate supervision
- Exposure to violent environments

Recognizing the Signs of Child Abuse and Neglect

According to childwelfare.gov, the first step in helping abused or neglected children is learning to recognize the signs of child abuse and neglect. The presence of a single sign does not mean that child maltreatment is occurring in a family, but a closer look at the situation may be warranted when these signs appear repeatedly or in combination.

This information is intended to improve understanding the legal definition of child abuse and neglect, learn about the different types of abuse and neglect, and recognize the signs and symptoms of abuse and neglect. In addition to working to prevent a child from experiencing abuse or neglect, it is important to recognize high-risk situations and the signs and symptoms of maltreatment. Upon suspicion, a child is being harmed, reporting may protect him or her and get help for the family. Any concerned person can report suspicions of child abuse or neglect.

Reporting your suspicion is not making an accusation; rather, it is a request for an investigation and assessment to determine if help is needed. Some people (typically certain types of professionals, such as teachers or physicians) are required by state law to make a report of child maltreatment under specific circumstances—these are called mandatory reporters. Some states require all adults to report suspicions of child abuse or neglect.

For information on mandated reporting in Louisiana, you can watch an online course at: <http://www.childhelp.org/pages/hotline-home>.

For information on what happens when suspected abuse or neglect is reported, read Information Gateway's How the Child Welfare System Works: <https://www.childwelfare.gov/pubs/factsheets/cpswork.pdf>.

Direct Disclosure

Some children may directly disclose that they have experienced abuse or neglect. The following signs may signal the presence of child abuse or neglect:

The Child:

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parents' attention
- Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly compliant, passive, or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home
- Is reluctant to be around a particular person
- Discloses maltreatment

The Parent:

- Denies the existence of—or blames the child for—the child's problems in school or at home
- Asks teachers or other caregivers to use harsh physical discipline if the child misbehaves
- Sees the child as entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot achieve
- Looks primarily to the child for care, attention, and satisfaction of the parent's emotional needs
- Shows little concern for the child

The Parent and Child:

- Rarely touch or look at each other
- Consider their relationship entirely negative
- State that they do not like each other

The above list may not include all the signs of abuse or neglect. It is important to pay attention to other behaviors that may seem unusual or concerning. In addition to these signs and symptoms, Child Welfare Information Gateway provides information on the risk factors and perpetrators of child abuse and neglect fatalities: https://www.childwelfare.gov/can/risk_perpetrators.cfm

Signs of Physical Abuse

Consider the possibility of physical abuse when the child:

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver
- Abuses animals or pets

Consider the possibility of physical abuse when the parent or other adult caregiver:

- Offers conflicting, unconvincing, or no explanation for the child's injury, or provides an explanation that is not consistent with the injury
- Describes the child as "evil" or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child
- Has a history of abusing animals or pets

Signs of Neglect

Consider the possibility of neglect when the child:

- Is frequently absent from school
- Begs or steals food or money
- Lacks needed medical or dental care, immunizations, or glasses
- Is consistently dirty and has severe body odor
- Lacks sufficient clothing for the weather
- Abuses alcohol or other drugs
- States that there is no one at home to provide care

Consider the possibility of neglect when the parent or other adult caregiver:

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner

Signs of Sexual Abuse

Consider the possibility of sexual abuse when the child:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bed wetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver
- Attaches very quickly to strangers or new adults in their environment

Consider the possibility of sexual abuse when the parent or other adult caregiver:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members

Signs of Emotional Maltreatment

Consider the possibility of emotional maltreatment when the child:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent



Consider the possibility of emotional maltreatment when the parent or other adult caregiver:

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child



Child abuse and neglect can have lifelong implications for victims, including on their well-being. While the physical wounds heal, there are several long-term consequences of experiencing the trauma of abuse or neglect. A child or youth's ability to cope and even thrive after trauma is called "resilience," and with help, many of these children can work through and overcome their past experiences. Children who are maltreated often are at risk of experiencing cognitive delays and emotional difficulties, among other issues. Childhood trauma also negatively affects nervous system and immune system development, putting children who have been maltreated at a higher risk for health problems as adults. For more information on the lasting effects of child abuse and neglect, contact **Louisiana Children's Trust Fund at 1-800-256-5437.**



Definitions of Child Abuse and Neglect Prevention

The statistics can be overwhelming. In fiscal year 2011, states reported that 676,569 children were victims of child abuse or neglect (U.S. Department of Health and Human Services, 2012). However, child abuse and neglect are preventable. State and local governments, community organizations, and private citizens take action every day to protect children.

Research shows that parents and caregivers who have support—from family, friends, neighbors, and their communities—are more likely to provide safe and healthy homes for their children. When parents lack this support or feel isolated, they may be more likely to make poor decisions that can lead to neglect or abuse. Increasingly, concerned citizens and organizations are realizing that the best way to prevent child maltreatment is to help parents develop the skills and identify the resources they need to understand and meet their children’s emotional, physical, and developmental needs and protect their children from harm.

Many state, local, and tribal governments sponsor prevention activities and provide a variety of prevention services. Some prevention efforts are intended for everyone, such as public service announcements (PSAs) aimed at raising awareness about child maltreatment within the general population. Others are specifically targeted for individuals and families who may be at greater risk for child abuse or neglect. Prevention requires a continuum of strategies at the individual, relationship, community, and societal levels. Another key to success is providing prevention services that are evidence based or evidence informed. This means that rather than relying on assumptions about what works, research has been conducted to demonstrate that a particular service actually improves outcomes.

Prevention programs are more effective when they involve parents as partners in all aspects of program

planning, implementation, and evaluation. Parents are more likely to make lasting changes when they are empowered to identify solutions that make sense for them.

Common activities of prevention programs include:

- Public awareness campaigns, such as PSAs, posters, and brochures that promote healthy parenting, child safety, and reporting suspected maltreatment
- Skills-based curricula that teach children safety and protection skills, such as programs that focus on preventing sexual abuse
- Parent education programs to help parents develop positive parenting skills and decrease behaviors associated with child abuse and neglect
- Home visiting programs that provide support and assistance to expecting and new mothers in their homes
- Parent mentor or leadership programs that provide role models and support to families in crisis
- Parent support groups, where parents work together to strengthen their families and build social networks
- Respite and crisis care programs, which offer temporary relief to caregivers in stressful situations by providing short-term care for their children
- Family resource centers, which work with community members to develop a variety of services to meet the specific needs of the people who live in surrounding neighborhoods

Prevention programs have long focused on reducing particular risk factors or conditions that research shows are associated with child abuse and neglect. Increasingly, prevention services are also recognizing the importance of promoting protective factors, circumstances in families and communities that increase the health and well-being of children and families. These factors help parents who might otherwise be at risk for abusing or neglecting their children to find resources, supports, or coping

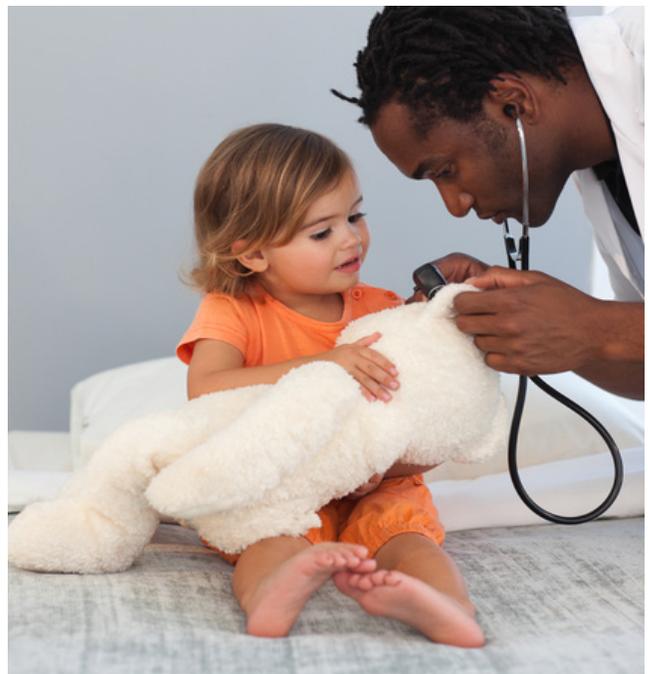
strategies that allow them to parent effectively, even under stress.

The following six protective factors have been linked to a lower incidence of child abuse and neglect:

- **Nurturing and attachment-** When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive.
- **Knowledge of parenting and of child and youth development-** Parents who understand how children grow and develop and know the typical developmental milestones can provide an environment where children can live up to their potential.
- **Parental resilience-** Parents who are emotionally resilient have a positive attitude, creatively problem solve, effectively address challenges, and are less likely to direct anger and frustration at their children.
- **Social connections-** Trusted and caring family friends provide emotional support to parents by offering encouragement and assistance in facing the daily challenges of raising a family.
- **Concrete supports for parents-** Parents need basic resources such as food, clothing, housing, transportation, and access to essential services that address family-specific needs (such as child care, health care, and mental health services) to ensure the health and well-being of their children.
- **Social and emotional competence-** Children with the ability to positively interact with others, self-regulate their behaviors, and communicate their feelings have relationships that are more positive with family, friends, and peers. Children without these competencies may be at greater risk for abuse.

Mobilizing partners, communities and families to build family strengths, promote optimal development and reduce child abuse and neglect.

Center for Study of Social Policy Washington DC



2015 KIDS COUNT

Report

On any given night, about 57,000 children under the care of our nation's child welfare systems are going to bed without the care and comfort of a family. In its latest KIDS COUNT® policy report, *Every Kid Needs a Family: Giving Children in the Child Welfare System the Best Chance for Success*, the Annie E. Casey Foundation highlights this and other sobering statistics that point to the urgent need to ensure, through sound policies and proven practices, that everything possible is being done to find loving, nurturing and supported families to help raise more of these children.

Specifically, *Every Kid Needs a Family* emphasizes making and keeping a lifelong connection to a family. Over the past 15 years, Louisiana's child welfare system has made impressive progress in helping the children in its care remain in a family setting.

Louisiana is relying less on institutional and group placements. In 2000, 24% of children in foster care in Louisiana were in a group home or institution, putting Louisiana well above the national average (18%) at that time. By 2013, however, only 9% of children in foster care in Louisiana were in such a setting, which was below the national average of 14%. During this time, the number of children placed in institutional and group placements fell from 1,271 to 364 children.

Louisiana is placing more children with relatives, helping children maintain strong connections to their biological families whenever possible. In 2013, a third (34%) of Louisiana children in foster care were placed with a relative, which was higher than the national average (28%).

Non-relative foster care remains the most common foster care placement option in Louisiana. Half (50%) of Louisiana children in foster care in 2013 were placed with a non-relative foster family, which was the lowest level in recent

years. The decrease in the use of non-relative foster care was matched by a corresponding increase in the use of relative foster care.

The imperative is clear: Despite what current data show, 40 percent of young people who live in group placements while in the care of child welfare systems in the United States have no clinical need to be in such restrictive settings, threatening their well-being and chances for finding a permanent family. These placements also have been shown to be harmful to a child's opportunities to develop strong, nurturing attachments. Group placements can also cost 7 to 10 times more than placement of a child with a relative or foster family.

Every Kid Needs a Family recommends how communities can widen the array of services available to help parents and children under stress within their own homes, so that children have a better chance of reuniting with their birth families and retaining bonds important to their development. The report also suggests ways in which residential treatment – a vital option for the small percentage of young people who cannot safely live in any family during treatment – can help those young people return to families more quickly and prepare them to thrive there.

"All children deserve to grow up in a family," said Dr. Anthony Recasner, CEO of Agenda for Children. "The love, life lessons and support a family can provide are critical to a child's healthy development. Louisiana needs to build upon its success in connecting more children in its care to families and reducing reliance upon group placements."

Research demonstrates that the secure attachments provided by nurturing caregivers are vital to a child's healthy physical, social, emotional and psychological development throughout his life. Young people who do not grow up in families are at greater risk of being abused in group placements, and of being arrested. Despite this, many children – especially teens – are sent to a group placement as their very first experience after being removed from home.

While more jurisdictions are finding ways to increase the number of children being placed with families, these efforts vary widely from state to state, and even within states. The report found that while research shows children who need residential treatment likely need to stay no longer than three to six months, young people are staying in group placements an average of eight months. Additionally, percentages of young people in group placements within states range from as low as 4 percent in Oregon to as high as 35 percent in Colorado.

The Casey Foundation reports that common-sense policies and practices can safely reduce use of group placements, and that these placements may be used when caseworkers feel they cannot find an appropriate family quickly. Jurisdictions that employ strategies to improve decision making, for example, see more children safely return home or an increased use of kinship care as group placements go down.

Policy and practice change can improve in four ways:

- **Increase service options-** Communities that provide a wide range of services have more options that enable children to remain safely in families. For example, state and local child welfare and Medicaid agencies should work together to ensure adequate support by the behavioral health system for services that can be conveniently provided in a home setting.
- **Strengthen the pool of families-** Public and private agencies should do more to find families for children and to make sure those families have the support they need to help children thrive. Washington, D.C.'s Child and Family Services Agency, for example, has created a rapid-response program for locating and licensing relatives.
- **Keep residential treatment short, with family in focus-** Residential treatment should be strengthened to meet children's acute needs in a customized, short-term way that equips young people to live in a family and to maintain family connections throughout

treatment. In New York, Children's Village – one of the country's first residential treatment centers for children – has greatly expanded its community services and network of foster families in recent years, including foster families prepared to take older teens receiving treatment in the facility's residential cottages.

- **Require justification for restrictive placements-** Substantial justification should be required by child welfare systems and by the courts before young people are sent to group placements. In Connecticut, for example, the top child welfare executive must approve all group placements. Judges can require caseworkers to provide regular updates to make sure a child still needs residential treatment.

Every Kid Needs a Family is available at www.aecf.org. Additional information is available in the [KIDS COUNT Data Center](#), which also contains the most recent national, state and local data on hundreds of indicators of child well-being. The Data Center allows users to create rankings, maps and graphs for use in publications and on websites, and to view real-time information on mobile devices.



Protective Factors for Promoting Healthy Families

According to the Center for the Study of Social Policy there are five protective factors which are the foundation of the Strengthening Families Approach: parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children. Research studies support the common-sense notion that when these Protective Factors are well established in a family, the likelihood of child abuse and neglect diminishes. Research shows that these protective factors are also “promotive” factors that build family strengths and a family environment that promotes optimal child and youth development.

Parental Resilience

No one can eliminate stress from parenting, but a parent’s capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and bounce back from all types of challenges that emerge in every family’s life. It means finding ways to solve problems, building and sustaining trusting relationships including relationships with children, and knowing how to seek help when necessary.

Social Connections

Friends, family members, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to “give back”, an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships.

Concrete Support in Times of Need

Meeting basic economic needs like food, shelter, clothing and health care is essential for families to

thrive. Likewise, when families encounter a crisis such as domestic violence, mental illness or substance abuse, adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis.

Knowledge of Parenting and Child Development

Accurate information about child development and appropriate expectations for children’s behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children.

Social and Emotional Competence of Children

A child or youth’s ability to interact positively with others, self-regulate their behavior and effectively communicate their feelings has a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development create extra stress for families, so early identification and assistance for both parents and children can diminish negative results and keep development on track.

All parents need help sometimes—help with the day-to-day care of children, help in figuring out how to soothe a colicky baby, help getting to the emergency room when a bad accident happens, help in managing one’s own temper when fatigued or upset. When parents are faced with very trying conditions such as losing a job, home foreclosure, substance abuse, not being able to feed their family or trauma, they need access to concrete support and services that address their needs and help to minimize the stress caused by very difficult challenges and adversity. Assisting

parents to identify, find and receive concrete support in times of need helps to ensure they and their family receive the basic necessities everyone deserves in order to grow (e.g., healthy food, a safe environment), as well as specialized medical, mental health, social, educational or legal services. When parents are faced with overwhelmingly stressful conditions they need to seek help, but for some parents asking for help is not an easy thing to do. It may be embarrassing for some parents because it feels like an admission of incompetence, that they don't know how to solve their own problems or take care of their family. Other parents may not seek help because they don't know where to go for help, or the services needed have a stigma associated with them such as mental health clinics and domestic violence or homeless shelters. Thus, parents need experiences that enable them to understand their rights to access services, gain knowledge of relevant services and learn how to navigate through service delivery systems.

Family and child-serving programs must clearly communicate to parents that seeking help is not an indicator of weakness or failure as a parent. On the contrary, seeking help is a step toward improving one's circumstances and learning to better manage stress and function well—even when faced with challenges, adversity, and trauma. When parents ask for help, it is a step toward building resilience. When parents seek help, it should be provided in a manner that does not increase stress. Services should be coordinated, respectful, caring and strengths-based. Strengths-based practice is grounded in the beliefs that:

- It is essential to forge a trusting relationship between parents and service providers and among service providers working with the same families.
- Regardless of the number or level of adverse conditions parents are experiencing, they have assets within and around them, their family and their community that can be called upon to help mitigate the impact of stressful conditions and to create needed change.
- Parents have unrealized resources and competencies that must be identified, mobilized

and appreciated.

- Parents must be active participants in the change process and not passive recipients of services.
- Parents must first be guided through, and subsequently learn how to navigate, the complex web of health care and social service systems.
- In addition to addressing each parent's individual difficulties, strengths-based practitioners must understand—and work to change—the structural inequities and conditions that contribute to these difficulties.

A strengths-based approach helps parents feel valued because they are acknowledged as knowledgeable and competent. They develop a sense of self-confidence and self-efficacy because they have opportunities to build their skills, experience success and provide help to others. Thus, access to concrete support in times of need must be accompanied by a quality of service coordination and delivery that is designed to preserve parents' dignity and to promote healthy family development, resilience and ability to advocate for and receive needed services and resources.



Prevention: Addressing Stress

Being a parent can be a very rewarding and joyful experience. But being a parent can also have its share of stress. Parenting stress is caused by the pressures (stressors) that are placed on parents personally and in relation to their child:

- Typical events and life changes (e.g., moving to a new city or not being able to soothe a crying baby)
- Unexpected events (e.g., losing a job or discovering your child has a medical problem)
- Individual factors (e.g., substance abuse or traumatic experiences)
- Social factors (e.g., relationship problems or feelings of loneliness and isolation)
- Community, societal or environmental conditions (e.g., persistent poverty, racism or a natural disaster)

Numerous researchers have concluded that how parents respond to stressors is much more important than the stressor itself in determining the outcomes for themselves and their children. Parents are more likely to achieve healthy, favorable outcomes if they are resilient.

Resilience is the process of managing stress and functioning well even when faced with challenges, adversity and trauma. Some stressors parents face can be managed easily so that problems get resolved; for example, calling a relative or friend to pick-up a child from school when a parent is delayed. But some stressors cannot be easily resolved. For example, parents cannot “fix” their child’s developmental disability, erase the abuse they suffered as a child or be able to move out of a crime-plagued neighborhood. Rather, parents are resilient when they are able to summon their inner strength to proactively meet personal challenges and those in relation to their child, manage adversities, heal the effects of trauma and thrive given the unique characteristics and circumstances of their family.

Demonstrating resilience increases parents’ self-efficacy because they are able to see evidence of both their ability to face challenges competently and to make wise choices about addressing challenges. Furthermore, parental resilience has a positive effect on the parent, the child and the parent-child relationship. By managing stressors, parents feel better and can provide more nurturing attention to their child, which enables their child to form a secure emotional attachment. Receiving nurturing attention and developing a secure emotional attachment with parents, in turn, fosters the development of resilience in children when they experience stress.

Sometimes the pressures parents face are so overwhelming that their ability to manage stress is severely compromised. This is the case with parents who grew up in environments that created “toxic stress”. As children, they experienced strong, frequent and prolonged adversity without the buffering protection of nurturing adult support. As a result, these parents may display symptoms of depression, anxiety, or other clinical disorders that inhibit their ability to respond consistently, warmly and sensitively to their child’s needs. For example, depressive symptoms in either mothers or fathers are found to disrupt healthy parenting practices so that the child of a depressed parent is at increased risk of poor attachments, maltreatment and poor physical, neurological, social-emotional, behavioral and cognitive outcomes. However, numerous research studies show parents can be helped to manage clinical symptoms and reactions to their own histories of poor attachments and trauma, to protect children from adversity and trauma as best they can and to provide more nurturing care that promotes secure emotional attachment and healthy development in their children.

All parents experience stress from time-to-time. Thus, parental resilience is an ability that all parents need in order effectively manage stressful situations and help ensure they and their families are on a trajectory of healthy, positive outcomes. Barriers to positive outcomes may exist, including chronic and severe child psychopathology, parental psychological difficulties, needs of siblings, and familial inability to access or

utilize services. Competencies in areas such as case formulation; treatment planning; implementation of treatment; monitoring; formation of therapeutic alliances; and understanding of individual, cultural, and contextual influences (APA Presidential Task Force on Evidence-Based Practice, 2006) are necessary to address such barriers.

Reference: Disseminating Evidence-Based Practice For Children & Adolescents: a systems approach to enhancing care APA task force on evidence-based practice with children and adolescents. (2008)

Report of the APA Task Force on Evidence-Based Practice with Children and Adolescents Available online at www.apa.org/pi/cyf/evidence.html



Using Evidence to Support Efforts to Strengthen Families

The Center for Social Policy defines evidence-based practice (EBP) as a process in which the practitioner combines well-researched interventions with clinical experience and ethics, and client preferences and culture to guide and inform the delivery of treatments and services. The practitioner, researcher and client must work together in order to identify what works, for whom and under what conditions. This approach ensures that the treatments and services, when used as intended, will have the most effective outcomes as demonstrated by the research. It will also ensure that programs with proven success will be more widely replicated.

According to the American Psychological Association the central element of an evidence-based orientation to clinical practice is a scientifically minded approach characterized by knowledge and skills in applying psychological science, including models of etiology and change, as well as a constant process of observation and inquiry. The three primary elements of an evidence-based clinical practice are:

- (a) Assessment that guides diagnosis, intervention planning, and outcome evaluation;
- (b) Intervention that includes, but is not limited to, those treatment programs for which randomized controlled trials have shown empirical support for the target populations and ecologies; and
- (c) Ongoing monitoring, including client or participant feedback, conducted in a scientifically minded manner and informed by clinical expertise (e.g., judgment, decision making, interpersonal expertise). In addition, efforts to alleviate concerns, align expectations about treatment, culturally adapt or tailor treatment, and provide support for individuals and families to receive treatment can enhance treatment engagement.

Barriers to positive outcomes may exist, including chronic and severe child psychopathology, parental psychological difficulties, needs of siblings, and familial inability to access or utilize services. Competencies in areas such as case formulation; treatment planning; implementation of treatment; monitoring; formation of therapeutic alliances; and understanding of individual, cultural, and contextual influences (APA Presidential Task Force on Evidence-Based Practice, 2006) are necessary to address such barriers.

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Louisiana Snapshot

Every year, the Kids Count Data Book reflects what we already know — Louisiana’s children fare worse than children in almost every other state. Though we have seen conditions improve in some areas and worsen in others, our state has steadfastly held onto 48th place in the overall annual ranking. The 2015 Data Book shows that Louisiana ranked:

- 47th Economic Well-being Indicators includes number of children living in poverty (28%), parents lack secure employment (34%), households with high housing cost burden (31%) and teens not in school and not working (12%)
- 49th Health Indicator include low birthweight babies (10.9%), children without health insurance (6%), child and teen deaths (37%), and teens who abuse drugs or alcohol (6%)
- 48th Family and Community Indicators includes single parent household (46%), head of household lacks high school diploma (15%), living in high poverty area (19%), and teen birth rates (39%)

Basic Demographics Child Population 0 – 17	1,118,015
Indicators by Race	
Non-Hispanic 95.1%	1,063,232
American Indian 0.007%	7,826
Asian 1.4%	15,652
Black 37.8%	422,610
Native Hawaiian/Pacific Islander 0.0004%	447
Some other race alone 0.02%	2,253
Two or more races 2.4%	26,832
Caucasian 52.5%	581,367
Hispanic (any race) 4.9%	54,783
Indicators by Age Group	
Under Age 5 (28%)	223,603
Age 5 to 14 (56%)	715,530
Age 15 to 17 (16%)	178,882
Student Enrollment in Public Schools FY 10 - 11	702,480
Student Enrollment in Non-Public Schools FY 10 - 11	122,495
Public School Students Eligible for Free or Reduced Lunch	
FY 2011 (67%)	475,948
FY 2010 (66%)	464,752
FY 2009 (66%)	457,566
Public High School	
Graduates FY 2013	
Dropouts FY 2013 (4.1%)	45,838
Median Household Income	
FY 2013	\$39,622
FY 2011	\$42,000
Children Served by FITAP (Family Independence Temporary Assistance Program) FY 2011	10,357
Children Served by the Kinship Care Program FY 2011	6,871
Children Served by the Child Care Assistance Program FY 2011	33,441
Children Served by the (SNAP) Supplemental Nutrition Assistance Program FY 2011 (35%)	390,900
Participants in WIC (Women, Infants & Children) Food Program FY 2015	147,000
Infants Served in WIC Food Program (annual average)	
FY 2014	37,209
FY 2013	38,082
FY 2012	37,209
Children Age 1-4 Served in WIC Food Program (annual average)	
FY 2014	59,916
FY 2013	67,192
FY 2012	76,601
Children in Poverty FY 2011 (29%)	324,224
Live Births FY 2011	67,483
Births to Women Receiving Adequate Prenatal Care FY 2011 (77%)	47,401
Low Birthweight Babies FY 2009 (10.7%)	7,140
Preterm Births FY 2011 (12.4%)	7,621
Births to Teens Ages 15-19 FY 2011	6,922
Publicly Insured Children (Medicaid and LaCHIP)	
FY 2013	774,151
FY 2012	773,504
FY 2011	774,137
Children in Foster Care	
FY2010	4,451
FY 2011	4,577
FY 2012	4,083
FY 2013	3,994

Source: <http://www.agendaforchildren.org/kids-count-publications.ht>

Louisiana Statewide Children & Family

Key Indicators	2011	2012	2013
Percentage of low-birthweight babies Louisiana 10.9% (2011) National 8% (2011)	10.9% Ranked 49 th	10.8%	N/A
Infant Mortality Rate Louisiana 8.3/1,000 (2011) National 6.4/1,000 (2011)	Ranked 48 th	8.16/1,000	8.65/1,000
Child Death Rate (ages 1-14) Louisiana 25/100,000 (2011) National 17/100,000 (2011)	Ranked 47 th	N/A	43 rd
Teen Death Rate (Ages 15-19) Louisiana National 26/100,000 (2011)	43	37	36 Ranked 49 th
Teen Birth Rate (Births to Girls Ages 15-19) Louisiana 49/1000 (2008) National 40/1000 (2008) N/A	Ranked 42 nd	Ranked 45 th	N/A
Percent of teens who are high school dropouts (Ages 16-19) Louisiana National 7% (2011)	Grad rate 71.4% Drop out 28.6%	Grad rate 72.3% Drop out 27.7%	Grad rate 71.4% Drop out 28.6%
Percent of teens not attending school and not working (Ages 16-19) Louisiana 12% (2011) National 8% (2011)	31,000	28,000	29,000
Percent of children living in families where no parent has full-time, year-round employment Louisiana National % (20)	35%	N/A	34%
Percent of children in poverty Louisiana National 23% (2011) 22% (2013)	29%	28%	28%
Percent of children in single parent homes Louisiana National 32% (2011)	45%	48%	46%
Overall State Rank	49th		48th

Statistics Sources: <http://datacenter.kidscount.org/>

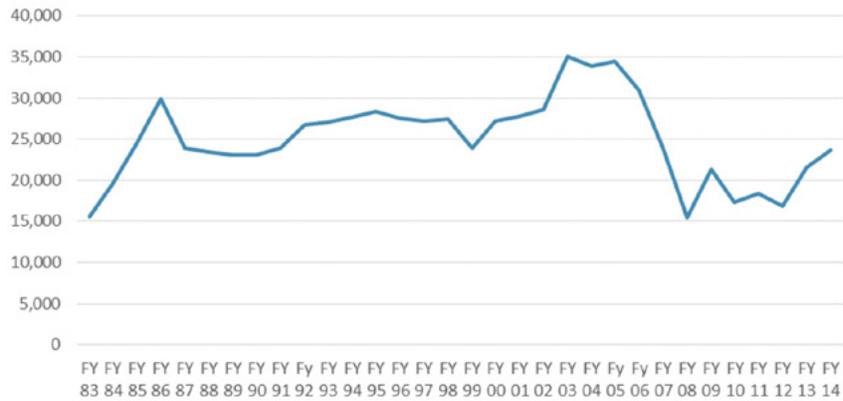
Louisiana Department of Health and Hospitals Office of Public Health, WIC Program Report # WICCLM1010 Page 257-259

Louisiana Medicaid Annual Report <http://dhh.louisiana.gov/assets/medicaid/lachip/2014LaCHIPLegisReport.pdf>

http://dhh.louisiana.gov/assets/medicaid/AnnualReports/Medicaid_11_12_Web.pdf

Louisiana Children's Health Insurance Report <http://dhh.louisiana.gov/assets/medicaid/lachip/2014LaCHIPLegisReport.pdf>

Child Protection Investigations
Historical Perspective 1983 - 2014

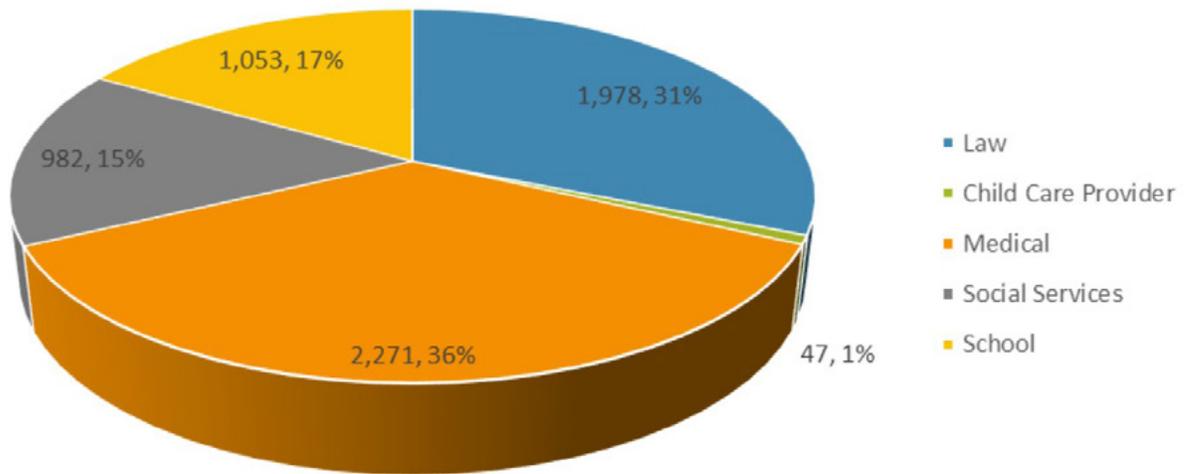


FY 83 15,524	FY 90 23,142	FY 97 27,154	FY 04 33,835	FY 11 18,377
FY 84 19,622	FY 91 23,918	FY 98 27,474	FY 05 34,469	FY 12 16,893
FY 85 24,522	FY 92 26,774	FY 99 23,921	FY 06 30,897	FY 13 21,563
FY 86 29,926	FY 93 27,084	FY 00 27,154	FY 07 23,911	FY 14 23,694
FY 87 23,954	FY 94 27,615	FY 01 27,739	FY 08 15,470	
FY 88 23,485	FY 95 28,364	FY 02 28,570	FY 09 21,387	
FY 89 23,101	FY 96 27,540	FY 03 35,011	FY 10 17,322	

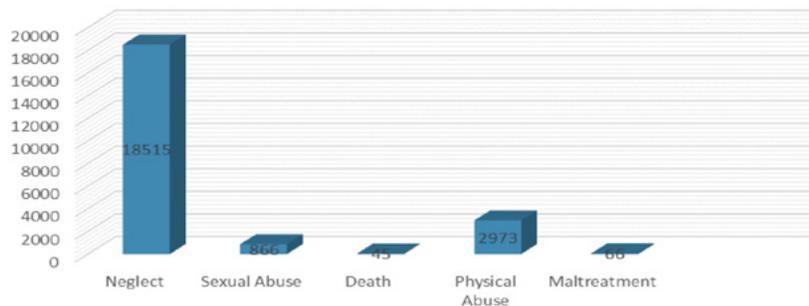
Number of CPI Reports	17,322	18,377	16,893	21,563	23,694
Number Validated	6,029	6,685	6,043	7,491	8,182
Percentage Validated	35%	36%	36%	35%	35%
Number of Entries Into State Custody/Care	3,082	3,753	3,035	3,652	4,072

Louisiana Child Protection Investigations Data

Sources of Reports Concerning Valid CPI Allegations
Statewide



Number of Valid CPI Allegations by Type
Statewide

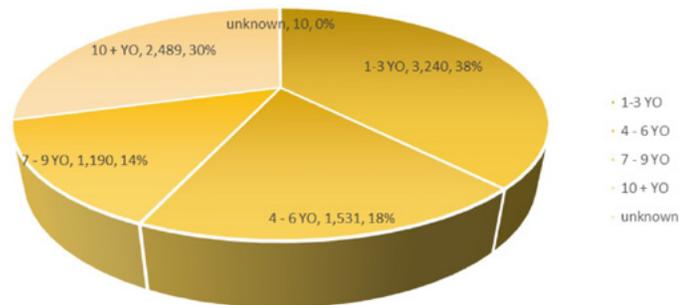


Investigations Reported Vs. Investigations Validated

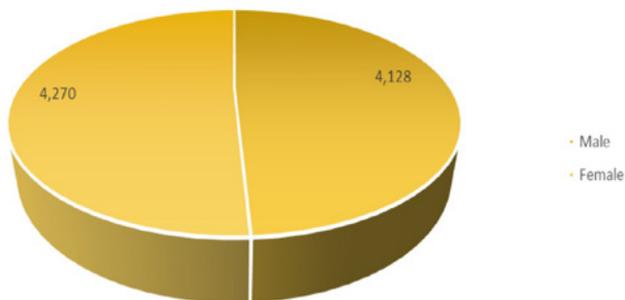
2015 Annual Progress and Service Report, Louisiana Department of Child and Family Services From: Louisiana DCFS Child Welfare Quality Assurance and Research Section, FY 2014 Louisiana DCFS Child Welfare Quality Assurance and Research Section, FY 2014 Source: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf#page=76>

Profile of Louisiana Victims

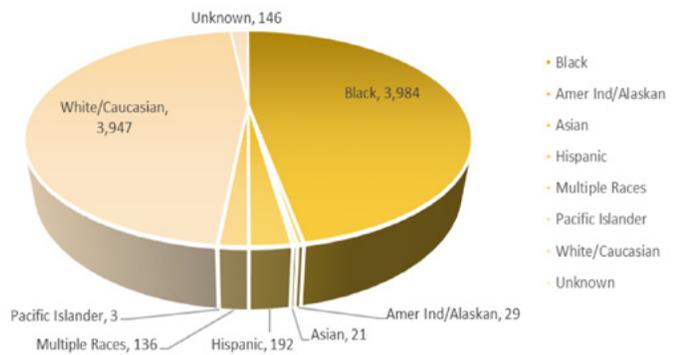
Louisiana Child Maltreatment Demographics
AGE



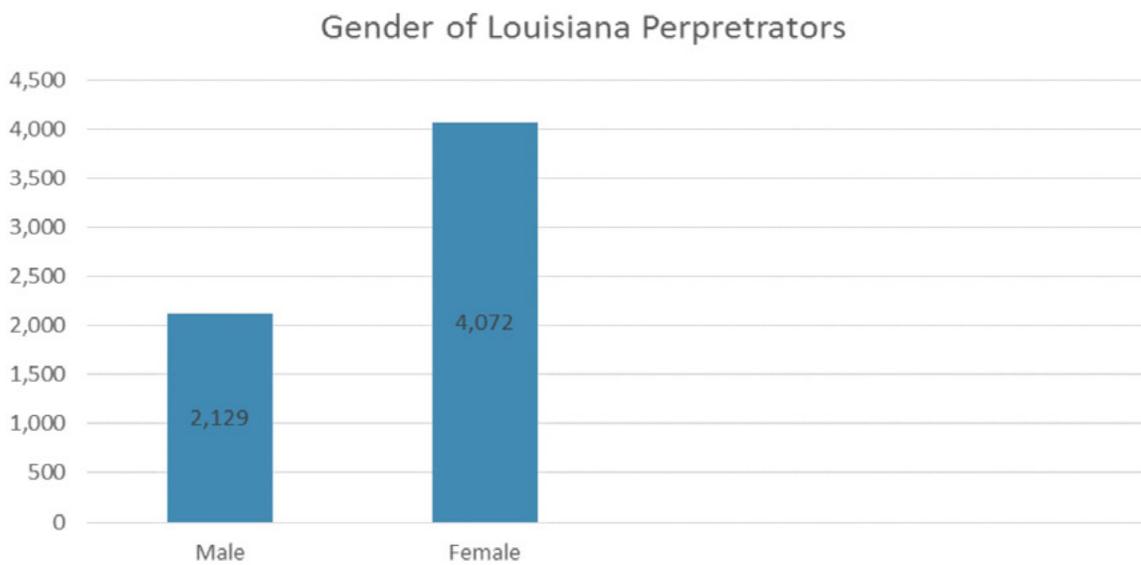
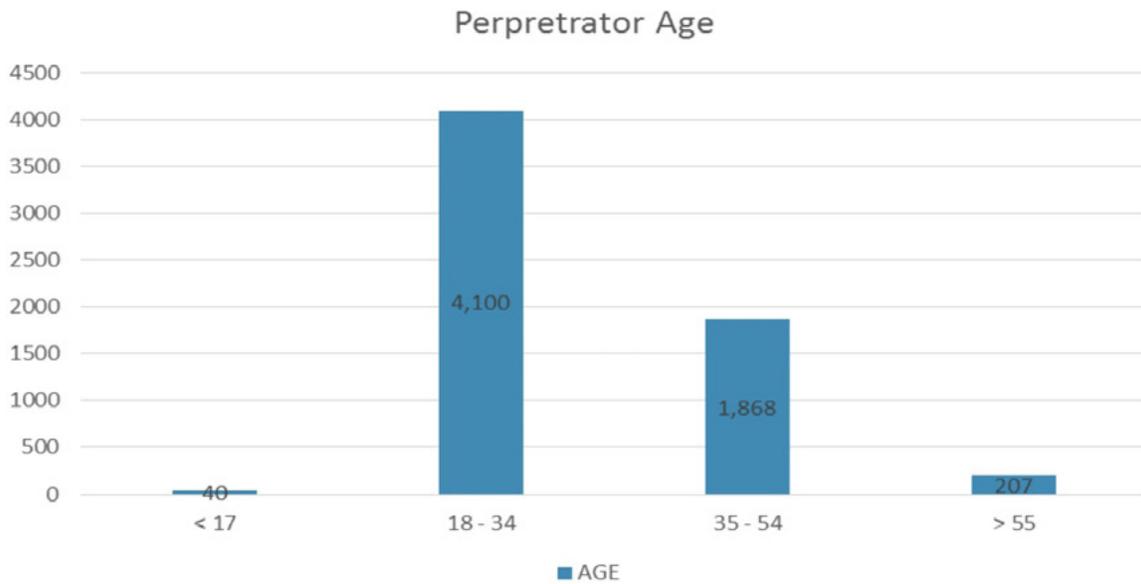
Louisiana Child Maltreatment Demographics
GENDER



Louisiana Child Maltreatment Demographics
Race/Ethnicity



Profile of Louisiana Perpetrators



Source: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf#page=76>

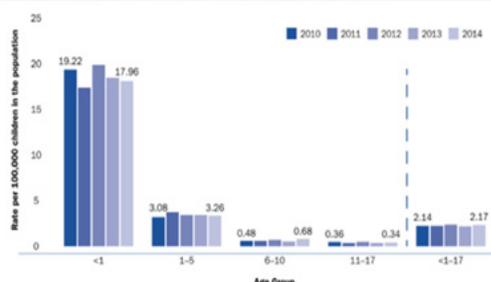
Child Abuse and Neglect Fatalities

The 2014 Child Maltreatment Report is prepared annually by the Children’s Bureau which is part of the federal Administration for Children and Families. The effects of child abuse and neglect are serious, and a child fatality is the most tragic consequence. The National Child Abuse and Neglect Data System (NCANDS) collects data on child deaths from maltreatment.

Child Fatality Demographics

Younger children are the most vulnerable to death as the result of child abuse and neglect. Seventy-one (70.7%) of all child fatalities were younger than 3 years and the child fatality rates mostly decreased with age. Children who were younger than 1 year old died from maltreatment at a rate of 17.96 per 100,000 children in the population younger than 1 year. This is nearly 3 times the fatality rate for children who were 1 year old (6.51 per 100,000 children in the population of the same age).

Exhibit 4-B When calculating the national rate (age <1-17) of child deaths due to maltreatment, the rates of older child fatalities suppress the rates of the youngest child fatalities



For FFY 2014, 50 states reported 1,546 fatalities. Based on these data, a nationally estimated 1,580 children died from abuse and neglect. According to the analyses performed on the child fatalities for whom case-level data were obtained:

- The national rate of child fatalities was 2.13 deaths per 100,000 children.

- Nearly three-quarters (70.7%) of all child fatalities were younger than 3 years old.
- Boys had a higher child fatality rate than girls at 2.48 boys per 100,000 boys in the population. Girls died of abuse and neglect at a rate of 1.82 per 100,000 girls in the population.
- Almost 90 percent (88.4%) of child fatalities were comprised of White (43.0%), African-American (30.3%), and Hispanic (15.1%) victims. The rate of African-American child fatalities (4.36 per 100,000 African-American children) is approximately three times greater than the rates of White or Hispanic children (1.79 per 100,000 White children and 1.54 per 100,000 Hispanic children).
- Four-fifths (79.3%) of child fatalities involved at least one parent.

In FFY 2014, the child fatality rate was 2.13 per 100,000 children in the population. The 2014 national estimate of 1,580 child deaths due to maltreatment is a 1.3 percent increase from the 2010 national estimate of 1,560.

Child Fatality Rates Per 100,000 Children, 2010-2014

Year	Reporting States	Child Population of Reporting States	Child Fatalities from Reporting States	National Fatality Rate per 100,000 Children	Child Population of all 52 States	National Estimate of Child Fatalities
2010	52	75,030,077	1,563	2.08	75,020,077	1560
2011	52	74,786,700	1,571	2.10	74,786,700	1570
2012	51	74,284,172	1,622	2.18	74,549,295	1630
2013	50	72,758,805	1,500	2.06	74,414,636	1530
2014	50	72,706,925	1,546	2.13	74,359,370	1580

Maltreatment Types

Of the children who died, 72.3 percent suffered neglect and 41.3 percent suffered physical abuse either exclusively or in combination with another maltreatment type. Because a victim may have suffered from more than one type of maltreatment,

Exhibit 4-F Maltreatment Types of Child Fatalities, 2014

Maltreatment Type	Child Fatalities	Maltreatment Types	
		Number	Percent
Medical Neglect		109	8.9
Neglect		886	72.3
Other		268	21.9
Physical Abuse		506	41.3
Psychological Abuse		14	1.1
Sexual Abuse		13	1.1
Unknown		31	2.5
National	1,226	1,827	

every reported maltreatment type was counted and the percentages total to more than 100.0 percent.

Perpetrator Relationship

Four-fifths (79.3%) of child fatalities involved parents acting alone, together, or with other individuals. Perpetrators without a parental relationship to the child accounted for 15.7 percent of fatalities. Child fatalities with unknown perpetrator relationship data accounted for 5.0 percent.

Risk Factors

Risk factors are characteristics of a child or caregiver that may increase the likelihood of child maltreatment. Risk factors can be difficult to accurately assess and measure, and therefore may go undetected among many children and caregivers. Some states were able to report data on caregiver risk factors for children who died as a result of maltreatment. Caregivers with these risk factors may or may not have been the perpetrator responsible for the child's death.

Twenty-six states reported that 6.9% of child fatalities were associated with a caregiver who had a risk factor of alcohol abuse. Twenty-nine states reported

that 17.9% of child fatalities were associated with a caregiver who had a risk factor of drug abuse.

Prior CPS Contact

Some children who died from abuse and neglect were already known to CPS agencies. In 29 reporting states, 12.2 percent of child fatalities involved families who had received family preservation services in the previous 5 years. In 38 reporting states, 1.8 percent of child fatalities involved children who had been in foster care and were reunited with their families in the previous 5 years.

Full Report: The full Child Maltreatment 2015 report can be accessed at: <http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>.



Louisiana Fatalities Due to Child Abuse and Neglect

National Child Abuse and Neglect Fatalities by Age (FY 2014)

Age at Death	% of Fatalities	Total 1,484
Less than 1 year old	46.5%	692
1 - 3 years old	34.5%	513
4 - 7 years old	11.7%	173
8 - 11 years old	3.5%	52
12 - 15 years old	2.6%	39
16 - 17 years old	1.0%	15

*This material was obtained from Child Welfare Information Gateway. This publication is available online at <https://www.childwelfare.gov/pubs/factsheets/fatality>
Child Abuse and Neglect Fatalities 2014: Statistics and Interventions <https://www.childwelfare.gov>*

Louisiana Fatalities Due to Child Abuse and Neglect

Year	Number
2014	30
2013	39
2012	44
2011	37
2010	30
2009	40

Source: <http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2013-data-tables>
Children's Bureau, An Office of the Administration on Children and Families

Department of Children and Family Services

Child Abuse

Reporting Information

Call 1-855-4LA-KIDS (1-855-452-5437) toll free

24 hours a day, 365 days a year.

What the Department of Children & Family Services Wants to Know when you File a Report

When you call to report a suspected case of child abuse or neglect, the child welfare worker will want to know this information, if available:

- Name, age, date of birth, gender, race and current address of the child
- Present location of the child
- Names, addresses and phone numbers of the parents and siblings
- Names, addresses and phone numbers of other significant relatives
- If the child is native, what is their tribal affiliation?
- Nature and extent of the problem
- Incident or situation precipitating the report
- Present condition of the child
- Names, addresses and phone number of person(s) responsible for the abuse or neglect
- Any action taken by the reporter or others
- The name, address and phone number of the person making the report. ANONYMOUS reports are also acceptable
- Whether the reporter witnessed the abuse or neglect, the dates of occurrence and the names, addresses and phone numbers of others who have knowledge of the incident or situation
- Whether this child's (or other children in the home) immediate safety is in question
- Whether the reporter has informed the family of plans to file this report
- Whether the reporter is willing to have their name released - you can remain anonymous!

We all have a responsibility for the welfare of children in our community!

Moving Forward for Children and Families

LCTF will continue its priority on primary and secondary prevention with an emphasis on rural and under-served populations. Funds will be targeted at the development of a continuum of family centered, holistic prevention services while maintaining a strong statewide network of funding programs to strengthen families and provide life skills for children. The grants will be allocated to public and private non-profit organizations, parish organizations, and faith based organizations.

Our service delivery will focus on five major categories:

- Parent Support and Education
- Life Skills and Safety Education for Children
- Hospital and Home Visitation Programs
- Public Education and Awareness
- Professional/Volunteer Training

The LCTF will support the expansion of evidence based programs especially the Triple P Parenting Program, Prevent Now, and Darkness to Light. These programs are usually offered in community centers, Child Advocacy Centers, child care centers, university settings and faith based facilities. The providers have targeted first time parents, service providers and grandparents raising grandchildren.

We will continue to fund visiting centers for non-custodial parents. In these supervised visitation and exchange facilities families are allowed a safe, comfortable environment for the parents and children. Many of these facilities provided respite care programs for parents.

The value of support for mental health prevention programs cannot be minimized. The LCTF will provide funding for programs that deal with Postpartum Depression. In addition, we will support specialized programs such as: “Too Good for Drugs”; “Bullying - Stop It Before It Starts”; “Safe Dates” and, “Teens

Count”. In addition, the LCTF continues to be a major sponsor of the Louisiana Child Well-Being Summit; the Together We Can Conference; and the NASW-LA Annual Social Work Conference.

Safety of children in after school programs is a primary prevention function with funding going to some of the following types of programs: Big Buddy, Big Brothers and Big Sisters and Boys and Girls Clubs. These community based programs offer role modeling, homework assistance, mentoring, anti-violence and safety classes. Many of these programs provide their services during the school year and the summer months.

Programs will continue to be offered in homeless and domestic violence shelters. The LCTF will provide funding for children program coordinators in these types of shelters. Special outreach programs will be offered for transitional runaway youth, youth aging out of foster care, and victims of human trafficking.

We will continue our efforts to serve the incarcerated population with Family Education and Reentry programs for moms and dads.

We will target efforts in the special needs community. Work will continue with Parents Helping Parents, Parent Empowerment Programs, and Autism Support. The services provided by contracted non-profits organizations support the parents and children.

Teen parenting support will also be available through several teen parenting centers. This is vital in the rural areas. These Centers offer parenting, health and nutrition classes for students during the school hours. These programs should also be linked with an Early Head Start Family Resource Center. At this location, the children are able to stay in the Early Head Start program as long as their parents continue their education. Parents must also provide hours of service at the center.

A Vision for 2020

Vision 2020 was developed as part of the 1997-2000 State Plan by the Caucus for Children meetings which were held throughout Louisiana. As we did previously, we wish to re-affirm this vision statement and issue a challenge to everyone to update this vision with the progress attained in your area and to address areas of need.

Child Abuse and Neglect

Individuals will have a sense of belonging -- with many extended families as well as church, school, and civic communities. Volunteerism will be a community ethic, with many people choosing to serve as child advocates, mentors, and buddies. There will be community consensus about what constitutes child abuse, and stiffer penalties will be imposed on perpetrators. The most basic right of children to be safe from harm will be highly respected and enforced at every level -- from parent to politician. There will be widespread support for prevention of child abuse, and helping each child reach his or her potential in a nurturing family and community. Parenting will be respected as a shared responsibility between mothers and fathers.

Children will prepare for their grown-up roles as parents at home and at school. They will study subjects such as child development, discipline, child care and decision-making as well as other important life skills, such as budgeting and nutrition. It will be part of everyone's curriculum, just like math or English or driver's education. Teenage pregnancy will be significantly reduced through both sex education and the promotion of family values. When teens do become pregnant, they will be able to access health care at their school clinic, and will be encouraged to continue their education. Pregnant women will be connected with mentors as part of their prenatal care. These mentors will be experienced moms, who will offer support and guidance to insure a healthy pregnancy and will acquaint the family with an array of supportive community resources for families.

Each hospital will have a hospital visitation program, where all new mothers, teen mothers, and high needs mothers will have a trained volunteer visitor. The volunteers will tell them more about community resources and help make sure that each baby will return to a home that is equipped with a crib, car-seat, and informed parents.

Each community will have home health visitor programs which will provide supportive visits to all families of newly arrived infants. These health visitors will have the ability to listen well and respectfully while providing support and flexible responses to the specific concerns of the visited family. Visitors will link families with needed community resources. These services will be offered voluntarily, from birth until the child's preschool years.

Community-based Family Resource Centers, or Parenting Centers, will offer classes, speakers and support groups about parenting topics. They will provide "one stop" services such as immunizations, dental check-ups, adult education, lending libraries, and more. There will be no stigma in asking for help, and parents from all walks of life will participate.

Churches will adopt families in crisis, meeting their needs for material items, emotional support, and prayer. Churches will open their doors to parenting groups, after school programs for youth, and respite child-care for parents in need.

No children will be forced to return to an empty house after school. They will attend after-school tutoring and enrichment activities taught by community volunteers in their school building or church. The community will

Employers will look at the health of the family as an important asset of their employee. Work environments will be family friendly, offering employee assistance programs, on-site day care, and parenting information.

There will be many low-cost family activities in each community. On-line computer services and 24 hour help-lines will be available to answer parenting questions and refer families to accessible help.

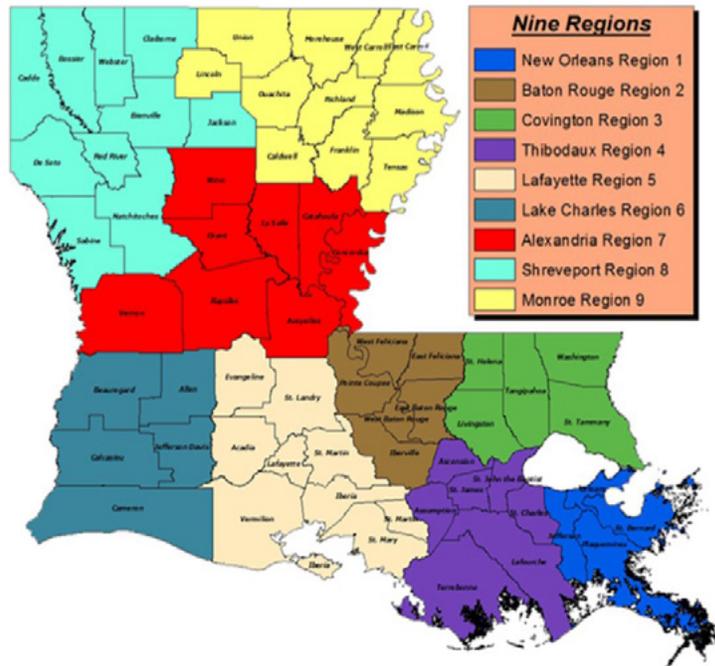
Community resource directories will be published in phone books and computerized access directories for public access. On the rare occasion that children are reported to Child Protection, they will receive prompt investigations. Even if their situation is not deemed serious enough of government intervention, the family will be offered a host of voluntary, supportive services to prevent progression into more serious abuse.

If abuse is confirmed, the parents will work closely with child protective services to gain the skills to provide a safe home for their child. If they are not amenable to being an adequate parent, the child will be placed with trained foster parents pending adoption by another family with space in their hearts and home.

What Will Be Part of Our Vision For The Next 25 Years?

Have We Come Any Closer to Our Vision?

Louisiana Children’s Trust Fund Map of Regions



Region 1: Orleans, Jefferson, Plaquemine, St. Bernard

Region 2: E. Baton Rouge, E. Feliciana, Iberville, Pointe Coupee, W. Baton Rouge, W. Feliciana

Region 3: Livingston, St. Helena, St. Tammany, Tangipahoa, Washington

Region 4: Ascension, Assumption, Lafourche, St. Charles, St. James, St. John, Terrebonne

Region 5: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary, Vermilion

Region 6: Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis

Region 7: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, Winn

Region 8: Bienville, Bossier, Caddo, Claiborne, Desoto, Jackson, Natchitoches, Red River, Sabine, Webster

Region 9: Caldwell, E. Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, W. Carroll

Summary of Findings and Recommendations

How was plan developed?

The state plan was developed through a contract with Team Dynamics, LLC, to coordinate the production of the state plan. Team members working on the plan include: Susan Shaffette, Liz Delle, Sharon Delvisco, C.J. Krueger, and Missy Vivien. Current data and program information was gathered to build the current recommendations for funding through:

- Distribution of a printed survey to grantees, regional community leaders and key stakeholders throughout the state. The survey collected information about trends, effective prevention strategies, and techniques for raising awareness.
- Utilization of an online survey to engage additional respondents from across the state. The link for this online survey was distributed through social media, email blasts, pdf documents with hyperlinks, and on the LCTF website. Paper copies of this survey were distributed at conferences and responses collected onsite.
- Facilitation of stakeholder meetings in each region. Participants in meetings included DCFS front-line and supervisory staff, school personnel, court staff, CASA staff and volunteers, CAC staff, law enforcement officials, local government leaders, teachers, social workers, nonprofit leaders, Head Start staff, and others. Interviews were conducted with key leaders in each area.
- Collection of statistics from many sources, especially Louisiana DCFS, U.S. Census Bureau, Louisiana Office of Public Health, Annie E. Casey Foundation, Louisiana Child Death Review Panel and the Greater New Orleans Community Data Center.

The Findings and Recommendations

Participants were asked about what they saw as emerging trends in the area of child abuse and neglect. Responses included:

- Decrease in funding for services
- Increase in addiction/substance abuse
- Increase use of methamphetamine
- Increase intensity of abuse/neglect incidents
- Poverty and homelessness

In 2014, there were 23,694 reports of child abuse, neglect and maltreatment in Louisiana. Thirty five percent of these reports were validated by child protective services. Many experts agree that child abuse, neglect and maltreatment is under-reported. The 38 percent of victims in Louisiana are between the ages of 1 and 3 years old and 30 percent of the victims were over 10 years old.

There are many adverse consequences of child abuse and neglect. The negative impacts include harmful effects on the physical, psychological, cognitive and behavioral development of children. The negative consequences range from minor to the most severe, and typically including:

- Low self-esteem
- Issues with bonding and permanency/ establishment of relationships
- Physical injuries
- Brain damage
- Exhibiting aggression/aggressive behaviors
- Delays in intellectual development
- developmental disabilities
- learning disorders
- poor academic achievement

There are numerous clinical conditions associated with abuse and neglect that manifest throughout childhood and into adulthood for victims. These emotional issues may include depression, post-traumatic stress disorder and conduct disorder. Many long term negative consequences exist for society in addition to the trauma perpetrated upon each child. Studies have associated child maltreatment with increased risk of low academic achievement, drug use, teen pregnancy, juvenile delinquency and adult criminality. These consequences have real cost for society by expanding the need for foster care, mental health and substance abuse treatment, police and court intervention,

correctional facilities, and public assistance (Louisiana Partnership for Children). There are nearly 4,000 children receiving services in the Louisiana Foster Care System as of 2014.

According to Child Information Gateway, while child abuse and neglect usually occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs. The lifetime cost of child maltreatment and related fatalities in the US 1 year totals \$124 billion, according to a study funded by the Center for Disease Control. As indicated by Xiangming, Brown, Florence, & Mercy (2012), child abuse, neglect, and maltreatment is more costly on an annual basis than the two leading health concerns, stroke and type 2 diabetes. On the other hand as outlined by Mercy, Saul, Turner, & McCarthy (2011), programs that prevent maltreatment have shown to be cost effective. The authors wrote that the U.S. Triple P System Trial, funded by the CDC, has a benefit/cost ratio of \$47 in benefits to society for every \$1 in program costs.

The Child Welfare Information Gateway website indicates that indirect costs represent the long-term economic consequences to society because of child abuse, neglect and maltreatment. These include costs associated with increased use of our health-care system, juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence. Prevent Child Abuse America estimates that child abuse and neglect prevention strategies can save taxpayers \$104 billion each year. According to the Schuyler Center for Analysis and Advocacy (2011), every \$1 spent on home visiting yields a \$5.70 return on investment in New York, including reduced confirmed reports of abuse, reduced family enrollment in Temporary Assistance for Needy Families, decreased visits to emergency rooms, decreased arrest rates for mothers, and increased monthly earnings. A study conducted by Anda, et al., 2004, the ACE study found that all eight categories of adverse childhood experiences were associated with an increased likelihood of employment problems, financial problems, and absenteeism. The authors

assert that these long-term costs—to the workforce and to society—are preventable.

Child abuse and neglect touches the lives of everyone in society. The statistics for sexual abuse are particularly shocking (Child Welfare Information Gateway):

- 1 in 4 girls is sexually abused before the age of 18
- 1 in 6 boys is sexually abused before the age of 18
- 1 in 5 children are solicited sexually while on the Internet

The cycle of child abuse and neglect must be broken. Prevention of child abuse and neglect is morally sound and economically prudent. Since child maltreatment is a complex problem with a multitude of causes, an approach to prevention must respond to a range of needs. Nationally, new approaches to child abuse and neglect prevention programs are built on evidence-based protective factors for children and their families, including the following:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need

Children's Healthy Social-Emotional Development

Programs and services that incorporate protective factors build safety for children within their own homes and communities while seeking to overcome manageable individual causes of child abuse and neglect such as parental isolation, lack of knowledge of child development, and mental, physical or financial crises in the family.

Public policy in Louisiana must include programs that support these protective factors, such as:

- expand evidence-based hospital and home visitation programs, such as the Nurse Family Partnership, that develop parental resilience and social connections
- provide evidence-based parent support and

education programs, such as the Nurturing Parenting Program, that provides parenting and child development knowledge

- assure early and regular child and family screenings essential in detecting and treating health and developmental problems early in life
- fund programs that assure families the ability to access needed resources and support in times of need include telephone help-lines such as “2-1-1” and “1-800-CHILDREN”
- provide quality early child care, school-based health clinics, life skills and mentoring programs, and Internet safety programs that provide for a child’s healthy social-emotional and physical development
- promote programs that provide children with age-appropriate information about sexual abuse, such as “My Body is My Own”
- expand quality therapeutic treatment of abused and neglected children such as the Independent Living Skills Programs for Foster Care Children that minimizes long-term effects and helps break the cycle of abuse and neglect

References:

Anda, R., Fleisher, V., Felitti, V., Edwards, V., Whitfield, C., Dube, S., & Williamson, D. (2004). *Childhood abuse, household dysfunction, and indicators of impaired adult worker performance*. *Permanente Journal*, 8(1). Retrieved from <http://xnet.kp.org/permanente-journal/winter04/childhood.pdf>

Child Welfare Information Gateway. (2013). *Long-term consequences of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau. Retrieved from: https://www.childwelfare.gov/pubpdfs/long-term_consequences.pdf

Louisiana Partnership for Children & Families, *Child Abuse and Neglect*. Retrieved from: http://www.louisianapartnership.org/Resources/Documents/0710876_child_abuse_and_neglect_rev_3f.pdf

Mercy, J., Saul, J., Turner, S., & McCarthy, P. (2011). *Creating a healthier future through prevention of child maltreatment*. Retrieved from <http://www.cdc.gov/about/grand-rounds/archives/2011/June2011.htm>

Schuyler Center for Analysis and Advocacy. (2011). *Home visiting saves money, prevents child abuse, helps children learn and strengthens families*. Retrieved from http://www.scaany.org/documents/homevisiting_issuebrief_summer2011.pdf

Xiangming, F., Brown, D., Florence, C., & Mercy, J. (2012). *The economic burden of child maltreatment in the United States and implications for prevention*. *Child Abuse & Neglect*, 36(2), 156–165.



Statewide Funding Recommendations

Public Awareness

- a. Development of marketing campaign that clarifies what child abuse or neglect is to the public and “brands” the Louisiana Children’s Trust Fund
- b. Dissemination of information related to child development and non-abusive discipline at public places
- c. Development of a public awareness campaign on child abuse/neglect prevention and a marketing “blitz” including electronic media, newspapers, public service announcements and billboards
- d. Creation of video/DVD and written material libraries on parenting at parenting centers, neighborhood centers, family resource centers and public libraries
- e. Development and promote referral guides and hotlines for parents
- f. Implementation of proven models for public awareness

Implementation of Model Programs

- a. Replication of model programs such as The Nurturing Program, Nurse-Family Partnership, Effective Black Parenting, Perinatal Coaching Programs, School – Based Health Clinics and others that have an impact on child abuse/neglect prevention
- b. Technical assistance to replicate evidence-based/ evidence supported practices/programs

Training and Technical Assistance

- a. Statewide training for mandatory reporters (open to the public as well)
- b. Cross disciplinary training (e.g. attorneys, social workers, educators, law enforcement, volunteers) on

child abuse prevention models, new legislation and policies, and more

- c. Assistance to coalitions addressing parent education and support, child abuse prevention, and public awareness of children’s issues
- d. Data collection on prevention programs, and uses of this data
- e. Provide training on the effects of poverty and child abuse/neglect.
- f. Implementation of proven models for training and technical assistance

Research

- a. Dissemination of current prevention research to policy-makers, practitioners and the public
- b. Conduct research on how child abuse/neglect correlates the following topics:
 - Special needs children
 - Parental empowerment
 - Pre-K-12 curriculums on child development/ parenting skills
 - Multiple-births to young mothers
 - Adult literacy
 - Juvenile sex offenders, status offenders, foster children
 - Medication of children
 - Why minority children are over-representation in out-of-home care
- c. Conduct research to prove the efficacy and cost efficiency of new programs (to produce more evidence based practice models)

Region One - Orleans Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	% Low Birth-weight <2500 grams	% Births to Teens	Children <18 With No Health Insurance
Jefferson	433,676	22.2	25	46,000	10.5	8.8	
Orleans	369,250	21.4	41	34,000	11.5	10.3	
Plaquemines	23,921	27.1	19	50,000	9.4	<5	
St. Bernard	41,635	26.3	35	41,000	9.5	11.1	
Region	868,482	22.2	31.3	42,750	10.8	9.1	10,752

Volume of CPI Investigation

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
2,260	2,607	2,867	3,721	4,280

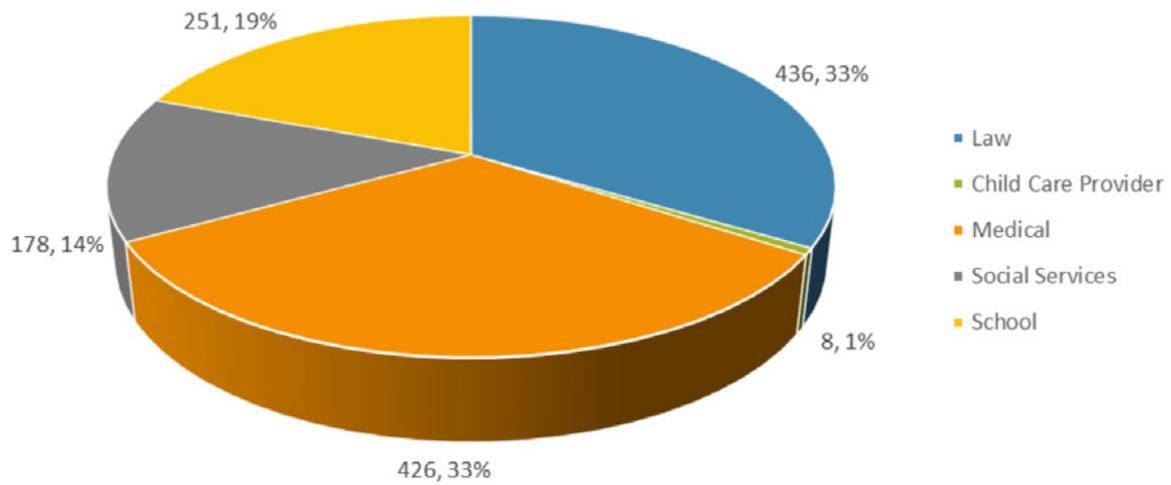
Number Of Child Protective Investigation Completed

Parish	FY2012 Total	FY2012 Valid	FY2012 Invalid	FY2012 Other	FY2013 Total	FY2013 Valid	FY2013 Invalid	FY2013 Other
Jefferson Eastbank &	809	296	468	45	972	365	560	47
Orleans	846	251	502	93	1,510	470	872	168
Jefferson Westbank & Plaquemine	853	252	565	36	1,206	335	826	45
Region	2,508	799	1,535	174	3,688	1,170	2,258	260

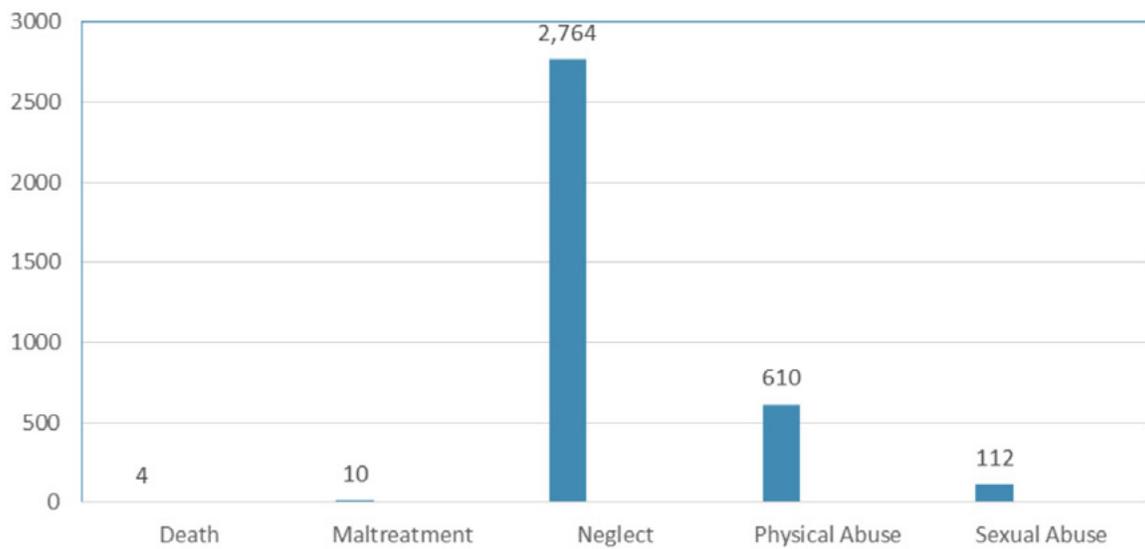
Number of Children Entering Foster Care

	FY2010	FY2011	FY2012	FY2013	FY2014
New Orleans Region	329	408	403	392	425

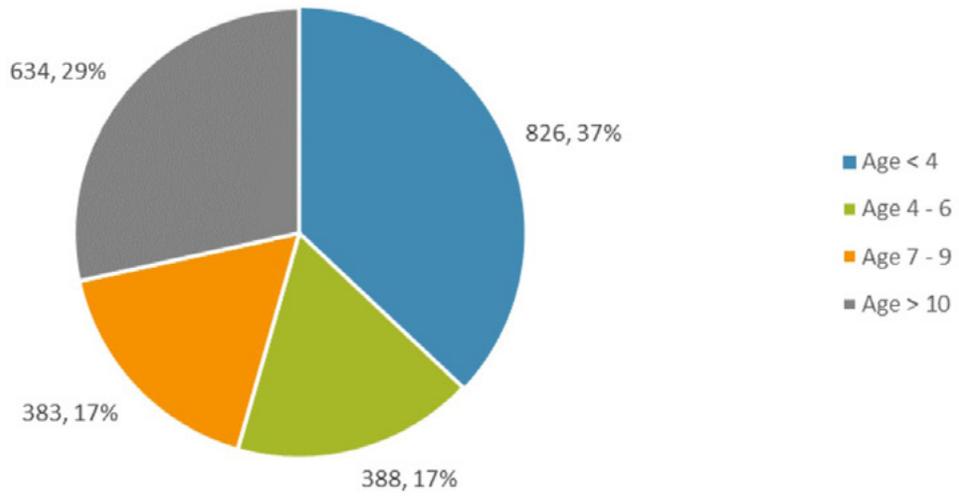
Sources of Reports for Valid CPI Investigations
Region 1 Orleans Area



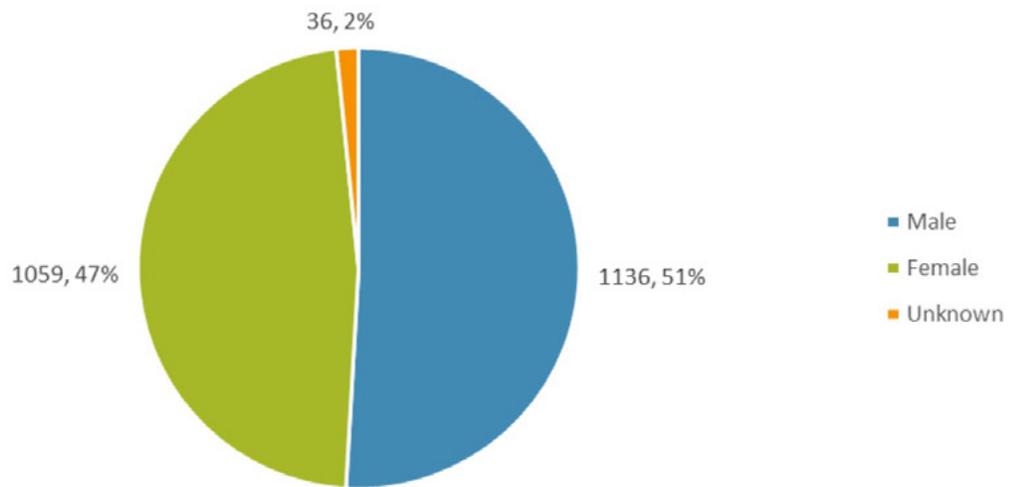
of Valid CPI Investigations by Type
Region 1 Orleans Area



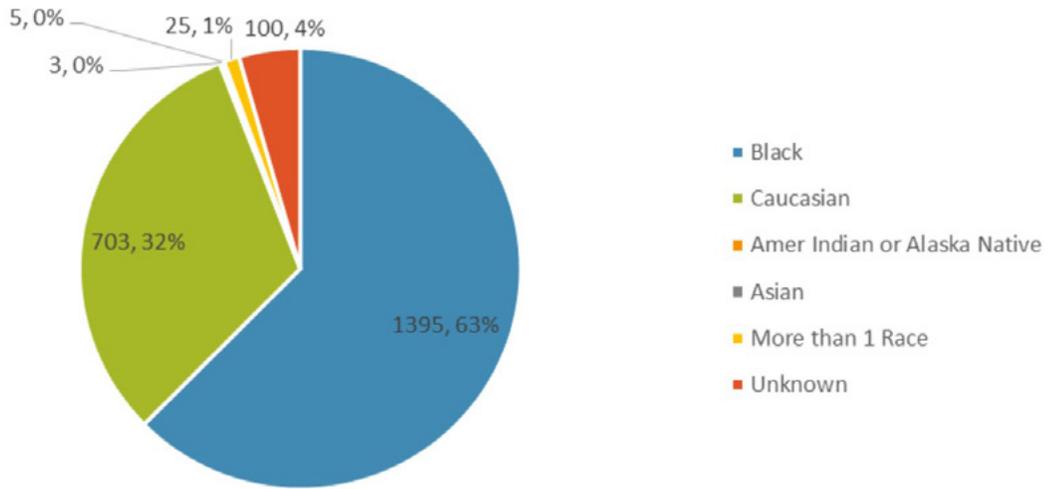
Age of Abused/Neglected Children
Region 1 Orleans Area



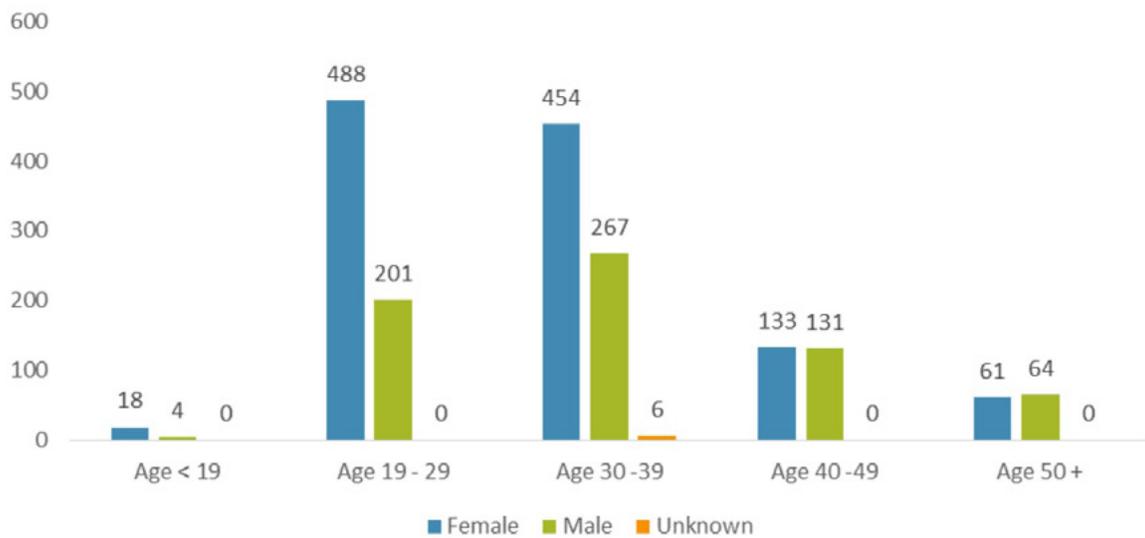
Gender of Abuse Neglected Children
Region 1 Orleans Area



Race of Abused and Neglected Children
Region 1 Orleans Area



Profile of Perpretrators
Region 1 Orleans Area



Region One Results

What do you think needs to be done to raise awareness about child abuse/neglect?

We have to make sure our civic leaders and the public receive statistics about incidences of abuse and neglect in our region. The statistics are shocking when people understand the magnitude of the situation. We need to bring this issue to the forefront with more public service announcements all year and not just in April for the month of awareness. This will raise the awareness that we value the lives of our children/youth.

The most effective ways to prevent child abuse and neglect in this region were indicated to be:

The most effective ways to prevent child abuse in this region is continued training of as many adults and children/youth as possible. The more adults we offer mandated reporter training to, the safer our children will be. Training needs to include information about laws, interaction, monitoring, and the reporting process.

What are the changing trends in child abuse and neglect in the region?

There has been much emphasis placed on increasing awareness about negative consequences of corporal punishment.

How could child abuse and neglect prevention be made a community priority?

Increase access to parenting classes and public service announcements about harmful effects of corporal punishment. It would be advantageous to include civic leaders in continued planning for prevention programs.

Funding Recommendations

This region is comprised of 4 parishes with a population of 868,482 people with 31% living in poverty. The

median household income is \$42,750. More than 37% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 425 children placed in foster care in this region and 4,280 allegations of abuse/neglect.

I. Education and Support for Parents

- a. Parent involvement programs through the schools, including charter schools
- b. Fatherhood initiatives and extended family parent education programs
- c. Programs targeted to teen parents, including very young teens including of teens' mothers or caregivers, as appropriate.
- d. Anger management and literacy programs for parents
- e. Infant mental health teams
- f. Peer mentoring programs for parents
- g. Evidenced based models of education and support for parents

II. Self-Help Groups and Neighborhood Support Programs

- a. Parenting programs and prevention information dissemination in libraries
- b. Training for community helpers/businesses, i.e. barbers, beauty salons
- c. Parent training in non-traditional sites (e.g. prisons, homeless programs, substance abuse programs and domestic violence shelters, gyms, churches)
- d. Crisis intervention and support for families
- e. Safe visitation centers
- f. Evidenced based models for self-help groups and neighborhood support programs

III. Prevention and Life Skills Training Programs for Children and Youth

- a. Anger management programs & positive behavior support discipline techniques
- b. Apprenticeship and mentoring programs
- c. Youth leadership programs which include life-skills and parenting
- d. Teach children about child development, nurturing and parenting from Pre-K-12 in the schools
- e. Evidence based models of prevention and life skills training programs for children and youth

IV. Coordination and Continued Education of Child Abuse/Neglect Programs

- a. Support coordination to help families connect with community resources
- b. Support for networking and collaboration of service providers
- c. Training of mothers and teens to work in child care field
- d. Mandated reporter training
- e. Training of professionals on evidence-based prevention models
- f. Evidenced based models of coordination and continued education for child abuse/neglect prevention

V. Public Awareness and Education of the Problem

- a. Use personal stories about the impact of child abuse
- b. Involve the faith-based community in promoting prevention and child safety
- c. Educate the public about reporting child abuse and the roles of various agencies

d. Provide information on resources available for parents and families by using schools, churches and medical clinics as distribution points

e. Increase policy maker awareness about effectiveness of early intervention and prevention programs and the cost/benefit for preventing lifelong support needs for children that experience abuse and neglect

e. Evidenced based models of public awareness and education of the problem



Region Two - Baton Rouge Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	% Low Birth-weight <2500 grams	% Births to Teens	Children <18 With No Health Insurance
E. Baton Rouge	444,526	23.0	29	47,000	11.7	10.5	
E. Feliciana	20,008	20.3	29	43,000	19	10.5	
Iberville	33,228	22.0	31	39,000	14.1	15.3	
Point Coupee	22,726	23.7	30	41,000	15.9	13.2	
W. Baton Rouge	24,106	24.6	25	47,000	12.1	10.6	
W. Feliciana	15,405	16.5	22	51,000	18	<5	
Region	559999	22.7	29	44,667	12.2	10.3	6,387

Volume of CPI Investigation

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
1,331	1,746	1,754	2,120	2,524

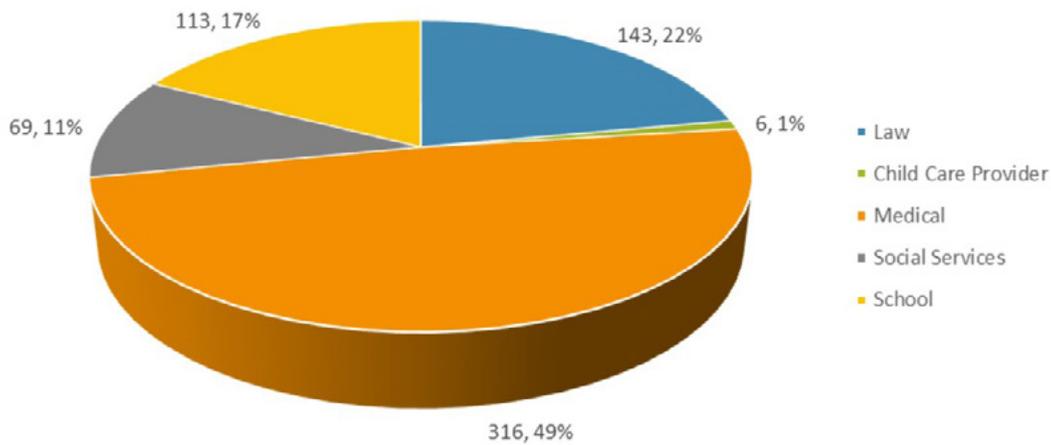
Number Of Child Protective Investigation Completed

Parish	FY2012 Total	FY2012 Valid	FY2012 Invalid	FY2012 Other	FY2013 Total	FY2013 Valid	FY2013 Invalid	FY2013 Other
E. Baton Rouge	2,084	606	1,375	103	2,084	606	1,375	103
E. & W. Feliciana	94	29	60	5	57	23	34	0
Iberville & W. Baton Rouge	224	82	136	5	171	53	113	5
Point Coupee	57	37	20	0	98	47	51	0
Region	2,459	754	1,591	113	2,410	729	1,573	108

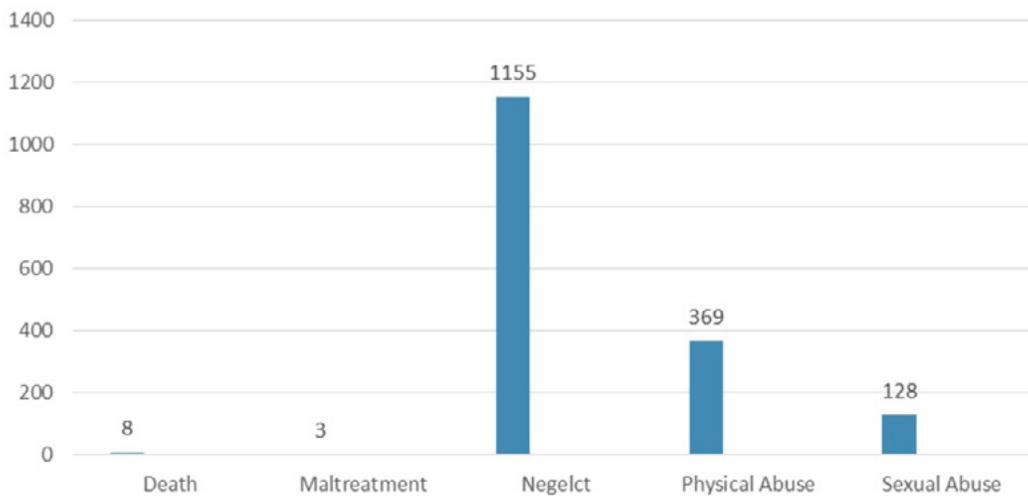
Number of Children Entering Foster Care*

	FY2010	FY2011	FY2012	FY2013	FY2014
Baton Rouge Region	173	203	174	230	229

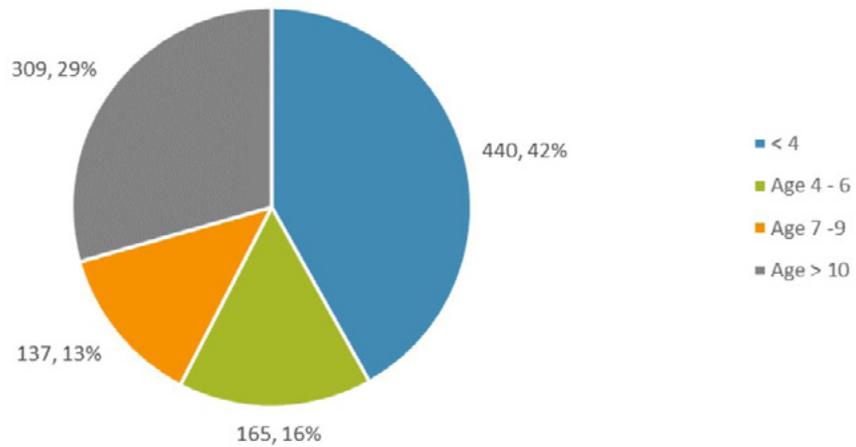
Sources of the Reports of Valid CPI Investigations
Region 2 Capitol Area



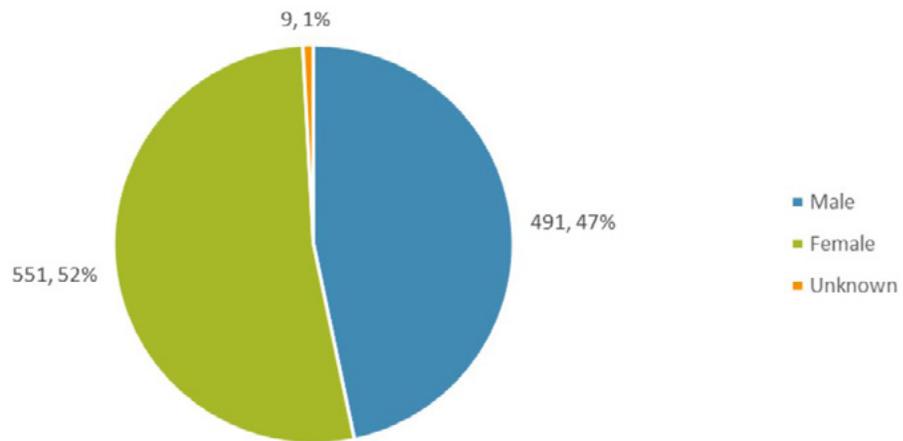
of Valid CPI Allegations by Type
Region 2 Capitol Area

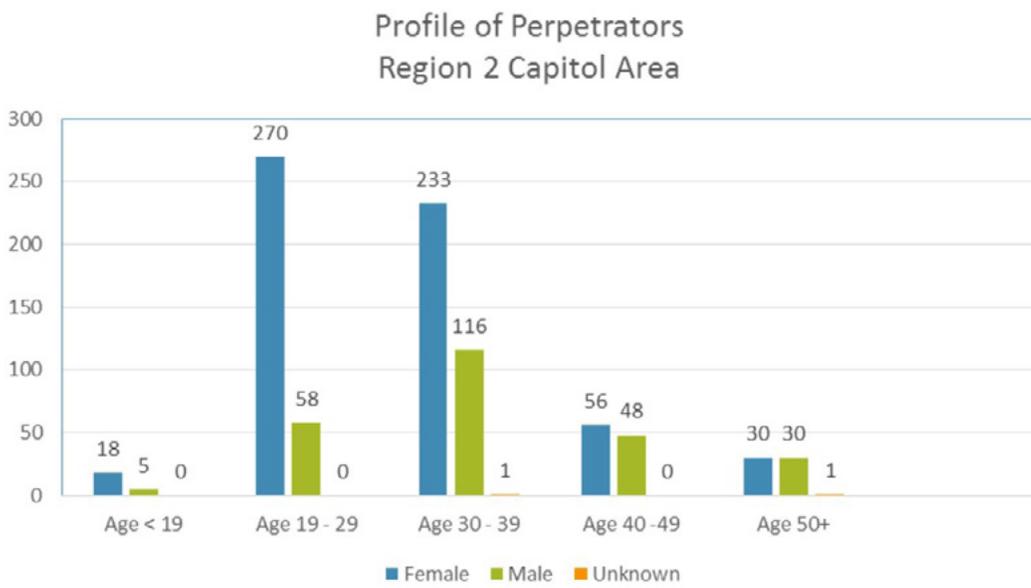
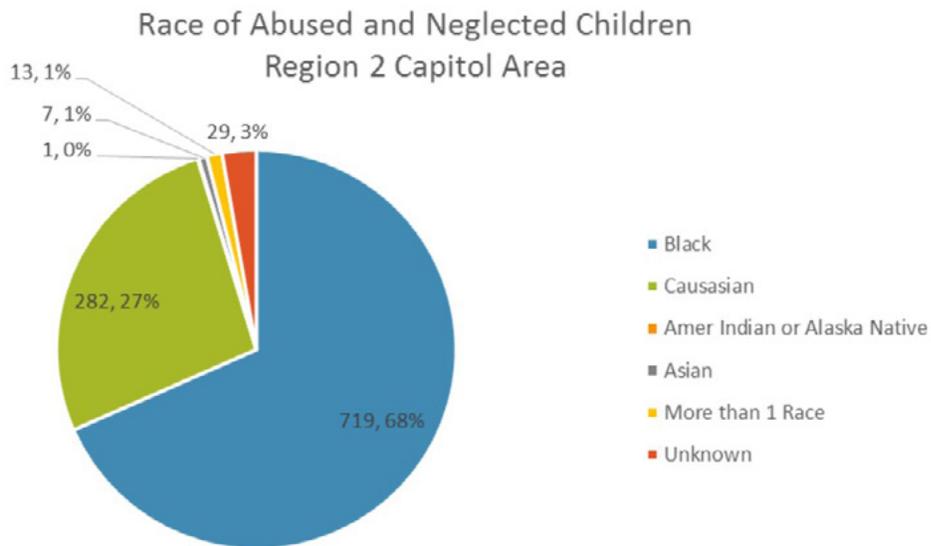


Age of Abused and Neglected Children
Region 2 - Capitol Area



Gender of Abused and Neglected Children
Region 2 Capitol Area





Region Two Results

What do you think needs to be done to raise awareness about child abuse/neglect?

In addition to the importance of the awareness campaigns about the problem of child abuse and neglect, but also recognition of signs of abuse and neglect. An awareness campaign of ways that community members can get involved in the prevention of abuse or neglect before it happens is equally important. The way to protect kids after abuse has happened is to engage the public to identify abuse and report it accordingly.

The way to prevent that child from ever experiencing abuse is to provide increased access to resources and parenting education, provide families with an informal extended-family like support structure, and empower community members to serve within programs that are preventing abuse and neglect. Identifying and reporting abuse are important, but prevention is just as important. Education is needed to create awareness that abuse and neglect can happen in any family. So many of the ads fail to engage the prevention component.

The most effective ways to prevent child abuse and neglect in this region were indicated to be:

Similarly, within the context of social connectedness, we need to offer support in the form of identification, connection, and access to resources that can help meet physical, emotional, and psychological needs of families.

Funding agents can assist with this process by clearing the roadblocks for agencies to receive funding who are preventing children from being abused / going into the foster care system. There are many funders who have an inordinate amount of paperwork required which prevents the real work from being done effectively and efficiently.

What are the changing trends in child abuse and neglect in the region?

Instances of neglect are becoming more prevalent due to parents, particularly single parents, not having the formal or informal support they need to care for their children. As state funding decreases and programs end, families are finding it difficult to access the services they need. Without a support system to guide them through a difficult period, encouraging them to keep working towards a solution, and assist with child care, parental stress continues to increase. Therefore so does the likelihood of continued neglect and potential abuse. In addition, parental and perinatal substance abuse along with a lack of treatment options for those persons is a trend we see.

How could child abuse and neglect prevention be made a community priority?

People need to get out of their comfort zones and help those in need (strangers) and agencies need to provide the community with the structure and the tools to do so. We cannot simply educate the public about the problem of child abuse and the importance of reporting when they suspect abuse or neglect is already happening. We must also empower them to actively work towards prevention every day. They can form a Safe Families For Children™ ministry in their churches. Also, provide financial and hands on support to those agencies who are doing the critical work required to make lasting changes in the lives of those in crisis. Work alongside a family in crisis to provide them emotional support.

Funding Recommendations

This region is comprised of 6 parishes with a population of 559,999 people with 29% living in poverty. The median household income is \$44,667. More than 42% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 229 children placed in foster care in this region and 2,524 allegations of abuse/neglect.

I. Education and Support for Parents

- a. Comprehensive support for prenatal and new parents
- b. Teen parenting programs
- c. Parent training using evidence-based practice model programs
- d. Child safety education (i.e. internet abuse/safety, car seats, etc.)
- e. Training directed at extended family in the role of caregiver
- f. Mentoring programs for parents
- g. Fatherhood projects
- h. Evidenced based models of training, education and support for parents

II. Self-Help Groups and Neighborhood Support Programs

- a. Family Resource and Parenting Centers
- b. Crisis intervention and referral
- c. Programs based in churches and other neighborhood centers
- d. Safe visitation sites
- e. Home visitation programs
- f. Family literacy and economic stability literacy programs
- g. Crisis intervention and referral
- h. Evidenced based models for self-help groups and neighborhood support

III. Prevention and Life Skills Training Programs for Children and Youth

- a. After-school mentoring and tutoring programs
- b. School-based child development programs, Pre-K through grade 12

- c. Life skills programs

- d. School based parenting programs

- e. Bullying prevention programs

- f. Evidenced based practice models and life-skills training programs for children and youth

IV. Coordination and Continued Education of Child Abuse/Neglect Prevention

- a. Effective, expanded coalitions of CTF grantees and other providers
- b. Interdisciplinary training of professionals who work with families
- c. Support coordination for facilitating families and service delivery agency connections
- d. Mandated reporter training
- e. Training of professionals about evidenced based research and prevention practices
- f. Evidenced based practice models of coordination and continued education for child abuse/neglect prevention

V. Public Awareness and Education Addressing the Problem

- a. Media blitz, grand scale ad campaign on “How are the Children”
- b. Family festivals/fairs (parents and kids) with educational and fun activities
- c. PSA’s that feature personal stories
- d. Promotion of two parent families, importance of fathers’ role
- e. Public awareness regarding internet abuse/exploitation, cyber bullying, etc.
- f. Public awareness campaign about the effects of prenatal substance abuse
- g. Evidenced based practice models of public awareness and education addressing the problem

Region Three - Covington Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	% Low Birth-weight <2500 grams	% Births to Teens	Children <18 With No Health Insurance
Livingston	131,942	26.9	20	53,000	8.1	11	
St. Helena	11,071	24.0	39	34,000	<5	<5	
St. Tammany	239,453	25.0	18	58,000	8	6.8	
Tangipahoa	123,441	25.0	32	37,000	11.1	13.4	
Washington	46,670	24.7	36	31,000	11.5	16.8	
Region	552,577	25.4	23	42,600	8.7	9.9	7,071

Volume of CPI Investigation

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
2,362	2,345	2,132	2,640	2,936

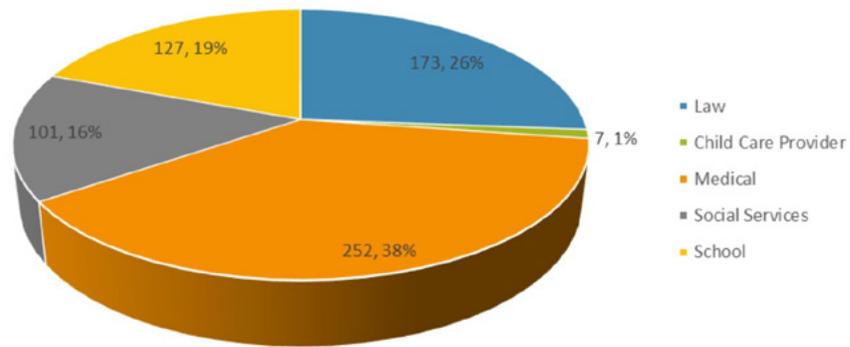
Number Of Child Protective Investigation Completed

Parish	FY2012 Total	FY2012 Valid	FY2012 Invalid	FY2012 Other	FY2013 Total	FY2013 Valid	FY2013 Invalid	FY2013 Other
Livingston	699	289	382	28	799	335	428	36
St. Helena & Tangipahoa	519	167	316	36	715	259	428	28
St. Tammany	656	295	340	21	820	272	523	25
Washington	258	105	143	10	306	100	189	17
Region	2,132	856	1,181	95	2,640	966	1,568	106

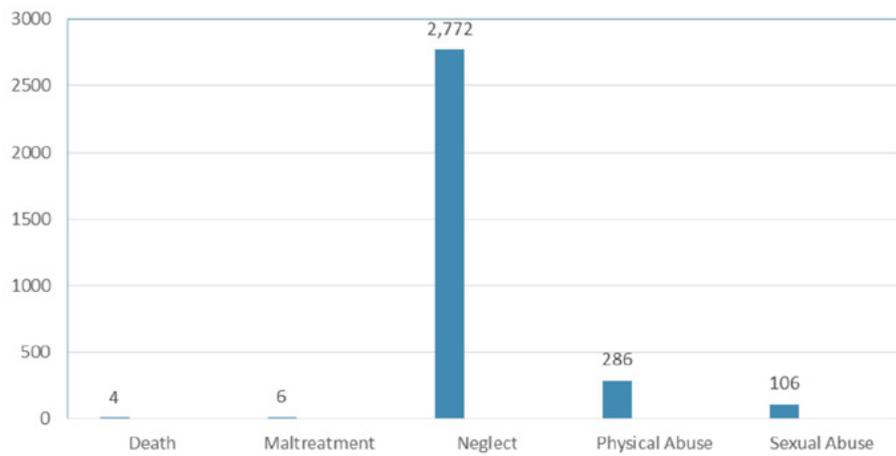
Number of Children Entering Foster Care

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Covington Region	480	611	462	544	542

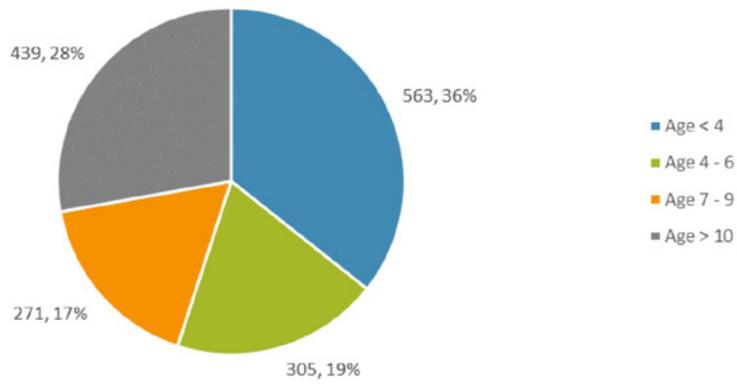
Sources of Reports Concerning Valid CPI Investigations
Region 3 Covington Area



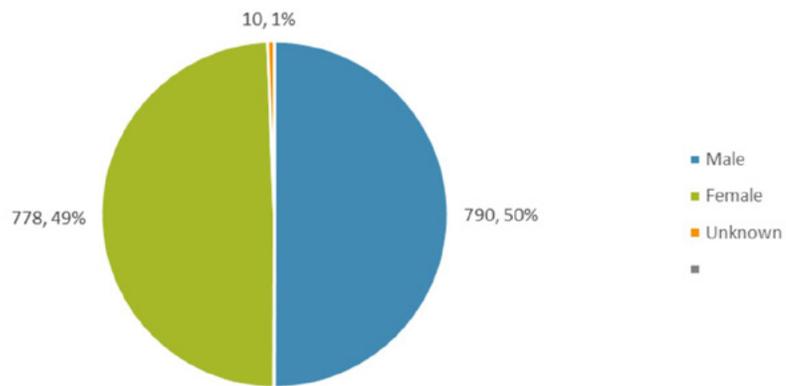
of Valid CPI Allegations by Type
Region 3 Covington Area



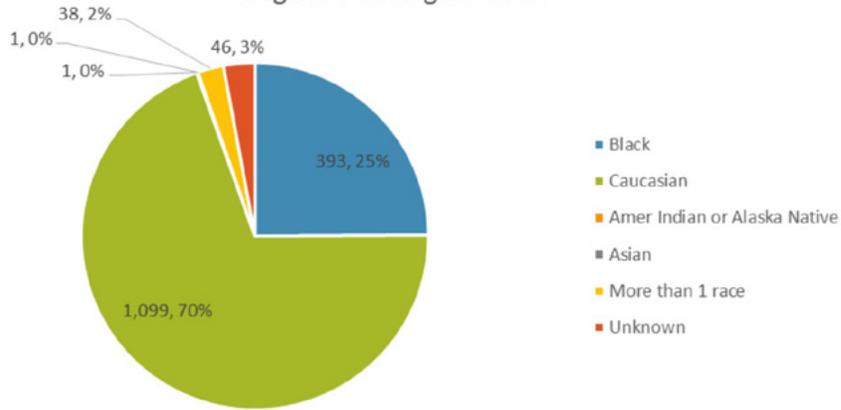
Ages of Abused and Neglected Children Region 3 Covington Area



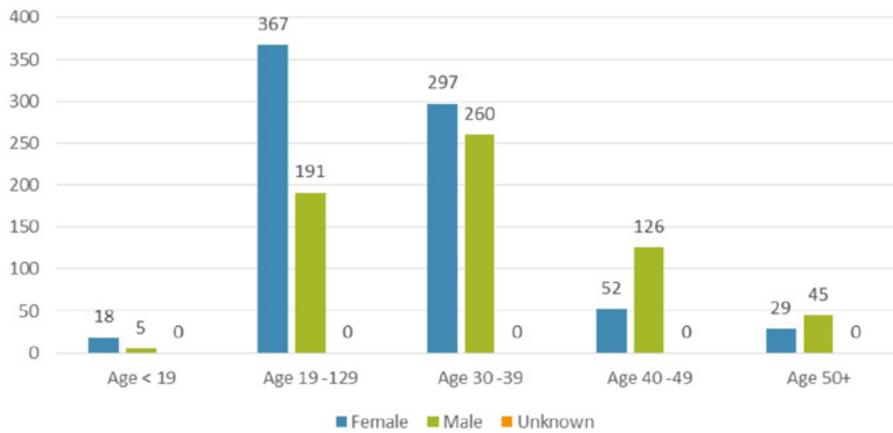
Abused and Neglected Children Gender Region 3 Covington Area



Race of Abused and Neglected Children
Region 3 Covington Area



Profile of Perpetrators
Region 3 Covington Area



Region Three Results

What do you think needs to be done to raise awareness about child abuse/neglect?

Family programs, especially those targeting the whole family with younger children ages 0 - 6 to increase the parent child bond. Increased awareness and knowledge of the signs of abuse and neglect. Media ads talking about fostering/adopting children. There are more ads about adopting pets than children.

The most effective ways to prevent child abuse and neglect in this region were indicated to be:

Parent and family outreach programs and more parent education including strategies for reporting.

What are the changing trends in child abuse and neglect in the region?

We need programs for the entire family and not just for one person concerning preventative and bonding programs to prevent child abuse. There needs to be more involvement from the community. Based on media reports, the abuse seems to be much more violent. Because of the ever increasing drug problems, neglect is increasing.

How could child abuse and neglect prevention be made a community priority?

More focus on increased community awareness and recognition and knowledge about the signs of abuse and neglect. The "Partners in Protection" program established by CASA. This program is inexpensive and gets the entire community involved. It is very easy to establish. This is based on the "Stewards of Children - Darkness to Light" class.

Funding Recommendations

This region is comprised of 11 parishes with a population of 552,577 people with 23% living in poverty. The median household income is \$42,600. More than 36% of the valid child abuse/neglect cases

involved children under the age of 4 years old. There were 542 children placed in foster care in this region and 2,936 allegations of abuse/neglect.

I. Education and Support for Parents

- a. Parent involvement programs in the schools, parenting classes in schools
- b. Programs for teen parents
- c. Maternal mental health programs, perinatal coaching programs
- d. Support groups for single parents
- e. Programs targeting grandparents raising grandchildren
- f. Training and mentoring programs for parents of children 0-3
- g. Evidenced based practice models of education and support for parents

II. Self-Help Groups and neighborhood Support Groups

- a. Mentoring programs involving boys and men
- b. Home-based parent education and support programs
- c. Family Resource Centers and Parenting Centers
- d. Respite programs
- e. Crisis intervention
- f. Evidenced based practice models for self-help groups and neighborhood support programs

III. Prevention and Life Skills Training Programs for Children and Youth

- a. Teen resource center
- b. Life skills training for students including stress management and child development

c. Safety programs for teens including internet safety and safe dating

d. After-school tutoring and mentoring programs

e. Older youth-to-child mentoring and tutoring programs to encourage and model nurturing behaviors

f. Evidence based practice models of prevention and life skills training programs for children and youth

e. Prevention education materials for dissemination through businesses such as barber shops, beauty shops, day care centers and banks

f. Evidence based practice models for public awareness and education of the problem

IV. Coordination and Continuing Education on Child Abuse/Neglect Prevention

a. Expansion of coalitions of Louisiana Children's Trust Fund grantees and other providers

b. Infant mental health training for professionals

c. Cross training for professionals (law enforcement, attorneys, social workers, educators, health professionals)

d. Education for mandatory reporters

e. Resource directories for parents

f. Evidenced based practice models for coordination and continued education on child abuse/neglect prevention

V. Public awareness and Education of the Problem

a. Media campaign about importance of reporting suspected abuse

b. Media campaign about child abuse prevention

c. Media campaign which links substance abuse and child abuse

d. Education materials targeted for people receiving public assistance

Region Four - Thibodaux Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	% Low Birth-weight <2500 grams	% Births to Teens	Children <18 With No Health Insurance
Ascension	112,286	28.1	16	65,000	8.4	6.8	
Assumption	23,026	23.4	28	41,000	9.7	14.3	
Lafourche	97,029	24.0	22	49,000	7.9	9.1	
St. Charles	52,681	26.0	19	56,000	10.8	9.8	
St. James	21,722	24.8	25	47,000	15.4	10.7	
St. John the Baptist	44,758	25.9	29	47,000	11.6	10.1	
Terrebonne	111,893	25.6	25	48,000	9.8	12.8	
Region	463,395	25.8	22	50,429	10.1	10	5,207

Volume of CPI Investigation

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
1,190	1,445	1,316	1,742	1,851

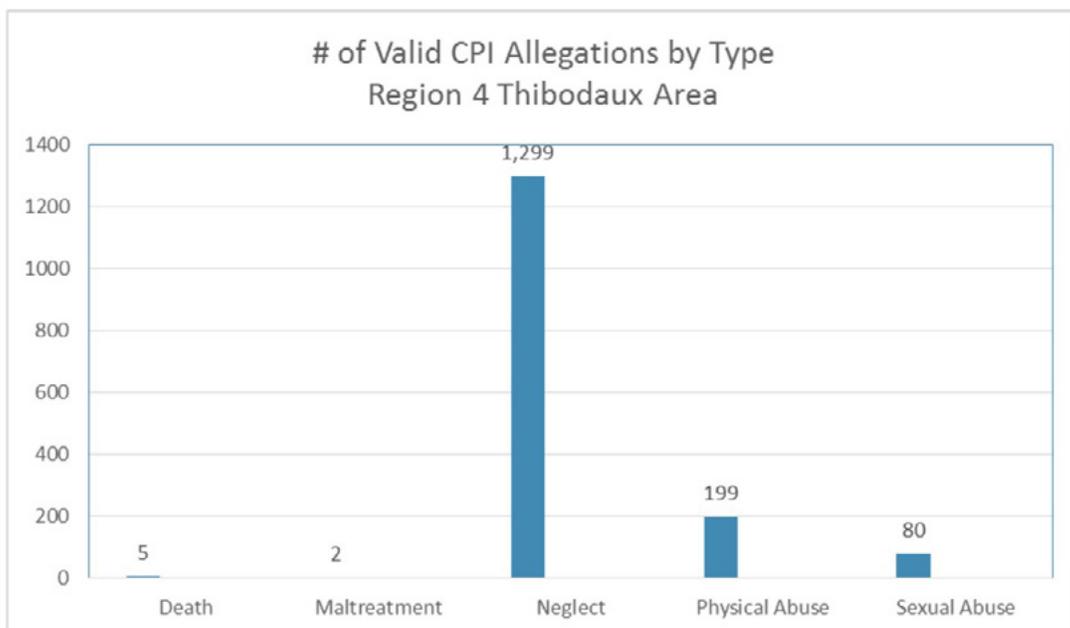
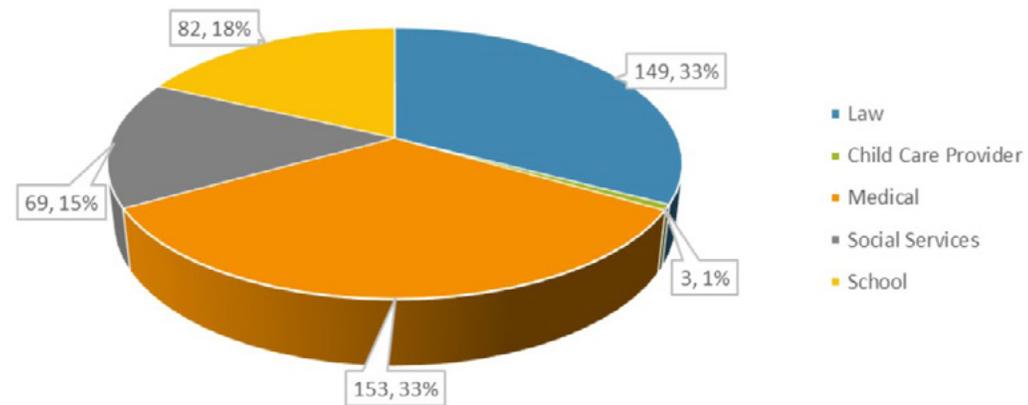
Number Of Child Protective Investigation Completed

Parish	FY2012 Total	FY2012 Valid	FY2012 Invalid	FY2012 Other	FY2013 Total	FY2013 Valid	FY2013 Invalid	FY2013 Other
Ascension	340	137	193	10	470	131	326	13
Assumption	0	0	0	0	0	0	0	0
Lafourche	336	99	226	11	443	91	337	15
St. Charles, St. James, & St. John the Baptist	275	100	170	5	388	131	249	8
Terrebonne	365	136	214	15	441	180	254	7
Region	1,316	472	803	41	1,742	533	1,166	43

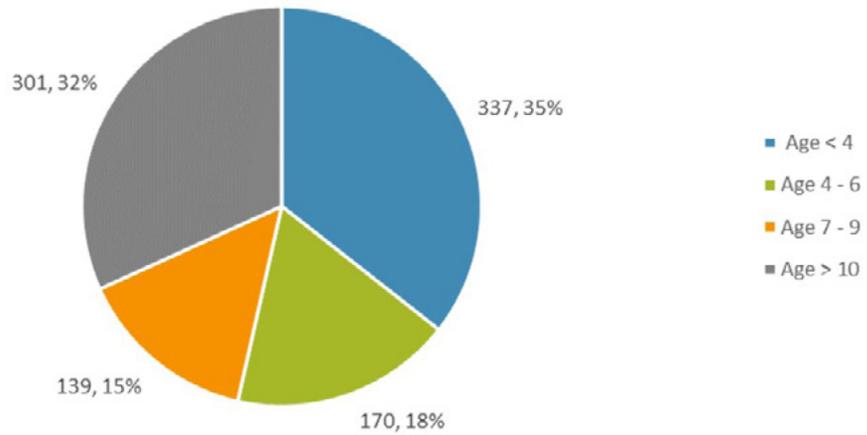
Number of Children Entering Foster Care

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Thibodaux Region	269	361	290	311	389

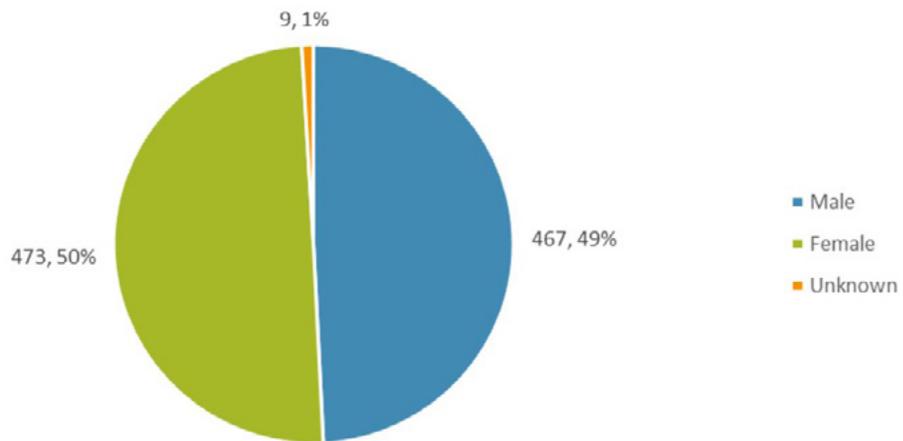
Source of Reports Concerning Valid CPI Allegations Region 4 Thibodaux Area



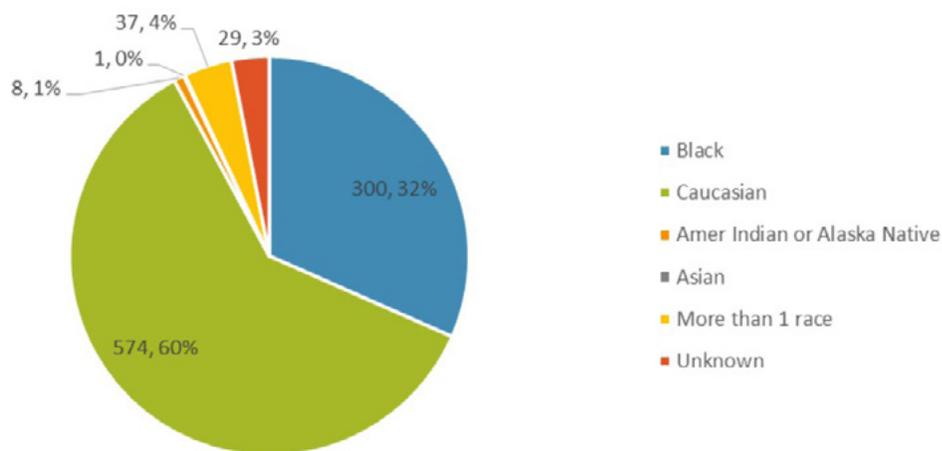
Ages of Abused and Neglected Children Region 4 Thibodaux Area



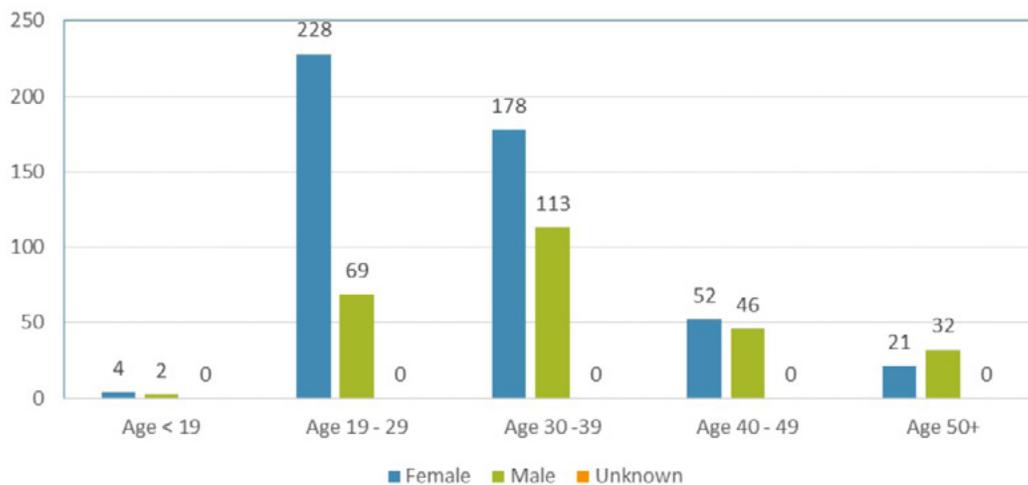
Gender of Abused and Neglected Children Region 4 Thibodaux Area



Race of Abuse and Neglected Children
Region 4 Thibodaux Area



Profile of Perpetrators
Region 4 Thibodaux Area



Region Four Results

What do you think needs to be done to raise awareness about child abuse/neglect?

A multimedia education and awareness campaign about how it reaches all families and in many forms.

The most effective ways to prevent child abuse and neglect in this region were indicated to be:

Increasing access to education opportunities.

What are the changing trends in child abuse and neglect in the region?

There has been an increase in the number of young parents who are addicted to methamphetamine.

How could child abuse and neglect prevention be made a community priority?

We should enlist the support from the judicial system in sentences that include education.

Funding Recommendations

This region is comprised of 7 parishes with a population of 463,395 people with 22% living in poverty. The median household income is \$50,429. More than 35% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 389 children placed in foster care in this region and 1,851 abuse/neglect allegations.

I. Education and Support for Parents

- a. In-home, early intervention evidence based practice programs for families of at-risk children
- b. Parent involvement programs in the schools
- c. Parenting programs for parents children that are home-schooled
- d. Maternal mental health, post-partum depression, perinatal programs

e. Single parent support groups

f. Programs targeted for people receiving public assistance/public housing

g. Fatherhood initiatives and programs for extended family/grandparents

h. Child safety education, including internet safety

i. Evidence based practice models of education and support for parents

II. Self-Help Groups and Neighborhood Support Groups

a. Programs targeting people of Hispanic/Latino culture/background

b. Neighborhood (and church) based parent groups, parent drop-in centers

e. Mediation program

d. Family visitation center

e. Family Resource Centers and Parenting Centers

f. Crisis intervention and referral programs

g. Evidence based practice models for self-help groups and neighborhood support programs

III. Prevention and Life Skills Training Programs for Children and Youth

a. Programs targeting boys at risk displaying sexual aggression

b. Truancy prevention programs

c. Parenting and life skills education for youth in group homes

d. After school work and work readiness programs for teens (tied to community service & giving back local community)

e. Evidenced based practice models for prevention and life-skills training programs for children and youth

IV. Coordination and Continuing Education on Child Abuse/Neglect Prevention

a. Expansion of coalitions of Louisiana Children’s Trust and grantees and other providers

b. Cross training for professionals (e.g. legal, law enforcement, human services fields)

c. Training for mandated reporters

d. Educate professionals on the availability and use of evidence-based practice models, particularly those dealing with family strengths

e. Evidence based practice models for coordination and continued education of child abuse/neglect prevention

V. Public Awareness and Education of the Problem

a. Media campaign about importance of reporting suspected abuse

b. Media campaign about child abuse prevention

c. Public awareness about substance abuse and child abuse connection

d. Promote awareness of the difference between discipline and abuse

e. Evidence based practice models for public awareness and education of the problem

Region Five - Lafayette Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	Low Birth-weight <2500 grams	% Births to Teens	Children <18 With No Health Insurance
Acadia	61,912	27.0	28	37,000	9.6	14.5	
Evangeline	33,710	26.7	35	31,000	11.6	16.6	
Iberia	73,999	26.9	31	43,000	11.2	15	
Lafayette	227,055	24.2	25	48,000	8.8	8.6	
St. Landry	83,662	27.3	37	34,000	10.6	13.6	
St. Martin	52,726	25.6	29	42,000	8.8	13.4	
St. Mary	53,697	24.9	32	38,000	7.8	13.3	
Vermillion	58,723	26.4	25	45,000	10.3	10.9	
Region	645,484	25.7	29	39,750	9.5	12	6,449

Volume of CPI Investigation

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
2,518	2,348	2,201	2,849	3,129

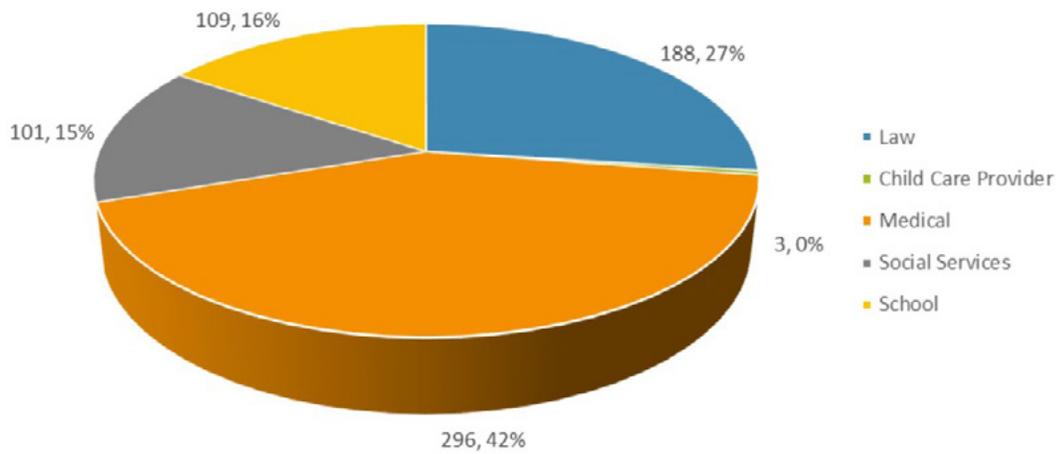
Number Of Child Protective Investigation Completed

Parish	FY2012 Total	FY2012 Valid	FY2012 Invalid	FY2012 Other	FY2013 Total	FY2013 Valid	FY2013 Invalid	FY2013 Other
Acadia	294	105	183	6	345	119	218	8
Evangeline	78	26	51	1	155	43	109	3
Iberia	84	41	41	2	110	54	56	0
Lafayette	567	216	343	8	851	319	499	33
St. Landry	395	133	251	11	412	147	259	6
St. Martin	172	62	105	5	202	72	122	8
St. Mary	178	42	121	15	215	56	149	10
Vermillion	213	80	131	2	278	78	197	3
Region	1,981	705	1,226	50	2,568	888	1,609	71

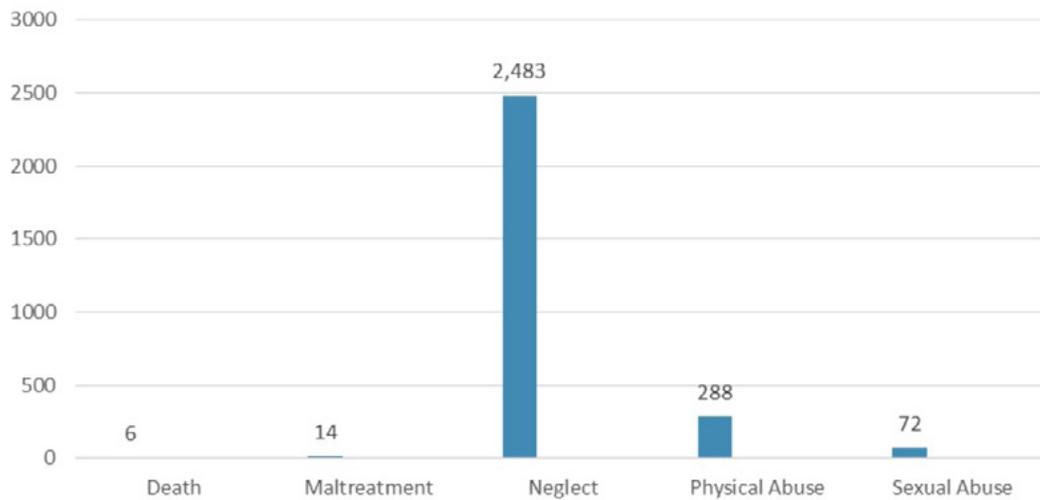
Number of Children Entering Foster Care

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Lafayette Region	418	436	347	437	493

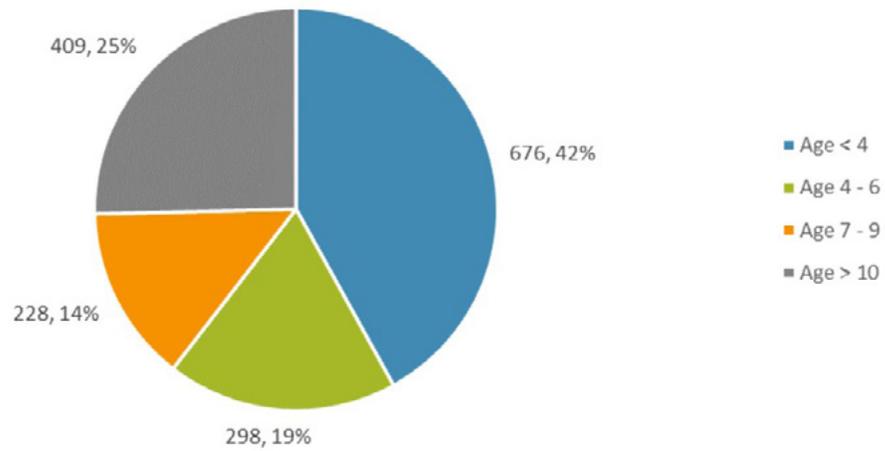
Source of Reports Concerning Valid CPI Allegations
Region 5 Lafayette Area



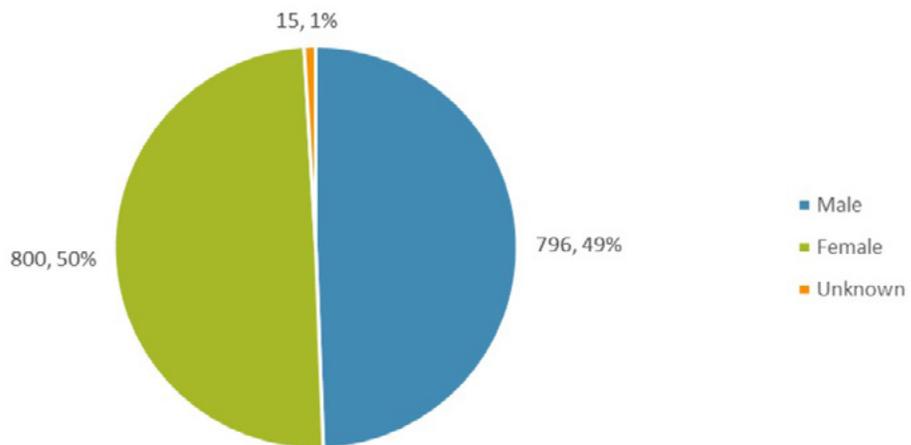
#of Valid CPI Allegations by Type
Region 5 Lafayette Area

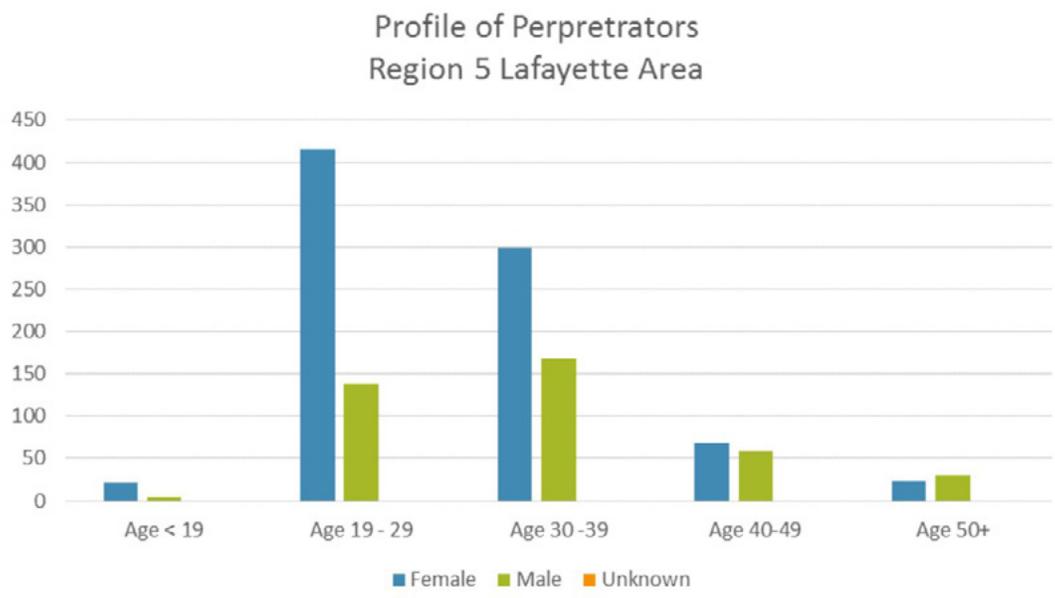
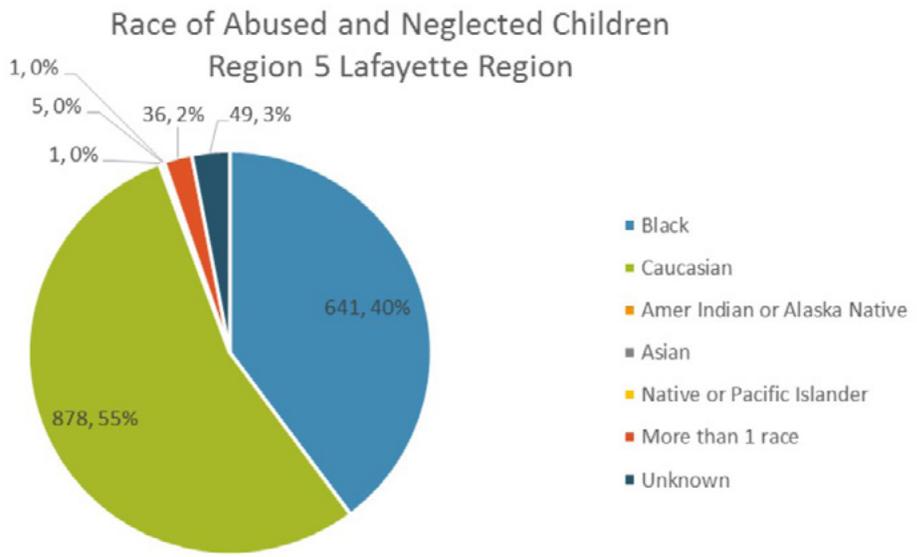


Age of Abused and Neglected Children Region 5 Lafayette Area



Gender of Abused and Neglected Children Region 5 Lafayette Area





Region Five Results

What do you think needs to be done to raise awareness about child abuse/neglect?

We need more information about forms of child abuse and neglect, development of support groups, and more public involvement including schools, churches, hospitals, etc. There should be more funding allocated for Prevention and Awareness Campaigns.

The most effective ways to prevent child abuse and neglect in this region were indicated to be:

By promoting child and family well-being, development of and sustaining prevention programs. Child abuse prevention and awareness campaigns and/or programs in our school system.

What are the changing trends in child abuse and neglect in the region?

We are seeing different kinds of drug additions. We have increased efforts to reunite and keep families together, new programs such as parent partner, family preservation court and the family team conferencing model. Teachers are not reporting these cases directly to Child Protective Services, they are transferring this information to the principals where they teach.

How could child abuse and neglect prevention be made a community priority?

Increase community-wide engagement and access to primary prevention programs to change specific behaviors. We need the cooperation of city and parish government officials and they need to take a stand.

Funding Recommendations

This region is comprised of 8 parishes with a population of 654,484 people with 29% living in poverty. The median household income is \$39,750. More than 42% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were

493 children in foster care in this region and 3,129 allegations of abuse/neglect.

I. Education and Support for Parents

- a. Mentoring and parent to parent education for new parents
- b. Programs directed at grandparents raising grandchildren
- c. Educational information about internet abuse/predators
- d. Education on child safety (from car seats to internet predators)
- e. Expand parenting education program to extended families/grandparents
- f. Parent-to-parent support programs, particularly for fathers
- g. Evidence based practice methods of education and support for parents

II. Self-Help Groups and Neighborhood Support Groups

- a. Mobile services that go into the community and rural areas
- b. Involve faith based communities as parent educators and mentors
- c. Child abuse prevention programs within groups serving people in recovery from drug and alcohol abuse
- d. Family resource centers, parenting centers
- e. Crisis intervention and support for families
- f. Programs which connect domestic violence and child abuse prevention
- g. Evidence based practice for self-help groups and neighborhood support programs

III. Prevention and Life Skills Training Programs for Children and Youth

- a. Mentoring programs for children - birth through age 18
- b. Aftercare support with positive life skills programming
- c. After-school programming with anger management, life skills training
- d. Safety education in PE classes
- e. Parenting education in the schools, from Pre-K -12
- f. Programs for kids transitioning out of the system (foster care, juvenile justice)
- g. Evidence based practice methods for prevention and life-skills training programs for children and youth

IV. Coordination and Continuing Education on Child Abuse/Neglect Prevention

- a. Training for teachers about reporting, prevention and discipline
- b. Information sharing among networks of providers
- c. Training of professionals about current evidence-based practice prevention research and models
- d. Evidence based practice models for coordination and continued education on child abuse/neglect prevention

V. Public Awareness and Education of the Problem

- a. Public awareness media campaign to include billboards and bus stop advertising
- b. Community awareness on specific ways people (the public) can prevent child abuse

- c. Community education campaigns making the connections between substance abuse and child abuse and neglect
- d. Educate the public about their responsibility to protect children and report suspected child abuse and neglect.
- e. Evidence based practice models for public awareness and education of the problem

Region Six - Lake Charles Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	Low Birth-weight <2500 grams	% Births to Teens	Children <18 With No Health Insurance
Allen	25,539	22.4	27	36,000	12.6	13.8	
Beauregard	36,281	25.7	25	44,000	8.1	13	
Calcasieu	194,493	25.0	25	44,000	11	11.6	
Cameron	6,702	24.0	19	50,000	<5	<5	
Jefferson Davis	31,432	26.2	26	38,000	9.9	10.6	
Region	294,447	24.9	25	42,400	10.1	11.1	3,044

Volume of CPI Investigation

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
1,816	1,858	1,435	1,768	1,814

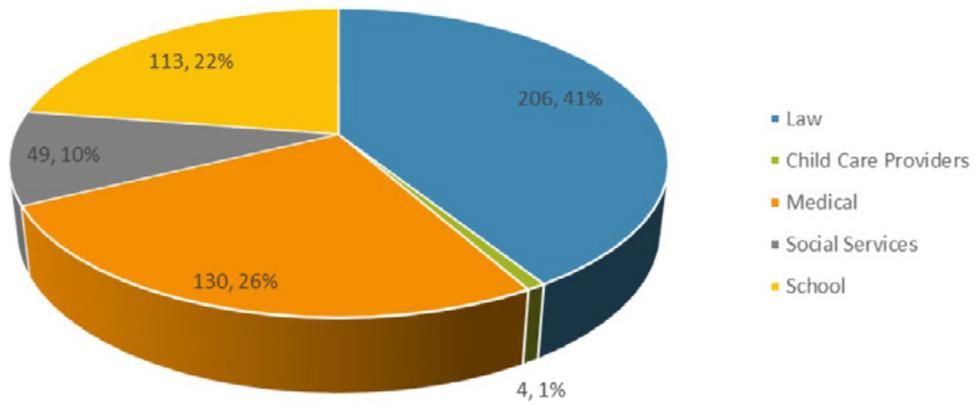
Number Of Child Protective Investigation Completed

Parish	FY2012 Total	FY2012 Valid	FY2012 Invalid	FY2012 Other	FY2013 Total	FY2013 Valid	FY2013 Invalid	FY2013 Other
Allen	126	72	52	2	165	92	70	3
Beauregard	148	55	92	1	186	79	105	2
Calcasieu & Cameron	1,045	362	630	53	1,246	469	729	48
Jefferson Davis	116	58	58	0	171	75	96	0
Region	1,435	547	832	56	1,768	715	1,000	53

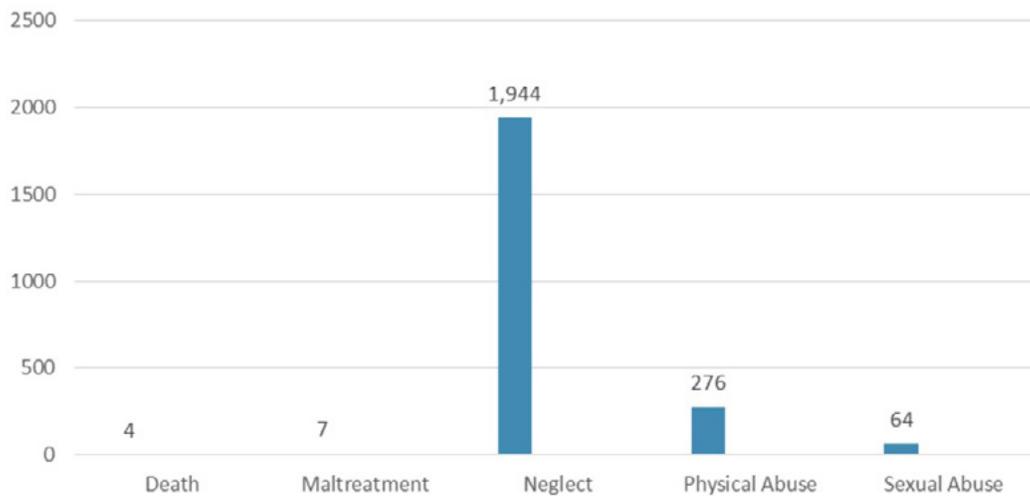
Number of Children Entering Foster Care

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Lake Charles Region	303	324	240	342	350

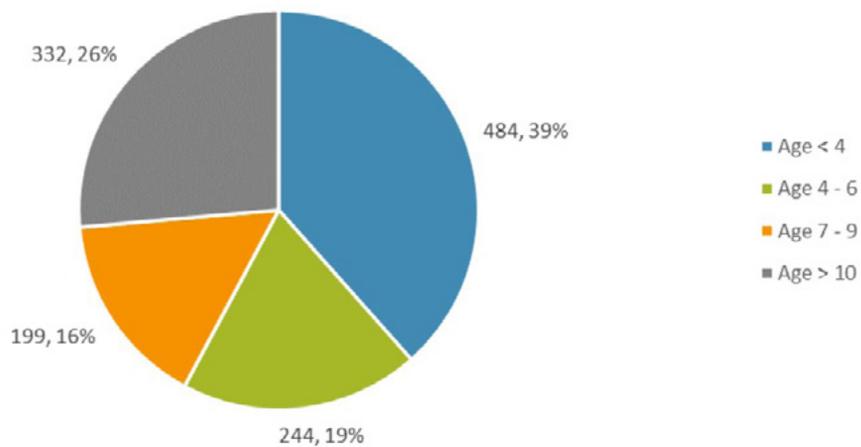
Sources of Reports Concerning Valid CPI Allegations
Region 6 Lake Charles Area



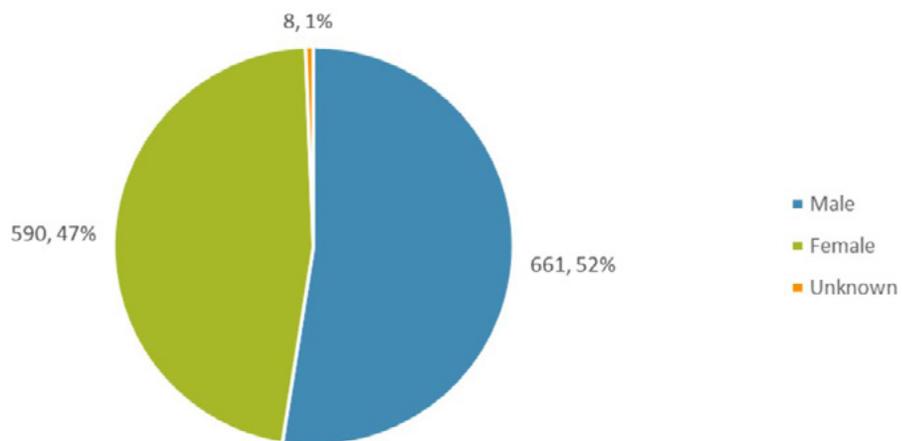
of Valid CPI Investigations by Type
Region 6 Lake Charles Area



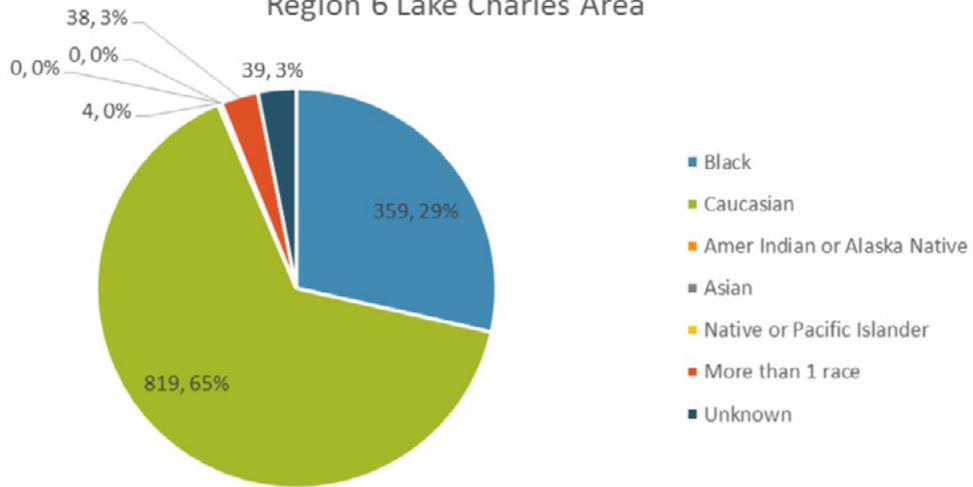
Age of Abused and Neglected Children Region 6 Lake Charles Area



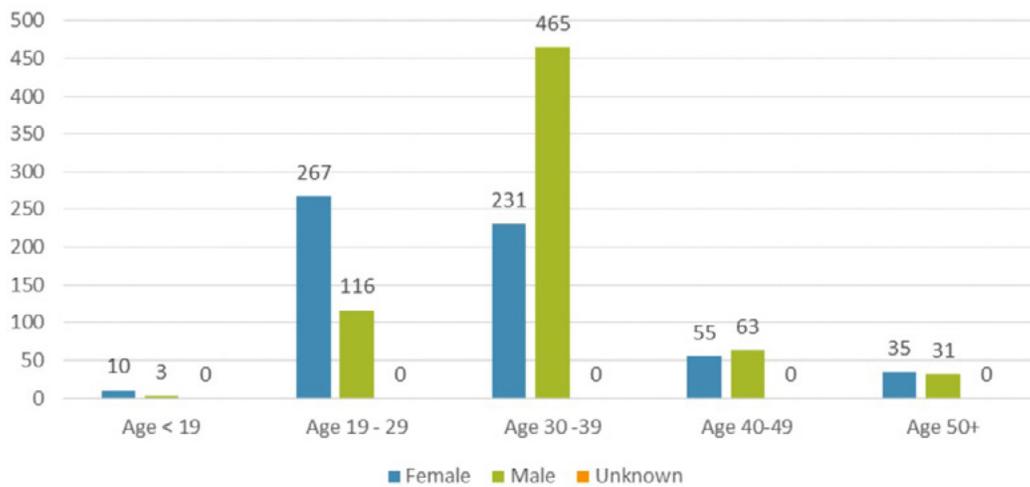
Gender of Abused and Neglected Children Region 6 Lake Charles Area



Race of Abused and Neglected Children
Region 6 Lake Charles Area



Profile of Perpetrators
Region 6 Lake Charles Area



Region Six Results

What do you think needs to be done to raise awareness about child abuse/neglect?

Increased awareness campaigns and going to places where young families go whether that is a McDonald's or a park. Use small posters that can easily be left in public bathrooms and bulletin boards. Rewarding families with things that they can use and then encouraging them to tell friends with texts and social media. Use campaigns like Pinwheels for Prevention to engage communities in really talking about prevention, educating about prevention. Embrace the idea we can each do something to make a difference. If CTF is the government arm for prevention and PCAL is the one agency whose focus is prevention, it would make sense that those two agencies would lead a strong campaign to raise awareness.

The most effective ways to prevent child abuse and neglect in this region were indicated to be:

Continue efforts to do outreach, using social media, using 'rewards' of things young parents. Efforts should continue to strengthen protective factors that are already present in children's lives, as well as building effective and efficient infrastructure/safety net that supports healthy development of communities. Due to the unprecedented economic growth in southwest Louisiana, investments to prevent abuse should be made through existing infrastructure (CASA, CAC, family services, employee assistance providers and other known institutions) in collaboration with private sector. Such strategies should address primary prevention, secondary prevention and tertiary prevention. Nonprofit-private partnership are currently forming to promote: public awareness and education, skill-based curricula or life skills training for children and youth, work-life support programs (Employee Assistance Programs) for the working parents, family support services/crisis de-escalation initiatives. Prevention really begins when local agencies and statewide agencies are on the same

page regarding research behind prevention strategies, protective factors.

Investigate about whether or not the agencies in southwest Louisiana understand what the protective factors are and how to make sure they operate and use those strategies for prevention. The message for prevention is no different at the regional level than it is at the state level. Strong consistent messaging is really important. We also need to review state and regional data and apply prevention efforts appropriately. For example, if there is a higher percentage of kids experiencing neglect, we need to make sure our efforts go towards understanding neglect and how to prevent it.

What are the changing trends in child abuse and neglect in the region?

There seems to be more children with disabilities and children being raised by grandparents who may have disabilities themselves. People on social media are talking about child abuse more. The process of having to work with multiple agencies. Agencies are encouraged to do this to best utilize funding, but this is very confusing to families. There are problems because families do not understand what is wanted or what they need to do for compliance. The magnitude and intensity of the abuse appears to be more serious. There is increased awareness of the connection between child abuse and neglect and animal abuse. This region is expected to see an increase of child abuse cases due to economic growth in the region. The local CAC is challenged with an unprecedented increase in forensic interviews of children, from 450 in 2013 to 526 in 2014. Local industry has announced over \$84 billion in petrochemical related construction with a rapid growth in population of 35,000 new jobs within 1 - 3 years. One company alone anticipates 5,000 construction jobs over several years. The K-12 population is expected to increase by 12,000. There is a consensus that there is an issue with substance abuse, especially with prescription drugs which unfortunately seems to continue to be the trend impacting families, and rates of abuse and neglect.

How could child abuse and neglect prevention be made a community priority?

Unfortunately, a large part of the answer is more funding. Prevention does not seem to be but needs to be a priority in the state. Everyone hates to hear that but just like a family's budget shows where their priorities are, the state's budget shows where the state's priorities are located. Increased use of social media to find young families, there needs to be better use of that avenue for outreach and awareness. Increased formation of alliances and coalitions with the private sector is strongly suggested because of rapid growth and the need of the private sector to focus on quality of life in the region, in order to attract the new work force. Prevention investments/grants can support the need to address child abuse issues with the growing workforce. New business models encourage community involvement and promote work-life programs to support a healthy workforce. Local and existing organizations are trusted to deliver information inside corporate systems, making prevention a priority and part of their social responsibility plan. Increased funding of prevention efforts and make good use of the money we do have to develop a strong, consistent messages and develop a campaign to engage communities.

We all understand that prevention can be defined as primary (pure prevention), secondary (intervention) and tertiary (treatment). We need funding for programs in all three of these areas. As a state maybe we need to try to change our culture of thinking and really believe in prevention. A very strong and consistent message is critical for this to become a priority.

Funding Recommendations

This region is comprised of 5 parishes with a population of 294,447 people with 25% living in poverty. The median household income is \$42,400. More than 39% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 350 children in foster care in this region and 1,814 allegations of abuse/neglect.

I. Education and Support for Parents

- a. Parent involvement in the schools; school-based education for parents
- b. Parenting programs for teen mothers
- c. Parenting programs for fathers, including absentee/non-custodial fathers
- d. Mentoring programs for young parents, parents of newborns, adoptive and foster families
- e. Education on child safety issues including internet safety
- f. Prevention programs targeted toward substance abusing mothers and/or fathers
- g. Evidence based practice models of education and support for parents

II. Self-Help Groups and Neighborhood Support Programs

- a. Programs targeted for homeless/unaccompanied youth
- b. Mobile services for transient communities and isolated families
- c. Home visitation programs
- d. Inter-generational programs which break the cycle of child abuse
- e. Neighborhood based early childhood programs that involve parents
- f. Crisis intervention and referral
- g. Church based parenting programs
- h. Evidence based practice models for self-help groups and neighborhood support programs

III. Prevention and Life Skills Training Programs for Children and Youth

- a. Life skills programs for youth in detention centers, foster and residential care
- b. Parenting classes in the schools, beginning at Pre-K levels
- c. Life skills programs that include the values of family
- d. Programs that involve youth in problem solving and teach anger management skills
- e. Evidence based practice models for prevention and life-skills training programs for children and youth

IV. Coordination and Continuing Education on Child Abuse/Neglect Prevention

- a. Expansion of networks and coalitions of Louisiana Children's Trust Fund grantees and other providers throughout the region
- b. Education for mandated reporters
- c. Training of professionals in evidence based practice research and models
- d. Evidence based practices for coordination and continued education of child abuse/neglect prevention

V. Public Awareness and Education of the Problem

- a. Media campaign blitz about child abuse prevention
- b. Media campaign which links substance abuse and child abuse
- c. Public awareness campaigns about hotlines, crisis programs and community resources
- d. Educate the public about reporting child abuse and neglect and the role of various agencies
- e. Proven models for public awareness and education addressing the problem

Region Seven - Alexandria Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	Low Birth-weight <2500 grams	% Births to Teens	Children <18 With No Health Insurance
Avoyelles	41,632	24.0	35	33,000	10.5	18.2	
Catahoula	10,292	22.6	34	31,000	<5	<5	
Concordia	20,365	24.5	40	30,000	14.1	20.2	
Grant	22,068	22.3	27	38,000	8.7	14	
La Salle	14,927	23.0	21	42,000	<5	14.8	
Rapides	132,373	25.6	33	41,000	11.1	12.9	
Vernon	53,869	26.9	22	44,000	8.3	10.5	
Winn	15,000	22.1	32	36,000	12.2	18.6	
Region	310,526	24.9	30	36,875	9.3	12.3	5,473

Volume of CPI Investigation

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
1,854	1,719	1,395	1,825	2,056

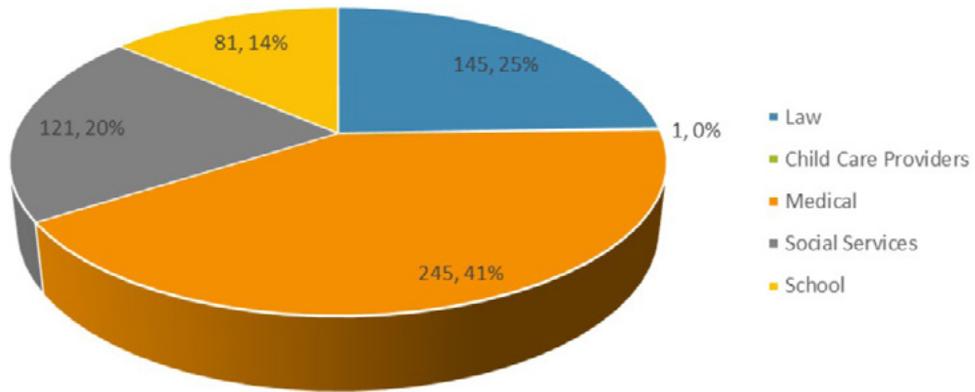
Number Of Child Protective Investigation Completed

Parish	FY2012 Total	FY2012 Valid	FY2012 Invalid	FY2012 Other	FY2013 Total	FY2013 Valid	FY2013 Invalid	FY2013 Other
Avoyelles	172	64	101	7	222	112	107	3
Catahoula & Lasalle	99	32	58	9	104	56	38	10
Concordia	48	9	36	3	106	32	68	6
Grant	84	41	41	2	110	54	56	0
Rapides	720	286	408	26	871	379	455	37
Vernon	212	74	132	6	318	101	202	15
Winn	60	17	39	4	94	32	61	1
Region	1395	523	815	57	1825	766	987	72

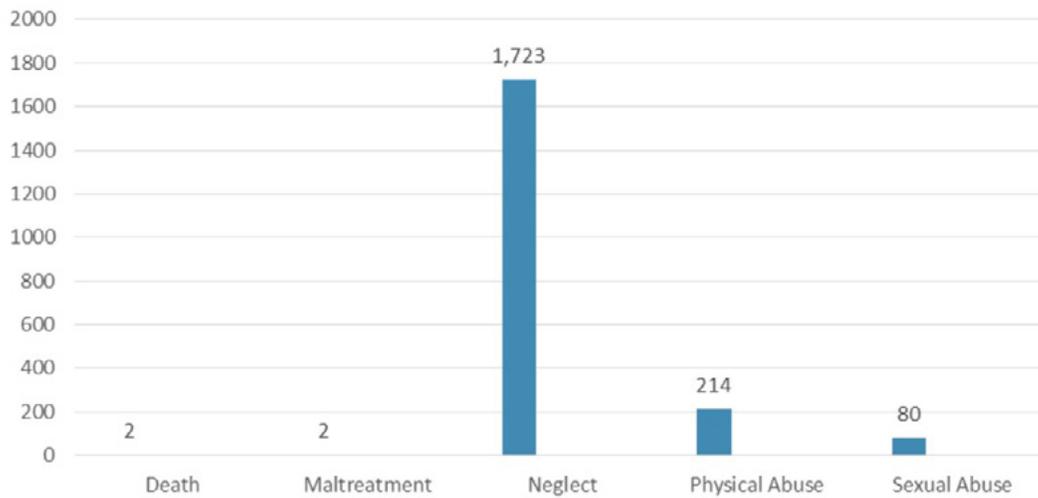
Number of Children Entering Foster Care

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Alexandria Region	345	341	321	446	421

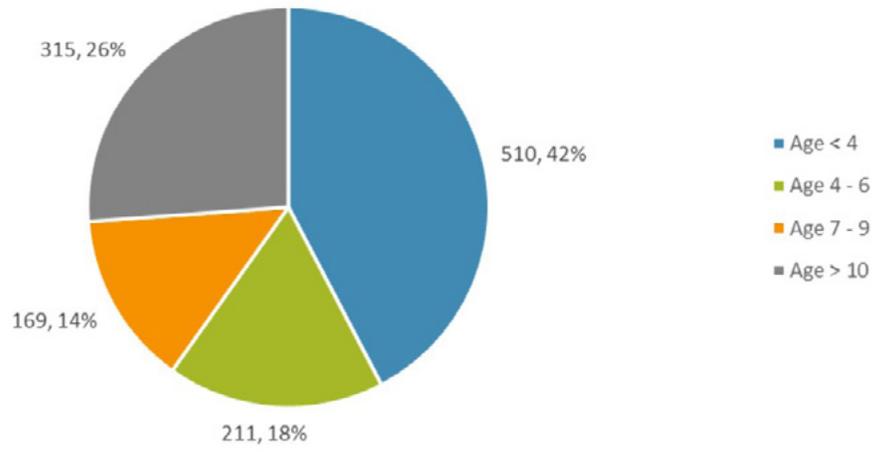
Sources of Reports Concerning Valid CPI Allegations
Region 7 Alexandria Area



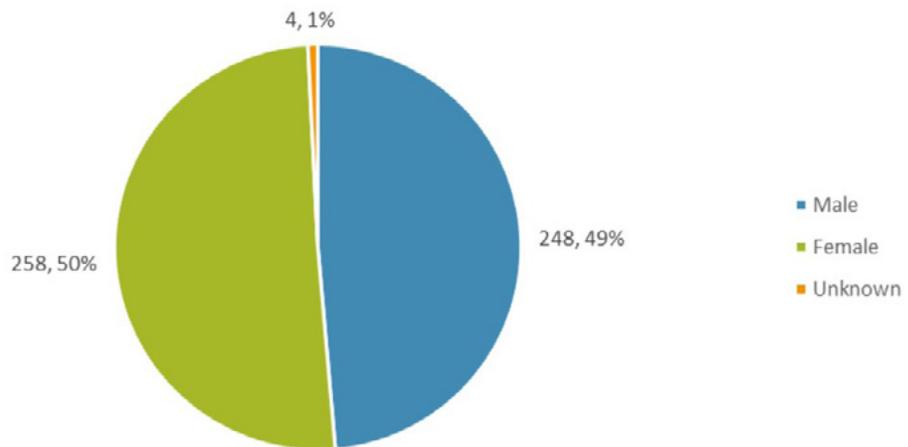
of Valid CPI Investigations by Type
Region 7 Alexandria Area



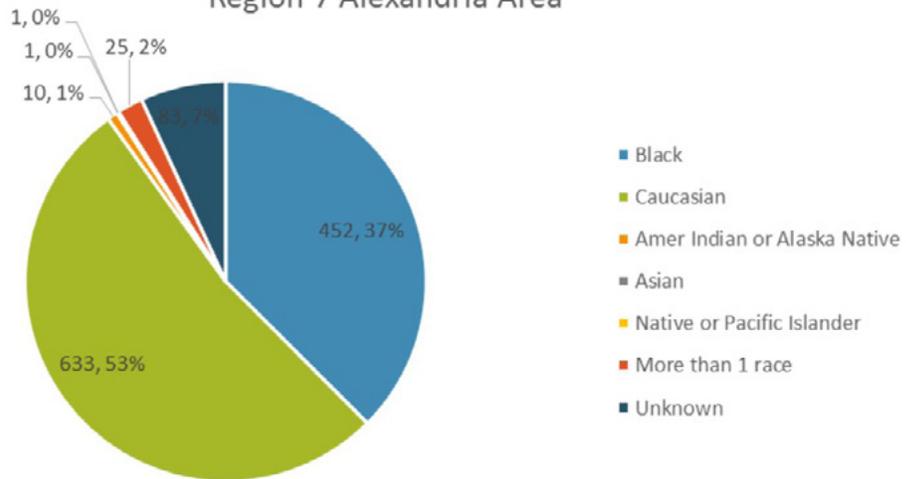
Age of Abused and Neglected Children
Region 7



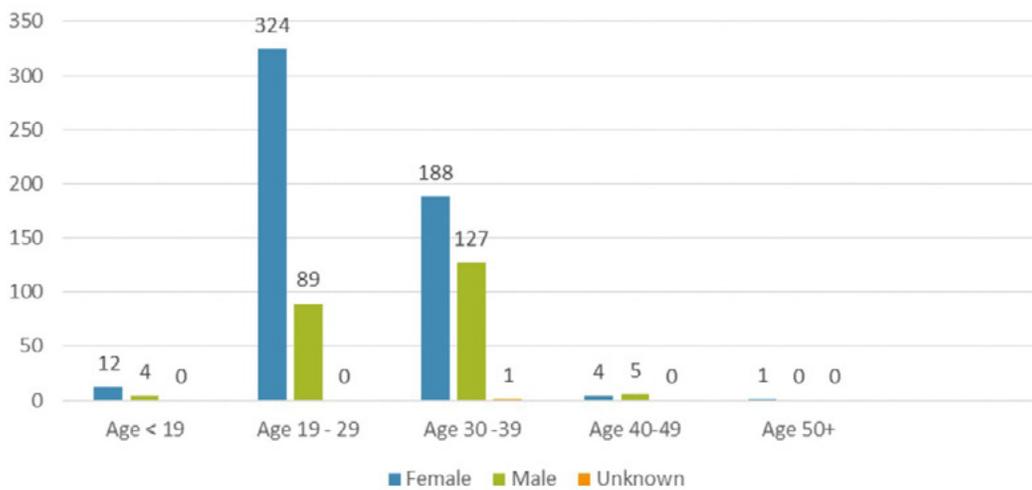
Gender of Abused and Neglected Children
Region 7 Alexandria Area



Race of Abused and Neglected Children
Region 7 Alexandria Area



Profile of Perpretrators
Region 7 Alexandria Area



Region Seven Results

What do you think needs to be done to raise awareness about child abuse/neglect?

Louisiana continues to incarcerate as a way to “fix” our problems – it costs too much and the detriment is hard to even measure. The more that we can convince voters/legislators that money is better spent by investing in prevention the more change will occur. More needs to be done about the subtle challenges of child abuse/neglect – like in the homes with domestic violence, if a child doesn’t get “hit” then removal typically does not occur. We fail to see the long lasting effects of domestic violence. The same could be said when just the one child in a home is abused/neglected all too often removal is only of the one child and not all the children – what message is being sent. Awareness has to be raised with the State’s own department about lasting problems with children who have no marks/bruises – they are damaged too. People need to be made more aware of what constitutes “abuse”. Many people easily recognize physical abuse as child abuse but are not aware of other forms of abuse. In future awareness campaigns focused on the negative repercussions of physical abuse so the general public will easily recognize the sign and symptoms and are willing to speak up against it. Future awareness campaigns can focus on defining other forms of abuse such as neglect and verbal abuse and show some consequences associated with these kinds of abuse. If people learn about something and can see the results these actions carry they are more likely to consider it as an issue that needs to be dealt with.

The most effective ways to prevent child abuse and neglect in this region were indicated to be:

Positive early childhood development and education by working with families in in-home programs such as Nurse Family Partnership, Parents as Teachers, etc. Increased education because the more educated a parent is or could be, the less likely that abuse/neglect will occur. Louisiana continues to fall behind so this issue is so large. Families need to learn effective

measures for discipline and when to discipline, for example, redirection. Offer more opportunities for children to be in places away from their parents – respite, child play facilities, day care, and early childhood education centers, some parents lack knowledge to properly parent yet adults in these settings could serve as the protective factor for the child and the parent. Education of OB/GYN medical personnel on the perils of substance use/abuse during pregnancy. Physicians in this region do not regularly drug screen expectant mothers.

The first thing we need to do is to work on strengthening families through job training and education so that families can secure better wages and resources. In many cases we see the parents either have a lack of education or are employed in fields that do not pay a wage that would support a family. This is a major stressor in their lives that could exacerbate abuse or neglect. I also think that we need to work on linking families with mental health and/or substance abuse services. In some cases there is some element of substance abuse associated with them. Programs need to be in place that stress to teens and youth the importance of staying drug free and continuing their education.

What are the changing trends in child abuse and neglect in the region?

Doesn’t seem to be changing much this is still a huge problem in our region. It is important to create safe environments for children in their own homes. This is a tricky area so much work has to go into developing safety plans and providing appropriate supports to keep a child safe in their homes. Return of children while parents are actively involved in substance abuse treatment. For too long we’ve kept children out of those homes and expected sobriety for 12 months – returning children who are age appropriate while parents remain engaged in treatment will perhaps assist those parents in committing to long term sobriety. Development and improvement of foster homes to provide supportive and nurturing environments for the child – since the philosophy is that we keep kids in the home and make it safer the child that is removed is much more damaged so the

need for more therapeutic homes is necessary. Foster parents need training and support to be equipped to handle children who have experienced severe abuse and neglect or exploitation as they experience significant psychological damage.

There is a growing number of abuse and neglect cases which have some form of drug abuse associated with them. In addition, there is a growing number of neglect cases resulting from a single parent situations. While working or take care of some kind of family issue the kids had to be watched by neighbors or left alone in the house with doors locked while parents are working.

How could child abuse and neglect prevention be made a community priority?

There needs to be collaboration between community leaders using targeted community education strategies. The challenge is the need for the understanding of mandatory reporting by neighbors, family, friends, teachers, doctors. So many don't want to be involved or don't want to break up a family but the benefits of stopping abuse/neglect far outweighs the concern that a family may break up. All too often after an event, folks reveal they feared something was going on. We must somehow convey that a family can be saved if preventive measures are taken sooner.

Funding Recommendations

This region is comprised of 8 parishes with a population of 310,526 people with 28% living in poverty. The median household income is \$36,875. More than 42% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 421 children in foster care in this region and 2,056 allegations of abuse/neglect.

I. Education and Support for Parents

- a. Mentoring programs for parents
- b. Parent training on internet safety
- c. Training and support for new mothers

- d. Parenting classes using evidence based practice models
- e. Education on child safety issues (car seats, shared sleeping, and internet safety)
- f. Parenting skills for young men and new fathers
- g. Evidence based practice models for education and support for parents

II. Self-Help Groups and Neighborhood Support Programs

- a. Family resource centers and parenting centers
- b. Parenting programs at schools, churches and neighborhood centers
- c. Peer support programs for young parents, new parents and adoptive parents
- d. Parent education programs for parents in their homes
- e. Crisis intervention and referral initiatives
- f. Faith-based networks for parent education and mentoring
- g. Evidence based practice models for self-help groups and neighborhood support programs

III. Prevention and Life Skills Training for Children and Youth

- a. Link parenting and health education for youth in grades Pre-K to 12
- b. After school tutoring and life skills training for youth
- c. School-based health clinics
- d. Bullying prevention programs, anger management programs, and positive behavior support for middle school youth
- e. Mentoring programs for children and youth

f. Evidence based practice models for prevention and life skills training programs for children and youth

IV. Coordination and Continuing Education on Child Abuse/Neglect Prevention

- a. Continuing education for adults on emerging issues (e.g. internet safety, links between child abuse and domestic violence)
- b. Expand regional network of Louisiana Children's Trust Fund grantees and other providers
- c. Education for mandated reporters
- d. Support local coalitions dealing with various aspects of parenting
- e. Evidence based practice models for coordination and continued education on child abuse/neglect prevention

V. Public Awareness and Education of the Problem

- a. Link child abuse prevention with domestic violence education
- b. Develop a crime-stoppers type program for child abuse prevention
- c. Encourage everyone to become a reporter through a mass media campaign
- d. Educate legislators about the problem of child abuse in their district and the resources available.
- e. Disseminate information about positive behavior supports for discipline to parents and schools
- f. Evidenced based practice models for public awareness and education addressing the problem

Region Eight - Shreveport Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	Low Birth-weight <2500 grams	% Births to Teens	Children <18 With No Health Insurance
Bienville	14,076	23.0	37	32,000	14	13.6	
Bossier	122,197	25.3	21	53,000	10.4	8.5	
Caddo	257,093	24.5	31	40,000	15.5	12.8	
Claiborne	16,828	18.6	44	33,000	13.8	22.8	
De Soto	26,963	24.5	31	38,000	14.2	14.8	
Jackson	16,216	22.8	30	37,000	<5	17	
Natchitoches	39,436	23.6	32	34,000	12.6	15.8	
Red River	8,983	25.1	33	33,000	15.1	19.9	
Sabine	24,325	24.3	31	37,000	15.4	16.4	
Webster	40,940	23.3	31	36,000	14.3	15.1	
Region	567,057	24.3	28	37,300	13.1	12.9	4,085

Volume of CPI Investigation

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
2,594	2,534	2,334	2,753	2,888

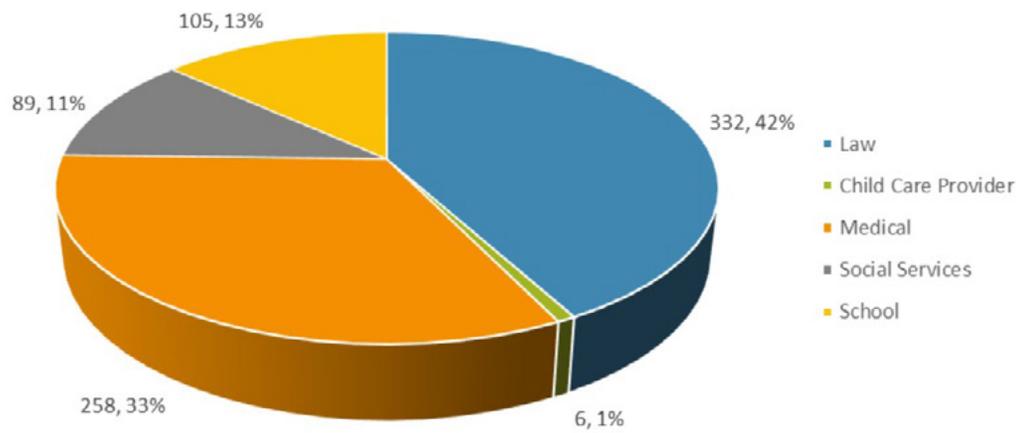
Number Of Child Protective Investigation Completed

Parish	FY2012 Total	FY2012 Valid	FY2012 Invalid	FY2012 Other	FY2013 Total	FY2013 Valid	FY2013 Invalid	FY2013 Other
Bienville, Webster, Claiborne & Jackson	300	147	147	6	420	143	269	8
Bossier	210	72	135	3	0	0	0	0
Caddo	1,413	495	836	82	1,770	597	1,087	86
De Soto	97	43	5	2	157	50	100	7
Natchitoches & Red River	189	48	136	5	225	47	167	11
Sabine	125	47	78	0	181	69	111	1
Region	2,334	852	1,337	98	2,753	906	1,734	113

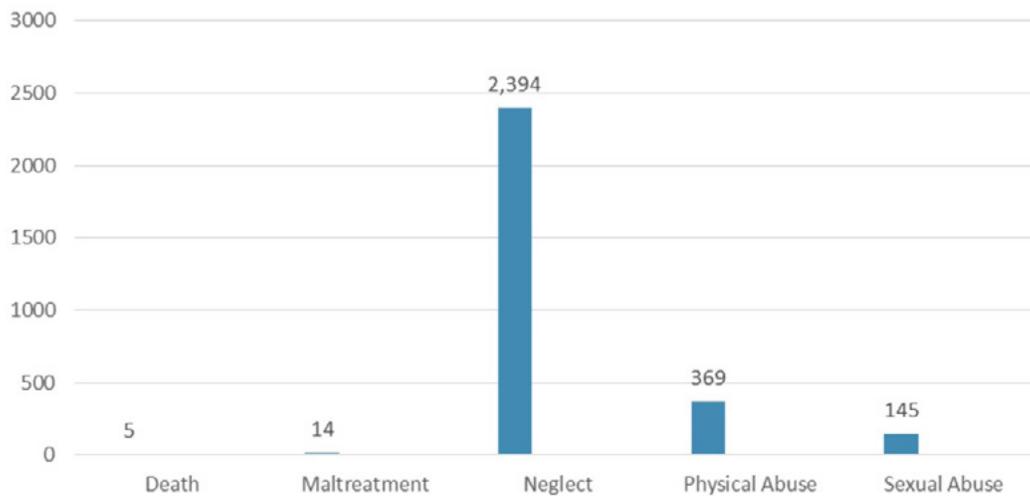
Number of Children Entering Foster Care

	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Shreveport Region	519	596	510	550	711

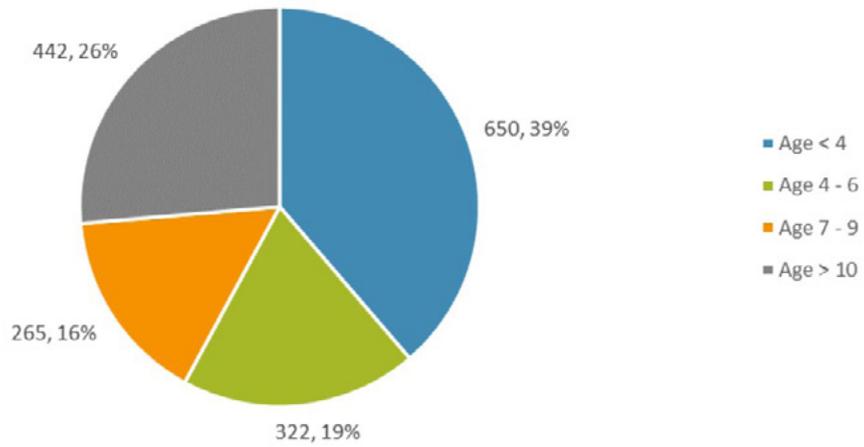
Source of Reports Concerning Valid CPI Allegations
Region 8 Shreveport Area



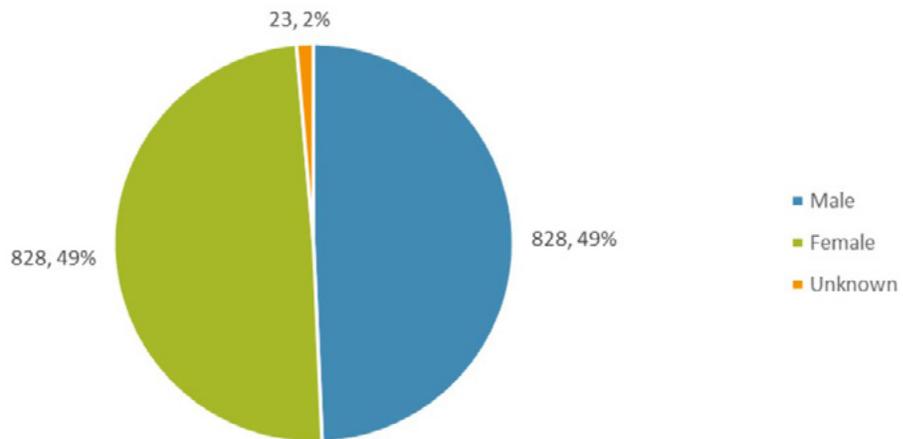
#of Valid CPI Allegations by Type
Region 8 Shreveport Area



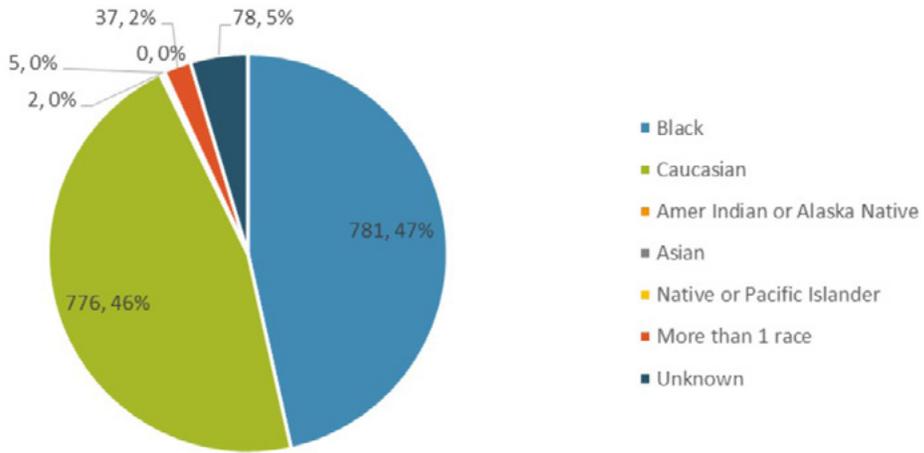
Age of Abused and Neglected Children
Region 8 Shreveport Area



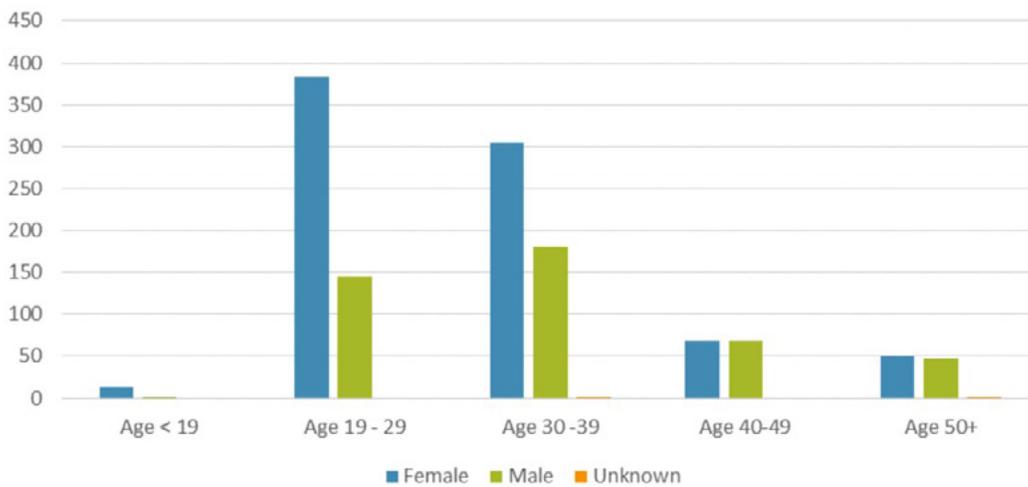
Gender of Abused and Neglected Children
Region 8 Shreveport Area



Race of Abused and Neglected Children
Region 8 Shreveport Area



Profile of Perpetrators
Region 8 Shreveport Area



Region Eight Results

What do you think needs to be done to raise awareness about child abuse/neglect?

This region could raise awareness by giving rewards for participation in positive parenting programs and that incentive will protect more children. We also need to increase the number of drop in centers and shelters.

The most effective ways to prevent child abuse and neglect in this region were indicated to be:

We need more publicity about pedophiles and their characteristics to create awareness among community members. We should use billboards to increase education of general public. We should have incentive programs and offer rewards to people who report valid cases of child abuse and neglect. We need to increase funding for child abuse and prevention education programs.

What are the changing trends in child abuse and neglect in the region?

The system is now making pedophiles go to mandatory treatment as part of their treatment programs.

How could child abuse and neglect prevention be made a community priority?

There needs to be a shift in funding from ineffective programs to criminal justice systems and provide specialty courts and treat victims of abuse. We need to stop the school to prison pipeline in our region.

Funding Recommendations

This region is comprised of 11 parishes with a population of 567,057 people with 28% living in poverty. The median household income is \$37,300. More than 39% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 711 children in foster care in this region and 2,888 allegations of abuse/neglect.

I. Education and Support for Parents

- a. Parent education programs using evidence based practice supported models
- b. Parent education for all new moms and dads through hospitals
- c. Parent education aimed at parents of children attending middle-school
- d. Parent education regarding internet abuse/cyber bullying
- e. Life skills programs for parents
- f. Rural outreach programs to isolated parents
- g. Fatherhood initiatives
- h. Evidenced based practice models of education and support for parents

II. Self-Help Programs and Neighborhood Support Programs

- a. After-school/aftercare programs at schools, churches and neighborhood centers
- b. Promote child abuse prevention through programs for adults that deal with substance abuse
- c. Family resource and parenting centers
- d. Training of neighborhood helpers to recognize and report abuse and to make referrals to community agencies (e.g. barbers, beauty salons)
- e. Crisis intervention services
- f. Involve churches in child abuse prevention/parenting education
- g. Evidence based practice models of self-help groups and neighborhood support programs

III. Prevention and Life Skills Training for Children and Youth

- a. Provide life skills and health education for teens in schools and community programs
- b. Offer parenting/child development classes in grades Pre-K to 12
- c. Bullying prevention programs, anger management and coping strategies programs for youth
- d. Mentoring programs
- e. Evidenced based practice models of prevention and life skills training programs for children and youth

IV. Coordination and Continuing Education on Child Abuse /Neglect Prevention

- a. Expanded coalition of Louisiana Children's Trust Fund grantees and other providers
- b. Interdisciplinary training of professionals who work with families
- c. Education for mandated reporters
- d. Evidenced based practice models for coordination and continued education of child abuse/neglect prevention

V. Public Awareness and Education of the Problem

- a. Promote one strong, vision about child abuse prevention (part of a statewide campaign)
- b. Inform elected officials about the scope of the child abuse/neglect problem in their jurisdiction and the community resources that are addressing it
- c. Make the connection between child abuse/neglect and substance abuse more apparent in the eyes of the public
- d. Evidence based practice models for public awareness and education addressing the problem

Region Nine - Monroe Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	Low Birth-weight <2500 grams	% Births to Teens	Children <18 With No Health Insurance
Caldwell	10,004	23.0	34	35,000	<5	18	
E. Carroll	7,526	24.8	55	25,000	17.3	<5	
Franklin	20,561	25.7	49	28,000	9.7	20.4	
Lincoln	46,953	19.8	31	36,000	10.1	11.9	
Madison	12,154	24.4	59	24,000	11.5	18.8	
Morehouse	27,559	24.7	46	29,000	15.5	16.5	
Ouachita	155,363	26.0	36	37,000	12.3	13	
Richland	20,921	25.5	38	33,000	14	11.7	
Tensas	4,954	24.3	47	27,000	<5	<5	
Union	22,419	22.7	42	35,000	12.9	15.1	
W. Carroll	11,512	24.2	34	33,000	<5	<5	
Region	339,926	24.5	38	31,091	9.6	11	3,518

Volume of CPI Investigation

FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
1,392	1,758	1,408	1,886	2,093

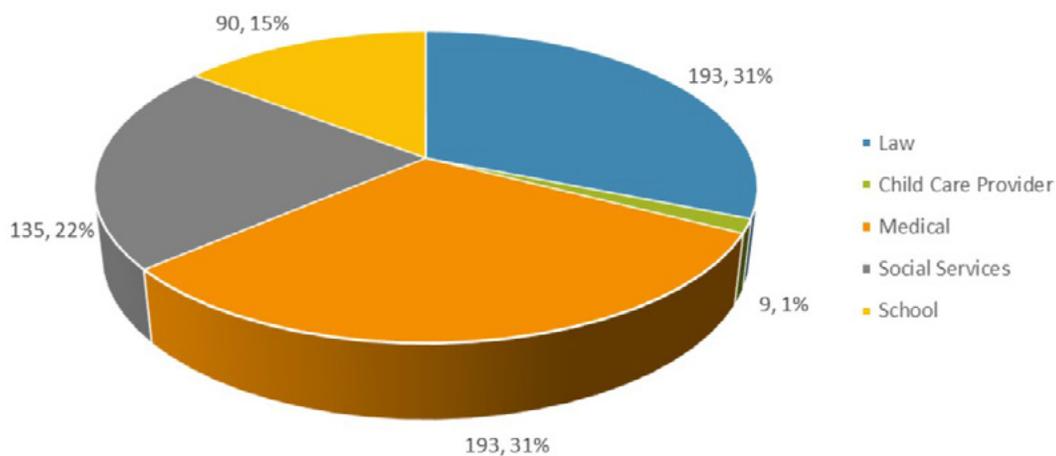
Number Of Child Protective Investigation Completed

Parish	FY2012 Total	FY2012 Valid	FY2012 Invalid	FY2012 Other	FY2013 Total	FY2013 Valid	FY2013 Invalid	FY2013 Other
Caldwell & Ouachita	741	246	469	26	1,038	459	533	46
E. Carroll	1	1	0	0	4	2	2	0
Franklin	80	49	28	3	28	10	17	1
Lincoln	246	89	149	8	288	105	171	12
Madison & Tensas	116	44	72	0	256	101	142	13
Morehouse	105	39	62	4	153	58	89	6
Richland	113	45	65	3	102	37	58	7
Union	6	2	4	0	11	3	8	0
W. Carroll	0	0	0	0	6	3	3	0
Region	1,408	515	849	44	1,886	778	1,023	85

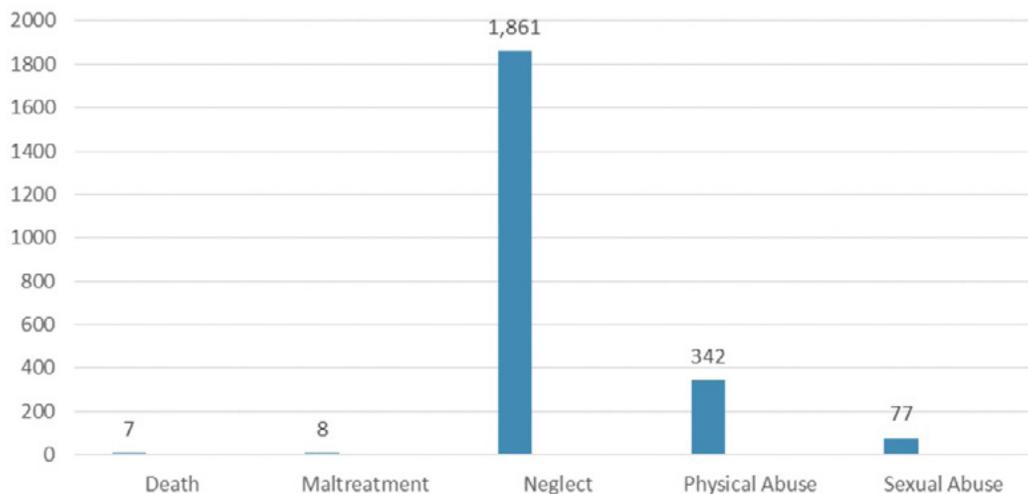
Number of Children Entering Foster Care

	FY 2010	FY 2011	FY 2012	FY 2012	FY 2013
Monroe Region	202	450	271	375	479

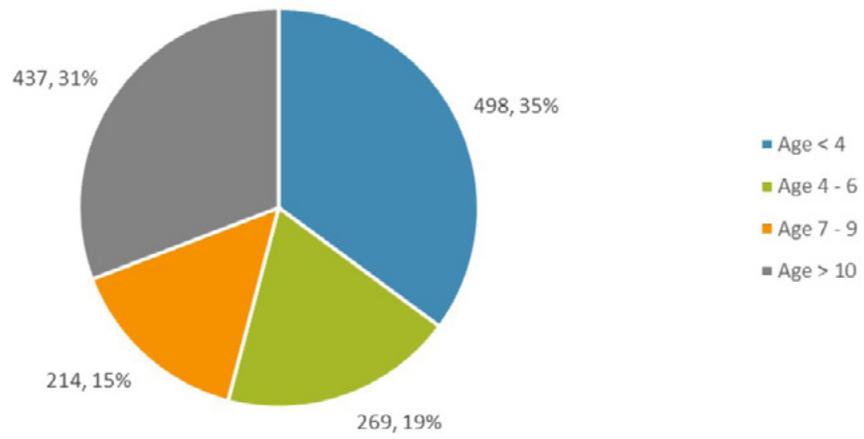
Source of Reports Concerning Valid CPI Allegations
Region 9 Monroe Area



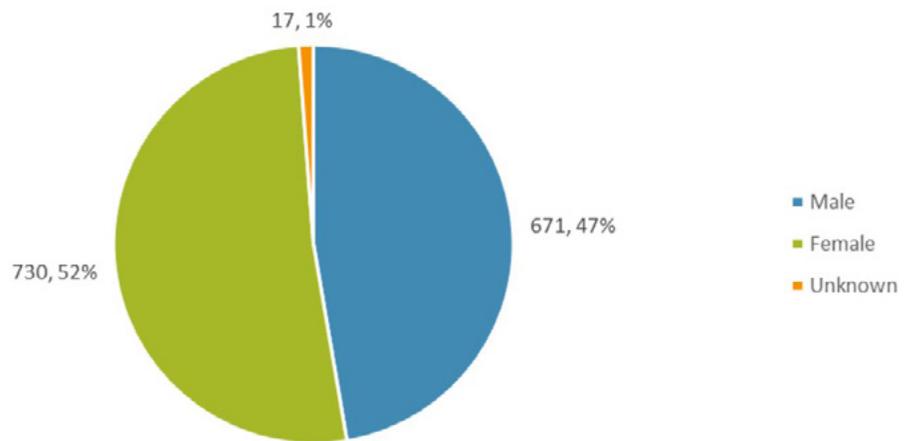
#of Valid CPI Allegations by Type
Region 9 Monroe Area



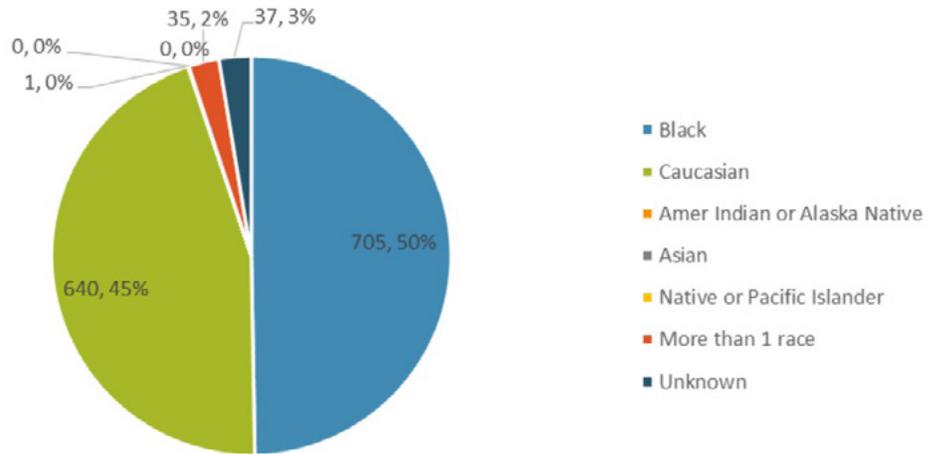
Age of Abused and Neglected Children Region 9 Monroe Area



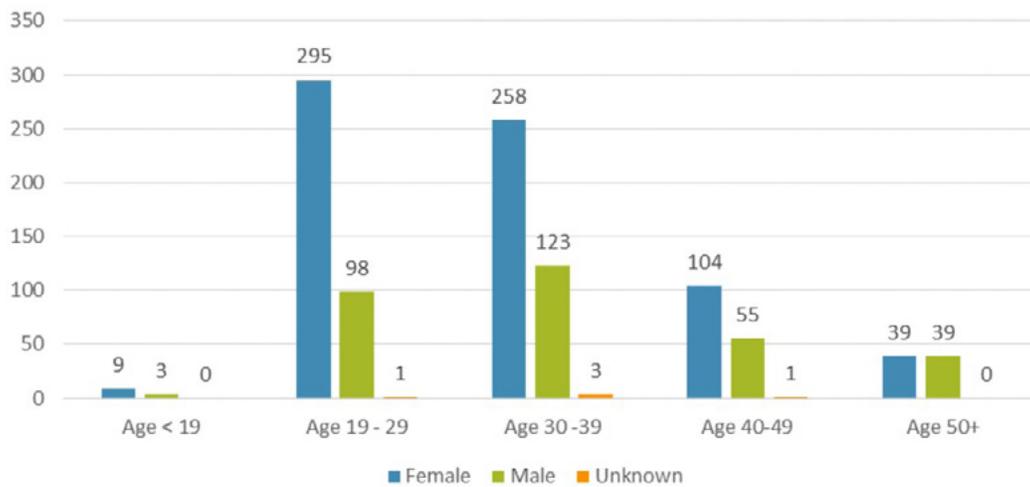
Gender of Abused and Neglected Children Region 9 Monroe Area



Race of Abused and Neglected Children
Region 9 Monroe Area



Profile of Perpetrators
Region 9 Monroe Area



Region Nine Results

What do you think needs to be done to raise awareness about child abuse/neglect?

Billboards, PSA's, making the topic a training for teachers and any other groups that work with children. Community walks, activities to make others aware of resources from perspective of children and encouraging them to confide in someone if being abused as well as offering counseling, someone to help parents/caregivers manage the stressors that may be overwhelming them (social worker, mentor, job referrals, mental health services, etc.)

Mail out information to every person in the nation defining child abuse. Talking to pastors and leaders to educate their congregations, etc. Host an open forum on Child Abuse and invite the public. Mandate those who receive public assistance to attend the forums. If their children are removed consider removal of benefits they receive until they get their children back. There has to be some consequences that hurt.

The most effective ways to prevent child abuse and neglect in this region were indicated to be:

Parent education, economic stability in homes, drug and alcohol prevention, mental health, treatment/counseling, community education of various forms of abuse (not just physical). Holding rallies and sessions at Parent/Teachers Meeting, School In-Services, In-Services at churches, outreaches at malls, informational material in front of stores etc., to educate all populations.

What are the changing trends in child abuse and neglect in the region?

Cultural boundaries, homelessness, poverty are becoming more and more common in this region. No one is exempt. They are so bold now to post the abuse on Facebook and social media. The remarkable thing is, although it is out there posted boldly, it seems like no one is getting punished for it. With it being on social media, society is becoming numb to child abuse.

How could child abuse and neglect prevention be made a community priority?

Outreach to high risk groups to provide quality, practical strategies for interaction/rearing children both in communities and in homes. Increase the capacity of existing agencies to manage the volume of reports and provide follow-up to families. These agencies need more staff and resources to provide education and support. PSA's to the community to get involved with mentoring programs to families/parents for support, mentoring, respite for parents and to encourage reporting. Utilize faith based groups to partner with state agencies charged with assisting families. Provide information to children through school to tell someone and consider schools as a safe place without judgment. Approach school systems to adopt groups/programs that support families in need, to receive and make appropriate agencies that can assist aware of resources. Include information about assistance in community health fairs and through the office of public health. It needs to start with the politicians. It needs to be a priority on their platform and every major event, Miss America and pageants. It needs to be broadcast across the television. There needs to be more stiff punishment for individuals who abuse their children. It needs to be taken more seriously.

Funding Recommendations

This region is comprised of 11 parishes with a population of 339,926 people with 38% living in poverty. The median household income is \$31,091. More than 35% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 479 children placed in foster care and 2,093 allegations of abuse/neglect.

I. Education and Support for Parents

- a. Parent education programs for teen mothers
- b. Parenting programs for absentee and non-custodial fathers
- c. Life skills training for parents

d. Parenting education for extended family members

e. Parenting education spanning infants through adolescents

f. Evidence based practice models of education and support for parents

II. Self-Help Groups and Neighborhood Support Programs

a. Support programs for new parents, including hospital based programs

b. Intergenerational programs which break the cycle of child abuse

c. Neighborhood based early childhood programs that involve parents

d. Create safe-house “grandparents” on neighborhood blocks

e. Activities that focus on family fun and provide parenting education as well

f. Parenting and Family Resource centers

g. Crisis intervention and referrals

h. Evidence based practice models for self-help groups and neighborhood support programs

III. Prevention and Life Skills Training for Children and Youth

a. Programs for pregnant teens that include the adoption option

b. Summer camp programs for teens aging out of foster care

c. Life skills programs for youth in detention centers

d. Risk identification programs

e. Parenting and child development education in the schools

f. Use older youth as mentors for younger children

g. Evidence based practice models of prevention and life skills training programs for children and youth

IV. Coordination and Continuing Education of Child Abuse/Neglect Prevention

a. Expansion of coalitions of Louisiana Children’s Trust Fund grantees and other providers

b. Faith based coalitions around topic of child abuse prevention

c. Infant mental health training

d. Interdisciplinary education programs for professionals about new research, proven prevention models, community resources, etc.

e. Mandatory reporter training

f. Evidenced based practice models for coordination and continued education on child abuse/neglect prevention

V. Public Awareness and Education of the Problem

a. Media campaign about child abuse prevention

b. Media campaign which links substance abuse and child abuse

c. Parenting resource hot line

d. Public relations campaign linking safety issues (car safety, interest safety, cyberbullying, caregiver safety, sand more)

e. Information about mandatory reporting disseminated widely

f. Evidence based practice models for public awareness and education

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- Center for Disease Control. Understanding Evidence: Part 1: Best Available Research Evidence. http://www.cdc.gov/ViolencePrevention/pdf/Understanding_Evidence-a.pdf
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- http://www.nccp.org/profiles/LA_profile_7.html
- <http://datacenter.kidscount.org/data/tables/43-children-in-poverty#detailed/2/2-52/false/36,868,867,133,38/any/321,322>
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Directory of National Resource Websites

American Academy of Pediatrics	http://www.aap.org/healthtopics/childabuse.cfm
American Bar Association Center on Children and the Law	http://www.abanet.org/child/
American Humane	http://www.americanhumane.org/protecting-children/
American Psychological Association	http://www.apa.org/ppo/issues/captaportw.html
Bikers Against Child Abuse	http://www.bacausa.com/
Child Abuse Prevention Network	http://child-abuse.com/
Child Abuse Prevention Services	http://www.capsli.org/
Child Help	http://www.childhelp.org/resources/learning-center/for-kids
Child Welfare League of America	http://www.cwla.org/
Child Welfare and Information Gateway	http://www.childwelfare.gov/espanol/prevention_resources.cfm
Children Now	http://www.childrennow.org/
Circle of Parents	http://www.circleofparents.org/
Crime Solutions	http://www.crimesolutions.gov/default.aspx
Darkness to Light	http://www.darkness2light.org/
Friends – National Resource for Community-Based Child Abuse Prevention	http://www.friendsnrc.org/
Justice for Children	http://www.justiceforchildren.org/
National Alliance of Children’s Trust & Prevention Funds	http://www.ctfalliance.org/
National Child Abuse Defense & Resource Center	http://www.falseallegation.org/
National Child Welfare Resource Center on Legal and Judicial Issues	http://www.abanet.org/child/rclji/
National Children’s Alliance	http://www.nationalchildrensalliance.org/
National Coalition for Child Protection Reform	http://www.nccpr.org/
National Coalition for the Protection of Children & Families	http://www.nationalcoalition.org/
National Council on Child Abuse & Family Violence	http://www.nccafv.org/
National Court Appointed Special Advocates	http://www.nationalcasa.org/
National Data Archive on Child Abuse and Neglect	http://www.ndacan.cornell.edu/

National Network for Child Care	http://www.nncc.org/
National Resource Center for Family-Centered Practice and Permanency Planning	http://www.acf.hhs.gov/programs/cb/tta/nrc/nrcfcppp.htm
National Resource Center for Health and Safety in Child Care and Early Education	http://nrc.uchsc.edu/
National Resource Center for Youth Services	http://www.nrcys.ou.edu/
National Resource Center for Child Protective Services	http://www.nrccps.org/resources.html
National Youth Violence Prevention Resource Center	http://www.safeyouth.org/scripts/display/OrgDisplay.asp?OrgNbr=127
PANdora's Box	http://www.prevent-abuse-now.com/index.htm
Parents Helping Parents	http://www.parentshelpingparents.org/index.php?option=com_content&task=view&id=19&Itemid=296
Prevent Child Abuse America	http://www.preventchildabuse.org/publications/cap/index.shtml
Protect	http://www.protect.org/
Safe Child	http://www.safechild.org/childabuse4.htm
The Healthcare and Workforce Quality Assurance Project:	http://www.qaproject.org/methods/resqa.html
The Kempe Foundation	http://www.kempe.org/
The National Center for Prosecution of Child Abuse	http://www.ndaa.org/apri/programs/ncpca/ncpca_home.html
The National Center for Victims of Crime	http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32313
The National Child Welfare Resource Center for Quality Improvement paper, Framework for Quality Assurance in Child Welfare, as of September 2010, available at	
	http://muskie.usm.maine.edu/helpkids/rcpdfs/QA.pdf
The United States Department of Health and Human services webpage on QA/QI:	http://www.hhs.gov/ohrp/qi/
The Wound Healer	http://www.twhj.org/twhj/index.html/index.shtml

This list is not to be considered all-inclusive. Also - web addresses may have changed. If a site is not available, you may be able to find the site through a general search of the organization name.

Sources of Data for the Regional and Statewide Data

Annie E. Casey Foundation Kids Count Databook

<http://datacenter.kidscount.org/>

Agenda for Children

www.agendaforchildren.org

<http://www.agendaforchildren.org/uploads/documents/lakc20112012.pdf>

US Department of Education, National Center for Educational Statistics

https://nces.ed.gov/programs/coe/pdf/Indicator_COJ/coe_coj_2014_01.pdf

