



# **Safe Haven Law Annual Report February 2020**

**Pursuant to  
HCR 107 - Louisiana 2016 Regular Session  
and  
ACT 134 - Louisiana 2018 Regular Session**

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## 1.0 INTRODUCTION AND BACKGROUND

As required by Louisiana Children's Code, Article 1160, the Department of Children and Family Services (DCFS) is submitting this report to both the House and Senate Committees on Health and Welfare regarding the Safe Haven Law.

A series of high-profile infant abandonment cases across the country prompted the Louisiana Legislature to combat the problem. In 2000, Louisiana enacted the Safe Haven Law, amending the Children's Code Articles 1101 and 1193 and Title XVII of the Children's Code, Articles 1701-1706, to provide for the Safe Haven relinquishment of newborns. That Code was again amended in 2003 and most recently in 2018. The entire Safe Haven Law, contained in LA Children's Code Chapter 13, Articles 1149-1160, provides a safe, legal, last resort alternative to abandonment.

Through House Concurrent Resolution 107 of the 2016 Legislative Session, a Safe Haven Consortium was formed of a select group of representative of emergency care facilities and key stakeholder groups to assist DCFS in developing and maintaining a registry of Safe Haven sites and to promote best practice related to the Safe Haven Law. DCFS assists in organizing and facilitating the Consortium meetings. Included in Section 6.0 of this report is a summary of the Consortium's activities and recommendations.

## 2.0 OVERVIEW OF DATA AND DEMOGRAPHICS

The Louisiana Department of Children and Family Services (then the Department of Social Services) implemented policies and procedures in 2004 relating to the state's Safe Haven Law. These policies and procedures have been updated by the agency each time the law was amended. Since 2004, 70 infants were safely relinquished through the Safe Haven Law at the point of initial contact with the State. The chart below provides details on the 70 successful relinquishments. As you can see in the chart below, there has been an increase this year in relinquishments. This could possibly be due to the enhanced efforts on public awareness of the Safe Haven Law.

Number of Safe Haven Cases CY 2004 - 2019																	
Region	Calendar Year																
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Total
Orleans	0	2	0	1	1	1	3	0	2	5	0	1	4	2	2	1	<b>25</b>
Baton Rouge	0	0	0	1	0	0	1	1	0	2	0	2	1	2	1	1	<b>12</b>
Covington	1	0	0	0	0	0	1	1	1	1	1	1	0	0	1	1	<b>9</b>
Thibodaux	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	<b>2</b>
Lafayette	1	0	1	1	1	0	0	0	1	2	0	1	0	0	1	1	<b>10</b>
Lake Charles	0	0	0	0	0	2	1	0	0	0	0	0	1	0	0	0	<b>4</b>
Alexandria	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	2	<b>3</b>
Shreveport	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	3	<b>5</b>
Monroe	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
<b>Total</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>11</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>9</b>	<b>70</b>

Safe Haven Cases from 2013-2019 by Receiving Emergency Designated Facility Type								
Region	Calendar Year							Total
	2013	2014	2015	2016	2017	2018	2019	
Licensed Hospitals upon birth of child	7	2	3	4	5	3	7	31
Other Licensed Hospitals	3	0	0	0	0	2	2	7
Fire Stations	1	0	2	1	0	1	0	5
Emergency Medical Service Providers (911)	0	0	0	1	0	0	0	1
Child Advocacy Centers	0	0	0	0	0	0	0	0
Medical Clinics	0	0	0	0	0	N/A	N/A	0
Public Health Units	0	0	0	0	0	0	0	0
Law Enforcement Stations	0	0	0	0	0	0	0	0
Crisis Pregnancy Centers	0	0	0	0	0	N/A	N/A	0
Licensed Rural Health Clinics	N/A	N/A	N/A	N/A	N/A	0	0	0
Licensed Ambulatory Surgical Centers	N/A	N/A	N/A	N/A	N/A	0	0	0
Federally Qualified Health Units	N/A	N/A	N/A	N/A	N/A	0	0	0
<b>TOTAL</b>	<b>11</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>5</b>	<b>6</b>	<b>9</b>	<b>44</b>
	*Please note that Crisis Pregnancy Centers are no longer Safe Haven Sites and Licensed Rural Health Clinics, Licensed Ambulatory Surgical Centers, and Federally Qualified Health Units have been added.							

### 3.0 PROGRAMMATIC UPDATES

Through the joint efforts of the Safe Haven Consortium and DCFS, strides have been made in promoting best practice related to the Safe Haven Law. In October 2017, the Safe Haven Registry, an online tool to locate Safe Haven sites, was published on the DCFS website. At that time, the law defined a designated emergency care facility as any medical clinic, any hospital licensed in Louisiana, any fire station, any police station, any public health unit, any emergency medical service provider, any crisis pregnancy center, or any child advocacy center. The creation of the registry shed light on the need for clarity in the legal definitions of “designated emergency care facilities.” As a result of the work of the Safe Haven Consortium, DCFS proposed legislative changes to further define Safe Haven sites. These recommendations resulted in the passage of Act 134 in 2018, modifying Safe Haven Laws to reflect these changes. Crisis Pregnancy Centers were removed as a Safe Haven site, and the following were added/modified as approved Safe Haven sites:

- Any hospital licensed in the State of Louisiana;
- The following medical clinics during normal and customary hours of operation: local or parish public health units, licensed rural health clinics, licensed ambulatory surgical centers, and Federally Qualified Health Centers;
- Any manned fire station;
- Any manned law enforcement station; and
- Any Child Advocacy Center accredited by the National Children’s Alliance, during normal and customary hours of operation.

In addition, “Emergency Medical Service Provider” was defined to include any licensed emergency medical service provider, when dispatched as a result of a “911” call, from a parent who wishes to relinquish his infant under the Safe Haven Law. The provisions set forth in the LA Children’s Code Article 1152, which apply to Designated Emergency Care Facilities, also apply to Emergency Medical Service Providers.

Due to the passage of Act 134, updates were made to the DCFS website, Safe Haven Registry, and Safe Haven materials.

During the 2019 legislative session, a bill was proposed by Representative Pylant to implement “Safe Haven Baby Boxes” in Louisiana. In general, baby boxes are devices that are installed in the wall of a Safe Haven site that allow a parent to relinquish an infant anonymously without face-to-face contact with a person. There is one primary manufacturer and distributor of the baby box, with other alternatives available. The proposed legislation did not pass, but the Safe Haven Consortium researched, evaluated, and is making a recommendation regarding the Baby Boxes. This recommendation can be found in the Safe Haven Consortium section in the report.

## **4.0 SAFE HAVEN PUBLIC AWARENESS**

### **ACTIVITIES TO DATE**

In February 2009, DCFS launched a statewide public awareness campaign for Louisiana’s Safe Haven Law. The campaign featured billboards, brochures, public service announcements for radio and television, and the creation of a website ([www.louisianasafehaven.com](http://www.louisianasafehaven.com)). The Department also designed posters, business cards, and window decals for Safe Haven facilities. In July 2009, an online form was created for Safe Haven facilities to request materials for their Safe Haven site.

Since 2009, DCFS has appeared in radio, television, and newspaper reports bringing awareness to Louisiana’s Safe Haven Law as an alternative to abandonment. The Department also periodically issued news releases about relinquishments and updates to the Safe Haven Law. The issue has been the focus of intense media coverage in instances of infant abandonments, some resulting in tragedy or near-tragedy. The Department has responded through proactive media outreach and response, as well as postings to the department’s Facebook and Twitter accounts ([www.twitter.com/LouisianaDCFS](https://www.twitter.com/LouisianaDCFS) and [www.facebook.com/LADCFS](https://www.facebook.com/LADCFS)), all in an effort to inform the public about the safe, legal alternative to infant abandonment.

In 2013, when the relinquishment age was changed to 60 days old, redesigned brochures and posters were printed. Updated packets of posters, brochures, cards and decals were then mailed to Louisiana Safe Haven facilities.

In 2017 there was an increase in the requests from Safe Haven sites for publications on Safe Haven. In 2017, DCFS distributed at least 88 packets of information, as compared to 42 in 2016.

The packets are individualized, but contain such information as posters, decals, brochures and cards.

In May 2017, DCFS updated its Safe Haven brochure to reflect changes in the law.

In October 2017, the department launched an online mapping tool designed to help the public locate hospitals, fire stations and other facilities where they can legally relinquish a newborn through the Safe Haven Law. Both the Safe Haven “locator” and the updated brochure were funded through a grant by the Children’s Trust Fund. In addition, DCFS updated its online training video for Safe Haven providers.

DCFS made the launch of the mapping tool the focus of a public awareness campaign in October 2017 and of media outreach in 2018, as the Communications Office used news of child abandonments as opportunities to share information about the Safe Haven Law.

In addition to conducting interviews and providing Safe Haven information to the media, DCFS updated and reprinted Safe Haven materials in 2018. The Communications Office revised and ordered new Safe Haven brochures, information cards and posters in October 2018. It updated the Safe Haven listings in the mapping tool. And, as part of a department-wide website redesign project, it enhanced its online Safe Haven resources, including information about the Safe Haven Law.

In 2019, the Communications Office ran a social media campaign on Safe Haven, highlighting the online Safe Haven facility locator, the requirement that a baby be relinquished into the hands of a Safe Haven employee, and the fact that relinquishments are confidential, allowing the parent to remain anonymous.

## **5.0 COMMUNICATIONS PLAN**

### **Objective**

The Department of Children and Family Services aims to boost awareness and understanding of the Louisiana Safe Haven Law by increasing exposure through existing communication channels and working with agency partners to identify new messaging opportunities.

### **Target Audiences**

- **Potential Safe Haven Program beneficiaries** - This generally includes young adults of child-bearing age and their family members.
- **General Public** – This includes anyone who might benefit from knowledge of the Safe Haven law and ways to access it, among them are DCFS clients – individuals receiving a variety of services from the agency.
- **Key Mandated Reporters** – This includes teachers, health care workers, counselors and others who deal with potential Safe Haven Program beneficiaries.

- Policy Makers and Stakeholders – DCFS stakeholders include the Administration, state Legislature, state partner agencies and nonprofit organizations that would benefit from Safe Haven information.
- Safe Haven Relinquishment Sites – This includes licensed hospitals, local or parish public health units, licensed rural health units, licensed rural health clinics, licensed ambulatory surgical centers, Federally Qualified Health Centers, emergency medical service providers, fire stations, law enforcement stations, and child advocacy centers accredited by the National Children’s Alliance.

## **Strategies**

### **Optimize Messaging Through Existing DCFS Communication Vehicles and Offices**

- Include Safe Haven promos on the DCFS customer portal that serves Child Support, SNAP and other eligibility clients.
- Identify additional DCFS webpages for Safe Haven messaging.
- Place information in DCFS offices.
- Encourage DCFS Economic Stability program partners (those who assist SNAP, TANF and other eligibility programs) to share information with their clients.

### **Work with Agency Partners to Reach Potential Safe Haven Targets**

- Work with education and health care agency partners to develop plans for reaching young women through schools, health clinics and other outlets.
- Target education and health care sector representatives through associations’ internal newsletters and conferences (via presentations, displays giveaways and handouts).
- Provide broader access to Safe Haven website through La.Gov website (administered by the Division of Administration).

### **Increase frequency and reach of Safe Haven Messaging**

- Make Safe Haven awareness a primary message during Child Abuse Prevention Month in April.
- Run quarterly Safe Haven social media campaigns.
- Take advantage of news events throughout the year to share Safe Haven information through the news media.

### **Continue providing information to Safe Haven relinquishment sites**

- Work with DCFS staff and Safe Haven relinquishment sites to provide informational materials, as requested.

### **Seek funding for Safe Haven promotion**

Producing materials (display materials, giveaways, handouts, etc.) and developing advertising requires financial resources.

### **Program Materials**

- Safe Haven materials currently in print will be reviewed annually for necessary revisions and reordered as the need arises and as funding becomes available. Printed materials include brochures, posters, business cards and site window decals.
- Safe Haven facilities and DCFS stakeholders can request printed materials through an online form published to the DCFS website. Safe Haven facilities are able to request posters, brochures, decals and business cards. DCFS stakeholders that are not a designated Safe Haven facility should only request posters or brochures as the business cards are given after a relinquishment, and window decals designate Safe Haven sites.

### **Social Media and Traditional News Media**

- DCFS will continue disseminating information to the news media across the state, as appropriate. Potential topics include general information on the Safe Haven Law, the online Safe Haven Site Locator information regarding children surrendered through Safe Haven and FAQs about the Safe Haven Law.
- The agency will increase its frequency of social media campaigns, with a focus on Safe Haven during Child Abuse Prevention Month. There will be a particular effort toward increasing engagement among the targeted audiences.

### **Website**

- DCFS will continue to update and enhance its online Safe Haven resources at [www.louisianasafehaven.com](http://www.louisianasafehaven.com), including its mapping tool.

### **Monitoring Outcomes**

- DCFS will use social media and website analytics to track the effectiveness of communication efforts and gauge engagement.
- The department will monitor media coverage of Safe Haven press releases and related promotions to ensure accuracy of reporting and determine public engagement resulting from the efforts.
- Requests for printed materials will be monitored and tracked for future print orders. Inquiries from legislators and other stakeholders in regards to the Safe Haven Law will also be tracked.

## **6.0 REPORT FROM THE SAFE HAVEN CONSORTIUM**

The Safe Haven Consortium is comprised of representatives from the Louisiana Department of Health; Louisiana Hospital Association; Louisiana Emergency Response Network; Louisiana Ambulance Alliance; Louisiana State Board of Medical Examiners; Louisiana State Board of Nursing; Professional Fire Fighters Association of Louisiana; Louisiana Fire Chiefs Association; Louisiana Sheriffs' Association; Louisiana Association of Chiefs of Police; Louisiana Peace Officers Association; Louisiana State Troopers Association; Magnolia State Peace Officers Association of Louisiana; Children's Advocacy Centers of Louisiana; National Association of Social Workers, Louisiana Chapter; Louisiana School Boards Association; Louisiana Association of Public Charter Schools; Louisiana Association of Educators; Louisiana Federation of Teachers; and Louisiana



Association of Student Councils. Participation in Consortium meetings has not occurred by many of the agencies listed.

Additional Stakeholder groups that participate in the Consortium meetings include the Louisiana Department of Children and Family Services, the Louisiana Department of Education, Louisiana CASA, Louisiana Right to Life, and Louisiana Partnership for Children and Families.

The Consortium's chairperson is Caroline Roemer, with the Louisiana Association of Public Charter Schools; and the vice chairperson is Paige Hargrove, with the Louisiana Emergency Response Network.

Three Consortium meetings were held in 2019 with the focus being evaluating and making a recommendation regarding Safe Haven Baby Boxes. After the 2019 legislative session ended, DCFS requested that the Safe Haven Consortium explore the use of the Safe Haven Baby Box to ensure that best practice is implemented for the Safe Haven Law. The Consortium reviewed information gathered from the National Safe Haven Alliance, Safe Haven Baby Box, Inc., the Indiana and Arkansas sites that currently have Safe Haven Baby Boxes, news articles about successful relinquishments in Safe Haven Baby Boxes, along with a recent news article on an infant abandoned in Indiana within a mile of a Safe Haven Baby Box. Overall, the Consortium recognized the potential benefits of Safe Haven Baby Boxes, however due to the recent and limited implementation of Baby Boxes elsewhere with very little time to establish solid research, the concerns regarding the child and relinquishing parent's safety, health, and well-being took precedence. Therefore, the Consortium defers a recommendation in regards to the Safe Haven Baby Box so that further information and data collection can occur. Should legislation be proposed and passed in favor of Safe Haven Baby Boxes, the Consortium recommends that the installation be voluntary and limited to only licensed acute care hospitals in the State of Louisiana to allow oversight of the boxes and immediate medical attention for the child which is in line with the National Safe Haven Alliance's stance on Baby Boxes.

The Baby Box research brought to light the need for more public awareness of the Safe Haven Law. Due to this, the National Safe Haven Alliance will be participating in the next Safe Haven Consortium meeting to further explore best practice, how to strengthen the law, and how to increase public awareness in regards to Safe Haven.

## **7.0 DEPARTMENTAL POSITION ON SAFE HAVEN BABY BOXES**

House Bill 172 has been filed , authored by Representative Huval, proposing the voluntary use of Safe Haven Baby Boxes in designated Safe Haven sites that provide medical services. DCFS does not support the passage of this bill. In line with the Consortium and the primary mission of DCFS in keeping children safe, while treating all with dignity, compassion, and respect, the concern regarding a child and relinquishing parent's safety, health, and well-being takes precedence. Louisiana has made great strides in implementing best practice with Safe Haven relinquishments, ultimately resulting in changes in the law, increased public awareness efforts, revisions in training for Safe Haven providers, and modification of signage and brochures intended to educate and spread awareness of the Safe Haven relinquishment option.

Relinquishing a newborn to another person reduces safety risks to a child, ensuring that any immediate medical needs are met, that the child has not been abused and/or neglected, while also preventing possible trauma associated with being placed in a device/box. The National Safe Haven Alliance (NSHA) also does not support the devices/boxes due to such safety concerns as the boxes may be too cold, no camera installed to view the infant in the event the alarm does not sound, and staff not being properly trained on the boxes. The implementation of Safe Haven Baby Boxes/devices does not guarantee that newborn abandonments will not occur, as within the last year a newborn was found abandoned, yet alive, within one mile of an installed baby box.

Respect, dignity, and compassion should also be considered for the relinquishing parent. The NSHA encourages a parent to relinquish to a person, ultimately ensuring the immediate medical care and safety of the newborn while allowing support/medical for the mother/parent if needed. By promoting the surrender of a newborn with a person, there is often the opportunity to discuss other options that may allow a holistic approach to enable parenting, temporary placement, or adoption planning. Surrendering to a trained professional ensures the relinquishing parent is giving informed consent for her child to be adopted. Although the use of Safe Haven devices/boxes provides an opportunity for anonymity of the relinquishing parent, Louisiana has current laws regarding confidentiality of the relinquishing parent. In addition, it is unknown as to whether or not relinquishments that occurred through baby boxes in other states occurred without any contact with an employee at the site.

DCFS is also in agreement with NSHA that it would be more beneficial to have widespread education on the Safe Haven Law instead of implementing one Baby Box in one community due to the extensive cost of the device. At least three other states did not pass proposed legislation for Safe Haven Baby Boxes for similar reasons cited here, including Florida, Illinois, and Michigan.

## **8.0 EXECUTIVE SUMMARY**

Within the last year, the Safe Haven Consortium studied the Safe Haven Baby Box through the support and request of DCFS. At this time, the Safe Haven Consortium decided to defer a recommendation on the Safe Haven Baby Box so that further information and data collection can occur. DCFS does not support Safe Haven Baby Boxes as the child's physical and emotional safety is paramount as well as the surrendering parent, and there is insufficient information to support that the use of the Baby Box device ensures that safety. Over the next year, DCFS and the Safe Haven Consortium plan to work with the National Safe Haven Alliance to assist in furthering exploration of best practice, how to strengthen the law, and how to increase public awareness on Safe Haven.