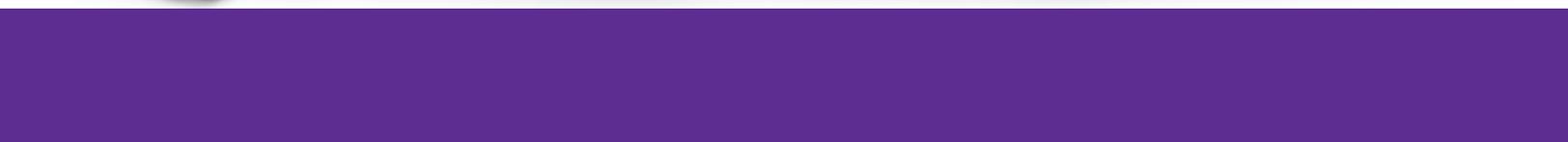


LOUISIANA
Platform
for **Children**
REPORT





What is Public Policy and What is its Connection to the Budget?

The Governor, the Legislature and the Board of Elementary and Secondary Education have the joint responsibility of setting public policy for the children of Louisiana. Public policy for children includes courses of action, regulatory measures, laws, and funding priorities to address their needs.

Ideally, public policy will be a principled guide to address the needs of children and ensure they mature into productive citizens. It should identify a need and direct resources to meet the need in a way that will assure the desired outcome. Good public policy will provide for investments in evidence-based programs that have been shown, through studies, to provide desired results and deliver a real return on investment.

The executive budget is the primary public policy document for the state. Laws and resolutions that identify needs and responses will not be effective if funding is not provided.

As elected officials, the children of Louisiana are your constituents. The future of Louisiana requires elected officials to make children their top priority to guarantee a vibrant Louisiana in the future.

The term, Evidence-Based Practice (EBP), originated in the medical community in the 1990s. An EBP is the current best practice that has been subjected to strong scientific research and interpreted using a very narrow set of methodological criteria. Since the 1990s, the EBP concept has been adopted in many other fields, including child and family services.



Dear Elected Officials, Candidates for Office:

Serving in public office is both a demanding and rewarding experience. As an elected official or candidate, you are no doubt being contacted by the many special interest groups that participate actively in the political process. There is one group of constituents that do not have political action committees and representatives attending your campaign events – the children of our state.

Children represent 25% of the population of Louisiana and have very specific needs that demand your attention. Financing programs to meet their needs has a high return on investment. This Platform will help you identify needs and gaps in services, understand evidence-based practices and allow you to determine where to provide scarce State dollars for maximum return on investment (ROI).

This resource was developed with the assistance of child well-being experts who have extensive knowledge of both research and practice from the organizations listed below. An initial draft of the document was widely circulated among child-serving agencies and community leaders across the state for review. It was vetted by numerous people and continues to gather support and comment.

- *Agenda for Children (www.agendaforchildren.org)*
- *Louisiana Budget Project (www.labudget.org)*
- *Louisiana Center for Children's Rights (www.laccr.org)*
- *Louisianachildren.org (www.louisianachildren.org)*
- *Louisiana Partnership for Children & Families (www.louisianapartnership.org)*
- *National Association of Social Workers-Louisiana Chapter (www.naswla.org)*
- *One Voice Louisiana (www.uniteonevoice.org)*

We welcome your questions, opportunities for meetings, and to assist in any way in your decision making as you address the needs of our children.

The following report has highlights of eight specific areas affecting the children of Louisiana. For greater detail on a particular topic and additional recommendations you may refer to the comprehensive version of Louisiana Platform for Children. The full publication can be found on the websites of the organizations listed above. For more information, email platform@louisianapartnership.org.



Table of Contents

Physical Health and Development..... 6

- What About Physical Activity?
- Medical Home
- Current Medicaid Coverage Available
- Managed Care Saving the State Money?
- Medicaid Requirements for Children
- Dental Services
- Integrated Mental Health Services
- Policy Recommendations

Early Care and Education 9

- Child Care Options for Parents
- Effective Early Childhood Programs
- Public Funding Challenges
- Policy Recommendations

Social/Emotional Development 12

- Promising Program for Infants and Toddlers
- Medical Health Care Companies Provide Mental Health Services
- Coordinated System of Care (CSoC) — Is It Working?
- Mental Health Care Accessibility for Children
- Children’s Advocacy Centers
- Policy Recommendations

Developmental Disabilities 15

- Medicaid Waivers for Persons with Disabilities
- Public and Private Institutions
- Early Steps Program
- State-Funded Programs for Families
- Public Policy Recommendations

Child Welfare System 18

- The Cost Of Child Abuse And Neglect
- Child Welfare
- Foster Care
- Court Appointed Special Advocates (CASA)
- State and Federal Child Welfare Laws
- Workforce Issues
- Youth Aging Out-of-Foster Care
- Policy Recommendations

Juvenile Justice 21

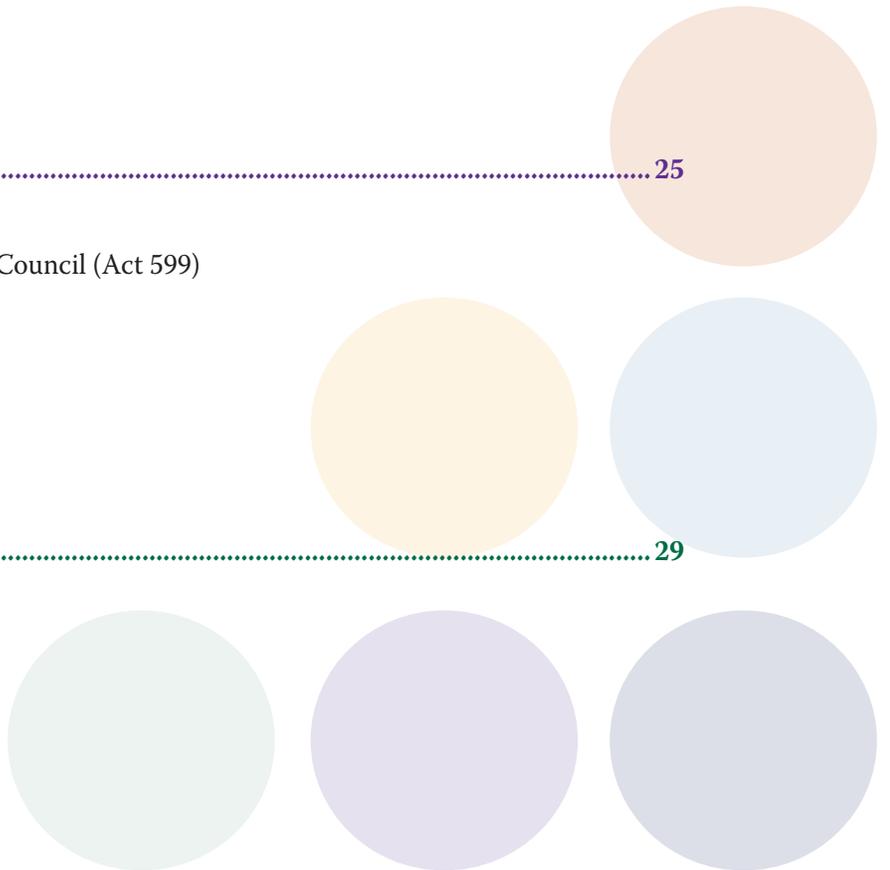
- Youth or Adult?
- Poverty and Race
- Who's In Charge?
- Youth and the Court System
- Reform Needs a Data Base
- Locked Up Juveniles
- Policy Recommendations

Family Economic Stability 25

- How Are the Children?
- Louisiana Child Poverty Prevention Council (Act 599)
- Earned Income Tax Credit
- Minimum Wage
- Training and Job Access
- Medicaid Expansion
- Policy Recommendations

Louisiana's Budget for Children..... 29

- Early Childhood Funding
- Maximizing Federal Dollars
- Policy Recommendations





LOUISIANA'S CHILDREN

Physical Health and Development

Good health is essential in the 21st century for children to become contributing adults in a global society. Children require the attention, encouragement and intervention of parents and qualified care providers from many disciplines to ensure that they develop healthy bodies, minds, emotions and attitudes. Child health policy must address the preventive, health promotion and acute health care needs of infants, children and adolescents to ensure a solid foundation for future growth.

What About Physical Activity?

The 2012 Louisiana Report Card on Physical Activity and Health for Children and Youth, Pennington Biomedical Research Center, assessed the level of physical activity and sedentary behaviors in Louisiana's children and youth, the level of facilitators and barriers for physical activity, and their related health outcomes. The Report Card provides a comprehensive evaluation of the physical activity levels and the indicators that influence physical activity among children and youth in Louisiana. Louisiana received an overall grade of "D", which indicates that insufficient appropriate physical activity opportunities and programs are available to the majority of Louisiana's children.

Medical Home

Children require a medical home, an approach to providing comprehensive primary care facilitating sound working relationships among patients, clinicians, medical staff, and families. The medical home offers access to preventive, health-promoting, therapeutic, and rehabilitative medical, mental health, and dental care. Such care should ideally begin prior to conception but no later than during the prenatal period and is best provided through a continuing relationship with a primary health professional and ready access to specialty care as-needed. The medical home not only cares for them when they are ill, but also ensures that developmental milestones

are monitored and appropriate interventions are sought when milestones are not met. Such interventions are most effective and least costly when provided promptly.

Current Medicaid Coverage Available

- Louisiana Children's Health Insurance Program (LaCHIP) provides health coverage to uninsured children from birth to age 19 whose family income is no more than 200% of the federal poverty level. It is a no-cost health program which pays for hospital care, doctor visits, prescription drugs, shots and more.
- LaCHIP Affordable Plan is a LaCHIP health insurance program for uninsured children in moderate income families whose income is too much to qualify for LaCHIP.
- Opportunity Act Medicaid provides health coverage to uninsured or underinsured children who have disabilities in families with too much income to qualify for LaCHIP.
- Family Opportunity Act Medicaid opens coverage up to children with disabilities in families with a higher income range, allowing families to buy into the Medicaid Program. Through the LaMOMS program pregnant women have access to no-cost health care coverage. Louisiana's Medicaid Purchase Plan (MPP) offers health coverage for people with disabilities who work. Take Charge Plus provides health coverage for family planning and family planning related services.
- Federal Affordable Care Act allows states to expand Medicaid to all adults below 138% of the federal poverty level. Louisiana has chosen not to expand Medicaid at this point. Although this decision does not directly affect children, it does have significant impact as children are healthier when all family members have access to health care. Also, the impact has a negative impact on hospitals and children providing some communities with limited access to emergency care and other hospital services.

Managed Care Saving the State Money?

In recent years, Louisiana has moved from a fee for service program where the state, through a fiscal intermediary, paid a set fee for each service provided to a child to a managed care model where private, for-profit insurance companies enroll and provide services for children at a fixed monthly fee per child. Under this model, called Bayou Health, children are linked to one of five insurance plans that are to provide all needed health services through their network of providers. Ideally, children should have a medical home with a pediatrician or other physician specially trained to care for children managing their care.

The transition to managed care was done to improve access to care, assure that children receive needed services, and stabilize the state budget process by providing a predictable monthly cost for each enrollee. The Legislative Auditor has found that savings are difficult to calculate because no baseline was established beforehand to use for a comparison with the old fee for service model. He also raised concerns about the data since it comes directly from the health plans.

Medicaid Requirements for Children

The Medicaid program includes provisions for children to receive Early and Periodic screening, Diagnostic and Treatment (EPSDT) benefits which includes the provision for medical screening. Federal law requires each screen to include five components including:

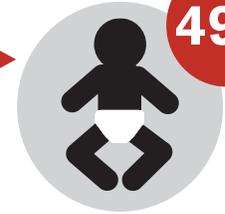
- A comprehensive health and developmental history
- An unclothed physical examination
- Appropriate immunizations
- Laboratory tests
- Health education and anticipatory guidance

47th



Since 1990, infant mortality in LA has decreased by 32% from 11.8 to 8.2 deaths per 1,000 live births. However, despite such improvement **LA still ranks 47th in infant mortality** among the states.
KIDS Count

In the past 20 years, low birth weight increased by 15% from 9.4% to 10.8% of all births. **Louisiana ranks 49th for low birth weight infants.** KIDS Count



49th

70%



Medicaid pays for nearly 70% (43,175) of all births in Louisiana.

Kaiser Family Foundation

731,114 children are enrolled in Medicaid, representing 52% of the total Medicaid population.

LA DHH



52%

Dental Services

The Medicaid program has recently contracted with a national provider to manage all dental services for children. Again, children are linked to local dentists for their care. In recent years, mobile dentistry programs have proven effective in reaching young children with preventive and restorative dental services. However, the national provider does not credential mobile dentists and this promising service has been lost.

Integrated Mental Health Services

Children's mental health services are extremely limited in Louisiana, especially for very young children. This issue is further explored in the Social/Emotional section but consideration must be given to integrating children's mental health services into the medical home.

Policy Recommendations – Physical Health and Development

To ensure children have access to needed health services, the following steps must be taken:

- Create accountability measures, other than health plan reporting, to ensure children receive access to needed acute care and appropriate immunizations

and to determine that required developmental screens (EPSDT) are performed as required.

- Require that health plans (medical and dental) demonstrate that they have provided a minimum of one preventive encounter per year for each child assigned to them.
- Establish a reimbursement floor for physicians that is no less than 100% of Medicare in order to ensure adequate participation in the program.
- Reinstate mobile dentistry to reach chronically underserved children and establish accountability measures in place to ensure children are actually being treated and not just assigned to a dental provider.
- Assure that there is aggressive outreach to ensure all eligible children are enrolled and assigned a medical home.
- Provide health literacy programs to ensure families understand how to use the system.
- Incorporate parenting education into the medical home.
- Adopt a single drug formulary by the Bayou Health plans to maximize savings.

Policy Recommendations – Safe Environment for Children

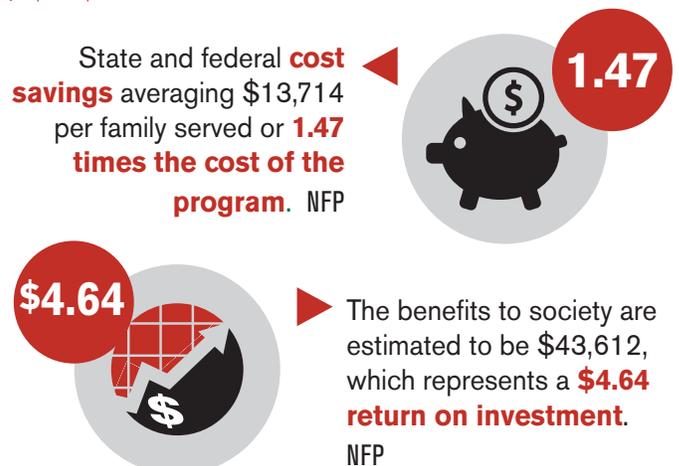
In addition to health benefits provided for children through Medicaid, Louisiana must take steps to provide access to needed care and to ensure children live in safe environments. To achieve that, the state must carefully invest in programs, which are evidence-based and cost-effective, including the following:

- Expand the Nurse Family Partnership program providing licensed trained nurses to work with high-risk first-time mothers throughout pregnancy and continue to follow the children until age 2 while ensuring all eligible families have the option to receive this service.
- Expand school-based clinics as a proven way to reach underserved children, address mental and physical health needs, and keep them in school.
- Develop programs addressing childhood obesity to prevent the onset of adult chronic diseases.
- Ensure that parenting education curricula include emphasis on developmental issues for children.
- Provide preventive services for pregnant women including smoking cessation, substance abuse

screening/treatment, focus on appropriate weight gain, and dental care to address low birth weight related to gum disease.

- Encourage efforts to assure that all new mothers have information about the benefits of breastfeeding and the support needed to be successful.
- Require the full range of newborn screening in order to identify and intervene appropriately as required.
- Institute disease management programs tied asthma and juvenile diabetes in order to reduce hospitalization.
- Require daily physical education for children in school.
- Address all barriers to childhood immunizations with education about the benefits.
- Enforce existing vehicle restraint laws and bicycle helmet laws for children.
- Promote educational programs to prevent sudden infant death and suffocation including safe sleep positioning.

A new report on the Nurse-Family Partnership® (NFP) found that NFP offers significant benefits to the families it serves and significant cost savings to society and government funders. The average cost per family, of \$9,337, results in:





LOUISIANA'S CHILDREN

Early Care and Education

Parents are their child's first teacher. Studies confirm that nurturing caregiving in the first three years of life impacts academic achievement and social relationships during childhood, through adolescence, and into adulthood. Between conception and age four, a child's brain sees remarkable growth. The brain doubles in size in the first year and by age four, a child's brain has reached 90% of its adult volume. What infants and toddlers experience in these early years determines the quality of their brain architecture and either builds a sturdy or a fragile foundation for future learning, health, and overall well-being.

Nearly 70% of Louisiana's children age 5 and under have both or their only parent in the workforce and are regularly cared for in a setting outside the home for some part of the day. Parents must rely on child care to be able to work and provide for their families.

Child Care Options for Parents

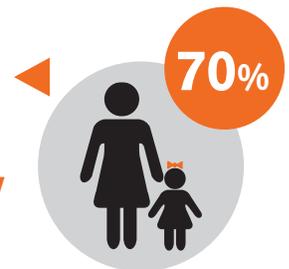
- Child care centers, now referred to as Early Learning Centers: These are private for-profit or nonprofit businesses, including Head Start and Early Head Start, that provide care for 7 or more unrelated children, are licensed and have regular oversight visits required by law. There are over 1500 licensed early learning centers in our state.
- Small Child Centers, commonly called "family child care homes": Small home-based businesses which provide care for six or fewer unrelated children. These businesses are not licensed and do not have any oversight unless they receive state or federal funds. Louisiana is one of only eight (8) states that does not license small child care businesses. Nationwide, about 15% of children are cared for in these settings. Estimates for such care in Louisiana are difficult to quantify due to the lack of licensure.
- Pre-kindergarten programs for 4-year old children: These programs are offered on public or non-public school campuses and at a few of the early learning

centers. Licensure is not required for PreK programs serving 4-year olds that are located in schools. Many states offer PreK programs in Early Learning Centers, however in Louisiana, less than 1% of public PreK programs are offered in these centers compared to 30% nationally.

- Other child care options include church-run programs, such as Mother's Day Out programs that operate less than 24 hours per week, and preschool programs. In-home caregivers, such as nannies, typically provide care in the child's home and can care for 6 or fewer unrelated children. Both care settings are exempt from licensure and have no oversight.

Child care is expensive and it is not unusual for parents to be forced to choose multiple care options, or a patchwork of care, as they try to balance work and/or school hours together with financial limitations. Several studies show that families budget for child care just as they do for housing or food expenses. In fact, quality child care for infants and toddlers might cost a young family as much as private school or college tuition. Many families must choose between paying the high cost of child care, giving up a job or leaving school.

Nearly 70% of Louisiana's children age 5 and under have both or their only parent in the workforce and **are regularly cared for in a setting outside the home** for some part of the day. KIDS Count



Effective Early Childhood Programs

On a favorable note, Louisiana was recently recognized for its focus on early childhood education and was ranked 4th in the nation in the 2015 Quality Counts report from the *Education Week*. Prekindergarten programs for 4-year

old children began in the early 1990's and in 2001, the full-day (6 hour) LA4 program was established by law. Today this program, now known as the Cecil J. Picard LA4 Early Childhood Program, serves more than 16,000 4-year old children from disadvantaged families. In December 2014, Louisiana was one of 18 states awarded funding from the federal Preschool Development Grant Program to expand PreK services for eligible children. Our state applied for \$32 million and was awarded over \$2.4 million for the initial year. Continuation of the program will be dependent on available federal funding and progress toward goals.

In 2007, Louisiana was the 15th state in the nation to develop a Quality Start Child Care Rating and Improvement System for child care centers and today, almost half of the licensed early learning centers participate in this voluntary system. To support early learning centers in reaching higher quality, such as having more highly trained teachers, the state enacted a comprehensive and nationally recognized set of school readiness tax credits. These credits are available to parents, teachers, businesses and centers committed to improvement and serving at-risk children and families.

The LA Early Childhood Education Act of 2012 (Act 3) and subsequent legislation transferred the oversight of all early childhood programs to the Louisiana Department of Education (LDE), with governance by the Board of Elementary and Secondary Education (BESE). This change was driven by the goal to ensure children enter kindergarten healthy, and, ready to succeed. LDE provided statistics in 2012 showing just over half of Louisiana's children enter kindergarten ready to learn. Act 3 proposes to unify the fragmented early childhood system by aligning standards and requirements across all early learning programs. Key changes focus on early childhood programs which receive state or federal funds and includes the use of a new accountability system that will give a report card with a letter grade for early learning centers instead of the current star-rating. Another law is now requiring local networks to develop coordinated enrollment processes, again for publicly funded programs, with the intention of ensuring greater coordination and expanded access to high quality programs.

Public Funding Challenges

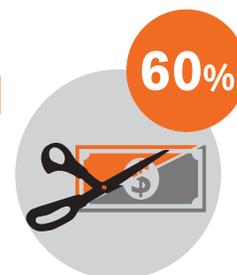
The challenge is funding. Over the last five years, the Child Care Assistance Program, the major source of funding for low-income infants and toddlers, has been reduced by almost 60%. Equally disheartening, the number of children served by the program has dropped from almost 40,000 in 2009 to approximately 15,000 today. These children, whose parents are working in low-wage jobs and/or continuing their education, need child care subsidies to remain employed or continue their education.

Louisiana's nationally recognized LA4 program, at one point funded 100% with state monies, has been sustained with a patchwork of funding over the years, including hurricane relief monies and TANF (Temporary Assistance for Needy Families). Funding per child for preK has reduced by more than 10% since 2008.

A resolution (HCR61) of the 2014 Legislative session called for the development of a statewide model for funding and equitable distribution of public funds for children birth to five. The LDE developed a sophisticated model (www.louisianabelieves.com) that calculates the funding necessary to upgrade availability of quality care for children birth through three years, creates equity between PreK and kindergarten programs and increases access to publicly funded PreK. Early estimates show about \$80,000,000 in state funds will be needed in order to accomplish the new requirements set out in Act 3. Ready Louisiana, a coalition of over 30 businesses, advocacy organizations, early care professionals and interested citizens, is advocating for increased state investment in early childhood education.

Louisiana faces significant budget constraints; yet, it is critical to invest in early childhood. Access to high-quality, affordable child care must become a priority of economic development in order to help working families successfully balance the demands of work and family.

Over the last five years, the **Child Care Assistance Program** – the major source of child care funding for low-income working parents of infants and toddlers – **has been cut by almost 60%**. LA DCFS



Dr. James J. Heckman, Professor of Economics at the University of Chicago, a Nobel Memorial Prize winner in economics, and an expert in the economics of human development, has shown that there are great economic gains to be had by investing in early childhood and is quoted frequently as saying that “*there are few investments with a greater rate of return than early care and education*”.

Policy Recommendations – Early Care and Education

Policy recommendations to strengthen early care and education include:

- Increase state investment for early childhood education, with particular focus on increased funding for infants and toddlers (6 weeks through 3 years of age), to help Early Learning Centers implement the increased requirements of Act 3 of 2012. Without adequate funding, centers may choose not to participate in the new system and access to care for low-income families could diminish.
- Require legislative oversight on the transfer of early education programs including the Federal Child Care Development Fund (CCDF) from DCFS to LDE to ensure that *more* children have access to affordable, high quality child care and that changes in licensing provides safe, quality care for all children, not only those in publicly funded programs.
- Monitor the developing Act 3 program and *network report cards* to ensure that they reflect program accountability, opportunity for quality improvement, collaboration among early childhood stakeholders and community engagement.
- Establish a waiting list for child care assistance which accurately captures the number of low-income working parents in need of child care. Current policies require that parents work or attend school at least 30 hours in order to qualify. There is no similar requirement for parents whose children participate in the PreK/LA4 program. At a minimum, it is recommended the threshold for work or education hours be no more than 25 hours per week. A waiting list would also capture parental need for extended hours of care, such as weekends and nighttime.
- Mandate that small home-based child care businesses be licensed and regulated to ensure they meet basic health and safety standards.
- Enact criminal penalties for illegal operation of a child care business. Current law allows for civil penalties of \$1000 per day but fines have rarely, if ever, been assessed.
- Ensure continuation of the long-established network of Child Care Resource and Referral organizations in Louisiana. These community organizations provided local leadership in the implementation of the early quality childcare initiatives, including Quality Start and have been integral partners in the recent *Act 3 Early Childhood Community Network Pilots*. Other publicly funded programs such as those in the public schools and Head Start have a system of support for professional development and technical assistance. The resource and referral agencies serve in this capacity for Early Learning Centers that receive public funds and also connect families with child care options.
- Ensure that Early Learning Centers continue to have mental health consultations as a critical social-emotional support for our youngest children and their teachers.
- Develop ways of providing consistent, predictable funding to Early Learning Centers, such as offering PreK programs in those centers that offer high quality care.
- Require kindergarten attendance to be mandatory. Current law requires that school systems offer kindergarten. However, the age at which a child must be enrolled in school is seven (7) years old. Laws must reflect what is now universally known about early learning and brain development.
- Develop a family engagement plan, similar to the Head Start Parent, Family and Community Engagement Framework, to ensure parents are recognized as the key partner in a child’s education. Studies show that the earlier parents are engaged in their child’s education, the more powerful the effects.



LOUISIANA'S CHILDREN

Social/Emotional Development

Research has demonstrated that a young child's ability to learn is grounded in a sense of security and stable, continuous relationships with adults, including their families and communities. According to the Center on the Developing Child at Harvard University, "Early experiences determine whether a child's developing brain architecture provides a strong or weak foundation for all future learning, behavior or health." Policies must promote strong, healthy social-emotional development throughout a child's life in order to impact positive school achievement, economic stability and responsible citizenship.

The impact of early childhood social-emotional problems are reflected in child and family distress and suffering or interference with learning and play, problematic relationships with parents, caregivers, peers, and siblings, and future mental health problems. A significant number of children will develop disabling mental health problems like PTSD, anxiety, mood problems, disruptive behavior disorders, and relationship disorders as a result of trauma from natural disasters, community violence, domestic violence, neglect and physical and sexual abuse. Without adequate mental health care, problems can escalate and contribute to school disruptions, substance abuse and juvenile delinquency.

Promising Program for Infants and Toddlers Loses Funding

Investments in early childhood must focus on the emotional well-being of young children. In 2002, Louisiana began a comprehensive program serving the unique developmental needs of infants and very young children, up to age 5. The Early Childhood Support and Services (ECSS), an innovative, best practice program, was funded with both state and federal funds. ECSS provided a coordinated system of screening, evaluation, referral services and treatment and had expanded operations to 13 parishes before losing operating funds of about \$5.25M in 2012. ECSS was based on best practices derived from infant mental health and prevention science

and used a "bottom-up" approach by building a coalition of community agencies to assist these high risk young children and their families. Each ECSS site had an infant mental health team available to provide intensive prevention and treatment services. These teams were comprised of psychiatrists, psychologists, social workers and case managers who had specialized training in infant mental health. ECSS targeted the most vulnerable families in Louisiana and used evidence-based services to promote positive parenting and decrease the likelihood that at-risk children will enter foster care.

Medical Health Care Companies Provide Mental Health Services

In 2011, the Louisiana Department of Health and Hospitals contracted with Magellan Health Services, Inc. as the Statewide Management Organization (SMO) to operate the program that provided behavioral health services to 50,000 children. Magellan was to address the need for additional providers of behavioral health services and, for children from birth to age 18, were paid on a cost reimbursement basis.

New service providers have not materialized requiring a significant level of out-of-state placements for children who require psychiatric residential treatment. This results in higher costs for the state and difficulty for families to be part of the care plan for their children.

In November 2014, it was announced that the State will not renew Magellan's contract and that the five private companies who are currently responsible for the medical care for Medicaid patients will take over behavioral health services as well. The five plans are to have a monthly rate adjustment in order to assume this responsibility. This change will result in a predictable cost for these services. Careful monitoring of this transition to integrated healthcare will be needed to ensure that children receive the care necessary to meet their behavioral healthcare needs.

Coordinated System of Care (CSoC) – Is it Working?

Louisiana also became one of the first states in the nation to formally convene the leadership of the state's four child-serving agencies - the Office of Juvenile Justice, the Department of Children and Family Services, the Department of Health and Hospitals and the Department of Education - to form a statewide Coordinated System of Care (CSoC) for youth with significant behavioral health needs. CSoC is part of the Louisiana Behavioral Health Partnership, which was built by DHH to improve coordination of behavioral health services for all eligible children (including those served through CSoC) as well as adults with serious mental illness and/or addictive disorders. The partnership covers both those in the Medicaid and uninsured populations.

Magellan was contracted to serve a special population of approximately 2500 children with significant behavioral health challenges or co-occurring disorders who were in, or at, imminent risk of out-of-home placement.

CSoC promised to offer wraparound planning and care, as well as specialized intensive and community based services, designed to help children remain in their homes and communities. More than two years later, Louisiana's implementation of the program has experienced significant problems. Due to service unavailability and waitlists, children in crisis may be arrested and put in detention or hospitals instead of receiving the home and community-based services and supports they need.

This failure to provide mandated and essential services not only puts these children and youth in touch with the criminal justice system, jails and hospitals, but is also contradictory to the overarching purpose of CSoC—to keep youth out of institutions and in the community.

An integral part of the CSoC program is the five specialized services specifically designed to keep children with significant behavioral and mental health needs in their homes and communities. Problems with the administration and implementation of the program have prevented children and families from being able to access a number of these critical services, including short-term respite care, crisis stabilization, and parent and youth support and training.

It is unclear what the future of CSoC will be. A short term extension of the Magellan contract was negotiated while the future of the program is under consideration.

Mental Health Care Accessibility for Children

Children who suffer from mental health issues are among the most vulnerable members of the population. In recent years, child welfare professionals have become increasingly concerned about whether such children have access to appropriate mental health care. According to data from the Department of Health and Human Services' 2007 National Survey of Children's Health, about 40% of children ages 2-17 who needed treatment from a mental health professional did not receive it during the previous year. This is unacceptable since early detection and treatment of childhood mental health issues can mitigate negative outcomes such as difficulties with relationships, poor school performance and involvement with the juvenile justice system. If a child has Medicaid coverage, which is common for children in foster care, it can be very difficult to identify mental health specialists. In particular, sexual abuse victims are at high-risk for having mental health problems.

Between 9.5 and 14.2% of children between birth and five years old experience social/emotional problems

that negatively impact their functioning, development and school readiness.

National Center for Children in Poverty



Children's Advocacy Centers (CACs)

Louisiana does have Children's Advocacy Centers (CACs), which are designed to provide a safe and child-friendly atmosphere for children to disclose sexual abuse, physical abuse or their knowledge of violent crimes. In addition, CACs provide specialized services for abused children and their families. In 2013 alone, 4,571 children told their story of abuse; over 43,717 Louisiana citizens were educated on keeping children safe and 7,537 child victims were served with more than 60,000 hours of service.

Children's Advocacy Centers (CACs) strive diligently to improve access to mental health services for maltreated

children. CACs refer a higher proportion of victims to mental health services than comparison communities. They also directly provide mental health services to a significant percentage of their cases. Children served by a CAC are three times more likely to receive mental health services than those involved in a traditional investigation. Although CACs exist under provision of the Louisiana Children's Code, they do not receive state financial support and must depend on local government, grants from foundations, and proceeds from fund raising activities for their budgets.

Policy Recommendations – Social and Emotional Development

Effective public policy is essential in ensuring our state has the capacity to address the emerging needs for the social-emotional development of Louisiana's children and must include the following:

- Reinstatement funding for the Early Childhood Supports and Services (ECSS) program, eliminated in 2012. The program provided a coordinated system of screening, evaluation, referral services and treatment for infants and very young children. Recognized as a model program for addressing the social-emotional needs of children, the program previously operated in 13 of the 64 parishes. Operation of ECSS in each region of the state would allow Medicaid reimbursement for covered services.
- Monitor the transition from Magellan to the five Bayou Health Companies to ensure that children receive needed behavioral health services with a quality assessment process in place to prevent gaps in services.
- Maintain a specialized program (CSoC) for children at-risk of out-of-home placement and guarantee that short-term respite, crisis stabilization, and youth and parent support services are available to all participants.
- Allow the Bayou Health private provider agencies to offer the specialized services currently restricted to CSoC. This would dramatically expand access to services and further reduce the costs for out-of-home care.
- Fund and support evidence-based policies, practices and procedures, such as Children's Advocacy Centers, which serve 64 parishes without any state funding.
- Expand the mental health component of the Nurse Family Partnership Program and specialized infant mental health programs for children in foster care.
- Expand the number of mental health clinicians trained to address early childhood mental health issues.
- Provide mental health consultation to early childhood programs to address challenging behaviors.
- Embed training on emotional, behavioral and social development of children and relationship-based practices into all programs serving children birth through age 5 with special emphasis on the birth to age 3 population.
- Ensure that foster and adoptive parents have effective training on emotional, behavioral and social development for children.
- Expand reimbursable Medicaid services to include relationship-based mental health treatment and services including psychotherapy to address the infant-parent relationship and attachment; individual and/or group therapy for caregivers/children; in-home treatment intervention and treatment for children who have been abused/neglected or have witnessed violence.
- Develop and provide training for Part C- Early Steps to ensure appropriate screening for social-emotional impairment, delays and challenging behaviors and how to make referrals for appropriate services.
- Provide infant mental health services in Part C-Early Steps.
- Encourage programs, professionals and agencies who diagnose mental health conditions to adopt the Research Diagnostic Criteria – Preschool Age (RDC-PA) for defining the need for mental health services for children under age 5.
- Increase specialized interventions to address the potential negative impact on social-emotional development resulting from child abuse or neglect, severe maternal depression, parental substance abuse or domestic violence.
- Continue the initiative developed under the LA Behavioral Health Partnership to develop the workforce of providers of evidence-based practices (EBPs) for infant mental health. These services involve Parent Management Training, which is a version of Parent-Child Interaction Therapy, and child-parent psychotherapy.



LOUISIANA'S CHILDREN

Developmental Disabilities

A developmental disability is a severe, chronic intellectual or physical impairment that occurs before a person is 22 years old and is likely to continue indefinitely. The disability results in substantial functional limitations in three or more areas of life activity, reflects the person's need for a combination of individually planned services and is not attributed solely to mental illness.

Children with developmental disabilities require quality supports and services in their homes to be active members within their families and communities. Individually planned services are critical as well as making them available for an extended period of time. Louisiana must support and fully fund an individual and family-centered, comprehensive system, with a coordinated array of culturally competent supports and services designed to promote self-determination, independence, productivity, integration, and inclusion into the community for individuals with developmental disabilities.

Most children with developmental disabilities live with their families where they have enduring relationships with adults and can develop to their fullest potential. Family support services are proven to offer a higher quality of life and a more cost-effective alternative to residential placement. Home and community-based programs are supported with both Medicaid and state funds.

Medicaid Waivers for Persons with Disabilities

With a Medicaid waiver, individuals with disabilities can receive long term care services in home and community-based settings rather than in an institution. Federal rules require people who receive home and community-based services to have full access to the benefits of community living and be offered services in the most integrated settings. Home and Community-Based Services are currently offered to people with developmental disabilities with these waivers:

- New Opportunities Waiver (NOW)
- Children's Choice Waiver
- Supports Waiver (adults only)
- Residential Options Waiver

However, Louisiana has about 13,000 individuals who are on the waiting list for waiver services. Many have been on the list for over 10 years and approximately 8,000 of those people receive no other developmental disability services from the state.

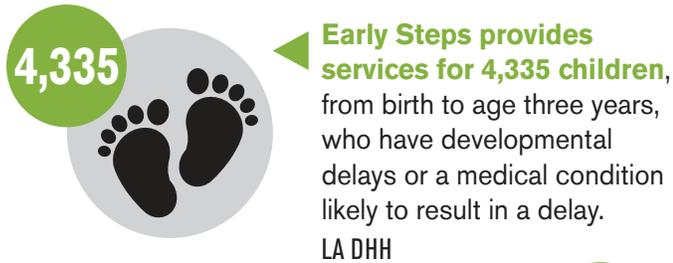
Public and Private Institutions

Historically, Louisiana has focused on institutional care for children and adults rather than home and community-based services. In the recent past, eight large state-owned developmental centers have closed, leaving one in operation. Many private, residential facilities remain, with the state providing funding for persons with developmental disabilities to live in these facilities. Louisiana leads the nation in number of people per capita in these facilities. There are people housed in such places who do not need 24 hour support. Not only are they being denied opportunities for independence and self-determination, institutionalization is not cost-effective. The average annual cost to serve one person at the state-owned facility (Pinecrest) is \$293,000; at the small private facilities, the cost ranges from \$57,320 - \$72,015. This compares to an average cost of \$55,000 under a NOW waiver.

The waiver provider rate for direct day support has declined from \$16/hr. to \$14.44/hr. since 2009, while the cost of providing services has increased. The low pay and challenging work has resulted in a severe shortage of direct support workers. Even though community-based waiver services have been proven to be more cost effective, the staff shortage will result in more people being placed in costly and less effective residential settings.

Early Steps Program

Early Steps provides services for children from birth to age three years who have developmental delays or a medical condition likely to result in a delay. These services have been proven to change developmental trajectory and minimize delays. Better outcomes are realized for children as well as reduced educational costs by minimizing the need for special education services when the child becomes school-age. In Louisiana, the eligibility criteria for Early Steps was changed in 2012, resulting in 1,100 fewer children receiving services and by August 2015, 4335 children were enrolled in Early Steps. To receive services, children now must have a specified amount of delay in two developmental areas rather than one, or a medical condition likely to lead to a developmental disability.



The **eligibility criteria** for Early Steps **changed** in 2012, **resulting in 1100 fewer at-risk children receiving services.**

LA DHH



Act 833, of 2014, provides alternative pathways for certain students with disabilities to be promoted and graduate. In order to be effective, this will require a critical review and potential revisions to numerous policies. Educators and policymakers must be diligent with this task to ensure that the Act is implemented with integrity. Training, technical assistance and support is critical for educators and parents of children with disabilities. Onsite monitoring and communication between educators/policymakers and stakeholders will be necessary to ensure effective outcomes.

Act 467, of 2015, requires funding to be based on student needs for all schools, traditional and charter. The state share of funding for schools for the 2015-16 year will be distributed based on student needs, however, local funds for charter schools will continue to be allocated according to each student regardless of the student's level of need.

It is imperative that all funding designated for students with disabilities remain in the school system the children attend or follow them to a charter school. Schools should not lose funding designated to support students with disabilities when students without disabilities go to a different school.



State Funded Programs for Families and Schools

Two state-funded programs – the Individual and Family Support Program and the Flexible Family Fund – are vitally important to families of children with developmental disabilities. These programs provide limited family support services, but often serve as a lifeline to families while waiting years for more comprehensive waiver services. Funding for the Individual and Family Support Program varies by region and can only meet the most severe needs in some areas of the state. The Flexible Family Fund has a long waiting list due to insufficient funding.

Policy Recommendations – Developmental Disabilities

Public policy to address the needs of children with developmental disabilities should include:

- Appropriate adequate funds for Early Steps to restore eligibility criteria.
- Appropriate adequate funds for new home and community-based waiver slots for people with developmental disabilities.
- Increase the appropriation for home and community-based waivers for people with developmental disabilities to provide for a \$2.50/hour provider rate increase for direct support.

- Appropriate adequate funds for the state-funded Individual and Family Support and Flexible Family Fund programs.
- Ensure quality and compliance with Act 833 of 2014 providing alternative pathways for certain students with disabilities to graduate from high school.
- Ensure equitable funding to schools that accounts for costs associated with services and supports needed by students with disabilities.
- Build capacity in local communities to deliver quality services appropriate to individual needs.
- Ensure that parenting education programs and state-supported training for child care staff include topics specific to caring for children with developmental disabilities, encouraging acceptance of such children.



LOUISIANA'S CHILDREN

Child Welfare System

Child abuse and neglect is the front end of a very complex service delivery system. In the profession, the continuum of care and intervention is referred to as child welfare.

The Cost Of Child Abuse And Neglect

It is estimated that 1 in 4 children in the United States experience some form of child maltreatment, whether it be sexual assault, neglect, physical abuse or emotional abuse. Child maltreatment is a major public health problem and the burden of childhood maltreatment is substantial. Each year in the United States, more than \$25 billion dollars is spent on child welfare services. The Center for Disease Control (CDC) released a study which found the total estimated lifetime financial costs associated with just one year of confirmed cases of child maltreatment is approximately \$124 billion. The lifetime cost for each victim of child maltreatment was \$210,012, which is comparable to other costly medical health conditions.

Estimates are that a stroke results in a lifetime cost per person of \$159,846, and Type 2 Diabetes between \$181,000 and \$253,000 per person. The U.S. is estimated to spend \$103 billion a year on all aspects of child maltreatment, with more than \$70 billion annually being spent on indirect costs such as special education, juvenile delinquency, mental and medical health care, the adult criminal justice system, and lost productivity. Linda Degutis, director of the CDC's National Center for Injury Prevention and Control, stated that, "Federal, state and local public health agencies, as well as policymakers, must advance the awareness of the lifetime economic impact of child maltreatment and take immediate action with the same momentum and intensity dedicated to other high profile public health problems -- in order to save lives, protect the public's health, and save money."

Family and environmental factors can make a child more vulnerable to social/emotional and behavioral problems. Neighborhood characteristics and living in poverty are included among risk factors that impact child

development. Research shows that family risk factors, such as substance abuse, mental health conditions and exposure to domestic violence can negatively impact a parent's ability to adequately support their child's development.

Child Welfare

The term "child welfare" encompasses child protection investigations, in-home services to families with a valid case of abuse/neglect, out-of-home placement (foster care) and adoption. The continuum of the service provision model is reinforced with state statutes in the Louisiana Children's Code that provides for legal guidance and protections. Further mandates and guidance are present in federal legislation and regulations. Children placed out-of-home and in foster care are wards of the state; in essence, the state is the child's legal parent.

Child abuse and neglect and child maltreatment cross all socio-economic and racial lines. During fiscal year 2015, there were 8,515 validated cases in Louisiana. Child maltreatment exists in a complex web of family interactions. Research suggests that there is co-morbidity with issues related to domestic violence, substance abuse, and medical/behavioral health issues. Louisiana's

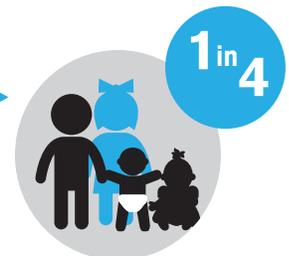


Total estimated lifetime financial costs associated with just one year of child maltreatment is \$124 billion.

CDC

1 in 4 children in the US **experience** some form of **maltreatment.**

CDC



Department of Children and Family Services (DCFS) investigates reports of abuse that occur within the family.

Not every child in a valid case of abuse and/or neglect is removed from their home. The best practices models suggest that children should be allowed to safely remain in their home with social service interventions and supports engaged to mitigate the issues that initially brought the family to the attention of the DCFS. The family services model develops interventions for the whole family unit. During this time, family members are continuously monitored to assure that the child(ren) can safely remain in the home. If they cannot be safe in their home, the state will petition the court for temporary custody at which time the child(ren) are placed in foster care.

Foster Care

During fiscal year 2015, there were 8,191 children in the state's custody. Foster care was never envisioned to be a permanent living arrangement for a child. Ideally, the family of origin should receive services designed to improve the conditions of the home to eventually allow the child(ren) to safely return home. The two most common out-of-home placements for children are kinship placements and foster care placements. Kinship placement refers to grandparents, aunts and uncles, and other relatives who serve as parents for children whose own parents are unable to care for them. Sometimes, the arrangement is an informal, private arrangement between the parents and relative caregivers and in some situations, legal custody may be involved. Other foster care placements can be with a private state-trained caregiver, called a foster parent, or in a group home. During the child's time in care, the court provides periodic oversight in accordance with state and federal directives. The custodial agency, working on behalf of the state, manages the case in all elements of the child's well-being, i.e. health, safety, education, permanency, and independent living.

If the child(ren) cannot safely return home, the DCFS will develop a more permanent plan for the child. For some, the parental rights of some children are terminated; thereby, freeing the child for adoption. DCFS then works toward finding a permanent home. Historically, more than fifty percent of the foster care children who are adopted were adopted by their foster parents. During fiscal year 2015, there were 1,054 children available for



▶ In fiscal year 2015, there were **8191 children in the state's custody** during the course of the year.
LA DCFS

adoption and 578 children were successfully placed in finalized adoptions. For many of these children, the state continues to offer support through an adoption subsidy that helps preserve the placement and has support services in place to mitigate pre-existing needs of a special needs child.

There are some foster children who do not achieve return-home or adoption status. For these youth, they will age out of foster care. Before the child reaches the age of majority (18), the youth should receive critical services to help to prepare them for adulthood. For many in this population, they may not be academically ready to leave care upon their 18th birthday. Youth who are in the child welfare system are often behind academically and will need continued support to enable them to achieve their high school diploma and supported housing.

Court Appointed Special Advocates (CASA)

CASA is a program which trains and supervises community volunteers who are appointed by a judge to advocate for the best interest of children in the foster care system. The Louisiana Children's Code Article 424 provides that the purpose of CASA is to advocate for timely placement of children in permanent, safe and stable homes. Independent research shows that children with a CASA volunteer spend significantly less time in foster care, which represents a sizable savings of state and federal dollars. There are seventeen (17) CASA programs in Louisiana serving children in fifty-three (53) parishes. Each CASA program is a non-profit organization that meets national standards and is recognized by National CASA for Children. In 2014, there were 1,643 community volunteers assigned and working for the best interest of over 3,400 foster children. CASA is an effective community-based program which benefits the child, the Court and the community-at-large.

State and Federal Child Welfare Laws

Child welfare operates under state statutes and federal

legislation which has modeled the language of the Louisiana Children’s Code. The most significant federal instruments are:

- Child Abuse and Prevention Treatment Act (CAPTA)
- Title IV-E of the Social Security Act
- Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272)
- Multiethnic Placement Act (MEPA) (P.L. 103-382)
- Promoting Safe and Stable Families (Title IV-B, Subpart 2, of the Social Security Act)
- Foster Care Independence Act (P.L. 106-169)
- Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351)

Workforce Issues

In a Louisiana Legislative Auditor’s performance audit report, concerns were noted about decreased staff, higher caseloads, staff turnover, and the lack of available services during the last five years. These concerns reflect on the Department’s ability to conduct investigations in accordance with policies and other regulatory requirements. Regardless of a child welfare system’s administrative structure, a qualified, skilled, dedicated, and culturally competent workforce is critical to effectively deliver child welfare services that result in positive outcomes for children and families. This workforce faces critical life and death decisions daily, all while working in a fast-paced, stressful work environment. The long-term impact of child welfare decisions demands a skilled child welfare workforce with working knowledge of child, youth, and adult development, role and impact of trauma, parenting and family dynamics, and evidence-based interventions.

Youth Aging Out-of-Foster Care

Since 2013, the Department no longer provides support to youth aging-out-of-foster-care once they reach the age of 18. The programmatic shift places young adults at risk for homelessness and possible incarceration. During the 2015 Legislative Session, HCR 168 and HR 171 were authored by representatives who expressed concern about the negative trajectory these youth have without needed supports in place which would allow them to at least finish high school. The work of advocates on this issue will be part of a report submitted to the legislature

in 2016.

Policy Recommendations – Child Welfare

- Integrate systems that currently operate parallel to one another – mental health, substance abuse, domestic abuse, homelessness and health care. These systems must be enhanced to effectively develop a service continuum focused on safety for children.
- Recruit, train and retain a skilled and culturally competent child welfare workforce to ensure child welfare cases are managed professionally, in the child’s best interest, with reasonable caseloads, according to nationally established standards to allow child welfare workers to provide competent and effective services.
- Restore funding for a program for youth aging-out-of-foster care (at age 18).
- Employ evidence-based practices and focus services on favorable outcomes for at-risk youth and their families.
- Provide sufficient funding for foster care and adoption services to ensure quality in the necessary services for these at-risk children, youth and families.
- Continue state support for the local Court Appointed Special Advocate (CASA) programs that support and speak for children in the foster care system
- Provide parenting programs as a key priority for preventing child abuse and neglect.



LOUISIANA'S CHILDREN Juvenile Justice System

Young people in the justice system represent one of Louisiana's most vulnerable populations. Louisiana needs justice reform so that we are preparing at risk young people to be productive and successful adults instead of pushing them out of school and into the criminal justice system.

Youth who enter the juvenile justice system are less likely than their similarly-situated peers to graduate from high school, more likely to remain in poverty, and more likely to end up in the criminal justice system. As children penetrate further into the system, their life outcomes get worse and Louisiana's rate of return on investment falls. At the deepest end of the system, juvenile prison, the state of Louisiana pays up to \$424 a day (\$154,760 per year) to incarcerate children. Nearly half of those children are incarcerated again within three years.



▶ Nearly **1,000 youth** are held in Louisiana's juvenile prisons each year – at a **cost of up to \$424 per day.**

Louisiana Legislative Auditor

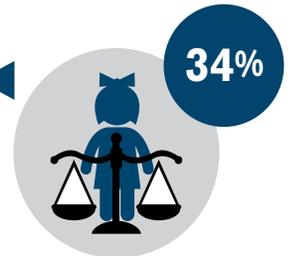
A safer, smarter, stronger, and more cost-effective juvenile justice system starts with investing in programs and practices that are proven to work – including finding age-appropriate ways to hold youth accountable; serving youth in their own homes, rather than in jails or prisons, possible; providing the right supports to vulnerable youth in custody and in the community; and ensuring that every child is treated fairly and with dignity.

Youth or Adult?

One of the ways in which Louisiana's juvenile justice system is unusual, and one of the most desperately-needed changes, is where we draw the line between children and adults.

▶ **Prosecuting children as adults increases recidivism by as much as 34%.**

Centers for Disease Control



Because they are understood to lack maturity and responsibility, 17 year-olds in Louisiana cannot serve on juries, vote, sign contracts, buy cigarettes or enlist in the military. But Louisiana remains one of only nine states that exclude 17 year-olds from the juvenile justice system for all offenses – even for the most minor, nonviolent misdemeanors. That means all 17 year-olds are sent to adult jails upon arrest; their arrests and convictions are public record; and, if sentenced to incarceration, they are sent to adult prisons.

The adult criminal justice system is not equipped to address the needs of young people. Youth held in adult jails and prisons are at an increased risk for suicide, as well as physical and sexual assault. The federal Prison Rape Elimination Act requires complete sight and sound separation from adult inmates, but facilities struggling to meet these standards often place youth in conditions similar to solitary confinement. Even short periods under these conditions can lead to paranoia, anxiety and depression.

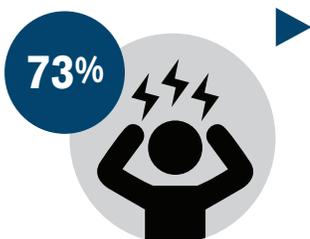
Automatically treating all 17 year-olds as adults and saddling them with criminal records defies common sense and disrupts their ability to get an education and enter the workforce. It also hurts public safety. Prosecuting children as adults increases reoffending. One study showed a 34% increase in felony recidivism when children are prosecuted as adults, according to the federal Centers for Disease Control.

A best-practices juvenile justice system should be built for all of our children. Raising the age of juvenile jurisdiction

is an essential step, but it is only one of many reforms that are needed to ensure public safety, better outcomes for youth, and wise use of public resources.

Poverty and Race

Youth with special needs, youth from low-income families, and African-American youth are all over-represented in the juvenile justice system. A 2006 study showed that 73% of children in Louisiana's juvenile prisons suffer from mental illness, and national estimates suggest that 70% of children in juvenile prisons have a learning disability. Eighty percent of children in Louisiana's juvenile prisons are African-American, more than double the share of African-American children in the state.



73% of children in Louisiana's juvenile prisons suffer from mental illness.

Shufelt & Corozza 2006

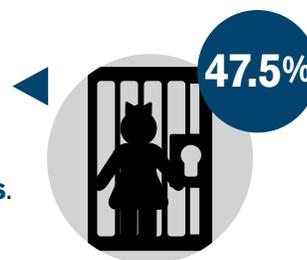
Who's In Charge?

Juvenile justice system stakeholders include law enforcement, district attorneys, and public defenders. Five Louisiana districts have special, separate juvenile courts. In the rest, juvenile delinquency and status offender cases are heard by district and municipal court judges. The same number of districts have their own, localized juvenile probation systems. In the rest, juvenile probation services are provided by the state's Office of Juvenile Justice (OJJ), which also operates the state's juvenile prisons – known as “secure custody” facilities – and contracts with a network of nonsecure juvenile justice group homes. Across the state, 13 locally or regionally run, short-term juvenile jails – called “detention centers” – hold children who are awaiting trial or placement in long-term custody.

Like the criminal justice system, the juvenile justice system is characterized by law enforcement and prosecutorial discretion. Police officers can decide whether to arrest children or promote community-based responses. After arrest, district attorneys may choose to handle cases outside the court system through a process of diversion to counseling or services. Research from across the country, bolstered by a new study with data

47.5% of youth released from Louisiana's juvenile justice custody return to custody within three years.

Louisiana Office of Juvenile Justice



from Jefferson Parish, shows that – all other things being equal – children who are diverted away from the system are less likely to recidivate and reenter the system than their peers who are formally prosecuted.

Youth and the Court System

If a child is prosecuted for an alleged delinquent act, he or she will likely be represented by a juvenile public defender, since children who enter the juvenile justice system are overwhelmingly economically underprivileged.

Unfortunately, Louisiana's juvenile public defense system is badly underfunded, and as a result cannot reach many young people. In 2014, 98% of children surveyed in Louisiana prisons said they have never been visited by a lawyer.

A child who is prosecuted may be adjudicated – the juvenile equivalent of “convicted” – and receive a disposition, the juvenile equivalent of a criminal “sentence.” The disposition may include informal or unsupervised probation, supervised probation, or commitment to OJJ custody in a nonsecure or secure facility.

Juvenile justice cases basically come in two types. Delinquency prosecutions involve offenses that would be crimes if committed by adults. Status offenses involve behavior – like truancy and running away from home – that is only a violation of the law because of a child's age.

Alleged status offenders and their families are known in the juvenile justice system as “Families in Need of Services” (FINS). Unlike in delinquency cases, youth in status offense cases can be anywhere from birth up to age 18. In principle, FINS cases are supposed to be resolved informally possible, usually through referral to an out-of-court “informal FINS” process, where they can receive service referrals and case management. The FINS system is generally locally-operated but funds and accountability

in the system run through the Louisiana Supreme Court. When cases are not resolved informally, children can be formally prosecuted in the FINS system. The prosecution brings them under the supervision of the court and exposes them to potential removal from their homes. Per federal law, status offenders cannot be held in short-term detention centers unless they are in violation of a court order. In Louisiana, these youth also cannot be held in secure custody facilities, although they can be held in non-secure group homes.

Reform Needs a Data Base

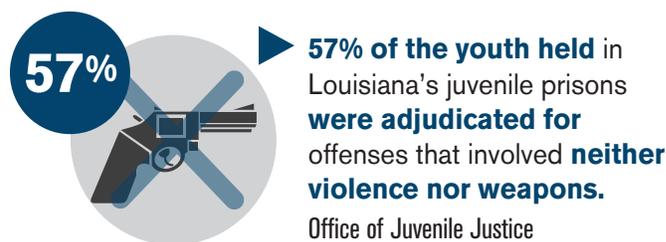
Efforts to reform and even to describe Louisiana’s juvenile justice system are hampered by poor statewide data. The total number of juvenile delinquency arrests and prosecutions statewide every year is not known precisely, but data from the public defender system shows that at least 21,000 delinquency and status offender cases were handled in Louisiana’s courts in 2014. OJJ reports more than 6,000 youth on probation or in confinement last year, but the probation count does not include youth in the five locally-operated probation departments in some of the state’s largest parishes – Caddo, Calcasieu, East Baton Rouge, Jefferson, and Rapides. The Supreme Court reports approximately 6,000 informal FINS referrals last year. Out of the 6,000 youth served by OJJ in 2014, almost 1,000 of them were held in secure care facilities – juvenile prisons – at some point during the year.

Locked Up Juveniles

In the early 2000s, Louisiana embarked on juvenile justice reforms that resulted in a significant reduction in the number of youth housed in state facilities and the closure of a dangerous youth prison. But the number of youth confined in our youth prisons on any given day has remained relatively flat since 2005, while juvenile arrests have fallen by about 40%. And approximately 57% of the youth in Louisiana’s juvenile prisons today were adjudicated for offenses that did not involve either violence or weapons. Louisiana’s continued over-reliance on incarceration in the absence of a public safety risk is problematic because research shows that juvenile prison is most often counterproductive, increasing rather than lowering long-term recidivism rates for jailed children.

In addition to imprisoning too many children, Louisiana also holds them for too long. Youth in juvenile justice custody do not earn “good time” credit for positive

behavior, and there is no juvenile parole board. To prove that they have earned the opportunity to go home on supervised release, youth have to go before the judge who sentenced them. A meaningful chance at earning release – a pathway to return home – is important because it incentivizes youth to work for change. But it is hard to navigate that pathway without a lawyer and kids in Louisiana’s prisons don’t see their lawyers. So 65% of Louisiana’s imprisoned youth serve out their full terms and are released into the community without any supervision.



Policy Recommendations – Addressing Change in the Juvenile Justice System

- Raise the age of juvenile jurisdiction to 18, joining 41 of our sister states.
- Right-size our juvenile prisons, ensuring we do not imprison youth who do not represent a threat to public safety. Imprisoning nonviolent youth increases recidivism, wastes public resources, and damages their prospects for graduating high school and entering the workforce. We should take steps, including limiting the duration of sentences and implementing research-based guidelines, to ensure that juvenile sentencing is calibrated to both objectively-determined risk and severity of the underlying offense.
- Develop pathways out of the juvenile justice system by ensuring youth have high-quality legal counsel as a guide through the maze of the justice system.
- Invest in alternatives to incarceration by spending scarce dollars on community-based services that are proven to reduce juvenile incarceration, rather than spending on unneeded beds.
- Narrow the pathways into the justice system through strategies designed to keep youth arrested for minor offenses out of the deep end. Those strategies can range from replacing arrest with civil citation for some low-level offenses to increasing the use of unsupervised probation and informal dispositions.

- Prevent children from being detained in adult facilities, and insist on checks and balances, including judicial oversight, before any child under 18 can be prosecuted as an adult.

Recommendations – To Improve Support Systems

Children fall into the juvenile justice system when their support systems – from school to mental health care to family – have failed them. We need to bolster supports and services in the community, and we need to ensure that justice system interventions are developmentally-appropriate and calibrated to help children develop in positive ways, including accessing educational and economic opportunity.

Youth in the justice system experience worse outcomes than their similarly-situated peers because the justice system itself arrests healthy development. We should:

- Improve mental health care for children in the juvenile justice system.
- Provide high-quality education that puts children on track to post-secondary education and career success.
- Insist on accountability for conditions of confinement. Louisiana’s short-term detention centers and group homes are decentralized and inadequately monitored. In some, unsafe living conditions and ineffective services are a daily reality. We need to enforce quality standards and insist on best practices in programming and supports for out-of-home youth.
- Promote positive behavioral supports in schools. Commitment to school is one of the strongest buffers against involvement in the justice system. But, in some Louisiana jurisdictions, a quarter of juvenile arrests start in school. And across the state, exclusionary school discipline – expulsions, out-of-school suspensions, and more subtle “push-outs” – is far too frequent. We need to incentivize the use of positive supports, regulate the use of exclusionary discipline, and invest in training and resources for schools that want to improve services for vulnerable children.



LOUISIANA'S CHILDREN

Family Economic Stability

By some measures, Louisiana's economy is doing well. More people than ever before are in the workforce, and household incomes are rising slowly after years of stagnation. Yet the number of families struggling to make ends meet remained high last year and broad racial disparities persist, according to 2014 data from the U.S. Census Bureau.

Louisiana continued to have the nation's third-highest poverty rate in 2013, according to the latest figures from the American Community Survey (ACS). Nearly one in five Louisianans—888,019 people, or 19.8 percent of the population—lived below the federal poverty line last year. That's a slight improvement over last year's 19.9 percent poverty rate, but still well above the national rate of 15.8 percent.

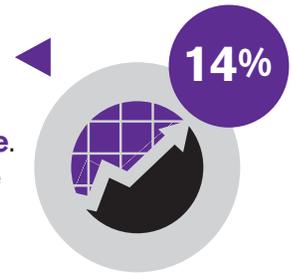
How Are the Children?

The news is even worse for Louisiana's children, who are much more likely than adults to live in poverty. Louisiana had the fourth-highest child poverty rate in 2013 at 28 percent. In some regions of the state, nearly 4 in 10 children live below the federal poverty line, and many more live in households that are only slightly above the poverty line.

Louisiana also has the third-highest rate of income inequality in the country, which tells us many families are being left behind even as some industries are flourishing. This inequality is reinforced by a tax code where families in the bottom 40 percent of income earners pay state and local taxes at more than twice the rate as families in the top 1 percent.

"In 2000, 9% of **children** lived in **census tracts where the poverty rate of the total population was 30% or more.** That figure **rose to 14%** for the period from 2009 to 2013."

KIDS Count



Family poverty has a profound impact on children, who are less likely to graduate from high school, avoid incarceration and join the middle class if their families are poor.

Taken together, Louisiana's poverty numbers underscore the continued need for policies and investments that lift families out of poverty and help workers pay their bills, such as expanding the state Earned Income Tax Credit (EITC), passing a state minimum wage and making high-quality child-care assistance available to working parents.

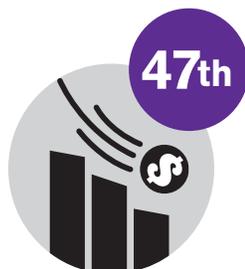
Louisiana Child Poverty Prevention Council (Act 599)

Louisiana has focused on poverty in recent years. In 2008, the Legislature created the Louisiana Child Poverty Prevention Council (Act 599), with its purpose of pursuing programs to reduce child poverty in the state by 50% over the next ten years. The Council submitted a report to the Joint Legislative Committee on Health and Welfare in 2009, recommending the following:

- Improve birth outcomes,
- Be a national model for comprehensive, evidence-based early childhood education initiatives,
- Strengthen Disadvantaged Youth Connections to School and Work, and
- Raise the State Earned Income Tax Credit (EITC).

LA ranks 47th in economic well being of children.

KIDS Count



The Child Poverty Prevention Council met throughout 2009 and 2010 to further develop recommendations. One suggestion – which was never adopted – was to require a poverty impact statement on all legislation. Another recommendation addressed the economic benefits of early childhood investments and referred to early childhood development as the foundation for a prosperous and sustainable society. Policy implications were discussed that mirror and support the assertions in other sections of this Platform. These include:

- Early preventive intervention is more efficient and produces more favorable outcomes than remediation.
- Focus on emotional, social, cognitive and language development will prepare children for success in school and in the workplace and the community.
- Supportive relationships and positive learning experiences begin at home but can be provided through other services/organizations, with success.
- Early intervention is critical to achieving positive outcomes in cases where toxic stress exist.

There has been no activity from the Louisiana Child Poverty Prevention Council since 2010.

Earned Income Tax Credit

Recent anti-poverty legislation in Louisiana has focused on two specific programs - the Earned Income Tax Credit and the minimum wage.

The federal Earned Income Tax Credit (EITC) was first established in 1975 to help lift low and moderate income families out of poverty by reducing their federal taxes. The EITC is a refundable credit. This means that if the credit exceeds a family’s income tax bill, they will be refunded the difference. This is important because income taxes are not the biggest tax that low-income families pay. Federal payroll taxes, for example, cost low-income families more of their income. The refundable EITC allows workers to keep more of what they earn and puts money back into the pockets of the families that need it most. The majority of families who get the EITC use the money to cover basic needs like child care and medical expenses.

In 2013, the federal EITC lifted about 6.2 million Americans out of poverty, including 3.2 million children, reducing the number of poor children by 25 percent. Additionally, the credit reduced the severity of poverty

for another 21.6 million people, including 7.8 million children. Together with the Child Tax Credit—a credit claimed by 367,000 Louisiana households in 2012—the EITC lifted 142,000 Louisianans, including 82,000 children, out of poverty each year from 2010 to 2012. The EITC has helped more Americans move from welfare to work than any other anti-poverty initiative. In fact, the credit played a bigger role in moving single mothers from welfare to work than the 1996 welfare law.

The federal poverty definition consists of a series of thresholds, commonly referred to as a percent of poverty, and is based on family size and composition. The 2015 Poverty Guidelines show that **a family of two (one adult, one child) is counted in the poverty category if the annual income is below \$15,930.**

Family Size	100%	150%	200%
2	\$15,930	\$23,895	\$31,860
4	\$24,250	\$36,375	\$48,500

healthcare.gov

When low wage workers are able to keep more of what they earn, they are better able to support local communities and businesses. Perhaps most importantly, children of families that receive the EITC are perform better in school, are more likely to attend college, and earn more as adults. The means the EITC isn’t just a tax credit. It is a smart investment in future economic growth.

In 2007, the Louisiana Legislature adopted a state EITC that is 3.5 percent of the federal credit. Like the federal EITC, the size of the state EITC depends on two factors: income and number of children. While Louisiana is one of only 24 states with a state-level EITC on the books, the state credit is the lowest of the states that have such a credit. The national average is 16 percent, and some states have credits that are 40 or 50 percent of the federal one.

The current state EITC puts \$48 million a year back into the state economy.

A report from the Institute on Taxation and Economic Policy (ITEP) shows how raising Louisiana’s EITC would reduce economic hardship for working families and children. Increasing the credit would help improve the

fairness of Louisiana’s tax structure, where the poorest families pay more than twice as much in state and local taxes, as a percentage of income, than the wealthiest households. This is mainly because Louisiana has the third-highest sales taxes in the nation — taxes that tend to hit the poor the hardest. Increasing the credit would counter the harm of high sales taxes and keep fewer Louisiana families from being taxed deeper into poverty.

Minimum wage

Louisiana is one of five states without a minimum wage law on its books, relying instead on the federal minimum wage of \$7.25 per hour. But the value of that wage has eroded over the years as the cost of basic needs such as food, shelter and transportation has escalated. Had the minimum wage kept up with inflation since 1968, it would be \$3 per hour higher than it is today.

Research has shown that raising the wage to \$10.10 per hour would provide a direct pay raise to more than 360,000 Louisiana workers, and would actually create jobs as workers spend their extra take-home pay in local businesses. Contrary to popular myth, only 10 percent of minimum wage workers are teens. Nearly 3 in 10 who earn the minimum wage are parents.

Raising the minimum wage would not just help workers at the bottom of the pay scale, it would benefit those who currently earn just above the wage, as they too would likely receive modest raises if the minimum wage is raised. A higher minimum wage would be especially vital for tipped workers, such as restaurant servers, who are disproportionately women and whose pay now can vary widely from week to week. Efforts to modestly raise the minimum wage in Louisiana have continuously failed in legislative sessions — even though the wage isn’t high enough to keep a full-time worker with a child out of poverty.

Training and Job Access

Louisiana finds itself in the middle of unprecedented growth in industries that include technology, healthcare, energy and petrochemical manufacturing. Whether we look to the energy boom in Calcasieu Parish or to the more than \$23 billion of infrastructure and redevelopment projects in Orleans Parish, it is a great opportunity to ensure that we build real career ladders and opportunities for economic stability for Louisiana’s families.

We have a profound opportunity to transform low-quality jobs into sustainable and career-tracked employment opportunities. Sixty-three percent of high demand jobs require more than a high school diploma but less than a four-year degree. Last year in 2014, the legislature supported the Workforce and Innovation for a Stronger Economy Fund or WISE Fund. WISE Fund is a \$40 million performance based formula that will reward and incentivize the credentials that are most in demand in Louisiana. This fund targets higher education resources to meet the workforce needs of a robust and growing Louisiana economy. This is just one example of how the State is working to increase opportunities and access to economic mobility by supporting a unified plan using the community college system statewide.

For economic and workforce efforts to be successful, planning must include building capacity for high quality child care for infants and toddlers. Economic development reports frequently survey the needs of K-12 education systems, ignoring the needs of young parents of infants and toddlers. Economic and workforce development packages must consider the development of accessible, affordable, high quality care as a critical support for employees. Numerous studies show that worker productivity is increased when quality child care is available for employees.

To ensure that low-income communities have access to quality employment requires the use of national best practices as well as continuous engagement with stakeholders and elected leadership. This approach will help to define the parameters for strategies like community benefits agreements, local hiring and living wage policies that would sustain economic development statewide.

Medicaid Expansion

Louisiana is among more than a dozen states that so far has refused to take advantage of the opportunity to expand Medicaid coverage to working-age adults earning less than 138 percent of the federal poverty level. The most direct benefits from expansion would flow to adults, who would gain better access to primary care doctors and specialists.

But there also are economic benefits for families that would make children more secure and less likely to experience financial chaos if a parent or guardian faces a health setback.

The evidence from this comes from a landmark study in Oregon that looked at two groups of randomly selected adults – one group that received Medicaid coverage through a state lottery, and another that remained uninsured. The group that received coverage was 25 percent less likely to have an unpaid medical bill sent to a collection agency. Having Medicaid coverage virtually eliminated out-of-pocket catastrophic health-care expenditures and reduced the probability of having to borrow money or skip paying other bills by more than 50 percent.

Investments like these create positive outcomes for children and families and, perhaps, more importantly, build a healthy, productive workforce in Louisiana.

Louisiana, like other states with clearly identifiable population and demographic threats to their fundamental economic health and competitiveness, should designate an official state demographer and a recognizably advanced team of staff specialists to put in place all necessary research, analysis and program planning. The team should annually report its forecasts and concerns to state policy makers in a briefing to begin each legislative session.

Policy Recommendations – Family Economic Stability

- Increase training opportunities connected to jobs to support the unprecedented economic growth so that all Louisianans can benefit and build out a vibrant locally sourced workforce.
 - Ensure that an adequate capacity of high quality child care programs is a component of economic development investments, with particular emphasis on care for infants and toddlers.
- Raise the state Earned Income Tax Credit to at least 7 percent of the federal credit.
 - Establish a state minimum wage of at least \$10 per hour that is indexed to the consumer price index.
 - Expand Medicaid coverage under the Affordable Care Act to working-age adults below 138 percent of the federal poverty line.
 - Require an annual report to the Legislature that provides detailed, updated demographic information on a parish level about Louisiana’s population that includes births and deaths, outmigration and in-migration, immigration and median income.
 - Expand the Equal Pay for Women Act to include all workplaces, not just state employees.
 - Invest in financial literacy programs for families.
 - Restrict predatory lending by capping annual interest rates for small-dollar loans at 36 percent.



LOUISIANA'S Budget for Children

In 2008, Louisiana's economy was at an historic high point, as were the revenues coming into state government. The post-Katrina reconstruction economy was booming, as billions of federal dollars along with private insurance proceeds were coursing through the economy to rebuild public and private infrastructure. Louisiana's energy sector was booming as well, with oil prices topping \$140 per barrel and activity ramping up in the Haynesville Shale. This produced a spike in state revenues, with the state general fund (which consists of income taxes, sales taxes, mineral revenues and other taxes collected by the state) growing from \$6.5 billion in 2003-04 to \$10.5 billion in 2008-09 – an increase of 37 percent after adjusting for inflation.

State government began running large annual surpluses. While some new money was invested in children's programs, the surplus dollars generated by post-hurricane reconstruction activity also provided the impetus for the two largest tax cuts in Louisiana history. In 2007 and 2008 the Legislature cut taxes on middle and upper-income households, which reduced Louisiana's tax base by around \$800 million per year. Just as quickly, however, the boom turned to bust. The national economy cratered, the hurricane recovery slowed and oil prices fell from a record high of \$140 per barrel to \$30 per barrel in the span of a few months. The combination of these factors – an economic slowdown and two massive tax cuts – had profound effects on the budget. State general fund revenues dropped by 31 percent, on an inflation-adjusted basis, over the next three years.

Although net state tax collections have grown slowly but steadily since the current economic recovery began in January 2010, they have been flat when adjusted for inflation at a time when the state's population and the cost of providing basic services such as health care, education and retirement for state employees has escalated. In short order, the large budget surpluses of the early post-Katrina years became shortfalls, which is defined as the gap between the amount of recurring revenue the state expects to collect and the cost of

maintaining services at current levels after adjusting for inflation.

State policymakers have dealt with these shortfalls in three basic ways: by making cuts to various programs, including programs that benefit children; by swapping out state dollars for federal money ("means of finance substitutions"), and by filling gaps with non-recurring "one-time" revenue from various sources. These changes have affected children's programs in various ways.

Medicaid services were affected by a series of rate reductions to doctors and hospitals that restrict access when providers refuse Medicaid patients or limit the number of patients they will accept. In K-12 schools, policymakers for several years froze the per-pupil funding the state sends to school districts through the Minimum Foundation Program, without accounting for inflationary increases. That has forced many school districts to cut positions and reduce services to make room for rising mandatory costs such as retirement.

Programs that were once funded with a mix of state and federal dollars are now financed entirely with federal money, and are smaller as a result. The child-care assistance program (CCAP) helps low-income families pay for child care while working or attending school. In 2009-10 this program served more than 38,000 children from low-income families, who received an average of \$2,870 to defray the cost of child care. Five years later, in 2014-15, the program served fewer than 15,000 children, and the average benefit had dropped to \$2,354 per year even as the cost of care had risen along with inflation. That translates to a 68 percent drop in total funding and a 61 percent drop in children served over the past five years.

The CCAP program is currently funded entirely with federal Child Care and Development Fund block grant dollars and receives no state general fund support, despite a wide body of research showing that public investments in high-quality education programs for the youngest

children earn a lifetime of returns. This program should ideally be financed with a mix of state and federal dollars, to ensure that as many families as possible are being served and to hedge against changes in federal policy that could lead to a reduction in support.

It is a similar story for child welfare programs, which have sustained deep cuts in recent years that have affected the state's ability to safeguard the welfare of children who suffer from abuse or neglect. A 2014 audit found that a series of budget cuts has led to increased staff turnover, higher caseloads and increased job stress. The audit also found that from fiscal year 2009 to fiscal year 2013, the number of child welfare caseworkers fell by 19 percent, and the average caseload per worker increased 18 percent. Overall spending on child welfare services - which includes child protection, foster care programs and other services - dropped by 26.7 percent over that four-year span.

Even programs that have been spared from budget cuts have seen dramatic swings in their funding mix as a result of the state's budget problems. The LA4 pre-kindergarten program is a true Louisiana success story, and currently provides six hours per day of instruction for more than 16,000 children from disadvantaged backgrounds. Launched in 2001-02 with fewer than 3,000 enrollees, the program grew rapidly and by 2008-09 it was serving more than 15,000 children around the state. In recent years, the growth of the program has slowed, and the per-student spending has dropped. In 2008-09 the program spent \$5,169 per student and was entirely financed with state general fund support. In the 2015-16 budget year the program is projected to spend \$4,641 per student, and is financed mainly with federal TANF block grant dollars - \$67.6 million from TANF and only \$8 million in state support.

The Temporary Assistance for Needy Families (TANF) program was created by the federal welfare reform law signed in 1996 by President Clinton, and was designed to give states new flexibility in the way they spend safety-net dollars. Louisiana has taken advantage of this flexibility to make investments in teen pregnancy prevention programs, fatherhood initiatives, after-school tutoring programs and other initiatives.

While many of these programs are worthwhile, it means fewer and fewer dollars are flowing to low-income families with children in the form of basic assistance.

In Louisiana, which has the third-highest poverty rate in the country, only 11 percent of the state's grant goes to basic assistance, and only 6 percent of poor families with children receive benefits. The average state devotes 28 percent of their TANF budget to basic assistance. Budget shortfalls at the state level thus create a vicious cycle: Top-priority programs such as LA4 are propped up with TANF dollars, which leaves less money for other worthy initiatives that help children and their parents such as child care assistance and work-training programs, and fewer dollars for basic assistance that keeps families above the poverty line.

Funding for Early Childhood

Created by the Legislature in 2008, the Early Childhood Systems Integration Budget (ECSIB) was designed to show how the state spends money on young children by different subject areas - instead of the usual practice of breaking down spending by state agencies and "budget units."

Looking at the budget this way tells us a few important things: First, programs that serve young children are far more dependent on federal money than other parts of the state budget. While roughly one-third of the executive budget (35 percent) consists of federal funds, more than two-thirds (67 percent) of the budget for early childhood comes from federal dollars.

Second, overall funding for early childhood programs - including state and federal dollars, along with fees and dedicated revenues - has dropped considerably in recent years as the state has experienced a series of revenue shortfalls. On an inflation-adjusted basis, overall funding for children's programs dropped nearly 12 percent from 2010 to 2015.

And third, the way money is allocated between programs has changed, with more dollars flowing to Medicaid health services as less money is spent on mental health, early care and education programs, and family support

Overall **funding for children's programs dropped nearly 12% from 2010 to 2015.**
ECSIB



services. In fiscal year 2009-10, for example, health care services consumed 58 percent of the early-childhood budget. But by 2014-15, the health-care took up 64 percent of the budget, crowding out money for other needs.

Maximizing Federal Dollars

The Coordinated System of Care (CSOC) is an example of a program where the state reorganized the way it pays for and delivers services for children with severe emotional problems in a way that maximized federal Medicaid dollars. In this and other areas, particularly Medicaid, Louisiana has a long history of finding creative ways to maximize the amount of federal dollars flowing to the state. But in other cases, Louisiana has refused to take advantage of opportunities to access dollars that could help children.

One such case occurred in 2011, when state officials refused to apply for a \$60 million federal grant to promote early learning, citing potential “red tape” associated with the funding. Had Louisiana applied for and received the money, it could have been used to implement the vast reorganization of early learning programs that the state undertook in 2013 as part of Act 3.

Policy Recommendations – Budget for Children

- Eliminate or minimize the use of non-recurring dollars for ongoing expenses in state government, including for programs that support children.
- Implement recommendations in the April 2014 Legislative Auditor’s report on child welfare services, including reducing caseloads to the levels recommended by the Child Welfare League of America.
- Fold the LA-4 pre-K program into the Minimum Foundation Program for public schools, to free up federal block-grant dollars for other needs.
- Require each budget unit in state government to provide an annual report to the Legislature by February 1 of each year that details the following:
 - Amount of federal block grant or entitlement funds available to the state that is not being accessed and the reason for that action;
 - Amount of federal competitive grant funds that are not being sought through grant applications and the reason for that action;
 - Amount of federal competitive grant funds that are applied for but not awarded;
 - Amount of unused federal funds at the end of the federal fiscal year for the last five periods that have been returned to the federal government.
- Commit to a balanced approach to solving future budget shortfalls that includes new revenues.
- Require an annual briefing on the state demographics prior to the beginning of the legislative session.

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