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GOVERNOR



**KRISTY H. NICHOLS**  
SECRETARY

**State of Louisiana**  
**Department of Social Services**  
**Office of the Secretary**

February 27, 2009

Louisiana's Proposed Intended Use Plan  
Social Services Block Grant Supplemental Funds

To Our Citizens:

The Louisiana Department of Social Services was awarded \$129,737,880 of Social Services Emergency Disaster Relief funds on January 7, 2009. The Department was required to submit a Proposed Intended Use Plan to the U.S. Department of Health and Human Services, Administration for Children and Families by February 17, 2009.

The Proposed Intended Use Plan that follows was submitted to the U.S. Department of Health and Human Services, Administration for Children and Families on February 17, 2009 as per federal guidelines. A public hearing on the plan has been scheduled for March 4, 2009 at 10:00 a.m. at 627 N. 4th Street, Baton Rouge, LA in room 127.

The proposal might be revised after the hearing to reflect feedback received from the public, as well as feedback in the state budgeting process.



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SECRETARY

## State of Louisiana

Department of Social Services  
Office of the Secretary

February 17, 2009

Ms. Marsha Werner, Social Services Program Analyst  
U.S. Department of Health & Human Services  
Office of Community Services  
370 E'Enfant Promenade, S.W.  
5<sup>th</sup> Floor West  
Washington, DC 20447

Dear Ms. Werner:

RE: Amendment to Louisiana's 2009 Social Services Block Grant Intended Use Report

The Louisiana Department of Social Services, Office of Community Services is forwarding an amendment to the 2009 Social Services Block Grant Intended Use Report. Due to the short timeframe for submission of this intended use report, the department was unable to conduct a public hearing as required by Louisiana law. Therefore, this plan is subject to change based on public review and input obtained from citizens of the state.

The attached Intended Use Report amendment includes proposed uses for funding to address social and health services, including mental health services, and for repair, renovation or construction of health care facilities, child care centers and other social service facilities impacted by the hurricanes of 2005 and 2008.

If you have any questions, please do not hesitate to contact Bridget S. Clark, Section Administrator at (225) 342-2416 or by email at: [bclark1@dss.state.la.us](mailto:bclark1@dss.state.la.us). Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Kristy H. Nichols".

Kristy H. Nichols  
Secretary

KHN:BSC

Attachments

*Accredited by the Council on Accreditation for Children and Family Services*

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**2008 SUPPLEMENTAL SOCIAL SERVICES BLOCK GRANT  
LOUISIANA'S INTENDED USE REPORT  
AMENDMENT TO 2009 FINAL INTENDED USE PLAN**

**ELIGIBLE AGENCIES AND TARGET SERVICE AREAS**

The Consolidated Security, Disaster Assistance, and Continuing Appropriations Act, HR 2638 Public Law 110-329, was passed on September 30, 2008, allocating \$600 million to states for recovery from disasters that occurred in 2008 as well as the hurricanes of 2005. The Louisiana Department of Social Services (DSS) was designated by the Department of Health and Human Services, Administration for Children and Families as the administering agency for the state of Louisiana.

The department is submitting the following action plan on behalf of the state. This action plan includes information on the types of activities to be supported and the categories or characteristics of individuals to be served through use of the state's \$129,737,880 allocation of supplemental Social Services Block Grant (SSBG) funds.

**IMPACT OF HURRICANES AND LOUISIANA'S RECOVERY NEEDS**

Since 2005, Louisiana has been impacted by four major hurricanes - Katrina, Rita, Gustav and Ike. In the aftermath of Hurricanes Katrina and Rita, Louisiana and neighboring states witnessed circumstances that had never before been experienced in such magnitude and with such far-reaching impact. The metropolitan areas of New Orleans and Lake Charles faced extensive consequences for the people and infrastructure within their communities. The dynamics and landscape of health and human services delivery were changed.

In September 2008, the state experienced the catastrophic effects of Hurricanes Gustav and Ike. The storms of 2008 brought dangerous winds, heavy rains and flooding from the southern coastal parishes through central and north Louisiana. More than 1.9 million Louisiana residents were forced to evacuate for hurricanes, including 30,000 critical transportation-needs residents and 10,400 medical evacuations. After the largest medical evacuation in U.S. history, many of Louisiana's residents were unable to return to their homes and jobs for several days. Gustav and Ike left additional communities without electricity and sanitary water for days, and sometimes weeks. More than 120,000 homes received some damage. Fifty-three of the state's 64 parishes were included in the President's disaster declaration for individual assistance; all 64 were declared for public assistance. Still today a large number of resident's homes remain unlivable. They continue to need short-term shelter and longer-term transitional housing.

While hurricanes Katrina and Rita taxed our state's resources, the Department of Health and Hospitals (DHH) used lessons learned from those storms to better prepare for future storms. These lessons were put to good use for the preparation and response to Gustav and Ike. Before the storms, DHH staff began establishing, prepping, stocking and staffing the eight medical special needs shelters around the state. Staff members contacted medical institutions like hospitals and nursing homes to ensure the institutions' evacuation plans were in place, and the department stood ready with resources to help with potential evacuations.

For Gustav and Ike combined, the department helped evacuate nearly 9,000 nursing home and hospital patients. Facilities that did not evacuate were closely monitored to ensure they had the assets they needed to protect patient health and safety. After Gustav, the department helped to repatriate nursing home residents, hospital patients and medical special needs shelterees once it was determined that their home parish was stable (power and water service restored).

Children and their families impacted by the 2005 and 2008 storms have made tremendous strides in their recovery, but despite new investments in mental and primary health care, indications suggest that their road to recovery is not over.

All told, the storms of 2008 created an additional hardship on a state working hard to recover from the disasters of 2005. To address critical needs stemming from these disasters, the recommendations for supplemental SSBG are categorized in three areas: Child and Family Services, Health Systems Delivery, and Housing.

**CHILD AND FAMILY SERVICES \$32,800,000**

**Foster Care, Adoption, Prevention, Intervention and Protective Services \$15,700,000**

Protecting children from harm and securing their permanency and well-being is a core function of DSS. It is well documented that post-disaster stress brings about an increase in abuse and neglect. In addition, the state has recently seen a sharp increase in the incidence of child fatalities related to “rollover” deaths and substance abuse exposure. DSS will use funds to provide services to prevent child fatalities; to prevent an increase in out-of-home placements; to stabilize foster care/adoptive placements, to facilitate reunification and to prevent disruptions by providing services such as in-home family services, respite care, counseling and parenting classes; and to provide services such as anger management and mental health counseling. Funds will also be used to provide for independence programs for youth aging out of foster care that will have greater needs for transitional assistance than is typically provided.

**Crisis Intervention and Workforce Development \$4,000,000**

Due to the complex issues facing the citizen’s of Louisiana in relation to the disasters experienced in 2005 and 2008, DSS must address issues of child welfare staff turnover and retention, enhance staff skills/levels of competence and expand service delivery capacity especially in the areas that saw the greatest impact from the disasters. It is expected that individuals who have been exposed to severe trauma will experience an increase in dependence on drugs and/or alcohol, an increase in mental health issues such as PTSD, and an increase in the need for intensive case management services and direct emergency assistance. The agency is faced with these issues in the families and children that they work with as well as among agency staff. These conditions and circumstances can compromise a worker’s emotional and physical ability to perform child welfare work and subsequently contribute to increased staff turnover.

The department proposes to utilize funding to develop and maintain a competent and efficient workforce to increase quality prevention and intervention services to children and families in all program areas using the following strategies:

1. Intensive Assistance Teams: Teams will be developed to provide support, consultation, specialized training and management assistance to staff for a specified period of time. Since staff turnover is impacting service delivery statewide, the agency's long term plan is to deploy Intensive Assistance Teams statewide; however, teams will first be sent to areas along and south of the Interstate 10 corridor since they were hardest hit by Hurricanes Katrina, Rita, Gustav and Ike.

2. Training: The agency is working to maintain and improve service delivery to children and families by addressing the issues of staff turnover and retention, capacity building and skills development through a number of efforts. One of which is the development of a training consortium in which colleges and universities work collaboratively with each other and the state child welfare agency to provide comprehensive and coordinated training for all child welfare staff (from pre-employment through supervision and management training) and foster/adoptive parents. Other workforce development initiatives include the Office of Community Service's Professional Coaching Program and the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP). The coaching program seeks to enhance the specialized child welfare coach/mentor program utilizing the skills and knowledge of experienced supervisors/managers for the benefit of new supervisors. The LCWCWP was developed to improve safety, permanency, and well-being outcomes for children and youth by building the capacity of Louisiana's child welfare professionals and by improving the systems in the state that recruit, train, supervise, manage, and retain them. Additionally, the agency is mapping workflow processes and case ratios of staff to address unique needs of various geographic areas.

Child Residential and Foster Care \$3,000,000

Each year DSS investigates nearly 20,000 cases of potential abuse or neglect. Of those cases, approximately 4,699 children have been removed from their homes and are in foster care placements today. During the storms, foster families evacuate with their foster children, often placing an unexpected financial burden of those foster families. In addition, these foster families may have also experience personal damage to their homes as a result of the storms. This can result in a reduction of available foster home placements and additional placements in child residential facilities. DSS licenses 38 residential care providers operating 67 programs statewide. During the storms of 2008, 445 children were placed in residential care in Louisiana and for Hurricane Gustav all facilities (52%) along and below the Interstate 10 corridor were required to evacuate. As a result, youth were disrupted from their placements and forced to evacuate with their caregivers to ensure their safety and well-being. Residential providers also incurred travel and lodging expenses to ensure the safety of children in their care and many were faced with damages to their facilities and furnishings. In some instances, youth's personal property was damaged as well.

Children and youth in residential care are much more likely to be highly traumatized and troubled having experienced multiple prior placements, long stays in foster care and lack of a permanent home before entering residential care. Children and youth in residential programs often come into care experiencing physical, sexual, and emotional trauma. When traumatic

events occur, such as those with the storms of 2005 and 2008, youth experience additional traumatization further complicating their pre-existing symptoms and treatment.

DSS believes a successful treatment milieu must incorporate trauma informed techniques within a youth development approach; provide a safe, secure and accessible physical environment; provide a predictable, structured routine; and support the concept of self-management by providing opportunities for the young person to learn and practice skills that eventually eliminate the need for external behavioral interventions. What is needed to address the multifaceted needs of children in residential treatment programs is a comprehensive approach to treatment in which permanency planning, case management, verbal therapies, special education, medical intervention, life skills training, real life work experience are provided.

To provide this kind of multidisciplinary planning and treatment, residential treatment programs must employ trained staffs who form a collaborative of specialists with varied skills and expertise. They must also be appropriately screened, trained, and supervised so that they provide youth with the structure, support, and guidance they need and they must understand and share the common goal of achieving successful outcomes for the child and family both during and after placement. Providers and staff must also place importance on the transitional services that assist young people leaving care, their future caregivers and prepare youth for independent living.

It is critical to the care of these youth that out of home placements are safe, secure, properly equipped and adaptable to meet identified needs; therefore, DSS proposes using supplemental funds for repairs and modifications to both foster homes and residential facilities allowing facilities to restore fully resume operations and increase accessibility for children that require such placement. In addition, DSS will engage in capacity building with agency staff, residential providers/staff to reduce inappropriate institutional care, to prevent abuse/neglect and to meet the needs of these children and youth. Training will ensure that youth have access to the appropriate clinical services, case management, family services, educational and vocation services, recreational services, behavior support and behavior management, health, and nutritional services.

Coordinated care management for at-risk children \$10,000,000

Implementation of case management post-hurricanes Katrina and Rita has been hampered by a lack of readily available social and health care services identified in case management plans. After Hurricane's Katrina and Rita, while many organizations were contracted to provide case management, no service providers were contractually obligated to provide the services identified by the case management process, and state supported services such as Medicaid Enrollment, Food Stamp, etc. were not necessarily organized to seamlessly integrate with and external case management process.

The state is proposing to contract with entities to implement a focused coordinated care management program for children at highest risk of social, behavior or medical harm in select hurricane affected areas demonstrating the highest unmet need – these may include medically fragile children, children in foster care, children with chronic disease, and others. The community-based coordinated care provider will be charged with identifying children at high-

risk in their communities; assessing their medical, dental, social and behavioral needs within the context of their family and social support system and assembling a documented care coordination plan; and ensuring the provision of the necessary individual and family medical, dental, social and behavioral health services required under the case management plan. In addition, State provided support services will be dedicated to support this effort and will be reengineered in the focus areas to support coordinated care management model.

Administrative Management \$287,880

The agency proposes the use of funds for additional resources for administrative management of SSBG Recovery funds. As with the funding received from the hurricanes of 2005, the development of agreements (contracts, interagency agreements, memoranda of understanding), exchanges of vital information, budgetary provisions, accounting and payment/revenue management services, etc. require additional manpower. Further, due to the emergency nature of the projects, heavy administrative oversight and project monitoring will be needed to assure adherence with all state and federal requirements. Staffing and contractor services acquired to oversee/monitor SSBG Recovery will need to be retained and possibly supplemented in order to ensure that funding streams are segregated and that the highest standards of financial management are supported.

Department of Social Services	\$22,987,880
Department of Health and Hospitals	\$10,000,000
<b>TOTAL PROPOSED FOR CHILD AND FAMILY SERVICES</b>	<b>\$32,987,880</b>

**HEALTH DELIVERY SYSTEM** **\$94,750,000**

Community Clinic Stabilization \$1,000,000

Federal Qualified Health Centers and Rural Health Clinics in hurricane affected areas continue to experience increased case volumes of uninsured patients resulting from disruption and displacement of health care services, loss of health benefits due to hurricane related unemployment or job changes and increased demand for hurricane related behavioral health. Many of these safety-net clinics suffered significant business interruption, damage and increased use as a result of Hurricane Gustav and Ike. The agency proposes reimbursing this important access points for documented losses due to the storm in order to preserve their ability to deliver services to the uninsured.

Primary Care, Dental and Behavioral Health Workforce \$ 750,000

In response to Hurricane Katrina the federal government awarded \$50 million dollars to the Greater New Orleans Health Service Corps to “enhance the professional health care workforce supply in the Greater New Orleans Area”. While this program has successfully improved the workforce situation in Greater New Orleans, the cumulative effects of Hurricane’s Rita, Gustav and Ike exacerbate the longstanding shortage other costal parishes in Regions 3, 4 and 5 of the state. The U.S. Health Resources and Services Administration (HRSA) identifies shortages of at least 76 primary care physicians, 44 dentists and 32 mental health professionals in these three regions. Practices and hospitals which invest *new* capacity to serve the uninsured and Medicaid

population in these parishes since will be eligible for \$15,000 in quarterly income guarantees per new primary care, dental and behavioral health provider recruited to these regions.

Mental Health Services for Adults \$ 7,741,255

A broad continuum of mental health services for adults are crucial for stabilization of a population that was traumatized in 2008 after not yet fully recovered from the devastation of the hurricanes of 2005. Services in this program are geared towards appropriate diagnosis and treatment of adult mental health disorders include offering mobile crisis teams, clinical mental health assessments, assertive community treatment services, crisis services that divert people from inpatient psychiatric hospitals and emergency rooms to more appropriate care settings, rental assistance and housing support services and teaching skills needed to live more independently and stable in the community.

Mental Health Services for Children \$ 762,961

Early diagnosis and treatment options for children are vital tools for ensuring that children already suffering from the consequences of the 2005 hurricanes can be identified and treated in the most appropriate setting. Services for children in this program include school-based services in select parishes to identify children at risk of mental health issues due to hurricane disasters, personal, family or other catastrophic events, on-site emergency treatment planning and intervention services for children and their families, acute inpatient services for children with no funding source for such services and violence prevention programs.

Mental Health Inpatient Services \$60,745,784

Southeast Louisiana State Hospital and Eastern Louisiana State Hospital are state operated inpatient mental health facilities that serve the state's most fragile mental health patients. These facilities serve both adults and children and offer several specialty and acute care programs and services. Services in this program would make available non-Medicaid funded intermediate inpatient services when other forms of inpatient services are not appropriate.

Substance Abuse Treatment and Prevention for Adults \$ 9,500,000

Disasters and catastrophic events such as the hurricanes of the past few years can exacerbate a substance abuse problem in all levels of society, from those who may otherwise not turn to substances, to those who are in a state of recovery, to those who are dually diagnosed with substance abuse and mental health disorders. Identification, diagnosis, and appropriate treatment are crucial in managing this population. Services for adults with substance abuse disorders in this program include supporting 40 medically supported detoxification beds, 40 inpatient treatment beds and providing Access to Recovery vouchers for multiple levels of addiction treatment and recovery support services such as transportation, job skills and child care.

Developmental Disability Services for Children \$ 6,122,933

Families of children with severe or profound developmental disabilities need supports and services to ensure that their children can remain with them and avoid unnecessary institutionalization. The stress on a family to care for a developmentally disabled child is compounded after a hurricane or other natural disaster. Services in this program to aid families through diagnosis and treatment of developmentally disabled children include Early Steps for

infants to toddlers three years of age and distribution of a monthly cash stipend to families with children less than 18 years of age to offset extraordinary costs.

Developmental Disability Services for Adults \$ 8,127,067

Many adults with developmental disabilities strive to be independent and reside in the community as opposed to being institutionalized. The threat of institutionalization after the devastation of a hurricane can be magnified and compounded by many external factors. Services in this program to assist adults with developmental disabilities include individual and family support services, vocational and related habilitative needs, guardianship program, preventive dentistry, resource centers and the continued transition of individuals from the Metropolitan Developmental Center.

<b>TOTAL PROPOSED FOR HEALTH DELIVERY SYSTEM</b> (Department of Health and Hospitals)	<b>\$94,750,000</b>
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**HOUSING** **\$2,000,000**

Transition to Permanent Affordable Housing \$2,000,000

As federal funding for temporary housing disappears, the Louisiana Recovery Authority will assist those families that require additional support as they move forward in their recovery and self-sufficiency. These services will include a Housing Resource Clearinghouse and coordination of supportive services. The state will launch a call center/hotline designated to connecting residents with the appropriate housing resources available (such as Permanent Supportive Housing vouchers, Cottages, etc). The call center will ensure that all families have access to information, and it will provide the state with a mechanism for disseminating information on housing programs. As affordable units come online, and voucher programs become available, there will be a need for a means of coordinating placement. This Clearinghouse will provide comprehensive tool -- a virtual one-stop shop -- for available housing programs and services. In addition, a percentage of the families exiting out of Disaster Housing Assistance Program (DHAP) and trailers will need additional support in order to successfully transition beyond federal assistance. Some of these families have been dependent on federal assistance for over 3 years and some will not be ready for independence. It is critical that the state have the ability to connect them with available resources and assist in their progress.

<b>TOTAL PROPOSED FOR HOUSING</b> (Louisiana Recovery Authority)	<b>\$2,000,000</b>
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**SUMMARY OF PROPOSED FUNDING ALLOTMENT** **\$129,737,880**

FUNDING RECIPIENT	SERVICE CATEGORY	TOTAL PROPOSED FUNDING
Department of Social Services	Child and Family Services	\$22,987,880
Department of Health and Hospitals	Health Delivery Services	\$104,750,000
Louisiana Recovery Authority	Housing	\$2,000,000

STATE: Louisiana	FISCAL YEAR: 2009	Report Period:
Contact Person:Debbie Johnson	Phone Number: (225) 342-2766	October 1, 2008 - June 30, 2009
Title: Director	E-Mail Address: djohns13@dss.state.la.us	
Agency: DSS - Office of Community Services	Submission Date: February 17, 2009	

**PART A. EXPENDITURES AND PROVISION METHOD**

Service Supported with Supplemental SSBG Funds	Supplemental SSBG Funds		All other Federal, State and Local Funds**	Total Expenditures	Provision Method	
	Supplemental SSBG Allocation	Funds transferred into SSBG*			Public	Private
1 Adoption Services	\$471,000	\$0		\$471,000	X	X
2 Case Management	\$9,750,000			\$9,750,000	X	
3 Congregate Meals				\$0		
4 Counseling Services	\$69,000,000			\$69,000,000	X	
5 Day Care - Adults				\$0		
6 Day Care - Children	\$0	\$0		\$0		
7 Education and Training Services				\$0		
8 Employment Services				\$0		
9 Family Planning Services				\$0		
10 Foster Care Svcs. - Adults				\$0		
11 Foster Care Svcs. - Children	\$17,628,000	\$0		\$17,628,000	X	
12 Health Related Services	\$1,500,000			\$1,500,000	X	
13 Home Based Services				\$0		
14 Home Delivered Meals				\$0		
15 Housing Services	\$1,770,000			\$1,770,000	X	X
16 Indep./Trans. Living Svcs.	\$942,000	\$0		\$942,000	X	X
17 Info. & Referral Services				\$0		
18 Legal Services				\$0		
19 Pregnancy & Parenting				\$0		
20 Prevention/Intervention	\$1,628,000	\$0		\$1,628,000	X	X
21 Protective Svcs. - Adults				\$0		
22 Protective Svcs. - Children	\$1,031,000	\$0		\$1,031,000	X	
23 Recreation Services				\$0		
24 Residential Treatment				\$0		
25 Special Services - Disabled	\$14,000,000			\$14,000,000	X	
26 Special Services - Youth at Risk				\$0		
27 Substance Abuse Services	\$9,250,000			\$9,250,000	X	
28 Transportation				\$0		
29 Other Services				\$0		
30 TOTAL EXPENDITURES FOR SERVICES	\$126,970,000	\$0	\$0	\$126,970,000		
31 Administrative Cost	\$2,767,880			\$2,767,880		
32 TOTAL EXPENDITURES FOR SERVICES AND ADMINISTRATIVE COSTS	\$129,737,880	\$0	\$0	\$129,737,880		

\*From which block grant(s) were these funds transferred?

\*Please list the sources of these funds:

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STATE: Louisiana	Fiscal Year: 2009
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**PART B. RECIPIENTS**

Service Supported with Supplemental SSBG Funds	Children	Adults 59 Years & Younger	Adults 60 Years & Older	Adults of Unknown Age	Total
1 Adoption Services	1,686				1,686
2 Case Management	5,000				5,000
3 Congregate Meals					0
4 Counseling Services	1,200	2,310			3,510
5 Day Care - Adults					0
6 Day Care - Children					0
7 Educ./Training Services					0
8 Employment Services					0
9 Family Planning Services					0
10 Foster Care Svcs. - Adults					0
11 Foster Care Svcs. - Children	4,186				4,186
12 Health Related Services	7,500	10,000			17,500
13 Home Based Services					0
14 Home Delivered Meals					0
15 Housing Services				13,230	13,230
16 Indep./Trans. Living Svcs.	58				58
17 Info. & Referral Services					0
18 Legal Services					0
19 Pregnancy & Parenting					0
20 Prevention/Intervention	4,368	332			4,700
21 Protective Svcs. - Adults					0
22 Protective Svcs. - Children	3,759				3,759
23 Recreation Services					0
24 Residential Treatment					0
25 Spec. Svcs. - Youth at Risk					0
26 Special Svcs. - Disabled	2,042	1,659			3,701
27 Substance Abuse Services	500	5,270			5,770
28 Transportation					0
29 Other Services					0
<b>TOTAL RECIPIENTS OF SERVICES</b>	<b>30,299</b>	<b>19,571</b>	<b>0</b>	<b>13,230</b>	<b>63,100</b>