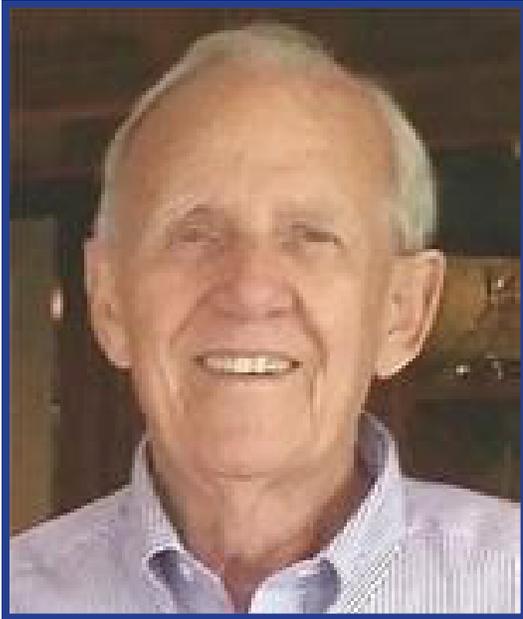




LOUISIANA CHILDREN'S TRUST FUND



**STATE PLAN
FOR THE PREVENTION
OF CHILD ABUSE AND NEGLECT**



DR. LARRY JAMES HEBERT

(FOUNDER AND FIRST CHAIRMAN OF THE LOUISIANA CHILDREN'S TRUST FUND)

A Mass of Christian Burial was held on Saturday, August 31, 2019, at 10:00 a.m. at Our Lady of Mercy Catholic Church for Larry James Hebert, M.D., who passed away on August 28, 2019. He graduated from the University of Louisiana at Lafayette in 1955. Larry attained a Doctor of Medicine degree from Louisiana State University School of Medicine in New Orleans, Louisiana as well as postgraduate degrees in Pediatrics and Pediatric Cardiology. From 1962 to 1964 he served as a U. S. Air Force Captain and Chief of Pediatrics at Bergstrom Air Force Base in Austin, Texas. During this time, Larry married the love of his life, Barbara, at a wedding ceremony held in St. John The Evangelist Cathedral in Savannah, Georgia. After completing the tour of duty, Barbara and Larry moved to New Orleans where he was a Professor of Pediatrics and Pediatric Cardiology in the L.S.U. School of Medicine Pediatric Department until 1969. He then moved to Baton Rouge after being appointed as the Head of the L.S.U. Pediatric Department at Earl K. Long Hospital and remained there for 20 years.

Larry became a very strong children's advocate during his 20 years at Earl K. Long Hospital in the areas of: child abuse legislation, identification, treatment and prevention programs; child safety seat legislation; neonatal mortality legislation and prevention programs. Because of his strong commitment and dedication to child advocacy he was recognized by local, state, and national organizations and associations for his accomplishments including the Golden Deeds Award by The Advocate as it relates to child abuse legislation and development of child abuse prevention programs; Commissioner's Award by the U. S. Administration of Children, Youth and Families as it relates to being the Founder and First Chairman of the Louisiana Children's Trust Fund; the other areas of child advocacy he was involved in were: drafting and lobbying for passage of the child safety seat legislation in 1984; child abuse reporting law in 1972; establishing child protection centers in 1974; establishing Louisiana Children's Trust Fund in 1983; and establishing Louisiana Perinatal Commission in 1979. As Chairman of the La. Chapter of the American Academy of Pediatrics, he served as the "Speak Up For Children" spokesperson from 1980 to 1990 which was a national and statewide child advocacy publicity campaign. In 1990, Larry was appointed as the Director and State Health

Officer of the Louisiana Department of Public Health by Governor Edwin Edwards. During his tenure, he was successful in developing and implementing the now successful "Shots for Tots" program that has markedly improved the immunization rates for preschool children. From 1990 to 1999 he was the Medical Director at the La. Department of Health and Hospitals where he was instrumental in developing and implementing the now successful Louisiana Children's Insurance Program (LaCHIP).

INTRODUCTION : THE STATE PLAN

STRATEGIC HIGHLIGHTS

In 1983 Legislation was passed to create the Louisiana Children's Trust Fund. Since the creation 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 : 2020-2025

Louisiana Children's Trust Fund
Compiled by Team Dynamics, LLC



Dedication

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

"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 Office of Community Services and 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

2018 BOARD OF DIRECTORS

Board Member and Area of Representation



Ms. Franchesca L. Hamilton-Acker, JD, Chairman
Representing the Louisiana State Bar Association

Franchesca L. Hamilton-Acker is the Unit Leader of the Child(ren) In Need of Care Unit (CINC) at Acadiana Legal Service Corporation (ALSC) where she manages the children's representation in Child in Need of Care Cases in north, central, south-west, and south Louisiana. She has practiced public interest law for over 22 years. She received a B.S. Degree in Criminal Justice with a minor in English and Political Science from UL (formerly USL) in 1995 and a Juris Doctor from Southern University Law Center in 1998. She is involved in policy discussions in Child Welfare on the local, state, and national levels. Some of her involvements includes serving as the Chair of the Louisiana Children's Trust Fund Board, member of the ABA Section of Litigation Children's Rights Committee and the ABA Commission on Youth at Risk.



Dr. Angela Breidenstine
Representing the Louisiana Psychological Association

Dr. Angela S. Breidenstine, Ph.D., is a clinical psychologist and Assistant Professor in the Division of Child & Adolescent Psychiatry, in the Tulane University School of Medicine. For over a decade, she has worked as a psychologist with the Tulane Infant Team/Parenting Education Program, a program that conducts evaluation and intervention with maltreated children, biological parents, and foster parents, with a particular focus on children ages zero to six. The Tulane Parenting Education Program also provides consultation to child protective services and to juvenile court regarding child abuse cases. In addition to providing direct clinical services and consultation, Dr. Breidenstine supervises the work of other clinicians. Some of Dr. Breidenstine's other activities include providing psychological services to families with young children in a community mental health clinic, providing training in infant mental health to clinicians in LA and other states, and developing curriculum related to vicarious traumatization and self-care. Dr. Breidenstine's primary interests are in infant and early childhood mental health, prevention of and intervention for child maltreatment/trauma, effective assessment and intervention with high-risk families, developmental psychopathology, and self-care for those working with trauma survivors.



Ms. Michelle DeMeulenaere, PhD
Representing National Association for the Education of Young Children (NAEYC)

Dr. Michelle DeMeulenaere first began her career working with young children in 1988, and across the past 32 years has amassed a variety of professional and educational experiences. Michelle first obtained her Bachelors of Arts in elementary education from the University of Northern Iowa. Following the completion of her degree, Michelle began to work as a preschool, first and second grade teacher. Michelle quickly progressed in her career to a Director of Child Care Center. Michelle was the Child Care Center Director at the both the Baton Rouge General Medical Center and the LSU Child Care Center. In her role as the director, she participated in the Early Childhood Standards team for the National Association for the Education of Young Children (NAEYC), and played a pivotal role in ensuring each center earned accreditation from NAEYC. Michelle obtained a M.Ed. from North-

western State University and a doctorate degree from Louisiana State University. In 2014, Michelle began to work for the Louisiana Department of Education. She has been employed as an Executive Staff Officer for Early Childhood Licensing, a Teacher Certification Specialist, and more recently a Program Support Manager for Early Childhood. Most impressively, Dr. Michelle DeMeulenaere has also served on several boards throughout her career including Center Director Leadership Board (NAEYC), the Southeastern Regions Standards Team (NAEYC), and Baton Rouge Technical College Board Member. She has also served as the Vice President for the Louisiana Association for the Education of Young Children (NAEYC), and currently works on the Board of the Louisiana Early Childhood Association.



Ms. Patti Gates, MSW, LCSW

Representing the National Association of Social Workers, Louisiana Chapter

Patricia (Patti) Gates, ACSW, LCSW received her MSW for Our Lady of the Lake University of San Antonio. She retired from the Vernon Parish School System. During her time in the school system, she was involved in local child abuse prevention projects and grant implementation. She also has experience in home health and

hospice social work, as well as the practice of clinical social work with children and families. Patti is involved with the National Association of Social Workers on both the state and local levels, to include past President of the LA Chapter. Patti represents NASW-LA on the Children's Trust Fund Board. She believes successful child abuse prevention programs are the key to improving the lives of children and families. Prevention services are also fiscally responsible at the local and state levels.



Dr. Rhenda Hodnett

Representing the Department of Children and Family Services

Rhenda Hodnett, Ph.D., LCSW, is the Assistant Secretary of Child Welfare for the Louisiana Department of Children & Family Services (DCFS) where she is responsible for the strategic planning, development and oversight of the state child welfare system. Prior to this role, Dr. Hodnett served as the Director of the Louisiana Child Welfare Training Academy which provides competency-based training and

professional development opportunities for current and prospective child welfare employees, foster parents and legal system stakeholders. Dr. Hodnett has nearly 30 years of child welfare experience in various casework, supervisory, and management positions.



Dr. Dana Hunter

Representing the Louisiana Children's Cabinet

Dr. Dana R. Hunter is a native of Baton Rouge, LA. She holds a Bachelor of Science degree in Microbiology from Southern University and both a Master of Social Work and Doctor of Philosophy degree in Social Work from Louisiana State University. Dr. Hunter began her professional career as a child welfare specialist at DCFS in June 2005. In February 2017, Dr. Dana R. Hunter was appointed by Governor

John Bel Edwards to serve as the Executive Director of Louisiana's Children's Cabinet. In this role, she provides leadership of statewide policy and programmatic efforts to leverage resources, coordinate, and align services to better outcomes for children in the state of Louisiana. She serves as the state team lead for the Governor and First Lady's No Kid Hungry Louisiana Initiative and works with various state and community leaders to lead the state's human trafficking efforts.



Dr. Alicia Castleberry Kober
Representing the Louisiana State Medical Society

Alicia Castleberry Kober, M.D., was born and raised in Sulphur, Louisiana. After graduating as a valedictorian from Sulphur High School, she attended LSU Honors College, then obtained her B.S. in Biology from McNeese State University. She completed medical school and pediatric residency at LSU Health Sciences Center in Shreveport and has been practicing Pediatrics with Ochsner Health System for the last nine years. She resides in Baton Rouge with her husband and children and has dedicated her life to improving the health and maximizing the developmental potential of children in the Baton Rouge region.



Mr. Martin McClendon
Representing the Religious Community

Martin McClendon is the Chief of Police for the Opelousas Police Department, where he has been employed since 1991. He and his wife, Charlotte, enjoy spending time with their children and extended families. Chief McClendon is very involved in the Opelousas community and works hard to focus on healthy families.



Ms. Yolanda Motley
Representing the Early Childhood Community

Yolanda Motley is an accomplished Senior Administrator having almost 30 years of experience in early education, staff training and administration. Yolanda received a bachelor's degree in Elementary Education with a specialty in Mathematics from the University of New Orleans and holds a master's degree in Curriculum and Instruction from Xavier University, with certification in Early Childhood Education. She has an additional 21 hours in Educational Administration and Leadership. She is a state certified Administrator for children in grades Pre-Kindergarten through twelfth grade. She is a motivational speaker and mentor to many young women. Yolanda is passionate and dedicated and has thrived and succeeded at paving the way for thousands of young children giving them a solid foundation and placing them on a trajectory for future success.



Ms. Gloria Moultrie
Representing the University Community

Gloria Moultrie is the Vice Chancellor of University Advancement and Community Outreach at Southern University in New Orleans. Previously she was the Chief Administrative Officer for Community Outreach, Alumni Affairs and Public Relations. Ms. Moultrie is involved in both university and community activities and resides in New Orleans.



Honorable Marie B. "M 'Elise" Trahan

Representing the Louisiana Council of Juvenile and Family Court Judges

Judge Trahan was the first female City Judge in Crowley, Louisiana. She graduated from Law Degree from LSU Law School. She has a passion about youth in the community. She has served as a mentor in the Acadia Business Assisting Students to Excel Mentoring Program with Acadia Parish Sheriff's Office. She was a FINS Coordinator and Acadia Parish Children Youth Services and Planning Board. She served on the Louisiana Judicial College Board of Governors when appointed by the Louisiana Supreme Court. She is a member of the Acadia Parish Bar Association, the National Council of Juvenile and Family Court Judges, and the National Association of Women Judges.



Mr. Carnell Washington Vice-Chairman

Representing the NAACP

Carnell Washington is the President of the East Baton Rouge Federation of Teachers and resident of Baton Rouge. He is an ardent advocate for equity and excellence in the schools.

STAFF



Ms. Katina Semien, JD, Executive Director

Katina M. Semien is an attorney, motivational speaker and community advocate. A graduate of Southern University A&M College in Baton Rouge, Louisiana, Ms. Semien received her Bachelor of Arts degree in Political Science in 1997 and her Juris Doctorate from the Southern University Law School in 2000. A consummate professional, she has been listed in *Who's Who of America*, and has been the recipient of numerous awards, honors and recognitions for her contributions to various organizations in Baton Rouge and the surrounding areas. Ms. Semien has operated a private law practice in Baton Rouge, Louisiana for more than 20 years that focuses primarily on legal issues revolving around families and children. She also serves as the Executive Director of the Louisiana Children's Trust Fund in the Office of Programs and Planning under the leadership of Louisiana Governor John Bel Edwards. In this capacity, she oversees the child abuse and neglect prevention efforts that are coordinated through Trust Fund programs throughout the State of Louisiana while working closely with state and federal partners on policy and programming that positively impacts children. It is her fervent belief that the key to building stronger and more vibrant communities begins and ends with those who are willing to dedicate not just their time, but also their resources, to train, educate, protect and prepare our most important asset.....our children.



Michelle Rabalais, Administrative Secretary

Michele M. Rabalais has been working for over 20 years with the Louisiana Children's Trust Fund. She is a proud graduate of St. Thomas More and St. Joseph's Academy and attended LSU. She is a huge supporter of Tiger athletics. Michele is a life-long resident of Baton Rouge and is most proud of her niece, Kristen Rabalais, who has been inspired by Michele to become a child advocate.

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THE 2020 STATE PLAN STRATEGY INCLUDES ENGAGEMENT OF COMMUNITY PARTNERS THROUGHOUT THE STATE TO WORK COLLECTIVELY TO PREVENT CHILD ABUSE AND NEGLECT

Community Stakeholders, Lawmakers, and Partners in the Effort to Prevent Child Abuse:

The Louisiana Children's Trust Fund has contributed significantly to help prevent child abuse and neglect in the state of Louisiana and continues to fulfill its most important objective in aiding in the prevention of abuse and neglect. The Fund is one of the leading Trust Funds in the nation and was among the first to be established. The financial support that is provided by The Fund to community collaborators helps to provide prevention efforts to protect children, strengthen family well-being, and educate the public about children's safety.



"PROTECTING THE CHILDREN OF LOUISIANA FROM ABUSE AND NEGLECT AND SUPPORTING FAMILIES IS NOT NEGOTIABLE"

The safety and well-being of children and supporting families remains a pressing concern in the State of Louisiana. It is very important that the work to protect children and strengthen families continue. This is the foundation for the 2020 State Plan which seeks to map out a strategy to continue to achieve good outcomes for Louisiana children and families.

The plan is a comprehensive plan that captures relevant issues and proposes collaborations with stakeholder groups with common missions. The content includes considerations from valuable input provided by Louisiana community partners, leaders, and citizens. Regional meetings were held throughout the state of Louisiana to capture essential information that included identifying geographic specific issues and sets out a plan that addresses these issues.

The 2020 State Plan is a solid plan that will help shape the work towards prevention efforts in the state for the next few years to increase better outcomes for protecting the children of Louisiana from abuse and neglect, strengthen Louisiana families by providing the necessary support to help them thrive, and continue to educate the public about children's safety.

Sincerely,

A handwritten signature in black ink that reads "Franchesca L. Hamilton-Acker". The signature is fluid and cursive, with a large loop at the end.

Franchesca L. Hamilton-Acker
Board Chair



STATISTICS: SCOPE

- A report of child abuse is made every 10 seconds.
- In the US in 2017, there were 4.1 million referrals to child protection representing 7.5 million children.
- Approximately five children die each day from child abuse, over 1,600 children a year. Over 70% of these child victims are under age 3.
- 9% of Louisiana Kids in Foster Care are in Group Placements
- 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 to reduce risk of child abuse and neglect.

You may choose to look the other way, but you can never say again that you did not know.
-William Wilberforce

I am not what happened to me. I am what I choose to become. - Carl Jung

The initial trauma of a young child may go underground, but it will return to haunt us.
- Hames Garbarino



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Mission Statment: Executive Director Louisiana Children's Trust Fund

Dear Community Partners:

On behalf of our Board of Directors, Louisiana Children's Trust Fund staff and our state and local partners, it is our pleasure to present the five-year State Plan for the Louisiana Children's Trust Fund.

The Louisiana Children's Trust Fund is Louisiana's long standing state leader for the administration of child abuse and neglect prevention efforts and the administration of funding to support agencies throughout the state who work to expand those efforts. The needs of families are as unique as the challenges they face. Each day, the safety and well-being of some of Louisiana's children are threatened by child abuse and neglect. Intervening effectively in the lives of these children and their families is not the sole responsibility of any single agency or professional group, but rather it is a shared community concern.



The Louisiana Children's Trust Fund is proud to be part of the shared community of leaders throughout the State who have made it their mission to work towards the eradication of abuse and neglect and to further collaborate and activate stakeholders statewide for this effort.

This five year plan contains information both on the work with which we are currently involved in as well as our plans moving forward through the next five years. We remain committed to being a voice in the public policy arena for child abuse prevention services and to further continue the partnerships with individuals and agency throughout the State of Louisiana.

It is through these vital relationships that we are able to fulfill our purpose to support community based efforts to develop, operate, expand, enhance and coordinate initiatives and activities to prevent child abuse and neglect, to support the coordination of resources and activities to better strengthen and support families and to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect. Simply stated, it is our goal to protect Louisiana's most important asset.... our children.

A handwritten signature in black ink that reads "Katina M. Semien". The signature is fluid and cursive, written in a professional style.

Sincerely, Katina M. Semien. Esq.
Executive Director Louisiana Children's Trust Fund

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 AND 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 Kep 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

A HISTORY OF CHILD ABUSE AND PREVENTION

- 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
- 2018 The Family First Prevention Services Act is signed into law (HR 1892)
- 2019 The Stronger Child Abuse Prevention and Treatment Act (HR 2480), Reauthorized CAPTA

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 National Alliance of Children's Trust and Prevention Funds is the national membership organization for state Children's Trust and Prevention Funds. They provide leadership and support for a dynamic national network of children's trust and prevention funds who are catalysts for positive changes in systems, policies and practices in their states to promote well-being for children, families and communities.

The Alliance provides trainings, publications and other supports to ensure broad audiences understand the role each of us can play in strengthening families and communities and preventing child abuse and neglect. They offer multiple training opportunities to educate professionals, policymakers, community members and parents. Our national network of more than 1,000 certified trainers uses the Alliance's curriculum to equip front-line practitioners with a strengths-based approach to build protective factors. Our groundbreaking approach about child neglect prevention has increased understanding that both communities and society can neglect children and families and provide some much-needed tools that allow us all to take action to promote child and family well-being throughout the social ecology.

The Alliance promotes and supports strong partnerships with parents through meaningful roles, structures, and ongoing partnerships. The Alliance engages with systems, organizations, researchers, individuals and policymakers to promote a strong prevention focus in all areas that touch the lives of families. In partnerships and collaborations across multiple fields of work, the Alliance is the voice of prevention.

The Alliance ensures that it has a solid foundation, strong organizational structure, expert staff and sufficient funding so that its dynamic contributions will continue and grow. The Alliance joins with funding partners who share common goals, and we collaborate with leaders in the prevention field to achieve our mission. The Alliance board of directors is actively engaged in their roles of oversight, policy and direction for the organization.

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

The Child Abuse Prevention and Treatment Act (CAPTA), was first enacted in 1974. It is the only federal legislation exclusively dedicated to the prevention, assessment, identification, and treatment of child abuse and neglect.

Since its enactment, Congress has amended the law many times to strengthen state child protective services and promote child abuse prevention. Recently, the legislation has been amended to require states to implement "plans of safe care" for babies born exposed to opioids and other substances.

Title II of CAPTA includes multiple smaller programs including the Community Based Child Abuse Prevention (CBCAP) grants. Many state Children's Trust Funds serve as the CBCAP lead agency for their state and those who are not CBCAP leads are often partners with the CBCAP lead agency for their state.

CAPTA was last reauthorized in 2010 and is pending reauthorization when Congress takes action on the legislation. Policy advocates expect Congress to consider reauthorization of CAPTA during 2019, although they could act earlier if they decide to do so.

CAPTA legislation is under the jurisdiction of the Senate HELP Committee and the House Committee on Education and the Workforce.

The Alliance is working with our members, our partners with the National Child Abuse Coalition, and others to advocate for reauthorization of CAPTA during the upcoming year with expanded support for prevention included in the legislation.

Evidence Based 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.

Determination of the effectiveness of an evidence-based practice may be based on the experience of professionals who implement a selected practice. The question as to generalizability of an evidence-based practice arises when studies have not included major subgroups with whom practices are expected to be applied or used. One intent of foundations, organizations, and federal programs to arrive at definitions and agreed-upon criteria for evidence-based practice is to assist funders and practitioners in the field to know the quality and strength of evidence about interventions and programs to prevent child maltreatment.

The National Alliance of Children's Trust and Prevention Funds (Alliance) Evidence Based Practice (EBP) Committee drew on work done in other fields and drafted a definition of evidence based practice as "a decision making process that integrates the best available research evidence with family and professional wisdom to choose a course of action."

This definition has several features that are found in other definitions but places an emphasis in the process of selection of models, approaches, and strategies that are based on awareness of the values of a given community, population or family. This definition includes the consideration of research evidence but also adds that some attention should be given to professional wisdom which could be inclusive of but not limited to clinical experience.

THE LOUISIANA CHILD AND FAMILY SERVICES REVIEW (CFSR)



Pelican Center
for Children & Families

The Round 3 Louisiana Child and Family Services Review (CFSR), conducted by federal auditors, occurred between April 1, 2018 and September 30, 2018. After the CFSR review process, Louisiana participated in the development of a Program Improvement Plan (PIP) pilot led by the Children's Bureau and the Capacity Building Center for States and Courts to review CFSR outcomes, examine root causes and develop a theory of change and logic model in conjunction with key stakeholders across the state. Five (5) cross cutting themes emerged after the CFSR review process and the PIP development meetings.

The five themes identified are:

- 1) Safety and assessment;
- 2) Engagement;
- 3) Workforce development;
- 4) Service array; and,
- 5) Quality legal representation.

The Louisiana Supreme Court, CIP and Pelican Center for Children and Families is planning to take the lead on the components supporting:

- Service array development and enhancement
- Ensuring quality legal representation

In addition, CIP is continuing work on items from the prior strategic plan:

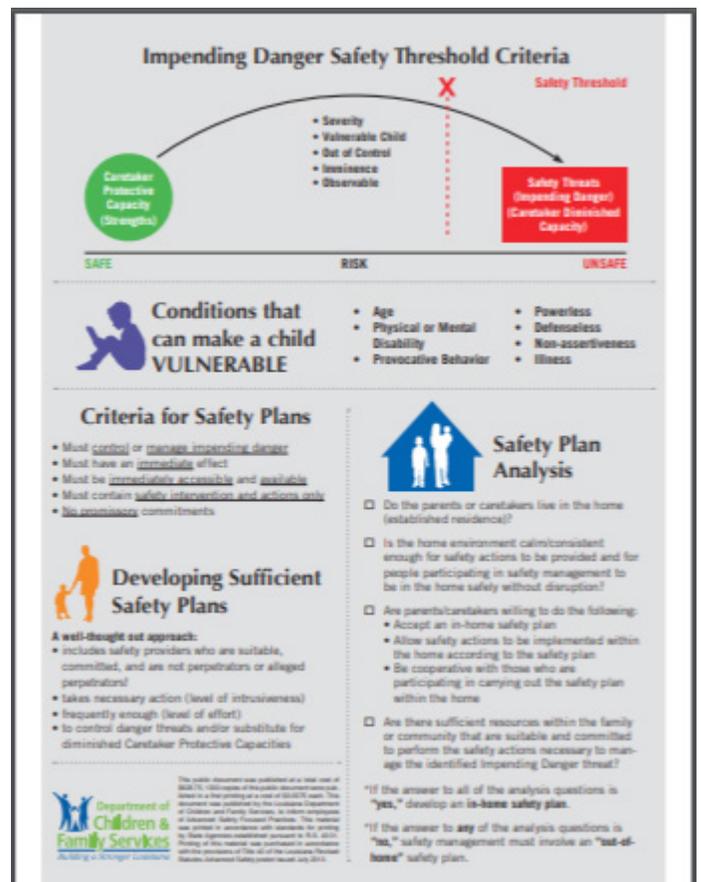
- Improving hearing quality
- Safety decision making assessments, support and plan development

The recent federal Child and Family Services Review (CFSR) of Louisiana's foster care system rated the State's performance on the measure of permanency planning and discharge within 12 months of entering the system of care as needing improvement. Only 20% of cases reviewed by federal auditors were in conformity with state and federal permanency law and policies. Similarly, in only 25% of cases was reunification achieved, guardianship established, adoption completed, or another planned permanent living arrangement identified. As a result, there are too few children entering foster care in Louisiana being discharged to permanency within the 12-month period identified as time-limit in state and federal law/policies.

The Louisiana Supreme Court, CIP and Pelican Center for Children and Families is planning to address this issue by implementing strategies based upon the research demonstrating that strong legal representation for parents and children can reduce the number of children entering foster care and can expedite the reunification of children in care. Even when children are not able to return home, data suggests that strong, quality legal representation can expedite other permanency options, such as guardianship or adoption. Thus, stakeholders believe that investing in legal representation can help the state achieve better outcomes related to permanency within the first twelve months of a case.

In addition, there is an abundance of evidence which suggests a lack of clarity among state agency staff, and stakeholders regarding safety, including what situations/conditions constitute a safety threat, when and how to appropriately implement a safety plan, and how to link reasons for removal with conditions for return. There is a lack of understanding about the information necessary to determine the extent to which supporting and increasing a parent's protective capacity might mitigate the safety concerns/conditions and reduce risk. This confusion contributes to a lack of focus on safety threats and conditions for return in case planning, in legal representation at every court hearing, and ultimately in appropriate and timely permanency for children.

To address the issue of a lack of clarity about safety plans, safety threats, implementation of safety plans and enhancing parent/family protective capacity, the CIP plans to work with the Department of Children and Family Services to ensure that all relevant stakeholders are introduced to and trained in the state's Advanced Safety Focused Practice Model.



Advanced Safety Focused Practice

Safety Is Our Focus

Safe & Unsafe Child



Protective Capacities are personal and parenting behavioral, cognitive and emotional characteristics that specifically and directly associate with being protective of one's child.

Safety and Risk Assessment Continuum

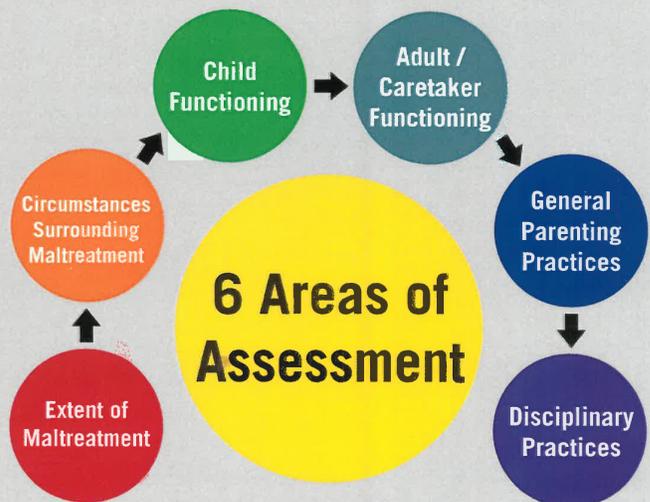
BEGINS AT INTAKE	Present Danger Assessment	Completed within 24 hours of initial contact
	Impending Danger Assessment	Completed within 30 days of initial contact
	Risk Assessment	

Present Danger - An immediate, significant and clearly observable family condition, child condition, family circumstance, or individual behavior or action that is in the process of occurring and that obviously endangers a child and requires immediate action to protect against.

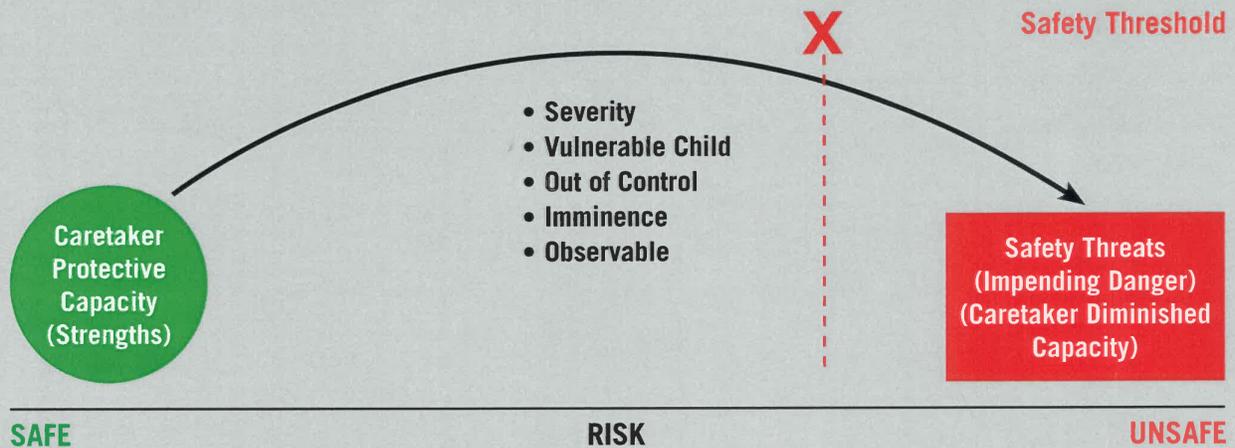
Impending Danger - A state of danger in which negative family conditions and/or diminished caretaker protective capacities pose a threat that may not be currently active, but can be anticipated to have severe effects on a child at any time in the near future.

Risk - The likelihood of future maltreatment.

6 Areas of Assessment



Impending Danger Safety Threshold Criteria



Conditions that can make a child VULNERABLE

- Age
- Physical or Mental Disability
- Provocative Behavior
- Powerless
- Defenseless
- Non-assertiveness
- Illness

Criteria for Safety Plans

- Must control or manage impending danger
- Must have an immediate effect
- Must be immediately accessible and available
- Must contain safety intervention and actions only
- No promissory commitments



Developing Sufficient Safety Plans

A well-thought out approach:

- includes safety providers who are suitable, committed, and are not perpetrators or alleged perpetrators!
- takes necessary action (level of intrusiveness)
- frequently enough (level of effort)
- to control danger threats and/or substitute for diminished Caretaker Protective Capacities



Safety Plan Analysis

- Do the parents or caretakers live in the home (established residence)?
- Is the home environment calm/consistent enough for safety actions to be provided and for people participating in safety management to be in the home safely without disruption?
- Are parents/caretakers willing to do the following:
 - Accept an in-home safety plan
 - Allow safety actions to be implemented within the home according to the safety plan
 - Be cooperative with those who are participating in carrying out the safety plan within the home
- Are there sufficient resources within the family or community that are suitable and committed to perform the safety actions necessary to manage the identified Impending Danger threat?

*If the answer to all of the analysis questions is "yes," develop an **in-home safety plan**.

*If the answer to **any** of the analysis questions is "no," safety management must involve an **"out-of-home"** safety plan.

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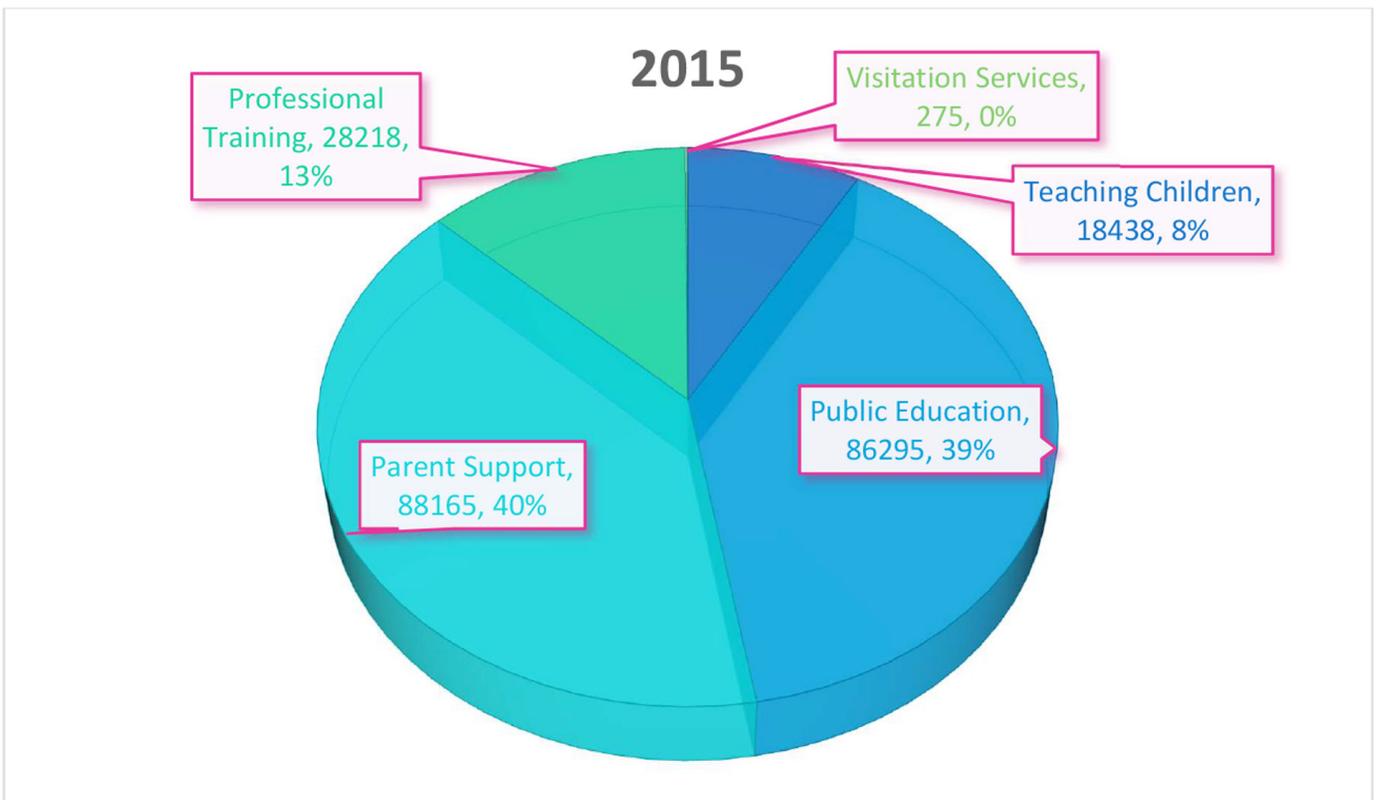
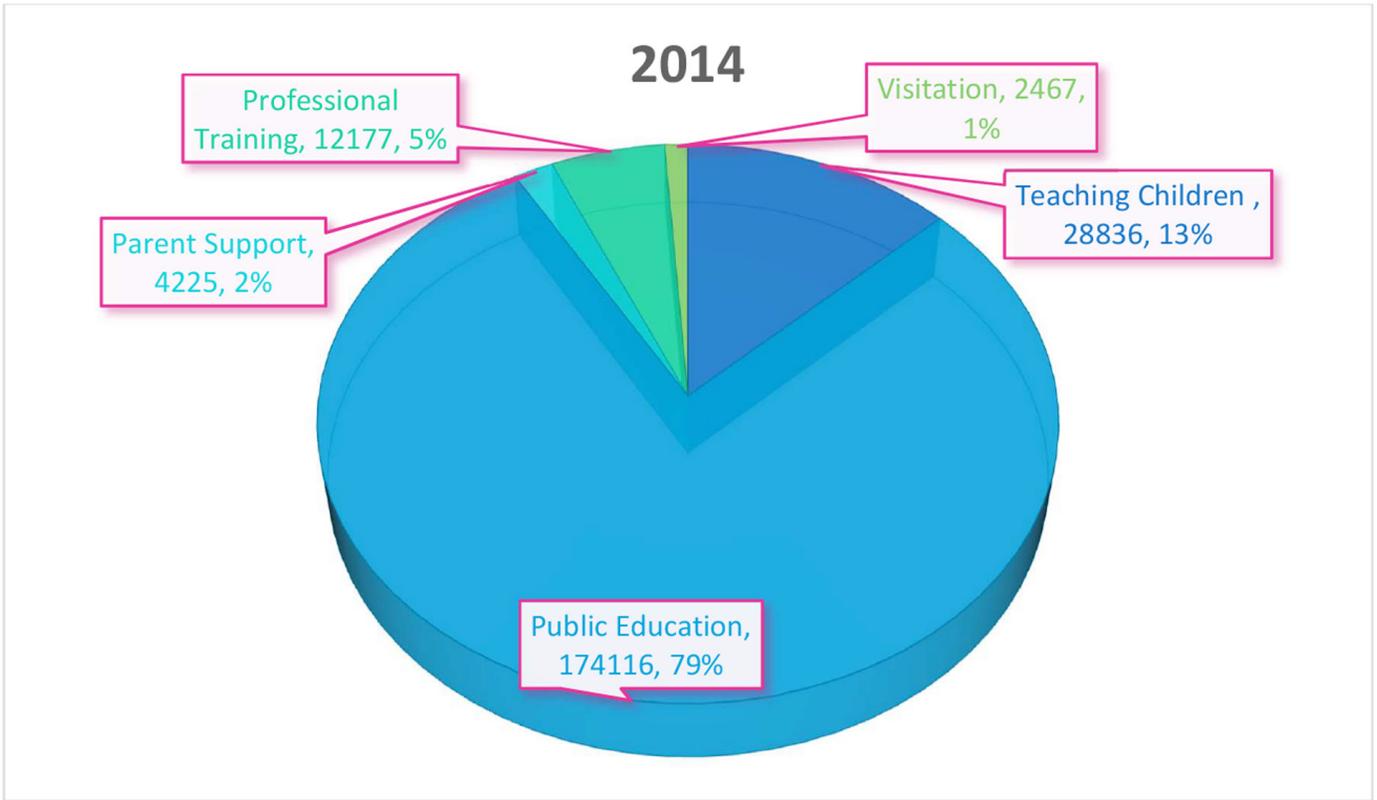
The third issue identified from data collected during the federal Child and Family Services Review (CFSR) of Louisiana's foster care system indicates that families who encounter the child welfare system are infrequently provided, or unable to access, adequate services and supports to address their issues, strengthen their parenting capacity to prevent maltreatment, avoid removals, reduce placement disruptions and restrictive placements, or timely reunify after a removal. This data supported the idea that children are being removed from their parents when many could potentially remain with their families, return to their parents' custody, or be placed with relative caregivers more efficiently with accessible, available, and individualized trauma informed services and supports.

The Louisiana Court Improvement Program (CIP) and stakeholders from legal services system will partner with DCFS to develop a state-wide system to support local communities and community leaders to create a more robust local service array, from prevention to permanency. This continuum of services will support and empower local communities to ensure children and families who need

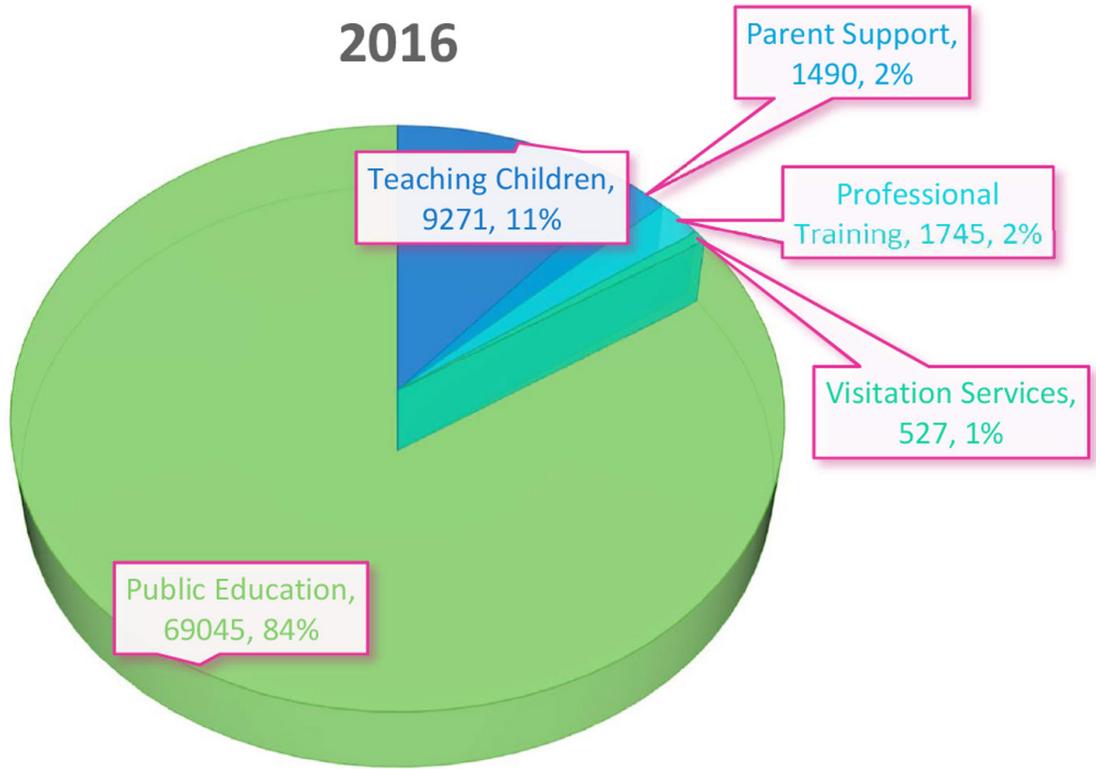


services are identified before maltreatment has even occurred (primary prevention) or early in abuse and neglect cases (secondary prevention) and able to participate in trauma-focused and resilience and protective capacity building activities and services. It is anticipated that as a result, trauma to children will be prevented or reduced, fewer children will be abused and neglected, be removed, enter or re-enter foster care, and for those that do enter foster care, there will be a decrease in placement disruptions and an increase in obtaining permanency within 12 months.

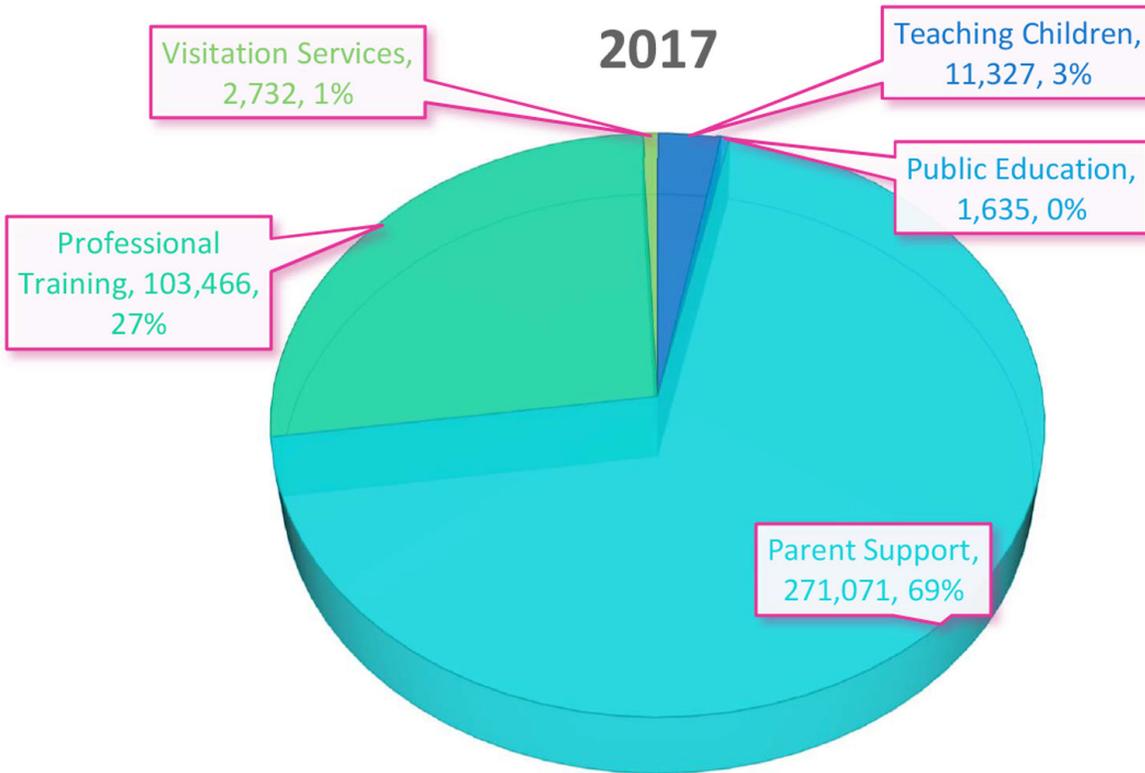
LOUISIANA CHILDREN'S TRUST FUND PROGRAMS FUNDED 2014 -2018

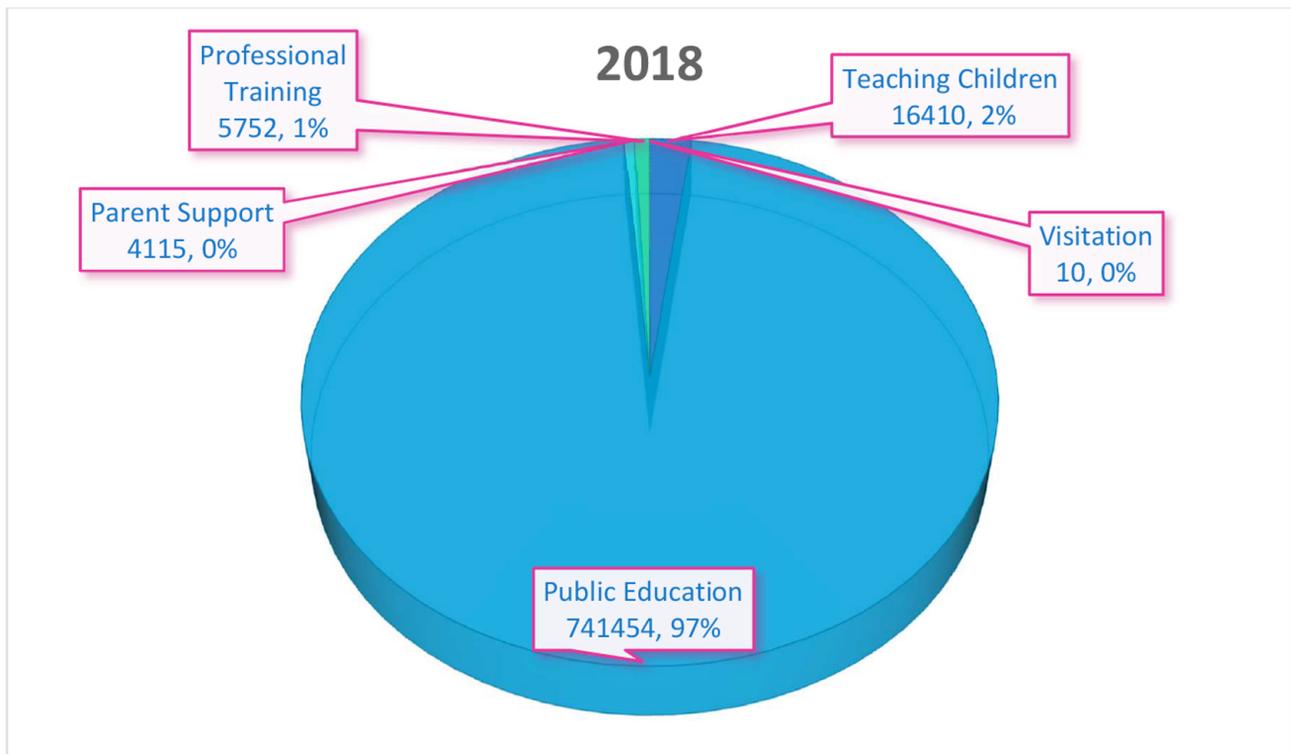


2016



2017





Cost Effectiveness by Funding Category

	FY 14	FY 15	FY 16	FY 17	FY 18
Children Taught Like Skills and Safety Children Served	28,836	18,438	9,271	11,237	16,410
Parents Provided Education and Support Parents Served	4,225	88,165	1,490	271,071	4,115
Families Furnished Hospital and/or Home Visits Families Served	2,467	275	527	2,732	10
Adults Given Public Awareness/Education Adults Served	174,116	86,295	69,045	1,635	741,454
Professionals and Volunteers Trained Professionals/Volunteers Served	12,177	28,218	1,745	103,466	5,752
Statewide					
Number of programs	184	74	55	44	46
Total amount spent	\$1,212,120.22	\$776,005.00	\$624,840.74	\$544,421	\$783,000
Number of people served	221,821	221,391	82,078	390,231	774,904
Averaged cost Per Child/Adult/Family	\$5.05	\$3.50	\$7.66	\$1.40	\$1.01

DEFINING CHILD MALTREATMENT, ABUSE AND NEGLECT

The World Health Organization (WHO) defines child maltreatment as the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, which results in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Exposure to intimate partner violence is also sometimes included as a form of child maltreatment.

International studies reveal that a quarter of all adults report having been physically abused as children and 1 in 5 women and 1 in 13 men report having been sexually abused as a child. Additionally, many children are subject to emotional abuse (sometimes referred to as psychological abuse) and to neglect.

Every year, there are an estimated 41,000 homicide deaths in children under 15 years of age. This number underestimates the true extent of the problem, as a significant proportion of deaths due to child maltreatment are incorrectly attributed to falls, burns, drowning and other causes. In armed conflict and refugee settings, girls are particularly vulnerable to sexual violence, exploitation and abuse by combatants, security forces, members of their communities, aid workers and others.

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.

The Child Abuse Laws in Louisiana are in the Children's Code (§14:403 Criminal; Art. 609 & 603 Children's Code). The Children's Code defines abuse and neglect as acts seriously endangering the physical, mental or emotional health of a child, including infliction or allowing infliction or attempted infliction of physical or mental injury; exploitation by overwork; sexual abuse or involvement in pornography.

The Louisiana Children’s Code Definitions (Title VI, Article 601):

‘Abuse’ means any one of the following acts that seriously endanger the physical, mental, or emotional health and safety of the child:

- The infliction; attempted infliction; or, as a result of inadequate supervision, the allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person
- Exploitation or overwork of a child by a parent or any other person, including, but not limited to, commercial sexual exploitation of the child
- A coerced abortion conducted upon a child

The term ‘crime against the child’ shall include the commission of or the attempted commission of any of the following crimes against the child as provided by Federal or State statutes:

- Homicide
- Assault or battery
- Kidnapping
- Criminal neglect
- Cruelty to juveniles
- Contributing to the delinquency or dependency of children
- Sale of minor children
- Human trafficking

‘Neglect’ means the refusal or unreasonable failure of a parent or caregiver to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child, and as a result of which the child’s physical, mental, or emotional health and safety is substantially threatened or impaired. Neglect includes prenatal neglect.

‘Prenatal neglect’ means exposure to chronic or severe use of alcohol, the unlawful use of any controlled dangerous substance, or the use of a controlled dangerous substance in a manner not lawfully prescribed that results in symptoms of withdrawal in the newborn or the presence of a controlled substance or a metabolic thereof in the child’s body, blood, urine, or meconium that is not the result of medical treatment or observable and harmful effects in the child’s physical appearance or functioning. Sexual Abuse/Exploitation

Citation: Ch. Code Art. 603

The term ‘abuse’ means any one of the following acts that seriously endanger the physical, mental, or emotional health and safety of the child:

- The involvement of the child in any sexual act with a parent or any other person or the aiding or toleration by the parent, caregiver, or any other person of the child’s involvement in any of the following:
 - » Any sexual act with any other person
 - » Pornographic displays
 - » Any sexual activity constituting a crime under the laws of this State
- Female genital mutilation, as defined by Rev. Stat. § 14:43.4

'Commercial sexual exploitation' means involvement of the child in human trafficking or trafficking of children for sexual purposes, as prohibited by Rev. Stat. §§ 14:46.2 and 46.3, or any prostitution-related offense, as prohibited by Rev. Stat. §§ 81.1, 81.3, 82, 82.1, 82.2, 83, 83.1, 83.2, 83.3, 83.4, 84, 85, 86, 89.2, 104, 105, and 282.

'Child pornography' means visual depiction of a child engaged in actual or simulated sexual intercourse, deviate sexual intercourse, sexual bestiality, masturbation, sadomasochistic abuse, or lewd exhibition of the genitals.

The term 'crime against the child' shall include the commission of or the attempted commission of any of the following crimes against the child, as provided by Federal or State statutes:

- Rape or sexual battery
- Carnal knowledge of a juvenile
- Indecent behavior with juveniles
- Pornography involving juveniles
- Molestation of a juvenile
- Trafficking of children for sexual purposes
- Female genital mutilation

Emotional Abuse Citation: Ch. Code Art. 603

The term 'abuse' includes any act that seriously endangers the mental or emotional health of the child or inflicts mental injury.

Abandonment Citation: Ch. Code Art. 603

A 'crime against the child' includes criminal abandonment of a child. Standards for Reporting Citation: Ch. Code Art. 609 A report is required when any mandatory reporter has cause to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect. Persons Responsible for the Child

Citation: Ch. Code Art. 603

The term 'caretaker' (caregiver) means any person legally obligated to provide or secure adequate care for a child, including a parent, tutor, guardian, legal custodian, foster home parent, an employee of a public or private daycare center, operator or employee of a registered family daycare home, or other person providing a residence for the child.

Exceptions Citation: Ch. Code Art. 603

The inability of a parent or caregiver to provide for a child due to inadequate financial resources shall not, for that reason alone, be considered neglect.

Whenever, in lieu of medical care, a child is being provided treatment in accordance with the tenets of a well-recognized religious method of healing that has a reasonable, proven record of success, the child shall not, for that reason alone, be considered to be neglected or maltreated. Nothing in this section shall prohibit the court from ordering medical services for the child when there is substantial risk of harm to the child's health or welfare.

According to the American Society for the Positive Care of Children to many, child abuse is narrowly defined as having only physical implications. 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. They include 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 so that injury results, 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.

According to the Center for Disease Control Child maltreatment is 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:

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

RISK FACTORS FOR CHILD MALTREATMENT, ABUSE AND NEGLECT: Child Risk Factors

Children with certain characteristics are at greater risk of victimization:

- o Being under four or an adolescent
- o Being unwanted, or failing to fulfill parent expectations
- o Having a disability, persistent crying, or exhibiting abnormal physical features

Parent Risk Factors

Parents with certain characteristics are at greater risk of engaging in child maltreatment:

- o Difficulty bonding with newborn
- o Not nurturing the child
- o Having been maltreated themselves as a child
- o Lacking awareness of child development or having unrealistic expectations
- o Misusing alcohol or drugs, including during pregnancy
- o Being involved in criminal activity
- o Experiencing financial difficulties

Relationship Risk Factors

Relationships with certain characteristics within families or among intimate partners, friends and peers may increase the risk of child maltreatment:

- o Physical, developmental or mental health problems of a family member
- o Family breakdown or violence between other family members
- o Being isolated in the community or lacking a support network
- o A breakdown of support in child rearing from the extended family.

Community and Societal Risk Factors

Certain characteristics of communities and societies may increase the risk of child maltreatment:

- o Gender and social inequality
- o Lack of adequate housing or services to support families and institutions
- o High levels of unemployment or poverty
- o Easy availability of alcohol and drugs
- o Inadequate policies and programs for prevention of child maltreatment, child pornography, child prostitution, and child labor
- o Social and cultural norms that promote or glorify violence towards others, support the use of corporal punishment, demand rigid gender roles, or diminish the status of the child in parent-child relationships
- o Social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability

RECOGNIZING THE SIGNS OF CHILD MALTREATMENT, ABUSE AND NEGLECT



According to [childwelfare.gov](https://www.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 help you better understand 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. If you do suspect a child is being harmed, reporting your suspicions may protect him or her and get help for the family. Any concerned person can report suspicions of child abuse or neglect.

Reporting your concerns 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 about where and how to file a report, contact your local child protective services agency or police department. Childhelp National Child Abuse Hotline (800.4.A.CHILD) and its website offer crisis intervention, information, resources, and referrals to support services and provide assistance in 170 languages: <https://www.childhelp.org/childhelp-hotline/>. 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>. 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 be 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
- Is abusing alcohol or other drugs

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 bedwetting
- 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. For more information contact Louisiana Children's Trust Fund at 1-800-256-5437.

DEFINITIONS OF CHILD MALTREATMENT, ABUSE AND NEGLECT PREVENTION



The Children's Bureau at HHS' Administration for Children and Families (ACF) published the 28th edition of the Child Maltreatment Report, which analyzes data collected by state child protective services (CPS) agencies. The report is based on fiscal year 2017 data, which is the latest data available (2019 from <https://www.acf.hhs.gov/media/press/2019/child-abuse-neglect-data-released>).

The report indicates, of the 3.5 million children who were the subject of an investigation or alternative response in fiscal year 2017, an estimated 674,000 children were determined to be victims of maltreatment, down from 2016. In total, 74.9 percent of victims were neglected, 18.3 percent were physically abused, and 8.6 percent were sexually abused. The number of child fatalities due to child abuse and neglect decreased in fiscal year 2017, after increasing steadily for several years. A national estimate of 1,720 children died from abuse and neglect in fiscal year 2017 compared to 1,750 children who died in fiscal year 2016. Estimated referrals to CPS for investigation response or alternative response increased by 15 percent from fiscal year 2013 (3,598,000) to (4,136,000) in fiscal year 2017. A referral may include more than one child. Of the estimated 7.5 million children who were included in a referral, 3.5 million children received an investigation or alternative response.

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 reduces the risk of child maltreatment.

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 how to report 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 of 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 childcare, 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

According to the Center for Disease Control (CDC, 2019) child maltreatment, abuse and neglect are serious problems that can have lasting harmful effects on its victims. The goal in preventing child abuse and neglect is to stop this violence from happening in the first place. Child maltreatment is a complex problem rooted in unhealthy relationships and environments. Preventing child abuse and neglect requires addressing factors at all levels of the social ecology—the individual, relational, community, and societal levels. Effective prevention strategies must emphasize modification of policies, practices, and societal norms to create safe, stable, nurturing relationships, environments and communities.

Prevention strategies need to:

- Strengthen household financial security using economic and financial supports
- Impact social norms about positive parenting strategies through public engagement and educational campaigns
- Impact social norms by enacting legislative approach to reduce corporal punishment
- Increase access to quality licensed childcare and education in early childhood using family engagement and enrichment preschool programs
- Strengthen and enhance parenting skills to promote healthy child development through early childhood visitation programs
- Educate parents using parenting skill and family relationship approaches
- Establish interventions to lessen harm and prevent future risk of reoccurrence by enhancing primary care and promoting/providing parent training programs
- Early intervention to lessen harm from exposure to maltreatment and trauma
- Early intervention to prevent problem behavior and later propensity for violence due to maltreatment and trauma

ESTIMATED ANNUAL COST OF CHILD MALTREATMENT, ABUSE AND NEGLECT



Healthy families mean healthy children and healthy communities. A thriving economy leads to financial stability and security. Investments in prevention support healthy child development and lower the number of children impacted by maltreatment, abuse and neglect. Child maltreatment contributes to the financial burden for our nation. Child maltreatment impacts over 1 million children every year. Child maltreatment costs our nation \$220 million every day for investigations, foster care services, and medical and mental health treatment. Children experiencing the trauma of

maltreatment later require additional services including special education, juvenile and adult crime, chronic health problems, and other costs across the life span.

We will pay a staggering \$80 BILLION to address child abuse and neglect each year. Child maltreatment has consequences for everyone. 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.

~ Prevent Child Abuse America

http://www.preventchildabuse.org/images/research/pcaa_cost_report_2012_gelles_perlman.pdf

Suggested Citation: 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

A Stronger CAPTA for Stronger Families and Communities



Child abuse and neglect are preventable, and with expert prevention, intervention and treatment, their effects can be limited. With proper funding, state and local systems can empower families and communities so they provide healthy, safe homes for children and reduce the need for foster care. Most federal child welfare funding supports foster placements for kids after they've already been harmed, not the services that keep them from harm in the first place. A stronger CAPTA will create stronger families and communities and keep children safer from harm.

The trauma of child abuse and neglect can last a lifetime

- Children who are abused and neglected have higher rates of developmental delay, depression, suicide, drug abuse, teen pregnancy, and school failure
- Children who are abused and neglected have poorer health as adults, including higher rates of heart disease, autoimmune disease, and obesity
- Children who are abused and neglected are more likely to be arrested and incarcerated as youth and adults
- Children who are abused and neglected are more likely to struggle financially as adults

Child abuse and neglect are a costly public health crisis we are barely addressing

The CDC estimates:

- Each non-fatal case of child maltreatment will cost **\$830,928** over the life of the child
- The **696,785** substantiated cases in 2017 will cost **\$579,978,166,480** over their lifetimes



1,720* children died
from child abuse and neglect
in 2017

* Experts note data is incomplete and estimate the number is closer to 3,000



696,785
substantiated cases
of child abuse and
neglect in 2017

\$85million/year

CAPTA TITLE I STATE GRANTS
for prevention, intervention,
and treatment

\$39million/year

CAPTA TITLE II STATE GRANTS
for primary prevention



NATIONAL
CHILD ABUSE
COALITION

nationalchildabusecoalition@gmail.com

PROTECTIVE FACTORS FOR PROMOTING HEALTHY FAMILIES

Protective factors may lessen the likelihood of children being abused or neglected. According to the Center for Disease Control (CDC, 2016) identifying and understanding protective factors are equally as important as researching risk factors.

Child abuse and neglect is associated with several risk factors. Risk for child abuse and neglect perpetration and victimization is influenced by several individual, family, and environmental factors, all of which interact to increase or decrease risk over time and within specific contexts or environments. Risk factors for victimization include child age and special needs that may increase caregiver burden (e.g., developmental and intellectual disabilities, mental health issues, and chronic physical illnesses).

Risk factors for perpetration include young parental age, single parenthood, large number of dependent children, low parental income, parental substance abuse, parental mental health issues, parental history of abuse or neglect, social isolation, family disorganization, parenting stress, intimate partner violence, poor parent-child relationships, community violence, and concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates). Although risk factors provide information about who is most at risk for being a victim or a perpetrator of child abuse and neglect, they are not direct causes and cannot predict who will be a victim or a perpetrator.

Factors that protect or buffer children from being abused or neglected are known as protective factors. Supportive family environments and social networks consistently emerge as protective factors; however, other factors such as parental employment, adequate housing, and access to health care and social services may also serve to protect against child abuse and neglect. Unfortunately, because of the intersectionality of the risk factors, no single factor tells the entire story about how and why child abuse and neglect occur. The risk and protective factors differ and intersect in various ways depending on the type of child abuse and neglect being studied.

Family Protective Factors

- Supportive family environment and social networks
- Concrete support for basic needs
- Nurturing parenting skills
- Stable family relationships
- Household rules and child monitoring
- Parental employment
- Parental education
- Adequate housing
- Access to health care and social services
- Caring adults outside the family who can serve as role models or mentors

Community Protective Factors

- Communities that support parents and take responsibility for preventing abuse



The research and evidence indicate the following strategies are effective for preventing abuse and neglect and other forms of violence. Each form of violence is interrelated and given this overlap a reduction of risk for child maltreatment, abuse and neglect leads to a reduction in other forms of violence.

Recent research and evidence suggest that that preventing the development of violent behavior during early childhood can reduce youth violence, intimate partner and dating violence, sexual violence and self-directed violence. These strategies are supported by research that demonstrate evidence-based strategies addressing risk factors contributing to child abuse and neglect (CDC, 2016):

Preventing Child Abuse and Neglect	
Strategy	Approach
Strengthen economic supports to families	<ul style="list-style-type: none"> • Strengthening household financial security • Family-friendly work policies
Change social norms to support parents and positive parenting	<ul style="list-style-type: none"> • Public engagement and education campaigns • Legislative approaches to reduce corporal punishment
Provide quality care and education early in life	<ul style="list-style-type: none"> • Preschool enrichment with family engagement • Improved quality of child care through licensing and accreditation
Enhance parenting skills to promote healthy child development	<ul style="list-style-type: none"> • Early childhood home visitation • Parenting skill and family relationship approaches
Intervene to lessen harms and prevent future risk	<ul style="list-style-type: none"> • Enhanced primary care • Behavioral parent training programs • Treatment to lessen harms of abuse and neglect exposure • Treatment to prevent problem behavior and later involvement in violence

STRATEGIES TO PROMOTE HEALTHY FAMILIES

Evidence-based strategies to address Strengthening Economic Supports to Families:

- Child Support Payments that do not reduce TANF benefits
- Tax Credits for low income families
- SNAP benefits easily accessible to meet nutritional needs of children in low income families
- Rental assistance programs
- Subsidized childcare
- Living wages
- Paid leave
- Flexible work schedules

Potential Outcomes from evidence -based strategies to address economic supports:

- Improvements in children’s health, development, and health insurance coverage
- Reductions in physical abuse of children
- Reductions in child neglect
- Reductions in unintentional or undetermined causes of childhood injury
- Reductions in maternal depression and parental stress
- Reductions in adolescent risky health behaviors
- Reductions in chronic disease among adults and leading causes of death

Evidence-based strategies to address Changing Social Norms to Support Parents and Positive Parenting:

- Public engagement and education campaigns
- Legislative approaches to reduce corporal punishment

Potential Outcomes from evidence -based strategies to change social norms:

- Shift in perceived responsibility for children—from personal to shared responsibility
- Increase in public support for policies supportive of children and families
- Reduction in beliefs that corporal punishment of children is appropriate
- Reduction in reported use of corporal punishment
- Increase in beliefs that nurturing children at every age is appropriate
- Reduction in beliefs that getting help for parenting is bad
- Increase in seeking help for parenting
- Increase in public awareness of factors that can inhibit or promote healthy child development

Evidence-based strategies to address Providing Quality Care and Education Early in Life:

- Preschool enrichment with family engagement
- Improved quality care through licensing and accreditation

Potential Outcomes from evidence-based strategies to provide quality care and education:

- Reduced encounters with child welfare services
- Reduced physical and sexual violence against children
- Lower rates of out-of-home placement
- Higher rates of high school completion, college attendance and more years of completed education, lower drop-out rates
- Lower rates of juvenile arrests, felony arrests, incarceration
- Lower rates of grade retention and special education services
- Higher rates of health care coverage
- Lower rates of depressive symptoms
- Higher rates of full-time employment
- Lower rates of disability

Evidence-based strategies to address Enhancing Parenting Skills to Promote Healthy Child Development:

- Early childhood home visitation
- Parenting skill and family relationship approaches

Potential Outcomes of evidence-based strategies to address parenting skills:

- Reductions in child abuse and neglect perpetration
- Reductions in risk factors for child abuse and neglect (e.g., parental substance use, criminal involvement, timing of subsequent births, child behavioral problems)
- Improved parent-child interactions (e.g., increased nurturing)
- Improved parenting behaviors (e.g., child behavior management), including reductions in use of harsh verbal and physical discipline
- Improved violence prevention-related knowledge, behaviors, and beliefs
- Fewer emergency room visits and hospital stays
- Reductions in use of welfare
- Reductions in criminal behavior
- Reductions in youth substance use and arrests

Evidence-based strategies to address Intervening to Lessen Harms and Prevent Future Risk:

- Enhanced primary care
- Behavioral parent training programs
- Treatment for children and families to lessen the harms of abuse and neglect exposure
- Treatment for children and families to prevent problem behavior and later involvement in violence

Potential Outcomes for evidence-based strategies addressing intervention to lessen harm:

- Fewer delayed immunizations
- Reductions in abuse and neglect perpetration
- Reductions in short- and long-term trauma-related symptoms of the child, including internalizing (e.g., posttraumatic stress, depression, anxiety) and externalizing (e.g., sexualized behaviors, aggressive behavior) symptoms
- Improved parent-child interactions, parenting behaviors, and family functioning
- Reductions in parental depression, emotional distress, and substance use
- Decreased number of and time spent in out-of-home placements
- Reductions in substance use among youth
- Reductions in re-offending

Reference: Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities. Center for Disease Control <https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf>

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. Parents who can cope with the stresses of everyday life, as well as an occasional crisis, have resilience. Parents with resilience have the flexibility and inner strength necessary to bounce back when things are not going well. Multiple life stressors, such as a family history of abuse or neglect, health problems, marital conflict, or domestic or community violence - and financial stressors such as unemployment, poverty, and homelessness - may reduce a parent's capacity to cope effectively

with the typical day-to-day stresses of raising children.

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 call forth 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 can 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 create toxic stress. That is, 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 a process 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.

Reference: Center for the Study of Social Policy. Protective and Promotive Factors: Parental Resilience (2015).

USING EVIDENCE TO SUPPORT EFFORTS TO STRENGTHEN FAMILIES



The Center for Social Policy defined 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.

To strengthen families programs should focus on building the following five protective factors that are associated in the evidence and research with lower rates of child abuse and neglect and with optimal child development: supporting parental resilience; building social connections; increasing knowledge of parenting and child development; providing concrete support in times of need; and building social-emotional competence of children (childwelfare.gov).

Louisiana Data

LOUISIANA SNAPSHOT

LOUISIANA STATEWIDE CHILDREN & FAMILY STATISTICS - 5/1/2019 JULY 2018 = 4,659,978

Basic Demographics Child Population 0 – 17	1,416,633 based on July 2018 US Census estimates
Indicators by Race	
White alone, not Hispanic or Latino 58.7%	2,735,407
American Indian 0.8%	37,279
Asian 1.9%	88,539
Black 32.6%	1,519,152
Native Hawaiian/Pacific Islander 0.1%	4,659
Two or more races 1.7%	79,219
Hispanic or Latino 5.2%	242,318
Indicators by Age Group	
Under Age 5 (6.7%)	312,218
Under Age 18 (23.7%)	1,104,414
Student Enrollment in Public Schools	
18 - 19	717,109
17 - 18	722,666
16 - 17	723,554
15 - 16	725,606
14 - 15	723,805
13 - 14	719,168
12 - 13	713,812
Student Enrollment in Non-Public Schools	
18-19	112,394
17-18	115,880
16-17	117,811
15-16	120,674
14-15	121,961
13-14	122,727
12-13	123,604
11 - 12	121,976
10 - 11	122,495

Economically Disadvantaged (Eligible for Free or Reduced Lunch)	
FY 2018	722,666
FY 2017	723,554
FY 2016	719,529
FY 2015	712,556
Public High School Students not Graduating on Time	
16-17	159,182
15-16	152,377
14-15	166,475
13-14	179,792
Median Household Income	
FY 2017	\$46,000
FY 2016	\$45,000
FY 2015	\$46,000
FY 2014	\$45,000
FY 2013	\$44,000
Children Served by FITAP (Family Independence Temporary Assistance Program)	
FY 2017	7,453
FY 2016	6,909
FY 2015	4,581
FY 2014	5,152
FY 2013	7,304
Children Served by the Kinship Care Program	
FY 2017	3,732
FY 2016	3,998
FY 2015	4,283
FY 2014	4,663
FY 2013	5,523
Children Served by the Child Care Assistance Program	
FY 2016	12,751
FY 2016	14,819
FY 2015	15,779
FY 2014	20,180
FY 2013	20,180

Children Served by the (SNAP) Supplemental Nutrition Assistance Program	
FY 2017 (38.6%)	429,430
FY 2016 (38%)	423,059
FY 2015 (34.4%)	383,381
FY 2014 (34.7%)	387,109
FY 2013 (36.7%)	409,954
Participants in WIC (Women, Infants & Children) Food Program	
FY 2019	104,003 (prelim)
FY 2018	112,362 (prelim)
FY 2017	119,747 (prelim)
FY 2016	127,387
FY 2015	128,935
FY 2014	130,399
Infants Served in WIC Food Program (annual average)	
FY 2019	31,720 (prelim)
FY 2018	33,547 (prelim)
FY 2017	35,561 (prelim)
FY 2016	37,352
FY 2015	37,558
FY 2014	37,209
FY 2013	38,082
Children Age 1-4 Served in WIC Food Program (annual average)	
FY 2019	45,230 (prelim)
FY 2018	49,665 (prelim)
FY 2017	53,243 (prelim)
FY 2016	57,203
FY 2015	28,117
FY 2014	59,916
FY 2013	67,192
Children in Poverty	
FY 2017 (27.8%)	242,741
FY 2016 (28.4%)	260,765
FY 2015 (28.1%)	250,075
FY 2014 (27.6%)	247,441
FY 2013 (27.4%)	243,317
Live Births	
FY 2017	61,018
FY 2016	63,178
FY 2015	64,882
FY 2014	64,497

FY 2013	63,201
Births to Women Receiving Adequate Prenatal Care	
FY 2016 (75.7%)	47,826
FY 2015	47,401
FY 2011 (77%)	51,961
Low Birthweight Babies	
FY 2017	6,519
FY 2016	6,720
FY 2015	6,839
FY 2014	6,786
FY 2013	6,901
Preterm Births	
FY 2017 (12.7%)	7,749
FY 2016 (12.6%)	7,960
FY 2015 (12.3%)	7,980
FY 2014 (12.3%)	7,933
FY 2013 (12.5%)	7,900
Births to Teens Ages 15-19	
FY 2017	4,269
FY 2016	4,545
FY 2015	5,055
FY 2014	5,270
FY 2013	5,811
Publicly Insured Children (Medicaid and LaCHIP)	
FY 2017	737,694
FY 2016	761,494
FY 2015	771,402
FY 2014	750,776
FY 2013	723,434
Children without Health Insurance	
FY 2017	36,000
FY 2016	34,000
FY 2015	40,000
FY 2014	58,000
FY 2013	63,000
Children in Foster Care	
FY 2017	4,460
FY 2016	4,461
FY2015	4,545
FY 2014	4,329
FY 2013	3,955

Sources:

<https://talkpoverty.org/state-year-report/louisiana-2012-report/>

<https://www.fns.usda.gov/pd/wic-program>

<https://www.louisianabelieves.com/resources/library/student-attributes>

https://nces.ed.gov/programs/digest/d16/tables/dt16_204.10.asp

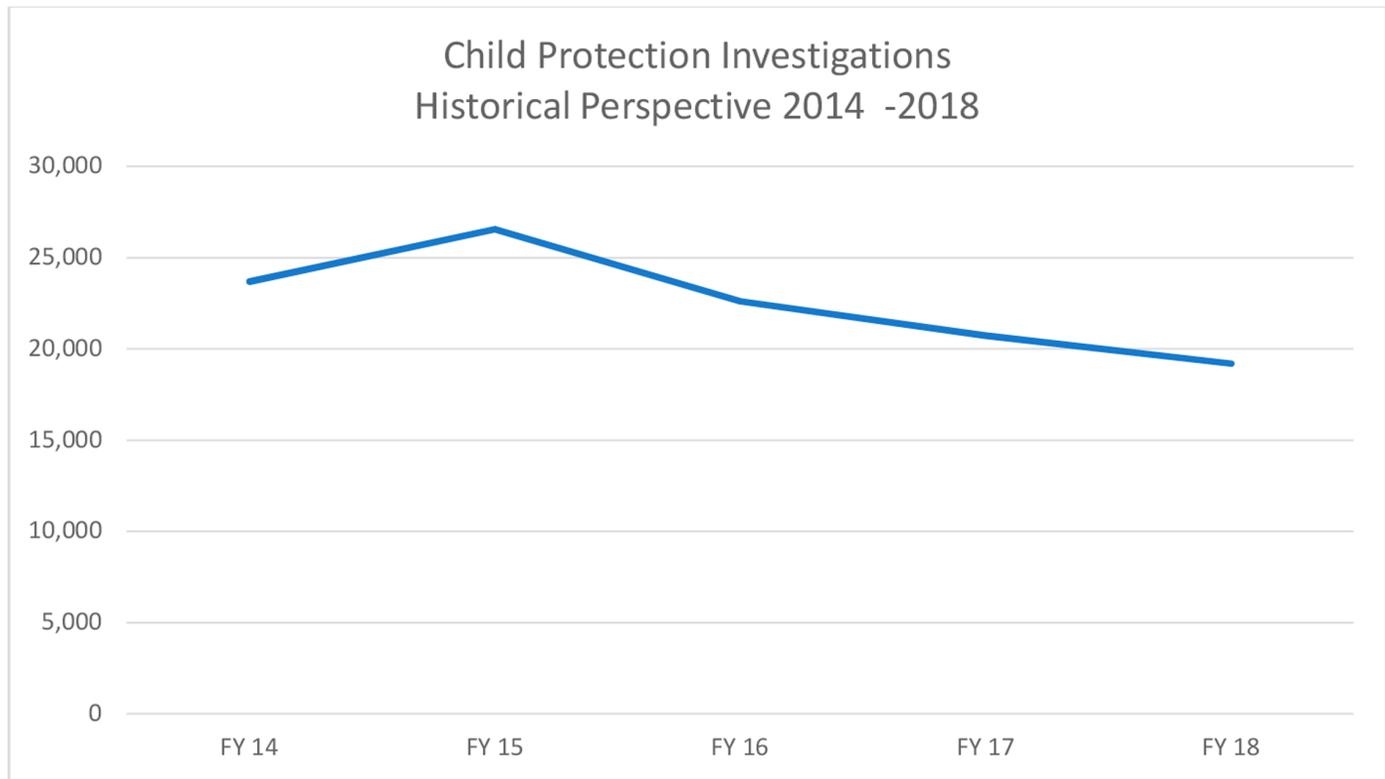
<https://www.census.gov/quickfacts/fact/table/la/RHI825217#RHI825217>

<http://worldpopulationreview.com/states/louisiana-population/>

<https://datacenter.kidscount.org/data/tables/1470-student-enrollment-in-public-schools#detailed/2/any/false/871,870,573,869,36,868,867,133,38,35/any/9895>

https://www.aecf.org/m/databook/2018KC_profiles_LA.pdf

Key Indicators	2015	2016	2017	2018
Percentage of low-birthweight babies Louisiana 10.6% (2018) National 8.3% (2018)	10.6%	10.6%	10.7% Rank 40 th	10.6% Rank 49 th
Infant Mortality Rate Louisiana 7.8/1,000 (2018) National 5.9/1,000 (2018)	7.7/1,000	8/1,000	7.1/1,000	7.8/1,000
Child Death Rate (ages 1-14) Louisiana 39/100,000 (2017) National 26/100,000 (2017)	40/100,000	39/100,000	39/100,000	26/100,000
Teen Death Rate Teens - Louisiana 39/100,000 (2018) Teens - National 26/100,000 (2018)	19,562 25/100,000	20,360 26/100,000	20,337 26/100,000 Rank 49 th	39/100,000
Teen Birth Rate (Births to Girls Ages 15-19) Louisiana 29/1000 (2018) National 19/1000 (2018)	34.1/1,000	30.6/1,000 Rank 49 th	29.1/1,000 Rank 49 th	29/1,000 Rank 48 th
Percent of teens who are high school dropouts Louisiana 22% (2018) National 15% (2018)	23%	21%	21%	22%
Percent of teens not attending school and not working (Ages 16-19) Louisiana 11% (2018) National 7% (2018)	11% 28,000	11% 29,000	10% 27,000	11% 28,000
Percent of children living in families where no parent has full-time, year-round employment Louisiana 13% (2018) National 8% (2018)	12% 42,000	13% 45,000	13% 44,000	13% 44,000
Percent of children in poverty Louisiana 28% (2018) National 18% (2018)	28% 309,190	28% 310,390	28% 303,020	28%
Percent of children in single-parent homes Louisiana 45% (2018) National 34% (2018)	473,000 (2015) 488,000 (2014) or 47% 479,000 (2013) or 46%	N/A	N/A	45%



FY 14	23,694
FY 15	26,558
FY 16	22,611
FY 17	20,721
FY 18	19,194

Sources:

<http://www.worldlifeexpectancy.com/usa/louisiana-median-annual-income?order=1>

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>

<http://datacenter.kidscount.org/data/tables/43-children-in-poverty#detailed/2/2-52/false/36,868,867,133,38/any/321,322>

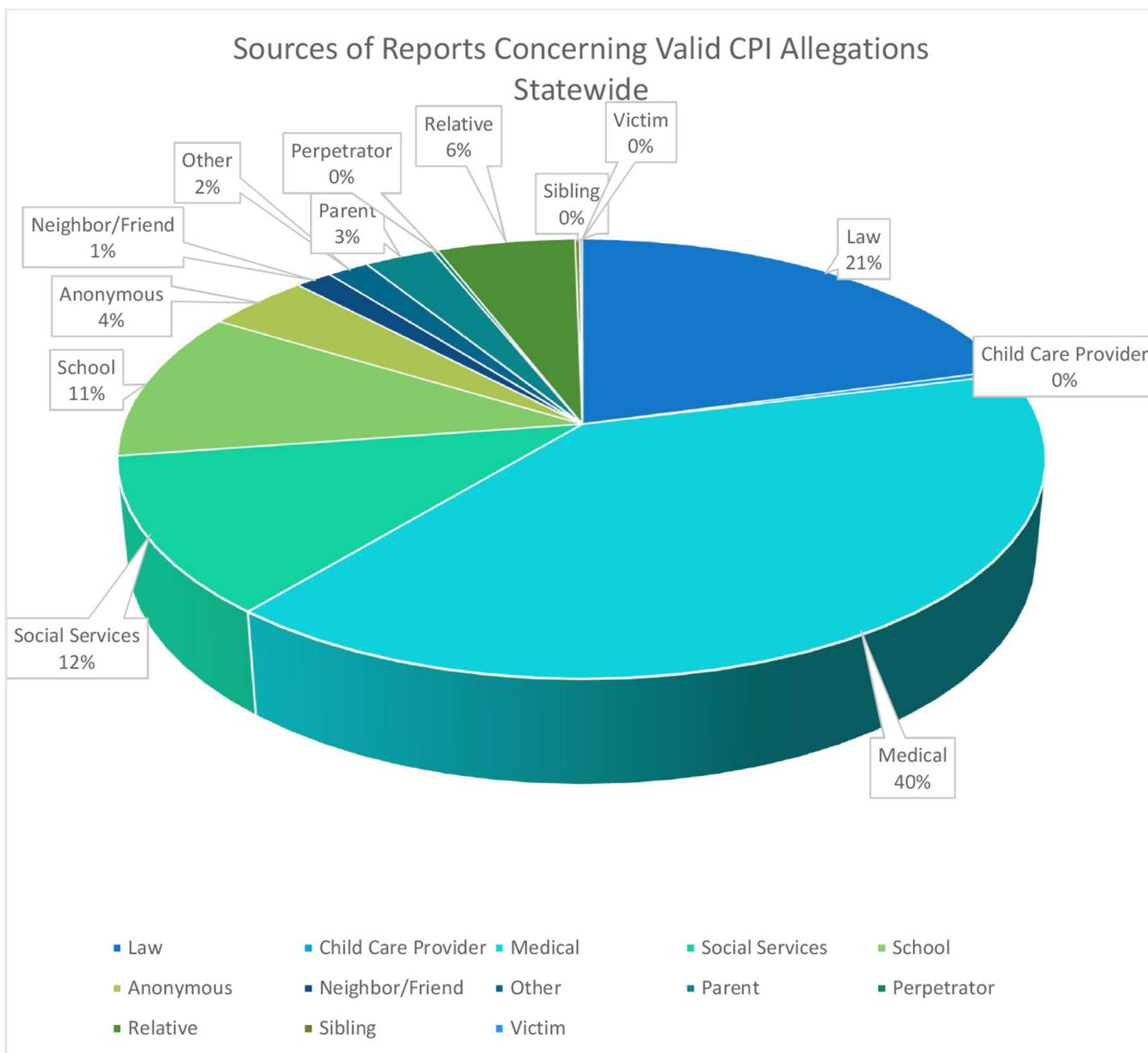
[file:///C:/Users/sharo_000/Downloads/2009-2011_CDR_Report_FINAL%20\(1\).pdf](file:///C:/Users/sharo_000/Downloads/2009-2011_CDR_Report_FINAL%20(1).pdf)

<http://kff.org/other/state-indicator/child-death-rate/>

Investigations Reported Vs. Investigations Validated

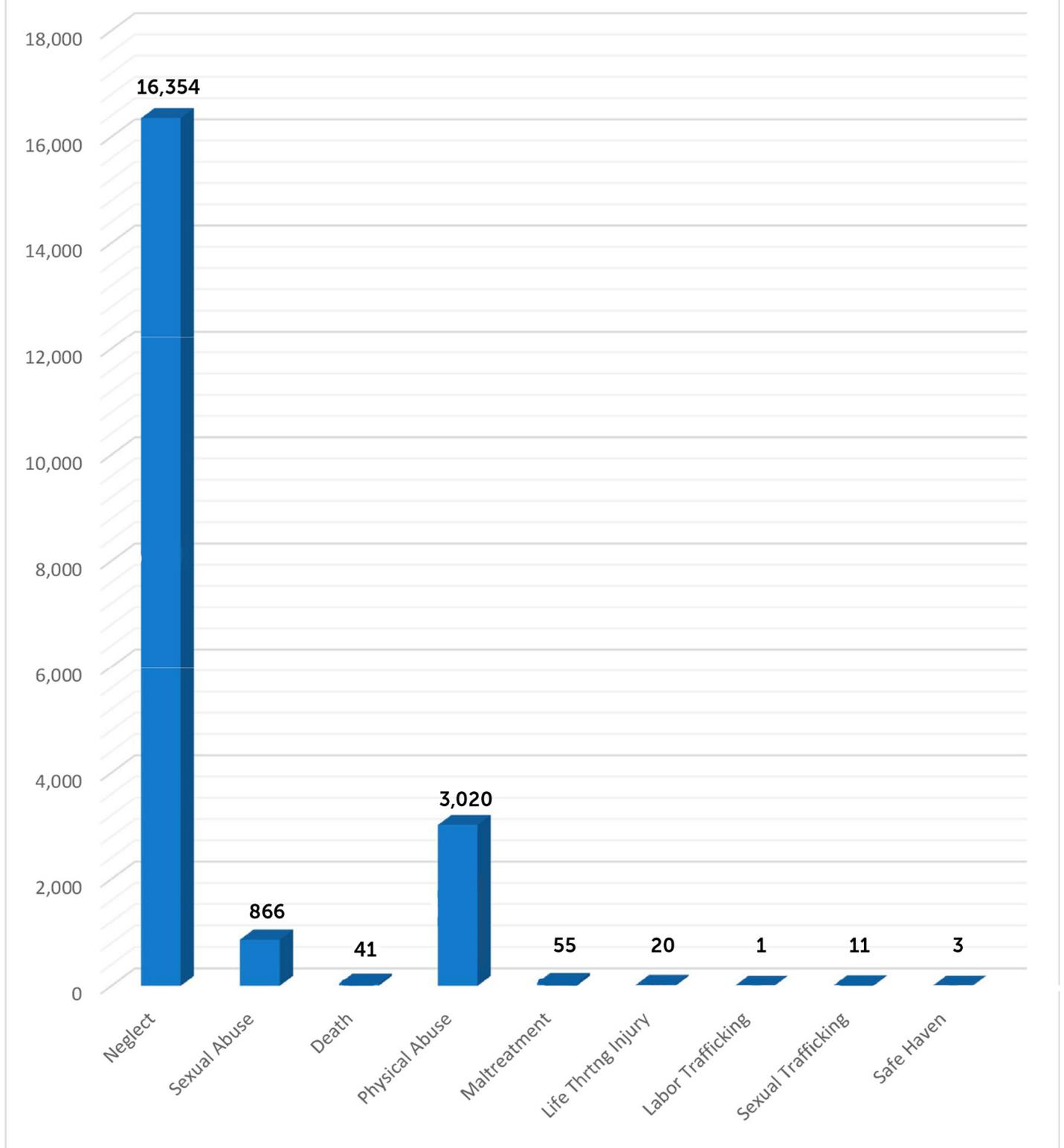
Statewide	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Number of CPI Reports	23,694	26,558	22,611	20,721	19,194
Number Validated	8,182	8,655	13,761	7,402	6,530
Percentage Validated	35%	33%	61%	36%	34%
Number of Entries into State Custody/Care	4,077	4,160	3,606	3,710	3,470

2015 Annual Progress and Service Report, Louisiana Department of Child and Family Services



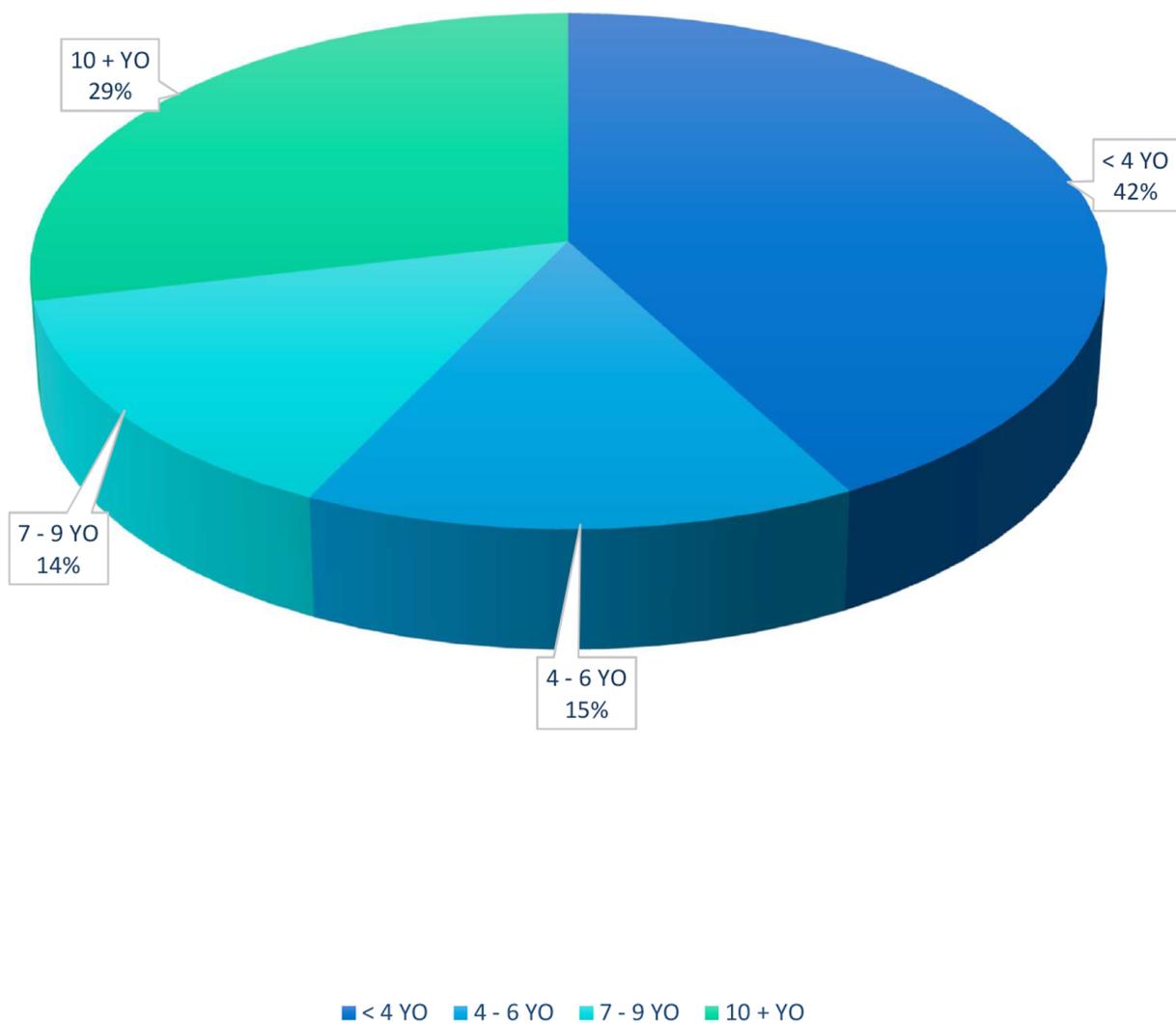
From: Louisiana DCFS Child Welfare Quality Assurance and Research Section, FY 2019

Number of Valid CPI Allegations by Type Statewide



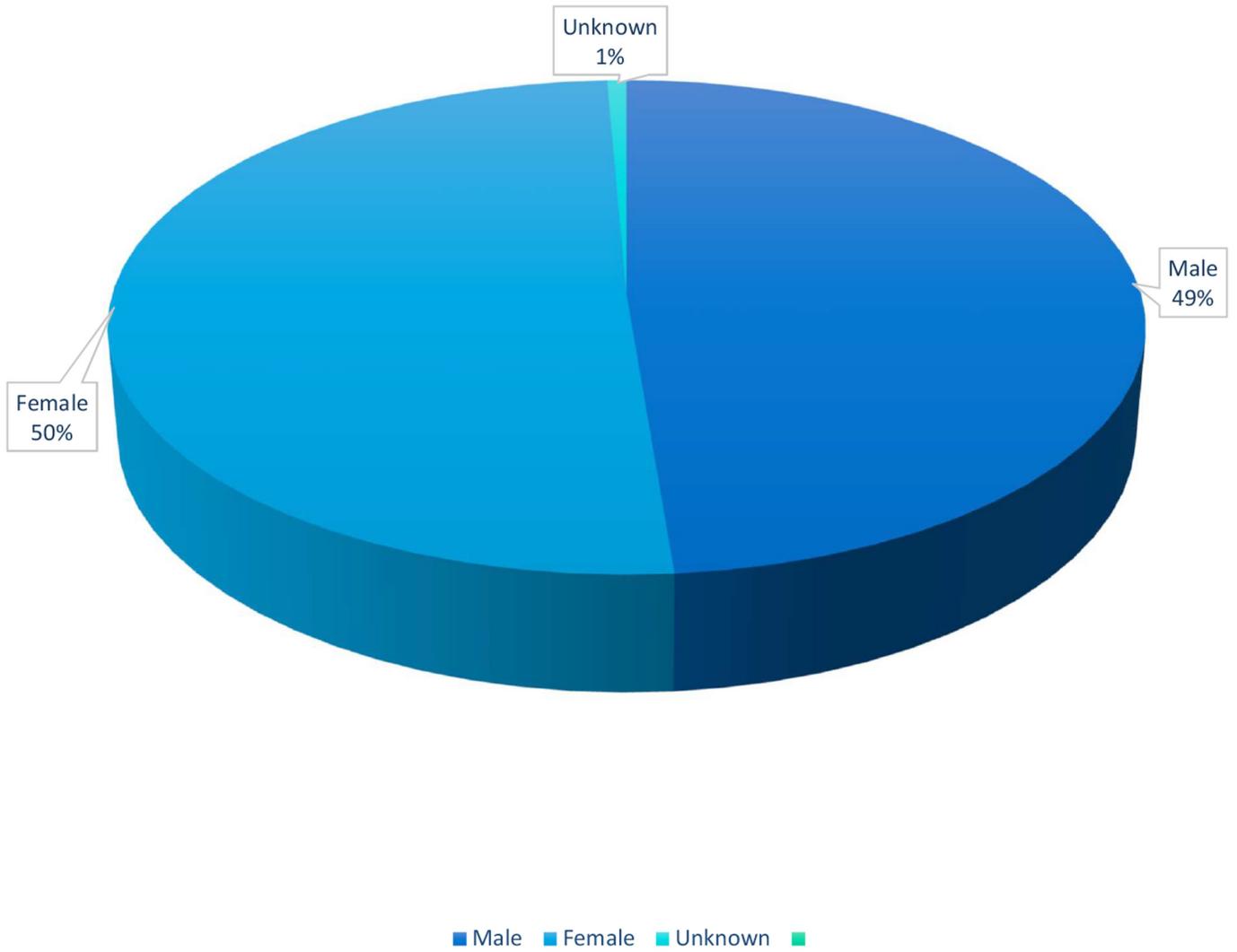
Louisiana DCFS Child Welfare Quality Assurance and Research Section, FY 2019

Louisiana Child Maltreatment Demographics AGE



Louisiana Child Maltreatment Demographics

GENDER

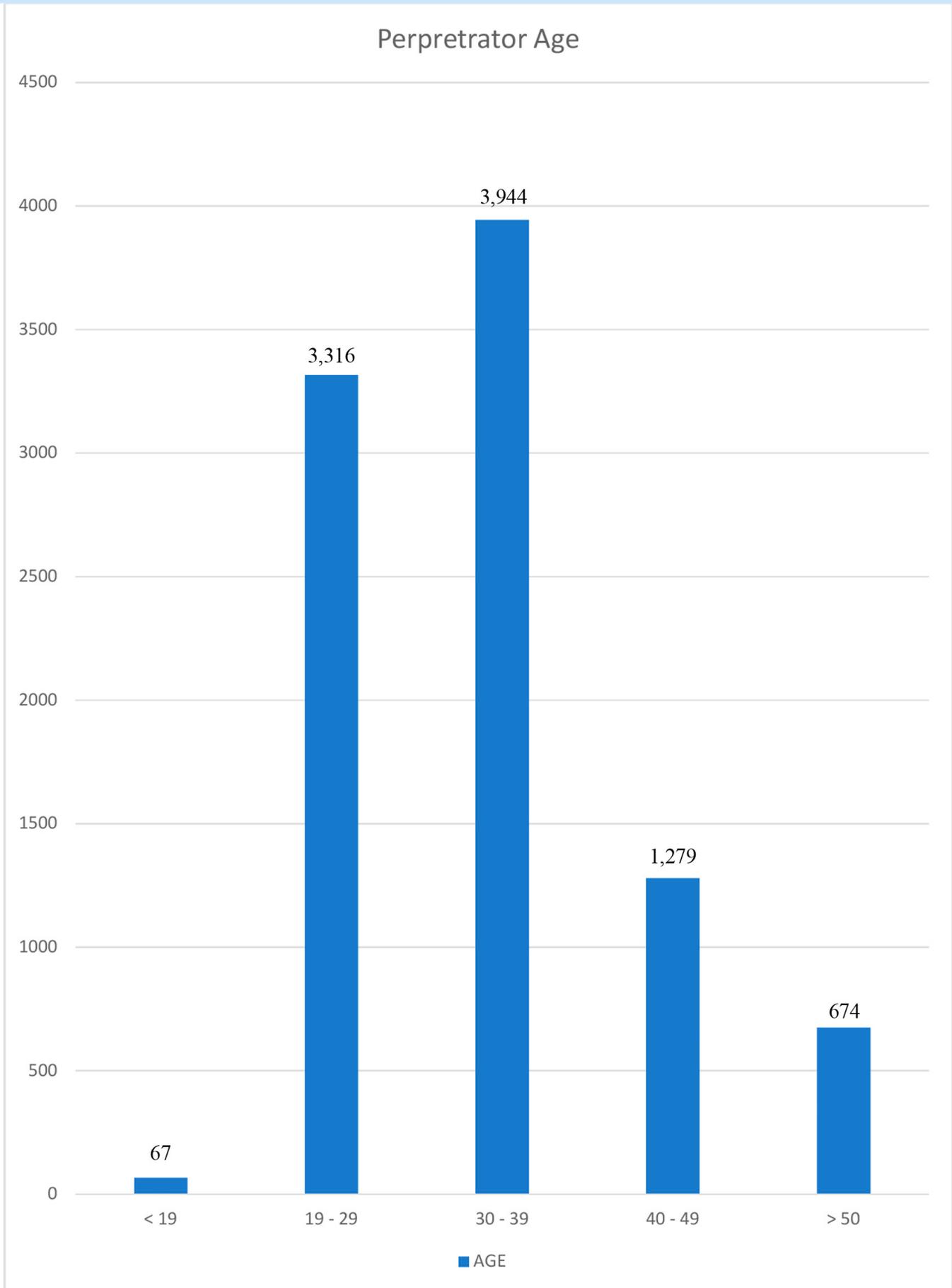


Louisiana Child Maltreatment Demographics Race/Ethnicity

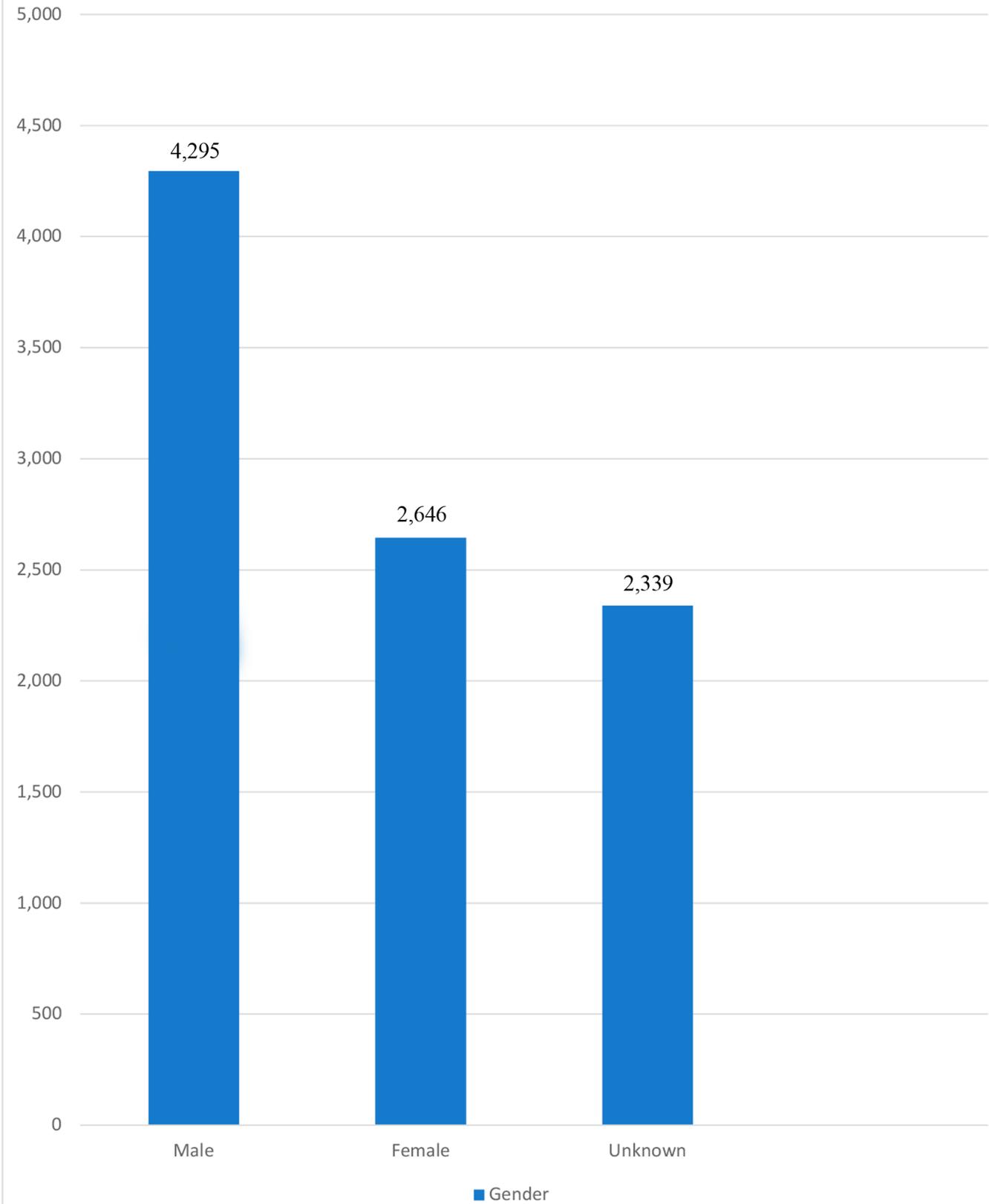


Source: Department of Child and Family Services, 2019

PROFILE OF LOUISIANA PERPETRATORS



Gender of Louisiana Perpretrators



Source: Department of Child and Family Services, 2019

NATIONAL CHILD ABUSE AND NEGLECT FATALITIES BY AGE (FY 2017)

Age at Death	% of Fatalities	Total 1,688 per 100,000
Less than 1 year old	49.6%	679
1 - 3 years old	28%	383
4 - 7 years old	10.5%	122
8 - 11 years old	5.70%	78
12 - 15 years old	3.7%	49
16 - 17 years old	2.3%	31

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 2013: Statistics and Interventions <https://www.childwelfare.gov>

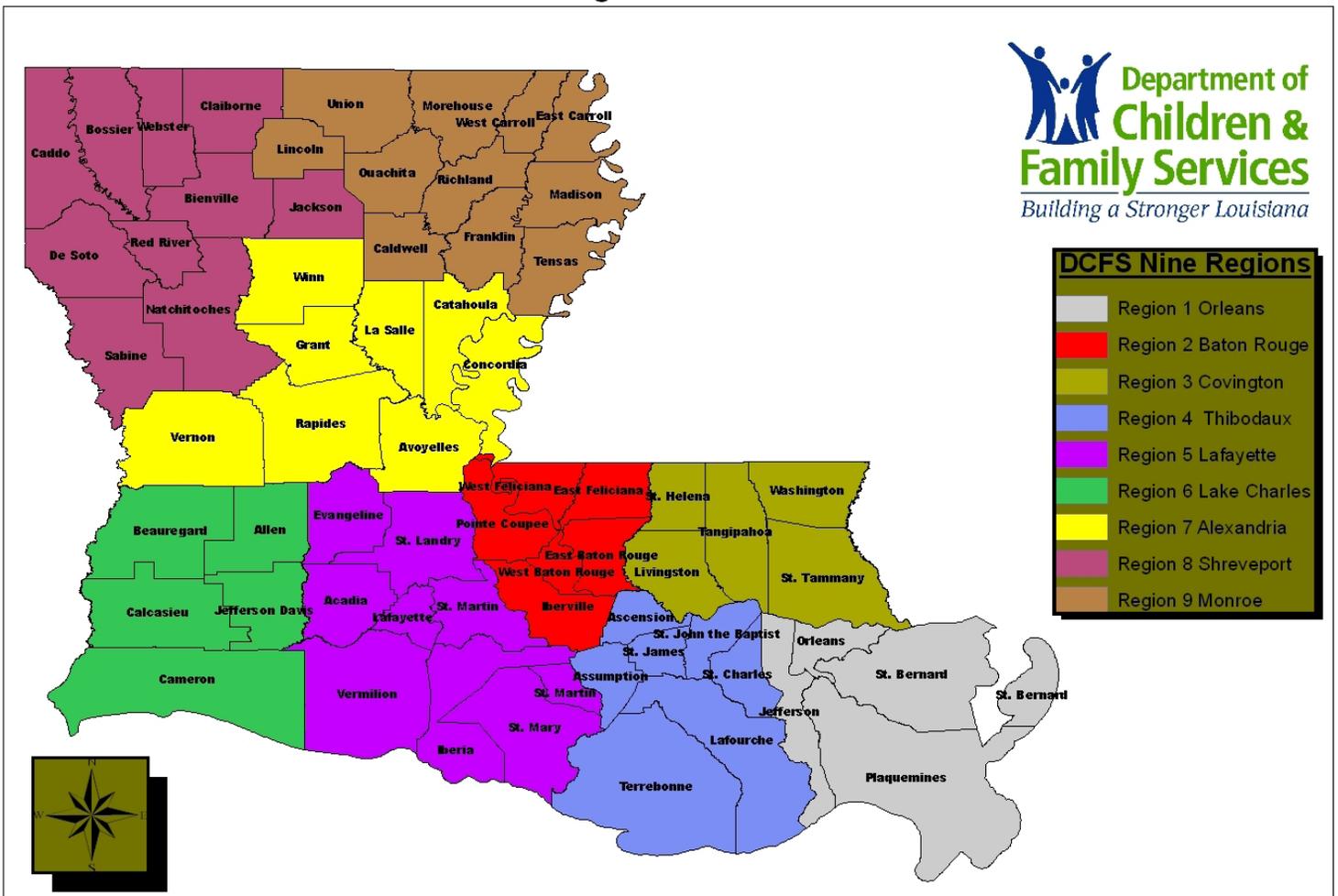
LOUISIANA FATALITIES DUE TO CHILD ABUSE AND NEGLECT

Year	Number
2018	41*
2017	25
2016	41
2015	39
2014	31
2013	43
2012	44
2011	37
2010	30
2009	40

Source: Department of Child and Family Services, 2019 (* this number not final)

<https://www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf>

Louisiana Department of Children and Family Services Regions



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

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

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

Region 4: 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, Natchitoches, Red River, Sabine, Webster

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

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!

REGIONAL DATA AND FUNDING PRIORITIES

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

STRONG AND THRIVING FAMILIES AND COMMUNITIES ARE OUR BEST PREVENTION STRATEGY*

WRITTEN BY JERRY MILNER, ACTING COMMISSIONER OF THE CHILDREN'S BUREAU

Every April, we pause to reflect on the importance of preventing child maltreatment. Across the nation events are held, stories are shared, and often calls to service or action are made. Our heart-strings are pulled by photos of children with forlorn expressions and sad eyes. For many, the month offers a look at life conditions and experiences that are much different from our own. To those outside the field—and unfortunately for a good number of those within the field—this causes a rush to judgement. How could a parent mistreat a beautiful child like the one on the poster, brochure, or film? What kind of person would do physical harm to a child of any age? It is unfathomable to most of us that a parent might hurt his or her child.

The prevailing narrative is that children are in foster care because they have bad parents that have hurt them.

That judgment is often inaccurate.

The truth is most parents with children in foster care have not hurt their children physically. Data tell us that neglect is a factor for more than 60 percent of children placed in foster care. Physical abuse and sexual abuse are the cause for placement for approximately 15 percent of cases. Neglect is not always intentional; it is largely preventable; and its effects can often be mitigated. This should give us hope and reason to believe we can help prevent maltreatment if we focus our energy and resources in the correct places. The Children's Bureau strongly believes that families and communities are the precise places we need to focus our energy and resources if we are serious about preventing child maltreatment.

Neglect is not caused by poverty, but there are deep associations. Poverty can leave families vulnerable due to lack of resources, increased stressors, social isolation, and inadequate access to support services. Often, neglect occurs when a parent or parents simply do not have the skills or knowledge to meet their child's needs due to lack of experience or abilities that have been eroded due to a combination of other difficult circumstances that may be present in their lives.

Yet, in order to take the issue on, we rally around the idea of the bad parents who do harm and take pseudocriminal approaches. We rally around the idea of preventing a tragic event. We usually do not rally around confronting intergenerational cycles of trauma, concentrated poverty, and the lack of family and community supports. We do not rally around actions being guided by the social determinants of health, which we know impact the long-term health, resiliency, and well-being of children and families. In each of our professional positions, we touch upon the social determinants of health in one way or another. In each of our professional positions, our acts can either help alleviate or exacerbate trauma, and in each of our professional positions, we can rush to judgement or rush to provide support.

Life can be hard, even when we have all the resources we need, and not everyone has chosen the life circumstances they are confronting. Knowing that people are affected by what happens to them should influence our practices in child welfare, including child protective services investigations and interviews, legal representation, the manner in which parents and youth are treated by the bench, interactions with caseworkers, and parent-child engagement in case planning and placement decisions.

The availability of nonstigmatic, universally available basic family supports—including, for example, mentoring programs, after school programs for youth, Early Head Start programs coupled with parent skill building and/or adult education programs, nurse home visiting, and high-quality legal representation for parents and families—can serve to normalize the process of asking for help and offer the hope of strengthening protective factors in families and communities.

...I ask that we all reflect on what we can do within our professional and private lives to help create the conditions for strong and thriving families and communities where children are free from harm.

*CBX Express, April 2019, Volume 20 Number 3

SUMMARY OF LOUISIANA 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 state plan include Susan Shaffette, CGMP, Sharon Delvisco, DSW(C), RSW, MSW, and Darrian Campbell. Information was gathered to utilize in building the current recommendations for funding through:

An online community survey was distributed to regional leaders, LCTF grantees, and community members throughout the state. The survey collected information about trends, effective prevention strategies, and techniques for raising awareness. The survey was publicized through social media, newsletters, and on several stateside nonprofit and/or child-focused websites. Postcards with information about the Children's Trust Fund were distributed to many conferences and training events held by partners. The postcards also included the survey link and encouraged participation.

Stakeholder meetings were held in each region. Participants at the focus groups included child welfare workers on the front-line and supervisory staff, school personnel, judges, CASA and CAC staff, law enforcement officials, local government officials, teachers, social workers, nonprofit leaders, Head Start staff, and others.

Statistics were gathered from many sources, especially from the Louisiana Office of Community Services, U.S. Census Department, 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 decreases in funding for services, increase in addiction/substance abuse, increased 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. Most victims in Louisiana, 38% are between the ages of 1 and 3 years old and 30% of the victims were over 10 years old.

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

According to Child Information Gateway, while child abuse and neglect usually occur within the family, the impact does not end there. Society pays a price for child abuse and neglect, in terms of both direct and indirect costs. The cost for one child over his/her lifetime after a substantiated incidence of child abuse or neglect is \$830,928 (CDC 2019). The lifetime cost of child maltreatment and related fatalities in 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 in 2004, it was 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 these factors build protection 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:

- 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 helplines such as "2-1-1" and "1-800-CHILDREN"
- provide quality early childcare, 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). 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 <https://www.cdc.gov/grand-rounds/pp/2011/20110616-child-mal-treatment.html>

Schuyler Center for Analysis and Advocacy. (2011). Home visiting saves money, prevents child abuse, helps children learn and strengthens families. 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 PRIORITIES

The Louisiana Children's Trust Fund staff and board of directors are dedicated to funding evidenced-based, promising and emerging programs that achieve positive outcomes for children and families throughout the State of Louisiana. We are committed to supporting programs that deliver a robust return on our investment. As a government agency, we are committed to a transparent, public and competitive process that awards a variety of grants that balance both our long-term commitment with short-term needs with a focus on agencies that propose high-quality programs. Our five-year plan is grounded in the belief that at the key of preventing abuse and neglect is providing resources and support to communities throughout the State. Therefore, our priority funding recommendations include the following

PUBLIC AWARENESS CAMPAIGNS

Explaining issues and disseminating information so parents can make informed decisions to help their family or take action on behalf of their children or community is why the Louisiana Children's Trust Fund will continue to invest in public awareness and advocacy efforts. This includes:

This includes continuing to develop public awareness campaigns related to the prevention of child abuse and neglect including electronic media, public service campaigns, public service announcements, etc. A variety of multilingual and culturally sensitive approaches will be utilized.

EXPANSION OF ACCESS AND SERVICES

Funding programs and services go a long way, but facilitating change from the inside out spurs residents and local agencies to develop and act upon solutions that solve unique neighborhood challenges. The Louisiana Children's Trust Fund will continue to meet with focus groups throughout the State on an annual basis to complete a needs based assessment of each Region. Additionally, we will form family and neighborhood partnerships through our funded grantees that serve as an anchor for communities throughout the State.

TRAINING AND TECHNICAL ASSISTANCE

The Louisiana Children's Trust Fund will continue to collaborate with agencies that will provide research and evaluation relative to the funded programs of the agency. Through that research and evaluation data, we will be able to adequately identify and access best practices utilized by agencies and organizations that receive direct funding in addition to identifying unmet needs in various regions within the State.

It will be through these vital partnerships that we are able to fulfill our purpose to support community based efforts to develop, operate, expand, enhance and coordinate initiatives and activities to prevent child abuse and neglect, to support the coordination of resources and activities to better strengthen and support families and to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

PROFESSIONAL DEVELOPMENT OPPORTUNITIES

The Louisiana Children’s Trust Fund will invest in and develop programs that allow for professional and personal development for those who are committed to the prevention of abuse and neglect. We understand that by increasing the competency and effectiveness of funded programs and their staff leads to greater efficiencies, productivity, effectiveness and the delivery of higher-quality programming that results in a greater return for our communities.

SPECIAL POPULATIONS

The Louisiana Children’s Trust Fund has never wavered in its sustained commitment to supporting and advancing children with special needs. As we define special needs, the scope of our commitment includes both children with disabilities and those who are otherwise regularly identified as belonging to special populations including children in foster care; youth under the jurisdiction of the juvenile justice system; children with incarcerated parents; and those who are homeless. Accordingly, it is our policy and practice to ensure that special populations are always welcomed into our funded programs, and that they are served effectively and with dignity.

RESEARCH

The Louisiana Children’s Trust fund will continue to conduct research on how child abuse and neglect correlate with parental empowerment and involvement, poverty, adult literacy, foster care, multiple births to young mothers and special needs children. Further, we will continue to utilize our research and evaluation efforts to determine the efficacy and efficiency of current funded programs.

The state regions that are to be used for this project can be found on page 59 of the following report.

Statewide - All Region Meta Planning Session Survey Results

Participants were asked to prioritize activities to address child welfare over next 5 years:

Housing.....4 Critical, 6 Important Votes

- Consistent housing
- Safe home for parent
- Safe homes or safe clinics

Education..... 3 Critical, 12 Important Votes

- Mentorship programs
- School oriented programs for help-seeking
- Training of health care professionals on signs of abuse and neglect
- Bolster emotional intelligence education
- Education programs for new parents
- Teacher/educator training
- Bolster after school programs
- Education for children to know what abuse looks like
- Parental guidance and educational opportunities
- Training for parents about good parenting practices
- Stable household environment
- Safe environment for children after school

Behavioral and Medical Initiatives.....3 Critical, 9 Important Votes

- Mandatory welfare check-ins
- Funding for case managers at pediatric hospitals
- Counseling services
- Doctor buy in to speak up
- Outpatient and inpatient behavioral health funding for children
- Mandatory counseling in schools
- Effective and stable counseling
- Stronger presence in the school systems for medical professionals

Policy.....3 Critical, 7 Important Votes

- Better policies/laws for protection of kids
- Better alignment between NOCAC and CHNOLA and health centers
- Reinstate/fund prevent child abuse in Louisiana
- Laws to protect kids from abusive parents
- Nutrition requirements for school lunch programs
- A program that trains specialized lawyers to represent these kids
- Accessible transportation that is safe for children
- Focusing on social determinants to address abuse and neglect
- Incentives to those who report abuse and neglect
- Parenting center to teach parents not to abuse
- Harsher penalties for those found liable to minimize reoccurrences

Abuse.....0 Critical, 0 Important Votes

- New Orleans Mardi Gras ball where all money goes to awareness and support of abused children
- More subsidies for childcare services
- Safe and affordable childcare
- Community outreach to go to communities to speak up
- Marketing strategy
- A place for kids to stay and be cared for, away from their abusers
- Funding for safe environments

Participants were asked what the priorities should be for next year:

Evidence-Based Strategies.....6 Critical, 6 Important Votes

- Conduct a needs assessment
- Complete needs assessment
- Collecting historical reporting data
- Plan for evaluation of programs
- Education and Support for Parents

Community Organization.....6 Critical, 5 Important Votes

- Raise awareness about childhood abuse and neglect
- Engage community members
- Hold town hall meetings
- Gain support from the community
- Develop a plan to target children in abusive environments
- Organize social workers and host root cause analysis
- Table within communities with high risk/prevalence to increase awareness

Expanding Access/Service.....1 Critical, 8 Important Votes

Mandatory teacher check ins

- Mandatory monthly welfare check ins
- Subsidized childcare
- Safety checks ins and surveys in schools
- Broadened footprint across LA of child health services and programs
- Implement an anonymous suggestion box
- Mentorship support services
- Streamlining counseling protocol
- System wide phone numbers
- Access to free behavioral services for children in schools or accessible clinic
-

Legislative Action.....0 Critical, 8 Important Votes

- Minimum sentencing for child sex offenders
- Consult existing advocacy groups
- Policy or capital campaign addressing issues
- Align with or create advocacy group
- Lobbying for legislation

Education.....0 Critical, 5 Important Votes

- System wide 2 times a year education for teachers
- Education on nutrition side effects on abusive children
- Child abuse training for all public-school teachers
- School based health programs
- All doctors have to go through educational classes

Housing.....0 Critical, 1 Important Votes

- Building alternative safe house option
- Work with non-profit organizations like Building Together
- Build a housing site for abused children to go and be taken care of
- Work with the city to determine if there are unused buildings that could be converted to temporary housing
- Affordable houses
- Set up a safety house in major cities
- Housing assistance in rent

Statewide Stakeholder Suggested Prevention Efforts: Survey Results

1. Increase awareness and use of the Quality Parenting Initiative in Louisiana
2. Adoption of interventions that promote protective factors
3. Increase screening for ACEs (Adverse Childhood Experiences)
4. Increase awareness and implementation of Trust Based Relational Intervention (TBRI) practices
5. Increase awareness and implementation of Multidisciplinary Team Model (MDT)
6. Increase awareness and implementation of Safe Baby Court Program
7. Increase community awareness
8. Increase awareness and implement Youth Education Service
9. Increase awareness of, referral to and access of available parenting resources
10. Increase access to safe places for adolescents in community
11. Increased collaboration among agencies in child welfare service delivery system
12. Increase knowledge and implementation of effective evidence-based interventions
13. Increase access to parenting classes and life skills training
14. Increase access to in home supports
15. Increase access to Open Table supports

Region One – Orleans Region

Parish	General Population	% Population < 18	% Children < Poverty level	Median Household Income	% Low Birthweight <2500 grams	Births to Teens	People Without Health Insurance
Jefferson	434,123	22%	27%	\$50,868	9.5%	318	11.6%
Orleans	369,888	20%	39%	\$38,721	12%	222	9.9%
Plaquemines	23,879	25.9%	19%	\$49,635	9.1%	14	11.7%
St. Bernard	41,567	26.6%	29%	\$45,265	10.7%	32	10.2%
Region	869,457		28.5%	\$46,372		586	

Region One – Volume of CPI Investigations

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
4,281	4,911	4,115	3,936	3,562

DCFS-Child Welfare Quality Assurance and Research Section, Volume of CPI

Region One – Number of Child Protective Investigations Completed*

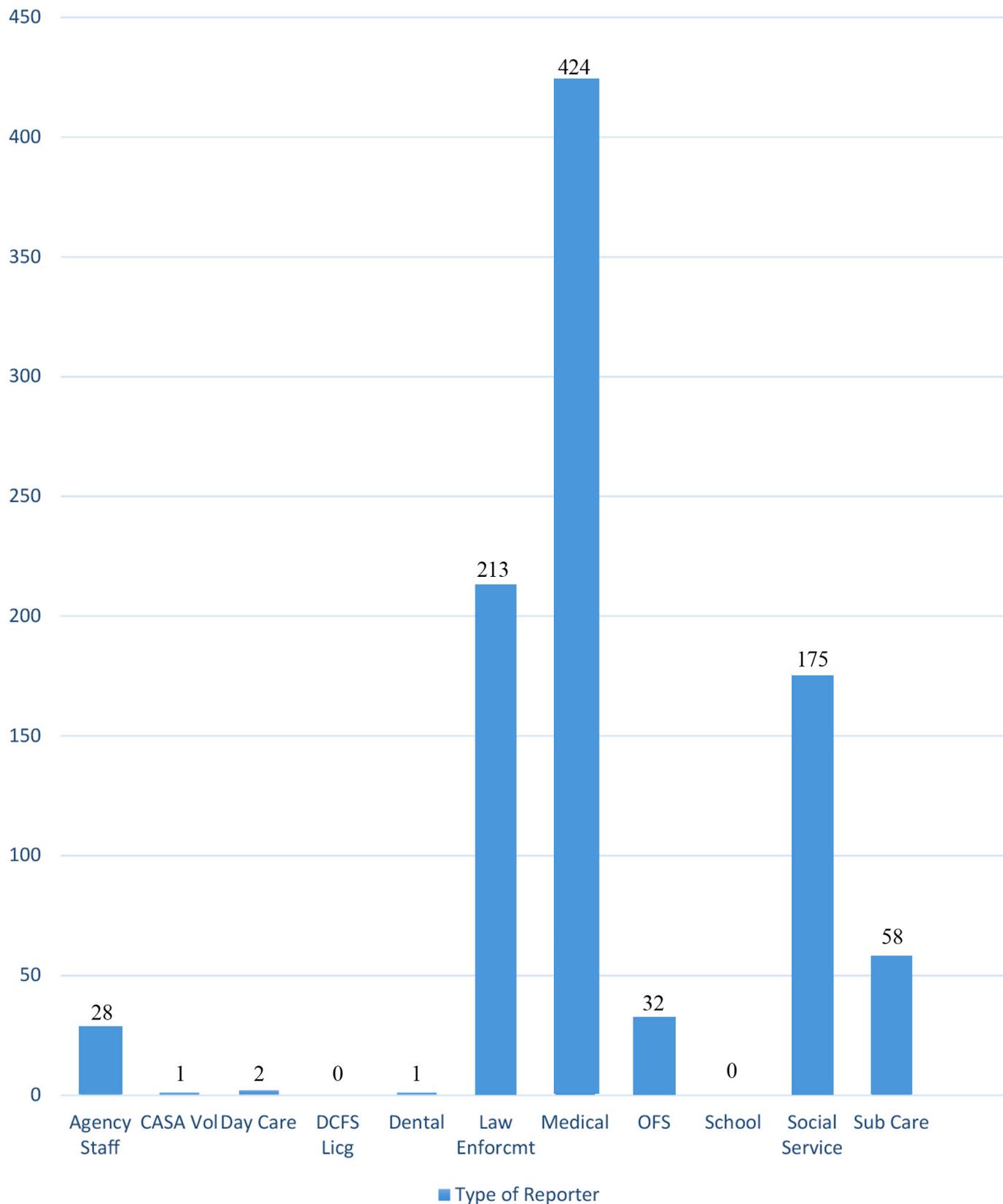
Parish	FY2017 Valid	FY2017 Invalid	FY2017 Other	FY2017 Total	FY2018 Valid	FY2018 Invalid	FY2018 Other	FY2018 Total
Jefferson Eastbank & St. Bernard	15	0	12	3	6	0	2	4
Orleans	1,931	200	1,100	631	1,738	101	1,135	502
Jefferson Westbank & Plaquemines	1,990	117	1,187	686	1,817	61	1,212	544
Region	3,936	317	2,299	1,320	3,561	162	2,349	1,050

Number of Children Entering Foster Care*

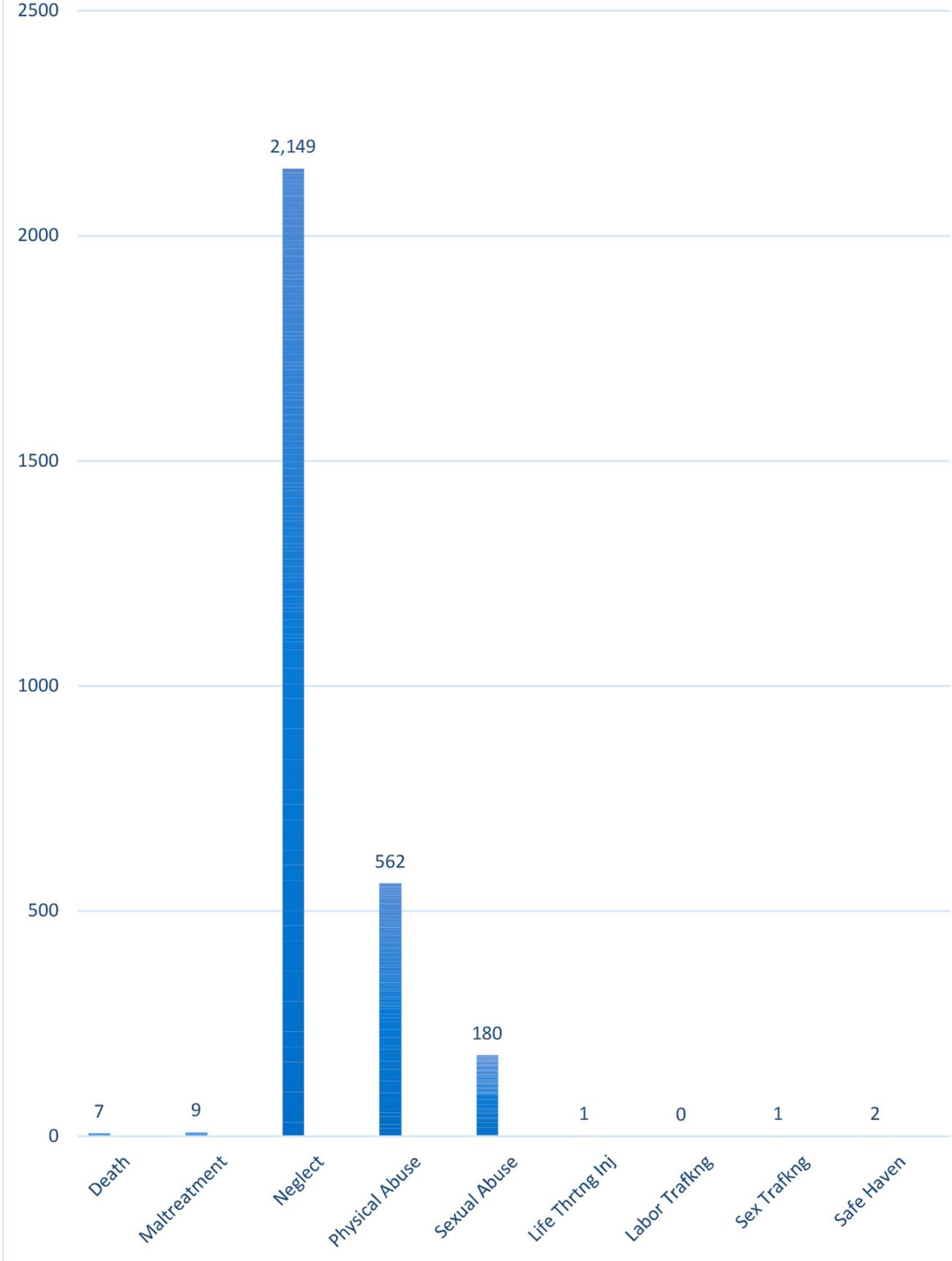
	FY2010	FY2011	FY2012	FY2013	FY2014
New Orleans Region	329	408	403	392	425

DCFS Final Report 2019

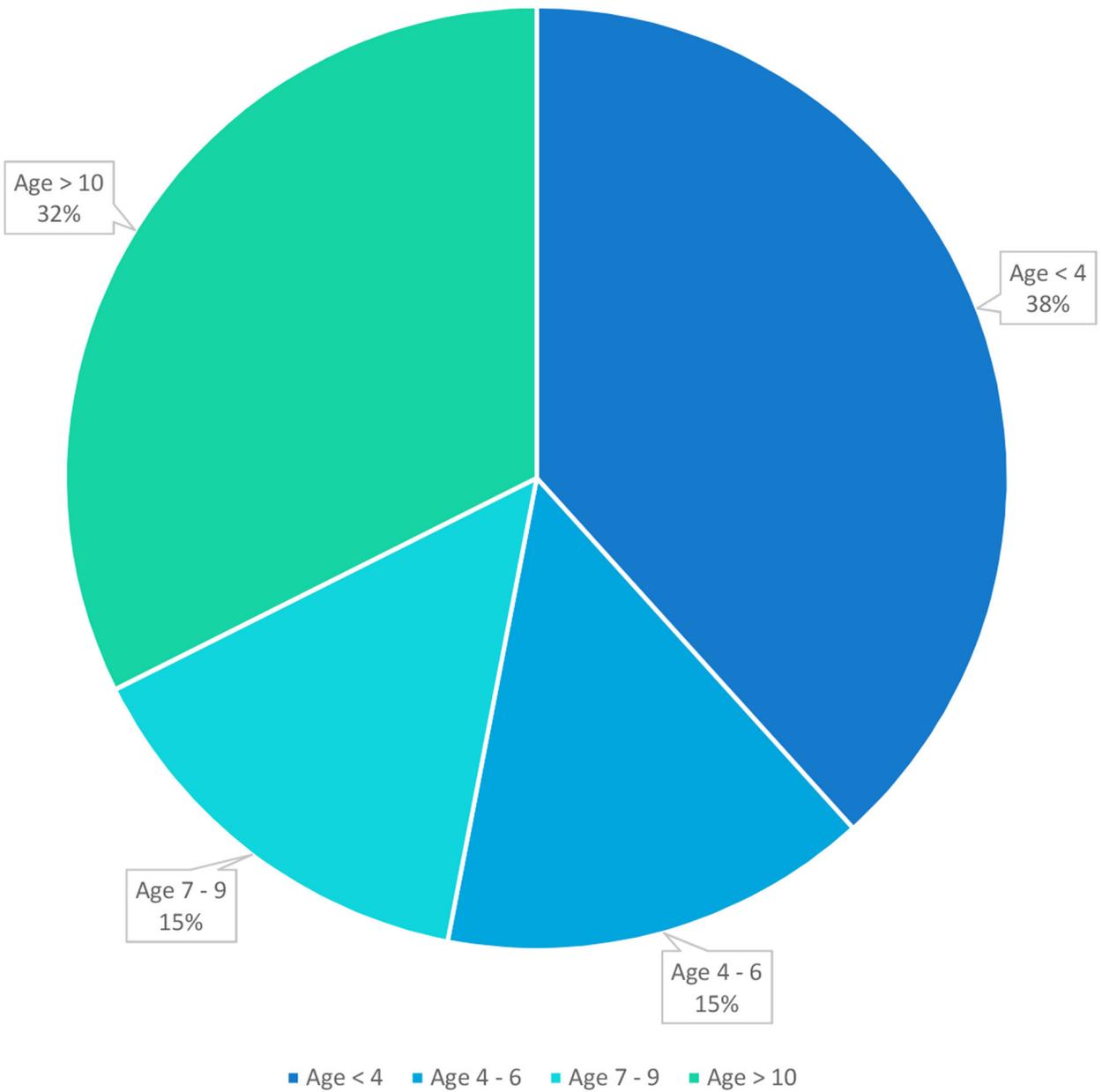
Sources of Reports for Valid CPI Investigations Region 1 Orleans Area



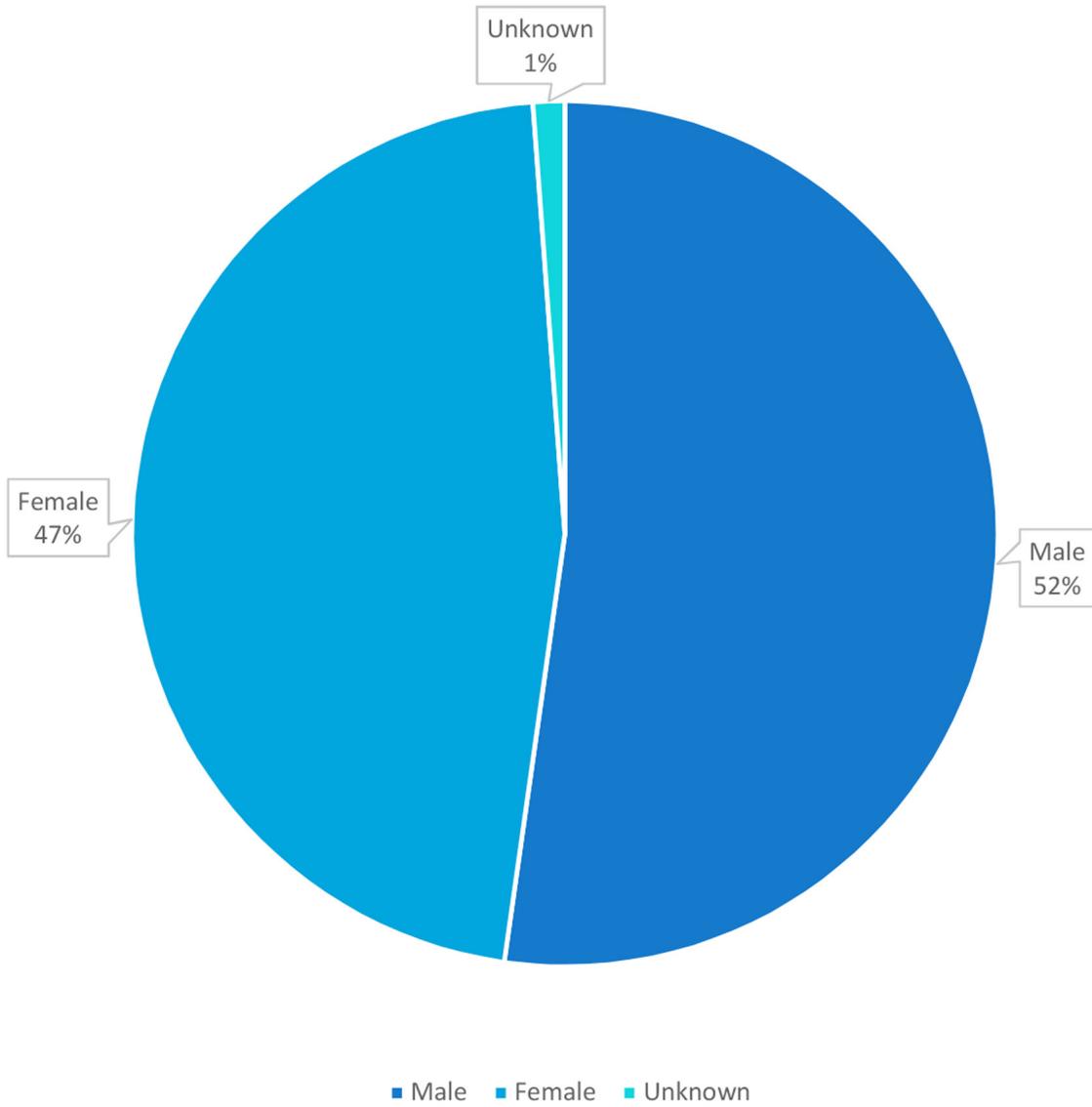
of Valid CPI Investigations by Type Region 1 Orleans Area



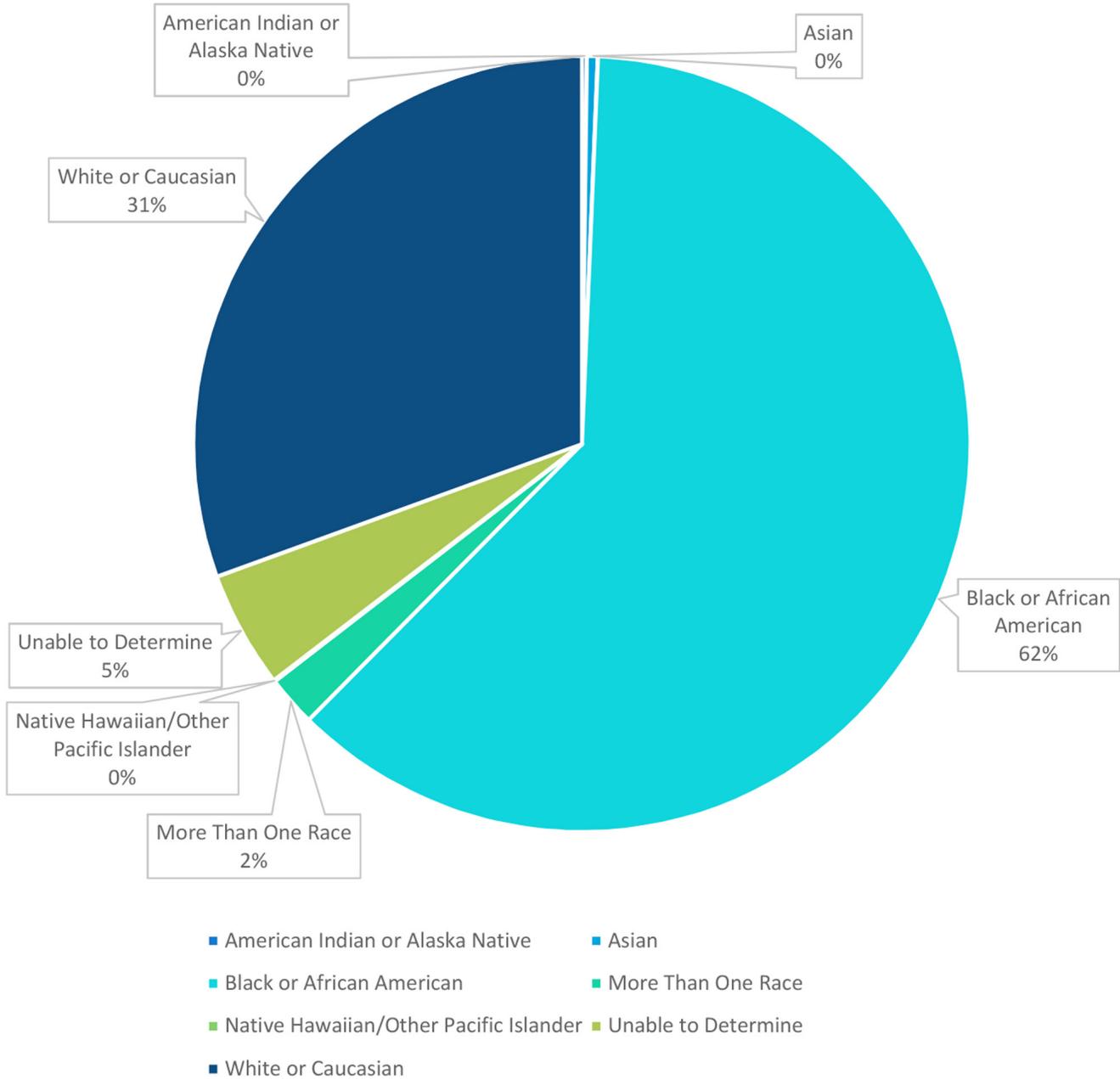
Age of Abused/Neglected Children Region 1 Orleans Area



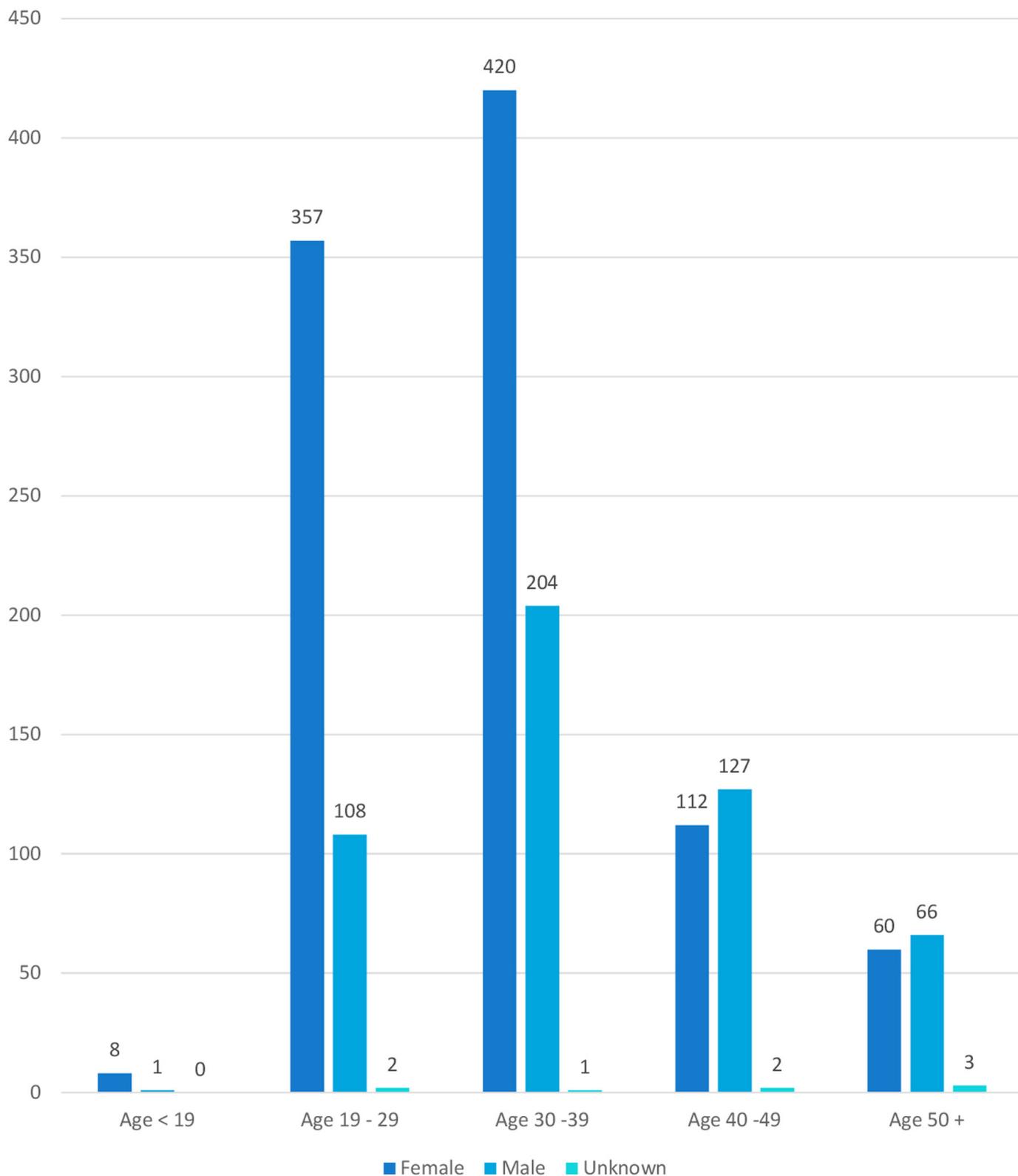
Gender of Abuse Neglected Children Region 1 Orleans Area



Race of Abused and Neglected Children Region 1 Orleans Area



Profile of Perpretrators Region 1 Orleans Area



Region 1 Stakeholder Findings: Meetings & Surveys

This region is comprised of 4 parishes with a population of 869,457 people with 28.5% living in poverty. The median household income is \$46,372. More than 38% 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 3,562 allegations of abuse/neglect.

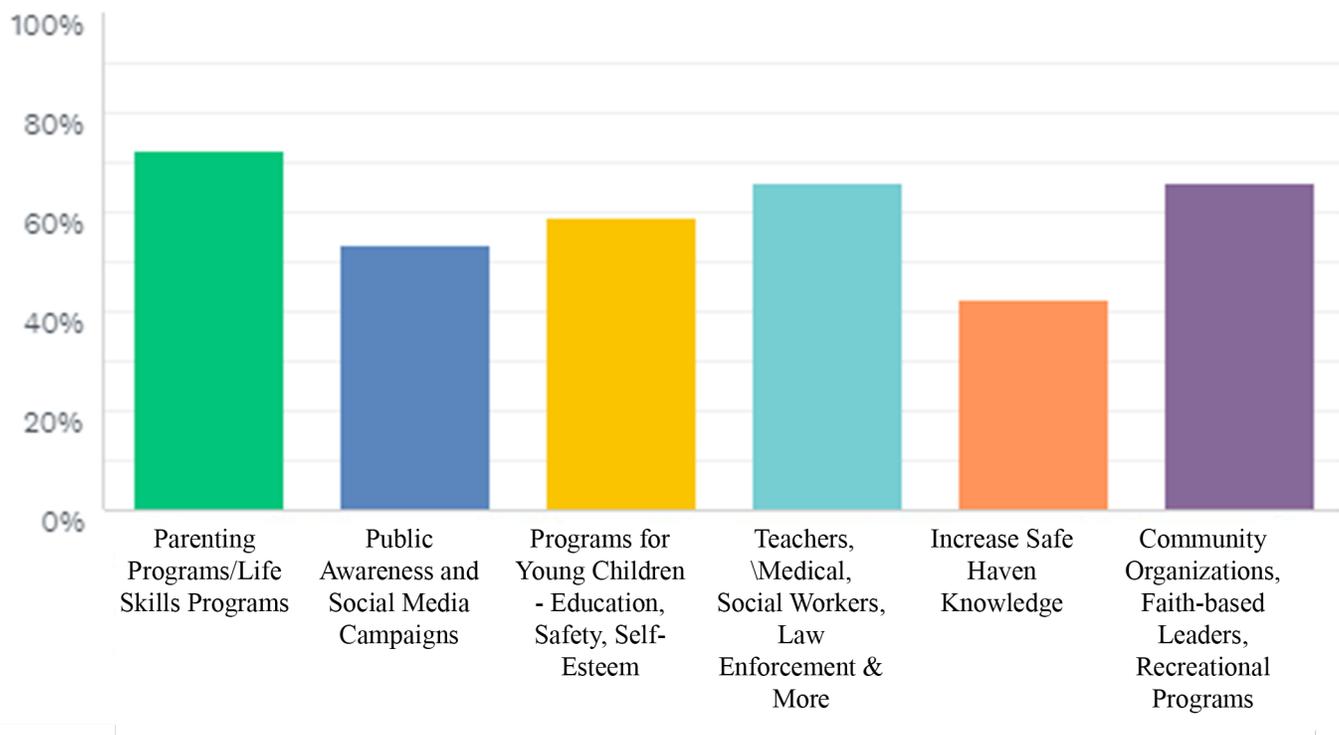
What do you see at the emerging trends in child abuse and neglect?

- Parental abandonment
- access to mental health services
- addicted parents putting kids at risk
- Concerns around cyber safety continue to become more and more concerning as it is not just the threat of cyber bullying and abduction that needs to be watched for anymore. Now information is being presented in formats that are specific to manipulating children.
- More children are in this category than ever before (particularly neglect)
- Family First (preservation) and a decreased reliance on congregate care
- Parents and Guardian in charge do not have the resources to care for the child
- Lack of appropriate parenting skills
- lack of early intervention leading to the child's criminal justice involvement and or serious injury or death to the child
- a DCFS that needs more holistic support
- The recognition and adoption of more upstream/primary prevention interventions that will work to decrease the risk factors and increase the protective factors for preventing abuse. Louisiana needs to hop on board and only prioritize funding for efforts that have been well researched and proven effective.
- Older youth coming into care and more complex cases as parents have multiple problems in addition to the abuse/neglect
- Child Trafficking
- The state is slower to remove children.
- Lack of qualified staff to field cases
- Overwhelmed parents of children with special needs such as severe autism and exposure to violence
- Neglect numbers are always higher and usually due to substance abuse.
- connecting families to needed services
- Failure of DCFS to investigate serious cases called in to 800 number due to location of complaint.
- More focus on prevention and early intervention is needed.
- Parents using drugs, ultimately leading to neglect and/or abuse
- Prevention and Education/ Early childhood treatment for trauma
- The increase in the numbers of sexual assaults on children.
- sexual trauma
- poverty
- Recognition of experiences of racism as a factor in adverse health and well-being
- Lack of Mental health programs & homelessness

- Parents who are struggling with opioid addiction and are unable to care for their children.
- Instability of families because of incarceration
- Substance exposed newborns
- This question requires an answer that is too complicated to use with this type of survey.
- Emotional neglect and the lack of attachment
- Addressing the most prevalent risk factor for all forms of child abuse, social norms around corporal punishment. Follow AAP and APA leads and educate key informants to make an impact.
- Prevention - setting up systems of supports for families to decrease exposure to stressors that precede maltreatment.
- not sure
- Interest in talking about impact on development, responsiveness of institutions
- Human Trafficking
- Preventing ACEs and understanding / addressing the effects of maternal ACEs
- Recognizing the unrecognized sources stress in parenting styles. Specifically, the role of historical trauma in creating what are contemporaneously to the historical trauma event, protective parenting responses. Yet in modern times - decades or even centuries post the generation that the historical trauma event occurred, what were protective parenting practices may now be viewed by the child and community, as forms of child maltreatment.
- The impact of the opioid epidemic on families. Sex trafficking. High number of children 0-3 entering care. Mental health needs of parents and children. High turnover among DCFS staff (Investigations and case management)
- Greater awareness that it is a problem
- Babies born exposed to substance abuse
- Increase in bilingual/non-English-speaking families
- Not enough thorough follow-ups after first visit.
- Lack of access to family planning and reproductive health services; lack of information about parenting skills
- Preventing abuse and neglect in people with development disabilities
- Child deaths
- Dealing with child homelessness, gateways to human trafficking
- More use of drug
- Homelessness and illegal immigration
- Attachment issues
- Reducing the most prevalent risk factor: social norms around corporal punishment
- Drug abuse.
- Lack of qualified staff to field cases
- More recognition of the pervasiveness of sexual abuse
- Too many single parents, particularly moms who are not ready to be parents and don't have the support they need. Fathers who don't support their children makes it harder for the moms.
- The latchkey children are on the rise again in Jefferson Parish
- Human Trafficking

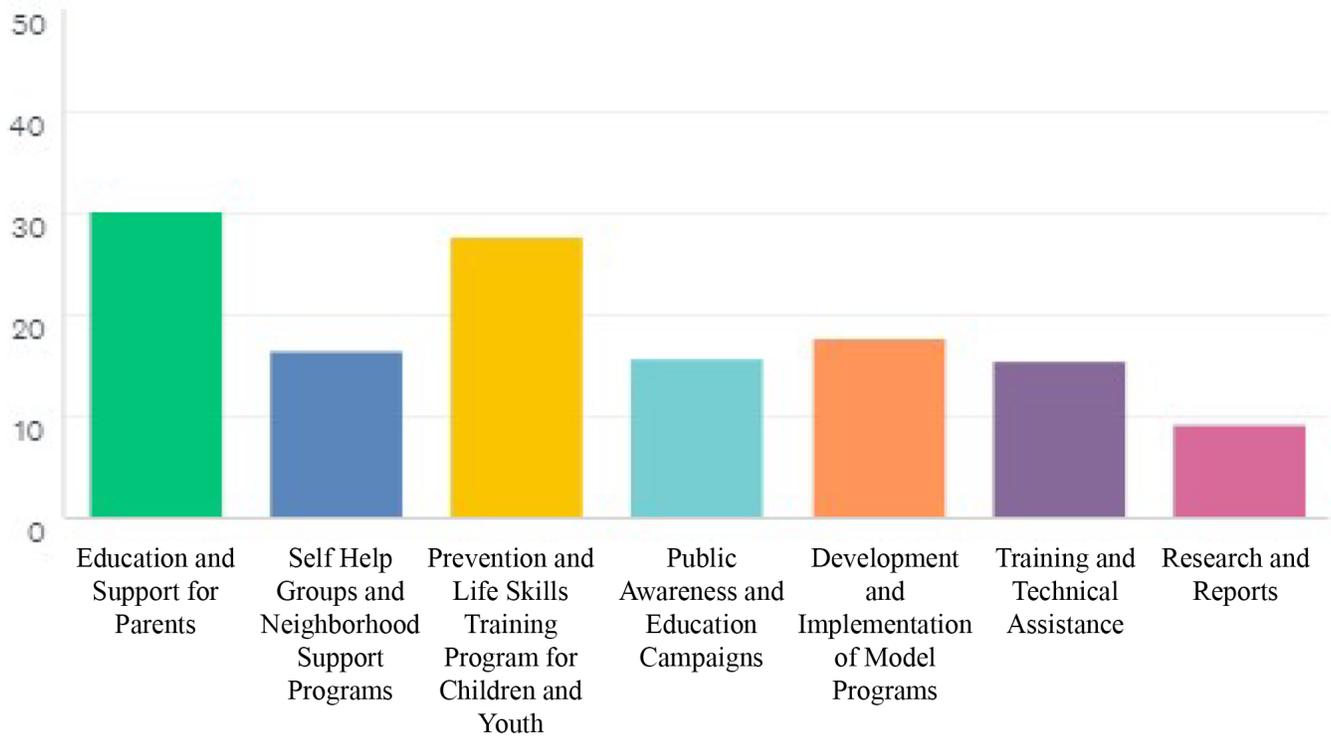
What do you think needs to be done to raise awareness about child abuse/neglect?

- Choices:
- Parenting Programs/Life Skills Programs
- Public Awareness and Social Media Campaigns
- Programs for Young Children - Education, Safety, Self-Esteem
- Education for Community Members: Teachers, Medical, Social Workers, Law Enforcement & More
- Increase Safe Haven Knowledge
- Partner with Community Organizations, Faith-based Leaders, Recreational Programs



Participants were asked how they would spend \$100 across the following priority areas:

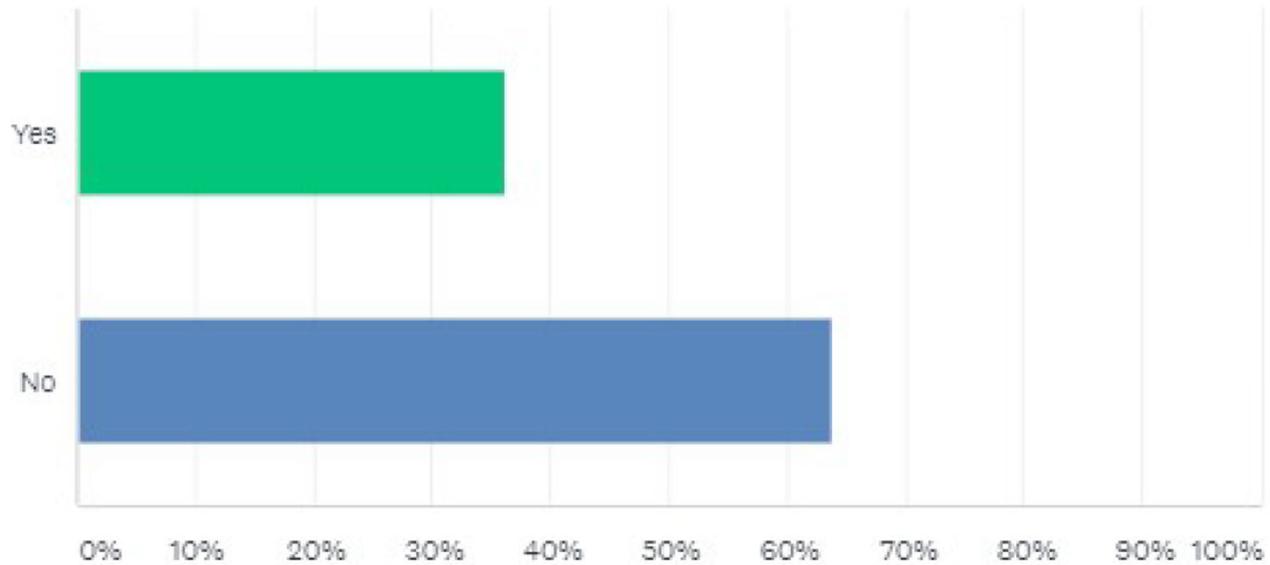
- Education and Support for Parents
- Self Help Groups and Neighborhood Support Programs
- Prevention and Life Skills Training Program for Children and Youth
- Public Awareness and Education Campaigns
- Development and Implementation of Model Programs
- Training and Technical Assistance
- Research and Reports



In order to increase the awareness of child abuse and neglect prevention, where should we be focusing our efforts? For each line, you can mark the importance of the group.

	CRITICAL (1)	IMPORTANT (2)	GOOD (3)	OK (4)	TOTAL
▼ Law Enforcement Professionals	41.67% 30	37.50% 27	9.72% 7	11.11% 8	72
▼ Educational Professionals (Early Childhood through University)	61.11% 44	30.56% 22	2.78% 2	5.56% 4	72
▼ Faith-based Leaders	25.35% 18	52.11% 37	14.08% 10	8.45% 6	71
▼ Judicial/Legal Professionals	44.29% 31	35.71% 25	12.86% 9	7.14% 5	70
▼ Military Service Members	8.70% 6	36.23% 25	31.88% 22	23.19% 16	69
▼ Social Workers and Counselors	68.06% 49	22.22% 16	5.56% 4	4.17% 3	72
▼ Blue Collar Workers	17.14% 12	42.86% 30	27.14% 19	12.86% 9	70
▼ Corporate Leaders and Employees	17.14% 12	40.00% 28	25.71% 18	17.14% 12	70
▼ Nonprofit Organizations	31.43% 22	41.43% 29	20.00% 14	7.14% 5	70
▼ Youth Programs	69.01% 49	21.13% 15	7.04% 5	2.82% 2	71
▼ Civic Associations	14.49% 10	47.83% 33	30.43% 21	7.25% 5	69
▼ Medical and Mental Health Professionals	74.29% 52	15.71% 11	5.71% 4	4.29% 3	70

Have you read or heard about great ideas in other areas?



If you answered yes, then what are some of the fresh ideas or successful programs you found?

- Icebreakers to build teamwork between parents and foster parents on particular cases
- Including info about positive parenting/child abuse in new parent classes at hospitals
- Policy efforts to increase economic stability - living wage; food security
- Awareness through education in the schools beginning with addressing truancy
- Pre-Removal Conferencing
- Creating vision for the community that these are our kids and family
- Louisiana Program Improvement Plan
- One stop shops focused on early intervention and prevention
- Family First Prevention Services Act of 2018
- Training on ACEs for all working with children
- Family Preservation Court in Chicago
- Classes to help parents recognize signs of abuse and especially ways to prevent sexual abuse.
- CDC essentials for childhood -implemented in UTAH
- Support for adult survivors of childhood abuse or neglect
- Concept of permanency planning worker as opposed to foster care worker
- Trust-Based Relational Intervention (TBRI)
- Nurse home visiting programs like NFP
- Some states are trying to make neighborhoods more aware of what child abuse and neglect is
- Fostering the Parents
- Church based recruitment of foster families in Oklahoma

- No Hit Zones
- Preventive maternal, infant and early childhood home visiting
- Family planning meetings conducted by an independent facilitator wherein each party is invited to discuss the strengths and weaknesses of each party (including department players, parents, children, attorneys, and providers) and steps moving forward in a non-threatening atmosphere
- Early intervention
- Providing “how to report abuse” info at hospitals, schools, daycares, faith communities
- Paid family leave for all
- Mediation vs. Trials in Dependency Cases
- Wrap around families before kids are removed or injured
- Mississippi Family First Initiative
- Addressing trauma in schools, trauma informed care
- Family Planning Meeting by an independent facilitator rather than by the worker/ supervisor assigned to the case
- I-CARE About Kids Testimonial Project
- Some keep websites of child fatalities and tell you how to help struggling families.
- Painless Parenting Workshops for key informants
- Quality parenting initiative (not primary prevention but impacts secondary)
- Parents mentoring Parents
- Incorporating secondary trauma care to DCFS workers across the state
- Changing social norms to support developmentally appropriate discipline
- Prevent Child Abuse TN - multiple programs for training, education, parenting resources
- Integrating research into practice
- Training key informants how to communicate the harms of physical discipline
- Icebreaker meetings between parents and foster parents
- Some continue to use media to make families aware of the problems with child death and how policies need to be changed to increase awareness of the problem to get more federal dollars to train people.
- First Things First in Arizona
- Darkness to Light or other evidenced informed ADULT based sex abuse prevention program

Region Two – Baton Rouge Region

Parish	General Population	% Population < 18	% Children Poverty Level	Median Household Income	% Low Birthweight <2500 grams	Births to Teens	People Without Health Insurance
E. Baton Rouge	444,275	22.7%	26%	\$51,436	11.7%	408	8.6%
E. Feliciana	19,998	18.3%	27%	\$46,694	11.1%	10	8.2%
Iberville	33,303	20.6%	31%	\$47,128	12.9%	23	8.5%
Point Coupee	22,737	21.8%	28%	\$43,964	9.7%	16	9.9%
W. Baton Rouge	24,092	24.4%	20%	\$60,902	11.1%	20	7.5%
W. Feliciana	15,437	16.2%	20%	\$55,647	9.6%	10	6.9%
Region	559,842	20.67%	25%	\$50,962	11.02%	487	8.27%

Region Two – Volume of CPI Investigations

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
2,524	2,915	2,275	2,170	2,051

DCFS-Child Welfare Quality Assurance and Research Section, Volume of CPI'

Region Two – Number of Child Protective Investigations Completed*

Parish	FY2017 Valid	FY2017 Invalid	FY2017 Other	FY2017 Total	FY2018 Valid	FY2018 Invalid	FY2018 Other	FY2018 Total
E. Baton Rouge	623	1,086	191	1,900	573	1,112	90	1,775
E. & W. Feliciana	50	71	6	127	19	52	4	75
Iberville & W. Baton Rouge	47	80	12	139	59	102	2	163
Point Coupee	2	1	1	4	13	25	0	38
Region	722	1,238	210	2,170	664	1,291	96	2,051

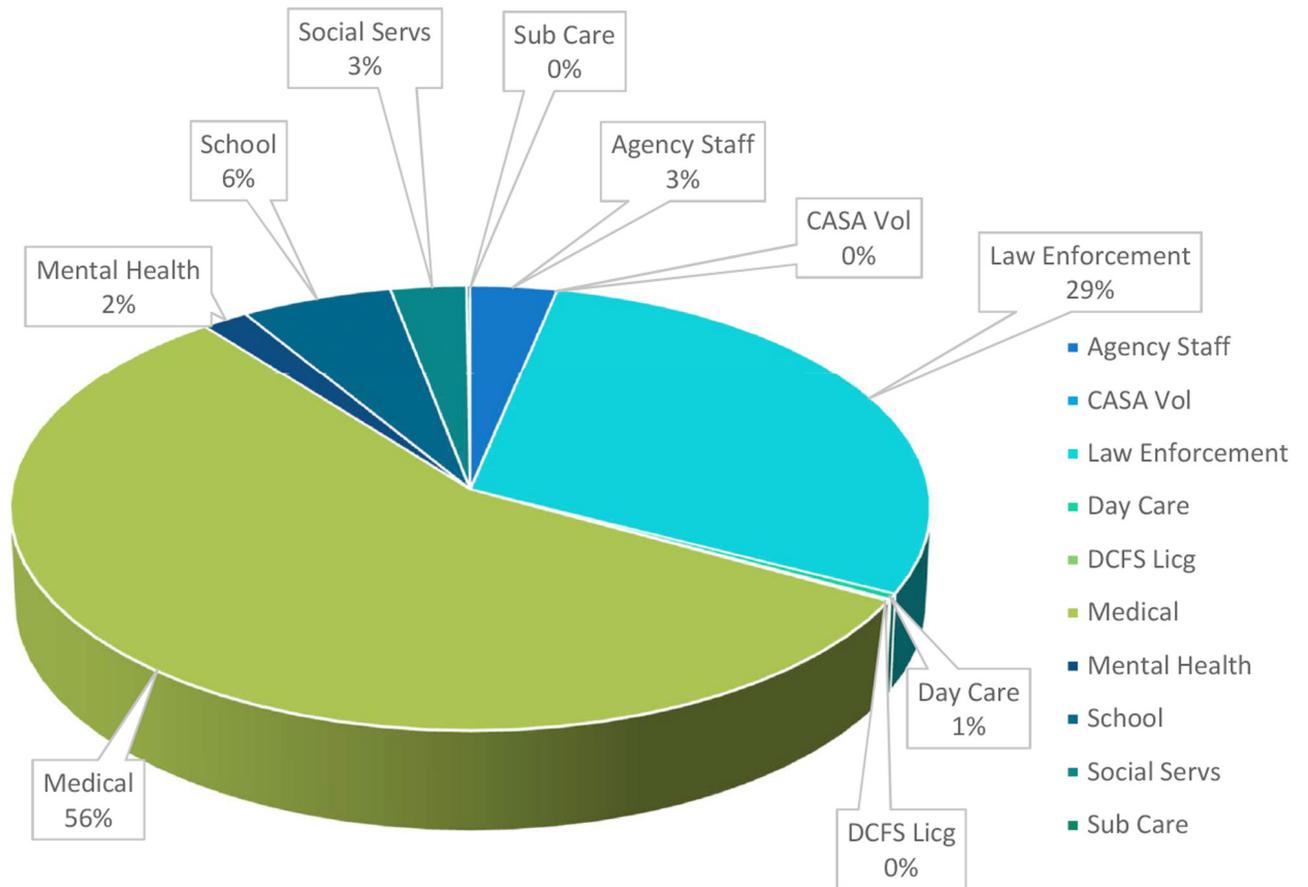
*DSS, Volume of CPI Investigations Completed with Findings

Number of Children Entering Foster Care*

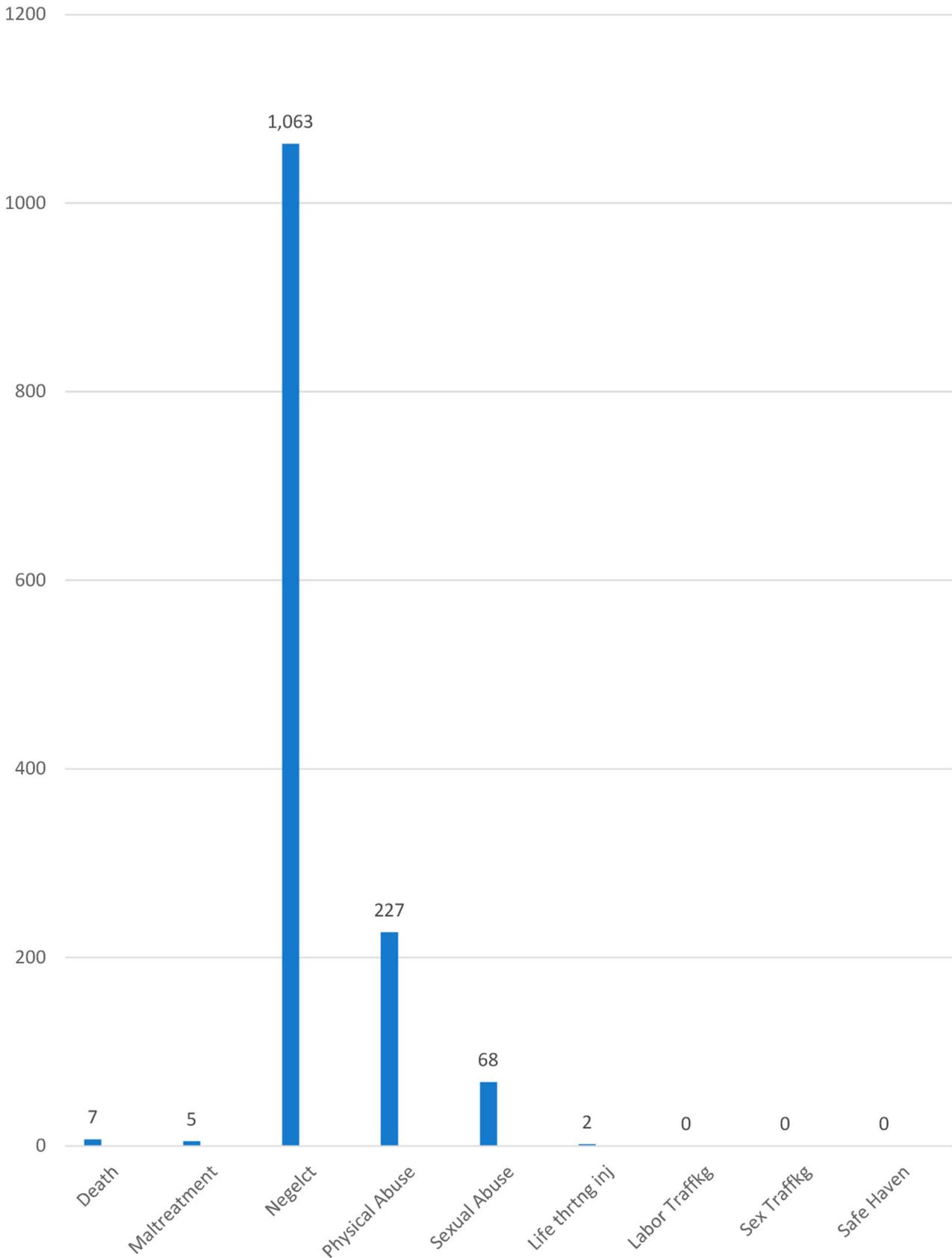
	FY2014	FY2015	FY2016	FY2017	FY2018
Baton Rouge Region	227	319	257	279	221

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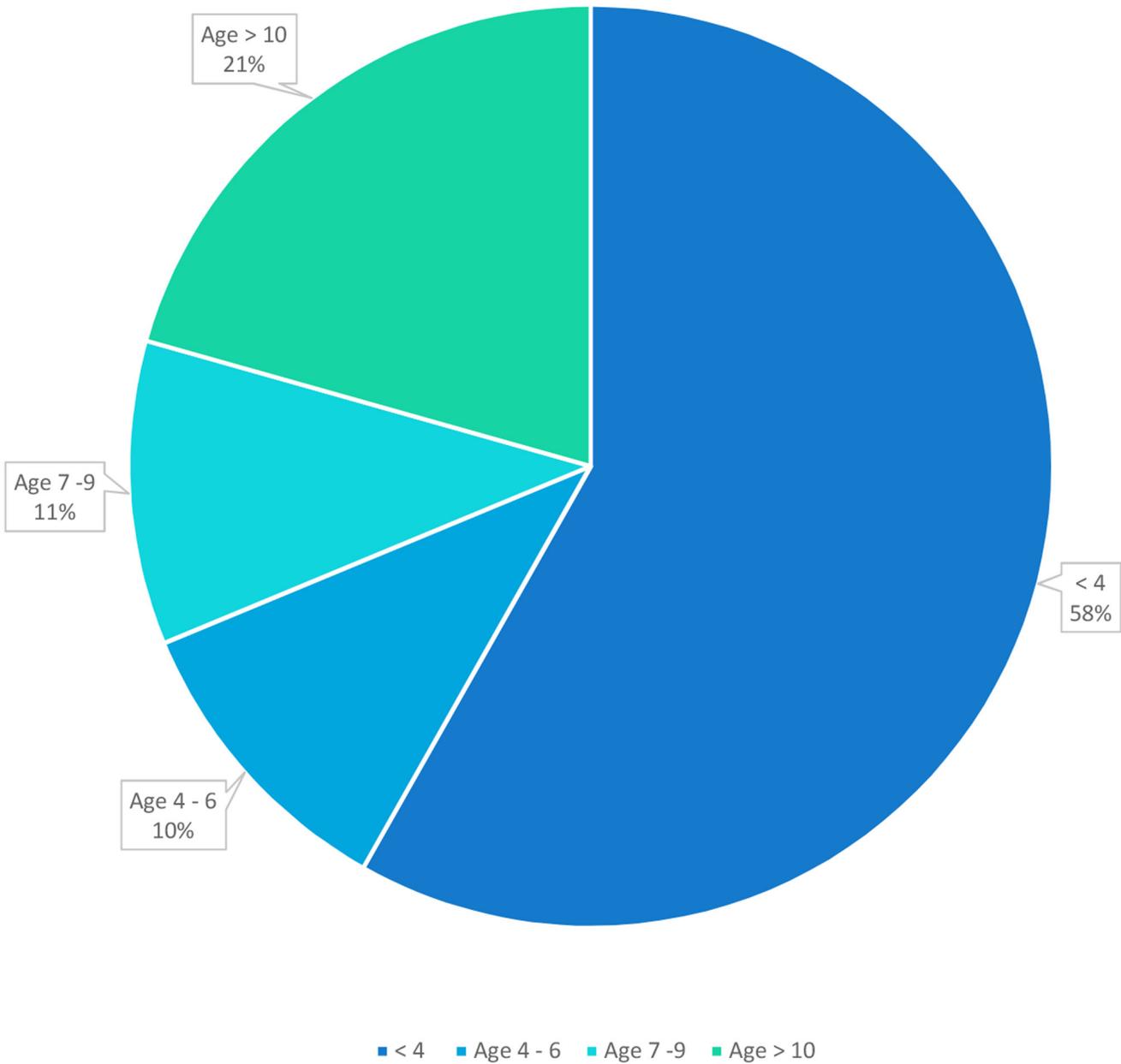
Sources of the Reports of Valid CPI Investigations Region 2 Capitol Area



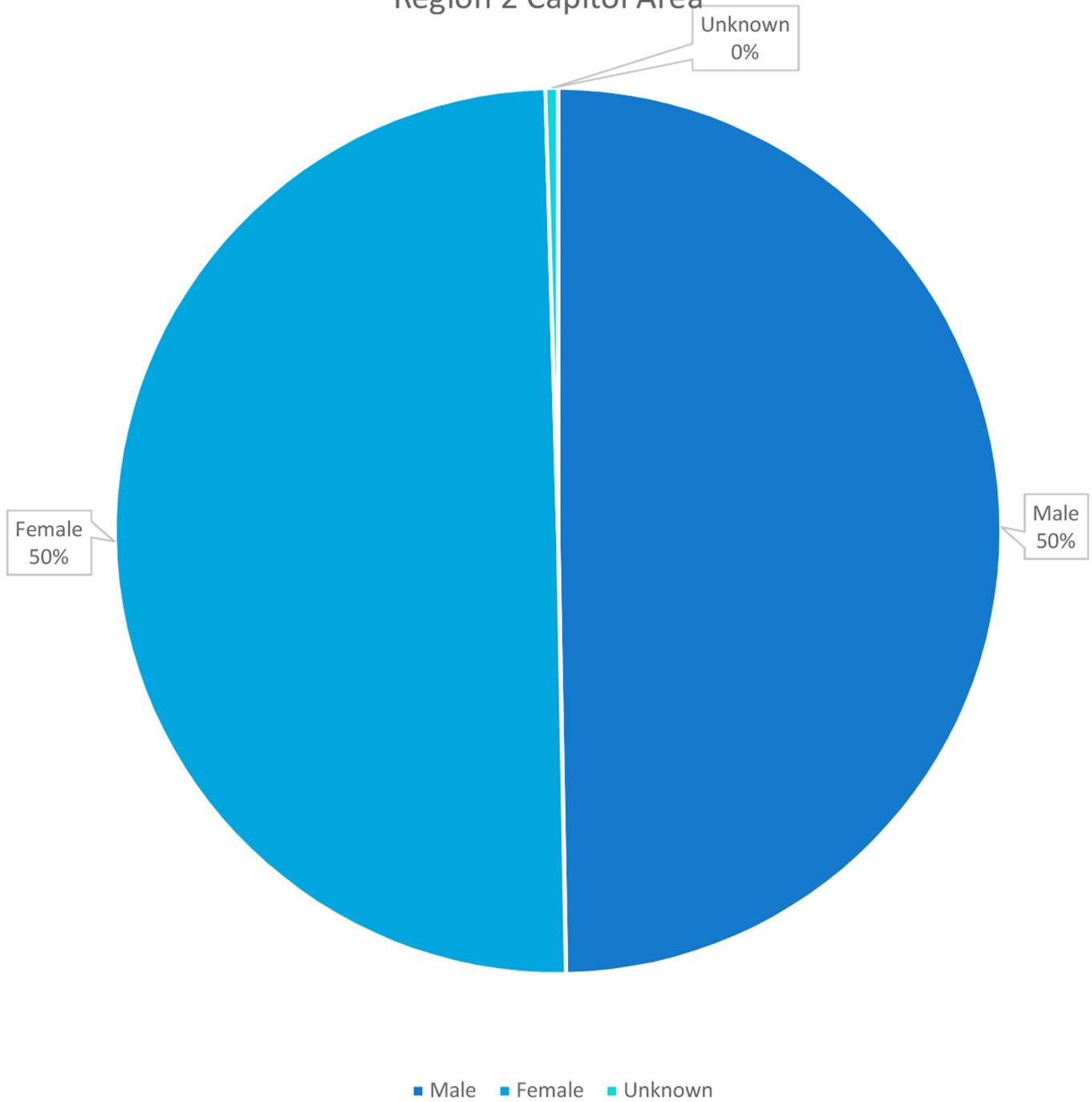
of Valid CPI Allegaions by Type Region 2 Capitol Area



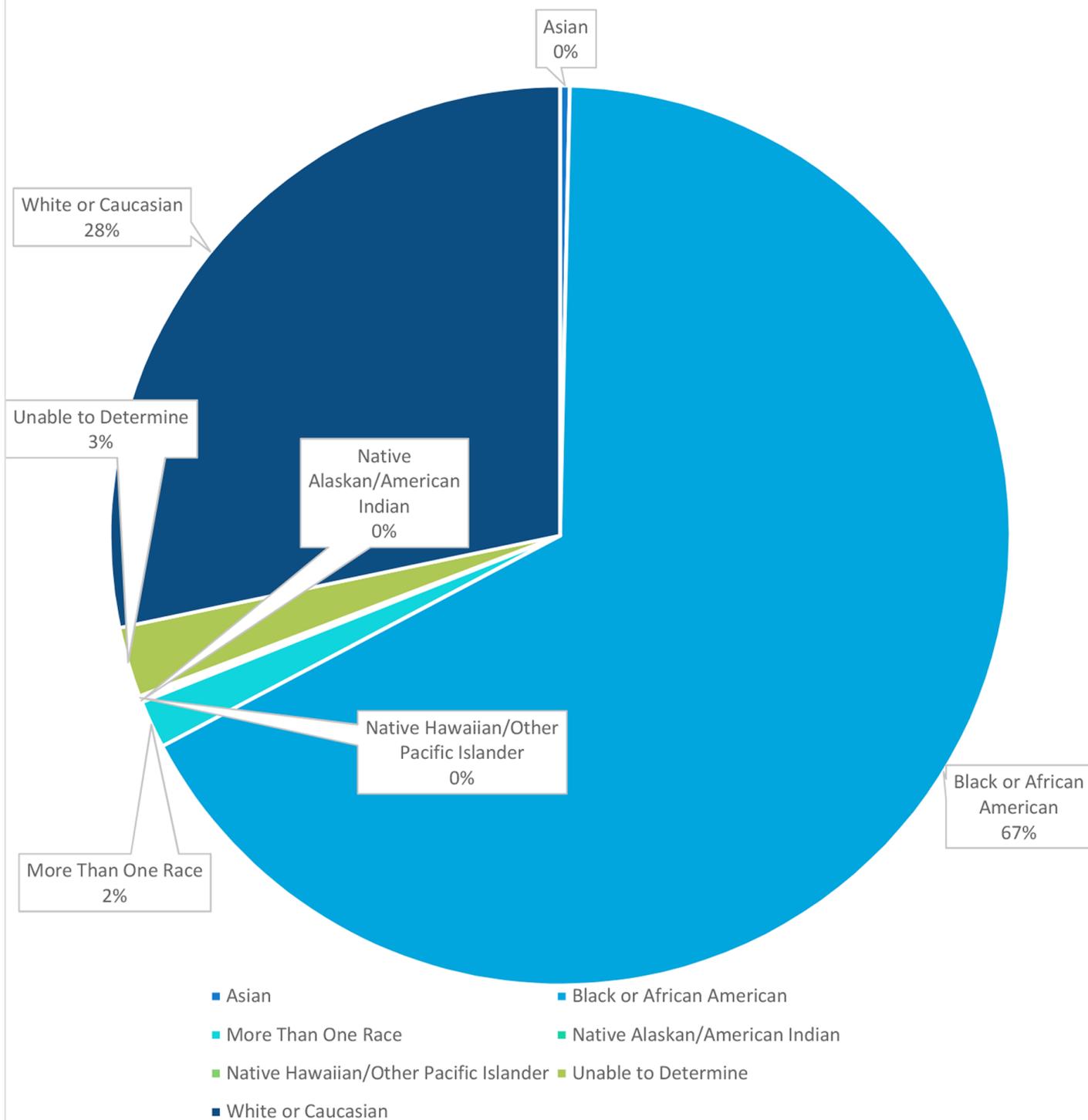
Age of Abused and Neglected Children Region 2 - Capitol Area



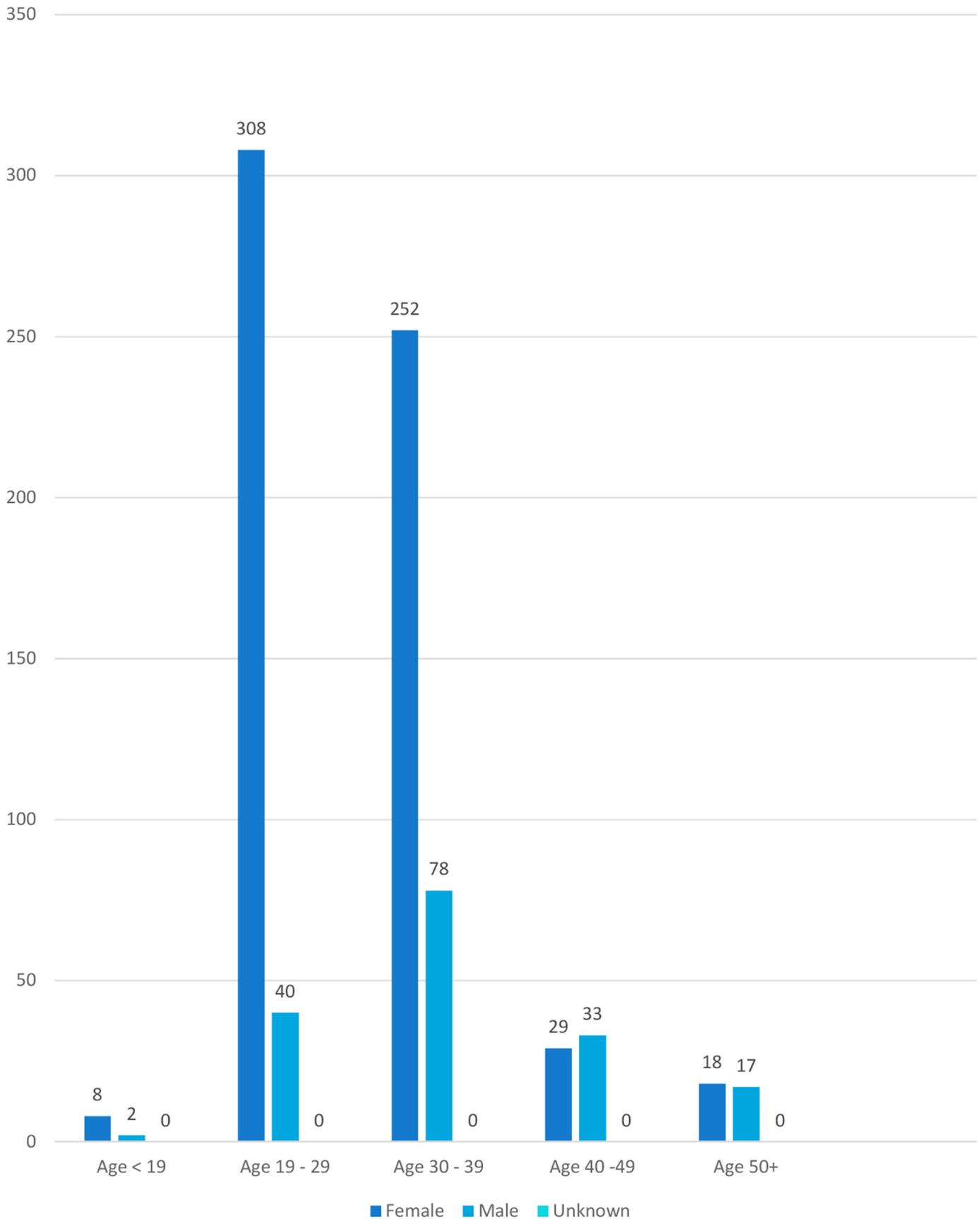
Gender of Abused and Neglected Children Region 2 Capitol Area



Race of Abused and Neglected Children Region 2 Capitol Area



Profile of Perpetrators Region 2 Capitol Area



Region 2 Stakeholder Findings: Meetings & Surveys

This region is comprised of 6 parishes with a population of 559,842 people with 23% living in poverty. The median household income is \$50,962. More than 58% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 221 children placed in foster care in this region and 2,051 allegations of abuse/neglect.

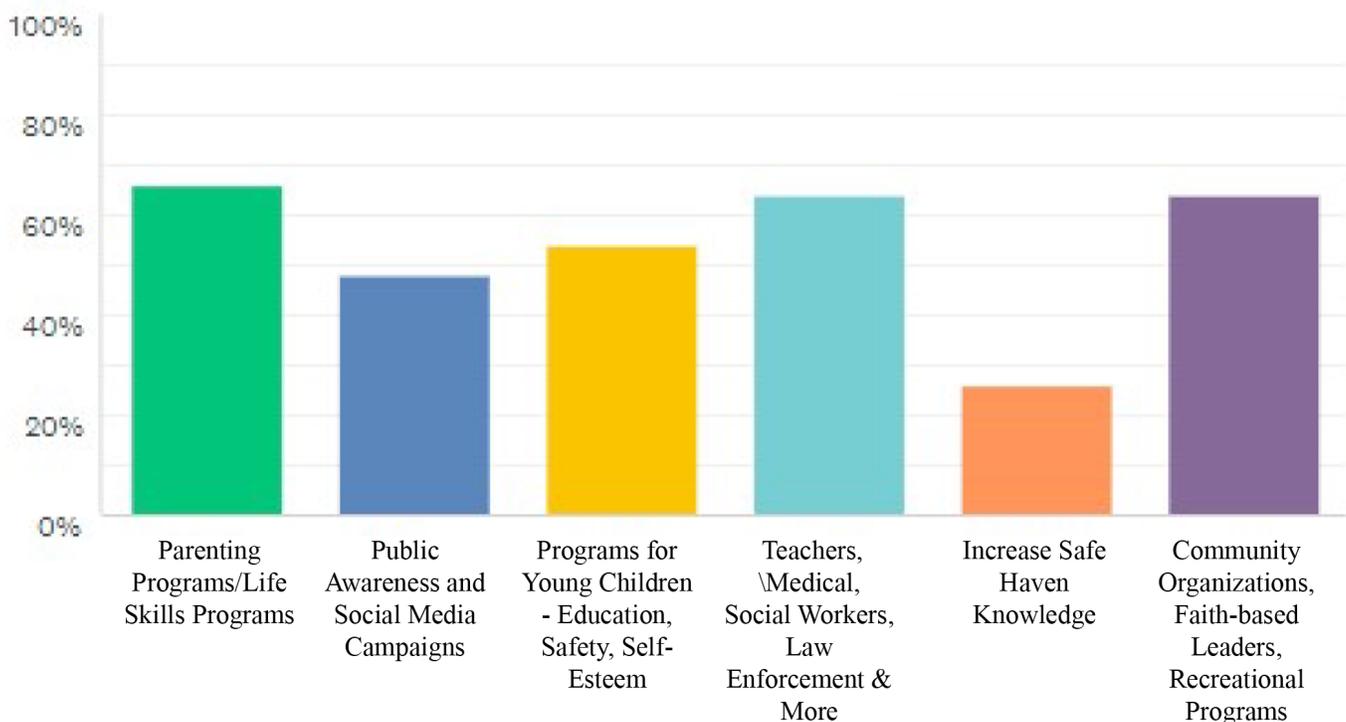
What do you see at the emerging trends in child abuse and neglect?

- Marijuana use in pregnant women (known adverse effect on fetal brain), and vaccine refusal
- I think lack of knowledge to this day is one of the biggest trends in dealing with child abuse and neglect. 2nd to that would resources available to assist parents when dealing with child abuse and neglect.
- Prevention via family interventions, including stress management, self-care, and parenting
- Children left alone while parents work
- The parallels between fatherlessness (single mother led homes) and abuse on a local and national scale are significant. Focusing on single mother led homes is substantial to reduction of abuse. This includes stress-reduction for single moms, parenting skills, father empowerment conferences/events, and resources to empower these families.
- Neglect and ongoing maltreatment due to untreated mental health issues.
- Opiates
- Sex trafficking, murdering children, increasing neglect and abuse
- Neglect and sometimes abuse by opioid-addicted parents/caretakers
- Substance use plays a role but at times it is difficulty to really assess safety
- Lack of basic family support (min wage, equal pay) increasing poverty, leading to increased child neglect. Totally preventable. Shameful.
- High Rate of Substance Exposed Infants
- ACES trauma/screening tool.
- Too many kids 0 - 2 being put into the welfare system
- That families with disabilities are not being accommodated to the highest level possible
- Many more domestic violence cases.
- Mental abuse
- Drug exposure
- Babies left in vehicles
- Drug abuse
- Intersections of CAN and substance use or mental health issues
- Neglect due to opioid/drug use; lack of awareness of how to prevent child abuse and neglect
- A high level of poverty is a significant predictor of abuse and neglect.
- Impact of substance use, especially opioids on families and young children
- Continuing effect of poverty, lack of family supports and substance abuse
- Opioid use and its effect on the family/children.
- TBRI
- Substance Abuse and Mental Health
- DCFS not stepping in when needed
- Parents impaired by substance abuse
- Not enough funding to support DCFS work needed in the field
- More and more children with disabilities are being abused and neglected
- Parental drug abuse and addiction

- Marijuana use to the point that parent neglects the wellbeing of the child. Judges are hesitant to require treatment for the marijuana use, let alone put the children in care
- Drug Abuse
- Prevention; issues related to substance abuse
- Substance abuse of parents
- Substance use disorders
- Mental abuse
- Prevention services; dismantling of congregate care
- Increasing parental opioid dependence
- Online manipulation
- Diminished placement options for older youth
- Drug affected newborns
- Parents abusing drugs. Hunger. Working moms, safer child care needed at night and on weekends.
- Trafficking
- Kids going hungry, drug abuse

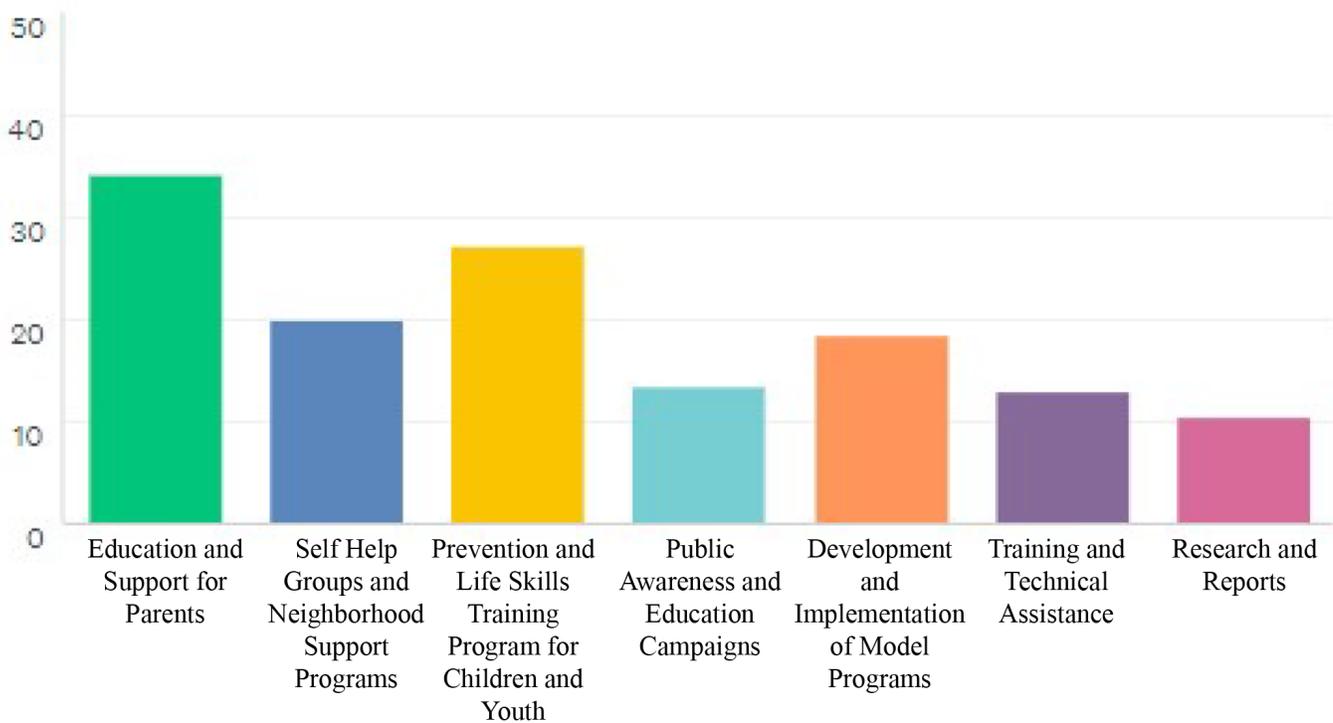
What do you think needs to be done to raise awareness about child abuse/neglect?

- Choices:
- Parenting Programs/Life Skills Programs
- Public Awareness and Social Media Campaigns
- Programs for Young Children - Education, Safety, Self-Esteem
- Education for Community Members: Teachers, Medical, Social Workers, Law Enforcement & More
- Increase Safe Haven Knowledge
- Partner with Community Organizations, Faith-based Leaders, Recreational Programs



Participants were asked how they would spend \$100 across the following priority areas:

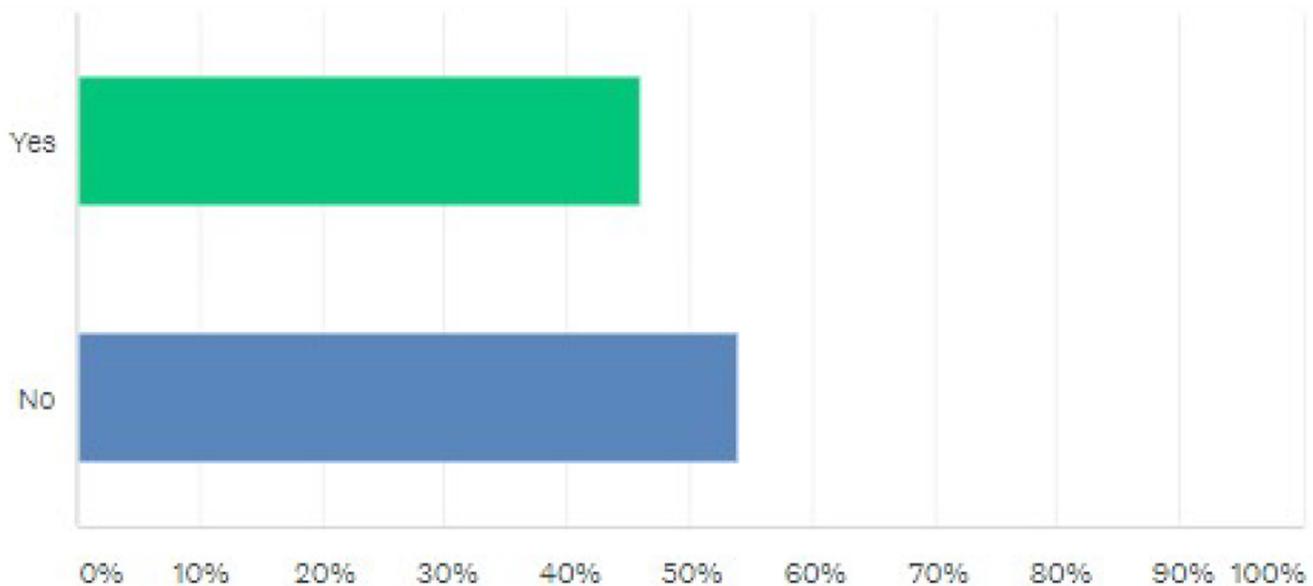
- Education and Support for Parents
- Self Help Groups and Neighborhood Support Programs
- Prevention and Life Skills Training Program for Children and Youth
- Public Awareness and Education Campaigns
- Development and Implementation of Model Programs
- Training and Technical Assistance
- Research and Reports



In order to increase the awareness of child abuse and neglect prevention, where should we be focusing our efforts? For each line, you can mark the importance of the group.

	CRITICAL (1)	IMPORTANT (2)	GOOD (3)	OK (4)	TOTAL
Law Enforcement Professionals	51.06% 24	40.43% 19	4.26% 2	4.26% 2	47
Educational Professionals (Early Childhood through University)	62.00% 31	36.00% 18	2.00% 1	0.00% 0	50
Faith-based Leaders	34.69% 17	55.10% 27	10.20% 5	0.00% 0	49
Judicial/Legal Professionals	57.14% 28	34.69% 17	6.12% 3	2.04% 1	49
Military Service Members	12.50% 6	50.00% 24	31.25% 15	6.25% 3	48
Social Workers and Counselors	60.00% 30	28.00% 14	8.00% 4	4.00% 2	50
Blue Collar Workers	25.53% 12	36.17% 17	31.91% 15	6.38% 3	47
Corporate Leaders and Employees	19.15% 9	48.94% 23	25.53% 12	6.38% 3	47
Nonprofit Organizations	36.17% 17	34.04% 16	27.66% 13	2.13% 1	47
Youth Programs	57.45% 27	34.04% 16	6.38% 3	2.13% 1	47
Civic Associations	22.22% 10	53.33% 24	20.00% 9	4.44% 2	45
Medical and Mental Health Professionals	74.00% 37	20.00% 10	2.00% 1	4.00% 2	50

Have you read or heard about great ideas in other areas?



If you answered yes, then what are some of the fresh ideas or successful programs you found?

- Single Mother Empowerment Conferences & Support Groups
- Community adopted entire neighborhoods and assuring linkage to needed services to prevent A/N
- Prevention program in Washington state allowing mothers convicted of certain nonviolent crimes remain at home with child
- Emotional well-being camps for children.
- HEART in Broward County, FL
- Prevent child abuse America
- Greater availability of home visiting
- Broad range of home visitation programs including WA state program for incarcerated moms
- Pathways
- Each church/faith institution learning about parental supports and fostering.
- Prevention programs for children as early as 3 years old
- New Orleans doctor who does parent child psycho educational parenting therapy ... not sure on the name
- Triple P
- Neighborhood houses being marked as "safe" places for children
- Partnering with the relevant state department of health in order to share information about pregnant mothers who are using marijuana and CDS. If both agencies snare the info, services can be in place prenatal, as opposed to post-partum. This is a proactive approach as opposed to waiting for the mother to test positive after giving birth.

- All newborns receive services (screen) based on mental health, substance abuse & domestic violence factors of family for first year of life
- Safe Baby Courts
- Stewards of Children is great. Louisiana would benefit from a live training rather than video-based training.
- Safe houses in neighborhoods
- ACE Study
- F.O.A.M. (Fathers on a Mission)
- Home visitation, see Erikson study
- Joe Biden Youth Leads Program
- Frequent Users Systems Engagement (FUSE)
- School initiatives that focus on one-character building trait at a time such as honesty, generosity, self-control etc.
- More attention on social determinants of health
- Evidence based parenting programs, available for all families
- A Family for Every Child (AFFEC)
- Open Table
- Florida coordinates DCFS and sheriff offices to work together
- LaPEN
- Programs for police offices on understanding autism
- Providing foster children with free college education (or technical college/trade school)
- Prenatal substance abuse addressed
- Interventions for kids living with domestic violence
- Prevention skills for parents of children with disabilities.
- Pairing lonely seniors with single moms
- S.A.F.E. Families (national program, used to be available at Catholic Charities, but maybe not anymore). Families will short-term care for a child while mother gets help or intervention services to prevent child from going into system.
- Infant early childhood mental health programs, providing actual treatment for families of very young children (birth - 5)
- Focused attention on neglect prevention
- Family economic stability policies including increased minimum wage, paid leave and equal pay
- Parents for Parents
- Tech that allows finding extending family to foster.
- Some parishes do safety plans for up to 6 months or so. Some parishes don't even use them except as a 2-week program. Use what you have to keep kids safe.
- Low cost after school programs to help kids with homework and to teach them life skills and also to give them packages of food to take home to have something to eat over the weekend
- TPLI processes
- Support programs for new underserved parents when they get home after childbirth.
- After school youth and sports programs
- Dr Meg Meeker

Region Three - Covington Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	% Low Birthweight <2500 grams	Births to Teens	People Without Health Insurance
Livingston	131,865	25.6%	15%	\$60,456	8.2%	129	8.9%
St. Helena	11,063	21.1%	37%	\$35,254	12%	8	10.1%
St. Tammany	239,193	24.0%	15%	\$66,539	8.9%	109	8.9%
Tangipahoa	123,662	24.5%	31%	\$45,901	11%	149	10.1%
Washington	46,690	24.1%	33%	\$32,962	11.8%	73	10.1%
Region	552,473	23.86%	26%	\$48,222	10.37%	468	9.62%

Region Three – Volume of CPI Investigations

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
2,938	3,425	2,783	2,672	2,308

DCFS-Child Welfare Quality Assurance and Research Section, Volume of CPI

Region Three – Number of Child Protective Investigations Completed*

Parish	FY2017 Valid	FY2017 Invalid	FY2017 Other	FY2017 Total	FY2018 Valid	FY2018 Invalid	FY2018 Other	FY2018 Total
Livingston	95	150	5	250	52	135	5	192
St. Helena & Tangipahoa	318	338	53	709	223	352	17	592
St. Tammany	273	579	44	896	272	610	24	906
Washington	100	191	11	302	114	174	5	293
Region	786	1258	113	2157	661	1271	51	1983

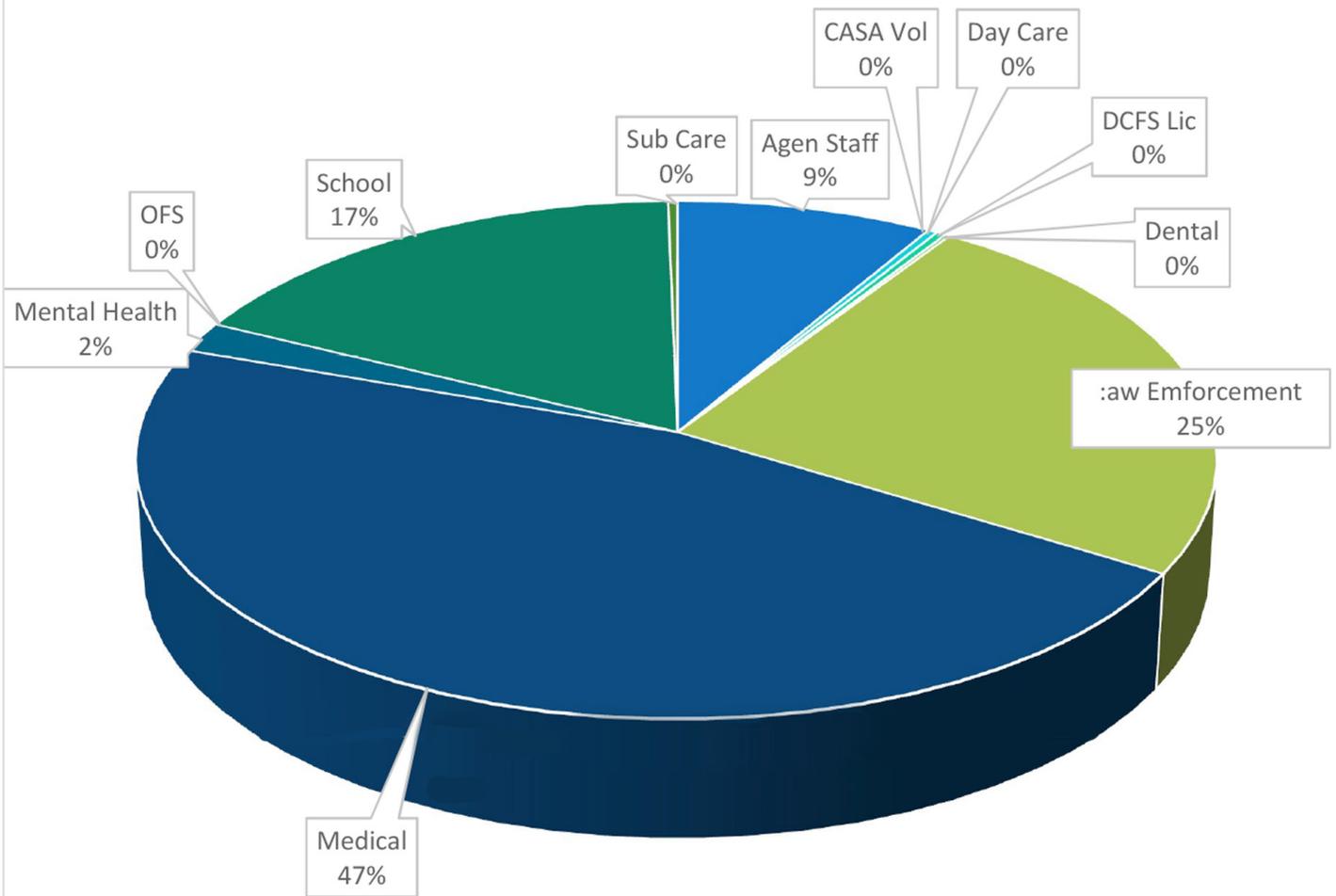
*DCFS-Volume of CPI Investigations Completed with Findings

Number of Children Entering Foster Care*

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Covington Region	542	588	502	631	685

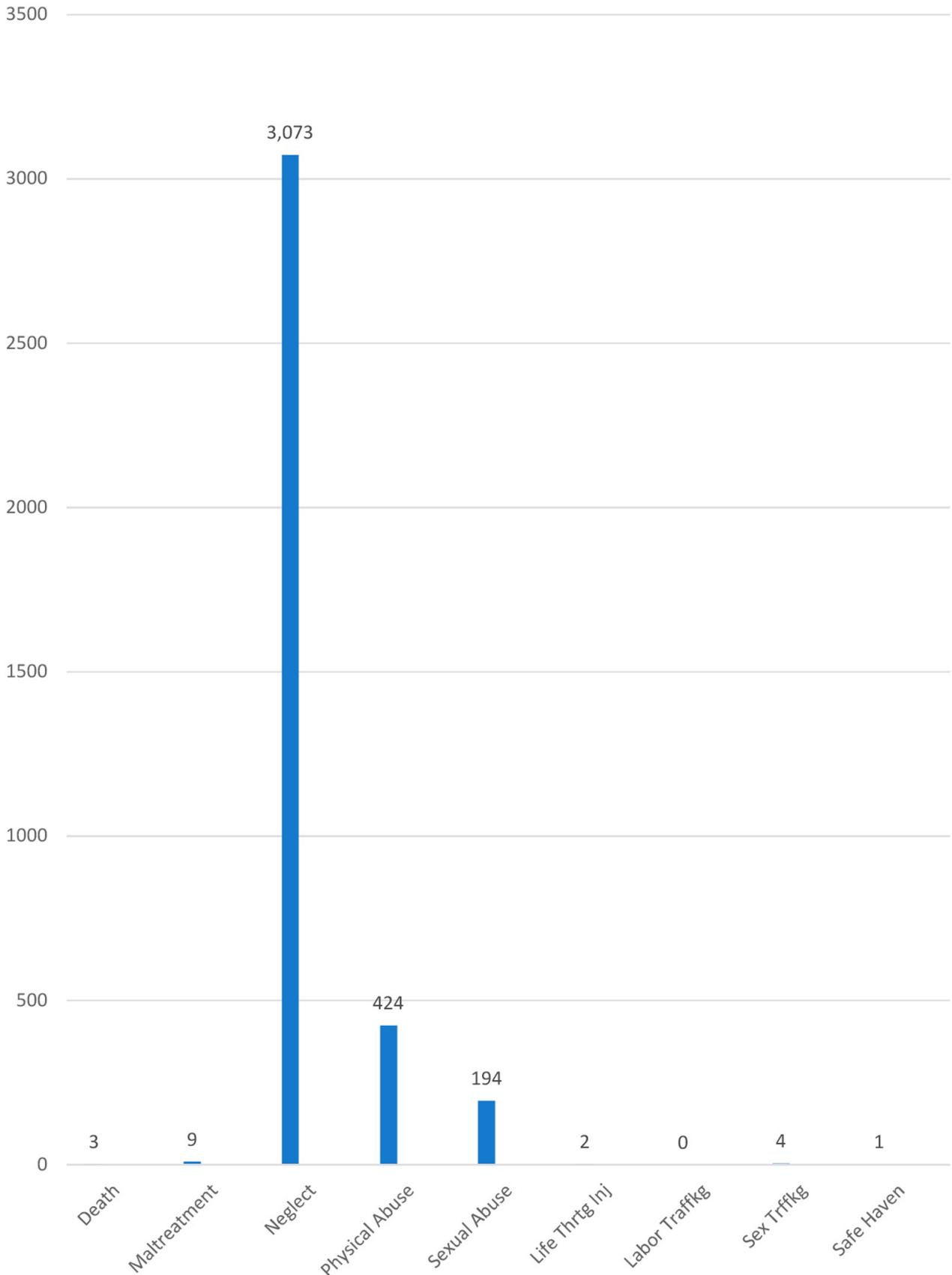
DCFS Final Report 2019

Sources of Reports Concerning Valid CPI Investigations Region 3 Covington Area

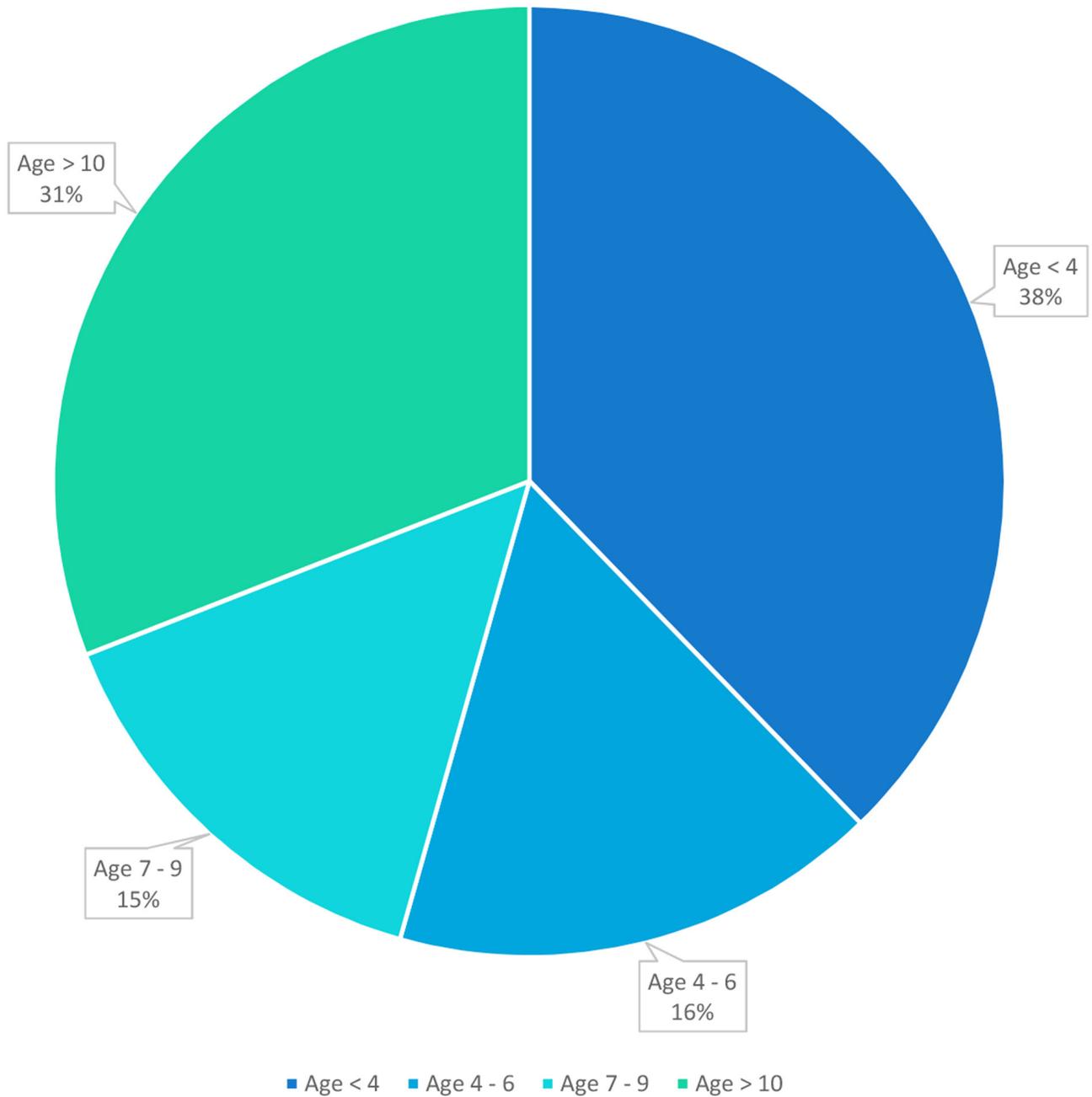


- Agen Staff
- CASA Vol
- Day Care
- DCFS Lic
- Dental
- Law Enforcement
- Medical
- Mental Health
- OFS
- School
- Sub Care

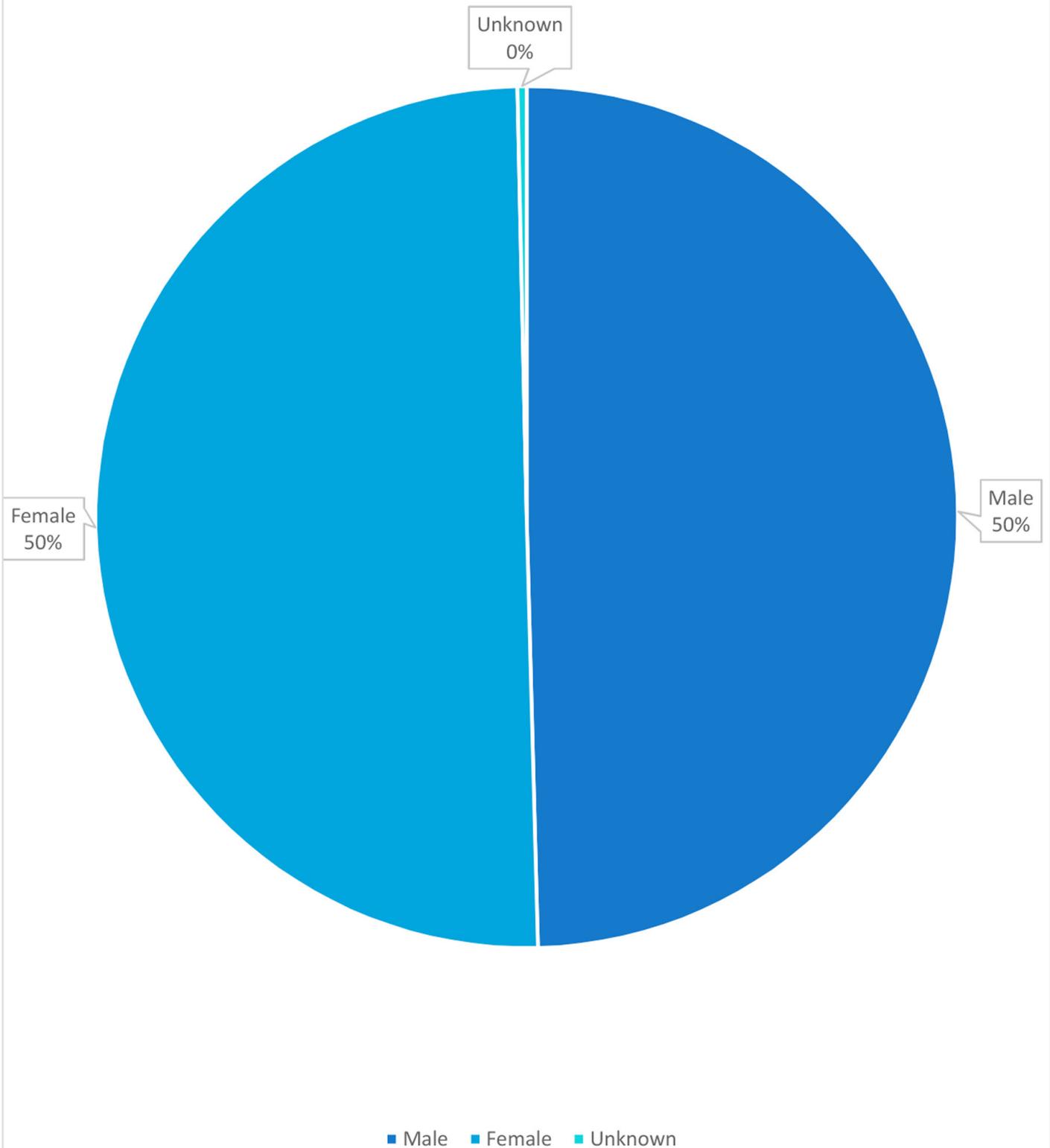
of Valid CPI Allegations by Type Region 3 Covington Area



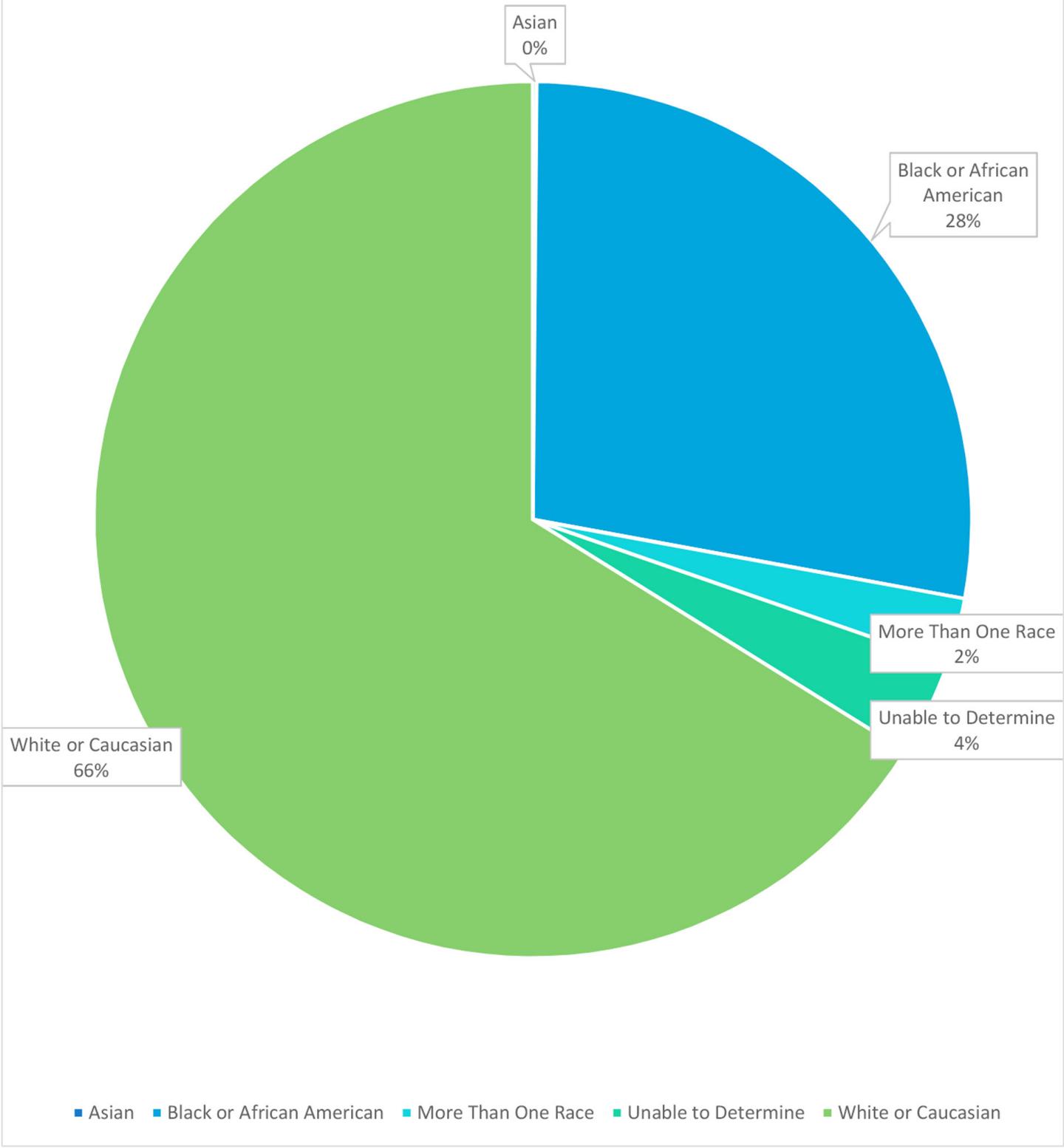
Ages of Abused and Neglected Children Region 3 Covington Area



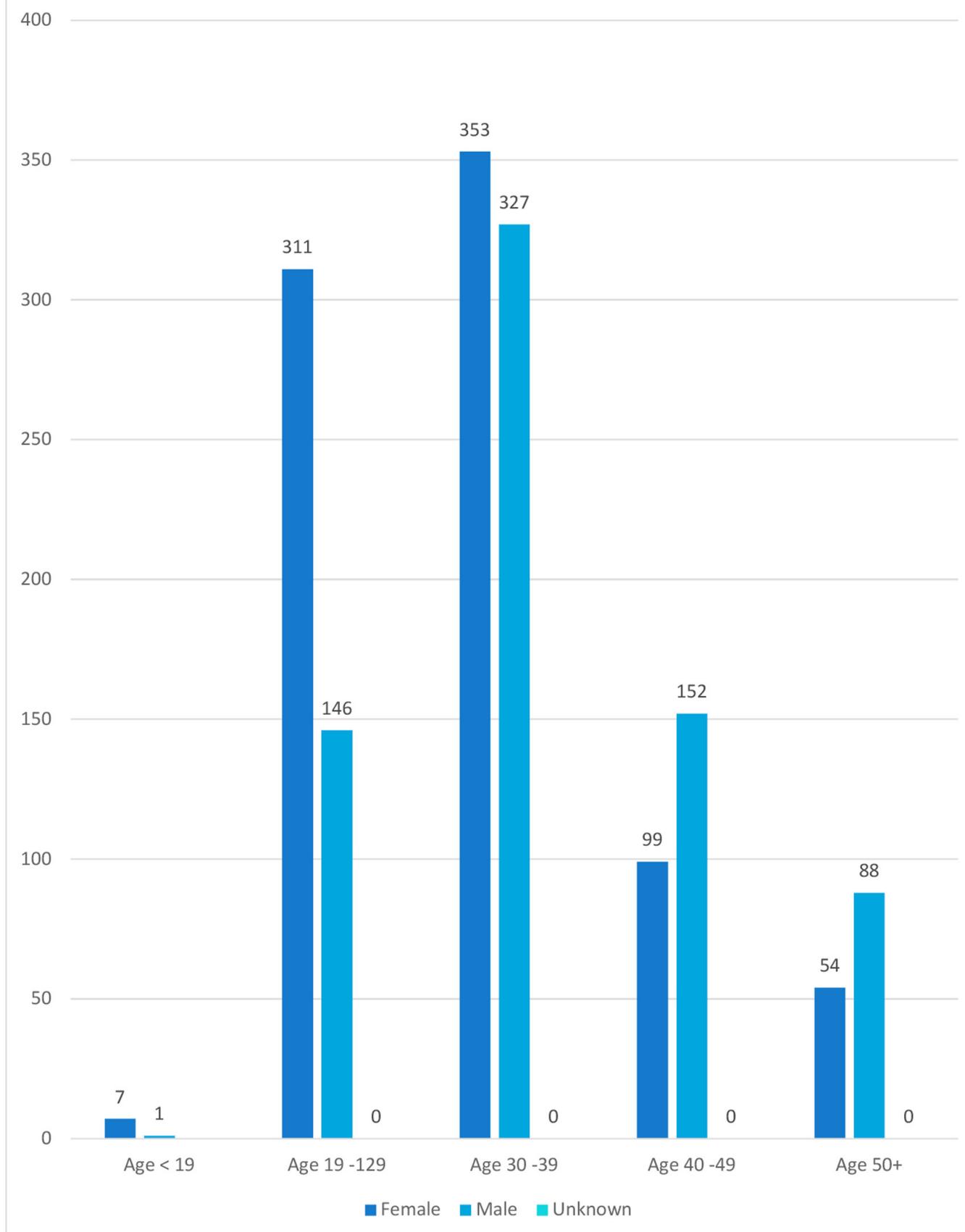
Abused and Neglected Children Gender Region 3 Covington Area



Race of Abused and Neglected Children Region 3 Covington Area



Profile of Perpretrators Region 3 Covington Area



Region 3 Stakeholder Findings: Meetings & Surveys

This region is comprised of 4 parishes with a population of 552,473 people with 26% living in poverty. The median household income is \$48,422. More than 38% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 685 children placed in foster care in this region and 2,308 allegations of abuse/neglect.

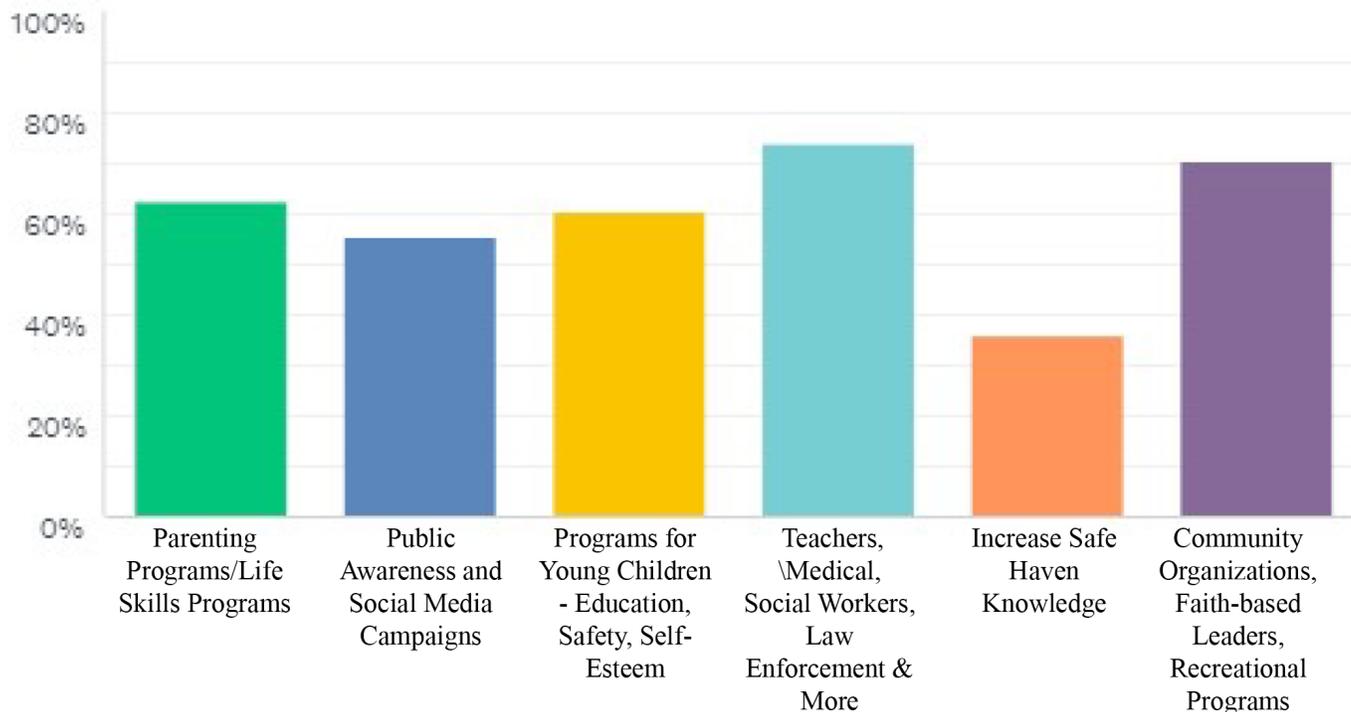
What do you see at the emerging trends in child abuse and neglect?

- Sex Trafficking
- Trauma informed care, family preservation
- Teens unable to recognize PA & SA because it's a boyfriend/girl friend
- Trauma and ACE informed practice
- MST and FFT for FINS and CINC
- Overwhelming drug use
- Opioid abuse and trauma informed care
- Single mother with no support
- More men and women are speaking their experiences
- Trafficking
- Quicker call to report, even when unnecessary
- Neglect due to meth
- Increasing child abuse because of drug use
- Less reunifications
- Trauma informed care and youth transitions
- Not enough mental health providers and therapeutic foster homes in close proximity to St. Tammany and Washington Parishes.
- Substance Abuse
- Affordable daycare. My clients are trying to work and raise children with no one or inadequate care for their children.
- Drug use by parents
- Opioid drug use
- Substance Exposure
- Drug abuse of parents
- Unrealistic expectations, cultural influences
- Few Foster Care Homes
- Increasing drug use
- Drug addiction
- Parents on drugs and unable to care for their children.
- Adoptive parents who do not have enough knowledge of early trauma
- Sexual abuse by trusted adults.
- An emerging trend in the area of child abuse/neglect has been unsupervised children and leaving young children to babysit younger children.
- Focus on family engagement and assessment
- Parents taking child medicine
- Teen homelessness
- Grandparents caring for their grandchildren
- Opioid Epidemic

- Lack of services
- Higher number of children with developmental delays
- Too many children on medications
- Internet victimization
- Substance abuse particularly opioid abuse and parents not wishing to take custody of their children once they are released from OJJ custody
- Opioid abuse
- Continued problem of parental substance abuse.
- My last case was a sexual child abuse case
- More abuse/neglect related to opioid addiction of parents
- Lowering the standard due to shortage of resources available to address the problem. Ultimately leaving children in harm's way.
- Mistreated/unnoticed traumas
- It rises and crests along with societal problems. The current rise in the use of Opioids shows an equal rise in child abuse and neglect.
- TBRI training
- Regarding abuse types; sexual abuse and dependency cases are on the rise. Regarding services/agencies; I am happy to see a trend of agencies becoming trauma informed.
- Opioid addiction and lack of resources that affect parenting and lead to child abuse and neglect
- Lack of appropriate supervision due to substance abuse
- Drug abuse by parents
- Not sure.
- Client non-cooperation with CPS investigations
- Drugs and Neglect
- Prevention

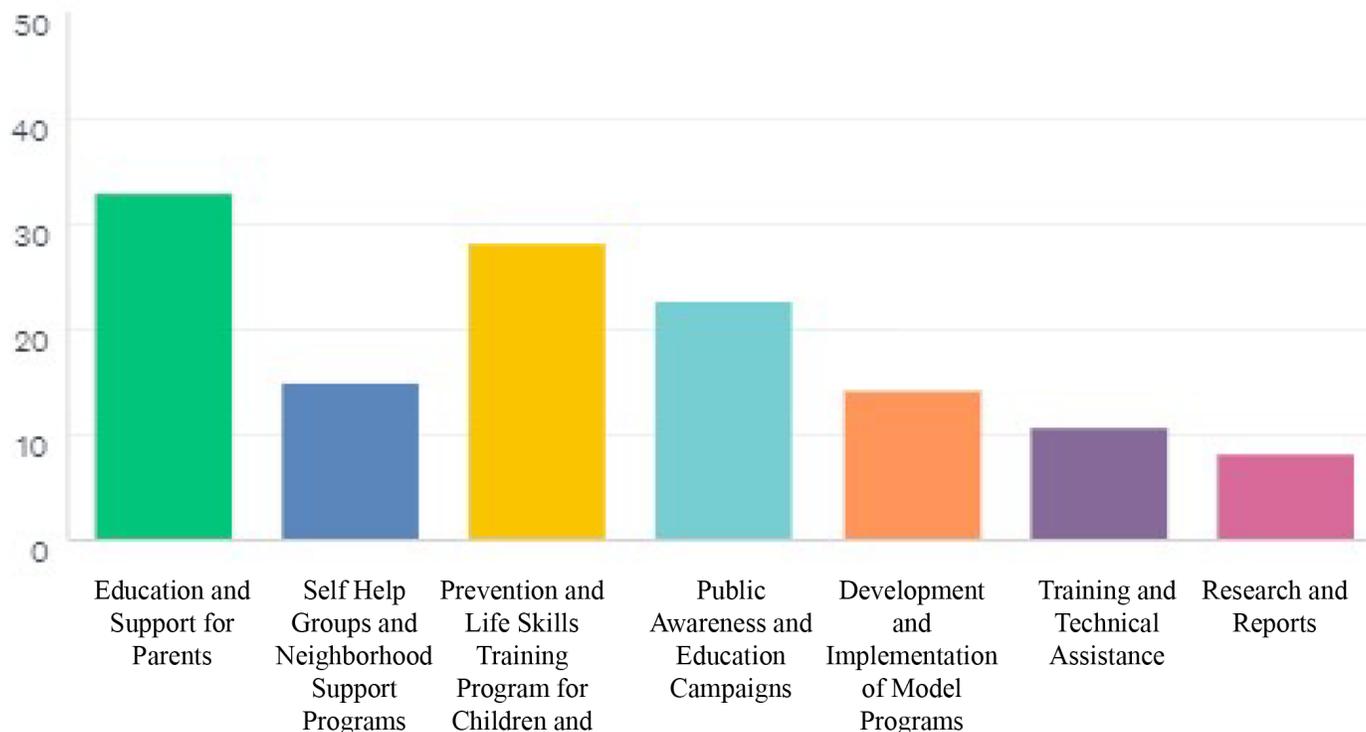
What do you think needs to be done to raise awareness about child abuse/neglect?

- Choices:
- Parenting Programs/Life Skills Programs
- Public Awareness and Social Media Campaigns
- Programs for Young Children - Education, Safety, Self-Esteem
- Education for Community Members: Teachers, Medical, Social Workers, Law Enforcement & More
- Increase Safe Haven Knowledge
- Partner with Community Organizations, Faith-based Leaders, Recreational Programs



Participants were asked how they would spend \$100 across the following priority areas:

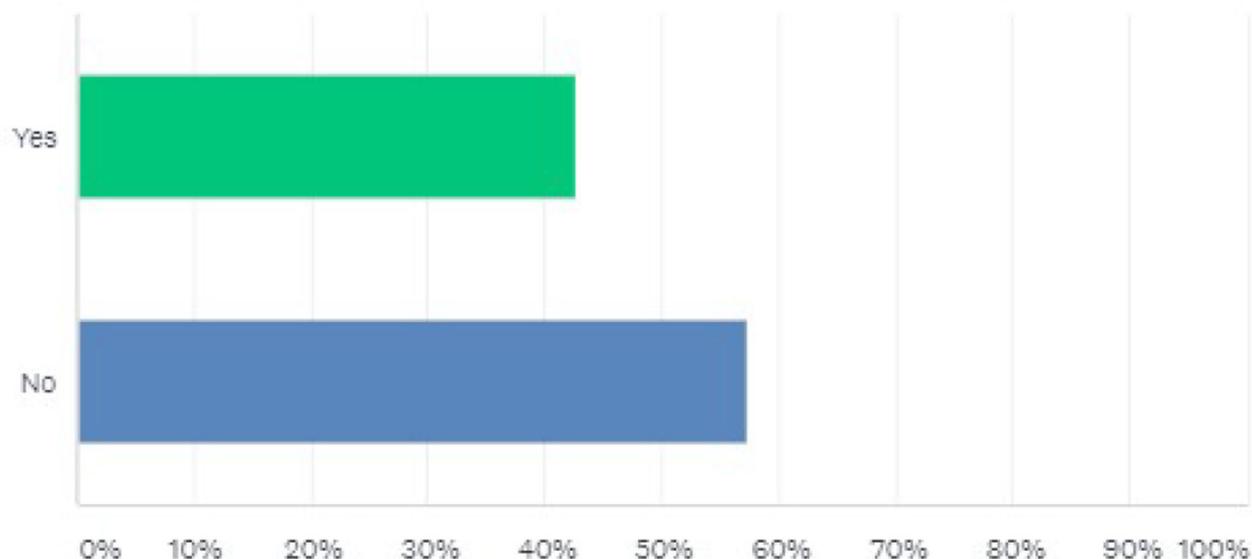
- Education and Support for Parents
- Self Help Groups and Neighborhood Support Programs
- Prevention and Life Skills Training Program for Children and Youth
- Public Awareness and Education Campaigns
- Development and Implementation of Model Programs
- Training and Technical Assistance
- Research and Reports



In order to increase the awareness of child abuse and neglect prevention, where should we be focusing our efforts? For each line, participants marked the importance of the group.

	CRITICAL (1)	IMPORTANT (2)	GOOD (3)	OK (4)	TOTAL
Law Enforcement Professionals	50.91% 28	36.36% 20	9.09% 5	3.64% 2	55
Educational Professionals (Early Childhood through University)	74.58% 44	15.25% 9	10.17% 6	0.00% 0	59
Faith-based Leaders	37.93% 22	39.66% 23	20.69% 12	1.72% 1	58
Judicial/Legal Professionals	48.28% 28	41.38% 24	8.62% 5	1.72% 1	58
Military Service Members	12.50% 7	50.00% 28	32.14% 18	5.36% 3	56
Social Workers and Counselors	63.79% 37	24.14% 14	10.34% 6	1.72% 1	58
Blue Collar Workers	33.93% 19	42.86% 24	19.64% 11	3.57% 2	56
Corporate Leaders and Employees	25.00% 14	44.64% 25	23.21% 13	7.14% 4	56
Nonprofit Organizations	33.33% 19	43.86% 25	19.30% 11	3.51% 2	57
Youth Programs	76.67% 46	15.00% 9	8.33% 5	0.00% 0	60
Civic Associations	27.78% 15	42.59% 23	24.07% 13	5.56% 3	54
Medical and Mental Health Professionals	83.05% 49	13.56% 8	1.69% 1	1.69% 1	59

Have you read or heard about great ideas in other areas?



If you answered yes, then what are some of the fresh ideas or successful programs you found?

- Foster Parent Support Systems
- "Paint the Town Blue" community during Child Abuse Prevention Month
- Washington State ACE informed schools
- Having the hospital social worker pair, a volunteer mom up with a new mom to assure the safety of the newborn at home.
- Screening at social services Touchpoints
- HALO project in Oklahoma
- Teach elementary students about self-love and kindness
- Nurse Family Partnership
- Mobile Unit providing resources of all types on scheduled visits
- James Storehouse
- Nurse Family Partnership is shown to be evidence based to decrease child abuse and neglect
- REACH coalition in Tangipahoa parish
- ACE awareness and prevention programs
- TBRI
- Funding to Implement Family First Act
- Parent Support - Someone with Personal Experience
- Washington State
- Welcome centers in states like Arizona that provide an initial place for children to go when they enter DCFS custody. This allows the Agency to assess relatives or find a foster home that is a good fit
- TBRI & ACEs education at every level (students, parents, patients, providers)
- Families Helping Families

- Recruitment, training and retention of foster parents
- Crossroads NOLA/TBRI Training
- Covenant House in New Orleans
- Have volunteers support our DCFS workers as extra eyes on families in need of care
- Training of dentists
- Teach junior high students in group therapy about Self-worth, life and compassion.
- My Community Cares
- Youth Nonprofits coming together once a month
- Parents as Teachers
- ACE educators statewide
- Psychosocial rehabilitation
- Funding to Prevent Abuse and Neglect
- Stronger Infant Teams
- ACEs
- Attachment based parenting programs–circle of security or bringing back ECSS
- Wrap around services
- TBRI training for staff, educators, potential and seasoned foster parents
- Schools of healthcare (nursing, medicine, etc.)
- Teach high school and college students about child development and parenting.
plus individual counseling
- Community Advisory and Action Teams
- Parent coaching/ parent supports
- Redirect Federal IV E funding to Prevent to Removal of Children
- In Home Mental Health Professionals
- Epigenetics
- Mandatory life skills & SEL classes in high schools
- Community/DCFS liaisons

Region Four – Thibodaux Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	% Low Birthweight <2500 grams	Births to Teens	People Without Health Insurance
Ascension	112,126	26.8%	15%	\$74,748	9.2%	88	7.1%
Assumption	23,099	21.5%	27%	\$48,656	11.1%	21	10.3%
Lafourche	96,965	23.2%	22%	\$52,705	8.9%	78	11.9%
St. Charles	52,502	24.4%	17%	\$64,707	9.5%	27	7.4%
St. James	21,717	22.6%	24%	\$52,055	12.2%	8	7.1%
St. John the Baptist	44,787	24.6%	28%	\$53,628	12%	28	8.6%
Terrebonne	111,713	25.3%	25%	\$47,650	9%	102	12.0%
Region	462,909	24.06%	22.57%	\$56,307	10.27%	352	9.20%

Region Four – Volume of CPI Investigations

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
1,859	2,214	1,866	1,721	1,499

DCFS-Child Welfare Quality Assurance and Research Section, Volume of CPI

Region Four – Number of Child Protective Investigations Completed*

Parish	FY2017 Valid	FY2017 Invalid	FY2017 Other	FY2017 Total	FY2018 Valid	FY2018 Invalid	FY2018 Other	FY2018 Total
Ascension	125	287	40	452	127	223	22	372
Assumption	0	0	0	0	4	15	0	19
Lafourche	101	203	33	337	94	194	13	301
St. Charles, St. James, & St. John the Baptist	102	234	25	361	132	249	9	390
Terrebonne	215	324	32	571	162	243	12	417
Region	543	1,048	130	1,721	519	924	56	1,499

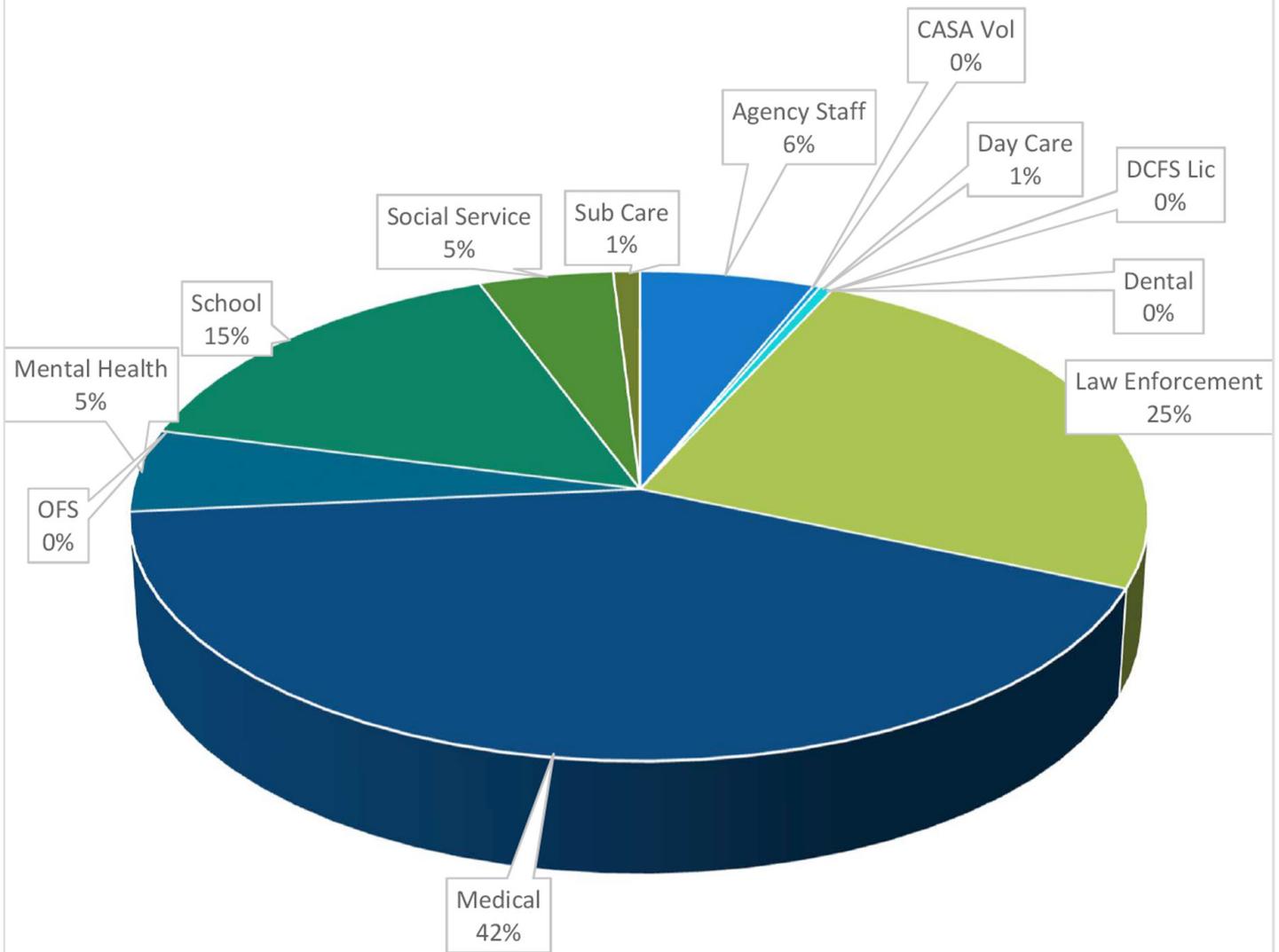
*DCFS-Volume of CPI Investigations Completed with Findings

Number of Children Entering Foster Care*

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Thibodaux Region	393	428	371	430	370

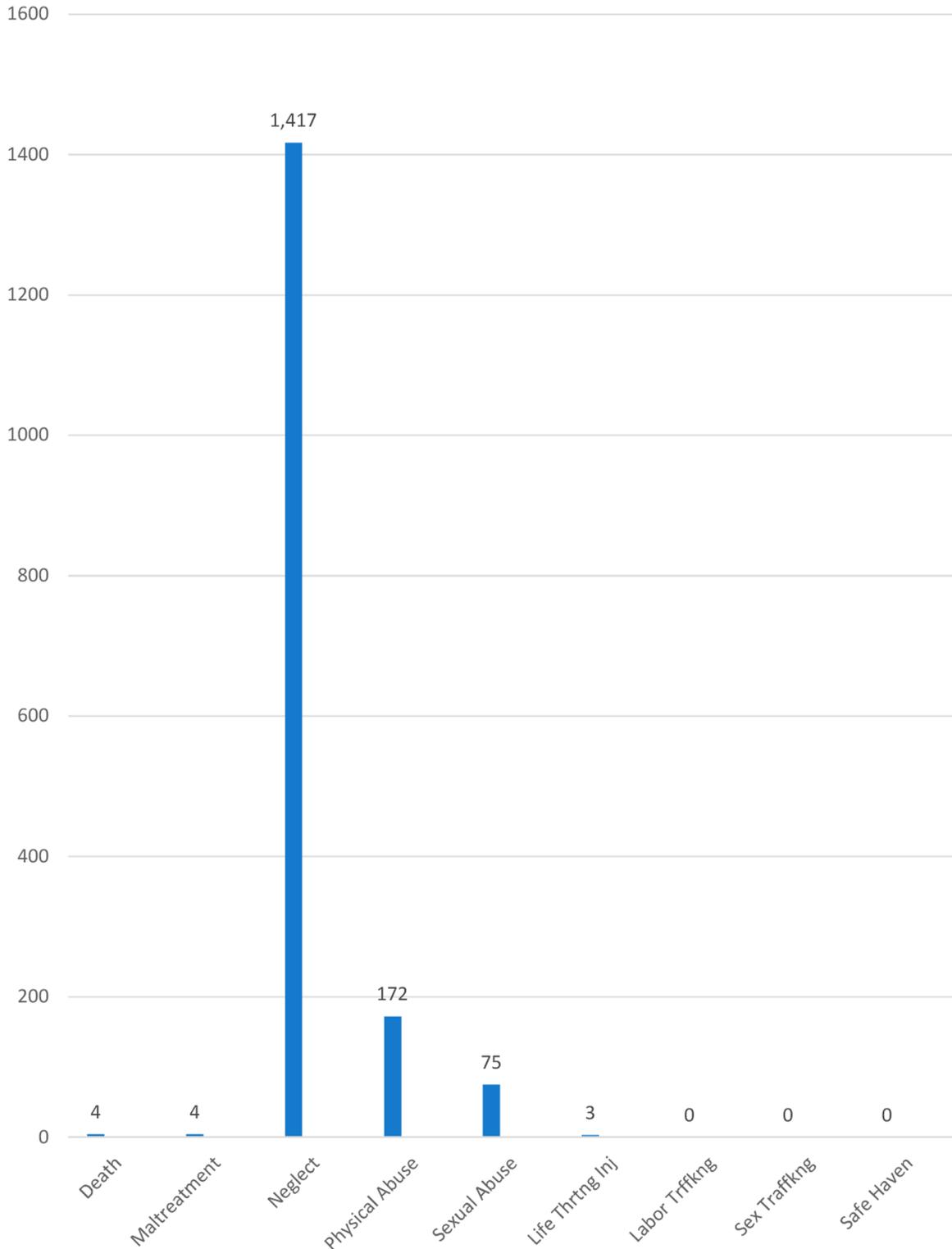
DCFS Final Report 2019

Source of Reports Concerning Valid CPI Allegations Region 4 Thibodaux Area

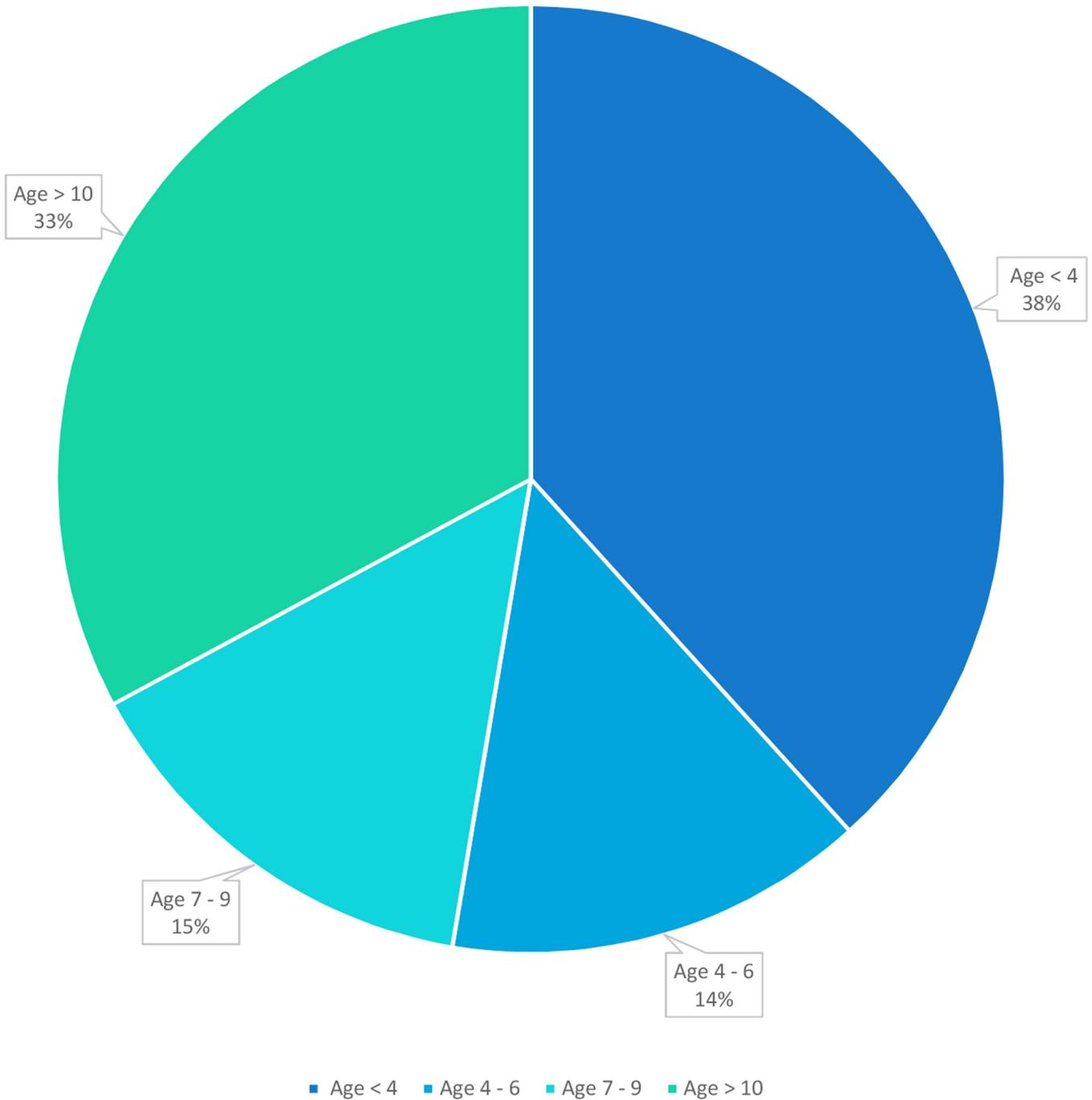


- Agency Staff
- CASA Vol
- Day Care
- DCFS Lic
- Dental
- Law Enforcement
- Medical
- Mental Health
- OFS
- School
- Social Service
- Sub Care

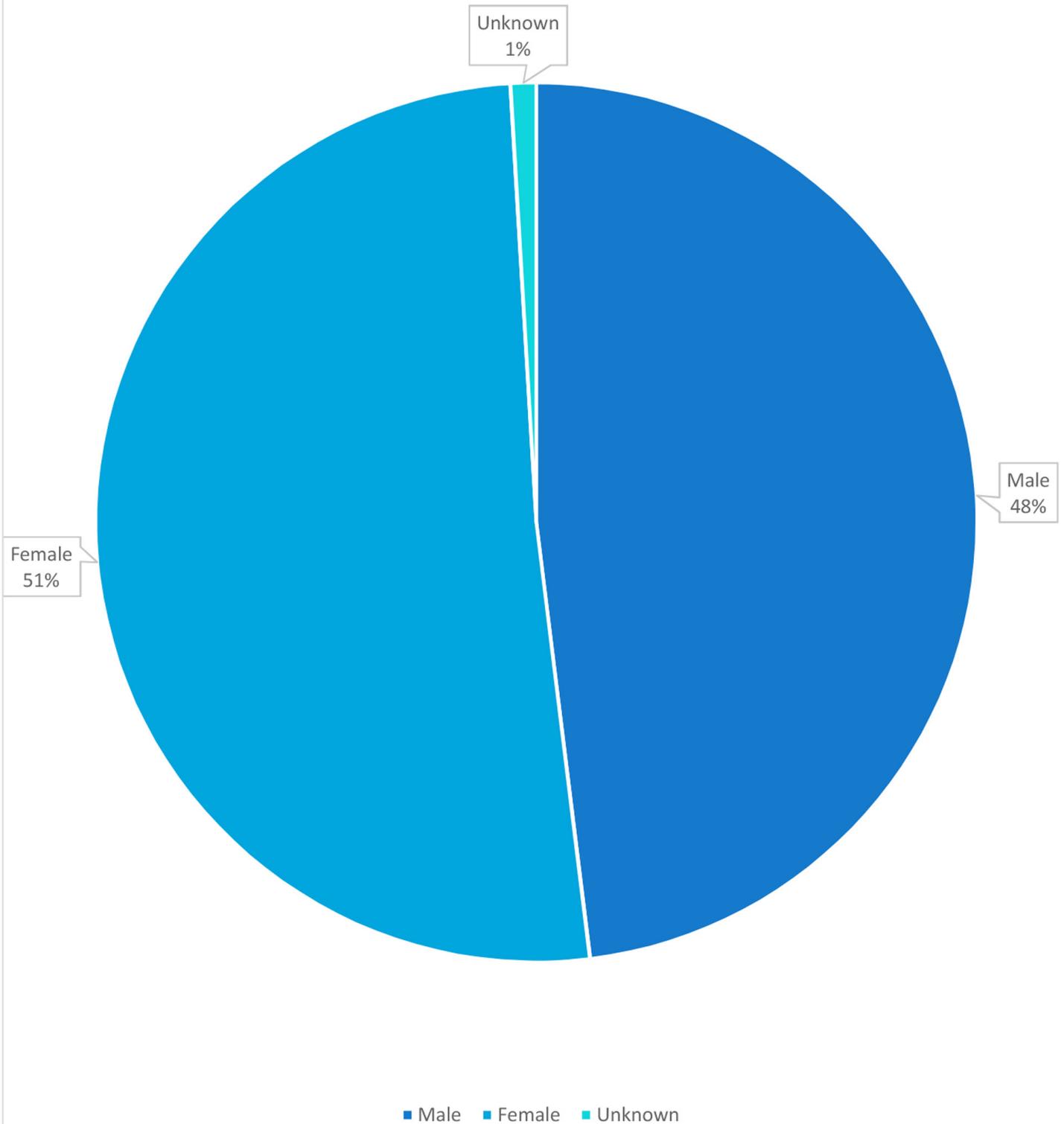
of Valid CPI Allegations by Type Region 4 Thibodaux Area



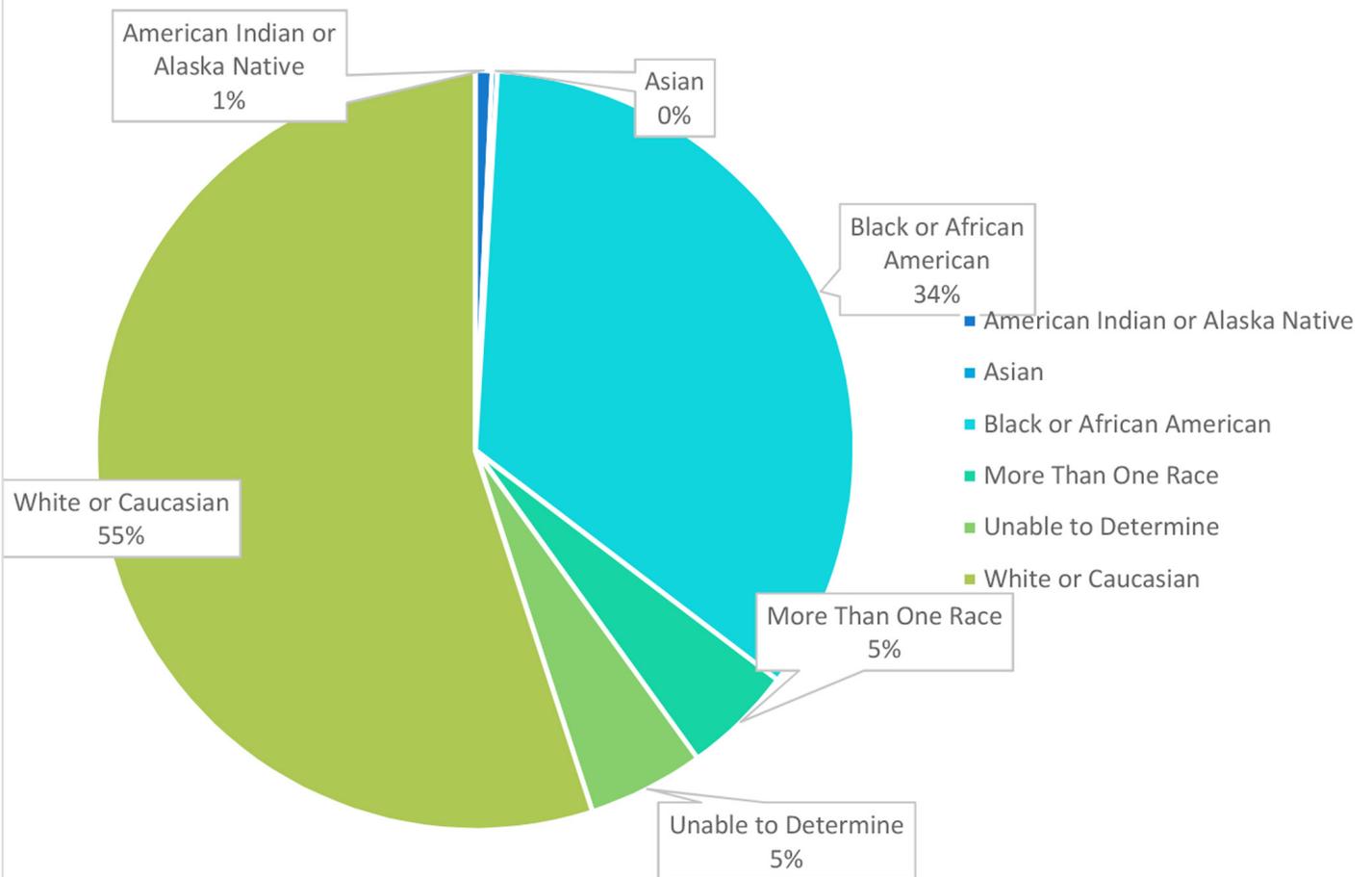
Ages of Abused and Neglected Children Region 4 Thibodaux Area



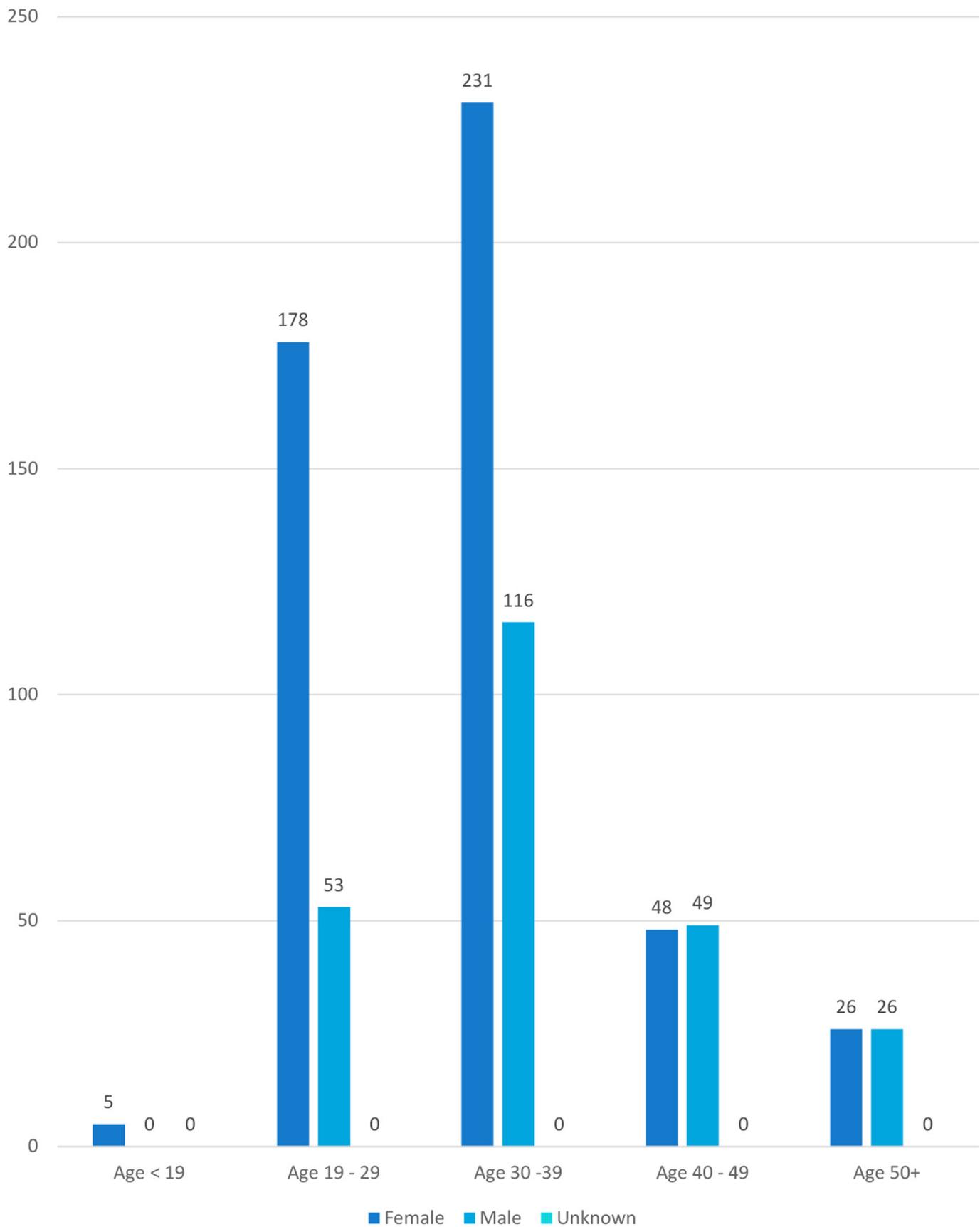
Gender of Abused and Neglected Children Region 4 Thibodaux Area



Race of Abuse and Neglected Children Region 4 Thibodaux Area



Profile of Perpetrators Region 4 Thibodaux Area



Region 4 Stakeholder Findings: Meetings & Surveys

This region is comprised of 7 parishes with a population of 462,909 people with 22.57% living in poverty. The median household income is \$56,307. More than 38% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 370 children placed in foster care in this region and 1,499 allegations of abuse/neglect.

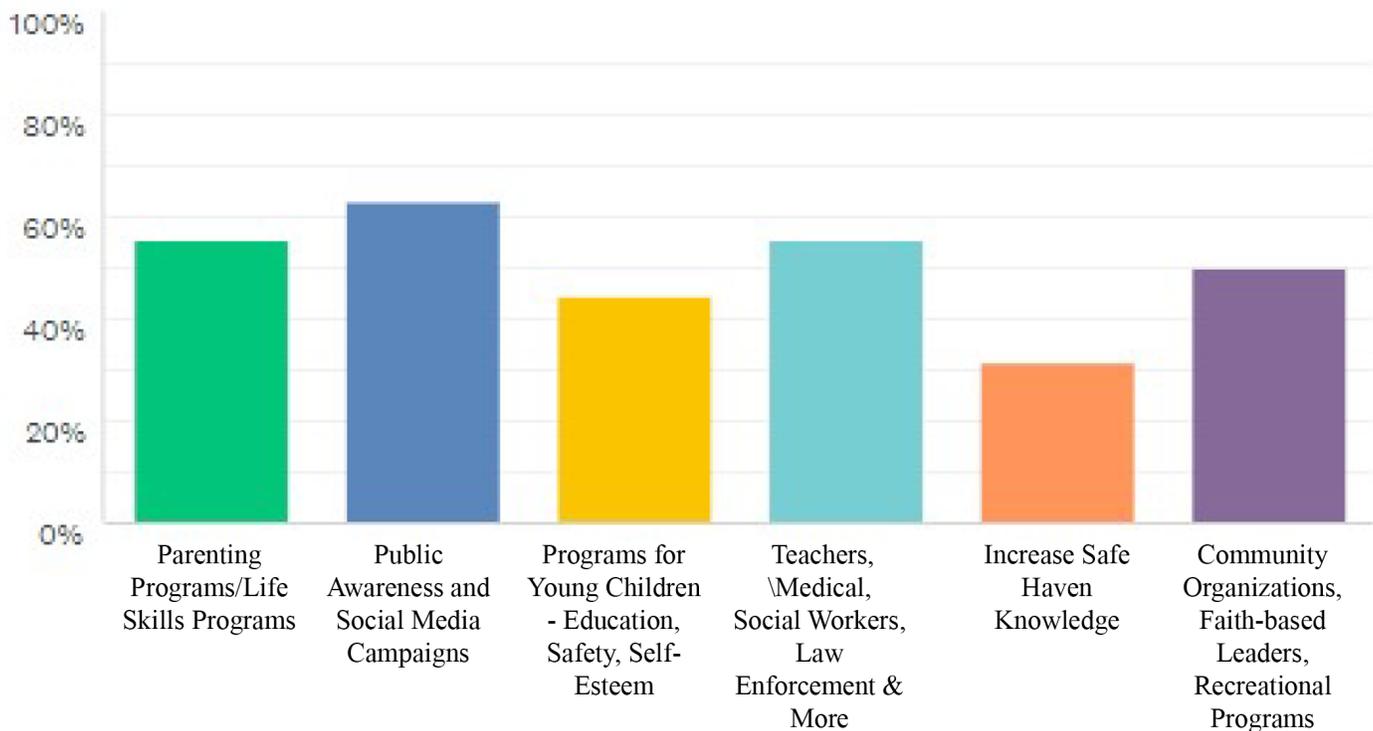
What do you see at the emerging trends in child abuse and neglect?

- Too many children live in home where the parents abuse drugs and neglect the children.
- The last few 72-Hour Cases we have seen has to deal with children living in deplorable conditions.
- Substance exposed newborns
- Illegal and prescribed substance related abuse and neglect
- Commitment to working with families with the children remaining in the home; reduction in use of congregate care
- Trauma misunderstood and poor services
- The mother's boyfriend abusing the child.
- Recognizing parental neglect due to drugs
- There has been a lot of sexual abuse in the news.
- Drug abuse by parents
- Peer to peer sexual abuse
- Bullying
- Lack of parental supervision
- Obesity
- Not sure
- Understaffed DCFS
- Unfortunately, the case plan is reunification with the abuser.
- Drugs abuse
- Drugs
- Future underfunding of Louisiana Child Welfare agency. It is ridiculous to ask an employee to monitor 15 to 20 children and expect good results. CASA has provided invaluable service, but they are overwhelmed by the need.
- Unfortunately, over worked Child Protective Services personnel cannot adequately address all cases referred to them.
- Because of the increased using of drugs in society more child abuse and neglect!
- Increase in opioid abuse amongst parents leading to impact on children's lives.
- Parents on drugs
- Drugs
- Children not getting the care they need because of parental drug abuse
- One reason child abuse and neglect may be on the rise could be due to the family use of drugs.
- More children coming into care due to parent's substance abuse addictions
- Children being removed from homes because of neglect caused by parents' substance abuse.
- Sexual abuse and neglect

- Substance Abuse and the lasting effects on children
- More children coming in to care due to parents' abuse of drugs.
- boyfriends abusing their girlfriends' child(ren)
- Meth and Heroin Addiction
- Drugs and more children being killed

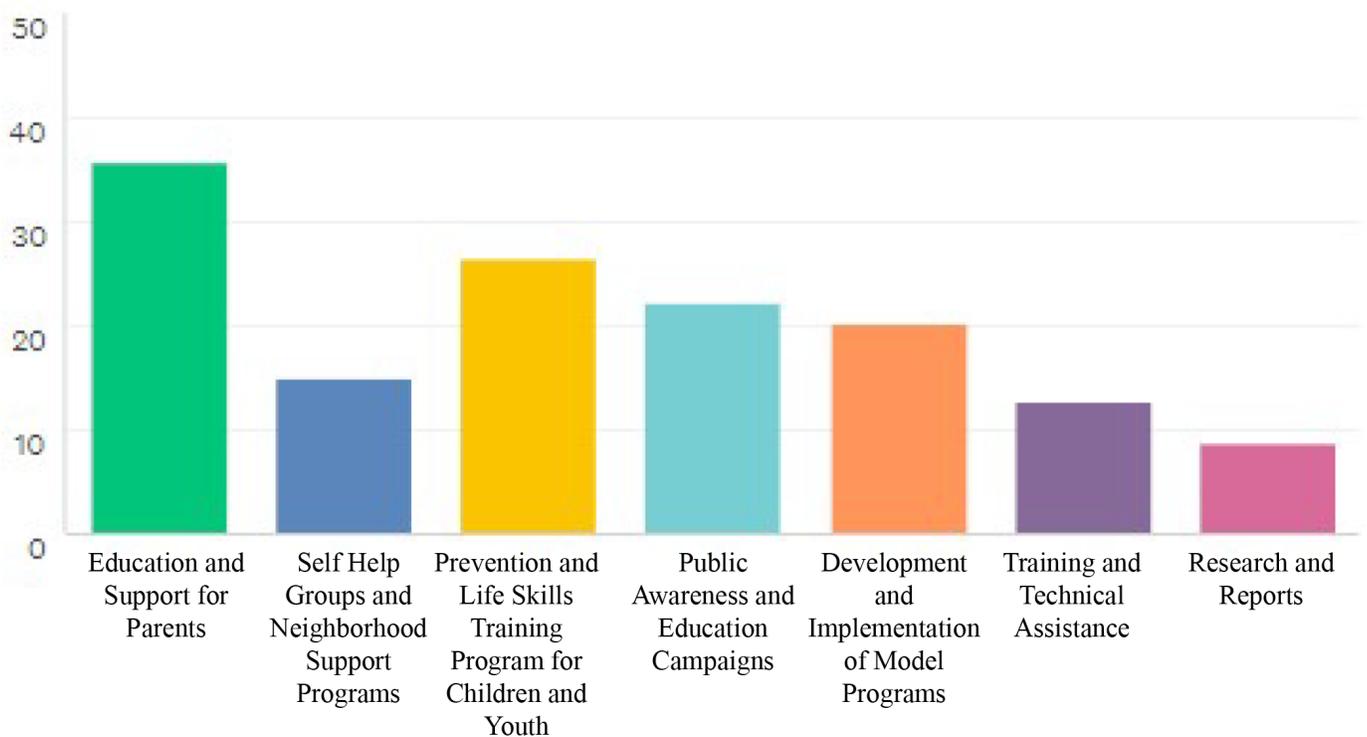
What do you think needs to be done to raise awareness about child abuse/neglect?

- Choices:
- Parenting Programs/Life Skills Programs
- Public Awareness and Social Media Campaigns
- Programs for Young Children - Education, Safety, Self-Esteem
- Education for Community Members: Teachers, Medical, Social Workers, Law Enforcement & More
- Increase Safe Haven Knowledge
- Partner with Community Organizations, Faith-based Leaders, Recreational Programs
-



Participants were asked how they would spend \$100 across the following priority areas:

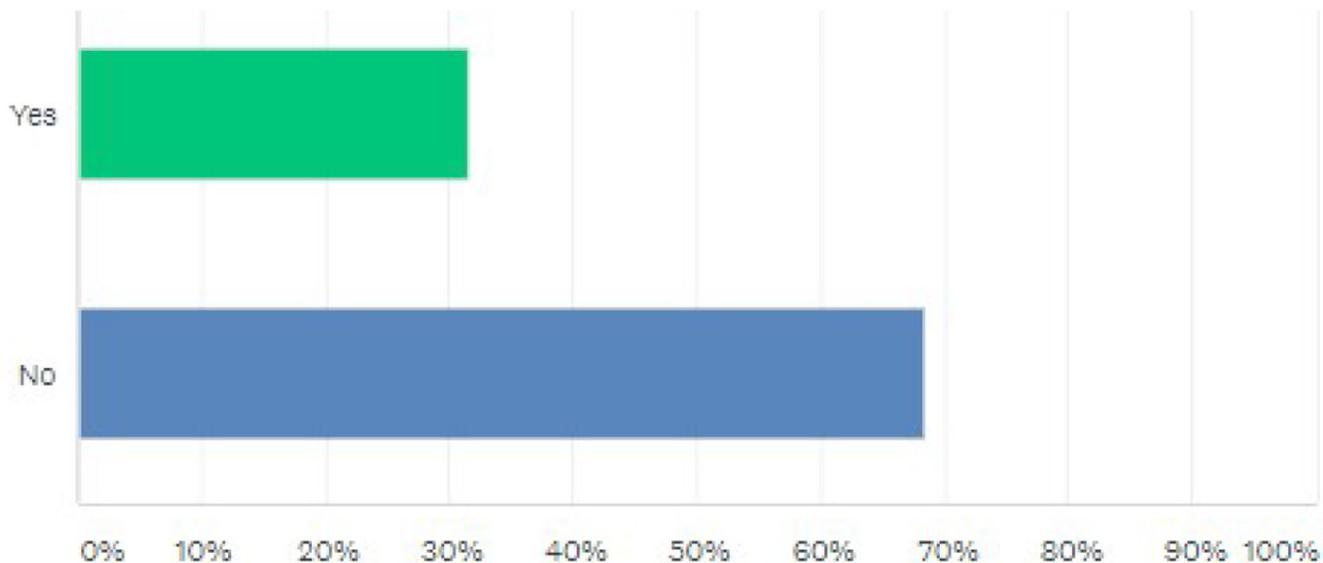
- Education and Support for Parents
- Self Help Groups and Neighborhood Support Programs
- Prevention and Life Skills Training Program for Children and Youth
- Public Awareness and Education Campaigns
- Development and Implementation of Model Programs
- Training and Technical Assistance
- Research and Reports



In order to increase the awareness of child abuse and neglect prevention, where should we be focusing our efforts? For each line, participants marked the importance of the group.

	CRITICAL (1)	IMPORTANT (2)	GOOD (3)	OK (4)	TOTAL
Law Enforcement Professionals	40.54% 15	45.95% 17	13.51% 5	0.00% 0	37
Educational Professionals (Early Childhood through University)	43.24% 16	43.24% 16	13.51% 5	0.00% 0	37
Faith-based Leaders	29.73% 11	37.84% 14	27.03% 10	5.41% 2	37
Judicial/Legal Professionals	57.89% 22	26.32% 10	15.79% 6	0.00% 0	38
Military Service Members	5.41% 2	29.73% 11	37.84% 14	27.03% 10	37
Social Workers and Counselors	67.57% 25	24.32% 9	8.11% 3	0.00% 0	37
Blue Collar Workers	19.44% 7	50.00% 18	25.00% 9	5.56% 2	36
Corporate Leaders and Employees	10.81% 4	45.95% 17	37.84% 14	5.41% 2	37
Nonprofit Organizations	35.14% 13	45.95% 17	18.92% 7	0.00% 0	37
Youth Programs	51.35% 19	43.24% 16	5.41% 2	0.00% 0	37
Civic Associations	11.11% 4	55.56% 20	25.00% 9	8.33% 3	36
Medical and Mental Health Professionals	66.67% 24	25.00% 9	5.56% 2	2.78% 1	36

Have you read or heard about great ideas in other areas?



If you answered yes, then what are some of the fresh ideas or successful programs you found?

- Well, I heard of a program offering \$200 to female drug users to use contraceptive as an incentive to not conceive. This would limit the number of pregnancies born in unfavorable conditions. The program was met with some opposition, however there was some positive outcome. It was launched by a foster/adoptive parent who had adopted four children of a mother suffering with a drug addiction.
- Home builders with the right person
- ACES training
- The Haven
- Bread or Stones Faith Based Community Organizing
- Easier adoption process for family members
- When a child goes into the system, the police will be made aware if the parent has an incident /arrest and it automatically notifies DCFS and records the incident in the system
- One Judge for juveniles
- Required medical examination of children 6 and under every month or so.
- Family Treatment Centers
- Michigan
- I feel that education and accountability are key. I also firmly believe that education in regard to substance abuse should be implemented at the Headstart /kindergarten level is key
- Darkness to Light training
- Louis Infant Crisis Center in Houma Louisiana
- CASA
- Permanent foster care
- CASA needs to be acknowledged by DCFS as a HELP tool, not the enemy

- Teach Life Skills in school again
- Social workers paid adequately to meet with young children quarterly in a comfortable setting.
- Building Bridges Initiative
- Using Law School Clinics to Provide Ancillary Legal Services
- Accessing Families Helping Families
- Foster parents need more involvement in the process. They are the ones with these children day and night, through good and bad.
- Better prepare Foster Families
- Mississippi Family First Program

Region Five – Lafayette Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	Low Birthweight <2500 grams	Births to Teens	People Without Health Insurance
Acadia	61,923	25.8%	34%	\$40,492	9.3%	62	10.7%
Evangeline	33,558	25%	32%	\$31,745	10.1%	40	10%
Iberia	73,766	25.8%	35%	\$44,504	11.1%	75	10.3%
Lafayette	226,886	23.6%	23%	\$53,950	8.9%	168	10.1%
St. Landry	83,450	26.9%	36%	\$32,163	10.7%	103	9.8%
St. Martin	52,728	24.2%	29%	\$47,279	9.6%	44	9.9%
St. Mary	53,558	23.8%	30%	\$41,345	10.4%	49	10.6%
Vermillion	58,663	25.5%	24%	\$49,266	10.4%	74	10.7%
Region	644,532	25.50%	24%	\$42,593	10.06%	615	10.26%

Region Five – Volume of CPI Investigations

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
3,129	3,527	2,913	2,735	2,642

DCFS-Child Welfare Quality Assurance and Research Section, Volume of CPI

Region Five – Number of Child Protective Investigations Completed*

Parish	FY2017 Valid	FY2017 Invalid	FY2017 Other	FY2017 Total	FY2018 Valid	FY2018 Invalid	FY2018 Other	FY2018 Total
Acadia	104	193	15	312	88	170	5	263
Evangeline	50	74	9	133	83	96	4	183
Iberia	112	213	10	335	112	189	5	306
Lafayette	238	543	35	816	233	527	34	794
St. Landry	170	220	17	407	168	255	5	428
St. Martin	124	102	5	231	102	112	4	218
St. Mary	72	205	4	281	63	161	5	229
Vermillion	57	162	1	220	61	159	1	221
Region	927	1,712	96	2,735	910	1,669	63	2,642

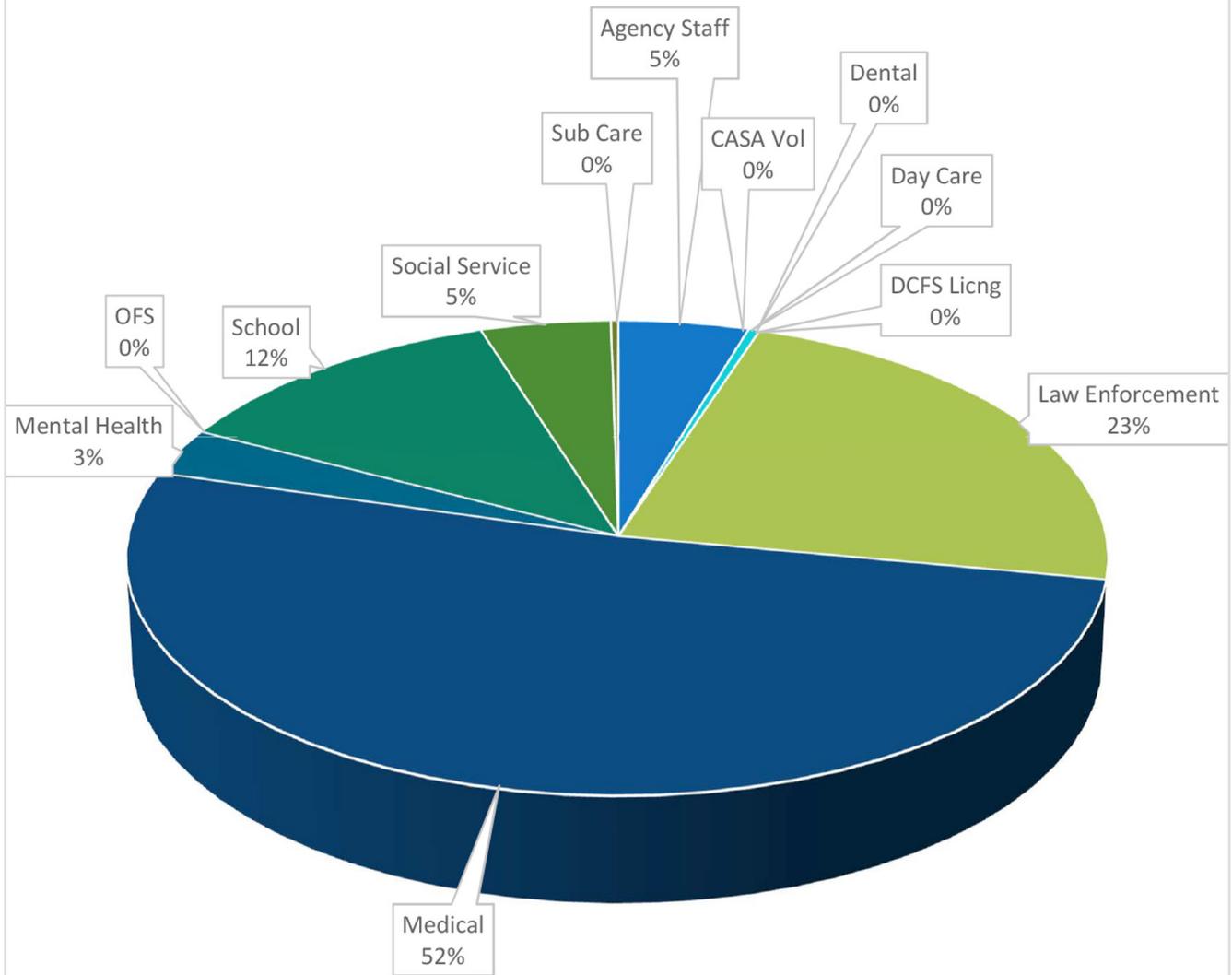
*DCFS-Volume of CPI Investigations Completed with Findings

Number of Children Entering Foster Care*

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Lafayette Region	494	511	437	435	426

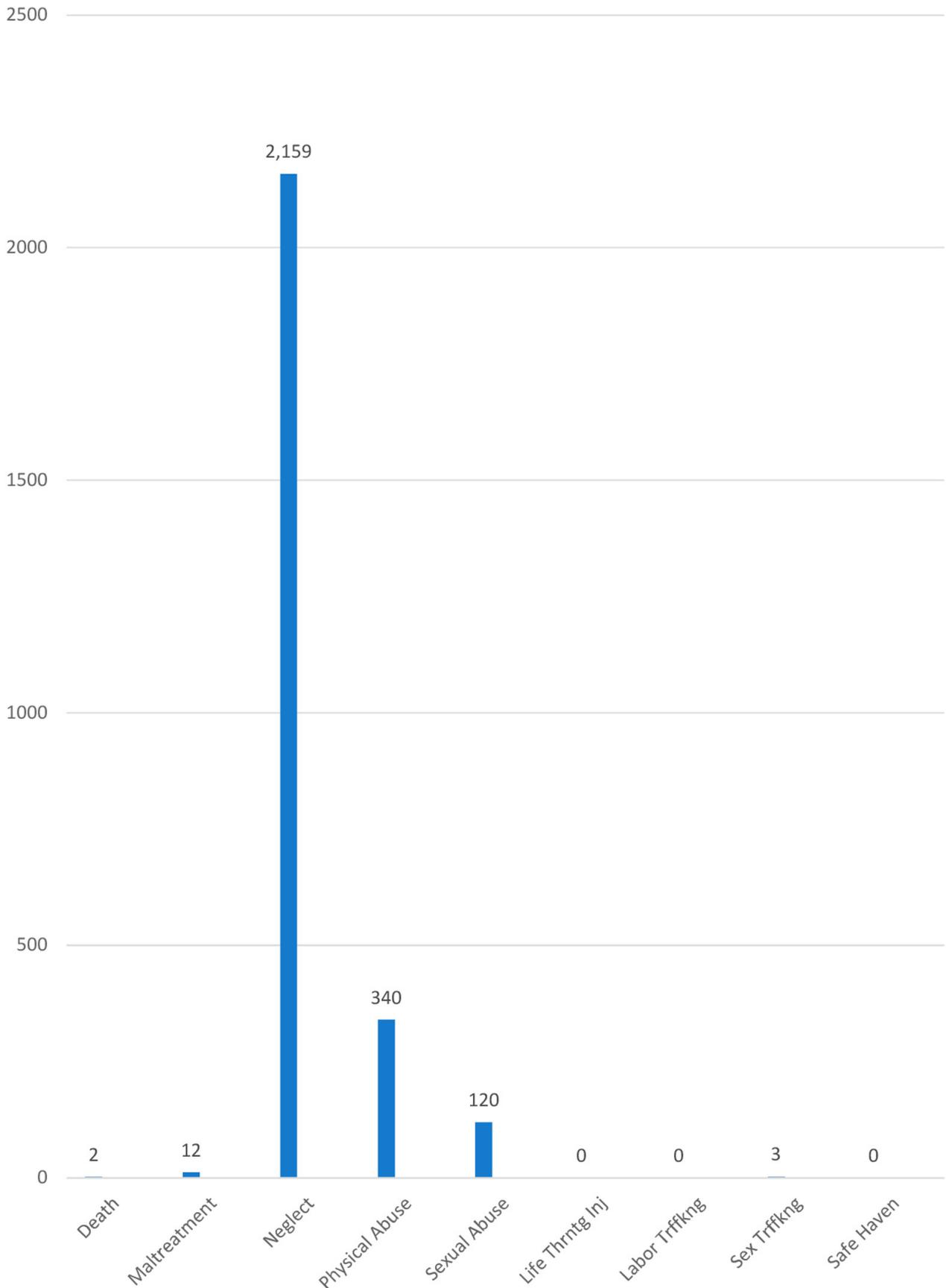
DCFS Final Report 2019

Source of Reports Concerning Valid CPI Allegations Region 5 Lafayette Area

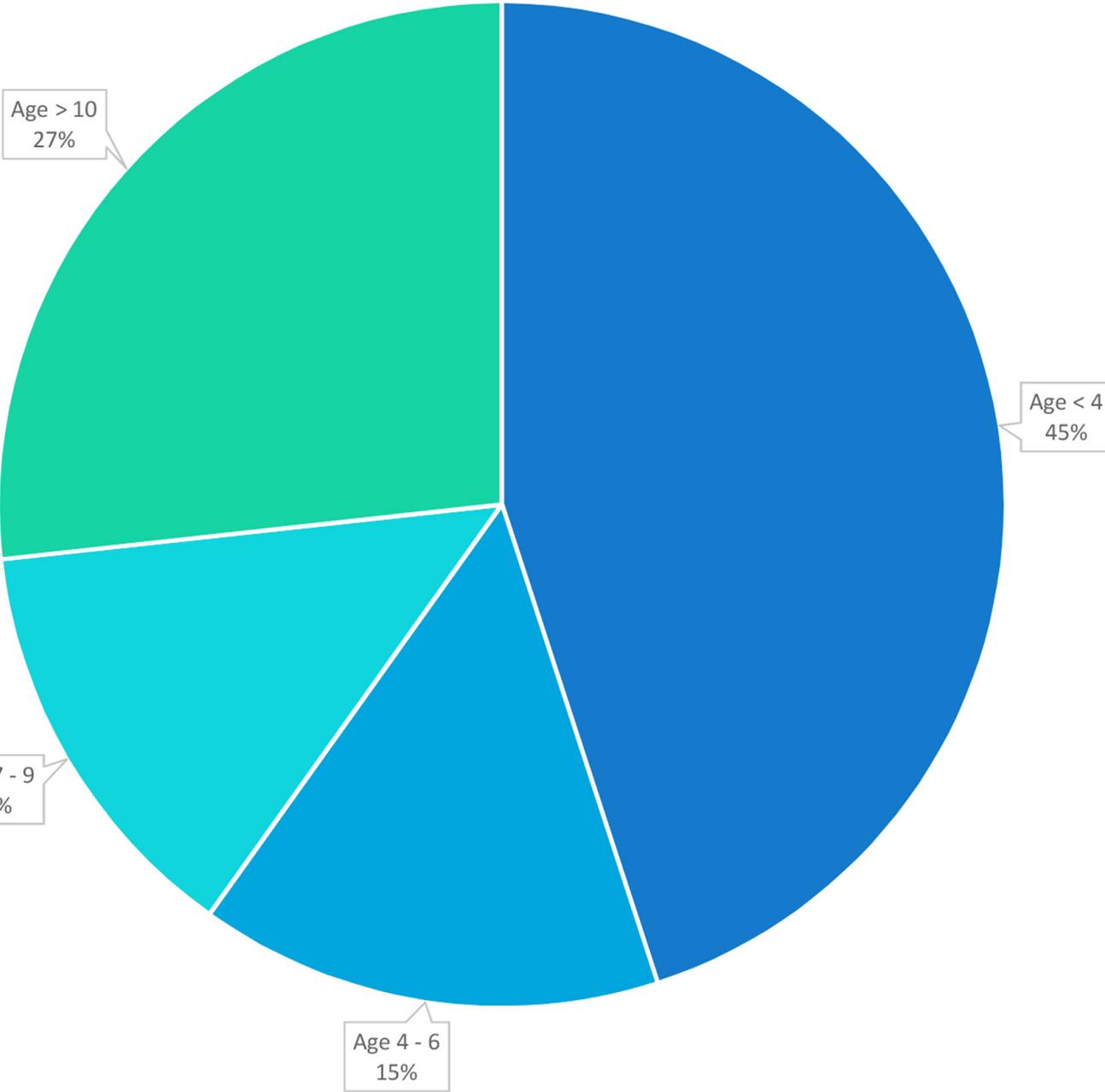


- Agency Staff
- Dental
- Ofs
- CASA Vol
- Law Enforcement
- School
- Day Care
- DCFS Licng
- Medical
- Mental Health
- Social Service
- Sub Care

#of Valid CPI Allegations by Type Region 5 Lafayette Area

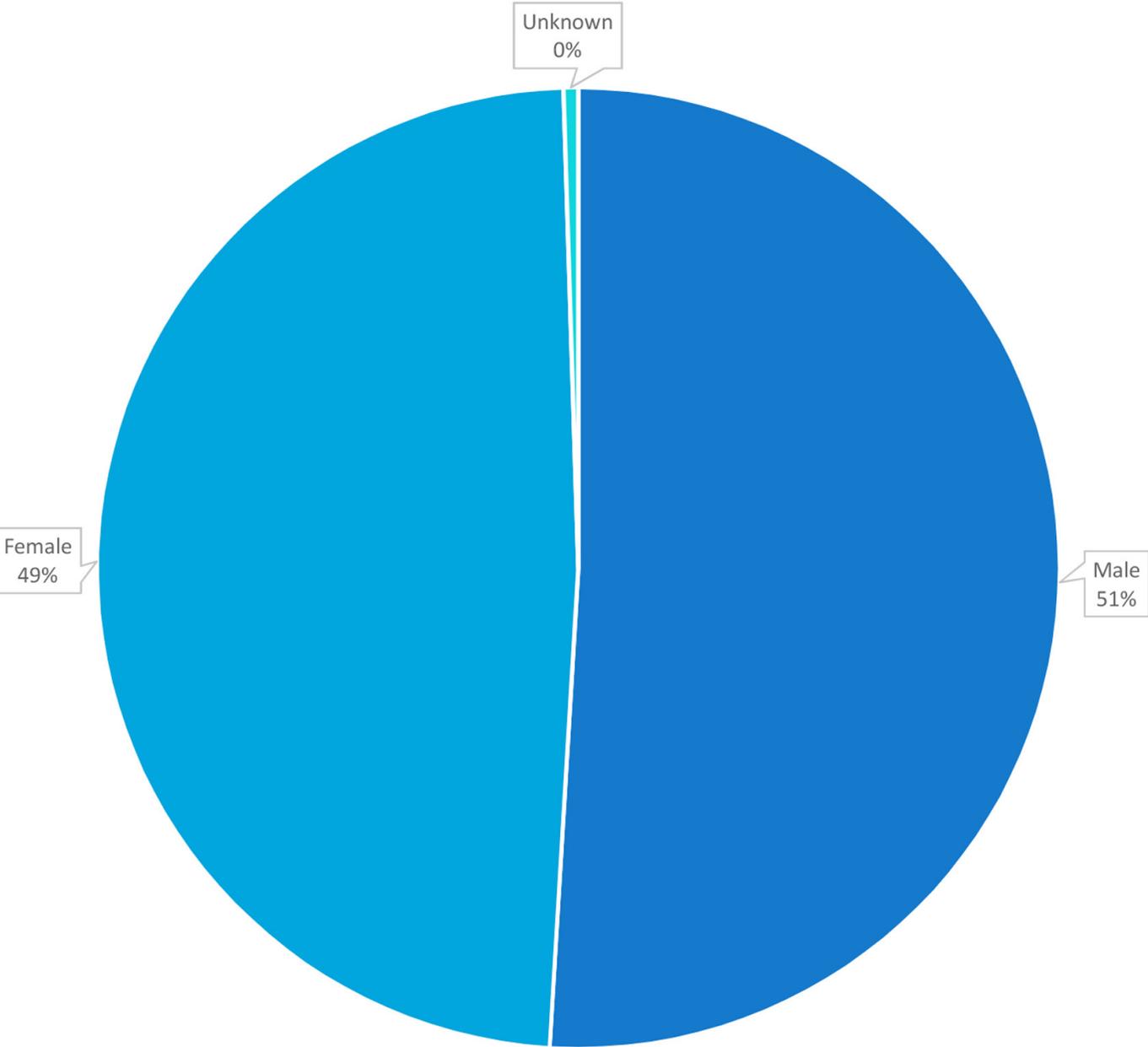


Age of Abused and Neglected Children Region 5 Lafayette Area



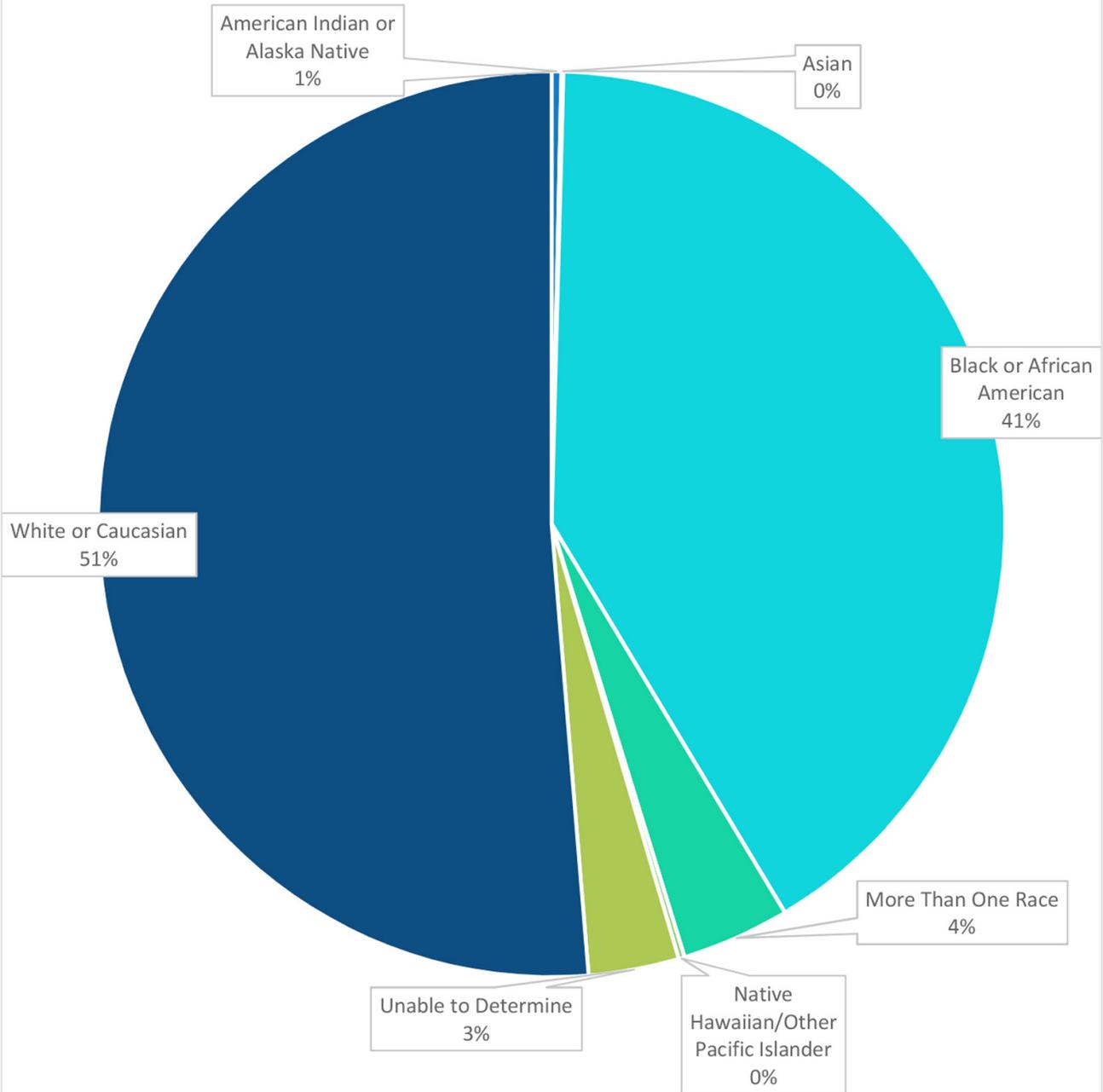
■ Age < 4 ■ Age 4 - 6 ■ Age 7 - 9 ■ Age > 10

Gender of Abused and Neglected Children
Region 5 Lafayette Area



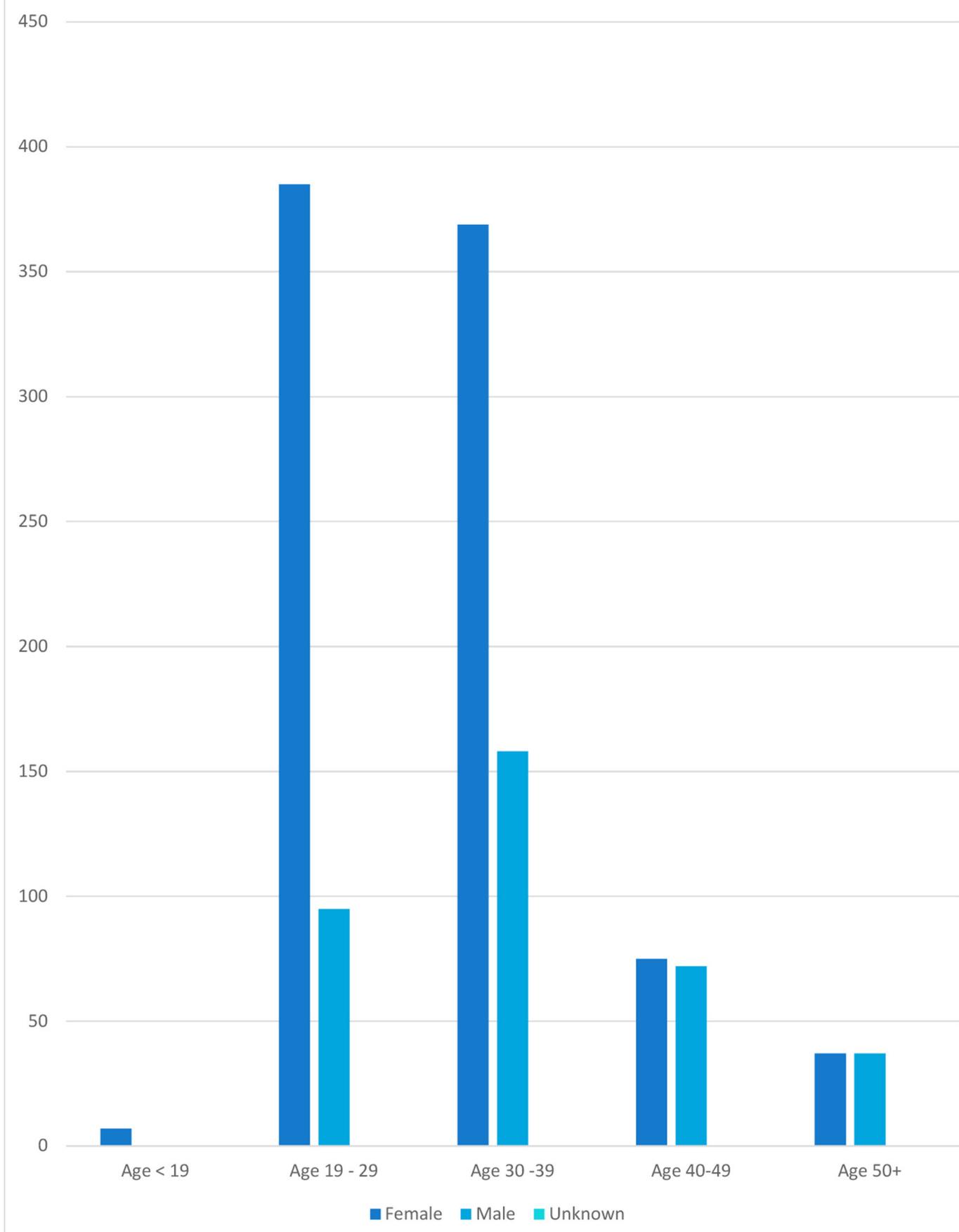
■ Male ■ Female ■ Unknown

Race of Abused and Neglected Children Region 5 Lafayette Region

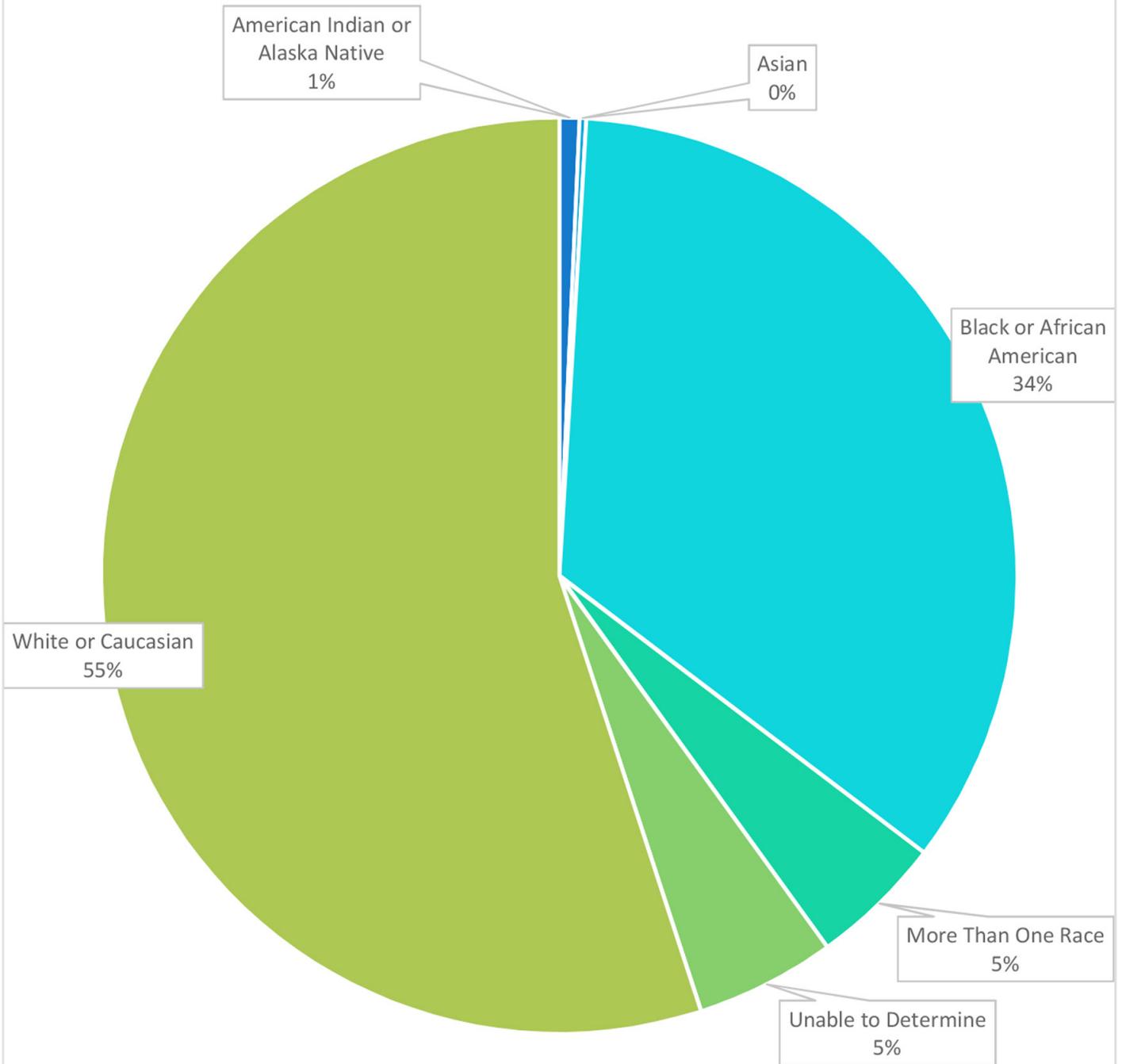


- American Indian or Alaska Native
- Asian
- Black or African American
- More Than One Race
- Native Hawaiian/Other Pacific Islander
- Unable to Determine
- White or Caucasian

Profile of Perpretrators Region 5 Lafayette Area

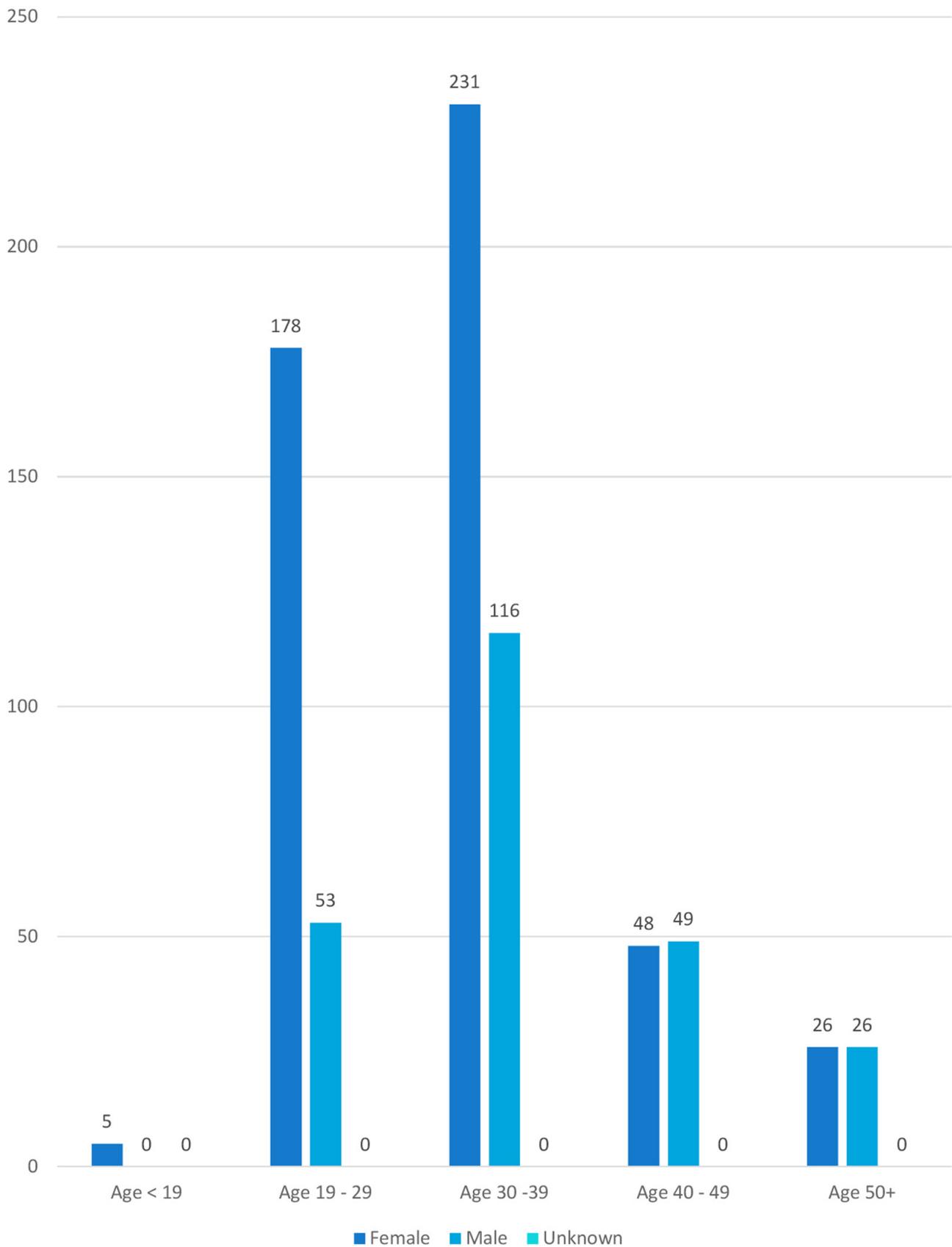


Race of Abuse and Neglected Children Region 5 Lafayette Area



- American Indian or Alaska Native
- Asian
- Black or African American
- More Than One Race
- Unable to Determine
- White or Caucasian

Profile of Perpetrators Region 5 Lafayette Area



Region 5 Stakeholder Findings: Meetings & Surveys

This region is comprised of 8 parishes with a population of 644,532 people with 24% living in poverty. The median household income is \$42,593. More than 45% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 420 children placed in foster care in this region and 2,642 allegations of abuse/neglect.

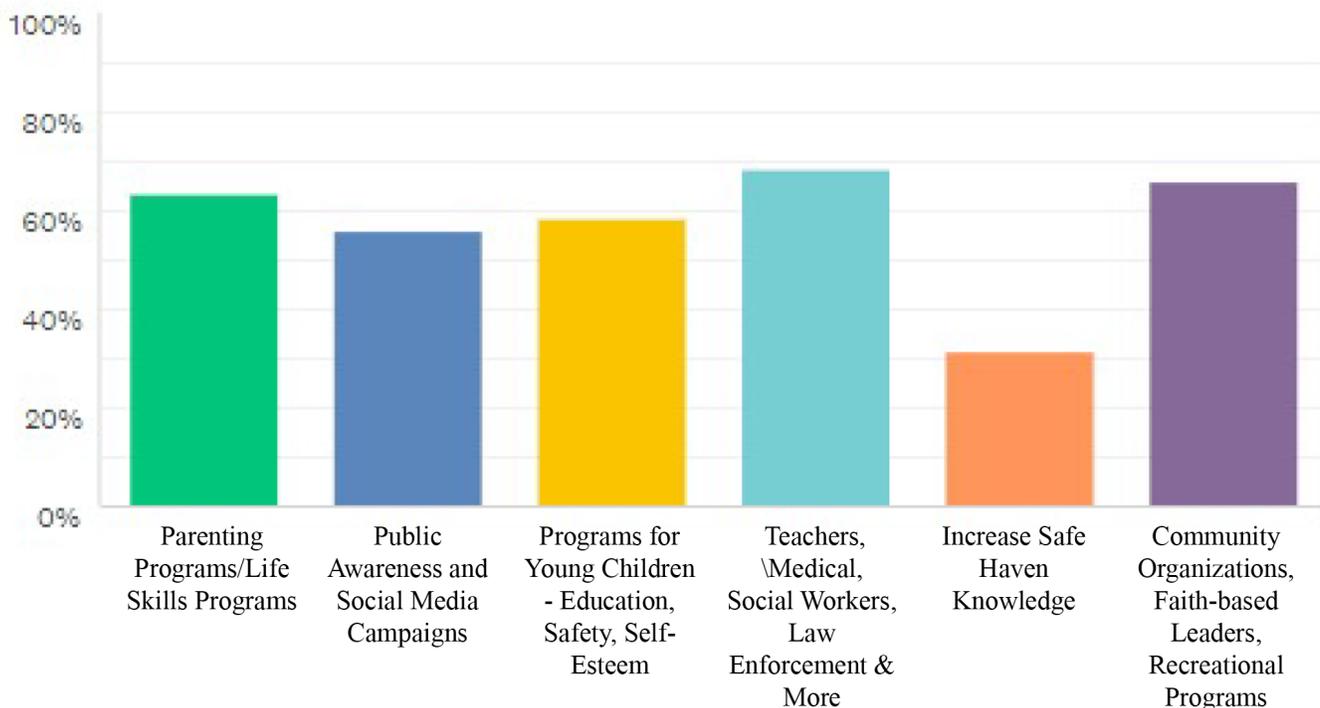
What do you see at the emerging trends in child abuse and neglect?

- Substance abuse with parents
- Supporting families more during time in need
- Resources not being available within the community to support parents
- Prevention
- Drugs
- Adults have no idea of how to nurture or parent or teach things at home.
- Prevention
- Human Trafficking
- Influence of increased drug usage and babies' exposure to same.
- Involvement of relatives in prevention and care of children; partnering with parents and caregivers to better meet needs of children
- Role reversal as the child taken on the role of the parent.
- Engagement of fathers who are living outside of the child's home.
- Children being returned to family members who are not capable of caring for them.
- I'm actually not aware of any new trends. I just know that abuse and neglect are still a huge issue.
- Trauma informing our community and obtaining funding for trauma therapy
- People are not reporting child abuse and neglect.
- Lack of services for children, parents, and guardians.
- Lack of resources to provide prevention services
- Drugs
- Parents that are neglecting their children due to drug use. It's been a "trend" for so long. It seems to only be getting worse.
- Irresponsible parent/parents and/or caretakers
- Less services for parents and tougher to find help for younger children
- Continued Methamphetamine and Opioid Abuse
- Substance exposed newborns and sexual abuse
- Bad judicial system
- In the Lafayette area I am still finding problems with mandated reporting - especially with the MHRs. The MHPs often don't even know how to report.
- Opioid addiction
- Unaddressed mental health issues for parents which eventually leads to child with mental health issues and the cycle continues.
- Over reporting of impoverished families; refusal to account for non-mainstream values
- More people are talking about it. There is more information
- Prevention. Timely (early) services.
- Opiate-addicted parents

- Young workers with no real-life experience working with families. Agency needs to pay workers better to be able to attract more experienced and mature child welfare workers that can relate to population we serve
- TBRI
- I think drug abuse is still the dominating factor.
- Opiate and other altering substances
- It increased in the last year
- Substance abuse

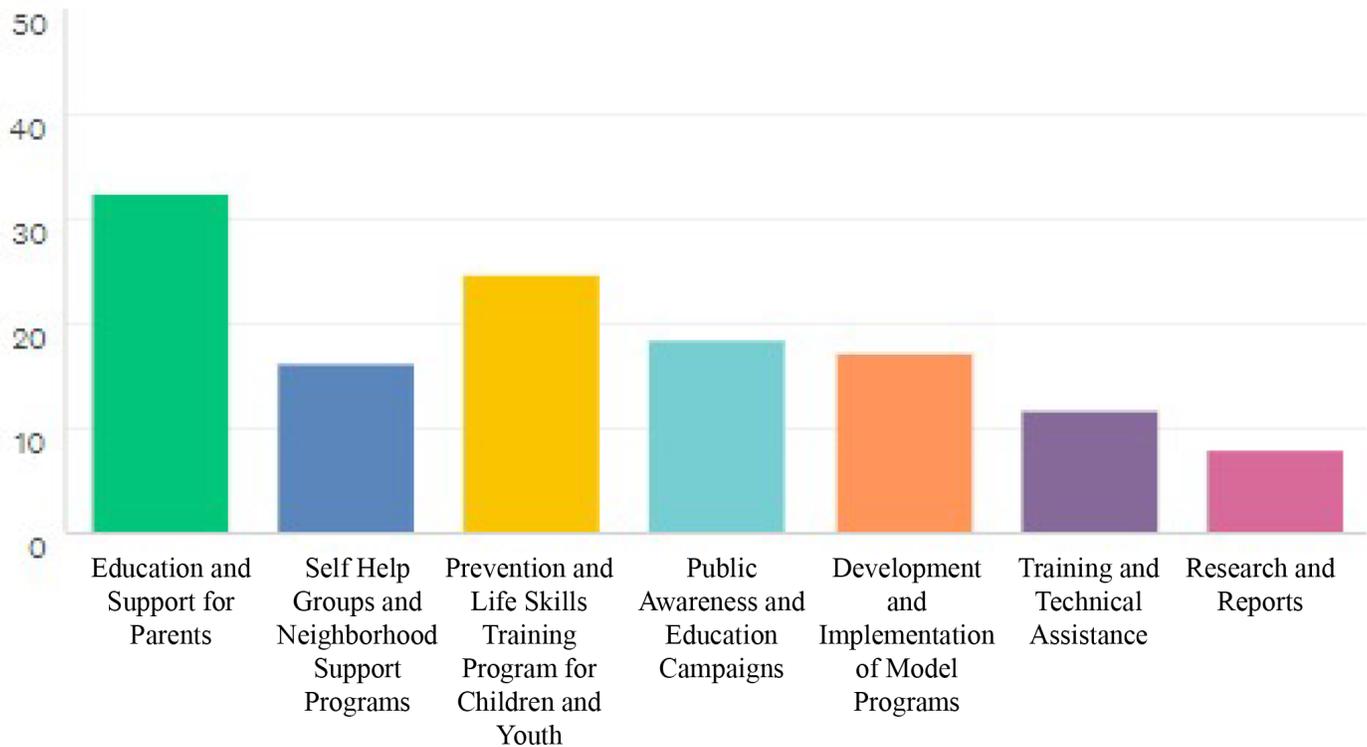
What do you think needs to be done to raise awareness about child abuse/neglect?

- Choices:
- Parenting Programs/Life Skills Programs
- Public Awareness and Social Media Campaigns
- Programs for Young Children - Education, Safety, Self-Esteem
- Education for Community Members: Teachers, Medical, Social Workers, Law Enforcement & More
- Increase Safe Haven Knowledge
- Partner with Community Organizations, Faith-based Leaders, Recreational Programs



Participants were asked how they would spend \$100 across the following priority areas:

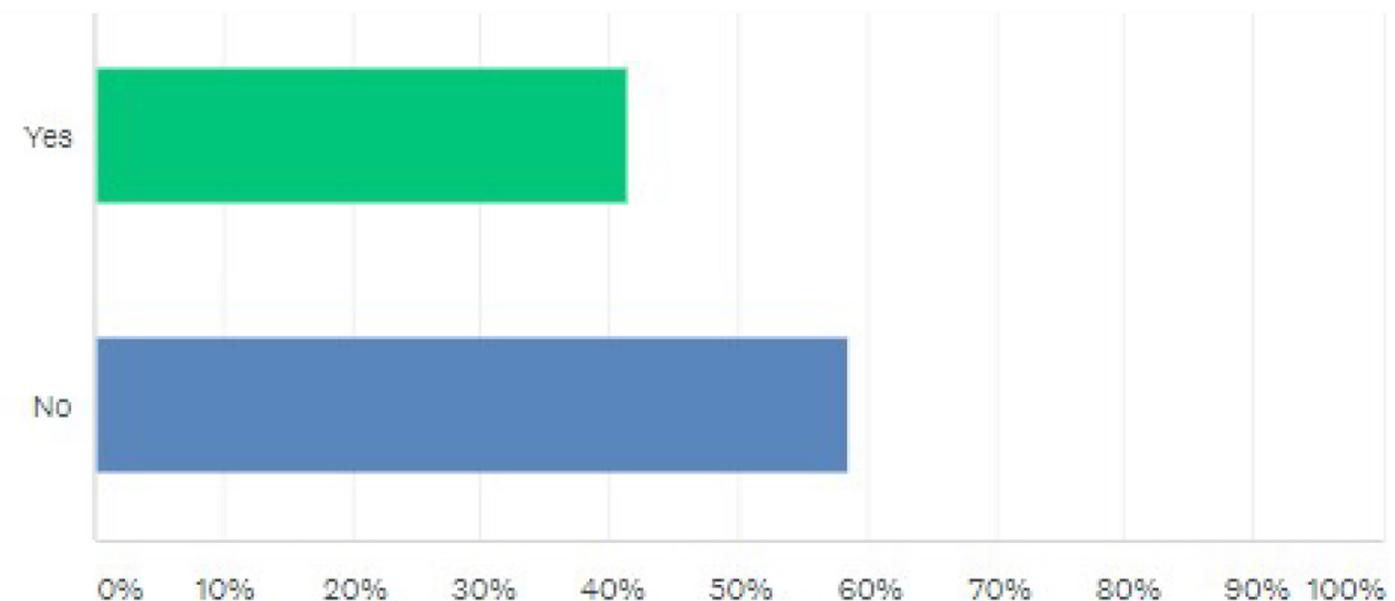
- Education and Support for Parents
- Self Help Groups and Neighborhood Support Programs
- Prevention and Life Skills Training Program for Children and Youth
- Public Awareness and Education Campaigns
- Development and Implementation of Model Programs
- Training and Technical Assistance
- Research and Reports



In order to increase the awareness of child abuse and neglect prevention, where should we be focusing our efforts? For each line, participants marked the importance of the group.

	CRITICAL (1)	IMPORTANT (2)	GOOD (3)	OK (4)	TOTAL
Law Enforcement Professionals	43.59% 17	38.46% 15	12.82% 5	5.13% 2	39
Educational Professionals (Early Childhood through University)	57.50% 23	32.50% 13	10.00% 4	0.00% 0	40
Faith-based Leaders	20.00% 8	50.00% 20	20.00% 8	10.00% 4	40
Judicial/Legal Professionals	47.50% 19	45.00% 18	7.50% 3	0.00% 0	40
Military Service Members	10.26% 4	23.08% 9	46.15% 18	20.51% 8	39
Social Workers and Counselors	67.50% 27	17.50% 7	12.50% 5	2.50% 1	40
Blue Collar Workers	20.00% 8	30.00% 12	40.00% 16	10.00% 4	40
Corporate Leaders and Employees	19.51% 8	26.83% 11	39.02% 16	14.63% 6	41
Nonprofit Organizations	30.00% 12	50.00% 20	15.00% 6	5.00% 2	40
Youth Programs	62.50% 25	25.00% 10	12.50% 5	0.00% 0	40
Civic Associations	20.51% 8	23.08% 9	46.15% 18	10.26% 4	39
Medical and Mental Health Professionals	70.73% 29	19.51% 8	4.88% 2	4.88% 2	41

Have you read or heard about great ideas in other areas?



If you answered yes, then what are some of the fresh ideas or successful programs you found?

- Starting with parents while the kids are young
- TBRI training
- GRACE program
- In home mental health professional working with a family unit.
- Engaging fathers
- TBRI
- Community mentors
- Safe Babies Court Teams
- Help with school programs
- TBRI
- Bikers Against Child Abuse
- Independently Organized Parent Partner/Advocate Groups
- Better Together, New Hampshire
- Our churches can do more. They are an untapped resource. They are looking for service and outreach projects. They just don't know the need child welfare has. If they knew, they would answer the call. There is a way all size churches can contribute.
- New Parenting Programs Crisis Center in Houma Louisiana
- Positive parenting - no yelling, no hitting etc.
- Reaching out to the community by local concerned citizens
- Faith base organizations providing free services.
- Resources to help families keep the children in their homes safely
- Attempts to bring communities together in trauma awareness
- Parent partners
- More support for foster parents so they don't feel alone or burned out

- Parent partners
- Actual social work background training and higher educational qualifications for child protection workers
- DCFS child welfare workers are parents too. However, they are working part time jobs after work to make ends meet. If the state would allocate money to compensate workers after 40 hours, I know more child welfare staff would be able to dedicate more time to serving our families. Take a poll and you will learn how many child welfare professionals are working part-time jobs to make ends meet. If we were compensated, then we could devote that additional time to the families that need us.
- TBRI - trust based relational intervention
- Use of LCSWs rather than “highly structured model” programs which are actually delivered by persons with zero relevant educational background despite training to fill out the “forms”
- Field needs more support and training refreshers to help build up competence and proficiency in the concepts that matter, like family engagement

Region Six – Lake Charles Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	Low Birthweight <2500 grams	Births to Teens	People Without Health Insurance
Allen	25,533	22%	24%	\$42,176	9.2%	29	9.3%
Beauregard	36,240	24.6%	18%	\$47,350	9.2%	47	9.5%
Calcasieu	194,323	24.9%	21%	\$48,219	9.5%	270	8.8%
Cameron	6,682	22.1%	17%	\$60,194	8.9%	6	9.4%
Jefferson Davis	31,439	22%	24%	\$50,868	10.1%	28	11.6%
Region	294,217	23.12%	20.80%	\$49,761	9.38%	380	9.72%

Region Six – Volume of CPI Investigations

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
1,882	2,110	1,999	1,662	1,576

DCFS-Child Welfare Quality Assurance and Research Section, Volume of CPI

Region Six – Number of Child Protective Investigations Completed*

Parish	FY2017 Valid	FY2017 Invalid	FY2017 Other	FY2017 Total	FY2018 Valid	FY2018 Invalid	FY2018 Other	FY2018 Total
Allen	84	56	1	141	65	57	3	125
Beauregard	64	80	5	149	58	117	1	176
Calcasieu & Cameron	441	660	97	1,198	349	710	66	1,125
Jefferson Davis	96	75	3	174	84	65	1	150
Region	685	871	106	1,662	556	949	71	1,576

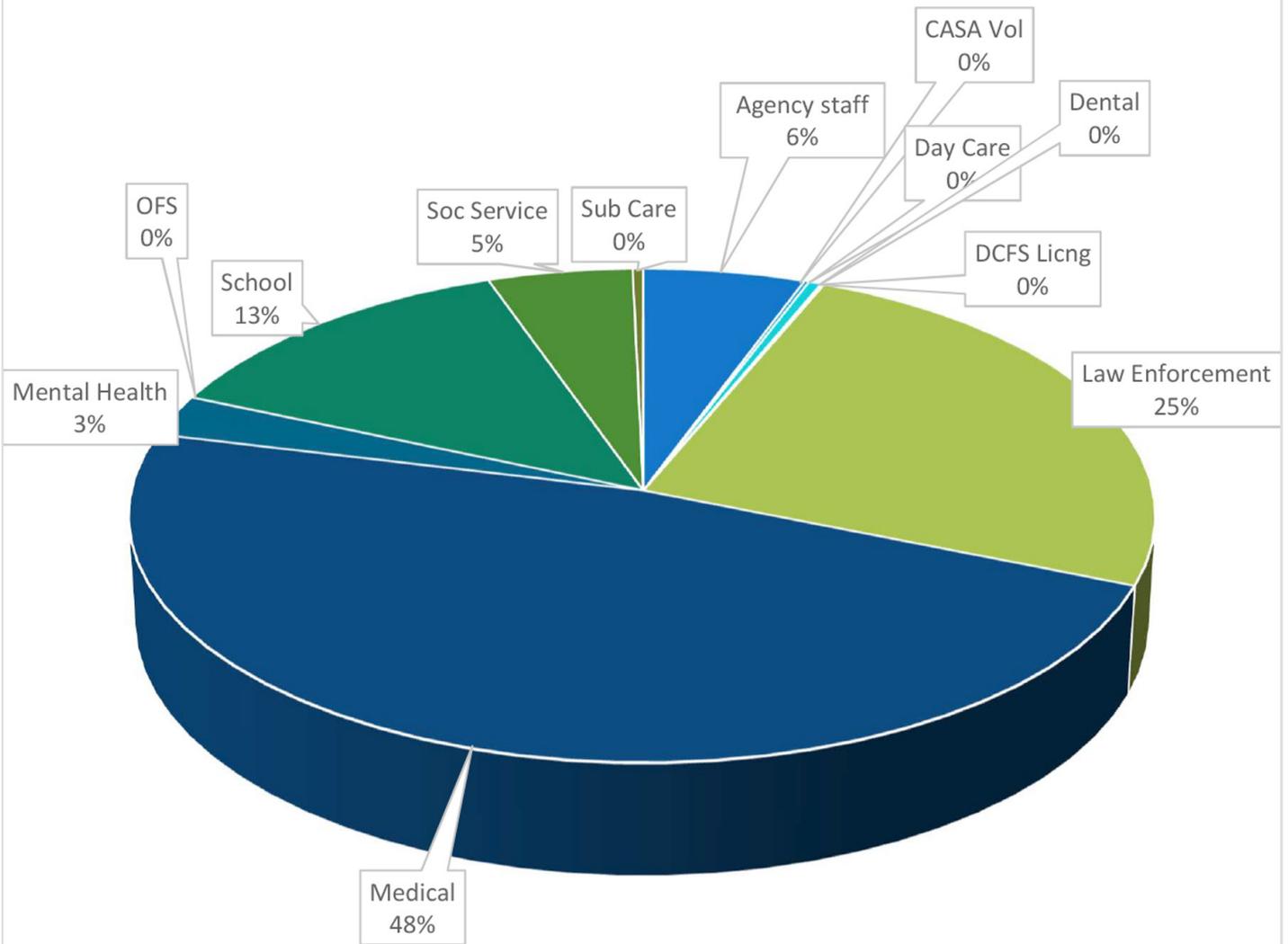
*DCFS-Volume of CPI Investigations Completed with Findings

Number of Children Entering Foster Care*

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Lake Charles Region	349	390	363	295	299

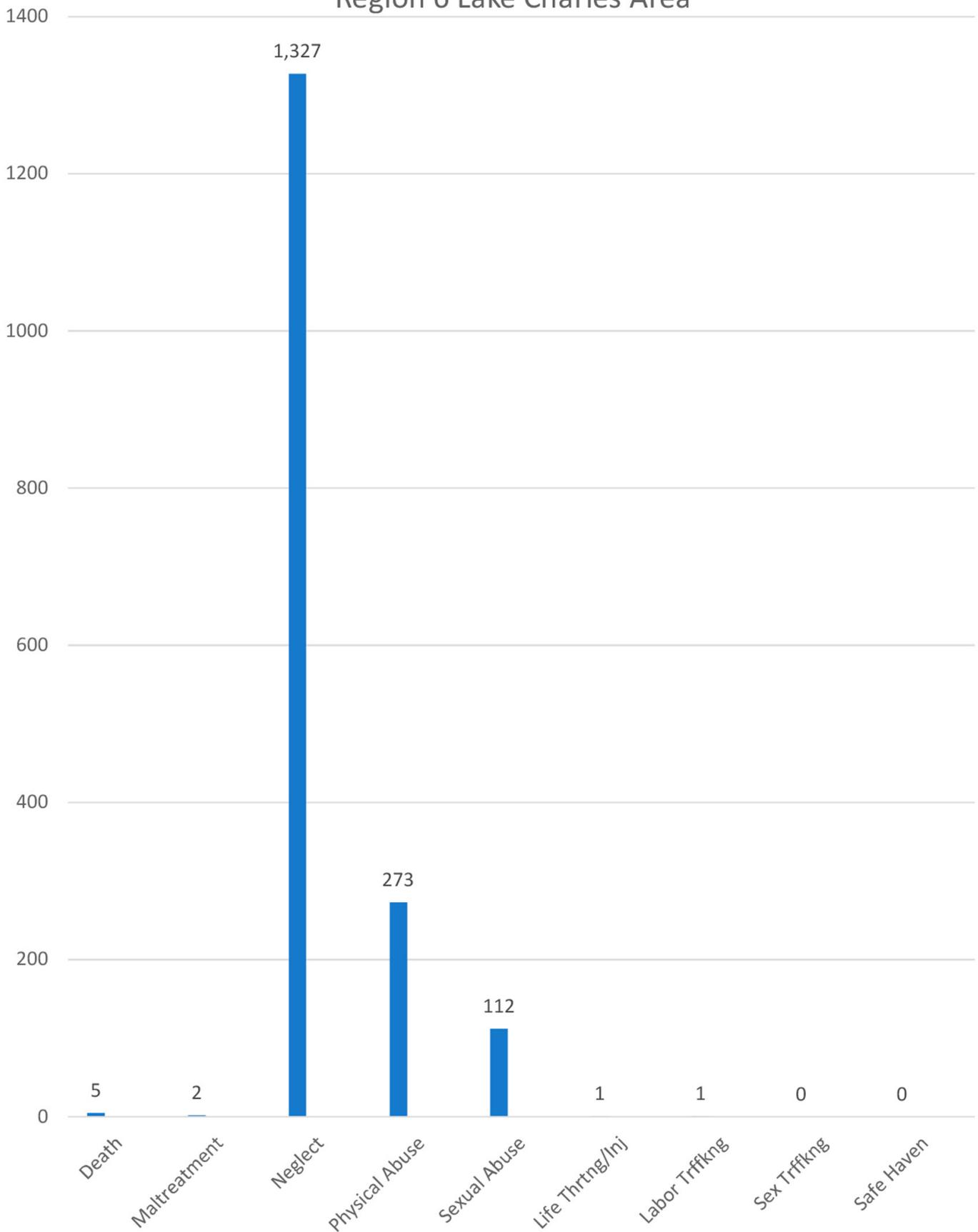
DCFS Final Report 2019

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

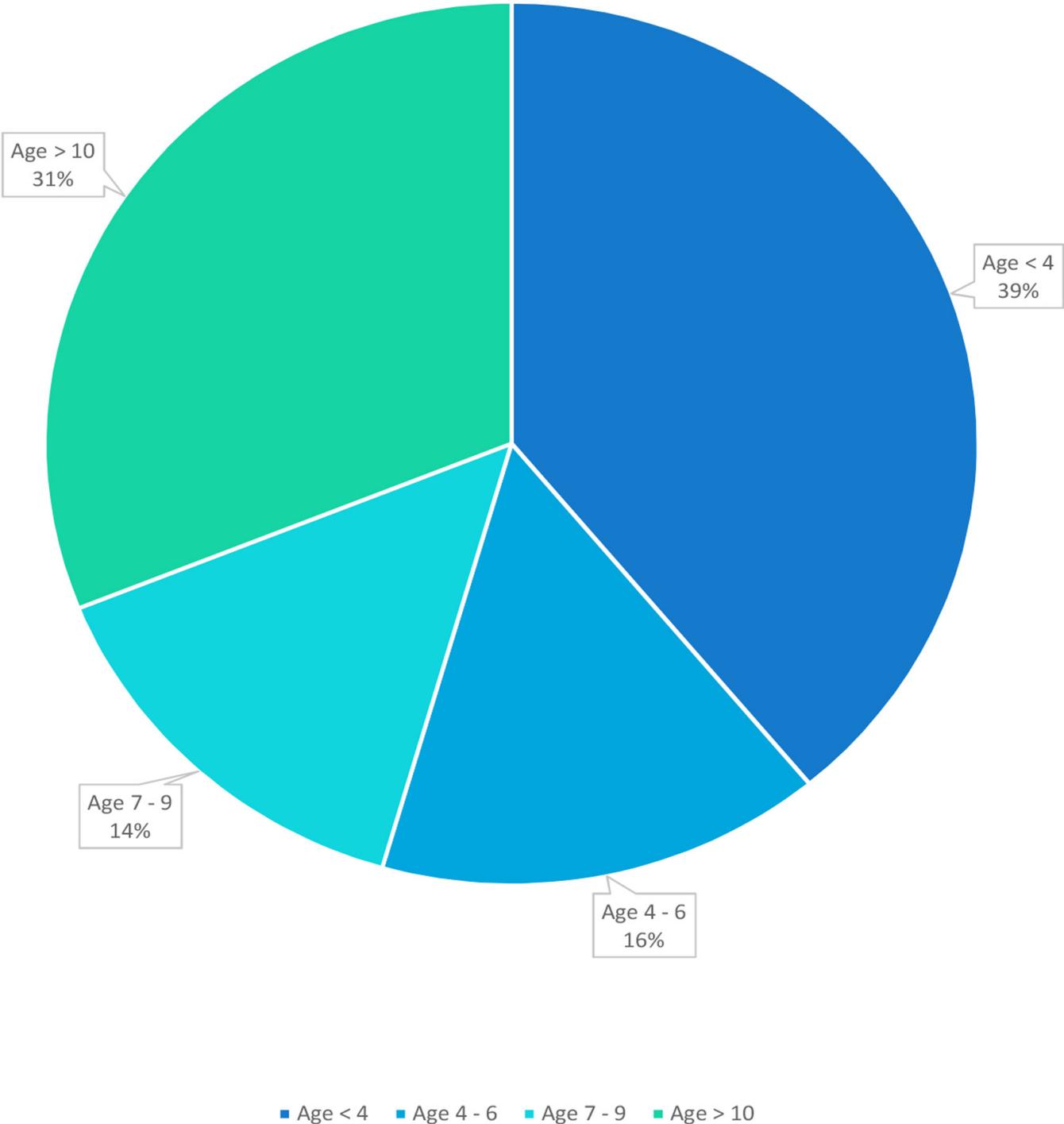


- Agency staff
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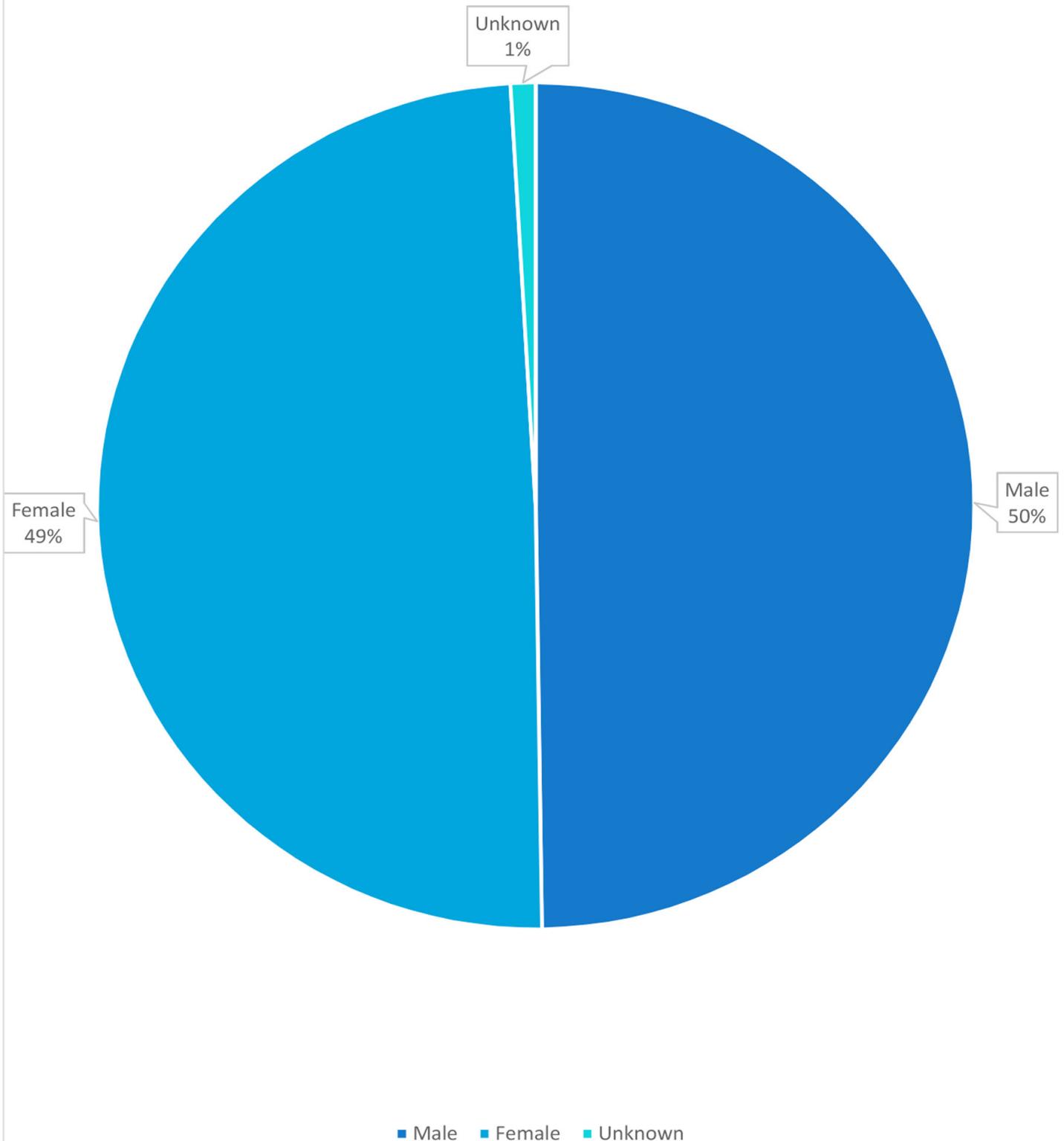
of Valid CPI Investigations by Type Region 6 Lake Charles Area



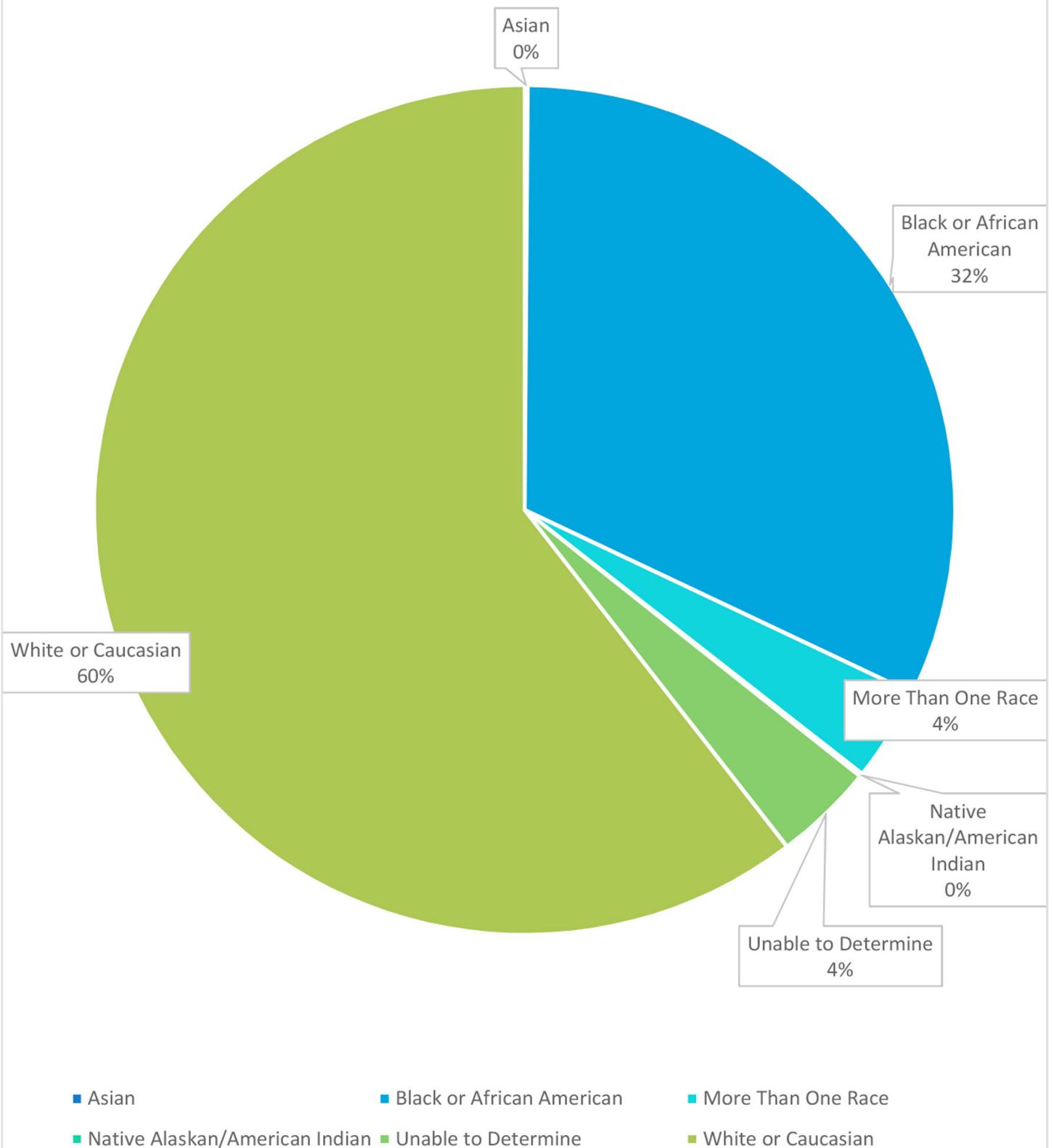
Age of Abused and Neglected Children
Region 6 Lake Charles Area



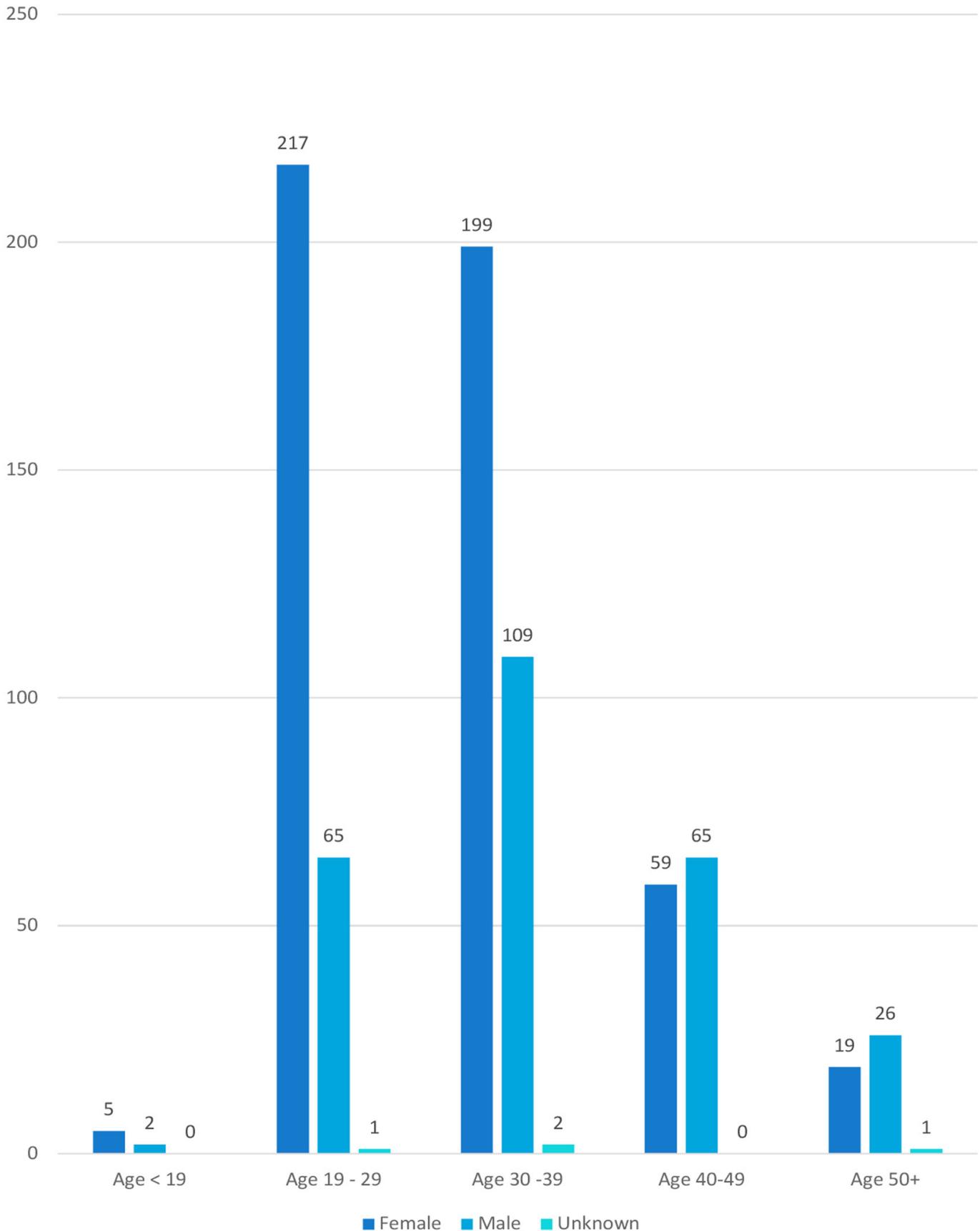
Gender of Abused and Neglected Children Region 6 Lake Charles Area



Race of Abused and Neglected Children Region 6 Lake Charles Area



Profile of Perpretrators Region 6 Lake Charles Area



Region 6 Stakeholder Findings: Meetings & Surveys

This region is comprised of 5 parishes with a population of 294,217 people with 23.12% living in poverty. The median household income is \$49,761. More than 39% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 299 children placed in foster care in this region and 1,576 allegations of abuse/neglect.

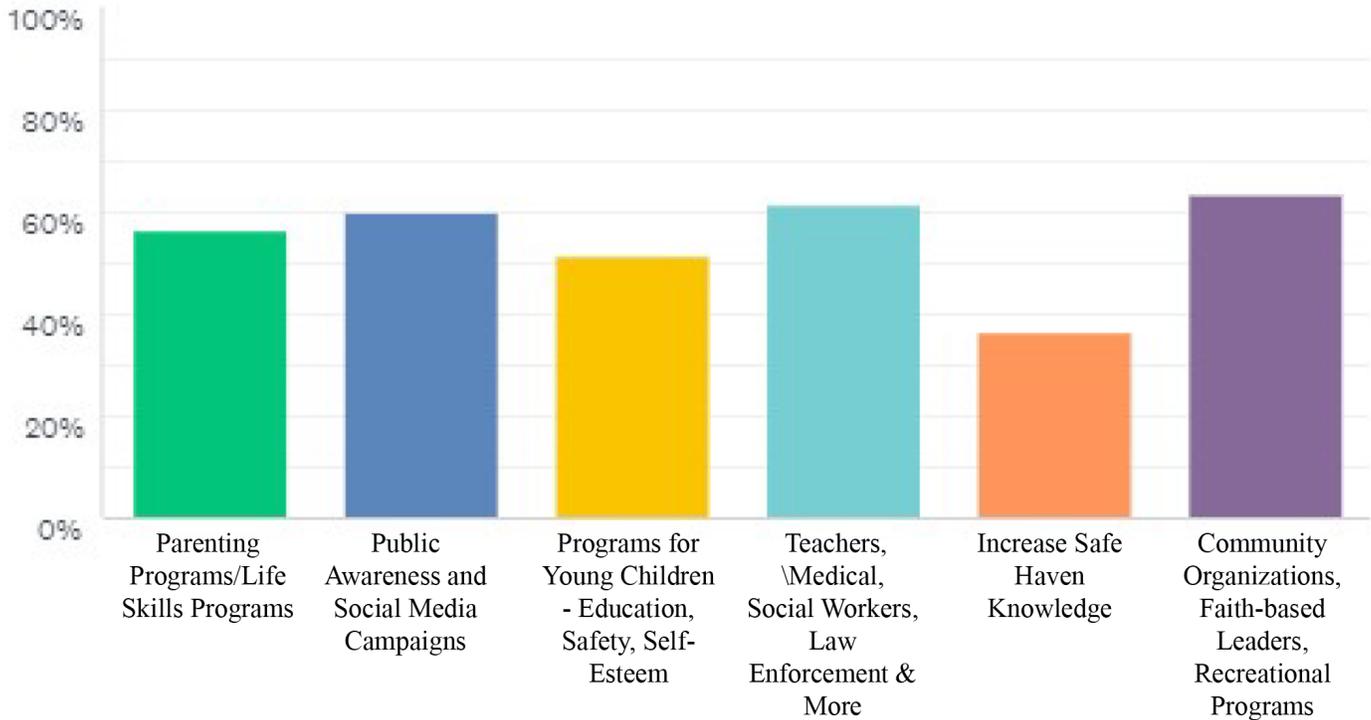
What do you see at the emerging trends in child abuse and neglect?

- Drugs and Sexual Abuse
- As the drug problems grow, so does abuse and neglect. The current climate regarding health care and other social supports (wanting them removed) as contributes.
- Lack of knowledge of resources
- Children not reporting the abuse.
- Overwhelmed young parents (under 40 years) with more than one child struggling to cope and parent, as needed, to support the child's safety and well-being (safety, security & sense of belonging)
- Lack of funds!
- The need to understand more about domestic violence. There should be more required trainings----even for supervisors and managers.
- Drugs are destroying our families.
- The lack of opportunity to receive training on child abuse and neglect
- Minor sex trafficking
- Breakdown in family structure; economic status, and health care coverage
- Drug abuse by parents, inappropriate parenting, sexual abuse, single parents who are overwhelmed with responsibility.
- Carnal knowledge of juvenile cases coupled with sexting
- Lack of resources and urgent support services
- Lack of parental supervision and under influence
- Drugs
- Gun violence among teens
- Greater public awareness of the problem.
- More cases are being noted by arrests.
- A cycle of abused children having children of their own and abusing them.
- I hear more than see. Child rape
- Parental drug abuse and using the children to obtain monetary benefits to live off
- Substance Abuse, Sex Trafficking, Homelessness
- Parents on drugs
- Parents are more concerned about themselves, than the children.
- Parental drug use
- I SEE HUMAN TRAFFICKING AS A MAJOR PROBLEM THAT HAS INCREASED IN OUR AREA AND AROUND OUR COUNTRY.
- Sexual abuse
- Human trafficking
- Drug usage
- Drug exposed children
- Narcotic Usage
- Children being used or abuse as a result of parent's drug addiction

- Sexual assault
- Drug Affected Newborns
- Social media influences, lack of discipline, lack of parenting skills, diminishing families
- Human Trafficking
- Human Sex Trafficking
- Need for Greater focus on primary prevention. Younger children under 3/4 years of age have higher incidence of maltreatment. Neglect numbers/reports are decreasing the least. Impacts of pre-natal drug use.
- It's on the rise.
- Human trafficking
- The alarming rate at which young children (ages 0-4) are being maltreated. The lack of foster homes available and the need to revamp state laws governing reunification and adoption.
- No
- Age of alleged perpetrators continue to decrease
- Drugs
- Deaths of children in hot cars.
- Adults reporting abuse inflicted on them as children by trusted adults/males reporting.
- Opioid addiction
- Lack of case management when children are reunited with abusive parents. Needs to be continually monitored for about 6 months.
- Drug use by parents and neglect of children
- Substance abuse
- Drugs & alcohol, leading to neglect
- More drug use by adults in their lives
- Minor sex trafficking/familial
- Children entering care due to parent's drug use. ALSO: I have personally noticed that parents are stuck in a cycle. A lot of the parent's I work with were also in care previously or are repeating behaviors that their parent's exhibited.

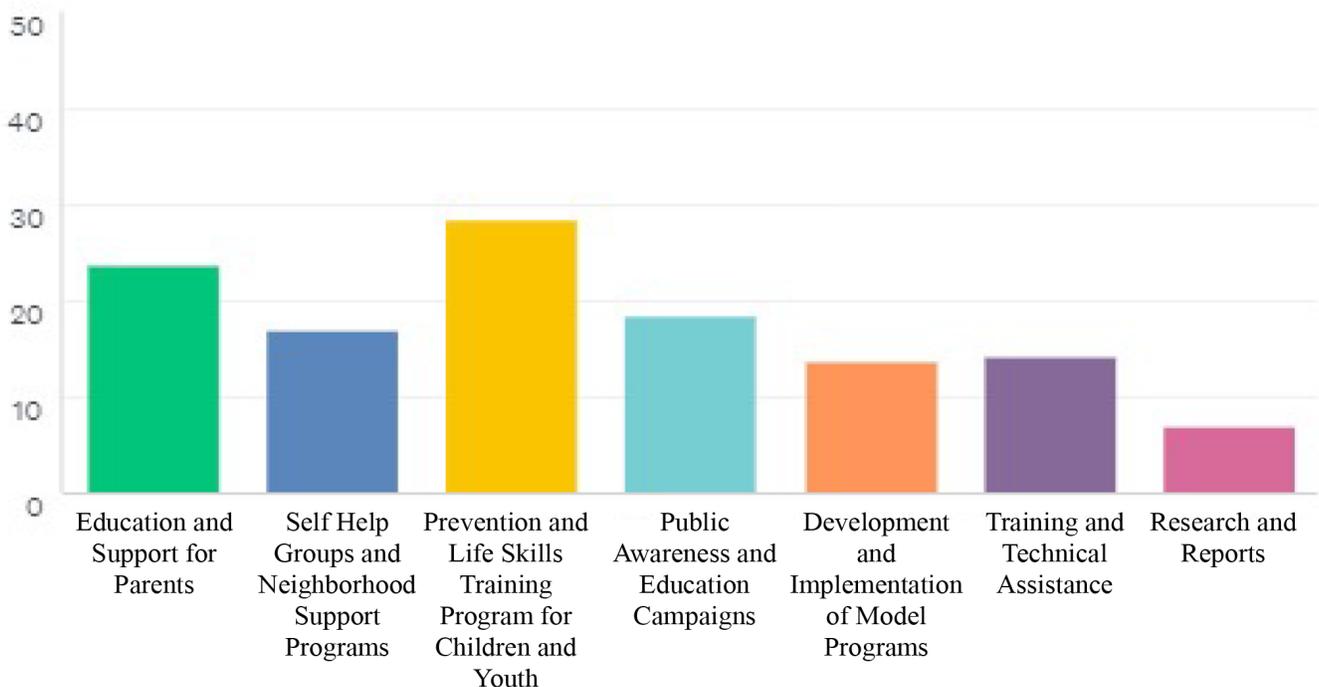
What do you think needs to be done to raise awareness about child abuse/neglect?

- Choices:
- Parenting Programs/Life Skills Programs
- Public Awareness and Social Media Campaigns
- Programs for Young Children - Education, Safety, Self-Esteem
- Education for Community Members: Teachers, Medical, Social Workers, Law Enforcement & More
- Increase Safe Haven Knowledge
- Partner with Community Organizations, Faith-based Leaders, Recreational Programs



Participants were asked how they would spend \$100 across the following priority areas:

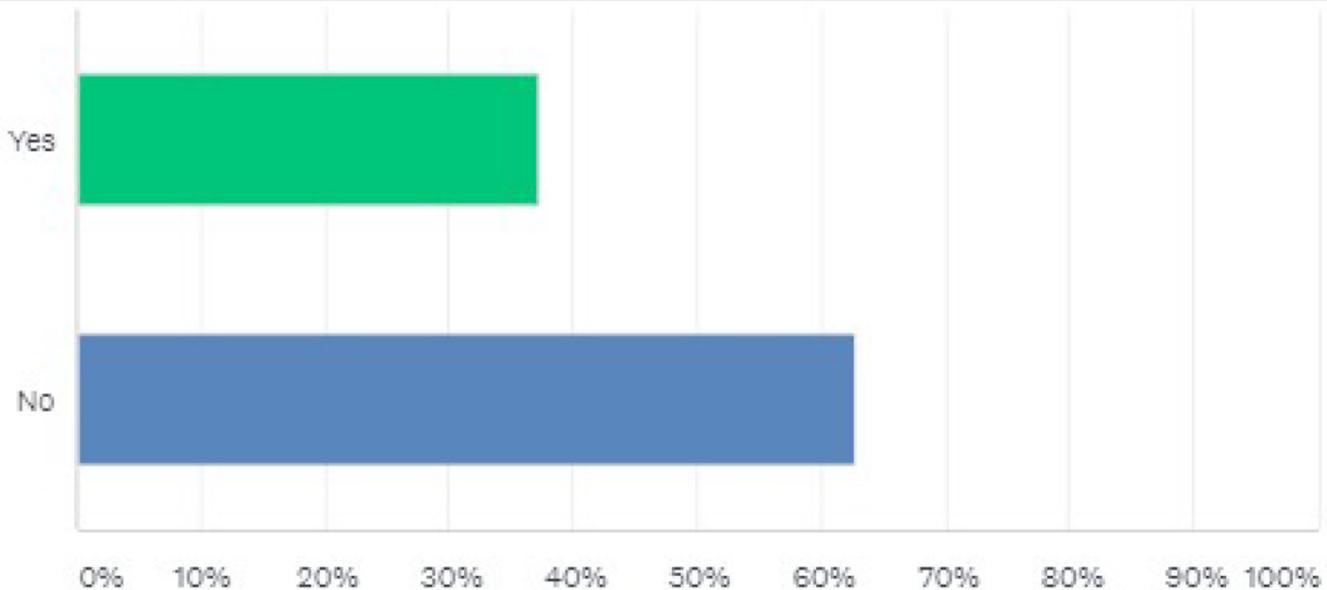
- Education and Support for Parents
- Self Help Groups and Neighborhood Support Programs
- Prevention and Life Skills Training Program for Children and Youth
- Public Awareness and Education Campaigns
- Development and Implementation of Model Programs
- Training and Technical Assistance
- Research and Reports



In order to increase the awareness of child abuse and neglect prevention, where should we be focusing our efforts? For each line, participants marked the importance of the group.

	CRITICAL (1)	IMPORTANT (2)	GOOD (3)	OK (4)	TOTAL
Law Enforcement Professionals	50.85% 30	35.59% 21	10.17% 6	3.39% 2	59
Educational Professionals (Early Childhood through University)	60.00% 36	26.67% 16	5.00% 3	8.33% 5	60
Faith-based Leaders	42.37% 25	35.59% 21	16.95% 10	5.08% 3	59
Judicial/Legal Professionals	51.72% 30	32.76% 19	10.34% 6	5.17% 3	58
Military Service Members	16.95% 10	49.15% 29	22.03% 13	11.86% 7	59
Social Workers and Counselors	73.33% 44	13.33% 8	6.67% 4	6.67% 4	60
Blue Collar Workers	27.12% 16	45.76% 27	23.73% 14	3.39% 2	59
Corporate Leaders and Employees	23.73% 14	50.85% 30	20.34% 12	5.08% 3	59
Nonprofit Organizations	47.46% 28	40.68% 24	8.47% 5	3.39% 2	59
Youth Programs	77.59% 45	18.97% 11	3.45% 2	0.00% 0	58
Civic Associations	32.76% 19	53.45% 31	6.90% 4	6.90% 4	58
Medical and Mental Health Professionals	71.67% 43	21.67% 13	3.33% 2	3.33% 2	60

Have you read or heard about great ideas in other areas?



If you answered yes, then what are some of the fresh ideas or successful programs you found?

- Starting with parents while the kids are young
- TBRI
- Can do Youth Education Services (YES PROGRAM)
- Innovative educational programs to increase positive school environments
- Peer to Peer structured, supported mentorship-not new
- Batterer Intervention Program - We have very few in LA. They are much different than anger management programs.
- Juvenile specialty court for minor sex trafficking victims
- Have a one-stop-shop for providing services
- Drug testing to be eligible for government assistance.
- Region 2 seems to have
- Educational & Treatment Council-community outreach
- THERE SEEMS TO BE MORE MEDIA COVERAGE ABOUT THE HUMAN TRAFFICING ISSUES NATIONWIDE AND IN OUR AREA
- Family and Youth
- SWLA safe sleep for infant deaths
- Programs which taught life skills to youths such as car maintenance, personal finance, cooking,
- Presentations on child abuse/neglect on college campus in classrooms
- Providing some type of assistance to foster care parents for a certain length of time after adoption
- Increase youth engagement in overall prevention efforts
- Community food cabinets in neighborhoods

- No really a specific program but I feel like judges needs to be trained in child abuse and neglect, as they are in partner abuse. I realize this is not really primary prevention, but I don't see that they always understand the impact.
- Florida Baptist taking lead role in foster and adoptive care
- Non-Profits that education target areas
- Shared Hope's CHOSEN program for schools and community
- FINS Families in Need of Assistance
- Paid childcare with meals provided during pm parenting courses
- Create a Domestic Homicide Review Panel that will stay no matter how the administration changes.
- Shared Hope International: CHOSEN
- Collaborate with community leaders for community needs
- Mandatory birth control for anyone that is totally reliant on the government.
- Substance Counseling
- OUR FACBOOK MEDIA ALLOWS THE COVERAGE OF MISSING PERSONS, INCLUDING CHILDREN AND ADULTS
- Human trafficking training
- Professional skills programs in specific fields such as medical, law enforcement, welding, forestry, home repair
- Presentations on child abuse/neglect in faith-based programs in surrounding community
- Enforce legislature now on books of acting quickly when biological parents have had a history with the DCFS
- Promote collaboration and sustainability through mergers and strategic alliances
- Mississippi proposing legislation for tax reimbursement up to 800.
- Religious organizations that have youth programs
- TBRI training for professionals
- RISE- Families Helping Families of SWLA
- Community, governmental & faith-based funding for parenting
- Changing DCFS policy to include referrals to Batterer Intervention programs - at this time, staff still refer to anger management.
- Educating parents/teachers/guardians of children and youth
- Stricter laws for parents that abuse their children.
- Programs for parenting focused on skills and understanding children's behaviors
- Information booths at community events
- Set a 12-15-month time limit for children to be in foster care before parental rights are terminated.
- Engage victim advocacy at law enforcement/CAC sites through MDT work
- Social workers education at college level
- Safe houses for teens

Region Seven– Alexandria Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	Low Birthweight <2500 grams	Births to Teens	People Without Health Insurance
Avoyelles	41,569	23.6%	33%	\$36,763	11.8%	74	10.2%
Catahoula	10,249	21.4%	39%	\$34,470	11.5%	4	10.7%
Concordia	20,434	24%	39%	\$30,028	12.9%	4	9.9%
Grant	22,062	21.1%	26%	\$40,577	9.8%	26	9.4%
La Salle	14,863	22.9%	23%	\$34,712	9.2%	20	12.0%
Rapides	132,270	24.7%	26%	\$42,655	11.4%	157	9.6%
Vernon	54,050	24.8%	24%	\$46,620	7.8%	69	8.3%
Winn	15,027	21%	32%	\$29,473	11.2%	17	9.2%
Region	310,524	22.94%	30.25%	\$36,912	10.70%	371	9.91%

Region Seven – Volume of CPI Investigations

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
2,057	2,236	2,032	1,739	1,671

DCFS-Child Welfare Quality Assurance and Research Section, Volume of CPI

Region Seven – Number of Child Protective Investigations Completed*

Parish	FY2017 Valid	FY2017 Invalid	FY2017 Other	FY2017 Total	FY2018 Valid	FY2018 Invalid	FY2018 Other	FY2018 Total
Avoyelles	126	135	16	277	117	126	6	249
Catahoula & Lasalle	32	46	12	90	45	63	4	112
Concordia	31	59	12	102	31	57	2	90
Grant	1	0	0	1	17	37	0	54
Rapides	357	443	89	889	339	431	45	815
Vernon	115	151	11	277	115	153	9	277
Winn	47	55	1	103	31	41	2	74
Region	709	889	141	1,739	695	908	68	1,671

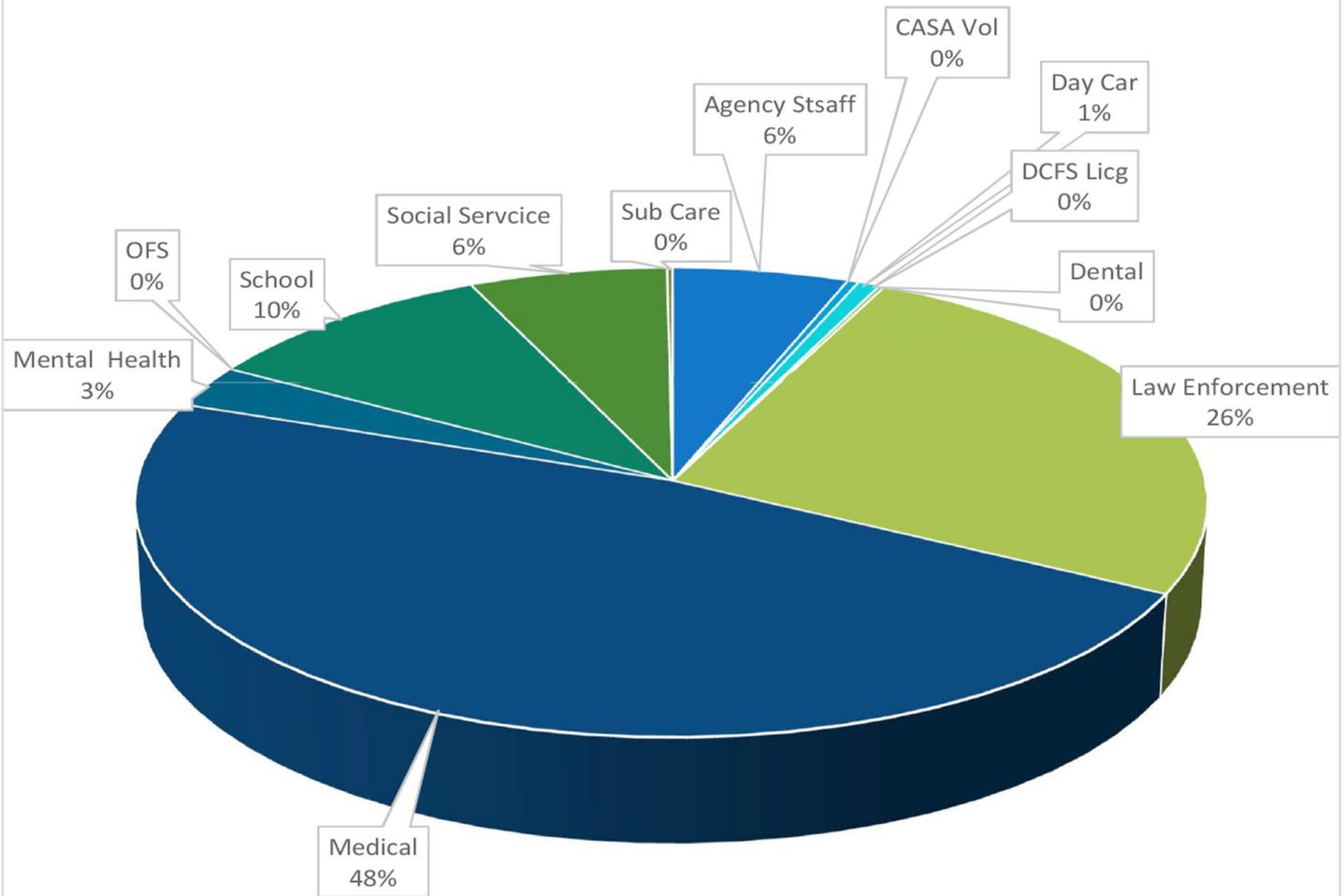
*DCFS-Volume of CPI Investigations Completed with Findings

Number of Children Entering Foster Care*

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Alexandria Region	422	298	181	287	317

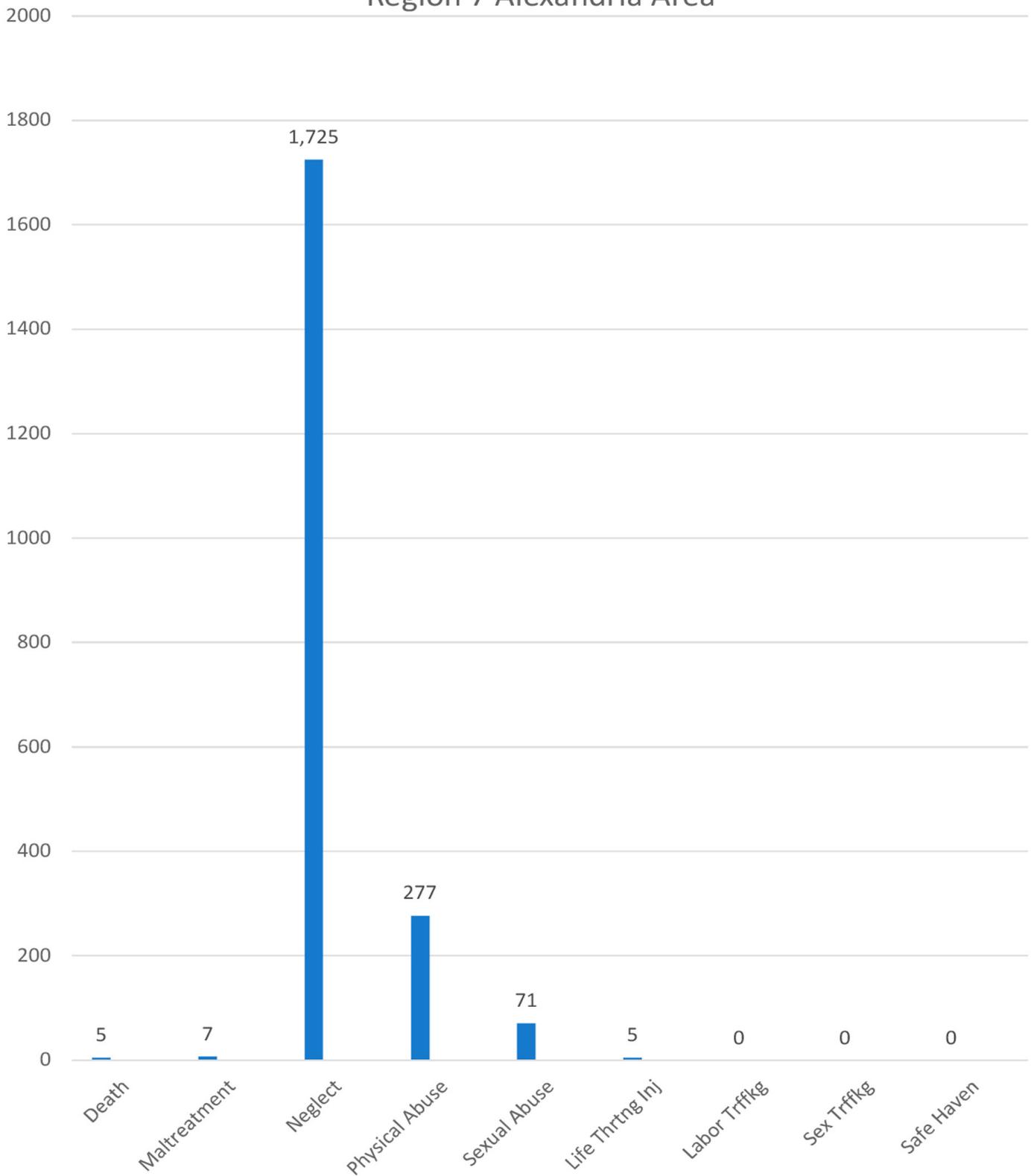
DCFS Final Report 2019

Sources of Reports Concerning Valid CPI Allegations Region 7 Alexandria Area

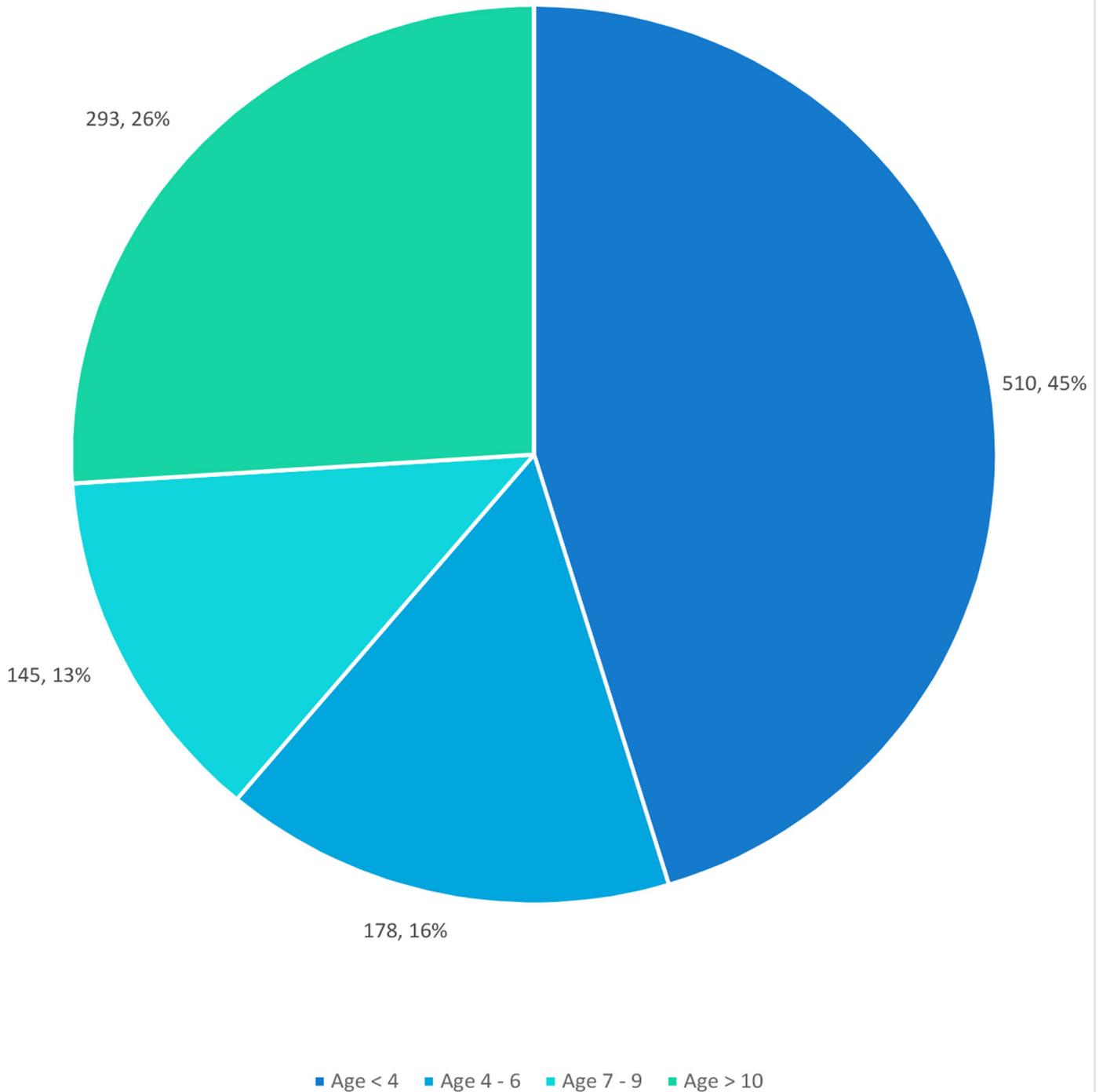


- Agency Staff
- CASA Vol
- Day Car
- DCFS Licg
- Dental
- Law Enforcement
- Medical
- Mental Health
- Ofs
- School
- Social Service
- Sub Care

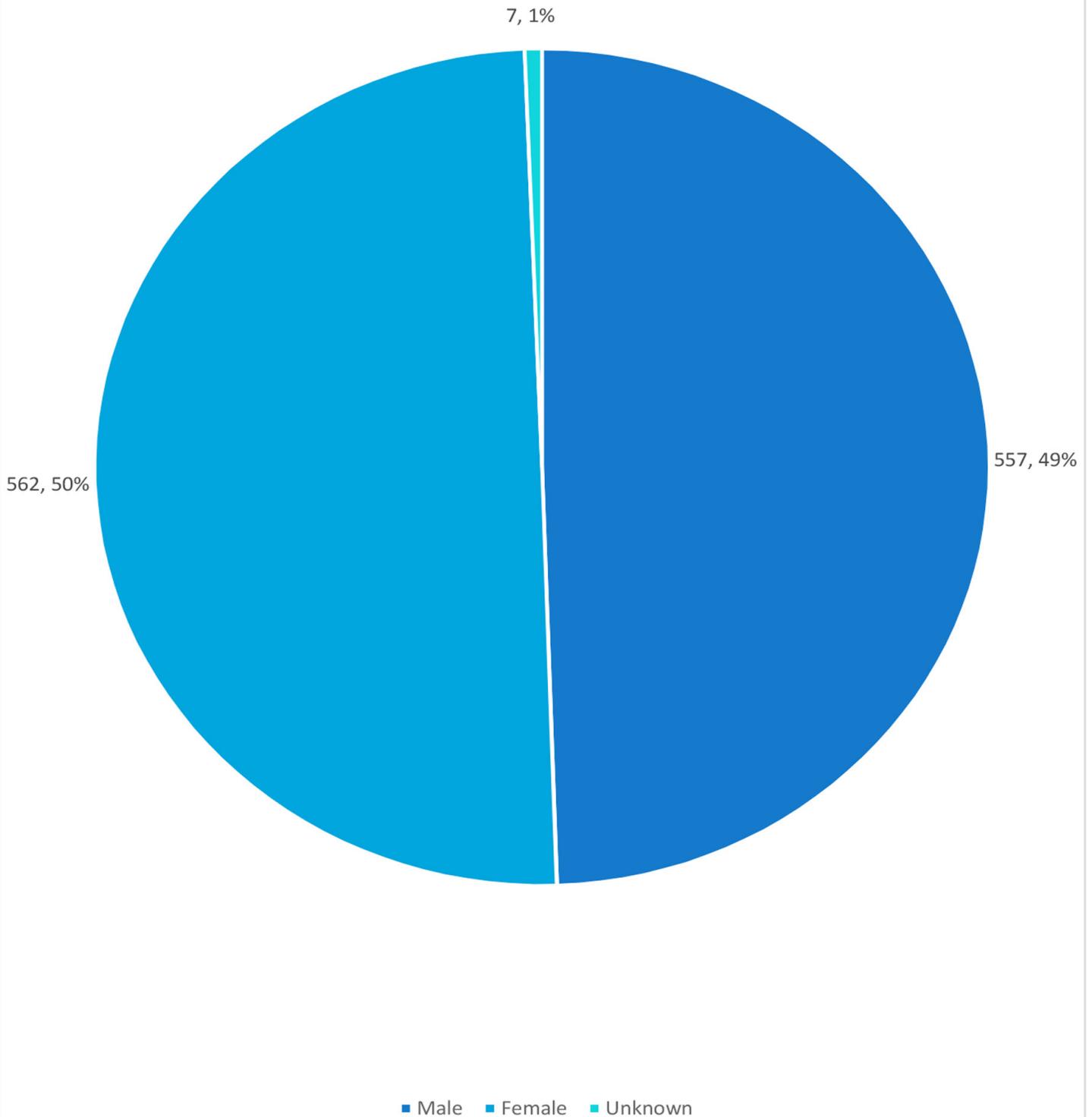
of Valid CPI Investigations by Type Region 7 Alexandria Area



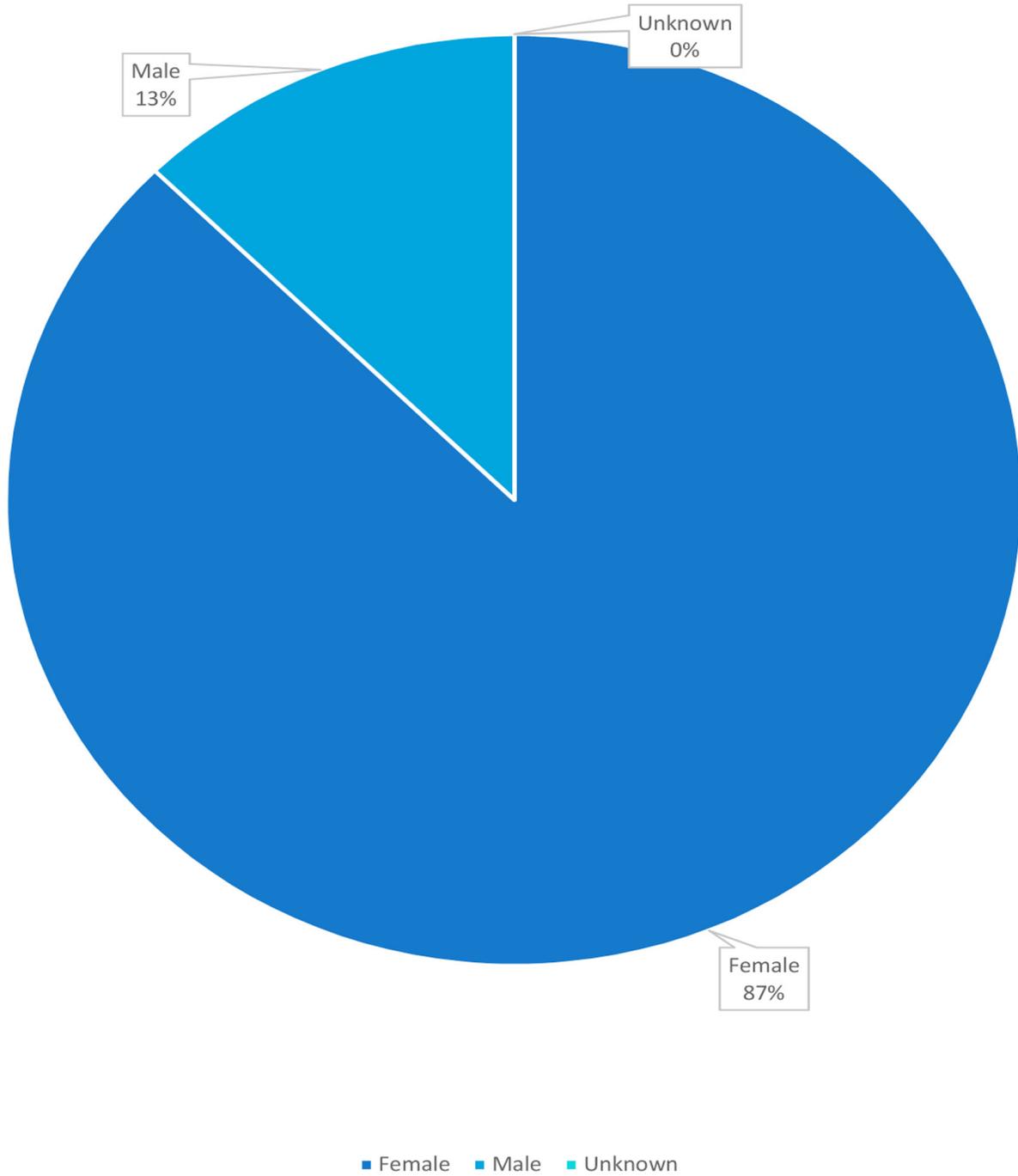
Age of Abused and Neglected Children Region 7 Alexnadria Area



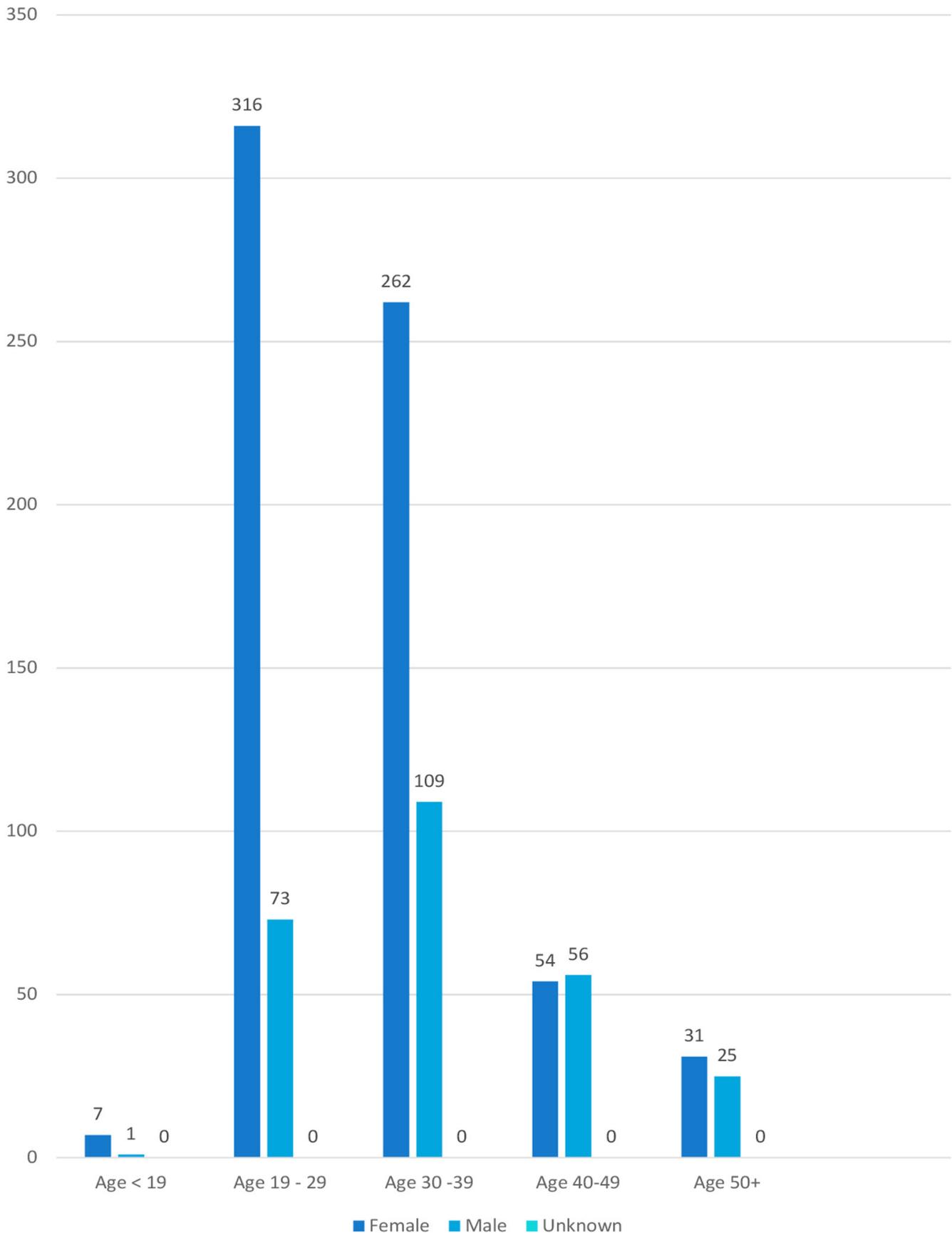
Gender of Abused and Neglected Children Region 7 Alexandria Area



Race of Abused and Neglected Children
Region 7 Alexandria Area



Profile of Perpretrators Region 7 Alexandria Area



Region 7 Stakeholder Findings: Meetings & Surveys

This region is comprised of 8 parishes with a population of 310,524 people with 30.25% living in poverty. The median household income is \$36,912. More than 45% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 317 children placed in foster care in this region and 1,671 allegations of abuse/neglect.

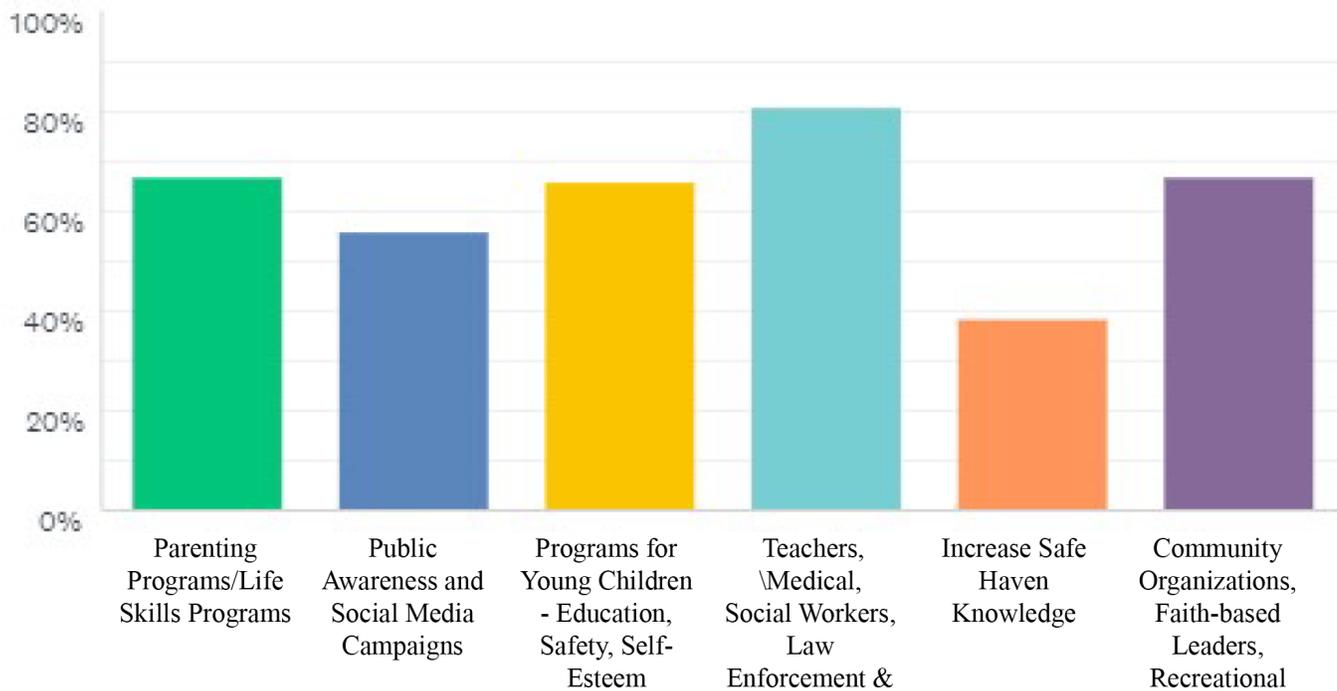
What do you see at the emerging trends in child abuse and neglect?

- Drug Usage for pregnant mothers
- Drug abuse by the parents is the underlying factor in the majority of the cases
- Unfounded or non-reported cases. Due to increased efforts by families to be more private.
- Dealing with substance using parents and substance exposed newborns
- I think drug use will be a bigger problem for child abuse and neglect.
- Cell phones being involved at some level
- Continued increase in number of cases where children are being “left” to be raised by family members when parents become addicted to substances and new caretakers have no legal authority to keep the children safe.
- Chronic drug addiction
- Yes
- Sexual assaults and carnal knowledge cases
- Substance use/abuse of parents and the safety of younger children
- Maintaining family at all costs
- Substance abuse
- Sex and labor trafficking
- Substance abuse
- Child sex trafficking
- Parents thinking of themselves and not their children
- Human Trafficking
- Substance exposed newborns
- Drug abuse by parent in home and children raising themselves
- Lack of parenting skills. Parents lack the fundamental capabilities to parent effectively with positive encouragement. Too often they repeat what they know. Educate the parent and child with continued long-term follow up.
- Parents abusing drugs and neglecting their children
- Lack of food in the home due to drug use
- Death rate is higher, and some many young children being abused, homeless, and testing Positive for drugs.
- Opioid Addiction
- Human Trafficking
- Drug Affected newborns/ Substance abuse/ opioids
- Parents who have substance use disorder that makes it difficult to parent.
- Substance abuse/mental illness
- Familial human trafficking and NO trauma informed care options for family services
- Increased use of TBRI by all who interact with children who have been exposed to traumatic events.

- Substance abuse is the leading cause
- Increased drug abuse in already dysfunctional homes
- I have seen no new emerging trends
- Parents who are scared to discipline their children resulting children with no safe boundaries.
- Preservation
- Drug expose newborns
- Substance abuse and Mental illness
- The trend at DCFS to utilize family services, without making family services actually available.
- lack of support for families and prevention
- Increase use of substance among parents and child being born drug exposed
- It seems to be increasing.
- Drug abuse seems to be at the core of most of the child abuse/neglect cases I have seen.
- Sibling on sibling abuse
- Awareness of the role of childhood trauma, both in victims and perpetrators
- Substance abuse is a contributing factor
- Babies and toddlers being killed or abused
- Opioid Addiction
- It's becoming more common
- The MDT processes
- Drugs, opioid epidemic, no responsibility from parents
- Individual home counseling
- Failing to protect the children of substance abuse riddled parents
- Drugs
- The trend at DCFS to utilize family services, without making family services actually available.
- Drug Affected newborns/ Substance abuse/ opioids
- Neglect from Drug addicted parents
- The high incidence of drugs and single mothers taking in companions who they have no history on. Children are left with caretakers who don't accept responsibility leaving the child at a greater risk for abuse.
- Mental Health and Substance Abuse
- Substance abuse and mental illness
- Too many children being freed for Adoption because parents and DCFS are BOTH not putting forth efforts to reunite families.
- Abuse and neglect of children stemming from drug abuse.

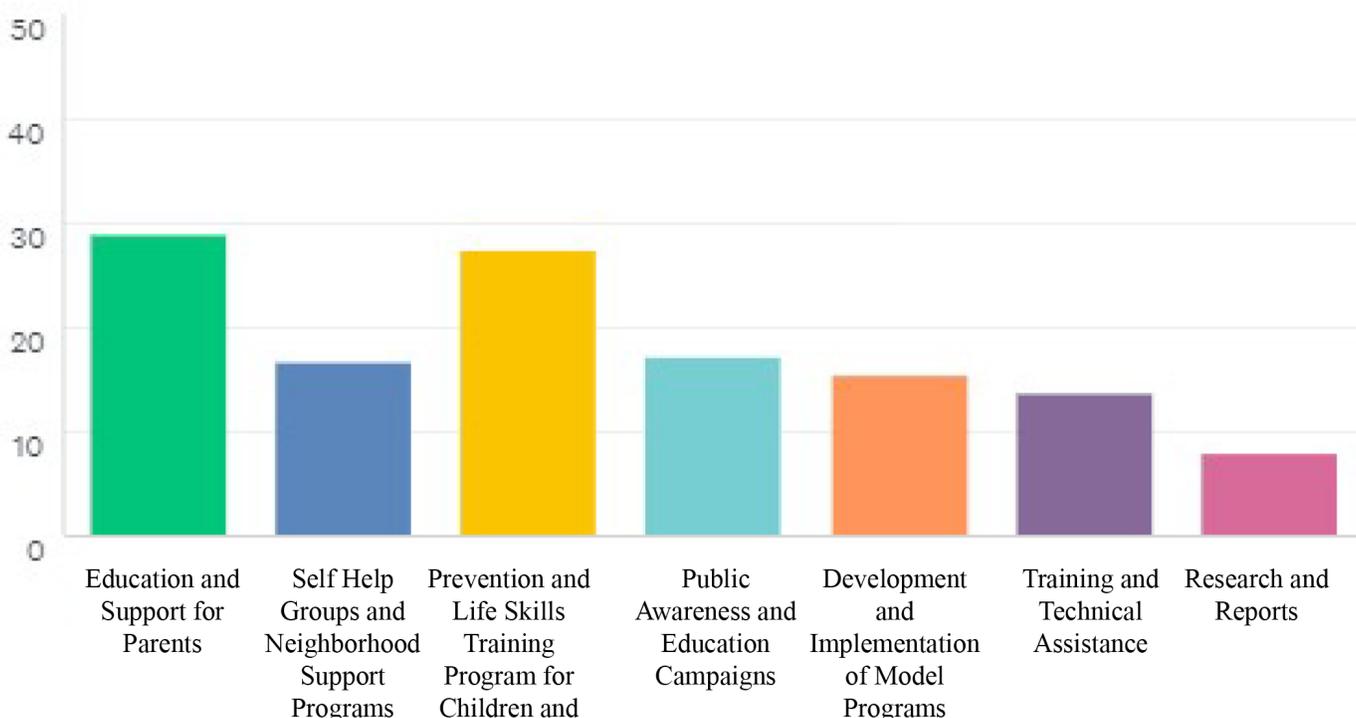
What do you think needs to be done to raise awareness about child abuse/neglect?

- Choices:
- Parenting Programs/Life Skills Programs
- Public Awareness and Social Media Campaigns
- Programs for Young Children - Education, Safety, Self-Esteem
- Education for Community Members: Teachers, Medical, Social Workers, Law Enforcement & More
- Increase Safe Haven Knowledge



Participants were asked how they would spend \$100 across the following priority areas:

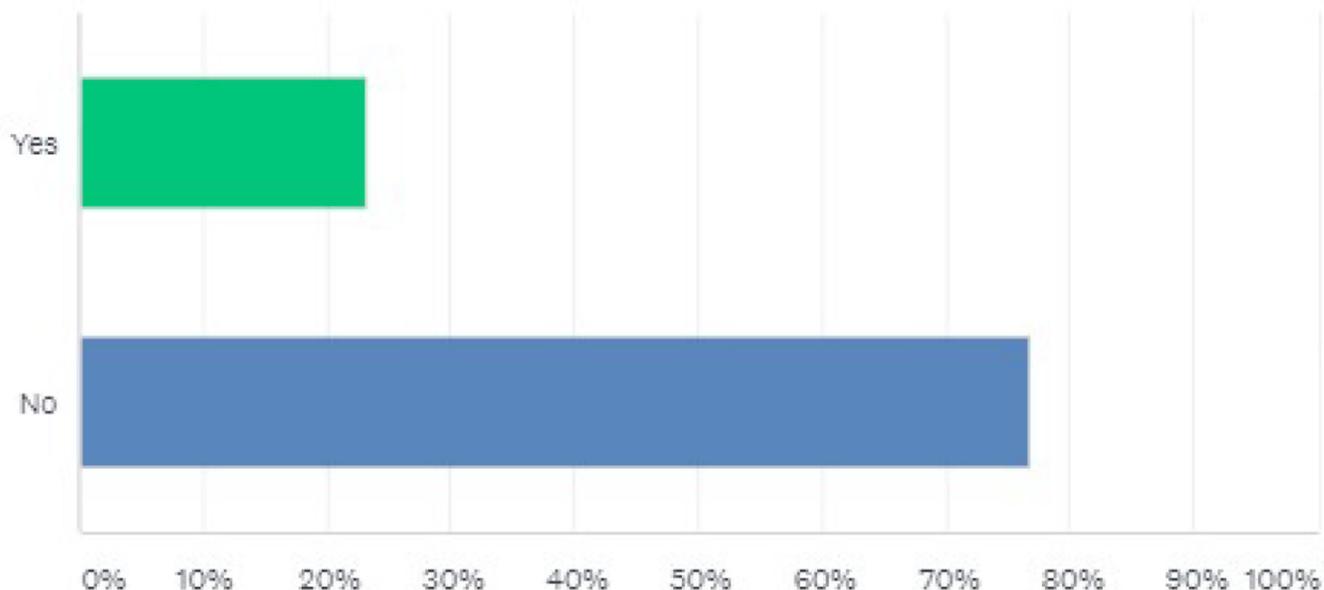
- Education and Support for Parents
- Self Help Groups and Neighborhood Support Programs
- Prevention and Life Skills Training Program for Children and Youth
- Public Awareness and Education Campaigns
- Development and Implementation of Model Programs
- Training and Technical Assistance
- Research and Reports



In order to increase the awareness of child abuse and neglect prevention, where should we be focusing our efforts? For each line, participants marked the importance of the group.

	CRITICAL (1)	IMPORTANT (2)	GOOD (3)	OK (4)	TOTAL
Law Enforcement Professionals	55.71% 39	34.29% 24	7.14% 5	2.86% 2	70
Educational Professionals (Early Childhood through University)	64.38% 47	31.51% 23	4.11% 3	0.00% 0	73
Faith-based Leaders	31.43% 22	54.29% 38	12.86% 9	1.43% 1	70
Judicial/Legal Professionals	54.17% 39	34.72% 25	9.72% 7	1.39% 1	72
Military Service Members	10.00% 7	38.57% 27	38.57% 27	12.86% 9	70
Social Workers and Counselors	65.75% 48	24.66% 18	5.48% 4	4.11% 3	73
Blue Collar Workers	20.90% 14	47.76% 32	23.88% 16	7.46% 5	67
Corporate Leaders and Employees	28.17% 20	33.80% 24	30.99% 22	7.04% 5	71
Nonprofit Organizations	35.62% 26	36.99% 27	23.29% 17	4.11% 3	73
Youth Programs	66.20% 47	25.35% 18	7.04% 5	1.41% 1	71
Civic Associations	27.54% 19	49.28% 34	20.29% 14	2.90% 2	69
Medical and Mental Health Professionals	73.61% 53	19.44% 14	4.17% 3	2.78% 2	72

Have you read or heard about great ideas in other areas?



If you answered yes, then what are some of the fresh ideas or successful programs you found?

- Child mental health counseling for this area (LPC and/or LMFPFC)
- NCJFCJ journal
- Support groups for non-offending parents of victims
- Grass roots projects
- Darkness to Light
- More social services programs for parents on the edge
- CASA
- Educate our teachers who have direct contact.
- Behavioral Therapy Model ACT for adolescents
- Life Skills
- Darkness to Light
- Arkansas Following Baby Back Home Program
- Parents of abused children support group
- NCAC MDT Model
- We need a Parish truancy/juvenile officer
- Advocacy programs
- Neighborhood support and prevention groups
- Community awareness
- CAC
- Teachers can keep an open dialogue with parents. Encourage parents to use positive reinforcement with examples. Tell them simple things they can work on at home.
- Round Table
- TBRI
- Arkansas SafeCare Home Visiting Model

- Our current School Resource Officers should also be trained Juvenile Officers
- ECPLI
- Group meeting before court for all professional parties
- Teachers are with the children 5 days a week for most of the school year. Yes, they already have an enormous responsibility with teaching, but they see, and they hear first-hand what children are experiencing at home. Educate our main line of defense.

Region Eight – Shreveport Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	Low Birthweight <2500 grams	Births to Teens	People Without Health Insurance
Bienville	14,156	22.4%	37%	\$24,077	12.5%	16	9.0%
Bossier	123,074	24.8%	24%	\$52,145	10.5%	87	8.7%
Caddo	257,091	23.7%	39%	\$40,391	14.2%	288	8.6%
Claiborne	16,832	18.1%	48%	\$26,877	17.2%	10	11.1%
De Soto	27,033	24.0%	36%	\$41,443	12.2%	23	9.6%
Jackson	16,214	21.9%	41%	\$36,394	11.6%	20	9.9%
Natchitoches	39,434	23.4%	37%	\$29,001	11.7%	40	9.6%
Red River	9,029	23.4%	35%	\$41,510	11.2%	13	8.8%
Sabine	24,315	23.6%	29%	\$40,695	9.7%	26	12.6%
Webster	40,920	22.6%	29%	\$30,892	12.4%	53	9.4%
Region	568,098	22.79%	35.50%	\$36,343	12.32%	576	9.73%

Region Eight – Volume of CPI Investigations

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
2,887	3,209	2,829	2,516	2,293

DCFS-Child Welfare Quality Assurance and Research Section, Volume of CPI

Region Eight – Number of Child Protective Investigations Completed*

Parish	FY2017 Valid	FY2017 Invalid	FY2017 Other	FY2017 Total	FY2018 Valid	FY2018 Invalid	FY2018 Other	FY2018 Total
Bienville, Webster, Claiborne & Jackson	140	205	13	358	126	230	3	359
Bossier	0	1	0	1	53	151	0	204
Caddo	676	984	134	1,794	516	770	62	1,348
De Soto	0	0	0	0	4	27	0	31
Natchitoches & Red River	43	138	4	185	54	131	3	188
Sabine	60	110	8	178	43	119	1	163
Region	919	1,438	159	2,516	796	1,428	69	2,293

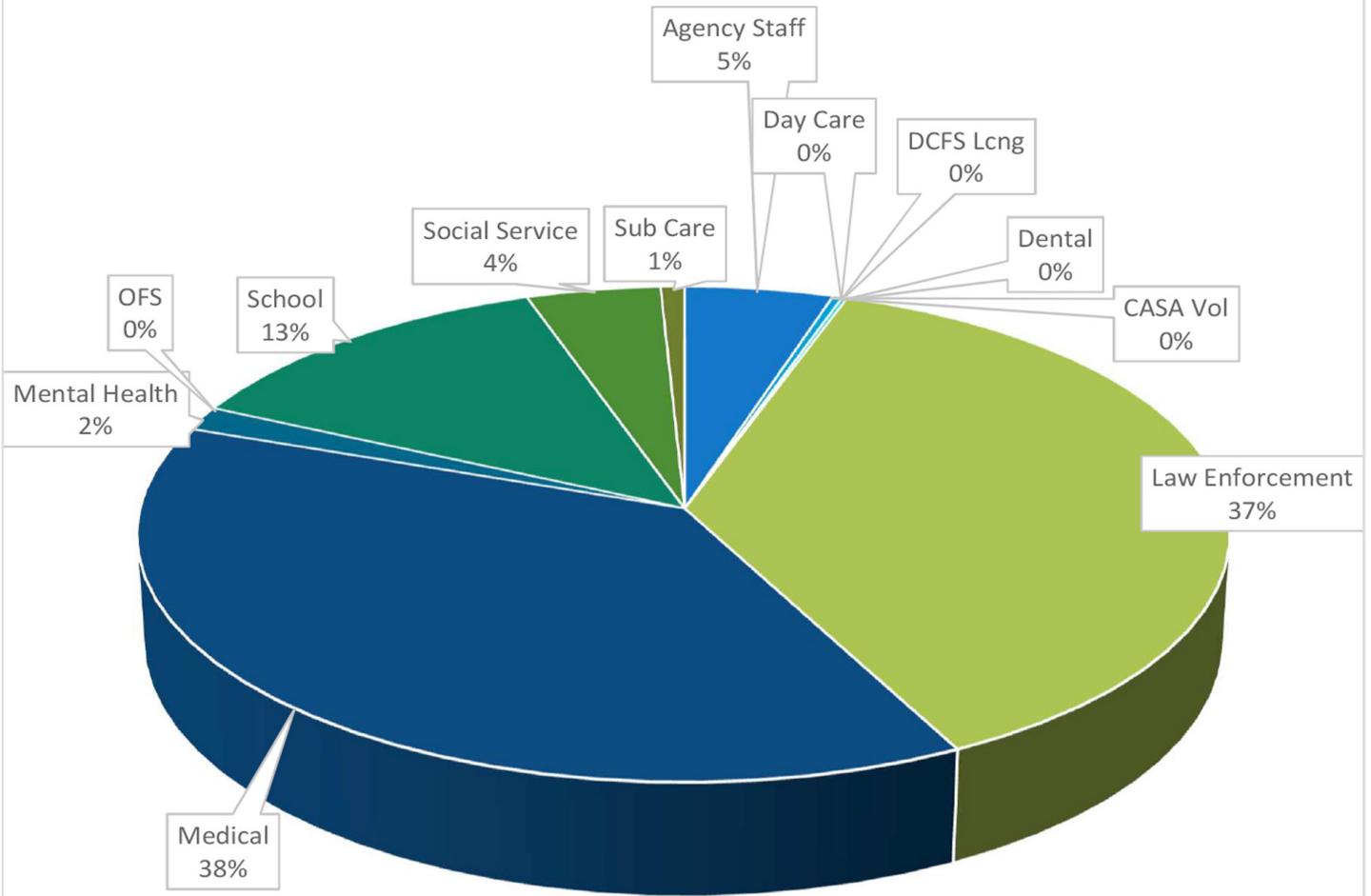
*DCFS-Volume of CPI Investigations Completed with Findings

Number of Children Entering Foster Care*

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Shreveport Region	713	713	750	647	595

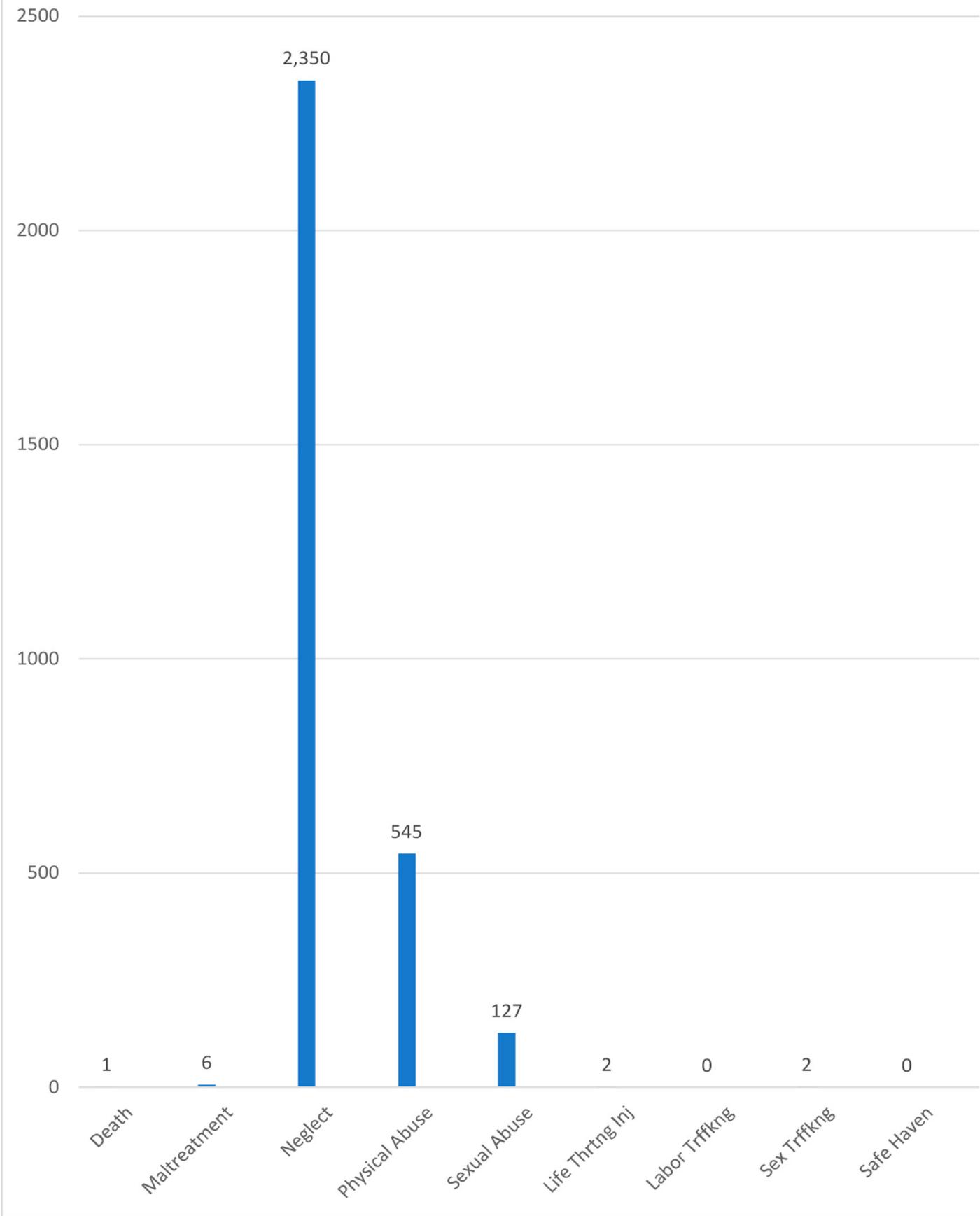
DCFS Final Report 2019

Source of Reports Concerning Valid CPI Allegations Region 8 Shreveport Area

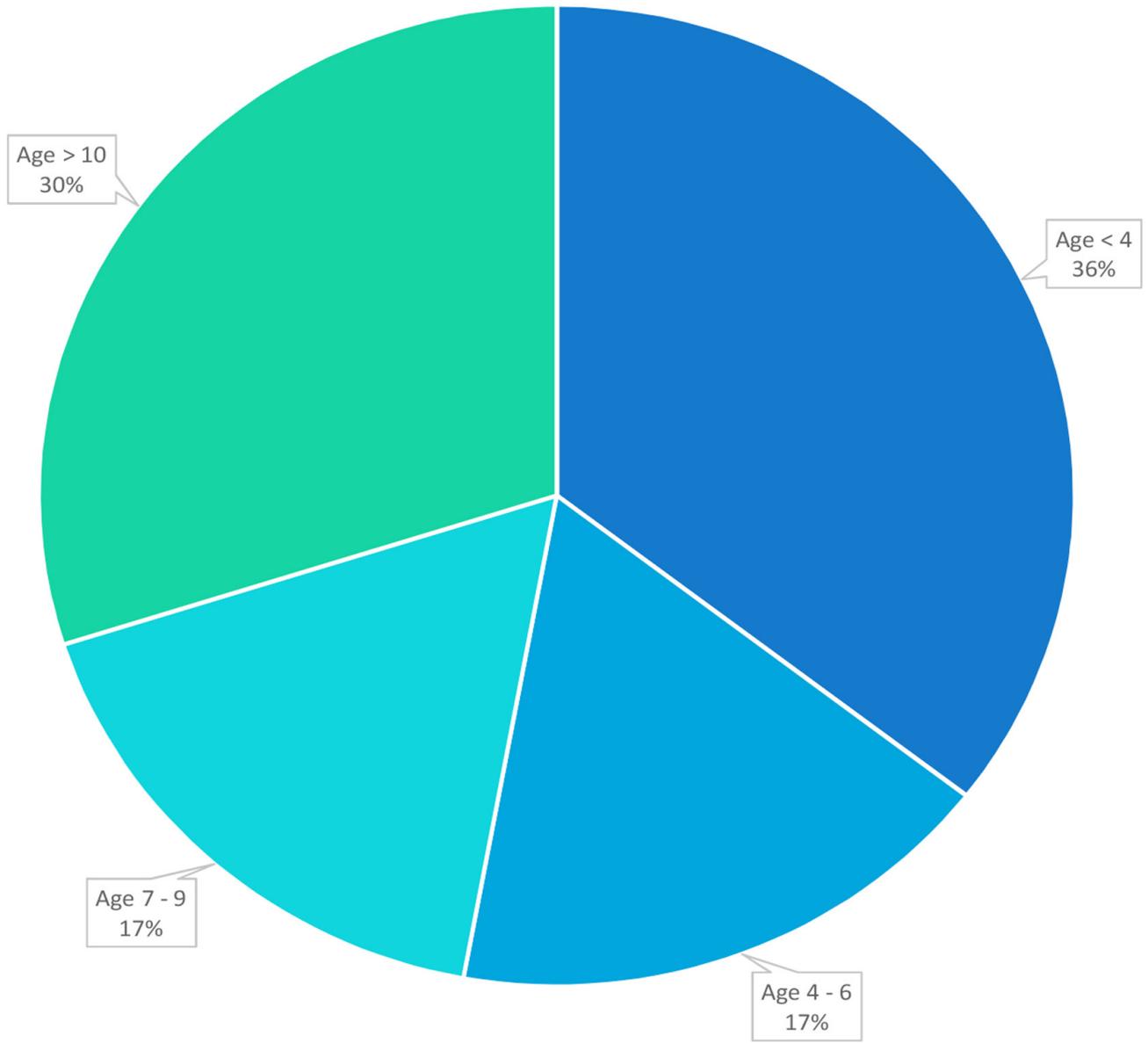


- Agency Staff
- Dental
- OFS
- CASA Vol
- Law Enforcement
- School
- Day Care
- DCFS Lcng
- Social Service
- Medical
- Mental Health
- Sub Care

#of Valid CPI Allegations by Type Region 8 Shreveport Area

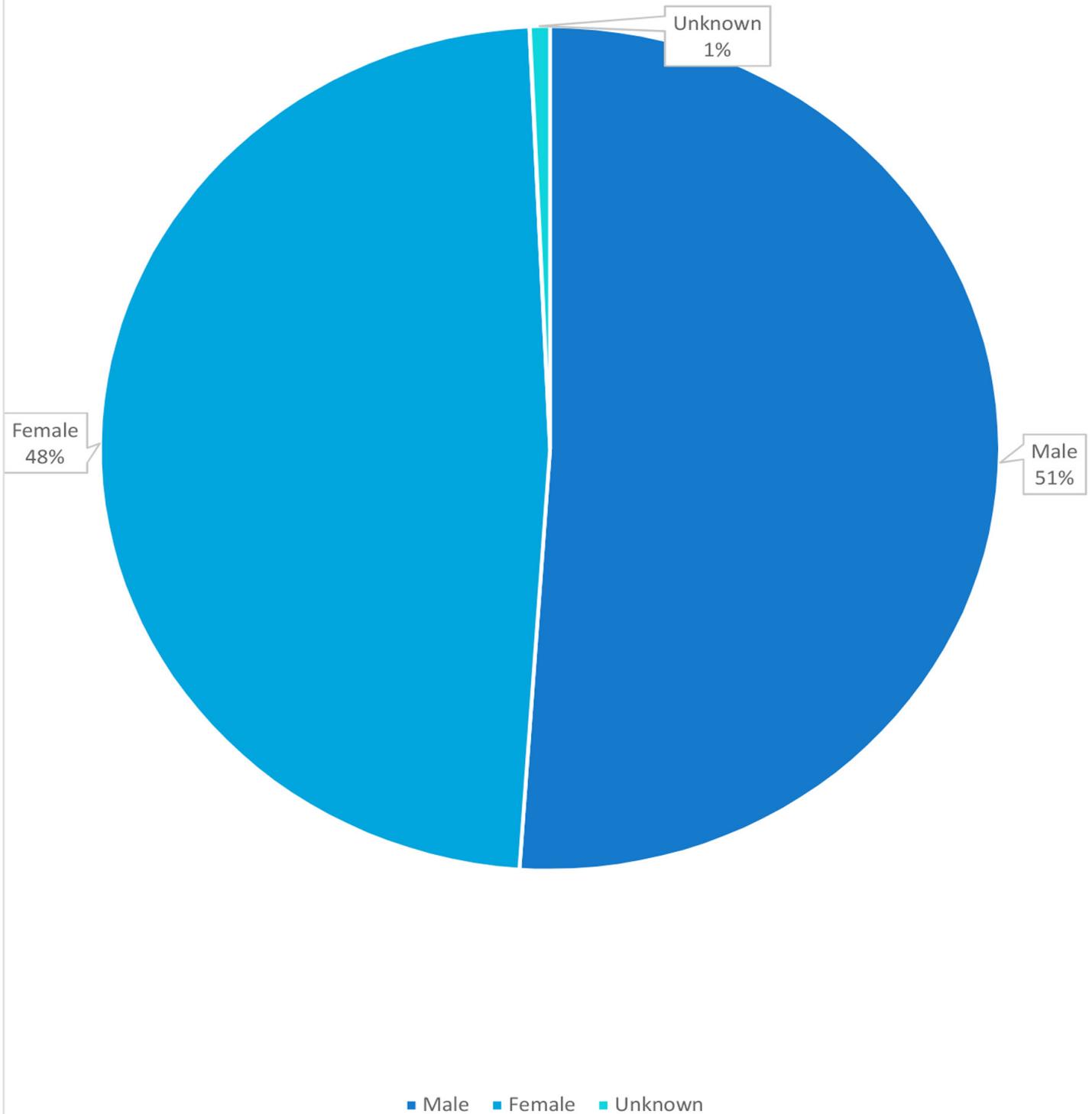


Age of Abused and Neglected Children Region 8 Shreveport Area

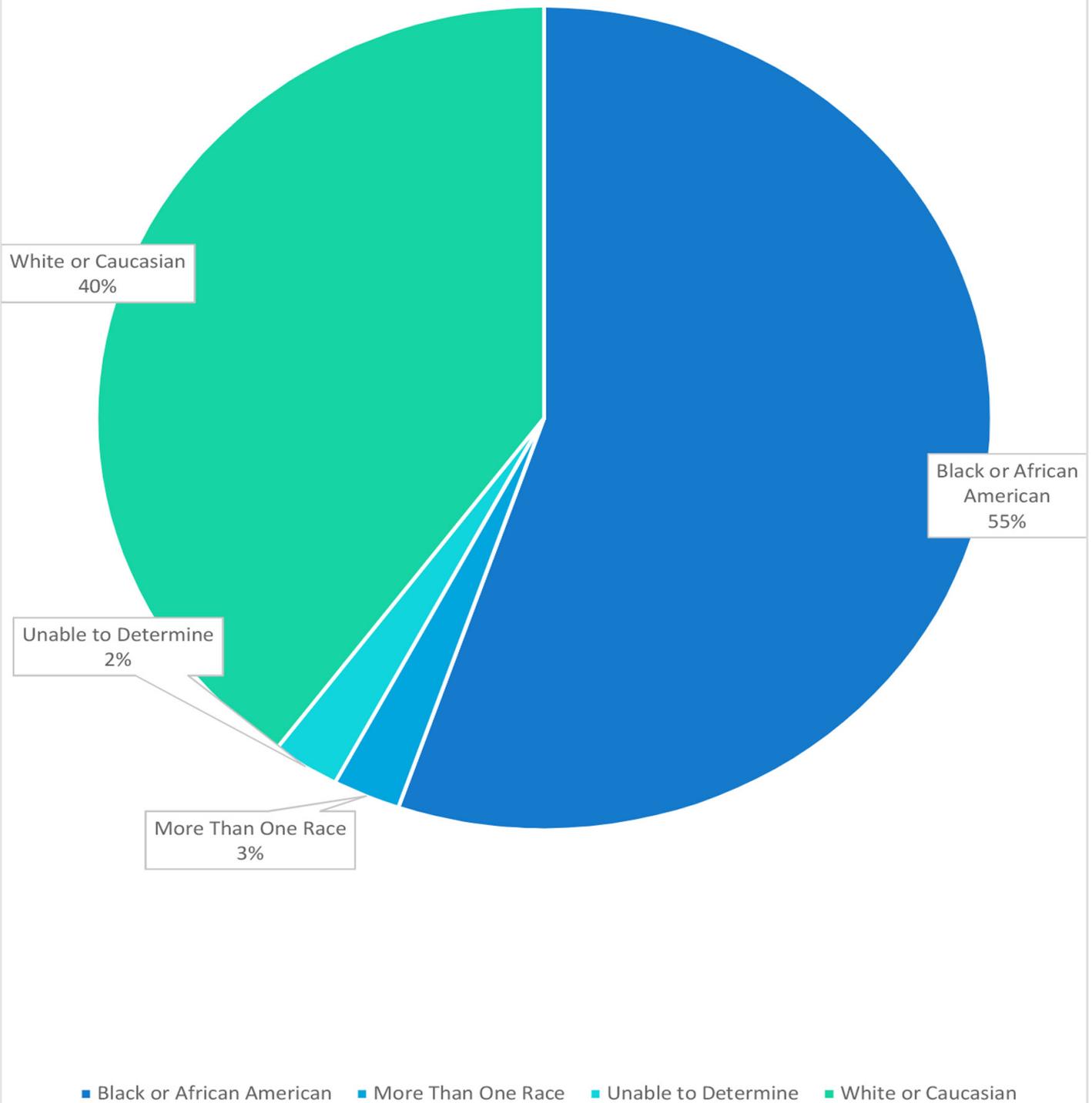


■ Age < 4 ■ Age 4 - 6 ■ Age 7 - 9 ■ Age > 10

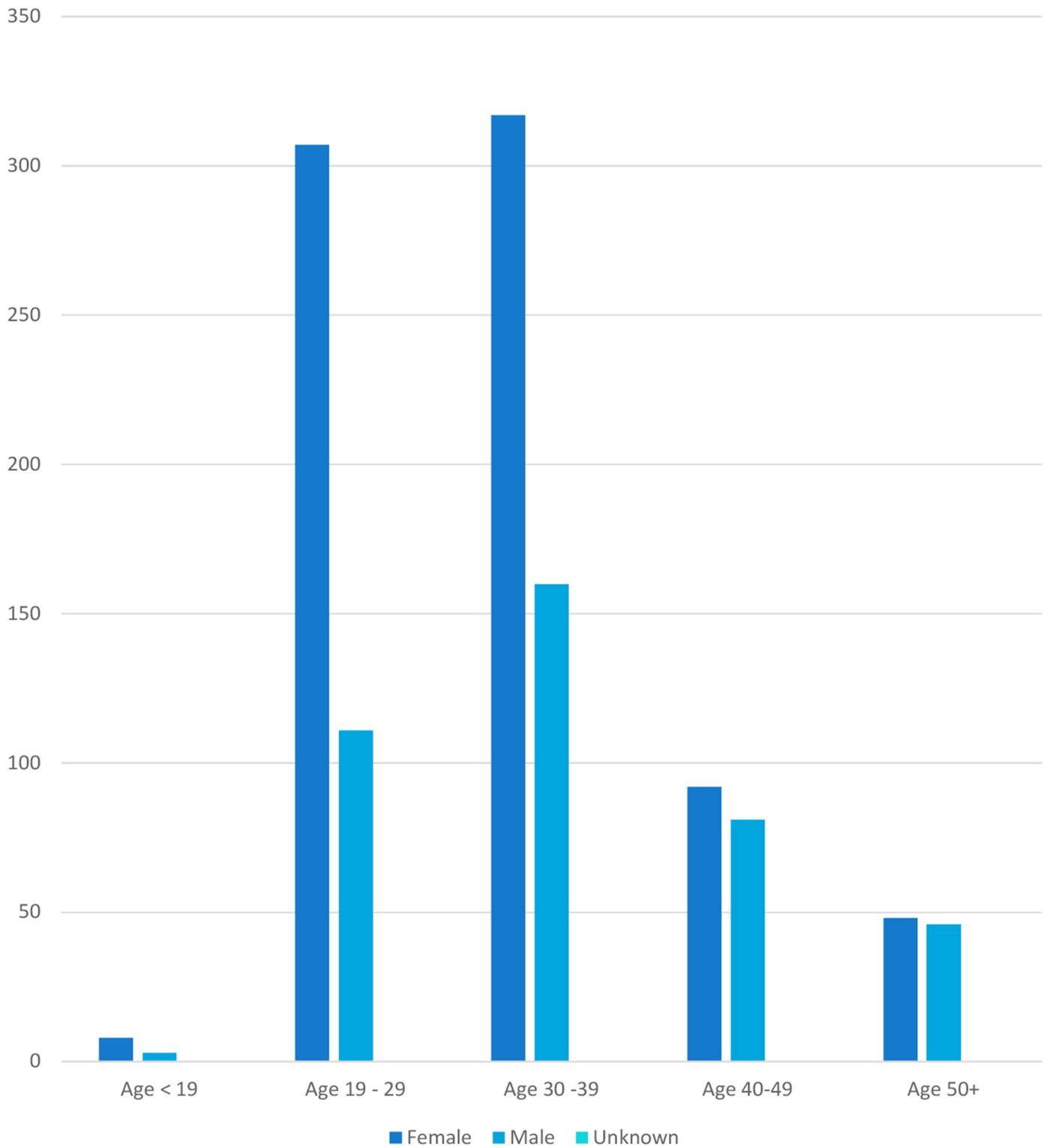
Gender of Abused and Neglected Children Region 8 Shreveport Area



Race of Abused and Neglected Children Region 8 Shreveport Area



Profile of Perpretrators Region 8 Shreveport Area



Region 8 Stakeholder Findings: Meetings & Surveys

This region is comprised of 10 parishes with a population of 568,098 people with 35.50% living in poverty. The median household income is \$36,343. More than 36% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 595 children placed in foster care in this region and 2,293 allegations of abuse/neglect.

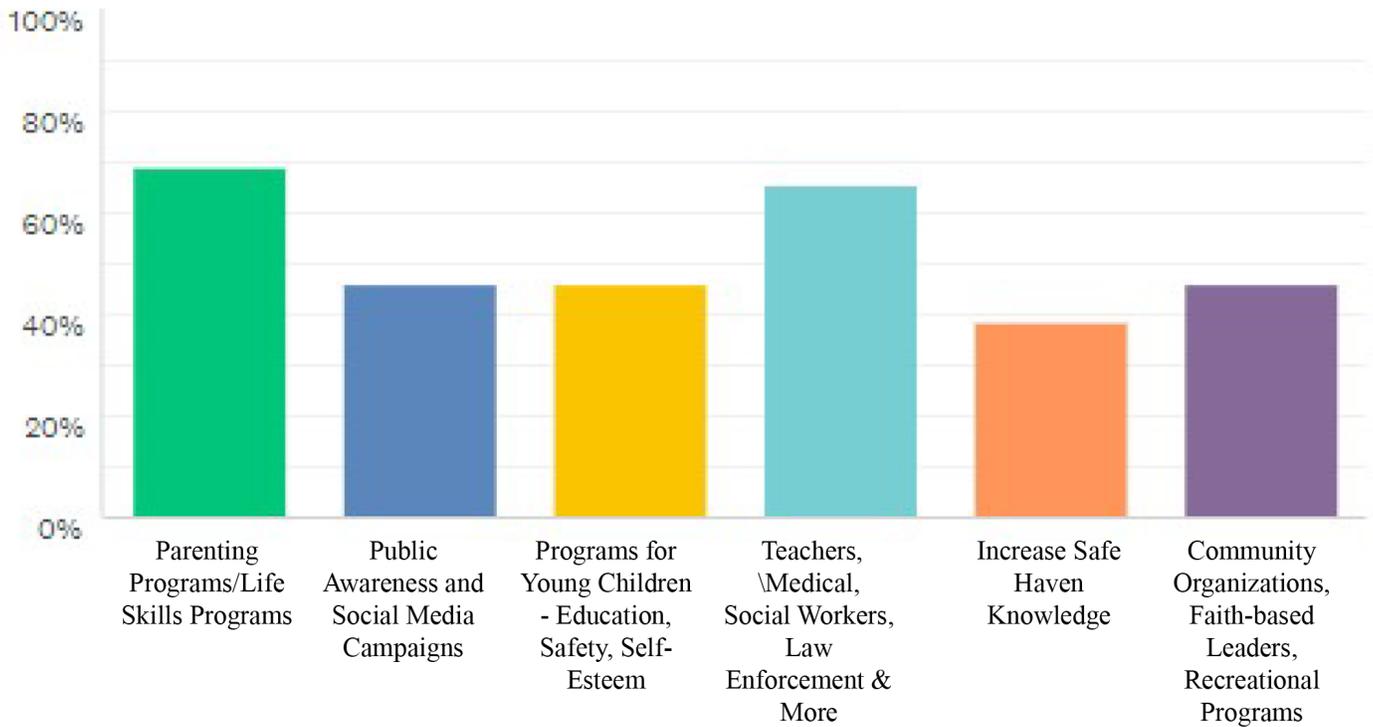
What do you see at the emerging trends in child abuse and neglect?

- They are behind on with their studies
- Human trafficking
- Acceptance that the issue cannot be fixed
- Neglect
- Children not having their MH needs met
- Children with extensive trauma that prevent education goals
- Poorly trained DCFS staff
- Drug-exposed newborns
- No services to address multiple issues related to safety
- Substance abuse and mental health, as well as transportation issues
- More Family Services cases.
- Heightened attention to the role of attorneys and statutory limitations in intervention by State and bench
- Substance Abuse / Dependency
- Lack of responsiveness to the needs of the children starting with the preconception health of their mothers. We need to prioritize women and children's health as well as family health. We cannot keep up with the abuse and neglect because we do not prioritize prevention and support measures.
- Cycle repeating itself
- No specific emerging trend noted
- Parents with mental health issues
- Children being left alone at younger and younger ages to tend for themselves and siblings.
- Weaker families, kids being raised by technology & peers vs. parents being in the homes to parent.
- More organizations are raising awareness of the needs of children in Louisiana
- That the victims are getting younger
- Mothers in domestic situation ignoring their children being abused.
- Human Trafficking - selling or killing of children
- Drug use in parents

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

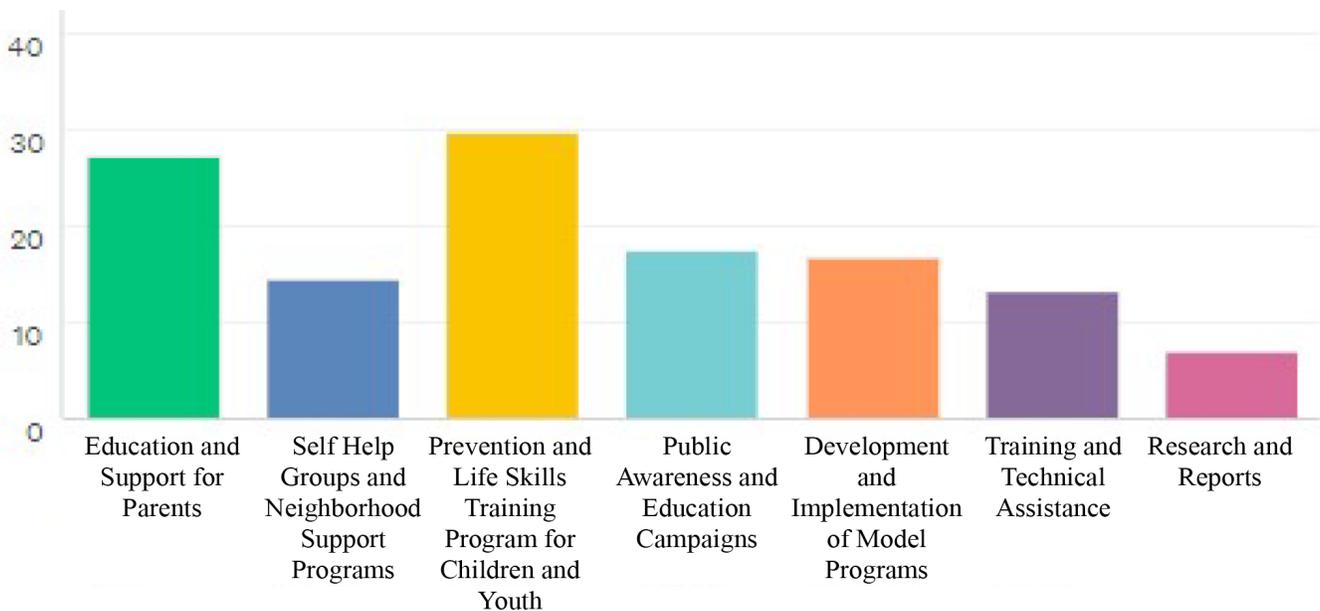
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- Public Awareness and Social Media Campaigns
- Programs for Young Children - Education, Safety, Self-Esteem
- Partner with Community Organizations, Faith-based Leaders, Recreational Programs

- Increase Safe Haven Knowledge
- Education for Community Members: Teachers, Medical, Social Workers, Law Enforcement & More



Participants were asked how they would spend \$100 across the following priority areas:

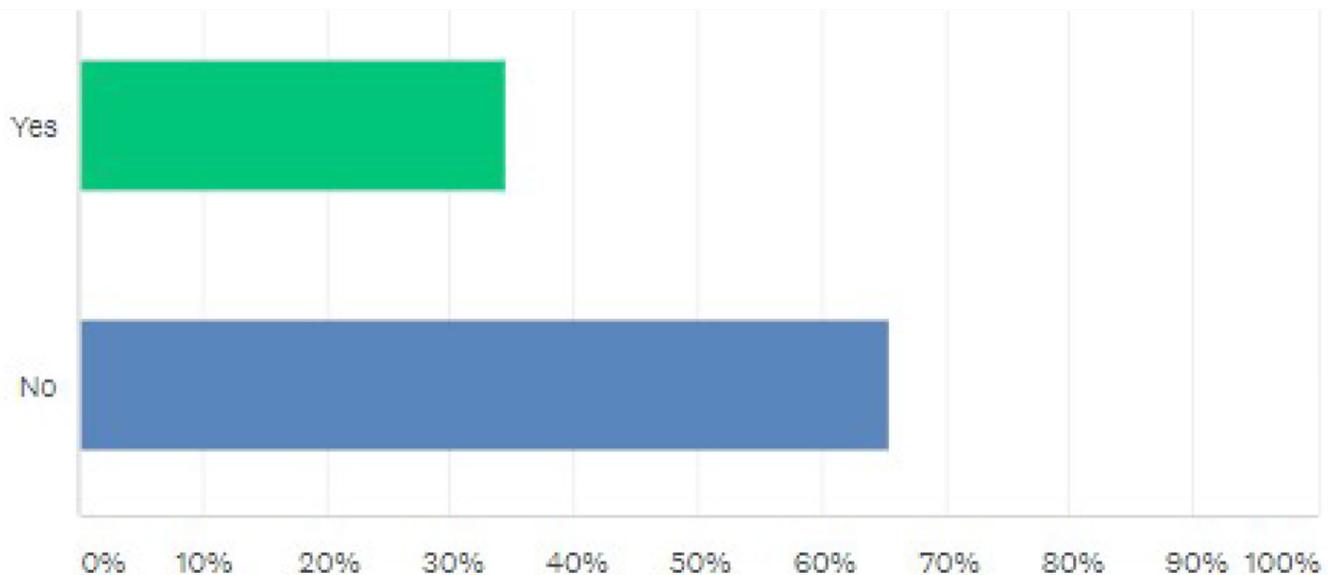
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- Prevention and Life Skills Training Program for Children and Youth
- Public Awareness and Education Campaigns
- Development and Implementation of Model Programs
- Training and Technical Assistance
- Research and Reports



In order to increase the awareness of child abuse and neglect prevention, where should we be focusing our efforts? For each line, participants marked the importance of the group.

	CRITICAL (1)	IMPORTANT (2)	GOOD (3)	OK (4)	TOTAL
Law Enforcement Professionals	50.00% 13	34.62% 9	7.69% 2	7.69% 2	26
Educational Professionals (Early Childhood through University)	38.46% 10	50.00% 13	7.69% 2	3.85% 1	26
Faith-based Leaders	11.54% 3	57.69% 15	19.23% 5	11.54% 3	26
Judicial/Legal Professionals	42.31% 11	30.77% 8	19.23% 5	7.69% 2	26
Military Service Members	3.85% 1	42.31% 11	30.77% 8	23.08% 6	26
Social Workers and Counselors	57.69% 15	19.23% 5	15.38% 4	7.69% 2	26
Blue Collar Workers	26.92% 7	38.46% 10	23.08% 6	11.54% 3	26
Corporate Leaders and Employees	19.23% 5	46.15% 12	23.08% 6	11.54% 3	26
Nonprofit Organizations	30.77% 8	42.31% 11	11.54% 3	15.38% 4	26
Youth Programs	61.54% 16	23.08% 6	11.54% 3	3.85% 1	26
Civic Associations	26.92% 7	34.62% 9	26.92% 7	11.54% 3	26
Medical and Mental Health Professionals	76.92% 20	15.38% 4	3.85% 1	3.85% 1	26

Have you read or heard about great ideas in other areas?



If you answered yes, then what are some of the fresh ideas or successful programs you found?

- Parenting empowerment of parents with mental illness
- Community Support Meetings for Former Foster youth
- Foster parents for the parents
- Youth Advocacy committees
- Drug treatment while kids remain home along with intensive monitoring
- City Match has a number of cohorts working on birth equity projects including a recently concluded one in Shreveport
- Step Forward in N. Louisiana supports model programs
- TBRI Training
- Therapeutic Group Homes for under 21 years of age
- MH programs especially for emerging adults
- Training employers to work with Former Foster Youth
- Substance abuse education classes for DCFS
- Life application skills and education for parents
- The work of Every Mother Counts for improving maternal wellbeing. Everymothercounts.org
- CASA has proven successful
- Medical & Mental Health
- Yoga instead of discipline or detention in schools
- Parenting classes
- Job and work training courts
- Blackmamasmatter.org to work towards a world where black mamas have the rights, respect, and resources to thrive before, during, and after pregnancy.
- Some groups are lobbying for funding 4-year programs
- School Take home lunch to keep from wasting food

Region Nine – Monroe Region

Parish	General Population	% Population < 18	% Children < Poverty Level	Median Household Income	Low Birthweight <2500 grams	Births to Teens	People Without Health Insurance
Caldwell	10,029	23.1%	32%	\$31,933	9.2%	15	11.1%
E. Carroll	7,572	24.6%	62%	\$20,795	15.5%	11	8.2%
Franklin	20,622	25.6%	41%	\$34,722	12.9%	25	11.7%
Lincoln	47,082	20%	28%	\$34,424	10.7%	47	9.7%
Madison	12,209	23.7%	52%	\$29,424	16.7%	16	9%
Morehouse	27,430	24.2%	40%	\$31,672	13.6%	46	9.2%
Ouachita	155,313	24.9%	38%	\$40,081	11.9%	173	8.4%
Richland	20,911	23.3%	44%	\$34,745	13.1%	26	9.8%
Tensas	4,972	22.9%	55%	\$21,906	83.4%	4	11%
Union	22,442	21.9%	29%	\$38,916	10.9%	18	10.2%
W. Carroll	11,500	23.1%	30%	\$37,304	12.3%	8	10.8%
Region	340,082	23.39%	41%	\$32,357	19.11%	389	9.92%

Region Nine – Volume of CPI Investigations

FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
2,094	1,011	1,795	1,562	1,588

DCFS-Child Welfare Quality Assurance and Research Section, Volume of CPI

Region Nine – Number of Child Protective Investigations Completed*

Parish	FY2017 Valid	FY2017 Invalid	FY2017 Other	FY2017 Total	FY2018 Valid	FY2018 Invalid	FY2018 Other	FY2018 Total
Caldwell & Ouachita	309	495	42	846	308	576	37	921
Franklin	54	112	4	170	45	95	8	148
Lincoln	95	150	5	250	52	135	5	192
Madison & Tensas	45	88	4	137	32	65	5	102
Morehouse	64	89	6	159	49	97	4	150
Richland	0	0	0	0	11	14	3	28
Union	0	0	0	0	11	17	0	28

W. Carroll	0	0	0	0	4	14	0	19
Region	0	0	0	0	4	14	0	19

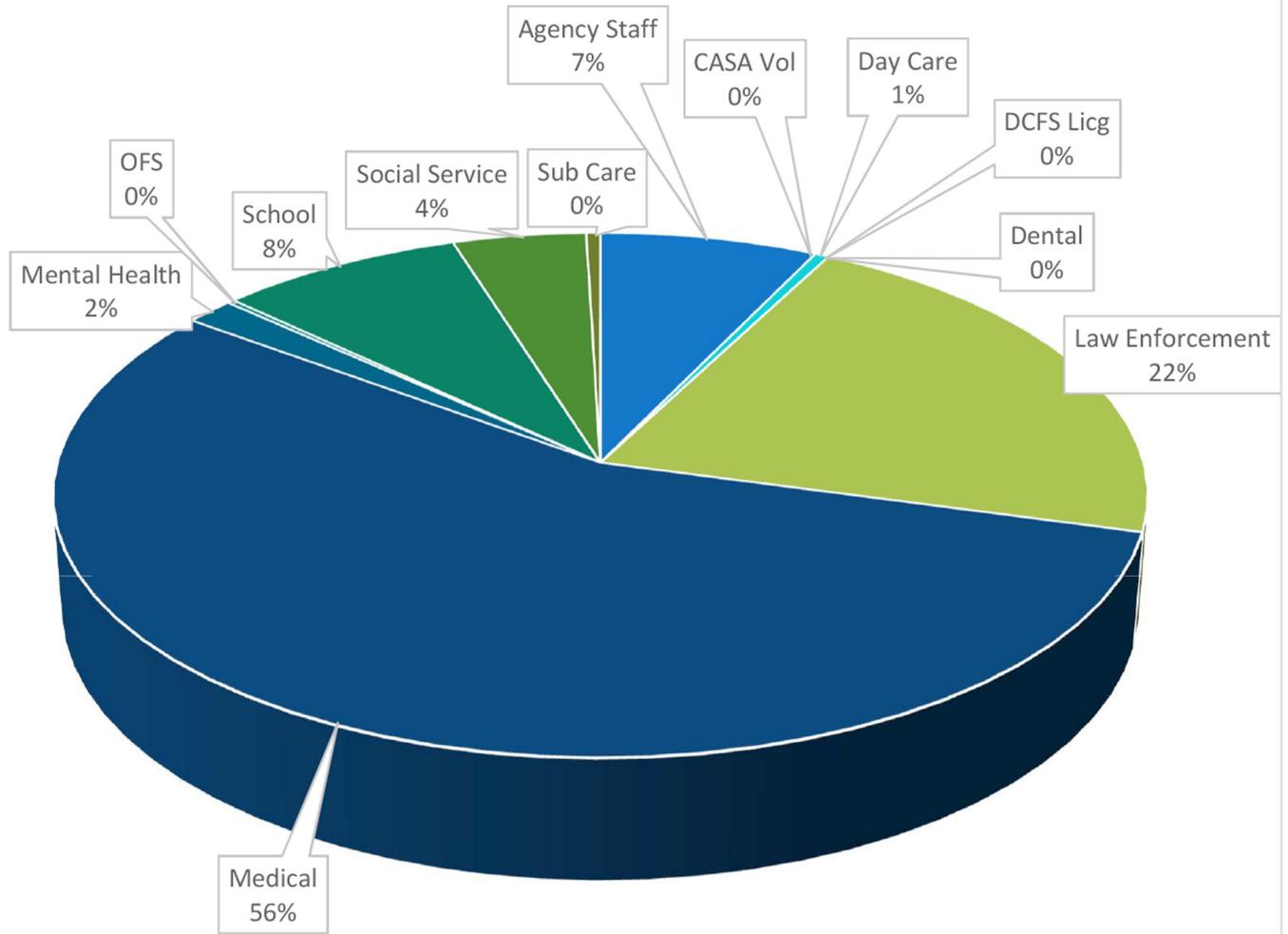
*DCFS-Volume of CPI Investigations Completed with Findings

Number of Children Entering Foster Care*

	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018
Monroe Region	479	452	420	312	231

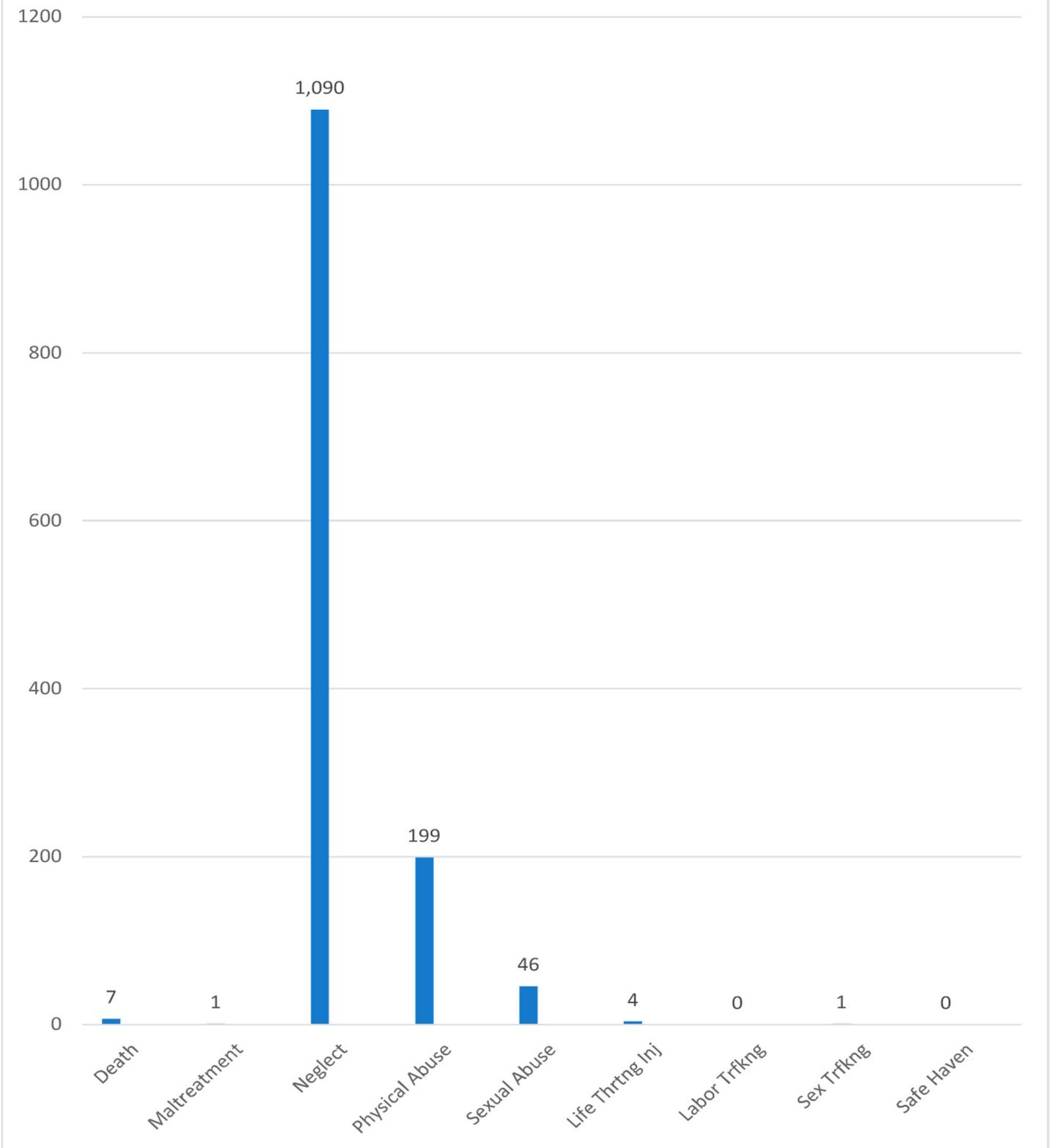
DCFS Final Report 2019

Source of Reports Concerning Valid CPI Allegations Region 9 Monroe Area

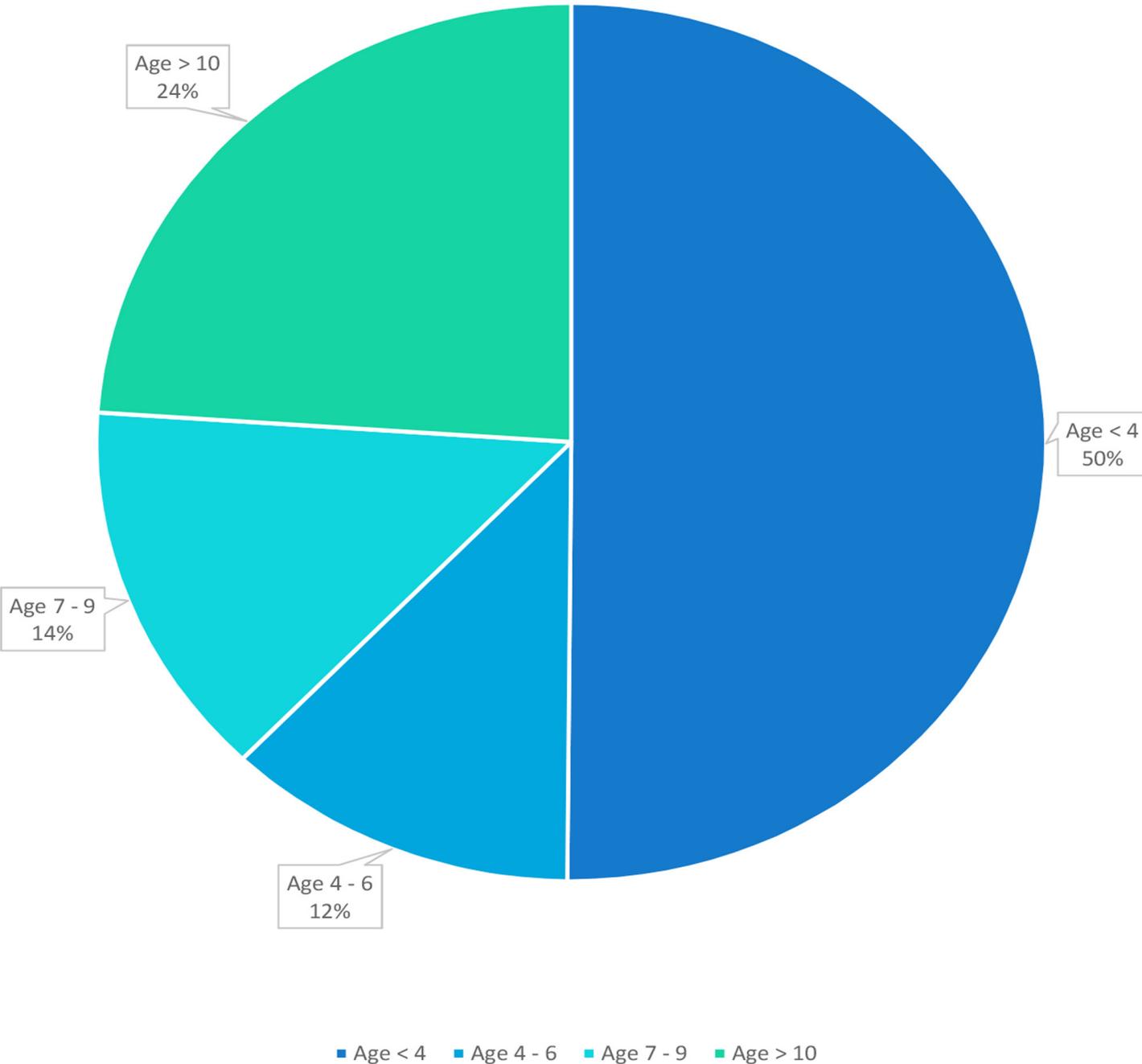


- | | | | |
|----------------|-------------------|------------------|-----------------|
| ■ Agency Staff | ■ CASA Vol | ■ Day Care | ■ DCFS Licg |
| ■ Dental | ■ Law Enforcement | ■ Medical | ■ Mental Health |
| ■ OFS | ■ School | ■ Social Service | ■ Sub Care |

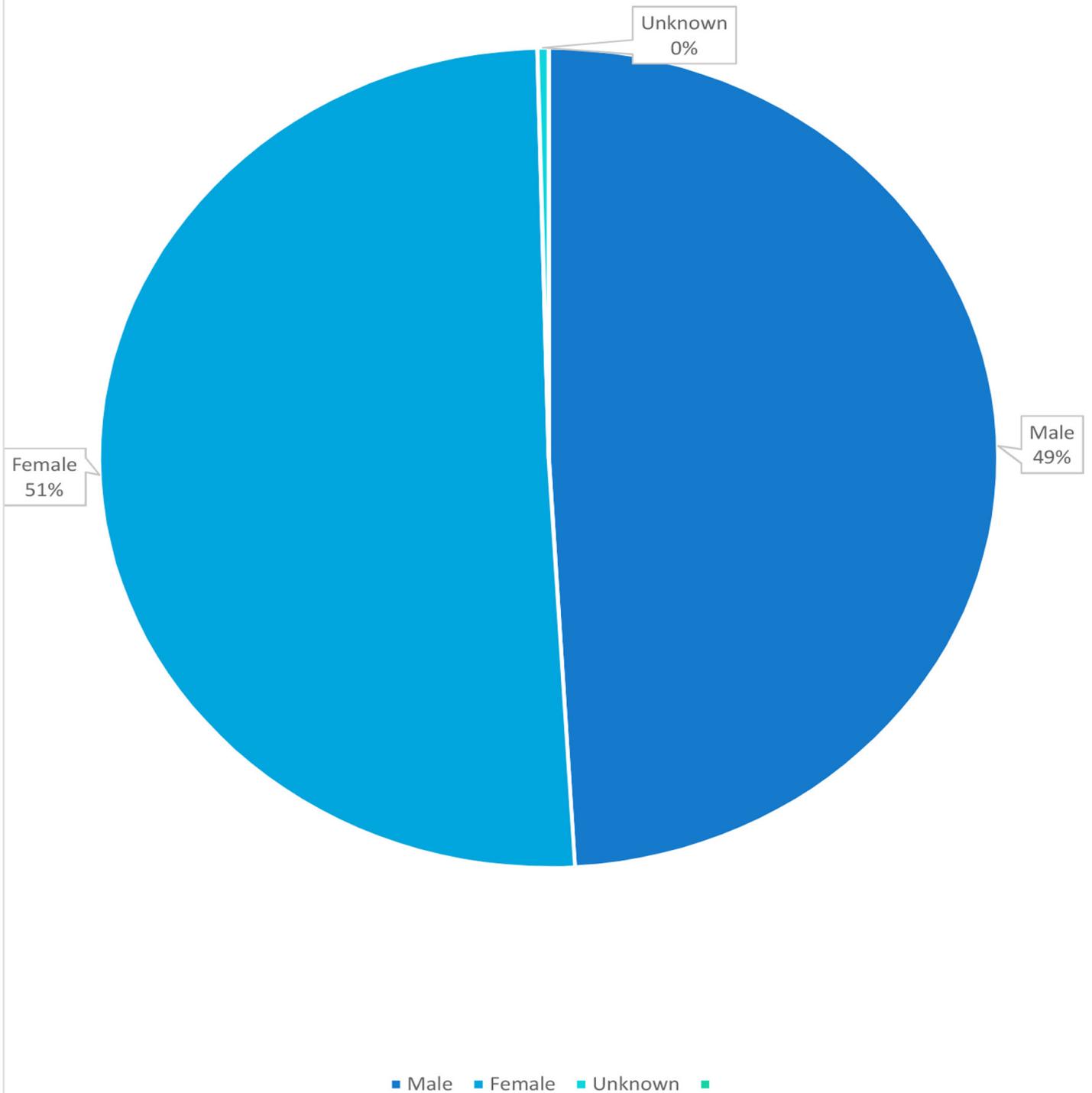
#of Valid CPI Allegations by Type Region 9 Monroe Area



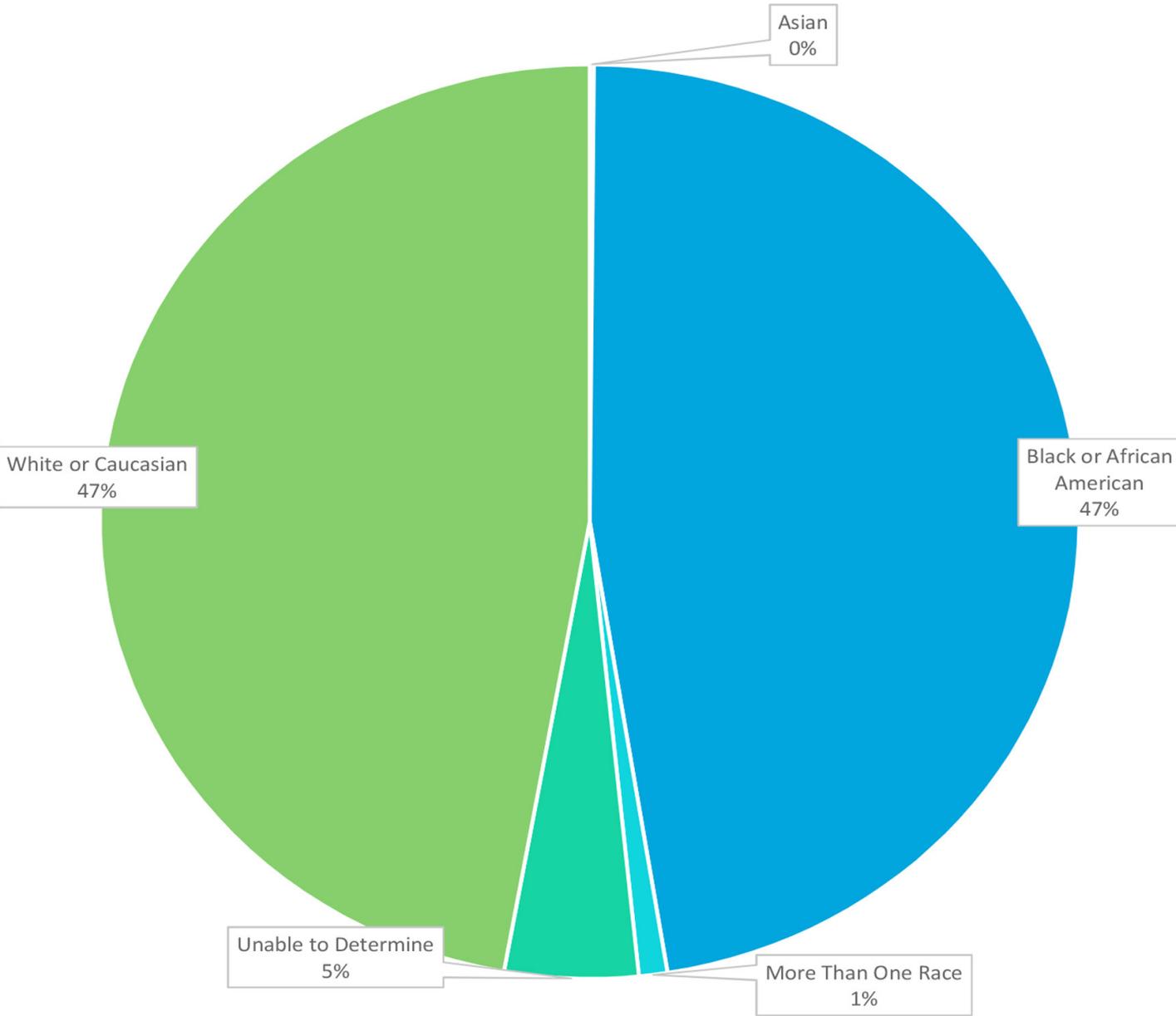
Age of Abused and Neglected Children Region 9 Monroe Area



Gender of Abused and Neglected Children Region 9 Monroe Area

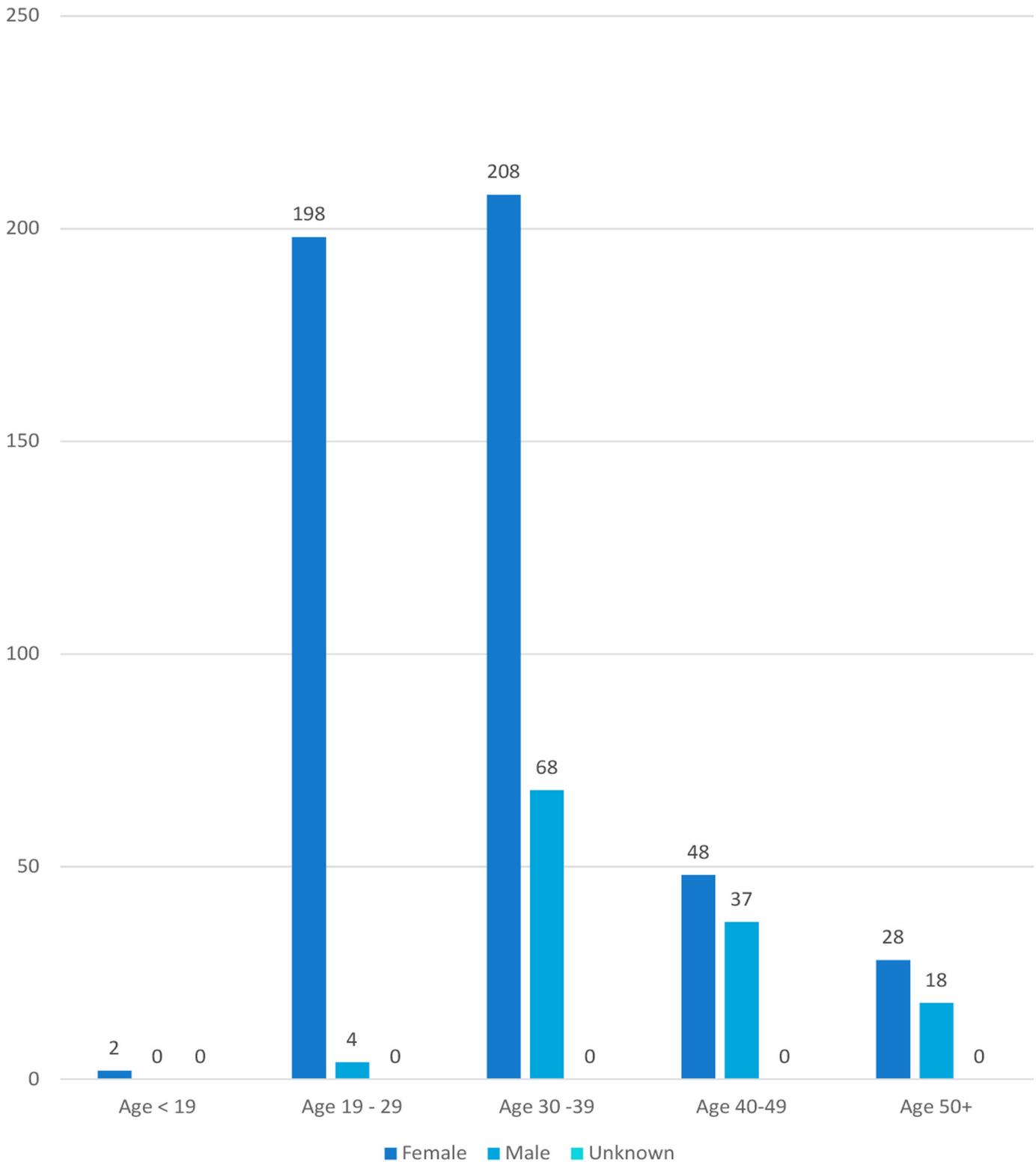


Race of Abused and Neglected Children Region 9 Monroe Area



■ Asian ■ Black or African American ■ More Than One Race ■ Unable to Determine ■ White or Caucasian ■

Profile of Perpretrators Region 9 Monroe Area



Region 9 Stakeholder Findings: Meetings & Surveys

This region is comprised of 10 parishes with a population of 340,082 people with 41% living in poverty. The median household income is \$32,357. More than 50% of the valid child abuse/neglect cases involved children under the age of 4 years old. There were 231 children placed in foster care in this region and 1,588 allegations of abuse/neglect.

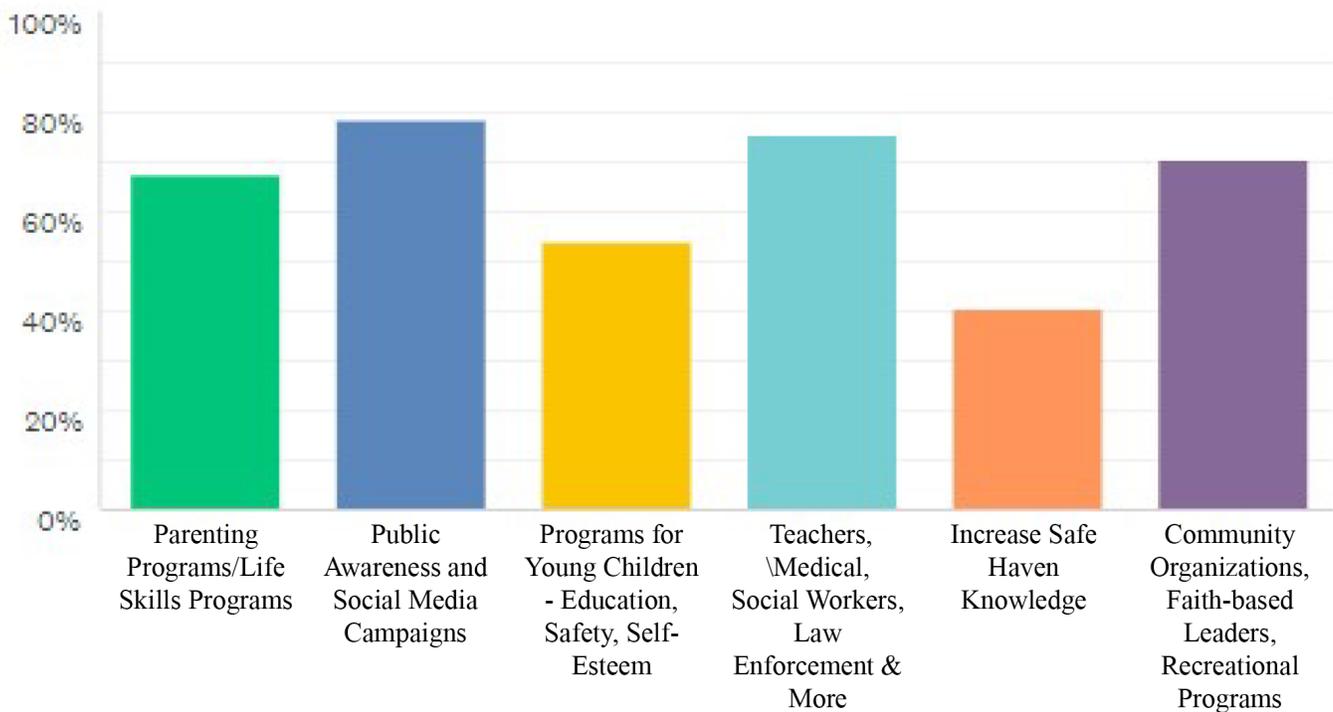
What do you see at the emerging trends in child abuse and neglect?

- Increased partnerships between DCFS and attorneys; review and inclusion of prevention /tertiary/intervention programs that are evidence-based (STRONG research/evaluation of effectiveness in pre/ter/inter); major policy changes in recruitment/retention of foster parents
- Unconfident care givers with emotional issues
- Increased awareness
- Lack of education and prevention
- Adult Education to end child sexual abuse
- Sex Trafficking
- Looking at this as a public health crisis with long term impacts to health into adulthood. More people revealing abuse and talking about it. much still to do
- Education on Child Sexual Abuse through Darkness to Light
- More of my children on my caseload are going to families from the hospital that have been found to have drugs in their system. They used to go straight into foster care, but recently I have noticed that is not the case. The mothers of these children are having to do drug classes, but not the fathers. Therefore, there is still drugs in the family. I find this to be a big problem.
- More Pro-active measures to prevent removal and therefore trauma of children
- ENCOURAGEING INDIVIDUALS TO SEEK TREATMENT IN SUBSTANCE ABUSE AND MENTAL HEALTH
- Working towards better preventative services in efforts of children not entering foster care
- Human Trafficking
- Drug affected newborns
- Drug Affected Newborns continue to increase
- Sexual abuse
- It is becoming worst. More children are dying at the hands of the parent's partner.
- Concerns about failed adoptions, aftercare for residential AND foster care programs
- Abuse from the boyfriend
- Addressing ACES issues
- Drug exposed newborns
- Substance abuse of parents causing abuse/neglect of children
- Chaotic lives and false expectations of children
- Lack of parental involvement and increased substance abuse in communities.
- Substance abuse and trafficking
- Substance exposed newborns

- Need for increased recruitment efforts for foster homes; better “matching” between foster/adopt parent personalities/temperaments and of child developmental needs based on brain research and approaches (to include TBRI training for ALL foster and adoptive parents to prevent child moves)
- Multidisciplinary team-based intervention
- Drug exposed newborns, the parent’s lack of mental health treatment
- Maternal mental health and drug use
- Babies born with drugs in their systems
- More illegal drug use by parents
- Number of drug affected newborns seems to be growing rapidly

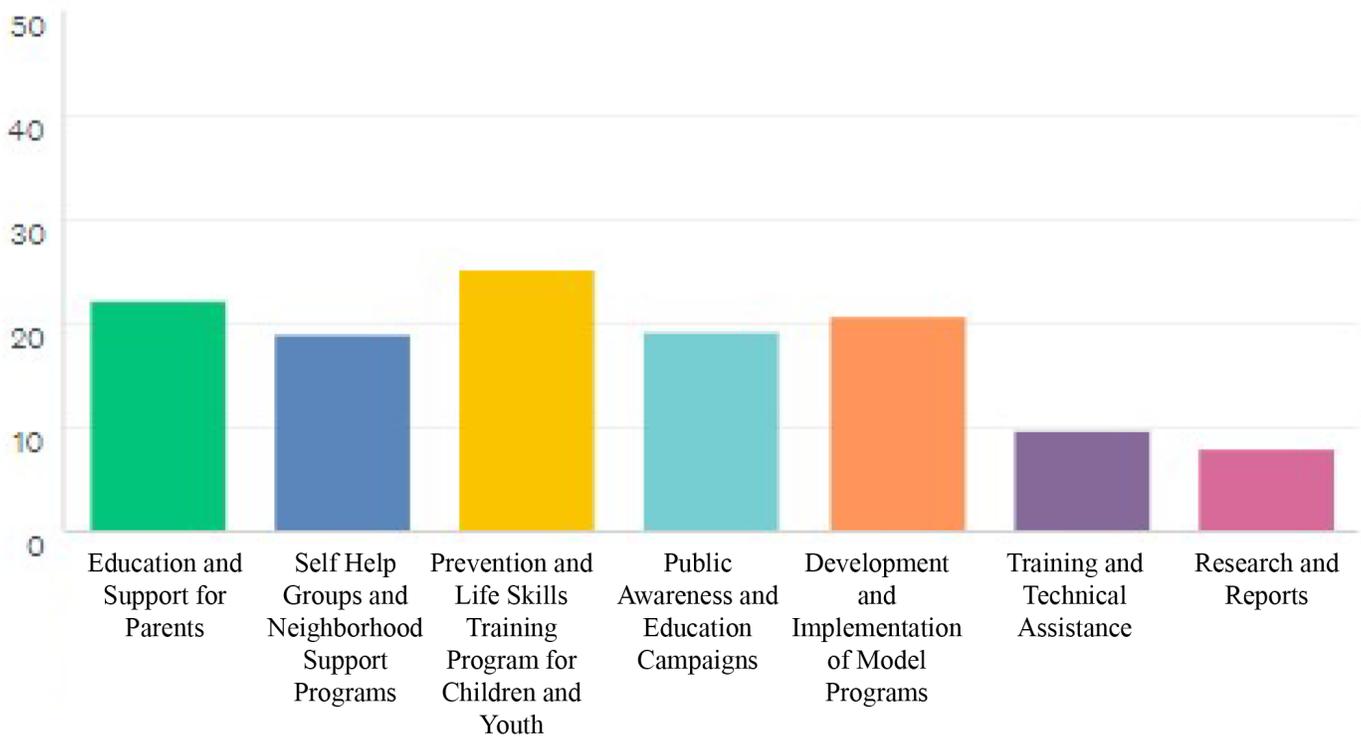
What do you think needs to be done to raise awareness about child abuse/neglect?

- Parenting Programs/Life Skills Programs
- Public Awareness and Social Media Campaigns
- Programs for Young Children - Education, Safety, Self-Esteem
- Education for Community Members: Teachers, Medical, Social Workers, Law Enforcement & More
- Increase Safe Haven Knowledge
- Partner with Community Organizations, Faith-based Leaders, Recreational Programs



Participants were asked how they would spend \$100 across the following priority areas:

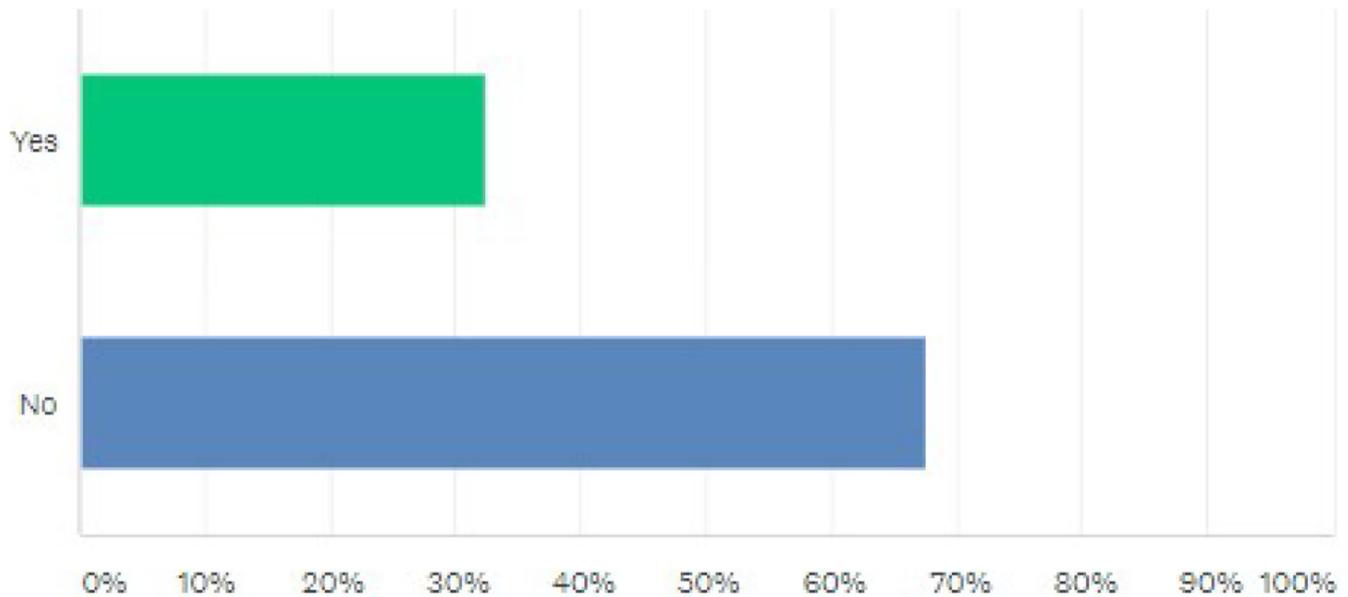
- Education and Support for Parents
- Self Help Groups and Neighborhood Support Programs
- Prevention and Life Skills Training Program for Children and Youth
- Public Awareness and Education Campaigns
- Development and Implementation of Model Programs
- Training and Technical Assistance
- Research and Reports



In order to increase the awareness of child abuse and neglect prevention, where should we be focusing our efforts? For each line, participants marked the importance of the group.

	CRITICAL (1)	IMPORTANT (2)	GOOD (3)	OK (4)	TOTAL
Law Enforcement Professionals	52.78% 19	33.33% 12	8.33% 3	5.56% 2	36
Educational Professionals (Early Childhood through University)	72.97% 27	21.62% 8	2.70% 1	2.70% 1	37
Faith-based Leaders	32.43% 12	51.35% 19	10.81% 4	5.41% 2	37
Judicial/Legal Professionals	51.35% 19	32.43% 12	13.51% 5	2.70% 1	37
Military Service Members	16.67% 6	36.11% 13	36.11% 13	11.11% 4	36
Social Workers and Counselors	78.38% 29	18.92% 7	0.00% 0	2.70% 1	37
Blue Collar Workers	30.56% 11	36.11% 13	19.44% 7	13.89% 5	36
Corporate Leaders and Employees	18.92% 7	45.95% 17	27.03% 10	8.11% 3	37
Nonprofit Organizations	35.14% 13	43.24% 16	18.92% 7	2.70% 1	37
Youth Programs	78.38% 29	21.62% 8	0.00% 0	0.00% 0	37
Civic Associations	19.44% 7	50.00% 18	25.00% 9	5.56% 2	36
Medical and Mental Health Professionals	83.78% 31	10.81% 4	0.00% 0	5.41% 2	37

Have you read or heard about great ideas in other areas?



If you answered yes, then what are some of the fresh ideas or successful programs you found?

- Parent-Child Interaction Training (PCIT, see: <https://pcit-training.com/>)
- Pushing adult education to prevent child abuse with Stewards of Children Training....Georgia
- Darkness to Light in much larger communities
- ACE screening in pediatrician offices and schools
- Positive Steps Program in Dallas, Texas
- WORKING MORE CLOSELY WITH LAW ENFORCEMENT
- Parent mentors
- Getting Faith Based programs involved
- Disconnect child welfare from gubernatorial politics and create stability by extending provider contract to 5 years with 5-year option. (TX is launching 10-year contracts in child welfare.)
- Quality Parenting Initiative (QPI) remains a relative "new" idea in that not many states have adopted this, even though Louisiana has. Requiring QPI as part of Community Health Workers youthCONNECT (see: <https://www.childtrends.org/publications/organization-al-and-program-changes-in-youthconnect-what-happened-and-why>)
- Trauma informed training of educators
- INFORMING SCHOOLS YEARLY ABOUT MAKING REPORTS
- Support groups for fathers
- Making employees in local gas stations/restaurants aware
- FULLY funding child welfare is a baseline Louisiana has never attained.
- Adopting a program like that at University of Alabama called REACH (see: <https://reach.ua.edu/>--but I would suggest also expand this model to include job training/apprenticeship programs, Jr. or vocational education

- Neighborhood Hubs
- REACH (program for supporting foster kids in college--see: <https://reach.ua.edu/>)
- Mindfulness exercises for healing from trauma, ex. trauma yoga
- WORKING CLOSELY MORE WITH PROVIDERS OR RESOURCES
- Speaking with employees about monitoring restroom areas.

RESOURCES

Administration for Children and Families - Children's Bureau www.acf.hhs.gov

Anna E. Casey Foundation www.aecf.org

CASA for Children www.casaforphildren.org

Child Abuse Manual <http://child-abuse.com/army/cham/cham.pdf>

Child Protection Investigation <http://www.dcf.louisiana.gov/index.cfm?md=pagebuilder&mp=home&pid=108#undefined>

Child Welfare Information Gateway www.childwelfare.gov

Child Welfare League of America www.cwla.org

Children's Defense Fund www.childrensdefense.org

Children's Rights www.childrenrights.org

Department of Children and Family Services Louisiana www.dss.state.la.us

Kids Count Data Center www.datacenter.kidscount.org

MedlinePlus: Child Abuse <https://medlineplus.gov/childabuse.html>

National Center for Missing and Exploited Children www.missingkids.org

National Children's Alliance www.nationalchildrensalliance.org

National Children's Advocacy Center www.nationalcac.org

Reporting Child Abuse/Neglect <http://dss.louisiana.gov/index.cfm?md=pagebuilder&mp=home&pid=109#undefined>

US Department of Health and Human Services www.hhs.gov

REFERENCES

Directory of National Resource Websites

- Administration for Children and Families - Children's Bureau www.acf.hhs.gov
- Anna E. Casey Foundation www.aecf.org
- CASA for Children www.casaforchildren.org
- Center for Disease Control and Prevention www.cdc.gov
- Center for Policy and Research www.centerforpolicyresearch.org
- Child Welfare Information Gateway www.childwelfare.gov
- Child Welfare League of America www.cwla.org
- Children's Defense Fund www.childrensdefense.org
- Children's Rights www.childrenrights.org
- Department of Children and Family Services Louisiana www.dss.state.la.us
- Kids Count Data Center www.datacenter.kidscount.org
- National Center for Missing and Exploited Children www.missingkids.org
- National Children's Alliance www.nationalchildrensalliance.org
- National Children's Advocacy Center www.nationalcac.org
- US Department of Health and Human Services www.hhs.gov

Sources of Data for the Regional and Statewide Data

DCFS Final Report 2019

<https://talkpoverty.org/state-year-report/louisiana-2012-report/>

<https://www.fns.usda.gov/pd/wic-program>

<https://www.louisianabelieves.com/resources/library/student-attributes>

https://nces.ed.gov/programs/digest/d16/tables/dt16_204.10.asp

<https://www.census.gov/quickfacts/fact/table/la/RHI825217#RHI825217>

<http://worldpopulationreview.com/states/louisiana-population/>

<https://datacenter.kidscount.org/data/tables/1470-student-enrollment-in-public-schools#detailed/2/any/false/871,870,573,869,36,868,867,133,38,35/any/9895>

https://www.aecf.org/m/databook/2018KC_profiles_LA.pdf

<http://www.worldlifeexpectancy.com/usa/louisiana-median-annual-income?order=1>

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>

<http://datacenter.kidscount.org/data/tables/43-children-in-poverty#detailed/2/2-52/false/36,868,867,133,38/any/321,322>

[file:///C:/Users/sharo_000/Downloads/2009-2011_CDR_Report_FINAL%20\(1\).pdf](file:///C:/Users/sharo_000/Downloads/2009-2011_CDR_Report_FINAL%20(1).pdf)

<http://kff.org/other/state-indicator/child-death-rate/>

LOOK

BEFORE YOU LOCK

"MOMMY AND DADDY
THINK I AM AT DAYCARE"

OVER THE LAST TWO DECADES, 744 CHILDREN HAVE DIED IN THE
US FROM BEING LEFT UNATTENDED IN HOT CARS.

LEAVING A CHILD ALONE IN A CAR CAN QUICKLY LEAD TO HEAT STROKE AND DEATH.

- * **NEVER** leave your child alone in a car, not even for a minute
- * **KEEP** your car locked when you are not in it
- * **CREATE** reminders by putting something in the back seat next to your child, such as a briefcase, purse, cell phone or your left shoe
- * **IF** you see a child alone in a car, call 911
- * **SET** a calendar reminder on your electronic device to make sure you dropped your child off at daycare; develop a plan so you will be alerted if your child is late or a no-show

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For more information visit: www.lctfund.org



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